



**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 26 April 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Getting it Right First Time Ophthalmology Review |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Andrew Carruthers, Chief Operating Officer |
| SWYDDOG ADRODD: REPORTING OFFICER: | Victoria Coppack, Service Delivery Ophthalmology and 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 Ophthalmology Getting It Right First Time (GIRFT) review identified 59 recommendations for Hywel Dda University Health Board (HDdUHB) to action. These recommendations have been monitored closely in the Ophthalmology Clinical Implementation Network (CIN) meetings and tracked via the Audit and Risk Assurance Committee (ARAC). This SBAR is has been written to give assurance to the Finance and Performance Committee that the long timescales previously identified in the Strategic Development and Operational Delivery Committee have been reviewed and new timescales applied with a plan for delivery.

Cefndir / Background

The GIRFT programme is a national programme designed to improve the treatment and care of patients, through an in-depth review of services, which involves providing recommendations to the service that are evidence based to drive change. The GIRFT team, attended HDdUHB to review the Ophthalmology service on 28th and 29th June 2023, with the focus being the Cataract and Glaucoma pathways. The outcome of this visit resulted in 59 recommendations being provided to the Health Board.

Ophthalmology services within HDdUHB have faced long standing challenges, which are reflective of similar pressures across the UK. There have been underlying capacity challenges within the service both locally and nationally. The capacity challenges within the service resulted in Ophthalmology being identified as a fragile service in July 2023 due to the high number of consultant and nursing vacancies and heavy reliance on locum staff to support service delivery.

The introduction of a new management team in July 2023 and the subsequent support provided by the GIRFT team, has resulted in significant steps being taken towards the recovery of the service. The Hospital-based Eye Service (HES) has continued to build clinical links with both the community optometrists and Swansea Bay University Health Board (SBUHB) to progress the development of the service in line with the GIRFT recommendations.

Asesiad / Assessment

The quality and safety of Ophthalmology services has improved over the past twenty-three months with an established management structure. Quality and Safety meetings continue on a bi-monthly basis. Alongside these structured meetings, there is a weekly GIRFT Task and Finish group within the service. This has ensured that Clinicians, Nursing staff, the administration team, Primary Care representatives and the management team meet regularly to discuss and present quality and safety issues, service development and service delivery and progress the necessary policies and procedures to underpin the development of a more robust service model. Progress of the GIRFT recommendations is reported to a bi-monthly Ophthalmology Clinical Implementation Network (CIN) meeting, which is a Clinically lead meeting, inclusive of professions and all sectors of care, to meet, review, discuss and implement all Wales clinical pathways to improve service delivery.

To date the Ophthalmology team have completed and closed 50 recommendations in total. There is a total of 9 recommendations being progressed.

Recommendations fully completed to date are numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 16, 18, 19, 20, 22, 23, 25, 26, 27, 29, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58 & 59.

Recommendations currently being addressed are outlined below,

| Reference Number | Recommendations | Progress | Target date and RAG status |
|---------------------------|---|--|----------------------------|
| Cataract delivery | | | |
| Peer Review/2023/110/MD12 | Introduce standardised risk (in line with College guidance) and priority ratings for cataract surgery and change waiting list forms to support this | Waiting list cards in use from 22/07/2024 Priority rating for patients moved from stage one to stage 4 has been developed and will go live by Quarter 2 2025/2026. | 31/10/2025 |
| Peer Review/2023/110/MD15 | Introduce high flow principles and processes to cataract lists and patients of ANY complexity to drive higher numbers of cases in all lists. Send for patient early enough to ensure they are ready in the anaesthetic room to enter theatre once the last case finished. | HDUHB is partially complaint with this recommendation due to high flow principles being introduced the AVH lists which have been increased to 7/8 patients per list. To fully adopt high flow principles in BGH and GGH the theatre staffing restrictions would need to be overcome, this will be dependent on a theatre recruitment solution which is being explored through the theatre optimisation programme | 31/03/2026 |
| Peer Review/2023/110/MD17 | Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check | Workforce Plan has been completed. Consent now undertaken in One stop pre-assessment clinic and routine observations have been stopped | 31/07/2025 |

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| | or take consent etc. – consider whether to involve the clinical nurse and optometrist practitioners and/or train the day surgery staff. Do not do routine observations on the day. | on the day of operation. To now stabilise the workforce on Tysul and undertake training to mark the eye. Practice Development post going out to advert. | |
| Peer Review/2023/110/MD21 | Do not have patients climbing on and off a trolley in the operating room - position patients in the anaesthetic room and wheel the patient in and out on trolley or couch. | The patient flow in AVH allows for patients to walk in and out of theatre straight to the recovery area. BGH and GGH require the patient to be transferred in a chair from/to the ward due to the distance and risk to the patient. Due to the restricted staffing in theatre, patients cannot be brought to theatre any earlier, the theatre staffing restrictions are being reviewed as part of the theatre recovery programme. | 31/03/2026 |
| Peer Review/2023/110/MD24 | Rationalise cataract surgery to only units that are, or can be changed to be, suitable for high flow. Move other work out of the most suitable units to accommodate this. | Potential to move IVT lists out of AVH day surgery into AVH OPD to create capacity for a cataract dedicated theatre space in AVH. Staffing required to run AVH theatre 5 days a week will be explored through the theatre optimisation programme. | 31/03/2026 |
| Peer Review/2023/110/MD28 | RNOH/GIRFT recommends use of the Modelling software available RCOphth cataract workforce calculator. | Workforce plan has been undertaken in line with safe staffing levels for Ophthalmology. Theatre staffing will be explored through the theatre optimisation programme. | 31/03/2026 |
| Peer Review/2023/110/MD35 | Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter. | Staggered patient arrival time in AVH. Discussion at recent GIRFT team meeting about staggered arrival times in BGH and GGH. Decision to re-assess when One stop pre-operative assessment is embedded as this will remove the need for patients to be seen by the Consultant on the ward on the day of the procedure. This will now be reviewed and taken forward. | 31/07/2025 |
| Glaucoma Delivery | | | |
| Peer Review/2023/110/MD46 | Review the footprint and usage of all the outpatient areas and create ophthalmology and subspecialist areas with teams and all equipment in one or two area/sites for glaucoma. | Glaucoma delivery is currently restricted to the four main hospital sites. There is the potential to increase delivery in GGH creating a larger Glaucoma delivery however this solution would be dependent on utilising the Ophthalmic rooms in the | 31/03/2026 |

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| | | Branwen suite for tech reviews to potentially release more clinical space and staffing solutions to be identified. | |
| Peer review/2023/110/MD47 | Work with the health board and the regional team to find a better outpatient solution, fit for modern ophthalmic care and the longer-term rising population demand which can support training the MDT. Consider all options for the regional collaboration with other relevant health boards | Regional Eye Care Programme Board has been developed with 4 subspecialties being developed through subspecialty focused groups, these include Glaucoma, Medical retina, Vitreoretinal and cataract. There are plans to expand delivery in PPH and there are possibilities to reconfigure the space in the Blue suite in GGH to be able to run larger clinics for these subspecialties. | 31/03/2026 |

The organisational risks associated with the outstanding recommendations are being tracked by the Audit and Risk Assurance Committee.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **RECEIVE ASSURANCE** from the recommendations closed to date; and the recommendations being reviewed and progressed currently; and the future plans to address the outstanding recommendations.

| Amcanion: (rhaid cwblhau) | |
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| Objectives: (must be completed) | |
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Fragile service risk - 1664 – Risk Score 16 |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 1. Safe 2. Timely 3. Effective 4. Efficient |
| Galluogwyr Ansawdd: | 4. Learning, improvement and research |

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| Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 5. Whole systems perspective |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 6. Sustainable use of resources |
| Amcanion Cynllunio Planning Objectives | 4 Planned care, diagnostics and cancer Recovery |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives |

| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | GIRFT review and recommendations |
| Rhestr Termau: Glossary of Terms: | ARAC-Audit and Risk Assurance Committee CIN- Clinical Implementation Network GIRFT – Getting It Right First Time HDdUHB – Hywel Dda University Health Board HES – Hospital-based Eye Service SBUHB - Swansea Bay University Health Board |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee: | Getting It Right First Time – All Wales Ophthalmology Audit and Risk Assurance Committee. Clinical Implementation Network |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| Ariannol / Gwerth am Arian: Financial / Service: | No current Financial impact, all recommendations being delivered within current budget. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | The GIRFT recommendations aim to improve the quality of care delivered by the Ophthalmology service. |
| Gweithlu: Workforce: | The GIRFT recommendations aim to improve the workforce through development and collaborative working. |

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| Risg: Risk: | The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664. |
| Cyfreithiol: Legal: | Completing the GIRFT recommendations will reduce the risk of litigation against the Health Board for damage caused by delayed appointment and treatment times. |
| Enw Da: Reputational: | Any proposed service changes are being addressed through the Clinical Services Plan and consultations with both staff and the public. |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | All impacts on Equality have been considered through the Clinical Services Plan and EQIA considered. |