



Deep Dive: Elective Orthopaedics UPDATE

Quality, Safety and Experience Committee

8 October 2026

Purpose

To provide the Committee with assurance regarding the actions taken since the December 2025 Elective Orthopaedics Deep Dive, the current position of the service and impact on quality, safety and patient experience, and the ongoing management of residual risks.

Key Messages:

- ✅ Progress has been made in addressing a number of the fragilities identified during the December 2025 Deep Dive including workforce sustainability, outpatient access and patient support arrangements.
- ✅ Improved access to outpatient assessment has been achieved through additional activity and waiting list initiatives
- ⚠️ Demand continues to exceed available treatment capacity, resulting in increasing pressure on inpatient and day case pathways and a deterioration in the longest treatment waits.
- ⚠️ Workforce, theatre and pre-assessment constraints continue to impact service resilience and the pace of elective recovery.
- ⚠️ Prolonged elective wait times remain a risk to patient outcomes and experience, although these risks continue to be monitored through established governance and assurance arrangements.

Assessment

The December 2025 Deep Dive identified a number of **service fragilities** across access, workforce, quality and patient experience. This update provides the current position against those areas and the actions taken to mitigate risk.



Theme	December 2025 position	October 2026 position	Status
Access and Capacity 	Significant backlog and prolonged waiting times for treatment remained, with sustained pressure on referral-to-treatment pathways. Longest waits had reduced from four years to two years, however waiting list pressures remained substantial	Treatment waits reduced to a maximum of two years by March 2026, demonstrating that recovery trajectories were achievable. However, demand has continued to exceed available treatment capacity and, in the absence of sustained additional activity, the longest waits have subsequently increased. Welsh Government recovery funding has now been secured to support elimination of waits over two years by March 2027. The Clinical Services Plan (CSP) option for Orthopaedics include provision of additional activity at Bronglais Hospital (BGH) and Prince Philip Hospital (PPH) to improve access and treatment capacity*. Stage 4 volumes have increased significantly since the stage 1 insourcing project.	 Improvement achieved but not sustained.
Theatre Capacity 	Theatre constraints were affecting activity delivery, including limited access to General Anaesthetic day surgery capacity and reduced utilisation of available theatre space	Theatre capacity continues to be constrained due to competing organisational priorities, variable anaesthetic availability and loss of elective capacity across a number of sites**. As a result, the service remains unable to consistently deliver sufficient activity to meet demand, impacting the pace of elective recovery. A range of mitigating actions are being utilised to maximise available capacity, including internal waiting list initiatives, regional working, insourcing and outsourcing arrangements	 Significant challenge remains
Pre-assessment Capacity 	Pre-operative assessment capacity did not match demand, impacting the ability to populate theatre lists and deliver activity in line with planned models	Pre-operative capacity remains a constraint and continues to impact productivity, theatre utilisation and the ability to populate theatre lists in line with demand. However, some pathway improvements have been introduced for selected lower-risk procedures through the use of screening questionnaires, enabling some patients to progress more rapidly to treatment whilst maintaining clinical safety. However, additional pre-assessment capacity is required to support sustainable elective recovery and maximise use of available theatre capacity	 Significant challenge remains

Assessment (continued)



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Theme	December 2025 position	October 2026 position	Status
Workforce Sustainability	Reliance on variable pay arrangements to provide 24/7 medical cover for elective inpatients. Workforce resilience concerns existed across a number of staff groups	Approval was secured for additional junior doctor recruitment, and a revised resident doctor rota was implemented in September 2026. This has significantly reduced reliance on variable pay arrangements and provides a more sustainable model for 24/7 inpatient cover at PPH. Workforce resilience continues to be monitored to ensure compliance with national contract requirements and maintenance of safe staffing levels.	Improved
Medical Recruitment	Recruitment challenges were identified within key sub-specialties, particularly Foot & Ankle services, alongside wider workforce fragilities and recruitment challenges at Bronglais General Hospital (due to ageing workforce and rural setting).	Temporary Foot and Ankle consultant cover has been secured and substantive recruitment is planned, with interest expressed in the post. Substantive recruitment is also planned to a complex arthroplasty consultant role. Recruitment requirements associated with future CSP implementation are currently being worked through as part of the development of a formal workforce plan.	Partially Improved
Outpatient Capacity	Outpatient estate limitations restricted opportunities to develop more efficient multidisciplinary clinic models and optimise patient pathways	Stage 1 waiting times have reduced significantly from approximately 52 weeks to 26 weeks through Welsh Government-funded insourcing activity. However, this additional activity has increased demand within treatment pathways, whilst estate limitations continue to restrict development of multidisciplinary models of care and more efficient patient pathways*.	Significant challenge remains
Quality & Safety	Concerns existed regarding access to critical care support pathways for elective orthopaedic patients, alongside challenges arising from deviation from agreed processes.	Prolonged waits continue to present a risk of deterioration in patient condition, quality of life and clinical outcomes. Work continues through the CSP programme to strengthen elective pathway resilience and support the long-term sustainability of elective orthopaedic services, including development of critical care pathways and identification of a ringfenced orthopaedic inpatient ward to reduce disruption from unscheduled care pressures and support compliance with British Orthopaedic Association (BOA) standards.	Significant challenge remains

Assessment (continued)



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Theme	December 2025 position	October 2026 position	Status
Clinical Governance & Data	Significant backlog in National Joint Registry (NJR) data entry reduced the ability to provide comprehensive outcome assurance.	Progress has been made in reducing the National Joint Registry (NJR) backlog through temporary additional resource arrangements improving data quality and reporting. However, a sustainable long-term solution for NJR management remains required*. The Welsh Orthopaedic Network's All Wales Clinical Conditions, Prioritisation and Pooling (ACCPAP) policy has been approved through the Orthopaedic Clinical Implementation Network (CIN), providing a more consistent approach to waiting list management and prioritisation.	Partially Improved
Patient Experience	Prolonged waits increased the risk of deterioration in patient condition, quality of life and clinical outcomes, with treatment delays a prominent complaints theme.	Patient concerns, complaints and experience themes continue to be associated with prolonged waiting times and restricted access to elective treatment, reflecting the ongoing mismatch between demand and treatment capacity.	Significant challenge remains
Regional Working	Challenges existed in collaborative working arrangements due to different clinical and administrative systems across organisations.	Regional collaboration has progressed within Foot & Ankle services. Work is also underway across both Health Boards, supported by NHS Wales Performance and Improvement, to develop a regional demand and capacity modelling tool to inform future service planning. Discussions continue regarding alignment of digital pathways across organisations. Hand & Wrist developments have been delayed due to anaesthetic & theatre capacity constraints**. Infrastructure and system variation continue to present barriers to further regional integration.	Partially Improved
Patient Support & Improvement Initiatives	The Waiting List Support Service and Orthopaedic Prehabilitation Service had recently been established to support patients while awaiting treatment	Waiting List Support Services and Orthopaedic Prehabilitation continue to support patients whilst awaiting treatment and remain important components of the elective pathway. Welsh Government recovery funding will support productivity improvements through additional ODP, anaesthetic and pre-assessment capacity, with the aim of improving theatre utilisation, increasing activity and reducing treatment waits	Partially Improved



- **Service Fragilities**

- Demand continues to exceed available treatment capacity
- Theatre capacity remains constrained through anaesthetic workforce limitations and competing organisational priorities.
- Pre-assessment capacity continues to restrict theatre utilisation and productivity.
- Extended treatment waits remain a significant challenge, with 104-week waits increasing following elimination of the backlog in March 2026

Clinical Impact/Risk of Harm

- Prolonged waits increase the risk of deterioration in pain, mobility and functional status.
- Delayed treatment may adversely affect quality of life, independence and overall wellbeing whilst patients await intervention.
- Progression of symptoms during extended waits may result in more complex treatment requirements and recovery pathways.
- Treatment delays continue to present risks to patient experience and clinical outcomes, although these risks are mitigated through clinical prioritisation, waiting list validation and patient support services.

Complaints and Patient Experience



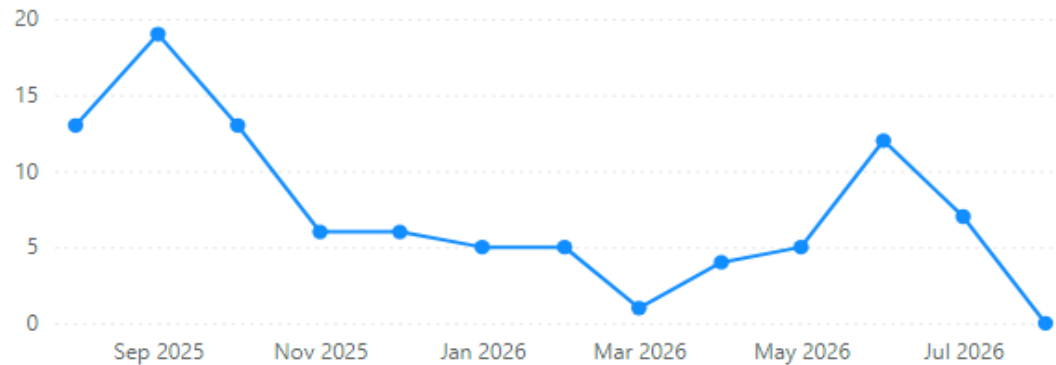
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Complaint volumes have reduced over the reporting period, with improvements seen in communication and appointment-related complaints.

Delays to treatment and access to care continue to be reflected within complaint themes and patient feedback.

Number of complaints received



- Total complaints in 2024/25 - 182
- Total complaints in 2025/2026 - 115 ↓
- Total complaints in 2026/27 (year-to-date) - 28

Top complaint themes.

- 1) **Clinical Treatment/Assessment** - makes up 51% of 2024/2025, 58% of 2025/2026 and 61% of year to date totals.
- 2) **Appointments** - makes up 14% of 2024/2025 and 2025/2026 and 7% of year to date totals.
- 3) **Communication Issues** - makes up 9% of 2024/2025 and 2025/2026 and 4% of year to date totals.

Clinical Treatment/Assessment is the most frequently reported complaint theme. However, this dataset also includes trauma activity and cannot currently be separated into elective and trauma pathways.

Appointment and communication-related complaints have reduced proportionally over the reporting period, suggesting improvement in administrative and patient communication processes. Waiting List Support Services and Orthopaedic Prehabilitation continue to provide support for patients awaiting treatment.

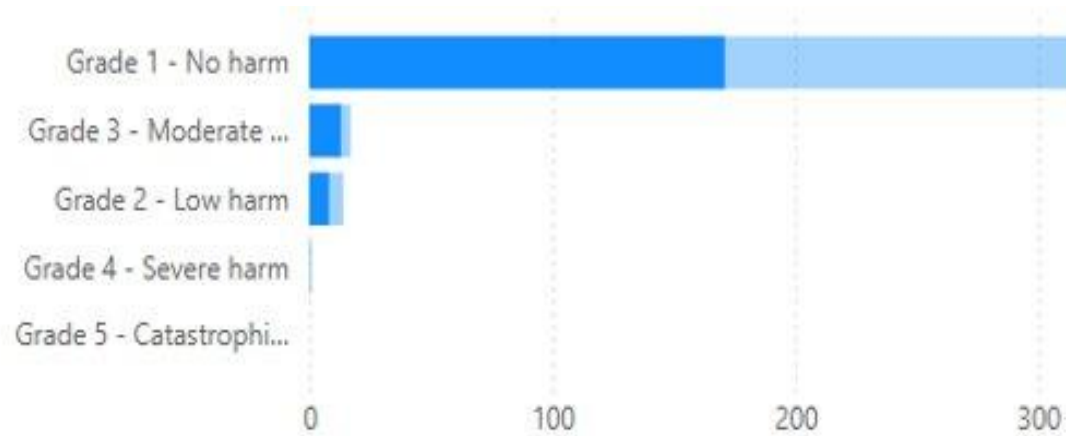
Clinical Harm Associated with Closed Complaints



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The majority of closed complaints were assessed as resulting in no harm, providing assurance that significant patient harm identified through complaint investigations remains uncommon.



- The majority of complaints investigated during the reporting period resulted in a **No Harm** grading.
- Whilst prolonged waits remain a recognised risk to patient outcomes and experience, complaint investigations have not identified widespread patient harm associated with elective orthopaedic pathways.
- Learning from complaints is reviewed through specialty governance arrangements and informs ongoing improvement activity.

Please note this dataset relates to the combined Trauma and Orthopaedic service and cannot currently be disaggregated to elective orthopaedics only

The following actions are in place to mitigate the risks associated with prolonged waiting times and support patient safety whilst awaiting treatment:

- Clinical prioritisation and regular waiting list validation processes are in place, supported by implementation of the ACCPAP policy.
- Patients have access to a single point of contact and are able to report deterioration and request clinical review where indicated.
- Waiting List Support Services and Orthopaedic Prehabilitation continue to support patients whilst awaiting treatment.
- Risks associated with prolonged waits are monitored through specialty governance, Clinical Care Group performance arrangements and planned care recovery governance.
- Welsh Government recovery funding and Clinical Service Plan (CSP) programme developments are intended to improve sustainable treatment capacity and support delivery of recovery trajectories.

Key Assurance Message:

Whilst prolonged waiting times remain a significant challenge, mechanisms are in place to identify patient deterioration, provide support whilst waiting and ensure risks are actively monitored and managed.

Assessment Overview



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- Stage 1 waits have reduced significantly following Welsh Government-funded insourcing activity.
- Increased outpatient activity has resulted in significant growth in inpatient and day case referrals.
- Available treatment capacity has not increased sufficiently to match demand.
- As a result, Stage 4 (104+ week) waits have increased following elimination of waits over two years in March 2026.
- The principal fragility remains the mismatch between demand and available treatment capacity
- Prolonged waits continue to present risks to patient experience, quality of life and clinical outcomes, although assurance processes remain in place to identify deterioration and manage risk.



Referral to Treatment (RTT) Stage 1 Performance (26 Week Waits)



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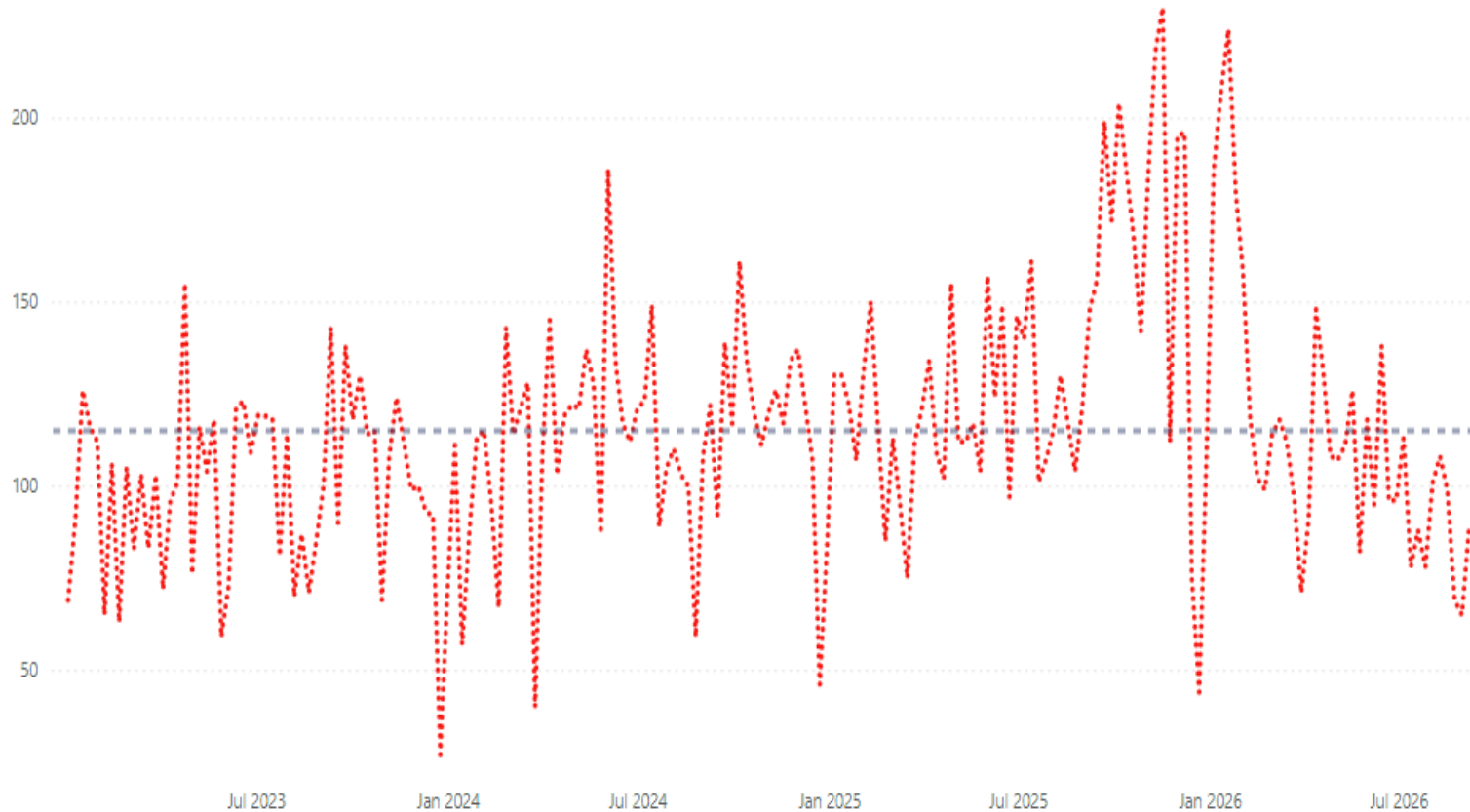
Key Message: Stage 1 waiting times have reduced significantly from approximately 52 weeks to 26 weeks following Welsh Government-funded insourcing activity. This has improved access to initial outpatient assessment and reduced the longest waits for patients entering the orthopaedic pathway. However, the additional activity has resulted in increased conversion of patients into treatment pathways, placing greater demand on downstream capacity.

Increasing Demand for Treatment



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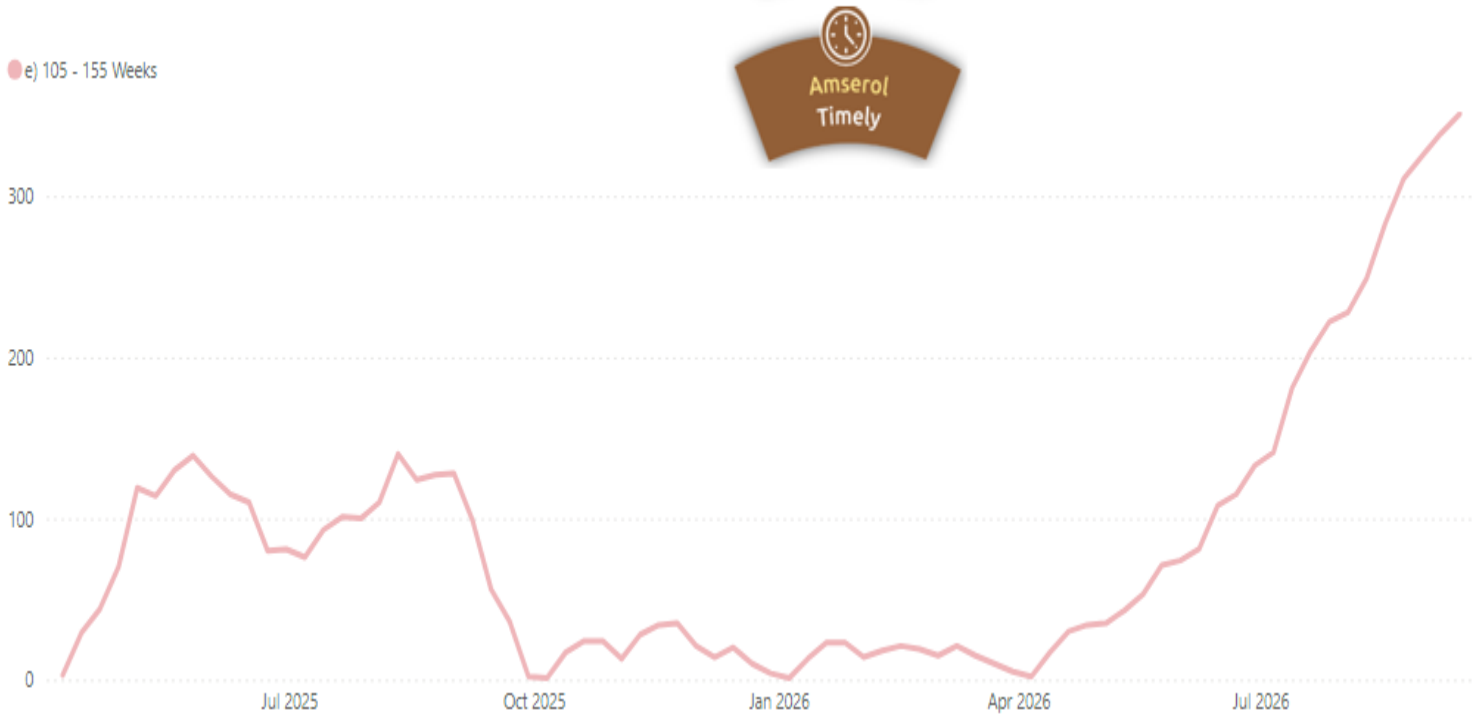
Key Message: Day case and inpatient referrals increased significantly as a result of the increased outpatient activity. Whilst this demonstrated improved access to initial assessment (wait times reduced to <26 weeks), it has also increased the number of patients progressing to treatment pathways, placing additional pressure on elective capacity. Referral growth has outpaced available treatment capacity, contributing to increasing pressure on Stage 4 waits and elective recovery trajectories

RTT Stage 4 Performance (104 week waits)



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Month	104 week breaches
March 2026	1
April 2026	10
May 2026	32
June 2026	88
July 2026	187
August 2026	309
September 2026	450 (predicted landing)

Key Message: The service reduced waits over 104 weeks to a minimal level by March 2026, demonstrating that recovery trajectories were achievable. However, demand has continued to exceed available treatment capacity and, in the absence of sustained additional activity, the longest waits have subsequently increased. Welsh Government recovery funding has now been secured to support delivery of the national ambition to eliminate waits over 104 weeks by March 2027.

Triangulated position



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Access and Waiting times

- Stage 1 waits reduced through additional activity
- 104 week waits have subsequently increased

Demand and Capacity

- Increased outpatient activity has generated additional treatment demand
- Treatment capacity remains constrained

Workforce and Resources

- Workforce resilience improved through recruitment and rota changes
- Theatre, anaesthetic and pre-assessment constraints remain

Patient Experience

- Complaints and patient concerns continue to focus on waiting times and access to treatment

Quality & Safety

- Prolonged waits continue to present risks of deterioration in condition and quality of life



In Summary: The principal fragility remains a mismatch between demand and available treatment capacity. Whilst progress has been made in a number of areas, sustained additional capacity is required to achieve and maintain elective recovery.

Conclusion and Assurance



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Progress since December 2025:

- Workforce resilience has improved through implementation of a revised resident doctor rota and additional recruitment.
- Stage 1 outpatient waits have reduced significantly through additional activity.
- Progress has been made in reducing the National Joint Registry backlog and strengthening waiting list governance arrangements.
- Regional collaboration has continued to develop across a number of sub-specialties.

Residual Risks:

- Demand continues to exceed available treatment capacity.
- Theatre, anaesthetic and pre-assessment constraints continue to impact elective recovery.
- Prolonged waits remain a risk to patient experience, quality of life and clinical outcomes.
- Recruitment and workforce challenges remain within some specialist areas.



Assurance:

- Risks continue to be monitored through specialty governance arrangements, Clinical Care Group performance arrangements and planned care recovery governance.
- Progress is overseen through Clinical Care Group performance and planned care recovery processes.
- Delivery of further improvements is supported through Welsh Government recovery funding and the CSP programme.



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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality



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Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



Effeithlon
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



Amserol
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



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Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Effeithiol
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



Person ganolog
person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.