



**PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	16 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	R1 Ophthalmology Performance
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Executive Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Victoria Coppack, Ophthalmology Service Delivery Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

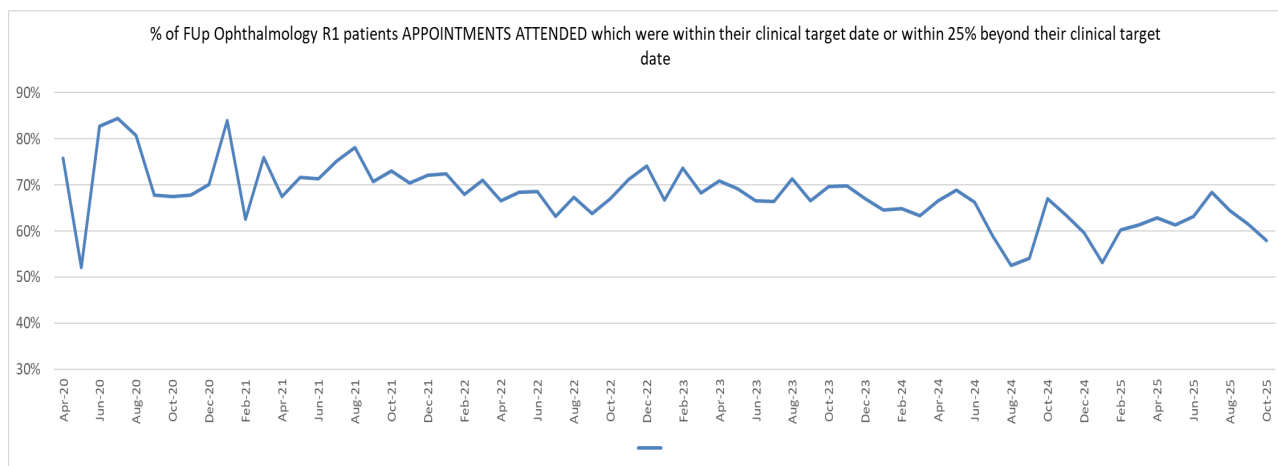
Sefyllfa / Situation

This situation report has been produced to detail the fragility of the delivery of Eye Care Measures (R1 patients) within the Hywel Dda University Health Board (HDdUHB) and the restrictions to delivery that have impacted the recovery of timely delivery of care or treatment.

The Eye Care Measures monitors the delivery of timely treatment for R1 (eyesight-affecting conditions). The target set by the Welsh Government (WG) for delivery of timely treatment for R1 patients is that 95% of patients are waiting within their clinical target date or within 25% excess of their clinical target date for their care or treatment.

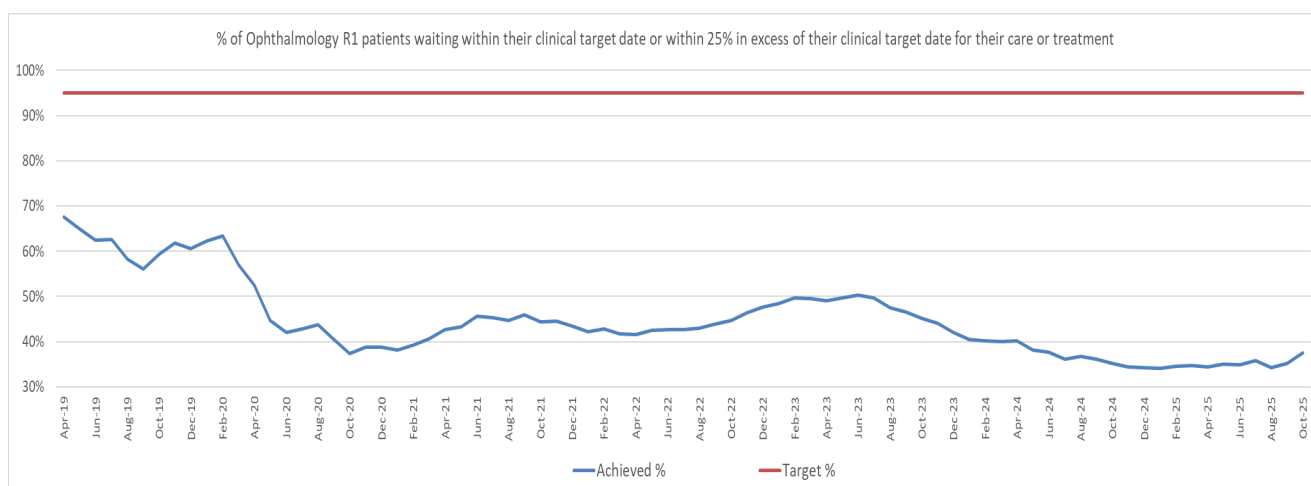
The Health Board is measured against two targets.

The first is the percentage of Ophthalmology R1 patients' appointments attended which were within their clinical target date or within 25% of their clinical target date. For HDdUHB the current delivery for this target is at 58% (as outlined in the table below) therefore, if 100 R1 patients were attending clinic, 58 of these patients will be booked on time or within 25% of their target date, but 42 of these patients booked into clinic are breaching their target date or 25% of their of their target date.



The second measure is the percentage of Ophthalmology R1 patients waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatment.

For HDdUHB the current delivery for this target is at 38% (as outlined in the table below). The Ophthalmology combined waiting list for new and follow up is 24,941, of which 17,998 are R1, so this measure would take the R1 cohort of 17,998 patients and measure the proportion of these patients waiting on the waiting list for clinic or treatment, that are on time or within 25% of their target date, this would be 6,839 patients (38%), however the proportion of these patients waiting who have breached their target date or are 25% beyond their target date for clinic or treatment would be 11,159 patients (62%).



In order to improve the second measure, the first measure cannot be adhered to. This means that instead of using the clinic capacity to treat the patients within their target date, the clinic capacity has to be dedicated to patients who have already breached their target date. This will then increase the waiting list target, but for a period will decrease the appointments attended target until sufficient capacity is grown to have seen the breaching patients. By seeing the breaching patients as a priority, the risk is reduced for the R1 cohort as the longest waiting patients are seen first.

### Cefndir / Background

A report was presented to Board on 27 March 2025 detailing the gap in delivery for two subspecialties in Ophthalmology that have a high proportion of R1 patients. The two subspecialties were the Wet Age-Related Macular Degeneration (AMD) Service (specifically the delivery of intravitreal (IVT) injections) and the Glaucoma Service.

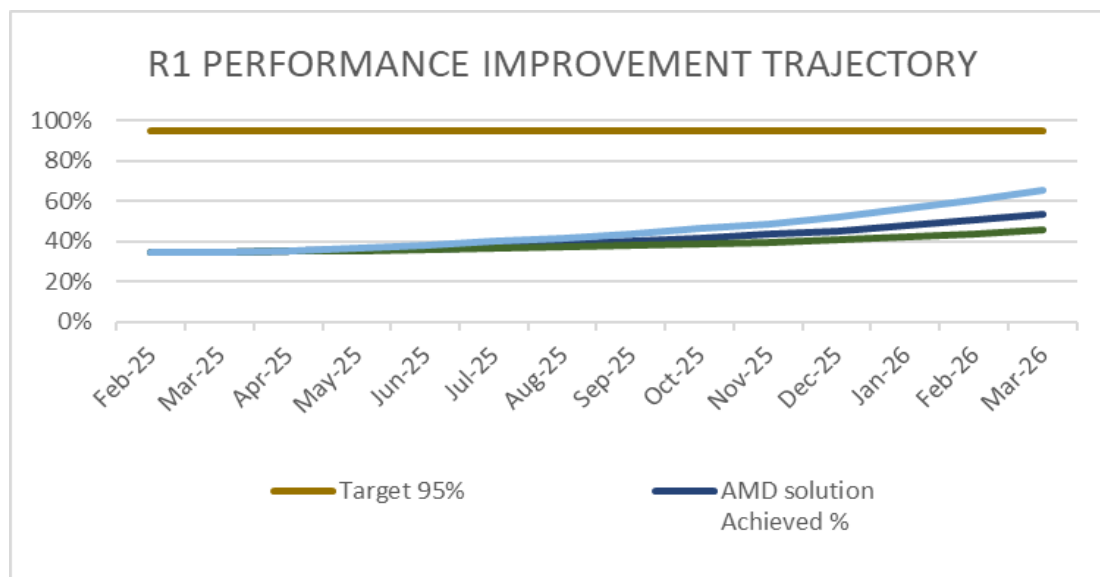
The report detailed a gap of 22.2 clinics per week to meet current demand for Stage 1 and a gap of 273 injections per week to meet the current demand on the intravitreal service. The paper detailed the solutions needed to progress the recovery of the R1 position. This was the investment in the Wet AMD service to deliver 183 injections or virtual reviews per week increasing delivery to 471 injections or virtual reviews per week, leaving a gap of 90 patients per week (1-week breach position), improving the overall R1 position from 38% to 53% in a 12-month period.

The report also detailed a solution for the Stage 1 cohort of patients, which was a cost-neutral solution, recruiting into the Ophthalmology vacancies, gaining the service eight additional clinics:

- Four of these additional clinics was proposed would be provided through the regional consultant posts;
- Three of these clinics would be provided by the Speciality and Associate Specialist (SAS) doctor posts and;
- One of these clinics would be provided by a change of job plan to the current Regional Glaucoma Consultant.

These clinics could then be dedicated to the sub-specialties providing R1 delivery, providing an additional 80 patients per week, totalling 4,160 patients in a 52-week period. The increase of eight additional clinics per week would improve the overall R1 position from 38% to 46% over a 12-month period.

The combined solutions outlined a recovery of the overall R1 position to 65%. The below chart demonstrates the recovery of each solution separately and the combined solution.



The Board decision was to support the report through the 2025/26 annual planning cycle and the costs outlined for the recovery of the R1 position to 65% was agreed.

### Cost of increasing the Intravitreal Injections

**Staffing:** £413,037.85  
**Drugs:** £2,948,015.29 (£1,600,000 was in the current budget for 2025/2026 as underspend)  
**Total:** £3,361,053.14

### Asesiad / Assessment

Since the funding was approved the Ophthalmology Team has been working towards the delivery of the additional clinic delivery within the Health Board both for Glaucoma and IVT Injections.

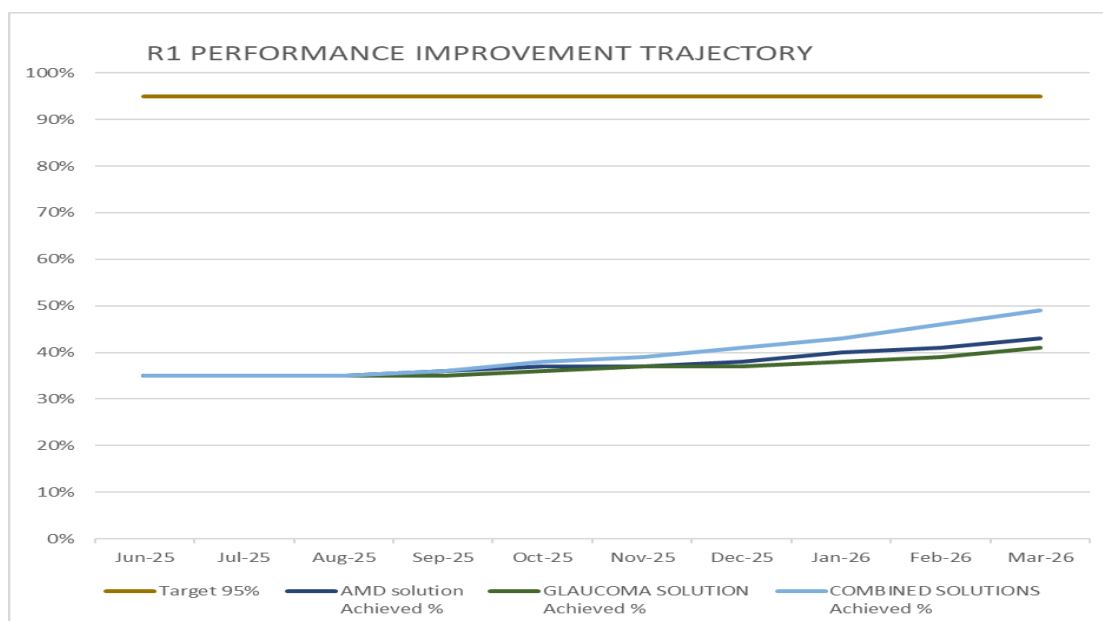
To date, all the staff required to deliver the IVT Injection Clinics have been recruited. The non-medical injectors have been training to undertake injections and of the 3 non-medical injectors recruited, one is now competent to inject, one is expected to be signed off by the end of November 2025 and the third is still training expected to be signed off by January 2026. Of the three SAS doctors recruited, two have been signed off as competent to inject and are currently being trained to review patients and the third has just commenced in post and is in their induction period. The two regional consultant posts are expected to be out to advert by the end of November 2025 with a 6-month period to recruit and onboard.

In addition to the workforce being recruited and trained (or in training). The additional accommodation needed to deliver the extra clinics has been secured on three of the four injection sites with the exception being at Amman Valley Hospital.

- Withybush Hospital (WGH) will increase to 5 full days per week imminently;
- Cardigan Integrated Care Centre will increase by another full day as soon as the nursing staff to support the service have completed their competencies (end of November 2025); and
- North Road Eye Clinic in Aberystwyth will increase to six clinics weekly as soon as the new SAS doctors has completed her competencies (January 2026)

Amman Valley Hospital continues to pose a problem due to the IVT suite being utilised for other clinics on a Thursday and Friday, preventing the increase of IVT injections being undertaken. The solution to this issue is outside of the control of the Ophthalmology Service and a report has been submitted to the Clinical Care Group for information, with an accommodation meeting to be held to work through possible solutions.

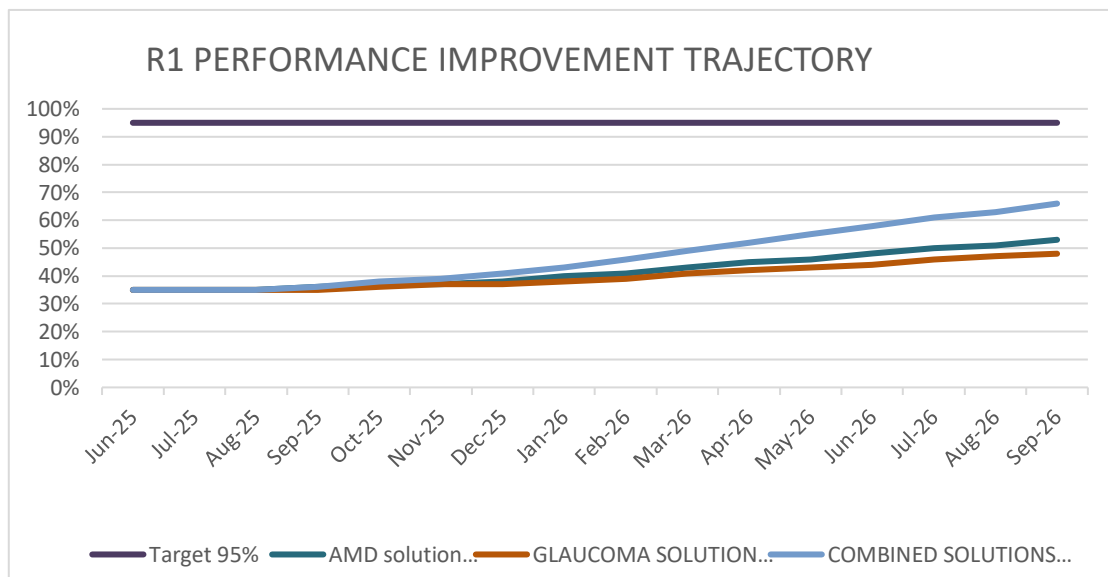
The above issues in the delayed R1 delivery were presented in an updated R1 report in August 2025, which identified a new trajectory for delivery as outlined in the below graph, this showed an improvement trajectory to 49% by March 2026.



The below table demonstrates the target for each month until March 2026. Highlighted in yellow is the predicted delivery for October 2025, which is at 38%, demonstrating that the new trajectory is being maintained to date. The introduction of clinics will continue until September 2026 increasing delivery incrementally. Validation clerks are also being recruited to validate the 17,998 patients on the R1 waiting list, to ensure all duplicates and non-R1 patients are removed.

	Target 95%	AMD solution Achieved %	GLAUCOMA SOLUTION Achieved %	COMBINED SOLUTIONS Achieved %
Jun-25	95%	35%	35%	35%
Jul-25	95%	35%	35%	35%
Aug-25	95%	35%	35%	35%
Sep-25	95%	36%	35%	36%
Oct-25	95%	37%	36%	38%
Nov-25	95%	37%	37%	39%
Dec-25	95%	38%	37%	41%
Jan-26	95%	40%	38%	43%
Feb-26	95%	41%	39%	46%
Mar-26	95%	43%	41%	49%

The timeline to meet the 65% of Ophthalmology R1 patients waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatment has been outlined below, provided the Ophthalmology posts are filled within the given timelines.



## Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **TAKE ASSURANCE** that the R1 delivery plans are progressing towards the outlined trajectory and will recover the R1 position to the TI target of 65% by September 2026.

The additional clinic resources will focus mainly on the delivery of Glaucoma patients and that the recurrent funding for IVT delivery will be utilised fully in 2026/2027 as the service continues to expand to meet its goal of delivering timely care to this high-risk group.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1664 ('Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit'). Risk Score: 16.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 4 Planned care, diagnostics and cancer Recovery 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	<a href="https://www.rcophth.ac.uk/resources-listing/intravitreal-injection-therapy/">https://www.rcophth.ac.uk/resources-listing/intravitreal-injection-therapy/</a>  <a href="https://www.nice.org.uk/guidance/ng82/chapter/recommendations">https://www.nice.org.uk/guidance/ng82/chapter/recommendations</a>  <a href="https://www.gov.wales/eye-care-measures-nhs-outpatients">https://www.gov.wales/eye-care-measures-nhs-outpatients</a>  <a href="https://www.gov.uk/guidance/moving-healthcare-closer-to-home">https://www.gov.uk/guidance/moving-healthcare-closer-to-home</a>
Rhestr Termiau: Glossary of Terms:	AVH - Amman Valley Hospital HDUHB - Hywel Dda University Health Board IVT - Intravitreal injections R1 - Risk factor 1 TI - Targeted Intervention
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Clinical Care Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Already agreed through annual plan.
<b>Risg / Cyfreithiol:</b> <b>Risk / Legal:</b>	Failure as a Health Board and public service provider to look after the health and welfare of our citizens in line with required standards.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Provide timely care to all patients classified as HFR code R1 within 25% of their target date.
<b>Gweithlu:</b> <b>Workforce:</b>	To develop services in line with additional infrastructure through capital investment and further investment in workforce to close the gap of 14.2 clinics per week.
<b>Risg:</b> <b>Risk:</b>	Risk outlined in Risk 1664 ('Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit').

<b>Cyfreithiol:</b> <b>Legal:</b>	Failure as a Health Board and public service provider to look after the health and welfare of our citizens in line with required standards.
<b>Enw Da:</b> <b>Reputational:</b>	Failure as a Health Board and public service provider to look after the health and welfare of our citizens in line with required standards.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No risk to privacy identified.
<b>Cydraddoldeb:</b> <b>Equality:</b>	No risk to equality identified.