



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ophthalmology Deep Dive Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Victoria Coppack, Service Delivery Manager, Ophthalmology & Neurology

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Audit and Risk Assurance Committee (ARAC) considered the Ophthalmology Audit Tracker at the April 2023 meeting and Carly Hill, the former Ophthalmology Service Delivery Manager, presented a Deep Dive to include the recommendations in the Ophthalmology Audit and Inspection Summary, with an outline of the challenges faced and how the team is progressing against them. An update was requested to be presented at the ARAC meeting on 12 December 2023.

Cefndir / Background

The Ophthalmology services within the Hywel Dda University Health Board (HDdUHB) footprint continue to be fragile, having faced long-standing challenges, dating back several years. Such challenges are reflective of similar pressures across the UK.

Eye Care services in Wales have been the subject of several reviews, action plans and improvement initiatives, which have failed to resolve the underlying capacity challenge within the service, both locally and nationally. Across Wales, there has been concern over the ability of Ophthalmology services to manage the volume of new and follow-up patients requiring care.

Historically, in HDdUHB, the service has struggled to embed sustained improvement, primarily due to the deteriorating recruitment and retention situation within the Hospital-based Eye Service (HES), with a high number of consultant and nursing vacancies and heavy reliance on locum staff to support service continuity. Despite well-established clinical links between the HES and community-based optometry services, the deficit in senior clinical capacity within the service has previously limited the extent of integration between the HES and community optometrist pathways. The service has progressed in the development of the management structure, which has strengthened the management team.

The absence of effective clinical and administrative systems has also impacted on the integration of care pathways between the HES and community optometrist services.

To address this position, Welsh Government (WG) introduced the 'Open Eyes' programme (Electronic Patient Record) in 2021, with the aim of supporting the prioritisation of a robust electronic pathway between primary and secondary care. Funding was allocated for this project until March 2023. There were, however, National issues with the delivery of this project and subsequently Digital Health and Care Wales (DHCW) has taken over this project with a view to re-instating the project in April 2024. DHCW has recently allocated additional funding for the project manager role to be re-instated. The Committee should note that the funding received is non-recurrent (to October 2024).

The Service undertook a number of actions to support and rationalise care during 2019, and in response to COVID-19 during 2020 and 2021, has taken further steps, both at a Health Board level and regionally with Swansea Bay UHB through the ARCH process (A Regional Collaboration for Health: A unique collaboration between three strategic partners; Swansea Bay UHB, Hywel Dda UHB and Swansea University). These include:

- The development of a short-, medium- and long-term plan for recovery of cataract treatment.
- A regional business case for Glaucoma services, supported through the ARCH forum, including the development of Ophthalmic Treatment and Diagnostic Centres (ODTC's)
- Out-Patient Department (OPD) Transformational funding for the development of virtual diabetic retinopathy clinics.
- Increase in Nurse Injectors to support the delivery of wet age-related macular degeneration (wAMD) and release medical capacity to manage other eye conditions.
- Relocating the Rapid Access Casualty for Eyes into an outpatient footprint to maintain a green pathway for planned procedures through Tysul Eye Unit.
- The development of Electronic Patient Record (Open Eyes) has yet to be implemented in HDUHB due to delays in the national roll out of this project. The implementation of this programme will improve links between community optometric practices and the Hospital Eye service. This will enable a more robust model of community-based care to be developed including diagnostics undertaken in a community setting for virtual review by a consultant.

In addition to these actions, the service also has actions recommended following service reviews by the Delivery Unit, Healthcare Inspectorate Wales (HIW) and the Community Health Council (CHC) (now Llais). This report will provide an update on the progress against these specific actions and draw out the management actions required to progress these recommendations.

Asesiad / Assessment

The service has been heavily engaged in the development of regional eye care pathways as part of the ARCH programme in recent years. More recently the Ophthalmology Getting it Right First Time (GIRFT) review and subsequent recommendations aim to provide further focus on the cataract and glaucoma delivery identified in the ARCH programme. This work is reflected in the progress outlined below in respect the recommendations offered and the various external reviews listed, many of which overlap in their content & focus.

Report: Delivery Unit – Focus on Ophthalmology 2016 DU_FOAR 0116			
Recommendations	Challenges	Progress	Next steps
Lack of progress with Ophthalmic Diagnostic &	No expressions of interest received from providers in Ceredigion.	1) Optometric Diagnostic and Treatment Centres (ODTC) continue in Carmarthenshire and	1) Scope Glaucoma B patients to attend Friday afternoon screening sessions

Treatment Centre in Ceredigion	Limited interest from other providers in the Carmarthenshire and Pembrokeshire	<p>Pembrokeshire on a limited basis allowing HB patients to be monitored in the community and referred to secondary care only if further support is needed.</p> <p>2) The national Optometrist Contract reform is on a phased implementation with phase 1 rolled out in October 2023 ensuring Optometrists can support secondary care with emergency eye care in the community. The ODT pathway is identified in phase 2 which is expected in spring 2024 to further support secondary care with its Glaucoma B patients.</p> <p>3) Additional virtual sessions have been introduced with Glaucoma consultants from SBUHB to review the Glaucoma B patients processed through the ODT pathway.</p>	<p>with technicians to be reviewed virtually in secondary care to deliver an interim process whilst awaiting the ODT pathway to be further developed.</p> <p>2) 3 virtual sessions built into SAS doctor's job plans to increase delivery to the Glaucoma pathway by 40 patients per week.</p>
Concern over the number of patients not reviewed within their target date.	Demand currently outweighs capacity.	<p>1) A Risk stratification process has been implemented and patients have been risk stratified on the waiting list into category Glaucoma A, B C & D (with A being the least risk and D being the most risk).</p> <p>2) 1 WTE Glaucoma consultants commenced in regional post 20th November 2023 gaining 2 additional clinic session per week for delivery to the Glaucoma D patient cohort.</p> <p>3) 150 Glaucoma A patients sent to Optometrists for data</p>	<p>1) Further risk stratification process agreed with new Glaucoma consultants to clinically validate any patient on the waiting lists with no code assigned to their record.</p> <p>2) 100% delayed FU patients to be focus booked in line with priority.</p> <p>3) 42 Stage 4 Glaucoma patients being clinically validated by consultant and will be prioritised for theatre following validation in line with urgency.</p>

		capture to support virtual review clinics in secondary care and reduce the length of wait for this cohort of patients.	
HIW-Thematic review of Ophthalmology 2016 HIW_TRO 0116			
Concern around set monitoring for follow-up patients (treatment timescales – targets).	Demand currently outweighs capacity.	<ol style="list-style-type: none"> 1) Additional Glaucoma clinics have been introduced with start of new consultants increasing capacity for FU patients. 2) Additional Intravitreal injection (IVT) sessions have been delivered through WLI to reduce the length of wait for this cohort of patients. 3) RACE clinic capacity has been increased to reduce the length of wait for emergency patients. 4) Phase 1 of contract reform went live in October 2023 for community optometrists trained as Independent prescribers (IP) to support Rapid Access Casualty for eyes (RACE). 	<ol style="list-style-type: none"> 1) To commence 3 additional Glaucoma virtual clinics with SAS doctors to increase capacity for the FU cohort of patients. 2) To introduce treat and extend to IVT service to assist recovery and reduce the length of wait for patients. 3) To undertake a review of the infrastructure within the HB for IVT delivery across the HB to ensure efficient delivery of service. 4) To review RACE follow up capacity with introduction of SOS/PIFU for suitable patients to further reduce pressure on the RACE clinic.
DU- All Wales review of progress towards delivery of Eye care Measures 2019 DU_AWRPTDECM 0919			
The Health Board should collate a single medium / long term ophthalmic plan incorporating costings of all service developments required to deliver sustainable ophthalmic services, covering all subspecialties, supported by appropriate monitoring structures.	Delivery of Glaucoma plan restricted by contractual interest from community based optometrists. Delivery of cataract plan restricted by availability of AVH theatre. Challenges around Regional delivery of cataract plan.	<ol style="list-style-type: none"> 1) The Integrated Medium Term Plan (IMTP) was agreed and resourced with medium term plan for Glaucoma and Cataract delivery. 2) A Getting it Right First Time (GIRFT) review undertaken for Glaucoma and Cataract delivery with recommendations made for service improvement. 3) Cataract lists in Amman Valley Hospital (AVH) increased to 7 patients 	<ol style="list-style-type: none"> 1) To continue the delivery of the GIRFT recommendations to assist delivery and increase capacity within the HB. 2) To introduce a treat and extend pathway to the IVT service which will give further capacity to reduce the length of wait. 3) To review current delivery in AVH theatre to potentially release

		<p>per list to provide more capacity for cataract patients.</p> <p>4) Complex cataract list in GGH introduced weekly to provide more capacity for complex cases.</p> <p>5) Additional cataract list introduced on a Friday p.m. bi-weekly to provide more capacity for cataract patients.</p>	<p>capacity for further cataract operations.</p> <p>4) To review RACE follow up capacity and introduce SOS/PIFU for suitable patients to further reduce pressure on emergency eye services.</p> <p>5) To produce a detailed delivery plan for other sub-specialties within the service to ensure all sub-specialties within Ophthalmology have a focus for improvement.</p>
Identify sustainable monies to support permanent solutions for meeting ophthalmic demand to enable the developments supported by the Sustainability fund to continue beyond April 2020	To work within agreed financial budgets.	<p>1) Sustainable monies have been invested in the Glaucoma, Diabetic retinopathy (DR) and cataract sub-specialties which has improved the DR delivery and has ensured the Glaucoma pathway has made steps towards improvement.</p> <p>2) Funding has been agreed for the changes to infrastructure needed to accommodate the IVT service back to Pembrokeshire to improve travel for patients and staff and potentially free up AVH theatre for further cataract surgery.</p> <p>3) Short term funding has been agreed for the delivery of additional IVT lists whilst the sustainable capacity is developed.</p> <p>4) Short term funding has been agreed for outsourcing to reduce waiting times, whilst a sustainable solution is worked through.</p>	<p>1) To secure permanent positions for clerical staff (sustainable funding has been identified within budget) to continue the delivery of the DR and Glaucoma pathways, where significant clerical input is required.</p> <p>2) To secure further Glaucoma practitioners (sustainable funding has been identified within budget) to expand the Glaucoma service and 'grow your own' specialist practitioners for future service delivery.</p> <p>3) To introduce the new biologic pathway across the HB and introduce treat and extend, which will reduce costs. A proportion of these savings could be used to secure longer term funding for IVT</p>

			<p>service development.</p> <p>4) To agree outsource providers for the delivery of additional cataract operations.</p>
Implement its solutions to ophthalmology recruitment challenges, including treatment capacity urgently	<p>Recruitment of substantive consultants with currently 4 substantive consultants within the HB.</p> <p>Recruitment of nursing staff with Ophthalmic experience.</p> <p>Recruitment of Nurse injectors for IVT service.</p> <p>Recruitment of Optometrists with experience for delivery of ODT pathway.</p>	<p>1) Ophthalmology has successfully recruited a fourth substantive consultant with an interest in plastic surgery strengthening the substantive team.</p> <p>2) The substantive consultant team is supported currently by 1 WTE locum Glaucoma Consultants from SBUHB, 4 locum consultants across the HB and 1 agency consultant which supports the current substantive posts with service delivery.</p> <p>3) Tysul ward in GGH have recently successfully recruited another 3 WTE nurses which will ensure a more robust nursing model in Ophthalmology.</p>	<p>1) To review current consultant job description and release to advert.</p> <p>2) To continue development of ophthalmic training programme for nursing staff to make ophthalmology nursing jobs more appealing.</p> <p>3) To develop the IVT nurses skills and identify a career progression for this cohort of nurses to make the job role more attractive.</p> <p>4) To scope the introduction of a training pathway for outpatient nurses supporting ophthalmology clinics.</p>
CHC- Eye Care Services in Wales, issued March 2020 CHC ECSIW 0320			
The Welsh Government & NHS to ensure digital communication moves forward at pace in all areas	<p>The implementation of the National Electronic patient record (EPR) was awarded to Cardiff and Vale. This project was not delivered due to concerns around governance. Digital Health and Care Wales (DHCW) have now commenced a review of how the EPR can be delivered across Wales.</p>	<p>1) DHCW have undertaken a review of the delivery and time lines for the 'Open Eyes' project with a view to re-start in April 2024.</p> <p>2) Funding has been awarded from DHCW for the recruitment of a Band 7 project manager to support the 'Open Eyes' project.</p> <p>3) An applications support manager is in post for the 'Open Eyes' project.</p> <p>4) A regional approach to roll for the 'Open eyes' project with Swansea</p>	<p>1) To await further guidance from DHCW around the delivery of this project.</p> <p>2) To employ the Band 7 project manager.</p> <p>3) To continue to develop the platforms for Glaucoma delivery to align with Swansea Bay HB.</p>

		Bay has been agreed and a plan of delivery has been finalised.	
The Welsh Government & NHS needs to do more to reduce the current backlog of people waiting for appointments.	Balancing the Ministerial Measures with the Eye Care Measures continues to be challenging.	<ol style="list-style-type: none"> 1) The Glaucoma service is developing further capacity with the introduction of 1.0 WTE Glaucoma consultants, additional virtual review clinics for SAS doctors and 13 optometrist providers supporting virtual clinics to increase capacity. 2) Additional IVT lists have been introduced to reduce waiting times within this sub-specialty. 3) The Diabetic Retinopathy (DR) pathway has successfully reduced the pressure on secondary care services by sending patients to Optometrists in primary care for their yearly review. 	<ol style="list-style-type: none"> 1) Secondary care technician clinics to be introduced to provide data capture for virtual review in secondary care as an interim support to the current ODTTC pathway. 2) Glaucoma C patient pathway to be developed for general clinics to increase capacity for this cohort of patients. 3) A review of infrastructure for the IVT service to be undertaken to potentially identify further capacity for delivery. 4) Introduction of treat and extend protocol for IVT to be rolled out HB wide to assist with the development of further capacity. 5) To further develop delivery of DR pathways in Ceredigion ensuring delivery of care close to home for all HB patients.
The Welsh Government & NHS needs to make sure longer-term plans are capable of providing an equitable service that meets the increasing demand for eye care services across Wales.	The current Ophthalmology service is delivered out of 9 sites which presents a challenge when staffing all 9 sites across 3 counties.	<ol style="list-style-type: none"> 1) The delivery of data capture from 13 optometrist's providers ensures all Glaucoma A patients can access services closer to home. 2) The Diabetic Retinopathy (DR) pathway has successfully been introduced ensuring patients can access care closer to home as this is delivered in 	<ol style="list-style-type: none"> 1) With further roll out of the National Optometrist contract reform, the ODTTC pathway will potentially be delivered in primary care ensure all Glaucoma B patients can access services closer to home. 2) The introduction of DR pathway to Ceredigion will

		<p>primary care with a small secondary care element.</p> <p>3) Phase 1 of the National Optometrist contract reform commenced in October 2023 which ensures that patients with red eyes no longer need to attend RACE and can access care with specialist trained optometrists locally.</p>	<p>ensure delivery of care closer to home for this cohort of patients.</p> <p>3) A review of infrastructure for IVT service to ensure delivery of this service in all three counties, currently scoping delivery in Pembrokeshire after the service was moved due to the RAAC issues in WGH.</p>
Getting it Right First Time (GIRFT) Ophthalmology review 2023 RNOH GIRFTOP_0823			
Following the GIRFT review there are 60 recommendations for management action.	<p>Challenges around recruitment of multi-disciplinary staff groups in Ophthalmology.</p> <p>Challenges around the development of the workforce.</p> <p>Challenges around infrastructure for delivery.</p>	<p>1) A new management structure in place to improve service delivery.</p> <p>2) Ophthalmology Quality and safety meetings and Business meeting have commenced.</p> <p>3) GIRFT task and finish group established to meet weekly and progress the recommendations made by the GIRFT team.</p> <p>4) Regular observational audits have introduced to theatres to improve processes, timeliness and patient journey.</p> <p>5) 1 substantive Consultant post has been recruited into and 1 WTE Glaucoma post now provided through regional model with SBUHB to support service delivery and increase capacity.</p>	<p>1) A slim line documentation booklet for cataract surgery has gone out for consultation. Once implemented this will ensure timeliness and an improved patient journey.</p> <p>2) A trial of pre-loaded lenses is booked for the end of November to improve timeliness and improve the patient journey.</p> <p>3) Standardised risk and priorities ratings to be agreed for the referral forms to assist with the management of high risk patients on the waiting list.</p> <p>4) Review of start and finish times in theatre to improve timeliness and the patient journey.</p> <p>5) Continue work around facilities for the IVT service to secure further theatre space for cataract procedures.</p>

It is evident from the above that significant progress has been achieved in the past 8 months following the past ARAC meeting. The development of integrated eye care pathways has continued, enabling the delivery of care closer to home for the community. Regional solutions continue to be sought, with the glaucoma regional service an example of how this model can be delivered. Significant investment has been committed to the development of medium-term plans for the diabetic retinopathy, cataract services and glaucoma service models in particular.

Further opportunities are anticipated with the advent of the nationally led electronic patient record 'Open Eyes' project, which will improve the flow of clinical information between community and hospital-based clinicians and support the regional services both in the present and the future.

There do continue to be historical challenges relating to workforce recruitment and development. Currently, the service is dependent on a high cost locum who is delivering 1.5:6 of the consultant on call rota, 3 cataract theatre lists, 2 general clinics and 2 emergency clinics per week. There would also be an impact on the delivery of Trabeculectomy and squint surgery within the HB due to this consultant locum's experience.

The challenges highlighted by the external reviews referenced in this report are common across all areas of Wales. There is a Pan-Wales clinical review which is expected to report in spring 2024 which is likely to advocate more regionally based solutions to address these challenges for the longer term. In parallel, in March 2023 the Board commissioned a Clinical Services Plan review of a range of fragile services, including Ophthalmology. The Board is due to receive an issues paper highlighting the outcome of the scoping phase of this work in March 2024.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is requested to:

- **TAKE ASSURANCE** from the continued progress achieved to address the recommendations highlighted by the external reviews referenced in this report
- **NOTE** the continued regional and national discussions, which are expected to inform longer-term, regionally focussed plans for the delivery of eye care pathways across Wales

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.4 The Committee's principal duties encompass the following:

2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.

3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

	<p>3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.</p> <p>3.25 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1664 – Risk Score 20
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	<p>2. Safe Care</p> <p>3. Effective Care</p> <p>3.1 Safe and Clinically Effective Care</p> <p>7. Staff and Resources</p>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<p>1. Putting people at the heart of everything we do</p> <p>5. Safe sustainable, accessible and kind care</p> <p>6. Sustainable use of resources</p>
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>WG National Planned Care Programme</p> <p>WG Eye Care Measures</p>
Rhestr Termiau: Glossary of Terms:	<p>AVH-Amman Valley Hospital</p> <p>CHC- Community Health Council (now Llais)</p> <p>DHCW- Digital Health and Care Wales</p> <p>DR-Diabetic Retinopathy</p> <p>FU-Follow Up patients</p> <p>Glaucoma A, B, C, D (a scale of risk for Glaucoma patients, Glaucoma A & B can be monitored in primary care with secondary care overview, Glaucoma C & D are higher risk patient to be managed in secondary care.</p> <p>GIRFT- Getting it Right First Time</p>

	HB - Health Board HES- Hospital Based Eye Services HIW- Healthcare Inspectorate Wales IMTP- Integrated Medium Term Plan IVT-Intravitreal Injections (for WetAMD patients) ODT- Optometric Diagnostic & Treatment Centres Open Eyes- A type of Ophthalmology Electronic patient record RAAC- Reinforced Autoclaved Aerated Concrete RACE- Rapid Access Casualty for Eyes Treat and Extend-A process where the patient has an eye injection at every eye appointment and their treatment can then be extended by a period WG- Welsh Government WLI- Waiting list Initiative
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Scheduled Care Quality & Governance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Reflected in report
Ansawdd / Gofal Claf: Quality / Patient Care:	Reflected in report
Gweithlu: Workforce:	Reflected in report
Risg: Risk:	Reflected in report
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Access times to follow-up care for glaucoma Access times to cataract surgery Access times to Hospital Eye Services
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A