

# Ophthalmology Update

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Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# Summary of Key Issues

In October 2016 NHS England chaired a Risk Review Meeting which was attended by members of the Trust Executive team, NHSI, the CQC and both CCG's.

The Trust presented the challenges:

- Substandard and fragmented accommodation;
- Workforce gaps;
- On-going serious untoward incidents;
- Demand exceeding capacity. (58 000 attendances)

**Failure to address these issues leads to:**

- Inability to see patients within defined timescales
- Implications for patient welfare and safety



# Accommodation

## Prior to June 2017

- **Substandard and fragmented accommodation**
- **Demand exceeds physical capacity**
- **External Bodies recommending improvements**
  - Royal College, Health Watch, Macular Society, CQC
- **Threat to training status**
- **Privacy & Dignity**
  - Patient experience/complaints
- **3 site working**
  - Team working/Culture
  - Clinical supervision and inability to train
  - Inefficiencies
- **Workforce- Recruitment and Retention**



# Accommodation

## **New Adult Eye Department Opened 26<sup>th</sup> June 2017**

£800,000 investment into relocating adult eye outpatient services from Clinic 10 (RSH) into a patient friendly outpatient facility at RSH.

## **New Paediatric Eye Department Opened 23<sup>rd</sup> October 2017**

£140,000 investment into relocating paediatric eye outpatient services from Clinic 10 (RSH).

- Refurbished purposely with Ophthalmology patients in mind
- Guide-dog and Visually Impaired compliant
- Defined waiting areas
- Improved signage designed for visually impaired
- Privacy concerns eliminated
- Improved patient pathways and flow
- All diagnostic services available in one location



# Accommodation

**April 2017 Trust Board Approval for investment in Cataract Theatre**

**May 2018 Capital investment of £1.16m approved with anticipated completion December 2018**

The local anaesthetic theatre has been designed by clinical and nursing teams' and has utilised flow methodology from Virginia Mason which will enable the number of cases per consultant list to increase from 6 patients to 8 patients per session.

**3 site working to 2 site working-** Euston House will close with outpatient services relocating to PRH and RSH. Cataract operations to RSH.



# Workforce

## Historical

- Fragile with regular turnover
- Supported by locums
- Insourced 3<sup>rd</sup> parties
- Ageing workforce
- Ability to train junior medical staff compromised

## Actions taken

- Focused recruitment campaign using new facility to promote
- Nurses, Opticians and Orthoptists trained in extended roles
- Key positions recruited to

## Vacancies

Vacancy (Whole Time Equivalents)	Consultants	Specialty Doctors
March 2017	3.5	2
April 2018	0	2

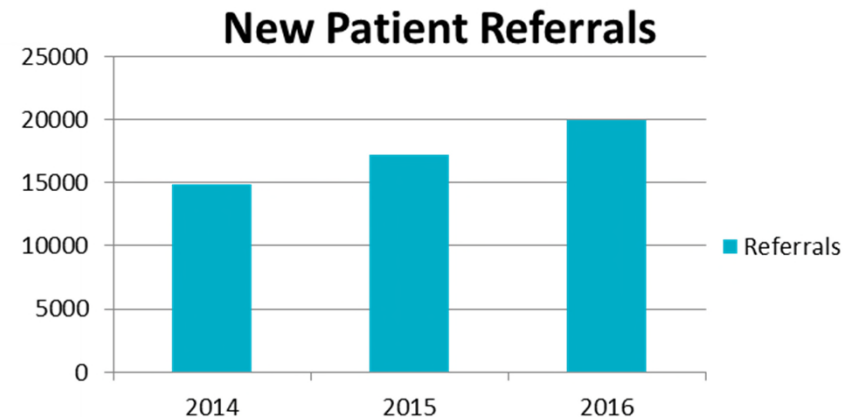
## Further actions

- recruit to specialty doctors or consider alternative staffing arrangements
- Complete needs assessment for future demand



# Inability to see patients within defined timescales

- **Demand**
  - 20,000 new referrals a year
  - Growing follow up demand
- **Capacity**
  - 58, 000 attendances a year
- Demand consistently exceeds capacity (IST models)



## **Actions taken**

- Task and Finish Group working collaboratively.
- Suspension of new referrals for Glaucoma, General and Adult Squint Surgery (Winter 2017).
- Additional Capacity Insourced increasing from 300 to 500 slots a month.



# Reducing Waiting Times

- National Referral To Treatment waiting times have been achieved since January 2018

Measure	May	June	July	August	September	October	November	December	January	February	March	April
RTT Performance – English	82%	78%	77%	81%	88%	89%	89%	90%	93%	92%	92%	94%

- Follow Up Waiting times are improving

Patients waiting longer than clinically determined for follow up appointments

January 2016 3182

April 2018 855

Further Action being taken:

- Expansion of One Stop services- e.g. Injection service implemented (waiting times reduced by 6 weeks)
- Pathway redesign work commenced using Virginia Mason and Lean principles





# Patient welfare

## **Sustained reduction of Serious Incidents**

- Delays in appointments/training/competency

## **Investment in people and time**

- Dedicated Resource
- Failsafe Clerk to track and escalate
- Harm proforma review proces

## **Executive Support**

- Deputy Medical Director
- New Clinical Director in post from August 2016
- Governance and Educational Consultant Leads
- Dedicated Operational Leaders

## **Value stream in Ophthalmology Outpatients**



# Patient Safety & Governance

## Reporting

- Culture of open reporting (Royal College)
- All incidents referred to patient safety team, Director of Nursing & COO
- Monthly patient safety meeting
- Monthly departmental governance meeting
- Updates to Quality and Safety Committee
- Duty of Candour followed for every patient



# Valuestream Virginia Mason Collaboration

## Transforming Care Production System

- **RPIW**

- Patient Bookings
- Clinic Flow
- Clinic Preparation
- Grading
- Injections
- Cancellations

- **Benefits**

- Letters, horizons, ASIs
- My guide, information
- Process change
- Electronic, roll out
- One stop trial
- 20,000 calls, reduced duplication



# Summary

Work continues in all areas in order to ensure continuous improvement and safe culture.

Ophthalmology has made progress in all the areas identified as challenges.

TCPS work/Patient involvement

The Trust Board are asked to note progress and support the actions being taken towards delivering the safest and kindest eye care.



The Shrewsbury and Telford Hospital   
NHS Trust

## ORGANISATIONAL STRATEGY BELONG TO SOMETHING

