



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ophthalmology Getting It Right First Time (GIRFT)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Stephanie Hire, General Manager for Scheduled Care

**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 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 twelve months with a new fully established management structure. Quality and Safety meetings have been regularly established 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 for the GIRFT recommendations is reported monthly at the All Wales Ophthalmology Cataract and Glaucoma Implementation meeting.

To date the Ophthalmology team have completed and closed 18 recommendations, there are six ready to be closed requiring evidence to be uploaded, leaving 39 recommendations that are being progressed.

Recommendations fully completed to date are numbers 1, 2, 6, 7, 10, 11, 13, 14, 20, 26, 31, 32, 38, 49, 50 51, 56 and 57 (these were either higher risk or shorter target dates).

Recommendations almost fully completed and awaiting to be evidenced to date, are numbers 29 and 30 (these were either higher risk or shorter target dates).

Recommendations currently being addressed are outlined below:

Reference Number	Recommendations	Actions	Progress	Target date and RAG status
Peer Review/2023/110/MD 3	Review the line management structure and explore whether a Multi-Disciplinary Team (MDT) cataract or whole ophthalmology surgical team across all areas (Outpatient (OP), day case, theatres, pre-op, imaging) dedicated to ophthalmology will work better. Consider whether to use staff more flexibly across these different areas eg using clinical nurse or optometry specialists in theatre or day care.	1) Workforce review to be undertaken by Head of Nursing and Senior Nurse Manager. 2) Workforce development plan to be written and implemented.	29/07/2024 - Following discussion with Head of Nursing, decision made to wait for outcome of Clinical Services Plan (CSP).	31/03/2025

Peer Review/2023/110/MD 4	Appoint a formal Clinical Lead who has enough time in their job plan, and appropriate stable, senior service manager support to deliver.	1) Clinical Lead Job Description (JD) to be reviewed and updated. 2) Clinical Lead role to be advertised for recruitment.	01/08/2024 - Due to the limited number of substantive Consultants within the service (3) and due to the fragile nature of the service these Consultants are not keen to take on a Clinical Lead role. Service Delivery Manager having continued conversations with Scheduled Care Clinical Director to develop a Clinical Lead JD. Whilst this is ongoing all three substantive Consultants are continuing to support the service. Ophthalmology also has support from the Scheduled Care Clinical Director. When the JD is agreed, the post will be advertised.	31/12/2024
Peer Review/2023/110/MD 5	Review the reasons with local Optometrists as to why conversion rates are lower than should be and take action to improve. Use a formal shared decision making tool, such as that used by NHS England, in Primary Care.	1) Review data for conversion rates. 2) Develop decision making tool for use in Primary Care.	Action 1. 18/06/2024 - Conversion rates have been reviewed and are now correct. (Complete) Action 2. 01/08/2024 - Still awaiting agreement from Primary Care group. Contact made with Lead Optometrist to chase outcome.	31/09/2024
Peer Review/2023/110/MD 8	Expand the staffing of pre-op assessments and the remit of the MDT, with technicians and Health Care Support Worker (HCSWs) covering more of the routine work and biometry, and practitioners including nurses, orthoptists and optometrists able to undertake the fundal checks and consent; obtain IOLMaster 700s in all relevant sites to support the wider range of those who can undertake biometry. Consultants need to be present in the pre-ops to give short input to all patients.	1) Workforce review to be undertaken by head of Nursing and Senior Nurse Manager. 2) Workforce development plan to be written.	01/08/2024 - HDdUHB Ophthalmology Team are working towards an MDT approach with the current workforce. The One Stop Cataract Clinics commenced as of 22/07/2024 and are supported by a Clinician, Pre-Assessment Nurse, HCSW's and Technicians. Full workforce review paused as CSP in development, as changes in the service footprint will alter the staffing requirements.	01/08/2025

Peer Review/2023/110/MD 9	Obtain patient's consent for both eyes at the first eye pre-op visit. Obtain consent by phone for second eye, or very long waiters already assessed and on the list. Post a consent form out to read +/- sign at home.	1) Review of current consent process for bilateral cataracts. 2) Review of current consent forms to align with above process.	18/06/2024 - Update. All consent training completed and One-Stop pre-assessment process will ensure quality time to consent patient prior to procedure. Patients suitable to receive bilateral cataract treatment are identified during pre-assessment. 02/08/2024 - One Stop preop process has commenced, and with it Immediate Sequential Bilateral Cataract Surgery (ISBCS) as well. Both eyes will be consented as needed. Awaiting revised consent form to be available for order. The service considers that telephone consenting and/or mailing the consent form to patients is unnecessary, as the new pre-operative process has streamlined the consent procedure. Bilateral Cataract surgery Standard Operating Procedure (SOP) is in development and will be agreed and discussed at the next Quality, Safety & Experience (QSE group meeting on 19 September 2024.	31/10/2024
Peer Review/2023/110/MD 12	Introduce standardised risk (in line with College guidance) and priority ratings for cataract surgery and change waiting list forms to support this.	1) Review current waiting list forms and agree clear priority ratings. 2) Develop protocol to align with waiting list forms with clear priority ratings. 3) Implement new waiting list forms.	01/08/2024 - Waiting list cards in use from 22/07/2024 when the One Stop Cataract clinic commenced. MBM reviewing documentation to ensure that this follows College guidance and is seeking further clarification around recommendation.	31/10/2024
Peer Review/2023/110/MD 15	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 when the last case finished.	1) Review Bronglais Hospital (BGH) and Glangwili Hospital (GGH) suitability for high flow lists. 2) If environment is not deemed suitable review process for current delivery of complex patients. 3) Review patient pathway and reduce delays with patient arriving in theatre.	29/07/24 - Discussion undertaken with the staff in GGH, theatre and portering staff identified as an issue. Wider discussions undertaken in relation to relocation of Ophthalmology services as part of CSP. New due date 31/05/2025	31.03.2025

Peer Review/2023/110/MD 16	Do cataracts on cataract only lists and do General Anaesthetics (Gas?) on GA only or primarily GA lists.	1) Review list of procedures delivered on theatre lists. 2) Ensure dedicated cataract only lists are formulated on all three sites.	01/08/2024 - Mixed lists remain in main sites (GGH and BGH) due to other procedures only being able to be carried out at these sites, and cataracts being added to fill lists to maximise theatre potential. Due to the limited volume of GA patients. It is not possible to separate GA patients for cataract as we do not have enough GA patients to do this. This would delay patients' treatment. GA patients are put at the beginning of the theatre list so that the Anaesthetist can then be released and utilised elsewhere. This recommendation can be reviewed in six months to review the position.	31/01/2025
Peer Review/2023/110/MD 17	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 undertake routine observations on the day.	1) Review staff training to mark the eye with Senior Nurse Manager. 2) Review process for baseline observations (obs).	27/09/23 Workforce development plan commenced. 30/04/2024. - sStill in development, not applicable to current cataract process but will be beneficial when the new process is established and will be explored then.	31/12/2024
Peer Review/2023/110/MD 18	Eliminate the surgeon pre-op ward rounds. Trust each other's assessments OR put the patients on the same Consultants list as assessed them at One Stop. Consultants then only check notes (ideally before list begins or before the day of surgery) and greet and reassure the patient, ideally in the anaesthetic room. If eye check is necessary, provide a hand held slit lamp.	1) Consent patient in pre-assessment prior to procedure. 2) Develop protocol for pre-checks prior to surgeon review on the day of operation.	02/08/2024 - One Stop process started but patients have not filtered through to theatre yet. Revised due date 31/10/2024.	31/10/2024
Peer Review/2023/110/MD 19	Stagger greeting of patients by surgeons, so that there is no delay to the start of surgery on the list. Ensure there is a Golden Patient listed first. Do not make patients wear gowns and hats.	1) Stop use of hats and gowns for patients where possible. 2) Consent patients in pre-assessment. 3) Staggered arrival times can be introduced when patient consented in pre-assessment.	29/07/24 - Consent now undertaken in pre-assessment as part of the One Stop Pre-assessment Clinic. Staggered arrival times can be considered when One Stop is fully embedded, as patients are still filtering through currently and have not all have been through the new process, so some will still require consenting. As a result of this we are unable to stagger all greeting times.	31/10/2024

Peer Review/2023/110/MD 21	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.	1) Check if theatre trolleys are fixed in theatres or if surgical trolleys can be wheeled in.	02/08/2024 – Challenges to implement in GGH site due to lack of staff. In conversation with theatre staff and will trial using a second trolley during a suitable list. Due date revised to 31/10/2024.	31/10/2024
Peer Review/2023/110/MD 22	Organise some High Volume Low Complexity (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 trainees from other Health Boards where available. Consider a “Cataractathon” or Cataract Month to start – Aneurin Bevan University Health Board (ABUHB) have done this.	1) Scope outsourcing options. 2) Scope costs and possibility of “Cataractathon” within own Health Board.	29/07/24 – Update: Currently outsourcing. We continue with HVLC lists at Amman Valley Hospital (AVH). Currently listing seven patients per list however with new One Stop process and consent being undertaken in pre-assessment this should improve throughput in theatre allowing more patients to be added to the list. We review this weekly following every HVLC list and will adjust the number of patients per list accordingly. HDdUHB service has been actively looking to organise a “Cataractathon”. Due to current urgent cohort of patients. However, the new experienced Consultant unable to commit to additional cataract sessions. Review to take place at the end of the year.	31/12/2024
Peer Review/2023/110/MD 23	Agree more cases per list and do not finish early or start late routinely or take a leisurely approach. Patients are waiting a long time for sight restoring surgery and this must drive everyone to operate efficiently and optimise surgical time. If high volume surgery with high numbers is achieved, early finish should be acceptable as a bonus to teams who achieve this.	1) Review start and finish times of theatre lists. 2) Feedback start and finish times to Consultants at QSE meeting. 3) Reduce delays to theatre lists following audit detail and discussion. 4) Re-audit start and finish times.	02/08/2024 - Theatre delivery scrutiny continues daily through scheduled care sitrep. Start and finish times are reviewed for every theatre list. Start and finish times are fed back to individual clinicians with a view to improve efficiency. This recommendation will be reviewed again and fed back again during next QSE meeting in September 2024.	31/10/2024
Peer Review/2023/110/MD 24	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.	1) Move intravitreal injection therapy (IVT) out of AVH Outpatient Department (OPD) back to Pembrokeshire. 2) Move IVT service out of day theatre into AVH OPD. 3) Increase cataract delivery through AVH theatre.	02/08/2024 - Service Delivery Manager (SDM) attended AVH on 04/07/2024 feedback to be presented at next QSE meeting on 19/09/2024. Awaiting job interviews to take place in August to appoint Consultant. New due date 31/10/2024.	31/10/2024

Peer Review/2023/110/MD 25	Urgently explore greater regionalisation and ability to offer cataract surgery for the region at SBUHB as a surgical hub.	1) Explore outsourcing options with SBUHB.	29/07/24 - SBUHB unable to assist 2024/25. Awaiting launch of revised Regional Ophthalmology Programme to assess future opportunities.	30/06/2025
Peer Review/2023/110/MD 27	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.	1) Scope current workforce. 2) Scope current workforce competencies. 3) Develop a training pathway and competency assessment framework.	27/09/23 - HDUHB to devise a Workforce Development Plan which has been discussed with SBUHB for support to undertake staff training days. 30/04/2024 - Remains in progress. 2.08.2024 - Workforce and workforce development is being discussed as part of Regional Ophthalmology Programme.	31/03/2025
Peer Review/2023/110/MD 28	Royal National Orthopaedic Hospital (RNOH)/ GIRFT recommends use of the Modelling software available RCOphth cataract workforce calculator.	1) Establish demand and capacity tool for cataract service. 2) Increase capacity through HVCL and increased delivery of cataract lists. 2) Develop trajectory for recovery.	29/07/24 – Senior Nurse Manager (SNM) meeting with theatre staff 30/07/24 to discuss capacity tool, SNM on leave until end August 2024, feedback session requested.	31/12/2024
Peer Review/2023/110/MD 33	Ensure regular internal cataract audits are done looking at Posterior Capsular Rupture (PCR) AND visual loss for the whole unit and individual surgeons	1) Review current audit data and identify gaps. 2) Establish audit timetable. 3) Feedback audits at QSE.	29/07/24 – Update: Doctor identified to undertake audit has submitted audit proposal to the Audit Team. Awaiting feedback - Audit team chased. New review date 31/10/2024.	31/10/2024
Peer Review/2023/110/MD 34	Undertake regular observational audits to measure and monitor the flow in cataract lists - Consultants and managers to observe the timings and flow of other consultant lists.	1) Review theatre lists and undertake initial audit. 2) Present report at QSE. 3) Repeat audit six monthly and report back to QSE.	29/07/24 – Update: SDM attended AVH 04/07/24 - await update. Continued theatre utilisation daily meetings taking place. To be presented at QSE September 2024 due to the re-audit again in six months: New due date 31/03/2025.	31/03/2025
Peer Review/2023/110/MD 35	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	1) Align staggered arrival times in line with consent in pre-assessment (outlined above). 2) Review of current discharge processes across site and standardise documentation and processes.	29/07/24 – Update: Awaiting the One Stop process to be fully embedded, as patients who have not been through the new process are still filtering through, and will require consenting. Patient information readily available for patients before surgery which should minimise time spent in discharge. new review date 31/12/2024.	31/12/2024

Peer Review/2023/110/MD 36	Undertake a pilot of patient self-dilating and, if successful, roll out to all suitable patients.	1) Discuss self-dilation with Ophthalmology team around logistics. 2) Meet with Pharmacy to explore possibility and risks of self-dilation.	27/09/23 - Preliminary discussion held with ward sister, next steps, to be explored with Pharmacy. 30/04/2024 - Action to be reviewed following implementation of One Stop to see how this can be implemented as it will have impact on pre-assessment. 29.07.2024 – SNM on leave until end August 2024, feedback session requested as previous update advised that One Stop cataract will need to be fully embedded.	31/12/2024
Peer Review/2023/110/MD 37	Consent must be taken before the day of surgery. Consider supporting the Primary Care Optometrists to do more and share the consent form. Consider posting the consent form out to patients in advance, nurses and optometrists in clinic to be trained to consent and all consents done within the One Stop Clinic.	1) Explore consenting patient at pre-assessment. 2) Review consent form format and update as necessary. 3) Explore nurse led consent.	29/07/24 - Update: Patients are being consented in pre-assessment currently however this is not nurse led, for further discussion at QSE 19/09/2024 - New review date 31/10.2024.	31/10/2024
Peer Review/2023/110/MD 39	Review methodology for ophthalmology/glaucoma activity and waiting times data collection, validation and sense checking and ensure all of the relevant teams have sight of this and can discuss any actions required.	1) Review of Demand and Capacity. 2) Review of outpatient delivery. 3) Increase primary care delivery to Glaucoma A and B patients.	02/08/2024- Update: Demand and Capacity work ongoing. Working with Primary Care optometrists to introduce Wales General Ophthalmic Services (WGOS) 4 pathway for Glaucoma patients - further update to be provided on return of Optometrist Lead who is currently on leave New review date 31/12/24.	31/12/2024
Peer Review/2023/110/MD 40	Develop two stop/virtual diagnostics sessions in the On Demand Training Centres (ODTCs), hospital sites and optometry practices even when the decision maker is not the hospital consultant, to optimise new patient throughput. Separate interactions to differentiate between diagnostics (tests) from the virtual clinical review.	1) Meet with Optometrists to discuss further development of ODTC pathway. 2) Increase delivery through ODTC for Glaucoma B patients.	02/08/2024 - This action will become obsolete with the introduction of WGOS pathway and will be closed when WGOS goes live. Optometry lead on leave will update further on return new review date 31/12/2024.	31/12/2024
Peer Review/2023/110/MD 41	Ensure tests are done by technicians and HCSWs where possible, ideally in layouts which support high flow, freeing up MDT clinicians in Primary, Community and Secondary Care to be clinical decision makers.	1) Review tech support in Secondary Care to increase virtual capacity. 2) Continue to increase patient flow through Optometrists for Glaucoma A and B.	Currently eight optometrists hold a higher certificate with another 15 optometrists currently being developed in HDdUHB. 30/04/2024 - Action 1 completed and sessions identified but not yet started. Action 2 in progress.	31/12/2024

Peer Review/2023/110/MD 42	Ensure accurate data is regularly reported on the performance of referral filtering as well as ODTC's to drive improvements – as well as the percentage of first hospital glaucoma attendance discharge, what percentage of patients are kept out of new hospital visits by the repeat measures and ODTC refinement separately.	<ol style="list-style-type: none"> 1) Discuss referral refinement delivery and delivery with Primary Care colleagues. 2) Undertake agreed audit of referral pathway. 3) Feedback data at QSE. 	02/08/2024 - This action will become obsolete with the introduction of WGOS pathway and will be closed when WGOS goes live. Optometry lead on leave will update further on return new review date 31/12/2024.	31/12/2024
Peer Review/2023/110/MD 43	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 and 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.	<ol style="list-style-type: none"> 1) Review of current waiting list and risk stratification. 2) Optometrists to support with completing risk stratification. 3) Glaucoma Consultants to assist with completing risk stratification process. 	02/08/2024 -Risk stratification continues and has been utilised with the development of the WGOS 4 pathway. We will continue to monitor this with a review in four months to ensure the risk stratification is consistent.	31/12/2024
Peer Review/2023/110/MD 44	Rationalise where ophthalmic outpatients are delivered to fewer better sites with dedicated ophthalmic spaces.	<ol style="list-style-type: none"> 1) Undertake review of current delivery for Glaucoma clinics. 2) Plan increase in delivery of Glaucoma clinics including review of infrastructure. 3) Commence delivery of increased Glaucoma clinics. 	19/06/2024- Update: This is being reviewed as part of the CSP as it involves other services to move to create less sites with more capacity.	31.03.2025
Peer Review/2023/110/MD 45	Re-explore the use of remote consultations after diagnostic data collection, to reduce the burden on Outpatient space. Virtual reviews have to be carried out on a hospital site, but ensure they and remote consultations are not being undertaken in clinical consulting rooms, as long as the clinicians can see the diagnostics data and records.	<ol style="list-style-type: none"> 1) Introduce further virtual Glaucoma sessions for Consultants. 2) Scope delivery of virtual Glaucoma sessions for Speciality and Associate Specialist (SAS) doctors. 	02/08/2024 - Virtual clinics continuing still in initial stages. Job plan review to be undertaken to allow for additional sessions. New review date 31/12/2024.	31/12/2024
Peer Review/2023/110/MD 46	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.	<ol style="list-style-type: none"> 1) Review current structure and delivery. 2) Plan new structure and delivery. 3) Commence new structure and delivery. <p>This action may be restricted by cost to implement.</p>	19/06/2024- Update: This is being considered as part of the CSP as it involves moving other services.	31/03/2025

Peer Review/2023/110/MD 47	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.	1) Review where SAS doctors currently support Consultant clinics to identify training opportunities. 2) Develop SAS doctors and non-medical staff in line with training needs and liaise with SBUHB for support with development.	02/08/2024 This is being reviewed as part of the CSP. We have made changes to configuration of some clinics to support training of staff. We are also exploring a collaborative training programme with SBUHB to develop one of our Consultants.	31/03/2025
Peer Review/2023/110/MD 48	HDdUHB working within the regional context needs also to ascertain the required community ODTc footprint to support the long-term outpatient capacity, taking into account population demand over time and the likely implementation of the new WGOS contract. Plans need to describe how this is to be established on a sustainable basis, ensuring all sites can support high flow efficient, technician/HCSW led assessments.	1) Review of Glaucoma categories and suitable pathways for management. Glaucoma A - optom Glaucoma B - ODTc Glaucoma C - general clinics Glaucoma D - specialist clinics 2) Implement management plan for all categories.	02/08/2024 The WGOS pathway will supersede the ODTc pathway. Pathway is progressing well. The go live date for new Glaucoma patients is 2 September 2024 and follow up patients have been identified. Community colleagues await confirmation regarding securing funding. Medical Retina mandatory training has been made available (08.08.2024) which will allow participation for all Medical Retina qualified Optometrists to participate in WGOS 4. Optometrists will be made aware of the training available for completion. Next step is for a meeting to be held when Medical Retina clinician available to discuss the threshold at which patients will be referred into Secondary Care. This has been arranged. This recommendation can then be closed. New review date 31/12/2024.	31/12/2024
Peer Review/2023/110/MD 52	Urgently link up regionally to use resources to their best availability including medical and MDT manpower for cataract, glaucoma and other areas.	1) Continue to develop open eyes project as a regional development. 2) Scope possibility of cataract delivery through SBUHB.	29/07/24 – Update: Document has been shared with SBUHB clinical leads and is being discussed awaiting feedback. New review date 31/12/2024.	31/12/2024
Peer Review/2023/110/MD 53	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.	1) Develop a rolling programme of staff to go through Optical coherence tomography (OCT) training. 2) Identify a training lead for HDdUHB.	27/09/23 - Funding available for further Glaucoma Practitioners. Regional Workforce Development Plan will need to be implemented to support the development of these nurses. 19/06/2024- Funding has been secured within budget for a Practice Development Nurse. When recruitment of successful candidate has completed the action can be closed.	31/12/2024

Peer Review/2023/110/MD 54	Consider adapting UK Ophthalmology Alliance (UKOA) Guidelines across all three professions including training Speech and language therapist (SLT) practitioners using UKOA guidance. Utilise the Ophthalmic Practitioner Training (OPT) framework for training MDT staff.	1) Develop a rolling programme of staff to go through OCT training. 2) Identify a training lead for HDdUHB.	02/08/2024 - Post approved, awaiting JD going to CEGG group and then may need to go to JD panel review with a view to advertise.	31/01/2025
Peer Review/2023/110/MD 55	Undertake a comprehensive review of the roles, job plans, numbers and professional development of the MDT, in Glaucoma services in hospital and the ODTs. Utilise the capabilities of non-medical staff to maximum so that the Consultants can concentrate on the complex cases, training and service improvement.	1) Undertake review of current roles in delivery of Glaucoma pathway by Head of Nursing and Senior Nurse manager. 2) Map development of workforce within pathway to align with Service Plan.	29/07/24 – Update: Potential to secure locum consultant into a substantive role for Glaucoma and establish a hybrid training programme for this doctor through SBUHB. This will help to secure a Glaucoma lead for the future of the service to support the locum. Imminent relaunch of Regional Ophthalmology Programme which will include a review of this pathway.	31/12/2024
Peer Review/2023/110/MD 58	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.	1) Undertake review of current roles in delivery of Glaucoma pathway by Head of Nursing and Senior Nurse manager. 2) Map development of workforce within pathway to align with service plan.	19/07/2024 – Update: Demand and Capacity modelling is ongoing. Cohort of patients identified for WGOS 4 pathway. Options for change will include development of the existing team which has been commenced and the Regional document being developed for consider by both Health Board's.	31/03/2025
Peer Review/2023/110/MD 59	The very long waiters need to be assessed now (eg by virtual assessments) regardless of the original risk rating to avoid cases of serious harm.	1) Scope potential Increase in virtual capacity in HDdUHB to virtually review high risk cohort of longest wait patients.	02/08/2024 - Focus on the 100% delayed patients continues. Clinician template under review to allocate time for further review of longest waiting patients.	31/03/2025

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

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to **RECEIVE ASSURANCE** from:

- The recommendations closed to date
- The recommendations being reviewed and progressed currently
- The future plans 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
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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 specific issues where performance is showing deterioration or there are issues of concern.

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.

2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

2.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

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 Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 1. Putting people at the heart of everything we do 5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	GIRFT review and recommendations
Rhestr Termiau: Glossary of Terms:	GIRFT – Getting It Right First Time HDUHB – Hywel Dda University Health Board HES – Hospital-based Eye Service ISBCS -Immediately Sequential Bilateral Cataract Surgery PPH – Prince Philip Hospital SBUHB - Swansea Bay University Health Board SDODC - Strategic Development and Operations Delivery Committee SNM – Senior Nurse Manager
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol:	Getting It Right First Time – All Wales Ophthalmology Cataract and Glaucoma Implementation Group. Audit and Risk Assurance Committee.

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
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.
Risg: Risk:	The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664.
Cyfreithiol: Legal:	No current legal impacts of implementing GIRFT recommendations. However, the implementation of a timely service will negate legal cases caused by delays to treatment.
Enw Da: Reputational:	Improvements undertaken through the GIRFT review will improve the delivery of Ophthalmology services and consequently improve the reputation of the service.
Gyfrinachedd: Privacy:	No impact on privacy or confidentiality.
Cydraddoldeb: Equality:	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.