

GIRFT (Getting It Right First Time)

The GIRFT Projects Directorate at the Royal National Orthopaedic Hospital (RNOH/GIRFT) was approached by the Welsh Government, to conduct a full review of Welsh Orthopaedic Services using the GIRFT methodology and High Value Low Complexity principles.

Throughout the team worked closely with the National Clinical Strategy for Orthopaedic Surgery (NCSOS) team and continue to do so. In addition to reports for each Health Board, RNOH/GIRFT wrote a National Wales Orthopaedic report detailing the findings and the priority and cross cutting recommendations. This report dovetailed with the National Clinical Strategy for Orthopaedic Surgery (NCSOS) report.

The ambition of the programme was to help each Welsh Health Board and NHS Wales to urgently restore elective orthopaedics to the maximum levels possible and identify examples of innovative, high quality and efficient service delivery in the system. The programme looked at areas of unwarranted variation in clinical practice and/or divergence from the best evidence-based care. It assessed whether Health Boards are using their existing resources and provisions effectively and delivering the best outcomes for patients. The team conducted a programme of data analysis, followed by a virtual “deep dive” engagement with HDdUHB, delivered by Professor Tim Briggs CBE (GIRFT Programme Chair and National Director of Clinical Improvement for the NHS) on Friday 4 February 2022.

The aim of the programme was to identify improvement opportunities within orthopaedic services in Wales to inform short, medium and long-term transformation plans. This was done by:

- Identifying system and organisation level unwarranted variation in access to and outcomes from care being delivered driving for ‘top decile’ GIRFT performance of outcomes, productivity, and equity of access.
- Standardising procedure-level clinical pathways to be agreed across all providers developed by ‘expert advisory panels’ supported by professional societies and the work of the Wales Clinical Orthopaedic Strategy team informing the decision-making process on the potential establishment of surgical hubs for high volume elective procedures.
- Agreeing principles for working across clinical and operational groups e.g. theatre principles leaving a legacy of sustainable quality improvement by working in partnership with your clinical, operational, and analytical teams so that you are able continue implementation and tracking progress at the end of our work with you.

The following are the recommendations from the Hywel Dda University Health Board GIRFT report, any references to Trauma have been removed as this is out of scope for this paper:

Recommendations	Hywel Dda University Health Board Position
The swift establishment of a Health Board Orthopaedic Steering Group to oversee the implementation of our recommendations and deliver Orthopaedic improvements as one Health Board and not hospital by hospital.	The decision was made not to proceed with the establishment of an Orthopaedic Steering Group as it was more favourable to proceed with the proposed Regional Orthopaedic Network Board (to plan on a regional basis as agreed by the Arch Recovery Group)
Review the detail of the Orthopaedics Action Plan which includes recommendations about identified unwarranted variation	Completed – action plan reviewed by the Orthopaedic Service
We are concerned that the Clinical Lead is not supported by the Health Board in making the essential operational and strategic changes required and empowered to provide steer and direction to the Health Board executive team on regional models of working with neighbouring Health Boards.	The Clinical Lead is supported by a Service Delivery Manager (SDM) and team. The Orthopaedic management team met weekly with the Clinical Lead to discuss operational, governance, financial, staffing and clinical strategy. The Clinical Lead is involved in strategic and operational decisions within the organisation and fully involved in the Regional and National agenda for Orthopaedics.
Carry out a staff survey without delay to understand the issues affecting staff morale and how these can be addressed. We consider that improved and open communication with colleagues about the short-, medium- and long-term plans will help to improve staff morale	A Staff Discovery Action Plan outlines the learning gained from several staff surveys and progress against relevant actions. June 2022 - There was a nursing survey led by Swansea University and the Health Board linked with its cultural workforce specialists to draw up a supportive framework to address these issues particularly for wider team
Implement elective recovery at pace. We expect that an urgent initial plan, which sets out how the Health Board will fully restart orthopaedic surgery to be in place, no later than the end of March 2022. The plan should include a communication and engagement plan with all patients so that patients fully understand the timetable for their surgery.	The 2023/24 Orthopaedic Delivery Plan was endorsed by the Board within the Annual Plan. Capacity remains below pre-pandemic levels. The Health Board is forecasting circa 1900 inpatient breaches waiting > 104 weeks on 31 March 2024
Patients for elective surgery to be assessed as part of the pre-admission process and any equipment that may be required be delivered to the patient's home prior to admission.	Elective patients - All elective patients are pre-assessed, and equipment is delivered and installed to elective patient's home prior to discharge is in place. Risk share with social services to be reviewed.
Carry out a review of PROMS (Patient Reported Outcome Measures) data collection and usage and the processes used to ensure data accuracy. We found inconsistencies in the way PROMS data is recorded and used across all Health Boards.	Orthopaedic Team works very closely with the VBHC (Value Based Health and Care) team in the implementation and collection of PROMS (Patient Reported Outcome Measures). PROMS is collected for all arthroplasty patients at pre-rehabilitation stage (since February 2022) and at one-year post-surgery

Recommendations	Hywel Dda University Health Board Position
<p>Claims should be triangulated with learning themes from complaints, inquests and Serious Untoward Incidents (SUI) and where a claim has not already been reviewed as a SUI, we would recommend that this is carried out to ensure no opportunities for learning are missed.</p>	<p>All complaints, Serious Untoward Incidents, Never Events etc are reviewed by those involved in the cases and the Portfolio triumvirate management team sign off all responses and actions needed to address shortfalls in service delivery. A 'Learning From Event' presentation is produced by the consultant involved in the case and presented at the Trauma and Orthopaedic Departmental meeting. This meeting is attended by all disciplines associated with the care of Trauma and Orthopaedic patients. Portfolio management meet weekly with the Concerns Team to ensure timely responses are maintained.</p>
<p>Each hospital site must keep accurate robust data around their Surgical Site Infection (SSI) rates for all procedures, especially arthroplasty of both upper and lower limbs. Regular reviews of infected cases should be undertaken for learning and SSI rates should be reported to the Executive Team</p>	<p>Surgical Site Infection rates are captured for all joint replacement surgery within the Health Board since March 2022. Rates are below recommended levels. Further consideration is being given to the collection of SSI rates for non-arthroplasty procedures</p>
<p>As part of the medium- and longer-term orthopaedic planning, all outsourcing and external commissioning of services should be reviewed. The aim should be to deliver all outsourced activity to the same level and standard.</p>	<p>This is completed as part of the governance process which is built in as part of Expressions of Interest and the tender process. The Directorate meet regularly with external providers to discuss these reports. No orthopaedic outsourcing has taken place since pre-Covid.</p>

Orthopaedics Activity Data Review

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Background

As per the approved Clinical Services Plan methodology, high level activity between 1st August 2018 and 31st July 2023 has been included for Elective Orthopaedics Services at Bronglais Hospital, Withybush Hospital, Glangwili Hospital and Prince Philip Hospital. Activity has also been noted at Community hospital sites across the health board as described below.

For the purposes of this issues paper the data will be defined as per the service definition. (To include data types 'trauma and orthopaedics,' 'trauma and orthopaedics USC¹,' 'Arthroplasty,' 'Assessment T&O²')

The following treatment codes have been considered as to understand Elective Orthopaedics. And it should be noted that activity may vary across each site dependant on the treatments delivered at a particular site. The codes below were introduced to record specific activity on specific conditions and these commenced being used from 2020 onwards. As such, in order to analyse the elective orthopaedics activity between 1st August 2018 and 31st July 2023 the following selections have been made within the system.

Sub Speciality	Definition
Hip – Degenerative, TO10(A)	The majority of patients presenting with hip pain will have wear and tear arthritis. The most common procedure for this is a hip replacement where a damaged hip joint is replaced with an artificial one. Small number of patients present with wear and tear secondary to previous fractures around the hip or the pelvis and the same treatment of a hip replacement can be considered. There are a very small number of patients who develop soft tissue problems around the hip that may need keyhole surgery; this is not provided in HDdUHB ³ , with patients being referred onwards to SBUHB ⁴ and CAVUHB ⁵ for this treatment. Total hip replacement is one of the most common orthopaedic procedures and each replacement has a finite life span of between ten to twenty years, and when the joint starts to wear out, specialist surgeons can undertake a further hip replacement, although this procedure is more complex, this specialist service is provided within HDdUHB.
Hip – Post traumatic, TO10(B)	
Hip – Soft tissue, TO10(C)	
Hip – Revision, TO10(D)	
Knee – Soft tissue (ACL meniscus), TO11(A)	Most patients presenting with knee pain will have wear and tear arthritis. The most common procedure for this is a knee replacement where a damaged knee joint is replaced with an artificial one, although treatments to re-align the bone (osteotomy) or partially replace the knee joint can be considered for some. Total knee replacement is one of the most common orthopaedic procedures and each replacement has
Knee – Other soft tissue, TO11(B)	
Knee – Degenerative, TO11(C)	
Knee – Revision, TO11(D)	

¹ Urgent Suspected Cancer - USC

² Trauma and orthopaedics – T&O

³ Hywel Dda University Health Board

⁴ Swansea Bay University Health Board

⁵ Cardiff and Vale University Health Board

	<p>a finite life span of between 10-20 years, and when the joint starts to wear out, specialist surgeons can undertake a further knee replacement, although this procedure is more complex. This specialist service is provided within HDdUHB.</p> <p>Another large group of patients develop soft tissue problems around the knee that may need keyhole surgery to repair damaged cartilage and reconstruct ligaments, this service is provided within HDdUHB.</p>
Shoulder, (TO13)	Common types of shoulder surgeries include rotator cuff repair, total shoulder replacement, and arthroscopy (e.g., for frozen shoulder or impingement syndrome). In general, these and other shoulder procedures help treat shoulder injuries by repairing or replacing cartilage, tendons, muscles, joints, and/or ligaments
Elbow, (TO14)	Patients presenting with elbow problems represent the lowest volume of any subspecialty within elective orthopaedics. Most clinical problems are related to soft tissue problems related to tendons around the elbow as well as nerve compression syndromes. A small number of patients present with wear and tear arthritis, with a range of different treatments available, including elbow replacement.
Hand - Carpal tunnel, TO15(A)	Hand Surgery is surgery of the hand, the wrist and the peripheral nerves of the upper limb. It also encompasses reconstructive surgery that improves upper limb function. Many disorders and injuries of the hand are treated without surgery, using splints, taping, injections and hand physiotherapy.
Hand - Dupuytren's, TO(B)	
Hand - Ganglion, TO(C)	
Hand - Other soft tissue, TO(D)	
Hand – Post trauma, TO(E)	
Hand – Bony/ degenerative, TO(F)	
Foot, TO16(A)	Foot surgery is usually recommended to relieve pain, correct a foot deformity, or restore function in a foot and/or ankle. Many conditions related to the foot and ankle can be managed with insoles or splints. However, surgery is often indicated when these treatments fail.
Forefoot HV, TP16(B)	
Forefoot non HV, TO16(C)	
Ankle/hindfoot, TO16(D)	Paediatric orthopaedic procedures can be used to treat children with a variety of orthopaedic conditions. These conditions may include scoliosis, kyphosis, fractures, tumours and many other injuries, diseases, bone deformities and congenital disorders. Hywel Dda is part of the regional paediatric orthopaedic service based in SBU ²
Paediatrics – Foot & Ankle, TO18(A)	
Paediatrics – Hip & Pelvis, TO18(B)	
Paediatrics – Spine, TO18(C)	
Paediatrics – Knee, TO18(D)	
Paediatrics – Upper Limb, TO18(E)	

Service model

It is understood that the operational model for elective orthopaedics is as described in the table below. However, readers should note that the data may represent how and where patients have accessed initial outpatient appointments. As such the data below may not represent the operational model of the service but more so the demand profile and activity of the service.

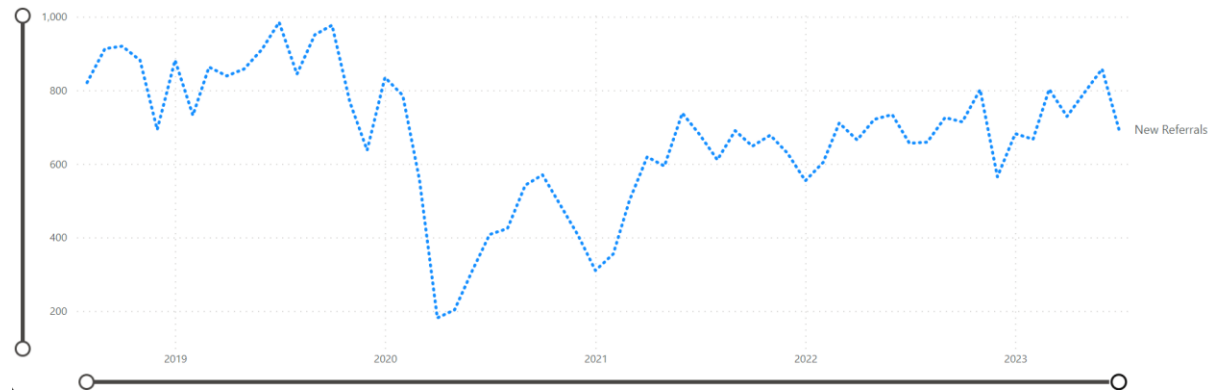
Location	Outpatient	Inpatient	Day case
Bronglais Hospital	X	X	X
Glangwili Hospital	X		
Prince Philip Hospital	X	X	X
Withybush Hospital	X		X
Community Sites	X		

Community Hospital Sites where activity has been recorded includes:

- South Pembrokeshire Cottage Hospital
- Tenby Cottage Hospital
- Tywyn Hospital
- Cardigan Integrated Care Centre (replaced Cardigan and District Hospital)

Elective Orthopaedics Outpatient Referral Charts

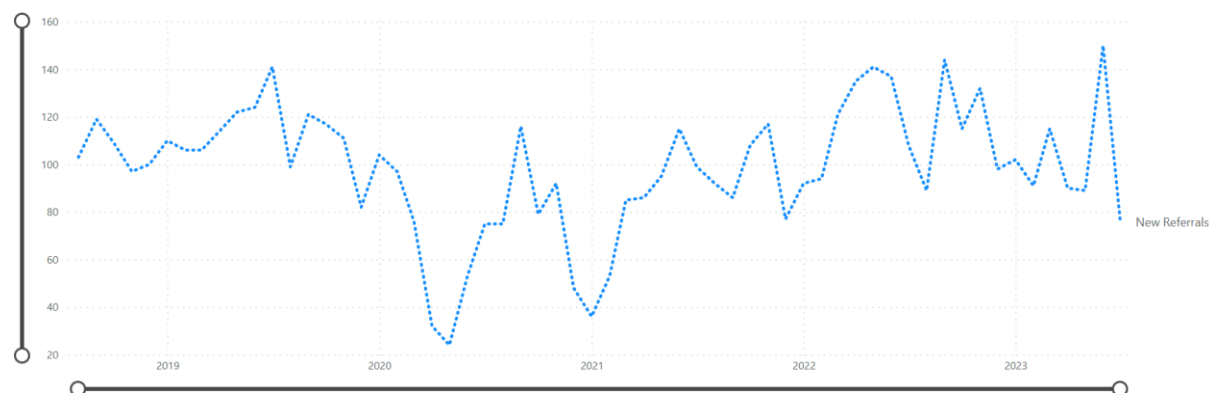
All sites Elective Orthopaedics Outpatient referrals August 2018 – July 2023



Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Bronglais General Hospital	850	1,308	768	1,182	1,407	404	5,919
Cardigan & District Hospital	36	37	0	0	0	0	73
Cardigan Integrated Care Centre	0	1	1	1	0	0	3
Glangwili General Hospital	1,455	1,900	1,270	1,794	1,777	695	8,891
Prince Philip Hospital	2,330	3,516	1,224	2,376	2,683	944	13,073
South Pembrokeshire Hospital	2	1	2	2	0	0	7
Tenby Cottage Hospital	1	1	0	0	0	0	2
Tywyn Hospital	41	75	17	3	1	0	137
Withybush General Hospital	1,994	3,112	1,420	2,401	2,527	1,027	12,481
Total	6,709	9,951	4,702	7,759	8,395	3,070	40,586

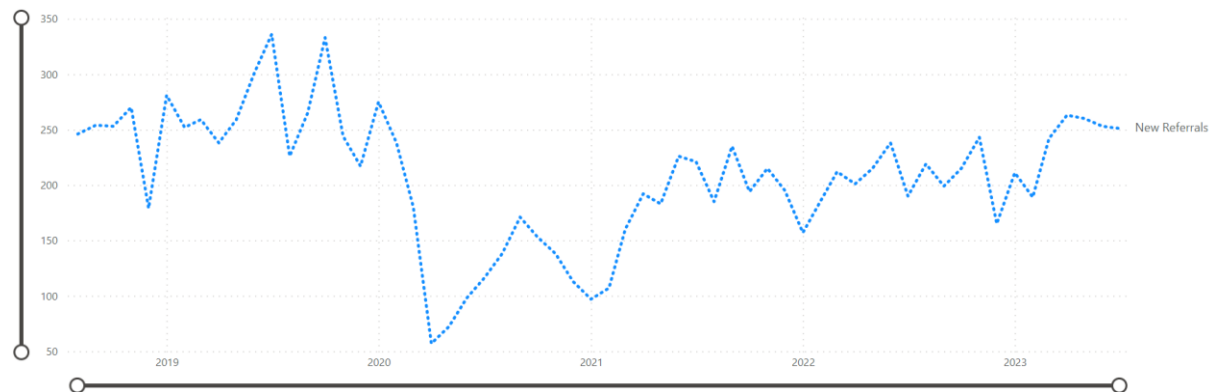
Bronglais Hospital, Elective Orthopaedics referrals August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Bronglais General Hospital	850	1,308	768	1,182	1,407	404	5,919
Total	850	1,308	768	1,182	1,407	404	5,919



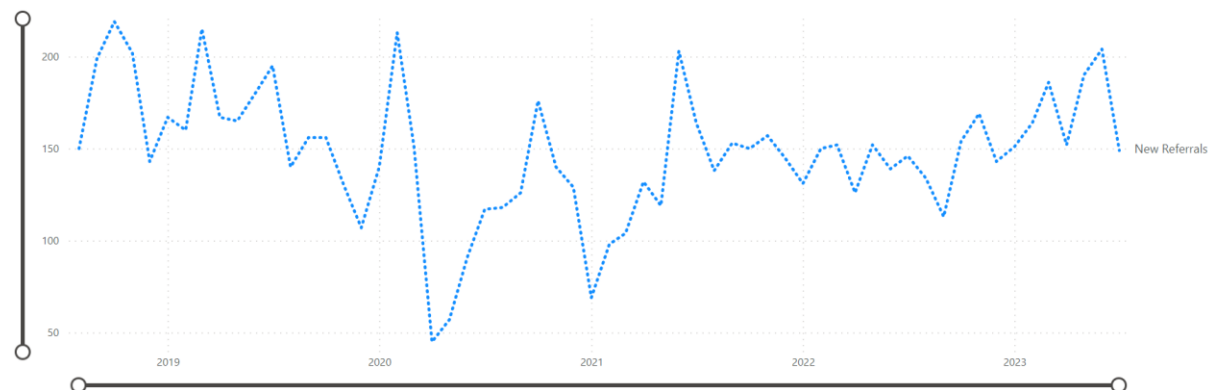
Withybush Hospital Elective Orthopaedics referrals August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Withybush General Hospital	1,994	3,112	1,420	2,401	2,527	1,027	12,481
Total	1,994	3,112	1,420	2,401	2,527	1,027	12,481



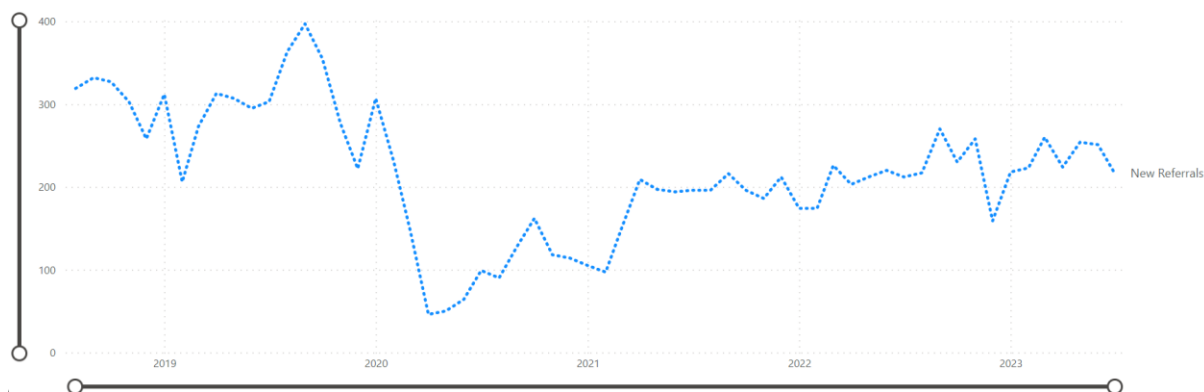
Glangwili Hospital Elective Orthopaedics referrals August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Glangwili General Hospital	1,455	1,900	1,270	1,794	1,777	695	8,891
Total	1,455	1,900	1,270	1,794	1,777	695	8,891



Prince Philip Hospital Elective Orthopaedics referrals August 2018 – July 2023

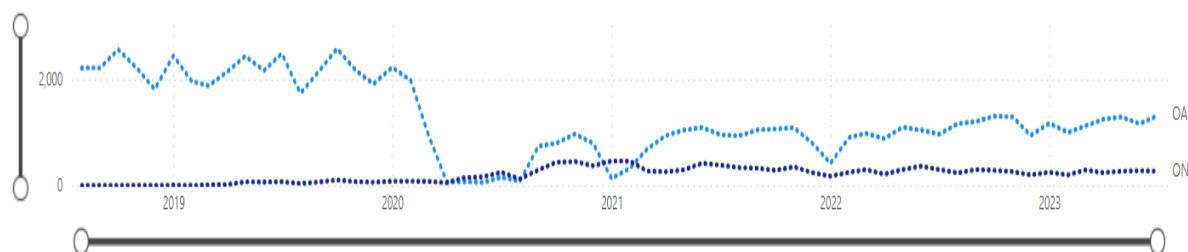
Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Prince Philip Hospital	2,330	3,516	1,224	2,376	2,682	944	13,072
Total	2,330	3,516	1,224	2,376	2,682	944	13,072



Outpatient Interactions Charts

All sites outpatient interactions August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Bronglais General Hospital	2,519	3,787	1,592	2,063	2,555	944	13,460
Cardigan & District Hospital	62	57	1	0	0	0	120
Cardigan Integrated Care Centre	0	23	29	68	83	31	234
Glangwili General Hospital	2,540	3,302	1,744	2,625	2,753	1,023	13,987
Prince Philip Hospital	6,947	9,386	1,671	4,446	4,815	1,768	29,033
South Pembrokeshire Hospital	470	621	220	388	163	0	1,862
Tenby Cottage Hospital	372	511	207	400	493	109	2,092
Tywyn Hospital	88	111	24	74	84	32	413
Withybush General Hospital	4,339	7,954	2,844	4,811	5,413	2,169	27,530
Total	17,337	25,752	8,332	14,875	16,359	6,076	88,731

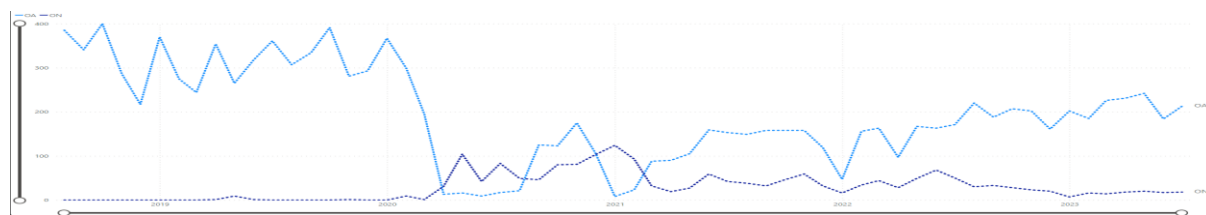


OA – face to face appointment

ON – online appointment

Bronglais Hospital outpatient interactions August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Bronglais General Hospital	2,519	3,787	1,592	2,063	2,555	943	13,459
Total	2,519	3,787	1,592	2,063	2,555	943	13,459

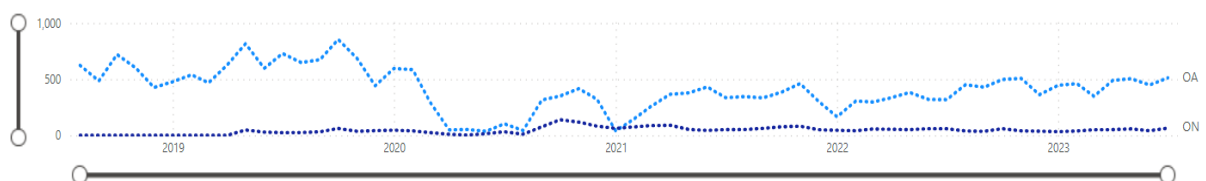


OA – face to face appointment

ON – online appointment

Withybush Hospital outpatient interactions August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Withybush General Hospital	4,339	7,954	2,844	4,811	5,413	2,169	27,530
Total	4,339	7,954	2,844	4,811	5,413	2,169	27,530

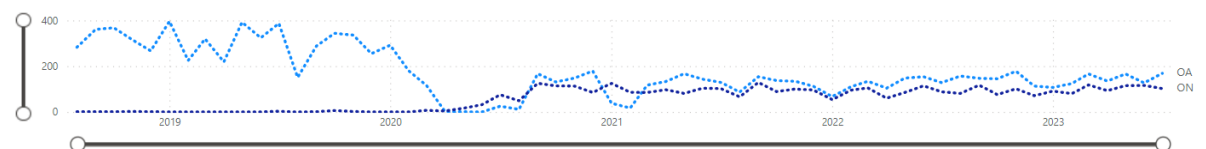


OA – face to face appointment

ON – online appointment

Glangwili Hospital outpatient interactions August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Glangwili General Hospital	2,540	3,302	1,744	2,625	2,753	1,023	13,987
Total	2,540	3,302	1,744	2,625	2,753	1,023	13,987



OA – face to face appointment

ON – online appointment

Prince Philip Hospital outpatient interactions August 2018 – July 2023

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Prince Philip Hospital	6,947	9,386	1,671	4,446	4,815	1,768	29,033
Total	6,947	9,386	1,671	4,446	4,815	1,768	29,033

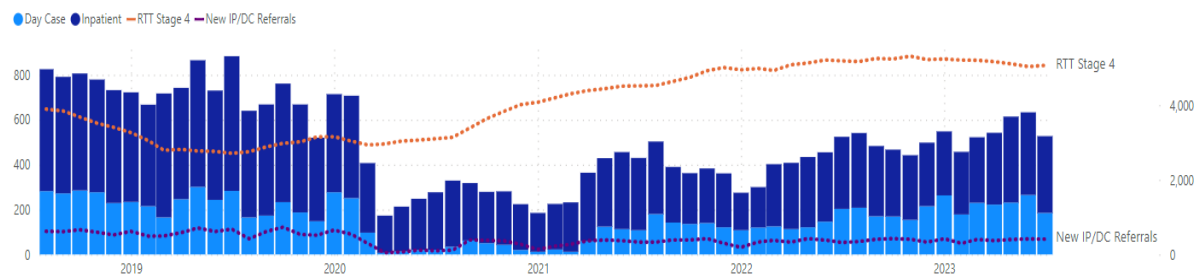


OA – face to face appointment

ON – online appointment

Inpatient and Day Case Activity Charts

All sites Inpatient and Day Case charts



All sites Inpatient and Day Case Referrals

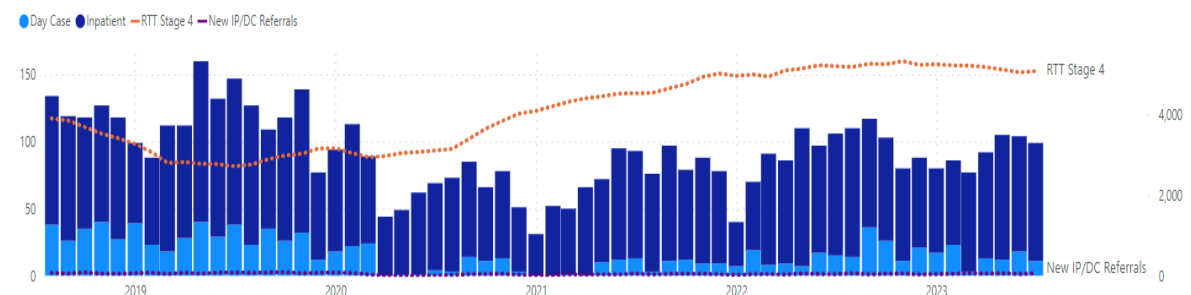
ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	2,234	3,292	927	1,937	2,059	727	11,176
Inpatient list	2,182	3,127	1,206	1,975	2,105	751	11,346
Total	4,416	6,419	2,133	3,912	4,164	1,478	22,522

All sites Inpatient and Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	1,959	2,604	315	1,475	2,170	903	9,426
Inpatient	4,080	5,701	2,669	3,180	3,609	1,413	20,652
Total	6,039	8,305	2,984	4,655	5,779	2,316	30,078

Bronglais Hospital activity August 2018 – July 2023

RTT – Return to Treatment



Inpatient & Day Case Referrals

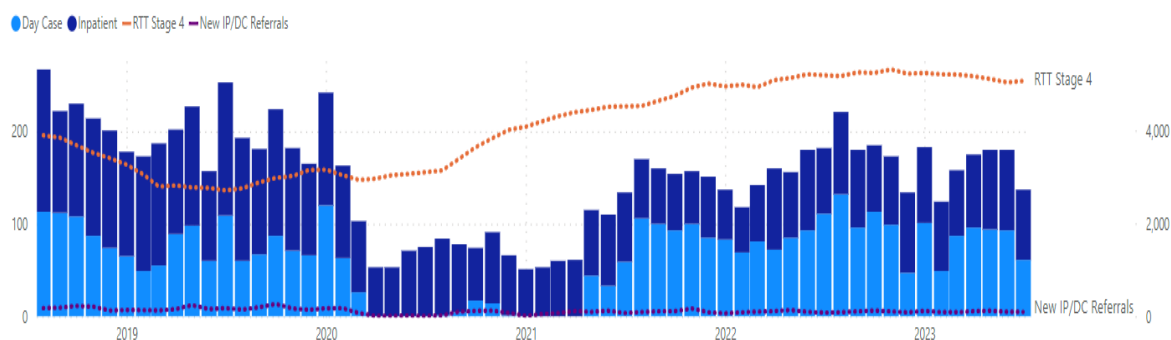
ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	266	400	95	203	234	97	1,295
DayCase Admission	28	31	7	1	4	3	74
Inpatient list	175	385	142	243	300	115	1,360
Total	469	816	244	447	538	215	2,729

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	246	327	51	113	199	54	990
Inpatient	669	1,090	659	832	941	346	4,537
Total	915	1,417	710	945	1,140	400	5,527

Withybush Hospital activity August 2018 – July 2023

RTT – Return to Treatment



Inpatient & Day Case Referrals

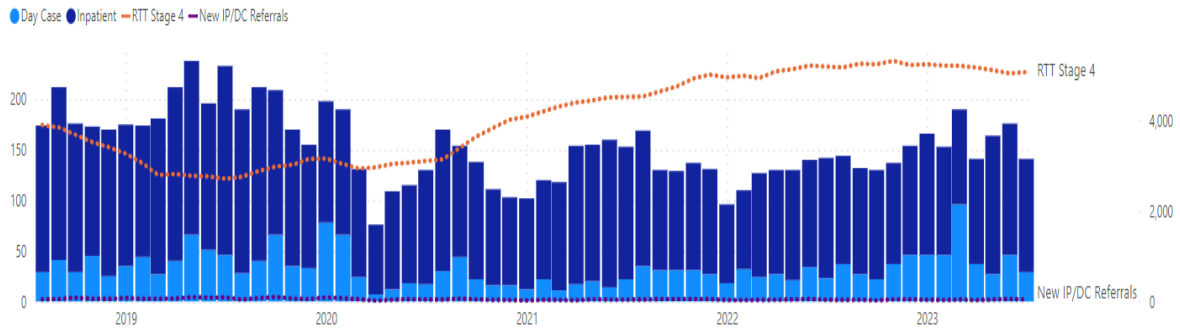
ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	863	1,331	351	710	702	228	4,185
DayCase Admission	3	2	2	1	4	10	22
Inpatient list	440	719	242	497	511	184	2,593
Total	1,306	2,052	595	1,208	1,217	422	6,800

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	663	916	37	853	1,085	344	3,898
Inpatient	1,009	1,376	772	756	951	328	5,192
Total	1,672	2,292	809	1,609	2,036	672	9,090

Glangwili Hospital activity August 2018 – July 2023

RTT – Return to Treatment



Inpatient & Day Case Referrals

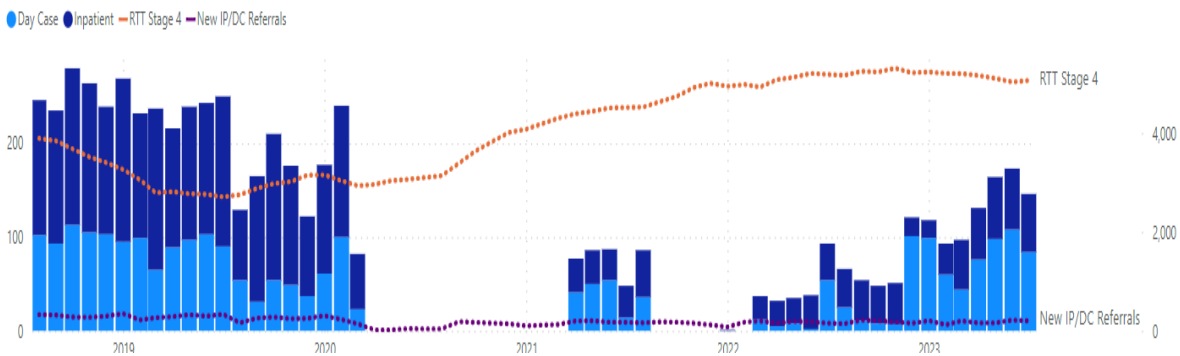
ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	278	379	61	152	106	52	1,028
DayCase Admission	170	437	337	280	327	109	1,660
Inpatient list	50	61	70	85	60	16	342
Total	498	877	468	517	493	177	3,030

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	275	573	227	302	462	139	1,978
Inpatient	1,160	1,761	1,219	1,349	1,286	483	7,258
Total	1,435	2,334	1,446	1,651	1,748	622	9,236

Prince Philip Hospital activity August 2018 – July 2023

RTT – Return to Treatment



Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	822	1,171	417	850	972	328	4,560
Inpatient list	1,507	1,945	742	1,144	1,133	412	6,883
Total	2,329	3,116	1,159	1,994	2,105	740	11,443

Inpatient & Day Case Activity

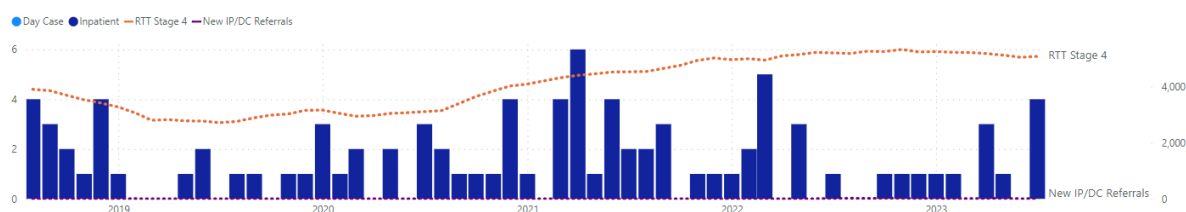
TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	775	788	0	207	424	366	2,560
Inpatient	1,227	1,461	0	215	422	248	3,573
Total	2,002	2,249	0	422	846	614	6,133

Community Hospital Sites

Community sites include:

- Tywyn Hospital
- Tenby Cottage Hospital
- South Pembrokeshire Hospital
- Cardigan Integrated Care Centre /Cardigan District Hospital

This data is presented as a stand-alone format due to the small number across the 5-year period.



Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	5	11	3	22	45	22	108
Inpatient list	10	17	10	6	101	24	168
Total	15	28	13	28	146	46	276

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	0	0	0	0	0	0	0
Inpatient	15	13	19	28	9	8	92
Total	15	13	19	28	9	8	92

Outsourced Activity

The below table highlights activity which has been outsourced to private healthcare providers between 1 August 2018 to 31st July 2023. The data is presented in a tabular format as patients who have accessed private health care providers may be recorded differently within our system. As such the data below is in addition to what services have delivered above.

Year	Type	18/19	19/20	20/21	21/22	22/23	Totals
BMI Werndale	NOP	26	29	0	226	0	281
	FOP	0	11	0	0	0	11
	OPP	0	0	0	65	0	65
	DC	0	0	0	3	8	11
	IP	189	156	0	137	0	482
Total BMI Werndale		215	196	0	431	8	850
St Joseph	NOP	764	19	0	0	0	783
	FOP	173	2	0	0	0	175
	OPP	0	0	0	14	0	14
	IP	423	15	0	0	0	438
	DC	0	0	0	113	0	113
Total St Joseph		1,360	36	0	127	0	1,523
Santa Maria	NOP	0	0	0	0	0	0
	DC	0	0	0	4	0	4
Total Santa Maria		0	0	0	4	0	4
Spire	NOP	0	0	0	60	0	60
	IP	0	0	0	15	0	15
	DC	0	0	0	9	0	9
Total Spire		0	0	0	84	0	84
BMI Droitwich	NOP	0	0	0	19	0	19
	IP	0	0	0	5	0	5
	DC	0	0	0	0	0	0
Total BMI Droitwich		0	0	0	24	0	24
BMI Bath	NOP	0	0	0	4	0	4
	IP	0	0	0	4	0	4
Total BMI Bath		0	0	0	8	0	8
Totals	NOP	790	48	0	309	0	1,147
	FOP	173	13	0	0	0	186
	OPP	0	0	0	79	0	79
	DC	0	0	0	129	8	137
	IP	612	171	0	161	0	944
Totals		1,575	232	0	678	8	2,493
Key DC - Daycase IP - Inpatient NOP - New Outpatient FOP - Follow Up Procedure OPP - Outpatient Procedure							

Elective Orthopaedics Incident Data Review

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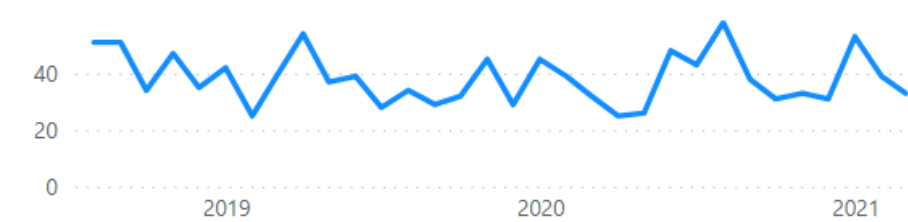
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Orthopaedic Service Background

As per the approved Clinical Services Plan methodology, Incidents reported between 1 August 2018 and 31st July 2023 have been included for Orthopaedics Services at Bronglais Hospital, Withybush Hospital, Glangwili Hospital and Prince Philip 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 is a notable variation in the number of reported incidents attributable to Orthopaedics when comparing the old system to the current. This relates the system being able to distinguish between elective orthopaedics incidents and incidents that may be related to other services within the previous system.

Incidents

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



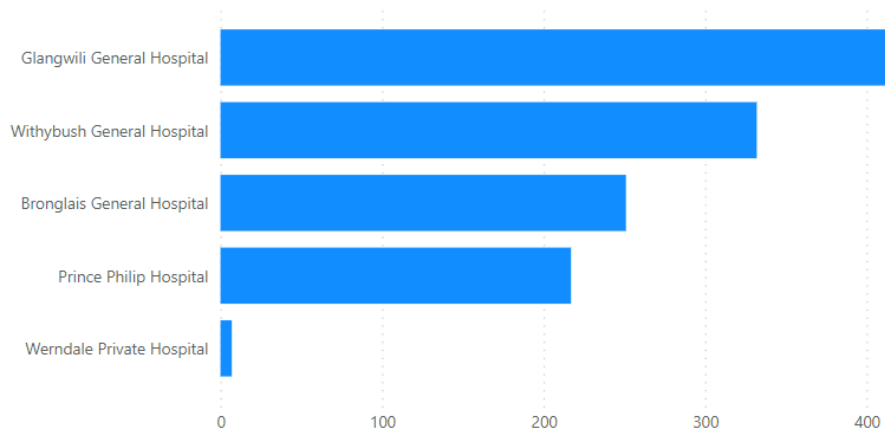
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							51	51	34	47	35	218
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019
42	25	39	54	37	39	28	34	29	32	45	29	433
Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020
45	39	32	25	26	48	43	58	38	31	33	31	449
Jan 21	Feb 21	Mar 21										2021
53	39	33										125
												1225

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



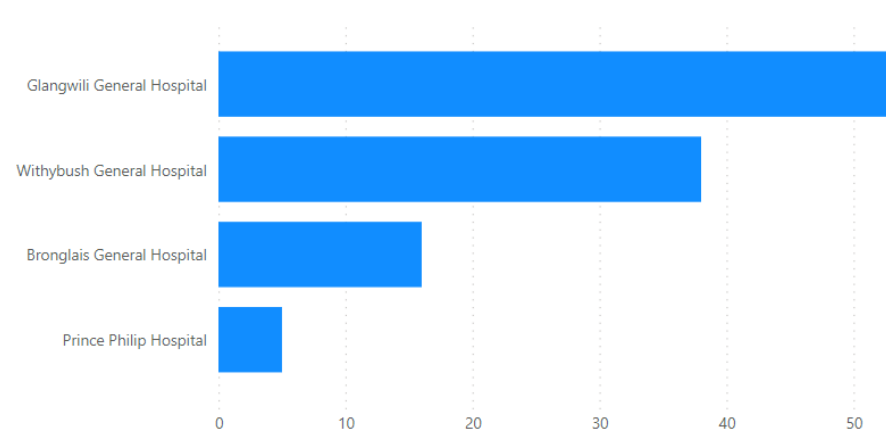
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			3	1	2	1	3	2	1	3	3	19
Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	2022
6	1	3	2	7	6	3	3	7	5	4	2	49
Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
6	3	3	2	3	10	17						44
												112

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



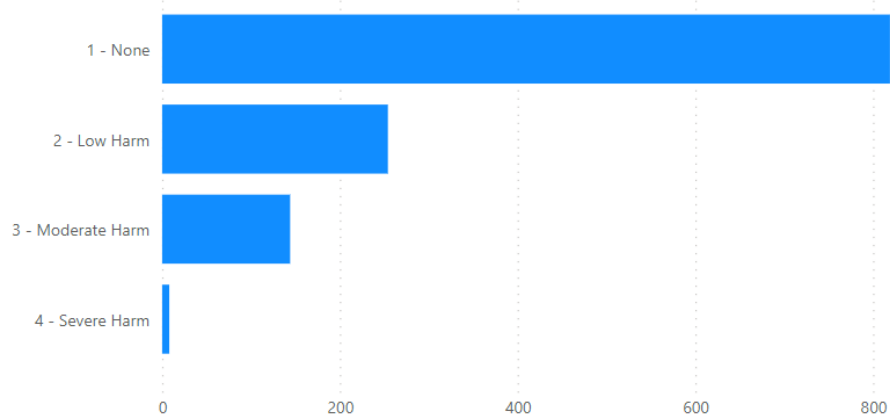
Primary Location	Count
Glangwili General Hospital	418
Bronglais General Hospital	251
Withybush General Hospital	332
Prince Philip Hospital	217
Werndale Private Hospital	7

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



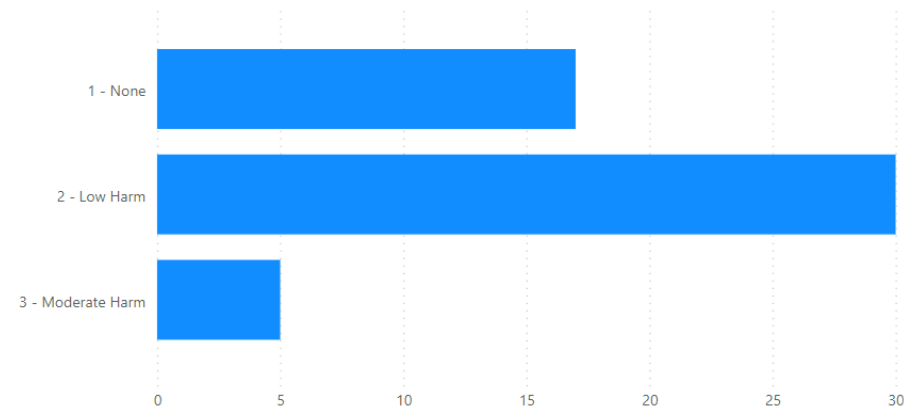
Primary Location	Count
Withybush General Hospital	53
Glangwili General Hospital	38
Bronglais General Hospital	16
Prince Philip Hospital	5

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



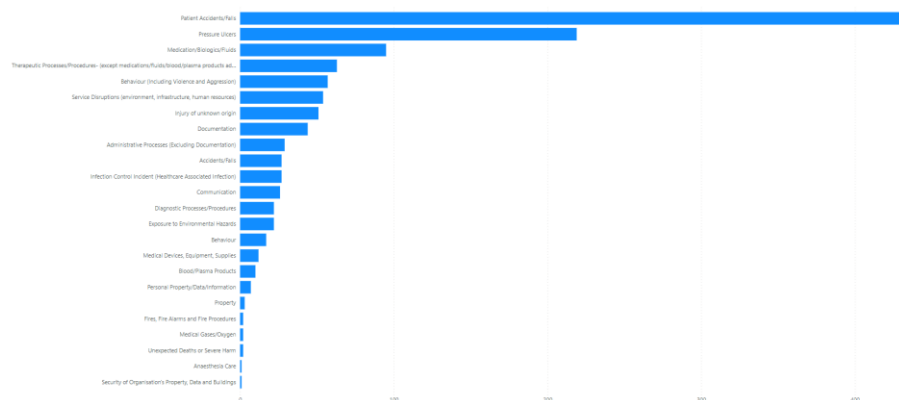
Severity	Count
1 – None	819
2 – Low Harm	254
3 – Moderate Harm	144
4 – Severe Harm	8
5 – Catastrophic Death	0

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



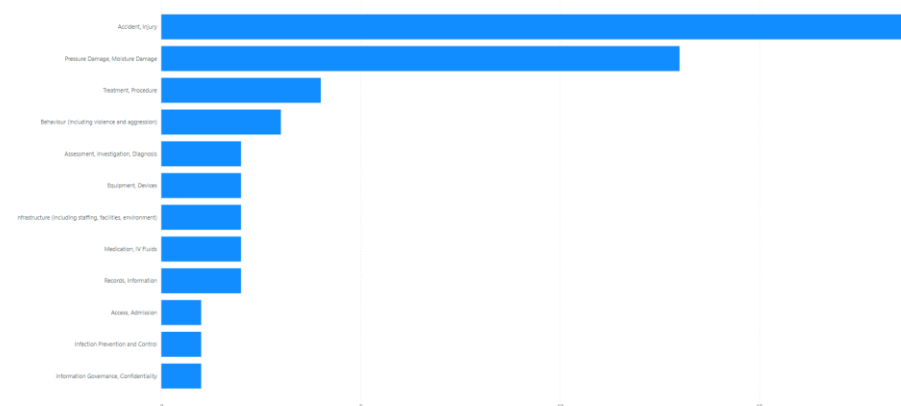
Severity	Count
1 - None	17
2 – Low Harm	30
3 – Moderate Harm	5
4 – Severe Harm	0
5 – Catastrophic Death	0

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



Incident type tier one	Count
Patient Accidents/Falls	432
Pressure Ulcers	219
Medication/Biologics/Fluids	95
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	63
Behaviour (Including Violence and Aggression)	57
Service Disruptions (environment, infrastructure, human resources)	54
Injury of unknown origin	51
Documentation	44
Administrative Processes (Excluding Documentation)	29
Accidents/Falls	27
Infection Control Incident (Healthcare Associated Infection)	27
Communication	26
Diagnostic Processes/Procedures	22
Exposure to Environmental Hazards	22
Behaviour	17
Medical Devices, Equipment, Supplies	12
Blood/Plasma Products	10
Personal Property/Data/Information	7
Property	3
Fires, Fire Alarms and Fire Procedures	2
Medical Gases/Oxygen	2
Unexpected Deaths or Severe Harm	2
Anaesthesia Care	1
Security of Organisation's Property, Data and Buildings	1

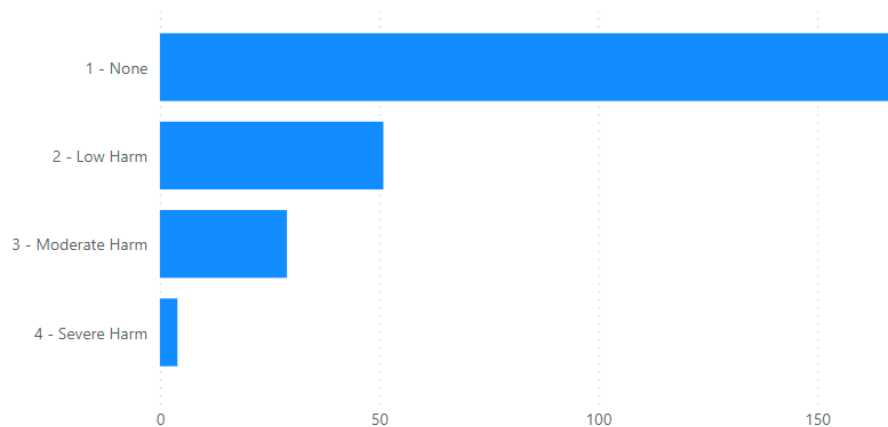
By Type (1st April 2021 – 31st July 2023)



Incident type tier one	Count
Accident, Injury	19
Pressure Damage, Moisture Damage	13
Treatment, Procedure	4
Behaviour (including violence and aggression)	3
Assessment, Investigation, Diagnosis	2
Equipment, Devices	2
Infrastructure (including staffing, facilities, environment)	2
Medication, IV Fluids	2
Records, Information	2
Access, Admission	1
Infection Prevention and Control	1
Information Governance, Confidentiality	1

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

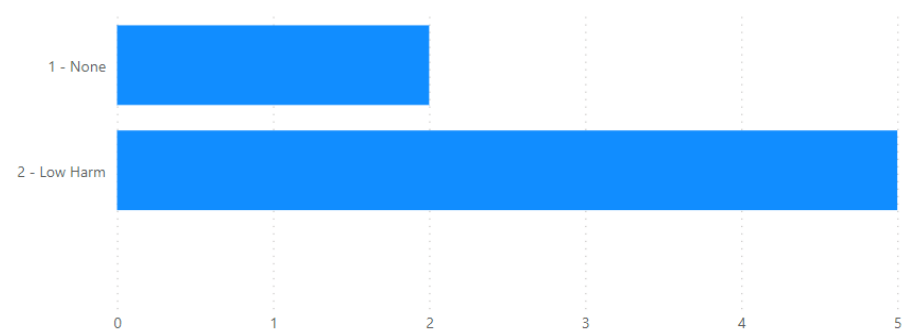
By Severity/Level



Severity	Count
1 – None	167
2 – Low Harm	51
3 – Moderate Harm	29
4 – Severe Harm	4
5 – Catastrophic Death	0

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

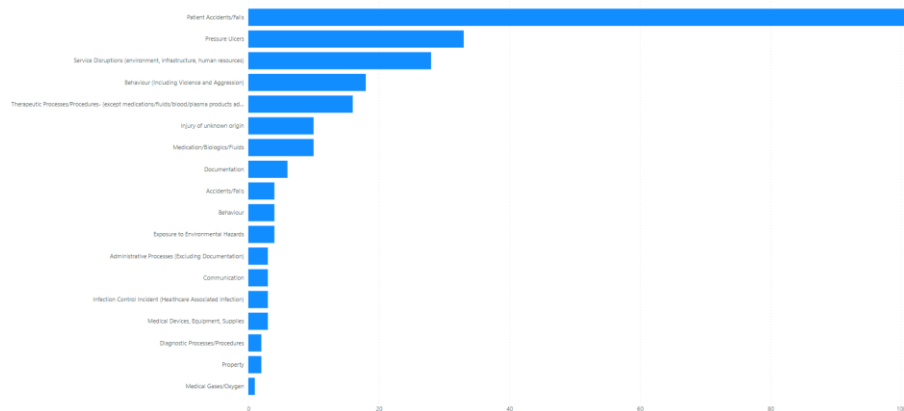
By Severity/Level



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

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

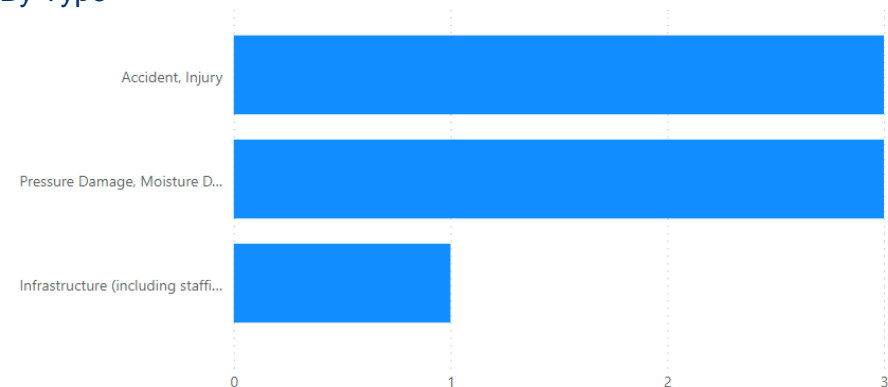
By Type



Incident type tier one	Count
Patient Accidents/Falls	101
Pressure Ulcers	33
Service Disruptions (environment, infrastructure, human resources)	28
Behaviour (Including Violence and Aggression)	18
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	16
Injury of unknown origin	10
Medication/Biologics/Fluids	10
Documentation	6
Accidents/Falls	4
Behaviour	4
Exposure to Environmental Hazards	4
Administrative Processes (Excluding Documentation)	3
Communication	3
Infection Control Incident (Healthcare Associated Infection)	3
Medical Devices, Equipment, Supplies	3
Diagnostic Processes/Procedures	2
Property	2
Medical Gases/Oxygen	1

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

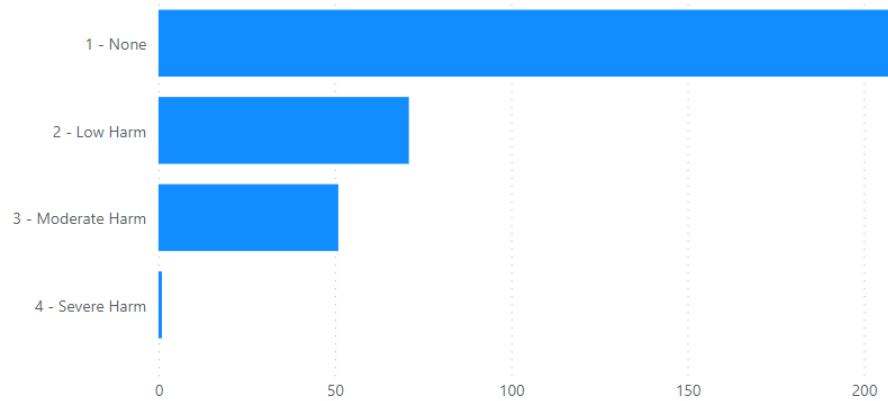
By Type



Incident type tier one	Count
Accident, injury	3
Pressure damage, moisture damage	3
Infrastructure (including staffing, facilities, environment)	1

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

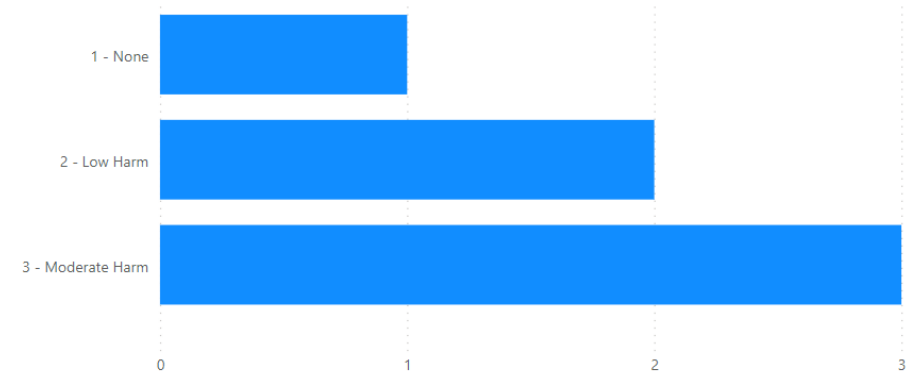
By Severity/Level



Severity	Count
1 – None	209
2 – Low Harm	71
3 – Moderate Harm	51
4 – Severe Harm	1
5 – Catastrophic Death	0

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

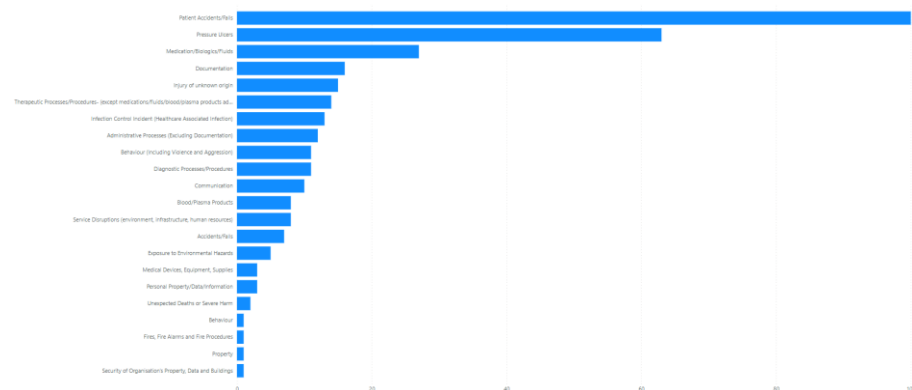
By Severity/Level



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

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

By Type



Incident type tier one	Count
Patient Accidents/Falls	100
Pressure Ulcers	63
Medication/Biologics/Fluids	27
Documentation	16
Injury of unknown origin	15
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	14
Infection Control Incident (Healthcare Associated Infection)	13
Administrative Processes (Excluding Documentation)	12
Behaviour (Including Violence and Aggression)	11
Diagnostic Processes/Procedures	11
Communication	10
Blood/Plasma Products	8
Service Disruptions (environment, infrastructure, human resources)	8
Accidents/Falls	7
Exposure to Environmental Hazards	5
Medical Devices, Equipment, Supplies	3
Personal Property/Data/Information	3
Unexpected Deaths or Severe Harm	2
Incident type tier one	Count
Behaviour	1
Fires, Fire Alarms and Fire Procedures	1
Property	1
Security of Organisation's Property, Data and Buildings	1

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

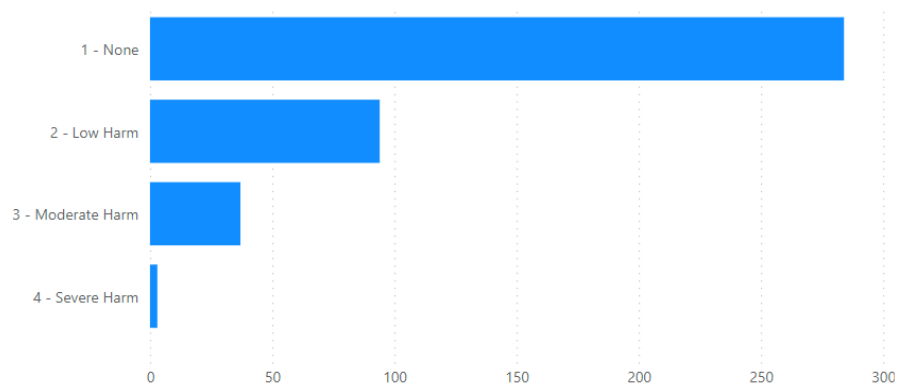
By Type



Incident type tier one	Count
Assessment investigation diagnosis	2
Treatment, procedure	2
Access, admission	1
Infrastructure (including staffing, facilities, environment)	1

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

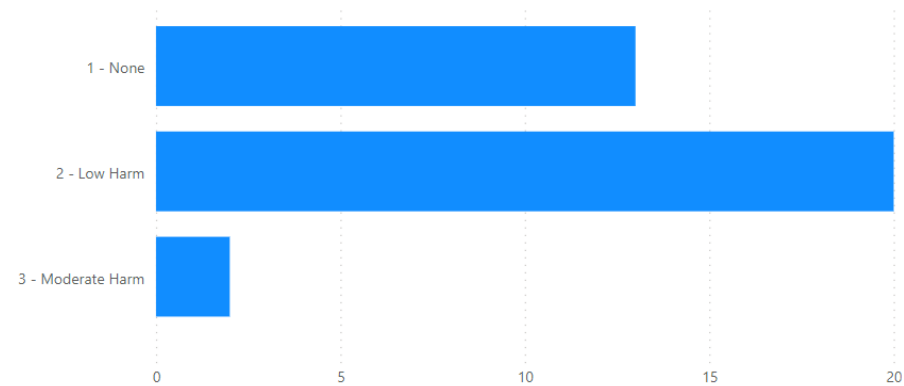
By Severity/Level



Severity	Count
1 – None	284
2 – Low Harm	94
3 – Moderate Harm	37
4 – Severe Harm	3
5 – Catastrophic Death	0

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

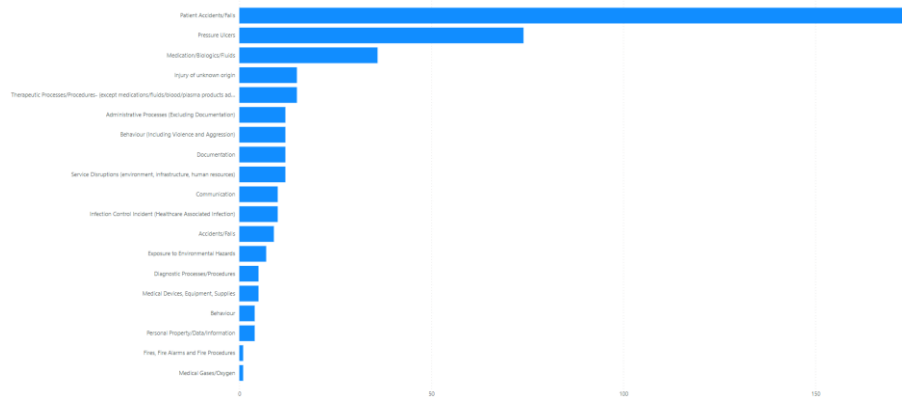
By Severity/Level



Severity	Count
1 - None	13
2 – Low Harm	20
3 – Moderate Harm	2
4 - Severe Harm	0
5 – Catastrophic Death	0

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

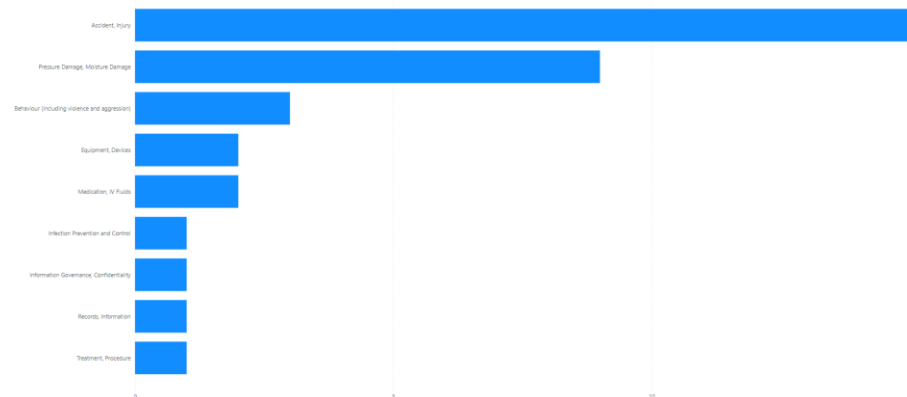
By Type



Incident type tier one	Count
Patient accidents/falls	174
Pressure ulcers	74
Medication/biologics/fluids	36
Injury of unknown origin	15
Therapeutic processes/procedures- (except medications/fluids/blood/plasma products administration)	15
Administrative processes (excluding documentation)	12
Behaviour (including violence and aggression)	12
Documentation	12
Service disruptions (environment, infrastructure, human resources)	12
Communication	10
Infection control incident (healthcare associated infection)	10
Accidents/falls	9
Exposure to environmental hazards	7
Diagnostic processes/procedures	5
Medical devices, equipment, supplies	5
Behaviour	4
Personal property/data/information	4
Fires, fire alarms and fire procedures	1
Medical gases/oxygen	1

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

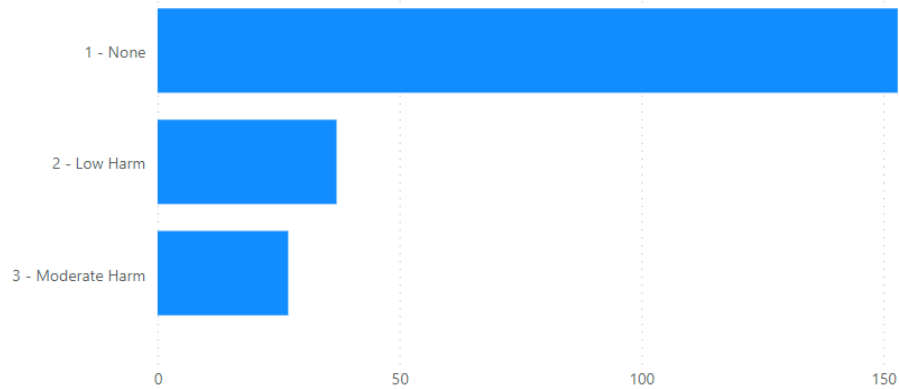
By Type



Incident type tier one	Count
Accident injury	15
Pressure damage, moisture damage	9
Behaviour (including violence and aggression)	3
Equipment, devices	2
Medication, IV fluids	2
Infection prevention and control	1
Information, governance, confidentiality	1
Records, information	1
Treatment, procedure	1

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

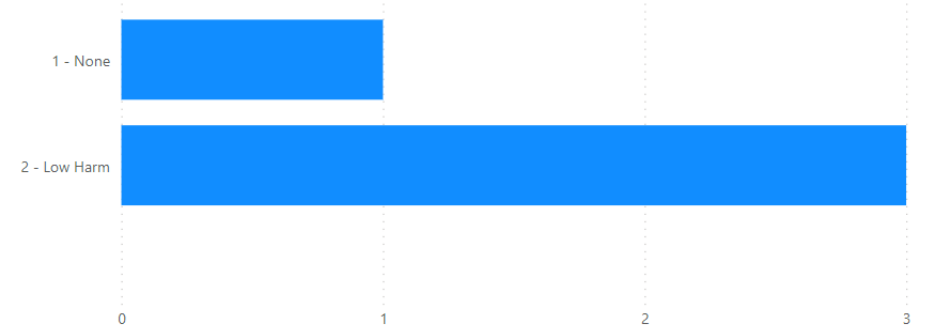
By Severity/Level



Severity	Count
1 – None	153
2 – Low Harm	37
3 – Moderate Harm	27
4 – Severe Harm	0
5 – Catastrophic Death	0

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

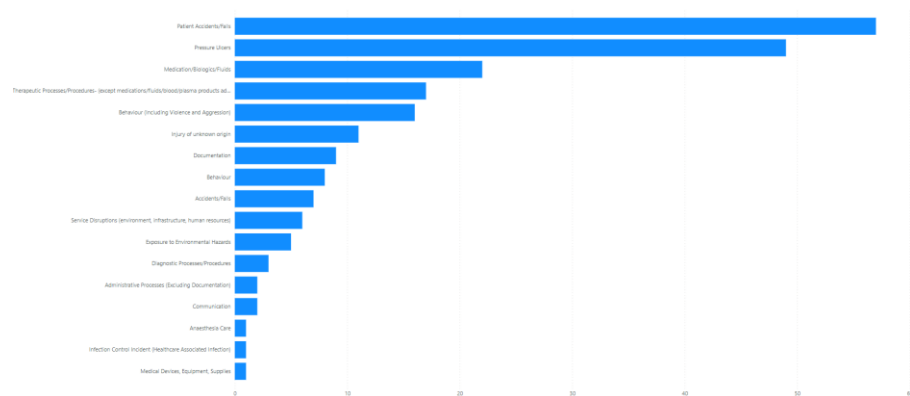
By Severity/Level



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

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

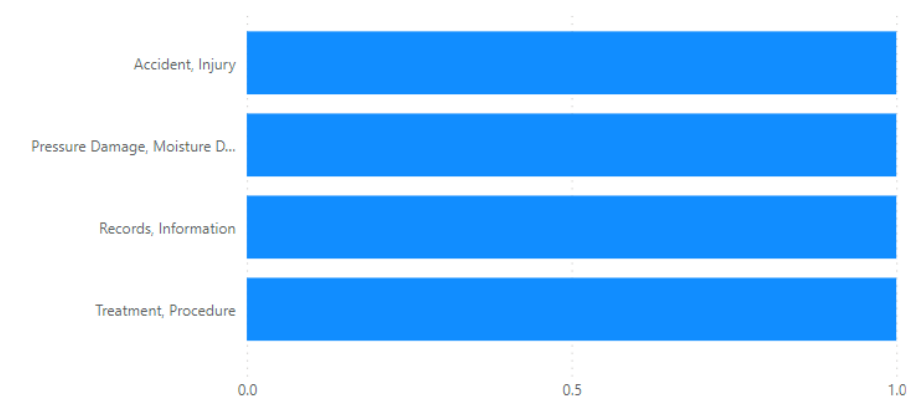
By Type



Incident type tier one	Count
Patient accidents/falls	57
Pressure ulcers	49
Medication/biologics/fluids	22
Therapeutic processes/procedures- (except medications/fluids/blood/plasma products administration)	17
Behaviour (including violence and aggression)	16
Injury of unknown origin	11
Documentation	9
Behaviour	8
Accidents/ falls	7
Service disruptions (environment, infrastructure, human resources)	6
Exposure to environmental hazards	5
Diagnostic processes /procedures	3
Administrative processes (excluding documentation)	2
Communication	2
Anaesthesia care	1
Infection control incident (healthcare associated infection)	1
Medical devices, equipment, supplies	1

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

By Type



Incident type tier one	Count
Accident injury	1
Pressure damage	1
Records, information	1
Treatment, procedure	1

Orthopaedics Complaints Data Review

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By Grading	8
Bronglais Hospital (1st April 2021 – 31st July 2023)	8
By Grading	8
Bronglais Hospital (1st August 2018 – 31st March 2021)	9
By Type	9
Bronglais Hospital (1st April 2021 – 31st July 2023)	9
By Type	9
Withybush Hospital (1st August 2018 – 31st March 2021)	10
By Grading	10
Withybush Hospital (1st April 2021 – 31st July 2023)	10
By Grading	10
Withybush Hospital (1st August 2018 – 31st March 2021)	11
By Type	11
Withybush Hospital (1st April 2021 – 31st July 2023)	11
By Type	11
Glangwili Hospital (1st August 2018 – 31st March 2021)	12
By Grading	12
Glangwili Hospital (1st April 2021 – 31st July 2023)	12
By Grading	12
Glangwili Hospital (1st August 2018 – 31st March 2021)	13
By Type	13
Glangwili Hospital (1st April 2021 – 31st July 2023)	13

By Type.....	13
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By Grading	14
Prince Philip Hospital (1st April 2021 – 31st July 2023).....	14
By Grading	14
Prince Philip Hospital (1st August 2018 – 31st March 2021)	15
By Type.....	15
Prince Philip Hospital (1st April 2021 – 31st July 2023).....	15
By Type.....	15

Background

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

There have been no permanent service changes for Elective Orthopaedic services within the review period and so the data set has been presented as a whole. It should be noted that the impact of COVID-19 on the service as well as the temporary service changes made in recovery. Some of which are described at Public Board on 28th May as a 'Responding to the COVID-19 Pandemic: Update, Review and Ratification of Decisions Made Since 16th April 2020'.

It should be noted that the complaints data is recorded by the patient's treatment code as such there maybe complaints data from other services or sites outside of the scope of the clinical services plan in the analysis below. Furthermore, there may also be instances where there maybe patient complaints recorded against other service domains that include an element of their Orthopaedic service experience. Readers should therefore note that the complaint activity recorded below may only represent a proportion of the complaints data in relation to the elective Orthopaedic services.

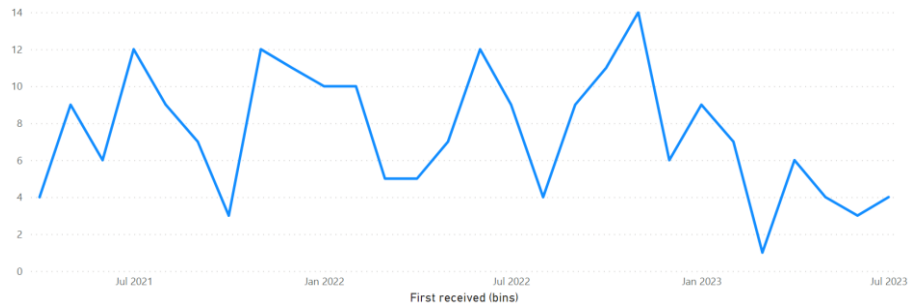
Complaints

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



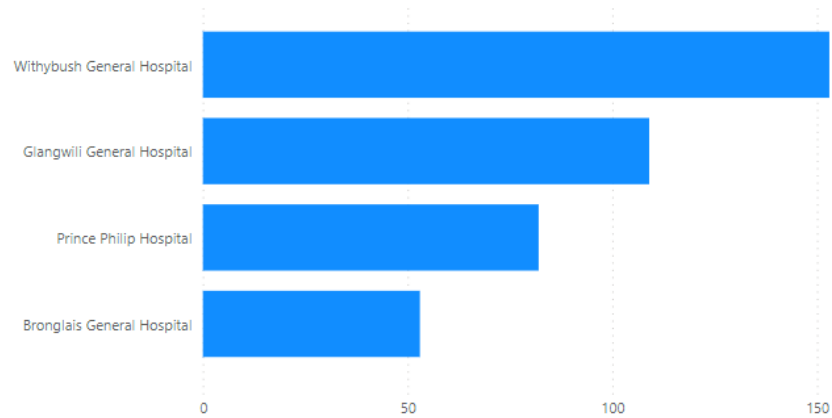
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							10	12	12	9	2	45
Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	2019
7	10	4	3	10	10	16	20	16	23	16	12	147
Jan 20	Feb 20	Mar 20	Apr 20	May 19	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	2020
23	26	16	1	8	16	10	15	26	14	15	11	181
Jan 21	Feb 21	Mar 21										2021
7	8	9										24
												397

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



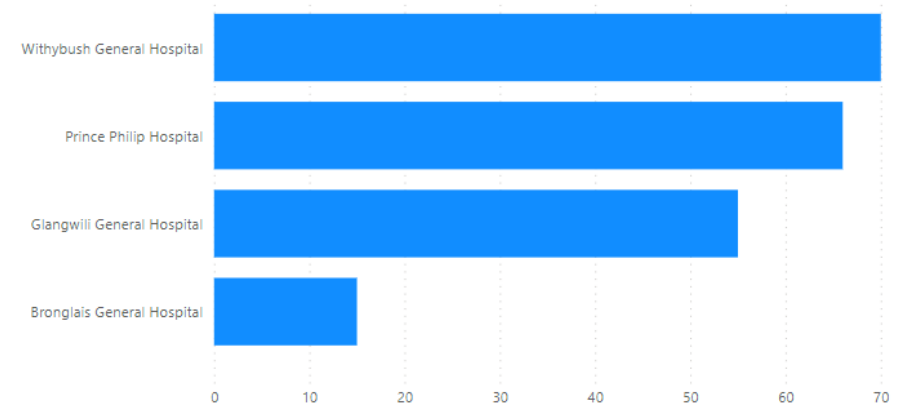
			Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021
			4	9	6	12	9	7	3	12	11	73
Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	2022
10	10	5	5	7	12	9	4	9	11	14	6	
Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
9	7	1	6	4	3	4						34
												209

Complaints by Location (1st August 2018 – 31st March 2021)



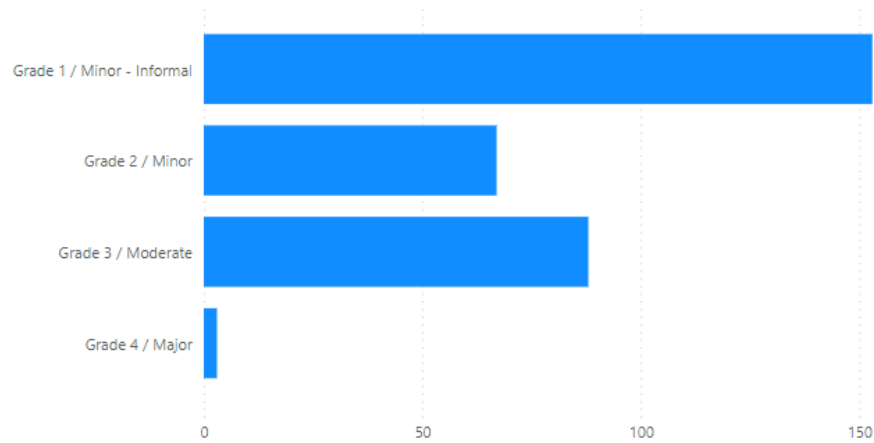
Primary Location	Count
Glangwili General Hospital	109
Prince Philip Hospital	82
Withybush General Hospital	153
Bronglais General Hospital	53

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



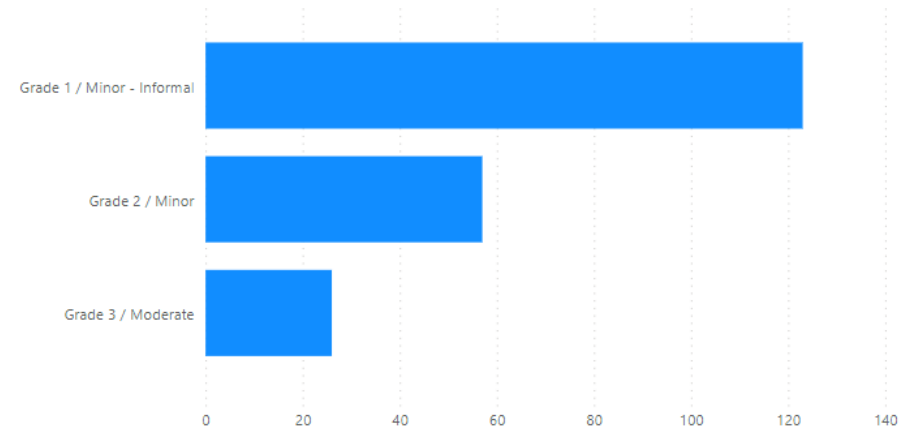
Primary Location	Count
Glangwili General Hospital	55
Withybush General Hospital	70
Prince Philip Hospital	66
Bronglais General Hospital	15

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



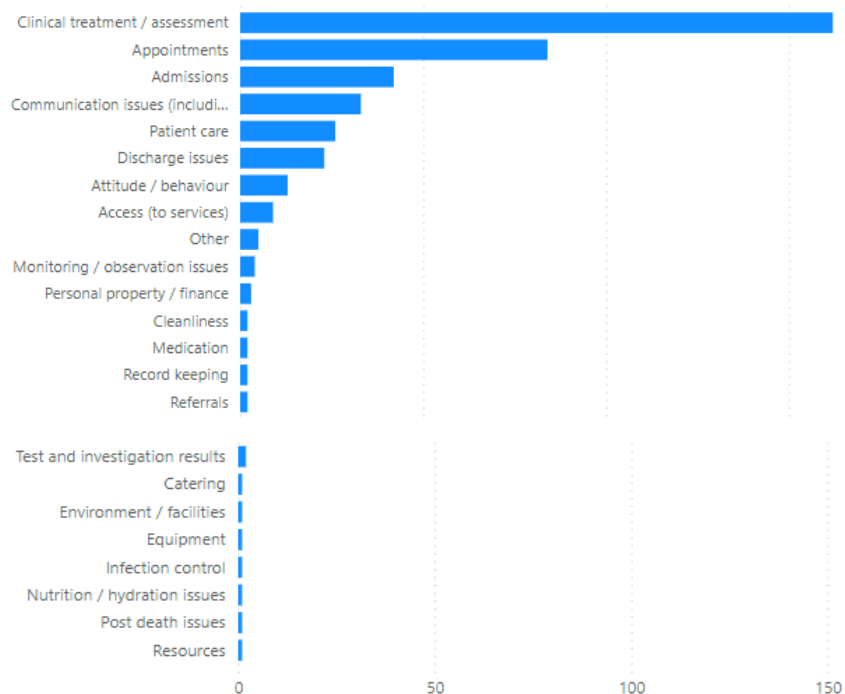
Grade	Count
Grade 1 – Minor - Informal	153
Grade 2 - Minor	67
Grade 3 - Moderate	88
Grade 4 - Major	3
Grade 5 - Catastrophic	0

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



Grade	Count
Grade 1 – Minor - Informal	123
Grade 2 - Minor	57
Grade 3 - Moderate	26
Grade 4 - Major	0
Grade 5 - Catastrophic	0

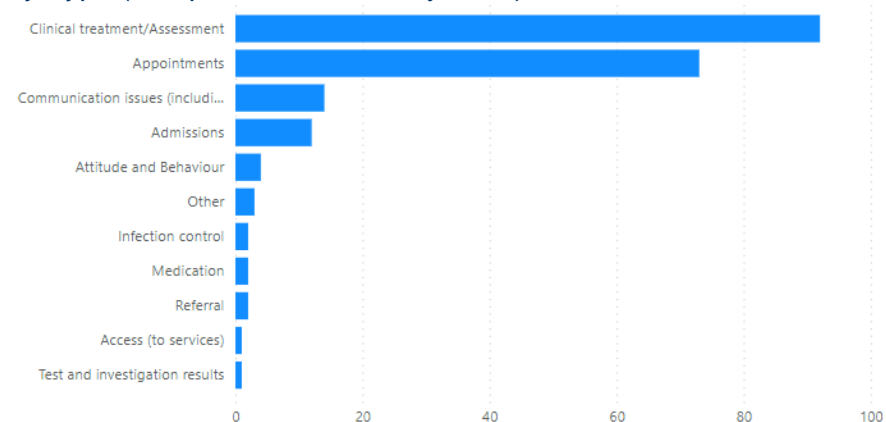
By Type (1st August 2018 – 31st March 2021)



Subject (primary)	Count
Clinical treatment / assessment	157
Appointments	76
Admissions	38
Communication issues (including language)	31
Patient care	23
Discharge issues	21
Attitude / behaviour	12
Access (to services)	9
Monitoring / observation issues	4
Other	4
Personal property / finance	3
Cleanliness	2
Medication	2
Record keeping	2
Referrals	2

Subject (primary)	Count
Test and investigation results	2
Catering	1
Environment / facilities	1
Equipment	1
Infection control	1
Nutrition / hydration issues	1
Post death issues	1
Resources	1

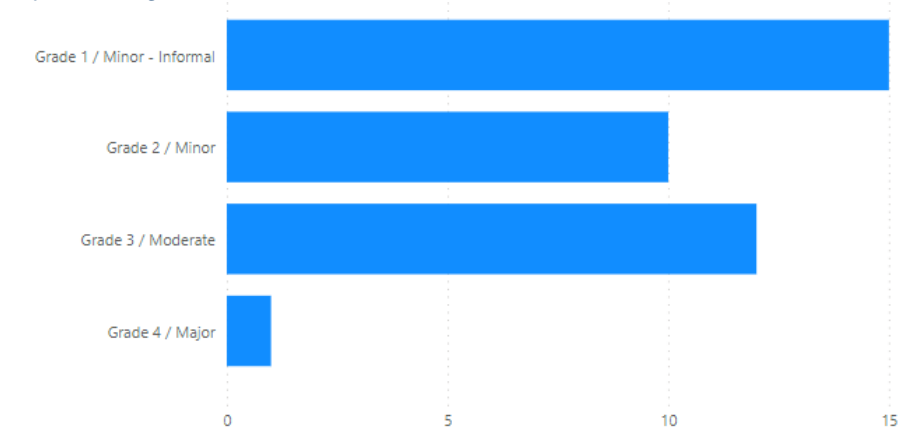
By Type (1st April 2021 – 31st July 2023)



Subject (primary)	Count
Clinical treatment/Assessment	92
Appointments	73
Communication issues (including language)	14
Admissions	12
Attitude and Behaviour	4
Other	3
Infection control	2
Medication	2
Referral	2
Access (to services)	1
Test and investigation results	1

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

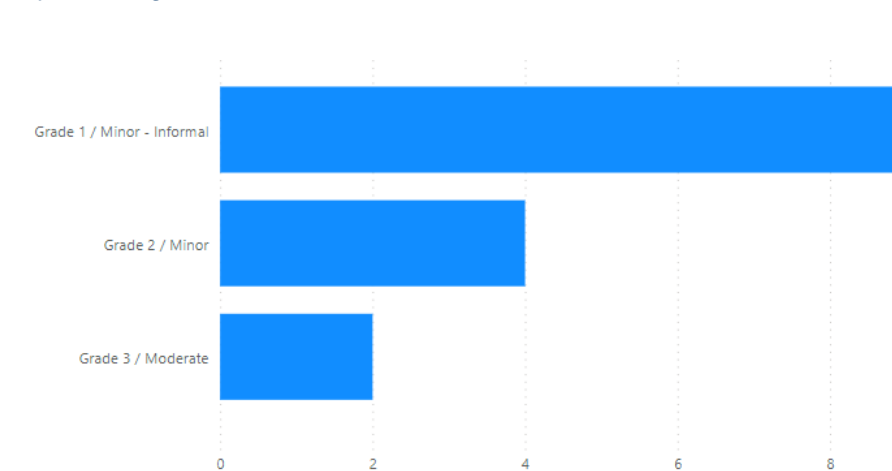
By Grading



Grade	Count
Grade 1 – Minor - Informal	15
Grade 2 - Minor	10
Grade 3 - Moderate	12
Grade 4 - Major	1
Grade 5 - Catastrophic	0

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

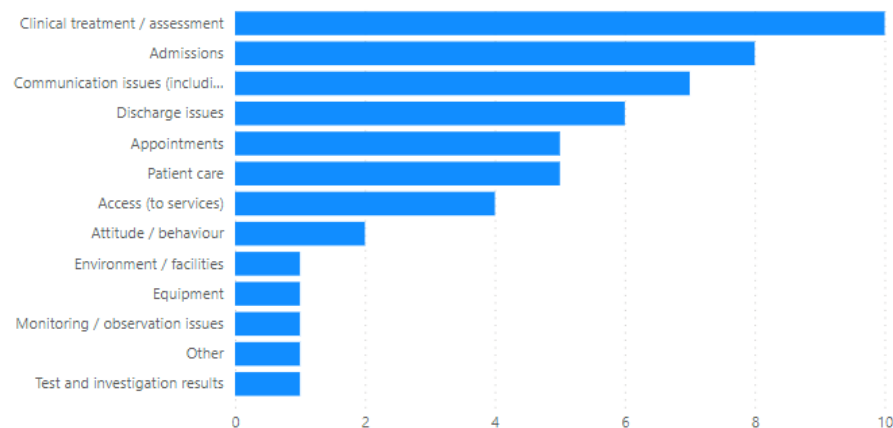
By Grading



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

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

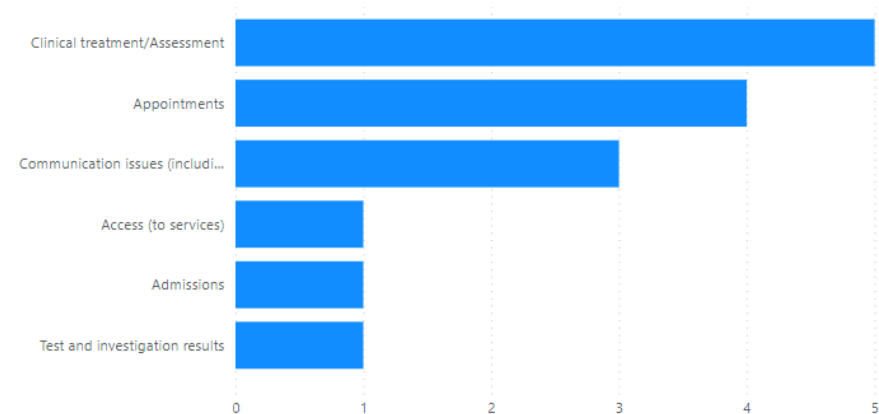
By Type



Subject (primary)	Count
Clinical Treatment / assessment	10
Admissions	8
Communication Issues	7
Discharge Issues	6
Appointments	5
Patient Care	4
Access (to service)	2
Attitude/ behaviour	1
Environment / facilities	1
Equipment	1
Monitoring / observation issues	1
Test and investigation results	1

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

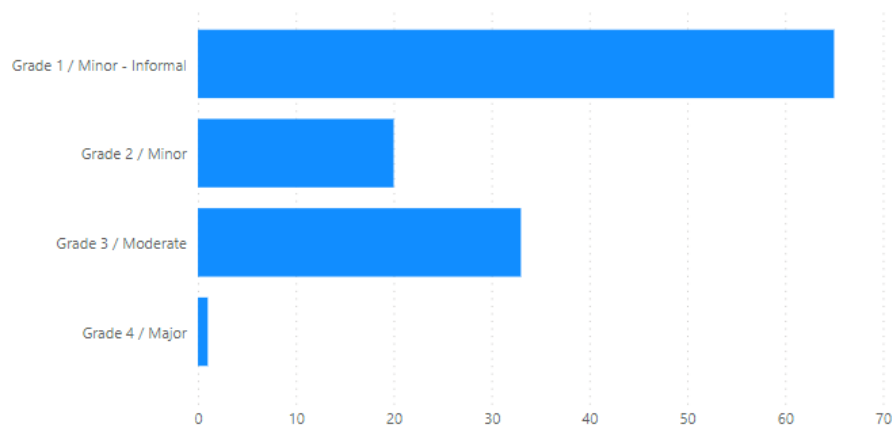
By Type



Subject (primary)	Count
Clinical treatment / assessment	5
Appointments	4
Communication issues (including language)	3
Access (to services)	1
Admissions	1
Test and investigation results	1

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

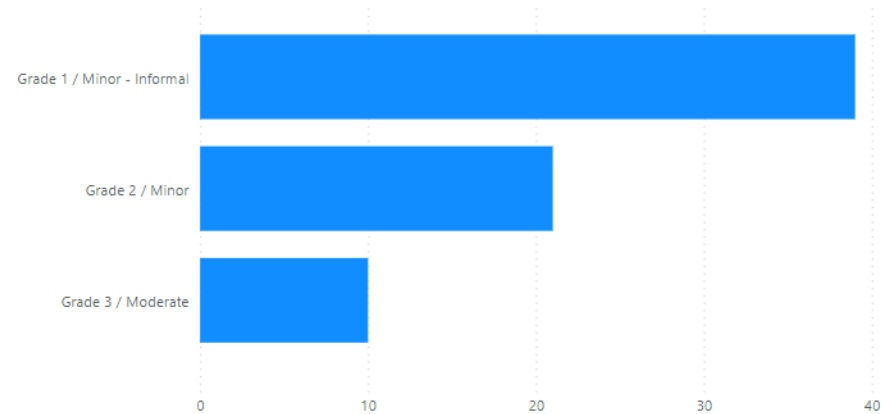
By Grading



Grade	Count
Grade 1 – Minor - Informal	65
Grade 2 - Minor	20
Grade 3 - Moderate	33
Grade 4 - Major	1
Grade 5 - Catastrophic	0

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

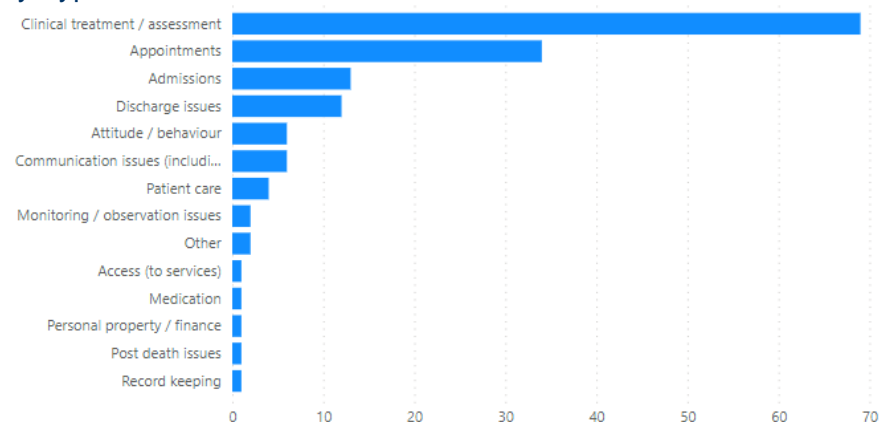
By Grading



Grade	Count
Grade 1 – Minor - Informal	39
Grade 2 - Minor	21
Grade 3 - Moderate	10
Grade 4 – Major	0
Grade 5 - Catastrophic	0

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

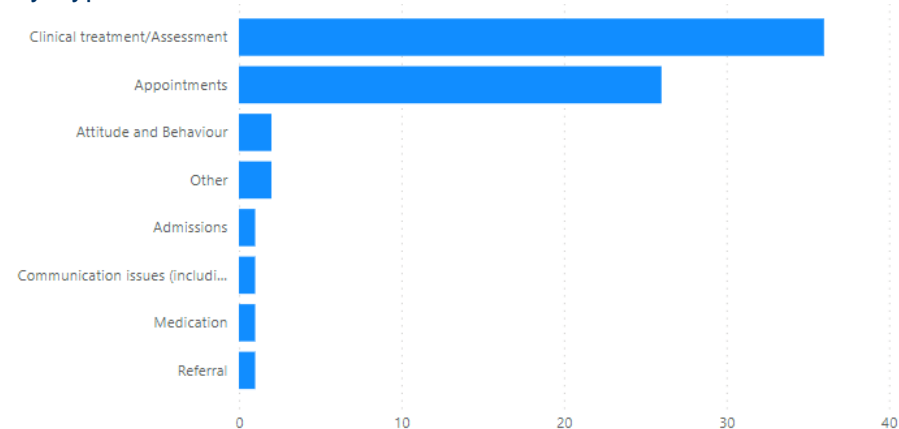
By Type



Subject (primary)	Count
Clinical Treatment / assessment	69
Appointments	34
Admissions	13
Discharge Issues	12
Attitude / behaviour	6
Communication Issues	6
Patient care	4
Monitoring / observation issues	2
Other	2
Access (to services)	1
Medication	1
Personal Property	1
Post Death Issues	1
Record Keeping	1

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

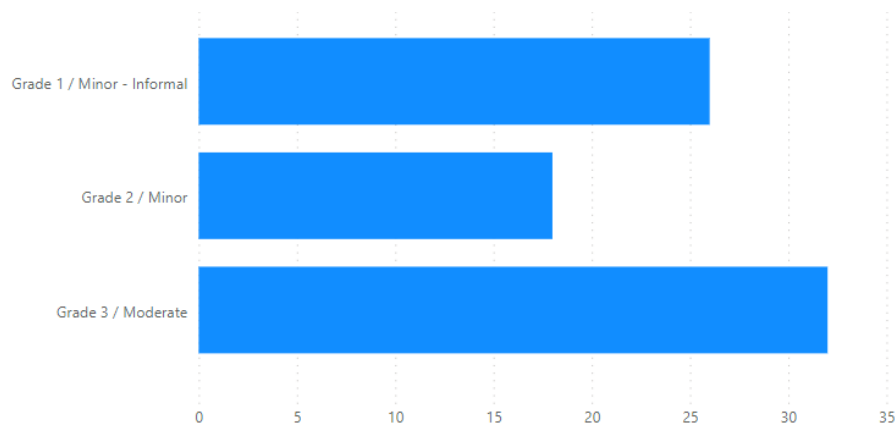
By Type



Subject (primary)	Count
Clinical treatment/Assessment	36
Appointments	26
Attitude and behaviour	2
Other	2
Admissions	1
Communication issues (including language)	1
Medication	1
Referral	1

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

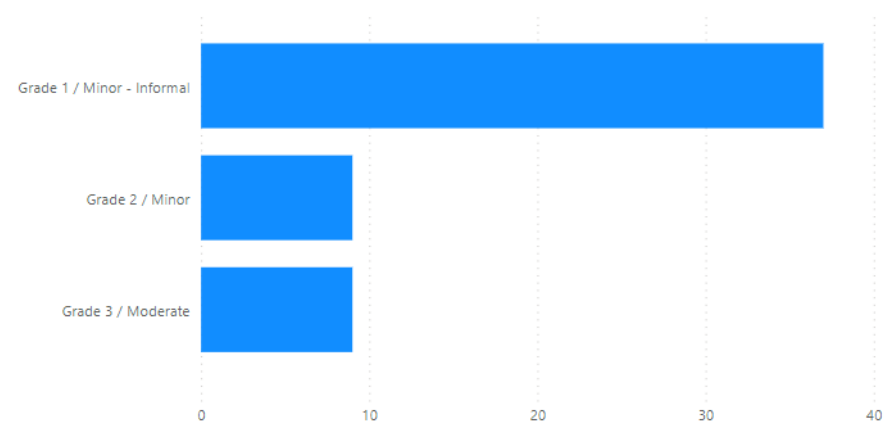
By Grading



Grade	Count
Grade 1 – Minor - Informal	26
Grade 2 - Minor	18
Grade 3 - Moderate	32
Grade 4 - Major	0
Grade 5 - Catastrophic	0

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

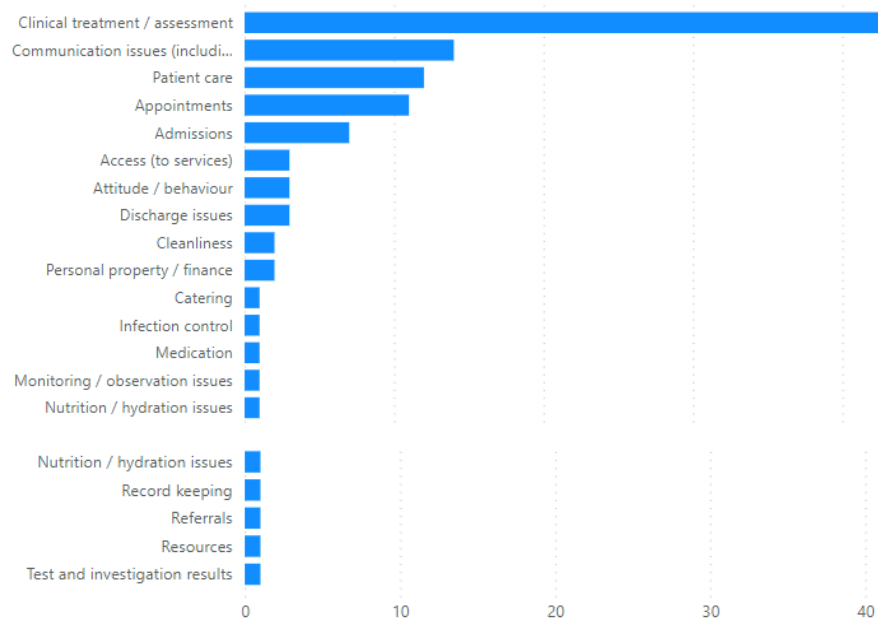
By Grading



Grade	Count
Grade 1 – Minor - Informal	37
Grade 2 - Minor	9
Grade 3 - Moderate	9
Grade 4 - Major	0
Grade 5 - Catastrophic	0

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

By Type

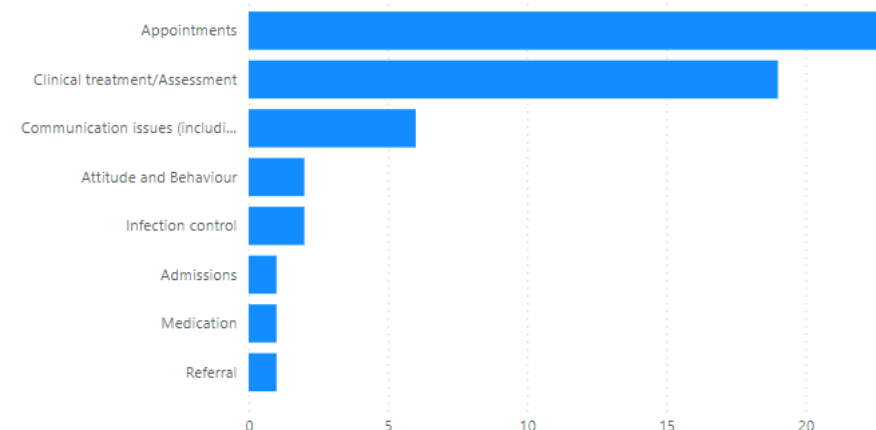


Subject (primary)	Count
Clinical treatment / assessment	43
Communication issues (including language)	14
Patient care	12
Appointments	11
Admissions	7
Access (to services)	3
Attitude / behaviour	3
Discharge issues	3
Cleanliness	2
Personal property / finance	2
Catering	1
Infection control	1
Medication	1
Monitoring / observation issues	1
Nutrition / hydration issues	1
Record keeping	1
Referrals	1

Resources	1
Test and investigation results	1

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

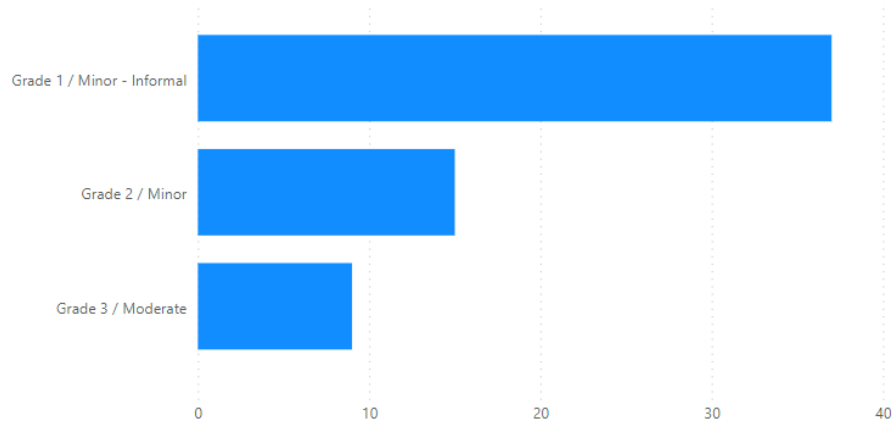
By Type



Subject (primary)	Count
Appointments	23
Clinical treatment / assessment	19
Communication issues (including language)	6
Attitude and behaviours	2
Infection control	2
Admissions	1
Medication	1
Referral	1

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

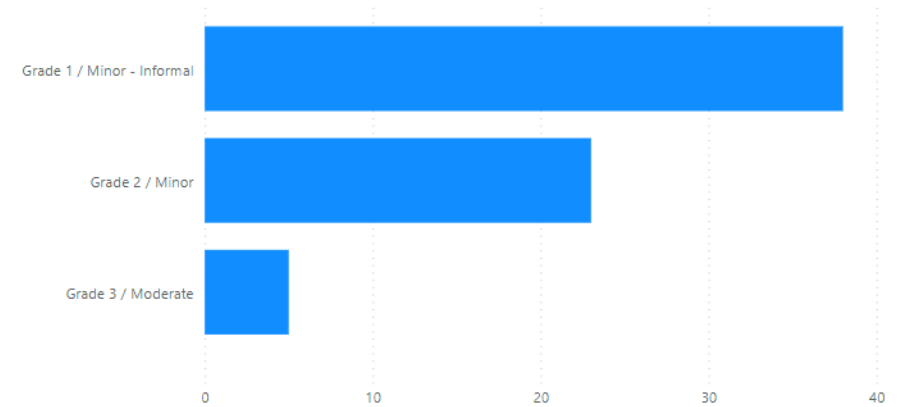
By Grading



Grade	Count
Grade 1 – Minor - Informal	37
Grade 2 - Minor	15
Grade 3 - Moderate	9
Grade 4 – Major	0
Grade 5 - Catastrophic	0

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

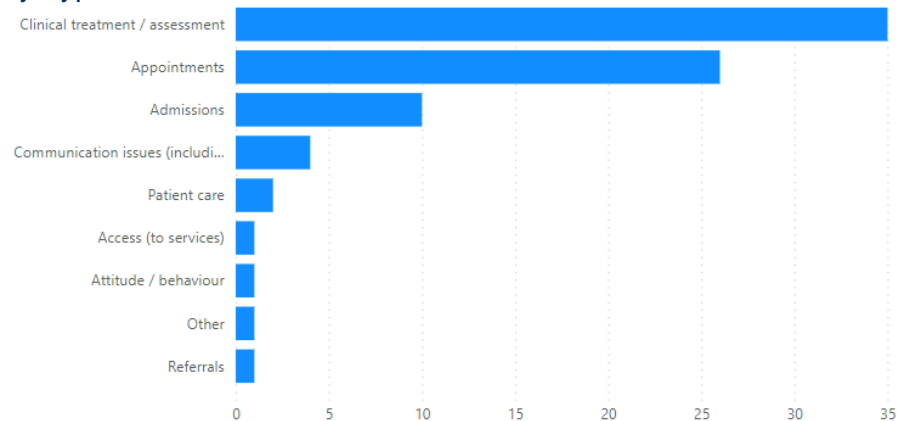
By Grading



Grade	Count
Grade 1 – Minor - Informal	38
Grade 2 - Minor	23
Grade 3 - Moderate	5
Grade 4 - Major	0
Grade 5 - Catastrophic	0

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

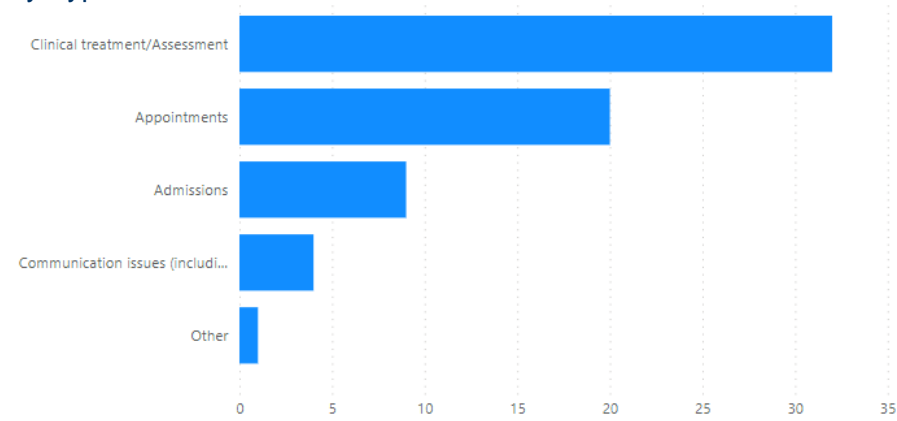
By Type



Subject (primary)	Count
Clinical treatment / assessment	35
Appointments	26
Admissions	10
Communication issues (including language)	4
Patient care	2
Access (to services)	1
Attitude / behaviour	1
Other	1
Referrals	1

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

By Type

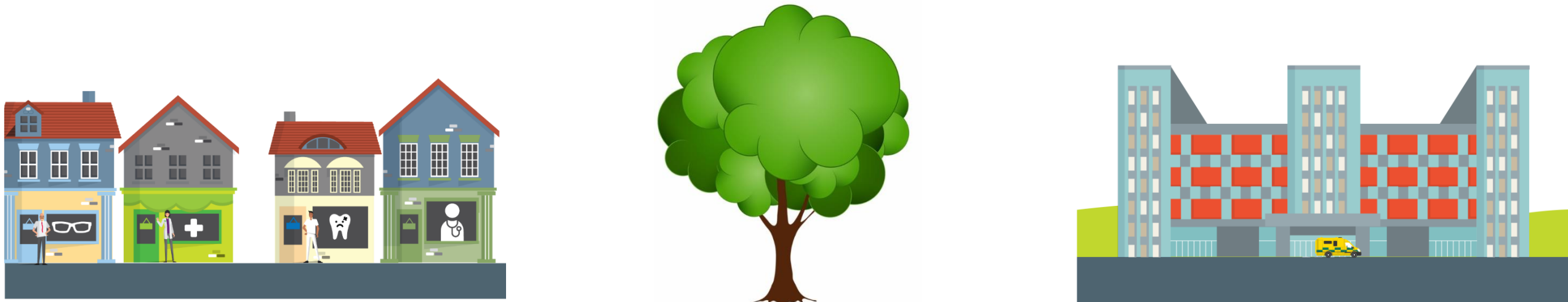


Subject (primary)	Count
Clinical treatment / assessment	32
Appointments	20
Admissions	9
Communication issues (including language)	4
Other	1

Workforce Data

Clinical Services Plan : Activity Modelling Workstream

ORTHOPAEDICS



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 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, as some cost codes can cover a number of service areas, we may have not been able to fully 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 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 may not be 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.

Orthopaedics Workforce Overview 31st July 2023

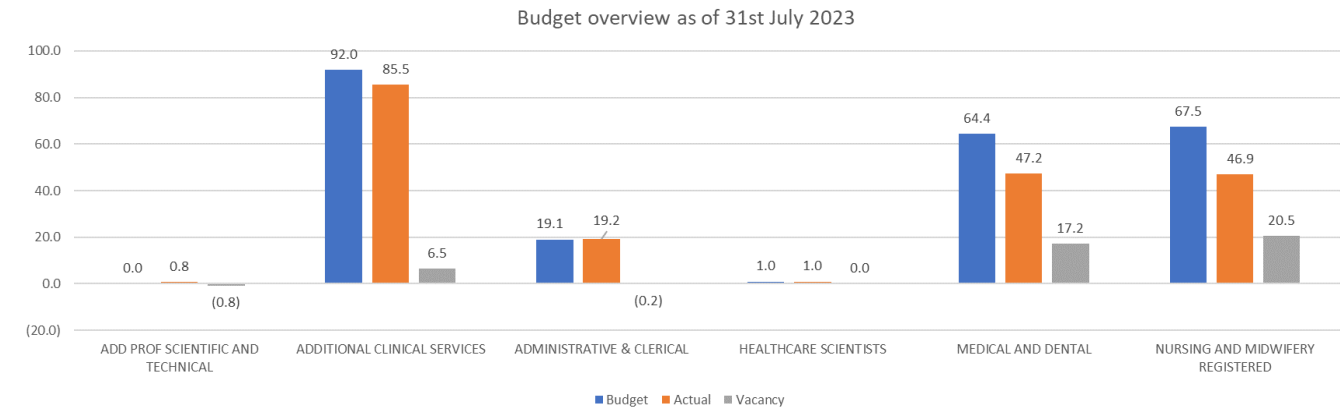
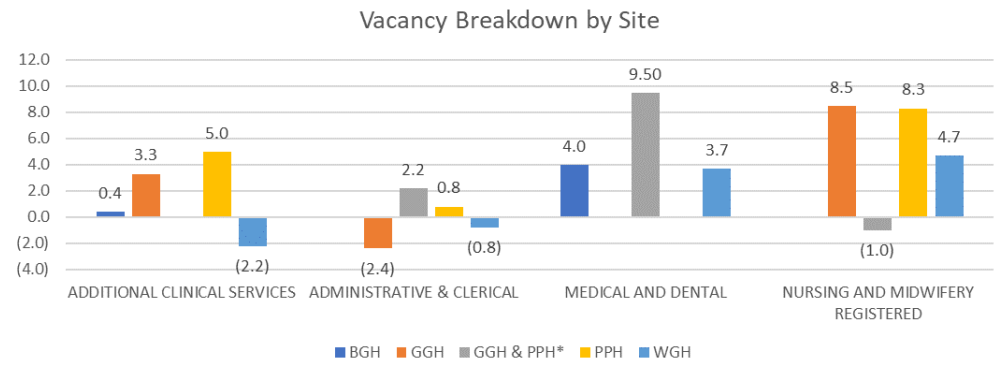
Orthopaedics Workforce : Cost codes 0017, 0019, 0043, 0081, 0556, 0565, 0660, 0662 & 0664 (as of 31st July 2023)

Staff Group	Role	Location/Site				Grand Total
		Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	
Add Prof Scientific and Technic	Advanced Practitioner			1		1
	Physician Associate		0.8			0.8
	Practitioner				1.8	1.8
	Technician				2.6	2.6
Add Prof Scientific and Technic Total			0.8	1	4.4	6.2
Additional Clinical Services	Assistant	1	3			4
	Assistant Practitioner Nursing		2.4	0.8	3	6.2
	Health Care Support Worker	1	30.6	8.8	4.8	45.2
	Healthcare Assistant	11.8	2		17.2	31
	Technician	1.6	3.6	1.5		6.7
Additional Clinical Services Total		15.4	41.6	11.1	25	93.1
Administrative and Clerical	Clerical Worker	1	4.4	1.2	1.8	8.4
	Manager		1			1
	Medical Secretary		6.6		4	10.6
	Personal Assistant	0.5				0.5
	Secretary				0.8	0.8
Administrative and Clerical Total		1.5	12	1.2	6.6	21.3
Estates & Ancillary	Housekeeper	0.8				0.8
Estates & Ancillary Total		0.8				0.8
Medical & Dental	Associate Specialist			0.6	1	1.6
	Consultant	3	4.8	5.8	5	18.6
	Speciality Doctor	4	5	1	2	12
	Speciality Registrar	1	9		5	15
Medical & Dental Total		8	18.8	7.4	13	47.2
Nursing and Midwifery Registered	Nurse Manager		1	1		2
	Sister or Charge Nurse	1		1	3	5
	Specialist Nurse Practitioner		4	2	1	7
	Staff Nurse	8.2	14.9	6.9	12.1	42.1
Nursing and Midwifery Registered Total		9.2	19.9	10.9	16.1	56.1
TOTAL		34.9	93.1	31.6	65.1	224.7

The table shows the breakdown of the staff group, role and location of the workforce across the Orthopaedics services as of 31st July 2023.

Orthopaedics Workforce continued (as of 31st July 2023)

Staff Group	All Site Totals			Vacancy Breakdown By Site				
	Budget	Actual	Vacancy	BGH	GGH	GGH & PPH*	PPH	WGH
ADD PROF SCIENTIFIC AND TECHNICAL	0.0	0.8	(0.8)			(0.8)		
ADDITIONAL CLINICAL SERVICES	92.0	85.5	6.5	0.4	3.3		5.0	(2.2)
ADMINISTRATIVE & CLERICAL	19.1	19.2	(0.2)		(2.4)	2.2	0.8	(0.8)
ALLIED HEALTH PROFESSIONALS	0.0		0.0					
HEALTHCARE SCIENTISTS	1.0	1.0	0.0					
MEDICAL AND DENTAL	64.4	47.2	17.2	4.0		9.50		3.7
NURSING AND MIDWIFERY REGISTERED	67.5	46.9	20.5		8.5	(1.0)	8.3	4.7
Grand Total	243.9	200.7	43.2	4.4	14.2	9.9	19.3	5.4



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

As of 31st July 2023 there was a total of 43.2WTE vacancies within the service, the majority of these vacancies can be seen in Prince Philip Hospital.

The highest vacancies are within the Nursing & Midwifery workforce with 20.5WTE, the majority of the vacancies are across GGH and PPH (8.5WTE and 8.3WTE). Medical & Dental also have a large proportion of the vacancies with 17.2WTE, again the majority are across GGH and PPH with 9.5WTE.

During this period an additional 23WTE of temporary staffing was utilised across Bank, additional hours, overtime and contract agency during the month of July 2023.

Workforce Risks

The below Workforce themed risk 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
1255	Scheduled Care: Orthopaedics	<p>There is a risk of the safety of Trauma patients not receiving the best quality of care.</p> <p>This is caused by the lack of consistent Orthogeriatric consultant support since December 2020. This is also caused by ANP support for several years due to lack of funding at WGH.</p> <p>This will lead to an impact/affect on prolonged length of stay, deterioration in patient conditions, management of patient's co-morbidities, increased complaints and claims, poorer outcomes for patients.</p> <p>This directly impacts national reportable outcomes including NHFD KPI's:</p> <p>1) Prompt Orthogeriatric review (August 2022, 16%)</p> <p>2) Not delirious post operatively (August 2022, 51%)</p> <p>3) Bone health (August 2022, 5%)</p> <p>Risk location, Withybush General Hospital.</p>	Consultant Orthogeriatric support vacancies	<p>Referring any immediate medical issues to the medical on call team on site, but this does not address the quality issues dictated by the audit.</p> <p>A Middle Grade Physician has been appointed to the orthogeriatric position by the WGH site team who hold the funding for this post in early 2022. Post holder is on site undergoing induction and has been confirmed they will be commencing in their substantive role wholly supporting Trauma and Orthopaedics at WGH from mid-June.</p>	8				Medical

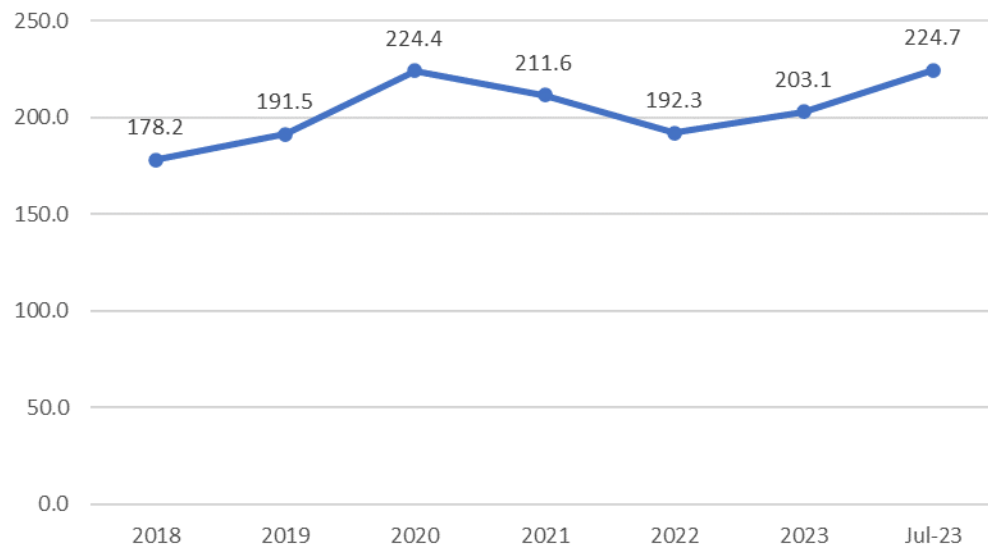
Orthopaedics Workforce Overview

Historic picture April 2018 – April 2023

Historic Workforce

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

Orthopaedics Workforce by Year and staff group	2018	2019	2020	2021	2022	2023	Jul-23
Add Prof Scientific and Technic	15.1	13.7	6.2	4.4	5.4	6.2	6.2
Additional Clinical Services	44.0	54.8	93.4	80.5	68.9	78.7	93.1
Administrative and Clerical	16.2	16.2	21.3	17.8	16.4	17.1	21.3
Estates & Ancillary			0.8			0.8	0.8
Medical and Dental	45.2	45.0	47.2	52.0	48.2	45.2	47.2
Nursing and Midwifery Registered	57.7	61.7	55.4	56.8	53.3	55.1	56.1
TOTAL WTE	178.2	191.5	224.4	211.6	192.3	203.1	224.7



An increase in workforce can be seen between 2018 and 2020 of 46.25WTE, however this followed with a significant decrease to the service by 2022 of 32.1WTE. In the preceding years the workforce has continued to increase steadily to 224.7WTE as at 31st July 2023.

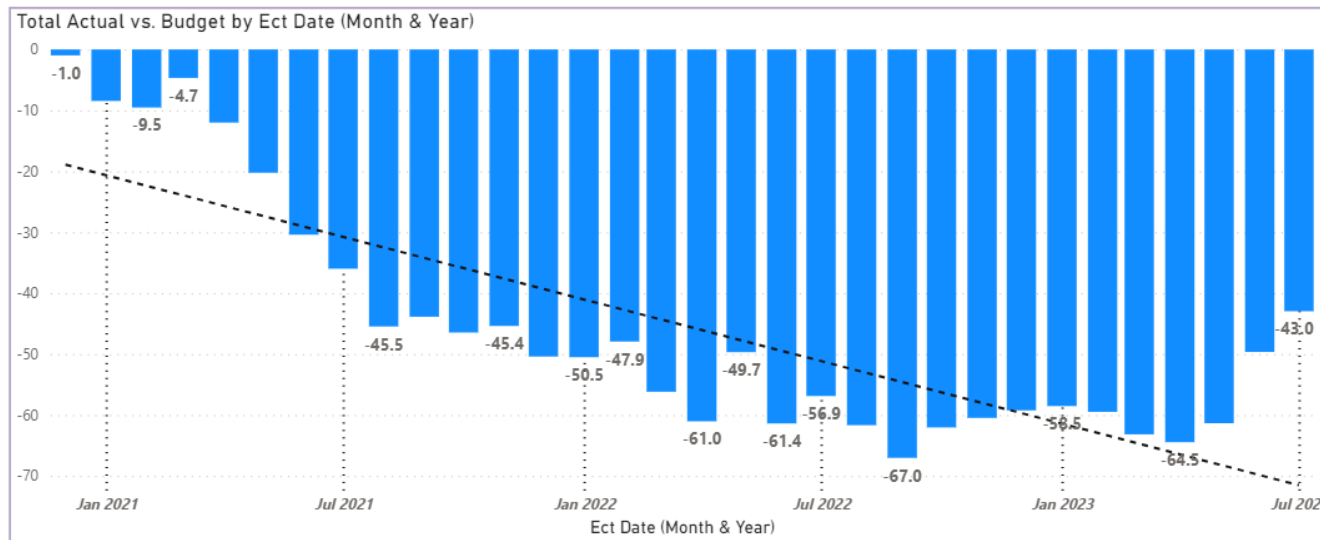
The increase and decrease seems to be predominantly within the Additional Clinical Services staff group with all other staff groups remaining fairly stable. This staff group primarily contains Health Care support worker roles at Bands 2 and 3, along with Advanced Practice (AP) roles at Band 4.

Additional service insights

ANY SERVICE INSIGHTS TO BE ADDED

Historic Workforce continued

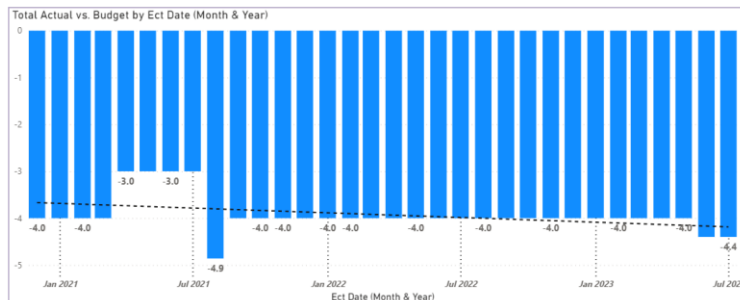
The data below shows a historic picture of the vacancies across the Orthopaedics cost codes between December 2020 and July 2023.



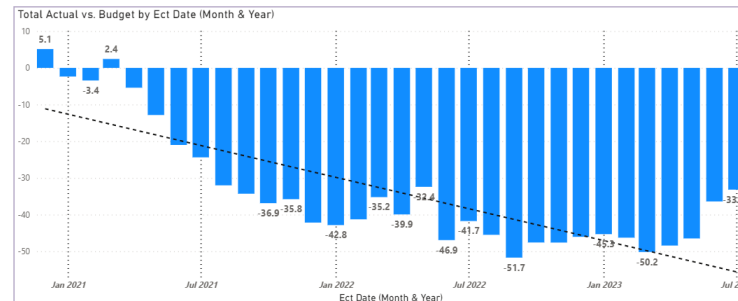
The vacancy graph (left) depicts the vacancy increase across time since December 2020. The highest number of vacancies can be seen in September 2022 with 67WTE.

The graphs below shows the vacancies by site for the same time period. BGH vacancies have remained fairly static around 4WTE since 2022. However this may indicate long term vacancies that are hard to recruit. GGH & PPH have consistently had the largest number of vacancies across time, however these increased steadily from April 2021. The highest number of vacancies was in September 2022 with 51.7WTE, however this has begun to decrease since April 2023. WGH has had the most varied number of vacancies with an increase in July 2021 followed by a further substantial increase in September 2022. Since this period, the vacancies have decreased by 11.7WTE to 5.4WTE in July 2023.

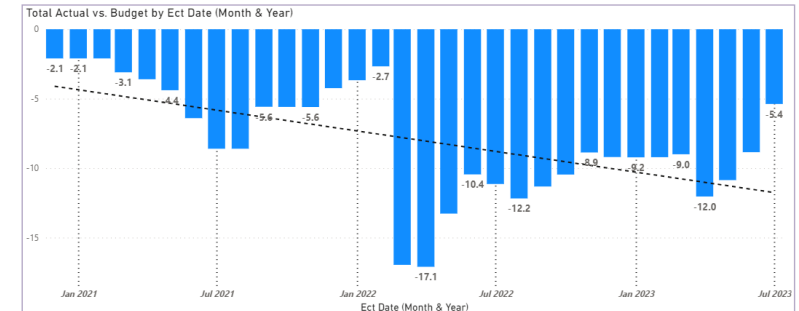
BGH Vacancy timeline



GGH & PPH Vacancy timeline

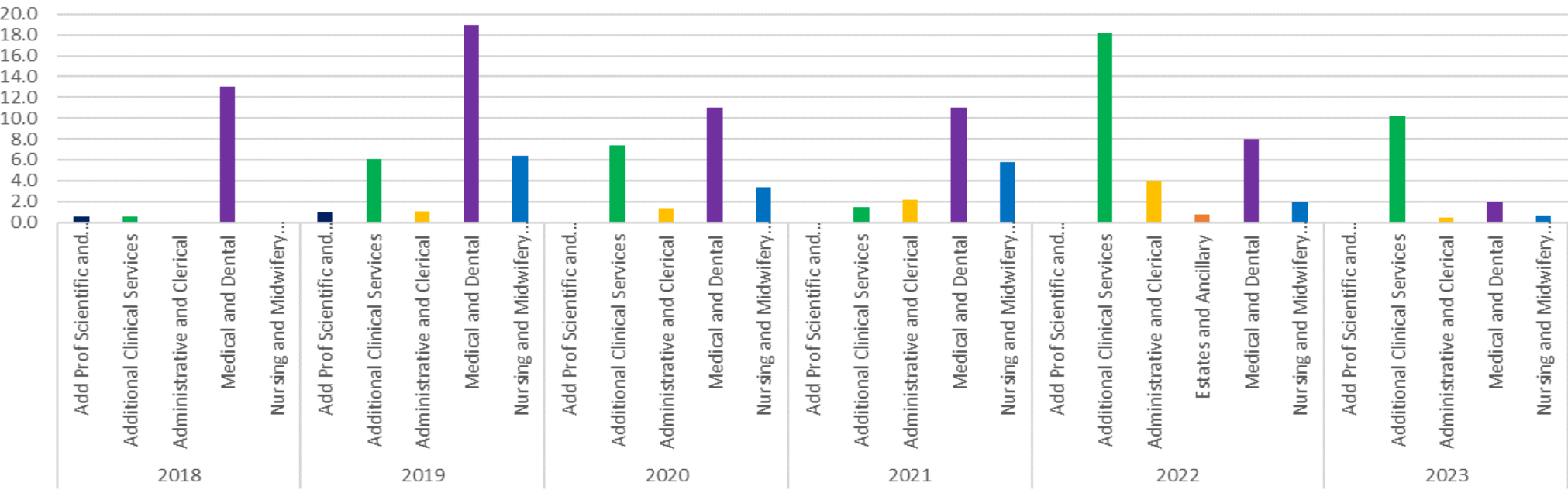


WGH Vacancy timeline



Starters

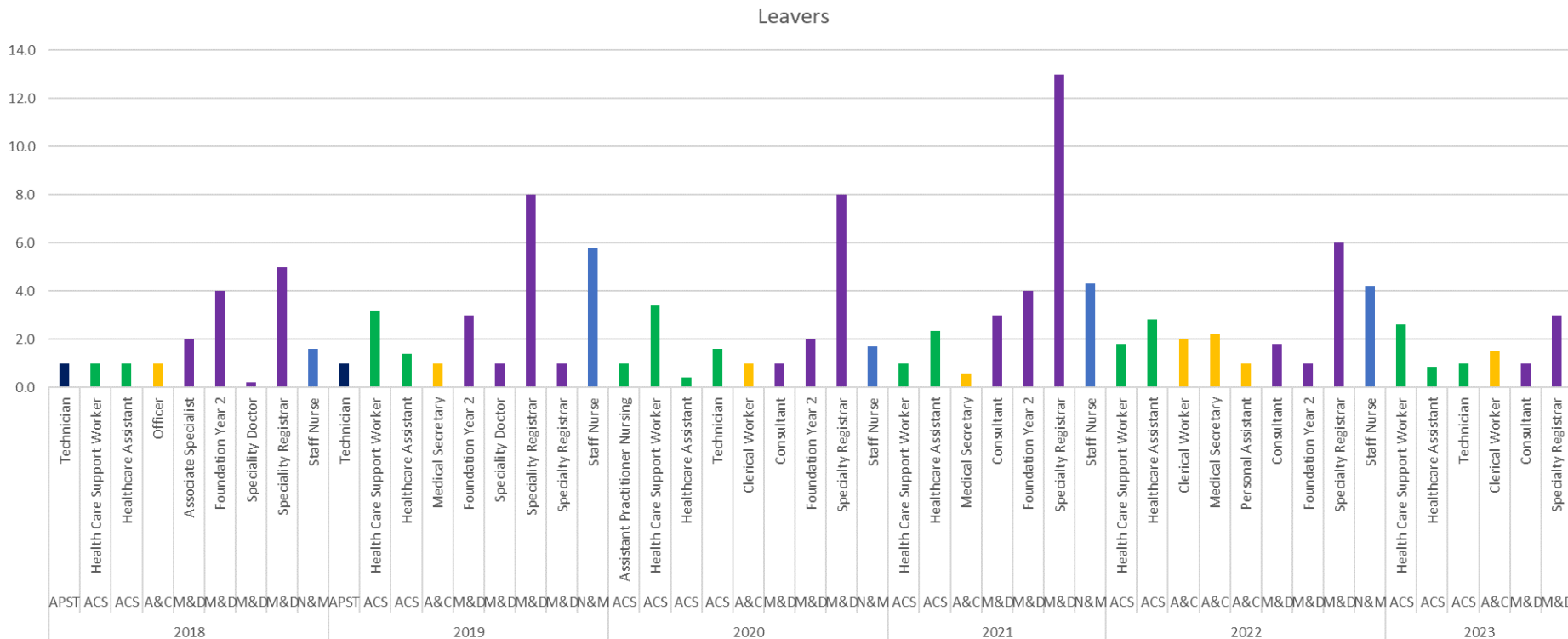
Sum of Starters



	2018	2019	2020	2021	2022	2023
Starters	14.2	33.4	23.1	20.4	32.9	13.3

The highest number of starters have been within the Additional Clinical Services staff group with 18.2WTE in 2022 and 10.3WTE in 2023 (up to 31st March 2023). Prior to this the increased numbers for medical and dental in 2019 would have also included SLE (Junior doctor) numbers.

Leavers



SERVICE Insight needed –
 Consistent numbers of
 speciality registrars leaving,
 particularly in 2021 – 13WTE
 – Are these rotational posts?

Leavers	2018	2019	2020	2021	2022	2023
Add Prof Scientific and Technic	1	1				
Additional Clinical Services	2	4.6	6.4	3.4	4.6	4.5
Administrative and Clerical	1	1	1	0.6	5.2	1.5
Medical and Dental	11.2	12	11	20	8.8	4
Nursing and Midwifery Registered	1.6	6.8	1.7	4.3	4.2	
TOTAL	16.8	25.4	20.1	28.3	22.8	10

Recruitment

Targeted Campaigns across the period 2018 – 2023:

No targeted recruitment campaigns were noted during the period for Orthopaedics.

Vacancy /Recruitment overview:

Vacancy Information (last 12 months)	Role	Outcomes
100-MED-GGH-268-A	Specialty Doctor in Trauma and Orthopaedics	2wte - interviews set up
100-MED-WGH-131-A	Specialty Doctor in Trauma and Orthopaedics	2wte - interviews set up
100-MED-WGH-144	Clinical Fellow in Trauma & Orthopaedics	1wte - interviews set up
100-MED-GGH-291	Clinical Fellow - Trauma & Orthopaedics	1wte - interviews set up
100-MED-GGH-270	Specialty Doctor in Trauma & Orthopaedics	1 WTE - candidate withdrew
100-MED-GGH-268	Specialty Doctor in Trauma and Orthopaedics	1 WTE - candidate withdrew
100-MED-WGH-131	Specialty Doctor in Trauma and Orthopaedics	1 WTE - candidate withdrew
100-MED-WGH-129	Specialty Doctor in Trauma & Orthopaedics	1 WTE - candidate withdrew
100-MED-WGH-105-C	Clinical Fellow (SHO level), Trauma & Orthopaedics	1 WTE, 1 started in post
100-MED-GGH-237	Clinical Fellow (SHO Level) in Trauma & Orthopaedics	1 WTE, 1 started in post
100-MED-GGH-252	Senior Clinical Fellow - Trauma & Orthopaedics	1 WTE, 1 started in post
100-MED-WGH-127	Clinical Fellow (SHO level), Trauma & Orthopaedics	1 WTE, 1 started in post
100-MED-GGH-256	Clinical Fellow (SHO Level) in Trauma & Orthopaedics	1 WTE, 1 started in post
100-MED-WGH-105-B	Clinical Fellow (SHO level), Trauma & Orthopaedics	1 WTE - candidate withdrew
100-MED-WGH-083	Consultant in T&O with an interest in foot and ankle surgery	1 WTE, 1 started in post
100-MED-WGH-083-L	Locum Consultant in T&O with an interest in Foot and Ankle Surgery	1 WTE, 1 started in post
100-MED-GGH-222-L	Locum Consultant in T&O with an interest in Arthroplasty	1 WTE, 1 started in post

Headhunting:

No headhunting was completed for Trauma & Orthopaedics during the period.

Updates to Workforce Information

- Slide 6 – table updated with incorrect/missing numbers
- Slide 7 – additional vacancy breakdown by site added along with graph for a illustrative purposes and additional narrative
- Slide 10 – added a sentence on Additional clinical services stating that these are primarily HCSW roles
- Slide 11 – this is an additional slide with vacancy breakdown across 2021 – 2023. There's an overall graph for the service and below a breakdown of vacancies by site. I've added some additional narrative, but it may be good to get some additional service insights here as they will be aware of times where services may have been decreased/impacted which may explain some of the vacancy increases at different points. I have combined PPH & GGH vacancies here due to 0017 being a joint PPH & GGH cost code.

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

1.	What are you Equality Impact assessing?	<p>Elective Orthopaedics Services for Hywel Dda University Health Board at the following hospital sites:</p> <ul style="list-style-type: none"> • Bronglais • Glangwili • Prince Philip • Withybush
2.	Brief Aims and Description	<p>The Orthopaedic service in secondary care in Hywel Dda sits under the Scheduled Care division and constitutes a surgical specialty.</p> <p>Orthopaedics is organised into several subspecialties, which in turn include patients at different stages of access to specialist input, diagnostics, treatment and long term follow up.</p> <p>As part of the Outpatient delivery element, patients are seen in clinics / outpatient setting for the various subspecialties, such as:</p> <ul style="list-style-type: none"> - Hip - Knee - Spine - Shoulder - Elbow - Hand - Foot - Forefoot - Ankle - Widespread Pain - Paediatric procedures <p>The aim of this document is to provide an equalities overview for Orthopaedics services within Hywel Dda University Health Board.</p>

3.	Who is involved in undertaking this EqlA?	Lydia Davies – Service Delivery Manager for Orthopaedics Lianne Gregory - Service Manager for Orthopaedics Claire Hathaway – Trauma Lead Manager Sharon Morris – Service Support Manager for Orthopaedics James Sheldon – Senior Nurse Manager for Orthopaedics Conrad Hancock – Senior Project Manager, TPO Ben Rogers – Principal Programme Manager, TPO
4.	Is the Policy related to other policies/areas of work?	<ul style="list-style-type: none"> • All Wales Safeguarding Procedure (policy no. 868) available to view by clicking this link Corporate Governance - 868-WalesSafeguardingProceduresFAQ.pdf - All Documents (sharepoint.com) • Clinical Record Keeping Policy (policy no. 195) available to view by clicking this link Corporate Governance - 195 Clinical Record Keeping Policy -v4.pdf - All Documents (sharepoint.com) • Equality and Diversity Policy (policy no. 133) available to view by clicking this link Strategic Partnerships Diversity and Inclusion - 133-EqualityDiversityandInclusionPolicy.pdf - All Documents (sharepoint.com) • All NICE and other National Guidance Implementation Policy (policy no. 013) available to view by clicking this link Corporate Governance - 013 - Management of NICE and other National Guidance Policy.v3.pdf - All Documents (sharepoint.com)
5.	Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	All patients under and referred to the secondary care Orthopaedics service in Hywel Dda University Health Board - All staff working within and in partnership with the Orthopaedics service <ul style="list-style-type: none"> ○ Medical ○ Nursing ○ Allied Healthcare Professionals ○ Healthcare support workers ○ Technicians ○ Medical Photography ○ Medical Records

		<ul style="list-style-type: none"> ○ Admin and coordinators ○ Management team
6.	What might help/hinder the success of the Policy?	<p>Engagement from key stakeholders along the process will support the clinical service plan to successfully draw up all the required information to allow for a successful service review.</p> <p>Elements that might hinder the process relate to lack of resources such as staffing time and availability to engage with the process, lack of or reduced information available to inform the review as required.</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	✓	
Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	

Article 11: The right to freedom of thought, conscience and religion

Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers

✓

DRAFT

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								
				Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.								
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?				Population Data									
				County	Carms		Cere			Pembs		Total	
				Age	value	%	value	%		value	%	value	%
				Total: All usual residents	187,895	100	71,468	100		123,366	100	382,729	100.0
				Aged 4 years and under	9,057	4.8	2,706	3.8		5,586	4.5	17,349	4.4
				Aged 5 to 9 years	10,274	5.5	3,288	4.6		6,731	5.5	20,293	5.2
				Aged 10 to 15 years	13,080	7	4,087	5.7		8,494	6.9	25,661	6.5
				Aged 16 to 19 years	7,799	4.2	4,129	5.8		4,890	4	16,818	4.7
				Aged 20 to 24 years	8,821	4.7	6,366	8.9		5,621	4.6	20,808	6.1
				Aged 25 to 34 years	20,692	11	7,106	9.9		12,907	10.5	40,705	10.5
				Aged 35 to 49 years	31,801	16.9	10,145	14.2		19,459	15.8	61,405	15.6
				Aged 50 to 64 years	40,905	21.8	15,256	21.3		27,335	22.2	83,496	21.8
				Aged 65 to 74 years	24,605	13.1	9,942	13.9		17,444	14.1	51,991	13.7
				Aged 75 to 84 years	15,246	8.1	6,095	8.5		10,855	8.8	32,196	8.5
				Aged 85 years and over	5,615	3	2,348	3.3		4,044	3.3	12,007	3.2

Patient Data

The age profile of patients coming through the Orthopaedic Service is generally older than that of the general population. as shown in the table below:

Age	Count	Percent
70 plus	2,104	6
60-69	1,444	8
50-59	1,021	17
40-49	471	24
30-39	355	35
18-29	360	5
Under 18	277	6
Total	6,032	100

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%, which could create additional challenges for orthopaedic services. ([Source: Audit Wales 2023](#))

Elective Orthopaedics delivers Outpatient (new and follow up activity), Inpatient and Day Case services via:

- Virtual
- Telephone
- Traditional face to face
- Non-contact via the Patient Knows Best (PKB) App. This is an app-based monitoring service which encourages

patient self-management and allows patients to view information about their care.

- PROMS

Traditional face to face appointments is a mix of age ranges

Outpatient services are offered across 4 sites within the Health Board; Bronglais Hospital, Withybush Hospital, Glangwili Hospital and Prince Philip Hospital. As well as a variety of community hospitals that are closer to a patients home.

Staff Data

The below table shows the age profile for staff within the Orthopaedic Service

Age	Number	%
35 and below	11	14.86
36-45	19	25.68
46-55	24	32.43
56 or over	20	27.03
Total	74	100.00

Positive Impacts:

- Telephone, Virtual and Non-Contact (PKB) is extremely helpful for patients to attend appointments without having to travel to a hospital site.
- Information is still sent information by post if patient not able/happy to use patient knows best.
- The service has attempted to maintain both Outpatient and Inpatient and daycase services as close to the patients home as is operationally feasible. This benefits all patients.

			<ul style="list-style-type: none"> • The introduction of Patient Reported Outcomes measures (PROMS) for Arthroplasty and Upper Lim patients has negated the need to travel to hospital for follow up appointments unless deemed clinically necessary. • All health board staff undertake equalities (including Safeguarding Adults, Safeguarding Children and Dementia Awareness) training relating specifically relating to age as part of mandatory competency training. <p>Negative Impacts:</p> <ul style="list-style-type: none"> • Certain services are spread across sites in the south of the footprint. This is a benefit for patients who are more like to travel independently, however can be a barrier to those who are not as independently mobile. Traditionally this cohort includes a disproportionate number of older adults. • Family and Friends visiting or supporting may be impacted by services spread across the Health Board area. • Some highly specialist services within orthopaedics have been located on a regional basis and patients have had to travel to access these. 	<p>Mitigation:</p> <ul style="list-style-type: none"> • Where this is the case home to hospital transport services can be arranged to support patients where access maybe an issue. • Social Media available on patient's devices supported by access to the internet provided by the Health Board. • Telephone, Virtual and Non-Contact (PKB) is extremely helpful for patients to attend appointments without having to travel to a hospital site. The
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				<ul style="list-style-type: none">• With an ageing workforce and career planning, the Service ensures the continuity of service for staff who need additional support due to their wishes to make adaptations due to their age.	<p>Orthopaedics service have a comprehensive understanding about how the technology works and are comfortable explaining how to connect to patients. and provide ongoing support.</p> <ul style="list-style-type: none">• For Medical staff, the job planning process can provide an opportunity to stop working the on-call rota.
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Disability

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

Population Data

	Carmarthenshire	Ceredigion	Pembrokeshire
Disabled under the Equality Act: Day-to-day activities limited a lot	21,225 10.5%	6,686 8.5%	12,522 9.2%
Disabled under the Equality Act: Day-to-day activities limited a little	21,897 11.1%	8,951 11.5%	14,651 11.1%

[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

The patient data available is not reliable enough to advise if patients accessing the service are or are not disproportionately affected by disability. However, given most patients are over the age of 65, it can be assumed that there will be prevalence of age-related disability, as well as sight loss issues as the primary reason for accessing the service.

Staff Data

Disability	Headcount
No	7,942
Yes	310
Other	3,334
Grand Total	11,586

In 2020, 2.68% of staff in Hywel Dda identified as having a disability. From all the staff, 3,332 had not reported a disability status on ESR at the time the information was collected, so the disability figure might be higher than expected.

[HDUHB EQUALITIES DUTIES REPORTING - Staff In Post \(nhs.wales\)](https://nhs.uk/about-us/equality-duties-reporting-2020-21)

Positive Impacts:

None

Negative Impacts:

- Patients with disability can have issues with:
 - Locating the building/service within the building
 - Accessing the area physically – ramps, steps, accessible toilet, accessible rooms, wide doors, bariatric chairs/trolleys
 - Accessing accessible transport
 - Difficulty walking long distances

Mitigation:

- All health board staff undertake equality training (including Paul Ridd Learning Disability Awareness, Safeguarding, Equality, Diversity and Human Rights, Autism Awareness and Mental Capacity Act) relating specifically to disabilities as part of

				<ul style="list-style-type: none"> • Older people are disproportionately affected by the conditions noted above and make up the majority of patients within the service. Even though all health board sites adhere to meeting minimum standards in terms of disabled facilities, concerns in relation to parking have been raised about both Glangwili and Amman Valley hospitals. No actions have occurred to date. • As most patients are over the age of 65, it can be assumed that there will be prevalence of age-related disability, as well as sight loss issues as the primary reason for accessing the service. • Patients with disability can have issues with: <ul style="list-style-type: none"> • Understanding letters (dyslexia & other types of neurodivergence) • Making enquiries/asking for help (communication difficulties) • Difficulty sitting in crowded noisy waiting areas (autism) and facing long waiting times • Difficulty attending appointments or other social engagements (OCD, bipolar, anxiety, depression) 	<p>mandatory competency training.</p> <ul style="list-style-type: none"> • All main sites have hearing loops fitted into the Outpatients reception areas. • It is Health Board policy to check that patient leaflets are easy to read, patient information available in easy read formats and different languages. • There is a portering service available to support patient mobility across the hospitals. • Place patients first on the list – go straight in, avoid crowded waiting rooms, use side/clinic room to wait.
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Gender Reassignment

Consider the potential impact on individuals who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.

Population Data

County	Carms		Cere		Pembs		Total	
Gender	value	%	value	%	value	%	value	%
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

In Carmarthenshire, 0.32% of people reported identifying with a gender different from the sex registered at birth.

In Ceredigion, 0.70% of people reported identifying with a gender different from the sex registered at birth.

In Pembrokeshire, 0.31% of people reported identifying with a gender different from the sex registered at birth.

			<p>Gender identity - Census Maps, ONS</p> <p>Patient Data</p> <ul style="list-style-type: none"> • There is no available information for Orthopaedics patients regarding gender reassignment. • There is no anticipated need to know about gender reassignment information, therefore the service would not expect to collect this information. • Patient confidentiality is maintained using health board guidelines regarding confidentiality. <p>Staff Data</p> <p>There is no available information for staff regarding gender assignment. There is no anticipated need to know about gender reassignment information, therefore the service would not expect to collect this information.</p> <p>Positive Impacts:</p> <ul style="list-style-type: none"> • All health board staff undertake equalities training as part of mandatory competency training. • No impact accessing the service foreseen based on a patient with gender reassignment • 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 aligned to the Health Boards Policy for Supporting Transgender Staff (350) <p>Negative Impact:</p>	<p>Mitigation:</p> <ul style="list-style-type: none"> • This will be re-assessed in line with
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				<ul style="list-style-type: none"> Currently, no negative impact is foreseen based on gender reassignment. No impact is foreseen based on gender reassignment for patients. 	possible service development/change.
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.				Population Data 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	

Marital status	Nov 22 – Oct 23
Divorced	268
Married	3,956
Separated	40
Single	1,717
Widowed	521
Co-habiting	3
Blank/not known	8,088
Total	14,593

No impact on basis of marital status is expected for patients.

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 \(nhs.wales\)](https://nhs.uk/health-data-and-analytics/hduhb-equalities-duties-reporting-staff-in-post)

Staff Data

Marital Status of All Staff	Headcount
Divorced/Legally Separated	961
Married	6,110
Single	3,635
Other	299

				Not Recorded on ESR	581		
				Grand Total	11,586		
				No impact foreseen based on marital status on a person's ability to access the service or as a member of staff. But all health board staff undertake equalities training as part of mandatory competency training.			

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.

Population Data

In 2021, there were 29,007 births registered across Wales.

[Maternity and birth statistics: 2021 | GOV.WALES](#)

The estimated prevalence of cataracts calculated in 2020 for those aged 20-39 years was 3.01%.

[Prevalence](#) | [Background information](#) | [Cataracts](#) | [CKS](#) | [NICE](#)

Patient Data

Data regarding pregnancy and maternity is currently not collected for patients. No impact is foreseen for patients based on pregnancy or maternity. Patients are assessed on an individual basis when the care required might potentially impact or be a risk for the health of the foetus or baby (if breastfeeding).

Staff Data

In Hywel Dda, 4% of staff were reported to have maternity/adoption leave. It is unlikely that pregnancy and maternity will impact on the service, other than by potentially decreasing the number of staff available to cover the service.

Positive Impact

- 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

- Being pregnant can impact on the ease of access the services and treatments, due to the number of appointments a pregnant woman may have to attend across different services, in the first instance,

Mitigation:

- For staff we undertake pregnancy risk assessments as to

			<p>and the impact certain treatments may have on the foetus, in the latter, and need to access alternative treatments.</p>	<p>support the employee to remain work for as long as possible during their pregnancy.</p> <ul style="list-style-type: none">• Telephone, Virtual and Non-Contact (PKB) is extremely helpful for patients to attend appointments without having to travel to a hospital site. The Orthopaedics service have a comprehensive understanding about how the technology works and are comfortable explaining how to connect to patients. and provide ongoing support.
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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

In Wales, 93.8% of the population identified as White, 2.9% as Asian, 0.9% as Black, 1.6% identified as 'Mixed or multiple ethnic groups' and 0.9% as 'Other ethnic group'.

<https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-html>

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

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

Patient Data

Ethnic Background	Number of patients
Asian-GB Asian-Bangladesh	3
Asian-GB Asian-Indian	3
Black-GB Black-African	1
Black-GB Black-Caribbean	0
Chinese	0
Not stated	3,535
Other Asian background	2
Other Black background	1
Other ethnic group	5
Other mixed background	5
White	2,469
White - English	2
White - Polish	0

White - Welsh	4
White and Black African	1
White and Black Caribbean	1
Total	6,032

Staff Data

Ethnicity	Headcount
Not Recorded on ESR	819
BME	777
White	9,990
Grand Total	11,586

Positive Impacts:

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

Negative Impacts:

- A non-English or Welsh speaker may be unable to communicate to staff.

Mitigation:

- The Health Board has access to a translation service for patients who are unable to communicate in English or Welsh, and Health Board leaflets are available in different languages

					<ul style="list-style-type: none">• All health board staff undertake equalities and diversity training.
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Religion or Belief (or non-belief)

The term 'religion' includes a religious or philosophical belief.

Population Data

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'.

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

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

Data regarding a person's religion or belief is not held by the service. 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
- The Health Board has a Jehovah's Witness specific consent form which can be used if necessary.

Negative Impacts:

- Certain groups do not have blood transfusion. This identified at pre-screening and pre-admission as to understand the details and clearly understand the risks and recorded on patient notes.
- Medication which includes substances that are forbidden in a person's religion or belief. Animal products, blood transfusion etc

Mitigation:

- Cell Saver technology allows for surgery to take place when the patients belief does not permit a blood transfusion.

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?

Population Data

County	Carms		Cere		Pembs		Total	
Gender	Value	%	Value	%	Value	%	Value	%
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

Patient Data

Orthopaedics Patients	
Female	3,206
Intersex	0
Male	2,826
Total	6,032

Women are more likely to enter the service, however they would not be impacted on their ability to access treatment.

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.

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

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.
- A chaperone can be present during examination on request.

Negative Impact

			<ul style="list-style-type: none">Currently, no negative impact is foreseen on the basis of sex, but will be re-evaluated in line with a future service changes/developments.	
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Sexual Orientation

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

Population Data

	County							
	Carms		Ceredigion		Pembs		Totals	
Sexual Orientation	Value	%	Value	%	Value	%	Value	%
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

Data regarding a patient's sexuality is not currently collected. There has been no evidence found regarding sexual orientation that may affect this cohort of patients. No impact based on sexual orientation is foreseen.

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 \(nhs.wales\)](https://nhs.uk/about-us/equality/hduhb-equalities-duties-reporting-staff-in-post)

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

Positive Impact

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

Negative Impact

Currently, no negative impact on the basis of sexual orientation is foreseen, but will be re-evaluated in line with a future service changes/developments.

Armed Forces

Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Patient Data

	Carms	Ceredigion	Pembs	Total
Previously served in the UK regular armed forces	5610	1851	4654	12115
Previously served in UK reserve armed forces	1334	537	930	2801
Previously served in both regular and reserve UK armed forces	336	137	248	721
Grand total	7280	2525	5832	15637

Amongst all the adult patients who accessed the Orthopaedic services in a given 12 months' period only several patients had declared an Armed Forces or Veteran status.

Positive impact

Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant [Armed Forces Covenant: annual report 2021 \[HTML\] | GOV.WALES](#)

If their injury or illness is attributable to their military service then they are eligible for priority treatment.

If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.

Negative Impact

			No negative impact is foreseen for this cohort of patients when accessing the service.	
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Socio-economic Deprivation

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

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see:

<https://gov.wales/more-equal-wales-socio-economic-duty>

Population Data

	County							
	Carms		Ceredigion		Pembs		Totals	
Economic Factor	Value	%	Value	%	Value	%	Value	%
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 \(gov.wales\)](#)

Patient Data

It can be difficult to ascertain the socio-economic status of our populations. One metric is employment status, which is detailed in the table above for the populations, but there is no patient specific data. However, given the primary patient group will be 55+, there will be a large number of patients who draw a pension attending the service.

Smoking is known to be more prevalent in least deprived areas, as per information presented by the Welsh Government. 'Whilst around 14% of people in Wales are smokers, we know that those living in our more deprived communities are much more likely to smoke than those in the least deprived areas. The impact of tobacco use is a key component of the deep rooted health inequalities that Welsh Government want to tackle.'

[NMS Wales - A Smoke Free Wales](#)

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.

Positive Impact

There are several mitigation actions in place across the Health Board to minimise the impact of patients' or staff's socio-economic status in the way they access the Health Board for treatment or work.

Negative Impact

- Hywel Dda University Health Board covers a very large geographical area, which may impact service users 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 Happi 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 the patients spend travelling, or unpaid work time the patients or their carers/family members need to take off to attend hospital care.
- Patients can claim travel expenses from the General

			<ul style="list-style-type: none">• Due to various reasons, including lack of specialist staff or very specialised services, patients may need to attend other hospitals across Wales to access specific treatments. Due to distance from home, this can be very disruptive.	<p>Office in the hospital. There is also information online on how to claim expenses when accessing care in the NHS in general, providing patient are eligible.</p> <ul style="list-style-type: none">• Pensioners can access free public transport.• When patients attend hospital outside of the Health Board for care, their care is transferred back to Hywel Dda as soon as possible.• Staff are allowed to claim for travel expenses and may also be allowed to claim extra travel time spent travelling when working away from their usual base.
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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.

Patient Data

Orthopaedic Patients	Headcount
Dutch	0
English	1,574
French	0
Other	1
Polish	11
Unknown	2,392
Urdu	0
Welsh	99
(blank)	1,955
Total	6,302

Staff Data

Welsh Language Level	Headcount
0 - No Skills / Dim Sgiliau	3,915
1 - Entry/ Mynediad	2,785
2 - Foundation / Sylfaen	1,091
3 - Intermediate / Canolradd	909
4 - Higher / Uwch	956
5 - Proficiency / Hyfedredd	1,930
Not Recorded on ESR	3,915
TOTAL	11,586

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

Positive impact:

- 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.
- In March 2021 the Bilingual Skills Policy was introduced across the health board. The main aims of the policy are as follows:
 - 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 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.
- A recent review of our current data tells us that it is easier to recruit Welsh Language speakers to lower banded posts as they tend to live locally. We have found that we are more successful in our recruitment of higher banded posts when specifically explaining the need for Welsh Language skills in the job requirements e.g., ability to speak Welsh is necessary but not the ability to write Welsh.

Mitigation

				<p>Negative Impact:</p> <ul style="list-style-type: none"> • Patients who would like to converse in Welsh, there may not always be a Welsh speaking staff member available. • The Health Board has found that we are more successful in our recruitment of higher banded posts when specifically explaining the need for Welsh Language skills in the job requirements e.g. ability to speak Welsh is necessary but not the ability to write Welsh. 	<ul style="list-style-type: none"> • Welsh language standards applied to all health board staff • Patient information available in English and Welsh • Welsh language speaking staff are available • Welsh Language training is available to staff. • Level of Welsh language standard is recorded within ESR.
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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?	Further information on demographic analysis of the elective orthopaedic patient cohort would be useful
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	Further information on demographic analysis of the elective orthopaedics patient cohort.
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).	Further information request to informatics as to understand whether it's possible to analyse the demographics of the patient group aligned to treatment definitions as described within the project initiation document.

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	2	-1	L
Disability	2	-1	L
Gender Reassignment	3	+2	P
Marriage and Civil Partnership	0	0	N
Pregnancy and Maternity	2	+1	P
Race/Ethnicity or Nationality	2	+1	P
Religion or Belief	3	+2	P
Sex	3	+2	P
Sexual Orientation	0	0	N
Armed Forces	3	+1	P
Socio-Economic Deprivation	0	0	N
Welsh Language	0	0	N

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?	Unknown at this stage (11DEC2023)
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No. The service are adhere to health board policies and process in relation to equality and diversity including awareness and training for our workforce.

<p>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?</p>	<p>Monitoring should be achieved through benefits realisation. Information requests will also be made to understand more detailed information in relation to Orthopaedics.</p>
<p>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</p>	<p>At sequential review point following any change or implementation.</p>
<p>Where positive impact has been identified for one or more groups please explain how this will be maximised?</p>	<p>Religion or Belief: Certain groups do not have blood transfusion. This identified at pre screening and pre-admission as to understand the details and clearly understand the risks. Cell Saver technology allows for surgery to take place when the patients belief does not permit a blood transfusion.</p>
<p>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.</p> <p>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</p>	<p>Age and Disability identified the following potential Negative Impacts:</p> <p>Some highly specialist services within orthopaedics have been located on a regional basis and patients have to travel to access these.</p> <p>Where this is the case the service can provide advice and support to enable access such as; home to hospital transport services, community groups or organisations that offer such services such as Community Cars.</p> <p>In addition to the above a service user where appropriate to do so maybe offered remote virtual appointments as to negate the need to travel.</p>

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
Maintenance of online mandatory training as to ensure compliance with all necessary policies relating to the above	Lydia Davies James Sheldon	Schedule Care Monthly Performance meetings / bi monthly scheduled care QUEAC	Annually	
Raise an information request as to understand to what extent the Health Board demographic data can be taken to. And where possible look to access this for Orthopaedics and the conditions within Scope.	Ben Rogers Lydia Davies	JAN2024		FEB2024 Ticket raised to request information by Conrad Hancock

EqIA Completed by:	Name	Ben Rogers Conrad Hancock
	Title	Mr
	Team / Division	Transformation Programme Office
	Contact details	Ben.Rogers@wales.nhs.uk
	Date	11DEC2023
EqIA Authorised by:	Name	Lydia Davies James Sheldon
	Title	Mrs/ Mr
	Team / Division	Orthopaedics
	Contact details	Lydia.Davies@wales.nhs.net James.Sheldon@Wales.nhs.net

	Date	05 March 2024
Seen by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	06.03.2024