

Appendix E - Stroke

Stroke Services Activity Review

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Background

The work undertaken on the Stroke Service as part of the Clinical Services Plan reviews activity data between August 2018 – March 2023 and includes activity from Withybush, Glangwili, Prince Phillip and Bronglais Hospitals.

The activity data illustrated below has been extracted from the Sentinel Stroke National Audit Programme (SSNAP) submissions.

This data is accurate as of quarter 3 2023/24

Please note that the Stroke Service had no temporary service changes during this period.

Total Stroke Admissions

Hywel Dda by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Bronglais General Hospital	26	145	121	132	137	561
Glangwili General Hospital	47	205	211	210	227	900
Prince Philip Hospital	56	186	165	172	129	708
Withybush General Hospital	54	231	196	210	224	915
Total	183	767	693	724	717	3084

Total Stroke Admissions



Withybush Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Withybush General Hospital	54	231	196	210	224	915
Total	54	231	196	210	224	915

Total Stroke Admissions



Glangwili Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Glangwili General Hospital	47	205	211	210	227	900
Total	47	205	211	210	227	900

Total Stroke Admissions



Prince Philip Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Prince Philip Hospital	56	186	165	172	129	708
Total	56	186	165	172	129	708

Total Stroke Admissions



Bronglais Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Bronglais General Hospital	26	145	121	132	137	561
Total	26	145	121	132	137	561

Total Stroke Admissions



Average Length of Stay

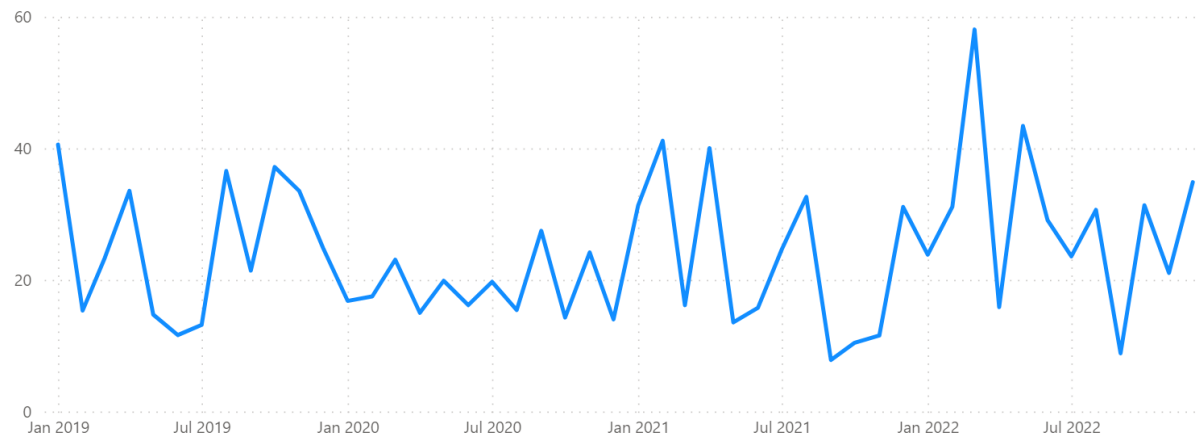
Withybush Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Withybush General Hospital	21.84	24.18	21.21	22.07	24.05	22.87
Total	21.84	24.18	21.21	22.07	24.05	22.87



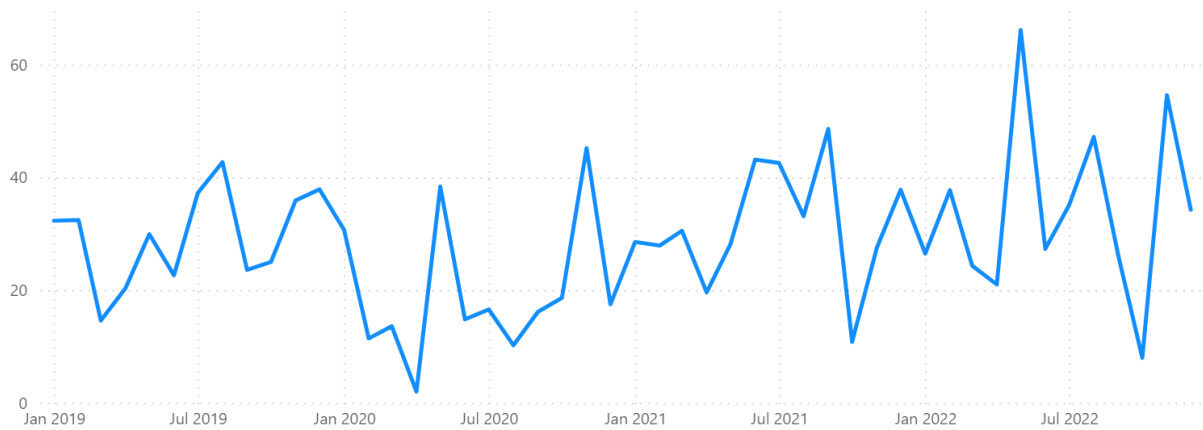
Glangwili Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Glangwili General Hospital	24.00	24.64	22.29	26.36	27.89	25.23
Total	24.00	24.64	22.29	26.36	27.89	25.23



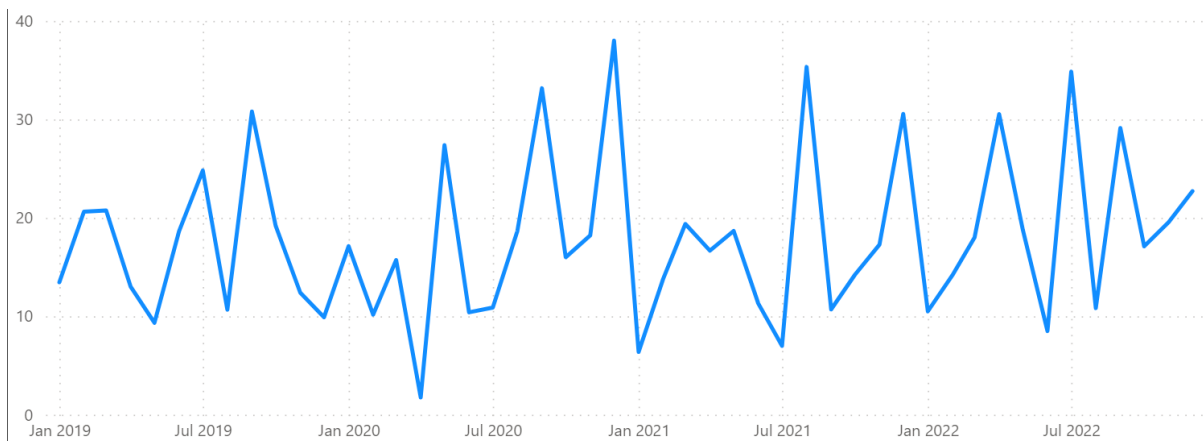
Prince Philip Hospital by financial year to March 2023

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Prince Philip Hospital	26.38	27.14	20.36	28.75	34.79	27.14
Total	26.38	27.14	20.36	28.75	34.79	27.14



Bronglais Hospital by financial year to March 2023

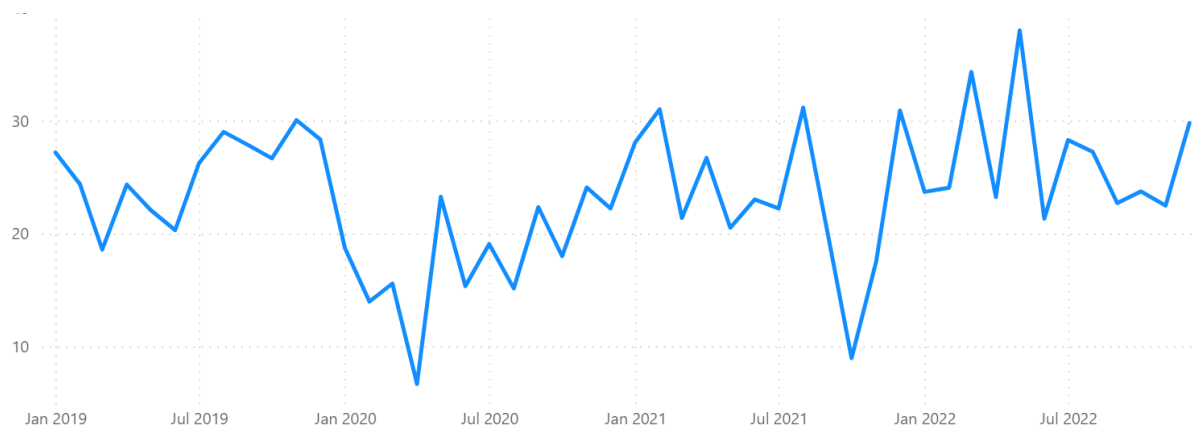
TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Bronglais General Hospital	16.68	15.34	18.03	17.09	22.16	18.02
Total	16.68	15.34	18.03	17.09	22.16	18.02



Hywel Dda by financial year to March 2023

Average length of stay for stroke patients (days) for each hospital site					
Hospital	2018/19	2019/20	2020/21	2021/22	2022/23
Bronglais	16.68	15.34	18.03	17.09	22.16
Glangwili	24.00	24.64	22.29	26.36	27.89
Prince Philip	26.38	27.14	20.36	28.75	34.79
Withybush	21.84	24.18	21.21	22.07	24.05
Average length of stay (days)	22.86	23.33	20.70	23.90	26.66

TeamCode	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Bronglais General Hospital	16.68	15.34	18.03	17.09	22.16	18.02
Glangwili General Hospital	24.00	24.64	22.29	26.36	27.89	25.23
Prince Philip Hospital	26.38	27.14	20.36	28.75	34.79	27.14
Withybush General Hospital	21.84	24.18	21.21	22.07	24.05	22.87
Total	22.86	23.33	20.70	23.90	26.66	23.55



Stroke Bed State

The below table highlights work undertaken during the Factual Assessment of Stroke Services within HDdUHB. It specifically highlights by sites the number of beds on each ward. How many of these beds are in the hospital bed plan for Stroke admissions and how many were assessed to be utilised on HDdUHB sites during the 2022/2023 reporting period (01 April 2022 – 31 March 2023)

Number of beds available at each site (planned and number of beds used).			
Hospital	Number of beds on ward (including general medicine)	Number of beds planned for Stroke admissions	Actual number of Stroke beds used in 2023.
Bronglais	18	8	8.3
Glangwili	20	20	16.8
Prince Philip	29	24	13.4
Withybush	14	14	14.6
Total	82	66	53

SSNAP KPI's measure by the SSNAP Clinical Audit.

SSNAP is a major national healthcare quality improvement programme. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland. SSNAP measures the processes of care (clinical audit) provided to stroke patients and the structure of stroke services (organisational audit) against evidence-based standards, including the 2016 National Clinical Guideline for Stroke. SSNAP covers the whole stroke pathway.

The scores are calculated by taking the average KPIs across the whole pathway. The average KPI scores are taken from each area and then given a grade of A to E (A being the highest). Appendix C, Simplified Technical Information – SSNAP Key Indicators, details how these scores are calculated

The table below shows pre-Covid and current performance against a subset of the KPIs measured by the SSNAP Clinical Audit. Very few individual KPIs are currently being met.

SSNAP Quality Scores

Stroke National Audit Programme (SSNAP) Quality Scores			
Hospital	2019	2022/23	Improvement / Decline
Bronglais	BBBC	XCBB	Decline
Glangwili	DBCD	DCXE	Decline
Prince Philip	DCCC	DDCD	Decline
Withybush	BBDC	CCCC	Decline

SSNAP Clinical Audit Quality Standards

	Quality Standard	Location		2019	2022-23	Target
Measure Clinical	Admitted to Stroke Unit within 4 hours of arrival to hospital	HDd Prince Philip	↑	73.30%	↓ 21.60%	95%
		HDd Glangwili	⇒	57.60%	↓ 9.60%	
		HDd Withybush	⇒	46.01%	⇒ 33.70%	
		HDd Bronglais	↑	78.60%	⇒ 61.20%	
	CT Scanned within 1 hour	HDd Prince Philip	↑	80.50%	↑ 85.60%	95%
		HDd Glangwili	⇒	75.20%	↓ 67.70%	
		HDd Withybush	↓	69.40%	↓ 67.00%	
		HDd Bronglais	↑	80.30%	↓ 72.80%	
	% of all stroke patients to received thrombolysis	HDd Prince Philip	↓	14.50%	↓ 7.70%	Not Defined
		HDd Glangwili	↓	15.80%	↓ 12.80%	
		HDd Withybush	↓	25.00%	↓ 22.30%	
		HDd Bronglais	↓	25.80%	↓ 23.50%	
	Door to needle thrombolysis - 45 mins	HDd Prince Philip	⇒	34.50%	↓ 30.00%	95%
		HDd Glangwili	↓	31.30%	↓ 13.80%	
		HDd Withybush	⇒	44.10%	↓ 30.00%	
		HDd Bronglais	⇒	43.10%	⇒ 50.00%	
	% of all stroke patients to received Thrombectomy	HDd Prince Philip	↓	0.50%	↓ 1.60%	10%
		HDd Glangwili	↓	0.50%	↓ 0.00%	
		HDd Withybush	↓	0.40%	↓ 3.20%	
		HDd Bronglais	↓	0.80%	↓ 0.00%	
	Stroke consultant review within 24hrs	HDd Prince Philip	↑	96.20%	↑ 96.80%	100%
		HDd Glangwili	⇒	90.30%	↓ 82.70%	
		HDd Withybush	↑	98.70%	↑ 96.90%	
		HDd Bronglais	↓	86.40%	↑ 94.10%	
Inpatient Rehab Post 72hours	Compliance with patients receiving the required minutes for OT (3-month rolling)	HDd Prince Philip	↑	65.20%	↑ 57.90%	95%
		HDd Glangwili	↑	60.60%	↓ 34.80%	
		HDd Withybush	⇒	45.10%	⇒ 43.70%	
		HDd Bronglais	↑	69.70%	↓ 23.90%	
	Compliance with patients receiving the required minutes for physiotherapy (3-month rolling)	HDd Prince Philip	⇒	64.60%	↓ 48.30%	95%
		HDd Glangwili	⇒	58.50%	↓ 45.60%	
		HDd Withybush	⇒	65.50%	↑ 85.60%	
		HDd Bronglais	⇒	58.90%	↓ 44.90%	
	Compliance with patients receiving the required minutes for SALT (3-month rolling)	HDd Prince Philip	↓	21.30%	↓ 24.80%	95%
		HDd Glangwili	↑	56.30%	↓ 19.50%	
		HDd Withybush	↓	20.10%	↓ 14.20%	
		HDd Bronglais	⇒	36.50%	⇒ 38.50%	
Discharge Standards	Percentage of applicable patients screened for nutrias and seen by a dietitian by discharge (Exc. palliative)	HDd Prince Philip	↑	100.00%	↑ 100.00%	100%
		HDd Glangwili	↑	100.00%	↑ 100.00%	
		HDd Withybush	↑	100.00%	↑ 100.00%	
		HDd Bronglais	↑	100.00%	↑ 100.00%	
	Percentage of patients discharged with ESD/community therapy multidisiplinary	HDd Prince Philip	↓	0.00%	↓ 0.00%	30%
		HDd Glangwili	↓	0.00%	↓ 0.00%	
		HDd Withybush	↓	0.00%	↑ 66.70%	
		HDd Bronglais	↓	12.00%	↓ 0.00%	
	Six month follow up assessments	HDd Prince Philip	⇒	42.60%	↑ 100.00%	100%
		HDd Glangwili	↑	91.40%	↓ 19.10%	
		HDd Withybush	↓	36.10%	↓ 18.20%	
		HDd Bronglais	↓	8.40%	↑ 71.10%	

SSNAP Organisational Audit

Sentinel Stroke National Audit Programme (SSNAP) organisational audit			
Hospital	2019	2022/23	Improvement / decline
Bronglais	3/10	4/10	Improvement
Glangwili	4/10	2/10	Decline
Prince Philip	3/10	1/10	Decline
Withybush	3/10	3/10	-

Stroke Incident Data Review

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By Type	19
Prince Philip Hospital (1st April 2021 – 31st March 2023)	20
By Type	20

Background

As per the approved Clinical Services Plan methodology, Incidents reported between 1 January 2019 and 31st March 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.

There were no know service changes during the reporting periods analysed.

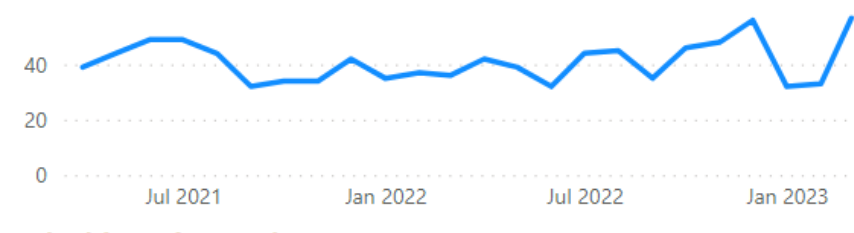
Incidents

All sites (1st January 2019 – 31st March 2021)



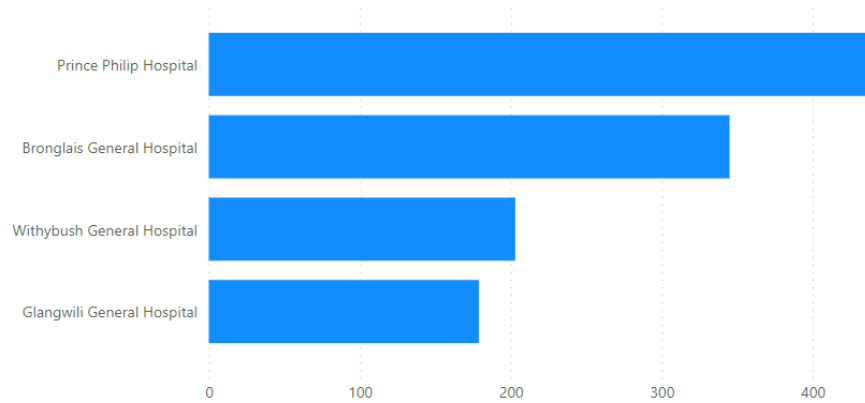
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019
39	31	35	39	47	44	41	40	41	24	60	39	507
Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020
54	45	44	20	28	38	38	39	43	49	60	57	515
Jan 21	Feb 21	Mar 21										2021
53	37	54										144
												1166

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



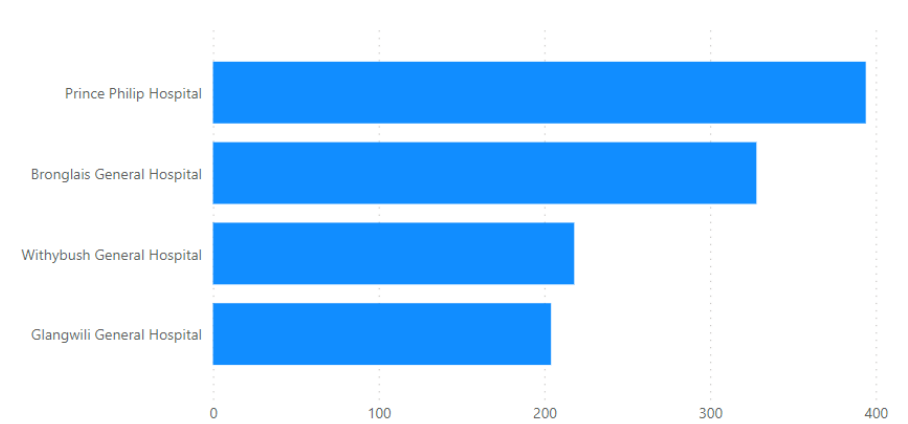
			A pr 21	Ma y 21	Ju n 21	J ul 2 1	Au g 21	Se p 21	O ct 21	No v 21	De c 21	202 1
			39	44	49	4 9	44	32	34	34	42	367
Ja n 22	Fe b 22	Ma r 22	A pr 22	Ma y 22	Ju n 22	J ul 2 2	Au g 22	Se p 22	O ct 2	No v 22	De c 22	202 2
35	37	36	42	39	32	4 4	45	35	46	48	56	495
Ja n 23	Fe b 23	Ma r 23										202 1
32	33	57										122
												987

By Location (1st January 2019 – 31st March 2021)



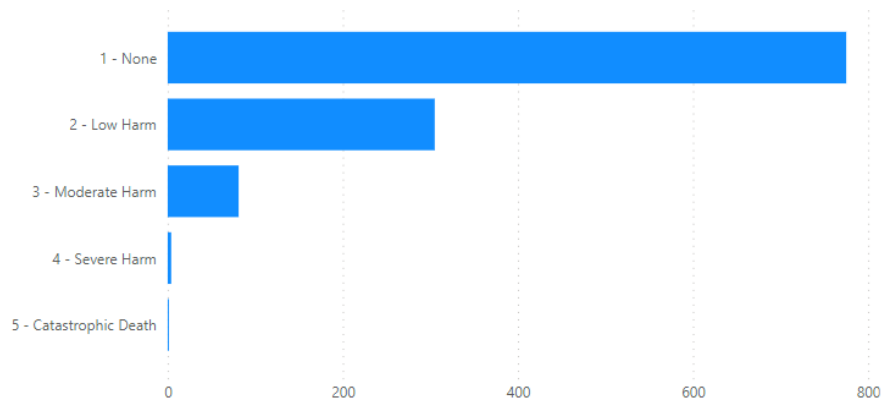
Primary Location	Count
Prince Philip General Hospital	439
Bronglais General Hospital	345
Withybush General Hospital	203
Glangwili Hospital	179

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



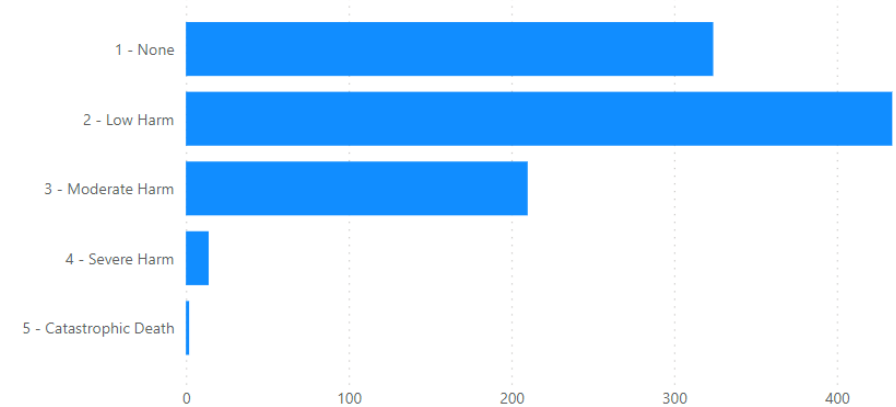
Primary Location	Count
Prince Philip Hospital	394
Bronglais General Hospital	328
Withybush General Hospital	218
Glangwili General Hospital	204

By Severity/Level (1st January 2019 – 31st March 2021)



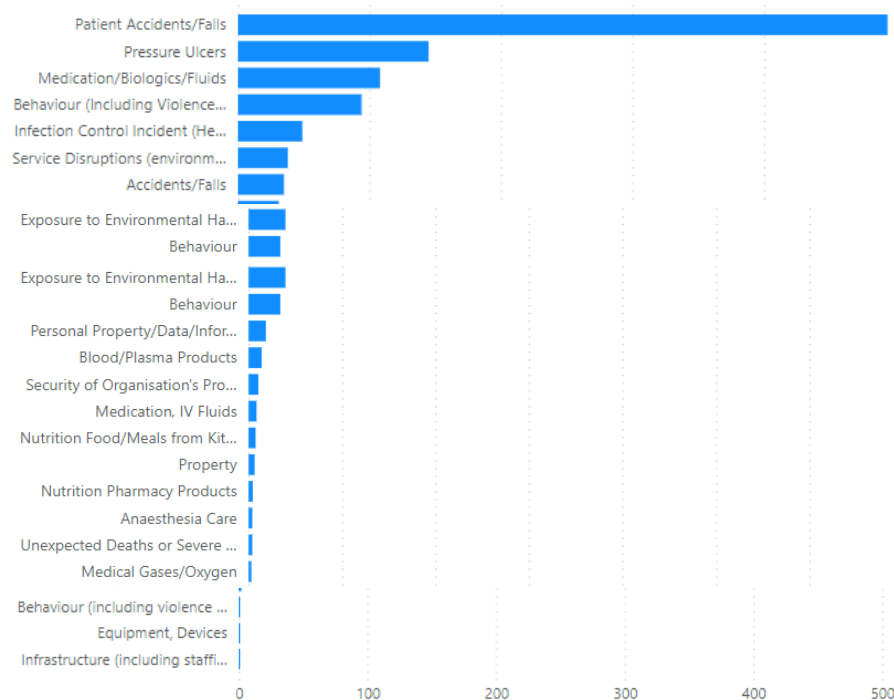
Severity	Count
1 - None	775
2 – Low Harm	305
3 – Moderate Harm	81
4 – Severe Harm	4
5 – Catastrophic Death	1

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



Severity	Count
1 - None	324
2 – Low Harm	434
3 – Moderate Harm	210
4 – Severe Harm	14
5 – Catastrophic Death	2

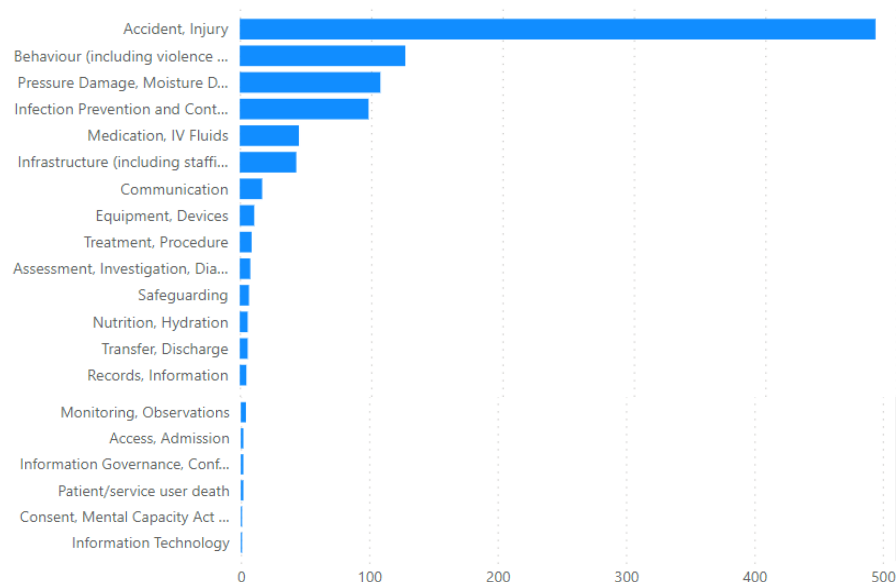
By Type (1st January 2019 – 31st March 2021)



Patient Accidents/	Count
Patient Accidents/Falls	494
Pressure Ulcers	145
Medication/Biologics/Fluids	108
Behaviour (including violence and aggression)	94
Infection control incidents	49

Service Disruptions (environment, infrastructure, human resources)	38
Accidents/falls	35
Injury of unknown origin	31
Communication	23
Behaviour	21
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	21
Documentation	19
Administrative Processes (Excluding Documentation)	18
Exposure to Environmental Hazards	16
Personal Property Data Information	13
Nutrition Pharmacy Products	9
Security of Organisation's Property, Data and Buildings	3
Accident. Injury	2
Blood/Plasma Products	2
Behaviour (including violence)	1
Equipment, devices	1
Infrastructure (including staffing, facilities, environment)	1

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

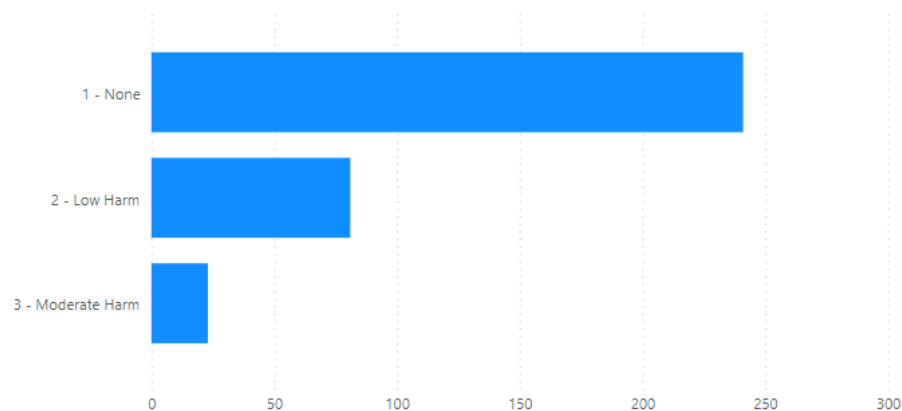


Nutrition & Hydration	6
Transfer, discharge	6
Records information	5
Monitoring, Observation	4
Access, Admission	2
Information Governance and confidentiality	2
Patient. Service user death	2
Consent, Mental capacity Act (including DoLS)	1
Information Technology	1

Incident type tier one	Count
Accident injury	484
Behaviour (including violence and aggression)	126
Pressure Damage, Moisture Damage	107
Infection prevention and control	98
Medication, IV fluids	45
Infrastructure (including staffing, facilities, environment)	43
Communication	17
Equipment devices	11
Treatment, procedure	9
Assessment, Investigation, Diagnosis	8
Safeguarding	7

Bronglais Hospital (1st January 2019 – 31st March 2021)

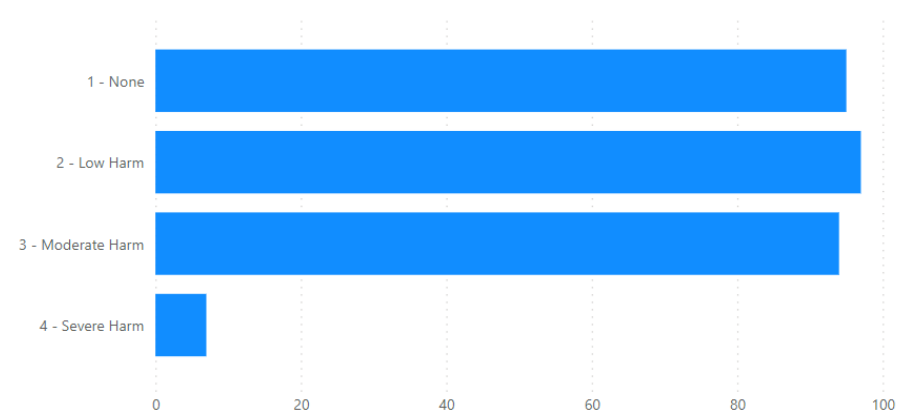
By Severity/Level



Severity	Count
1 - None	241
2 – Low Harm	81
3 – Moderate Harm	23
4 – Severe Harm	0
5 – Catastrophic Death	0

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

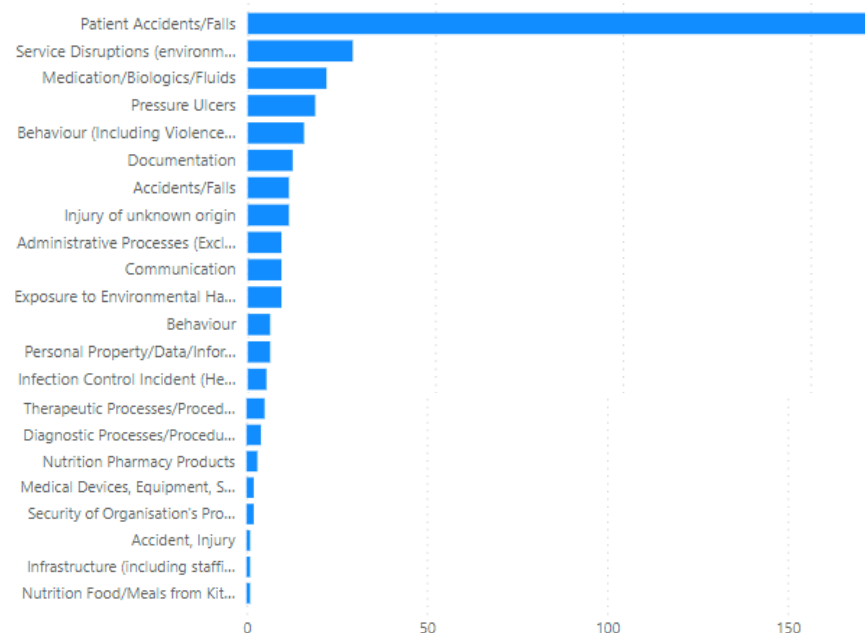
By Severity/Level



Severity	Count
1 - None	95
2 – Low Harm	97
3 – Moderate Harm	94
4 – Severe Harm	7
5 – Catastrophic Death	0

Bronglais Hospital (1st January 2019 – 31st March 2021)

By Type

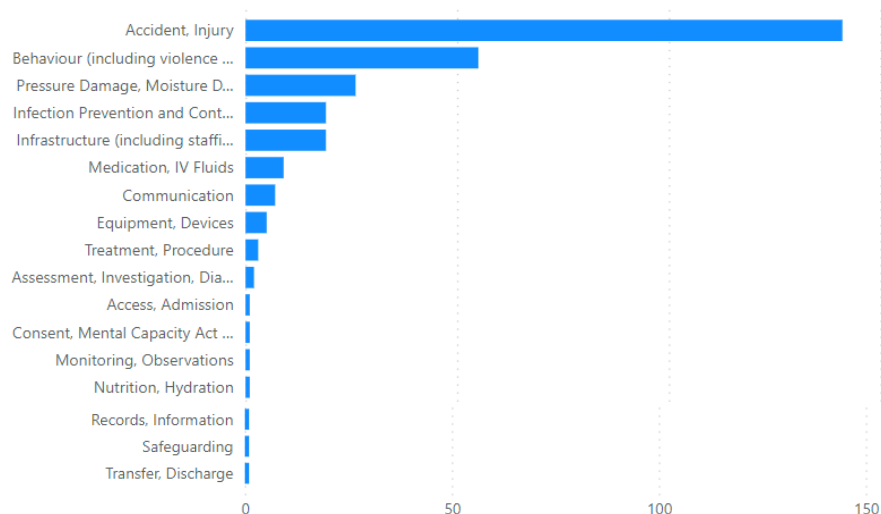


Incident type tier one	Count
Patient Accidents/Falls	166
Service Disruptions (environment, infrastructure, human resources)	28
Medication/Biologics/Fluid	21
Pressure Ulcers	18
Behaviour (including Violence & Aggression)	12
Accidents/Falls	11
Injury of unknow origin	11
Administrative Processes (Excluding Documentation)	9
Communication	9

Exposure to Environmental Hazards	9
Behaviour	6
Personal Property/Data/Information	6
Infection Control Incident (Healthcare Associated Infection)	5
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	5
Diagnostic Processes/Procedures	4
Nutrition Pharmacy Products	3
Medical Devices, Equipment, Supplies	2
Security of Organisation's Property, Data and Buildings	2
Accident/Injury	1
Infrastructure (including staffing, facilities, environment)	1
Nutrition Food/Meals from Kitchen	1

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

By Type

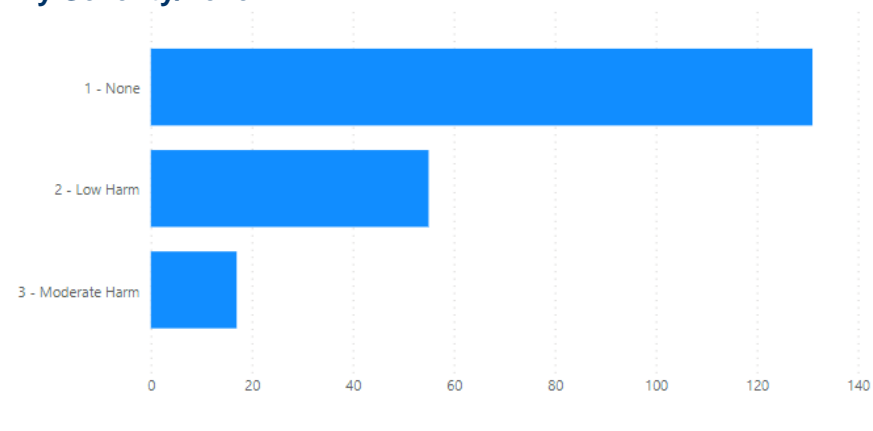


Incident type tier one	Count
Accident, Injury	141
Behaviour (including violence & aggression)	55
Pressure damage, Moisture damage	26
Infection Prevention & Control	19
Infrastructure (including staffing, facilities, environment)	19
Medication IV Fluids	9
Communication	7
Equipment & Devices	5
Treatment/Procedure	3
Assessment, Investigation, Diagnosis	2
Access, Admission	1

Consent, Mental Capacity Act (including DoLS)	1
Monitoring, Observations	1
Consent, Mental Capacity, Act (inc DoLS)	1
Medication IV Fluid	1
Monitoring, Observations	1
Nutrition, Hydration	1
Records, information	1
Safeguarding	1
Transfer, Discharge	1

Withybush Hospital (1st January 2019 – 31st March 2021)

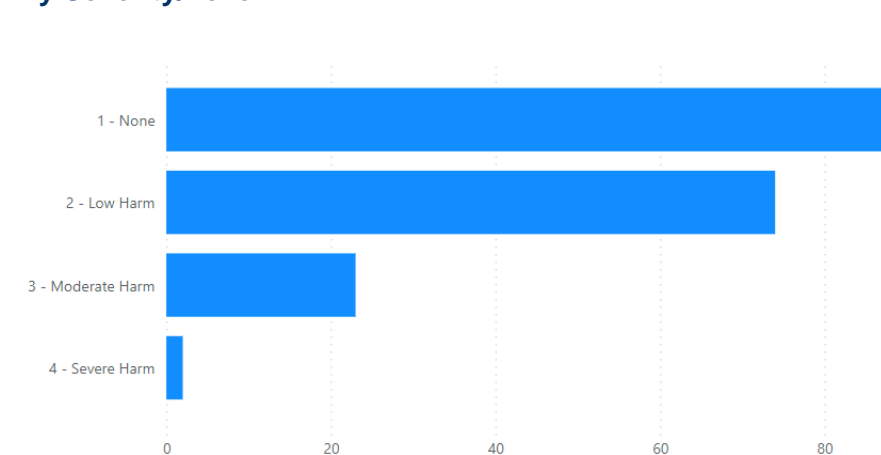
By Severity/Level



Severity	Count
1 - None	131
2 – Low Harm	55
3 – Moderate Harm	17
4 – Severe Harm	0
5 – Catastrophic Death	0

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

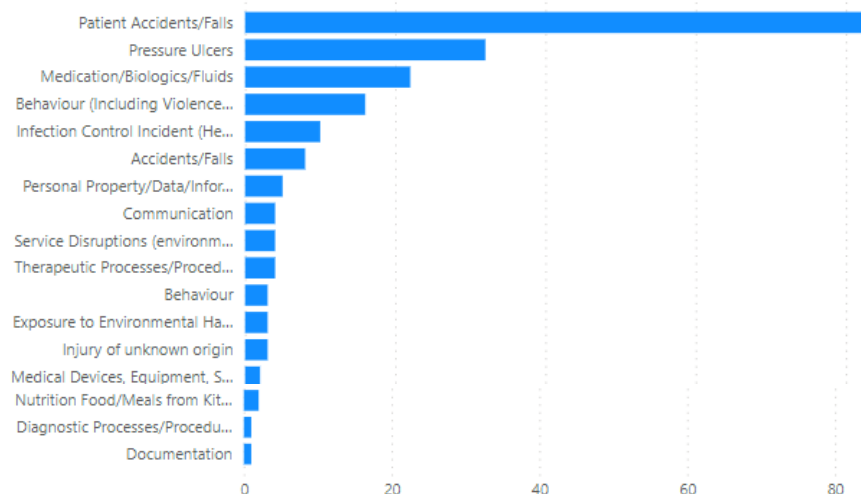
By Severity/Level



Severity	Count
1 - None	89
2 – Low Harm	74
3 – Moderate Harm	23
4 – Severe Harm	2
5 – Catastrophic Death	0

Withybush Hospital (1st January 2019 – 31st March 2021)

By Type

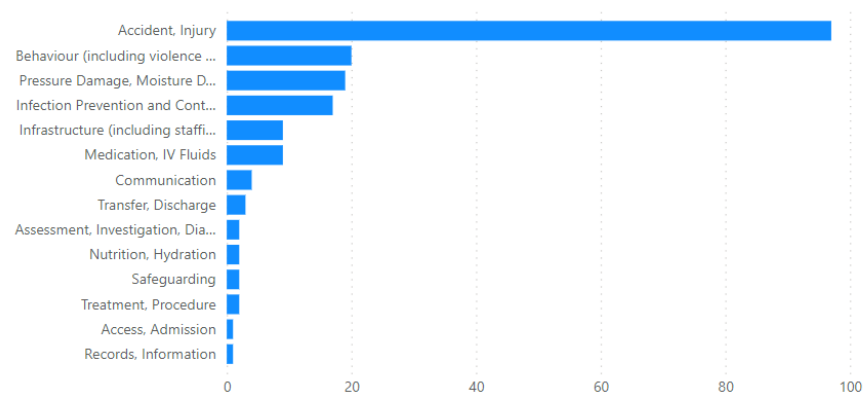


Incident type tier one	Count
Patient Accidents/Falls	83
Pressure Ulcers	32
Medication/Biologics/Fluid	22
Behaviour (including violence)	16
Infection Control Incident (Healthcare Associated Infection)	10
Accidents	10
Accidents/Falls	8
Personal property/data/information	5
Communication	4
Service disruption (environment, infrastructure, human resources)	4

Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	4
Behaviour	3
Exposure to Environmental hazards	3
Injury of unknown origin	3
Medical devices, equipment, supplies	2
Nutrition Food/Meals from Kitchen	2
Diagnostic Processes/Procedures	1
Documentation	1

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

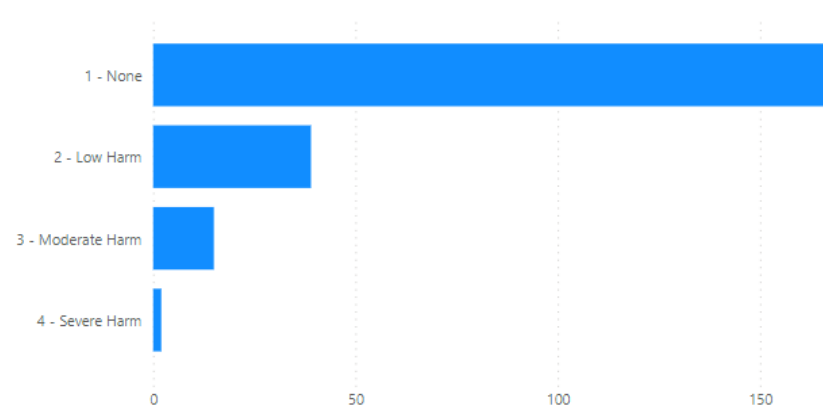
By Type



Incident type tier one	Count
Accident, Injury	97
Behaviour (including violence and aggression)	20
Pressure Damage, Moisture Damage	19
Infection Prevention and Control	17
Infrastructure (including staffing, facilities, environment)	9
Medication, IV Fluids	9
Communication	4
Transfer, Discharge	3
Assessment, Investigation, Diagnosis	2
Nutrition, Hydration	2
Safeguarding	2
Treatment, Procedure	2
Access, Admission	1
Records, Information	1

Glangwili Hospital (1st January 2019 – 31st March 2021)

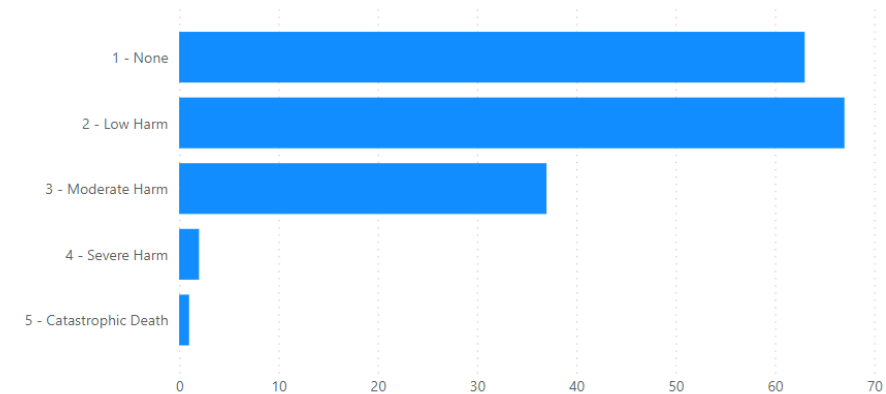
By Severity/Level



Severity	Count
1 - None	167
2 – Low Harm	39
3 – Moderate Harm	15
4 – Severe Harm	2
5 – Catastrophic Death	0

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

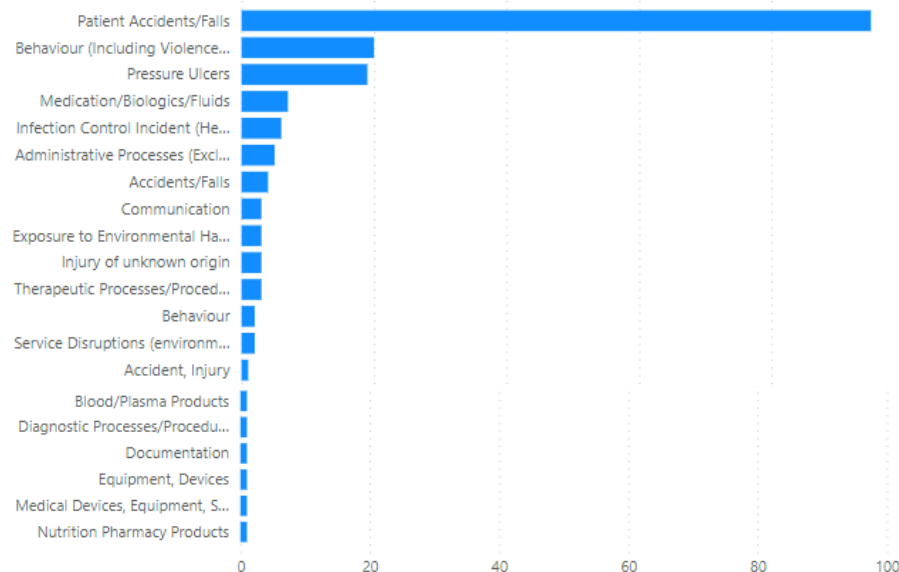
By Severity/Level



Severity	Count
1 - None	63
2 – Low Harm	67
3 – Moderate Harm	37
4 - Severe Harm	2
5 – Catastrophic Death	1

Glangwili Hospital (1st January 2019 – 31st March 2021)

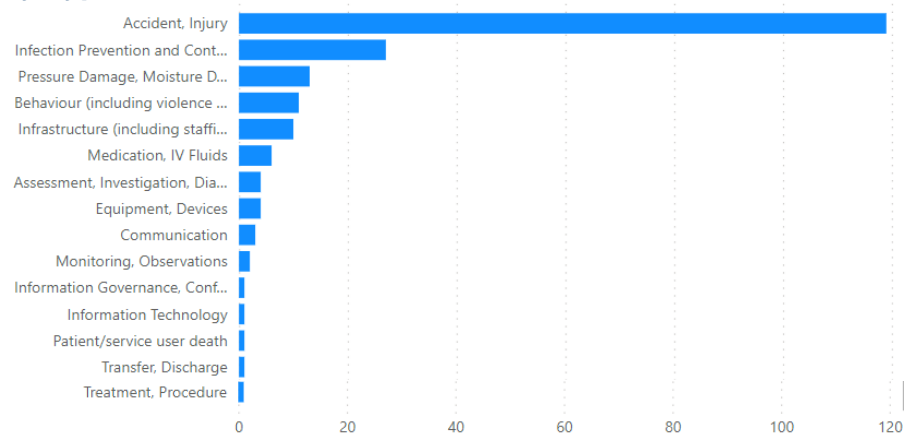
By Type



Incident type tier one	Count
Patient Accident Falls	95
Behaviour (Including Violence and Aggression)	20
Pressure Ulcers	19
Medication/Biologics/Fluid	7
Infection Control Incident (Healthcare Associated Infection)	6
Administrative Processes (Excluding Documentation)	5
Accidents/Falls	3
Communication	3

Exposure to Environmental Hazards	3
Injury of unknown origin	3
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	3
Behaviour	2
Service Disruptions (environment, infrastructure, human resources)	1
Accident/injury	1
Blood/Plasma Products	1
Diagnostic process/procedure	1
Documentation	1
Equipment, Devices	1
Medical Devices, Equipment, Supplies	1
Nutrition Pharmacy Products	1

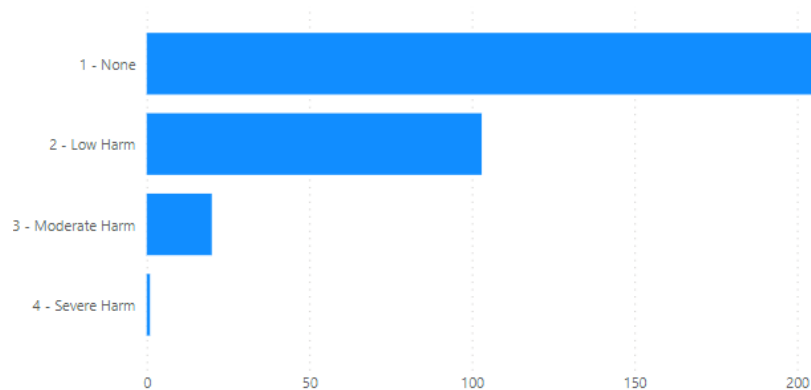
By Type



Incident type tier one	Count
Accident/Injury	119
Infection Prevention and Control	27
Pressure Damage, Moisture Damage	13
Behaviour (including violence and aggression)	11
Infrastructure (including staffing, facilities, environment)	10
Medication IV Fluids	6
Assessment, Investigation Diagnosis	4
Equipment, Devices	4
Communication	3
Monitoring & Observation	2
Information Governance, Confidentiality	1
Information Technology	1
Patient/service user death	1
Transfer. Discharge	1

Prince Philip Hospital (1st August 2019 – 31st March 2021)

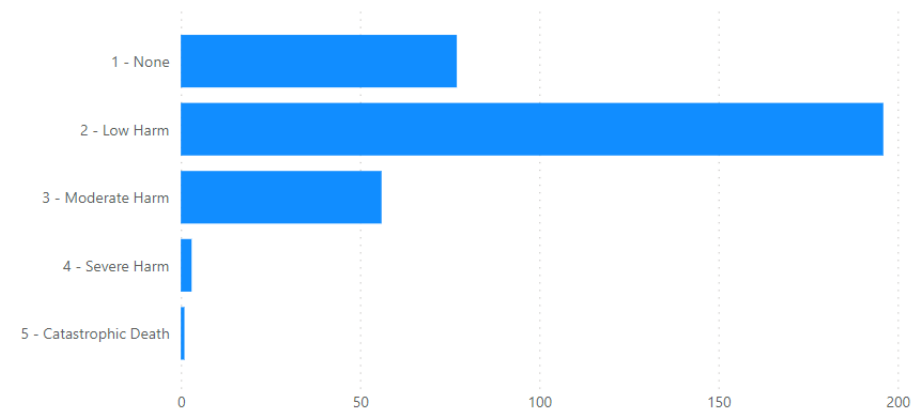
By Severity/Level



Severity	Count
1 - None	209
2 – Low Harm	103
3 – Moderate Harm	40
4 – Severe Harm	20
5 – Catastrophic Death	0

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

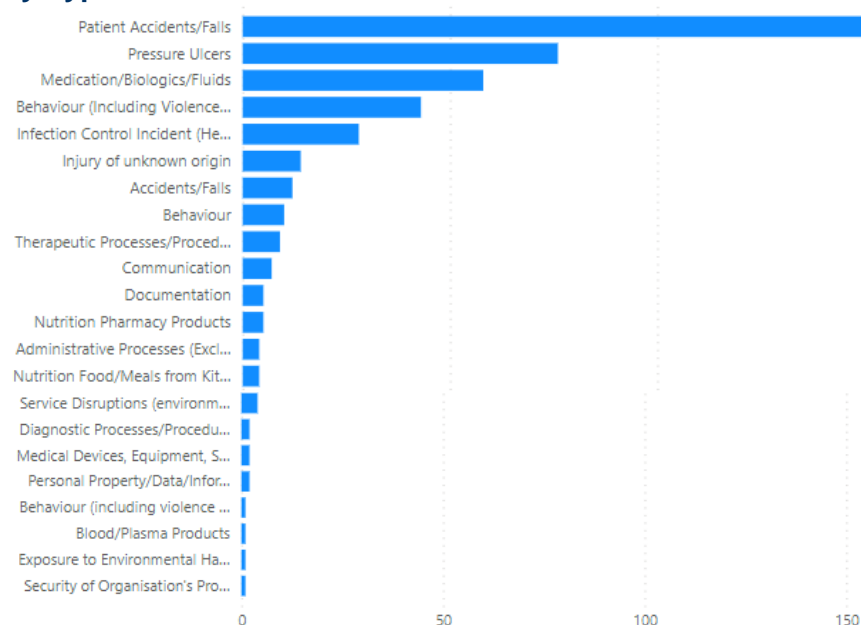
By Severity/Level



Severity	Count
1 - None	77
2 – Low Harm	196
3 – Moderate Harm	56
4 – Severe Harm	3
5 – Catastrophic Death	1

Prince Philip Hospital (1st January 2019 – 31st March 2021)

By Type

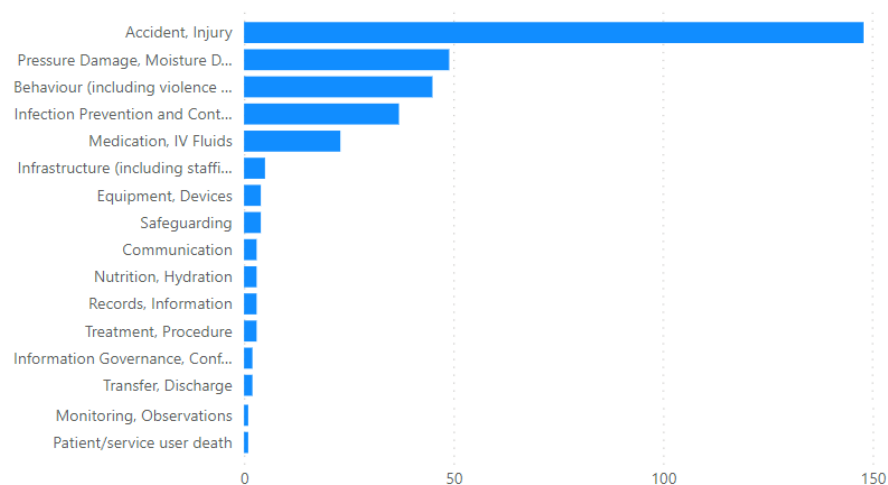


Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	9
Communication	9
Documentation	5
Nutrition Pharmacy Products	5
Administrative Processes (Excluding Documentation)	4
Nutrition Food/Meals from Kitchen	4
Service Disruptions (environment, infrastructure, human resources)	4
Diagnostic Processes/Procedures	2
Medical Devices, Equipment, Supplies	2
Personal Property/Data/Information	2
Behaviour (including violence and aggression)	1
Blood/Plasma Products	1
Exposure to Environmental Hazards	1
Security of Organisation's Property, Data and Buildings	1

Incident type tier one	Count
Patient Accidents/Falls	150
Pressure Ulcers	76
Medication/Biologics/Fluid	58
Behaviour Including violence	43
Infection Control Incident (Healthcare Associated Infection)	28
Injury of unknown origin	14
Accidents/falls	12
Behaviour	10

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

By Type



Information Governance, Confidentiality	2
Transfer, Discharge	2
Monitoring, Observation	1
Patient/Service user death	1

Incident type tier one	Count
Accident injury	148
Pressure Damage. Moisture Damage	48
Behaviour (including violence & aggression	45
Infection Prevention & Control	37
Medication, IV fluids	23
Infrastructure (including staffing, facilities, environment)	5
Equipment & devices	4
Safeguarding	4
Communication	3
Nutrition, Hydration	3
Treatment & Procedure	3

Stroke Complaints Data Review

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By Type	15
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By Type	15

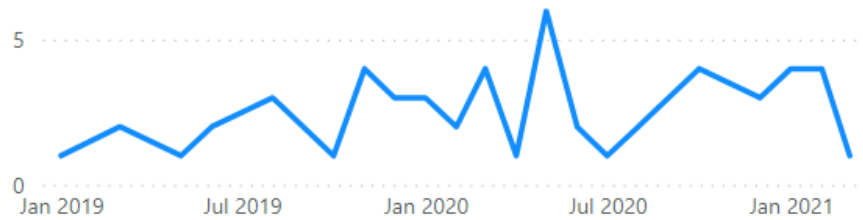
Background

As per the approved Clinical Services Plan methodology, Complaints reported between 1st January 2019 and 31st March 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.

No services changes were recording during the period analysed.

Complaints

All sites (1st January 2019 – 31st March 2021)

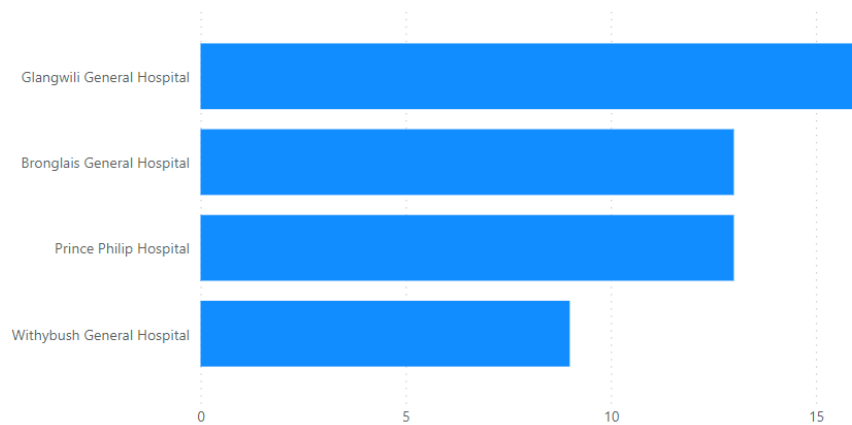


All sites (1st April 2021 – 31st March 2023)



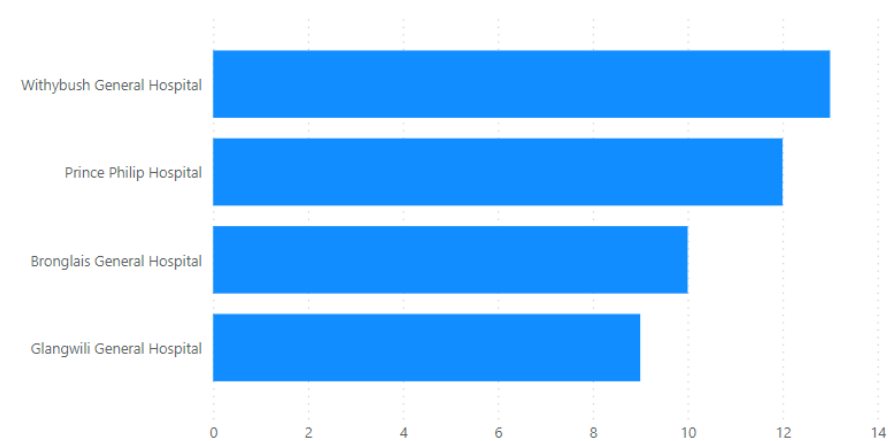
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019				Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021		
1	0	2	0	0	2	0	3	0	1	4	3	17				3	0	3	1	5	1	4	4	1	22		
Jan 20	Feb 20	Mar 20	Apr 20	May 19	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020	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		
3	2	4	1	6	2	1	2	0	4	0	3	28		2	2	3	1	1	0	3	5	0	3	0	20		
Jan 21	Feb 21	Mar 21											Jan 23	Feb 23	Mar 23											2023	
4	4	1											2	0	0											2	
													54														44

By Location (1st January 2019 – 31st March 2021)



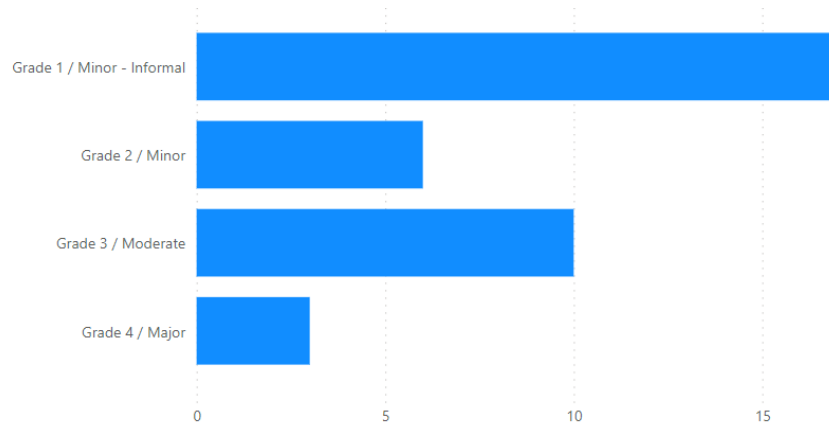
Primary Location	Count
Glangwili General Hospital	16
Prince Philip Hospital	13
Bronglais General Hospital	13
Withybush General Hospital	9

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



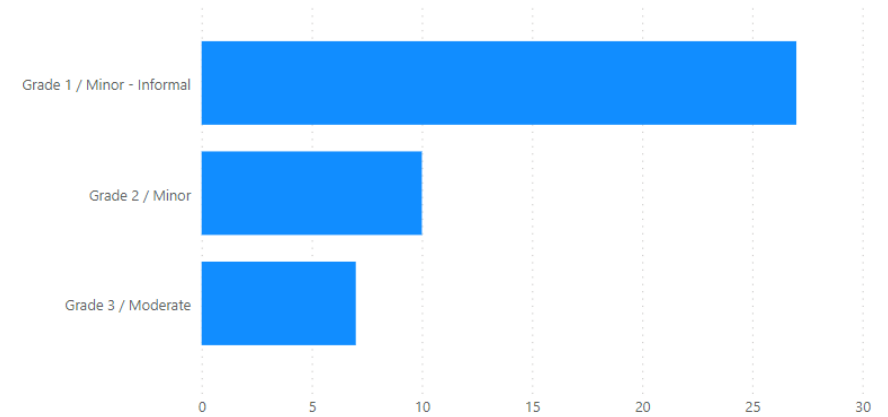
Primary Location	Count
Withybush General Hospital	13
Prince Philip Hospital	12
Bronglais Hospital	10
Glangwili General Hospital	9

By Grading (1st January 2019 – 31st March 2021)



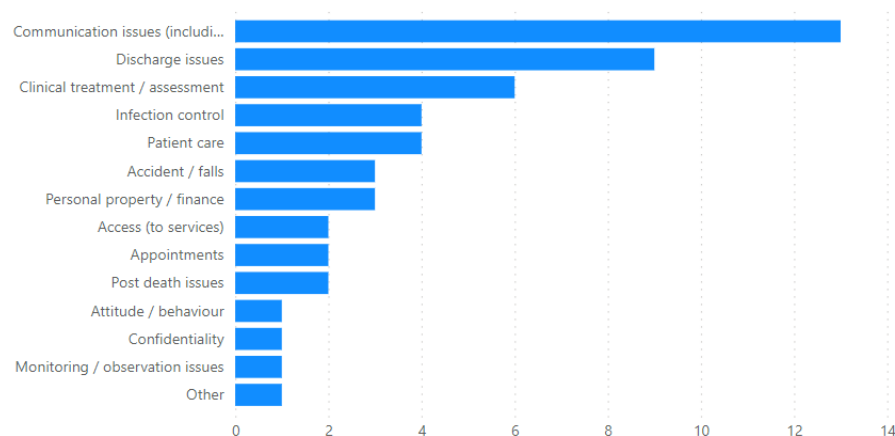
Grade	Count
Grade 1 – Minor - Informal	17
Grade 2 - Minor	6
Grade 3 - Moderate	10
Grade 4 - Major	3
Grade 5 - Catastrophic	0

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



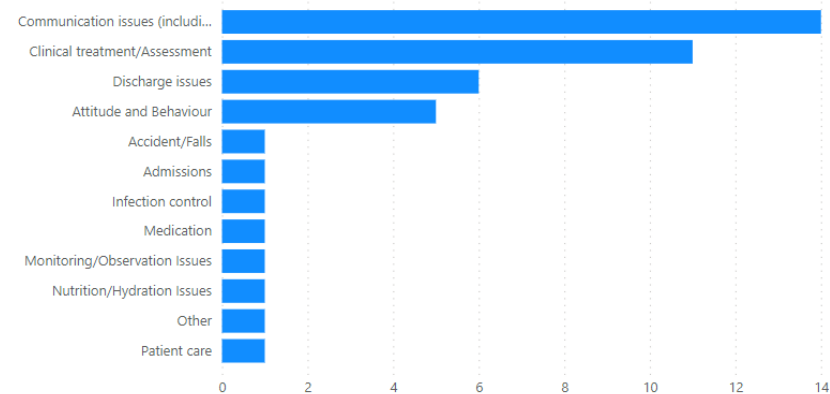
Grade	Count
Grade 1 – Minor - Informal	27
Grade 2 - Minor	10
Grade 3 - Moderate	7
Grade 4 - Major	0
Grade 5 - Catastrophic	0

By Type (1st January 2019 – 31st March 2021)



Subject (primary)	Count
Communication issues including language	13
Discharge issues	9
Clinical treatment/assessment	6
Infection control	4
Patient care	4
Accident/falls	3
Personal property/finance	3
Access (to services)	2
Appointments	2
Post death issues	2
Attitude/Behaviour	1
Confidentiality	1
Monitoring Observation checks	1
Other	1

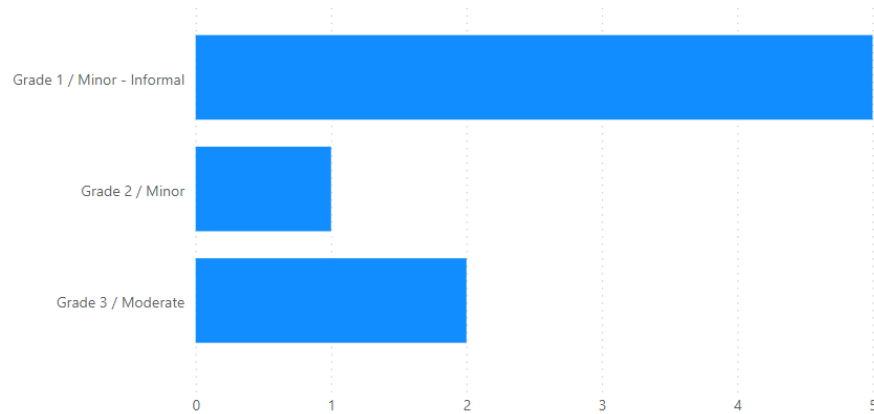
By Type (1st April 2021 – 31st March 2023)



Subject (primary)	14
Communication issues (including language)	14
Clinical treatment/Assessment	11
Discharge issues	6
Accidents/Falls	1
Admissions	1
Infection Control	1
Medication	1
Monitoring/Observation Issues	1
Nutrition/Hydration Issues	1
Other	1
Patient Care	1

Bronglais Hospital (1st January 2019 – 31st March 2021)

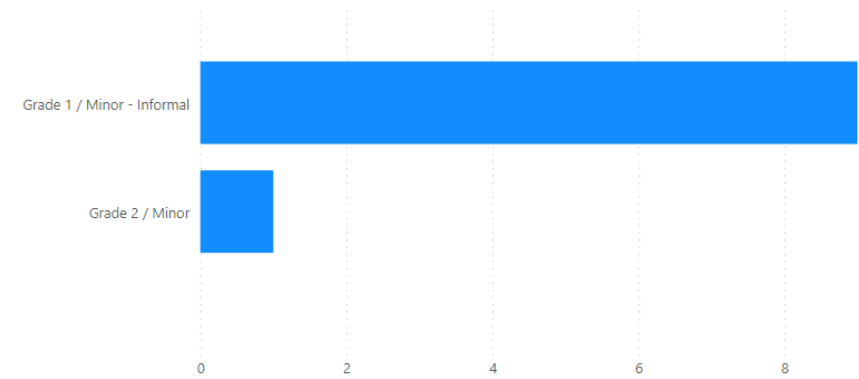
By Grading



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

Bronglais Hospital (1st August 2018 – 31st March 2023)

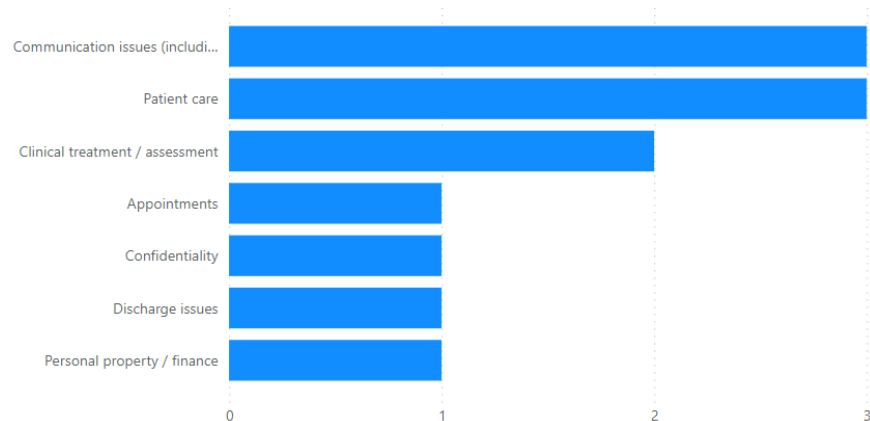
By Grading



Grade	Count
Grade 1 – Minor - Informal	9
Grade 2 - Minor	1
Grade 3 - Moderate	0
Grade 4 - Major	0
Grade 5 - Catastrophic	0

Bronglais Hospital (1st January 2019 – 31st March 2021)

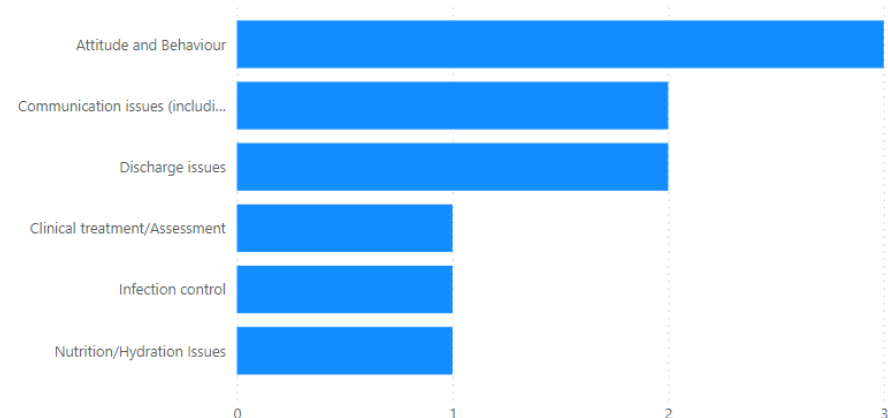
By Type



Subject (primary)	Count
Communication issues (including language)	3
Patient Care	3
Clinical Treatment/Assessment	2
Appointments	1
Confidentiality	1
Discharge issues	1
Personal Property/finance	1

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

By Type



Subject (Primary)	Count
Attitude and behaviour	3
Communication issues (including language)	2
Discharge issues	2
Clinical Treatment/Assessment	1
Infection Control	1
Nutrition/Hydration issues	1

Withybush Hospital (1st January 2019 – 31st March 2021)

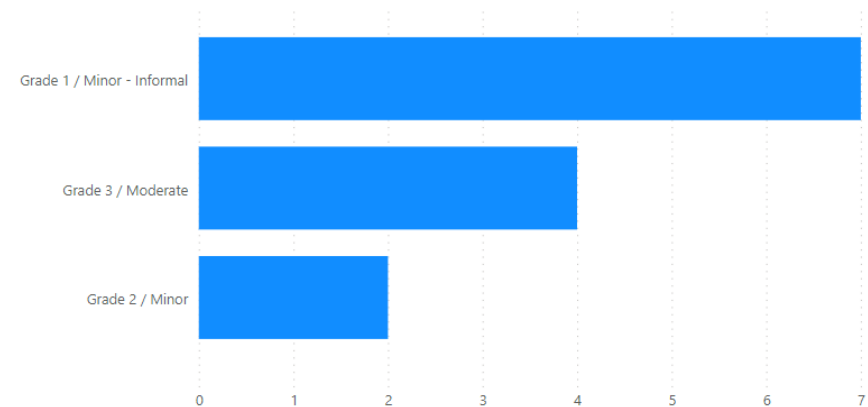
By Grading



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

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

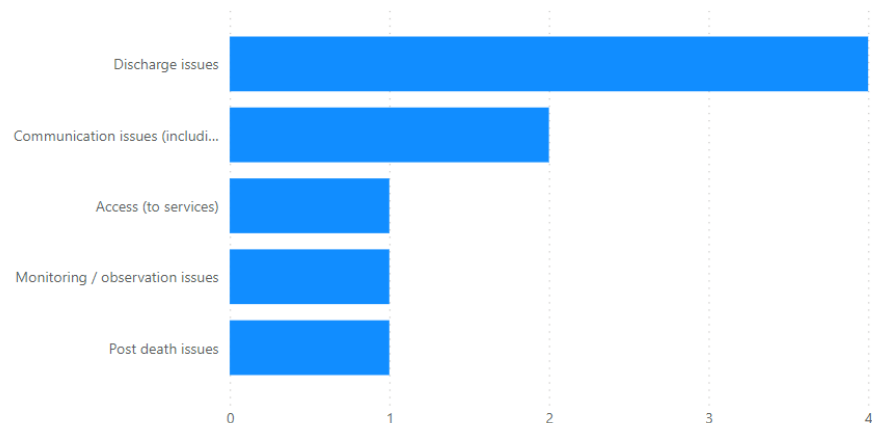
By Grading



Grade	Count
Grade 1 – Minor - Informal	7
Grade 2 - Minor	4
Grade 3 - Moderate	2
Grade 4 – Major	0
Grade 5 - Catastrophic	0

Withybush Hospital (1st January 2019 – 31st March 2021)

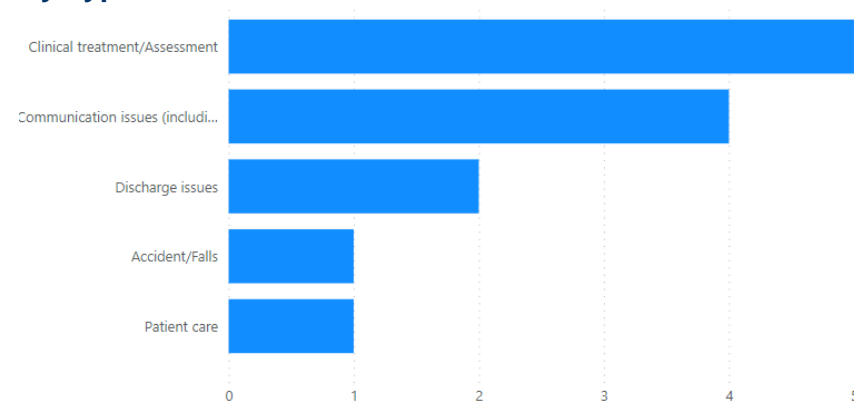
By Type



Subject (primary)	Count
Discharge issues	4
Communication issues inc Language	2
Access (to services)	1
Monitoring/observation issues	1
Post death issues	1

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

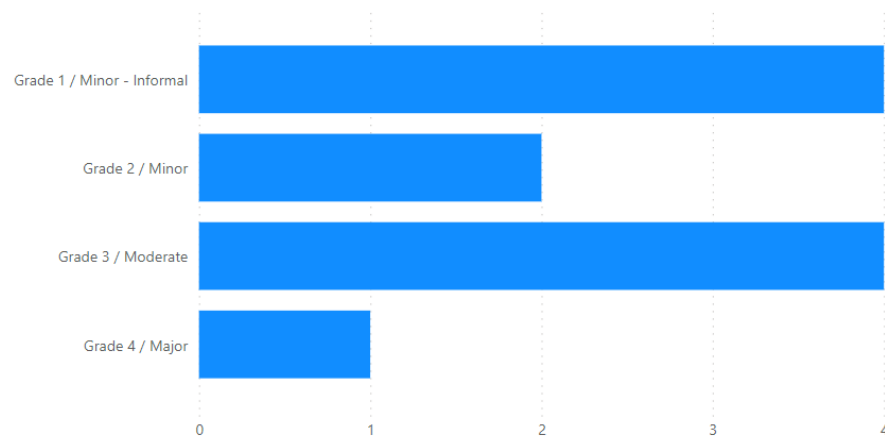
By Type



Subject (primary)	Count
Clinical treatment/assessment	5
Communication Issues (Including Language)	4
Discharge Issues	2
Accident Falls	1
Patient Care	1

Glangwili Hospital (1st January 2019 – 31st March 2021)

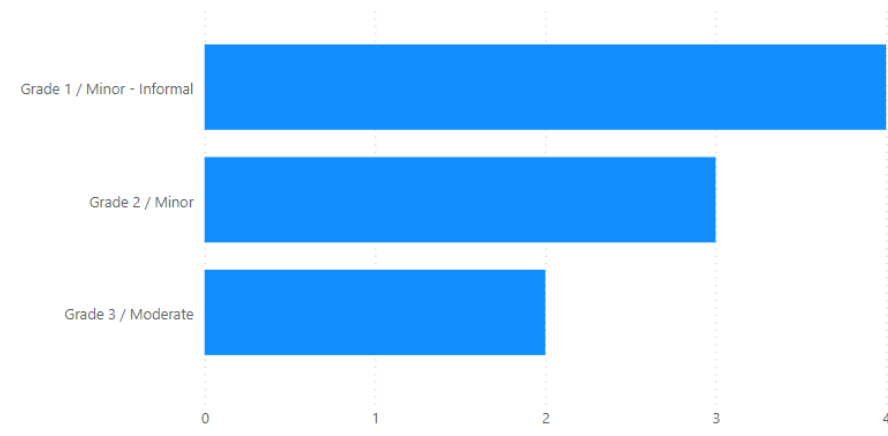
By Grading



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

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

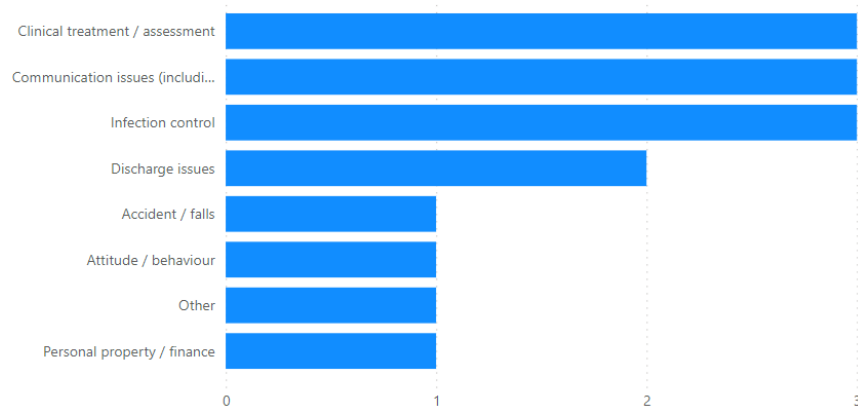
By Grading



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

Glangwili Hospital (1st January 2019 – 31st March 2021)

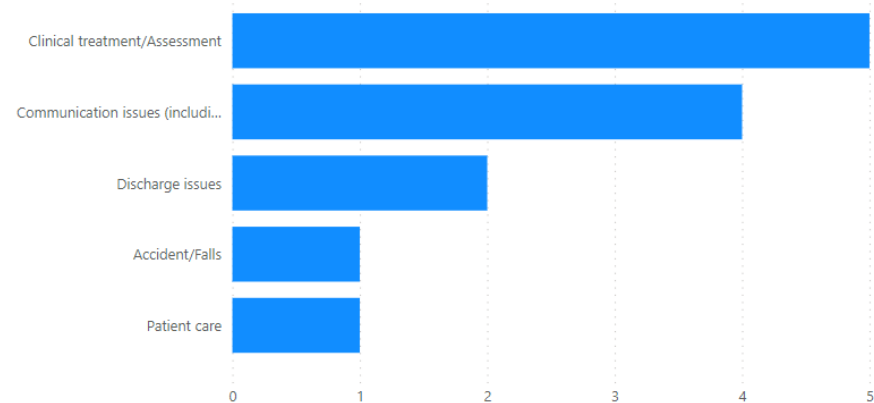
By Type



Subject (primary)	Count
Clinical treatment/assessment	3
Communication issues (including translation)	3
Infection control	3
Discharge issues	2
Accident/Falls	1
Attitude/behaviour	1
Other	1
Personal property/finance	1

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

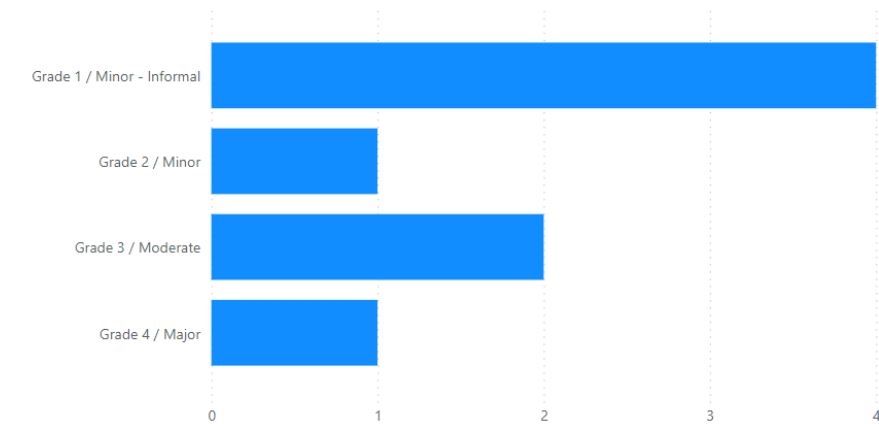
By Type



Subject (primary)	Count
Clinical treatment / assessment	5
Communication issues (including language)	4
Discharge issues	2
Accidents/Falls	1
Patient Care	1

Prince Philip Hospital (1st January 2019 – 31st March 2021)

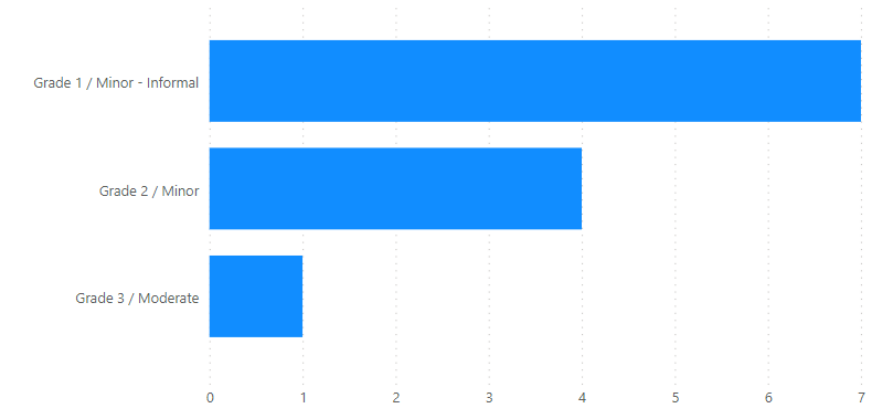
By Grading



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

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

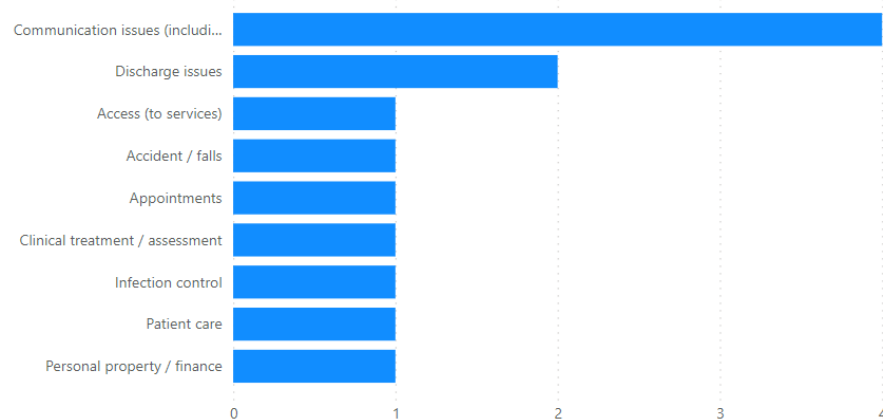
By Grading



Grade	Count
Grade 1 – Minor - Informal	7
Grade 2 - Minor	4
Grade 3 - Moderate	1
Grade 4 - Major	0
Grade 5 - Catastrophic	0

Prince Philip Hospital (1st January 2019 – 31st March 2021)

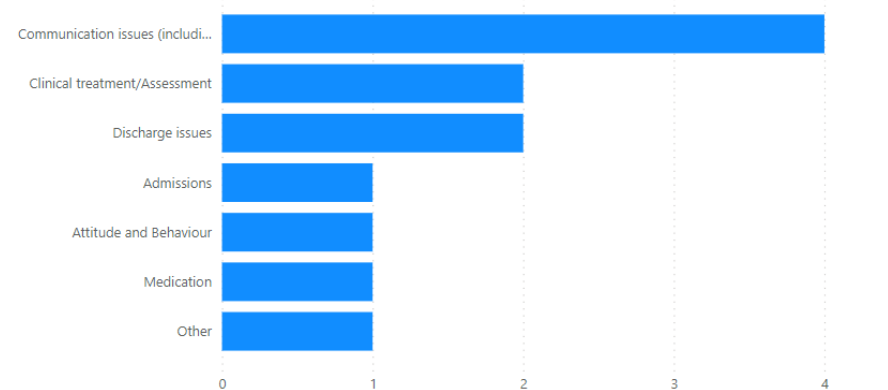
By Type



Subject (primary)	Count
Communication issues (including language)	4
Discharge issues	2
Access (to services)	1
Accidents/Falls	1
Appointments	1
Clinical treatment/assessment	1
Infection control	1
Patient Care	1
Personal Property/Finance	1

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

By Type



Subject (primary)	Count
Communication Issues (including Language)	4
Clinical treatment / assessment	2
Discharge Issues	2
Admissions	1
Attitude and Behaviour	1
Medication	1
Other	1

Stroke Patient Experience Data Review

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3 Health Board Values that relate to Compliment	7
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Background

As per the approved Clinical Services Plan methodology, Patient Experience data captured has been included for Stroke Services at Bronglais Hospital, Withybush 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 January 2019 to 31st March 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.

All Wales Experience – Health Board Survey (1st January 2019 to 31st March 2023)

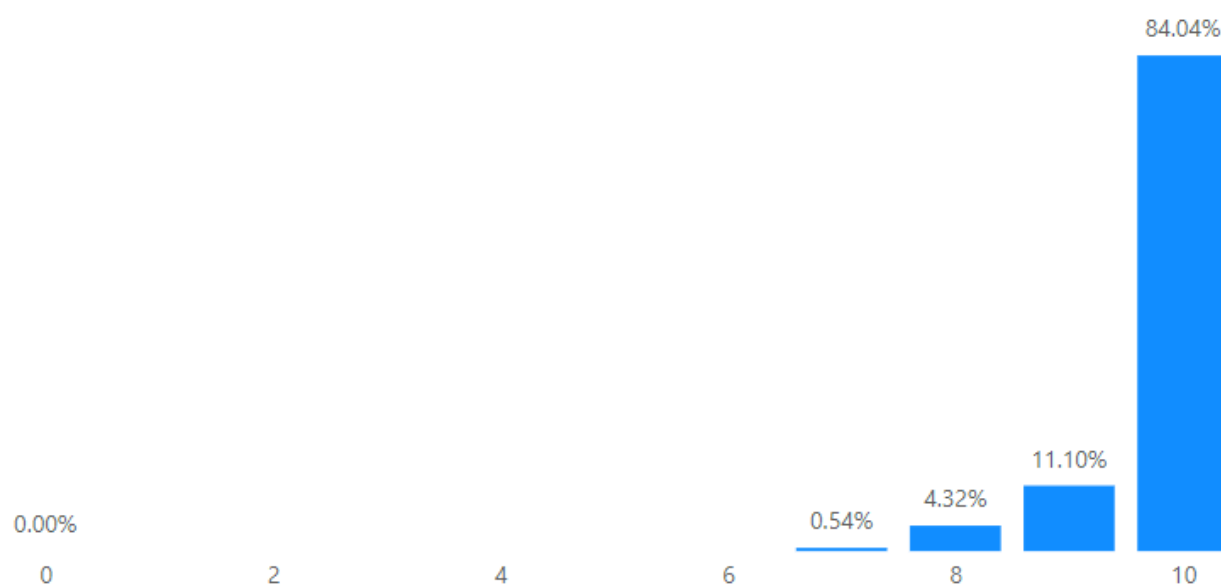
Date Recorded



			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021
			0	0	0	0	0	0	0	0	32	32
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022
39	25	20	9	4	0	0	1	0	0	0	1	97
Jan	Feb	Mar										2023
3	0	0										3

All Wales Experience – Health Board Survey (1st January 2019 to 31st March 2023)

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



Themes – 2021

The key themes relate to the quality of care, interactions with staff, and the hospital environment. Many patients reported positive experiences, praising the kindness, professionalism, and helpfulness of the staff. Some patients also mentioned the comfort of being able to speak Welsh with the staff. The few negative experiences related to noise on the ward and use of e-cigarettes by other patients.

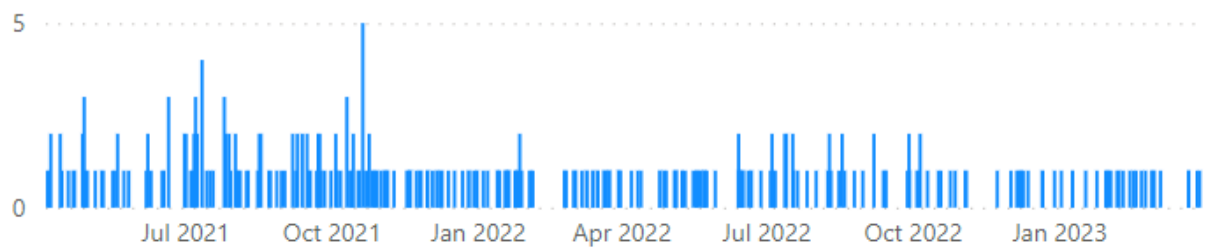
Themes 2022

The key themes relate to the quality of care, interactions with staff, and the hospital environment. Many patients reported positive experiences, praising the kindness, professionalism, and helpfulness of the staff. Some patients also mentioned the comfort of being able to speak Welsh with the staff. The facilities on the ward to keep people entertained, the number of Welsh speakers available, the limited food choices and staffing levels.

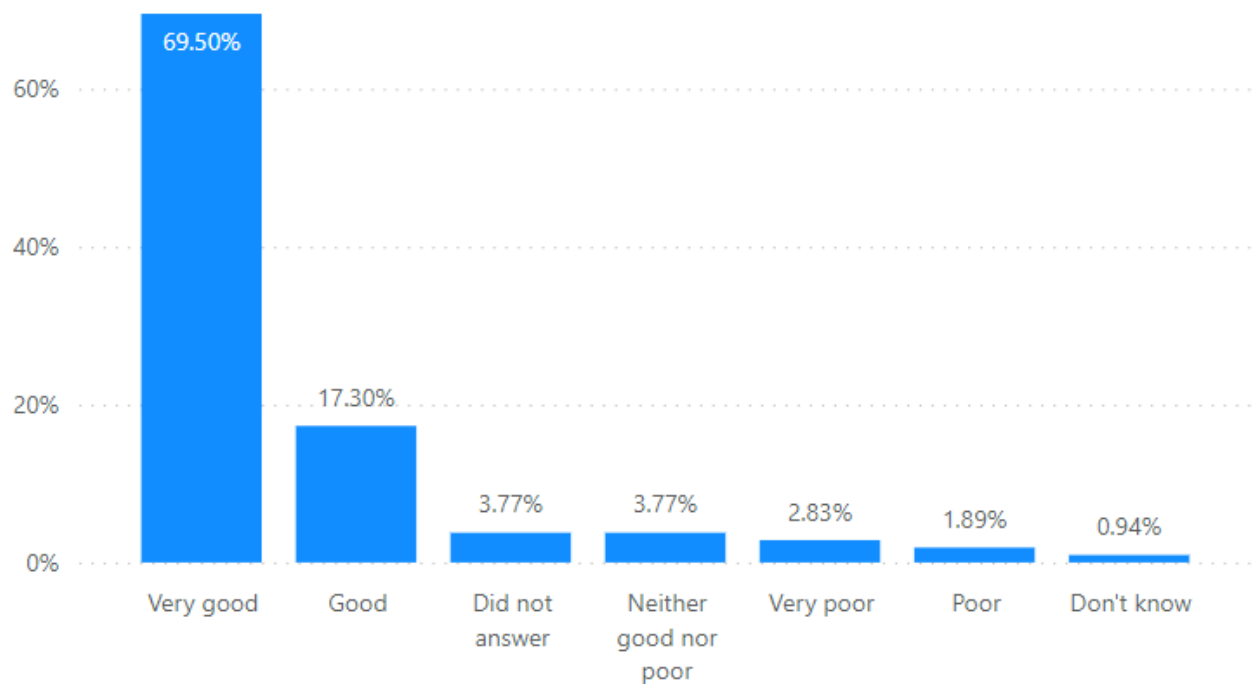
Themes – 2023

The key themes relate to the quality of care, interactions with staff, and the hospital environment. Many patients reported positive experiences, praising the kindness, professionalism, and helpfulness of the staff. Some patients also mentioned the comfort of being able to speak Welsh with the staff. Staff were praised for their professionalism, communication and caring attitudes, while negative experiences related to the environment during recovery and lack of stimulation or facilities.

Date Recorded



During this visit overall, how was your experience in this department?



Themes – 2021

The themes arising are around staffing, quality of care, waiting times and communication. Staff are described positively as being helpful, friendly and professional and having good experiences with doctors and nurses who generally delivered a good quality of care. Waiting times for appointments and treatment received mixed responses with some reporting being seen quickly while others experienced delays.

Negative comments were reported around communication and the scheduling of appointments.

Themes – 2022

The themes arising are around staffing, quality of care, waiting times and communication. Staff are described positively as being helpful, friendly and professional and having good experiences with doctors and nurses who generally delivered a good quality of care. Waiting times for appointments and treatment received mixed responses with some reporting being seen quickly while others experienced delays.

Negative comments were reported around communication and the scheduling of appointments as well as issues with parking on hospital sites.

Themes – 2023

The themes arising are around staffing, quality of care, waiting times and communication. Staff are described positively as being helpful, friendly and professional and having good experiences with doctors and nurses who generally delivered a good quality of care. Waiting times for appointments and treatment received mixed responses with some reporting being seen quickly while others experienced delays.

Negative comments were reported around communication and the scheduling of appointments as well as isolated issues with bed availability and visiting restrictions.

Patient Experience

Compliments (1st January 2019 to 31st March 2023)

Date Recorded



Recorded Date	Count
May 22	1
Oct 22	1

3 Sentiments that relate to Compliment

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

3 Health Board Values that relate to Compliment

Value	Count
Dignity, Caring, Compassion	1
Respect, Caring, Compassion	1

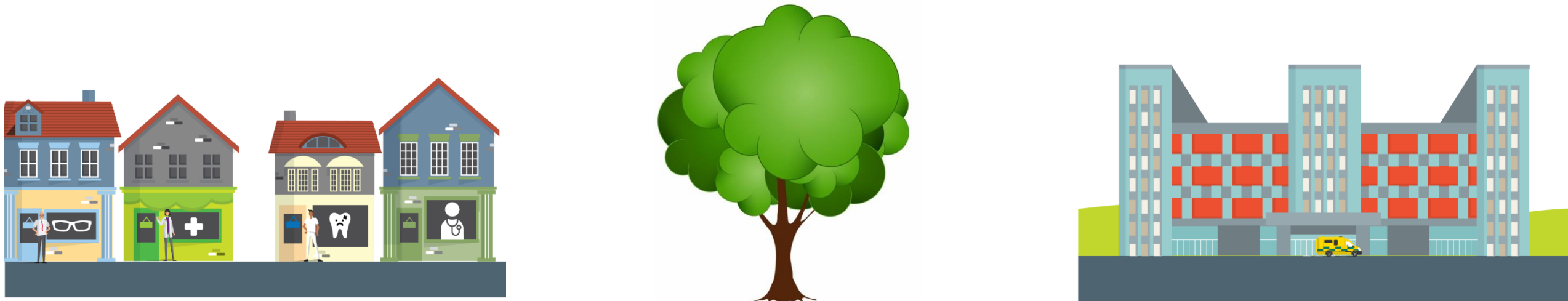
Themes – 2022

Themes arising were that the service were kind and compassionate in delivering person centred care, supporting patients in ways which were most appropriate for them.

Workforce Data

Clinical Services Plan : Activity Modelling Workstream

STROKE



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.

Stroke Workforce Overview

31st July 2023

Stroke Workforce Overview

The workforce data within this pack builds on an earlier piece of work undertaken by the service in 2023.

The previous factual assessment of Carmarthenshire Stroke service was based on bed utilisation numbers for the service from 2019 to align to the Comprehensive Regional Stroke Centre (CRSC) Business Case as part of the ARCH (A Regional Collaboration for Health) work across Hywel Dda University Health Board and Swansea Bay University Health Board looking to develop regional stroke services.

This Clinical Services Issues paper and the supporting workforce data within this document will focus on the workforce issues across the service. To undertake a holistic view of the workforce involved, it is not possible to disaggregate the workforce data specifically for stroke beds. Currently there are no dedicated ringfenced beds for stroke patients and beds are utilised within wards which also house general medical patients.

Therefore the workforce for the whole ward will be used to enable a holistic workforce picture with its current workforce risks.

Medical staff covering the Stroke wards sit across the General medical cost codes and work on a rota model covering the wards.

Allied Health Professional workforce sit within Therapies cost codes, therefore the number of staff allocated to the stroke patients will be utilised.

Stroke Workforce : Staff in post data from cost codes as of 31st July 2023

Staff Group	Role	Location/Site				Total
		Bronglais General Hospital	Glangwili General Hospital	Prince Philip General Hospital	Withybush General Hospital	
Additional Clinical Services	Assistant Practitioner Nursing (Band 4)			2	4.9	6.9
	Healthcare Support Worker (Band 3)	6.2	3.2	1	2.8	13.2
	Healthcare Assistant (Band 2)	11.4	18.2	27.4	15.2	72.2
	Additional Clinical Services Total	17.6	21.4	30.4	22.9	92.3
Administrative and Clerical	Ward Admin (Band 4)	0.4			1	1
	Ward Clerk (Band 2)	2.2	0.8	1.6	1.6	4.4
	Administrative and Clerical Total	2.6	0.8	1.6	2.6	7.6
Allied Health Professionals	Occupational Therapist (Band 7)	0.5	0.8	0.9	0.85	3.05
	Occupational Therapist (Band 6)		1	1	1	3
	Occupational Therapist (Band 5)		0.5	0.5	1	2
	Occupational Therapist (Band 4)	0.5	0.75	0.75		2
	Occupational Therapist (Band 3)				0.8	0.8
	Physiotherapist (Band 7)		0.3	0.3	0.8	1.4
	Physiotherapist (Band 6)	0.8	1.4	1.4	2	5.6
	Physiotherapist (Band 5)		0.5	0.5	1	2
	Physiotherapist (Band 4)	0.5	0.25	0.25		1
	Physiotherapist (Band 3)				0.6	0.6
	Speech & Language Therapist (Band 7)		0.2	0.2		0.4
	Speech & Language Therapist (Band 6)		0.25	0.25	0.5	1
	Speech & Language Therapist (Band 5)	0.1	0.3	0.4	0.4	1.2
	Speech & Language Therapist (Band 4)	0.5	0.4	0.5	0.5	1.9
	Therapy Assistant Practitioner (Band 4)				3	3
	Dietitian (Band 6)	0.4	0.3	0.4	0.45	1.55
	Allied Health Professionals Total	3.3	6.95	7.35	12.9	30.5
Medical and Dental	Consultant	1	1	1	1	4
	F1	1	1	1	1	4
	F2	1	1	1		3
	IMT/CF	1	1	1	1	4
	GPST			1	1	2
	Reg	1	1	1	1	4
	Physicians Associate (Band 7)	1				1
	Medical and Dental Total	6	5	6	5	22
Nursing and Midwifery Registered	Nurse Supervisor (Band 7)	1	1	1	1	4
	CNS (Band 7)					
	CNS (Band 6)	1	0.8	1.2	1	4
	RGN (Band 6)	2.8	3	2	0.8	8.6
	RGN (Band 5)	4	13.2	13.8	8.1	39.1
	Nursing and Midwifery Registered Total	8.8	18	18	10.9	55.7
	TOTAL	38.3	52.15	63.35	54.3	208.1

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

The workforce within the Nursing, Admin & Clerical and Additional Clinical Services staff groups are from the 4 site based wards utilising cost codes 0129, 0155, 0523 and 0682. As stated on slide 7, this workforce covers the whole of the ward which also contains beds for General Medical patients and not exclusively Stroke patients.

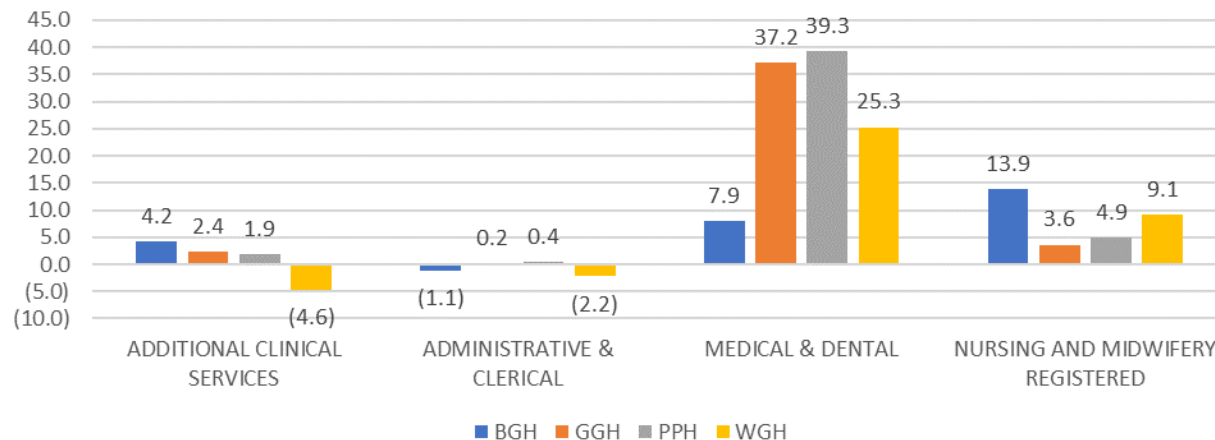
NEW SLIDE WITH ADDITION OF GENERAL MEDICAL COST CODES

Stroke Workforce continued (as of 31st July 2023)

Staff Group	All Site Totals			Vacancy Breakdown By Site			
	Budget	Actual	Vacancy	BGH	GGH	PPH	WGH
ADDITIONAL CLINICAL SERVICES	96.2	92.4	3.9	4.2	2.4	1.9	(4.6)
ADMINISTRATIVE & CLERICAL	5.3	8.0	(2.7)	(1.1)	0.2	0.4	(2.2)
ESTATES AND ANCILLIARY	1.0	1.0	0.0				
MEDICAL & DENTAL	246.4	136.7	109.6	7.9	37.2	39.3	25.3
NURSING AND MIDWIFERY REGISTERED	83.2	51.7	31.5	13.9	3.6	4.9	9.1
Total	432.2	289.8	142.3	24.9	43.4	46.5	27.6

The table and graph show the current Budget, Actual workforce in post and the vacancies for the Stroke wards across the Health board. Medical staff covering the Stroke wards sit across the General medical cost codes at each site, therefore the medical numbers are reflective of the workforce that cover the whole of general medical roles, of which Stroke is a part. The Allied Health Professional workforce sit across multiple Therapies cost codes that cover each site, therefore this staff group are not included within this data. The data covers all 4 wards, however as these wards also cover general medical patients the workforce represented are not exclusively caring for stroke patients and will be attending to other patients on the ward.

Vacancy Breakdown by Site



As of 31st July 2023 there was a total of 32.7WTE vacancies across the 4 wards with the highest vacancies within Bronglais with over half the vacancies (17WTE). The highest vacancies within the Nursing & Midwifery staff group were in Bronglais with 13.9WTE, followed by Withybush with 9.1WTE. During this period an additional 36.2WTE of temporary staffing was utilised for the wards. The majority (two thirds) through contracted agency with the remainder from Bank usage and overtime. As can be seen the General Medical cost codes have the highest number of vacancies with a total of 109.6WTE across the Health Board. As noted above the workforce within the cost code cover the whole of general medical roles across each site and therefore only a small proportion cover stroke patients on a rota basis. Further detail on the number of Medical staff who cover Stroke specifically can be seen on slide 8 and 16.

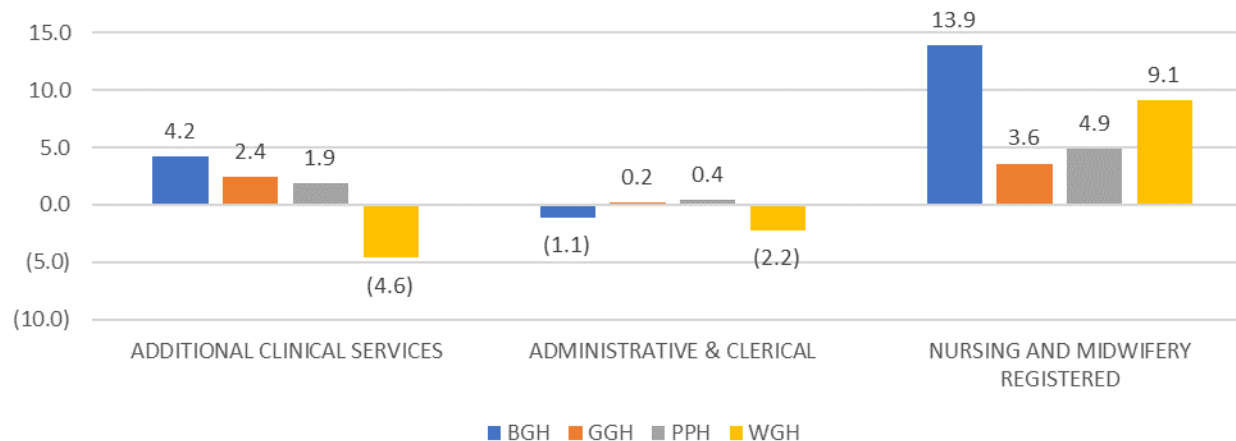
Stroke Workforce continued (as of 31st July 2023)

Staff Group	All Site Totals			Vacancy Breakdown By Site			
	Budget	Actual	Vacancy	BGH	GGH	PPH	WGH
ADDITIONAL CLINICAL SERVICES	96.2	92.4	3.9	4.2	2.4	1.9	(4.6)
ADMINISTRATIVE & CLERICAL	5.3	8.0	(2.7)	(1.1)	0.2	0.4	(2.2)
ESTATES AND ANCILLIARY	1.0	1.0	0.0				
NURSING AND MIDWIFERY REGISTERED	83.2	51.7	31.5	13.9	3.6	4.9	9.1
Total	185.8	153.1	32.7	17.0	6.2	7.2	2.3

The table and graph show the current Budget, Actual workforce in post and the vacancies for the Stroke wards across the Health board. Medical staff covering the Stroke wards sit across the General medical cost codes and the Allied Health Professional workforce sit across Therapies cost codes, therefore these staff groups are not included within this data.

The data covers all 4 wards, however as these wards also cover general medical patients the workforce represented are not exclusively caring for stroke patients and will be attending to other patients on the ward.

Vacancy Breakdown by Site



As of 31st July 2023 there was a total of 32.7WTE vacancies across the 4 wards with the highest vacancies within Bronglais with over half the vacancies (17WTE). As expected for this service, the highest vacancies are within the Nursing & Midwifery staff group with 31.5WTE, the largest vacancies were in Bronglais with 13.9WTE, followed by Withybush with 9.1WTE.

During this period an additional 36.2WTE of temporary staffing was utilised. The majority (two thirds) through contracted agency with the remainder from Bank usage and overtime.

Workforce Risks

The following 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
233	USC: Stroke	<p>"There is a risk poorer outcomes and increased mortality for stroke patients.</p> <p>This is caused by insufficient nursing staff to patient ratio. Insufficient stroke therapy staff and lack of 7 day consultant cover.</p> <p>This will lead to an impact/affect on delayed assessments and treatments of patients. Increased length of stay due to insufficient therapy treatment. Failure to meet National Stroke Standards. Non compliance of Tier 1 targets, Stroke performance. Evidence, Delays in admission to Stroke unit. Untimely care. Mortality reviews.</p> <p>Risk location, Health Board wide."</p>	Vacancies - active recruitment, lack of stroke and therapy staff	<p>"Compliance with agreed levels of treatment/therapy monitored annually via a Royal College of Physician audit and monthly via Quality Improvement Meetings (QIMs) with appropriate action taken as follows.</p> <p>Active recruitment for all vacancies.</p> <p>Allied Health Professional leads allocate staff to ensure staffing is as equitable and safe as possible.</p> <p>Weekly stroke review meetings to monitor progress against national stroke targets.</p> <p>Monthly Health Board stroke committee meetings.</p> <p>Nurse staffing levels were presented to QSEC 07/12/2021, whereby QSEC took an assurance that the nurse staffing levels that are in place for the current HB model have undertaken a robust challenge and scrutiny process. These have been agreed by the 'Designated Person' as professionally appropriate, whilst recognising that the nurse staffing levels within the HB are not in line with the national standards when bed numbers alone provide the criteria upon which nurse staffing levels are set.</p>	12	12	↔		Nursing, AHPs, Medical

Workforce Risks continued

Service Risk Linked to 1649	Directorate	Risk Statement	Workforce Themes	Workforce Control Measures in place	Current Risk Score	Previous Risk Score	Movement (↓, ↑ & ↔)	RAG Rating
291	USC: Stroke	<p>There is a risk of patients having poorer outcomes and increased mortality due to the lack of 24/7 access to mechanical clot retrieval services (thrombectomy).</p> <p>This is caused by the current contract with North Bristol being a 7 day service, however not a 24hour service.</p> <p>This will lead to an impact/affect on increased mortality rates, increased dependency of patients and an inability to access a National Institute for Health and Care Excellence (NICE) approved intervention within 5 hours of onset of stroke symptoms.</p> <p>Risk location, Health Board wide.</p>	Service provision, ARCH	<p>WHSSC have commissioned a service in North Bristol.</p> <p>Below is a link for the thrombectomy pathway with Bristol. It has the referral criteria and pathway. They are developing an imaging pathway as well. https://www.nbt.nhs.uk/clinicians/services-referral/stroke-service-clinicians/stroke-thrombectomy-service-clinicians.</p> <p>New all wales Thrombectomy group has been set up to discuss issues and to finalise pathway. HDUHB patients can now access Bristol Thrombectomy services 7days a week (however not 24hours). They will provide a service from 8am-8pm. the patient must arrive at Southmead by 6pm.</p> <p>Incident reviewing in place.</p> <p>Thrombectomy pathway is in place throughout the Health Board.</p>	8	-		
1386	USC: Stroke	<p>There is a risk of of Stroke patients that live in Hywel Dda UHB receiving sub-optimal care.</p> <p>This is caused by no Clinical Psychology provision for Stroke Care within the Health Board due to no funding. There is an absence of holistic Multi Disciplinary Team (MDT) care.</p> <p>This will lead to an impact/affect on increased suffering and long-term emotional distress in Stroke patients and their families, failing to meet stroke standards & specific WG recommendations for stroke patients, increased length of inpatient stay and additional and avoidable follow-up care in outpatient settings, avoidable expenditure as Stroke patients with psychological difficulties have poorer rehabilitation outcomes, increased length of stay, worse recovery and increased use of healthcare services. The only availability for psychological support is through private provider, which causes inequality of care for the UHB Stroke patient population.</p> <p>Risk location, Health Board wide.</p>	Clinical Psychology Staff Shortages	Existing staff (acute and community) make an effort to provide emotional support to Stroke patients.	16	-		

Stroke Workforce Overview

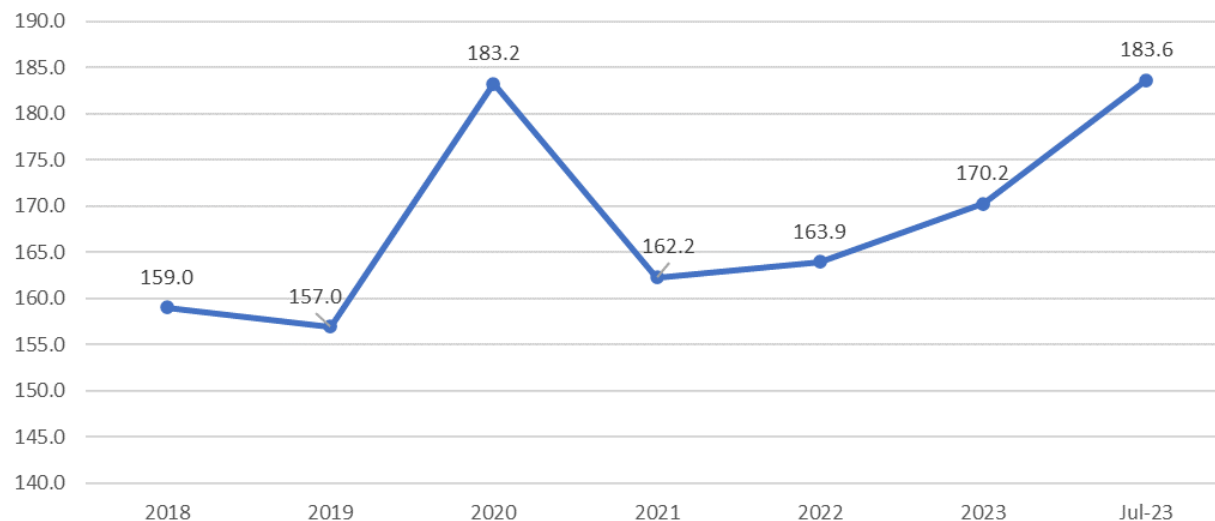
Historic picture

April 2018 – April 2023

Historic Workforce

The data below shows a historic picture of the ESR Staff in post for the ward cost codes 0129, 0155, 0523 & 0682 and the Allied Health Professional workforce supporting the stroke service as at 1st April each year.

Staff Group	2018	2019	2020	2021	2022	2023	Jul-23
ADDITIONAL CLINICAL SERVICES	73.3	69.7	94.2	77.9	80.3	84.6	92.4
ADMINISTRATIVE & CLERICAL	3.8	3.8	8.8	3.6	5.2	8.2	8.0
ALLIED HEALTH PROFESSIONALS	23.9	23.9	23.9	23.9	23.9	23.9	30.5
ESTATES AND ANCILLIARY			1.0		1.0	1.0	1.0
NURSING AND MIDWIFERY	58.0	59.5	55.3	56.9	53.5	52.5	51.7
REGISTERED							
Total WTE	159.0	157.0	183.2	162.2	163.9	170.2	183.6

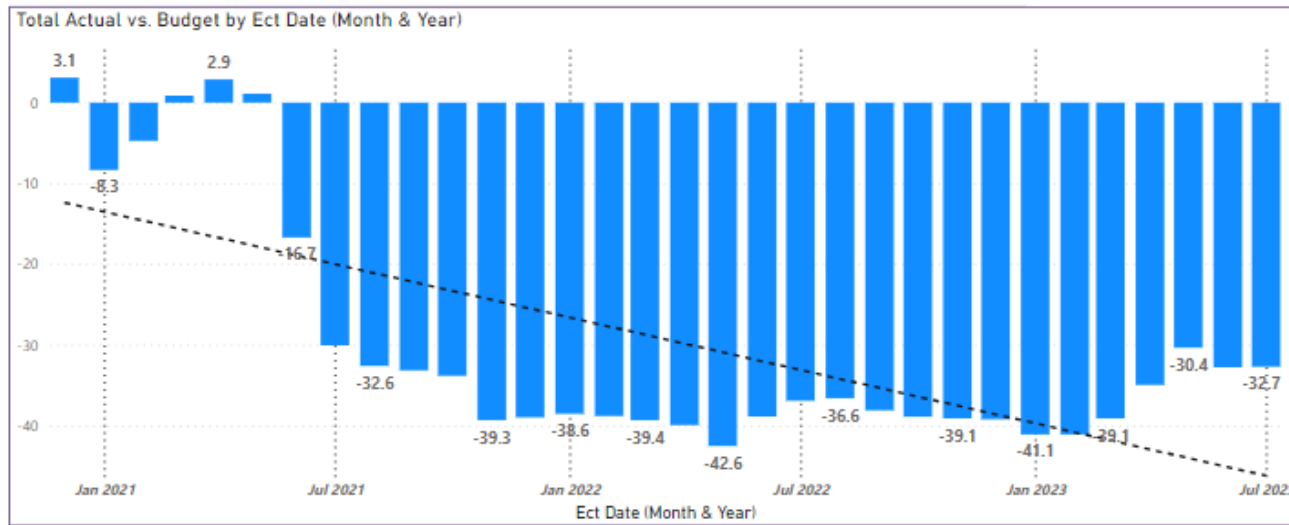


An increase in workforce can be seen in 2020 of 26.2WTE as staff were relocated to acute services during the Covid-19 pandemic. This then followed with a decrease to the service in 2021 of 21WTE as services returned post Covid-19. In the subsequent years the workforce has increased steadily to 183.6WTE with the addition of the Early Supported Discharge service in Withybush Hospital in 2023.

The workforce across the wards are predominantly caring for stroke patients however there are also general medical beds on the wards. Therefore the workforce do not work exclusively with stroke patients.

Historic Workforce continued

The data below shows a historic picture of the vacancies across the 4 Stroke wards between December 2020 and July 2023.



The vacancy graph (left) depicts the vacancy increase across time since December 2020. The highest number of vacancies can be seen in May 2022 with 42.6WTE. The graphs below show the vacancies by site for the same time period.

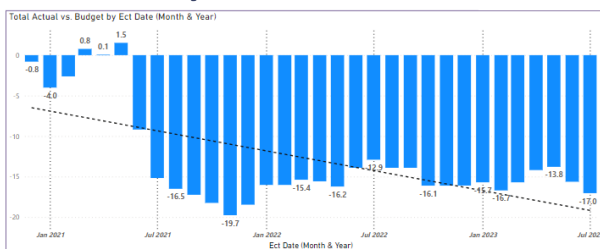
GGH vacancies have remained fairly static at an average of 8.4WTE since 2022. However this may indicate long term vacancies that are hard to recruit.

BGH & PPH have consistently had the largest number of vacancies across time, however these increased steadily from June 2021. The highest number of vacancies was in November 2021 in BGH with 19.7WTE, with only slight improvement and a decrease to 17WTE in July 2023.

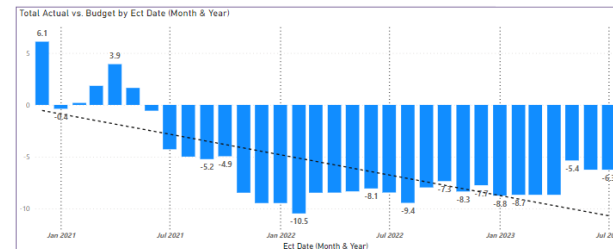
WGH has seen a steady decrease in vacancies since the highest levels of 8.4WTE in January 2023. This has now decreased by 6.1 to 2.3WTE in July 2023.

The vacancies across all 4 sites are consistent with the level of temporary workforce utilised across the period. An average of 38.8WTE additional workforce was utilised a month through Bank and agency to fill the gap from the vacant posts.

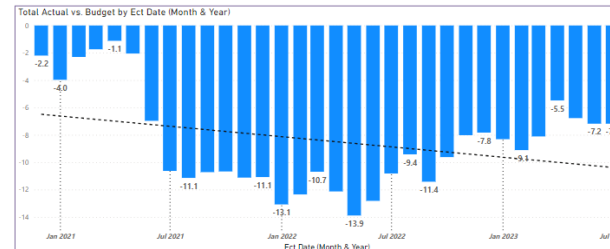
BGH Vacancy timeline



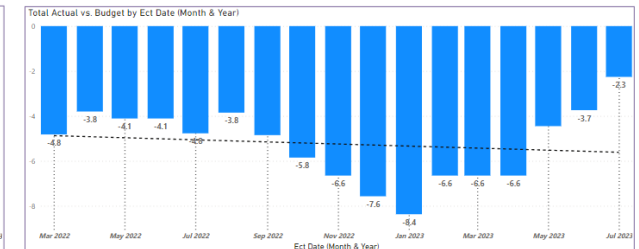
GGH Vacancy timeline



PPH Vacancy timeline



WGH Vacancy timeline



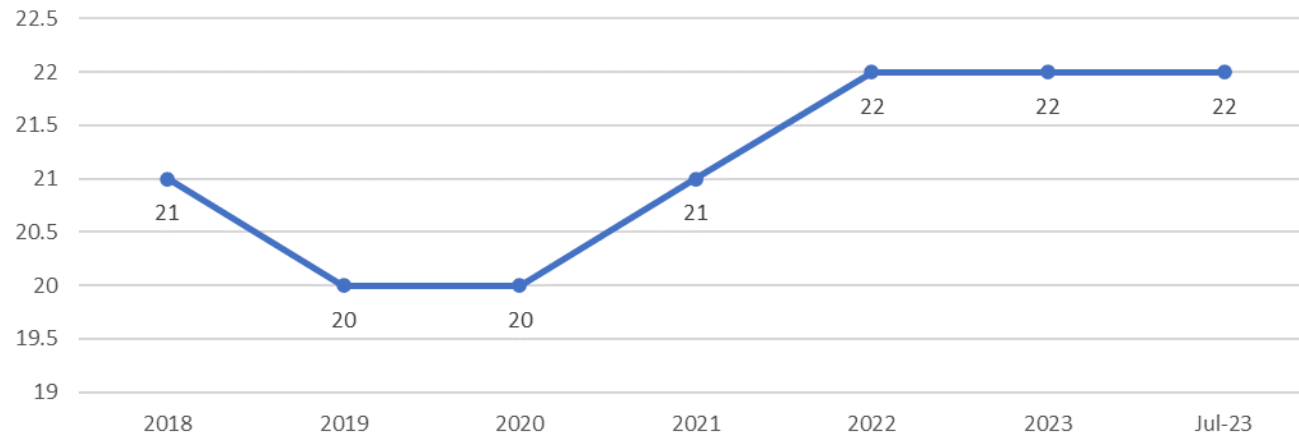
Historic Workforce : Medical workforce

The data below shows a current and historic picture of the ESR Staff in post for the Medical staff compliment across the four sites as at 1st April each year.

Medical Workforce	2018	2019	2020	2021	2022	2023	Jul-23
Bronglais General Hospital	4	3	3	4	5	5.0	5.0
Glangwili General Hospital	6	6	6	6	6	6.0	6.0
Prince Philip General Hospital	6	6	6	6	6	6.0	6.0
Withybush General Hospital	5	5	5	5	5	5.0	5.0
Grand Total	21	20	20	21	22	22	22

The medical workforce has remained fairly consistent across the time period. There was a consultant vacancy within Bronglais as a result of retirement however this was resolved in 2020 with the appointment of a locum consultant.

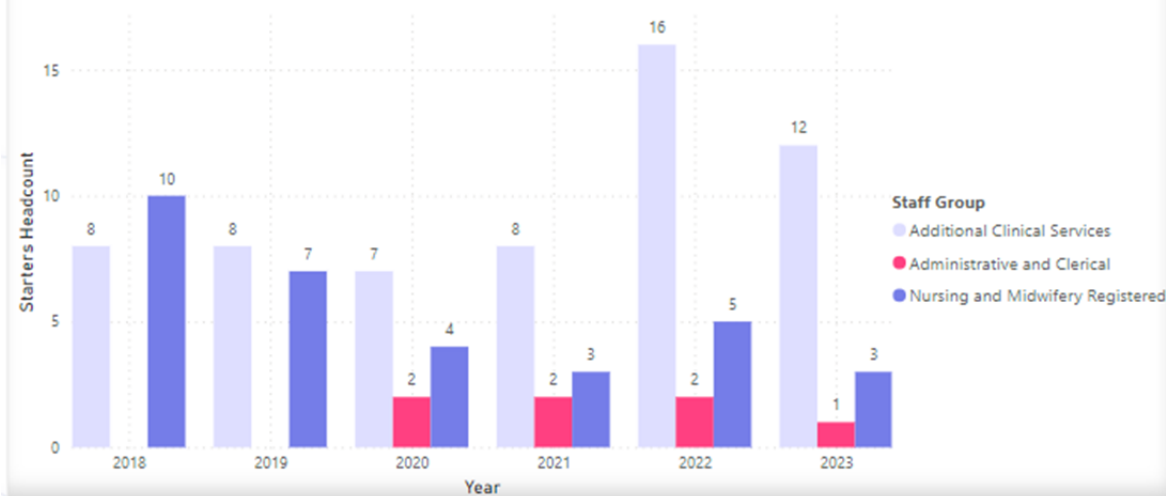
Since 2021 there has been an addition to the medical supporting workforce through the appointment of a Physicians Associate.



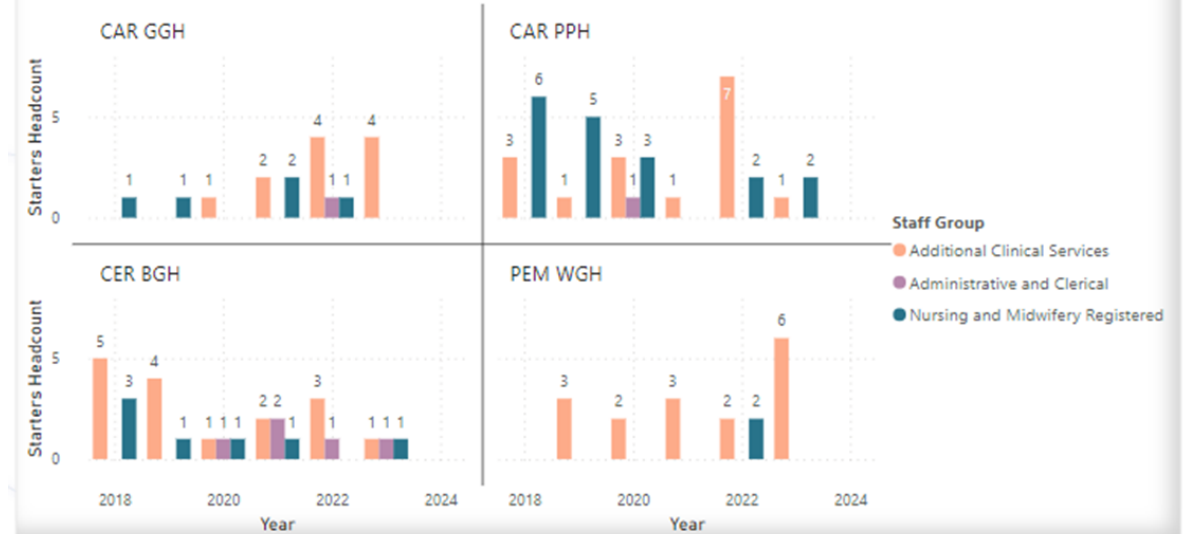
Starters

As the Medical and Therapy workforce within Stroke services sit within wider cost codes, the starters data below is reflective of the 4 Stroke wards only.

Starters Headcount by Year and Staff Group



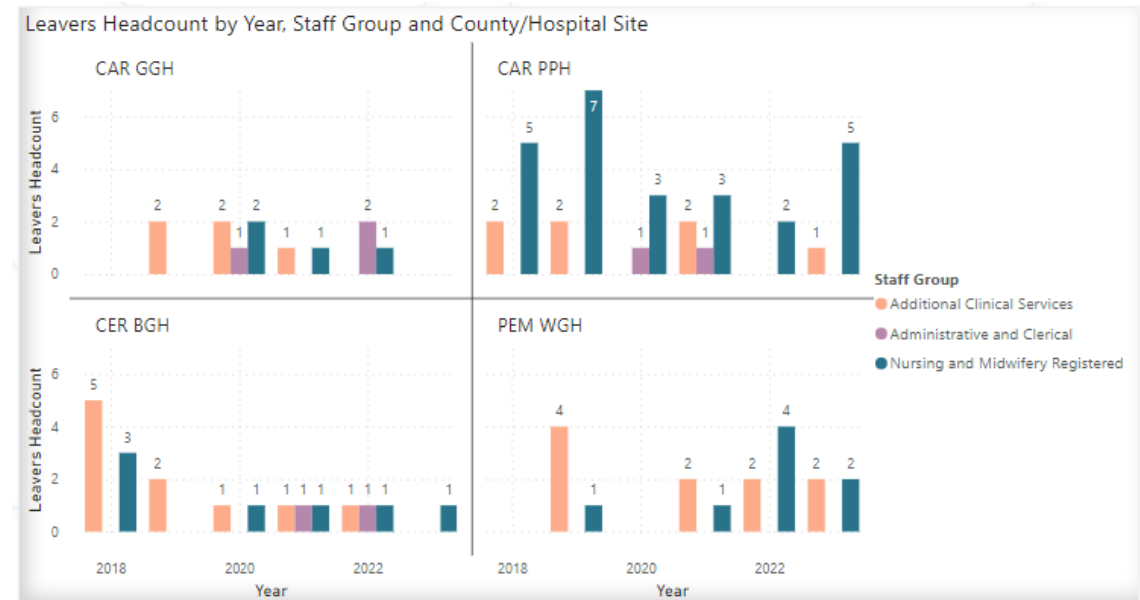
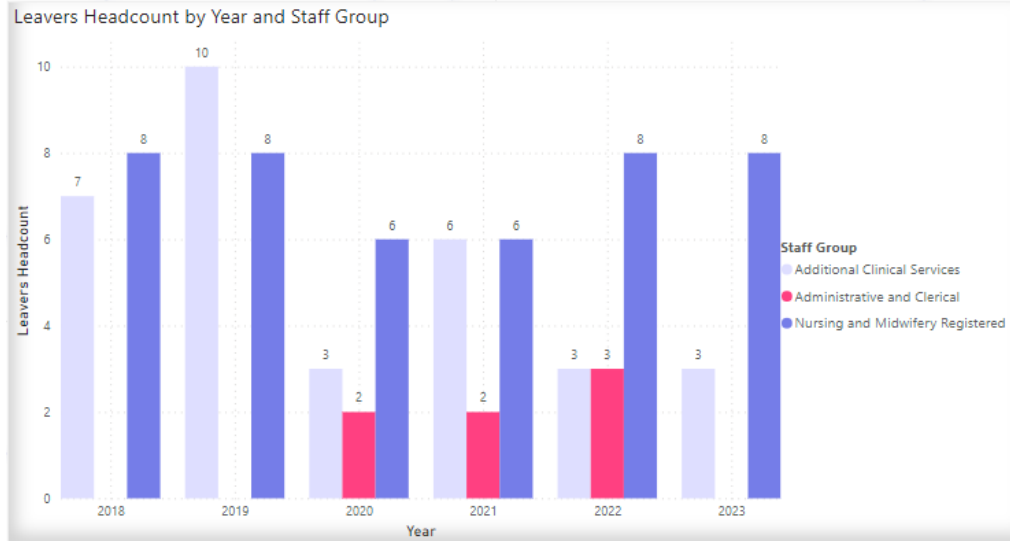
Starters Headcount by Year, Staff Group and County/Hospital Site



Additional Clinical Services roles had the highest number of starters across the sites with a total of 59 new starters across the period. The highest proportion can be seen in 2022 and 2023 with the majority starting in Prince Philip and Withybush hospital.

Leavers

As the Medical and Therapy workforce within Stroke services sit within wider cost codes, the leavers data below is reflective of the 4 Stroke wards only.



The Nursing registered workforce had the highest number of leavers across the 5 year period with 48 individuals leaving across the 4 sites. The majority of these were in Prince Philip, followed by Withybush hospital. 32 individuals left from the additional clinical services staff group, the majority were Health Care support worker roles. As can be seen from the site breakdown, there were a higher proportion of leavers in 2018 and 2019 with consistently lower numbers leaving across the 4 sites since 2020.

Recruitment

Targeted Campaigns across the period 2018 – 2023:

No targeted recruitment campaigns were noted during the period for Stroke

Vacancy /Recruitment overview:

No targeted recruitment was noted during the period for Stroke specifically however there was recruitment activity across the wards and within the general medicine cost codes.

Headhunting:

No targeted headhunting was noted during the period for Stroke

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?	Stroke Service
2.	Brief Aims and Description	<ul style="list-style-type: none"> • Achieve compliance with the WG Quality Statement for Stroke • Meet the service standards and specifications set by the Royal College of Physicians, NICE guidelines and the National Stroke Board • Ensure that the stroke service will deliver: <ul style="list-style-type: none"> - Increased work in preventing strokes and raising public awareness of the service - Improved clinical outcomes e.g. reduced mortality - Improved quality of life outcomes e.g. reduced level of disability following a stroke - Increased rates of thrombolysis and thrombectomy - Reduced length of stay for stroke patients in acute care - A seamless transfer of care from acute to rehabilitation - Better support for stroke survivors - Better support for patients at the end of life - An excellent patient and carer experience across the extended transformational pathway, including access to social care <p>Equity of outcomes and experience, with a reduction in variation</p>
3.	Who is involved in undertaking this EqIA?	<p>Rian Furlong (Hywel Dda UHB - Project Manager)</p> <p>Bethan Andrews (Hywel Dda UHB - Service Delivery Manager)</p>

		<p>Mia Evans (Hywel Dda UHB - Project Manager - Workforce Planning)</p> <p>Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation)</p> <p>Senthil Kumar (Hywel Dda UHB - Consultant Physician)</p> <p>Lance Reed (Hywel Dda UHB - Clinical Director of Therapies)</p> <p>Anna Gray (Hywel Dda UHB - Workforce Planning Project Manager)</p> <p>Sarah Isaac (Hywel Dda UHB - Medicines Management Clinical Lead, Transformation Programme Office)</p> <p>Johanna Brown (ARCH)</p> <p>Francesca Hughes (Hywel Dda UHB - Unscheduled Care support manager)</p> <p>Carwen Jarman (Hywel Dda UHB - Senior Finance Business Partner (Unscheduled Care))</p> <p>Sion Davies (Hywel Dda UHB - Senior Nurse Manager)</p>
4.	Is the Policy related to other policies/areas of work?	<p>WG Quality Statement for Stroke The quality statement for stroke GOV.WALES</p> <p>NICE Guidelines https://www.nice.org.uk/guidance/ng128</p> <p>https://www.nice.org.uk/guidance/ng236</p> <p>Royal College Physicians Contents - Contents - National Clinical Guideline for Stroke (strokeguideline.org)</p>
5.	<p>Who will be affected by the strategy / policy / plan / procedure / service?</p> <p>(Consider staff as well as the population that the project / change may affect to different degrees)</p>	<ul style="list-style-type: none"> • Patients/service users • Carers and families • General public • Staff • Partner organisations
6.	What might help/hinder the success of the Policy?	<p>Budget</p> <p>Staffing</p>

Form 2: Human Rights

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.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

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	✓	
Article 3: The right not to 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	✓	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence	✓	

<p>Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>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</p>	✓	
<p>Article 11: The right to freedom of thought, conscience and religion</p> <p>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</p>	✓	

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 be 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?		✓		<p>Population Data:</p> <table><tr><th colspan="4">Population Estimate by local authority and age</th></tr><tr><th></th><th>Aged 65 and over</th><th>Population</th><th>% of population aged 65 or over</th></tr><tr><td>Carmarthenshire</td><td>45,471</td><td>187,900</td><td>24.2%</td></tr><tr><td>Pembrokeshire</td><td>32,454</td><td>123,400</td><td>26.3%</td></tr><tr><td>Ceredigion</td><td>18,375</td><td>71,500</td><td>25.7%</td></tr><tr><td>HDdUHB</td><td>96,000</td><td>382,700</td><td>25.1%</td></tr></table> <p>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)</p>	Population Estimate by local authority and age					Aged 65 and over	Population	% of population aged 65 or over	Carmarthenshire	45,471	187,900	24.2%	Pembrokeshire	32,454	123,400	26.3%	Ceredigion	18,375	71,500	25.7%	HDdUHB	96,000	382,700	25.1%	
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Ceredigion	18,375	71,500	25.7%																										
HDdUHB	96,000	382,700	25.1%																										

Patient Data:

The data proves that there are older people coming through the service:

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%

Over 35% of Hywel Dda workforce is aged 50 years and over, according to Workforce & Equality Annual Report 2019/2020 [H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

Positive impact

At this point in time there are no positive impacts to record.

Negative impact

People over the age of 65 are more likely to have a stroke.

Mitigation

Ensure that over 65s are a key

			<p>Older people are frequently associated with age related disability.</p> <p>This could come with the added issue of access to toilet facilities in longer journeys, as the service is provided across a large geographical area.</p> <p>Older people could potentially have the additional challenge of having an older relative, friend or carer to visit them:</p> <p>Access to transport. Mobility around the hospital. Difficulty attending the hospital.</p> <p>Noting also that younger people can experience a stroke.</p> <p>Older people may have issues using technology and therefore may require additional support.</p> <p>.</p>	<p>target group of our engagement efforts utilising existing health board, third sector and community networks</p> <p>Ensure there is equity between digital and in-person engagement, to ensure that digital exclusion does not act as a barrier to engagement.</p> <p>Older patients have access to free public transport. Hospital sites across the health board are located close to public transport routes and links.</p> <p>All sites will have accessible</p>
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									toilets either directly in the service area or nearby. Wheelchairs are widely available at hospital entrances to be used by patients who have difficulty walking. Portering service is available to support patient mobility across the hospitals.																				
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical		✓		Population Data <table><tr><td></td><td>Carmarthenshire</td><td>Ceredigion</td><td>Pembrokeshire</td><td>Total</td></tr><tr><td>Disabled under the Equality Act: Day-to-day activities limited a lot</td><td>21255</td><td>6686</td><td>12522</td><td>40463</td></tr><tr><td>Disabled under the Equality Act: Day-to-day activities limited a little</td><td>21897</td><td>8951</td><td>14651</td><td>45499</td></tr><tr><td></td><td>43152</td><td>15637</td><td>27173</td><td></td></tr></table>						Carmarthenshire	Ceredigion	Pembrokeshire	Total	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		Further develop prevention services at primary care, community and through secondary care services.
	Carmarthenshire	Ceredigion	Pembrokeshire	Total																									
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	43152	15637	27173																										

conditions such as diabetes

[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

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.

According to Workforce & Equality Annual Report 2019/2020 [HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

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.

All hospital sites adhere to minimum accessibility standards.

			<p>Wheelchairs are widely available at hospital entrances to be used by patients families who have difficulty walking.</p> <p>Hospital transport has cars to support patients family with different types of mobility concerns.</p> <p>Negative impact</p> <p>People with diabetes, cardiovascular conditions, obesity, and a range of other health conditions are at an increased risk of having a stroke. Analysis looking at those with on a Quality and Outcome Framework register which can be considered a risk factor for stroke (smoking, drinking, poor diet and lack of exercise)</p> <p>People with some Learning Disabilities and Mental Health conditions have a higher risk factor for stroke.</p> <p>Patients that have experienced a Stroke may struggle to read and fully decipher information and therefore key that any literature is produced in line with the standards.</p> <p>Each patient is reviewed on a case-by-case basis to ensure the patients' needs are tailored to their specific requirements to make their journey as easy as possible.</p> <p>It is understood that there is considerable intersectionality between Age and Disability as a number of patients have age related disabilities.</p>	<p>Mitigation</p> <p>Ensure all information regarding the changes proposed are accessible – including the development of Easy Read resources.</p> <p>Targeted engagement of community groups and service users of at-risk clinical groups</p> <p>Work closely with the Learning Disabilities and Mental Health</p>
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					<p>teams to be able to create an action plan that is relative to the patients needs.</p> <p>The Health Board has available a series of resources as part of the Wellbeing Service, supporting staff with physical disorders and management of mental health and psychological concerns.</p> <p>Staff Psychological Wellbeing Service</p> <p>All staff to maintain compliance with mandatory training.</p>
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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 for Stroke patients regarding gender reassignment. <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.</p> <p>However incidents may arise where this information is required and will be reviewed on a case by case basis.</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</p>		✓	<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></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	
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																							

not married or in a civil partnership.									
	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
	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

Marriage and civil partnerships are of no impact when considering admission to and treatment in, Stroke departments.

Staff Data

	Headcount	%
Married	6,110	52.74%
Civil Partnership	167	1.44%
Divorced	857	7.40%
Legally Separated	104	0.90%
Single	3,635	31.37%
Widowed	132	1.14%
Not Recorded on ESR	581	5.01%
Total	11,586	100%

Compared to 31st March 2019 the percentage of staff detailing marital status information has increased by 0.73% by 31st March 2020.

According to Workforce & Equality Annual Report 2019/2020 [HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

				<p>Positive Impacts: 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. HDUHB EQUALITIES DUTIES REPORTING - Staff In Post (nhs.wales)</p> <p>Negative Impact</p> <p>At this time no negative impact has been identified on Marriage and Civil Partnership. This will be reviewed in line with any proposed service changes.</p>	
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Form 3 Gathering of Evidence and Assessment of Potential Impact

Pregnancy and Maternity

Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

✓

In 2021, there were 29,007 births registered across Wales.
[Maternity and birth statistics: 2021 | GOV.WALES](#)

Patient Data

Pregnant parents or those on maternity would not be a factor on admission to, and treatment in, Stroke departments if clinically indicated.

Staff Data

H DUHB Headcount by Pregnancy & Maternity/Adoption Leave		
	Headcount	%
Maternity & Adoption	463	4.00%

Compared to 31st March 2019 the percentage of employees on leave due to maternity and adoption showed an increase at 31st March 2020 as 0.05%.

According to Workforce & Equality Annual Report 2019/2020 [H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

- 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.

Negative Impact

Where a patient is pregnant this may change the course of treatment that would normally be considered may not be an option.

Mitigation

Support and input would be sought from relevant specialist

			<p>There is however the services need to accommodate how mother and baby can be together.</p> <p>Each patient is reviewed on a case-by-case basis to ensure the patients' needs are tailored to their specific requirements to make their journey as easy as possible.</p>	<p>teams, e.g. maternity, obstetrics etc</p>
				<p>Where new mothers are breast feeding, support from the midwifery teams to support with breast feeding.</p> <p>Accommodate side rooms for privacy (ensuring doors are lockable in line with Maternity Baby Abduction Policy)</p> <p>Occupational Therapist and Midwifery teams to work together to provide assistance with babies daily care.</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.

✓

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
Ethnicity								
Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100
Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2
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
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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.

[H DUHB EQU](#)

Staff data

H DUHB 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%.

According to Workforce & Equality Annual Report 2019/2020 [HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

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.

Race, ethnicity or nationality is not a factor considered on admission to, and treatment in, Stroke wards.

Negative Impact:

Where a patient or their family are non English or Welsh speaker may be unable to communicate to staff.

Mitigation

Consider barriers to accessing health care services. These barriers are more likely to affect each end of the pathway (Prevention and rehabilitation). Ensure a focus on cultural understanding and access to health information, particularly where English may not be the

										commonly used language.																																														
										Consider the stigma associated with seeking medical attention. This should be explored as part of the wider consultation and engagement process to determine where these gaps may be.																																														
Religion or Belief (or non-belief) The term ‘religion’ includes a religious or philosophical belief.		✓	Population Data <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>percent</td><td>value</td><td>percent</td><td>value</td><td>percent</td><td>value</td><td>percent</td></tr><tr><td>Religion</td><td colspan="8"></td></tr><tr><td>Total: All usual residents</td><td>187,899</td><td>100</td><td>71,476</td><td>100</td><td>123,363</td><td>100</td><td>382,738</td><td>100.0</td></tr></table>								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	100.0	
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Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100.0																																																

No religion	83,409	44.4	30,749	43	52,998	43	167,156	43.5
Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
Hindu	419	0.2	158	0.2	161	0.1	738	0.2
Jewish	103	0.1	75	0.1	58	0	236	0.1
Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
Sikh	177	0.1	35	0	32	0	244	0.0
Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8

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 admission to, and treatment in, Stroke departments 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.

[H DUHB 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:

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

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.

Mitigation

We recognise this will need to be reviewed as part of the public consultation,

			<p>The service are currently unaware if certain drugs that are delivered orally contain animal products that would be suitable for particular groups. All patients are asked if they are allergic to particular substances which will capture products a patient cannot be administered.</p>	<p>particularly in relation to listening to what matters most to patients with different religious beliefs.</p> <p>We know there is a strong correlation between Muslims and sections of the Asian Community. Mosques, as a Religious symbol, could support the programme in distributing information or for holding communication events which would attract a specific target group.</p>
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				<p>Response – Hywel Dda use approved translation services will ensure effective communication with patients.</p> <p>The specialist pharmacy service can support when managing situations where a patient is known to be unable to be administered specific drugs</p>
<p>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?</p>	✓		<p>Population data</p>	<p>Mitigating</p>

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
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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Patient data

Sex is not a factor considered on admission to, and treatment in, Stroke wards if clinically indicated. However there is a higher mortality from stroke in women, this should be considered as part of primary care strategies and the treatment/post-treatment pathways used.

Staff Data

As of 2020, 77.7% of staff in Hywel Dda were female and 22.3% were male. It is unlikely staff sex will affect or be affected by these changes in the service.

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

Gender	Headcount
Female	45
Male	39
Grand Total	74

Positive Impact:

- All health board staff undertake equalities training (including Equality, Diversity and Human Rights) as part of mandatory competency training.
- There are male and female staff in the service and where possible, if a patient requests a specific gender of staff for their review, this will be provided.

Negative Impact

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

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

✓

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
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

Sexual orientation is not a factor considered on admission to, and treatment in, Stroke departments if clinically indicated.

Not applicable

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'.

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

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

✓

Population data

	Carmarthenshire	Ceredigion	Pembrokeshire	Totals
Previously served in the UK regular armed forces	5610	1851	4654	12115

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](#)

Socio-economic Deprivation
Consider those on low income, economically inactive, unemployed or unable to work due to ill-

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
	7280	2525	5832	15637

Patient Data

No impact. Armed Forces are not relevant to the decision to admit into a Stroke department, and would not affect treatment options.

Negative Impact

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

✓

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

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>

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
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 and a full-time student	2,612	1.7	2,119	3.5	1,352	1.3	6,083	2.2
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 \(gov.wales\)](https://gov.wales/welsh-index-of-multiple-deprivation-wimd-2019-results-report)

Patient data

Socio-economic deprivation is not a factor considered on admission to, and treatment in, Stroke departments if clinically indicated.

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, ability to work while visiting which maybe for prolonged periods.

Staff Information

There is currently no data available on socio-economic status for staff.

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.

			Negative Impact 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.	Mitigation 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. Hywel Dda strives to deliver care closer to home whenever possible, which helps in reducing the amount of time

Stroke incidence is higher in groups from more economically deprived backgrounds. Across the Health Board there are areas with higher incidence, morbidity and mortality rates for stroke.

There is evidence to suggest that people associated with living in poor socio-economic backgrounds have poorer lifestyle eg higher prevalence of smoking, poor diet and less likely to have access to green space.

the patients spend travelling, or unpaid work time the patients or their carers/family members need to take off to attend hospital care.

Development of prevention and early detection interventions to support acute service reconfiguration.

Engagement with WAST to ensure public transport needs and repatriation can

				be supported and met.
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		✓	Population Data 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. 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. Positive Impact In March 2021 the Bilingual Skills Policy was introduced across the health board. The main aims of the policy are as follows: <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. • 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. All service users and patients are offered a proactive service offer of Welsh language, which is recorded. 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.	

Staff data:

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%

According to Workforce & Equality Annual Report 2019/2020 [H DUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](#)

Negative Impact

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

With Stroke having a higher prevalence in older people this may result in a higher number of requests to be delivered in Welsh.

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 EqlA is ongoing?	This EqlA is for the current Stoke provision in HDdHB
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	
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).	SSNAP Audit Data Population Data Admission data Length of Stay data

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	3	-3	-9
Disability	3	-2 TBC	-6
Gender Reassignment	0	0	0
Marriage and Civil Partnership	0	0	0
Pregnancy and Maternity	0	0	0
Race/Ethnicity or Nationality	3	0	0
Religion or Belief	0	0	0
Sex	3	-1	-3
Sexual Orientation	0	0	0
Armed Forces	0	0	0
Socio-Economic Deprivation	3	-3	-9
Welsh Language	0	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 the EqIA reflects the current provision of Stroke Services
If No please give reasons and any alternative action(s) agreed.	N/A
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No, however Stroke services are subject to the Clinical Services Plan Programme
What monitoring data will be collected around the impact of the plan / policy /	Admission data is routinely collected and monitored.

procedure once adopted? How will this be collected?	
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	The data is subject to analysis and scrutiny as part of the Clinical Services Plan programme.
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.	

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
STAFF MANDATORY TRAINING/CPD	LINE MANAGER	Annual in line with PADR	AS AND WHEN IDENTIFIED	Responsibility for staff and line manager to review.

EqIA Completed by:	Name	Ben Rogers & Rian Furlong
	Title	Transformation Programme Office
	Team / Division	Strategy & Planning
	Contact details	Ben.Rogers@wales.nhs.uk Rian.Furlong@Wales.nhs.uk
	Date	04MAR24
EqIA Authorised by:	Name	Bethan Andrews & Sentil Kumar
	Title	SDM & Clinical Lead for Stroke
	Team / Division	Stroke Service
	Contact details	Bethan.Andrews@wales.nhs.uk senthil.kumarsubbarayan@wales.nhs.uk
	Date	04MAR24
Seen by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Team	Partnerships, Diversity & Inclusion
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	06.03.2024