

## ROOT CAUSE ANALYSIS INVESTIGATION REPORT

**Reporting Organisation:** Torbay and South Devon NHS Foundation Trust  
**Lead Commissioner:** NHS Devon Clinical Commissioning Group  
**Organisation Type:** Acute Hospital  
**STEIS Reference:** 2022/2541

**Speciality:** Ophthalmology Department  
**Incident date:** 01/09/2021  
**Investigator:** Ophthalmology Operational Manager

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## Incident Summary

A cohort of 22 Ophthalmology patients (Appendix No.7) who were due to have follow up appointments, did not have these appointments booked, and as a consequence harm was caused to them.

In this identified cohort, patients who were under the macular and glaucoma pathways were affected by system failures in booking follow-up appointments which resulted in them not receiving their review and treatment at the time the clinician planned which has contributed to the harm.

The total number of patients involved is unclear, as there are potentially other patients who have not yet been identified, therefore at present a final number is not known. However, at the time of writing this report there is known to have been 22 patients affected.

The purpose of this investigation is to determine the reasons why the appointments were not made and to strengthen the systems processes within the department to safeguard patients. Demand has outstripped capacity; there are 900 appointments to be booked each week, but clinic capacity and staffing to provide only 700 appointments (a shortfall of 23%). It was agreed by the central patient team that an aggregate review be undertaken for full RCA. This investigation is not reviewing each patient incident individually, but cumulatively, all patients who have not been booked for follow-up appointments and who appear to have been harmed by the same cause, and any other patients meeting these criteria, who are as yet unknown have and will have an individual 72hre investigation report completed.

### **Context and background**

It should be noted that in April 2013 the backlog patients overdue their planned follow up by more than 6 weeks was 594 which, over the following 6 years increased to a pre-covid backlog in 2019 of 3000 (775% increase in backlog due to the improved use of Anti-VEGF). The infrastructure of the dept could not cope at that point and no extra funding was available for allocation to the department to create additional space. Of note, two-thirds (2000 patients) of this backlog of 3000 were glaucoma patients, 200 were macular and the remainder were across multiple sub-specialties.

These backlogs have since increased to 10000 patients compared with pre-covid 3000 (almost 233% increase); the two main cohorts of patients being glaucoma and macular (currently 4300 glaucoma – an increase of 65%, 400 macular – an increase

of 100%) Patients were already experiencing harm pre-covid due to not being seen at the planned period.

**Appendix 9 provides the current backlog position as at 17.11.22.**

Macular patients have increased frequency of attendance at clinic due to the introduction of Lucentis for treating wet age-related macular degeneration (AMD). It was later licenced for diabetic macular oedema (DMO). (Ranibizumab for treating diabetic macular oedema Technology appraisal guidance [TA274] 27 February 2013) but there has been no increase in infrastructure or staffing to support this.

The Glaucoma service has suffered due to being a single consultant-led specialty and we have been unable to appoint a 2<sup>nd</sup> consultant due to lack of availability to theatres and clinical rooms.

The Ophthalmology Service compared with other Trusts in Devon, such as Exeter and Plymouth is critically under-resourced; we have similar numbers of patients to see / treat but with much less staff, i.e. Exeter have appointed a third Glaucoma consultant and Plymouth have two. Torbay has just one.

Torbay has 6 consultants who run the macular service as a sub-specialty allocation which, in terms of whole time equivalent (WTE), equates to approximately 1.40WTE.

From March 2020 and the on-set of Covid-19 the Eye Clinic patient numbers had to be capped at 60% of capacity to meet national Infection prevention and control social distancing guidelines and to accommodate additional cleaning down of surfaces and equipment between patients. This has severely compromised our follow up backlog.

To address the backlogs in all sub-specialties to ensure we get back to a position where patients are being reviewed at their planned time will require investment; at least 2 additional substantive consultants, at least 9 additional nurses / technicians, a number of AHPs, along with associated administrative staff; at least 6 additional clinic rooms and 3 vision aisles; access to a 2<sup>nd</sup> theatre. If we are to recruit consultants' availability to theatre lists is critical and following RCO (Royal College of Ophthalmologists) guidance on job descriptions means we cannot advertise without access to theatre lists.

RCO guidance (March 2022) states that job plans for consultants should include 2-3 theatre sessions per week. The Ophthalmology consultants working at this Trust

have just one session allocated each week as currently there is just one dedicated theatre for the Ophthalmology Service.

## Investigation Report

### 1. Terms of reference/Key Lines of Enquiry

To complete an aggregate review of 22 Ophthalmology cases into one comprehensive investigation. This investigation will aim to establish the root causes underlying the repeated components of the Ophthalmology pathway that have contributed to harm these patients. It will identify the key areas that require targeted improvement to reduce the potential for these incidents to occur.

**See Table in appendix 7**

This investigation is intended:

- a. To establish the facts of what happened during the patients' pathway.
- b. To determine if all systems and processes were in place to ensure optimum care delivery.
- c. To understand the sequence of events, and why these patient's pathways were compromised.
- d. To determine whether the outcomes could have been avoided and the level of harm that patients suffered.
- e. To identify the root causes and make recommendations to address these.

### 2. Identify any lapses in care

All lapses are classified as follows:

- a. A lapse that did not cause harm to these patients and is unlikely to pose a risk of harm to other patients if repeated.
- b. A lapse that may have contributed to the outcome for these patients and if repeated poses ongoing risk to other patients.
- c. A lapse that directly contributed to the outcome for these patients.

### **3. Technical questions about the care and treatment**

- a. What policies are relevant to this incident?

G2767 – Diabetic Macular Oedema, Pathway for Treatment of Care;  
G2642 – Guidelines for Monitoring and Treatment of Retina Vein Occlusion with Anti-VEGF Therapy

- b. Do the policies fully address the issues?

Yes

- c. Was there any breach of policy?

Yes, patients were not seen within the specified time period.

### **4. Engagement with the patient involved or their family**

All patients were given an apology at the time of realisation of their outcome, this has been followed up with an official Duty of Candour letter. They have been informed that their care will be reviewed by way of an aggregate review.

### **5. Questions from patient and/or his/her family**

There is no documentation in the notes of these patients to suggest that they have any concerns, and no communication has been received from the patients with comments or questions.

### **6. Important contextual background information**

The Ophthalmology Department, on average, receive 13,400 new referrals and have 63,705 follow-up appointments each year (2017/18 to 2019/20).

Capacity and space have been limited resulting in a serious backlog. The clinic footprint is outgrown and has been reported as such since 2012 but with no plan or solution to addressing this having been identified to date.

The infrastructure (space and staffing requirements) has not changed despite highlighting to Trust board level and System Director level the national guidance recommendations around increasing staffing and rooms. The department has not been supported to address this to date.

Due to an increase in demand, insufficient clinic space along with insufficient staffing levels, and developments with injection capabilities to manage patients, a backlog in

follow up has incrementally increased; in 2016 there was already a backlog of over 3500 due to lack of space and staffing. Now, in 2022 it is 10000 – an 18% increase in 5 years. Pre-pandemic the backlog was being addressed through additional clinics on alternate Saturdays, substantive staff were covering these clinics in addition to their contracted hours. This was having a positive impact on the backlog, indeed some improvement in the position was noted, but arguably unsustainable for staff working over their contracted hours on a regular basis.

The National IPC recommendations also impacted this, as footfall within clinic had been reduced due to Covid-19 social distancing requirements. Capacity was reduced to 60% to meet the Infection Prevention Control (IPC) standards for social distancing in waiting areas. This reduction has caused a further increase in waiting times for appointments.

The lack of clinic space, consultant and clinic staff along with equipment has been recognised as a risk to delivering the service and meeting demand / addressing the backlogs and has been added to the departmental risk register (see appendix 8).

The risk register is reviewed at regular intervals for updates, with the highest scoring risks being reviewed at Trust level with mitigations and updates being obtained locally from the department.

Patients follow the pathway relating to their condition i.e. Glaucoma pathway (appendix 3), Macula clinic pathway (appendix 4) or Macula injection pathway (appendix 5), which include a Face to Face (F2F) and Virtual process for new and follow-up patients. Once referred into the service the patients are placed on a pending list, and first appointments booked from this list. Follow-up appointments are also booked from a pending list, although this has not always been the case, previously appointments were booked directly with an administrator before leaving the department. Patients would be given clinic outcome forms (appendix 6) and then directed to the administrator who would book the follow-up appointments with the patients.

The administrator was based in the Ophthalmology clinic then, due to the commencement of building work on the hospital site and the demolition of clinic rooms, and alterations within the department, the administrator was moved to the Eye Surgery Unit (ESU) on the floor above the clinic. At the same time, the administration staff were also tasked with other duties, such as taking telephone calls or attending to patient queries, which often meant their focus was divided resulting in distraction.

Following this move patients were unable to book their follow-up appointments directly with an administrator and the Clinic Outcome Forms were taken to the reception desk



in outpatients and stored there until taken in batches, to ESU for inputting into the Integrated Healthcare System (IHCS)<sup>1</sup>. The patient would then be added to the follow-up pending list, with a 'to be seen by' date, which had been decided by the consultant.

Clinic appointments are open 6 weeks in advance, for those patients who require appointments under 4 weeks an appointment would be sent if there was capacity within the available clinics, if there was no capacity this would be sent to the Patient Access Centre (PAC)<sup>2</sup> to overbook clinics, or escalated to the clinician for advice. The patient would then be booked into the next available slot and an appointment sent out in the post

For appointments over 4 weeks the patient would be added to the follow-up pending list. As clinics were opened, the PAC team would review the pending list and book patients in chronological order of the 'to be seen by' date with an appointment letter being sent in the post.

Consultants are sent a monthly report of patients whose follow-up appointment have not yet been booked and who have passed their review date.

## **7. Findings**

The co-location of the administrator within the clinic setting was very positive in terms of creating opportunities to build rapport with patients, increasing their confidence in the service, negotiating next appointments and ensuring that patients did not leave without a follow-up appointment having been booked. Conversely, the relocation of the administrator to ESU has had a negative impact to both the patients and the quality of service being provided by the administrator.

The department has been under pressure for some years in terms of clinic capacity, staffing and equipment, and the caseload of patients is increasing year on year, with more patients remaining on the caseload long-term, due to improvements in treatments, but which require patients to be reviewed every 4 weeks.

The care and treatment fell below that required and expected for all patients; The administrative processes for recording outcome forms had the potential for lost, misfiled or mislaid forms. The administrative process for booking follow-up appointments was not robust enough to ensure that patients were contacted to have follow-up appointments booked, as this did not happen at the time of visit. The

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<sup>1</sup> IHCS – a patient administration system used to electronically maintain patient information

<sup>2</sup> PAC – booking of appointments using a standardised process which ensures clinic slots are fully booked

environment was not conducive for concentration as the area was very busy and staff were completing multiple tasks, which divided their focus and resulted in distractions.

## **8. Classification of Lapse**

Changes within the department were necessary and whilst issues could not be foreseen, they have nonetheless contributed to patient's loss of sight. Whilst there are no guarantees that early intervention would have prevented sight loss, where patients have been seen outside of their treatment plan and suffered harm, there is a lapse in care.

## **9. The contributory factors analysis for each issue identified:**

### **a. Patient Factors**

It is possible that not all patients have complete understanding of the gravity of their disease progression, and as such do not understand the importance of chasing their follow-up appointments if they are not received.

We know, having received comments from some patients that fears around attending hospital during the pandemic meant some patients were reluctant to chase appointments, this apprehension was compounded with Government guidance not to attend hospital unless absolutely necessary.

### **b. Staff Factors**

The administrator has been relocated since the commencement of the hospital construction of a new AMU (Acute Medical Unit) in 2021. These staff are now working in a busy environment on another floor of the Hospital with many distractions.

Consultants, clinic staff and admin staff are holding additional clinics, outside of their contracted hours, which has the potential to lead to staff burnout and increased sickness, which would further impact clinic cover and colleagues. Staff cannot be easily booked from Trust bank, or through a nursing agency because of the specialist knowledge and skill required for working in the department.

To continually expect staff to hold additional clinics is unrealistic and not sustainable.

Inadequate staffing, as identified on the risk register, has impacted on the department's ability to provide timely care, and is direct causal factor for these incidents, as it impacts on the ability to 'catch-up' missed appointments.

c. Communication

Administrative staff previously had a protected area where subsequent appointments would be booked directly with patients at the time of their attended appointments. The move of the administrative staff, out of the department, has resulted in an alternative pathway for booking of these follow-up appointments. Clinic outcome forms are taken to the reception desk and stored until a bundle is taken up to ESU to be actioned; there is potential for forms to be lost or misfiled, which would prevent a follow up appointment being booked.

d. Equipment and environment

Lack of space within the department meant that there was nowhere for administrative staff to sit without taking a clinic room out of use, which was not feasible due to the negative impact this would have on being able to provide sufficient clinic appointments.

Lack of clinic space to deliver the service is a major factor. There are insufficient clinic rooms and insufficient access to pieces of diagnostic equipment in the current footprint.

**10. The most significant/important contributory factors identified across the individual analysis conducted**

- i. Insufficient consultant staff to deliver the service safely
- ii. Insufficient clinic staff to deliver the service safely
- iii. Insufficient clinic space to deliver the service safely
- iv. Removal of administrative staff from the department, and losing the ability for patients to directly book follow up appointments before leaving the hospital. The relocation of these staff to Level 3 has had a real impact on both the patients and the quality of service being provided by administration coordinators.
- v. A high demand on the Service with inadequate resources to tackle the backlog. The introduction of new treatment regimes with a high number of appointments per patient, along with an aging population means that patients are not being

discharged from the service, adding to an already huge caseload. Whilst this does not appear to be a direct causal factor, it has certainly impacted on service delivery.

- vi. Insufficient administrative staff to track patients, and ensure they are not lost to the service and an inability to support consultants in managing their monthly outstanding follow-up reports.

## **11. Recommendations**

### **a) Recommendation 1**

An urgent review of consultant, allied health professionals (AHPs) and clinic staffing levels within the department, and a business case to enable recruitment into key positions in a timely manner and reviewing the clinic environment to ensure adequate space is available. This will require a complete review of the infrastructure; theatre, clinic and staffing levels.

### **b) Recommendation 2**

Urgent review into clinic space to create additional capacity to see patients and bring follow-up backlog down.

### **c) Recommendation 3**

Senior management review of business case for investment into creating the required capacity to reduce backlog and safeguard our patients for the future, as patients are staying on the caseload for life.

### **d) Recommendation 4**

Increase administrative and clinic workforce to support timely completion of clinic outcomes for all clinics, and implement a two-stage validation mechanism and to assist and facilitate consultants managing their monthly follow-up backlog reports. This will be key to getting it right first time and will reduce the potential for error.

### **e) Recommendation 5**

Identify a quiet space for administrative staff to complete clinic outcome forms, thus reducing the chance of error or omission. Relocate the administrative staff into the

clinic environment, so that patients can book their follow-up appointments in a timely manner. The co-location of administration coordinator alongside the clinic setting was a real positive in terms of connecting with patients, negotiating next appointments and ensuring patients did not leave without a firm booking.

## **12. Useful learning and reflection opportunities identified because of undertaking this investigation.**

- i. Ensure escalation of risks held by the ophthalmology department, are being reviewed by senior management and feedback is received on plans to address these risks.
- ii. Take the learning from this aggregate review to improve the pathway for the future, and to safeguard patients; the purpose of the risk register – taking note of the high scoring risks and to confirm what actions that the Trust is taking to mitigate or eliminate these risks.
- iii. The department has reported these incidents and will continue to do so for future identification of patients coming to harm.
- iv. Multi-disciplinary working on this report has improved working relationships with departments outside of Ophthalmology, such as the Patient Safety and Quality Team.

## **13. Any actions being implemented/already implemented**

- i. The clinic forms have been amended to include which injection they are due in the series e.g. injection 1, 2 or 3 etc. Additionally, the ESU is a busy area with many distracting factors which may also have accounted for some errors in outcome recording and appointments not being booked.
- ii. A space has been identified within the clinic environment for an administrator to be located to book follow-up appointments, and whilst the area is not ideal, the impact on staff is being mitigated by rotating the administrative staff allocated to this role.
- iii. Funding availability for additional administrative resource has been identified and staff have now been appointed.

## **14. Conclusion**

The Ophthalmology Department is undoubtedly carrying risks which are disadvantaging patients resulting in harm; an increasing backlog of patients due their follow-up appointment; a clinic footprint which is insufficient; access to theatre sessions is insufficient and staffing levels are insufficient.

Additionally, changes had to be made in the department due to construction work at the hospital for the new Acute Medical Unit, resulting in losing vital clinical and waiting area space.

Lack of clinic space and staffing levels results in limitations in activity being possible. The growing backlog of patients evidences this. The department has been reported as being full to capacity since 2012 with no acknowledgement of this in terms of plans to address this issue.

The department has been open and honest about the lapses, and incident reporting has been actively encouraged. The multi-disciplinary team approach to working on this investigation has raised the profile of the importance of reporting incidents and has created the opportunity to problem solve, and identify specific contributory factors which have affected both staff and patients.

The Ophthalmology team has engaged with wider national support as part of the planned care recovery plan.

Actions have been completed in terms of improving the administrative process with the recruitment of an additional Band 4 to track outcomes, along with the relocation of an administrative staff member to Level 2 to capture patients for their next planned injection date as they leave the department. Clinic outcome forms have been amended to make it more obvious when the next appointment should be and each outcome form from clinic is checked against the entry within PAS.

An NHS locum for the glaucoma service has been advertised but due to lack of access to theatre space applicants have withdrawn.

Staffing levels, both consultant and clinic staff, need to be addressed to increase activity throughout the clinic footprint. There also needs to be some prioritisation of clinic space for the Ophthalmology Department either through extending into Main Outpatients on Level 2 or through identification of alternative off-site clinic space. Preference is for on-site due to the expensive pieces of equipment that would need to be purchased for an off-site facility. Alternatively, an off-site facility purely for diagnostic testing would be advantageous, this would require equipment and staffing

to be appointed to function but also additional consultant and AHP staff to read and interpret results in order to update patient management plans.

This investigation cannot state that earlier intervention would have guaranteed no sight loss, but patients seen outside of their treatment plan is a lapse in care.

Delays to follow up results in harm. Undoubtedly the most obvious issue identified through this review is that the number of patients' overdue follow up has tripled and that is because of new treatments, an aging population, life-long appointments and Covid-19 delays. Investigation into this shows that when these were first identified in 2008 there was no investment into the department and as this situation has worsened there is still no investment into the service to acknowledge and address this.

There is a considerable number of patients overdue their follow up. The Covid-19 Pandemic has compounded this further with the number of overdue patients having almost tripled. Patients have and continue to come to harm. The Trust needs to acknowledge this and rectify the issue of inadequate clinic space and staffing to allow for long backlogs to be addressed so that patients are being reviewed at the clinically appropriate time that was originally planned. This can only be achieved through investment into the department.

## References:

Ranibizumab for treating diabetic macular oedema  
Technology appraisal guidance [TA274] Published: 27 February 2013  
Accessed at: [https:// www.nice.org.uk/guidance/ta274](https://www.nice.org.uk/guidance/ta274)



## SMART Action Plan

SMART Action Plan					
Ref No.	Recommendation identified from the investigation & root causes	Action required, how will it be achieved & by whom?	How will the outcome be measured as evidence the action is complete?	Accountable Action Lead(s) (Job title, not names)	Deadline (Date completed if applicable)
1.	Identify space within clinic for administrative staff, so that future macular appointments can be booked directly with patients before they leave the department.	Review of clinic rooms to identify space which will not reduce areas for patient treatment.	Reduction in incidents relating to missed follow-up appointments.	Operational Manager	Completed September 2022
2.	Improve accuracy of data entry of clinic attendance outcomes, and support consultants to manage follow-up backlog..	Increase admin workforce by 1 WTE Band 4 to robustly check data entry and improve management of backlogged follow-ups initially for glaucoma then expand across all sub-specialties.	Reduction in missed follow-up incidents, measured by audit.  Improvement in backlogged follow-up position resulting in patients being seen closer to or at their planned review date.  Audit from Medisight software versus PAS entry	Operational Manager	Band 4 appointed 31/08/2022  Audits ongoing

3.	Review and increase nursing establishment to create additional capacity for follow-up and new appointments to be seen in a timely manner.	Business case – to identify what staff are required to ensure department is able to meet demand to ensure patients are seen in a timely manner commensurate with their treatment plan/clinic pathways.	Business case completed and submitted for approval.	Operational Manager & Matron	Ongoing
4.	Review pathways and appoint consultants to improve resilience and increase capacity for follow-up and new patients to be seen in a timely manner.	Business case – to identify what staff are required to ensure department is able to meet demand to ensure patients are seen in a timely manner commensurate with their treatment plan/clinic pathways.	Business case will be completed and submitted for approval.	Operational Manager & Clinical Service Lead	Ongoing
5.	Consider the creation of a Diagnostic Hub to optimise use of virtual clinics for glaucoma, macula and retina patients which will reduce backlogs.  Would allow for 300 patients per week to have virtual clinic appointments.	Business case – to design and create a diagnostic hub.  Estates to investigate a possible site.  This will require considerable finding for location, equipment and staffing.	Business case will be completed and submitted for approval.	Operational Manager, Clinical Service Lead & Estates	Ongoing

	(Other Trusts have these in place / in progress and this is a recognised example of transformation in Ophthalmology Services nationwide)				
6.	Follow-up incidents reported over a 12-month period to review effectiveness of actions.	<p>Audit of incidents at 6-months and 12-months period looking for a reduction in reports resulting in harm, with the same causal factor.</p> <p>Review whether this term needs to be extended.</p>	Reduction in reported incidents over 12-month period, recognition needed that in the short term there may not be an improvement until the new process has time to bed-in.	Patient Safety Team.	31/07/2022
7.	Increase clinic footprint into L2 Main Outpatients	<p>Review allocation of clinic space within L2 in readiness for when AMU opens</p> <p>Investigate whether Ophthalmology can extend further into L2 for both clinic rooms and waiting area</p>	<p>Activity is increased</p> <p>Backlog is reduced</p> <p>Patient flow is improved</p>	System Director	January 2023

		Request made via Space Utilisation Group			
8.	Work with Nightingale on diagnostic pathway for Glaucoma and pick up capacity they have	Link in with PACS and IT regarding interface to check if images can be reviewed and compared with previous images taken on Torbay equipment	Utilise capacity at Nightingale and reduced the virtual glaucoma waiting list of overdue follow ups.	Operational Manager	In progress & ongoing

## Appendix 1 – Duty of Candour

Duty of Candour:	
<p><b>Please refer to the Trust's 'Incident reporting Policy' and 'Being Open Policy' for more information.</b></p> <p><b>It must be clear that patients and/or their relatives or carers must be informed within 10 days that an incident has been declared and that an investigation is taking place even if they are no longer receiving care/services from us. They must be asked if they would like to be part of that investigation together with what involvement they would like.</b></p>	
1.	<p><b>Has the 'Duty of Candour' been applied?</b></p> <p><b>Yes</b></p>
2.	<p><b>Date &amp; time that the patient and/or relatives have been spoken to regarding the incident and investigation.</b></p> <p><b>Each patient informed at time of discovery, and formal DoC letters sent.</b></p>
3.	<p><b>Date 'Duty of Candour' letter sent?</b></p> <p><b>As per individual incident reports</b></p>
4.	<p><b>Name of Trust's specific point of contact?</b> <span style="background-color: black; color: red;">[REDACTED]</span></p>
5.	<p><b>What does the patient and/or relatives expect as an outcome from the investigation? Please provide details below:-</b></p> <p><b>None</b></p>
6.	<p><b>Do they wish to be informed of the outcome of the investigation, if yes, how would they like to be informed? i.e. draft report, summary of investigation, meeting?</b></p>
7.	<p><b>Additional information regarding the 'Duty of Candour' relating to this incident:</b></p>

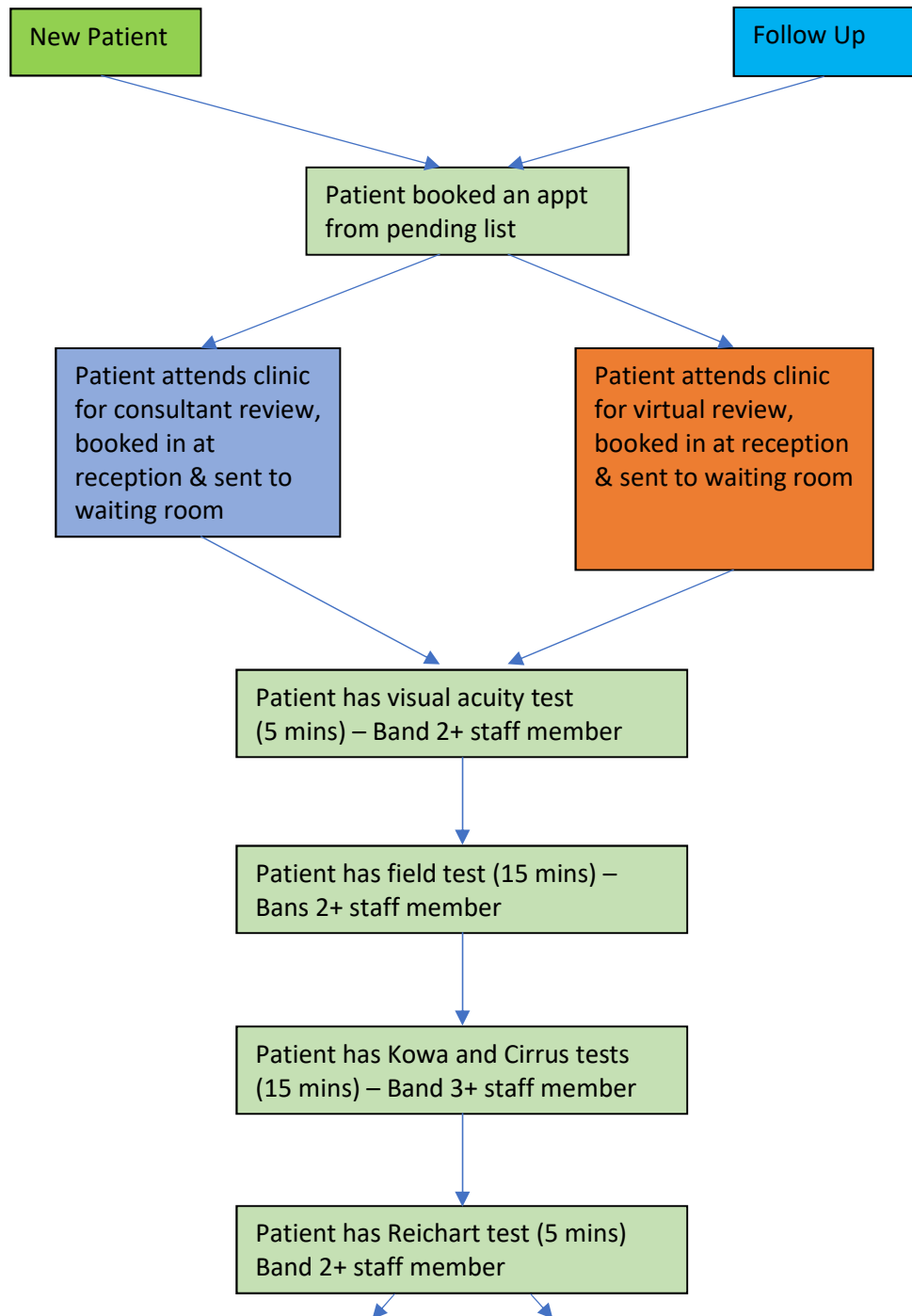
## Appendix 2 – Key Information

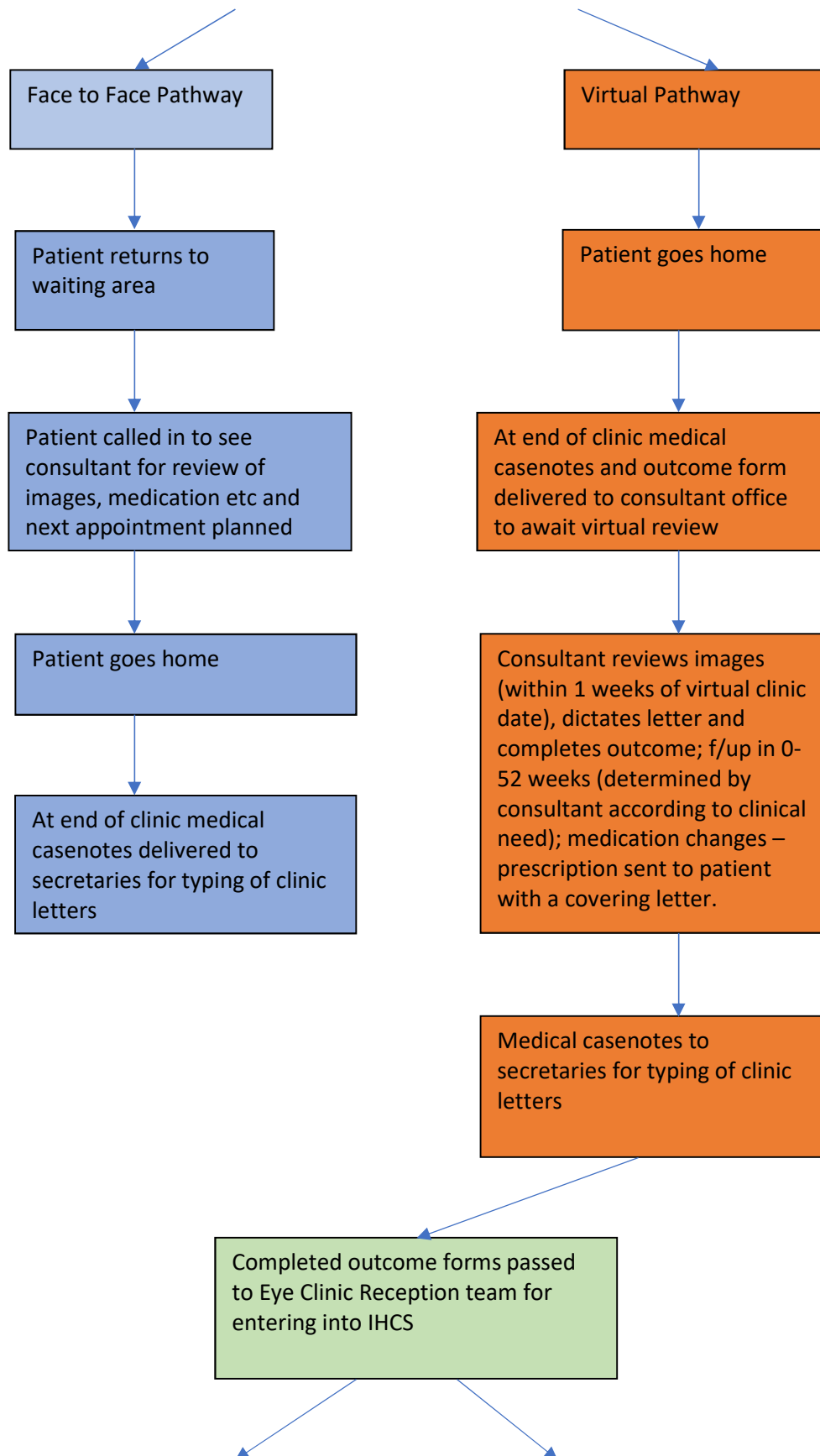
Key Information	
<b>Incident Title</b>	<b>Ophthalmology Aggregate Review</b>
<b>Incident Date</b>	<b>01/09/2021</b>
<b>Incident ID</b>	INC-80731
<b>STEIS Register Number (if applicable)</b>	<b>2022/2541</b>
<b>Department / location where incident occurred</b>	Ophthalmology HOS. Torbay Hospital Eye Clinic
<b>Lead Investigator</b>	
<b>Investigation Team members including specialist advisors</b>	
<b>Approved by</b>	
<b>Has this incident been reported to the Commissioners?</b>	<b>Yes</b>
<b>Is this incident the subject of a Coroner's inquest?</b>	<b>No</b>
<b>Non Clinical Reader</b>	
<b>Never Event</b>	No
<b>RIDDOR reportable</b>	Yes / No
<b>Coroner's referral</b>	No
<b>MHRA reportable</b>	No
<b>Safeguarding referral</b>	No

## Appendix 3

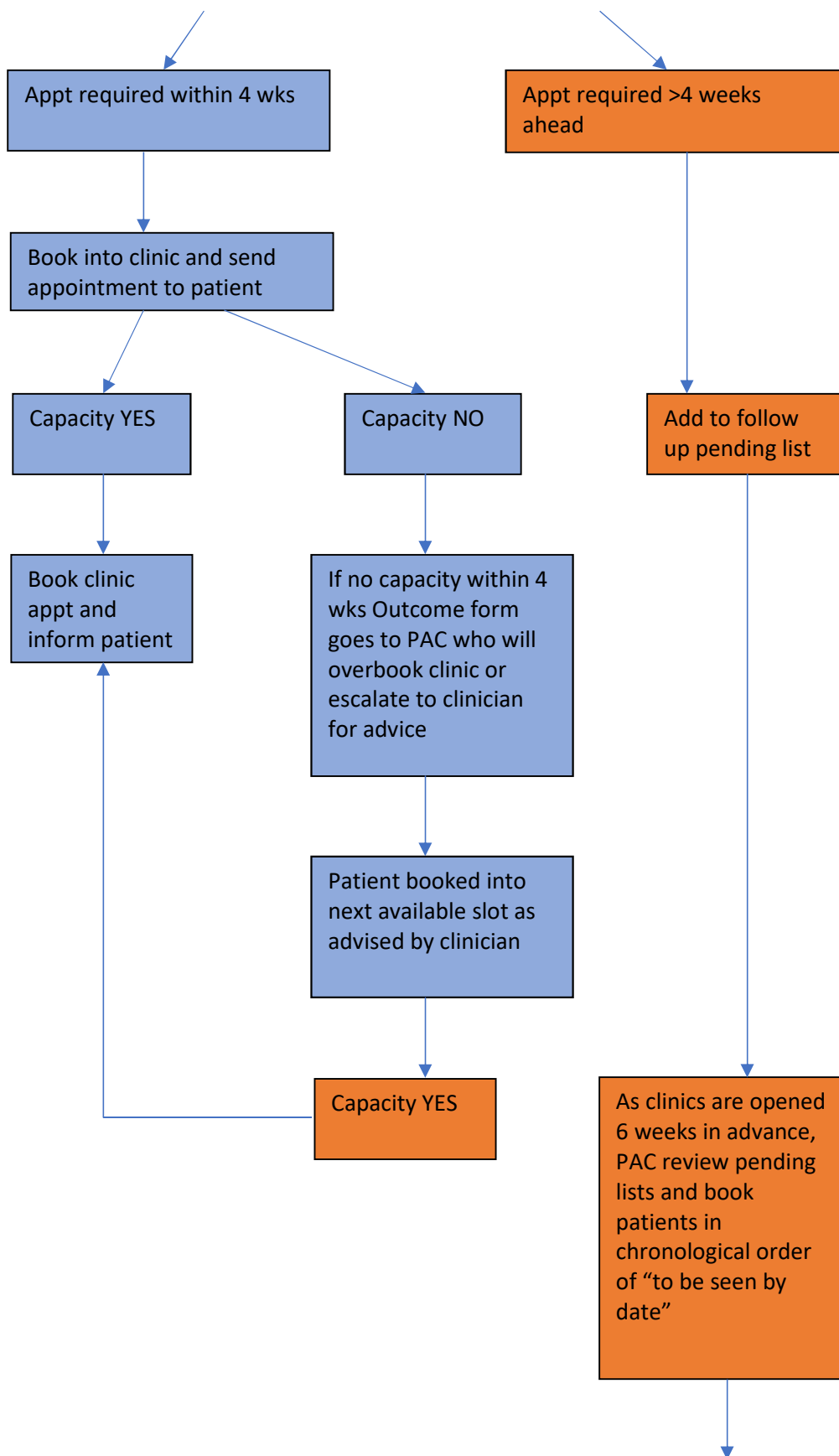
### Glaucoma clinic pathway

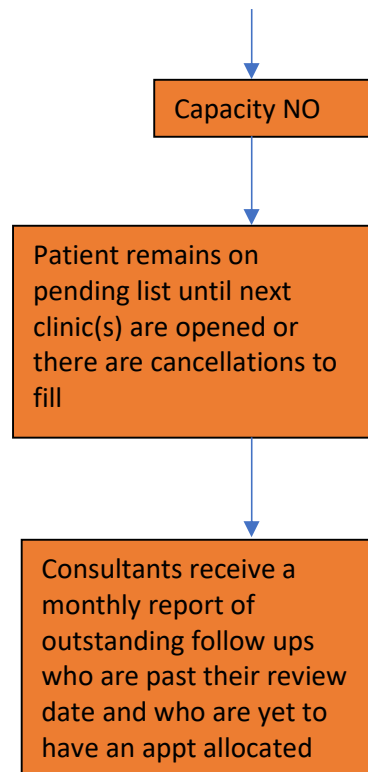
Glaucoma process for both New and F/Up patients (face to face & virtual)







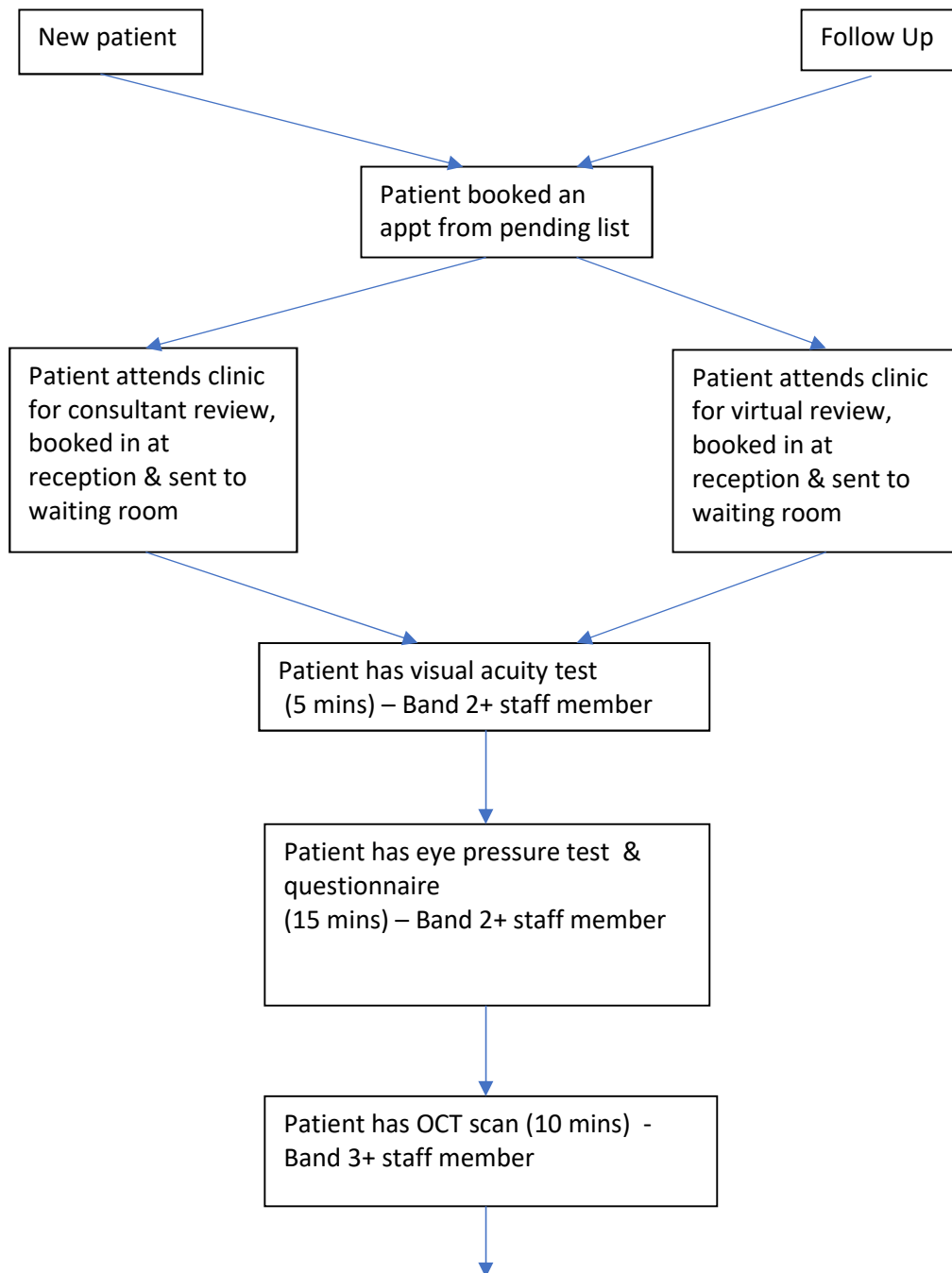


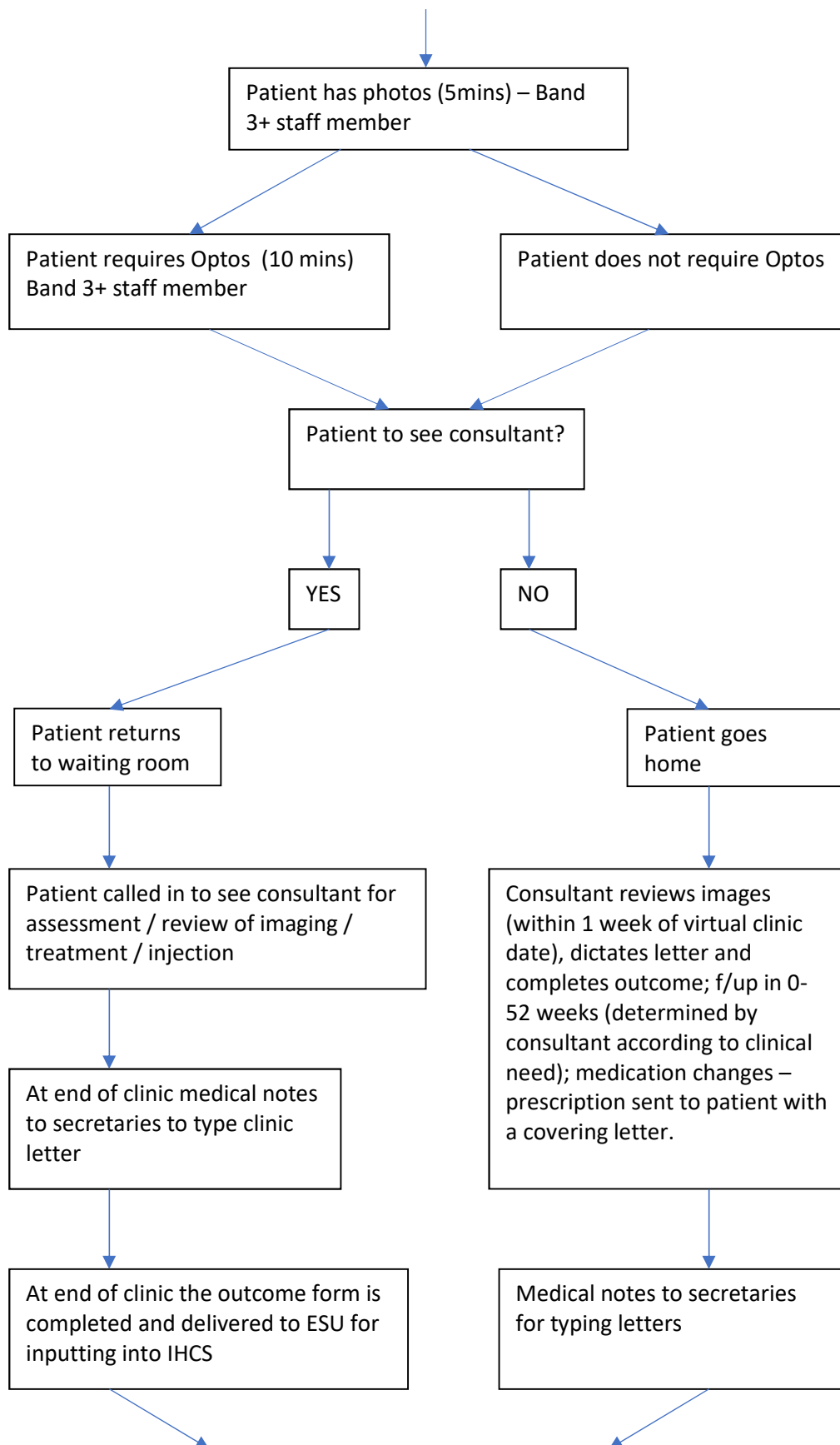


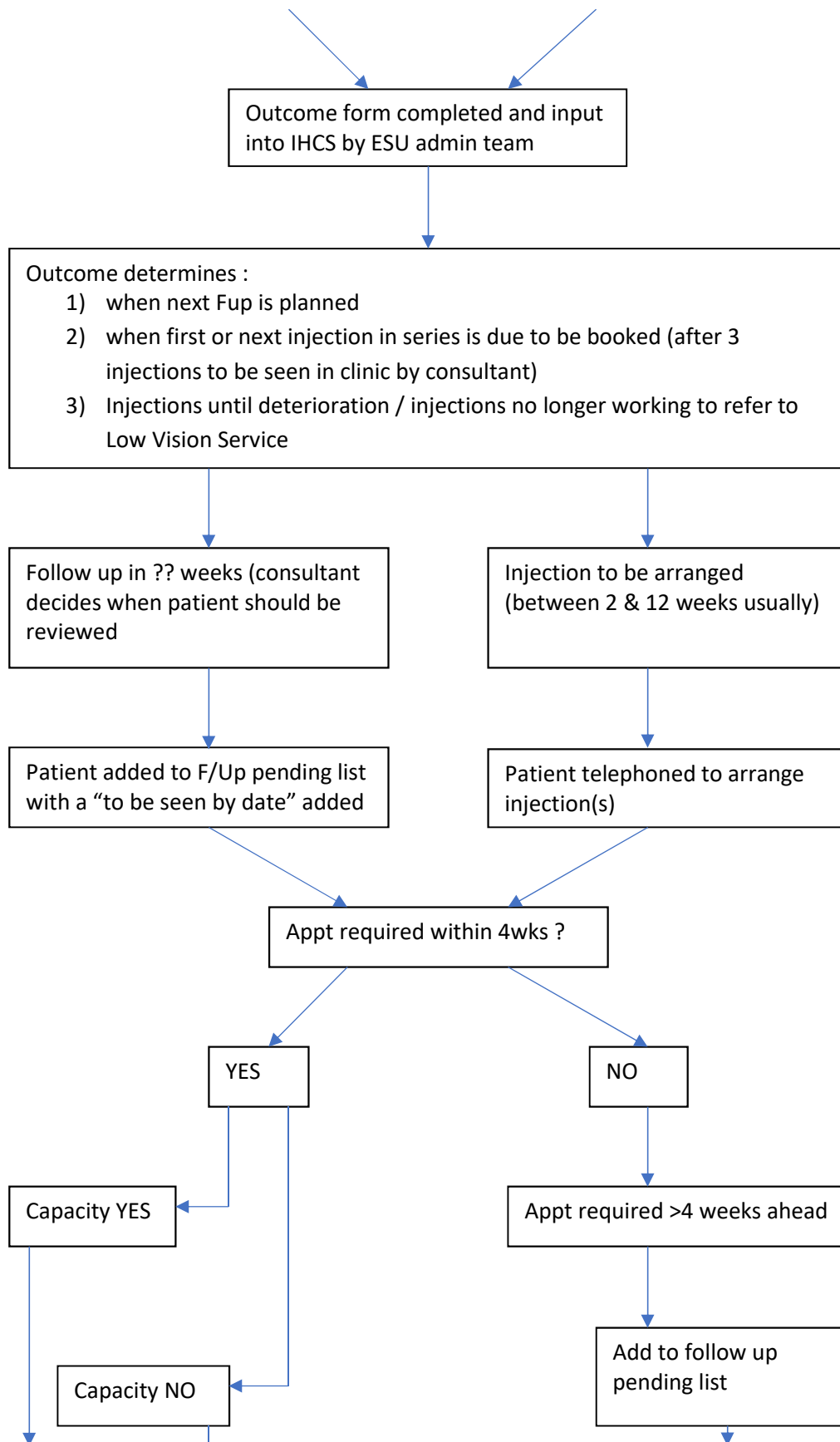
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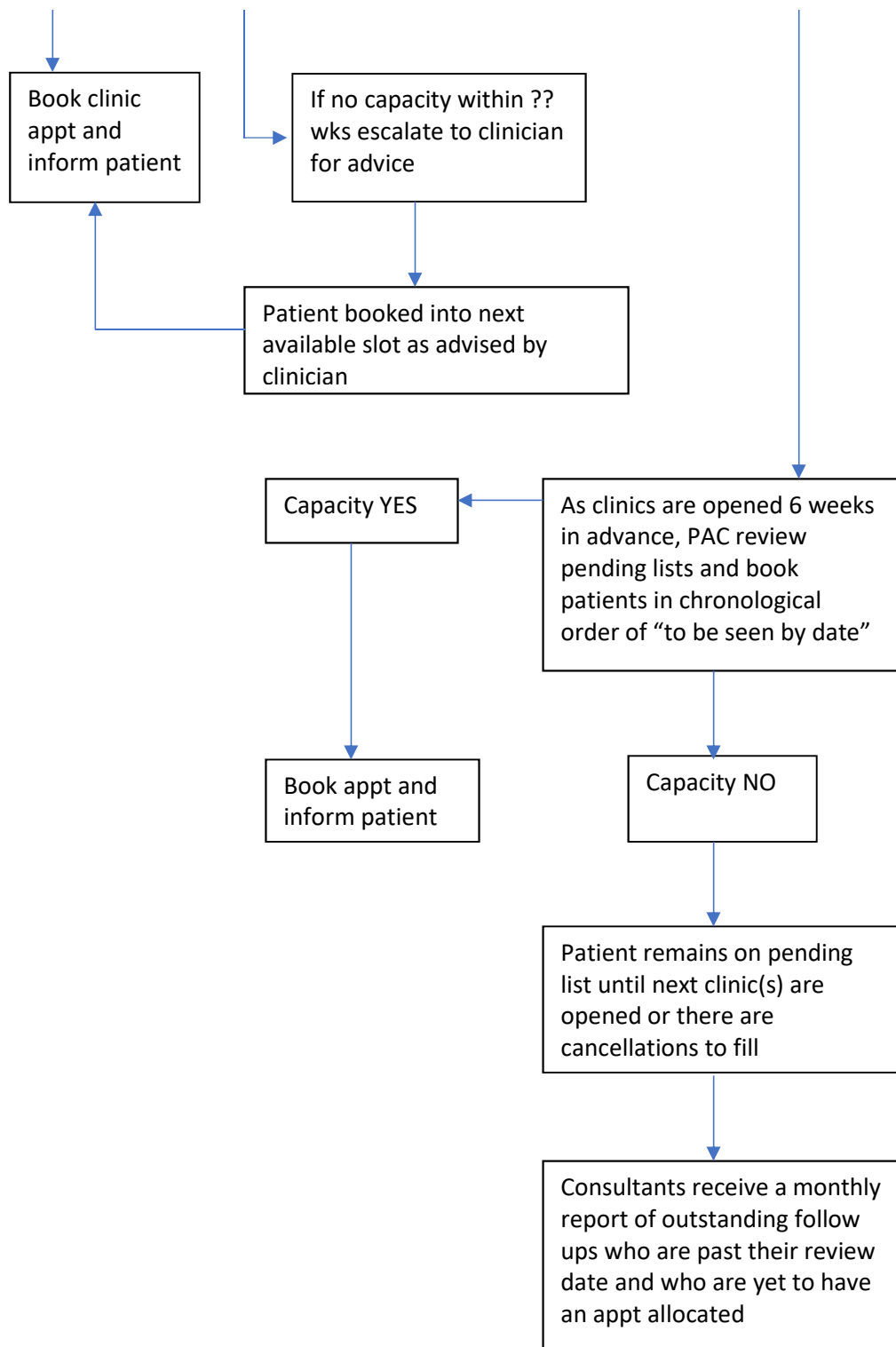
### Macula clinic pathway

#### Macula face to face (+ virtual)





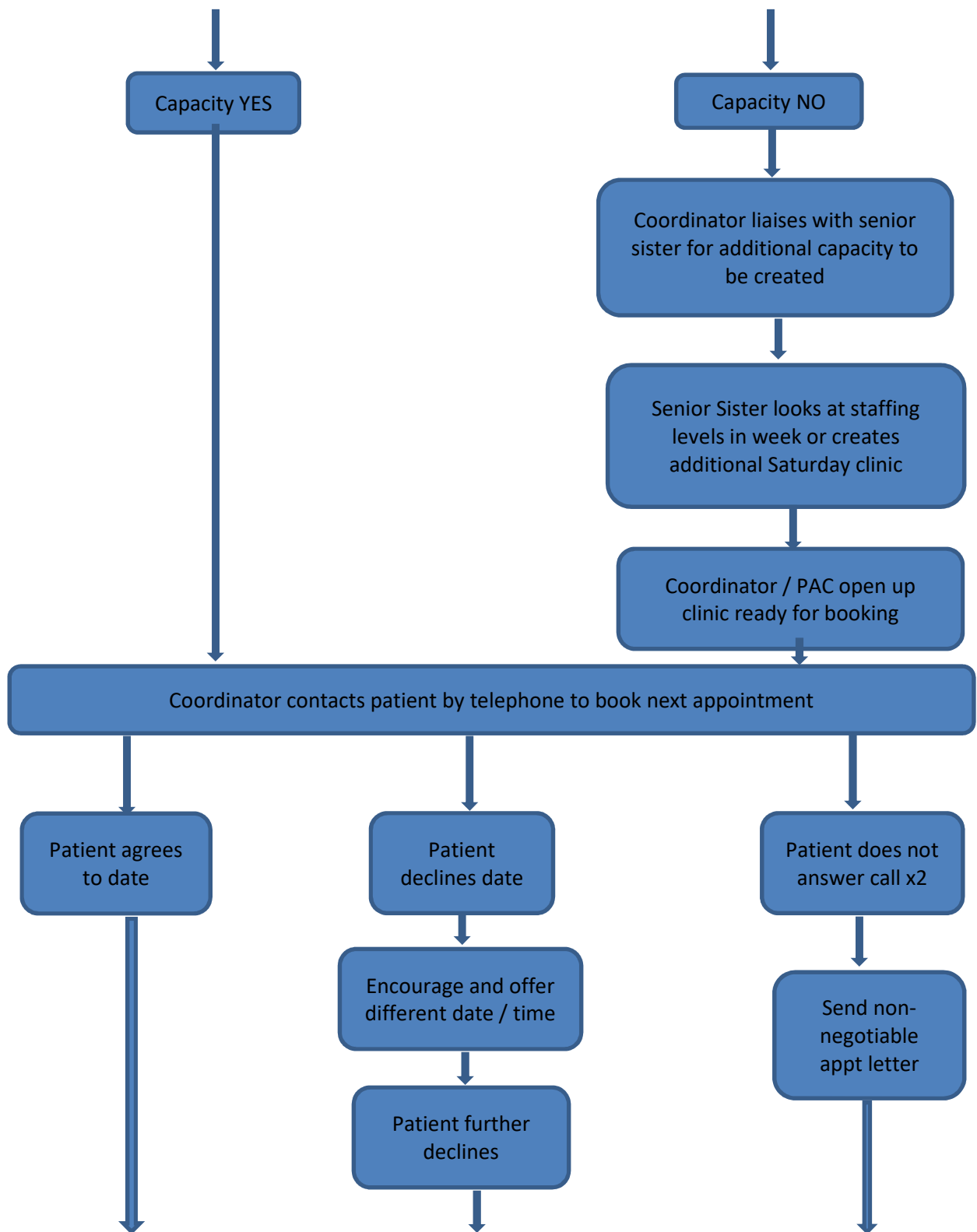




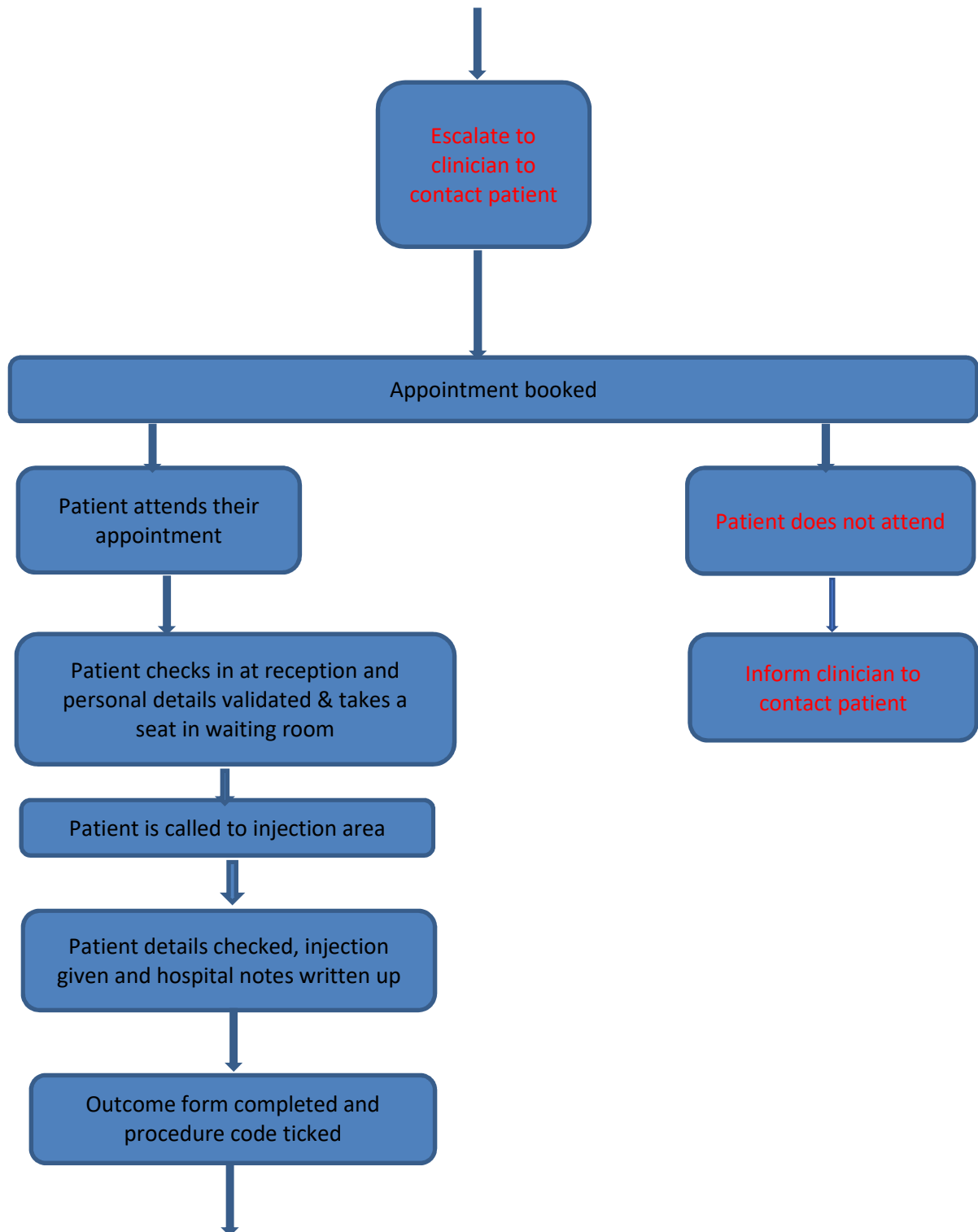
## Appendix 5

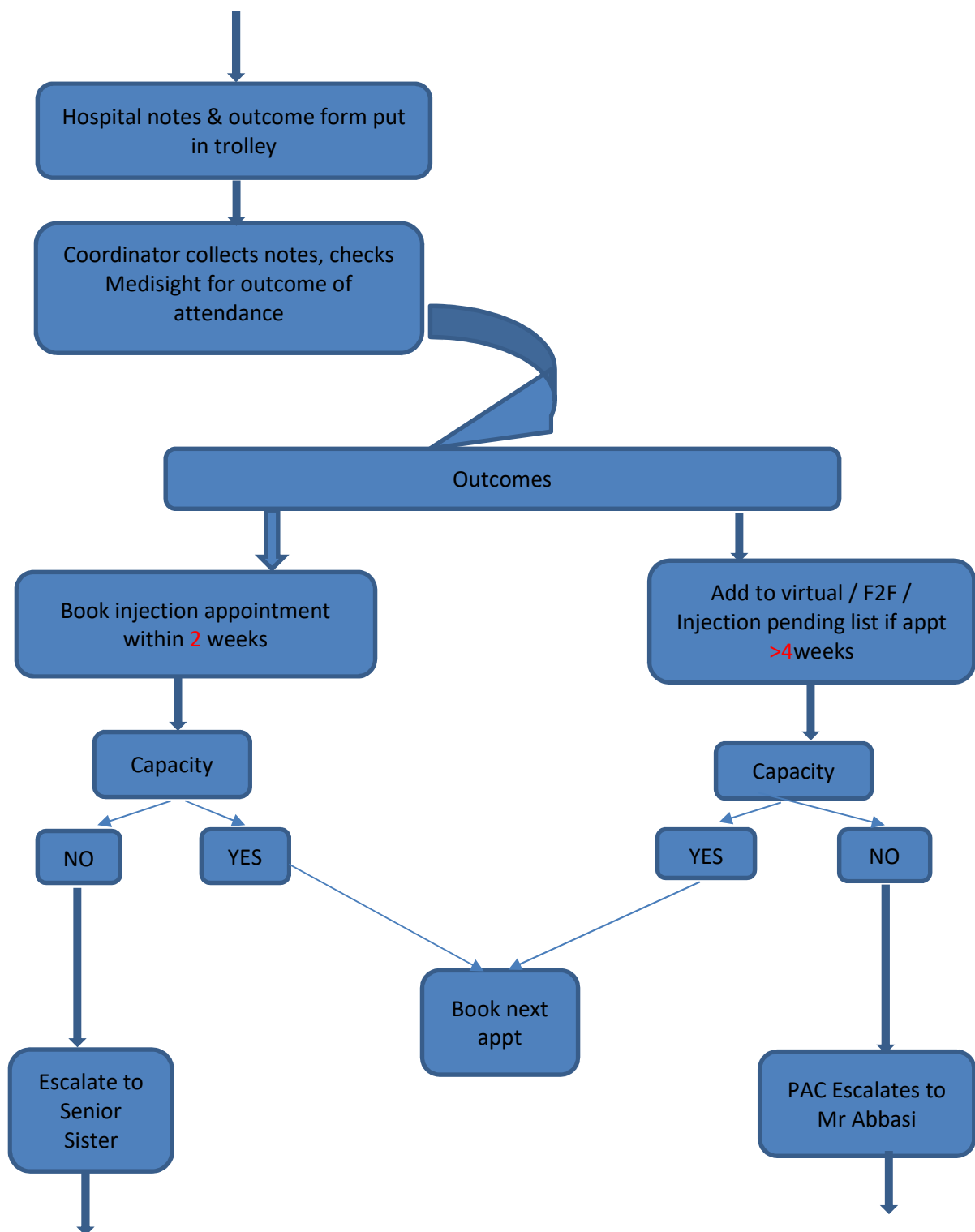
### Macula injection pathway

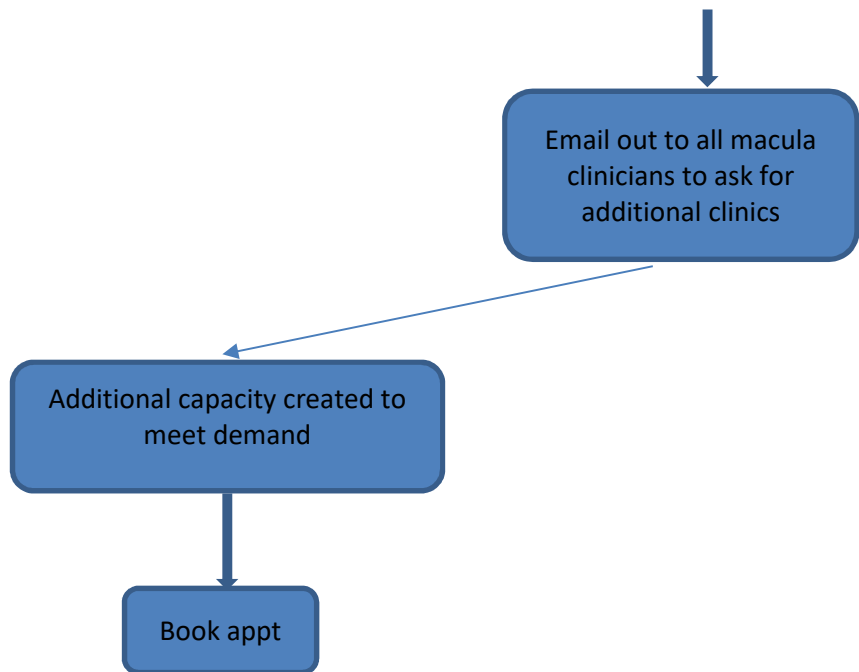










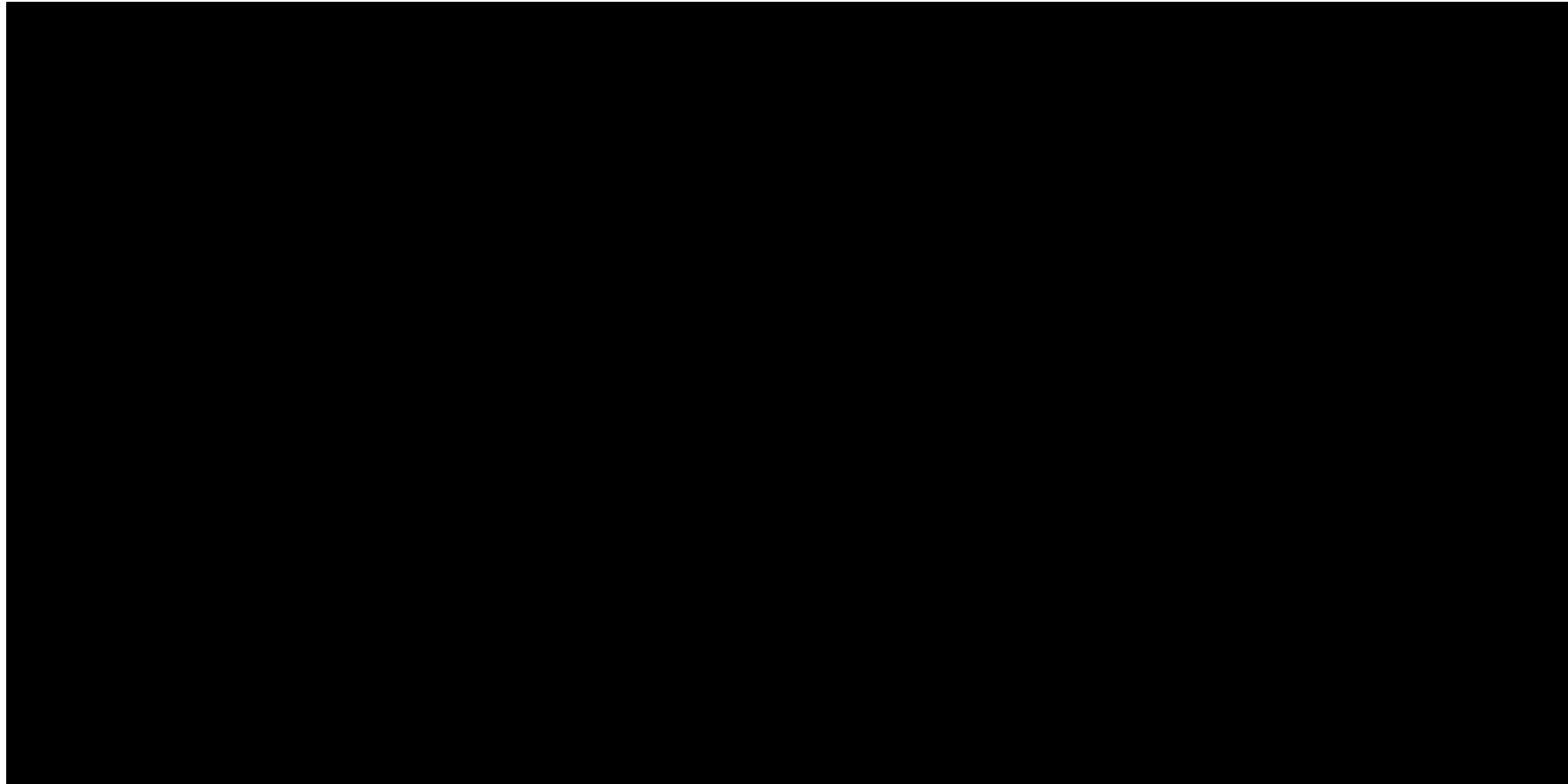


Appendix 6 – clinic outcome form on next page

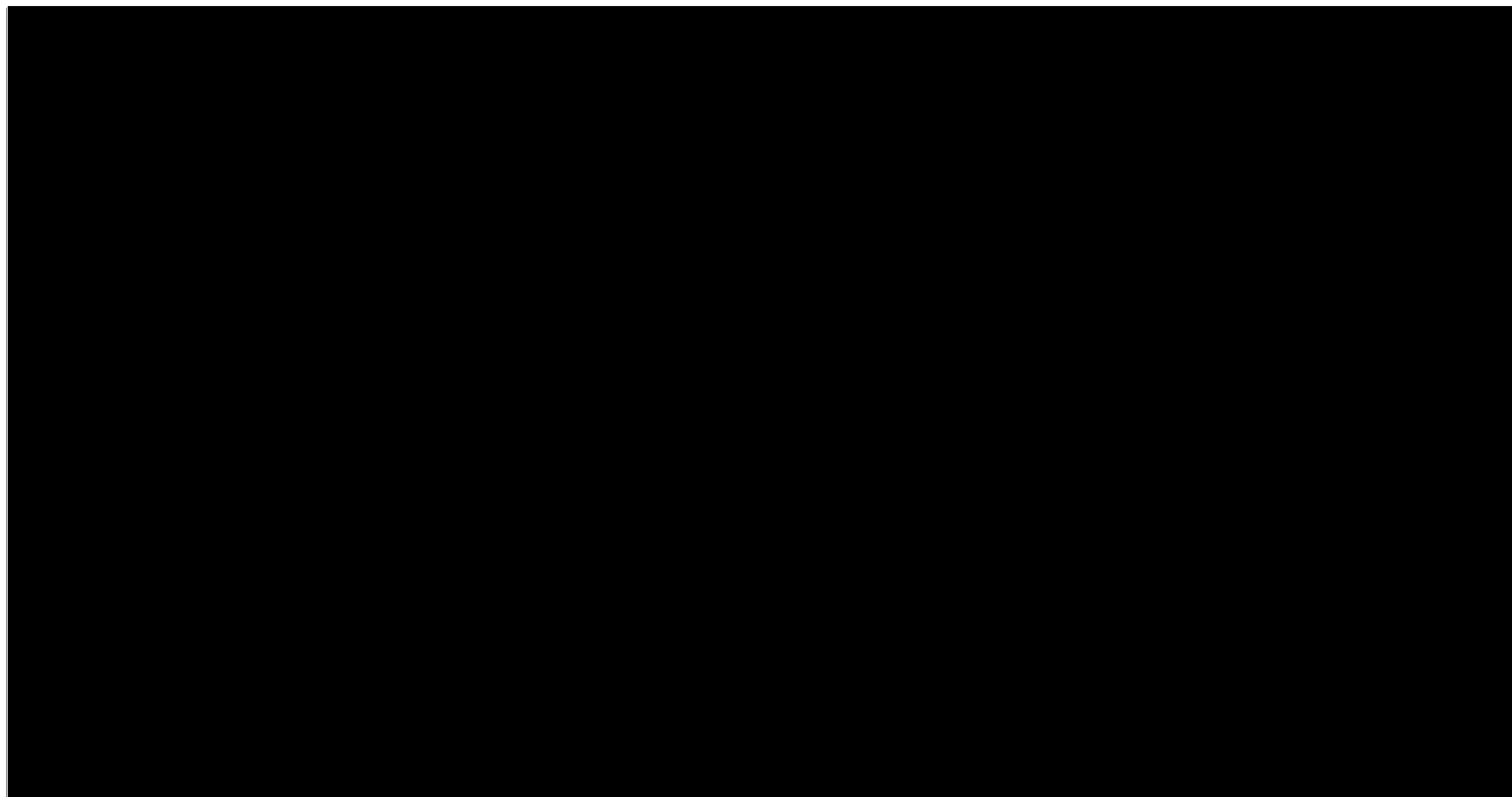
Ophthalmology Outpatient Clinic Outcome Form									
Date:			Patient details:						
Clinic code:									
DNA	Discharge								
DNA	Re-book: v								
	Which clinic								
Rules:			Discharge: complete						
All f/up in WEEKS or			Discharge: keep other f/up						
Only use grey when a			Patient initiated foll						
Return appointment:			Extras:						
Cornea			Add to daycase W/L						
Contact lens			Add to capsulotomy V						
Contact lens teaching			Add to iridotomy / SL						
General			Add to minor Op W/L						
General Naevus			Add to retinal laser (a						
Glaucoma General			arranged with Consult						
Glaucoma Complex									
Glaucoma Virtual clinic									
Glaucoma Shared care			Fields Humphrey						
Lid & plastics			Fields Goldman						
Removal of Sutures			LogMAR						
Thyroid joint clinic			Virtual keratoconus c						
Botulinum lids			Pentacam Reporting						
Orthoptist			Suture removal (nurse						
Paediatric			Awaiting investigation						
Paediatric refraction									
Paediatric uveitis (SLEE/KC)									
Paediatric motility									
Paediatric LVA			To see:						
Adult motility			Doctor / Cons.						
Botulinum squint			Orthoptist						
Medical Retina New			AHP						
Medical Re Who			Paediatric refraction						
WAMD Virtual clinic			Nurse						
WAMD Face to Face			TS/JJ or KC						
DMO Virtual clinic			Hospital:						
DMO Face to Face			Torbay						
RVO Virtual clinic			Newton Abbot						
RVO Face to Face			Other						
Injection only - circle 1			Number of appointments						
Surgical R To see ED			Next available appoint						
Surgical R To see any Dr									
Urgent referral follow-up									
Uveitis Complex									



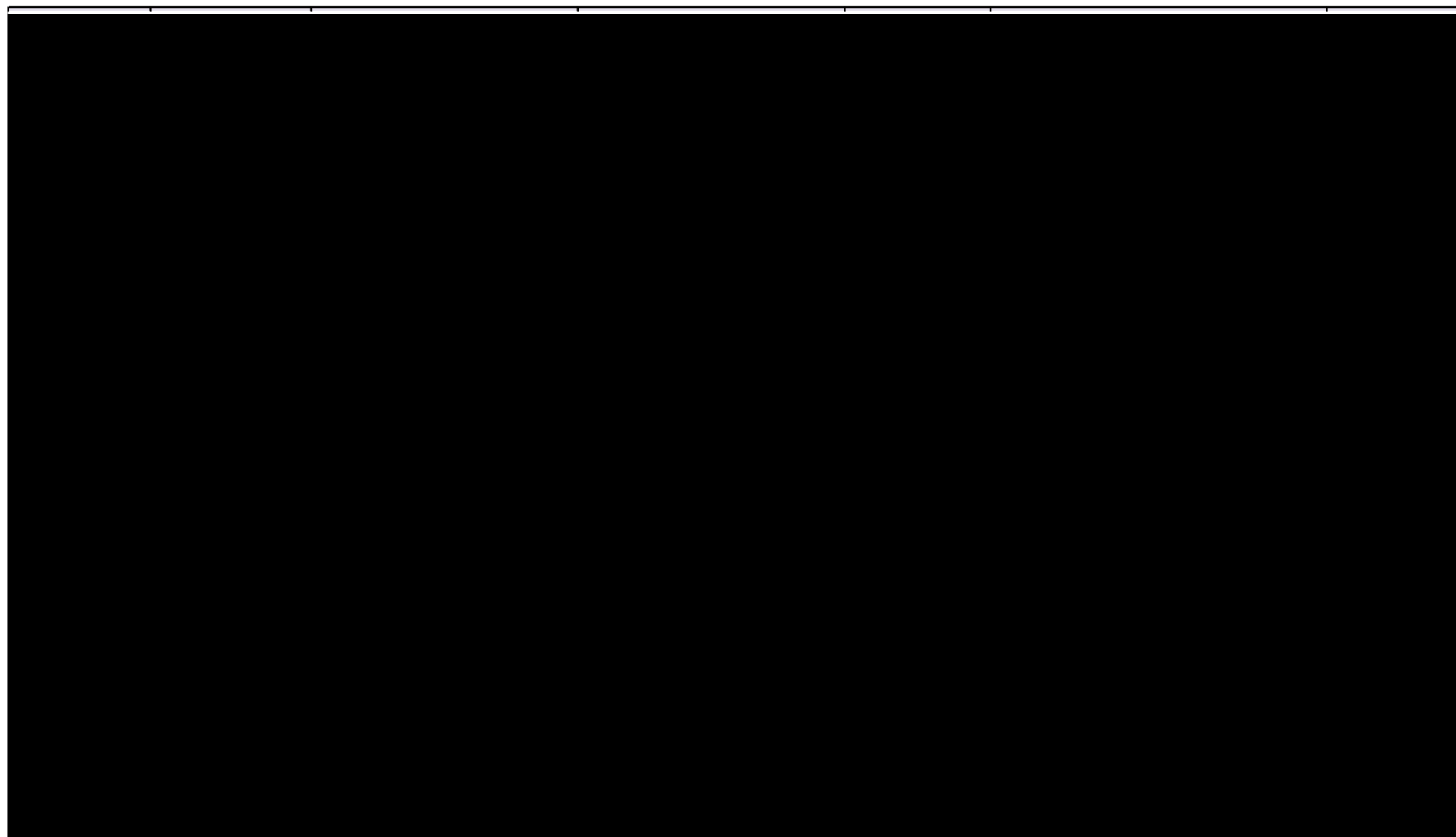
## Appendix No. 7 Incidents included in this RCA



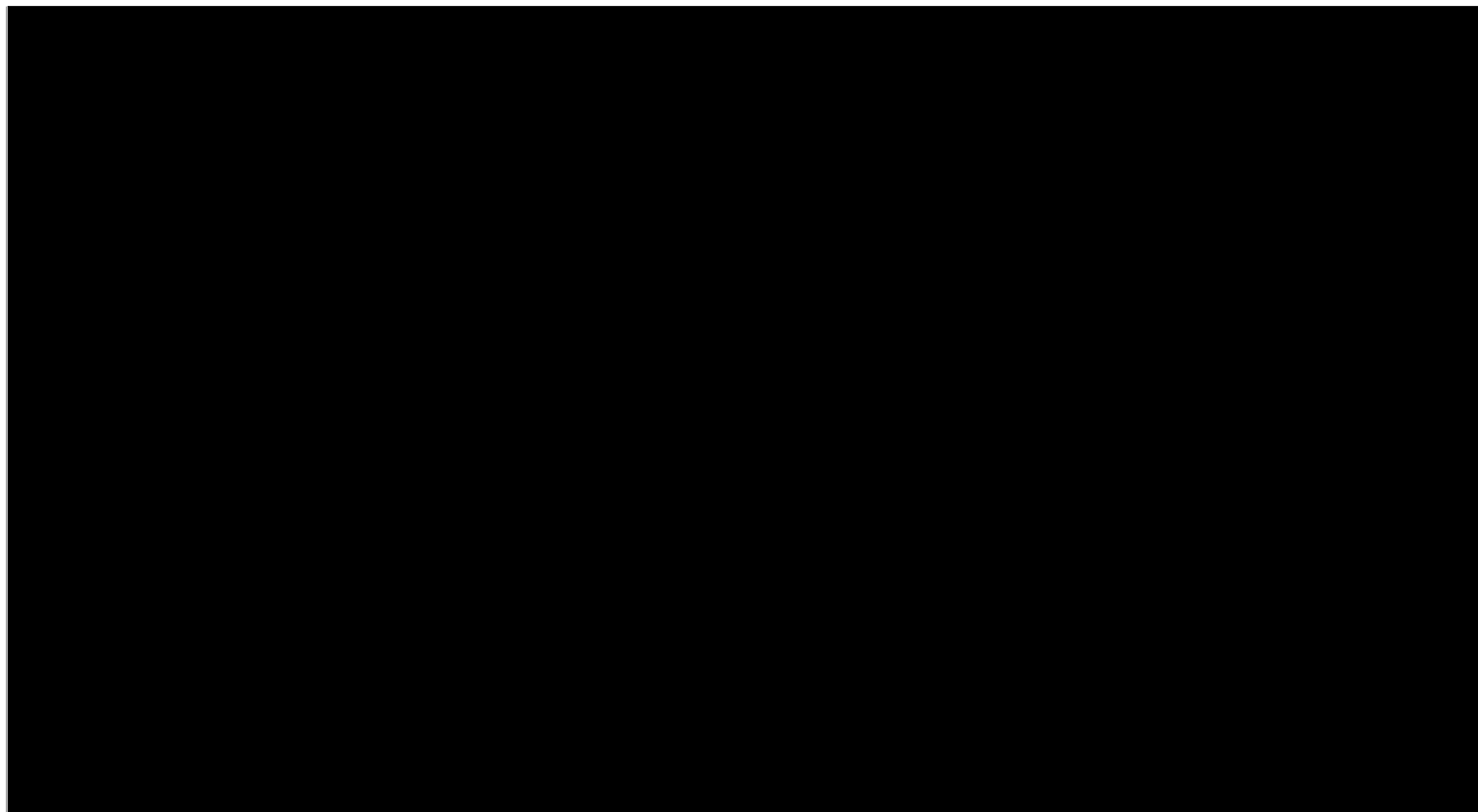
INC-80731  
STEIS: 2022/2541

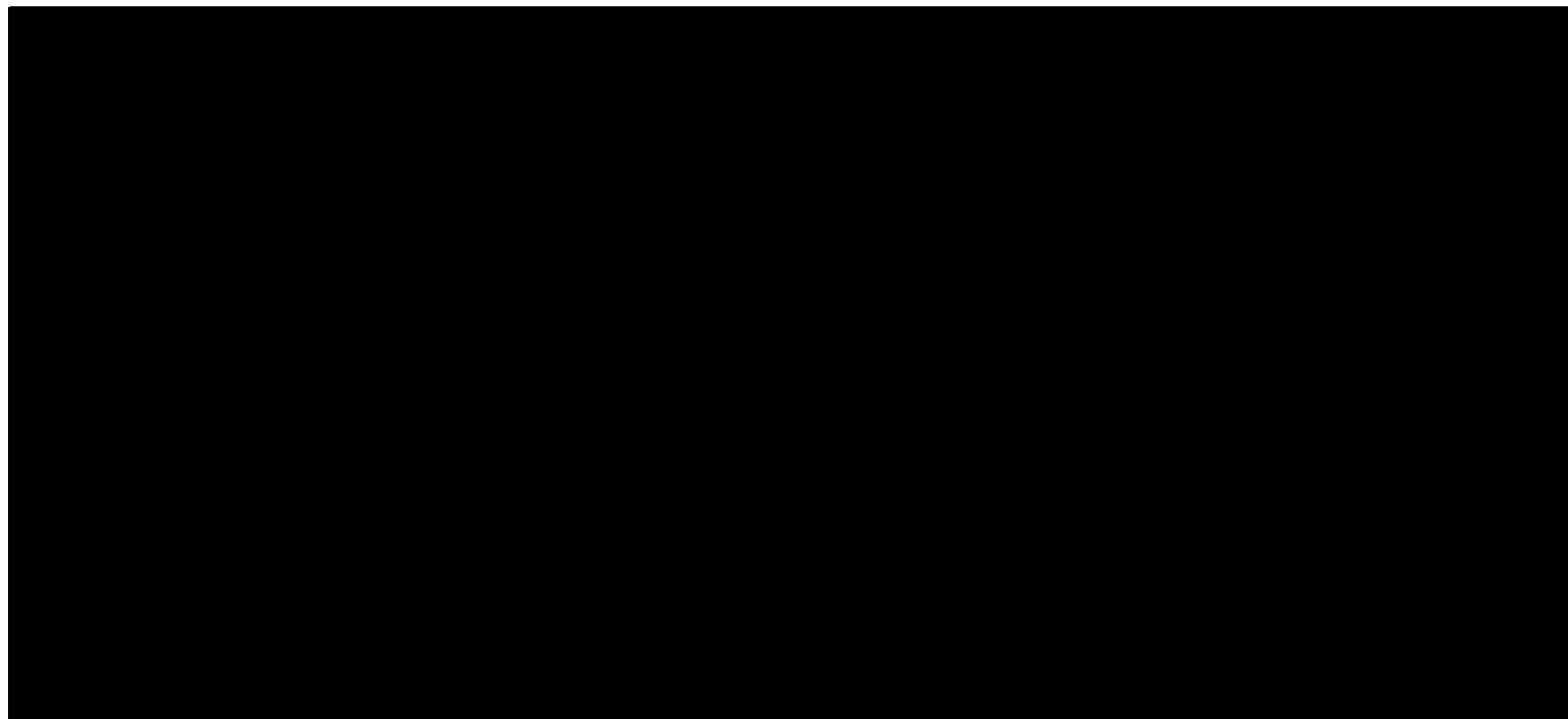


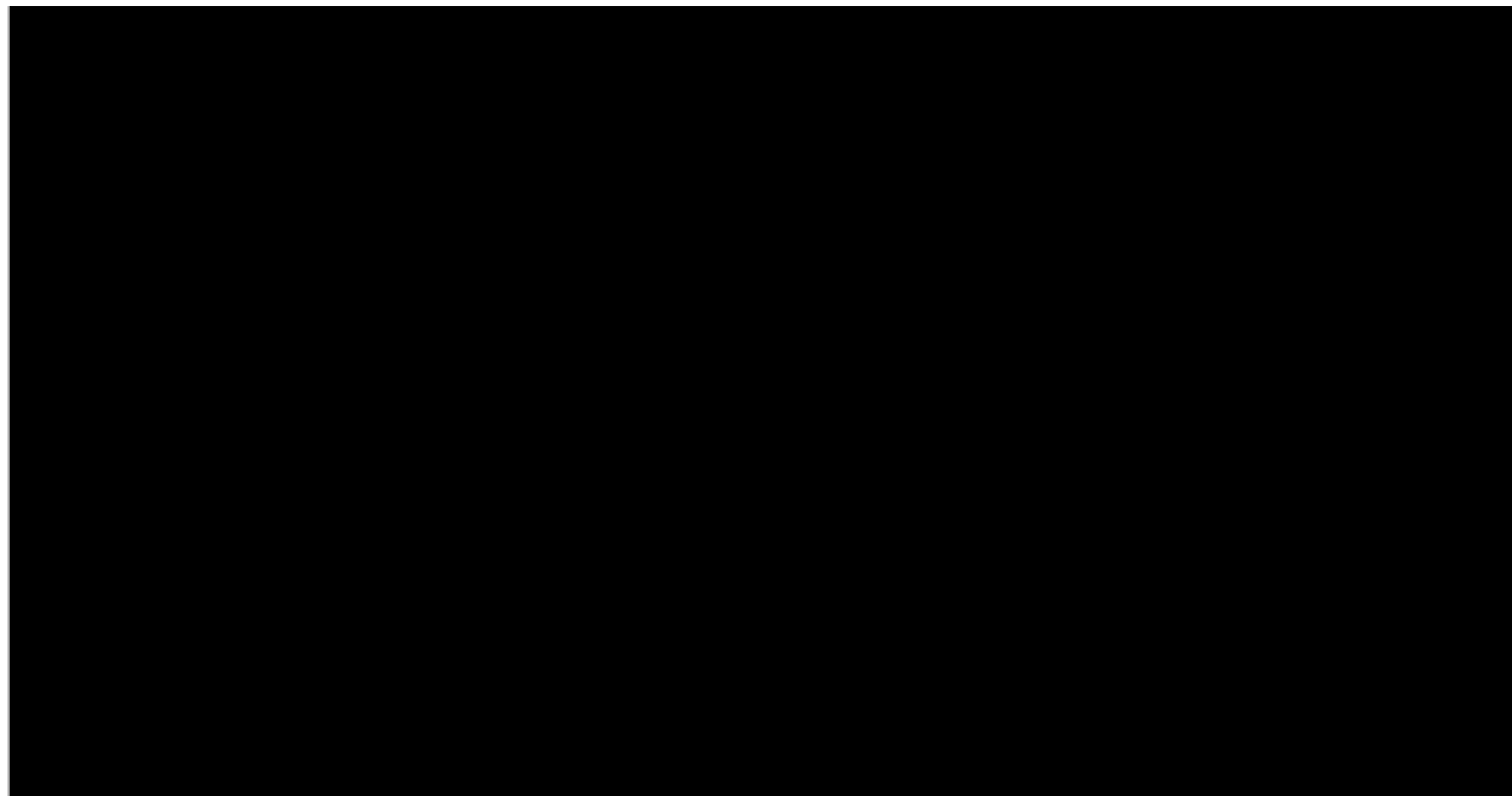


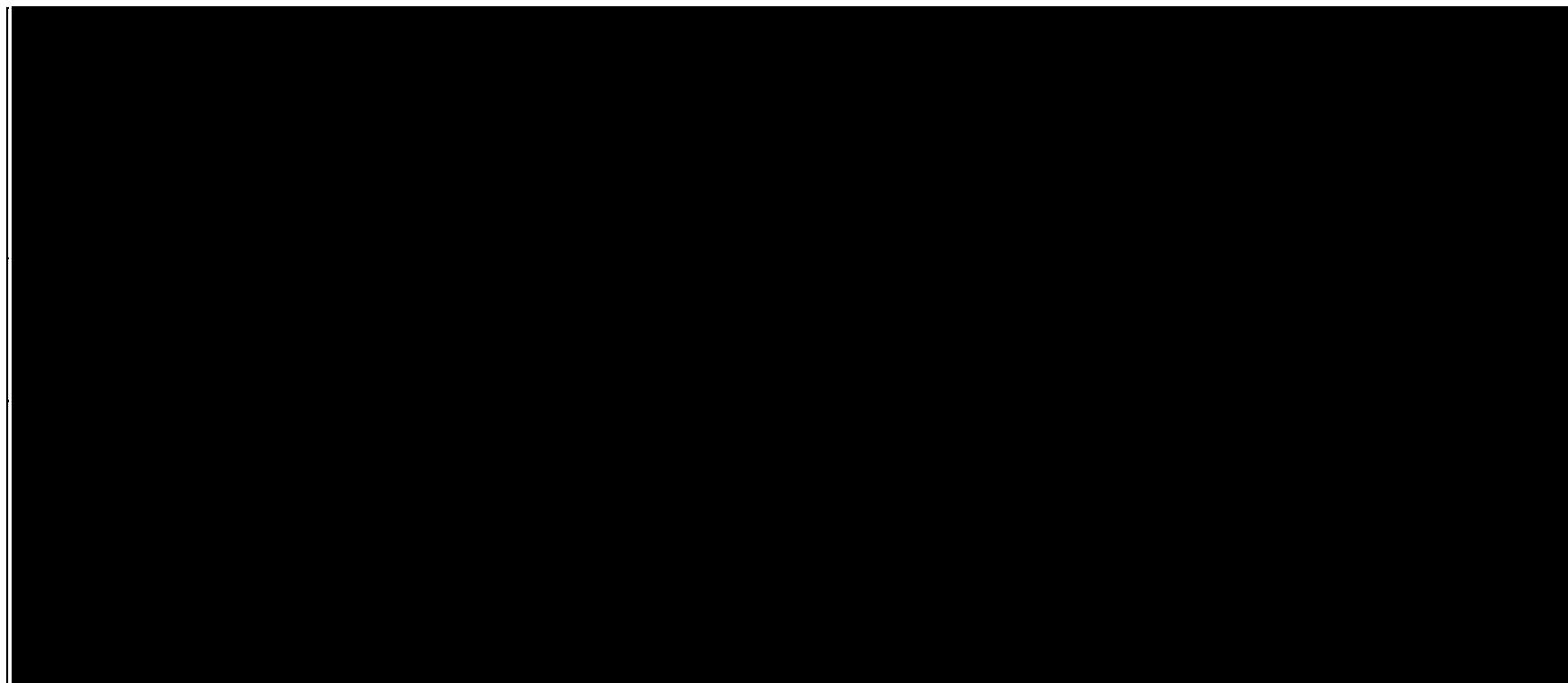


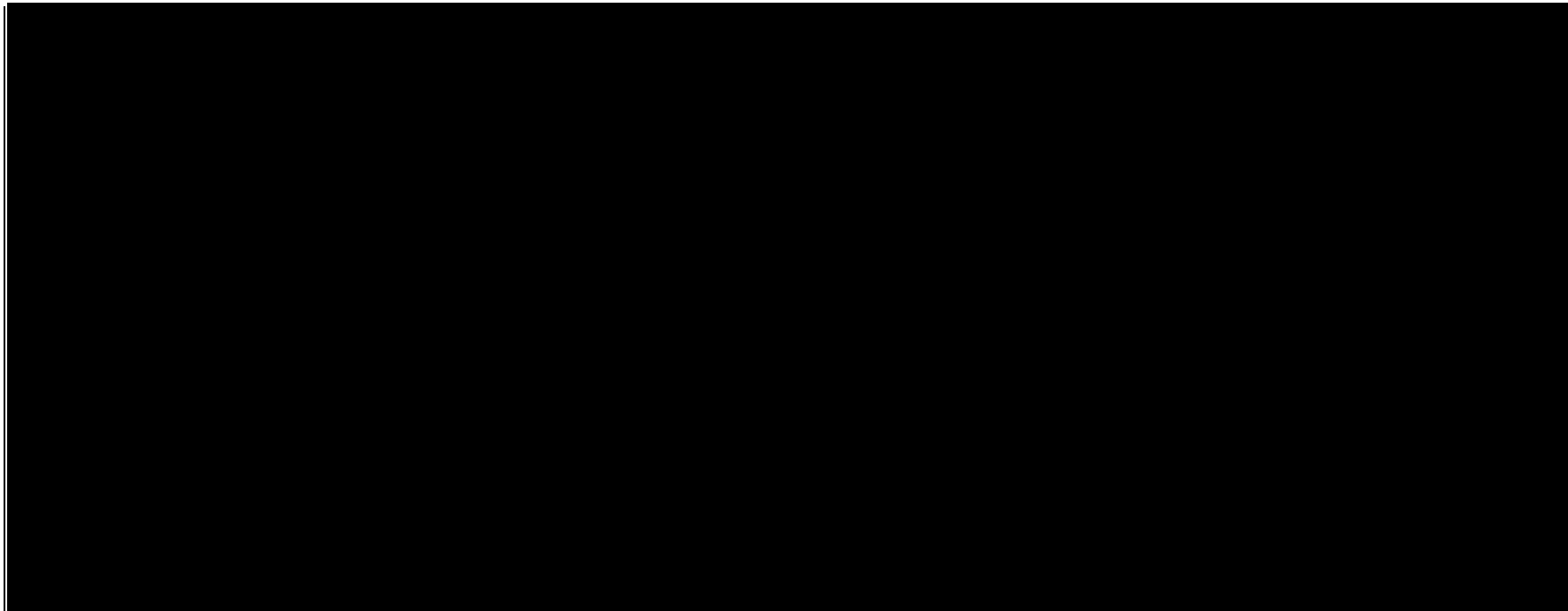
INC-80731  
STEIS: 2022/2541



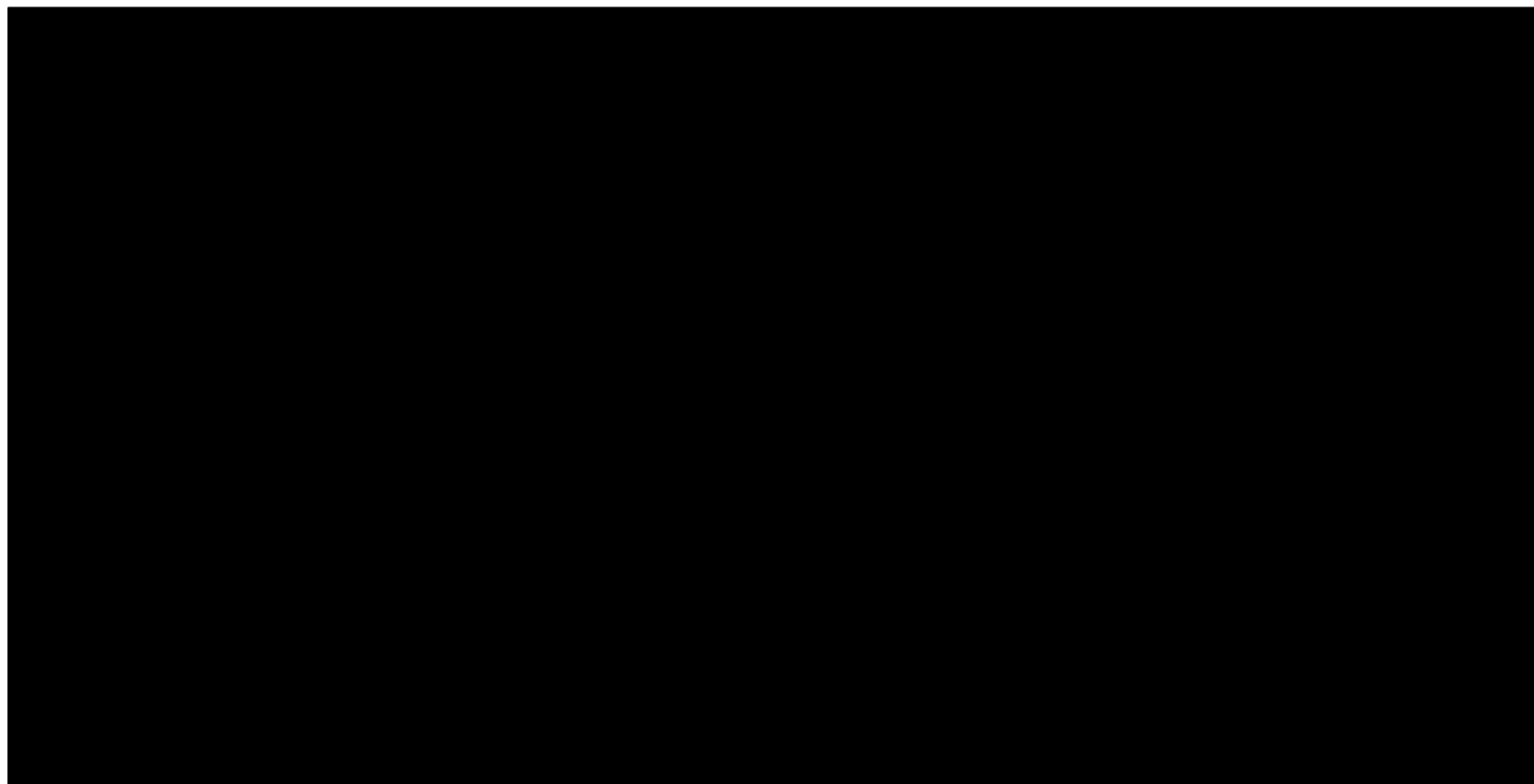




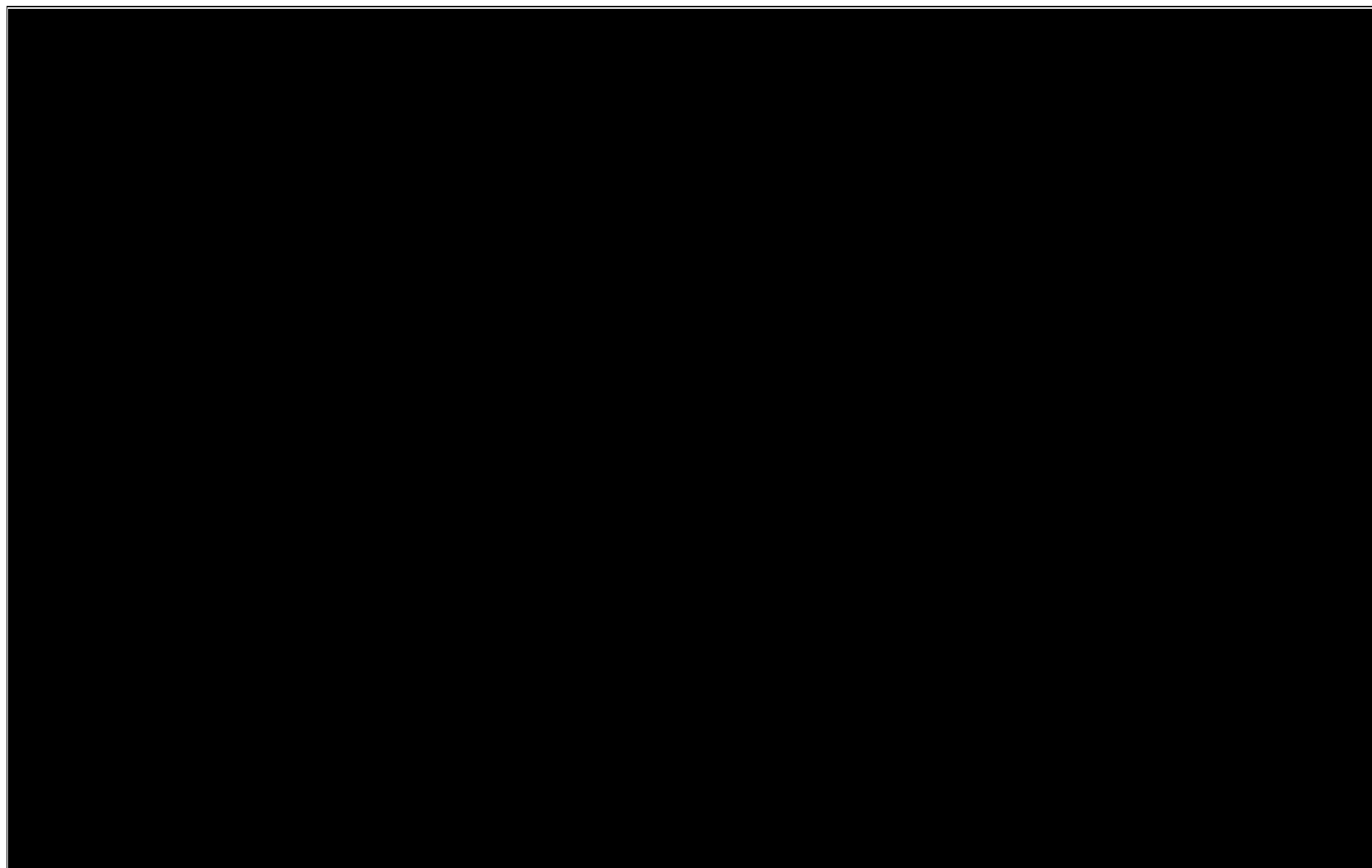


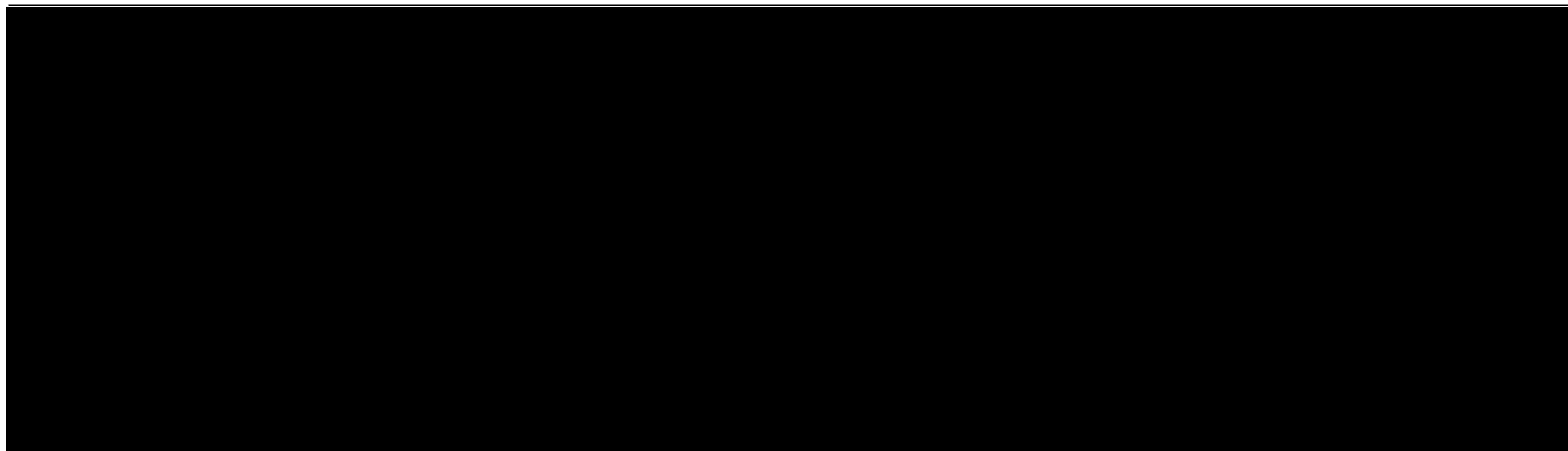


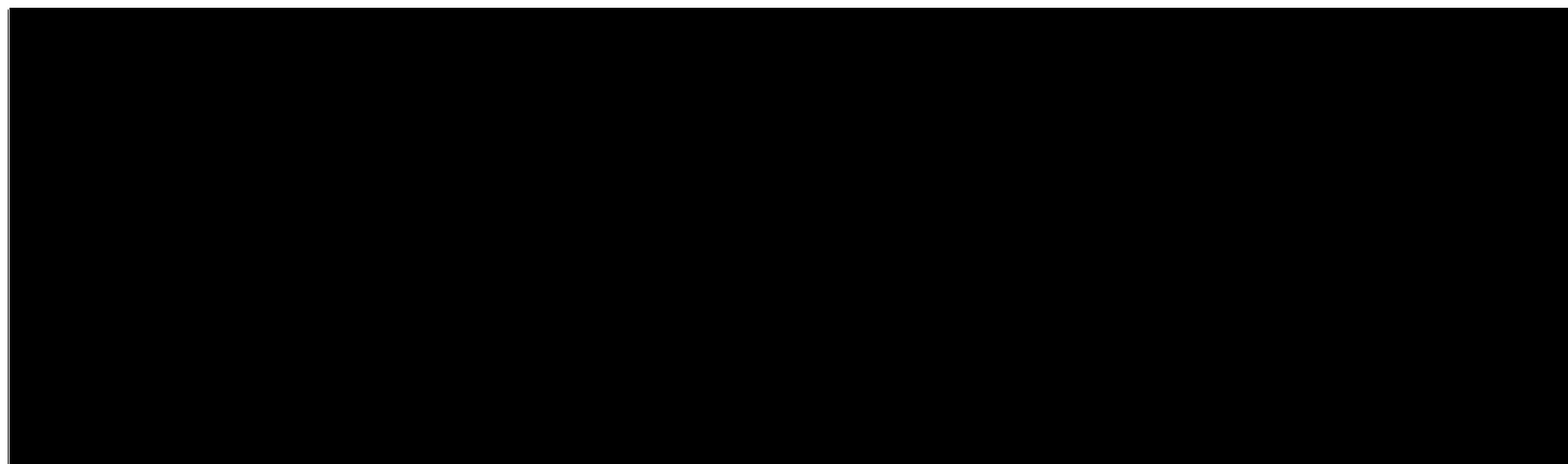
Appendix 8 Risk Register – on next page

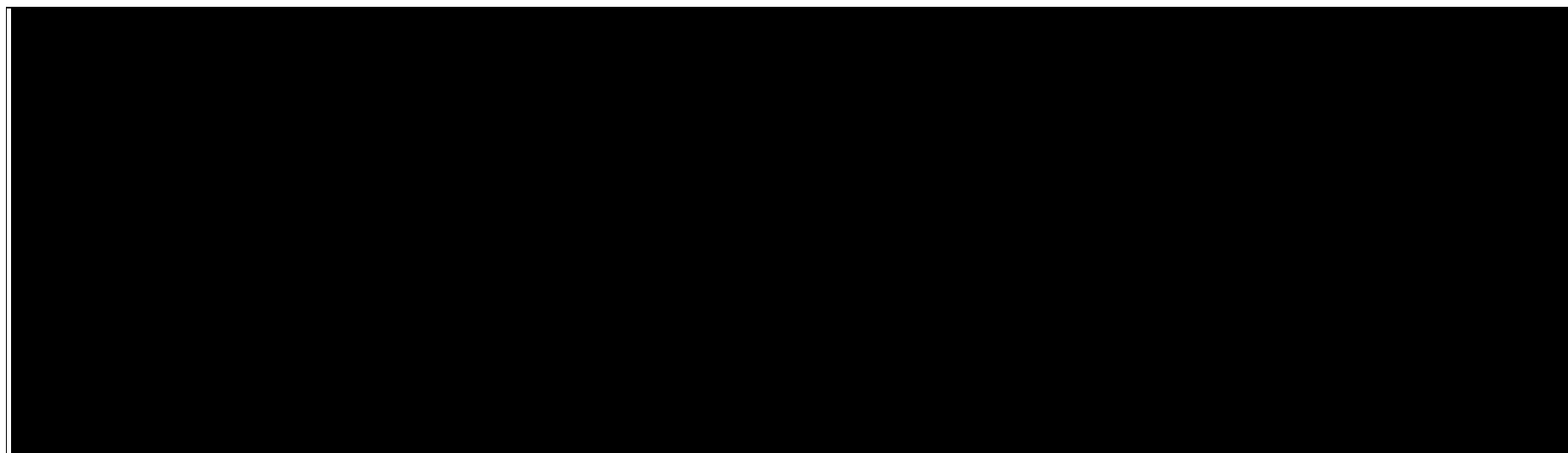




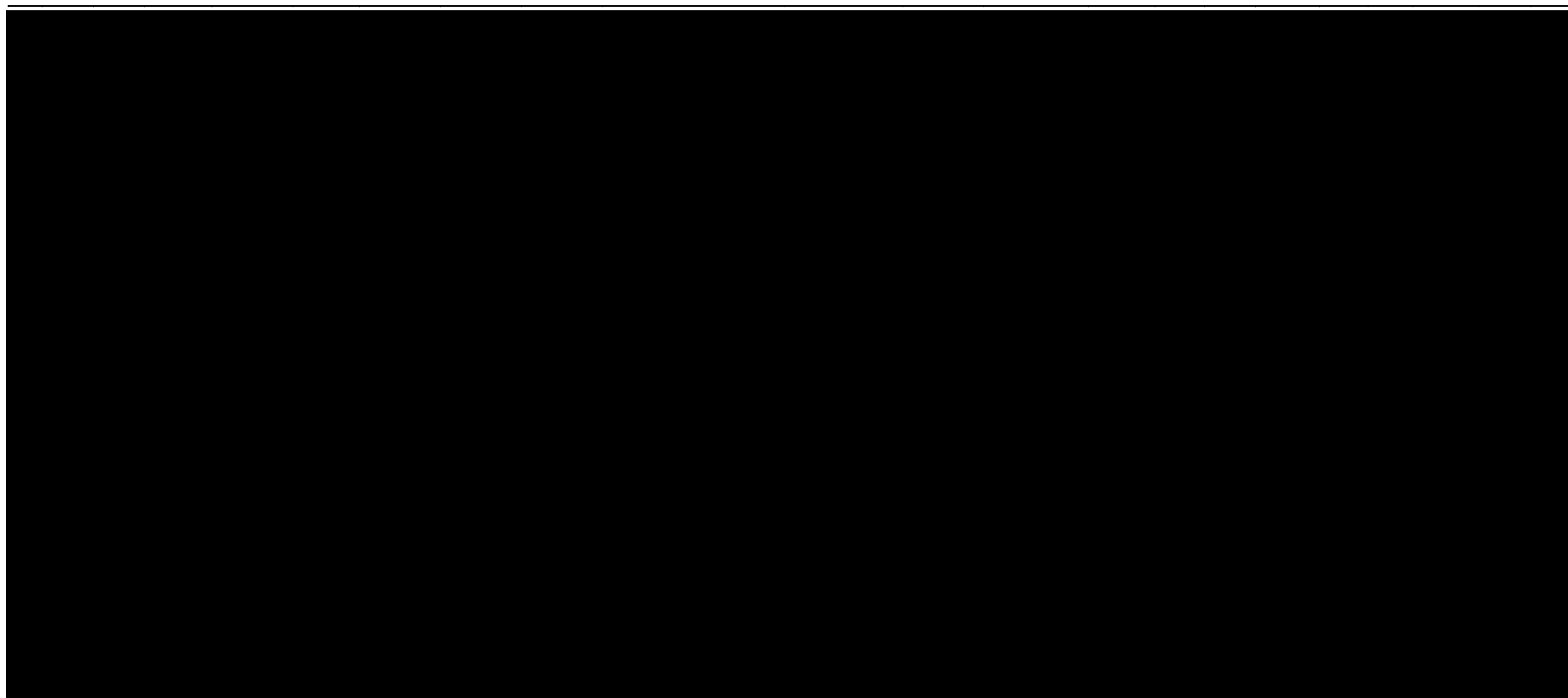


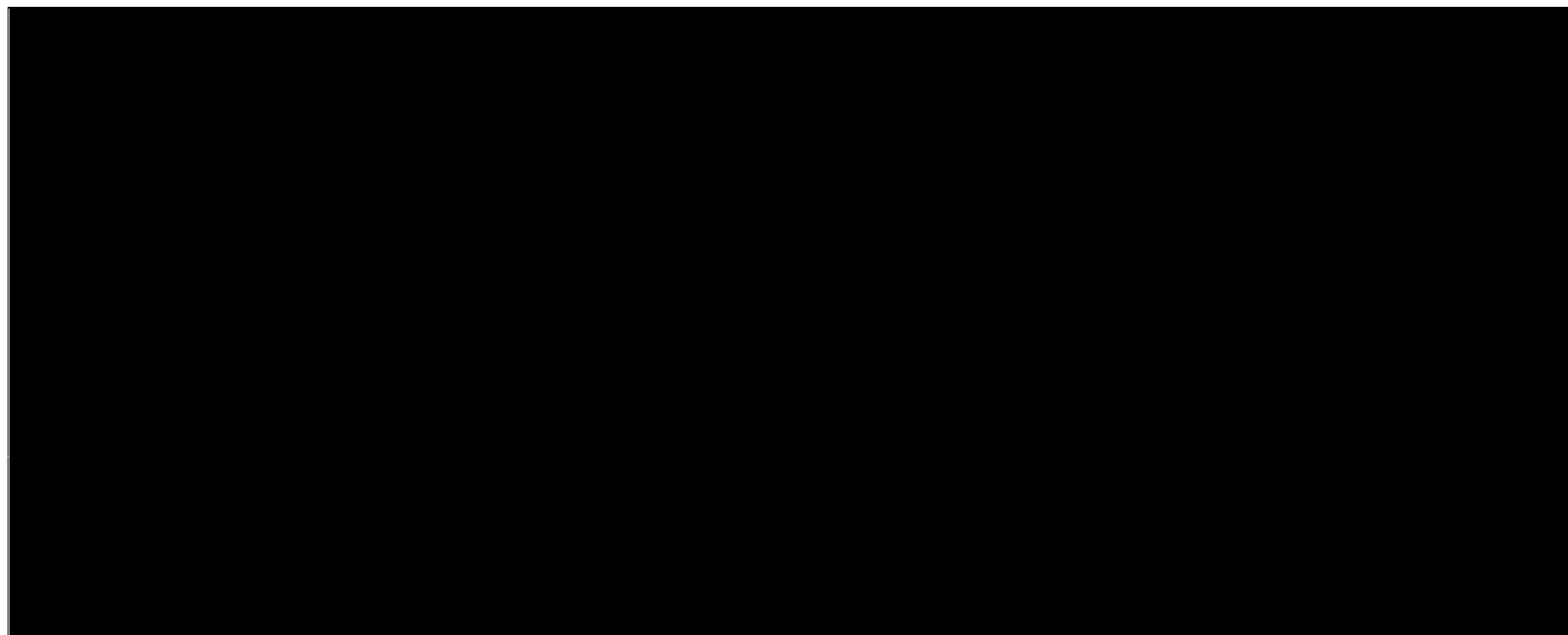


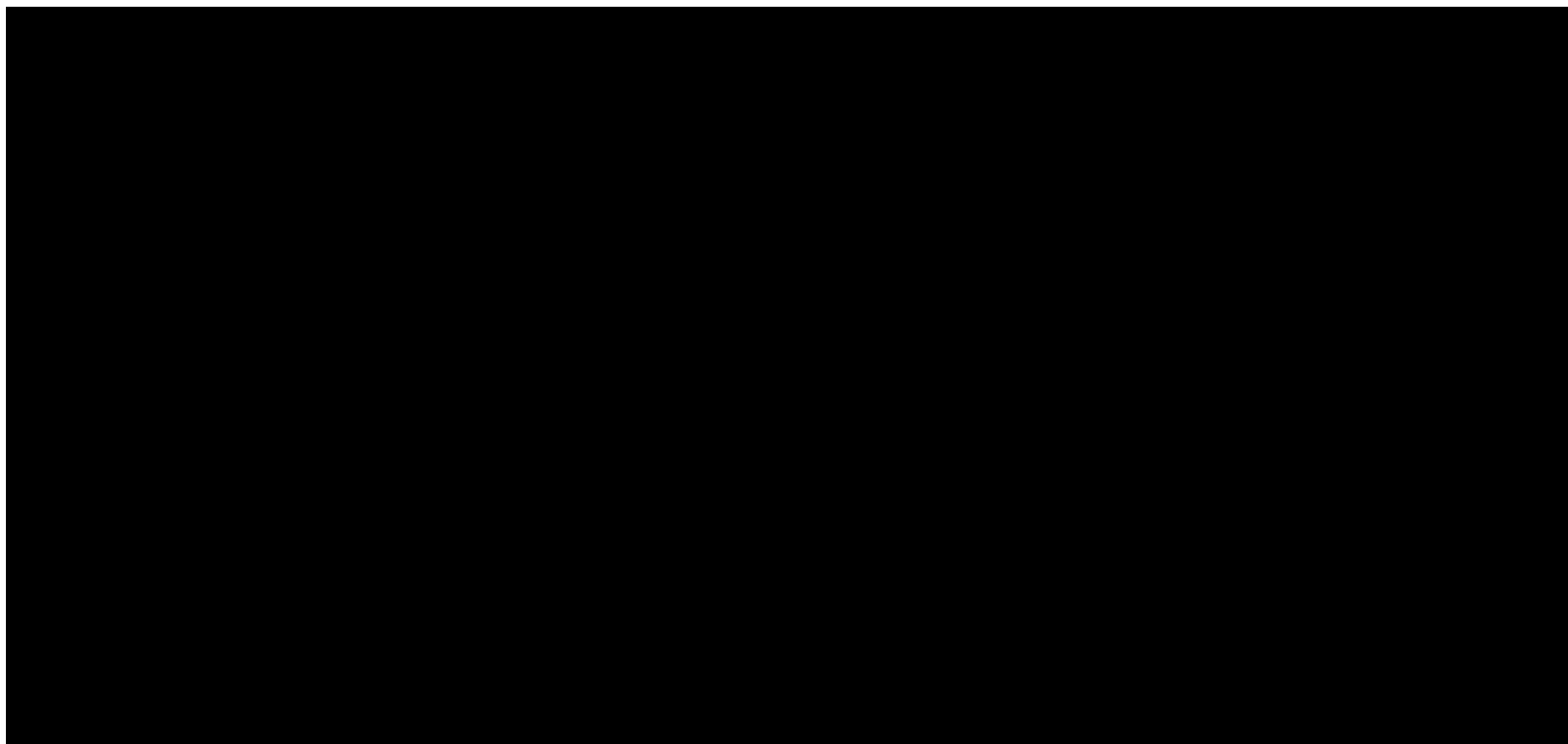




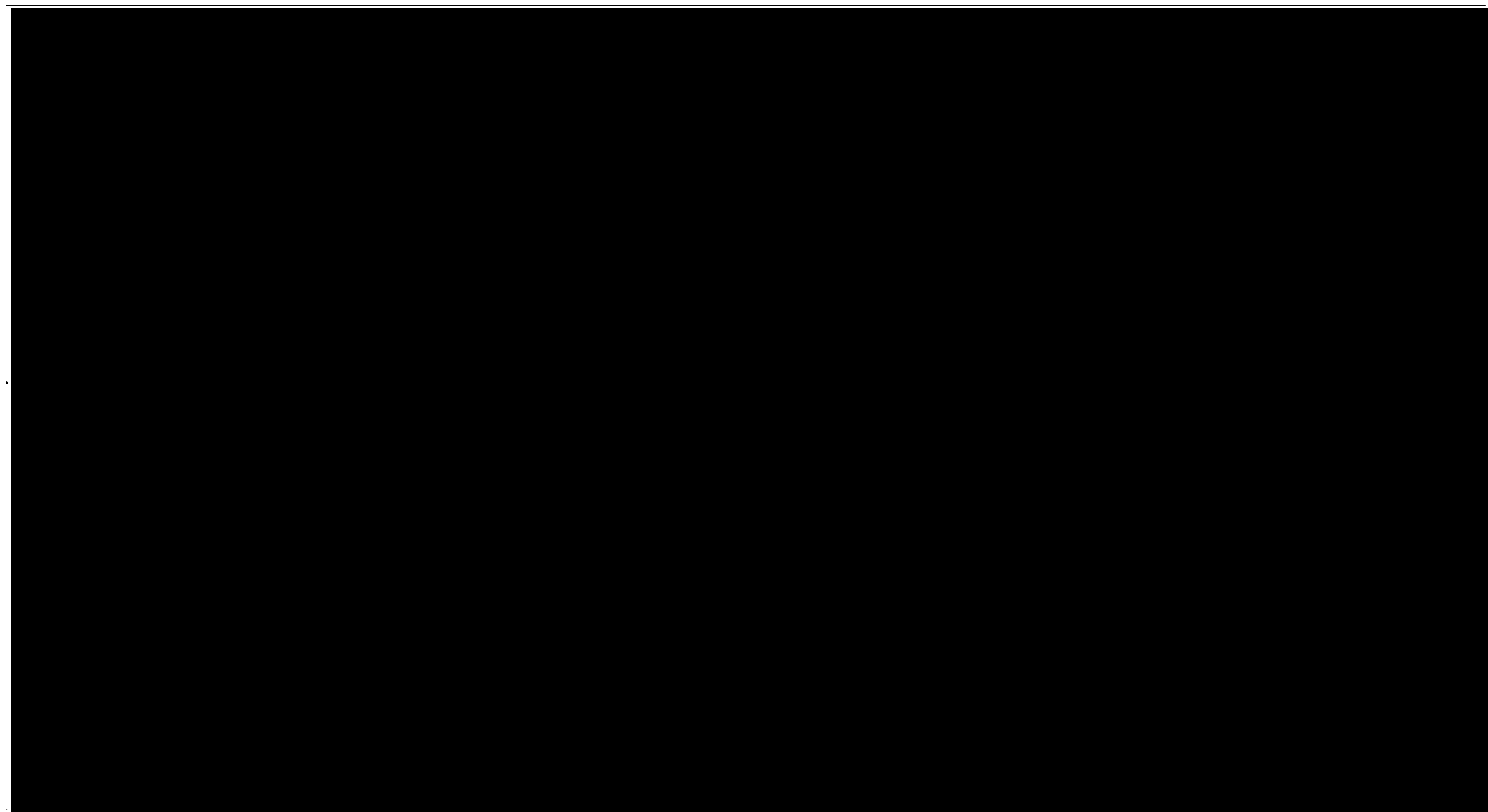


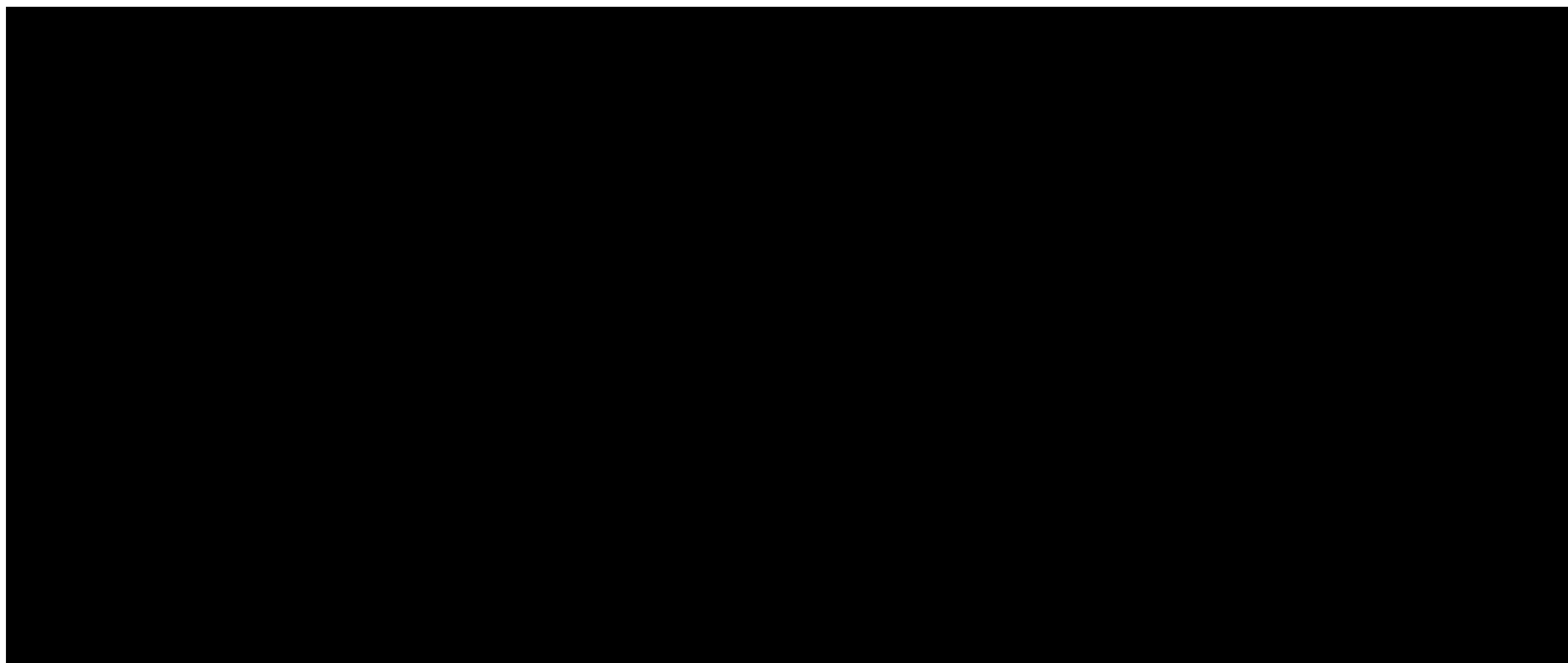


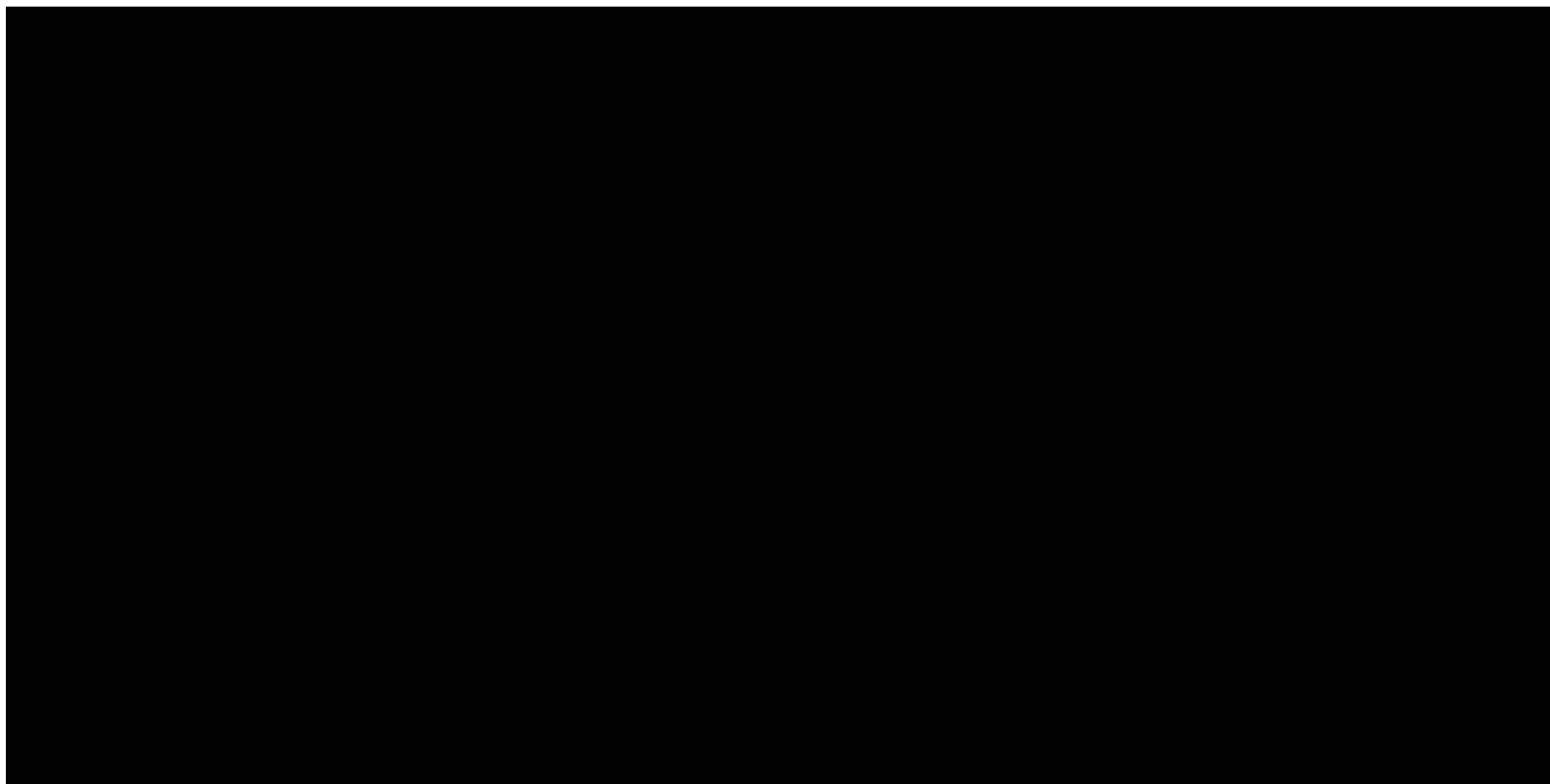




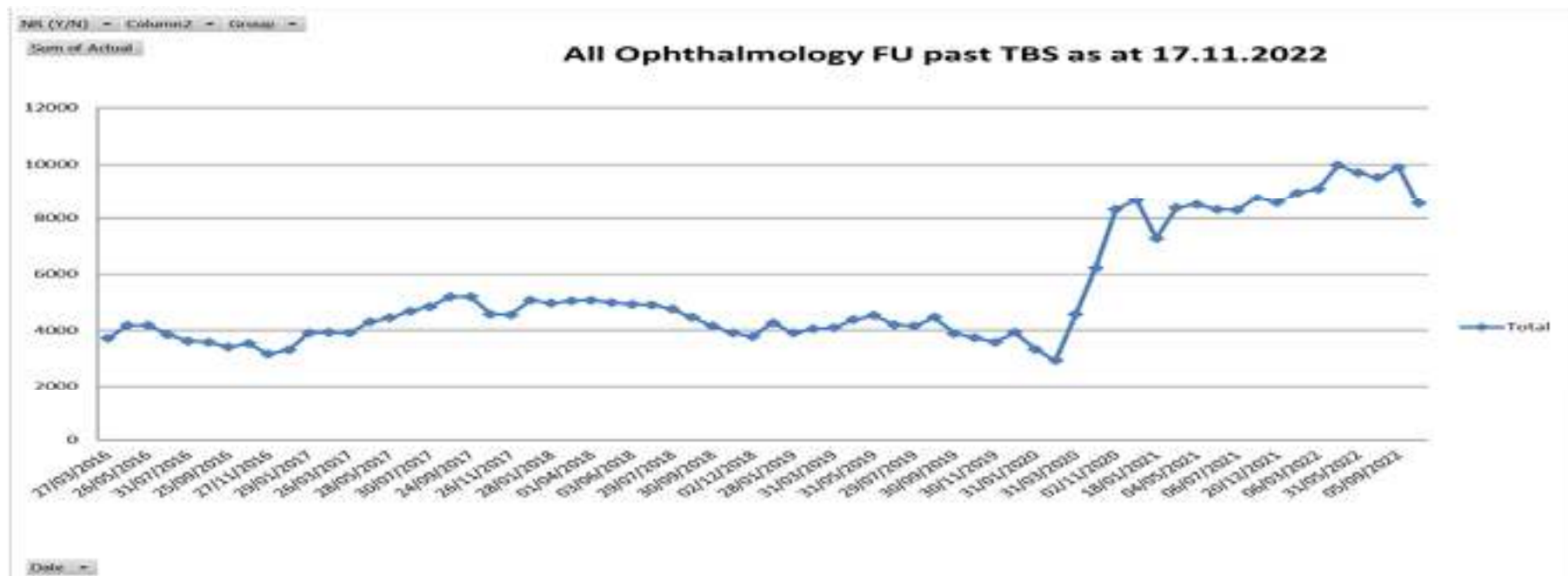


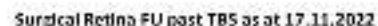






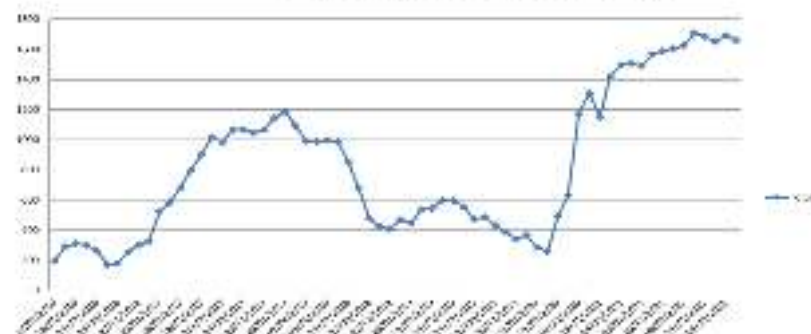
## Appendix 9 – Follow up backlog charts as at 17/11/2022





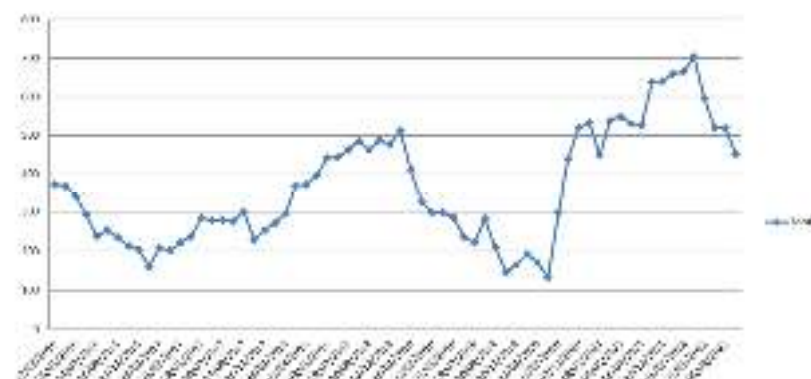
BS1790 - General Up past TBS as at 17.11.2022  
Series: 140

General Follow Up past TBS as at 17.11.2022



BS1790 - General Up past TBS as at 17.11.2022  
Series: 140

Corneal FU past TBS as at 17.11.2022



BS1790 - General Up past TBS as at 17.11.2022  
Series: 140

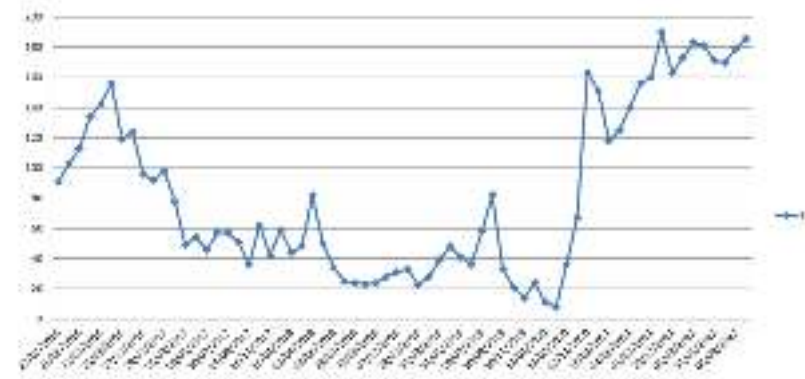
BS1790 - Laser Up past TBS as at 17.11.2022  
Series: 140

Laser Follow Up past TBS as at 17.11.2022



BS1790 - Laser Up past TBS as at 17.11.2022  
Series: 140

Uds & Plastics Follow Up past TBS as at 17.11.2022



BS1790 - Laser Up past TBS as at 17.11.2022  
Series: 140

INC-80731  
STEIS: 2022/2541

6/2/2022 10:00:00 AM

View Data

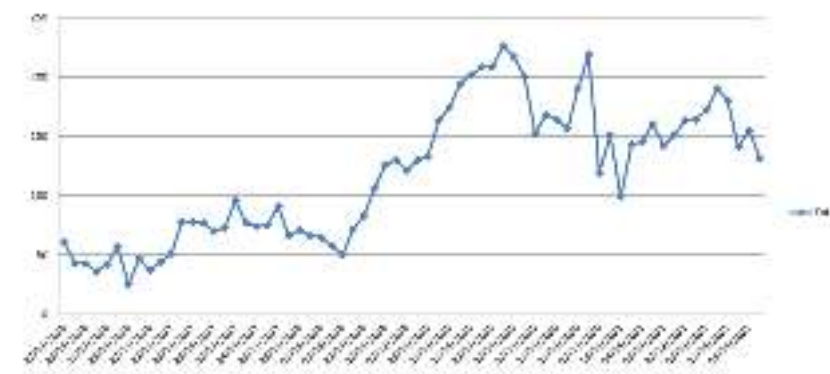
**Nurse Injection Follow Up past TBS as at 17.11.2022**



6/2/2022 10:00:00 AM

View Data

**Paediatrics Follow Up past TBS as at 17.11.2022**

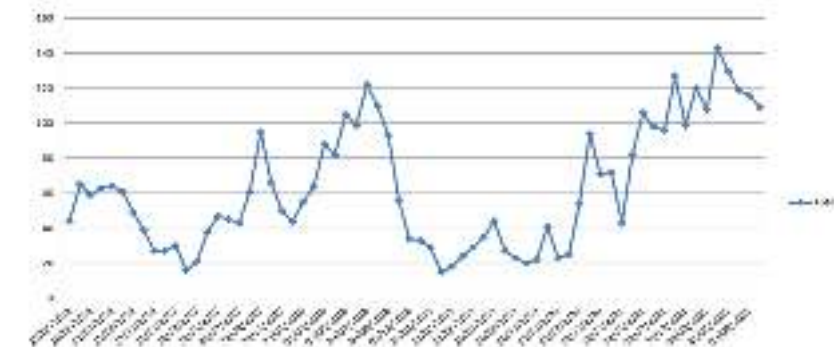


6/2/2022

6/2/2022 10:00:00 AM

View Data

**Uvitis Follow Up past TBS as at 17.11.2022**



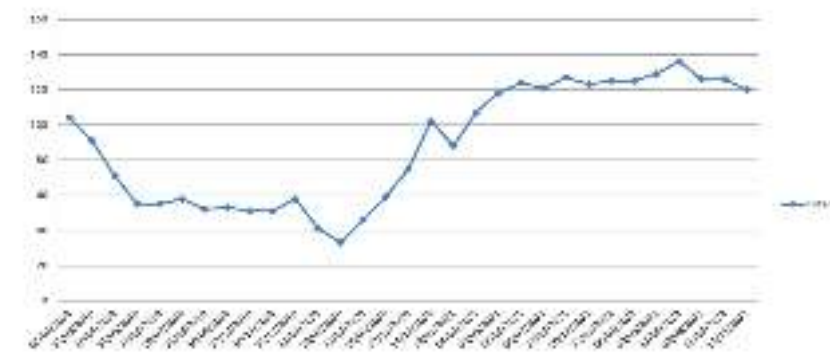
6/2/2022

6/2/2022

6/2/2022 10:00:00 AM

View Data

**Contact Lens Follow Up past TBS as at 17.11.2022**



6/2/2022

## Signatories

### REPORT WRITER:

Name:

[REDACTED]

Designation: Operational Manager

Date: 03.03.2023

---

### CRITICAL REVIEWER:

Name:

Designation:

Date:

---

### NON-CLINICAL READER:

Name:

Designation:

Date:

---

### CLINICAL GOVERNANCE LEAD:

Name:

Designation:

Date:

---

### INTEGRATED SERVICE UNIT SIGN OFF (ADN PP and/or System Lead)

Name:

Designation:

Date:

INC-80731  
STEIS: 2022/2541



