

# Moorfields Eye Hospital NHS Foundation Trust

## Inspection report

Moorfields Eye Hospital  
162 City Road  
London  
EC1V 2PD  
Tel: 02072533411  
www.moorfields.nhs.uk

Date of inspection visit: 14 and 15 September 2022  
Date of publication: N/A (DRAFT)

## Ratings

Are services safe?	Inspected but not rated ●
Are services responsive?	<b>Inspected but not rated</b> ●
Are services well-led?	<b>Inspected but not rated</b> ●

# Our findings

## Our reports

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

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

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

## Overall summary

### What we found

#### Overall trust

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

In addition, we received information giving us concerns about the safety and quality of the surgery service at Moorfields Eye Hospital City Road and the trust's processes for monitoring the quality and safety of services.

We inspected surgery, focussing on theatres, at Moorfields Eye Hospital City Road. We inspected the service at this hospital because we had received concerns about the behaviours of some staff working in the operating theatres. Although the trust had taken some action, the problems continued, and we were unsure if the action taken by the trust was bringing about the necessary improvements.

We also carried out a focussed inspection of some aspects of how well-led the trust was.

Our rating of services stayed the same because this was a focussed inspection and we did not inspect all domains or all key lines of the domain we inspected. Surgery and well-led remain rated Good. Safe, caring, responsive and well-led remain rated as good and effective remains rated outstanding.

### Summary

# Our findings

- Since 2021 there had been significant changes at executive level and the trust was undergoing a period of transformation.
- The trust was strengthening the leadership structure for medical and nursing staff
- The executive leadership team were keen to improve the experience and opportunities for all staff employed by the trust and committed to delivering high quality care and treatment.
- The trust was re-establishing and improving how it communicated with staff.
- The trust had improved its systems to mitigate risk when introducing new technology or procedures.
- We found some improvements had been made in surgery, including the structure leadership and governance, with others in the process of being implemented.
- Some staff were positive about working in surgery and told us they felt comfortable to raise concerns while others felt more work was needed to promote an open and transparent culture and more cohesive relationships between some staff groups.

However:

- Some of the improvement work in surgery was still in the early stages.
- There was some uncertainty among staff in surgery about the continuing and sustainability of improvements due to senior people being on interim contracts.
- Some staff felt more work was needed to improve communication between some staff groups and develop cohesive working relationships.
- The Freedom to Speak Up Guardian (FTSUG) was not embedded across all trust sites.
- Work to improve equality, diversity and inclusion had been slow to progress since the last inspection in 2018.

## Areas for improvement

### Action the trust SHOULD take to improve:

#### Trust wide

- The trust should continue the work to improve engagement with staff and the experience of all staff working at the trust.
- The trust should ensure the work on equality, diversity and inclusion continues and is sufficiently resourced and prioritised to deliver tangible improvements.
- The trust should continue to find ways to encourage staff to raise concerns and act where appropriate.

#### Moorfields Eye Hospital Surgery

- The service should ensure that they continue to formalise, monitor and work towards completing their theatre improvement programme and ensure the governance and reporting lines are clear to everybody and that staff are aware of the plans.

# Our findings

- The service should continue to work to improve the culture in theatres, with attention to supporting colleagues to report when they have been bullied or harassed by other colleagues.
- The service should consider how to improve confidence in their freedom to speak up guardian programme.
- The service should continue with their recruitment programme, devised to reduce their reliance on agency staff.

## Is this organisation well-led?

Our rating of well-led stayed the same, Good. This was a focussed inspection and because we did not inspect all aspects of well-led the rating remains the same.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were keen to hear from all staff about their experience and implement strategies to support them to develop their skills and knowledge and open opportunities for them.**

Since 2021 the trust had undergone significant change at executive level. A new medical director was appointed in January 2021 along with a new chief operating officer in February 2021, chief executive in September 2021 and chief nurse in April 2022. Between March 2020 and May 2022 two new non-executive directors were appointed. In terms of diversity at board level, some improvement had been made but, the trust was aware that diversity at senior and board level needed further focus.

Executives interviewed were aware of the challenges the trust faced particularly in relation to staffing, cultural issues and behaviours. There was a cohesive narrative from executives we spoke with about the need to get the fundamentals right including good communication channels with staff with consistent messages, workforce development and embedding the values. They demonstrated a clear commitment to provide high-quality services.

The chief nurse and medical director had improved, and were continuing to strengthen, the medical and nursing structure. The medical director was supported by three assistant medical directors covering areas including workforce planning and professional standards. The chief nurse was supported by two associate directors of nursing. They had regular meetings and worked closely with the head of support services (allied professionals lead) and the medical and nursing leads for the divisions.

The trust was focusing on greater executive visibility and was reintroducing executive and non-executive visits to all sites. Senior leaders fed back to the board to discuss challenges staff and the services faced. Alongside this, the chief executive had introduced regular briefings with staff.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

# Our findings

The trust had recently developed a strategy for 2022-2027 that was linked to their vision and values. The strategy was developed in consultation with staff and patients using focus groups, surveys and interviews. It set out the five new objectives; working together, pioneering new pathways and treatments, developing best practice, delivering excellent services and using resources responsibly. Four programmes had been established to manage nine workstreams.

The surgery service at Moorfields Eye Hospital (City Road) was undergoing a transformation programme and had developed objectives and an overarching plan.

## Culture

**Some staff felt respected, supported and valued and this was an area the trust was working to improve along with equality, diversity and inclusion. Although mechanisms were in place for staff to raise concerns they were not embedded across the trust or always accessed by staff.**

The senior leadership were aware that the culture needed to improve to enable more staff to feel able to raise concerns and speak up if they felt they were being bullied or discriminated against. Although there had been some change, the trust was still very medically driven and other staff groups, including nurses, needed to be encouraged to recognise their worth and value they added to the trust. The chief nurse was aware of this and was working with senior nurses and other executives to provide development opportunities for staff such as leadership programmes.

To support staff raise concerns the trust had a Freedom to Speak Up Guardian framework and a team of guardians. Although the FTSUGs were proactive they were aware they needed to raise the profile and the trust was in the process of commissioning an external review of the service. Staff networks had recently been reviewed and new co-chairs appointed.

In the 2021 staff survey the trust scored below average when compared with other similar trusts in many of the areas surveyed. Based on the results an action plan focussing on three key themes, being compassionate and inclusive, learning and recognising and rewarding staff, was developed. Staff had been consulted on the draft action plan and we saw that some progress had been made including reintroducing employee of the month, recognition awards for staff and a project to make appraisals more meaningful with the aim of increasing the uptake.

The trust had an Equality, Diversity and Inclusivity (EDI) plan and a Workforce Disability Equality plan to meet the respective standards. It had made some progress against the Workforce, Race Equality Standard (WRES) in terms of staff from an ethnic minority group progressing within the trust. However, this seemed to stall once they reached a certain grade and was not reflected at a more senior level in the trust.

For the Workforce Disability Equality Standard (WDES) there had been little change when compared with the indicator results for 2020. In some indicators the trust had shown a deterioration.

The trust acknowledged that they were not making sufficient progress against the plans and to help drive improvement had recently recruited an equality, diversity and inclusion manager and developed some high-level strategic objectives.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. There were opportunities for staff to meet, discuss and learn from the performance of the service.**

# Our findings

The trust had a structure for overseeing performance, quality and risk. Integrated performance reports covering key areas of performance including quality, safety, finance and workforce were reviewed at the board. The trust had seven board committees covering finance, audit and risk, the quality and safety, people, remuneration and rewards, capital scrutiny and management executive. Each division had individual but, similar governance structures.

The quality and safety committee was chaired by a non-executive director. It had a standard agenda and carried out 'deep dives' into various issues. It was well attended, and minutes showed that serious incidents, including actions plans, and the theatre transformation work was discussed. They also discussed external reports not directly related to their trust to identify and share learning.

## **Management of risk, issues and performance**

**Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They were committed to learning from when things go well and when they go wrong.**

The trust had a corporate risk register and board assurance framework. The corporate risk register included risks discussed during the inspection along with mitigating actions and last and next date for review. The board assurance framework was congruent/linked with the corporate risk register and both documents were reviewed at trust board meetings and the risk and audit committee.

Each service and division had their own risk register and there was a process for escalating risks from local to divisional to corporate registers.

In response to some concerns the trust had established a medical devices and new technology committee with the aim of minimising risks when introducing new technology/procedures. Clinicians were encouraged to join the committee to help improve understanding of the differing needs of different staff groups. A standard operating procedure for the introduction of medical devices or procedures had also been developed. The trust was looking to improve and align its booking systems for NHS and privately funded patients to minimise the risk of referrals being lost and theatre lists running over.

## Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Not rated	Outstanding Mar 2019	Good Mar 2019	Not rated	Not rated	Good Mar 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Moorfields Eye Hospital	Not rated	Outstanding Mar 2019	Outstanding Mar 2019	Not rated	Not rated	Not rated
Moorfields at St George's	Good Mar 2019	Good Jan 2017	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Moorfields at Bedford	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
Overall trust	Not rated	Outstanding Mar 2019	Good Mar 2019	Not rated	Not rated	Good Mar 2019

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

### Rating for Moorfields Eye Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children & young people	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Not rated	Outstanding Mar 2019	Outstanding Mar 2019	Not rated	Not rated	Not rated
Urgent and emergency services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall</b>	Not rated	Outstanding Mar 2019	Outstanding Mar 2019	Not rated	Not rated	Not rated

### Rating for Moorfields at St George's

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Outpatients	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall</b>	Good Mar 2019	Good Jan 2017	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019



## Rating for Moorfields at Bedford

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Good Mar 2019	Not rated	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall</b>	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019

# Moorfields Eye Hospital

162 City Road  
London  
EC1V 2PD  
Tel: 02072533411  
[www.moorfields.nhs.uk](http://www.moorfields.nhs.uk)

## Description of this hospital

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

We carried out a focused inspection of surgery at Moorfields Eye Hospital. We do not rate services following a focussed inspection.

- The service had enough staff to care for patients and keep them safe. Staff kept care records. The service managed safety incidents well and learned lessons from them.
- People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders understood and were managing the issues the service faced and had a vision developed with staff to do so.

However:

- Some staff felt they were not supported or valued at work.
- Due to a recent restructure not all staff were clear of their accountabilities or their lines of reporting.
- Key policies needed to be reviewed in line with trust's timescales and there was a lack of clarity about some aspects of managing theatre lists e.g. if a theatre list ran over time.

# Surgery

Inspected but not rated ●

## Is the service safe?

Inspected but not rated ●

This was a focused inspection and as such we did not change the rating for safe. We did not inspect our key lines of enquiry covering mandatory training, safeguarding, cleanliness, infection control and hygiene, environment and equipment, assessing and responding to patient risk or medicines. We inspected against selected key lines of enquiry under staffing, records and incidents.

### Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe and had plans in place to manage low staffing levels. Managers reviewed and adjusted staffing levels every day.**

The service had enough medical, nursing and support staff to keep patients safe however, the number of nurses and healthcare assistants on shift did not always match the planned numbers. We reviewed three months of staffing numbers and saw that on days when planned numbers of staff did not meet the actual numbers of staff this was reviewed by the theatre leads and there were mitigations in place, to ensure it was safe to proceed with surgeries.

The service relied on support from bank and agency staff to ensure safe staffing levels were met. However, they made efforts to book bank or agency staff who were familiar with the service.

Managers calculated and reviewed the clinical staffing requirements needed for each shift in accordance with national guidance. Most staff told us theatres were booked carefully and more experienced staff would support patients with more complex surgical cases. However, staff who worked in the private theatres told us in certain theatres they often had to work a full shift without a break as cases were booked back to back and there was no cover for breaks. There was ongoing work in the theatres to look at theatre bookings to identify more precise timeframes for procedures.

The service had reducing vacancy rates and were aiming to reduce their reliance on bank and agency staff. There was a recruitment plan, which was discussed and monitored regularly at manager meetings.

### Records

**Staff kept records of patients' care and treatment. Records were mostly clear and up to date.**

Patient notes were mostly comprehensive. However, when we reviewed some sets of notes not all checklists were completed and signed by all members of staff indicated. For example, handover checklists were not always countersigned by staff receiving the patient in theatres from the ward.

There was an expectation that all surgeries had safety checklists, based on the World Health Organisation safer surgery checklist, completed. Compliance with this was monitored by departmental audits. The most recent audit, from the beginning of 2022, found that steps were not always completed when they should be. However, the service was working to improve compliance with surgical checklists and there was a focus on educating and ensuring everyone understood why it was important to complete the steps precisely. This increased focus was described to us by members of the clinical team.

# Surgery

## Incidents

**The service managed patient safety incidents well. Staff mostly recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the team.**

Staff knew what incidents they needed to report and how to report them but told us the reporting system was complex and time consuming, so it was difficult to always find the time. Managers told us they were happy with the general level of reporting however, meeting minutes we reviewed described instances where staff had to be reminded to report incidents, where there was no harm to patients, but policies were not followed.

Some staff told us they did not always report incidents of bullying or abuse when it was between staff members. We were told this was for two reasons; either they felt there would be repercussions from other members of the team if they spoke out or they did not think it would make a difference and did not see the point in reporting. We were told by most staff that this was improving, and they felt safer to report bullying or abuse, but this was not true for all members of the team.

Staff told us they received feedback after reporting incidents. Sometimes this was in the form of an email and sometimes in the form of an immediate action by a manager.

Learning from incidents was shared with the team in a number of ways. Staff told us that learning was shared over emails and at daily staff huddles.

The service had one never event in the past year. This had been thoroughly investigated.

## Is the service responsive?

Inspected but not rated ●

This was a focused inspection and as such we did not change the rating for responsive. We did not inspect our key lines of enquiry covering service delivery to meet the needs of local people, meeting people's individual needs and learning from complaints and concerns. We inspected against selected key lines of enquiry covered by access and flow.

## Access and flow

**People could mostly access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were reducing since the pandemic and the service was supporting other NHS trusts with their wait lists.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment as soon as possible. The service had developed a recovery plan following COVID-19. Consultants reviewed patient referrals to determine their urgency and were booked in order of clinical need and time spent on the waiting list. This was to reduce potential to harm for patients.

Administrative staff told us they were generally well supported to make bookings, however, when bookings needed changing, due to urgent or emergency additions to surgical lists, they were not always supported by clinicians to decide which patients to reschedule. The administrative team told us they were able to speak with clinicians to get their support but would sometimes have to ask multiple times for an answer.

# Surgery

When patients had their operations cancelled at short notice, staff made sure they were rearranged as soon as possible. Administrative staff told us they were also mindful about who they were cancelling from a list and worked to try to ensure patients were not cancelled and rescheduled multiple times.

The service split their 10 theatres into theatres used for NHS patient lists and theatres used for private patient lists. This was to support the flow and booking of patients. However, staff also told us that private patient lists were often overbooked and led to staff working long hours, with minimal breaks to care for all the patients. There was work ongoing to improve the booking system and to reduce this happening in the future.

Prior to the inspection there had been a serious incident which led to several referrals becoming blocked and not being progressed in the electronic referral system. Staff were able to explain how this incident had been managed, and how potential harm to patients had been assessed. We were told what changes had been made to ensure referrals did not get lost in the system again, and impact on patients' ability to access the service. The service was looking at alternative electronic referral systems to prevent this from happening again.

## Is the service well-led?

**Inspected but not rated** ●

This was a focused inspection and as such we did not change the rating for well-led. We did not inspect our key lines of enquiry covering information management or learning, continuous improvement and innovation. We inspected against selected key lines of enquiry covered by leadership, vision and strategy, culture, governance, management of risk, issues and performance and engagement.

### Leadership

**Leaders had the skills and experience to run the service. They understood and were managing the issues the service faced and accepted there was still a lot of work to do. They were visible and approachable in the service for staff.**

The service had previously struggled to employ a theatre manager and there had been a gap in this role prior to the current interim managers being appointed. Therefore, the service had split the role in two and hired an experienced operational theatre manager and an experienced nursing lead to support the team.

Staff told us the new managers were well liked and supportive. However, the legacy of having a vacancy at manager level was still being felt by some theatre staff and they expressed concerns that these managers were only employed on interim contracts and they might be left without a manager again soon.

The service accepted there were cultural concerns in the theatres, described below in culture, and had employed an 'organisational development consultant' to support the development and improvements required. This consultant was experienced in this line of work and had previously supported other NHS hospitals to improve the culture. They worked within the department and were clear about the remit of their task and who they reported to.

The service was aware that the department was very medically driven which contributed to some of the cultural concerns, described below. The theatre managers were working with the medical director to reset the balance within theatres and make it more inclusive. They had opened the conversation with all staff to understand why some of the behaviours of some staff were not in line with the trust's values and had a negative impact on other staff.

# Surgery

All leaders and managers we spoke with told us their colleagues were committed to working together to improve the service for staff and patients. We were given specific examples of how they supported each other to resolve concerns.

## Vision and Strategy

**The service has a vision for what it wanted to achieve and a formalised overarching plan to turn it into action. One part of the focus for the vision was to improve the culture and working relationships in theatres.**

The service was undergoing a transformation programme and knew their end goal organisationally. There is an overarching plan to achieve this. There were smaller working groups which had aims and the trust is building these into the plan.

The small working groups had specific targets, which were agreed with input from staff at a governance day in June 2022 and had their priorities defined. The small project teams put together included a range of staff, to drive improvement and to ensure different staff groups had a voice in the development programme.

There were still some key steps to be completed towards some of the smaller goals, such as business cases for changing the staffing establishment.

The transformation programme was overseen by members of the executive team, to ensure progress was being made.

## Culture

**Not all staff felt respected, supported and valued and some told us there was bullying in the department. The service was working towards an open culture where staff could raise concerns without fear.**

In 2019 the hospital leadership team at the time recognised there was a problem with the culture in theatres and had requested an external review of the service. This was written and published in December 2019, with a list of suggested actions. However, due to several factors including the COVID-19 pandemic and the gaps in theatre leadership actions leading to improvements were slow to be implemented and were not progressed fully until early 2022.

Staff views on the culture within theatres were divided. Some staff told us they were very happy to work for the service and felt respected and supported. Others told us they felt there was still bullying in the department between staff and this led to a poor culture where they did not feel respected or safe.

Many staff told us there had been some improvement and felt safer and more respected since the new theatre managers had started in the department. However, they recognised they were on temporary contracts and were worried what would happen if they left.

The recent staff survey results, from 2021, were mostly poorer from theatres than the rest of the organisation and confirmed the staff discontent we heard about. In particular, the service performed poorly in questions about staff kindness and respect. The survey also showed a poorer than average performance in staff reporting that they had experienced bullying or harassment at work from other colleagues and that staff did not always report it when it happened.

The survey showed staff were not happy with the support from managers. However, the survey was completed before the new theatre managers had started in role and did not appear to reflect how people now felt, based on what staff told us.

# Surgery

Staff told us they were aware of the freedom to speak up guardians, and their role in supporting staff to speak out. However, some members of the team told us they were not confident that if they spoke out they would be kept anonymous. There was a planned review of the freedom to speak up guardian service that was awaiting external input.

## Governance

**Leaders were developing effective governance processes, throughout the service. Staff at all levels were not yet clear about their roles and accountabilities. There were regular opportunities to meet, discuss and learn from the performance of the service, but the structure of these meetings was being reviewed and improved.**

At the time of the inspection the theatres were in the early stages of a restructure. The trust was creating a new division that impacted on how theatres were managed and staffed and created new lines of governance and reporting. When speaking with managers and leaders they told us that this was a work in progress and some roles and responsibilities may change. However, the broad lines of governance and reporting were known and reflected what happened in other areas in the wider trust.

Senior staff described the department as being “immature in management” and explained they had needed to increase the number of senior nurses, who were being upskilled to support their junior nurses. We were told the lack of management experience likely stemmed from the lack of a theatre manager and a small pool of senior nurses for 14 months. This meant, in the theatres, the defined structure had been lacking key members and the senior nurses had managed as best they could.

Since the theatre managers appointment, they had reintroduced a clear meeting structure, that included all clinical staff and ensured staff understood the importance of attending meetings to hear key messages. We were told staff attendance at meetings such as daily huddles weresteadily increasing. In addition to the daily huddles all staff were encouraged to attend the twice annual governance half days.

Staff described times when there were no processes or protocols to identify accountabilities or decision makers or when policies and protocols were not followed. For example, the evening before we inspected, we were told there was a discussion about continuing a late running theatre list. There was no clear process for what to do in that situation and the theatre manager made a decision that was overturned by the clinician running the list.

The operational theatre policy had not been updated since October 2018. The date stated on the front page for the next formal review was November 2022. This was inconsistent with the policy itself which stated the policy should be reviewed every three years. Therefore, the policy should have been reviewed in October 2021, and was possibly out of date and no longer reflective of how theatres were working. We saw in meeting minutes this policy was being updated by the theatre manager.

## Management of risk, issues and performance

**Leaders and teams were developing systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The service had its own risk register which was clear, had risk review dates, control actions and risk owners identified. However, some of the risks on the risk register seemed to be underestimated for their risk score. For example, the risk about the culture of theatres was scored low but some staff we spoke with told us the culture was still a concern, and they did not always feel able to challenge all staff on poor behaviour.

# Surgery

The service was working towards streamlining their bookings system. At the time of inspection patients booked for NHS lists were booked using one system that considered the entirety of the procedure, including preparation time. Patients booked for private care lists were booked using a different software that did not have the capability to show the total length of a procedure. We were told this led to lists being over booked and overrunning.

The service was developing software to support efficient theatre utilisation across both NHS and private lists. This was still being tested at the time of inspection but was due to be rolled out soon. This software was designed to gather intelligence about the length of time each surgeon took to complete each part of the procedure and to integrate this information into the booking system to ensure theatres were booked to support the most efficient use of time.

There was a new surgical board that had met in September and October, we were told that this was due to continue meeting monthly in the future. This group had been created as part of the new directorate structure, to oversee quality improvement projects in theatres. In the meeting minutes review of the action plan review had multiple comments that there was resistance, or the potential for resistance to change from some clinicians. This meant there was the potential for progress to be slowed by resistance to change.

Service leaders told us they were starting to proactively performance manage members of the team who were underperforming or behaving in ways that were outside of the trust values. This was a consequence of the increased scrutiny of the culture of theatres.