

Reporting to:	Trust Board - 27 April 2017
Title	Ophthalmology Service Development
Sponsoring Director	Debbie Kadum, Chief Operating Officer
Author(s)	Carolynne Scott, Assistant Chief Operating Officer (Scheduled Care) Tony Fox, Deputy Medical Director Andrew Evans, Operations Manager (Ophthalmology)
Previously considered by	Sustainability Committee, 28 th March 2017
Executive Summary	<p>The Ophthalmology service at SaTH has been under considerable pressure for a number of years. The service has been extremely challenged in a number of areas, namely workforce, accommodation, service delivery and waiting times including increasing past maximum waits. This impacts upon the Trust's operational objectives, namely Objective 1 - to recover and sustain the delivery of RTT and also the Trust's primary strategic objective 'to deliver a transformed system of care and partnership working that consistently delivers operational performance objectives', alongside the objective to develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm. This challenged position has led to the recent temporary suspension of new referrals in glaucoma, general and adult squint referrals in order to address backlog issues and ensure that patients waiting for follow-up are seen in a timely way, so as not to cause harm; particularly for patients with glaucoma and macular degeneration.</p> <p>The Trust Board will be aware of concerns over a number of years with regards to the Ophthalmology service culminating in risk review meeting that took place in October 2016. At this meeting, the Trust presented its review of the service and the areas which needed addressing to ensure the provision of a safe and sustainable service for the long term in the County and Mid Wales.</p> <p>The areas outlined were as follows:</p> <ul style="list-style-type: none"> • The inability to see patients within the past maximum wait standard; • Demand exceeding capacity; • Workforce gaps; • Ongoing serious untoward incidents; • Substandard and fragmented accommodation; • Team dynamics. <p>Progress towards reducing the concerns listed above is ongoing.</p> <p>This paper focuses on the options to enable reconfiguration of the Ophthalmology service to address its substandard and fragmented accommodation. Depending on the option supported there are</p>

	opportunities to also support a reduction in workforce gaps and an improvement in team dynamics which are fundamental to the delivery of a sustainable service, in the long term, for the population of Shropshire, Telford & Wrekin and Mid Wales.
Strategic Priorities 1. Quality and Safety 2. People 3. Innovation 4. Community and Partnership 5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input checked="" type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation The Trust Board is asked to consider and approve, subject to involvement and consultation requirements: i) The relocation of Paediatric Ophthalmology Outpatients from Clinic 10 RSH to the Copthorne building (Ward 16) for and as interim measure to move all paediatrics to MTX, PRH from 26 May for 12 weeks;

	<ul style="list-style-type: none"><li data-bbox="496 114 1479 215">ii) To withdraw all Ophthalmology services from ICAT, Euston House so as to reduce the current number of operational sites, initially to two and, pending consultation, to reduce to one;<li data-bbox="496 232 1479 365">iii) Agree to engage with the public and consult on one site working to implement ahead of the Future Fit outcome, with specific focus on the one-site outpatient issue which is outside the current Future Fit assumptions.
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OPHTHALMOLOGY SERVICES

Thursday 27th April 2017

1.0 Introduction

- 1.1 The Ophthalmology service at SaTH has been under considerable pressure for a number of years. The service has been extremely challenged in a number of areas, namely workforce, accommodation, service delivery and waiting times including increasing past maximum waits. This impacts upon the Trust's operational objectives, namely Objective 1 - to recover and sustain the delivery of RTT and also the Trust's primary strategic objective 'to deliver a transformed system of care and partnership working that consistently delivers operational performance objectives', alongside the objective to develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm. This challenged position has led to the recent temporary suspension of new referrals in glaucoma, general and adult squint surgery in order to address backlog issues and ensure that patients waiting for follow-up are seen in a timely way, so as not to cause harm; particularly for patients with glaucoma and macular degeneration.

The Trust Board will be aware of concerns over a number of years with regards to the Ophthalmology service culminating in a risk review meeting that took place in October 2016. At this meeting, the Trust presented its review of the service and the areas which needed addressing to ensure the provision of a safe and sustainable service for the long term in the County and Mid Wales.

The areas outlined were as follows:

- The inability to see patients within the past maximum wait standard;
- Demand exceeding capacity;
- Workforce gaps;
- Ongoing serious untoward incidents;
- Substandard and fragmented accommodation;
- Team dynamics.

Progress towards reducing the concerns listed above is ongoing.

This paper focuses on the options to enable reconfiguration of the Ophthalmology service to address its substandard and fragmented accommodation. Depending on the option supported there are opportunities to also support a reduction in workforce gaps and an improvement in team dynamics which are fundamental to the delivery of a sustainable service, in the long term, for the population of Shropshire, Telford & Wrekin and Mid Wales.

- 1.2. The outpatient service has been housed in temporary accommodation at PRH (the MTX portacabin) and RSH (in cramped Clinic 10) for many years with day surgery provided on both sites. A third site which also delivers outpatients and day surgery procedures is at the Wrekin Community Clinic, Telford, within Euston House (ICAT). There are also outreach clinics across the County and Mid-Wales.

The ophthalmology service has recently been reduced at Euston House when the rooms available to the service were reduced by the Shropshire Community Trust, leading to the relocation of corneal services back to RSH. The Trust rents space at Euston House for circa £169k per annum but the facilities limit the numbers of patients that can be treated per list and it does not allow junior medical staff to be trained.

- 1.3. For a number of reasons, the department has experienced difficulty recruiting to senior medical positions, despite repeated attempts, and nursing staff have been difficult to retain, which has led to a very medical delivery model. The Ophthalmology department currently consists of 7.4 wte Ophthalmologists within a funded establishment of 10.0 wte. There are also 2.0 wte specialty doctor vacancies; following resignations from December 2015 onwards. The department currently has 4.0 wte Locum Consultants in place to support those vacancy gaps. The Trust has also outsourced follow up appointments to two third party providers (Viewpoint and Eye Spy Products) to try to meet demand. There is also a 24 hour on call service for eye emergencies which is difficult to cover.

The Royal College of Ophthalmologists has also been involved in supporting the Trust's review of services.

- 1.4. The most pressing issue facing the service currently is its accommodation problems and the impact that has on workforce capacity. This has been considered previously by the Board, initially as part of the 'Deep Dive' Programme, and at subsequent meetings. The Trust Board approved a Capital investment of £800k to relocate Clinic 10 at RSH into the Copthorne building at RSH and to explore other options in relation to the service accommodation, including relocating all the cataract surgery currently being performed at Euston House.

An options appraisal paper was received by the Sustainability Committee on 28th March 2017 with a recommendation for the paper to progress to Trust Board for consideration of approval for:

- Consolidation of Paediatric Ophthalmology Outpatients onto one site, initially on an interim basis but for discussion with regards to this being a permanent move;
- Decision to close ICAT (Euston House) and to reduce the number of operational sites;
- Reduction to a single site for the Ophthalmology service at RSH.

2.0 Options

- 2.1 The current locations for Ophthalmology services are shown below:

SITE	OUTPATIENTS	DAY CASES	PAEDIATRICS
RSH	Clinic 10	Theatres 7, 10 and 11	OPD only
PRH	MTX Portacabin	Theatre 8 (ocular plastics only)	OPD & Surgery
Euston House	✓	Surgicube cataract	X

- 2.2 The following options have been scoped for consideration by the Board:
- **Option 1:** Relocate Clinic 10 into the Copthorne building RSH - this is in progress
 - **Option 2:** Reduce to two sites by closing Euston House with all cataract surgery provided in Theatres 10 & 11 RSH;
 - **Option 3:** Reduce to two sites by closing Euston House with all cataract surgery provided in Theatres within the Copthorne Building RSH;
 - **Option 4:** Reduce to one site working at RSH;
 - **Option 5:** Reduce to one site working at RSH but with services split within the site;
 - **Option 6:** Reduce to one site working at PRH.

2.3 Detailed Options Appraisal

In order to reduce to two site working by closing Euston House the theatre element would need to be provided elsewhere within SaTH. These options are contained within Option 2 and Option 3. This would enable junior doctors to deliver cataract surgery which is an important element of their training and is not possible at Euston House. The Trust has received notice from the Deanery that they will be completing a review of the Junior Doctor training programme in June 2017, following concerns raised by the junior trainee staff. It is anticipated that these concerns are in relation to the lack of exposure to cataract theatre lists. The Surgicube at Euston House would be removed. Costings for the options are attached as [Appendix 1](#)

All of the options below would involve additional travelling time for some patients and a full Integrated Impact Assessment would need to be undertaken as part of the engagement and consultation process.

It is also recognised that in the Future Fit preferred option, all Planned and Daycase Surgery would be at PRH, with Outpatients on both sites. Any decision to vary from this would also need to be explored as part of the consultation process to ensure long-term value for money decisions are made.

Option 1: Relocation of Clinic 10 into the Copthorne building RSH

This option has already been approved. However, once the detailed planning of this commenced the decant programme highlighted a risk to Paediatric Outpatient activity. As part of the relocation plan, Outpatient capacity has been increased which requires the need for 2 air handling units in the Copthorne building. To save on costs, the plan is to relocate the clean air unit from the MTX (PRH) building to the Copthorne building at the end of this May. Activity needs to be absorbed in the interim at RSH (Clinic 10) and the only way this can happen is to move Paediatric Outpatient capacity on an interim basis to PRH. This then raises the question of what the service vision for Paediatric Ophthalmology should be as various options now present themselves. See separate section on Paediatric Ophthalmology and decision required.

Model of Option 1 - 26th May 2017 continue to relocate Clinic 10 into the Copthorne building and operate out of 3 sites.

<p>PRH MTX (portacabin)</p> <p>Adult Outpatients Paed Outpatients Paediatric Theatre</p> <p style="color: red;">No injections</p>	<p>Euston House (Telford)</p> <p>Adult Outpatients Injections Adult Cataract Theatre</p> <p style="color: red;">No Corneal OPD</p>	<p>RSH</p> <p>Adult Outpatients Injections Adult Theatre Corneal Outpatients</p> <p style="color: red;">No Paed OPD</p>
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Option 2: Reduce to two sites by closing Euston House with cataract surgery reprovided in Theatres 10 & 11 RSH and all paediatrics relocated to MTX (portacabin) Building at PRH.

This option would provide sufficient space for the entire clinical workforce for outpatient services. The Paediatric element of Ophthalmology Outpatients would move from Clinic 10 to MTX (portacabin) PRH, meaning all Paediatric Ophthalmology services (outpatients and daycase/inpatients) at SaTH would be located at PRH as there is currently no facility for Paediatrics in the Copthorne building.

Providing a service on an ongoing basis from a portacabin does not offer a solution to a sustainable service. All Adults would be seen at RSH.

It would mean on average 66 paediatric patients per week travelling to PRH that would have previously been seen at RSH. 22 adult patients per week receiving cataract surgery at ICAT being treated at RSH (51% of these patients are funded by Wales or Shropshire CCG) and 114 adult outpatient appointments being delivered at ICAT moving to either MTX or RSH (43% of these patients are funded by Wales or Shropshire CCG).

This option would remove the current requirement of individuals to travel to three different sites and reduce this to 2. However for some patients the travelling distance will be greater. Please refer to section 4.0 (Impact Analysis) for the outcome of the stakeholder engagement sessions. Travel for staff would be reduced and this saved time would be converted into clinical activity time and contribute to reducing the current Waiting Lists. There will be a requirement to fund additional capital and revenue expenditure to equip the increase in rooms. There is a concern that during times of high activity, theatre time would not be available due to escalation pressures

Option 3: Reduce to two sites by closing Euston House with cataract surgery reprovided in theatres within the Copthorne Building and all Paediatrics relocated to the MTX (portacabin) building at PRH.

Providing a service on an ongoing basis from a portacabin does not offer a solution to a sustainable service.

Within the Copthorne building, Ward 20 (the former labour theatre) is not occupied. One side of this Ward could be refurbished and occupied solely by Ophthalmology. Plans have been drawn up with the support of Estates and provisionally costed. The plans would allow improved patient flow and reduce the need for additional nursing staff. The numbers of patients that would need to travel to a different site would be the same as indicated in Option 2.

This option would allow Ophthalmology to increase the number of cataract sessions in line with recruitment plans to meet increasing demand, repatriate activity being delivered at competitors such as the Nuffield, with an opportunity to expand if demand continues to increase.

Two options have been costed for this:

- Transferring the Surgicube and extending;
- Replacing the existing air flow unit (currently condemned) with a new unit.

<p>PRH MTX Adult Outpatients Paed Outpatients Paediatric Theatre</p>
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<p>RSH Adult Outpatients Injections Adult Theatre and Adult Cataract Theatre Corneal Outpatients</p>

Option 4: Reduce to one site working at RSH with all adult services provided in the Copthorne building and Paediatric Outpatient department within Copthorne and all paediatric surgery continuing at PRH.

This option would see all adult ophthalmology outpatients and daycases being provided out of one facility at RSH within the Copthorne building. It would mean on average 22 adult patients per week receiving cataract surgery at ICAT being treated at RSH (51% of these patients are funded by Wales or Shropshire CCG). 362 adult outpatient appointments being delivered at ICAT or MTX moving to RSH (54% of these patients are funded by Telford and Wrekin CCG). It would mean 94 paediatric patients per week that would have been seen at MTX going to RSH. Paediatric Ophthalmology surgery would continue to be provided at PRH.

There would be a requirement to convert 7 unoccupied rooms within Ward 16 in the Copthorne building into Paediatric Ophthalmology rooms. Ward 16 is already used by Children's services so physical safeguarding arrangements are already in place. Discussions between Ophthalmology and the Children's Centre have taken place. The Paediatric room conversions have also been costed and this is detailed within the finance section of this paper. This option would ultimately enable MTX and Clinic 10 to be vacated for use by other services and Euston House would also be vacated.

For a short period (approximately 12 weeks) from 26th May all paediatric outpatients would be provided from MTX whilst the enabling work at Copthorne was completed to allow Paediatric Ophthalmology outpatients to move to Ward 16, Copthorne. Co-locating Paediatric Outpatient services with adults enables access to sub-specialty opinion.

All Paediatric Ophthalmology day case work would be delivered from PRH which is the current model.

Clinicians believe that this option would provide a sustainable flagship Ophthalmology Centre for all Ophthalmology services to be delivered from a modern fully refurbished centre. It would allow nurse-led clinics to be fully implemented and more one-stop provision which will in turn reduce waiting times, and should enable the department to attract and retain workforce. It would allow the unit to train junior medical staff to perform cataract surgery as well as providing suitable training facilities for junior trainee medical staff to ensure SaTH's training status remains in place. The theatre element would not be affected when the Trust is experiencing high activity e.g. during the winter months.

Option 5: Reduce to one site working at RSH with all adult services provided in the Copthorne building and Paediatric Outpatients department with all Paediatric surgery continuing at PRH.

This option would see all Ophthalmology (excluding Paediatric day case work) being provided out of RSH but not within one facility. There would be a requirement to convert 7 unoccupied rooms within Ward 16 in the Copthorne building (general Paediatric Outpatients) into Paediatric Ophthalmology rooms as per Option 4.

This option would enable MTX and Clinic 10 to be vacated for use by other services and Euston House would also be vacated. All Paediatric Day surgery would be delivered from PRH. There is a concern that during times of high activity, theatre time would not be available due to escalation pressures.

There would also be a requirement to re-house 3 secretarial staff who are currently based within MTX and it will not be possible to house these individuals within existing office premises or within the scope of the new works.

<p>PRH</p> <p>Paediatric Theatre</p>

<p>RSH</p> <p>Adult Outpatients Paed Outpatients Injections Adult Theatre and Adult Cataract Theatre Corneal Outpatients</p>

Option 6: Reduce to one site working at PRH.

This option would see all Ophthalmology services, adult and paediatrics being provided out of PRH. The MTX building at PRH is currently fully utilised and will not allow for expansion. There are insufficient vacant theatre sessions within the current theatre suite and insufficient post-operative day surgery recovery space. It would therefore require a new purpose built facility to be constructed to include theatre, recovery and clinic space to complement the MTX building.

This option would result in a significant Capital expenditure and based on square-metre floor space estimates, using Department of Health Healthcare Premises Cost Guides; this would be in excess of £3.45m (excluding VAT). This option would not be deliverable within the foreseeable future without additional capital being made available, and in the short to medium term would require one of the other options to be approved as an interim.

This solution would not support the need to improve substandard and fragmented accommodation in the short to medium term.

<p>PRH New Build</p> <p>Adult Outpatients Corneal Outpatients Paed Outpatients Injections Paediatric Theatre Adult Theatre and Adult Cataract Theatre</p>

2.4 The changes to service provision are summarised in the table overleaf.

Option	Site	Adult Outpatients	Adult Day cases	Paediatrics Outpatients	Paediatric Day-Cases
1	RSH	✓	✓ (in theatres 7, 10 & 11)	✗	✗
	PRH	✓	✓ (plastics only)	✓	✓
	Euston House	✓	✓	✗	✗
2	RSH	✓	✓ (in theatres 7, 10 & 11)	✗	✗
	PRH	✓	✓ (plastics only)	✓	✓
3	RSH	✓	✓ (in theatre 7 and Copthorne building)	✗	✗
	PRH	✓	✓ (plastics only)	✓	✓
4	RSH	✓	✓ (in theatre 7 and Copthorne building)	✓ (OPD only)	✗
	PRH	✗	✗	✗	✓
5	RSH	✓	✓ (in theatres 7,10 & 11)	✓ (OPD only)	✗
	PRH	✗	✗	✗	✓
6	RSH	✗	✗	✗	✗
	PRH	✓	✓	✓	✓

2.5 How the various options support the delivery of a sustainable service is summarised in the table below.

Option/Areas Raised	<i>Improve Past Max Waits</i>	<i>Demand meeting capacity</i>	<i>Reduce workforce gaps</i>	<i>Reduce SUJ's</i>	<i>Reduce/address Substandard & fragmented accommodation</i>	<i>Improve Team dynamics</i>
1	✓	✗	✗	✓	✓	✗
2	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓
4	✓	✓✓	✓✓	✓	✓✓	✓✓
5	✓	✓✓	✓	✓	✓	✓
6	✓	✓✓	✓✓	✓	✓✓	✓✓

Key:	
✗	Does not meet
✓	Meets partially
✓✓	Meets fully

3.0 Paediatric Ophthalmology

Paediatric Outpatient Ophthalmology is provided at RSH and PRH, not ICAT. Paediatric surgery is all performed at PRH. Current attendance for Outpatient Paediatrics at RSH is 66 patients/week and PRH 94/week based on 2016 data (12 month collection). Of those attending RSH approximately 10% reside in Wales. Currently paediatric patients are offered the first available appointment independent of site and 2% of Welsh patients already attend PRH.

The new facility within the Copthorne Building will become operational from week commencing 26th June 2017 and will house Adult Ophthalmology Outpatients by moving Clinic 10, RSH into new development within the Copthorne building.

As part of the decant moves to prepare the Copthorne building for opening in June 2017, Paediatric Outpatient activity needs to temporarily move to PRH from 26th May 2017. The HOSC would need to be approached with regards to the level of consultation needed for a 12 week period.

If, for whatever reason, this temporary move is not approved, the Trust would need to consider purchasing a new air handling unit at a cost of £30k plus VAT to enable the relocation of Clinic 10 to proceed as planned in June 2017.

Decision Point

HOSC to confirm the timeframe for engagement/consultation on temporary relocation of Paediatric Outpatient activity from RSH to PRH for approximately 12 weeks.

4.0 Impact Analysis

The law requires NHS bodies to involve the public in certain circumstances, such as when NHS Trusts develop and consider changes to the way its health services are provided which impact the manner in which the services are delivered to patients or to the range of services available.

SaTH has commenced this involvement process through the various meetings and reviews that have taken place to date, including a Stakeholder Event and updates to HOSC. On Tuesday 21st March 2017 a Stakeholder Event took place and attendees were asked to consider the options to reconfigure Ophthalmology services provided at SaTH. The outcome of the meeting was that a consensus agreement preferred the option of a single County Ophthalmology unit with centralisation of services. Representatives from Telford and Wrekin and Shropshire CCGs, Healthwatch, RNIB, Macular Society, patients, SaTH (Welsh HB not present) were in attendance. The audience were asked to complete a SWOT (Strength, Weakness, Opportunities and Threats) analysis for each of the options. The Service Users identified that one site was crucial for service users because of the following:

- Familiarity and confidence in the surroundings and floor plan is essential;
- Very strong preference for one site where all tests and treatment could be offered in one appointment;
- Having all services at one site was more important to patients than travel issues that may arise as a result.

The concern from Telford and Wrekin Healthwatch representatives was that changes should not be made ahead of a decision surrounding the Sustainable Services Plan. The Commissioner for Telford and Wrekin CCG agreed with the principle of centralisation but stated clearly that their preference would be given to provide local care for their own population of patients.

The attendees determined that there was an opportunity to establish a Centre of Excellence and develop the service, mitigate risks and to recruit and retain staff.

Concerns were raised around the current content of the SSP that clearly places an Ophthalmology centre on the “Planned Care” site at PRH (preferred option) not RSH. Siting of a centralised unit for Ophthalmology **now** as part of our stabilisation plan is therefore dependent upon current availability of infrastructure and build costs. This would require a new build circa £3.45M at PRH (excl. VAT). Developments required for Option 4 (centralisation to RSH) require Capital additional costs circa £703,000. If the option of a single site is established now, this may facilitate further moves required to achieve the Sustainable Services plan. The Ophthalmology Centre accommodation could be built on either site but the decision is dependent upon funding and affordability.

Commissioners and other stakeholders could be approached by SaTH to investigate the options regarding capital funding now for the new build to be based at PRH as this would be consistent with the Future Fit plans, however further delay within a challenged service could harm patient users and also result in continued decline of the service, so this cannot wait for Future Fit to conclude.

Should the Board approve the options proposed for the temporary and permanent options for paediatrics and the options for centralisation of adult services, and then the HOSC would be approached regarding the requirement for formal consultation and the timescales for this. We would then work with commissioners to undertake this process with all stakeholders including patients and the public.

As part of this work an Integrated Impact Assessment would be undertaken and analysis of all feedback received before a final decision was made. This would be brought back to the Trust Board.

As well as the new facility being designed for the needs of the patients, the environment for staff would also be improved. The new build would be able to be redesignated for other service provision should the longer term plan for the Ophthalmology Centre at PRH be agreed. There will be a requirement for a staff consultation management of change process for those involved and affected.

5.0 Proposals

The Ophthalmology team at SaTH believes it is unable to continue to provide services across three sites. To reduce to two sites would improve the position greatly. Of the two options suggesting this (options 2 and 3); Option 3 is the preferred option which would involve repatriating all cataract surgery from Euston House and PRH to theatres in the Copthorne Building at RSH. All paediatric activity (Outpatient and Daycase) would be at PRH.

However, subject to public consultation requirements, the preferred view of the clinical body and stakeholder group is that one site would deliver greatest benefit and provide a sustainable Ophthalmology service for the County and Mid Wales. It is recognised that under the Future Fit preferred option this site would be PRH.

Option 4, which sees all adult services and Paediatric Outpatient services, with Paediatric daycase surgery at PRH is the preferred option due to affordability, with a temporary relocation of paediatrics outpatients currently provided at RSH to PRH from 26th May 2017 while Ward 16, Copthorne is enabled.

However Option 6 which sees all ophthalmology services at PRH is equally viable from a quality perspective, with the same caveat regarding outpatient access issues.

It has the additional advantage of being consistent with the preferred option for the Planned Site. However, it introduces a significant cost and delay in being able to secure a sustainable Ophthalmology service.

6.0 Risks and Mitigations

The key risks to the proposals are:

Risks	Mitigations
1. Delay to process due to need to publicly consult	Break into constituent parts to minimise need for consultation on temporary change to paediatrics
2. Lack of support for proposals from commissioners, GPs, Public	Ensure clear message, clinically delivered through engagement process
3. Negative impact on staff of further delays	Clear communication with staff from management team
4. Lack of capital to explore PRH option	Open discussions with Commissioners and other stakeholders regarding capital funding
5. Negative impact on Future Fit programme	Work closely with Future Fit and Sustainable Services Team to ensure alignment with future plans
6. Lack of capacity in Centre to undertake engagement	Consider additional resource to allow ongoing engagement

7.0 Implementation Plan

Action	Date	Owner
1. Present proposals to Trust Board	April 2017	Carolynne Scott – CG Director
2. Approach Commissioners re funding	May 2017	Carolynne Scott – CG Director
3. Approach HoSC re consultation requirements for a) temporary paediatric OP relocation pending enabling work	May 2017	Simon Wright/Tony Fox
4. Consider additional engagement resource	May 2017	Execs
4. Set up steering group to prepare for consultation on required elements with CCGs	May 2017	Carolynne Scott – CG Director
5. Plan documentation, meetings, consultation campaign	May 2017	Carolynne Scott – CG Director
6. Begin Consultation process	June – August 2017	Carolynne Scott – CG Director
7. Keep key stakeholders updated	June – August 2017	Carolynne Scott – CG Director
7. Analyse comments	Sept 2017	Carolynne Scott – CG Director
8. Bring back to Trust Board for final decision	November 2017	Carolynne Scott – CG Director

8.0 Conclusion

The Ophthalmology Service has experienced significant challenges now for almost 20 years. The current service remains extremely fragile in terms of service delivery, workforce and accommodation. The Consultant body believes that the service has been overlooked in terms of investment for some time and this has resulted in an overall inertia and issues with team dynamics from some of the team. A fragmented team across multi sites has also led to difficulties in recruitment.

This issue needs to be resolved ahead of the Future Fit programme to ensure no further deterioration in service.

9.0 Recommendations

The Trust Board is asked to consider and approve, subject to involvement and consultation requirements:

- i) The relocation of Paediatric Ophthalmology Outpatients from Clinic 10 RSH to the Copthorne building (Ward 16) for **and** as interim measure to move all paediatrics to MTX, PRH from 26th May 2017 for an interim period of 12 weeks;
- ii) To withdraw all Ophthalmology services from ICAT, Euston House so as to reduce the current number of operational sites, initially to two and, pending consultation, to reduce to one;
- iii) Agree to engage with the public and consult on one site working to implement ahead of the Future Fit outcome, with specific focus on the one-site outpatient issue which is outside the current Future Fit assumptions.

Financial Costings for Ophthalmology Reconfiguration Options

	Option 1 Continue to relocate clinic 10 into the Cophthorne building and operate out of 3 sites.	Option 2 Reduce to 2 sites by closing Euston House with cataract surgery provided in theatres 10 & 11 RSH.	Option 3 Reduce to 2 sites by closing Euston House with cataract surgery provided in theatres within the Cophthorne Building.	Option 4 Reduce to 1 site working at RSH with all services including Cataract Surgery in the Cophthorne building.	Option 5 Reduce to 1 site working at RSH but with services split within the site. (using theatres 10/11)	Option 6 Reduce to 1 site working at PRH.
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Costs (already approved)						
Building Works - Cophthorne Building	(726)	(726)	(726)	(726)	(726)	(726)
Furniture and Fittings - Cophthorne Building	(240)	(240)	(240)	(240)	(240)	(240)
Additional Capital Costs						
Dilapidation Costs	0	(18)	(18)	(18)	(18)	(18)
Furniture and Fittings		(49)	(121)	(85)	(13)	(121)
Dismantle Surgicube and move to SaTH storage		(5)	(10)	(10)	(5)	(5)
New Airflow Unit - Ward 20			(96)	(96)		
Building Works - Ward 20 (Theatre)			(414)	(414)		
Building Works - Ward 16 (Paeds)				(80)	(80)	
Building Works - New Facility						(4,140)
Total Additional Capital Costs	0	(72)	(658)	(703)	(116)	(4,284)
Resource Requirements						
Consultant	0	40	40	60	60	60
Nursing	(28)	(117)	(28)	(28)	(117)	(28)
Non Clinical - Receptionist	0	22	22	22	22	22
Domestic	(9)	(17)	(17)	(31)	(31)	(31)
Maintenance	(20)	(15)	(17)	(13)	(10)	(21)
Euston House Rent (inc Domestic)	0	169	169	169	169	169
Capital Charges	(53)	(54)	(71)	(73)	(56)	(200)
Total Revenue (Costs)/Savings	(111)	28	96	105	36	(30)

Note re Capital Charges:

The areas within Cophthorne Building which are currently not in use, do not attract capital charges as they are included as such within the external Valuation Report and when brought back into use will attract a capital charge, this will be compensated by the capital charges incurred on Clinic 10 which will be vacated by Ophthalmology. The projected capital charge included above is the charge that will be attracted for the cost of the works proposed. As Euston House is rented, there is no capital charge for this area so there will not be a saving if this facility is no longer in use.