

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL  
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Ophthalmology Getting It Right First Time (GIRFT).
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Victoria Coppack Service Delivery Manager 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 All-Wales Ophthalmology Cataract and Glaucoma Implementation meetings and tracked via the Audit and Risk Assurance Committee (ARAC). An update on the progress made against the 59 recommendations and proposed future actions is to be presented to the Strategic Development and Operations Delivery Committee (SDODC) to give assurance on progress.

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 28 and 29 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 sixteen months with a new fully established management structure. Quality and Safety meetings continue on a bi-monthly basis, alternating with a bi-monthly business meeting. 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 37 recommendations in total. 25 cataract recommendations and 12 Glaucoma recommendations have been completed. There is a total of 22 recommendations being progressed, 13 of these are cataract recommendations and 9 of these are Glaucoma recommendations.

Recommendations fully completed to date are numbers 1,2,4, 6, 7, 8, 9, 10,11, 13, 14, 16, 18, 19, 20, 23, 26, 29, 30, 31,32, 34, 36, 37 38,40, 41, 42, 45, 48, 49, 50, 51, 54, 55 56 & 57 (of the higher risk or shorter target dates).

Recommendations currently being addressed are outlined below, those recommendations highlighted orange (8 recommendations) are dependent on the outcome of the Clinical Services Plan to progress and have been given longer target dates:

Reference Number	Recommendations	Progress	Target date and RAG status
Cataract delivery			
Peer Review/2023/110/MD3	Review the line management structure and explore whether a MDT cataract or whole ophthalmology surgical team across all areas (OP, day case, theatres, preop, imaging) dedicated to ophthalmology will work better. Consider whether to use staff more flexibly across these different areas e.g. using clinical nurse or optometry specialists in theatre or day care.	25/11/2024 - Awaiting the outcome of Clinical Services Plan (CSP).	31/01/2027
Peer Review/2023/110/MD5	Review the reasons with local optometrists as to why conversion rates lower than should be and take action to improve. Use a formal shared decision making tool, such as the NHS England one, in primary care	25/11/2024 – All Wales decision making tool currently being used. Communication to Optometrists in primary care regarding referral. Referral triage	31/05/2025

		returning any referrals that are inappropriate.	
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	01/08/2024 - Waiting list cards in use from 22/07/2024. 25/11/2024 – Priority rating for patients moved from stage one to stage 4 currently being reviewed.	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.	25/11/2024 – High flow principles being applied in AVH. NHS executive visit undertaken in AVH with further visit booked for GGH. Bilateral cataract operations introduced across all sites. Await outcome of CSP which is looking at resources across site and how to utilise theatres differently.	31/01/2027
Peer Review/2023/110/MD17	Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check 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.	25/11/2024 – Actions for the Workforce Plan have been reviewed and planning for WfP for 2025/2026 will commence in December 2024. Consent now undertaken in One stop pre-assessment clinic and routine observations have been stopped on the day.	31/07/2025
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.	25/11/2024 - Challenges to implement in GGH and BGH theatre set up and lack of staff. CSP will potentially address this issue. which is looking at resources across site and how theatre space could be utilised differently.	31/01/2027
Peer Review/2023/110/MD22	Organise some HVLC lists pilot and prove the principle, then roll out the learning. Use those consultants particularly who have done this elsewhere and consider using senior	25/10/2025 – Cataractathon explored, and resources do not allow this to be delivered in house.	31/01/2027

	trainees from other health boards where available. Consider a “cataractathon” or “cataract month” to start – ABUHB have done this.	However, HVLC have been introduced in AVH with one surgeon trialling 8 patients per list in December 2024. Await outcome for CSP for GGH/BGH theatres and how they may be utilised differently.	
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.	25/11/2024 – Potential to move IVT lists out of AVH day surgery into AVH OPD to create capacity for a cataract dedicated theatre space in AVH. The CSP may also deliver solutions.	31/01/2027
Peer Review/2023/110/MD25	Urgently explore greater regionalisation and ability to offer cataract surgery for the region at Swansea as a surgical hub.	25/11/2025 – First Regional meeting was held on the 15 <sup>th</sup> November 2024 with a further meeting planned on the 24 January 2025.	31/03/2025
Peer Review/2023/110/MD27	The unit should undertake a whole MDT workforce review, pushing everyone to the top of their licence and assessing numbers and training requirements for cataract and HVLC.	27/09/23 - HDdUHB to devise a Workforce development plan which has been discussed with Swansea Bay for support to undertake staff training days. 25/11/2024 – Workforce Plan for 2025/2026 will commence in December 2024. Practice development Nurse post secured.	31/10/2025
Peer Review/2023/110/MD28	RNOH/GIRFT recommends use of the Modelling software available RCOphth cataract workforce calculator.	25/11/2025 – Workforce plan. 2025/2026 will commence in December 2024.	31/03/2025
Peer Review/2023/110/MD33	Ensure regular internal cataract audits are done looking at PCR AND visual loss for the whole unit and individual surgeons	25/11/2024 – Proposal sent to audit team. Audit lead identified. SAS doctor identified has left the HB. Discussed in Ophthalmology QSE, new SAS doctor	31/05/2025

		identified to progress. With aim to complete audit in the next 6 months.	
Peer Review/2023/110/MD35	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	25/11/2025 – 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.	31/01/2025
Glaucoma Delivery			
Peer Review/2023/110/MD39	Review methodology for ophthalmology/glaucoma activity and waiting times data collection, validation and sense checking and ensure all of the relevant team have sight of this and can discuss any actions required.	25/11/2025 – R1 capacity review has been completed and SBAR produced detailing the resources needed for the recovery of the Glaucoma delivery. Next steps are to employ into Clinician vacancies and introduce further glaucoma clinics to improve timeliness.	30/06/2025
Peer Review/2023/110/MD43	Ensure consistent risk stratification is used for all patients at every glaucoma visit. This needs to be done at all sites and at all types of visits, including, as the pathway develops, in community optometry. Use this data to create a view of the whole glaucoma patient population who are at high, medium & low risk - this is critical to ensure they are managed appropriately and that resources can be deployed appropriately. This needs to be delivered as a matter of urgency.	25/11/2024 -Risk stratification continues and has been utilised with the development of the WGOS 4 pathway. This risk stratification continues.	30/09/2025
Peer Review/2023/110/MD44	Rationalise where ophthalmic outpatients are delivered to	19/06/2024- Update- This is being reviewed as part of CSP as it	31/03/2027

	fewer better sites with dedicated ophthalmic spaces.	involves other services to move to create less sites with more capacity.	
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.	19/06/2024- Update- This is being considered as part of the CSP as it involves moving other services.	31/01/2027
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.	25/11/2024 – Regional Joint Committee meeting has been held on the 15/11/2024 and work streams to focus on 4 areas inclusive of Glaucoma has been discussed. Substantive Consultant to undergo training in SBUHB for Glaucoma sub-specialty	31/01/2027
Peer Review/2023/110/MD52	Urgently link up regionally to use resources to their best availability including medical and MDT manpower for cataract, glaucoma and other areas.	25/11/2024 – Regional Joint Committee meeting has been held on the 15/11/2024 and work streams to focus on 4 areas inclusive of Glaucoma has been discussed.	30/09/2025
Peer Review/2023/110/MD53	Fund more ophthalmic (optometrist, orthoptic and nurse) practitioners and develop them. Fund more technicians and health care support workers and train them to deliver a wider scope of practice.	25/11/2024- Funding has been secured within budget for a Practice Development Nurse. Funding is being sought for further workforce as part of the R1 delivery solutions.	31/09/2025
Peer Review/2023/110/MD58	Undertake proper demand and capacity work and explore realistic options for change, and how much and how quickly they will deliver. Accelerate business cases to improve capacity and implement.	25/11/2024 – Demand and Capacity plans completed with Gap in delivery identified. Immediate measures to increase delivery with Clinicians on boarding, longer term solutions to increase activity will be reliant on the outcome of CSP.	30/09/2027
Peer Review/2023/110/MD59	The very long waiters need to be assessed now (e.g. by	25/11/2024 – WGOS 4 desktop review of all	31/03/2025

	virtual assessments) regardless of the original risk rating to avoid cases of serious harm.	suitable patients to be sent via the community Optometrists to safety net the longest waiting patients. Plans to increase virtual clinics in discussion.	
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The organisational risks associated with the outstanding recommendations are being tracked by the Audit and Risk Assurance Committee.

**Argymhelliad / Recommendation**

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** from the progress made against the recommendations and the future plans in place to address the outstanding recommendations.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB’s Annual Plan.

2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.

2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaborative, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on

	<p>specific issues where performance is showing deterioration or there are issues of concern.</p> <p>2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Fragile service risk - 1664 – Risk Score 20
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	<ol style="list-style-type: none"> <li>1. Safe</li> <li>2. Timely</li> <li>3. Effective</li> <li>5. Equitable</li> </ol>
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	<ol style="list-style-type: none"> <li>6. All Apply</li> </ol>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<ol style="list-style-type: none"> <li>3. Striving to deliver and develop excellent services</li> <li>1. Putting people at the heart of everything we do</li> <li>5. Safe sustainable, accessible and kind care</li> <li>4. The best health and wellbeing for our individuals, families and communities</li> </ol>
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	<ol style="list-style-type: none"> <li>4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives</li> <li>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS</li> <li>5. Offer a diverse range of employment opportunities which support people to fulfill their potential</li> <li>8. Transform our communities through collaboration with people, communities and partners</li> </ol>

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	GIRFT review and recommendations
Rhestr Termau: Glossary of Terms:	<p>GIRFT – Getting It Right First Time</p> <p>HDdUHB – Hywel Dda University Health Board</p> <p>HES – Hospital-based Eye Service</p> <p>ISBCS -Immediately Sequential Bilateral Cataract Surgery</p> <p>PPH – Prince Philip Hospital</p> <p>SBUHB - Swansea Bay University Health Board</p>

	SDODC - Strategic Development and Operations Delivery Committee SNM – Senior Nurse Manager
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Getting It Right First Time – All Wales Ophthalmology Cataract and Glaucoma Implementation Group. Audit and Risk Assurance Committee.

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No current financial impact, all recommendations being delivered within current budget.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The GIRFT recommendations aim to improve the quality of care delivered by the Ophthalmology service.
<b>Gweithlu:</b> <b>Workforce:</b>	The GIRFT recommendations aim to improve the workforce through development and collaborative working.
<b>Risg:</b> <b>Risk:</b>	The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664.
<b>Cyfreithiol:</b> <b>Legal:</b>	No current legal impacts of implementing GIRFT recommendations. However, the implementation of a timely service will negate legal cases caused by delays to treatment.
<b>Enw Da:</b> <b>Reputational:</b>	Improvements undertaken through the GIRFT review will improve the delivery of Ophthalmology services and consequently improve the reputation of the service.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No impact on privacy or confidentiality.
<b>Cydraddoldeb:</b> <b>Equality:</b>	The Equality Impact Assessments needed to correlate with any new policies or documents have been submitted to the working-controlled documentation group with the documentation for approval.