Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO.19447
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Carys Price
Committee Support Officer
Health and Social Care Committee
Welsh Parliament

By email: SeneddHealth@senedd.wales

Dear Carys

Re: Ophthalmology Services in Wales

Further to your email of 30 January 2026, Hywel Dda University Health Board (the Health Board) has considered the posed questions in relation to the Welsh Government's response to the Health and Social Care Committee's report on Ophthalmology Services in Wales and has answered each one in turn below.

1. **Urgency and Interim Action:** *The Welsh Government's response frequently defers decisions and ties action to future governance arrangements, without setting out immediate steps to address risks such as avoidable sight loss. Do you feel the Welsh Government's response adequately reflects the urgency of the issues identified in the Committee's report, or are there immediate actions you believe are missing?*

The Welsh Government's response acknowledges the need for investment in the Ophthalmology workforce, estates and planned equipment upgrades, but does not commit to future funding and refers to future government arrangements for this decision to be supported. Without significant investment in workforce to meet demand, it is unlikely that the Health Board will be able to attain 95% delivery for Eye Care Measures for R1 patients (patients at risk of permanent sight loss).

Both investment in workforce and training is needed to ensure Ophthalmology has adequately trained staff to clear the backlog of patients on the waiting list and ensure capacity meets demand for a future ageing population. The Health Board has ageing estates that are not fit for purpose in relation to Eye Care delivery and this often restricts delivery.

When expanding the workforce, Ophthalmology has had to utilise many small sites with limited clinic rooms, which has resulted in a service that is diluted, requiring staff to travel across multiple sites, and unable to work under the supervision of a Consultant. This means that training is limited and staff turnover is high.

The Ophthalmology estates would need significant capital investment to develop an eye care service that is fit for purpose. Similarly, the equipment across Ophthalmology is expensive to buy and maintain and needs the correct IT infrastructure to support the images generated annually. Delivery is often hampered by equipment failures or failure in the uploading of images. A rolling replacement programme needs to be developed and supported with funding commitments on an annual basis. The current process involves bidding for capital against all other services in planned care, with the most high-risk pieces of equipment being replaced, which does not allow for service improvement and development.

There needs to be a clear commitment from the Welsh Government to fund the development of Eye Care Services in line with the current demand and backlog being experienced across the nation.

2. **Governance and Oversight:** *The recommendation to establish a dedicated oversight board was not accepted, with the Welsh Government deferring this until governance reforms conclude in April 2026. How concerned are you about the lack of a defined oversight structure in the period before the new governance arrangements are finalised? Do you see risks to accountability or delivery?*

   Without developing a dedicated oversight board, the Welsh Government risks the improvement of Eye Care Services being restricted and progress hampered. An oversight board would have the expertise to support and advise each region individually, benchmarking against other regions to develop clearly defined milestones for development and delivery.

   Each region would have identified risks, which could be RAG rated, with clear actions identified and timescales for improvement. An oversight board would be helpful to determine where investment is needed in relation to risk, ensuring regional prioritisation for further investment and support accordingly.

3. **Investment and Resourcing:** *For several recommendations – particularly on secondary care investment and workforce training – the Welsh Government either deferred decisions or pointed to other bodies such as Health Education and Improvement Wales (HEIW), without committing new resources or setting timelines. From your perspective, does the response demonstrate sufficient clarity and commitment around the investment and resourcing required for ophthalmology services?*

Many Health Boards are underperforming in relation to Eye Care Measures for R1 (patients at risk of permanent sight loss), which is the highest risk group of patients in eye care. The challenges around recruitment and retention, estates, ageing equipment and lack of training for Ophthalmology in Wales, are accepted issues by the Welsh Government.

The Health Board's Ophthalmology service received investment in 2024/25 to develop services to improve the delivery of Eye Care Measures. However, this has been hampered by restrictions in recruitment, the need for staff to be trained and signed off as competent with limited access to training modules, lack of estates and restrictions on clinic rooms and ageing equipment, often requiring support due to issues related to IT infrastructure.

Without the investment in estates to allow for clinic delivery growth, and investment in the training and development of staff and equipment, the Health Board's Ophthalmology services are caught in a cycle of poor retention and the inability to expand the service. Further investment needs to be committed to by the Welsh Government specifically for the development of Ophthalmology, with dedicated Ophthalmology spaces that are large enough to accommodate multiple clinic rooms with Consultant oversight. This will reduce the turnover of staff who will be developed under experienced clinicians and supported to work to the top of their licence. This will in turn reduce patient visits and increase efficiencies, as patients will be seen by the right person at the right time.

4. **OpenEyes and Digital Delivery:** *The Welsh Government accepted the OpenEyes recommendations but only in part. Do you have confidence in the current digital delivery plans (particularly OpenEyes), or do you feel greater transparency and scrutiny are needed at this stage?*

   The Health Board has committed to the roll out of OpenEyes and has been engaged with both our clinicians and Swansea Bay University Health Board for support. The project has been given very little resource to support the deadline given, and no further funding has been agreed past the end of March 2026.

   The service has committed to the rollout of two sub-specialities, Vitreoretinal and Glaucoma by the end of March 2026, but will be unable to meet the deadline for the other eight sub-specialities. These will be incrementally rolled out from April through to September 2026. The Project Support Manager role has been secured for 2026/27, but further investment is needed to secure a band 6 product specialist past the 31 March 2026 deadline.

   Oversight has been given through our own South West Wales Open Eyes Project Board but there are no national meetings for the regional meeting to feed into with regard to scrutiny.

5. **Data, Harm Reporting, and Performance:** *The response supports principles such as subspecialty reporting and harm-reporting protocols but provides limited milestones, timelines, or compliance expectations. How important do you think it is for the Welsh Government to set clear milestones and expectations for data reporting and harm-reporting? Do you see gaps in what has been provided so far?*

The Welsh Government refers to the use of ‘Putting Things Right’ and the DATIX system, with serious harm reported to the Welsh Government. However, this system is reliant on staff reporting harm and so there is potential that harm is under-reported throughout Wales.

The Health Board’s Ophthalmology team has seen an increased number of reported harm over the past 12 months, due to staff awareness being raised through the Ophthalmology quality and safety meetings. In these meetings, staff are informed of cases where patients have come to severe harm and learning is identified.

Assurance has been given to staff, that any reports of harm are fully investigated, Duty of Candour applied and the correct process followed to ensure any patients with moderate or severe harm are supported throughout their investigation and referred on to Legal and Redress where appropriate.

Staff may have been reluctant in the past to report harm due to several reasons, such as the worry about repercussions, the time it takes to report an incident when busy and the concern that the incident will not be acted upon or feedback given.

The Health Board’s Ophthalmology team has addressed these issues in a number of ways. For example, through the management team supporting incident reporting if staff are busy, ensuring learning is identified with a ‘no blame’ culture, ensuring severe cases are discussed in the Quality and Safety meetings and that the reporter receives feedback when the investigation has concluded.

Whilst the reporting of incidents within the Ophthalmology team is considered robust, with support from the Legal and Redress team for moderate and severe harm, the scrutiny at a Welsh Government level is not evident.

I trust the above is of assistance in advance of the upcoming debate.

Regards

Prof Phil Kloer
Chief Executive