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The investigation of a complaint against Hywel Dda University Health Board

A report by the
Public Services Ombudsman for Wales
Case: 202403251

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Introduction

This report is issued under s.23 of the Public Services Ombudsman (Wales) Act 2019.

We have taken steps to protect the identity of the complainant and others, as far as possible. The name of the complainant and others has been changed as well.

Summary

Mrs C complained about whether the standard of care provided to her mother, Mrs B, for the management of her cataract (when the lens in the eye develops a cloudy patch) to her right eye was clinically appropriate and timely.

The investigation found that Hywel Dda University Health Board ("the Health Board") did not respond appropriately to advice it requested from a Second Health Board regarding Mrs B's care. During the COVID-19 pandemic when public health measures which were put in place to prevent the spread of infection I have seen no evidence that the Health Board considered guidance in place at the time to assess the risk this would cause to Mrs B. When Mrs B was seen again, following the easing of these measures, the review she underwent was inadequate. Relevant tests were not undertaken, a letter to her GP regarding medication was insufficiently detailed and an opportunity was missed to make an earlier referral for further treatment. During the period of time under investigation Mrs B experienced numerous cancelled clinic appointments.

These are significant service failings. Mrs B, who is blind in her left eye, is now also significantly sight impaired in her right eye. Mrs C has described the devastating impact this has had on both Mrs B and her wider family. I also consider that the failures in this case are ones from which other health boards can learn. I have seen no evidence the Health Board assessed the potential harm to Mrs B when cancelling clinic appointments. Earlier opportunities to identify the seriousness of Mrs B's condition, and to refer her for further treatment, were also missed.

The Ombudsman made a number of recommendations which the Health Board accepted:

Within 1 month:

a) Apologise to Mrs B and Mrs C for the failings identified in this report.

b) Offer Mrs B financial redress in the sum of £4,500 reflecting the serious failings I have found and the resulting and lasting significant impact upon her. To further offer Mrs B redress of £300 for the time and trouble she has been put to in pursuing her complaint.

c) Remind the clinicians involved in Mrs B's care of the importance of reviewing preceding clinical letters, especially where a patient has been lost to follow-up, and of making prompt referrals for patients that require specialist care.

d) Remind the Speciality Doctor of the importance of keeping sufficiently detailed patient records and clinic letters.

e) Review policies relating to the management of outpatient clinic appointments to ensure that the patients with greatest clinical needs are prioritised, particularly when clinics are wholly or partially cancelled.

The Complaint

1. Mrs C complained about whether the standard of care provided to her mother, Mrs B, for the management of her cataract (when the lens in the eye develops a cloudy patch) was clinically appropriate and timely.

Investigation

2. I obtained comments and copies of relevant documents from Hywel Dda University Health Board ("the Health Board") and considered those in conjunction with the evidence provided by Mrs B. I also obtained professional advice from 1 of my professional advisers, a Consultant Ophthalmic Surgeon. The Adviser was asked to consider whether, without the benefit of hindsight, the care or treatment had been appropriate in the situation complained about. I determine whether the standard of care was appropriate by making reference to relevant national standards or regulatory, professional or statutory guidance which applied at the time of the events complained about. I have not included every detail investigated in this report, but I am satisfied that nothing of significance has been overlooked.

3. Both Mrs C and the Health Board were given the opportunity to see and comment on a draft of this report before the final version was issued.

Relevant legislation and guidance

4. Prioritisation of ophthalmic procedures guidance document, Royal College of Ophthalmologists, May 2020 ("the Prioritisation Guidance"). This guidance was developed during the COVID-19 pandemic to aid ophthalmic services in the prioritisation of surgical procedures. Cataract surgery for angle closure glaucoma, where imminently sight threatening, is listed as a procedure that should be carried out within 4 weeks, as deferment presents a high risk of harm to the patient.

5. Management of Ophthalmology Services during the COVID pandemic, Royal College of Ophthalmologists ("the Management Guidance"). This states that the risk of patients acquiring COVID-19 during an ophthalmology appointment must be weighed against their risk of coming

to harm by failing to treat eye disease. Ophthalmology services for conditions which are imminently threatening to sight, eye integrity or life threatening are listed as those which "MUST CONTINUE" especially if the only/better seeing eye is affected.

The background events

6. On 25 June **2012** a Consultant Ophthalmologist ("the Consultant Ophthalmologist") from the Health Board wrote to a Consultant Ophthalmic Surgeon ("the Ophthalmic Surgeon") from another health board ("the Second Health Board") regarding Mrs B. He detailed Mrs B's current condition and treatment and wrote that "I would be grateful for your advice on her future management".

7. On 30 August, having reviewed Mrs B, the Ophthalmic Surgeon wrote to the Consultant Ophthalmologist with his findings. These included a diagnosis of right eye early primary angle closure (a condition which causes narrowing of the fluid drainage passages of the eye and effects how fluid escapes from the eye. This can cause pressure to rise in the eye and may result in permanent damage to vision). In respect of treatment, he wrote that Mrs B "needs right YAG laser peripheral iridotomy in the near future". A YAG laser peripheral iridotomy ("YAG PI") involves the creation of a small hole in the iris to help treat raised pressure in the eye. This was followed by a further letter dated 15 October detailing treatment Mrs B had undergone which stated that "At some stage she may well benefit from a right lens extraction/YAG laser peripheral iridotomy".

8. Mrs B was eventually discharged from the care of the Second Health Board in July **2015**. During this time she only received treatment for cysts on her eyelids.

9. Mrs B attended appointments arranged by the Health Board throughout **2019**. During this time her left eye was predominantly monitored and checked due to a previous history of complications following treatment for glaucoma (increased pressure in the eye causing damage to the nerve that connects the eye to the brain) in 2012.

10. On 20 January **2020,** Mrs B was reviewed by an Associate Specialist in Ophthalmology. It was noted that she was blind in her left eye and had some degree of cataract in her right eye. Mrs B was advised to continue lubricant drops and a plan was made for her to be reviewed in 3 months, or sooner if needed.

11. On 10 June **2021**, the Health Board received a referral from Mrs B's optician as they had noted she had a dense nuclear sclerotic cataract (where the lens of the eye hardens and becomes cloudy) in her right eye. The referral included a form completed by Mrs B indicating that she would be willing to consider surgery. On 14 July an "Eye Care Services New Referrals Grading" Sheet was completed. This noted that Mrs B should be seen in clinic within 12 weeks and set a target date of 25 September.

12. The Health Board cancelled appointments in November and December and Mrs B was next seen on 3 March **2022** by a Speciality Doctor in Ophthalmology ("the Speciality Doctor"). She was identified as having primary open angle glaucoma in her right eye. A plan was made to postpone cataract surgery in order to treat Mrs B's raised eye pressure, and she was prescribed eye drops.

13. The Health Board cancelled a further appointment in March. Mrs B was next seen on 20 April. She was recorded as displaying signs of a significant cataract in her right eye.

14. Appointments in June and August were cancelled by the Health Board. Mrs B was next seen on 6 October when she was listed for urgent right cataract surgery. She underwent a pre-operative assessment on 1 November where she was classed as fit for surgery to go ahead.

15. Mrs B was next seen on 8 February **2023**. At this appointment it was recorded that Mrs B had stopped using the eye drops that had been prescribed by the Speciality Doctor in March 2022. Mrs B was instructed to restart the drops. During that appointment it was noted that Mrs B's vision was now "quite bad" in her right eye. Following that appointment the clinician that had seen Mrs B contacted a waiting list coordinator and asked that it be arranged for Mrs B to undergo cataract surgery within the next 2 months.

16. By 8 March, when Mrs B was next seen, the pressure in her right eye had shown improvement, and Mrs B was prescribed additional eye drops in order to bring the pressure down further. Mrs B subsequently had cataract surgery to her right eye on 24 March.

17. On 12 April, an appointment was cancelled by the Health Board. On 20 April Mrs B was reviewed following her cataract surgery. Her right eye was recorded as settling well and that she was continuing to use anti-glaucoma eye drops.

18. When Mrs B was next seen on 8 June she reported that the sight in her right eye had deteriorated and that her optician had informed her that she had advanced optic nerve damage to her right eye. Following this appointment, Mrs B was certified as severely sight impaired and referred to another consultant ophthalmologist ("the Consultant Ophthalmologist"). This letter was copied to Mrs B's optician and GP, with the GP being asked to continue a prescription of eye drops and to arrange social and psychological support for Mrs B who had reported feeling depressed at her further loss of vision.

19. Mrs B's daughter, Mrs C, complained to the Health Board on her mother's behalf on 9 August. Mrs C said that her mother had waited 2 years for cataract surgery, during which time her optic nerve had become severely damaged. Mrs C said that numerous appointments had been cancelled, despite her mother now being almost blind.

20. The Health Board responded to Mrs C's complaint on 1 May **2024**. It said that there had been delays in providing clinic appointments in 2020 and 2021 due to pressures caused by the COVID-19 pandemic, but that Mrs B was seen regularly during 2022 and 2023. It said that Mrs B did not use eye drops between November 2022 and February 2023 which likely contributed to additional damage to the optic nerve. It said that the outcome of cataract surgery on a patient with glaucoma is usually not as good as those in a patient without glaucoma.

Mrs C's evidence

21. Mrs C complained to the Ombudsman in July. Mrs C said 11 appointments were cancelled by the Health Board during the time her mother was waiting for surgery. She said that had these appointments gone ahead the deterioration in her mother's optic nerve may have been picked up, and cataract surgery performed earlier. Mrs C said that her mother had always used eye drops as prescribed, but that these drops were not always prescribed consistently by the Health Board, which sought to blame her mother for periods where they were not used. Mrs C said her mother's eye pressure was not checked during her pre-operative assessment or on the morning of the cataract surgery. She said that her mother was told she had optic nerve damage during the appointment in April, but that this was not recorded in her medical records. Mrs C said that her mother underwent further procedures to try and preserve the sight in her right eye in June and July 2024 but that these had been unsuccessful. She said that her mother was told by a consultant in July that she had been referred to them too late.

22. As her mother had already lost the sight in her left eye, Mrs C said that the deterioration in her right eye has resulted in her losing her confidence and independence, and becoming depressed and isolated. She said that her mother now needed assistance with most aspects of daily living and receives care to allow her to live at home. This was very distressing for both her and her family.

The Health Board's evidence

23. The Health Board said that Mrs B was not followed up within 3 months of the January 2020 appointment due to COVID-19 restrictions as all elective work was postponed.

24. In relation to surgery, the Health Board said that this was first discussed with Mrs B in April 2022, who said that she would think about whether to have the surgery. When Mrs B was next seen in October 2022 she was listed for surgery. This surgery subsequently took place in March 2023, which was within the expected timeframe for cataract surgery.

25. Post-surgery, the Health Board said that Mrs B and Mrs C were given discharge advice. It said that patients with uncomplicated cataract surgery were usually discharged but Mrs B was kept in the system due to her other eye conditions. She was followed up within 4 weeks, and at this appointment it was noted that Mrs B's eye was settling well.

26. In commenting on a draft of this report, the Health Board said that it did not consider the letters from the Ophthalmic Surgeon in August and October 2012 to be a referral for treatment. Rather it considered them to be for information purposes only. It said that the letter of 30 August was not in Mrs B's notes but that the letter of 15 October had been reviewed and annotated by a doctor who had indicated that it was for filing only.

Professional Advice

27. The Adviser said that the Health Board did not take appropriate action following the letter of August 2012 from the Ophthalmic Surgeon. As such Mrs B was "lost to follow-up" meaning that she was not receiving intended continuing care. They said that when Mrs B was seen in 2019 her previous records should have been checked and reviewed. This was of particular importance given Mrs B's past medical history with her left eye. The Adviser said that a YAG PI should have been done in Mrs B's right eye as soon as possible as by that point 7 years had elapsed since the recommendation was made.

28. The Adviser said that YAG PI is a temporary measure to treat angle closure in the presence of a cataract. Cataract extraction is recognised as a crucial treatment for this condition as, if the cataract is left to grow, it can cause damage to the optic nerve.

29. The Adviser was unable to identify any evidence that Mrs B had undergone visual field tests or Optical Coherence Tomography Scans of the optic nerve ("OCT scans" – where light is used to create a picture of the back of the eye) from 2019 onwards, even when it was evident in 2022 that Mrs B had glaucomatous changes. Had these been carried out, the Adviser's opinion was that a trend of deterioration would have been evidenced that should have prompted more urgent treatment.

30. Concerning the finding by the Specialty Doctor on 8 March 2022 that Mrs B had primary open angle glaucoma, the Adviser said that this was not clinically backed up by any documentation in the notes such as an evaluation of Mrs B's anterior chamber depth ("ACD" – the space between the iris and the front most part of the eye). The Adviser said that, had Mrs B's ACDs been checked, it would have been obvious that they were progressively narrowing, and therefore cataract surgery should have been performed without delay.

31. Whilst the Specialty Doctor sent a letter to Mrs B's GP informing them that Mrs B had been prescribed eye drops, it contained no specific instructions as to the dose or duration, or whether it should be continued as a repeat prescription. This letter was not copied to Mrs B. The Adviser said that when a new medication is commenced a clinic letter should be copied to the person who made the referral, the patient and their GP. This letter should detail the dose, frequency and duration of the medication as well as who to contact if the patient encounters any problems in using or obtaining the medication. The Adviser added that not using eye drops potentially caused further rises in the pressure within Mrs B's right eye and as a result deterioration of her optic nerve.

32. Whilst the COVID-19 restrictions did cause unavoidable delays, the Adviser referred to the Management Guidance and the Prioritisation Guidance (see paragraphs 4 and 5). As Mrs B had already lost the sight in her left eye, her clinical appointments, reviews and treatment should have continued during this time, either face-to-face in clinic or virtually by arranging regular review of Mrs B by her optician who would share their findings with the hospital clinicians. Had this happened the Adviser was of the view that the deterioration in her sight and the thinning of her optic nerve would have been evident. This would have necessitated cataract surgery as a matter of urgency, which should have taken place within 4 weeks according to the guidance.

33. When Mrs B did undergo surgery the Adviser could find no evidence that her eye pressure was checked in advance. The Adviser said that this check was not routine but it was good practice for glaucoma patients to have their eye pressure checked on the day of surgery. This provides a crucial baseline to assess any changes after

surgery. The Adviser said that it was difficult to establish the likely impact of the check not being carried out. They said that Mrs B's operation was longer than usual for cataract surgery, but that no complications were documented. When Mrs B's eye pressure had last been checked – 10 days prior to surgery – it had reduced and was not at a level where surgery would not be recommended.

34. The Adviser said that the clinic on 12 April 2023 was only partially cancelled and that Mrs B should have been seen on this date. As a glaucoma patient Mrs B was at higher risk of postoperative spikes in her eye pressure, which could lead to further optic nerve damage. Mrs B's next outpatient appointment was on 8 June. The Adviser said it was correct to refer Mrs B to the Consultant Ophthalmologist. However, they also said that this should have been done much sooner, and certainly after Mrs B's review in March 2022.

35. The Adviser noted deficiencies in the Electronic Patient Record system ("the EPR system" – a computer based system for storing the medical history of patients). At present the EPR system does not highlight patients with a sight threatening disease that must be seen in clinic or who are due for follow-up. Without this information the Adviser said that there was a risk patients would continue to be lost to follow-up, as was the case with Mrs B.

36. The Adviser concluded that Mrs B had not received appropriate care and treatment. If she had, Mrs B would likely have retained useful vision in her right eye.

Analysis and conclusions

37. The Health Board did not act in a timely manner following the advice from the Ophthalmic Surgeon in August and October 2012. The Health Board has said that it does not consider the letters as referrals for treatment but it is clear that these letters arose because the Health Board sought advice from the Second Health Board on treatment for Mrs B. As such the onus was on the Health Board to ensure that Mrs B received that treatment. 7 years elapsed before Mrs B was seen again

by the Health Board, but I have seen no evidence that her records were reviewed at this point, or that any action was taken to establish if the YAG PI recommended in 2012 had been carried out.

38. The COVID-19 pandemic and the public health measures which were put in place to prevent the spread of infection made it harder to provide treatment for non-COVID-19 related conditions. During times of peak infection and hospital admissions, staff resources were severely stretched to such an extent that treatments for other non-COVID conditions were suspended for significant periods of time. My investigation carefully considered this context and took into account both the Management Guidance and the Prioritisation Guidance, which were applicable at the time.

39. In January 2020 it was documented that Mrs B was blind in her left eye, in addition to having a cataract in her right eye. The Health Board has said that there was a delay in Mrs B receiving further treatment because the COVID-19 pandemic meant all elective work was postponed. The Management Guidance states that the risk to patients in respect of COVID-19 should be weighed against the risk to their sight. I have seen no evidence that such an assessment was made in Mrs B's case.

40. Despite receiving a referral from Mrs B's optician, it was over 2 years before she was seen again in March 2022. Had Mrs B been seen during this time, and appropriate tests carried out, the Adviser was of the view that the deterioration in Mrs B's sight would have been evident. This would have identified that surgery should have been carried out within 4 weeks, in line with the Prioritisation Guidance.

41. The Adviser has raised serious concerns about the review that Mrs B underwent in March 2022. Relevant tests were not undertaken, the letter to Mrs B's GP regarding eye drops was insufficiently detailed and an opportunity was missed to make an earlier referral to the Consultant Ophthalmologist.

42. Mrs C said that she felt that her mother was blamed for not continuing eye drops prescribed by the Speciality Doctor. There is no

evidence that either Mrs B nor her GP were made aware of the need to continue the eye drops, and by the time she was reviewed in February 2023 her eye pressure had risen significantly. The Adviser has said this could cause further deterioration of Mrs B's optic nerve.

43. These are significant service failures. The Adviser has said that had they not occurred Mrs B, who is blind in her left eye, would likely have retained useful vision in her right eye. Instead, she is now significantly sight impaired. Mrs C has described the devastating impact this has had on Mrs B and her family. As such Mrs C's complaint is **upheld**.

44. I also consider that the failures in this case are ones from which other health boards can learn. I have seen no evidence the Health Board assessed the potential harm to Mrs B when cancelling clinic appointments. Earlier opportunities to identify the seriousness of Mrs B's condition, and to refer her for further treatment, were also missed.

45. In respect of the Advisers concerns regarding the EPR system this is potentially a national issue as the system is used by other health boards in Wales. As such the final report will be shared with the Welsh Government and this concern highlighted for its consideration.

Recommendations

46. I **recommend** that within **1 month** of the date of the final report the Health Board:

a) Apologise to Mrs B and Mrs C for the failings identified in this report.

b) Offer Mrs B financial redress in the sum of £4,500 reflecting the serious failings I have found and the resulting and lasting significant impact upon her. To further offer Mrs B redress of £300 for the time and trouble she has been put to in pursuing her complaint.

c) Remind the clinicians involved in Mrs B's care of the importance of reviewing preceding clinical letters, especially where a patient has been lost to follow up, and of making prompt referrals for patients that require specialist care.

d) Remind the Speciality Doctor of the importance of keeping sufficiently detailed patient records and clinic letters.

e) Review policies relating to the management of outpatient clinic appointments to ensure that the patients with greatest clinical needs are prioritised, particularly when clinics are wholly or partially cancelled.

47. I am pleased to note that in commenting on the draft of this report **the Health Board** has agreed to implement these recommendations.

25 February 2026

Michelle Morris
Ombwdsmon Gwasanaethau Cyhoeddus | Public Services Ombudsman

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Ymchwiliad i gŵyn yn erbyn

Bwrdd Iechyd Prifysgol Hywel Dda

Adroddiad gan
Ombwdsmon Gwasanaethau Cyhoeddus Cymru
Achos: 202403251

Cynnwys	Tudalen

Cyflwyniad

Cyhoeddir yr adroddiad hwn o dan adran 23 o Ddeddf Ombwdsmon Gwasanaethau Cyhoeddus (Cymru) 2019.

Rydym wedi cymryd camau i ddiogelu hunaniaeth yr achwynydd ac eraill, cyn belled â phosib. Mae enw'r achwynydd ac eraill wedi'i newid hefyd.

Crynodeb

Cwynodd Mrs C ynghylch a oedd safon y gofal a roddwyd i'w mam, Mrs B, i reoli ei chataract (pan fydd y lens yn y llygad yn datblygu darn cymylog) yn ei llygad dde, yn briodol yn glinigol ac yn amserol.

Canfu'r ymchwiliad fod Bwrdd Iechyd Prifysgol Hywel Dda ("y Bwrdd Iechyd") heb ymateb yn briodol i gyngor a dderbyniodd wrth Ail Fwrdd Iechyd ynglŷn â gofal Mrs B. Yn ystod y pandemig COVID 19, pan roddwyd mesurau iechyd y cyhoedd ar waith i atal lledaeniad yr haint, nid wyf wedi gweld unrhyw dystiolaeth fod y Bwrdd Iechyd wedi ystyried y canllawiau a oedd yn eu lle ar y pryd i asesu'r risg y byddai hyn ei achosi i Mrs B. Pan welwyd Mrs B eto, ar ôl i'r mesurau hyn lacio, roedd yr archwiliad a gafodd yn annigonol. Ni chynhaliwyd profion perthnasol, roedd llythyr a anfonwyd at ei meddyg teulu ynglŷn â meddyginiaeth yn brin o fanylion, a chollwyd cyfle i wneud atgyfeiriad cynharach am driniaeth bellach. Yn ystod y cyfnod dan ymchwiliad, canslwyd nifer o apwyntiadau clinig Mrs B.

Mae'r rhain yn fethiannau sylweddol yn y gwasanaeth. Mae gan Mrs B, sy'n ddall yn ei llygad chwith, amhariad sylweddol ar ei golwg yn ei llygad dde erbyn hyn. Mae Mrs C wedi disgrifio'r effaith ddinistriol y mae hyn wedi'i chael ar Mrs B a'i theulu ehangach. Rydw i hefyd yn ystyried bod y methiannau yn yr achos hwn yn rhai y gall byrddau iechyd eraill ddysgu wrthynt. Nid wyf wedi gweld unrhyw dystiolaeth fod y Bwrdd Iechyd wedi asesu'r niwed posib i Mrs B wrth ganslo apwyntiadau clinig. Collwyd cyfleoedd cynharach hefyd i adnabod difrifoldeb cyflwr Mrs B, a'i hatgyfeirio am driniaeth bellach.

Gwnaeth yr Ombwdsmon nifer o argymhellion y mae'r Bwrdd Iechyd wedi'u derbyn:

O fewn 1 mis:

a) Ymddiheuro i Mrs B a Mrs C am y methiannau a nodwyd yn yr adroddiad hwn.

b) Cynnig iawndal ariannol o £4,500 i Mrs B er mwyn adlewyrchu'r methiannau difrifol rydw i wedi'u canfod a'r effaith sylweddol a pharhaol arni. At hynny, cynnig iawndal o £300 i Mrs B am yr amser a'r drafferth a dreuliodd yn mynd ar drywydd ei chŵyn.

c) Atgoffa clinigwyr a oedd yn rhan o ofal Mrs B o bwysigrwydd adolygu llythyrau clinigol blaenorol, yn enwedig lle nad yw'r claf yn cael y gofal a gynlluniwyd, ac o wneud atgyfeiriadau prydlon ar gyfer cleifion sydd angen gofal arbenigol.

ch) Atgoffa'r Meddyg ag Arbenigedd o bwysigrwydd cadw cofnodion digon manwl o gleifion a llythyrau clinig.

d) Adolygu polisïau sy'n ymwneud â'r broses o reoli apwyntiadau clinig cleifion allanol i sicrhau bod y cleifion sydd â'r anghenion clinigol mwyaf yn cael eu blaenoriaethu, yn enwedig pan fydd clinigau yn cael eu canslo'n gyfan gwbl neu'n rhannol.

Y gŵyn

1. Cwynodd Mrs C ynghylch a oedd safon y gofal a roddwyd i'w mam, Mrs B, i reoli ei chataract (pan fydd y lens yn y llygad yn datblygu darn cymylog), yn briodol yn glinigol ac yn amserol.

Ymchwiliad

2. Cefais sylwadau a chopïau o ddogfennau perthnasol gan Fwrdd Iechyd Prifysgol Hywel Dda ("y Bwrdd Iechyd") ac ystyriais y rheini ar y cyd â'r dystiolaeth a ddarparwyd gan Mrs B. Cefais gyngor proffesiynol hefyd wrth 1 o'm cynghorwyr proffesiynol, Llawfeddyg Offthalmig Ymgynghorol. Gofynnwyd i'r Cynghorwr ystyried, heb y fantais o edrych yn ôl, a oedd y gofal neu'r driniaeth wedi bod yn briodol yn y sefyllfa y cwynir amdani. Rwy'n penderfynu a oedd safon y gofal yn briodol drwy gyfeirio at safonau cenedlaethol perthnasol neu ganllawiau rheoleiddiol, proffesiynol neu statudol a oedd yn berthnasol adeg y digwyddiadau y cwynir amdanynt. Nid wyf wedi cynnwys pob manylyn yr ymchwiliwyd iddo yn yr adroddiad hwn, ond rwy'n fodlon nad oes dim o bwys wedi'i anwybyddu.

3. Rhoddwyd cyfle i Mrs C a'r Bwrdd Iechyd weld a rhoi sylwadau ar ddrafft o'r adroddiad hwn cyn cyhoeddi'r fersiwn derfynol.

Deddfwriaeth a chanllawiau perthnasol

4. Dogfen ganllawiau blaenoriaethu gweithdrefnau offthalmig, Coleg Brenhinol yr Offthalmolegwyr, Mai 2020 ("y Canllawiau Blaenoriaethu"). Datblygwyd y canllawiau hyn yn ystod y pandemig COVID-19 er mwyn helpu gwasanaethau offthalmig i flaenoriaethu gweithdrefnau llawfeddygol. Rhestrir llawdriniaeth cataract ar gyfer glawcoma ongl gaeedig, lle mae golwg person dan fygythiad ar unwaith, fel un y dylid ei chynnal o fewn 4 wythnos, gan fod gohirio yn peri risg uchel o niwed i'r claf.

5. Rheoli Gwasanaethau Offthalmoleg yn ystod y pandemig COVID, Coleg Brenhinol yr Offthalmolegwyr ("y Canllawiau Rheoli"). Mae hyn yn nodi bod rhaid pwyso a mesur y risg y bydd cleifion yn cael COVID-19 yn ystod apwyntiad offthalmoleg ochr yn ochr â'u risg o gael niwed drwy

fethu â thrin clefyd ar y llygad. Rhestrir gwasanaethau offthalmoleg ar gyfer cyflyrau sy'n bygwth y golwg, cyfanrwydd llygaid neu sy'n peryglu bywyd ar unwaith, fel rhai y mae'n "RHAID IDDYNT BARHAU" yn enwedig os yw'r unig lygad/y llygad sy'n gweld orau wedi'i effeithio.

Y digwyddiadau cefndir

6. Ar 25 Mehefin **2012** ysgrifennodd Offthalmolegydd Ymgynghorol ("yr Offthalmolegydd Ymgynghorol") y Bwrdd Iechyd at Lawfeddyg Offthalmig Ymgynghorol ("y Llawfeddyg Offthalmig") mewn bwrdd iechyd arall ("yr Ail Fwrdd Iechyd") ynglŷn â Mrs B. Manylodd ar gyflwr a thriniaeth bresennol Mrs B ac ysgrifennodd "byddwn yn ddiolchgar am eich cyngor ar ei rheolaeth yn y dyfodol".

7. Ar 30 Awst, ar ôl archwilio Mrs B, ysgrifennodd y Llawfeddyg Offthalmig at yr Offthalmolegydd Ymgynghorol gyda'i ganfyddiadau. Roedd y rhain yn cynnwys diagnosis o ongl gaeedig sylfaenol cynnar yn y llygad dde (cyflwr sy'n culhau llwybrau draenio hylif y llygad ac yn effeithio ar sut mae hylif yn dianc o'r llygad. Gall hyn achosi i bwysedd godi yn y llygad a gall arwain at niwed parhaol i'r golwg). O ran y driniaeth, ysgrifennodd fod angen "iridotomi ymylol laser YAG dde ar Mrs B yn y dyfodol agos". Mae iridotomi ymylol laser YAG ("YAG PI") yn cynnwys creu twll bach yn yr iris i helpu i drin pwysedd uwch yn y llygad. Dilynwyd hynny gyda llythyr pellach dyddiedig 15 Hydref yn manylu ar y driniaeth roedd Mrs B wedi'i derbyn, a nododd "Ar ryw bwynt, efallai y bydd yn elwa o dynnu'r lens dde/ iridotomi ymylol laser YAG".

8. Yn y pen draw, cafodd Mrs B ei rhyddhau o ofal yr Ail Fwrdd Iechyd ym mis Gorffennaf **2015**. Yn ystod y cyfnod hwn dim ond triniaeth ar gyfer systiau ar ei hamrannau a dderbyniodd.

9. Mynychodd Mrs B apwyntiadau a drefnwyd gan y Bwrdd Iechyd drwy gydol **2019**. Yn ystod y cyfnod hwn, roedd ei llygad chwith yn cael ei fonitro a'i wirio gan fwyaf oherwydd hen hanes o gymhlethdodau yn dilyn triniaeth am glawcoma (pwysedd cynyddol yn y llygad sy'n achosi niwed i'r nerf sy'n cysylltu'r llygad â'r ymennydd) yn 2012.

10. Ar 20 Ionawr **2020,** cafodd Mrs B ei harchwilio gan Arbenigwr Offthalmoleg Cyswllt. Nodwyd ei bod yn ddall yn ei llygad chwith gyda rhywfaint o gataract yn ei llygad dde. Cynghorwyd Mrs B i barhau i gymryd diferion iro a gwnaethpwyd cynllun i'w harchwilio mewn 3 mis neu'n gynt os oedd angen.

11. Ar 10 Mehefin **2021**, derbyniodd y Bwrdd Iechyd atgyfeiriad wrth optegydd Mrs B oherwydd fe wnaethant nodi bod ganddi gataract sglerotig niwclear dwys (lle mae lens y llygad yn caledu ac yn mynd yn gymylog) yn ei lygad dde. Roedd yr atgyfeiriad yn cynnwys ffurflen a gwblhawyd gan Mrs B yn nodi y byddai hi'n fodlon ystyried llawdriniaeth. Ar 14 Gorffennaf, cwblhawyd Taflen "Graddio Atgyfeiriadau Gwasanaethau Llygaid Newydd". Nododd y dylai Mrs B gael ei gweld yn y clinig o fewn 12 wythnos a gosodwyd dyddiad targed, sef 25 Medi.

12. Canslodd y Bwrdd Iechyd apwyntiadau ym mis Tachwedd a Rhagfyr a'r tro nesaf y cafodd Mrs B ei gweld oedd ar 3 Mawrth **2022** gan Feddyg ag Arbenigedd mewn Offthalmoleg ("y Meddyg ag Arbenigedd"). Gwelwyd bod ganddi glawcoma ongl agored sylfaenol yn ei llygad dde. Gwnaethpwyd cynllun i ohirio'r llawdriniaeth cataract er mwyn trin pwysedd uwch yn llygaid Mrs B, a chafodd ddiferion llygaid ar bresgripsiwn.

13. Canslodd y Bwrdd Iechyd apwyntiad pellach ym mis Mawrth. Gwelwyd Mrs B nesaf ar 20 Ebrill. Cafodd ei chofnodi fel rhywun a oedd yn dangos arwyddion o gataract sylweddol yn ei llygad dde.

14. Canslwyd apwyntiadau ym mis Mehefin ac Awst gan y Bwrdd Iechyd. Gwelwyd Mrs B nesaf ar 6 Hydref pan gafodd ei rhoi ar y rhestr am lawdriniaeth frys am gataract ar ei llygad dde. Cafodd asesiad cyn y llawdriniaeth ar 1 Tachwedd, lle barnwyd ei bod yn barod am lawdriniaeth.

15. Gwelwyd Mrs B nesaf ar 8 Chwefror **2023**. Yn yr apwyntiad hwn, cofnodwyd bod Mrs B wedi stopio defnyddio'r diferion llygaid a ragnodwyd gan y Meddyg ag Arbenigedd ym mis Mawrth 2022. Dywedwyd wrth Mrs B i ail-ddechrau'r diferion. Yn ystod yr apwyntiad hwnnw, nodwyd bod golwg Mrs B bellach yn "eithaf gwael" yn ei llygad dde. Yn dilyn yr

apwyntiad hwnnw, cysylltodd y clinigydd a welodd Mrs B â chydlynydd rhestrau aros a gofynnodd i drefniadau gael eu gwneud er mwyn i Mrs B gael llawdrinaeth cataract o fewn y 2 fis nesaf.

16. Erbyn 8 Mawrth, pan gafodd Mrs B ei gweld nesaf, gwelwyd gwelliant yn y pwysedd yn ei llygad dde, a chafodd Mrs B ddiferion llygaid ychwanegol ar bresgripsiwn er mwyn lleihau'r pwysedd ymhellach. Ar ôl hynny, cafodd Mrs B lawdrinaeth cataract ar ei llygad dde ar 24 Mawrth.

17. Ar 12 Ebrill, canslwyd apwyntiad gan y Bwrdd Iechyd. Ar 20 Ebrill, cafodd Mrs B ei harchwilio ar ôl ei llawdrinaeth cataract. Cofnodwyd bod ei llygad dde yn setlo'n dda a'i bod yn parhau i ddefnyddio diferion llygaid gwrth-glawcoma.

18. Pan gafodd Mrs B ei gweld nesaf ar 8 Mehefin, dywedodd fod y golwg yn ei llygad dde wedi dirywio a bod ei hoptegydd wedi dweud wrthi fod niwed datblygedig i'r nerf optig yn ei llygad dde. Ar ôl yr apwyntiad hwn, cafodd Mrs B ei hardystio fel rhywun ag amhariad difrifol ar y golwg a'i hatgyfeirio at offthalmolegydd ymgynghorol arall ("yr Offthalmolegydd Ymgynghorol"). Copïwyd y llythyr hwn i optegydd a meddyg teulu Mrs B, lle gofynnwyd i'r meddyg teulu barhau i roi presgripiswn am ddiferion llygaid ac i drefnu cymorth cymdeithasol a seicolegol i Mrs B a ddywedodd ei bod yn teimlo'n isel yn sgil y ffaith bod ei golwg wedi dirywio ymhellach.

19. Cwynodd merch Mrs B, Mrs C, i'r Bwrdd Iechyd ar ran ei mam ar 9 Awst. Dywedodd Mrs C fod ei mam wedi aros 2 flynedd am lawdriniaeth cataract, ac yn ystod y cyfnod hwnnw, cafodd ei nerf optig ei niweidio'n ddifrifol. Dywedodd Mrs C fod nifer o apwyntiadau wedi'u canslo, er gwaetha'r ffaith bod ei mam bron yn ddall bellach.

20. Ymatebodd y Bwrdd Iechyd i gŵyn Mrs C ar 1 Mai **2024**. Dywedodd fod oedi wedi bod wrth ddarparu apwyntiadau clinig yn 2020 a 2021 oherwydd y pwysau a achoswyd gan y pandemig COVID-19, ond gwelwyd Mrs B yn rheolaidd yn ystod 2022 a 2023. Dywedodd nad oedd Mrs B wedi defnyddio diferion llygaid rhwng Tachwedd 2022 a Chwefror 2023, a oedd yn debygol o fod wedi cyfrannu at niwed ychwanegol i'r nerf optig. Dywedir nad yw canlyniadau llawdriniaeth cataract ar glaf â glawcoma cystal â'r rhai ymhlith cleifion heb glawcoma.

Tystiolaeth Mrs C

21. Cwynodd Mrs C i'r Ombwdsman ym mis Gorffennaf. Dywedodd Mrs C fod 11 apwyntiad wedi'u canslo gan y Bwrdd Iechyd yn ystod y cyfnod roedd ei mam yn aros am lawdriniaeth. Dywedodd pe bai'r apwyntiadau hyn wedi digwydd, efallai y byddent wed sylwi ar y dirywiad yn nerf optig ei mam, ac y byddai'r llawdriniaeth cataract wedi'i wneud yn gynharach. Dywedodd Mrs C fod ei mam wastad wedi defnyddio diferion llygaid fel y rhagnodwyd, ond nad oedd y diferion hyn wastad wedi'u rhagnodi'n gyson gan y Bwrdd Iechyd, a oedd yn ceisio beio ei mam am y cyfnodau lle na chawsant eu defnyddio. Dywedodd Mrs C nad oedd pwysedd llygaid ei mam wedi'i wirio yn ei hasesiad cyn y llawdriniaeth nac ar fore'r llawdriniaeth cataract. Dywedodd fod ei mam wedi cael gwybod bod niwed i'w nerf optig yn ystod yr apwyntiad ym mis Ebrill, ond nad oedd hyn wedi'i gofnodi yn ei chofnodion meddygol. Dywedodd Mrs C fod ei mam wedi cael triniaethau pellach i geisio diogelu'r golwg yn ei llygad dde ym mis Mehefin a Gorffennaf 2024 ond bod y rhain wedi bod yn aflwyddiannus. Dywedodd y dywedwyd wrth ei mam gan ymgynghorydd ym mis Gorffennaf ei bod wedi'i hatgyfeirio atynt yn rhy hwyr.

22. Gan fod ei mam eisoes wedi colli golwg yn ei llygad chwith, dywedodd Mrs C fod y dirywiad yn ei llygad dde wedi arwain at golli ei hyder a'i hannibyniaeth, ac yn isel ac ynysig. Dywedodd fod ei mam bellach angen cymorth gyda'r rhan fwyaf o agweddau ar fywyd bob dydd ac yn derbyn gofal er mwyn iddi fyw gartref. Roedd hyn yn ofid mawr iddi hi a'i theulu.

Tystiolaeth y Bwrdd Iechyd

23. Dywedodd y Bwrdd Iechyd nad aethpwyd ar drywydd achos Mrs B o fewn 3 mis i apwyntiad Ionawr 2020 oherwydd cyfyngiadau COVID-19 gan fod yr holl waith dewisol wedi'i ohirio.

24. Mewn perthynas â llawdriniaeth, dywedodd y Bwrdd Iechyd i hyn gael ei drafod gyntaf gyda Mrs B ym mis Ebrill 2022, a ddywedodd y byddai'n ystyried a ddylai gael y llawdriniaeth. Pan gafodd Mrs B ei gweld nesaf ym mis Hydref 2022 cafodd ei rhoi ar y rhestr am lawdriniaeth. Cynhaliwyd y llawdriniaeth hon ym mis Mawrth 2023, a oedd o fewn yr amserlen ddisgwyliedig ar gyfer llawdriniaeth cataract.

25. Ar ôl y llawdriniaeth, dywedodd y Bwrdd Iechyd fod Mrs B a Mrs C wedi cael cyngor adeg ei rhyddhau. Dywedodd fod cleifion sydd wedi cael llawdriniaeth cataract anghymhleth fel arfer yn cael eu rhyddhau ond cadwyd Mrs B yn y system oherwydd y cyflyrau eraill ar ei llygaid. Cafodd ei gweld o fewn 4 wythnos, ac yn yr apwyntiad hwn nodwyd bod llygad Mrs B yn setlo'n dda.

26. Wrth roi sylwadau ar ddrafft o'r adroddiad hwn, dywedodd y Bwrdd Iechyd nad oedd yn ystyried y llythyrau oddi wrth y Llawfeddyg Offthalmig ym mis Awst a Hydref 2012 fel atgyfeiriad am driniaeth. Yn hytrach, roedd yn eu hystyried at ddibenion gwybodaeth yn unig. Dywedodd nad oedd llythyr 30 Awst yn nodiadau Mrs B ond bod llythyr 15 Hydref wedi cael ei adolygu a'i anodi gan feddyg a ddywedodd ei fod ar gyfer ffeilio yn unig.

Cyngor Proffesiynol

27. Dywedodd y Cynghorwr fod y Bwrdd Iechyd heb gymryd camau priodol yn dilyn llythyr Awst 2012 oddi wrth y Llawfeddyg Offthalmig. Felly"ni chafodd Mrs B y gofal a gynlluniwyd" sy'n golygu nad oedd hi'n derbyn y gofal parhaus a fwriadwyd. Dywedon nhw pan gafodd Mrs B ei gweld yn 2019 y dylid bod wedi gwirio ac adolygu ei chofnodion blaenorol. Roedd hyn o bwys arbennig o ystyried hanes meddygol blaenorol Mrs B gyda'i llygad chwith. Dywedodd y Cynghorwr y dylid bod wedi gwneud YAG PI yn llygad dde Mrs B cyn gynted â phosib gan fod 7 mlynedd wedi mynd heibio erbyn hynny ers gwneud yr argymhelliad.

28. Dywedodd y Cynghorwr fod YAG PI yn fesur dros dro i drin ongl gaeedig ym mhresenoldeb cataract. Caiff tynnu cataract ei gydnabod fel triniaeth hollbwysig ar gyfer y cyflwr hwn, oherwydd os yw'r cataract yn cael ei adael i dyfu, gall achosi niwed i'r nerf optig.

29. Nid oedd y Cynghorwr yn gallu nodi unrhyw dystiolaeth bod Mrs B wedi cael profion maes golwg neu Sganiau Tomograffeg Cydlyniant Optegol o'r nerf optig ("Sganiau OCT" – lle defnyddir golau i greu llun o gefn y llygad) o 2019 ymlaen, hyd yn oed pan oedd yn amlwg yn 2022 fod gan Mrs B newidiadau glawcomataidd. Pe bai'r rhain wedi'u cynnal, barn y Cynghorwr oedd y byddai tuedd o ddirywiad wedi'i weld a ddylai fod wedi ysgogi triniaeth fwy brys.

30. O ran yr hyn a welwyd gan y Meddyg ag Arbenigedd ar 8 Mawrth 2022 fod gan Mrs B glawcoma ongl agored sylfaenol, dywedodd y Cynghorwr nad oedd hyn wedi'i ategu'n glinigol gan unrhyw ddogfennaeth yn y nodiadau fel gwerthusiad o ddyfnder siambr pen blaen Mrs B ("ACD" – y gofod rhwng yr iris a rhan fwyaf blaen y llygad). Dywedodd y Cynghorwr, pe bai ACD Mrs B wedi'i wirio, byddai wedi bod yn amlwg ei fod yn culhau'n raddol, ac felly dylai llawdriniaeth cataract fod wedi'i chyflawni heb oedi.

31. Er bod y Meddyg ag Arbenigedd wedi anfon llythyr at feddyg teulu Mrs B yn dweud wrthynt fod diferion llygaid wedi'u rhagnodi ar gyfer Mrs B, nid oedd yn cynnwys unrhyw gyfarwyddiadau penodol o ran y dos na'r hyd, neu a ddylid ei barhau fel presgripsiwn rheolaidd. Ni chopiwyd y llythyr hwn i Mrs B. Dywedodd y Cynghorydd, pan fydd meddyginiaeth newydd yn cael ei dechrau, dylid copïo llythyr clinig i'r person a wnaeth yr atgyfeiriad, y claf a'u meddyg teulu. Dylai'r llythyr hwn fanylu ar y dos, amlder a hyd y feddyginiaeth yn ogystal â phwy i gysylltu ag ef os bydd y claf yn cael unrhyw broblemau wrth ddefnyddio neu dderbyn y feddyginiaeth. Ychwanegodd y Cynghorwr fod peidio â defnyddio'r diferion llygaid, o bosib, wedi achosi cynnydd pellach yn y pwysedd o fewn llygad dde Mrs B, ac o ganlyniad, dirywiad i'w nerf optig.

32. Er bod cyfyngiadau COVID-19 wedi achosi oedi anochel, cyfeiriodd y Cynghorwr at y Canllawiau Rheoli a'r Canllawiau Blaenoriaethu (gweler paragraffau 4 a 5). Gan fod Mrs B eisoes wedi colli golwg yn ei llygad chwith, dylai ei hapwyntiadau clinigol, archwiliadau a thriniaethau fod wedi parhau yn ystod y cyfnod hwn, naill ai wyneb yn wyneb yn y clinig neu'n rhithiol drwy drefnu archwiliad rheolaidd o Mrs B gan ei hoptegydd a fyddai'n rhannu eu canfyddiadau gyda chlinigwyr yr ysbyty. Pe bai hyn wedi digwydd, roedd y Cynghorwr o'r farn y byddai'r dirywiad yn ei golwg a'r teneuo yn ei nerf optig wedi bod yn amlwg. Byddai hyn wedi golygu bod angen llawdriniaeth cataract fel mater o frys, a ddylai fod wedi digwydd o fewn 4 wythnos yn ôl y canllawiau.

33. Pan gafodd Mrs B lawdriniaeth, ni allai'r Cynghorwr ddod o hyd i unrhyw dystiolaeth fod pwysedd ei llygaid wedi'i wirio ymlaen llaw. Dywedodd y Cynghorwr nad oedd y gwiriad hwn yn digwydd fel mater o drefn ond roedd yn arfer da ymhlith cleifion â glawcoma i wirio pwysedd eu llygaid

ar ddiwrnod y llawdriniaeth. Mae hyn yn cynnig llinell sylfaen hollbwysig i asesu unrhyw newidiadau ar ôl llawdrinaeth. Dywedodd y Cynghorwr ei bod hi'n anodd sefydlu effaith debygol peidio â chynnal y gwiriad. Dywedwyd bod llawdriniaeth Mrs B yn hirach na'r arfer ar gyfer llawdriniaeth cataract, ond ni chafodd unrhyw gymhlethdodau eu nodi. Pan gafodd pwysedd llygaid Mrs B ei wirio ddiwethaf – 10 diwrnod cyn llawdriniaeth – roedd wedi lleihau ac nid oedd ar lefel lle na fyddai llawdrinaeth wedi'i hargymell.

34. Dywedodd y Cynghorwr fod y clinig ar 12 Ebrill 2023 wedi'i ganslo'n rhannol yn unig ac y dylid bod wedi gweld Mrs B ar y dyddiad hwn. Fel claf glawcoma, roedd Mrs B mewn mwy o berygl o gynnydd ym mhwysedd ei llygaid ar ôl y llawdriniaeth, a allai arwain at fwy o niwed i'r nerf optig. Roedd apwyntiad nesaf Mrs B fel claf allanol ar 8 Mehefin. Dywedodd y Cynghorwr ei fod yn iawn i atgyfeirio Mrs B at yr Offthalmolegydd Ymgynghorol. Serch hynny, dywedon nhw hefyd y dylid bod wedi gwneud hyn yn llawer cynt, ac yn sicr ar ôl archwiliad Mrs B ym mis Mawrth 2022.

35. Nododd y Cynghorydd ddiffygion yn y system Cofnodion Cleifion Electronig ("system EPR" – system gyfrifiadurol ar gyfer storio hanes meddygol cleifion). Ar hyn o bryd, nid yw'r system EPR yn tynnu sylw at gleifion sydd â chlefyd sy'n bygwth golwg y mae'n rhaid eu gweld mewn clinig neu sydd i fod i gael apwyntiad dilynol. Heb y wybodaeth hon, dywedodd y Cynghorwr fod risg na fyddai cleifion yn dal i gael y gofal a gynlluniwyd, fel yn achos Mrs B.

36. Daeth y Cynghorwr i'r casgliad nad oedd Mrs B wedi derbyn gofal a thriniaeth briodol. Pe bai wedi, mae'n debygol y byddai Mrs B wedi cadw'r golwg defnyddiol yn ei llygad dde.

Dadansoddiad a chasgliadau

37. Ni wnaeth y Bwrdd Iechyd weithredu'n brydlon yn dilyn cyngor y Llawfeddyg Offthalmig ym mis Awst a Hydref 2012. Dywedodd y Bwrdd Iechyd nad yw'n ystyried y llythyrau fel atgyfeiriadau am driniaeth, ond mae'n amlwg bod y llythyrau hyn wedi codi oherwydd bod y Bwrdd Iechyd wedi gofyn am gyngor yr Ail Fwrdd Iechyd ynglŷn â thriniaeth ar gyfer Mrs B. Felly, roedd y cyfrifoldeb ar y Bwrdd Iechyd i sicrhau bod Mrs B yn derbyn y driniaeth honno. Roedd 7 mlynedd wedi pasio cyn i

Mrs B gael ei gweld unwaith eto gan y Bwrdd Iechyd, ond nid wyf wedi gweld unrhyw dystiolaeth fod ei chofnodion wedi cael eu hadolygu ar y pwynt yma, nac y cymerwyd unrhyw gamau i sefydlu a oedd yr YAG PI a argymhellwyd yn 2012 wedi'i gyflawni.

38. Gwnaeth y pandemig COVID-19 a'r mesurau iechyd y cyhoedd a roddwyd ar waith i atal lledaeniad yr haint hi'n anoddach darparu triniaethau ar gyfer cyflyrau nad oeddent yn gysylltiedig â COVID-19. Pan oedd yr haint a derbyniadau i'r ysbyty ar eu hanterth, roedd adnoddau staff dan bwysau difrifol i'r fath raddau fel bod triniaethau ar gyfer cyflyrau eraill nad oeddent yn gysylltiedig â COVID wedi'u hatal am gyfnodau sylweddol o amser. Ystyriodd fy ymchwiliad y cyd-destun hwn yn ofalus ac ystyriodd y Canllawiau Rheoli a'r Canllawiau Blaenoriaethu, a oedd yn berthnasol ar y pryd.

39. Ym mis Ionawr 2020 cafodd ei ddogfennu fod Mrs B yn ddall yn eu llygad chwith, yn ogystal â chael cataract yn ei llygad dde. Dywedodd y Bwrdd Iechyd y bu oedi wrth roi triniaeth bellach i Mrs B oherwydd bod yr holl waith dewisol wedi'i ohirio yn ystod y pandemig COVID-19. Mae'r Canllawiau Rheoli yn nodi y dylid pwyso a mesur y risg i gleifion mewn perthynas â COVID-19 ochr yn ochr â'r risg i'w golwg. Nid wyf wedi gweld unrhyw dystiolaeth fod asesiad o'r fath wedi'i wneud yn achos Mrs B.

40. Er gwaethaf derbyn atgyfeiriad gan optegydd Mrs B, roedd hi dros 2 flynedd cyn iddi gael ei gweld unwaith eto ym mis Mawrth 2022. Pe bai Mrs B wedi cael ei gweld yn ystod y cyfnod hwn, a bod profion priodol wedi'u cynnal, roedd y Cynghorwr o'r farn y byddai'r dirywiad yng ngolwg Mrs B wedi bod yn amlwg. Byddai hyn wedi dangos y dylai llawdrinaeth fod wedi'i gyflawni o fewn 4 wythnos, yn unol â'r Canllawiau Blaenoriaethu.

41. Cododd y Cynghorwr bryderon difrifol am yr archwiliad a wnaed ar Mrs B ym mis Mawrth 2022. Ni chynhaliwyd profion perthnasol, nid oedd y llythyr at feddyg teulu Mrs B ynglŷn â'r diferion llygaid yn ddigon manwl a chollwyd cyfle i wneud atgyfeiriad cynharach at yr Offthalmolegydd Ymgynghorol.

42. Dywedodd Mrs C ei bod yn teimlo bod ei mam wedi cael ei beio am beidio â pharhau i gymryd y diferion llygaid a ragnodwyd gan y Meddyg ag Arbenigedd. Nid oes unrhyw dystiolaeth fod naill ai Mrs B na'i meddyg teulu yn ymwybodol o'r angen i barhau â'r diferion llygaid, ac erbyn iddi gael ei harchwilio ym mis Chwefror 2023 roedd y pwysedd wedi codi'n sylweddol yn ei llygaid. Dywedodd y Cynghorwr y gallai hyn achosi dirywiad pellach yn nerf optig Mrs B.

43. Mae'r rhain yn fethiannau sylweddol yn y gwasanaeth. Mae'r Cynghorwr wedi dweud pe na baent wedi digwydd i Mrs B, sy'n ddall yn ei llygad chwith, mae'n debygol y byddai wedi cadw'r golwg defnyddiol yn ei llygad dde. Yn hytrach, mae ganddi amhariad sylweddol ar ei golwg. Disgrifiodd Mrs C effaith ddinistriol hyn ar Mrs B a'i theulu. Felly, mae cwyn Mrs C yn cael ei **chadarnhau.**

44. Rydw i hefyd yn ystyried bod y methiannau yn yr achos hwn yn rhai y gall byrddau iechyd eraill ddysgu wrthynt. Nid wyf wedi gweld unrhyw dystiolaeth fod y Bwrdd Iechyd wedi asesu'r niwed posib i Mrs B wrth ganslo apwyntiadau clinig. Yn ogystal, collwyd cyfleoedd cynharach i nodi difrifoldeb cyflwr Mrs B, a'i hatgyfeirio am driniaeth bellach.

45. O ran pryderon y Cynghorwr ynglŷn â'r system EPR, mae hwn o bosib yn broblem genedlaethol oherwydd bod y system yn cael ei defnyddio gan fyrddau iechyd eraill yng Nghymru. O'r herwydd, bydd yr adroddiad terfynol yn cael ei rannu gyda Llywodraeth Cymru, gan dynnu sylw at y pryder hwn.

Argymhellion

46. Rwy'n **argymell,** o fewn **1 mis** o ddyddiad yr adroddiad terfynol, bod y Bwrdd Iechyd yn:

a) Ymddiheuro i Mrs B a Mrs C am y methiannau a nodwyd yn yr adroddiad hwn.

b) Cynnig iawndal ariannol o £4,500 i Mrs B er mwyn adlewyrchu'r methiannau difrifol rydw i wedi'u canfod a'r effaith sylweddol a pharhaol arni. At hynny, cynnig iawndal o £300 i Mrs B am yr amser a'r drafferth a dreuliodd yn mynd ar drywydd ei chŵyn.

c) Atgoffa clinigwyr a oedd yn rhan o ofal Mrs B o bwysigrwydd adolygu llythyrau clinigol blaenorol, yn enwedig lle nad yw'r claf yn cael y gofal a gynlluniwyd, ac o wneud atgyfeiriadau prydlon ar gyfer cleifion sydd angen gofal arbenigol.

ch) Atgoffa'r Meddyg ag Arbenigedd o bwysigrwydd cadw cofnodion digon manwl o gleifion a llythyrau clinig.

d) Adolygu polisïau sy'n ymwneud â'r broses o reoli apwyntiadau clinig cleifion allanol i sicrhau bod y cleifion sydd â'r anghenion clinigol mwyaf yn cael eu blaenoriaethu, yn enwedig pan fydd clinigau yn cael eu canslo'n gyfan gwbl neu'n rhannol.

47. Rwy'n falch o nodi, wrth wneud sylwadau ar ddrafft yr adroddiad hwn, bod **y Bwrdd Iechyd** wedi cytuno i weithredu'r argymhellion hyn.

25 Chwefror 2026

Michelle Morris
Ombwdsmon Gwasanaethau Cyhoeddus | Public Services Ombudsman

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