

Factors for consideration and use as criteria in triage of patients awaiting follow-up appointments in SW Wales Glaucoma Service 2021

Lowest risk group

(may be seen via the 'data-gathering' scheme for a time-limited period, pending review of the governance, clinical and cost-effectiveness of the scheme)

UKOA low risk category...

Ocular hypertension on treatment with controlled IOP
Glaucoma suspects
Early glaucoma which is stable

Also

Patients with glaucoma diagnosis and a year of birth of 1935 or earlier

Medium risk group 1

(for '1-stop' consultations with WECS EHEW optometrists with support from consultant-led virtual clinic review)

UKOA medium risk category

Young patient <50 years who are stable
Moderate glaucoma which is stable
Post-surgery or laser glaucoma which is stable >1 year

Patients who have a diagnosis of glaucoma and who do not have any of the 'high risk parameters' listed below

Medium risk group 2

(for HES consultant-led 'general' clinics)

Only eyes which are stable
Early glaucoma with unstable IOP or visual field
Last letter IOP (either eye) is >24 (but not >30)

VA worse than 0.5 in either eye

Highest risk group

(for expedited glaucoma subspecialist ophthalmologist review)...

UKOA highest risk category

Recent surgery (within last 6 months)
Advanced glaucoma
Unstable moderate or advanced glaucoma
Suspected neurological pathology
Complex or secondary glaucoma
Only eye
Angle closure
Learning/communication/mental capacity/frailty issues limiting tests or management
Compliance issues
Unmanaged or unstable ocular co-morbidities

Also

Patients who; have 'advanced' or 'Certificate of Vision Impairment' (CVI) in their correspondence narrative
Are on 3 glaucoma medications (fixed combination products counting as 2 medications)
Are on brimonidine
Have a year of birth of 1965 or later
Last letter IOP (either eye) is >30
Last letter IOP (either eye) is <8
Black race
Any kind of tube surgery (Ahmed, Baerveldt or other aqueous shunt device)

UKOA Regarding 'stability'

Unstable:

IOP not at target level

Worsening optic disc or RNFL glaucoma features

VF rate of progression mean deviation (MD) >-2dB per year.

UKOA Regarding stage of glaucoma

Early glaucoma:

Unequivocal RNFL loss/ optic disc features

and/or unequivocal reproducible VF defect consistent with glaucoma with MD better than -6dB in either eye.

Moderate glaucoma:

optic disc/ RNFL features consistent with glaucoma

AND reproducible VF defect consistent with glaucoma, with MD between -6dB and -12dB in either eye.

Advanced glaucoma:

optic disc/ RNFL features consistent with glaucoma

AND reproducible VF defect consistent with glaucoma, with MD worse than -12dB in either eye.

***Local, National and Strategic Benefits to implementing a South West Wales
Glaucoma Service***

Objective	Option 1 (Do Nothing)	Option 2 (This proposal)
Health Board Objectives		
Recovery from COVID	x	✓
Stable and Sustainable Service	x	✓
Reduced Waiting Times	x	✓
Sustainable timely review for chronic disease	x	✓
Improved Patient Experience	x	✓
Patients should be seen in a timely manner for monitoring and management of this chronic disease	x	✓
Improved Patient Outcomes	x	✓
Reduced Clinical Risk	x	✓
Meeting National Standards	x	✓
Reduction in Delays to Treatment	x	✓
Prudent Healthcare		
Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production	x	✓
Care for those with the greatest health need first, making most effective use of all skills and resources.	x	✓
Do only what is needed – no more, no less – and do no harm.	x	✓
Reduce inappropriate variation using evidence-based practices consistently and transparently.	x	✓
People working for the NHS in Wales should operate at the top of their clinical competence(s)	x	✓
Secure greater value from healthcare systems for patients	x	✓
A Healthier Wales		

Better access to services	x	✓
Equitable Treatment	x	✓
Sustainable Workforce	x	✓
Services closer to home	x	✓
Improved Health and Wellbeing	x	✓
A Regional Collaboration for Health Goals		
Creating a healthcare system South West Wales fit for the future	x	✓
Developing the next generation of workforce	x	✓
Driving the economy in South West Wales by creating jobs and supporting growth	x	✓
National Targets		
75% of 'face-to-face' patient contacts within the glaucoma pathway should be a 'non-ophthalmologist' glaucoma practitioner.	x	✓
95% of 'R1' patients seen within 125% of intended time to next event in pathway	x	✓

Appendix 9 HDdUHB Costings and Funding Streams

Funding Streams: Glaucoma business case:-

	£	Status
Non recurring funding 21/22 recovery plan	365,200	Pending final agreement
Eye care sustainability b/f from 20/21	100,000	Confirmed
Transformation funding 21/22 agreed to date:-	138,132	Qtr 1 and 2 received

Total potential funding non recurring	603,332
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Split of costs :	20/21	21/22	22/23
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Option 1:-

Internal ARCH costings

Additional ODC activity (2.7 Glaucoma Practitioners	62,857	150,857	150,857
2.7 WTE Ophthalmic technicians	29,148	69,954	69,954
1 band 2 admin support	13,707	23,498	23,498

Option 2 :

Additional ODC activity (2.7 Glaucoma	62,857	150,857	150,857
700 Community high street glaucoma ODC appts per month reducing to 500 from Aug 22	242,025	580,860	580,860
2.7 WTE Ophthalmic technicians	29,148	69,954	69,954
1 band 2 admin support	13,707	23,498	23,498
Total	347,737	825,169	825,169

Lead glaucoma 10 sessions	55,146	132,350	132,350	Funded from core budgets
Band 4 Glaucoma coordinator	17,323	29,696	29,696	Funded from core budgets
Total	72,469	162,046	162,046	
Grand total	420,206	987,215	987,215	

Transformation funding 21/22 agreed to date

SUMMARY				
Total amount requested	£138,132.40			
Breakdown of funding requested				
Description (e.g. staff, revenue investment, etc.)	Q1	Q2	Q3	Q4
Part 1: Stratification the new and FUNB glaucoma waiting list	£9,362.50	£9,362.50	£9,362.50	£9,362.50
Part 2: Glaucoma ODTC primary care clinics	£25,170.60	£25,170.60	£25,170.60	£25,170.60

Glaucoma Business Case Costings: Hywel Dda Health Board.

Service Elements	Band	Start Date	Appointments p/a	2021/22 £	2022/23 £	Sustainable solution	Note
Option 1 : Internal ARCH Costings only							
Additional ODT Activity (2.7 WTE Glaucoma Practitioner Hywel Dda) (plus virtual clinic)	Band 7	Nov-21	Circa 7500	62,857	150,857	150,857	
2.7 WTE Ophthalmic Technicians (Supporting Practitioners)	Band 3	Nov-21		29,148	69,954	69,954	
1 WTE band 2 admin support/records	Band 2	Sep-21		13,707	23,498	23,498	
Attended Appointment Total Cost				105,712	244,309	244,309	No identified recurrent funding source
Lead Glaucoma Consultant 10 sessions		Nov-21		55,146	132,350	132,350	Funded from existing budget provision
1 band 4 Glaucoma coordinator/Primary care	Band 4	Sep-21		17,323	29,696	29,696	Funded from existing budget provision
Grand Total				178,180	406,355	406,355	
Option 2:- Internal ARCH and Community optoms costings							
Additional ODT Activity (2.7 WTE Glaucoma Practitioner Hywel Dda) (plus virtual clinic)	Band 7	Nov-21	Circa 7500	62,857	150,857	150,857	
700 Community High street Glaucoma ODT appointments per month		Nov-21	Circa 7000 in 22/23	242,025	580,860	580,860	
2.7 WTE Ophthalmic Technicians (Supporting Practitioners)	Band 3	Nov-21		29,148	69,954	69,954	
1 WTE band 2 admin support/records	Band 2	Sep-21		13,707	23,498	23,498	
Attended Appointment Total Cost				347,737	825,169	825,169	No identified recurrent funding source
Lead Glaucoma Consultant 10 sessions		Nov-21		55,146	132,350	132,350	
1 band 4 Primary care/Glaucoma coordinator	Band 4	Sep-21		17,323	29,696	29,696	
Grand Total				420,205	987,215	987,215	
Option2 Funding							
Green No funding solution needed				72,469	162,046	162,046	Funding within core budget

Amber: Short term funding solution identified, needs to be agreed	347,737	825,169	In 20/21 circa £100k has been requested from transformation funding, the balance will need to be sought from recovery funding. This requires agreement and a bid to be placed. Confirmation of funding needs to be obtained prior to commencement of service
Red: No long term funding solution			The service provision needs to be the same to deal with the backlog and steady state due to the recurring nature of the follow up appointments and volume of them
	420,205	987,215	825,169

Appendix 10 Swansea Bay UHB Model Costings

	pre covid sustainable state	Current Jun-21	Option 1 (Do Nothing with pre covid capacity) Mar-22	Option 2 (This proposal) March 22	Option 1 (Do Nothing) Mar-23	Option 2 (This proposal) Mar-23	Sustainable service Jun-23 25% medical 75% ODTC
Average Demand (New)	67	67	67	67	70	70	77
Average Demand (F/up)	1040	800	1040	1040	1100	1100	1153
Average Capacity -Medical	420	185	320	320	320	320	206 + virtual and supervised clinics
Average Capacity - ODTC	536	596	716	716	716	716	1024
Gap	367	302	287	287	350	350	0
New transformation bid for backlog only (8 mths)			125	125			0
Arch proposal				396		308	0
Backlog	0	5180	4103	2584	6545	275	0

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		June 2021	2021/22	2022/23	2023/24	2024/25
Expected Demand	New		840	1,248	1,260	1,272
	Follow-Up		9,869	12,960	13,080	13,200
	Total Appointments Needed		10,709	14,208	14,340	14,472
Capacity	Core Capacity		7,810	8,880	8,880	8,880
	WG-Funded - Band 7 & Band 3		2,592	0	0	0
	Total Capacity		10,402	8,880	8,880	8,880
	Gap		307	5,328	5,460	5,592
	Backlog as at 31/03	5,180	3,772	9,100	14,560	20,152
	Add: Band 7 & Band 3 (Previously WG-Funded, would need to be HB-Funded)		0	1,848	1,848	1,848
	Gap		307	3,480	3,612	3,744
	Backlog as at 31/03	5,180	3,772	7,252	10,864	14,608
	2.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)		1,078	3,696	3,696	3,696
	2.0 WTE substantive Ophthalmic Technicians support / backlog initiative		440	1,056	264	0
	Total Additional Appointments		1,518	4,752	3,960	3,696
	Gap		-1,211	-1,272	-348	48
	Backlog as at 31/03	5,180	3,129	1,857	1,509	1,557
	Primary Care - Internally Agreed		875	0	0	0
	Total Additional Appointments		875	0	0	0
	Gap		-2,086	-1,272	-348	48
	Backlog as at 31/03	5,180	2,254	982	634	682
	Primary Care		0	625	0	0
	Total Additional Appointments		0	625	0	0
	Gap		-2,086	-1,897	-348	48
	Backlog as at 31/03	5,180	2,254	357	9	57

Costing Section

1

2

3

4

COVID Contingency - continued social distancing

Core capacity Sept 21-Mar 22, no restrictions	2,080
Core capacity Sept 21-Mar 22, with restrictions	1,260
Potential lost capacity (Sept 21 to Mar 22)	-820
Additional Primary Care Appts (Sept 22 to Apr 23)	1,000

Costing Section	Start/End	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)
1	1.0 WTE substantive Glaucoma Practitioner (was WG-Funded)	Already in-post permanently	0	55,873	55,873
	1.0 WTE substantive Ophthalmic Technician (was WG-Funded)	Already in-post permanently	0	25,909	25,909
	Medical Records		0	12,178	12,178
	Booking Costs		0	2,975	2,975
	Equipment Maintenance Contribution		0	1,782	1,782
	Grand Total		0	81,782	81,782
2	2.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)		46,561	111,746	111,746
	2.0 WTE substantive Ophthalmic Technicians support / backlog initiative		21,591	51,818	12,955
					0
	Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments		26,261	18,269	4,567
					0
	Medical Records		10,004	31,316	26,096
	Booking Costs		2,444	7,651	6,376
	Post-Review Administrative Work (Band 2)		1,527	0	0
	Room Rental		2,083	20,000	20,000
	Equipment Maintenance Contribution		1,464	4,583	3,819
3	Non-Pay Costs (incl. set-up costs)		5,000	2,000	2,000
	Grand Total		116,935	247,383	187,559
3					167,618
	Primary Care Appointments - Internally Agreed - 2021/22		54,898	0	0

Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments	15,138	0	0	0
Medical Records	5,766	0	0	0
Booking Costs	1,409	0	0	0
Grand Total	77,210	0	0	0

4	Primary Care Appointments - 2022/23	0	39,213	0	0
	Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments	0	10,813	0	0
	Medical Records	0	4,119	0	0
	Booking Costs	0	1,006	0	0
	Grand Total	0	55,150	0	0

5	Primary Care Appointments - COVID Contingency	0	54,898	7,843	0
	Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments	0	15,138	2,163	0
	Medical Records	0	5,766	824	0
	Booking Costs	0	1,409	201	0
	Grand Total	0	77,210	11,030	0

Summary

Narrative	Start/End	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)
1.0 WTE substantive Glaucoma Practitioner (was WG-Funded)	Already in-post permanently	0	55,873	55,873	55,873
1.0 WTE substantive Ophthalmic Technician (was WG-Funded)	Already in-post permanently	0	25,909	25,909	25,909
2.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)	Nov-21, substantive	46,561	111,746	111,746	111,746
2.0 WTE substantive Ophthalmic Technicians support / backlog initiative	Nov-21, substantive	21,591	51,818	12,955	0

Primary Care Appointments	Apr-22-Aug 22	0	39,213	0	0
Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments		41,399	29,081	4,567	0
Administration Staff 1 WTE B4 - Secondary Care - Glaucoma Co-Ordinator	Sep-21	17,368	29,773	29,773	29,773
Administration Staff 1 WTE B4 - Primary Care Co-Ordinator	Sep-21	17,368	12,405	0	0
Medical Records		15,770	47,613	38,275	36,535
Booking Costs		3,853	11,632	9,351	8,926
Equipment Maintenance Contribution		1,464	6,366	5,602	5,347
Post-Review Administrative Work (Band 2)		1,527	0	0	0
Room Rental		2,083	20,000	20,000	20,000
Non-Pay Costs (incl. set-up costs)		5,000	2,000	2,000	2,000
Total		173,983	443,429	316,050	296,109
plus: Primary Care appointments in 2021/22 if not funded by WG	Sept 21-Mar 22	54,898	0	0	0
Total		228,880	443,429	316,050	296,109
plus: COVID Contingency	Sept 22-Apr 23	0	77,210	11,030	0
Administration Staff 1 WTE B4 - Primary Care Co-Ordinator		0	17,368	2,481	0
Grand Total		228,880	520,639	327,080	296,109

		June 2021	2021/22	2022/23	2023/24	2024/25
Expected Demand	New		840	1,248	1,260	1,272
	Follow-Up		9,869	12,960	13,080	13,200
	Total Appointments Needed		10,709	14,208	14,340	14,472
Capacity	Core Capacity		7,810	8,880	8,880	8,880
	WG-Funded - Band 7 & Band 3		2,592	0	0	0
	Total Capacity		10,402	8,880	8,880	8,880
	Gap		307	5,328	5,460	5,592
	Backlog as at 31/03	5,180	3,772	9,100	14,560	20,152
	Add: Band 7 & Band 3 (Previously WG-Funded, would need to be HB-Funded)		0	2,592	2,592	2,592
	Gap		307	2,736	2,868	3,000
	Backlog as at 31/03	5,180	4,647	7,383	10,251	13,251
	2.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)		1,078	3,696	3,696	3,696
	2.0 WTE substantive Ophthalmic Technicians support / backlog initiative		440	1,056	176	0
	Total Additional Appointments		1,518	4,752	3,872	3,696
	Gap	5,180	-1,211	-2,016	-1,004	-696
	Backlog as at 31/03		2,840	824	0	0
	WG-Funded - Primary Care		875	625	0	0
	Total Additional Appointments		875	625	0	0
	Gap	5,180	-2,086	-2,641	-1,004	-696
	Backlog as at 31/03		1,965	199	0	0
			68			
			2021/22	2022/23	2023/24	2024/25
		Start/End	(£)	(£)	(£)	(£)
	2.0 WTE substantive Glaucoma Practitioners	Nov-21, substantive	46,561	111,746	111,746	111,746

2.0 WTE substantive Ophthalmic Technicians	Nov-21, substantive	21,591	51,818	8,636	0
1.0 WTE substantive Glaucoma Practitioner (was WG-Funded)	Already in-post permanently		55,873	55,873	55,873
1.0 WTE substantive Ophthalmic Technician (was WG-Funded)	Already in-post permanently		25,909	25,909	25,909
Consultant/Senior Specialist Review (Virtual) for Glaucoma Practitioner / Ophthalmic Technician appointments		26,261	18,269	3,045	0
Consultant/Senior Specialist Review (Virtual) for Primary Care appointments		15,138	10,813		
Administration Staff 1 WTE - Secondary Care - Glaucoma Co-Ordinator		17,368	29,773	29,773	29,773
Administration Staff 1 WTE - Primary Care Co- Ordinator		17,368	29,773	29,773	29,773
Medical Records		10,004	48,397	42,598	41,438
Booking Costs		2,444	11,824	10,407	10,124
Post-Review Administrative Work (Band 2)		1,527	0	0	0
Room Rental		2,083	5,000	5,000	5,000
Equipment Maintenance Contribution		1,464	7,083	6,235	6,065
Non-Pay Costs (incl. set-up costs)		5,000	2,000	2,000	2,000
Total Cost		166,808	408,277	330,995	317,700
Primary Care appointments (if not funded by WG)		54,898	39,213		
Total Cost including PC appointments		221,705	447,490	330,995	317,700

Narrative	Band	Start Date	End Date	Appoin 2021/22 f	
Additional ODT Activity (2 WTE Glaucoma Practitioner Swansea Bay) (plus virtual clinic)	Band 7	Nov-21	N/A	3,696	46,561
1,000 WECS (Primary Care Appointments) funding (plus virtual clinic)		Aug-21	Mar-22	1,000	60,000
2 WTE Ophthalmic Technicians	Band 3	Nov-21	N/A	1,056	21,591
Administration Staff 1 WTE - Secondary Care - Glaucoma Co-Ordinator	Band 4	Sep-21	N/A		17,368
Administration Staff 1 WTE - Primary Care Co-Ordinator	Band 4	Sep-21	N/A		17,368
Attended Appointment Total Cost				5,752	162,887
Consultant/Senior Specialist Review (Virtual)				4,752	51,554
Medical Records					10,149
Booking Costs					4,798
Post-Review Administrative Work (Band 2)					2,997
Virtual Review Total Cost					69,498
Grand Total					232,385
Non-Pay/Set-Up Cost	£5k (unless IT equipment is already available)				
		2021/22	2022/23	2023/24 onwards	
Total Cost		232,385	255,117	255,117	
Glaucoma Practitioner Appointments		1,540	3,696	3,696	
Ophthalmic Technician Appointments		440	1,056	1,056	
Primary Care Optometrist Appointments		1,000	0	0	
Appointments		2,980	4,752	4,752	
Virtual Clinic Slots (excluding sessions in job plans from 2022/23)		2,980	0	0	

2022/23 £	2023/24 (Note)	
	111,746	111,746
	0	0 Ends March 2022
	51,818	51,818
	29,773	29,773
	29,773	29,773
	223,110	223,110
	0	0 Costed at WLI rate until new Consultants start, 40 per clinic
	24,357	24,357
	7,651	7,651
	0	0 Costed at Band 2, EPR from 2022/23
	32,007	32,007
	255,117	255,117

£60 or £69

confirm within currently funded envelope

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Glaucoma plan																			
2																				
3	Medical	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total		ODTC	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total							
4	Over Target Date	411	459	357	381	1608		Over Target Date	372	753	483	536	2144							
5	Follow-up Out-Patient	356	410	320	366	1452		Follow-up Out-Patient	200	578	406	519	1703							
6	New Out-Patient	55	49	37	15	156		New Out-Patient	172	175	77	17	441							
7	Within Target Date				1145	1145		Within Target Date				1569	1569							
8	Follow-up Out-Patient				1112	1112		Follow-up Out-Patient				1508	1508							
9	New Out-Patient				33	33		New Out-Patient				61	61							
10	Grand Total	411	459	357	1526	2753			372	753	483	2105	3713							
11																				
12	Based on total Glaucoma follow up waiting list 4700 patients being seen an average 3 times a year (based on variance in clinical need of patients) = 14100 approx slots per/ann plus approx 800 new referrals per/ann = 14900 total demand																			
13																				
14	A Sustainable Glaucoma Service therefore will require																			
15																				
16	20/21 capacity based on 40 week capacity	Glaucoma (Needs Doctor	Glaucoma ODTc (Non-					Recovery demand = activity for backlog, unders 6 week booking and add monthly new referrals												
17	monthly capacity	315 slots	320 slots																	
18	Strawberry place ODTc activity	0	260 slots																	
19	Additional ODTc capacity from temporary funding	0	382 slots																	
20	Consultant job planned virtual / supervised clinic time	3 consultant sessi	0																	
21		315	962		1277															
22																				
23	20/21 plan - The current patient waiting list needs to shift to following model to meet Planned Care programme target of 75% demand for OTDC clinics																			
24	Waiting list split	1375 (25%)	4125 (75%)	Total waiting list 5500																
25																				
26	(based on Planned Care Data 2019/20)	pre covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
27	Average Demand (New)	103	0	0	0	0	67	67	67	67	67	67	67	67	67	67	67	67	67	67
28	Average Demand (F/up)	1069	1069	1069	1069	1069	1069	1069	1069	800	800	800	800	800	800	800	800	800	800	800
29	Average Capacity - Medical	320	180	180	180	180	180	180	180	180	180	180	180	180	180	320	320	320	320	320
30	Average Capacity - ODTc	320	410	410	410	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
31	Gap	532	479	479	479	389	456	456	456	187	187	187	187	187	187	47	47	47	47	47
32	converted slots in other consultant general clinics	100	50	50	50	50	0	50	50	50	50	50	50	50	50	50	50	50	50	50
33	WG Transformation funded schemes in place to Mar 22	432	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216
34	Optom 2 sessions per week (WG funded)	200	0	0	0	0	0	0	0	0	0	0	0	0	0	70	70	70	70	70
35	Wellbeing centre	0	0	0	0	0	0	108	108	108	108	108	108	108	108	108	108	108	108	108
36	Resume medical clinic slots to 10 per clinic			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Funded FUNB backlog patients to Primary Care optometrists (data collection for clinical review) to Mar 22	Aug-21	125 over 8 months - the data review start Sept 21 and all patients will then move from backlog ie next step / new clinical target date											0	0	125	125	125	125	125
38	ARCH 3.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)	Nov-21	3 months training then 308 = 2 x 7 F2F sessions per week (6 slots per sessions) over 44 wk ann														154	154	154	154
39	ARCH 3.0 WTE substantive Ophthalmic Technicians support / backlog initiative	Nov-21	24 patients per session per week to Jan 24 then once a month to sustain clinical targets														88	88	88	88
40	ARCH FUNB backlog patients to Primary Care optometrists (data collection for clinical review)	Apr-22																		
41	ARCH Additional backlog to primary care - covid / BC start contingency	Sep-22																		
42	admin validation - dup pathways											0								
43	LESS Practitioner vacancy									60	120	120	120	120	120	120				
44	LESS consultant vacancy								45	45	45	45	45	45	45	45	45	45	45	45
45	with transformational funding backlog solutions to March 22	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892	4593	4294	3995
46	Pre covid capacity plus Transformational funds confirmed to Mar 22	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892	4593	4294	3995
47	plus ARCH interventions	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892	4351	3810	3269
48	plus Covid / BC contingency plan	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892	4351	3810	3269

[illegible]

	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
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26	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
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29	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240
30	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
31	127	432	444	444	444	444	444	444	444	444	444	444	444	444	455	455	455	455	455	455	455	455	455	455	455	455
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33	216	216	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
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36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	125	125	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	308	308	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462
39	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	0	0	0	0	0	0	0	0	0
40			125	125	125	125	125	0	0	0	0	0	0	0	0	0										
41							125	125	125	125	125	125	125	125	125											
42																										
43																										
44	0	0	0																							
45	3731	3772	4091	4410	4729	5048	5367	5811	6255	6699	7143	7587	8031	8475	8930	9385	9840	10295	10750	11205	11660	12115	12570	13025	13480	13935
46	3731	3772	4216	4660	5104	5548	5992	6436	6880	7324	7768	8212	8656	9100	9555	10010	10465	10920	11375	11830	12285	12740	13195	13650	14105	14560
47	2609	2254	2023	1792	1561	1330	1099	993	887	781	675	569	463	357	262	167	72	65	58	51	44	37	30	23	16	9
48	2609	2254	2023	1792	1561	1330	1099	868	637	406	175	-56	-287	-518	-738	-833	-928	-935	-942	-949	-956	-963	-970	-977	-984	-991

[illegible]

	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
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25												
26	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
27	106	106	106	106	106	106	106	106	106	106	106	106
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31	466	466	466	466	466	466	466	466	466	466	466	466
32	0	0	0	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0	0	0	0
34	70	70	70	70	70	70	70	70	70	70	70	70
35	108	108	108	108	108	108	108	108	108	108	108	108
36	0	0	0	0	0	0	0	0	0	0	0	0
37												
38	462	462	462	462	462	462	462	462	462	462	462	462
39	0	0	0	0	0	0	0	0	0	0	0	0
40												
41												
42												
43												
44												
45	14401	14867	15333	15799	16265	16731	17197	17663	18129	18595	19061	19527
46	15026	15492	15958	16424	16890	17356	17822	18288	18754	19220	19686	20152
47	13	17	21	25	29	33	37	41	45	49	53	57
48	-987	-983	-979	-975	-971	-967	-963	-959	-955	-951	-947	-943

Glaucoma plan

Medical	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total	
Over Target Date	411	459		357	381	1608
Follow-up Out-Patient	356	410		320	366	1452
New Out-Patient	55	49		37	15	156
Within Target Date					1145	1145
Follow-up Out-Patient					1112	1112
New Out-Patient					33	33
Grand Total	411	459		357	1526	2753

ODTC	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total
Over Target Date	372	753	483	536	2144
Follow-up Out-Patient	200	578	406	519	1703
New Out-Patient	172	175	77	17	441
Within Target Date				1569	1569
Follow-up Out-Patient				1508	1508
New Out-Patient				61	61
	372	753	483	2105	3713

Based on total Glaucoma follow up waiting list 4700 patients being seen an average 3 times a year (based on variance in clinical need of patients) = 14100 approx slots per/ann plus approx 800 new referrals per/ann = 14900 total demand

A Sustainable Glaucoma Service therefore will require

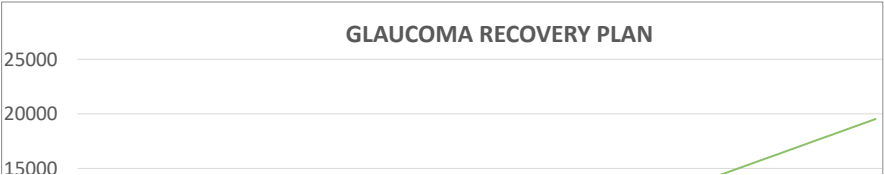
20/21 capacity based on 40 week capacity	Glaucoma (Needs Doctor)	Glaucoma ODTC (Non-monthly capacity)
monthly capacity	315 slots	320 slots
Strawberry place ODTC activity	0	260 slots
Additional ODTC capacity from temporary funding	0	382 slots
Consultant Job planned virtual / supervised clinic time	3 consultant sesss	0
	315	962

Recovery demand = activity for backlog, unders 6 week booking and add monthly new referrals

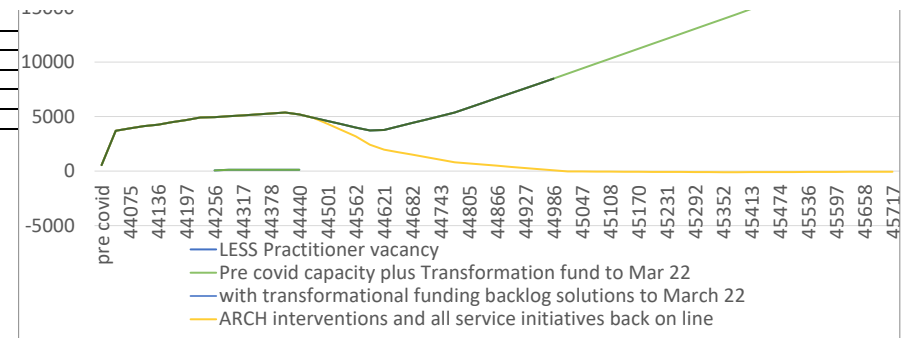
20/21 plan - The current patient waiting list needs to
Waiting list split 1375 (25%) 4125 (75%) Total waiting list 5500

(based on Planned Care Data 2019/20)	pre covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Average Demand (New)	103	0	0	0	0	67	67	67	67	67	67	67	67	67	67	67
Average Demand (F/up)	1069	1069	1069	1069	1069	1069	1069	1069	800	800	800	800	800	800	800	800
Average Capacity - Medical	320	180	180	180	180	180	180	180	180	180	180	180	180	180	320	320
Average Capacity - ODTC	320	410	410	410	500	500	500	500	500	500	500	500	500	500	500	500
Gap	532	479	479	479	389	456	456	456	187	187	187	187	187	187	47	47
converted slots in other consultant general clinics	100	50	50	50	50	0	50	50	50	50	50	50	50	50	50	50
WG Transformation funded schemes in place	432	216	216	216	216	216	216	216	216	216	216	216	216	216	216	216
ARCH 3.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)	Nov-21	3 months training then 308 = 2 x 7 F2F sessions per week (6 slots per sessions) over 44 wk ann														
ARCH 3.0 WTE substantive Ophthalmic Technicians support / backlog initiative	Nov-21	24 patients per session per week to Jan 24 then once a month to sustain clinical targets														
1500 FUNB patients to Primary Care optometrists (data collction for clinical review)	Aug-21	125 over 8 months - the data review start Sept 21 and all patients will then move from backlog ie next step / new clinical target date											0	0	125	125
LESS Practitioner vacancy									60	120	120	120	120	120	120	120
LESS consultant vacancy								45	45	45	45	45	45	45	45	45
Pre covid capacity plus Transformation fund to Mar 22	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892
ARCH interventions and all service initiatives back on line	548	3700	3913	4126	4249	4489	4679	4914	4940	5026	5112	5198	5284	5370	5191	4892
actual backlog	548	3700	3999	4153	4243	4566	4684	4934	5070	5146	5155	5180				
*** WITH S.PLACE finishing OCT 20 and all clinics reduced for unit footfall and social distancing, solution for new S.Place needs to be for double ODTC rooms / slots activity																

	pre-covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Over Target Date	548	3700	3999	4153	4243	4566
Z21 GLAUCOMA REVIEW IN A CONSULTANT LED CL	441	1562	1734	1734	1895	2015
Z2G NURSE LED GLAUCOMA ODTC	3	267	274	274	35	108
Z2OS Glauc assess clinic (1-stop)	104	1871	1991	1991	2313	2443



ODTC target 75%		pre-covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Actual ODTC %		52.46%	57.70%	55.86%	56.01%	54.75%	56.55%
total glaucoma w/list		4598	6435	6321	6499	6303	6438
total doctor waiting list		2186	2722	2790	2859	2852	2797
total ODTC		2412	3713	3531	3640	3451	3641



Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
67	67	67	67	103	104	104	104	104	104	104	104	104	104	104	104	104	105	105	105	105	105	105	105
800	800	800	800	1069	1080	1080	1080	1080	1080	1080	1080	1080	1080	1080	1080	1080	1090	1090	1090	1090	1090	1090	1090
320	320	320	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240
500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
47	47	47	127	432	444	444	444	444	444	444	444	444	444	444	444	444	455	455	455	455	455	455	455
50	50	50	50	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
216	216	216	216	216	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
231	231	231	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462
88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	0	0	0	0	0	0
125	125	125	125	125	125	125	125	125	125														
45	45	45	0	0	0																		
4593	4294	3995	3731	3772	4091	4410	4729	5048	5367	5811	6255	6699	7143	7587	8031	8475	8930	9385	9840	10295	10750	11205	11660
4324	3756	3188	2424	1965	1734	1503	1272	1041	810	704	598	492	386	280	174	68	-27	-34	-41	-48	-55	-62	-69

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
105	105	105	105	105	106	106	106	106	106	106	106	106	106	106	106	106
1090	1090	1090	1090	1090	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100
240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240
500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
455	455	455	455	455	466	466	466	466	466	466	466	466	466	466	466	466
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462	462
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12115	12570	13025	13480	13935	14401	14867	15333	15799	16265	16731	17197	17663	18129	18595	19061	19527
-76	-83	-90	-97	-104	-100	-96	-92	-88	-84	-80	-76	-72	-68	-64	-60	-56

Glaucoma plan

Medical	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total	
Over Target Date	411	459		357	381	1608
Follow-up Out-Patient	356	410		320	366	1452
New Out-Patient	55	49		37	15	156
Within Target Date					1145	1145
Follow-up Out-Patient					1112	1112
New Out-Patient					33	33
Grand Total	411	459		357	1526	2753

ODTC	Over 100%	Over 50%	Over 25%	Under 25%	Grand Total
Over Target Date	372	753	483	536	2144
Follow-up Out-Patient	200	578	406	519	1703
New Out-Patient	172	175	77	17	441
Within Target Date				1569	1569
Follow-up Out-Patient				1508	1508
New Out-Patient				61	61
	372	753	483	2105	3713

Based on total Glaucoma follow up waiting list 4700 patients being seen an average 3 times a year (based on variance in clinical need of patients) = 14100 approx slots per/ann plus approx 800 new referrals per/ann = 14900 total demand

A Sustainable Glaucoma Service therefore will require

	Glaucoma (Needs Doctor)	Glaucoma ODTC (Non-)
20/21 capacity based on 40 week capacity	315 slots	320 slots
monthly capacity	0	260 slots
Strawberry place ODTC activity	0	382 slots
Additional ODTC capacity from temporary funding	3 consultant sess	0
Consultant Job planned virtual / supervised clinic time	315	962

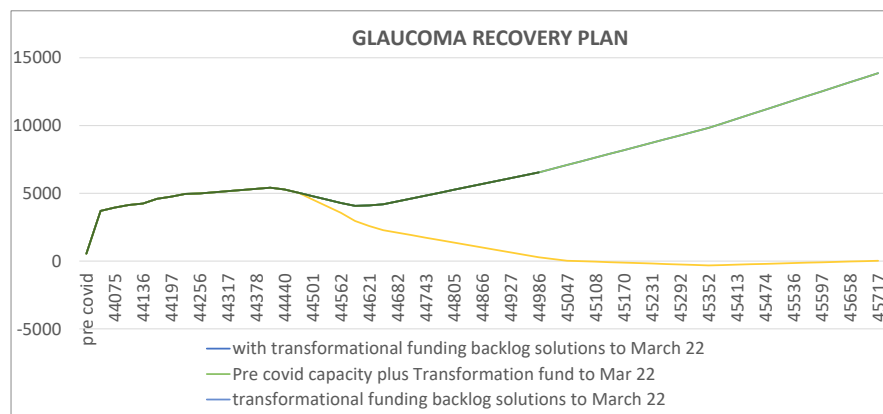
Recovery demand = activity for backlog, unders 6 week booking and add monthly new referrals

20/21 plan - The current patient waiting list needs to
Waiting list split 1375 (25%) 4125 (75%) Total waiting list 5500

(based on Planned Care Data 2019/20)	pre covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Average Demand (New)	67	67	67	7	7	7	67	67	67	67	67	67	67	67	67	67	67	67	67
Average Demand (F/up)	1040	1040	1040	1040	1040	1040	1040	1040	800	800	800	800	800	800	800	800	800	800	800
Average Capacity (Phase 2 recovery) - Medical	320	180	180	180	180	90	180	180	180	180	180	180	180	180	320	320	320	320	320
Average Capacity (Phase 2 recovery) - ODTC	320	410	410	410	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
Gap	467	517	517	457	367	457	427	427	187	187	187	187	187	187	47	47	47	47	47
converted slots in other consultant general clinics	100	50	50	50	50	0	50	50	50	50	50	50	50	50	0	0	0	0	0
WG Transformation funded schemes in place	416	216	216	216	216	108	216	216	216	216	216	216	216	216	216	216	216	216	216
Optom 2 sessions per week (WG funded)	200	0	0	0	0	0	0	0	0	0	0	0	0	0	70	70	70	70	70
Wellbeing centre		0	0	0	0	0	0	108	108	108	108	108	108	108	108	108	108	108	108
Resume medical clinic slots to 10 per clinic			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ARCH 2.0 WTE substantive Glaucoma Practitioners (inc virtual sessions)	Nov-21	3 months training then 308 = 2 x 7 F2F sessions per week (6 slots per sessions) over 44 wk ann															154	154	154
ARCH 2.0 WTE substantive Ophthalmic Technicians support / backlog initiative	Nov-21	24 patients per session per week to Jan 24 then once a month to sustain clinical targets															88	88	88
1500 FUN8 patients to Primary Care optometrists (data collction for clinical review)	Aug-21	125 over 8 months - the data review start Sept 21 and all patients will then move from backlog ie next step / new clinical target date											0	0	125	125	125	125	125
LESS Practitioner vacancy								45	45	45	45	45	45	45	45	45	45	45	45
LESS consultant vacancy								45	45	45	45	45	45	45	45	45	45	45	45
with transformational funding backlog solutions to March 22	548	3700	3951	4142	4243	4592	4753	4959	4985	5071	5157	5243	5329	5415	5286	5037	4788	4539	4290
Pre covid capacity plus Transformation fund to Mar 22	548	3700	3951	4142	4243	4592	4753	4959	4985	5071	5157	5243	5329	5415	5286	5037	4788	4539	4290
ARCH interventions and all service initiatives back on line	548	3700	3951	4142	4243	4592	4753	4959	4985	5071	5157	5243	5329	5415	5286	5037	4546	4055	3564
actual backlog	548	3700	3999	4153	4243	4566	4684	4934	5070	5146	5155	5180							
*** WITH S.PLACE finishing OCT 20 and all clinics reduced for unit footfall and social distancing, solution for new S.Place needs to be for double ODTC rooms / slots activity																			
Over Target Date	pre-covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21									
Z21 GLAUCOMA REVIEW IN A CONSULTANT LED CL	441	1562	1734	1734	1895	2015	2035	2152	2269	2338									
Z2G NURSE LED GLAUCOMA ODTC	3	267	274	274	35	108	85	94	36	35									
Z2OS Glauc assess clinic (1-stop)	104	1871	1991	1991	2313	2443	2564	2688	2765	2773									

ODTC target 75%	pre-covid	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
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Actual ODTc %	52.46%	57.70%	55.86%	56.01%	54.75%	56.55%	57.83%	58.75%	57.28%	56.68%
total glaucoma w/list	4598	6435	6321	6499	6303	6438	6645	6837	6996	7092
total doctor waiting list	2186	2722	2790	2859	2852	2797	2802	2820	2989	3072
total ODTc	2412	3713	3531	3640	3451	3641	3843	4017	4007	4020



Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
67	67	70	70	70	70	70	70	70	70	70	70	70	70	74	74	74	74	74	74	74	74	74	74	74	74
800	1040	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1155	1155	1155	1155	1155	1155	1155	1155	1155	1155	1155	1155
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500	500	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716	716
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216	216	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	0	0	0	0	0	0	0	0	0	0
125	125	125																							
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4076	4102	4191	4405	4619	4833	5047	5261	5475	5689	5903	6117	6331	6545	6818	7091	7364	7637	7910	8183	8456	8729	9002	9275	9548	9821
4076	4102	4191	4405	4619	4833	5047	5261	5475	5689	5903	6117	6331	6545	6818	7091	7364	7637	7910	8183	8456	8729	9002	9275	9548	9821
2954	2584	2277	2095	1913	1731	1549	1367	1185	1003	821	639	457	275	152	29	-6	-41	-76	-111	-146	-181	-216	-251	-286	-321
89				214	214	214	214	214	214	214	214	-182	-182	-123	-123	-35	-35	-35	-35	-35	-35	-35	-35	-35	-35

117%

[illegible]



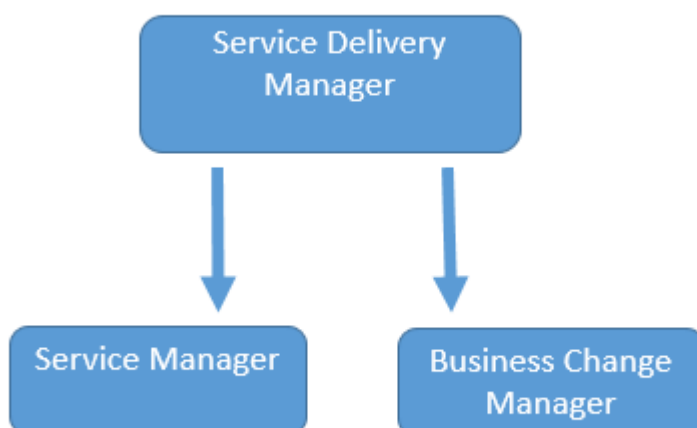
Job Description

Job Title	Regional Eye Care Services Business Change Manager
Pay Band	AfC Band 7
Delivery Unit	Scheduled Care Directorate
Service	Ophthalmology
Department	Ophthalmology
Reports to (Line Manager):	Carly Buckingham
Accountable to (managerially/professionally):	Carly Buckingham

Our Values

Hywel Dda Health Board has a set of values, which underpins its work. This includes putting people at the heart of everything we do, working together to be the best we can be and striving to deliver and develop excellent services.

Hywel Dda Ophthalmology Team Structure



Job Summary and Purpose

The role of the Business Change Manager (BCM) is to manage the change and implementation of the South West Wales Glaucoma Service (SWWGS) and the Cataracts Recovery Plan across both Hywel Dda UHB and Swansea Bay UHB.

The post holder will be required to effectively manage the transition between the existing service model and associated ways of working, through the implementation period including training, to supporting services post implementation into the service management of the business as usual environment.

Both service changes will be complex and consist of a number of component elements which will require a comprehensive and structured approach to delivery. The BCM will play a pivotal role in ensuring the successful Implementation of all elements of the associated Delivery Plans

Key to the success of the position is the ability to engage with all stakeholders, effective communication of the issues and perceived benefits, through to realisation of those benefits.

The roll out of Electronic Patient Records for Eye Care; Open Eyes is a critical enabling factor for the service transformation projects in Eye Care in South West Wales, the BCM will have key stakeholders within both Health Board Digital teams who they will be working with closely to ensure its roll-out meets the expectations of managerial and clinical teams.

The BCM will become the business specialist on the range of service change solutions and will be required to plan and deliver the business change required for the successful implementation of the Regional Glaucoma Service and the Cataracts Recovery Plan local and national projects within both Hywel Dda UHB and Swansea Bay UHB. This will include liaising with operational teams, clinicians, ARCH Programme Management Office, Executive leads, Digital leads, associated Project Managers and Workforce colleagues.

The BCM will be responsible for the management and control of business change required for defined projects under the auspices of the Regional Eye Care Services Plan.

Key Tasks and Responsibilities of the Post

Planning

- Work with the senior teams to study and assess overall business change in order to develop solutions to improve healthcare processes and provide clinical and operational benefit.
- Work within agreed project management methodology e.g. PRINCE2
- Ensure that scheduled work has correctly allocated resources, is completed on time and complies with agreed quality standards.
- Establish appropriate project structures in liaison with key stakeholders (including internal and external partners and suppliers) where appropriate.
- Lead on benefits identification sessions and benefits realisation workshops where required
- Lead on planning sessions to develop detail on business change facilitation
- Identify and monitor project costs, progress, resources, risks, issues, actions and lessons learned
- Produce Gantt charts for business change activities using project planning software, maintaining these where appropriate
- Escalate major deviations from the plan or any project issues, in order to highlight problems and suggest resolutions at the earliest opportunity
- Assess and prioritise own workload within given timeframe, to meet teams' deadlines
- The post holder will work across a wide range of complex projects. Given the complexity of the portfolio, tasks, activities, strategies and plans may need to be rescheduled or reprioritised as processes are decomposed in partnership with service leads, clinicians and other health professionals/administration staff.

Service Management

- Planning and organising of broad range of plans which involve uncertainty, and complex interdependencies that have an impact requiring constant adjustment and realignment with local and national initiatives and policies
- Develop and manage a complex business change plan taking into account local dependencies
- Work with both SBUHB and HDdUHB staff to assess and document suitability of service areas, including identifying any issues, which need to be addressed prior to rollout.
- Ensure all plans are aligned with local service plans and are well communicated

Service Improvement

- Be the reference point as a business change specialist in appropriate areas of work that are being changed
- Assess current processes and revised process and work with appropriate teams to develop and communicate changes
- Manage the internal handover from project activity to service management in the business as usual environment when appropriate
- Work with clinical representatives and local Health Board representatives, and any other relevant stakeholders on a local, regional and national basis to assist with the implementation, delivery and handover of the plans
- Manage the full lifecycle of business change for the Regional Eye Care Service Plans by closely working with the project managers, service teams, clinicians and relevant stakeholders on a local, regional and national basis
- Manage the necessary stakeholder relationships Work with partner agencies, contractors and third party suppliers addressing complex information to ensure that tasks are identified and included in the overall implementation plan.
- In conjunction with the project manager determine any additional local requirements and execute them appropriately and effectively.

Management

- Work as part of the Hywel Dda Ophthalmology Service Management Team, contributing to the development, management and success of the Regional Eye Care Services in South West Wales
- Regularly review project management processes, templates, documents, training materials and presentations relevant to the Regional Eye Care Services
- Manage the production and review project management information reported to Projects Boards and associated stakeholders, ensuring the content is up to date and relevant
- Manage adherence to project electronic filing structures and contribute to the establishment and review of standards for the use of electronic filing

- Produce project update reports when required, often at short notice. This may involve the requirement to analyse complex data and there will be a need to concentrate for extended periods of time to ensure accuracy of information
- Report on programme and project progress to relevant meetings highlighting issues for further discussion and resolution

Professional

Continuing Professional Development

- Keep required skills up to date and relevant in order to carry out appropriate tasks in the areas of service improvement and project management
- Use available resources to keep abreast of relevant health information in Wales, particularly in regards to Ophthalmology.
- Develop a personal development plan annually as part of the Individual Performance Review process.
- Capture evidence of personal development via reflective journals, evaluation forms etc. and store in accordance with Health Board guidance for CPD portfolios
- Keep up to date with health and safety legislation and identify and report on hazards /incidents within the workplace
- Keep up to date with legislation in relation to data protection, Caldicott principles, confidentiality, Human Rights Act, Freedom of Information Act etc. and the latest e-policies

Conduct

- As a senior member of the Ophthalmology Service Management Team contribute to a seamless response to the needs of both Health Boards and its Directors, maintaining a professional approach and leading by example at all times.
- Promote the department and the Directorate at all times.
- Participate in Directorate forums and team meetings

Service Delivery

Business Change Management

- The post holder will have autonomy for service development and business change redesign by:
- Focusing on the business and people side of change, including changing business practice, models of care, operational systems and IT, and providing appropriate advice on job roles and organisational structures
- Advise on the creation and implementation of business change management strategies and plans that maximise organisational-wide adoption and usage, tackling resistance to change appropriately and professionally
- Working with teams and Finance colleagues to identify benefits that are financially and non-financially quantifiable against each of the options with value creation, ROI and the achievement of results and outcomes delivered as part of benefits realisation plans
- Working in conjunction with working groups and clinical leads to propose changes to modernise services and improve departmental performance in line with service policy and delivery targets
- Keeping abreast of local and national projects, ensuring that strong links are made where there are related initiatives
- Providing direct support and coaching to all levels of managers and supervisors as they help their direct reports through transitions.
- Advise project teams on the integration of business change management activities into project plans

Leadership

- The post holder will be the lead specialist on business change for defined projects, as identified by the Regional Eye Care Steering Group
- Responsible for leadership by influencing and negotiating change.
- Management and supervision of any staff assigned to the role, including temporary and contract staff.

Communication

- Manage and communicate with a significant number of stakeholders and NHS employees and organisations requiring developed communication skills.
- Provide and receive highly complex, sensitive and contentious information and use persuasive and motivational skill to overcome any of these communication difficulties across multiple teams
- The post holder will be required to communicate and negotiate local issues that may be used to influence regional and national policy and working practices across NHS Wales and other organisations including Local Authorities where appropriate.
- To devise and implement communication plans in order to engage with all Stakeholders.
- Deliver complex presentations to various sized groups and professions including knowledge in relation to other operational/strategic initiatives at a local and national level
- To engage stakeholders in the development of business change standard operating procedures where required and stakeholder working sessions and workshops.
- Locally manage and facilitate the business change forum and user groups, working with both Health Boards leads on key issues to inform an agreed way forward for local, regional and national focus.
- The post-holder will be required to present and receive complex, sensitive and contentious information to a high standard to a number of internal and external staff groups
- Build strong relationships and trust with service users to enable a smooth transition into new ways of working

Education and Training / Staff Management

- Allocate work appropriately to project team members
- Contribute to the management of project teams in the delivery of timely, high quality work
- Motivate and develop staff
- Provide guidance to staff
- Be an advocate for health and safety by identifying and reporting hazards /incidents within the workplace.
- Motivate and lead project teams and task teams
- Responsible the provision for training to staff on new business change/ways of working

Information Resources

- The post holder will be required to use project management software on a day to-day basis, providing training to colleagues to maximise the usage and benefits of the software
- Manage the production and review project management information and Intranet site ensuring the content is up to date and relevant
- Identify errors or problems, take responsibility for action as necessary to resolve within agreed exception reporting parameters
- Monitor progress of defined aspects of specific projects and business processes, identifying problems or opportunities, taking action where necessary Support effective project management by ensuring that project documentation templates are current and appropriate
- The post holder will use a keyboard and VDU for the majority of the working day and will be responsible for the safe use of items provided to the post holder including a laptop computer.

Finance

- Work closely with project and finance colleagues to accurately identify project costs/benefits savings/project expenditure where required and provide input into project finance reporting as required

Research and Development

- Continually seek innovative ways to fully exploit technology to support business change working practices and the streamlining of new processes across the Health Board and across the region.
- Undertake complex surveys in relation to business processes to accurately document and measure changes required to ensure project success.
- Facilitate complex face-to-face/telephone/questionnaire/workshops/front-line patient flow process discussions to accurately document and measure business change required for project success
- Undertake any other research and development required

Effort & Environmental Factors

- To be able to travel across the Health Board area, sometimes at short notice.
- Physically organise educational environments manoeuvring tables, chairs and other furniture, educational equipment (flipchart boards, volumes of handout materials etc.) information technology equipment (i.e. laptops, overheads, projectors, screens etc.) to facilitate training across the Health Board.

General Considerations

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour framework in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.
- **Performance Reviews/Performance Obligation:** The post holder will be expected to participate in the Health Boards individual performance review process to ensure continued professional development.
- **Job Limitations:** At no time should the post holder work outside their defined level of competence. If the post holder has concerns regarding this, they should immediately discuss them with their Manager / Supervisor / Consultant. All staff have a responsibility to inform those supervising their duties if they are not competent to perform a duty.
- **Confidentiality:** In line with the Data Protection Act 1998, the post holder will be expected to maintain confidentiality in relation to personal and patient information, as outlined in the contract of employment. The post holder may access information only on a need to know basis in the direct discharge of duties and divulge information only in the proper course of duties.
- **Health & Safety:** The post holder is required to co-operate with the Health Boards Health and Safety Policy to ensure health and safety duties and requirements are compiled effectively. It is the post holder's personal responsibility to conform to procedures, rules and codes of practice; and to use properly and conscientiously all safety equipment, devices, protective clothing and equipment which is fitted or made available, and to attend training courses as required. All staff have a responsibility to access Occupational Health and other support in times of need and advice.
- **Quality Improvement:** The Health Board is keen to promote an understanding of the principles of continuous quality Improvement and encourages all staff to undertake the relevant training.
- **Learning and Development:** All staff must undertake induction/orientation programmes at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.
- **Corporate Governance:** The post holder is required to ensure the highest standards of corporate governance and probity are maintained by ensuring all staff work within the provision of Standards of Business Conduct, Standing orders and Standing Financial Instructions.
- **Risk Management:** The Health Board is committed to protecting its staff, patients, assets and reputation through an effective risk management process.
- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places A positive duty on the HB to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There

are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB is committed to ensuring that no job applicant or employee receives less favourable treatment of any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.

- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organisation's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.
- **DBS Disclosure Check**
The post holder does not require a DBS Disclosure Check.
- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be Tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy

**Person Specification
Business Change Manager**

	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> • Educated to master's degree level or equivalent level of work experience and knowledge • Project Management Qualification(s) • Additional specialist knowledge of business change / service redesign and/or improvement • Evidence of Continual Professional Development 	<ul style="list-style-type: none"> • PRINCE2 Practitioner/MSP Practitioner • A detailed understanding of the clinical environment and the associated constraints and opportunities
Knowledge	<ul style="list-style-type: none"> • Up-to-date knowledge of Ophthalmology Services in Wales • Up-to-date knowledge of relevant local and national strategies and tactics. • Knowledge of clinical, management and information processes including complex patient pathways • Knowledge of procurement law relating to health and IT systems • Excellent understanding of translating business change requirements into specialist functional specifications for IT systems • Competent in the use of MS Office 	Experience of working in or with Ophthalmology Services.

Experience	<ul style="list-style-type: none"> • Proven track record of successfully introducing business change in a complex environment. • Significant experience of working with healthcare staff, their representatives and trades unions/professional organisations. • Demonstrable success in building, leading and motivating, managing and developing teams. • Participation in process reengineering. • Proven ability to influence at all levels of the organisation. • Experience of financial and budget management. • Operational and Strategic management • Problem identification and solving • Working in partnership • Stakeholder management 	<ul style="list-style-type: none"> • Experience of providing training to individuals and groups of users • Experience of taking a lead role in projects involving system redesign
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Skills	<ul style="list-style-type: none"> • Able to work as a member of a team • Able to work effectively on own. • Enthusiastic, committed, proactive and innovative • Politically astute and high level of intuition. • Appetite for hard work and challenges • Show resilience, stamina and reliability under sustained pressure, never losing sight of objectives. • High level of personal integrity • Ability to travel between sites, often at short notice • Flexible in approach to try new procedures and practices • Capable of understanding the wider objectives of the Programme. • Broad knowledge of the history and structure of the NHS • Knowledge of project approval processes. <p>Select, develop and lead a complex and multi-functional team.</p>	<ul style="list-style-type: none"> • Ability to speak Welsh
	<ul style="list-style-type: none"> • Make significant contributions to the work of peers and board members. • Understand the NHS in terms of clinical processes, data flows, relationships and current challenges. • Forge strong teams and relationships. • Support and Influence Senior managers within the NHS who are not under the direct control of the Programme. • Demonstrate a track record of delivering on target. • Ability to demonstrate a career based on success 	

Personal Attributes	<ul style="list-style-type: none"> • Innovator • Lateral Thinker • Ability to communicate verbally with all levels of the organisation and able and willing to share information. • Ability to develop staff • Flexible and adaptable to meet all aspects of the work • Leadership qualities and able to motivate others • Excellent time management • Completer Finisher 	
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Appendix 12 Draft SWWGS Delivery Plan 2021 - 2023

South West Wales Glaucoma Service Delivery Plan 2021 - 2023									
Key Milestones		Deliverables		Lead	Start date	End date	Dependencies	RAG status	Progress Update
1	SBUHB Business Case Scrutiny Panel	1.1	BC submitted by 9th Aug	RT	Jul-21	8th Aug		Completed	
		1.2	BC shared for scrutiny 11th Aug	RT	8th Aug	10th Aug		Completed	
		1.3	Initial scrutiny complete 18th Aug	RT	10th Aug	18th Aug		Completed	
		1.4	Questions and feedback shared with author 19th Aug	RT	19th Aug	19th Aug		Not Started	
		1.5	BC returned from author 26th Aug	RT	19th Aug	25th Aug		Not Started	
		1.6	Collation of Feedback and agenda set 30th Aug	RT	26th Aug	30th Aug		Not Started	
		1.7	BCSG Meeting 2nd Sep	RT	30th Aug	2nd Sep		Not Started	
2	SBUHB Business Case Assurance Group	1.8	Deadline for papers 1st Sep	RT	1st Sep	1st Sep		Not Started	
		1.9	Paper signed off and published 2nd Sep	RT	1st Sep	2nd Sep		Not Started	
		2	BCAG Meeting 8th Sep	RT	2nd Sep	8th Sep		Not Started	
3	SBUHB Management Board	2.1	SBUHB Management Board Meeting 15th Sep	RT	8th Sep	14th Sep	Being included in the summary paper from BCAG	Not Started	
4	HDdUHB Executive Team	2.2	HDdUHB Executive Team Meeting 15th Sep	RT	15th Sep	15th Sep		Not Started	
5	Additional ODT Activity (3 WTE Glaucoma Practitioner Swansea Bay) (plus virtual clinic)	2.3	Funding confirmed for additional 3 WTE Glaucoma Practitioners	RT	Jul-21	Aug-21	SWW Glaucoma BC approval by internal HB governance routes and ARCH Partnership 21st Sep	Not Started	
		2.4	Recruit additional 3 WTE Band 7 Glaucoma Practitioners (with Glaucoma Higher Certificate)	CMC	Sep-21	Feb-21		Not Started	Clause in 'part time applications encouraged'. Include the 7 day week, flexibility element. Use correct coded patients to send to apt's - work on basis october onwards
		2.5	Secure space to run addition ODTs (possibility of weekend non consultant supervised slots)	CMC	Jan-22	Feb-22		Not Started	
		2.6	Set up ODT clinics and book appointments	CMC	Feb-22	Feb-22			
		2.7	Start ODT clinics	CMC	Mar-22	Mar-22		Not Started	
		2.8	Clarify list of Optometrists from Primary Care Manager	SJ	Sep-21				
		2.9	Information letter to all Glaucoma assessment FUNB backlog – ‘You will be either contact next by the Hospital or a local Optometrist’	SJ					
		3	Patients selected in % overrun of target date and added to a Master spreadsheet held by the Glaucoma coordinator	SJ					
		3.1	Glaucoma coordinator to select patients for each practice by appropriate postcodes where possible	SJ					

6	1500 ODTc Style (High Street Appointments) including virtual clinic where required	3.2	WPAS update required on change of location – this will split the current backlog list so that the remaining patients are booked into the In House Technician clinics Optometrists will be sent patient details to contact on a Monthly Tracker spreadsheet by the Glaucoma coordinator – Master spreadsheet will indicated where each patients is being sent.	SJ					
		3.3	Optometrists will need to contact patients, update and return each tracker to the coordinator to update Master spreadsheet	SJ					
		3.4	Any patients not appointed by Optometrists may be transfer to In House booking depending on reasons • Optometrists to complete data gathering forms for the patients they see and send to Glaucoma coordinator • Glaucoma coordinator to update master spreadsheet and set up a clinician virtual review • Virtual Review outcome to be updated on WPAS by Glaucoma coordinator eg book appointment in 6 weeks or see in 6 month • Standard review letters to be typed to update Patient, GP and Optometrist	SJ					
7	Phase 1 1500 Data Gathering for low risk patients (Visual Field, IOP Check, Optic Nerve Image)(plus virtual Consultant clinic)	3.5	Procure 1st ORA	SJ/CMC	Sep-21	Oct-21			
		3.6	Train staff	SJ/CMC					
		3.7	Write pathway for Band 3 Technicians use of ORA	CMC					
		3.8	Separate the backlog waiting list to match with appropriate secondary care location	CMC	TBC	TBC			
		3.9	Clarify commitment from High Street Optometric practices	CMC					
		4	Identify appropriate patients within the list for deployment to appropriate appointments	CMC					
8	Phase 2 1500 Data Gathering for low risk patients (Visual Field, IOP Check, Optic Nerve Image)(plus virtual Consultant clinic)	4.1	Procure additional 4 ORAs	SJ/CMC					
		4.2	Complete installation of ORAs	CMC					
		4.3	Complete ORA training	CMC					
		4.4	Set up in-house One Stop technician clinics to be booked from FUNB by Morriston appointment centre	SJ/CMC					
		4.5	Clinic outcome for Clinician virtual review	SJ/CMC					
		4.6	Virtual Review outcome to be updated on WPAS by Glaucoma coordinator eg book appointment in 6 weeks or see in 6 month	SJ/CMC					
		4.7	Standard review letters to be typed to update Patient, GP and Optometrist	SJ/CMC					
9	3 WTE Ophthalmic Technicians	4.8	Recruit	CMC	Sep-21				
		4.9	Training	CMC					
		5	Backfill required?	CMC					
10	Administration Staff (Secondary Care Glaucoma)	5.1	Secure funding source for additional Administration Staff 1 WTE fixed term post recruited as of 17-08		Sep-21	Sep-21		Completed	

10	Secondary Care Glaucoma Co-Ordinator) 1 WTE	5.2	Recruit additional Administration Staff 1 WTE		Sep-21	Oct-21			
11	Administration Staff (Primary Care Glaucoma Co-Ordinator) 1 WTE	5.3	Secure funding source for additional Administration Staff 1 WTE		Sep-21	Sep-21			
		5.4	Recruit additional Administration Staff 1 WTE		Sep-21	Oct-21			recruitment timeline on permanency of the role - needs more fixed term 1 WTE until March 22
12	Covid Capacity Ramp Up considerations	5.5	Complete risk assessments using guidance/common sense docs	SJ	Sep-21	Sep-21		Completed	
		5.6	Advise booking office	CMC	Sep-21	Sep-21			2 weeks lead time for clinic bookings
13	Additional ODTc Activity (2.7 WTE Glaucoma Practitioner Hywel Dda) (plus virtual clinic)	5.7	Secure funding source for additional 2.7 WTE Glaucoma Practitioners	MB	Jul-21	Aug-21	SWW Glaucoma BC approval by internal HB governance routes and ARCH Partnership 21st Sep	In Progress - On Track	
		5.8	Recruit additional 2.7 WTE Glaucoma Practitioners	MO/RB/AJ/AS	Sep-21	Oct-21		In Progress - On Track	
		5.9	Set up ODTc clinics and book appointments - dependent on above	MO/RB	Oct-21	Nov-21		Not Started	
		6	Start ODTc clinics - dependent on above	MO/RB	Nov-21	Nov-21		Not Started	MO - to provide update
14	8,400 ODTc Style (High Street Appointments) including virtual clinic where required (Hywel Dda's model is for 700 ODTc appointments each month (8,400) a year, or 2,800 per quarter)	6.1	Complete procurement process	MO/RB/SH	Aug-21	Aug-21	Agreeing networking between practices and secondary care system (approx 3 months to complete networking)	Not Started	SH will check if tendering process required
		6.2	Identify practices suitable and involved	MO/RB/SH	Aug-21	Aug-21		Not Started	MO - to provide update
		6.3	Begin Risk Stratification Process	MO/RB/SH	Aug-21	Aug-21	approx 35 patients to be risk stratified per session	Not Started	MO - to provide update
		6.4	Review classifications of risk stratified patients and assign to appropriate clinic	MO/RB/SH	Sep-21	Jul-21	Lead time to start clinics following initial risk stratification to be decided (approx 3 months)	Not Started	
		6.5	Arrange Clinics	MO/RB/SH	Dec-21	Dec-21			
15	3,000 Data Gathering for low risk patients (Visual Field, IOP Check, Optic Nerve Image)(plus virtual consultant clinic)	6.6	Review classifications of risk stratified patients and assign to Data Capture Clinics		Jul-21	Jul-21		Not Started	Data capture for initial appointment only (one-on event) 3,000 Data gathering by High Street Optometrists already involved in the health boards' current scheme for low risk patients (Visual Field, IOP Check, and Optic Nerve Image). This will be time limited and
		6.7	Arrange Clinics		Jul-21	Jul-21		Not Started	
		6.8	Arrange virtual clinics for Ophthalmologists to review data		Jul-21	Jul-21		Not Started	
		6.9	Patient reallocated to one of 3 different groups going forwards	Kairi Falkenberg(Glaucoma Co-Ordinator)					
16	2.7 WTE Ophthalmic Technicians	7	Secure funding source for additional 2.7 WTE Ophthalmic Technician.	MB	Sep-21	Sep-21		Not Started	
		7.1	Recruit additional 2.7 WTE Ophthalmic Technicians	MB	Sep-21	Sep-21		Not Started	
		7.2	Set up ODTc clinics and book appointments - dependant on above	MB/AS	Sep-21	Sep-21		Not Started	
		7.3	Start ODTc clinics - dependant on above	MB/AS	Sep-21	Sep-21		Not Started	
17	Additional Consultant Sessions (3 sessions per week)	7.4	Arrange Honorary Contracts for MA/LA	AS	Jul-21	Aug-21		Not Started	
		7.5	Set up OPD and Theatre clinics	AS	TBA	TBA		Not Started	

18	Risk Stratification (additional Optom triage activity WTE 4 sessions per week for 40 weeks)	7.6	This is separate to the Business case and is funded by the Transformaton fund. 7,500 Glaucoma patients in HD will be triaged to decide next event (Data Capture, or ODTc or Consultant Clinic).	MO/RB/AJ/AS	Aug-21	TBA	Dependent on Secion 14 (8400 ODTc appts) and Section 15 (3000 Data Gathering appts)	Not Started	Awaiting training to be provided and finalision of proses, meeting taking place Fri 13th Aug to discuss further.
		7.7			Jul-21	Jul-21		Not Started	Training for primary care Optoms needed for WCP but not WPAS (Co-Ordinator will complete admin changes on WPAS on their behalf)
19	Administration Staff (Glaucoma Co-Ordinator) 1 WTE	7.8	Secure funding source for additional Administration Staff 1 WTE - We have a B4 Co-ordinator already	CB/AS	TBA	TBA		Not Started	We currently have a band 4 Glaucoma eye care co-ordinator in post working on the previous glaucoma data capture scheme. This will stop once the Optom triaging starts.
		7.9	Recruit additional Administration Staff 1 WTE - A B2 was included in the ARCH Business case for HD.	AS	TBA	TBA		Not Started	Timescale is dependant on BC approval.
20	Covid Capacity Ramp Up considerations	8	WG relaxed social distancing restrictions in health settings	AS/SJ	Aug-21	Aug-21		Not Started	
		8.1	Identify same changes to social distancing in primary care and community setting	SH	Jul-21	Jul-21		Not Started	
21	Regional Change Manager	8.2	Apply for funding from WG Recovery Moneys for 1 WTE post, 12 month Business Change Manager to support implementation of Regional Eye Care Services.	AS	Aug-21	Sep-21		Completed	
		8.3	Agree host Health Boards and Directorate for post	AS/SJ	Sep-21	Sep-21		Not Started	
		8.4	Begin recruitment of role	AS	Sep-21	Sep-21		Not Started	
		8.5	Start date of Business Change Manager	AS	Nov-21	Nov-21		Not Started	
		8.6	Review status of South Wales Eye Care Services Work , consider applying for further extension to role dependent on outstanding milestones	AS	Sep-22	Sep-22		Not Started	
21	Process Map Glaucoma Service	8.7	Service to determine pathway for new SWW Glaucoma Service	MA/RB/MB/AS	Aug-21	Aug-21	Everything below - number 14 onwards	Not Started	Requires the clinicans to talk to the opthalmology service in hywel dda - around how when/who etc - Amorelle - Glaucoma Working group. Mike, Amanda, Marta - check progress
		8.8	Draft process map for glaucoma	JM	Aug-21	Sep-21	Number 21 8.7	Not Started	
		8.9	Process map verified by Hywel Dda Service Managers	CB/AS	Sep-21	Sep-21		Not Started	
		9	Configure Open Eyes to the future state model	Regional Band 6 Project Specialist (to be recruited)	Sep-21	Oct-21		Not Started	
		9.1	Testing	Regional Band 6 Project Specialist (to be recruited)	Oct-21	Oct-21		Not Started	
		9.2	Go Live	Regional Band 6 Project Specialist (to be recruited)	Nov-21	Dec-21		Not Started	
22	Configuration for EPR	9.3		JM	Oct-21	Oct-21		In Progress - Off Track	OpenEyes release is delayed - expected implementation date end of Sep
		9.4	Recruitment of Regional Band 6 Project Specialist - include activity to recruit timeline	Anthony Atchinson/Gareth Westlake				Not Started	Regional post - Systems Support Manager has not been recruited.
		9.5	Utilise Cardiff/TKL resources to get the system configured (cardiff/TKL resources dependant)	JM			Capacity of Cardiff resource to undertake this work	Not Started	We need to know when/how/which service. Gareth Bulpin support if needed?
		9.6	Memorandum of understanding on how the post will work	Anthony Atchinson/Gareth Westlake				Not Started	to be written by? By when? co-writing it anthony and gareth - by when.
		9.7	E-Referral (OpenERS) available	JM	Oct-21	Oct-21		In Progress - On Track	Front End in testing. End to end system to be available for testing in September/October
23	Users and Locations Set up within EPR	9.8	Compile list of all users for OpenEyes	JM	Jun-21	Aug-21		In Progress - On Track	
		9.9	Compile list of all users for Forum Viewer, ImageNet6 and OptosAdvance	JM	Jun-21	Aug-21		In Progress - On Track	
24	Establish what equipment is required in a practice for X treatment/checks	10	All identified ODTcs have sufficient standard of equipment for treatment/checks	JM/SH				Not Started	
		10.1						Not Started	
25	Establish Coding (including for next event)	10.2	Hywel Dda Service has requested for clinical conditions to be added to WPAS which have been completed based on patient risk in preparation for the patient risk stratification	MA/AS/AJ/RB				In Progress - On Track	Discussions are currently taking place to develop coding
		10.3						Not Started	

21	Process Map Glaucoma Service	10.4	Service to confirm pathway for SWW Glaucoma Service	MA/SJ/CMC/HC	Aug-21	Aug-21	Everything below - number 14 onwards	Not Started	
		10.5	Draft process map for glaucoma	AA	Aug-21	Sep-21	Number 21 8.7	Not Started	
		10.6	Process map verified by SB Service Managers	LH/SJ	Sep-21	Sep-21		Not Started	
		10.7	Configure Open Eyes to the future state model	Regional Band 6 Project Specialist (to be recruited)	Sep-21	Oct-21		Not Started	
		10.8	Testing	Regional Band 6 Project Specialist (to be recruited)	Oct-21	Oct-21		Not Started	
		10.9	Go Live	Regional Band 6 Project Specialist (to be recruited)	Nov-21	Dec-21		Not Started	
22	Configuration for EPR	11	Expect OpenEyes version 5.0 to become available to Health Board	AA	Oct-21	Oct-21		In Progress - Off Track	OpenEyes release is delayed - expected implementation date end of Sep
		11.2	Recruitment of Regional Band 6 Project Specialist - include activity to recruit timeline	AA/Gareth Westlake				Not Started	Regional Band 6 Project Specialist has not been recruited.
		11.3	Utilise Cardiff/TKL resources to get the system configured (cardiff/TKL resources dependant)	AA			Capacity of Cardiff resource to undertake this work	Not Started	We need to know when/how/which service. Gareth Bulpin support if needed?
		11.4	Memorandum of understanding on how the post will work	AA/Gareth Westlake				Not Started	to be written by? By when? co-writing it anthony and gareth - by when.
		11.5	E-Referral (OpenERS) available	AA	Oct-21	Oct-21		In Progress - On Track	Front End in testing. End to end system to be available for testing in September/October
23	Users and Locations Set up within EPR	11.6	Compile list of all users for OpenEyes	AA	Jun-21	Aug-21		In Progress - On Track	
		11.7	Compile list of all users for Forum Viewer, ImageNet6 and OptosAdvance	AA	Jun-21	Aug-21		In Progress - On Track	
24	Establish what equipment is required in a practice for X treatment/checks	11.8	All existing ODTs have sufficient standard of equipment for treatment/checks	AA/HC				Not Started	
		11.9						Not Started	
25	Establish Coding (including for next event)	12	Z codes are in place for clinical conditions on WPAS which have been completed based on patient risk in preparation for the patient risk stratification exercise	MA/SJ/CMC/HC				Completed	
		12.1						Not Started	
26	Qualifications of HDdUHB Ophthalmology Team	12.2	Analysis of non-medical workforce relevant qualifications (non-advanced staff).	MB				In Progress - On Track	
		12.3	Analysis of advanced practitioners qualifications.	MA/LA/MB			Recruitment	Not Started	
27	Skills of HDdUHB Ophthalmology Team	12.4	Analysis of non-medical workforce skills (non-advanced staff).	MB				In Progress - On Track	
		12.5	Analysis of advanced practitioners skills .	MA/LA			Recruitment	Not Started	
28	Competencies of HDdUHB Ophthalmology Team	12.6	Analysis of non-medical workforce competencies (non-advanced staff).	MB				In Progress - On Track	
		12.7	Analysis of practitioners competencies.	MA/LA			Recruitment	Not Started	
29	Qualifications of SBUHB Ophthalmology Team	12.8	Analysis of non-medical workforce relevant qualifications (non-advanced staff).	CMC					
		12.9	Analysis of advanced practitioners qualifications.	CMC/LA/MA					
30	Skills of SBUHB Ophthalmology Team	13	Analysis of non-medical workforce skills (non-advanced staff).	CMC					
		13.1	Analysis of advanced practitioners skills .	CMC/LA					
31	Competencies of SBUHB Ophthalmology Team	13.2	Analysis of non-medical workforce competencies (non-advanced staff).	CMC					
		13.3	Analysis of practitioners competencies.	CMC/LA					

32	Define training requirements	13.4	Identify training required for non-medical workforce	MB				In Progress - On Track	
		13.5	Identify training required for advanced practitioners	MA/LA				Not Started	
		13.6	Identify training required for Primary Care Optometrists	AS/RB/MA				In Progress - On Track	Trainer is leaving, awaiting approval for basic training to be completed by a memebr of the Eye care team
33	Set up training	13.7	Set up training for non medical worforce	MB				In Progress - On Track	
		13.8	Set up training for advanced practitioners	MA/LA/MB				Not Started	
		13.9	WPAS access required & training required	AS/RB/MA				In Progress - On Track	Requested

Not Started
In Progress - On Track
In Progress - Off Track
Completed

South West Wales Glaucoma Service Risk Register

Guidance: Use this template to capture a risk that has the potential to impact on delivery of objective if not resolved. Use the Issues template to describe an issue that is already impacting on delivery of objective

Risk ID	Date Added	Risk Category	Risk Description	Impact Description	Risk Impact	Risk Likelihood	Risk Score	Risk Proximity	Mitigating Action (MA)	Post MA Risk Impact	Post MA Risk Likelihood	Post MA Risk Score	Date Reviewed	MA Progress	Status
R.01	01/07/2021	Service	There is a risk that the service will be unable to resume Pre-COVID Clinic Capacity by November 2021	The number of patients seen per session will be reduced and timeline to reduce backlog will be delayed	4	3	12	up to a month	This is being reviewed regularly based on WG guidance. The impact of not resuming pre-COVID clinic levels has been modelled by the Service Teams.	0	0	0			Open
R.02	01/07/2021	Workforce	There is a risk that the service will not be able to recruit to Consultant Ophthalmologist posts		4	4	16	up to a month	To mitigate the risk of this there are two actions; A) Redesign the Recruitment Strategy B) Explore alternative options for continuity, including extending contracts for existing consultants and locum recruitment.	3	2	6			Open
R.03	01/07/2021	Workforce	Failure to establish adequate non-medical glaucoma practitioner roles in each of primary care, secondary care and ODTs		3	2	6	up to a month	Recruit Community Optoms on a Sessional basis to fill clinic capacity. Recruit Band 6 and train in higher wqualification (lead time 6 months)	0	0	0			Open
R.04	01/07/2021	IT/Digital	Failure to fully implement EPR/Open Eyes	Should the full functionality of the EPR not be available, then patient and information flows would be disrupted	3	3	9	up to a month	In Swansea Bay UHB, a glaucoma practitioner based ODT service has been in operation for more than a decade, and in the absence of an EPR. The consultant-led virtual clinic support to this service has been provided via 'traditional' case notes files being used for the practitioners for their clinical work, files then being transported to the offices where the senior specialist undertakes virtual clinic sessions. In the virtual clinic sessions, visual fields have been viewed either on paper in the notes or via electronic archive using Zeiss FORUM (TM) software. Digital images of optic nerve heads (discs) and macular posterior poles regions (central retina) have been viewed via Kowa VK2 (3D) or Topcon proprietary software (2D). Ocular coherence tomography (OCT) scans of discs and maculae have been viewed via Topcon and Imagenet(s) software. Thus a hybrid clinic using casenotes and digital information has allowed virtual clinics to take place. A manual log of ODT and virtual clinic activity is in use to ensure continuity of care for all patients. Courier systems for transporting notes files between ODT and senior specialist office locations are already in place in both Hywel Dda and Swansea Bay health boards.	1	2	2			Open
R.05	01/07/2021	Service	Failure to secure dedicated Change Manager to support the implementation and delivery of the SWW Glaucoma Service	Alternative individuals may lack the capacity and support to manage the full implementation of the model and lead to implementation failure	3	3	9	up to a month	If a dedicated Change Manager cannot be funded from WG Recovery Funds to oversee the implementation of the service model, the operational teams would have to manage the fully implementation of the model	3	4	12			Open
R.06	01/07/2021	Service	Failure to secure funding for recurrent costs from March 2022 onwards	Lack of resource to cover recurrent costs to deliver the service would inhibit the full functionality of a sustainable service model	5	2	10	up to a month	This BC is being taken to both health Boards for review and to secure funding for a recurrent service model.	4	2	8			Open
R.07	01/07/2021	Workforce	There is a risk that operational pressures will result in limited capacity of clinical staff and service managers to support development of key deliverables which may impact upon achievement within timescales		4	3	12	up to a month	Maintain close contact with Clinical Lead, Ensuring, effectively cascading information to the wider team and being flexible in setting up meetings to suit clinical and service needs	3	2	6			Open

Consequence x Likelihood = Risk Score

Risk Matrix	LIKELIHOOD				
	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Expected
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Critical	5	10	15	20	25

1-4 LOW
5-8 MODERATE
9-15 Amber SIGNIFICANT
16-25 HIGH

R.08	20/08/2021	Facilities	There is a risk to securing sufficient clinical space for ODT C clinics within Swinsea Bay	4	4	16	up to a month	1. Applications have been made through the health board planning mechanisms. 2.Additional clinical space has been requested at the Morriston site. 3. Employing Glaucoma Practitioners on a sessional basis and using them to fill weekend clinics using vacant clinical spaces	2	2	4	Open
R.09	24/08/2021	IT/Digital	There is a risk that an insufficient amount of Optometry practices will agree to the networking requirements.	3	4	12	within 24 hours	Approached optometric practices have been offered the opportunity to network in order to enable the full use of EPR/Open Eyes. There is a variation in preparedness for Optometric Practices to network due to the impact on their own local systems. Networking is not a mandatory requirement at this time as the Optometric practice even without networking will be able to upload a snapshot of the patient's diagnostic images. The risk associated with snapshot only uploads is that the Ophthalmologist will only be able to the individual snap shot and not the progression of the disease throughout the patient's monitoring.	0	0	0	Open
R.10	24/08/2021	IT/Digital	There is a risk that the lack of a Clinical Informatics lead in Hywel Dda UHB will result in a poor interface between Informatics developments and Clinical experience.	4	2	8	up to a month	While there isn't one clinician responsible for the role, from an Informatics perspectives, the PMO are ensuring they are regularly liaising with clinicians within each speciality to ensure regular clinical engagement. The risk is mitigated by this action.	0	0	0	Select

Risk Categories
 Service
 Workforce
 Facilities
 Building
 IT/Digital
 Comms
 External

Proximity
 within 24 hours
 up to 72 hours
 up to a week
 up to a month

ARCH Governance Structure

