

Endoscopy

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Background

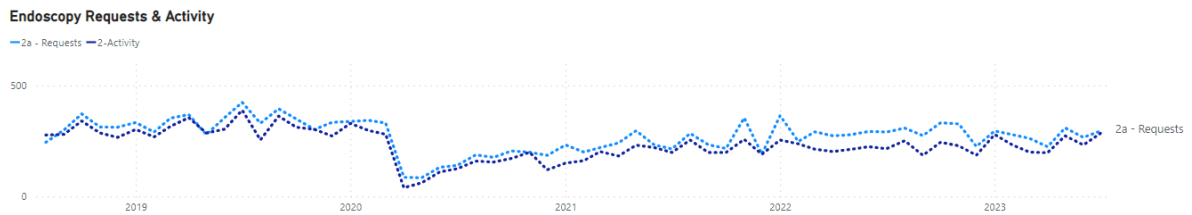
The Endoscopy Service reports activity in two parts, firstly based on the number of referrals that came through against the activity that has been delivered. Secondly the service also captures surveillance patients, these are patients that have had a procedure in endoscopy and are on a 'check' pathway - so will return for an endoscopy procedure within an agreed timeline.

This data is accurate as of quarter 3 2023/24

The work undertaken on the Endoscopy Service as part of the Clinical Services Plan reviews activity data between 1st August 2018 and 31st July 2023 and includes activity from Withybush, Glangwili, Prince Phillip and Bronglais Hospitals.

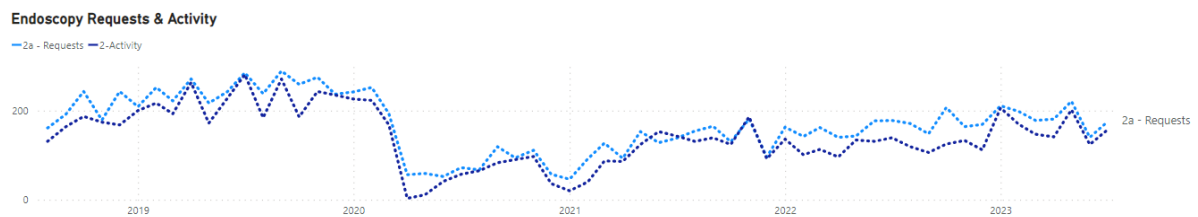
Procedure Requests/Activity at Glangwili Hospital by financial year to July 2023

Glangwili Hospital	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Colonoscopy	2,074	3,631	1,527	2,475	2,652	993
Flexible Sigmoidoscopy	762	1,290	526	819	860	241
Gastroscopy	1,705	2,462	1,272	1,966	1,860	631
Other	311	508	372	535	720	218
Total	4,852	7,891	3,697	5,795	6,092	2,083



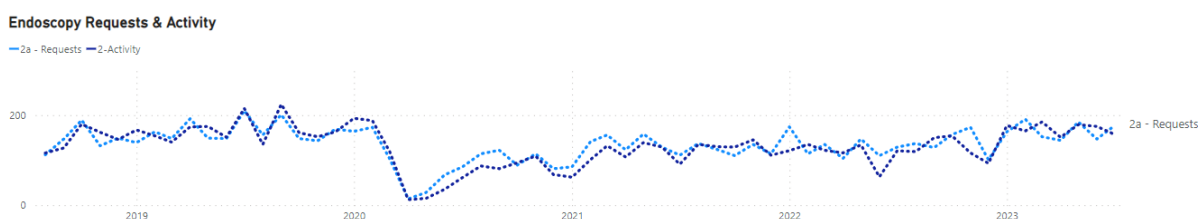
Procedure Requests/Activity at Prince Philip Hospital by financial year to July 2023

Prince Philip Hospital	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Colonoscopy	1,340	2,305	669	1,299	1,479	552
Flexible Sigmoidoscopy	496	931	249	445	533	161
Gastroscopy	1,274	2,414	636	1,434	1,626	605
Other	25	29	28	55	63	23
Total	3,135	5,679	1,582	3,233	3,701	1,341



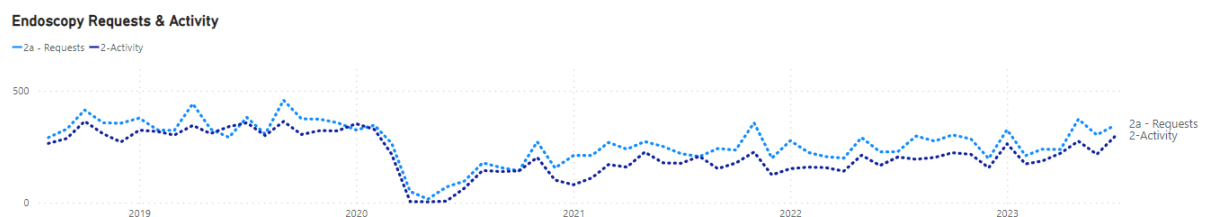
Procedure Requests/Activity at Bronglais Hospital by financial year to July 2023

Bronglais Hospital	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Colonoscopy	870	1,424	631	1,101	1,182	502
Flexible Sigmoidoscopy	579	1,007	586	738	846	245
Gastroscopy	804	1,411	620	1,087	1,159	542
Other	118	164	116	132	98	26
Total	2,371	4,006	1,953	3,058	3,285	1,315



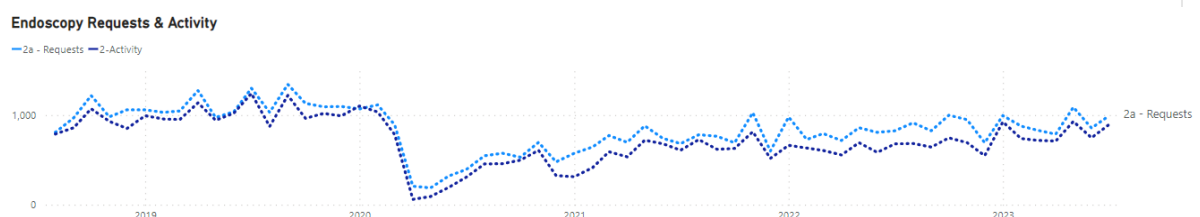
Procedure Requests/Activity at Withybush Hospital by financial year to July 2023

Withybush Hospital	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Colonoscopy	1,467	2,446	1,246	1,933	1,986	911
Flexible Sigmoidoscopy	1,914	2,897	717	1,100	1,189	419
Gastroscopy	1,808	2,740	974	1,926	2,202	932
Other	22	25	59	62	38	4
Total	5,211	8,108	2,996	5,021	5,415	2,266



Procedure Requests/Activity for Hywel Dda Health Board by financial year to July 2023

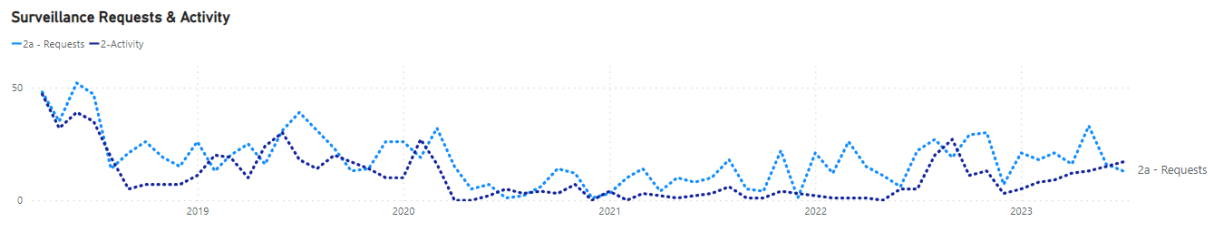
PROCEDURE	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
COLONOSCOPY	5,751	9,806	4,073	6,808	7,299	2,958
FLEXIBLE SIGMOIDOSCOPY	3,751	6,125	2,078	3,102	3,428	1,066
GASTROSCOPY	5,591	9,027	3,502	6,413	6,846	2,710
OTHER	476	726	575	784	919	271



Surveillance Requests/Activity at Glangwili Hospital

Surveillance

Data Type	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
2a - Requests	154	295	90	141	226	78
2-Activity	95	210	31	27	107	57

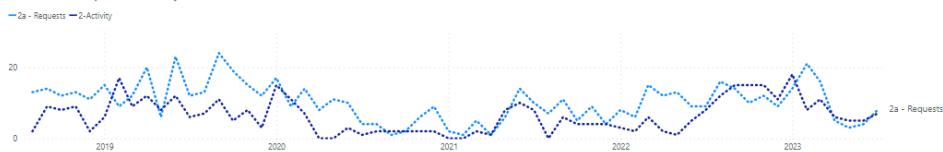


Surveillance Requests/Activity at Prince Philip Hospital

Surveillance

DataType	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
2a - Requests	99	184	63	96	155	20
2-Activity	62	105	16	56	121	23

Surveillance Requests & Activity



Surveillance Requests/Activity at Bronglais Hospital

Surveillance

DataType	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
2a - Requests	125	159	78	95	97	34
2-Activity	164	189	50	60	70	30

Surveillance Requests & Activity

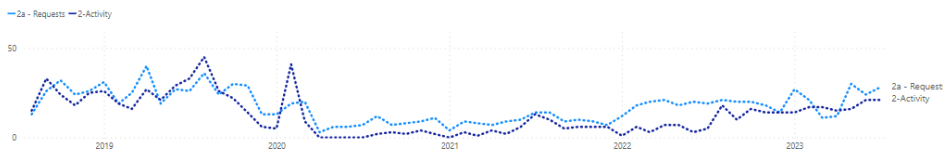


Surveillance Requests/Activity at Withybush Hospital

Surveillance

DataType	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
2a - Requests	196	296	90	139	230	94
2-Activity	176	278	17	68	142	73

Surveillance Requests & Activity

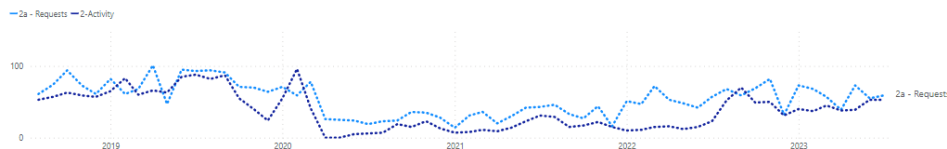


Surveillance Requests/Activity for Hywel Dda Health Board by financial year to July 2023

Surveillance

Data Type	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
2a - Requests	574	934	321	471	708	226
2-Activity	497	782	114	211	440	183

Surveillance Requests & Activity



Miscoded Procedures

The following locations were identified as part of the data ask however the Endoscopy Service confirmed that these were miscoding's however noting for completeness:

Cardigan & District Hospital
 CiS Contacts
 Fairfield Surgery Llanelli
 Hafan Derwen Hospital
 Haverfordwest Health Centre
 Llandovery Hospital
 Referral Hub
 Tregaron Hospital
 Ty Bryngwyn Mawr
 Ysbyty Enfys

Outsourced Activity Data

To help reduce the waiting lists and remove some of the burden on Hywel Dda services, some Endoscopy procedures were outsourced to other health providers. The table below shows the numbers of procedures that have taken place over the in-scope period and the locations the Health Board has used:

Provider	Period	Activity type	Activity
Spire	February-2022	Day case	20
	March-2022	Inpatient	37
Spire total			57

St Josephs	January-2022	Day case	38
	January -2022	Diagnostic procedure	34
	February-2022	Day case	88
	March-2022	Day case	144
St Josephs' total			304
Total			361

Activity was only outsourced during 2021/22 and was a direct result of an increased backlog and pressure on the waiting list.

Endoscopy Incident Data Review

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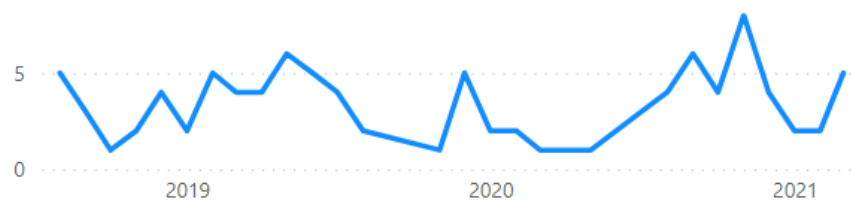
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Background

As per the approved Clinical Services Plan methodology, Incidents reported between 1st April 2018 and 31st July 2023 have been recorded for Withybush Hospital, Glangwili Hospital, Prince Philip Hospital and Bronglais Hospital. Due to data formatting across the current Datix system and historical records, data has been visualised within two dashboards representing the implementation of the current system. Data tables and graphics reflect the dates of this change.

Incidents

All sites (1st August 2018 – 31st March 2021)



							Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	2018
							5	3	1	2	4	15
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019
2	5	4	4	6	5	4	2	0	0	1	5	38
Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020
2	2	1	0	1	0	3	4	6	4	8	4	35
Jan 21	Feb 21	Mar 21										2021
2	2	5										9
												97

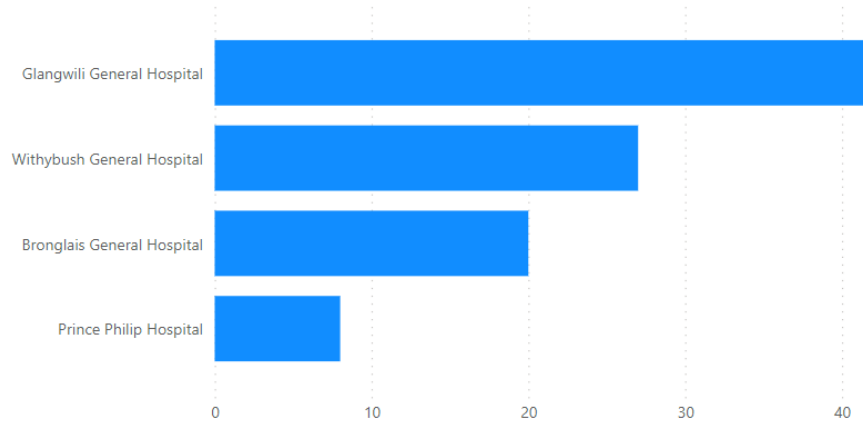
All sites (1st April 2021 – 31st July 2023)



			Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021
			3	4	6	4	6	5	5	1	7	41
Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	2022
1	0	5	2	1	3	6	12	4	1	3	3	41
Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
7	6	8	2	2	9	4						38
												120

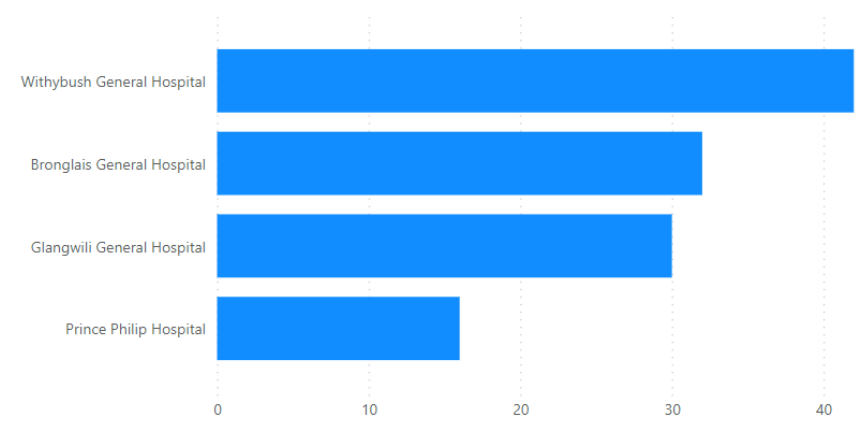
120

By Location (1st August 2018 – 31st March 2021)



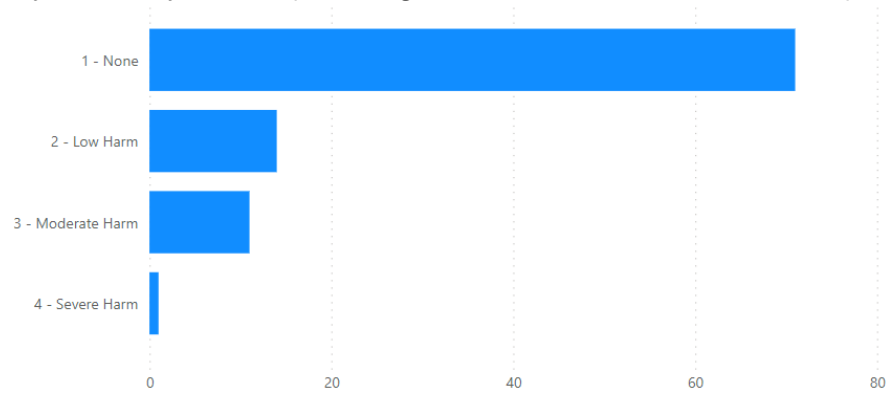
Primary Location	Count
Glangwili General Hospital	42
Withybush General Hospital	27
Bronglais General Hospital	20
Prince Philip Hospital	8

By Location (1st April 2021 – 31st July 2023)



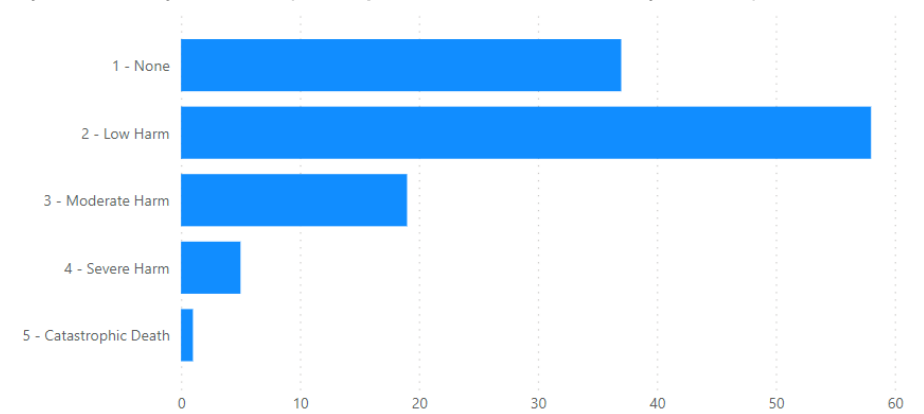
Primary Location	Count
Glangwili General Hospital	42
Bronglais General Hospital	32
Withybush General Hospital	30
Prince Philip Hospital	16

By Severity/Level (1st August 2018 – 31st March 2021)



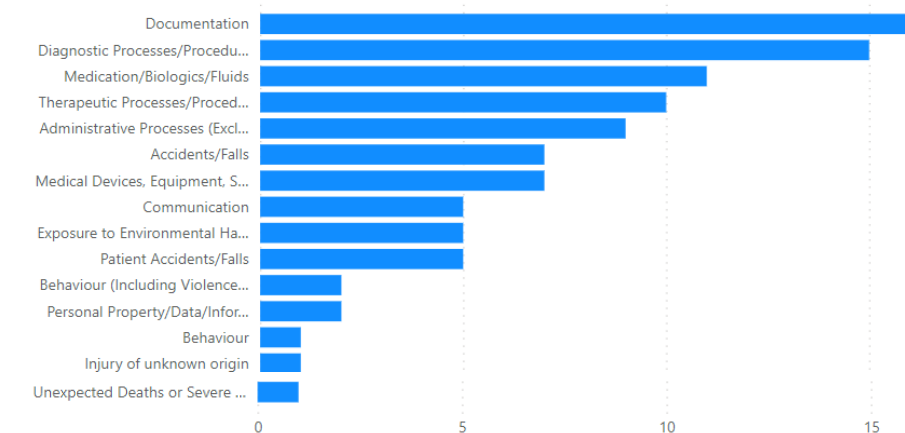
Severity	Count
1 - None	71
2 – Low Harm	14
3 – Moderate Harm	11
4 – Severe Harm	1
5 – Catastrophic Death	0

By Severity/Level (1st April 2021 – 31st July 2023)



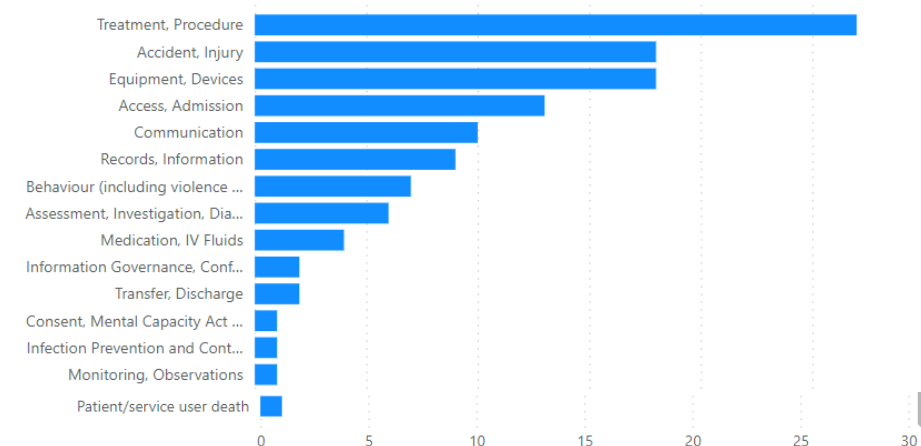
Severity	Count
1 - None	37
2 – Low Harm	58
3 – Moderate Harm	19
4 – Severe Harm	5
5 – Catastrophic Death	1

By Type (1st August 2018 – 31st March 2021)



Incident type tier one	Count
Documentation	16
Diagnostic process/procedure	15
Medication/Biologics/Fluids	11
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	10
Administrative Processes (Excluding Documentation)	9
Accidents and falls	7
Medical devices. Equipment, supplies	7
Communication	5
Exposure to Environmental Hazards	5
Patient accidents and falls	5
Behaviour (Including Violence and Aggression)	2
Personal Property/Data/ Information	2
Behaviour	1
Injury of unknown origin	1
Unexpected death or severe harm	1

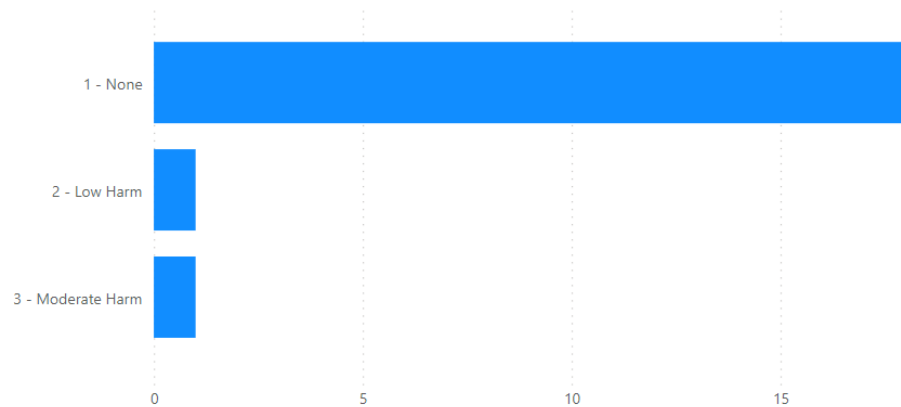
By Type (1st April 2021 – 31st July 2023)



Incident type tier one	Count
Accident injury	18
Equipment, Devices	18
Access, Admission	13
Communication	10
Records, Information	9
Behaviour (including violence and aggression)	7
Assessment, investigation, diagnosis	6
Medication IV fluids	4
Information Governance, Confidentiality	2
Transfer, Discharge	2
Consent, Mental Capacity, Act (inc DoLS)	1
Infection prevention control	1
Monitoring & Observation	1
Patient service user death	1

Bronglais Hospital (1st August 2018 – 31st March 2021)

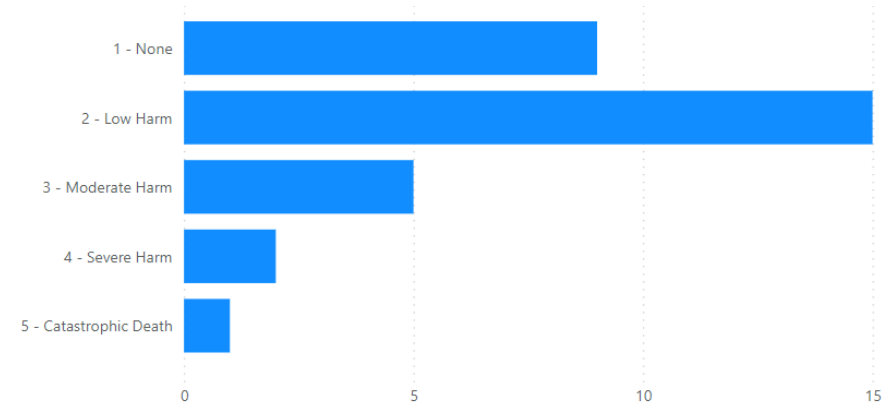
By Severity/Level



Severity	Count
1 - None	18
2 – Low Harm	1
3 – Moderate Harm	1
4 – Severe Harm	0
5 – Catastrophic Death	0

Bronglais Hospital (1st April 2021 – 31st July 2023)

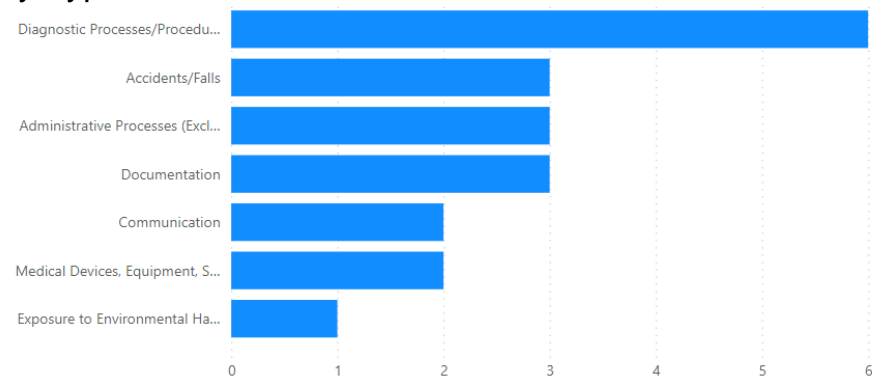
By Severity/Level



Severity	Count
1 - None	9
2 – Low Harm	15
3 – Moderate Harm	5
4 – Severe Harm	2
5 – Catastrophic Death	1

Bronglais Hospital (1st August 2018 – 31st March 2021)

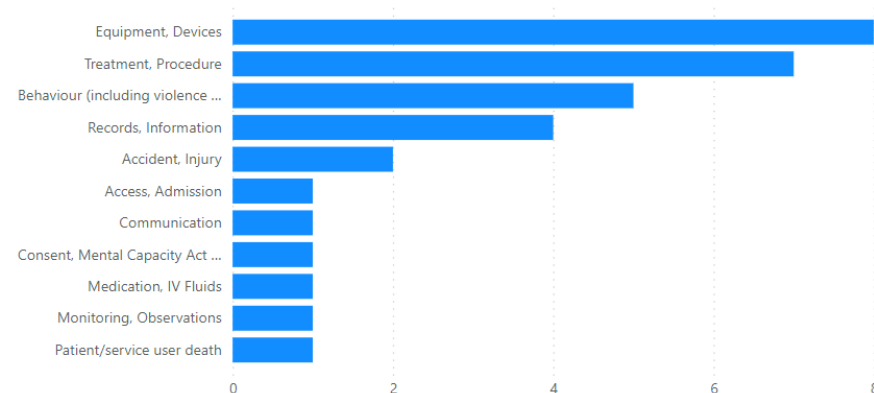
By Type



Incident type tier one	Count
Diagnostic Processes/Procedure	6
Accidents/falls	3
Administrative Processes (Excluding Documentation)	3
Documentation	3
Communication	2
Medical devices. Equipment, supplies	2
Exposure to Environmental Hazards	1

Bronglais Hospital (1st April 2021 – 31st July 2023)

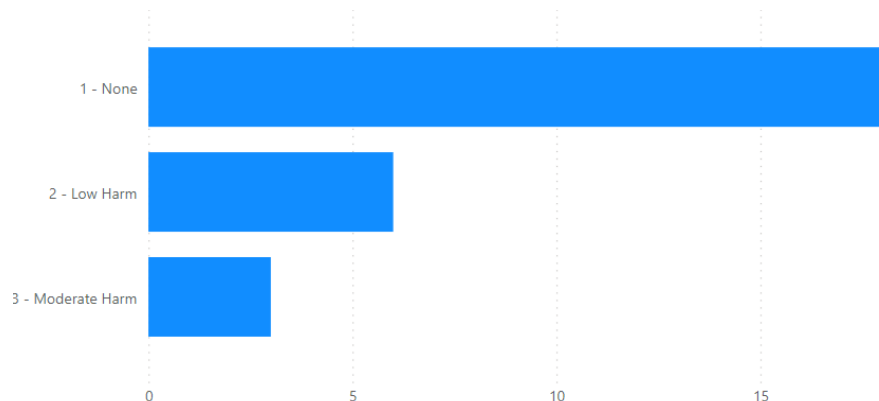
By Type



Incident type tier one	Count
Equipment/Devices	8
Treatment/procedure	7
Behaviour (including violence and aggression)	5
Records/information	4
Accident/Injury	2
Access/Admission	1
Communication	1
Consent, Mental Capacity, Act (inc DoLS)	1
Medication IV Fluid	1
Monitoring, Observations	1
Patient/service user death	1

Withybush Hospital (1st August 2018 – 31st March 2021)

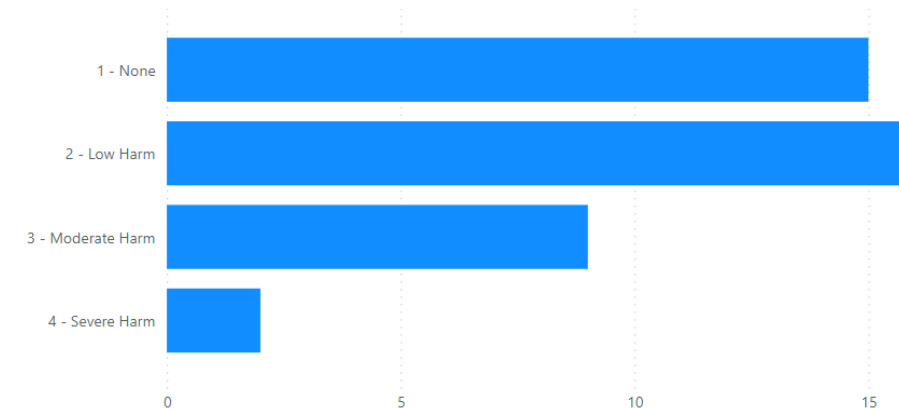
By Severity/Level



Severity	Count
1 - None	18
2 – Low Harm	6
3 – Moderate Harm	3
4 – Severe Harm	0
5 – Catastrophic Death	0

Withybush Hospital (1st April 2021 – 31st July 2023)

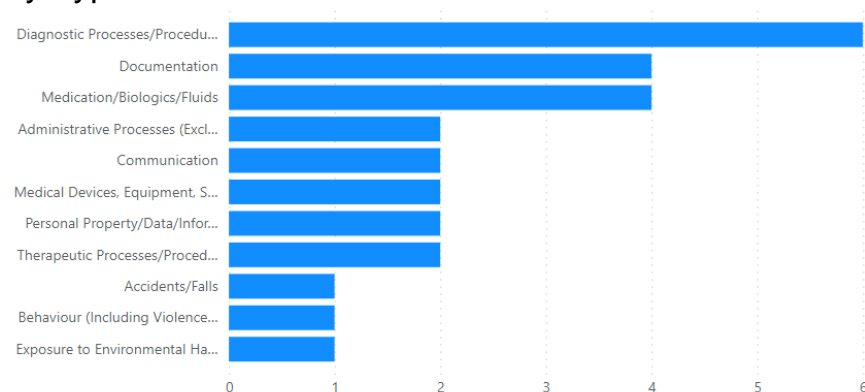
By Severity/Level



Severity	Count
1 - None	15
2 – Low Harm	16
3 – Moderate Harm	9
4 – Severe Harm	2
5 – Catastrophic Death	0

Withybush Hospital (1st August 2018 – 31st March 2021)

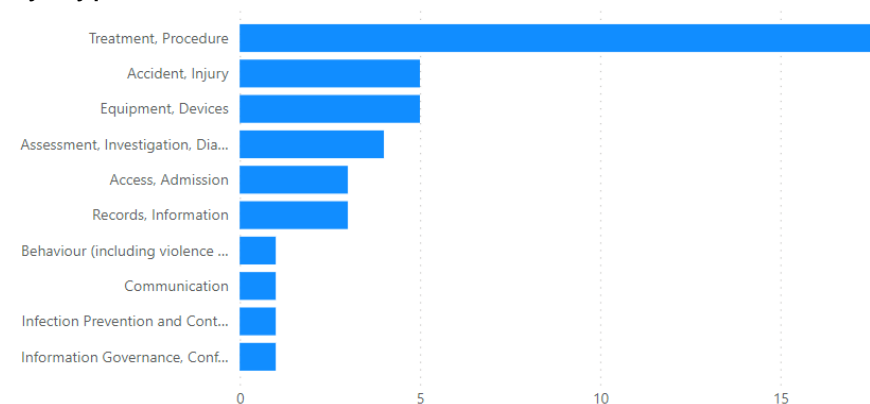
By Type



Incident type tier one	Count
Diagnostic process/procedure	6
Documentation	4
Medication/Biologics/Fluid	4
Administrative Processes (Excluding documentation)	2
Communication	2
Medical devices. Equipment, supplies	2
Personal property/data/information	2
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	2
Accidents/falls	1
Behaviour (including violence)	1
Exposure to Environmental hazards	1

Withybush Hospital (1st April 2021 – 31st July 2023)

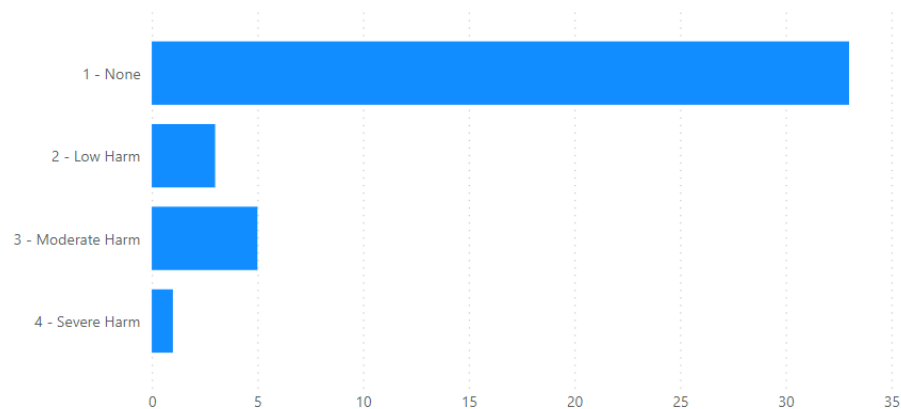
By Type



Incident type tier one	Count
Treatment/procedure	18
Accident/Injury	5
Equipment, Devices	5
Assessment, Investigation, Diagnosis	4
Access/Admission	3
Records/information	3
Behaviour (including violence and aggression)	1
Communication	1
Infection Prevention and Control	1
Information Governance Confidentiality	1

Glangwili Hospital (1st August 2018 – 31st March 2021)

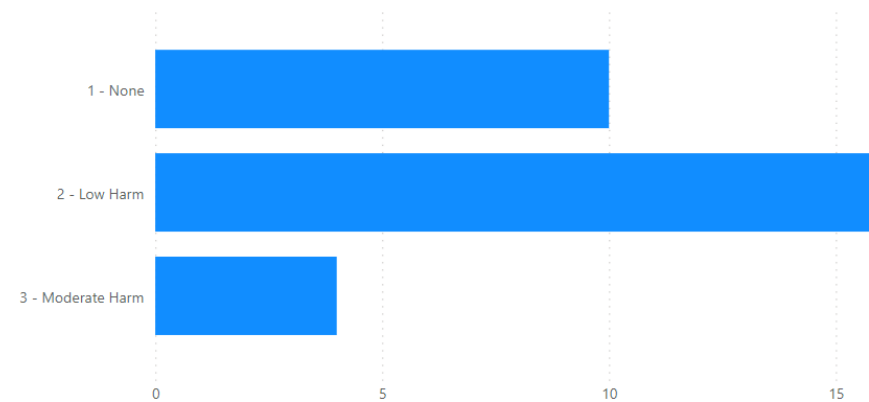
By Severity/Level



Severity	Count
1 - None	33
2 – Low Harm	3
3 – Moderate Harm	5
4 – Severe Harm	1
5 – Catastrophic Death	0

Glangwili Hospital (1st April 2021 – 31st July 2023)

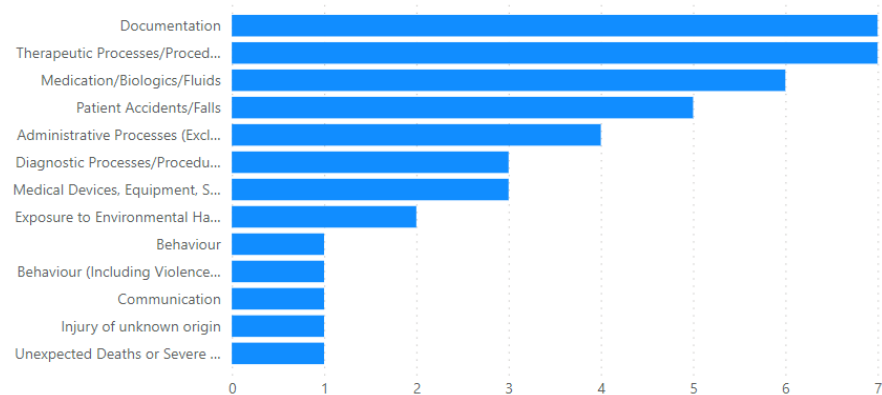
By Severity/Level



Severity	Count
1 - None	10
2 – Low Harm	16
3 – Moderate Harm	4
4 - Severe Harm	
5 – Catastrophic Death	

Glangwili Hospital (1st August 2018 – 31st March 2021)

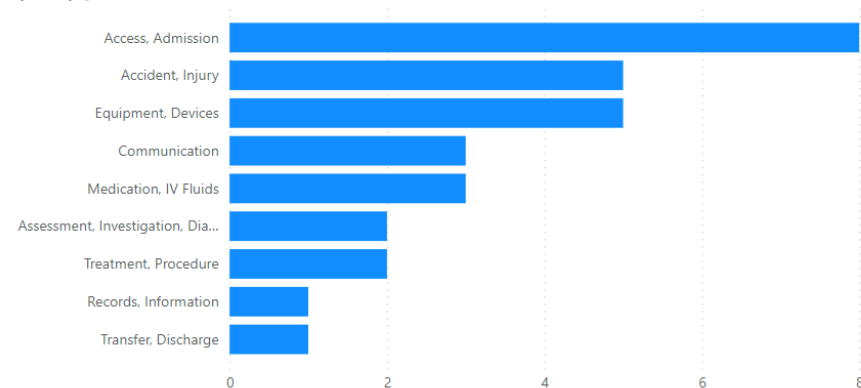
By Type



Incident type tier one	Count
Documentation	7
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	7
Medication/Biologics/Fluid	6
Patient Accidents/falls	5
Administrative Processes (Excluding documentation)	4
Diagnostic process/procedure	3
Medical devices. Equipment, supplies	3
Exposure to environmental hazards	2
Behaviour	1
Behaviour (Including Violence and Aggression)	1
Communication	1
Injury of unknown origin	1
Unexpected deaths or severe harm	1

Glangwili Hospital (1st April 2021 – 31st July 2023)

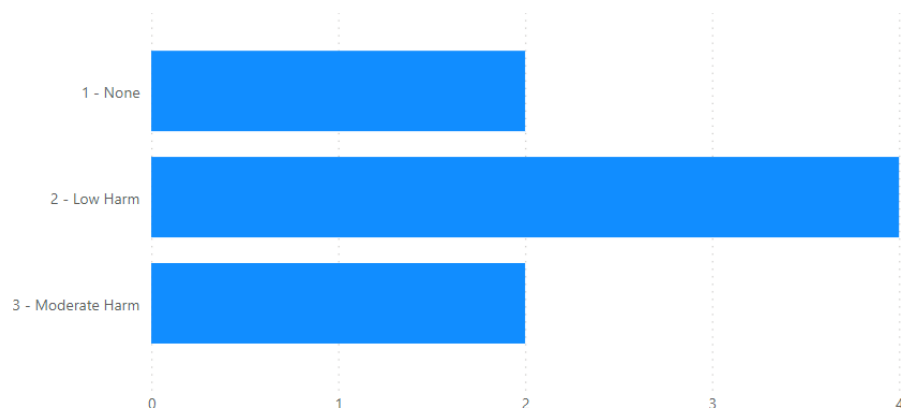
By Type



Incident type tier one	Count
Access Admission	8
Accident/Injury	5
Equipment, Devices	5
Communication	3
Medication IV Fluids	3
Assessment, Investigation Diagnosis	2
Treatment Procedure	2
Records/information	1
Transfer, Discharge	1

Prince Philip Hospital (1st August 2018 – 31st March 2021)

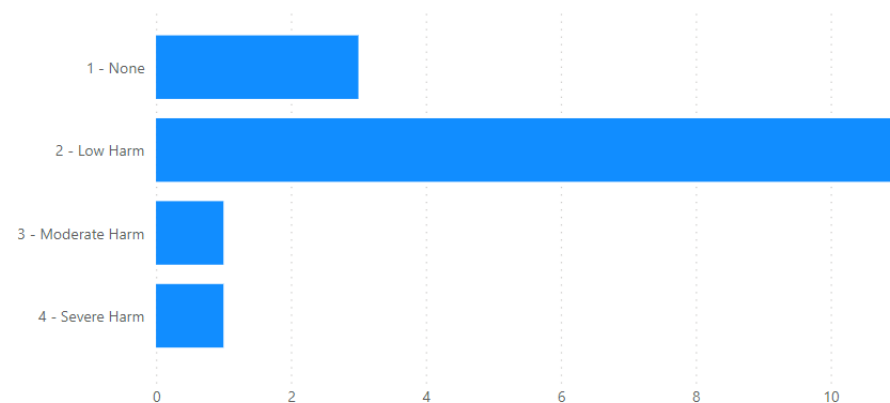
By Severity/Level



Severity	Count
1 - None	2
2 – Low Harm	4
3 – Moderate Harm	2
4 – Severe Harm	0
5 – Catastrophic Death	0

Prince Philip Hospital (1st April 2021 – 31st July 2023)

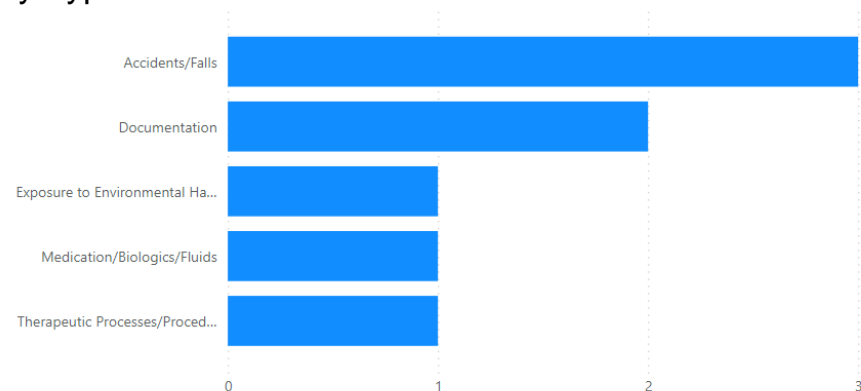
By Severity/Level



Severity	Count
1 - None	3
2 – Low Harm	11
3 – Moderate Harm	1
4 – Severe Harm	1
5 – Catastrophic Death	0

Prince Philip Hospital (1st August 2018 – 31st March 2021)

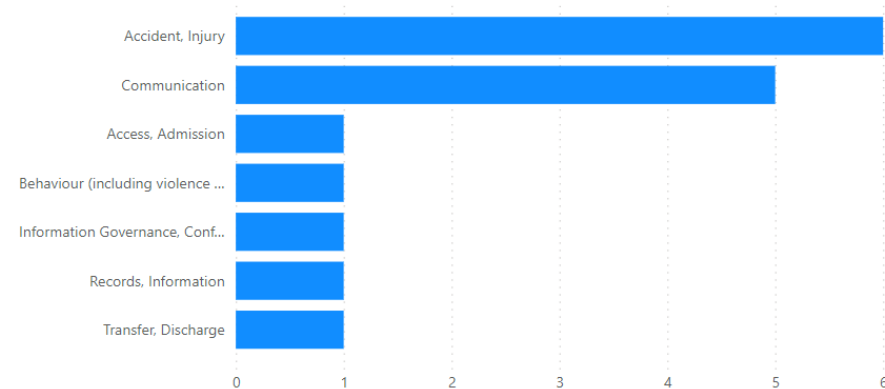
By Type



Incident type tier one	Count
Accidents/falls	3
Documentation	2
Exposure to environmental hazards	1
Medication/Biologics/Fluid	1
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	1

Prince Philip Hospital (1st April 2021 – 31st July 2023)

By Type



Incident type tier one	Count
Accident injury	6
Communication	5
Access, Admission	1
Behaviour (including violence & aggression)	1
Information Governance, Confidentiality	1
Records, Information	1
Transfer, Discharge	1

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By Type	9
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By Type	9
By Grading	10
Withybush Hospital (1st April 2021 – 31st July 2023)	10
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Withybush Hospital (1st August 2018 – 31st March 2021)	11
By Type	11
Withybush Hospital (1st April 2021 – 31st July 2023)	11
By Type	11
Glangwili Hospital (1st August 2018 – 31st March 2021)	12
By Grading	12
Glangwili Hospital (1st April 2021 – 31st July 2023)	12
By Grading	12
Glangwili Hospital (1st August 2018 – 31st March 2021)	13
By Type	13
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By Type	13

Prince Philip Hospital (1st August 2018 – 31st March 2021)	14
By Grading	14
Prince Philip Hospital (1st April 2021 – 31st July 2023)	14
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Prince Philip Hospital (1st August 2018 – 31st March 2021)	15
By Type	15
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DRAFT

Background

As per the approved Clinical Services Plan methodology, Complaints reported between 1st August 2018 and 31st July 2023 have been recorded for Withybush Hospital, Glangwili Hospital, Prince Philip Hospital and Bronglais Hospital. Due to data formatting across the current Datix system and historical records, data has been visualised within two dashboards representing the implementation of the current system. Data tables and graphics reflect the dates of this change.

DRAFT

Complaints

All sites (1st August 2018 – 31st March 2021)

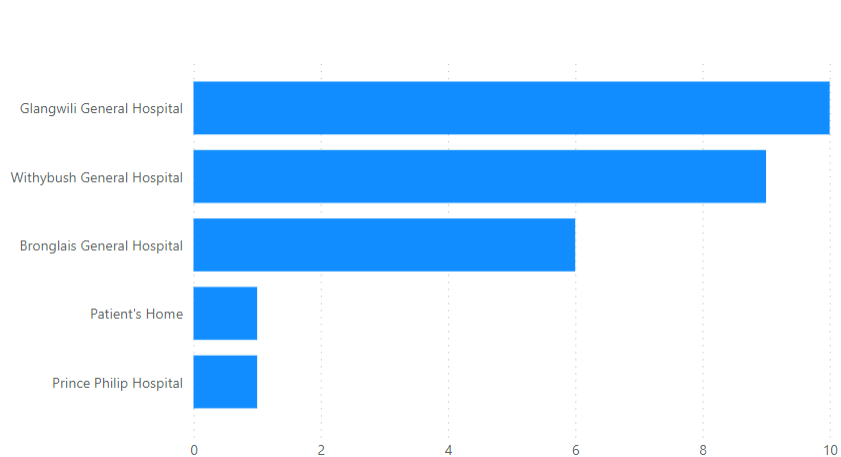
							Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	2018
							0	0	0	0	1	1
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019
1	1	1	0	1	1	1	1	2	1	1	3	15
Jan 20	Feb 20	Mar 20	Apr 20	May 19	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020
2	0	0	0	0	0	2	0	3	1	1	1	10
Jan 21	Feb 21	Mar 21										2021
1	0	1										2
												28

All sites (1st April 2021 – 31st July 2023)



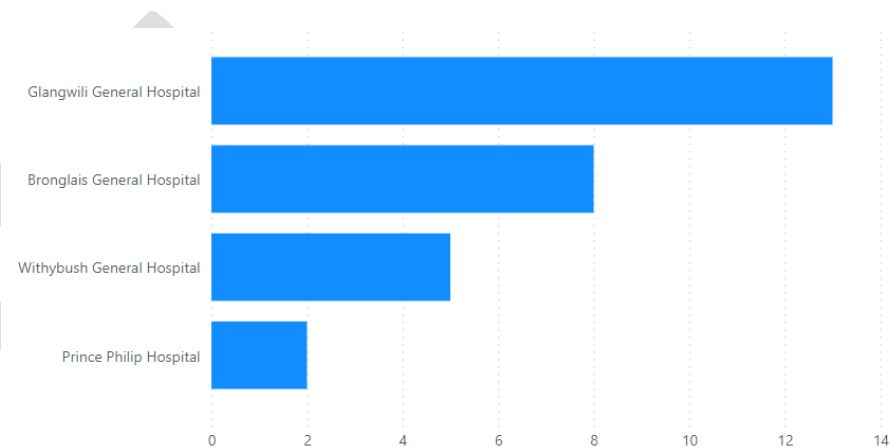
			Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021
			0	2	0	0	2	0	2	0	1	7
Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	2022
0	0	1	0	3	0	2	4	3	2	0	2	17
Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
1	0	0	1	0	2	0						4
												28

By Location (1st August 2018 – 31st March 2021)



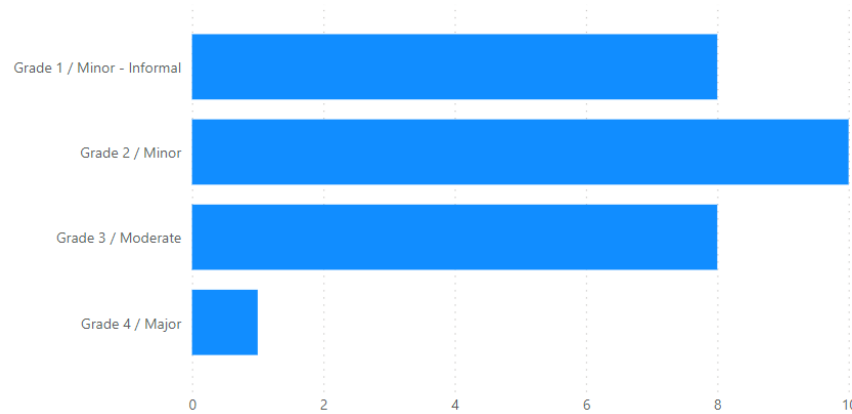
Primary Location	Count
Glangwili General Hospital	10
Withybush Hospital	9
Bronglais General Hospital	6
Patients home	1
Prince Philip General Hospital	1

By Location (1st April 2021 – 31st July 2023)



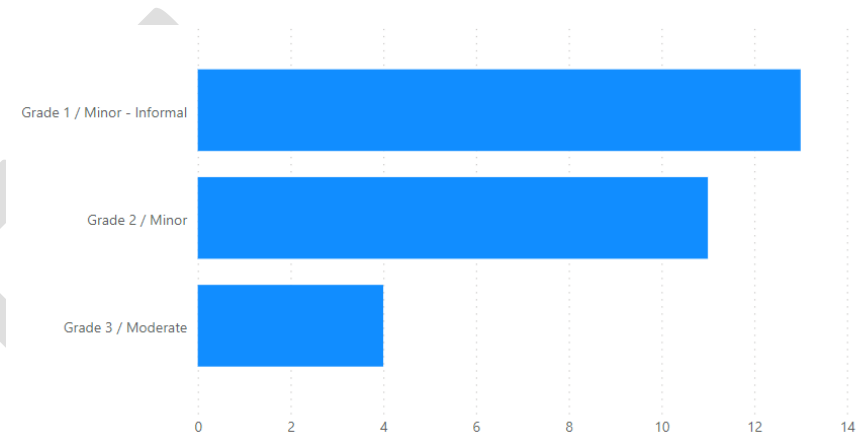
Primary Location	Count
Glangwili General Hospital	13
Prince Philip Hospital	8
Withybush Hospital	5
Bronglais General Hospital	2

By Grading (1st August 2018 – 31st March 2021)



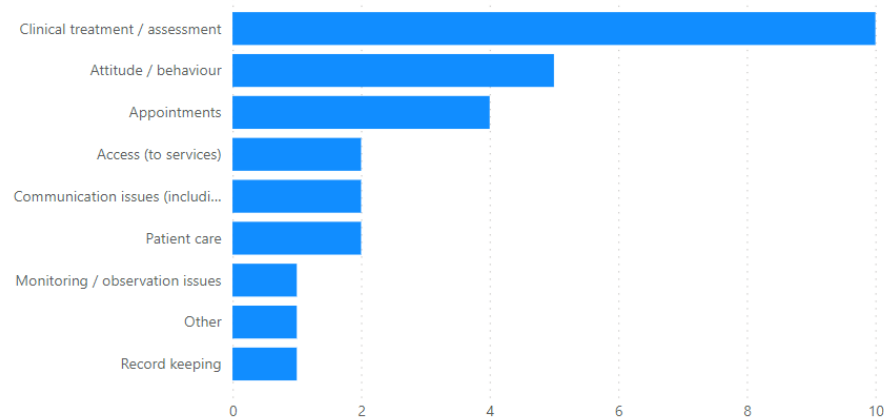
Grade	Count
Grade 1 – Minor - Informal	8
Grade 2 - Minor	10
Grade 3 - Moderate	8
Grade 4 - Major	1
Grade 5 - Catastrophic	0

By Grading (1st April 2021 – 31st July 2023)



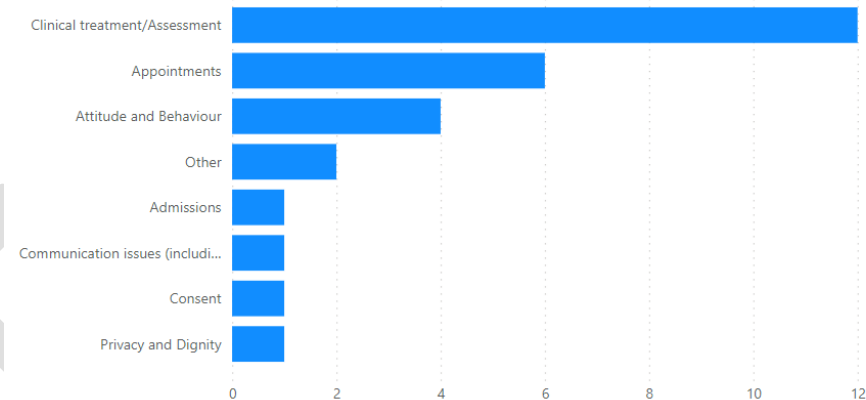
Grade	Count
Grade 1 – Minor - Informal	13
Grade 2 - Minor	11
Grade 3 - Moderate	4
Grade 4 - Major	0
Grade 5 - Catastrophic	0

By Type (1st August 2018 – 31st March 2021)



Subject (primary)	Count
Clinical treatment / assessment	10
Attitude / behaviour	5
Appointments	4
Access to services	2
Communication issues (including language)	2
Patient care	2
Monitoring/observation issues	1
Other	1
Record keeping	1

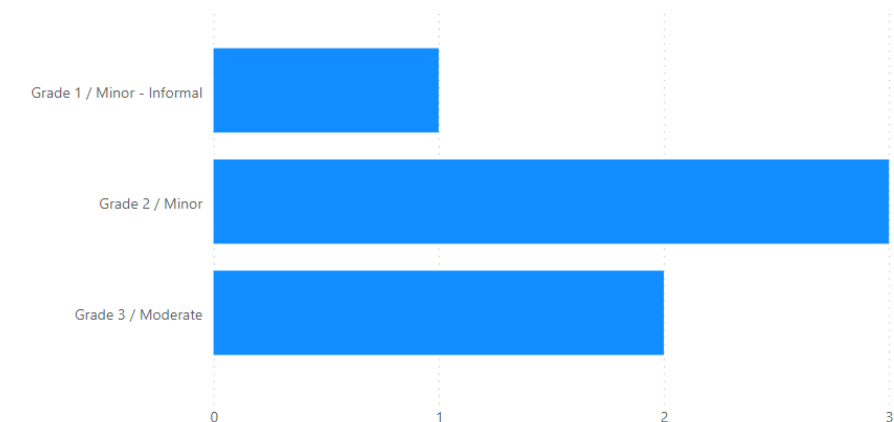
By Type (1st April 2021 – 31st July 2023)



Subject (primary)	Count
Clinical treatment/Assessment	12
Appointments	6
Attitude and behaviour	4
Other	2
Admissions	1
Communication issues (including language)	1
Consent	1
Privacy & Dignity	1

Bronglais Hospital (1st August 2018 – 31st March 2021)

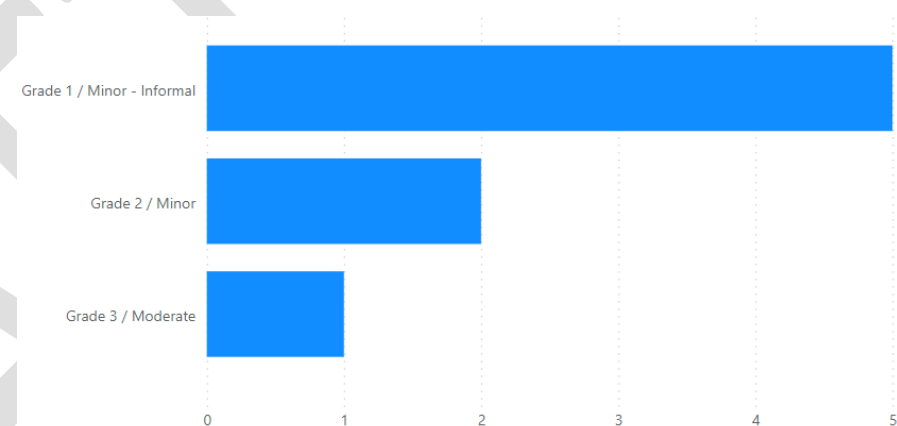
By Grading



Grade	Count
Grade 1 – Minor - Informal	1
Grade 2 - Minor	3
Grade 3 - Moderate	2
Grade 4 - Major	0
Grade 5 - Catastrophic	0

Bronglais Hospital (1st August 2018 – 31st March 2021)

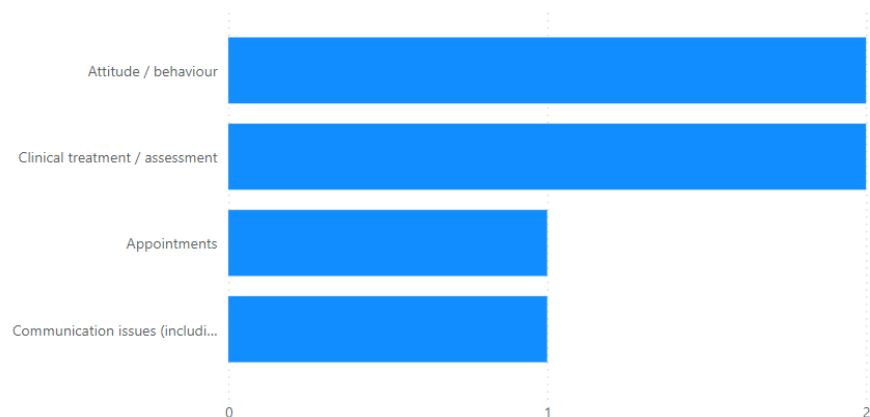
By Grading



Grade	Count
Grade 1 – Minor - Informal	5
Grade 2 - Minor	2
Grade 3 - Moderate	1
Grade 4 - Major	0
Grade 5 - Catastrophic	0

Bronglais Hospital (1st August 2018 – 31st March 2021)

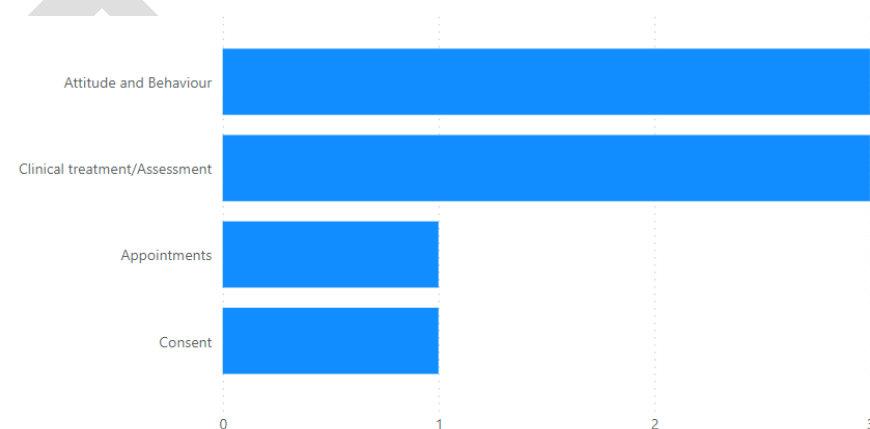
By Type



Subject (primary)	Count
Attitude/ behaviour	2
Clinical Treatment / assessment	2
Appointments	1
Communication issues (including translation)	1

Bronglais Hospital (1st April 2021 – 31st July 2023)

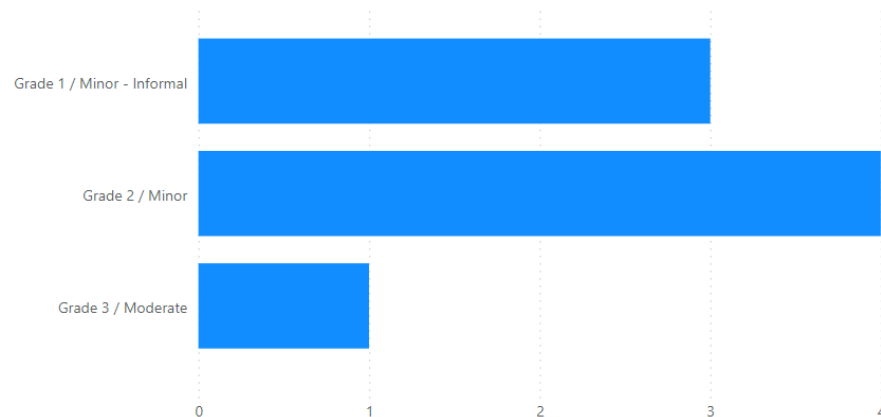
By Type



Subject (Primary)	Count
Attitude and behaviour	3
Clinical Treatment/Assessment	3
Appointment	1
Consent	1

Withybush Hospital (1st August 2018 – 31st March 2021)

By Grading



Grade	Count
Grade 1 – Minor - Informal	3
Grade 2 - Minor	4
Grade 3 - Moderate	1
Grade 4 - Major	0
Grade 5 - Catastrophic	0

Withybush Hospital (1st April 2021 – 31st July 2023)

By Grading



Grade	Count
Grade 1 – Minor - Informal	3
Grade 2 - Minor	2
Grade 3 - Moderate	0
Grade 4 – Major	0
Grade 5 - Catastrophic	0

Withybush Hospital (1st August 2018 – 31st March 2021)

By Type



Subject (primary)	Count
Access to services	3
Clinical Treatment/Assessment	2
Communication issues inc Language	2
Other	2

Withybush Hospital (1st April 2021 – 31st July 2023)

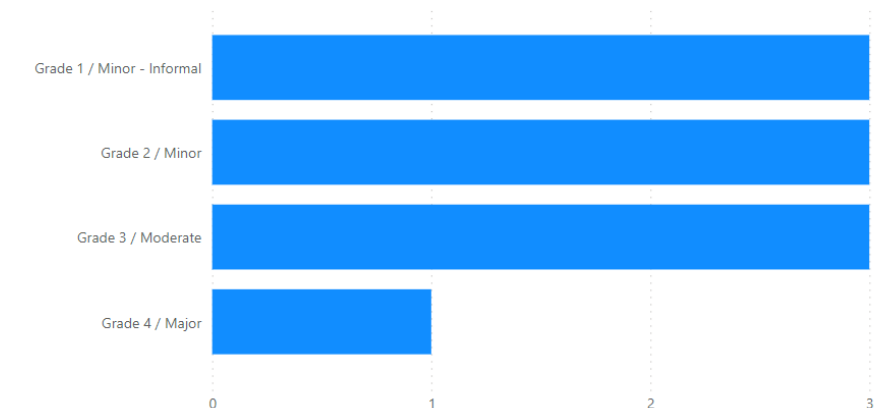
By Type



Subject (primary)	Count
Clinical treatment/assessment	2
Appointments	1
Other	1
Privacy & Dignity	1

Glangwili Hospital (1st August 2018 – 31st March 2021)

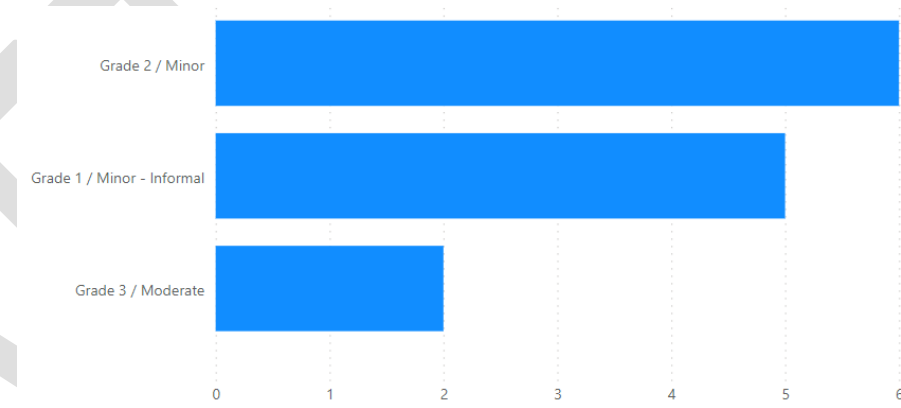
By Grading



Grade	Count
Grade 1 – Minor - Informal	3
Grade 2 - Minor	3
Grade 3 - Moderate	3
Grade 4 - Major	1
Grade 5 - Catastrophic	0

Glangwili Hospital (1st April 2021 – 31st July 2023)

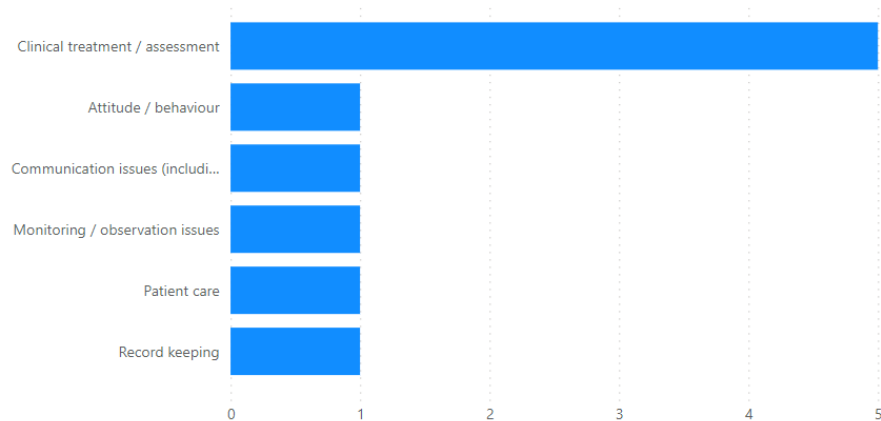
By Grading



Grade	Count
Grade 1 – Minor - Informal	5
Grade 2 - Minor	6
Grade 3 - Moderate	2
Grade 4 - Major	0
Grade 5 - Catastrophic	1

Glangwili Hospital (1st August 2018 – 31st March 2021)

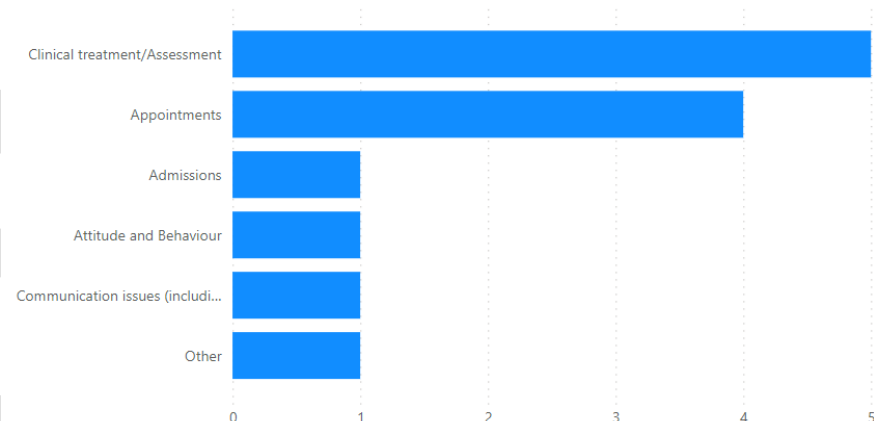
By Type



Subject (primary)	Count
Clinical treatment/assessment	5
Attitude / behaviour	1
Communication issues (including translation	1
Monitoring/Observation issues	1
Patient Care	1
Record Keeping	1

Glangwili Hospital (1st April 2021 – 31st July 2023)

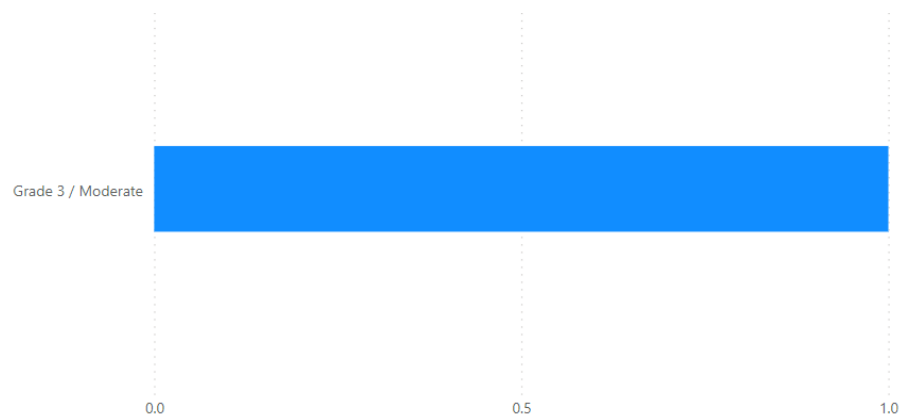
By Type



Subject (primary)	Count
Clinical treatment / assessment	5
Appointments	4
Admissions	1
Attitude & Behaviour	1
Communication issues (including language)	1
Other	1

Prince Philip Hospital (1st August 2018 – 31st March 2021)

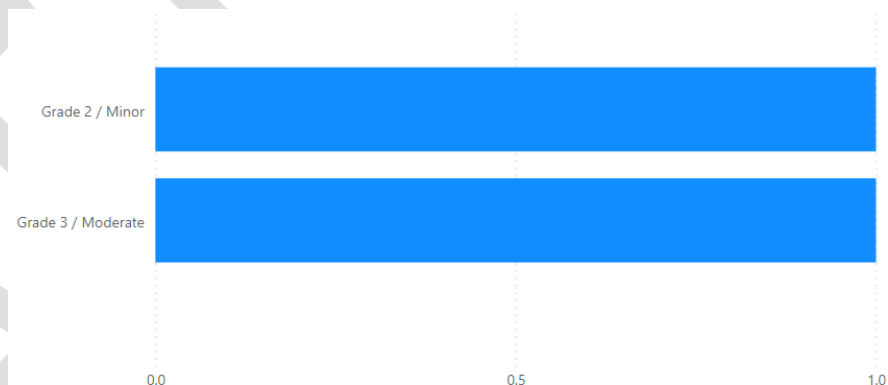
By Grading



Grade	Count
Grade 1 – Minor - Informal	0
Grade 2 - Minor	0
Grade 3 - Moderate	1
Grade 4 – Major	0
Grade 5 - Catastrophic	0

Prince Philip Hospital (1st April 2021 – 31st July 2023)

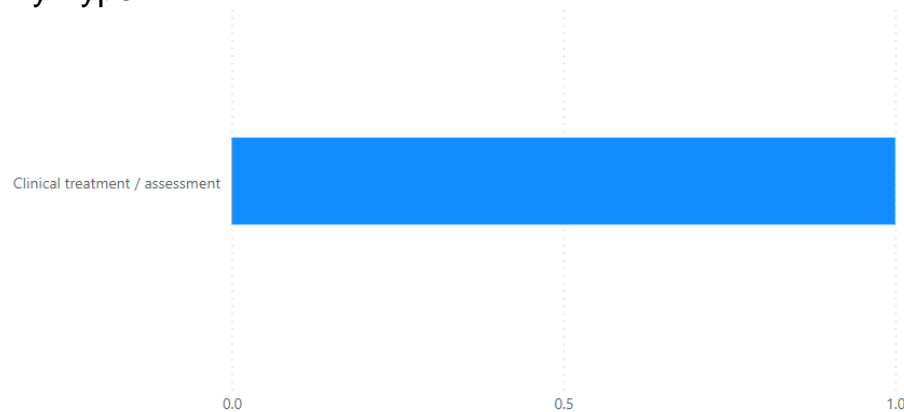
By Grading



Grade	Count
Grade 1 – Minor - Informal	0
Grade 2 - Minor	1
Grade 3 - Moderate	1
Grade 4 – Major	0
Grade 5 - Catastrophic	0

Prince Philip Hospital (1st August 2018 – 31st March 2021)

By Type



Subject (primary)	Count
Clinical treatment/assessment	1

Prince Philip Hospital (1st April 2021 – 31st July 2023)

By Type



Subject (primary)	Count
Clinical treatment / assessment	2

Endoscopy Patient Experience Data Review

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Themes – 2021	5
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Compliments (1 st April 2021 to 31 st July 2023)	5
3 Sentiments that relate to Compliment	5
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Themes – 2021	6
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Background

As per the approved Clinical Services Plan methodology, Patient Experience data captured has been included for Endoscopy Services at Bronglais Hospital, Wylabush Hospital, Glangwili Hospital and Prince Philip Hospital.

Due to data formatting across the current Civica system and historical records, data has only been analysed from 1st April 2021 to 31st July 2023. Historical records, pre-April 2021, cannot be assigned to particular Services in their entirety and so the methodology was updated to only analyse the current Civica system data.

Data that has been analysed includes All Wales Patient Experience data, Friends and Family Test data and Compliments data. The Big Thank You has been discarded in its entirety as the formatting of the data follows the same structure as pre 2021 data and therefore cannot be assigned to a particular service.

In April 2021, Datix Cymru, a Once for Wales Concerns Management System, was introduced. Hywel Dda UHB were the first Health Board in Wales to adopt the new system. Prior to implementation of Datix Cymru work had been undertaken to develop a system which made reporting of Patient Experiences simpler and therefore this may account for the rise in Patient Experience reports seen in April 2021.

The thematic analysis was undertaken using Microsoft Copilot and has been used to provide a summary of themes per Service per year based on the patient feedback received.

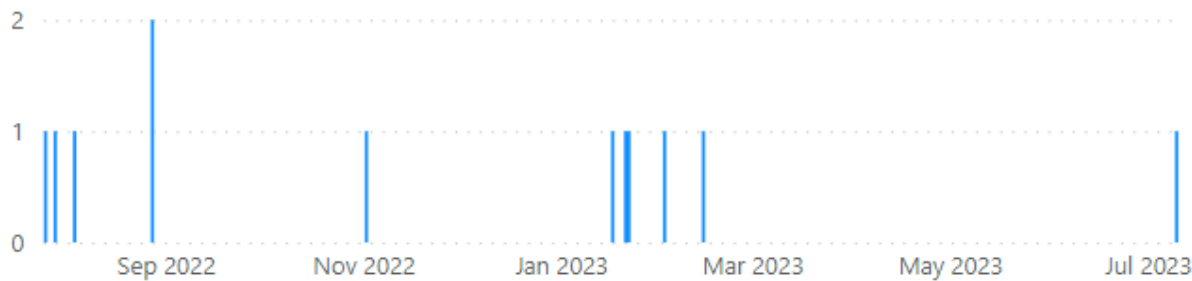
Service Changes

There have been no service changes within the timeline.

Patient Experience

All Wales Experience – Health Board Survey (1st April 2021 to 31st July 2023)

Date Recorded



			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021
			0	0	0	0	0	0	0	0	0	0
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022
0	0	0	0	0	0	2	3	0	0	1	0	6
Jan	Feb	Mar	Apr	May	Jun	Jul						2023
3	2	0	0	0	0	1						6

Using a scale of 0-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?



Patients reported positive experiences, praising the kindness, professionalism, and helpfulness of the staff. Several patients mentioned feeling at ease and well taken care of during their procedures. Some patients also reported that their needs were met and that they were satisfied with the care they received. Noted that change in ward location caused some confusion.

Patients reported positive experiences, praising the kindness, professionalism, and helpfulness of the staff. Several patients mentioned feeling at ease and well taken care of during their procedures. Some patients also reported that their needs were met and that they were satisfied with the care they received.

Friends and Family Test (1st April 2021 to 31st July 2023)

Response Category	Percentage
Very good	80.78%
Did not answer	9.01%
Good	8.71%
Neither good nor poor	0.90%
Very poor	0.60%

Themes – 2021

The themes arising were around efficiency, patient safety and interactions with staff. Positive comments were around staff providing an efficient, yet friendly and professional service. Patients noted that they were comforted, supported and communicated with throughout procedures. Negative comments were around isolated staffing incidents and variation perceived in covid measures between GGH and PPH.

Themes – 2022

The key themes arising are staff attitude and clinical treatment. Many of the responses mention the friendliness, professionalism, and efficiency of the staff, as well as their ability to put patients at ease and provide reassurance. The clinical treatment also received positive feedback, with patients feeling safe, well-informed, and cared for throughout the procedure.

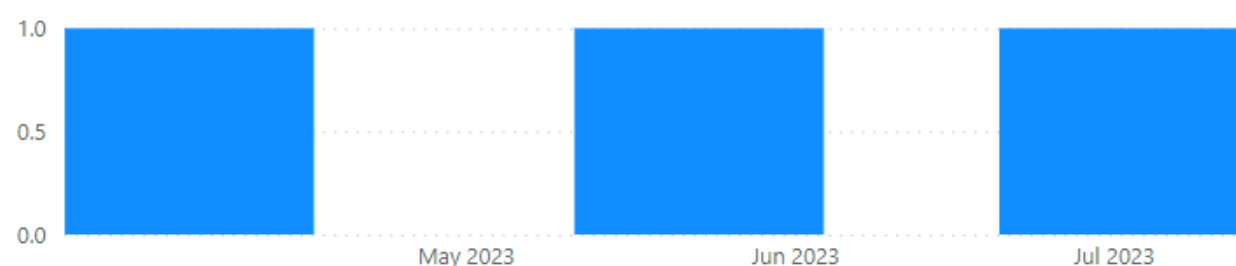
Themes – 2023

The themes arising are that staff delivered kind and professional care and provided comfort to the patients while communicating well about the care they received.

Patient Experience

Compliments (1st April 2021 to 31st July 2023)

Date Recorded



Recorded Date	Count
May 23	1
June 23	1
July 23	1

3 Sentiments that relate to Compliment

Sentiment	Count
Listening, Calm, Communication	1
Understanding, Calm, Communication	1
Understanding, Calm, Environment	1

3 Health Board Values that relate to Compliment

Value	Count
-------	-------

Dignity, Openness, Caring	1
Openness, Honesty, Caring	1
Respect, Caring, Kindness	1

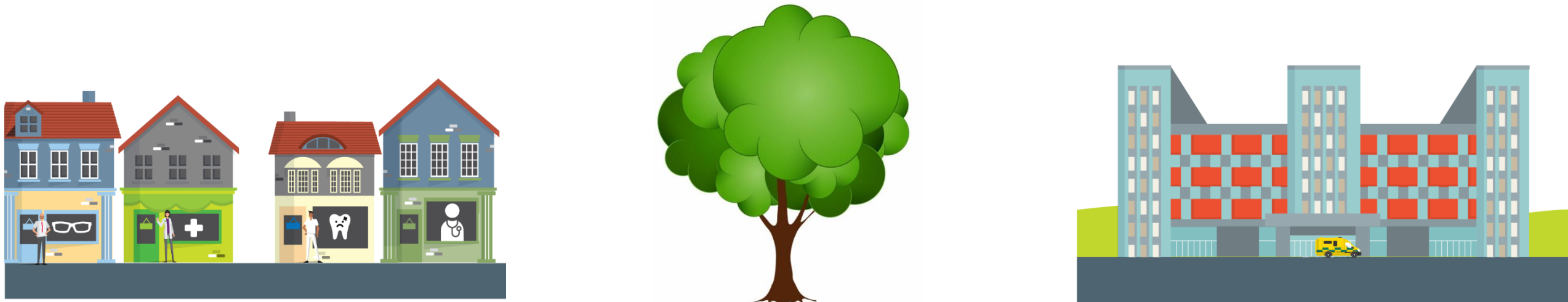
Themes – 2023

Themes arising is that staff were kind and caring in their support of patients, and that they communicate well with patients about their procedures.

Workforce Data

Clinical Services Plan : Activity Modelling Workstream

ENDOSCOPY



Glossary of terms

Term/Acronym	Definition
ESR	Electronic Staff Record – This is the National recording system within the NHS that houses all staff information. The majority of the workforce information contained within this report will have been extracted from the reporting functionality within the system.
WTE	Whole Time Equivalent – For the medical workforce 1WTE equates to 10 sessions or above. For all other staff working in the NHS under AfC terms and conditions 1WTE equates to a full time position of 37.5 hour working week.
AfC	Agenda for Change is the current NHS grading and pay system for NHS staff across Wales, with the exception of doctors, dentists, apprentices and some very senior managers.
Cost code	The Health Board Budget is structured to take into account all areas that incur a cost and is therefore broken down into different directorate areas. The cost code is the lowest level of organisational hierarchy which would denote the department/service/ward e.g. Ward 1
Staff group	There are 9 staff groups to which workforce will belong, dependent on their role. These are: Additional Professional Technical & Scientific; Additional Clinical Services; Administrative & Clerical; Allied Health Professionals; Estates & Ancillary; Healthcare Scientists; Medical & Dental; Nursing & Midwifery Registered and Students
TRAC	NHS Recruitment system
SLE	Single Lead Employment model – Since 2019, all Junior doctors are now under an SLE contract and co-located within NHS Wales Shared Services Partnership (NWSSP) ESR data to allow doctors to rotate across health boards easily.

Workforce Data Methodology overview

As part of the Activity Modelling workstream of the Clinical Services Plan the Strategic Workforce Planning team has provided the following report to assist the Workforce picture for the issues paper.

For the 9 Service areas noted, it is agreed that the Workforce data supplied will be based on the staffing consisted within the defined cost codes provided for each area. Where needed, additional information will be discussed with Service Managers as part of the current Task & Finish groups for each service.

As the scope of the project is to look at potential configuration changes for specific services, the workforce supporting the wider pathway will not be included within the data.

The data will focus on the clinical roles within the services i.e. Medical and Nursing workforce, but where available all professional group data from the cost codes will be presented.

To ensure any interdependencies are highlighted, any known workforce risks for the service will be included.

On the following pages the supplied cost codes for the service area are noted along with the intended outputs from each data set.

Due to the complexity of the workforce breakdown of some cost codes which can cover a number of service areas, where we may have not been able to disaggregate the specific workforce aligned to the service. Where these issues are raised within the data, this has been noted within the information provided.

Workforce Data Sources and outputs

Workforce Area	Data Source	Output
Current Workforce	ESR Staff In Post for: 31 st July 2023	Table/Graph denoting current Budget, Actual and Vacancies for each of the service areas based on cost codes supplied. This will be by Professional group and where possible by role and location (this will be determined by data availability for each area). Where possible this will also include details of any Temporary Workforce utilised.
Workforce Risks	Risk Register / Datix: 31 st August 2023	Information on Current Service specific Workforce risks and any known interdependent service risks associated.
Historic Workforce Trend	ESR Staff in Post for 1 st April 2018, 1 st April 2019, 1 st April 2020, 1 st April 2021, 1 st April 2022, 1 st April 2023	Table/Graph denoting current Budget, Actual and Vacancies for each of the 9 service areas based on cost codes supplied for the period April 2018 to 2023. This will be by Professional group and where possible by role and location (this will be determined by data availability for each area).
Starters & Leavers	ESR Staff Movements Yearly data for 1 st April to 31 st March for each year	Table/Graph denoting number of Starters and Leavers across each of the service areas. As above, where possible additional information will be provided for role and location however we are aware for leavers some of this data is not available within ESR.
Recruitment Issues	TRAC / Recruitment Team	Information in table or narrative format detailing any known targeted campaign activity for each of the service areas across the time period 2018 – 2023. Additional data were available on volume of vacancies advertised in the last 12 months for each service.

Endoscopy Workforce Overview

31st July 2023

Endoscopy Workforce : Cost codes 0004, 0570, 0708, 0854, 1882 & 1892 (as of 31st July 2023)

Staff Group	Role	Location/Site				Pre Assessment	Grand Total
		Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital		
Additional Clinical Services	Assistant Practitioner Nursing		1.0		1.0		2.0
	Health Care Support Worker	2.0	2.52	2.32	3.54		10.38
	Healthcare Assistant				1.0		1.0
	Technician	1.0					1.0
Additional Clinical Services Total		3.0	3.52	2.32	5.54		14.38
Administrative and Clerical	Clerical Worker	1.0	4.8	2.0	2.0		9.8
	Receptionist	0.8	1.0	1.0	1.0		3.8
Administrative and Clerical Total		1.8	5.8	3.0	3.0		13.6
Estates and Ancillary	Porter		1.0	1.0			2.0
	Estates and ancillary Total		1.0	1.0			2.0
Medical & Dental	Consultant				1.0		1.0
	Medical & Dental Total				1.0		1.0
Nursing and Midwifery Registered	Sister or Charge Nurse	2.0	2.0	1.8	2.24	1.2	9.24
	Specialist Nurse Practitioner	0.2	3.4		2.12		5.72
	Staff Nurse	3.76	8.77	10.35	8.05	1.28	32.21
Nursing and Midwifery Registered Total		6.56	14.17	12.15	12.41	3.48	48.77
TOTAL		10.76	24.49	18.47	21.95		79.75

The table above shows the workforce within the Endoscopy service by role and location as of 31st July 2023.

Endoscopy Workforce : Cost codes 0004, 0570, 0708, 0854, 1882 & 1892 (as of 31st December 2023)

Staff Group	Role	Location/Site				Pre Assessment	Grand Total
		Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital		
Additional Clinical Services	Assistant Practitioner Nursing		1.0		1.0		2.0
	Health Care Support Worker	2.0	2.52	2.32	3.54		10.38
	Healthcare Assistant				1.0		1.0
	Technician	1.0					1.0
Additional Clinical Services Total		3.0	3.52	2.32	5.54		14.38
Administrative and Clerical	Clerical Worker	1.0	2.0	2.0	2.0		7
	Receptionist	0.8	1.0	1.0	1.0		3.8
Administrative and Clerical Total		1.8	3.0	3.0	3.0		10.8
Estates and Ancillary	Porter		1.0	1.0			2.0
	Estates and ancillary Total		1.0	1.0			2.0
Medical & Dental	Consultant				1.0		1.0
	Medical & Dental Total				1.0		1.0
Nursing and Midwifery Registered	Sister or Charge Nurse	2.0	2.0	1.8	2.24	1.2	9.24
	Specialist Nurse Practitioner	0.8	4.4		2.12		7.32
	Staff Nurse	3.36	8.77	10.35	9.69	1.28	33.45
	Nursing and Midwifery Registered Total	6.16	15.17	12.15	14.05	3.48	50.01
TOTAL		10.96	22.69	18.47	23.59	3.48	78.19

The table above shows the workforce within the Endoscopy service by role and location as of 31st December 2023.

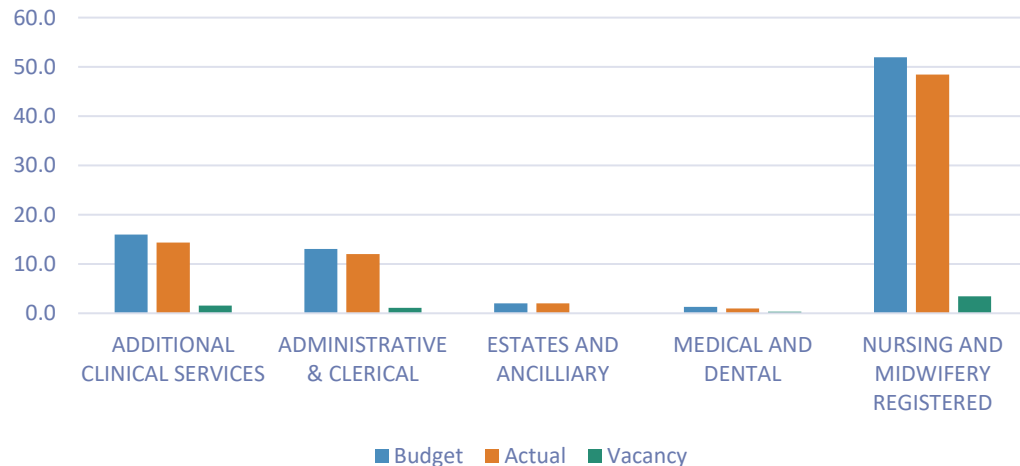
*To note, 17 Consultants involved in Endoscopy delivery, but under different cost codes:

0517 – 2WTE; 0063 – 3WTE (1WTE vacancy); 0684 – 2WTE; 0087 – 3WTE; 0009 - 7WTE

Endoscopy Workforce continued (as of 31st July 2023)

Staff Group	Budget	Actual	Vacancy
ADDITIONAL CLINICAL SERVICES	16.0	14.4	1.6
ADMINISTRATIVE & CLERICAL	13.1	12.0	1.1
ESTATES AND ANCILLIARY	2.0	2.0	0.0
MEDICAL AND DENTAL	1.3	1.0	0.3
NURSING AND MIDWIFERY REGISTERED	51.9	48.77	3.13
Grand Total	84.3	77.8	6.5

Budget overview as of 31st July 2023



The table and graph show the current Budget, Actual workforce WTE in post and the vacancies within the Endoscopy service.

As of 31st July 2023 there was a total of 6.5WTE vacancies within the service with the majority within the Nursing workforce, 3.5WTE.

During this period an additional 2.1WTE of temporary staffing was utilised. The majority (1.5WTE) was through Bank usage with the remainder utilising contracted agency workers.

In addition to the vacancies, a further 5.3WTE is required across the Nursing workforce to fulfil maximum clinical activity.

Workforce Risks

The below Workforce themed risks appeared on Datix (as of 31st August 2023).

Service Risk Linked to 1649	Directorate	Risk Statement	Workforce Themes	Workforce Control Measures in place	Current Risk Score	Previous Risk Score	Movement (↓, ↑ & ↔)	RAG Rating	Staff Group/ Groups affected
1580	Scheduled Care: Endoscopy	<p>There is a risk to the expansion of endoscopy service provision across the Health Board</p> <p>This is caused by - delayed and/or failed substantive recruitment of Consultant Gastroenterologist posts across the Health Board; - conflicting priorities of unscheduled and scheduled care, i.e. general medical priorities limiting sessional allocation available to undertake</p> <p>This will lead to an impact/effect on - a failure to meet projected demand forecasts for endoscopy; - waiting list size: in the absence of a sustainable solution to increase the endoscopist workforce to clear the backlog and manage the waiting list; - an increased reliance on premium rate</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Withybush General Hospital.</p>	Failure to recruit to Consultant Gastroenterologist vacancy. Locum usage.	Development of a strategic workforce plan - to ensure recruitment aligns to demand projections for the service; A review of current endoscopist job plans to review opportunities to increase endoscopy sessions; Exploration of alternative workforce models - i.e. clinical/non-medical endoscopists - to ascertain other avenues to increase endoscopist capacity	12	12	↔		Medical
1383	Scheduled Care: Endoscopy	<p>There is a risk We have three of our units BGH,WGH and GGH experiencing chronic and acute staffing issues due to vacancies and Long Term Sickness.</p> <p>This is caused by All the units have rolling recruitment. Lack of interest is being caused by remote location, possible lack of career progression, on-call commitment and long-term sickness.</p> <p>This will lead to an impact/effect on The service provision could be affected in reduced number of lists, which will impact on USC pathway, RTT pathway and JAG accreditation. It could also impact on the morale of existing team members covering existing lists with additional pressures caused by vacancies and the LTS.</p> <p>Risk location, .</p>	Staffing issues due to vacancies, long-term sickness. Location and on-call commitment off putting to prospective candidates. Wellbeing	Agency sought on framework and requested for off-framework, which has proved successful at BGH. Backfill circulated weekly by Waiting List team. Review of Rotas underway.	8	8	↔		Medical

Workforce Risks

The below reflect 3 additional risks the service has recently identified – these have not yet been presented to Board.

Risk ID	Current Risk Score	Title	Response / Action/Mitigation
Not on risk register	<i>Not on risk register</i>	Risk to increasing service capacity (in line with projected service demand) in the absence of new investment into the endoscopy nursing establishment.	<p>New investment will be need into the nursing establishment (additional 5.3WTE across the HB) to maximise full sessional capacity available to the service. At present, only GGH (1 of 4 sites) is operating to full capacity (20 sessions).</p> <p>At present, plans are still being put in place to increase endoscopist sessions to fully utilise all staffed theatre sessions (however once these have been implemented), the nursing workforce within endoscopy will be a limiting factor to growing endoscopy capacity.</p> <p>Temporary workforce will need to be utilised to mitigate this challenge.</p>
Not on risk register	<i>Not on risk register</i>	The consistent commitment of Surgeons in their delivery of endoscopy sessions presents a risk to the provision of adequate endoscopy capacity (in line with projected demand). Surgeon job plans are stretched due to theatre/clinic/on-call requirements which limits their flexibility to provide consistent endoscopy sessions.	<p>Funding for the provision of these sessions sits within the General Surgery budget – therefore, when the number of sessions that can be delivered is reduced, limited funding is available within the endoscopy budget to mitigate this loss. In the short term, the General Surgery and Endoscopy SDM have been working closely to review consultant job plans, however the problem is on-going.</p> <p>A successful bid was put forward for the recruitment of a trainee clinical endoscopist post in Summer 2023 – in efforts to introduce alternative workforce models to support the provision of endoscopists.</p>
Not on risk register	<i>Not on risk register</i>	Age profile of endoscopists & appropriate succession planning for fragile services areas (such as ERCP, EUS, BSW service delivery).	Succession planning through the means of training/up-skilling of new workforce has presented limited mitigation to this risk (at present). This requires close focus as part of this piece of work to ensure a plan is in place to address these concerns – i.e. provision of alternative workforce models/regionalisation of services (with Swansea Bay).

Endoscopy Workforce Overview

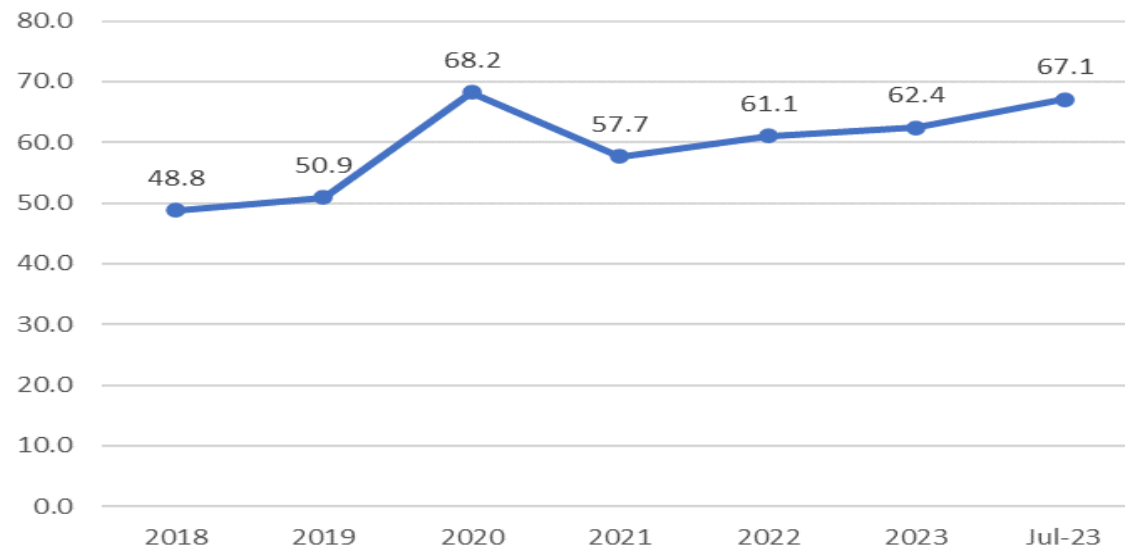
Historic picture

April 2018 – April 2023

Historic Workforce

The data below shows a historic picture of the ESR Staff in post for the Endoscopy cost as at 1st April each year.

Endoscopy Cost codes	2018	2019	2020	2021	2022	2023	Jul-23
Additional Clinical Services	8.1	7.8	11.4	11.1	10.1	8.4	11.4
Administrative and Clerical	2.3	2.3	10.6	3.0	9.9	10.1	10.2
Estates and Ancillary	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Medical and Dental	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Nursing and Midwifery Registered	35.5	37.9	43.3	40.6	38.1	40.9	42.5
TOTAL WTE	48.8	50.9	68.2	57.7	61.1	62.4	67.1



Additional service insights

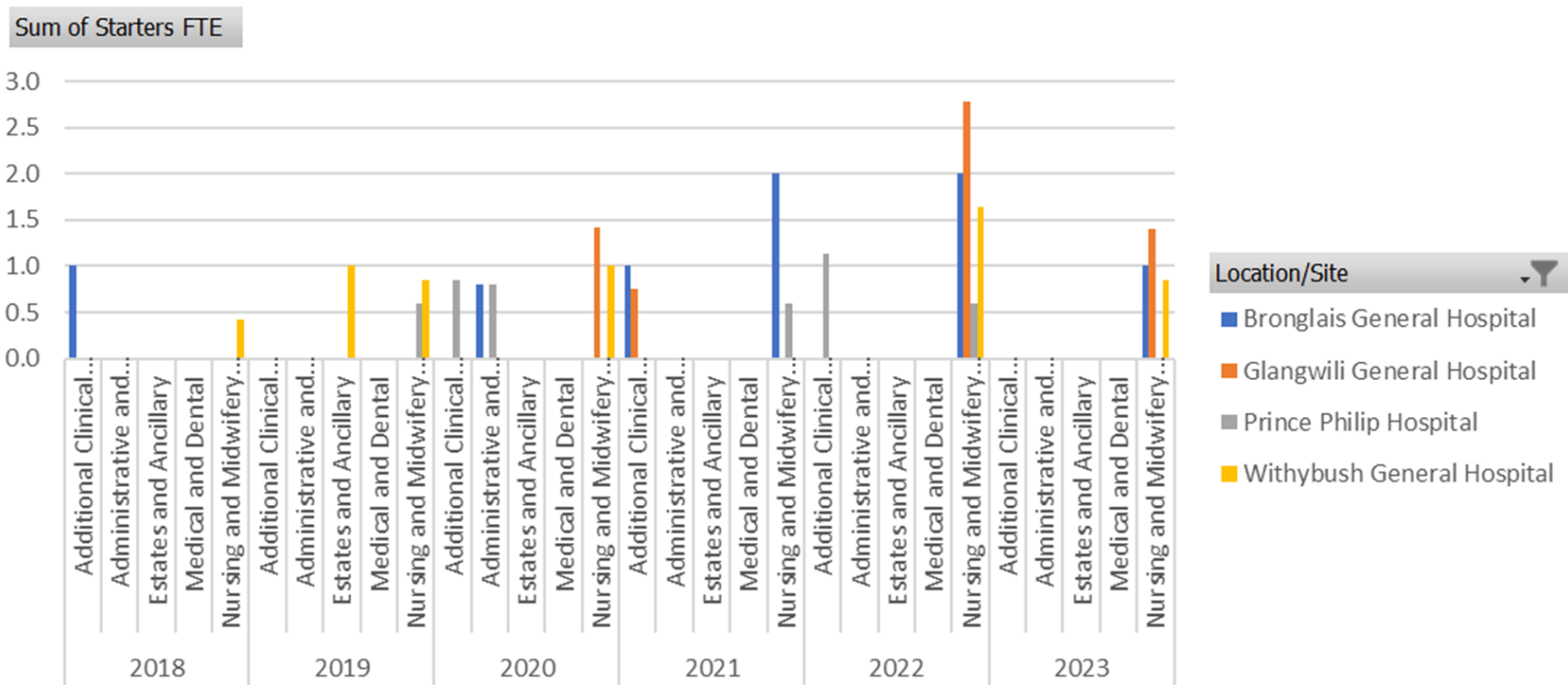
An increase in workforce can be seen in 2020 of 17.3WTE however this followed with a decrease to the service in 2021 of 10.5WTE.

There was a general increase across Health Care Support Workers and Nurses during this period, however the majority of the increase was seen in the A&C staff group with an increase of 8.3WTE clerical workers – this is due to a transfer of A&C waiting list posts from the general waiting list service, to endoscopy.

This followed with a steady increase in these roles over the preceding years bringing the workforce in Endoscopy up to 67.1WTE as of July 2023.

*unclear of 2021 A&C drop in WTE – might be an error in ESR data?

Starters

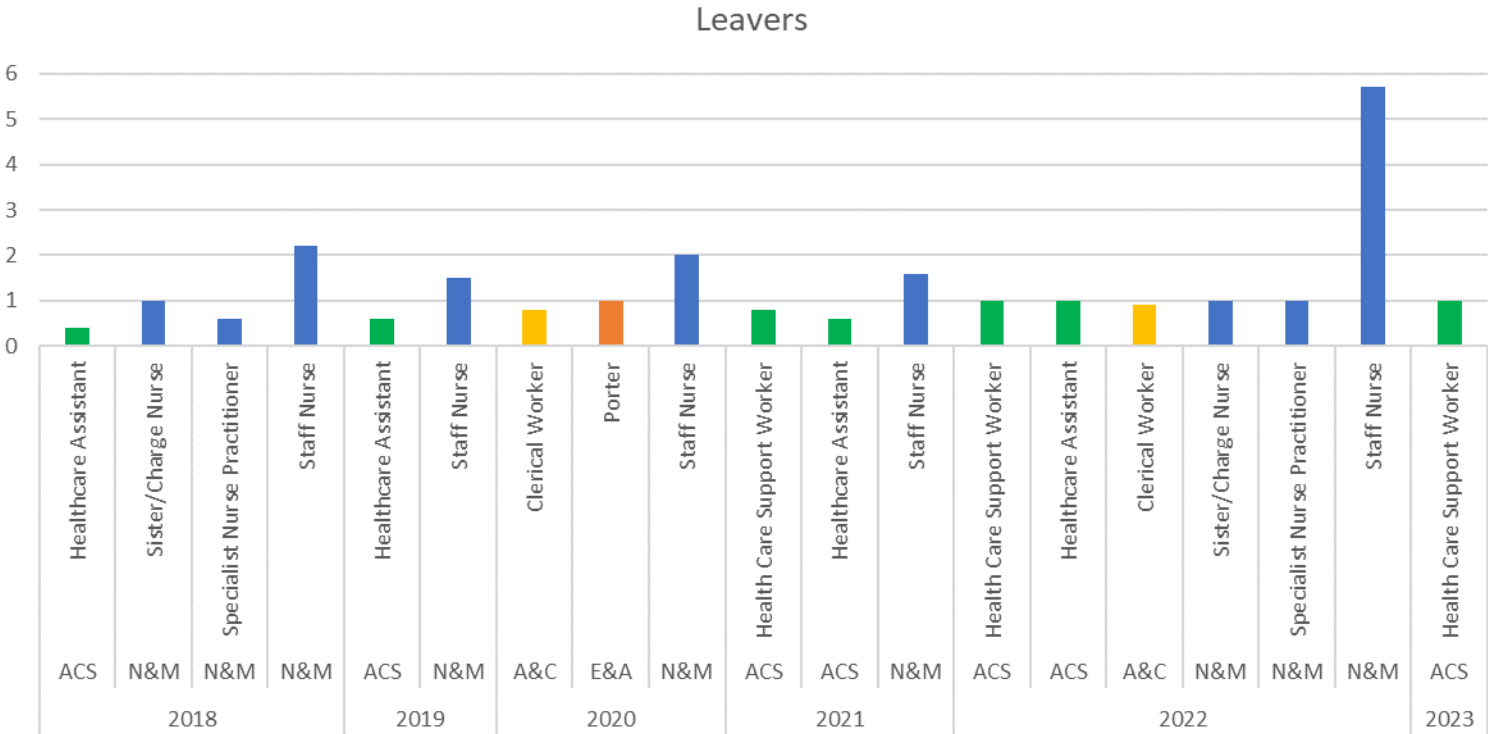


	2018	2019	2020	2021	2022	2023
Starters	1.4	2.5	4.9	4.4	8.2	3.3

The largest increase in new starters was seen in 2022 in Nursing and Midwifery within Endoscopy. The highest increase of staff across the five year period with 7WTE starting in the year.

There were no Medical new starters across the period (based on endoscopy cost codes only).

Leavers



The majority of leavers across the Endoscopy service have been within the Nursing & Midwifery staff group (denoted in Blue).

The highest number of leavers were in 2022 with 7.7WTE leaving in this period.

This correlates with the increase in starters (7WTE) within nursing & midwifery within the same year.

	2018	2019	2020	2021	2022	2023
Leavers	4.2	2.1	3.8	3	10.6	1

Recruitment

Targeted Campaigns across the period 2018 – 2023:

No targeted recruitment campaigns were noted during the period for Endoscopy however a number of Full page and online enhanced adverts were placed in the British Medical Journal for the below Consultant Gastroenterology posts that were been advertised over the last 12 months.

Vacancy /Recruitment overview:

Vacancy Information (last 12 months)	Role	Outcome
100-MED-WGH-098-L	Locum Consultant Gastroenterologist	Advertised three times for 1 WTE, 0 applications received
100-MED-WGH-098	Consultant in Gastroenterology	Advertised four times for 1 WTE, 0 applications received
100-MED-WGH-099-L	Locum Consultant in General Medicine with an interest in Gastro	Advertised five times for 1 WTE, 0 applications received
100-MED-GGH-240	Consultant in General Medicine with interest in Gastroenterology	Advertised twice for 1 WTE, 0 applications received
100-MED-GGH-273	Consultant in General Medicine with interest in Gastroenterology	Advertised for 1 WTE, 0 applications received, awaiting to hear if post is to be readvertised
100-MED-WGH-099-C	Consultant Physician in General Medicine-interest in Gastroenterology	Advertised four times for 1 WTE, 0 applications received

Headhunting:

Targeted headhunting has taken place for the below roles however as noted there was no interest in either post.

Role	Outcome
Locum Consultant in General Medicine with an interest in Gastro	20 doctors headhunted via LinkedIn - No interest
Locum Consultant Gastroenterology	10 doctors headhunted via LinkedIn - No interest

**Hywel Dda University Health Board
Equality Impact Assessment (EqIA)**

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Form 1: Overview

1.	What are you equality impact assessing?	<p>A review of the Endoscopy Service to evaluate the standards of care provided and improve the experience and quality of care for patients and their families. To ensure the wellbeing, capability and engagement of our workforce.</p> <p>Endoscopy Services for Hywel Dda University Health Board at the following hospital sites:</p> <ul style="list-style-type: none"> • Bronglais • Glangwili • Prince Philip • Withybush
2.	Brief Aims and Description	To provide an equalities overview for Endoscopy Services within Hywel Dda University Health Board
3.	Who is involved in undertaking this EqIA?	<p>Sara Edwards, Service Delivery Manager</p> <p>Leri Duncan, Senior Nurse Manager</p> <p>Erika Jones, Service Manager</p> <p>Luke Bennett, Service Support Manager</p>
4.	Is the Policy related to other policies/areas of work?	<ul style="list-style-type: none"> • All Wales Safeguarding Procedure (policy no. 868) https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Safeguarding/868---All-Wales-Safeguarding-Procedures.aspx • Clinical Supervision Policy (policy no. 415) https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Clinical%20Supervision/415---Clinical-Supervision-Policy---Psychologists,-Psychotherapists,-Psychological-Therapists-and-Counsellors.aspx • Clinical Record Keeping Policy (policy no. 195) https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Record%20Keeping/195---Clinical-Record-Keeping-Policy.aspx

		<ul style="list-style-type: none"> Equality and Diversity Policy (policy no. 133) https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/equality-diversity-and-inclusion-policy/ All NICE, JAG and other National Guidance Implementation Policy (policy no. 013) https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Clinical%20Effectiveness/013---NICE-and-Other-National-Guidance-Implementation-Policy.aspx
5.	Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	<ul style="list-style-type: none"> Staff within the Endoscopy Service Wider Health Board Staff Patients within the Hywel Dda University Health Board catchment
6.	What might help/hinder the success of the Policy?	Continued engagement and support from Endoscopy Service Staff, Planned Care directorate and the wider health board

Form 2: Human Rights

<p>Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.</p> <p>Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.</p>		
Consider, is the Policy relevant to:	Yes	No
Article 2 : The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Y	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	Y	

Article 5 : The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	Y	
Article 6 : The right to a fair trial Example: issues of patient choice, control, empowerment and independence	Y	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	Y	
Article 11 : The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	Y	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts	Opportunities for improvement / mitigation																																																																																																																					
				<p>Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.</p>	<p>If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.</p>																																																																																																																					
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			ü	<table><tr><th colspan="9">Population Data</th></tr><tr><th>Year (data was collected)</th><th colspan="8">Hywel Dda University Health Board Population – 2021 Census</th></tr><tr><th>County</th><th colspan="2">Carmarthenshire</th><th colspan="2">Ceredigion</th><th colspan="2">Pembrokeshire</th><th colspan="2">Total</th></tr><tr><th>Measure</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>Percent</th></tr><tr><th>Age</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr><tr><td>Total: All usual residents</td><td>187,895</td><td>100</td><td>71,468</td><td>100</td><td>123,366</td><td>100</td><td>382,729</td><td>100.0</td></tr><tr><td>Aged 16 to 19 years</td><td>7,799</td><td>4.2</td><td>4,129</td><td>5.8</td><td>4,890</td><td>4</td><td>16,818</td><td>4.7</td></tr><tr><td>Aged 20 to 24 years</td><td>8,821</td><td>4.7</td><td>6,366</td><td>8.9</td><td>5,621</td><td>4.6</td><td>20,808</td><td>6.1</td></tr><tr><td>Aged 25 to 34 years</td><td>20,692</td><td>11</td><td>7,106</td><td>9.9</td><td>12,907</td><td>10.5</td><td>40,705</td><td>10.5</td></tr><tr><td>Aged 35 to 49 years</td><td>31,801</td><td>16.9</td><td>10,145</td><td>14.2</td><td>19,459</td><td>15.8</td><td>61,405</td><td>15.6</td></tr><tr><td>Aged 50 to 64 years</td><td>40,905</td><td>21.8</td><td>15,256</td><td>21.3</td><td>27,335</td><td>22.2</td><td>83,496</td><td>21.8</td></tr><tr><td>Aged 65 to 74 years</td><td>24,605</td><td>13.1</td><td>9,942</td><td>13.9</td><td>17,444</td><td>14.1</td><td>51,991</td><td>13.7</td></tr><tr><td>Aged 75 to 84 years</td><td>15,246</td><td>8.1</td><td>6,095</td><td>8.5</td><td>10,855</td><td>8.8</td><td>32,196</td><td>8.5</td></tr></table>	Population Data									Year (data was collected)	Hywel Dda University Health Board Population – 2021 Census								County	Carmarthenshire		Ceredigion		Pembrokeshire		Total		Measure	value	percent	value	percent	value	percent	value	Percent	Age									Total: All usual residents	187,895	100	71,468	100	123,366	100	382,729	100.0	Aged 16 to 19 years	7,799	4.2	4,129	5.8	4,890	4	16,818	4.7	Aged 20 to 24 years	8,821	4.7	6,366	8.9	5,621	4.6	20,808	6.1	Aged 25 to 34 years	20,692	11	7,106	9.9	12,907	10.5	40,705	10.5	Aged 35 to 49 years	31,801	16.9	10,145	14.2	19,459	15.8	61,405	15.6	Aged 50 to 64 years	40,905	21.8	15,256	21.3	27,335	22.2	83,496	21.8	Aged 65 to 74 years	24,605	13.1	9,942	13.9	17,444	14.1	51,991	13.7	Aged 75 to 84 years	15,246	8.1	6,095	8.5	10,855	8.8	32,196	8.5	
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Aged 85 years and over	5,615	3	2,348	3.3	4,044	3.3	12,007	3.2
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Service demand is linked to an aging population, with the number of people aged 75 and over increasing by around 19% between 2009 and 2020. This trend is expected to continue. Between 2020 and 2032 across Wales the number of people aged 75 and over is forecast to grow by a further 27%.

([Source: Audit Wales 2023](#))

Patient Data

The Endoscopy service is accessed by patients 16 years and over. Patients under the age of 16 years are managed by policy/procedures guiding practice for paediatrics.

Staff data

	Headcount	%
16 to 24	959	8.27%
25 to 29	1,198	10.34%
30 to 34	1,330	11.48%
35 to 39	1,238	10.69%
40 to 44	1,262	10.88%
45 to 49	1,564	13.50%
50 to 54	1,647	14.22%
55 to 59	1,402	12.10%
60 to 64	739	6.38%
65 to 69	178	1.54%
70 and over	70	0.60%
Total	11,596	100%

Compared to 31st March 2019 the percentage of staff identifying within the age profile for the ages of 54 and below has decreased by 0.26% at 31st March 2020.

Age profiles for the ages of 55 and above has increased by 0.26% for the period.

[H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

Positive Impacts:

			<p>All health board staff undertake equalities (including Safeguarding Adults, Safeguarding Children and Dementia Awareness) training relating specifically relating to age as part of mandatory competency training.</p> <p>All health board staff undertake equalities training as part of mandatory competency training.</p> <p>There is a car transport service available for patients and patients families to use.</p> <p>Hospital sites across the health board are located close to public transport routes and links.</p> <p>All sites will have accessible toilets either directly in the service area or nearby.</p> <p>Wheelchairs are widely available at hospital entrances to be used by patients and patients family where required for those who have difficulty walking.</p> <p>When required, clinical staff will support the patients family acting as a chaperone for visiting.</p> <p>On each site, staff will have access to facilities to provide the patient with basic drinks and biscuits. Larger sites have access to meals.</p> <p>Negative Impact</p> <p>The Endoscopy Service does not treat patients under the age of 16, these patients will be seen by the Paediatric Gastro in Swansea Bay Health Board. Also to note that any children under 12 generally have their Endoscopy under general anaesthetic (currently not available in Hywel Dda Health Board)</p>	<p>Mitigation</p> <p>There is a alternative pathway for under 16's and is delivered in Swansea Bay Health Board on behalf of Hywel Dda Health Board.</p>					
<p>Disability Those with a physical</p>		ü	<table border="1"> <tr> <td></td><td>Carmarthenshire</td><td>Ceredigion</td><td>Pembrokeshire</td><td>Total</td></tr> </table>		Carmarthenshire	Ceredigion	Pembrokeshire	Total	
	Carmarthenshire	Ceredigion	Pembrokeshire	Total					

disability,
learning
disability,
sensory loss
or
impairment,
mental health
conditions,
long-term
medical
conditions
such as
diabetes

Disabled under the Equality Act: Day-to-day activities limited a lot	21255	6686	12522	40463
Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499
	43152	15637	27173	

Population Data

[How life has changed in](#)

[Carmarthenshire: Census 2021 \(ons.gov.uk\)](#)
[How life has changed in Ceredigion: Census 2021 \(ons.gov.uk\)](#)
[How life has changed in Pembrokeshire: Census 2021 \(ons.gov.uk\)](#)

Patient data

Below is the analysis from the Clinical Services Plan Early Engagement survey that was undertaken. All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY DISABILITY	Has a disability	140	24%	25%
	No disability	438	76%	75%
	Total number of valid respondents	578	100%	100%
	<i>Not Known</i>	238	-	-

Staff data

	Headcount	%
Disabled	310	2.68%
Not Disabled	7,942	68.54%
Prefer Not To Answer	2	0.02%
Not Recorded on ESR	3,332	28.76%
Total	11,586	100%

- Compared to 31st March 2019 the percentage of staff identifying as not disabled has increased by 4.59% by 31st March 2020.
- The percentage of staff identifying as having a disability has also increased in the reporting period by 1.01%. As at 31 March 2020, 2.68% of staff identified as having a disability.

[H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](https://www.nhs.uk/about-us/equality/equality-reporting)

Positive Impacts:

All health board staff undertake equalities (including Safeguarding Adults, Safeguarding Children and Dementia Awareness) training relating specifically relating to age as part of mandatory competency training.

Adjustments may be necessary to allow for appropriate communication with patients / families. This could include support from occupational health for communication devices, liaison with Learning Disability services, support from sensory loss services.

All hospital sites adhere to minimum accessibility standards.

Wheelchairs are widely available at hospital entrances to be used by patients and patients families who have difficulty walking.

Hospital transport has cars to support patients and patients family with different types of mobility concerns.

Negative Impact

Endoscopy is delivered on all acute sites, they are located within different areas in the hospital all of which are accessible however some maybe further from the main entrance than others and therefore depending on the patients disability may require additional support.

Mitigation

			<p>At this time no negative impact has been identified on Disability. This will be reviewed in line with any proposed service changes.</p>	<p>Hospital transport is available to patients that need to attend appointment. This service also offers to help patients to get to the unit.</p> <p>Each site has the option of requesting porter services to be able to help patients to reach the unit once they have arrived at the hospital.</p> <p>The Endoscopy Units are accessible for wheelchair users.</p> <p>Patients with physical/sensory/cognitive impairments will have the same access to care as those without. British Sign Language officials can be booked to attend appointments.</p> <p>Patient information can be made available in large print.</p>		
<p>Gender Reassignment Consider the potential</p>		ü	<p>Population Data</p> <table><tr><td>Year (data was collected)</td><td>Hywel Dda University Health Board Census Data - 2021</td></tr></table>	Year (data was collected)	Hywel Dda University Health Board Census Data - 2021	
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impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.				<table><tr><th>County</th><th colspan="2">Carmarthenshire</th><th colspan="2">Ceredigion</th><th colspan="2">Pembrokeshire</th><th colspan="2">Total</th></tr><tr><th>Measure</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>percent</th></tr><tr><th>Gender</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>All persons</td><td>187,897</td><td>100</td><td>71,475</td><td>100</td><td>123,360</td><td>100</td><td>382,732</td><td>100.0</td></tr><tr><td>Male</td><td>91,685</td><td>48.8</td><td>34,963</td><td>48.9</td><td>60,071</td><td>48.7</td><td>186,719</td><td>48.8</td></tr><tr><td>Female</td><td>96,212</td><td>51.2</td><td>36,512</td><td>51.1</td><td>63,289</td><td>51.3</td><td>196,013</td><td>51.2</td></tr><tr><td>Gender identity the same as sex registered at birth</td><td>144,924</td><td>93.2</td><td>55,874</td><td>91</td><td>95,794</td><td>93.4</td><td>296,592</td><td>92.5</td></tr><tr><td>Gender identity different from sex registered at birth but no specific identity given</td><td>210</td><td>0.1</td><td>84</td><td>0.1</td><td>121</td><td>0.1</td><td>415</td><td>0.1</td></tr><tr><td>Trans woman</td><td>93</td><td>0.1</td><td>73</td><td>0.1</td><td>58</td><td>0.1</td><td>224</td><td>0.1</td></tr><tr><td>Trans man</td><td>90</td><td>0.1</td><td>62</td><td>0.1</td><td>66</td><td>0.1</td><td>218</td><td>0.1</td></tr><tr><td>Non-binary</td><td>60</td><td>0</td><td>143</td><td>0.2</td><td>40</td><td>0</td><td>243</td><td>0.1</td></tr><tr><td>All other gender identities</td><td>38</td><td>0</td><td>66</td><td>0.1</td><td>32</td><td>0</td><td>136</td><td>0.0</td></tr></table>	County	Carmarthenshire		Ceredigion		Pembrokeshire		Total		Measure	value	percent	value	percent	value	percent	value	percent	Gender									All persons	187,897	100	71,475	100	123,360	100	382,732	100.0	Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8	Female	96,212	51.2	36,512	51.1	63,289	51.3	196,013	51.2	Gender identity the same as sex registered at birth	144,924	93.2	55,874	91	95,794	93.4	296,592	92.5	Gender identity different from sex registered at birth but no specific identity given	210	0.1	84	0.1	121	0.1	415	0.1	Trans woman	93	0.1	73	0.1	58	0.1	224	0.1	Trans man	90	0.1	62	0.1	66	0.1	218	0.1	Non-binary	60	0	143	0.2	40	0	243	0.1	All other gender identities	38	0	66	0.1	32	0	136	0.0	
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<p>In Carmarthenshire, 0.32% of people reported identifying with a gender different form the sex registered at birth.</p> <p>In Ceredigion, 0.70% of people reported identifying with a gender different form the sex registered at birth.</p> <p>In Pembrokeshire, 0.31% of people reported identifying with a gender different form the sex registered at birth.</p> <p>Gender identity - Census Maps, ONS</p> <p>Patient Data</p> <ul style="list-style-type: none">There is no available information Endoscopy patients regarding gender reassignment.																																																																																																																	

			<p>Staff data:</p> <p>No staff data available at present.</p> <p>Positive Impacts: All health board staff undertake equalities (Equalities, Diversity and Human Rights) training relating specifically relating to gender identity as part of mandatory competency training.</p> <p>Negative Impact</p> <p>Where a patient gender is not the same as was assigned to them at birth, the service is conscious for this to remain confidential however in some cases will effect the course of treatment required. However, incidents may arise where this information is required.</p>	<p>Mitigation Patient confidentiality is maintained using health board guidelines regarding confidentiality.</p>																																																																								
<p>Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.</p>		ü	<p>Population Data</p> <table><tr><th>Year (data was collected)</th><th colspan="8">Hywel Dda University Health Board Census Data - 2021</th></tr><tr><th>County</th><th colspan="2">Carmarthenshire</th><th colspan="2">Ceredigion</th><th colspan="2">Pembrokeshire</th><th colspan="2">Total</th></tr><tr><th>Measure</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>percent</th><th>value</th><th>percent</th></tr><tr><th>Marital Status</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Total: All usual residents aged 16 and over</td><td>155,488</td><td>100</td><td>61,389</td><td>100</td><td>102,551</td><td>100</td><td>319,428</td><td>100.0</td></tr><tr><td>Never married and never registered a civil partnership</td><td>50,384</td><td>32.4</td><td>23,766</td><td>38.7</td><td>32,566</td><td>31.8</td><td>106,716</td><td>34.3</td></tr><tr><td>Married or in a registered civil partnership</td><td>73,529</td><td>47.3</td><td>26,468</td><td>43.1</td><td>48,487</td><td>47.3</td><td>148,484</td><td>45.9</td></tr><tr><td>Married</td><td>73,191</td><td>47.1</td><td>26,292</td><td>42.8</td><td>48,264</td><td>47.1</td><td>147,747</td><td>45.7</td></tr></table>	Year (data was collected)	Hywel Dda University Health Board Census Data - 2021								County	Carmarthenshire		Ceredigion		Pembrokeshire		Total		Measure	value	percent	value	percent	value	percent	value	percent	Marital Status									Total: All usual residents aged 16 and over	155,488	100	61,389	100	102,551	100	319,428	100.0	Never married and never registered a civil partnership	50,384	32.4	23,766	38.7	32,566	31.8	106,716	34.3	Married or in a registered civil partnership	73,529	47.3	26,468	43.1	48,487	47.3	148,484	45.9	Married	73,191	47.1	26,292	42.8	48,264	47.1	147,747	45.7	
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In a registered civil partnership	338	0.2	176	0.3	223	0.2	737	0.2
Separated, but still legally married or still legally in a civil partnership	3,157	2	1,029	1.7	2,210	2.2	6,396	2.0
Divorced or civil partnership dissolved	16,309	10.5	5,681	9.3	10,912	10.6	32,902	10.1
Widowed or surviving civil partnership partner	12,109	7.8	4,445	7.2	8,376	8.2	24,930	7.7

In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. [How life has changed in Carmarthenshire: Census 2021 \(ons.gov.uk\)](#)

In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. [How life has changed in Ceredigion: Census 2021 \(ons.gov.uk\)](#)

In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. [How life has changed in Pembrokeshire: Census 2021 \(ons.gov.uk\)](#)

Patient Data

Staff Data

			<p>All health board staff undertake equalities training as part of mandatory competency training.</p> <p>In 2020, 52.74% of staff in the Health Board were married, 1.44% were in a civil partnership, 31.37% were single, with 9.44% reporting being divorced, separated or widowed, and 5.01% not recorded on ESR.</p> <p>H DUHB EQUALITIES DUTIES REPORTING - Staff In Post (nhs.wales)</p> <p>Negative Impact</p> <p>Marriage and civil partnerships are of no impact when considering admission to and treatment in, Endoscopy departments.</p>	
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Form 3 Gathering of Evidence and Assessment of Potential Impact

<p>Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>			<p>ü In 2021, there were 29,007 births registered across Wales. Maternity and birth statistics: 2021 GOV.WALES</p> <p>Patient Data</p> <p>There are some cases where pregnant patients will be treated by the Endoscopy team however this is on a case by case basis and the risks and benefits will be assessed by a Senior Endoscopist.</p> <p>Staff Data</p> <p>There is currently no data available for the staff regarding Pregnancy and Maternity. However, staff data will be included at the earliest possible opportunity.</p> <p>Positive Impact</p> <p>The Health Board has clear policies to address any pregnancy and maternity related highlighted risks, and Workforce and Occupational Health teams who can support with specific concerns.</p> <p>Negative Impact</p> <p>Pregnant patients will be assessed on a case by case basis.</p>	<p>Mitigation</p> <p>Where a patient is pregnant, they will be reviewed by a Senior Endoscopist in order to review the risks and benefits of the procedure being undertaken</p>
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				<p>Where a patient is pregnant this may change the course of treatment that would normally be considered may not be an option.</p>	<p>whilst pregnant. This may result in the procedure being delayed until following the pregnancy.</p> <p>Support and input would be sought from relevant specialist teams, e.g. maternity, obstetrics etc.</p>																																																								
<p>Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p>		ü	<p>Population Data</p> <table><tr><td>Year (data was collected)</td><td colspan="8">Hywel Dda University Health Board Census Data - 2021</td></tr><tr><td>County</td><td colspan="2">Carmarthenshire</td><td colspan="2">Ceredigion</td><td colspan="2">Pembrokeshire</td><td colspan="2">Totals</td></tr><tr><td>Measure</td><td>value</td><td>percentage</td><td>value</td><td>percentage</td><td>value</td><td>percentage</td><td>value</td><td>percentage</td></tr><tr><td>Ethnicity</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Total: All usual residents</td><td>187,898</td><td>100</td><td>71,473</td><td>100</td><td>123,359</td><td>100</td><td>382,730</td><td>100</td></tr><tr><td>Asian, Asian British or</td><td>2,321</td><td>1.2</td><td>1,096</td><td>1.5</td><td>1,159</td><td>0.9</td><td>4,576</td><td>1.2</td></tr></table>				Year (data was collected)	Hywel Dda University Health Board Census Data - 2021								County	Carmarthenshire		Ceredigion		Pembrokeshire		Totals		Measure	value	percentage	value	percentage	value	percentage	value	percentage	Ethnicity									Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100	Asian, Asian British or	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2	
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Asian Welsh								
Black, Black British, Black Welsh, Caribbean or African	455	0.2	366	0.5	244	0.2	1,065	0.3
Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1
White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97
Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3
Other ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4

In Wales, 93.8% of the population identified as White, 2.9% as Asian, 0.9% as Black, 1.6% identified as 'Mixed or multiple ethnic groups' and 0.9% as 'Other ethnic group'.
<https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-html>

In Hywel Dda, 86.22% of staff identified as White, 0.91% as Black or Black British, 3.92% as Asian or Asian British, 0.48% as Mixed, 1.40% as 'Any other ethnic group' and 7.07% did not record their ethnicity on ESR. It is unlikely the staff ethnicity, race or nationality will impact or be impacted by these changes in the service.

[HDUHB EQU](#)

Patient data

Unfortunately, this data is not available within the Endoscopy service.

Staff data

HDUHB Headcount by Ethnicity		
	Headcount	%
White	9,990	86.22%
Black or Black British	105	0.91%
Asian or Asian British	454	3.92%
Mixed	56	0.48%
Any Other Ethnic Group	162	1.40%
Not Recorded on ESR	819	7.07%
Total	11,586	100%

- Compared to 31st March 2019 the percentage of staff identifying as White has risen by 1.98% by 31st March 2020.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.23%.

Positive Impacts:

All health board staff undertake equalities (Equalities, Diversity and Human Rights) training relating specifically relating to gender identity as part of mandatory competency training.

Negative Impact:

Race, ethnicity or nationality is not a factor considered on treatment in, Endoscopy service clinically indicated. There maybe a potential language barrier whereby a patient or their family are non English or Welsh speaker may be unable to communicate to staff.

Mitigation

The Healthboard has access to a translation service for patients who are unable to communicate in

													English or Welsh. Adjustments may be necessary to allow for appropriate communication with patients / families, for which, translation services are available and accessible.			
Religion or Belief (or non-belief) The term ‘religion’ includes a religious or philosophical belief.			ü	Population Data												
	Year (data was collected)	Hywel Dda University Health Board Census Data - 2021														
	County	Carmarthenshire			Ceredigion		Pembrokeshire			Totals						
	Measure	value		percent	value	percent	value	percent	value	percent						
	Religion															
	Total: All usual residents	187,899		100	71,476	100	123,363	100	382,738	100						
	No religion	83,409		44.4	30,749	43	52,998	43	167,156	43						
	Christian	89,378		47.6	33,409	46.7	60,174	48.8	182,961	47						
	Buddhist	557		0.3	378	0.5	462	0.4	1,397	0						
	Hindu	419		0.2	158	0.2	161	0.1	738	0						
	Jewish	103		0.1	75	0.1	58	0	236	0						
	Muslim	1,026		0.5	515	0.7	587	0.5	2,128	0						
	Sikh	177		0.1	35	0	32	0	244	0						
	Other religion	1,127		0.6	677	0.9	746	0.6	2,550	0						
	Not answered	11,703		6.2	5,480	7.7	8,145	6.6	25,328	6						

In Carmarthenshire, 44.4% of people declared not having a religion, 47.6% are Christian and 6.2% did not answer; 1.2% were Buddhist, Hindu, Jewish, Muslim or Sikh and 0.6% replied with 'other'.

<https://www.ons.gov.uk/visualisations/censusareachanges/W06000010/>

In Ceredigion, 43% of people declared not having a religion, 46.7% are Christian and 7.7% did not answer; 1.5% were either Buddhist, Hindu, Jewish or Muslim and 0.9% replied with 'other'. [How life has changed in Ceredigion: Census 2021 \(ons.gov.uk\)](#)

In Pembrokeshire, 43% of people declared not having a religion, 48.8% are Christian and 6.6% did not answer; 1% were either Buddhist, Hindu or Muslim and 0.6% replied with 'other'. [How life has changed in Pembrokeshire: Census 2021 \(ons.gov.uk\)](#)

Patient data

Religion or belief is not a factor considered on treatment in, Endoscopy service if clinically indicated. However, when the service is aware of a person's religion or beliefs, adjustments to the care are made. Every patient is treated in an individual basis according to their needs.

Staff data

In Hywel Dda, 39.94% of staff reported being Christian, 11.06% atheist, 19.01% did not disclose their religion and 19.92% did not record their religion on ESR. The remaining 10.07% recorded other religions.

[HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

Religion	Headcount
Atheism	1,281
Christianity	4,627
I do not wish to disclose my religion/belief	2,202
Other	1,168
Not Recorded on ESR	2,308
Grand Total	15,586

Positive Impacts:

			<ul style="list-style-type: none"> • All health board staff undertake equalities training (including Equality, Diversity and Human Rights) as part of mandatory competency training. • Any staff or patient needs related to their religion or beliefs would be accommodated following an assessment of what is required and included on the patients notes. • Provision of protected prayer space/time or belief room on request • The Health Board has a Jehovah's Witness specific consent form which can be used if necessary. Cell Saver technology allows for surgery to take place when the patients belief does not permit a blood transfusion. There is an additional consent form for Jehovah Witness to complete. This ensures a persons religious beliefs are maintained. <p>Positive Impacts: All health board staff undertake equalities (Equalities, Diversity and Human Rights) training relating specifically relating to gender identity as part of mandatory competency training.</p> <p>Negative Impact: Consider that people who have different regions beliefs access healthcare in different ways. A non-English or Welsh speaker may be unable to communicate to staff.</p>	<p>Mitigation</p> <p>The Health Board has access to a translation service for patients who are unable to communicate in English or Welsh, and Health Board leaflets are available in different languages.</p>
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Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			ü	Population data	.

			Year (data was collected)	Hywel Dda University Health Board Census Data - 2021								
			County	Carmarthenshire		Ceredigion		Pembrokeshire		Total		
			Measure	value	percent	value	percent	value	percent	value	percent	
			Gender									
			All persons	187,897	100	71,475	100	123,360	100	382,732	100.0	
			Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8	
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			Trans man	90	0.1	62	0.1	66	0.1	218	0.1	
			Non- binary	60	0	143	0.2	40	0	243	0.1	

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Year (data was collected)	Hywel Dda University Health Board Census Data - 2021							
County	Carmarthenshire		Ceredigion		Pembrokeshire		Totals	
Measure	value	percent	value	percent	value	percent	value	percent
Sexual Orientation								
Total: All usual residents aged 16 years and over	155,486	100	61,391	100	102,551	100	319,428	100.0
Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
Bisexual	1,500	1	1,617	2.6	1,050	1	4,167	1.5
Pansexual	202	0.1	225	0.4	149	0.1	576	0.2
Asexual	79	0.1	140	0.2	52	0.1	271	0.1
Queer	23	0	49	0.1	12	0	84	0.0
All other sexual orientations	19	0	16	0	7	0	42	0.0

Patient data

Below is the analysis from the Clinical Services Plan Early Engagement survey that was undertaken. All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Responders (Unweighted Valid)
Heterosexual or Straight	534	92%
Other sexual orientation	47	8%
Total number of valid respondents	581	100%
<i>Not Known</i>	<i>235</i>	<i>-</i>

Staff Data

In Hywel Dda, 65.27% of staff reported being straight, 1.06% reported being gay or lesbian, 0.03% undecided, 0.46% bisexual, with 20.07% not recorded, 13.08% refused to answer, and 0.03% 'Other sexual orientation not listed'.

[H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](https://www.nhs.uk/health-equality-duties-reporting-staff-in-post/)

Sexual Orientation – All Staff	Headcount
Heterosexual or Straight	7,562
Not stated (person asked but declined to provide a response)	1,516
Other	183
Not Recorded on ESR	2,325
Grand Total	11,586

Positive Impact

All health board staff undertake equality training (including Equality, Diversity and Human Rights) as part of mandatory competency training.

Negative Impact

At this time there is no negative impact has been identified under the characteristic of sexual orientation. This will be reviewed in line with any proposed service changes.

Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through ‘unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.’ For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance				<table><tr><th></th><th>Carms</th><th>Ceredigion</th><th>Pembs</th><th>Total</th></tr><tr><td>Previously served in the UK regular armed forces</td><td>5610</td><td>1851</td><td>4654</td><td>12115</td></tr><tr><td>Previously served in UK reserve armed forces</td><td>1334</td><td>537</td><td>930</td><td>2801</td></tr><tr><td>Previously served in both regular and reserve UK armed forces</td><td>336</td><td>137</td><td>248</td><td>721</td></tr><tr><td>Grand total</td><td>7280</td><td>2525</td><td>5832</td><td>15637</td></tr></table> <p>Patient Data</p> <p>Positive impact Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant Armed Forces Covenant: annual report 2021 [HTML] GOV.WALES</p> <p>If their injury or illness is attributable to their military service then they are eligible for priority treatment.</p> <p>If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don’t join at the end of the queue.</p> <p>Negative Impact No negative impact is foreseen for this cohort of patients when accessing the service.</p>		Carms	Ceredigion	Pembs	Total	Previously served in the UK regular armed forces	5610	1851	4654	12115	Previously served in UK reserve armed forces	1334	537	930	2801	Previously served in both regular and reserve UK armed forces	336	137	248	721	Grand total	7280	2525	5832	15637	
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Socio-economic Deprivation

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: <https://gov.wales/more-equal-wales-socio-economic-duty>

Population Data

Information to inform on Socio-economic deprivation is hard to obtain. However, economic activity information is available on the 2021 census. We are aware that there are areas within the health board footprint of considerable deprivation. The below table notes economic activity within the health board footprint

Year (data was collected)	Hywel Dda University Health Board Census Data - 2021							
County	Carmarthenshire		Ceredigion		Pembrokeshire		Totals	
Measure	value	percentage	value	percentage	value	percentage	value	percentage
Economic Factor								
Total: All usual residents aged 16 years and over	155,487	100	61,392	100	102,551	100	319,430	100.0
Economically active (excluding full-time students)	83,262	53.5	29,845	48.6	54,182	52.8	167,289	51.6
In employment	79,927	51.4	28,718	46.8	51,697	50.4	160,342	49.5
Unemployed	3,335	2.1	1,127	1.8	2,485	2.4	6,947	2.1
Economically active	2,612	1.7	2,119	3.5	1,352	1.3	6,083	2.2

and a full-time student								
In employment	2,025	1.3	1,401	2.3	1,068	1	4,494	1.5
Unemployed	587	0.4	718	1.2	284	0.3	1,589	0.6
Economically inactive	69,613	44.8	29,428	47.9	47,017	45.8	146,058	46.2
Retired	43,170	27.8	16,997	27.7	30,306	29.6	90,473	28.4
Student	6,422	4.1	6,150	10	3,544	3.5	16,116	5.9
Looking after home or family	6,296	4	2,119	3.5	4,755	4.6	13,170	4.0
Long-term sick or disabled	9,710	6.2	2,730	4.4	5,632	5.5	18,072	5.4
Other	4,015	2.6	1,432	2.3	2,780	2.7	8,227	2.5

In its vast majority, Carmarthenshire, Pembrokeshire and Ceredigion areas have been ranked 'Least deprived' or as second 'least deprived' in Wales. There is a number of areas identified as being nearer 'most deprived', which seem to be concentrated around Pembroke, Pembroke Dock, Milford, Cardigan, Llanelli and Kidwelly. (Welsh Index of Multiple Deprivation 2019).

[Welsh Index of Multiple Deprivation \(WIMD\) 2019: results report \(gov.wales\)](#)

Patient data

			<p>Socio-economic deprivation is not a factor considered on treatment in, Endoscopy Service if clinically indicated.</p> <p>There may be some impact on the families of patients who are likely to have longer admissions to hospitals which may affect them with travel costs, parking costs, cost of food and drink while visiting which maybe for prolonged periods, ability to work.</p> <p>Staff Information There is currently no data available on socio-economic status for staff.</p> <p>Staff's socio-economic status should not impact or be impacted by changes in the service, as any expenses incurred as part of travelling and education are reimbursed by the Health Board.</p> <p>Negative Impact</p> <p>Hywel Dda University Health Board covers a very large geographical area, which may impact service users families and staff when trying to access certain parts of the service that might only be delivered from sites which are not immediately local.</p>	<p>Mitigation</p> <p>The Health Board has adopted savings schemes for staff to use, such as the Hapi app benefits for everyday discounts, the Leasing Car Scheme and Pool Car scheme, amongst many others.</p> <p>Hywel Dda strives to deliver care closer to home whenever</p>
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				<p>possible, which helps in reducing the amount of time the patients spend travelling, or unpaid work time the patients or their carers/family members need to take off to attend hospital care.</p> <p>Development of prevention and early detection interventions to support acute service reconfiguration.</p> <p>Engagement with WAST to ensure public transport needs and repatriation can be supported and met.</p>
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating</p>			<p>ü</p> <p>Population Data</p> <p>According to Welsh Census 2022 data, it is estimated that 29.5% of people aged three or older were able to speak Welsh. This figure equates to around 900,600 people.</p>	

<p>the Welsh language no less favourably than the English language.</p>			<p>The Health Board adopted the Welsh Language Standards in 2019 across all directorates including Mental Health & Learning Disabilities Services. Following on from this a Welsh Language Services Report is produced annually.</p> <p>Positive Impact</p> <p>In March 2021 the Bilingual Skills Policy was introduced across the health board. The main aims of the policy are as follows:</p> <ul style="list-style-type: none"> · To increase the use of Welsh within the workplace. · To enable everyone who receives or uses our services to do so through the medium of Welsh or English, according to personal choice, and to encourage other users and providers to use and promote the Welsh Language within the health sector. · To ensure staff are able to enact their right to receive services through the medium of Welsh within our internal administrative systems. <p>The health board uses its ESR system to capture Welsh Language information with 92% now showing an identified Welsh skill set. The skills set ranges from 0-5 with 0 being no welsh language skills to 5 being fluent orally and written. Staff members identified at Level 3 and above can provide bilingual services to patients and carers.</p> <p>All service users and patients are offered a proactive service offer of Welsh language, which is recorded.</p> <p>The health board has developed a range of Welsh Language learning opportunities for all staff to learn and develop their skills, and time is given from work to attend. Since the Pandemic, these opportunities have been made available online which has seen an increase in uptake.</p> <p>Staff data:</p>	
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Staff Group	0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Not recorded on ESR	Grand Total
Add Prof Scientific and Technic	110	90	36	21	39	78	16	390
Additional Clinical Services	915	726	299	271	279	382	354	3,226
Administrative and Clerical	578	606	209	189	168	166	73	1,989
Allied Health Professionals	200	180	70	42	62	90	21	665
Estates and Ancillary	443	286	114	102	103	203	268	1,519
Healthcare Scientists	55	46	16	13	30	30	5	195
Medical and Dental	368	80	22	12	6	21	444	953
Nursing and Midwifery Registered	1,234	756	320	250	267	415	171	3,413
Students	12	15	5	9	2	8	40	91
Grand Total	3,915	2,785	1,091	909	956	1,393	1,392	12,441
%	31%	22%	9%	7%	8%	11%	11%	100%

- Those staff whose Welsh Language Skills are not recorded on ESR is 11% (1392 employees). This makes data analysis and comparisons less accurate. Significant progress had been made to increase the number of employees whose skills had been recorded but the position has deteriorated since the mass exercise to recruit employees at the end of March 2020 due to Covid-19 service demands.
- 26% of the workforce have skills at Intermediate level or higher. 31% of the workforce have no skills. The Welsh Language Use Survey 2018 reported that 46% of the population in Hywel Dda were able to speak Welsh.

[HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](https://www.nhs.uk/about-us/equalities/equalities-duties-reporting/)

Negative Impact

Patients who would like to converse in Welsh may have to communicate in English.

Mitigation

Welsh language standards applied to all health board staff

Patient information available in English and Welsh

Welsh language speaking staff are available

The Health board has access to a translation service for

					patients who are unable to communicate in English or Welsh. With planned appointments, prior knowledge a translator will already be available.
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Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	Yes
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	This EqIA reflects the current service provision
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	None
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).	N/A

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	1	0	0
Disability	1	0	0
Sex	1	0	0
Gender Reassignment	1	0	0
Human Rights	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	1	0	0
Religion or Belief	1	0	0
Sexual Orientation	1	0	0
Socio-economic Deprivation	1	0	0
Welsh Language	1	0	0

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	N/A this EqIA reflects the current provision of the Endoscopy Service
If No please give reasons and any alternative action(s) agreed.	N/A
Have any changes been made to the policy/ plan / proposal /	No however Endoscopy are subject to the Clinical Services Plan Programme

project as a result of conducting this EqlA?	
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	The data is subject to analysis and scrutiny as part of the Clinical Services Plan programme.
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	N/A
Where positive impact has been identified for one or more groups please explain how this will be maximised?	N/A
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.	<p>The most significant negative impact score is for socio-economic deprivation and is based on assumed and anecdotal information. This score will vary for individual patients and families based on their deprivation status and the clinical status of the patient which will influence the duration of time spent in critical care and as an inpatient in hospital. Support will be offered, where possible, to relatives to adjust visiting times to suit with transport arrangements (e.g. if they are reliant on lifts to reduce public transport costs) and signposting will be given for financial support from local and county support services.</p> <p>The second, potential negative impact relates to Welsh language. Where possible at least one Welsh speaking nurse is rostered onto each shift, however with a smaller pool of nurses in the smaller units this can be more challenging to achieve. Historically there has been a reliance on temporary workforce which provide no guarantee of Welsh speaking. Welsh speakers from other staff groups can be asked</p>

	to support, for example, Allied Health Professionals. In rare and extreme circumstances, translation services are available.
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Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
Reviewing of staff training compliance levels to ensure that all training is up to date.	Service Line Managers	Annually	Rolling annual review as part of PADR review	

EqIA Completed by:	Name	Conrad Hancock & Rian Furlong
	Title	Senior Project Manager & Project Manager
	Team / Division	Transformation Programme Office
	Contact details	Conrad.Hancock@Wales.nhs.uk Rian.Furlong@wales.nhs.uk
	Date	04/03/24

EqlA Authorised by:	Name	Sara Edwards
	Title	Service Delivery Manager
	Team / Division	Endoscopy & Gastroenterology
	Contact details	Sara.edwards@wales.nhs.uk
	Date	04/03/24
Seen by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manger
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	06.03.2024

