



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 February 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 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 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 six months with the newly 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 12 recommendations, leaving 47 recommendations to be completed (recommendations completed to date are numbers 1, 2, 10, 13, 20, 30, 32, 38, 51, 52, 56 & 57 these were either higher risk or shorter target dates).

Recommendations currently being addressed are outlined below,

Cataract recommendations		
Recommendations	Progress	Target date and RAG status
5: 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 tool, in Primary Care.	Updated decision-making tool being reviewed and circulated for agreement.	31/03/2024
6: Hospital optometrists and nurses to undertake phone calls to screen out patients who don't need surgery and to counsel and prepopulate pre-op assessment documents at same time for those who do go ahead; consider using a health questionnaire.	Telephone screening to be introduced alongside the implementation of one stop cataract clinics.	30/04/2024
7: Undertake all cataract pre-ops as a one stop, even General Anaesthetics (Gas) and complex cases, especially for patients living far away – aim for no more than three months before the date of surgery. For those completed a long time ago or second eyes, do phone assessments and get "obs" from local GP or pharmacist.	One stop cataract pre-assessment clinics to be implemented in March 2024. Clinicians identified to undertake clinics and training session agreed.	30/04/2024
11: Offer Immediately Sequential Bilateral Cataract Surgery (ISBCS) to all suitable patients.	ISBCS documentation to be presented for agreement at scheduled care working controlled documentation group in March 2024	31/11/2024
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 previous case is finished.	Theatre processes on all three sites reviewed by Senior Nurse Manager (SNM) with identified learning to implement in practice.	31/05/2024
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	One stop cataract pre-assessment clinics to be implemented in March 2024. Consent will be taken on the day of pre-op in preparation for surgery to ensure more timely delivery of lists.	31/05/2024

room. If really necessary to check the eye, provide a hand held slit lamp.		
25: Urgently explore greater regionalisation and ability to offer cataract surgery for the region at Swansea as a surgical hub.	To explore regional options for delivery with SBUHB	31/05/2024
29: Use both efficiency/finance aspects and patient safety issue to agree to source and start using pre-loaded lenses.	Pre-loaded lens trial undertaken with agreement for pre-loaded lens across site to start in April 2024	30/04/2024
33: Ensure regular internal cataract audits are done looking at Posterior Capsular Rupture (PCR) AND visual loss for the whole unit and individual surgeons	Internal audit discussed and agreed at last Quality and Safety meeting on the 19 January 2024. Speciality and specialist (SAS) doctor identified to undertake whole Health Board audit for cataract complication rates with support from local clinical audit department.	30/06/2024
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.	Consent will be taken six weeks prior to surgery in one stop cataract pre-assessment clinics.	30/04/2024
<b>Glaucoma recommendations</b>		
<b>Recommendations</b>	<b>Progress</b>	<b>Target date</b>
39: Review methodology for ophthalmology/glaucoma activity and waiting time's data collection, validation and sense checking and ensure all of the relevant team have sight of this and can discuss any actions required.	Categories agreed with SBUHB clinicians and referral form currently being updated to reflect categories. Current waiting time data presented to Clinicians. Weekly meeting set up to review demand and capacity data for the service.	31/03/2024
40: Develop two stop/virtual diagnostics sessions in the Ophthalmology Diagnostic and Treatment 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.	Available clinic dates for data collection identified in Prince Philip Hospital (PPH). Virtual clinics identified in PPH and Glangwili Hospital (GGH) to review data collected to develop two stop virtual clinic process.	31/03/2024
41: Ensure tests are done by techs and Health Care Support Workers (HCSWs) were possible, ideally in layouts which support high flow, freeing up Multi-Disciplinary Team (MDT) clinicians in Primary, Community and Secondary care to be clinical decision makers.	Further technician clinics identified in Secondary Care. Primary Care Optometrists now participating in data capture for Glaucoma A (low risk) patients. Further development of ODTC pathway discussed with x2 ODTC currently reviewing for Secondary Care. Contract reform will ensure further development of this pathway for Glaucoma B (low/moderate risk) patients.	31/03/2024
44: Rationalise where ophthalmic outpatients are delivered to fewer, better sites with dedicated ophthalmic spaces.	Review of Ophthalmic delivery undertaken on the 11 January 2024 with first scheduled care review of out-patient delivery on the 31 January 2024 to scope more efficient delivery of services on fewer sites to streamline service provision.	31/05/2024
45: Re-explore the use of remote consultations after diagnostic data collection, to reduce the	As outlined in recommendations 40 and 41.	30/04/2024

burden on outpatient space. Virtual reviews have to be carried out on a hospital site, but ensure they and remote consultations are not being done in clinical consulting rooms, as long as the clinicians can see the diagnostics data and records.		
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.	As outlined in recommendation 44.	31/05/2024
54: Consider adapting United Kingdom Ophthalmology Alliance (UKOA) Guidelines across all three professions including training Selective Laser Trabeculoplasty (SLT) practitioners using UKOA guidance. Utilise the Ophthalmic Practitioner Training (OPT) framework for training MDT staff.	OPT framework being utilised for staff training within the service with recent OPT lead identified and trained to support staff development.	30/11/2024
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.	Demand and Capacity is being reviewed in line with the Annual Plan.	31/03/2024

With the completion of the above actions a further 18 recommendations will be completed leaving 29 recommendations to be addressed by the service. Some of these 29 recommendations can be completed when the above recommendations (as they are linked) have been closed and some of these recommendations have longer target dates than those above.

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 recommendations closed to date; the recommendations being reviewed and progressed currently; and 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 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.

	<p>2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).</p> <p>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.</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> <p>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.</p> <p>2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.</p> <p>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).</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Fragile service risk - 1664 – Risk Score 20</p>
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<ol style="list-style-type: none"> <li>1. Safe</li> <li>2. Timely</li> <li>3. Effective</li> <li>5. Equitable</li> </ol>
<p>Galluogwyr Ansawdd: Enablers of Quality:</p>	<ol style="list-style-type: none"> <li>6. All Apply</li> </ol>

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	GIRFT review and recommendations
Rhestr Termau: 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: 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) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No current Financial impact, all recommendations being delivered within current budget.



<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The GIRFT recommendations aim to improve the quality of care delivered by the Ophthalmology service.
<b>Gweithlu: Workforce:</b>	The GIRFT recommendations aim to improve the workforce through development and collaborative working.
<b>Risg: Risk:</b>	The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664.
<b>Cyfreithiol: 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: 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: Privacy:</b>	No impact on privacy or confidentiality.
<b>Cydraddoldeb: 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.