Archwilio Cymru
Audit Wales

Eye Care Review – Cwm Taf Morgannwg University Health Board

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Summary report

About this report

1 Eye care services are becoming more important as the UK population ages. An ageing population means there are more incidences of age-related eye conditions, such as cataracts, age-related macular degeneration and glaucoma. Many, if caught early, can often be managed effectively with existing treatments and medicines. But delays can also result in increased risk of harm and irreversible sight loss. As a result of the increased risk of harm, in 2019 NHS Wales introduced the 'Eye Care Measure' which is an approach for prioritising and measuring waiting times based on clinical condition and risk of harm. Ophthalmology waits also continue to be recorded and reported as part of the wider referral to treatment time metrics.

2 In March 2021, Welsh Government published NHS Wales Eye Health Care - Future Approach for Optometry Services. The plan forecasts a long-term growth in the prevalence of major eye conditions over the next 20 years including:

- 47% increase in the numbers of people with age-related macular degeneration;
- 50% increase in the numbers of people having cataracts; and
- 44% increase in the numbers of people living with glaucoma.

3 At the end of May 2025, across Wales, 32,683 ophthalmology patient pathways had waited over a year for treatment and 1,730 over two years, and 20,283 over a year for their first outpatient appointment[1]. The three health boards with the most challenging position in respect of ophthalmology waits are Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University health boards.

4 Given these challenges Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards committed to work in partnership and launched the 2022-2025 South East Wales Regional Ophthalmology Strategy (the regional strategy). Aneurin Bevan University Health Board is the lead organisation for the regional ophthalmology programme. The Auditor General has included a review of eye care services within his local audit plans for all three health boards.

5 This report sets out the findings of our work at Cwm Taf Morgannwg University Health Board (the Health Board). We reviewed local and regional plans to improve eye care services, leadership arrangements to drive improvements and address barriers to progress; and whether the Health Board is actively managing the harms resulting from long ophthalmology waits.

6 The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with

[1] Data source: Referral to treatment times, Welsh Government.

INTOSAI[2] audit standards. **Appendices 1 and 2** provide more information about our work.

Key messages

Overall conclusion

7 The Health Board has reduced the longest ophthalmology waits but is not yet meeting planned-care recovery targets. Performance against the 'eye care measure' is poor which increases the risk of avoidable harm.

8 In the context of these challenges, there is a need to strengthen local planning of eye care services, broaden the scope of regional working and secure further productivity and efficiency gains.

Key issues

Regional partnership working

- Delivery of the regional eye-care approach sets out a positive direction of travel. However, it was slow to start and diverges from its original specialist service ambitions by focussing on creating short-term service capacity for cataract procedures.
- The regional cataract approach is targeting long waits, but it is not making a marked difference on overall numbers of patients waiting for treatment.
- Governance arrangements to oversee regional strategy delivery are in place, but the process for decision making on business cases can be slow and cumbersome involving multiple groups across the three health boards.

Health Board plans for eye care services

- The Health Board is acting on short-term pressures but needs a long-term plan to help ensure that eye care services meet both current and growing future need. While the Health Board is taking steps to improve the efficiency of its eye care services, it still needs to improve surgical productivity and reduce outpatient inefficiencies.

[2] International Organisation of Supreme Audit Institutions

Leadership and governance

- There are good executive, clinical and operational structures and leadership to drive improvements in acute eye care services. Operational eye care service risks are generally well managed and there is reasonable Board and committee oversight of eye care services. However, there is scope to improve how committees oversee ophthalmology services including its spotlight report and progress updates on the ophthalmology GIRFT review.

Ophthalmology performance

- While the Health Board has significantly reduced its longest 'two-year' waits, it still has a large number of eye care patients waiting a long time. It has also consistently failed to meet Welsh Government's eye-care measure target, falling substantially short of the 95% target.

Managing the risk of harm

- Despite the Health Board taking steps to proactively manage the risk of harm resulting from ophthalmology waiting list delays, there is evidence that some patients are experiencing avoidable harm.

Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations
Regional ophthalmology strategy
R1 To increase the pace of delivery, regional partners should speed up decision making processes for agreeing business cases. (**see paragraph 17**)
R2 Regional partners should develop a resource plan, to better understand operational and clinical commitment needed from each partner organisation to realistically deliver each phase of the strategy. (**see paragraph 18**)
R3 Regional partners should agree realistic but appropriately ambitious timescales for the three phases of the South East Wales Regional Ophthalmology Strategy. (**see paragraph 18**)

Recommendations

Developing a sustainable eye care plan

R4 The Health Board should urgently develop an eye care plan, seeking to address current and future challenges. The Health Board should ensure the plan is:

- based on current and projected future demand for services;
- includes capacity plans based on realistically ambitious levels of productivity;
- costed, at a minimum, for the medium term (3-5 year);
- supported by resource plans i.e. financial, workforce (particularly medical staffing) and infrastructure, reflecting sustainable service models;
- supported by clear delivery actions and milestones; and
- approved by the Board. (**see paragraph 28**)

Ophthalmology deep-dive report

R5 Due to ongoing risks from long ophthalmology waits, an updated ophthalmology 'spotlight' report should be provided to the Quality, Safety and Experience Committee and/or the Operational Delivery Committee to support continued oversight and action. The report should include (**see paragraph 39**):

- comprehensive overview of current ophthalmology waiting times;
- information on avoidable harm suffered by patients as a result of waiting for treatment;
- mitigating actions in place; and
- outline of longer-term plans for eye care services.

Ophthalmology GIRFT recommendations, Board level updates

R6 The Health Board should provide routine updates to an appropriate committee on its progress with implementing the ophthalmology GIRFT recommendations. (**see paragraph 40**)

Detailed report

Regional partnership working

10 We considered whether the regional ophthalmology strategy supports the delivery of sustainable ophthalmology services, and whether there are appropriate governance arrangements in place to support its implementation.

11 We found that **while now progressing, delivery of the regional eye-care approach was slow to start and diverges from its original specialist service ambitions by focussing on creating short-term service capacity.**

12 In 2022, Cardiff and Vale, Cwm Taf Morgannwg and Aneurin Bevan University Health Boards launched the 2022-2025 Regional Ophthalmology Strategy (the regional strategy). It responds to key issues from the 2021 Pyott Review[3], including rising demand, limited specialist capacity, and reliance on English providers.

13 The strategy sets out a clear vision for sustainable, high-quality services. It aims to establish a Regional Centre of Excellence and deliver complex eye care regionally, while less complex care is provided closer to patient's homes.

14 The regional strategy identifies key clinical risks, including sight loss from long waits, rising demand, and workforce shortages. It sets high-level targets for 2023–2025, including expanded cataract and emergency services, a regional vitreoretinal service, workforce development, and plans for a Regional Centre of Excellence.

15 Aneurin Bevan University Health Board is the regional lead for the new partnership approach, with involvement and engagement from its regional partners. The programme is split into three phases with annual milestones, these are:

- by 2023: Regional expansion in capacity for cataracts will be fully utilised, Regional Vitreo Retinal Service will be operational, Regional Eye Casualty and Out of Hours Care will be in place (**Phase 1**).
- by 2024: Research, Innovation and Development will be well established, Workforce Development Programme will be in place (**Phase 2**).
- by 2025: Regional Centre of Excellence network funding will be agreed (**Phase 3**).

16 While governance arrangements to oversee regional strategy delivery are clear, there is a risk that the structure is too complex, causing delays. The Regional Ophthalmology Programme Board meets monthly and is supported by the Delivery and Development Group. Both have clear objectives, effective management, and strong clinical engagement from each health board. The Programme Board reports to the Regional Portfolio Oversight Board, which oversees all regional programmes. In April 2025, the Cabinet Secretary for Health and Social Care instructed the south-east region to further establish a joint regional committee during 2025–26.

[3] External Review of Eye Care Services in Wales (rcophth.ac.uk) undertaken by Andrew Pyott

17 While decisions are being made through the established governance groups, they are also being taken separately by each health board. For example, the business case for regional cataract services required approval at ten different meetings, resulting in delay. The creation of the joint regional committee presents an opportunity to also consider how delegated authority and decision-making processes are streamlined (**Recommendation 1**).

18 Phase 1 of the strategy aimed to expand key regional services by 2023, but overall progress has been slower than planned. The focus on creating regional cataract service capacity was pragmatic because of the waiting list backlog, but slow to progress. Other elements of the regional strategy have also been slower to deliver particularly those set out in phases 2 and 3 above relating to a specialist centre of excellence and research. There are many factors constraining progress. This includes the focus on short-term planning detracting attention from the longer-term priorities, and operational and clinical workforce challenges (**Recommendation 2**). To help better monitor strategy delivery, there needs to be clearer reporting against the original strategy commitments, setting out clear delivery timescales (**Recommendation 3**).

19 It is clear that the new regional arrangements are creating new service activity in addition to the core activity provided by each Health Board. In July 2023, Welsh Government agreed £7 million recurrent funding to deliver the Regional Cataracts Business Case. From a slow start, particularly because of recruitment challenges in the Nevill Hall north hub, the levels of cataract procedures have now increased (**Exhibit 2**).

Exhibit 2: profiled and actual delivery of cataract procedures facilitated by recurrent Welsh Government funding, by delivery hub

Financial year	Provider		Profiled	Actual
2023-24	South hub		2905	2764
	North hub		39	26
	Regionally outsourced		750	676
		Total	**3694**	**3466**
2024-25	South hub		2049	1930
	North hub		950	846
	Regionally outsourced		1308	1308
		Total	**4307**	**4084**

Source: Aneurin Bevan University Health Board

20 While the regional cataract approach is targeting long waits, it is not making a marked difference on overall numbers of patients waiting across the region. The funding used for regional working is being used to treat patients waiting a long time for cataracts services. However, there are more people on the referral to treatment ophthalmology waiting list now then there was in March 2023. In March 2023, there were 45,930 patients waiting across the region and this increased to 54,977 by 2025. For cataracts, in March 2023 there were 18,998 patients waiting across the region, this increased to 23,289 by March 2025. Without the regional investments, the position would have been worse, but the regional arrangements are not yet significantly resulting in reduced overall level of ophthalmology waits.

21 In October 2024, Welsh Government awarded the region a further £7.5 million non-recurrent funding to help reduce the long waits, particularly those waiting more than 2 years. Following Ministerial Advisory Group recommendations, and supported by £19.5 million non-recurrent funding, the region may further increase its use of the independent sector during 2025-26.

22 To support equitable access to treatment, regional capacity has not been distributed equally across the three health boards. Instead, it has been focused on patients who have been waiting the longest. Because the proportion of very long waits are not the same across the health boards, the Welsh Government has provided more regional funding to Cwm Taf Morgannwg University Health Board than the others. This targeted allocation aims to reduce waiting lists in a way that promotes fairness across the region. While this may not appear a ‘fair share’, it reflects a practical and equitable approach to addressing variation in access across the region. This approach is also supported by a regional booking team, helping to ensure more consistent access to treatment.

Health Board plans for eye care services

23 To ensure patients receive timely eye care in an appropriate setting, and prevent avoidable, irreversible harm, it is essential that the Health Board has a clear plan to improve its current, community and hospital-based eye care services and develop a sustainable model of care for the future. We considered whether there are realistic plans to improve eyecare services at a local level, considering whether:

- the Health Board has an agreed plan to improve eye care services, covering hospital and community services, which seek to address current and longer-term challenges; and
- the Health Board’s eye care plans have sufficient focus on improving the efficiency and productivity of its services.

24 We found that **despite signs of improvement, local eye care service planning remains short-term focused, and efforts to improve productivity and efficiency have delivered mixed results.**

Local eye care plans

The Health Board is acting on short-term pressures but needs a long-term plan to help ensure that eye care services meet both current and growing future need.

25 The Health Board is taking action to address the barriers to improving eye care services. These include rising demand, not enough staff and an ageing workforce, workplace culture issues, and poor digital systems and estates. More recently, unsafe roofing at the Princess of Wales Hospital, where eye services are based, created an urgent problem.

26 The Health Board's current plans mainly focus on short-term actions to deal with immediate problems and reduce long waiting lists. These include installing a SurgiCube to increase theatre capacity and outsourcing oculoplastic, medical retina and cataract procedures. There are also targeted plans to cut long waits and support regional cataract work. These, along with other actions to improve service activity and capacity, are realistic and achievable.

27 At present, however, the Health Board does not have an overarching eye care plan to guide long-term service improvement and address these challenges. Instead, it has a fragmented approach with eye care priorities incorporated within other plans or documents. These include its Integrated Medium-Term Plan (IMTP), its planned care Productivity, Improvement and Transformation programme, actions to implement the Wales General Ophthalmic Services 'WGOS' pathways[4], and recommendations from Getting It Right First Time (GIRFT) and Health Inspectorate Wales (HIW) reviews of ophthalmology services.

28 In January 2025, the Operational Delivery Committee received an update that set out some ideas for a more sustainable approach. These included centralising cataract services at the Princess of Wales Hospital, introducing a one-stop cataract model, expanding virtual clinics, creating a glaucoma hub, and implementing WGOS pathways. While these actions could help improve services in the long term, there is still no single eye care plan. This makes it hard to see the Health Board's long-term vision, whether the changes are affordable, and when they will be delivered. Our recent planned care review also identified the need to strengthen longer-term demand and capacity planning, to support the development of sustainable eye care services. Given ongoing pressures, the Health Board should urgently develop a Board-approved eye care plan to guide long-term, sustainable improvements **(Recommendation 4)**.

[4] The WGOS (Wales General Ophthalmic Services) pathway is a structured framework designed to enhance eye care services in Wales.

Plans for improving service efficiency

While the Health Board is taking steps to improve the efficiency of its eye care services, it still needs to improve surgical productivity and reduce outpatient inefficiencies.

29 The Health Board's 2025-28 Integrated Medium-Term Plan focuses on making services more efficient, tracking performance and highlights specific improvement for eye care productivity. This work to take these actions forward forms part of the Productivity, Improvement and Transformation Programme. The Service Improvement Group oversees the efficiency approach, which is based on GIRFT recommendations. The main priorities are:

- improving waiting list management;
- modernising outpatient and pre-assessment services; and
- making the best use of theatre capacity.

30 Evidence indicates a strengthened focus on service efficiency, which is starting to see improvement in some areas, although not meeting targets. Between April and October 2025[5]:

- Did Not Attend rate for new ophthalmology outpatients improved from 9% to 7%, although still missing 5% or less target;
- theatre utilisation rates decreased slightly from 77% to 75%, the targets is 85%; and
- average operating theatre late starts reduced (improved) from 57% to 32%, and early finishes from 40% to 33%, although the targets is 10% or less target.

31 The Ministerial Advisory Group on NHS Wales Performance and Productivity has recommended reducing unnecessary differences in waiting times and using best practice in theatre management. One key recommendation is to set up Local Theatre Optimisation Boards to improve how theatres are used. This includes following best practice for the number of cases per theatre session. For eye surgery, the standard is:

- 10 cataract operations in a 4-hour session, or
- 8 operations if it is a training session.

32 The Health Board recognises it needs to improve surgical productivity. Its 2025-28 IMTP states that it is achieving around 4–5 cataract operations on an average surgical list. It has set a target for 7 cataract procedures on 90% of lists by September 2025. To support this, the Board is also streamlining referrals so that all new cataract cases are listed directly for treatment by September 2025.

[5] Productivity, Improvement and Transformation Programme - Ophthalmology Service Improvement Group, October 2025.

Leadership and governance arrangements

33 Clear leadership and governance arrangements are key to supporting well managed service improvement. We considered whether the Health Board has:

- clear and effective executive, operational and clinical accountability;
- appropriate Board and committee level oversight and scrutiny; and
- appropriate arrangements to capture, manage and oversee operational and corporate risks.

34 We found that **the Health Board has clear operational and clinical leadership and good Board-level oversight of short-term acute eye care services and associated risks.**

Operational and clinical leadership

There is clear executive, clinical and operational structures and leadership to drive improvements in acute eye care services.

35 The Health Board has clear leadership for eye care services. The Chief Operating Officer, supported by two deputies, is responsible for both hospital and primary care. Ophthalmology sits within the specialist surgery directorate under the planned care group. The service is led by a team made up of a service manager, a clinical director and a senior nurse, who also leads harm reviews. In primary care, the community optometry lead is rolling out the Welsh General Ophthalmic Services schemes, overseen by the Ophthalmology Clinical Director. The Health Board reports that it has good working relationships with community optometrists.

36 We found good executive and operational oversight of ophthalmology performance. Performance is reviewed regularly through the Chief Operating Officer's directorate performance reviews, weekly waiting list meetings and service level meetings. As noted earlier, Ophthalmology is also one of the workstreams of the Productivity, Improvement and Transformation Programme, which also has a clear governance and reporting structure.

37 Management oversight is focussed on improving waiting times and service efficiency, while valid they focus on the short-term and hospital services. This highlights the importance of developing an overarching eye care plan, allowing longer-term service improvements across acute and community pathways. The new Eye Care Collaborative Group should provide the structure to oversee the plans development and delivery.

Board and committee oversight

While Board and committee oversight of eye care services is reasonable, there is scope to improve how committees oversee ophthalmology services including its spotlight report and progress updates on the ophthalmology GIRFT review.

38 We found that the Board and its committees provide reasonable oversight of ophthalmology services. The Operational Delivery Committee (ODC) receives routine updates through the integrated performance dashboard, which breaks down ophthalmology performance, as well as quarterly IMTP reports and updates on planned care, primary care and community services. The committee also receives regular updates on the implementation of WGOS pathways through quarterly IMTP progress reports, enabling oversight of moving appropriate eye care services to the community. The Quality, Safety and Experience (QSE) Committee also receives regular ophthalmology report, through its care group highlight reports, the HIW ophthalmology improvement tracker, and the quality dashboard. Both committees oversee eye care services risks.

39 While there is regular reporting on performance, risk and quality the updates are high-level. In September 2023, the Quality, Safety and Experience Committee received a spotlight or deep-dive report on the ophthalmology backlog. Given the continued level of risk associated with long ophthalmology waits, the Quality, Safety and Experience Committee and/or the Operational Delivery Committee should receive an updated spotlight report (**Recommendation 5**).

40 HIW's national Ophthalmology Service Review was published in 2017, alongside a specific action plan for the Health Board. Routine updates on this review are still being shared with the Quality, Safety and Experience Committee, suggesting progress in response to recommendations has been slow. In contrast, there are few updates on the progress of the GIRFT ophthalmology review, although we understand actions are monitored through the Ophthalmology Service Improvement Group (**Recommendation 6**).

Risk management arrangements

Operational eye care service risks are generally well managed.

41 The Health Board's ophthalmology risk register reflects the main operational issues affecting eye care services. These include limited service capacity, patients being referred for specialist retina monitoring services that are not yet in place, and a shortage of glaucoma consultants. There is regular oversight, clear accountability and update of service risks. However, some of these risks have been on the register for many years, suggesting the mitigating actions are not fully addressing the issues.

42 Until recently, ophthalmology was classed as a high-risk service on the Health Board's organisational risk register because of limited capacity and risk of harm to glaucoma patients. It has since taken steps to reduce this risk, including stabilising clinical staffing, reducing staff absences, securing extra funding for follow-up appointments, and outsourcing services. As a result, the risk was downgraded in

March 2025. However, ophthalmology still appears in the Board Assurance Framework under wider concerns about the Health Board's ability to meet demand for planned care, although the risk rating has improved following successful actions.

Ophthalmology performance

43 We analysed ophthalmology waiting list performance and trends to determine whether the Health Board is meeting Ministerial priorities and Welsh Government national targets related to reducing long waiting lists. The targets are as follows:

- no one waiting longer than a year for their first outpatient appointment by the end of 2022 (target date revised to December 2023);
- eliminate the number of people waiting longer than two years in most specialities by March 2023 (target date revised to March 2026); and
- eliminate the number of people waiting longer than one year in most specialities by Spring 2025.

44 In addition, ophthalmology services are measured using the eye-care measure. This measures the extent of delay for those patients at most risk of harm because of a delay in treatment. This approach is explained in **Exhibit 4**.

45 We found that **while long waits over two years for ophthalmology have significantly reduced, the Health Board continues to fall short of Welsh Government's targets for the eye-care measure and patients waiting over one year.**

Performance against Welsh Government planned care targets

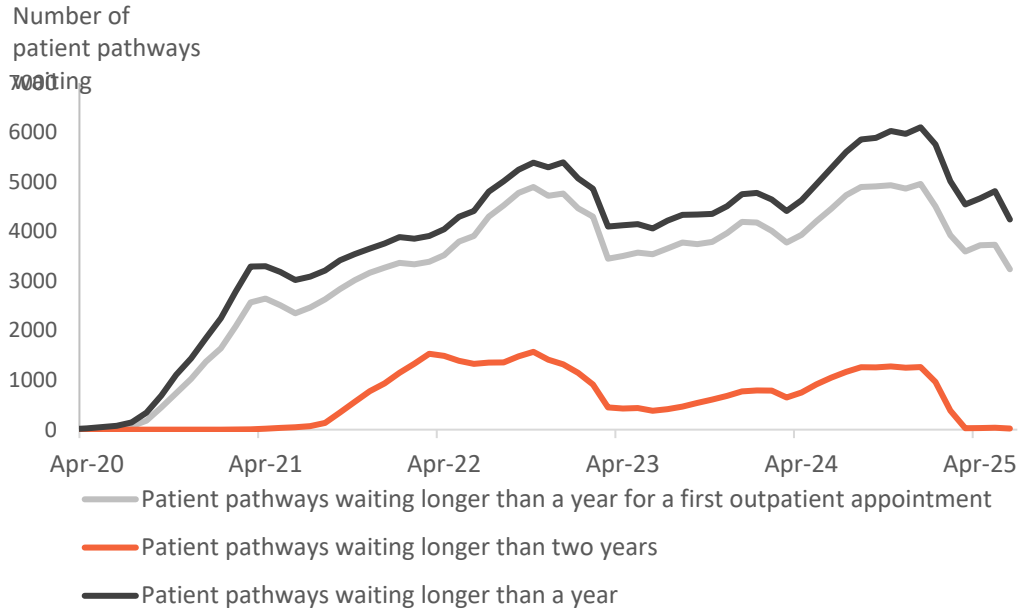
While the Health Board has significantly reduced its longest 'two-year' waits, it still has a large number of eye care patients waiting a long time.

46 **Exhibit 3** shows the Health Board's performance against Welsh Government planned care waiting list targets. In June 2025, the Health Board had:

- 4,243 patients waiting longer than a year on the ophthalmology waiting list;
- 3,239 patients waiting longer than one year for their first ophthalmology outpatient appointment; and
- 24 patients waiting longer than two years on the ophthalmology waiting list.

47 Performance across all three measures has worsened since the pandemic. There has been some improvement from January 2025 onwards, especially in relation to reducing waits over two-years. The improvements coincide with further additional Welsh Government non-recurrent funding to address long cataract waits. Over the past two years, the number of patients waiting for treatment has risen from around 13,000 to nearly 16,000. This growth alongside the long-term trends identified in **Exhibit 3** suggest that the Health Board needs a sustainable solution to address both long waits, and the overall level of waits.

Exhibit 3: the number of ophthalmology patients waiting longer than two years and one year, Cwm Taf Morganwg University Health Board



Source: Referral to treatment times, Welsh Government

Eyecare measure waiting list performance

The Health Board has consistently failed to meet Welsh Government's eye-care measure target, falling substantially short of the 95% target.

48 In addition to the referral to treatment time waiting list, NHS Wales reports patient waits for those who are most at risk of harm because of a delay. **Exhibit 4** provides a basic explanation of this measure.

Exhibit 4: A basic introduction to the eye care measure

The Welsh Government introduced the eye care measure to help prioritise those most at risk of harm as a result of a delay in accessing services.

Ophthalmology patients are risk assessed based on their condition and then given a target date to be seen. If a patient who is categorised as the highest risk (R1)[6] waits 25% longer than the clinically assessed target date, then it counts as a breach.

[6] The highest risk is known as Risk Factor 1 or R1. R1 category is for patients that have been assessed as being at risk of irreversible harm or significant adverse outcome should their target date be missed.

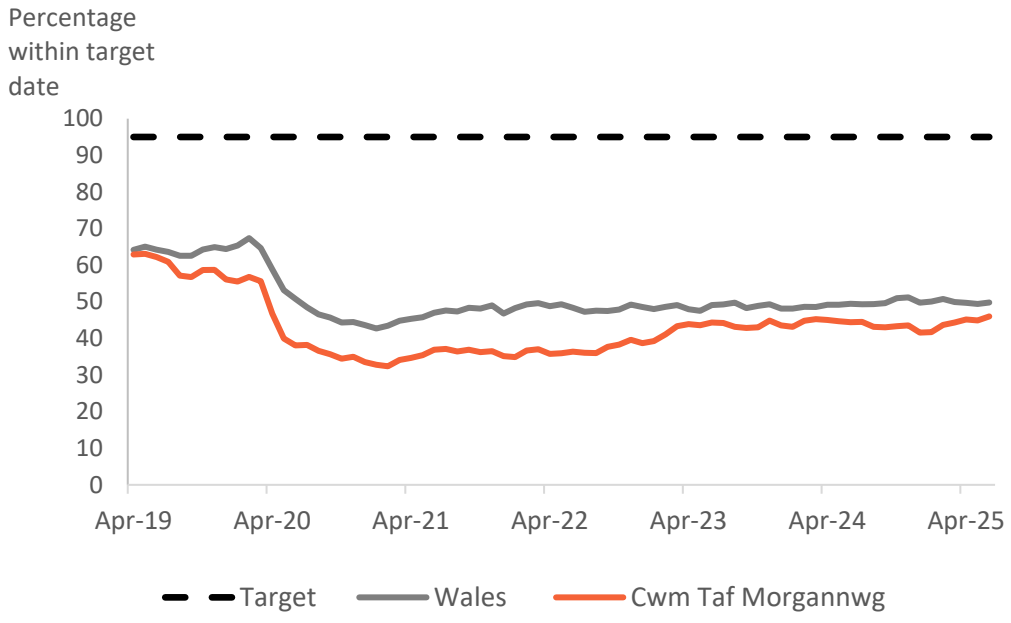
Example: Mrs Jones has wet AMD and has been clinically assessed as needing to be seen in 4 weeks. Mrs Jones waits just over 6 weeks – therefore the target has been breached. Within 5 weeks, this would not have been a breach.

The national target is for 95% of patients on the Eye Care Measure waiting list to be seen by their target date or within 25% beyond their target date.

Source: Audit Wales

49 **Exhibit 5** shows performance against the Welsh Government eyecare measure target. The Health Board consistently performs below the Welsh average and has never met the national target of 95%, in June 2025 performance was 46%. Patients identified as Health Risk Factor R1 have an increased potential risk of harm and permanent sight loss. The Health Board's performance against the eye care measure remains a significant concern and means that there is a real and continued risk of patients coming to avoidable harm and suffering irreversible sight loss.

Exhibit 5: percentage of eye care patients seen by their target date or within 25% beyond their target date, Cwm Taf Morganwg University Health Board



Source: Eye Care Measure performance, Welsh Government

Managing the risk of harm

50 Until the Health Board can sustainably manage its ophthalmology waiting lists, referral to treatment and eye care measure performance remains a significant concern. This will likely continue placing some patients at greater risk of avoidable harm and irreversible sight loss. Patients' eye conditions may deteriorate while waiting, causing pain, anxiety, affect their quality of life and ability to work or care for others. It is important that the Health Board actively manages harms associated with long waiting list delays. We considered whether the Health Board:

- has effective processes to record and report on incidence of harm that results from eye care waiting list delays; and
- is taking appropriate action to manage the risk of patient harm, particularly sight loss.

51 We found that **while the Health Board is proactively managing the risk of harm resulting from ophthalmology waiting list delays, there is evidence that some patients are experiencing avoidable harm.**

52 The Health Board has introduced processes to help manage the risk of harm to patients which include early escalation procedures by booking staff. It has also developed a Standard Operating Procedure for detecting ophthalmology harms, which includes grading the extent of eye harms when undertaking diagnostic testing. To further support this work, the Health Board is planning to appoint a 'Fail-Safe Officer' who will help booking staff manage higher-risk glaucoma patients more effectively.

53 The Health Board has appropriate processes in place for managing harms related to ophthalmology, these are managed at executive, care group and Patient Safety Team level. The service has several ways to identify and review harm, including a dedicated Governance Lead who reviews both current and past harms recorded on the DATIX system. Moderate and serious harms are escalated to the Ophthalmology Harm Review Panel, and severe harm is also reported to the Welsh Government. Some cases may trigger Duty of Candour or Welsh Government's serious incidents process. These cases often involve multidisciplinary meetings and 'safety huddles' to ensure thorough review and learning.

54 The Health Board reported that between April and September 2025 it reported five ophthalmology related serious incidents, identified seven incidents involving actual harm and received 15 concerns. We have seen evidence of the Quality, Safety and Experience Committee receiving high level updates on ophthalmology harm, specifically nationally reported incidents (NRI). For example, at the November 2024 committee nine ophthalmology related NIRs were reported, and two at the January 2025 committee. These are mainly reported through the planned care group highlight report. While the Health Board is using lessons learned to improve care, long waiting times still pose a significant risk to some patients.

Appendix 1

Audit methods

Exhibit 6 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • 2024-27 and 2025-28 Integrated Medium-Term Plans • Delivery/implementation plans and progress reports • Quality and Safety Committee papers • Operational Delivery Committee papers • Ophthalmology Harms Standard Operating Procedure • Health Board GIRFT review • Steering and programme board agendas and terms of reference • Risk register and SBAR reporting • Documentation on the use of Welsh Government funding • Regional Ophthalmology Strategy, associated programme management documentation and progress reports • Regional ophthalmology financial plans • Regional cataracts plan • Regional Demand and Capacity planning
Interviews	We interviewed the following: • Chief Operating Officer • Executive Medical Director • Executive Director of Nursing & Deputy CEO • Ophthalmology Consultant & Ophthalmology Clinical Director • Directorate Manager, Ophthalmology & Dermatology Service Manager, and Ophthalmology Lead waiting list Manager • Head of Planning for Planned Care • Ophthalmology Senior Nurse and Lead for Ophthalmology harms reviews

Element of audit methods	Description
	• Chair of Quality & Safety Committee • Director of Operations • Clinical Optometrist • Consultant Ophthalmologist for Macular and Diabetic Eye Disease
Observations	We observed the South East Wales Regional Ophthalmology Programme Board
Data analysis	We analysed key ophthalmology service data on: • waiting list performance • referrals • medical workforce • outpatient and inpatient activity and efficiency • surgical cancellations • inpatient and day case admissions

Appendix 2

Audit criteria

Exhibit 7: Main audit question - Does the Health Board have effective arrangements to improve eye care services?

Level 2 questions	Level 3 questions	Audit criteria (what good looks like)
Does the Health Board have realistic plans to improve eyecare services at a regional and local level?	Does the Health Board have an agreed plan to improve eye care services, covering hospital and community services, which seek to address current and longer-term challenges?	• The Health Board has a clear eye care plan, which has been approved at Board level which: – seeks to address current and future challenges with a view to developing sustainable eye care services; and – supports delivery of the Health Board's strategic objectives/priorities and aligns with the ambitions set out in national strategies/plans and legislation. • The eye care plan appropriately reflects regional plans, which the Health Board is invested in, which aim to deliver sustainable ophthalmology services on a regional basis.
	Is the Health Board's eye care plan realistically deliverable?	• The eye plan is supported by/includes a clear delivery plan with clear actions and milestones. • The eye care plan is based on current and projected future demand for services. • Capacity plans are based on realistically ambitious levels of productivity. • The plan is costed, at a minimum, for the medium term (3-5 year). • The plan is deliverable within the resources available to the Health Board.

Level 2 questions	Level 3 questions	Audit criteria (what good looks like)
	Do the Health Board's eye care plans have sufficient focus on improving the efficiency and productivity of its services?	• The Health Board is proactively targeting and improving eye care service efficiency in a range of areas such as reducing DNAs and cancellations in outpatients and surgical settings, improving surgical productivity (particularly cataracts), maximising eye-care theatre list utilisation, and utilising see on symptom and patient initiated follow-ups. • Plans include national and local performance and efficiency measures and draw upon the work of GIRFT reviews where relevant. • The Health Board is working with others effectively to drive wider efficiency improvements. • The Health Board is making use of digital systems to improve service efficiency. • Use of outsourcing has been considered / implemented as a mechanism to help reduce waiting list backlogs, supported by the necessary considerations of value for money and service safety.
Does the Health Board have appropriate leadership arrangements to drive improvements in eye care services and address the barriers that might inhibit progress?	Are there appropriate governance and leadership structures to drive forward the necessary improvements?	• There is clear Executive and Senior Management accountability for the delivery of eye care improvement plans. • There is clear clinical leadership for the delivery of eye care improvement plans. • There is evidence of operational oversight of the delivery of eye care improvement plans. • There is evidence of oversight and scrutiny of the delivery of eye care plans at the appropriate Committee and at Board. • Risks are appropriately captured within operational and corporate risk registers. • There are escalation mechanisms in place in the event of services failing to meet required standards / targets / milestones.
	Is the Health Board identifying and addressing the barriers to improving its eye care services?	• The Health Board has a clear understanding of the barriers that might prevent it delivering its eye care improvements/improvement plans and intentions. • The Health Board can demonstrate that it is putting in place arrangements to tackle the barriers that could impede delivery of the improvement plans.

Level 2 questions	Level 3 questions	Audit criteria (what good looks like)
	Is the Health Board effectively delivering its improvement plans for eye care services?	• The Health Board can demonstrate that it is making good overall progress implementing eye care plans and initiatives, and the achievement of milestones, targets and outcome measures identified within its plans.
Is the Health Board actively managing the risk of harm resulting from ophthalmology waiting list delays?	Does the Health Board have effective approaches to record and report on incidence of harm that results from eye care waiting list delays?	• The Health Board has appropriate arrangements to identify, capture, and report on harm associated with long waits for eye care treatment: – There is a clear process for identifying and capturing patient harm caused by delays to eye care treatment. – The Health Board is reporting on actual harm caused by delays to eye care treatment to its Quality and Safety Committee. – The Quality and Safety Committee receives assurances that the Health Board is learning from incidence of harm to prevent it in the future.
	Is the Health Board taking appropriate action to manage the risk of patient harm, particularly sight loss?	• The Health Board has an appropriate system to assess patients on the eye care waiting list to ensure those most at risk of sight loss are treated first. • The eye care waiting list is frequently reviewed by a clinician to ensure clinical risks are up to date and correctly prioritised. • The Health Board is managing potential health inequalities in access to eye care services. • The Health Board is applying the principles of Welsh Government's promote, prevent, and prepare policy to help patents on eye care waiting lists.

Appendix 3

Management response

Exhibit 8 below sets out the Health Board's response to our recommendations.

Recommendation	Management response	Completion date	Responsible officer
R1 To increase the pace of delivery, regional partners should speed up decision making processes for agreeing business cases.	The Regional Joint Committee (RJC) that will come into existence towards the end of 2025 will streamline regional decision making for all regional programmes	December 2025	Chair of Regional Ophthalmology Programme Board
R2 Regional partners should develop a resource plan, to better understand operational and clinical commitment needed from each partner organisation to realistically deliver each phase of the strategy.	The Regional Programme Plan for 25/26 includes a regional workforce review along with the ongoing demand and capacity reviews for each sub speciality.	March 2026	Chair of Regional Ophthalmology Programme Board
R3 Regional partners should agree realistic but appropriately ambitious timescales for the three phases of	The Regional Ophthalmology Strategy pre-dates the National Clinical Strategy for Ophthalmology. As a result the Regional Strategy will be reviewed as part of the programme plan in 25/26,	March 2026	Chair of Regional Ophthalmology

Recommendation	Management response	Completion date	Responsible officer
the South East Wales Regional Ophthalmology Strategy.	with appropriate phasing and timeframes assigned to programme priorities		Programme Board
R4 The Health Board should urgently develop an eye care plan, seeking to address current and future challenges. The Health Board should ensure the plan is: • based on current and projected future demand for services; • includes capacity plans based on realistically ambitious levels of productivity; • costed, at a minimum, for the medium term (3-5 year); • supported by resource plans i.e. financial, workforce (particularly medical staffing) and infrastructure, reflecting sustainable service models; • supported by clear delivery actions and milestones; and approved by the Board.	Finalise and implement the Eye Care Plan based on demand and capacity analysis. Complete demand and capacity reviews for stages 1, 3, and 4 and address gaps by subspecialty. Review and update job plans and clinic templates to increase activity and ensure sustainability. Centralise cataract surgery to POWH (from 1 Sept 2025) and deliver higher volumes through HVLC lists. Implement Straight to Listing from Sept 2025 to increase outpatient capacity. Continue virtual clinics for medical retina and macular patients to expand outpatient access. Reduce cataract waiting times to 86 weeks stage 1 cataracts by end of Sept 25. Continue bilateral cataract surgeries using the Surgicube at POWH.	December 2025 September 2025 January 2026 September 2025 September 2025 Ongoing September 2025 September 2025	Directorate Manager PCR Manager /Directorate Manager Directorate Manager Directorate Manager Service Manager Directorate Manager Directorate Manager Service manager

Recommendation	Management response	Completion date	Responsible officer
	Increased virtual clinics for medical retina and macular patients – again increasing outpatient capacity.	February 2026	Service manager
	Redesign waiting list cards for better list planning and high-risk case identification.	September 2025	Service manager
	Implement Medical Comorbidities SOP.	September 2025	Clinical Director
	Implementation of Service Improvement Group with focus on theatre utilisation, PIFU / SOS and DNA rate.	September 2025	Directorate Manager
R5 Due to ongoing risks from long ophthalmology waits, an updated ophthalmology 'spotlight' report should be provided to the Quality, Safety and Experience Committee and/or the Operational Delivery Committee to support continued oversight and action. The report should include: • comprehensive overview of current ophthalmology waiting times; • information on avoidable harm suffered by patients as a result of waiting for treatment;	Produce a Planned Care Report for the Quality, Safety & Experience Committee, covering waiting times, harm, mitigation, and long-term plans.	October 2025	Directorate Manager / Lead Nurse
	Continue regular updates to IQPD meetings with Welsh Government.	October 2025	Directorate Manager
	Maintain reporting of harm and incidents through the Harm Review Panel, ensuring RCA and Duty of Candour processes are followed.	October 2025	Directorate Manager
	Full implementation of WGOS pathways (Glaucoma, MR, Independent Prescribing, HCQ) and monitor performance.	March 2026	Directorate Manager / Clinical Director

Recommendation	Management response	Completion date	Responsible officer
• mitigating actions in place; and • outline of longer-term plans for eye care services.	Recruited into band 3 admin post to support WGOS pathway implementation.	August 2025	Service Manager
	Appointment of clinical lead in Optometry and Orthoptist in to lead on implementation of WGOS pathways.	May 2025	Directorate Manager
	Launch HCQ pathway and ensure transfer of identified patients to primary care.	November 2025	Directorate Manager / Clinical Director
	Implement Glaucoma pathway and manage referrals to optometry practices.	October 2025	Directorate Manager
	Develop and finalise SOP for Medical Retina pathway and commence filtering once approved.	January 2025	Clinical Director
	Continue weekly internal RTT review meetings to monitor high-risk subspecialties and maintain 104-week targets.	Ongoing	Service Director
	Validation of list as high numbers of cataracts patients are inappropriately categorised as R1. Internally agreed vetting prioritisation to mitigate against this risk.	December 2025	Service Manager
	Update risk register as Risk to patients due to volume, waiting list and service demand is captured on the HB's generic Risk Register.	November 2025	Directorate Manager
	Ensure Planned Care Group provides incident overviews and NRIs to the Quality, Safety & Experience Committee.	October 2025	Nurse Director

Recommendation	Management response	Completion date	Responsible officer
R6 The Health Board should provide routine updates to an appropriate committee on its progress with implementing the ophthalmology GIRFT recommendations.	Provide regular progress updates on GIRFT implementation at Quality, Safety & Experience and Operational Delivery Committees. Continue to track actions via the Operational Management Group, ensuring alignment with IMTP progress.	October 2025 November 2025	Directorate Manager / Service Director Directorate Manager / Service Director

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.