Urology Activity Data Review

Contents

Background

As per the approved Clinical Services Plan methodology, high level activity between 1st August 2018 and 31st July 2023 has been included for Urology Services at Bronglais Hospital, Withybush Hospital, Glangwili Hospital and Prince Philip Hospital.

There is also data present for several other locations across the Health Board, and where relevant, any Outsourced locations. The information in this document is accurate as of quarter 3, 2023/24

The temporary services change in response to COVID commenced April 16, 2020, and is reflected by a vertical blue line. These service changes were ratified during May public board and is shown in the graph by a vertical red line. The summary of the service change is as follows:

- Services including General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have been relocated to a local private hospital, providing outpatient and treatment services for their Unscheduled Care (USC) and Urgent patients.
- All outpatient PSA clinics moved to virtual telephone clinics. Patients PSA are being monitored so no build-up of waiting list and rebooked into clinics 3/6 months' time or if there is a problem referred to the consultant.
- ISC/ISC Clinic - Triaged by telephone first by the CNS Nurse.
- USC are triaged, contacted by the consultants and the patients that need to have a face-to-face appointment these are being offered at the Werndale.
- Where necessary theatre nursing scrub staff are allocated to sessions, equipment has also been transported to support some operating lists. Faxitron for Breast Surgery, Portable Laser for Urology surgery. Currently, joint regional operating is being carried out for Gynaecology with some Urology planned imminently. Discussions are taking place with regards to further working regionally with Swansea Bay University Health Board (SBUHB) to carry out surgery locally in Glangwili for residents of Hywel Dda.
- New referrals from Urology for work which currently is provided within scheduled care services, e.g., trial without catheters

Outpatient Referral Charts
Bronglais Hospital, Outpatient Referrals August 2018 – July 2023
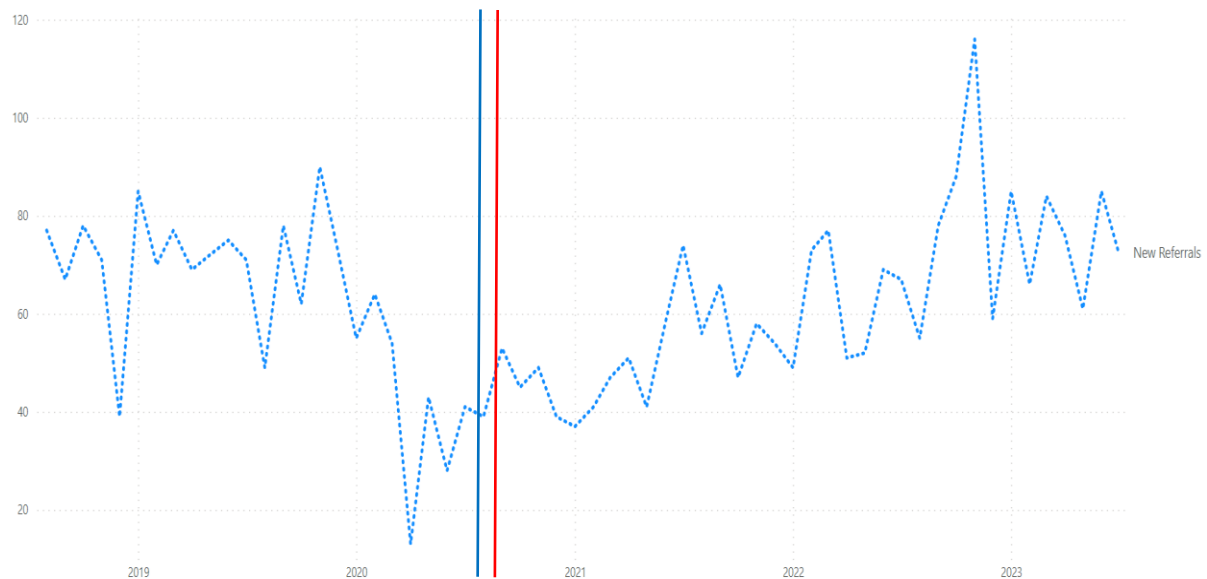
Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Bronglais General Hospital	564	812	475	704	870	294	**3,719**
Total	**564**	**812**	**475**	**704**	**870**	**294**	**3,719**

Withybush Hospital Outpatient Referrals August 2018 – July 2023

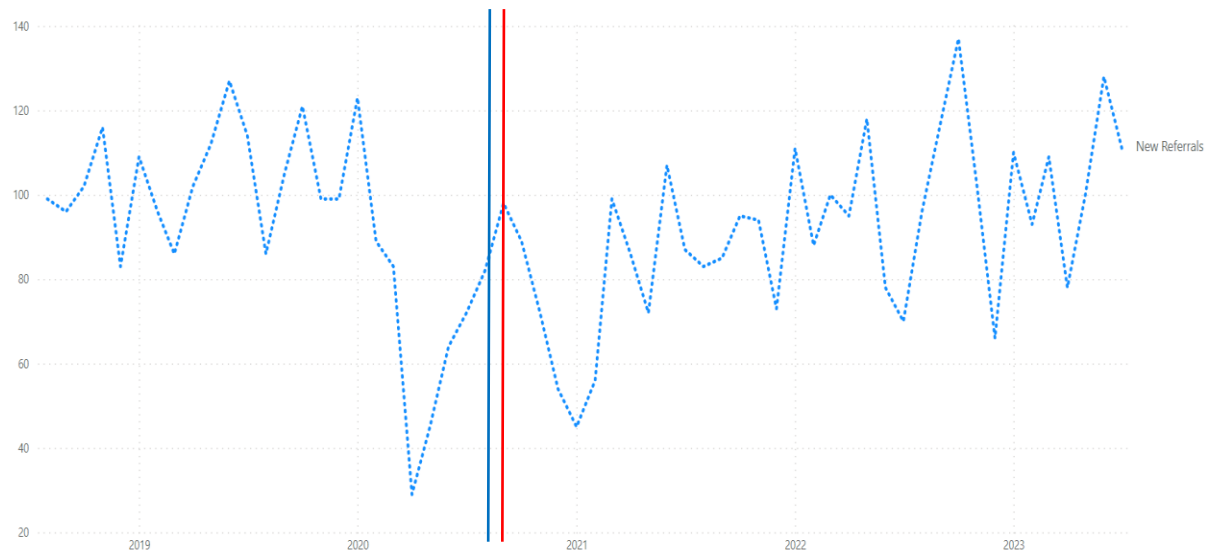| Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Withybush General Hospital	787	1,260	805	1,081	1,191	417	**5,541**
Total	**787**	**1,260**	**805**	**1,081**	**1,191**	**417**	**5,541**

Glangwili Hospital Outpatient Referrals August 2018 – July 2023
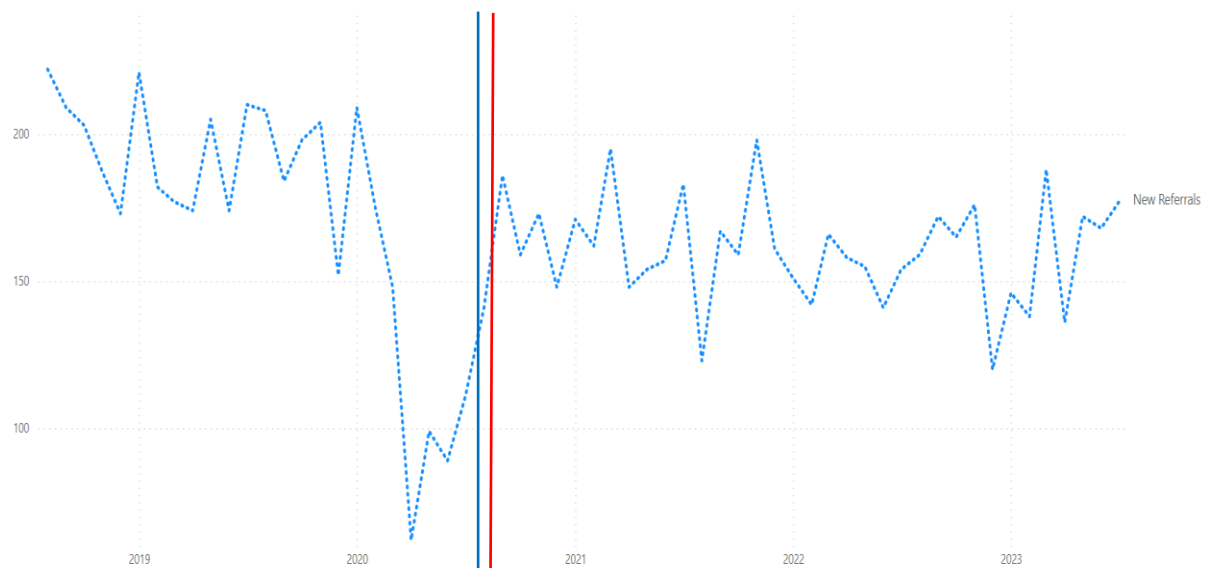
Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Glangwili General Hospital	1,574	2,241	1,696	1,909	1,872	653	**9,945**
Total	**1,574**	**2,241**	**1,696**	**1,909**	**1,872**	**653**	**9,945**

Prince Philip Hospital Outpatient Referrals August 2018 – July 2023
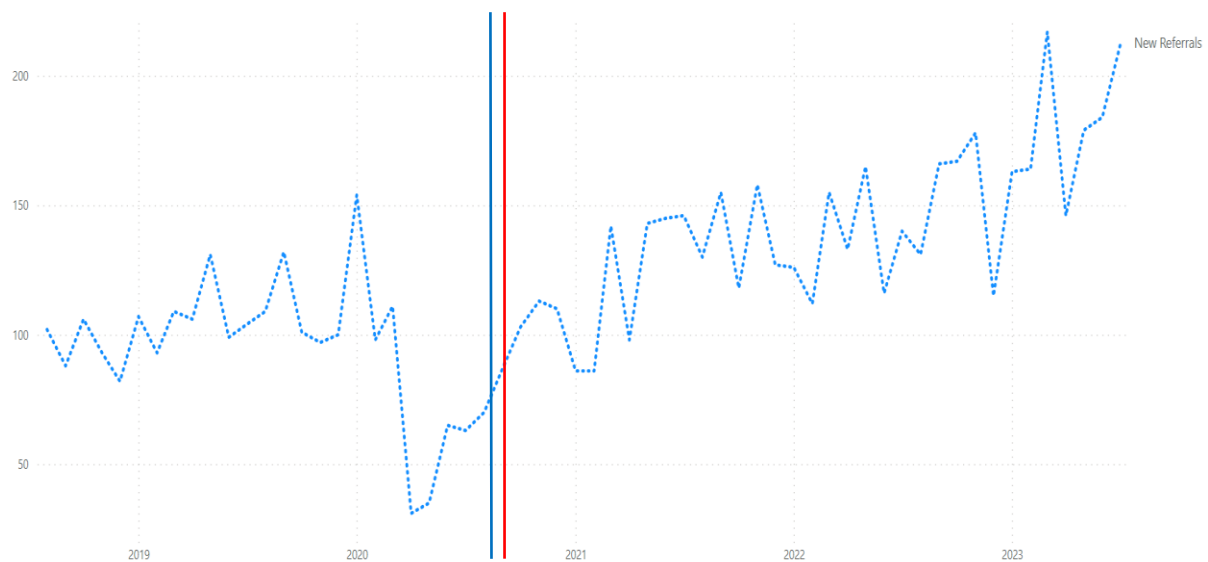
Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Prince Philip Hospital	780	1,342	991	1,613	1,855	721	**7,302**
Total	**780**	**1,342**	**991**	**1,613**	**1,855**	**721**	**7,302**

All sites Outpatient Referrals August 2018 – July 2023
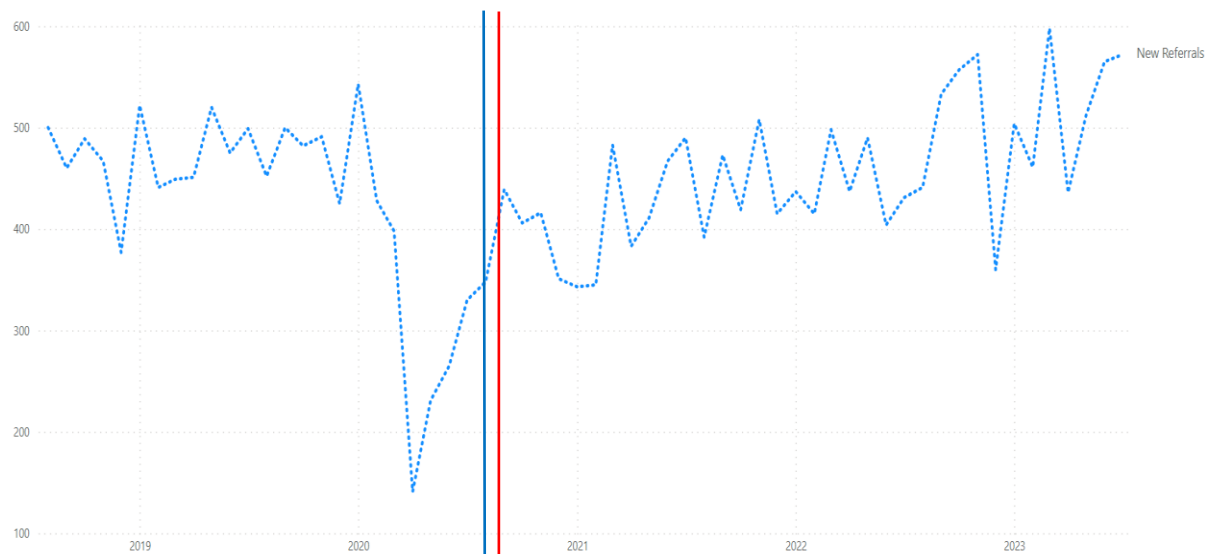
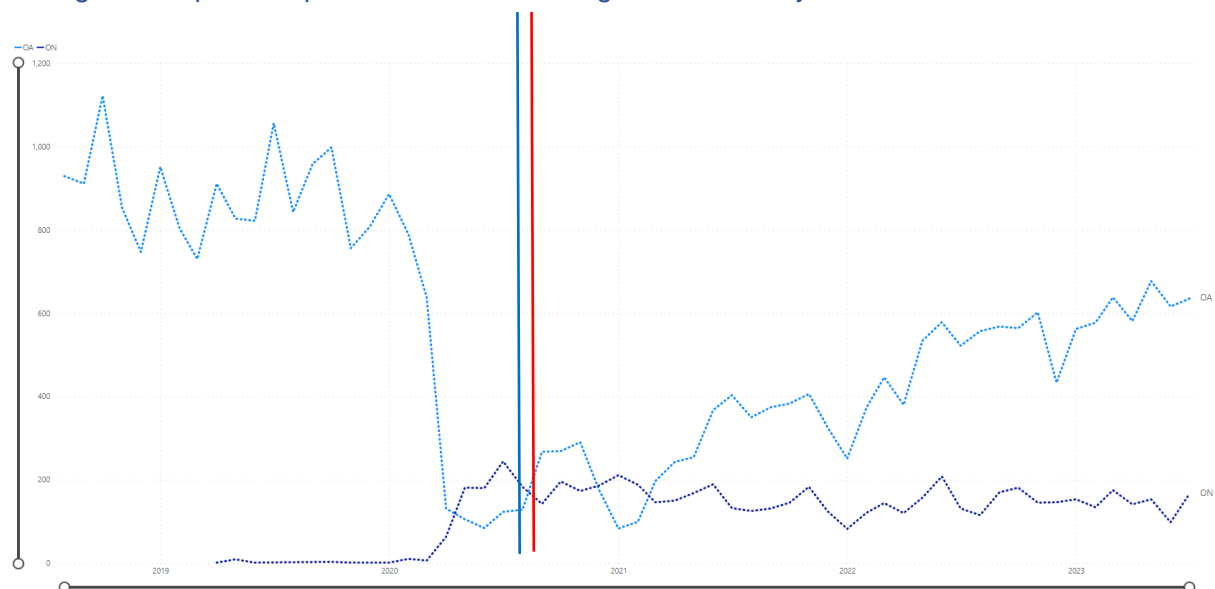| Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Werndale Hospital	0	9	131	1	0	0	141
Bronglais General Hospital	564	812	475	704	870	294	3,719
Withybush General Hospital	787	1,260	805	1,081	1,191	417	5,541
Prince Philip Hospital	780	1,342	991	1,613	1,855	721	7,302
Glangwili General Hospital	1,574	2,241	1,696	1,909	1,872	653	9,945
Total	**3,705**	**5,664**	**4,098**	**5,308**	**5,788**	**2,085**	**26,648**

Outpatient Interactions Charts
Bronglais Hospital Outpatient Interactions August 2018 – July 2023

OA – face to face appointment

ON – online appointment

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Bronglais General Hospital	1,538	1,264	614	530	1,060	328	5,334
Total	**1,538**	**1,264**	**614**	**530**	**1,060**	**328**	**5,334**

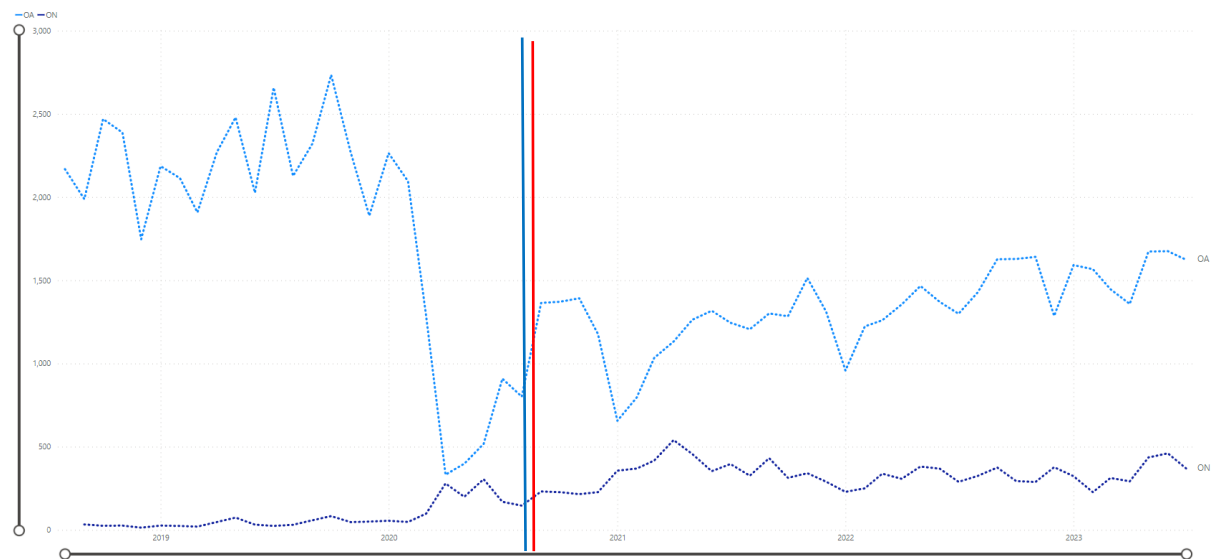## Withybush Hospital Outpatient Interactions August 2018 – July 2023

OA – face to face appointment

ON – online appointment

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Withybush General Hospital	3,666	4,096	1,822	1,632	1,929	750	**13,895**
Total	3,666	4,096	1,822	1,632	1,929	750	13,895

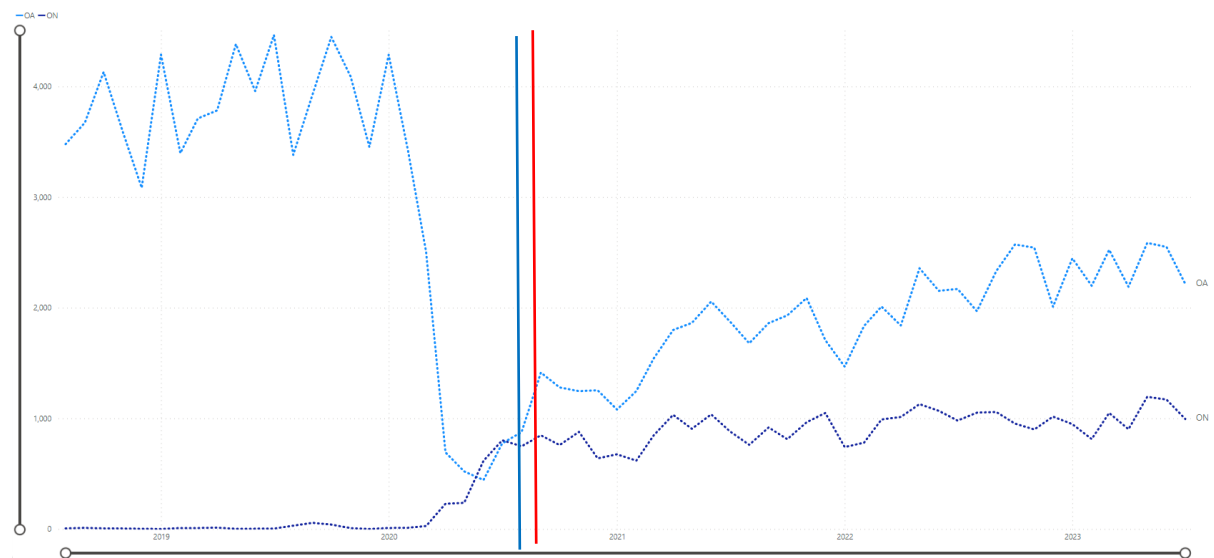## Glangwili Hospital Outpatient Interactions August 2018 – July 2023

OA – face to face appointment

ON – online appointment

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Glangwili General Hospital	3,703	6,784	3,738	6,494	9,220	3,289	33,228
Total	3,703	6,784	3,738	6,494	9,220	3,289	33,228

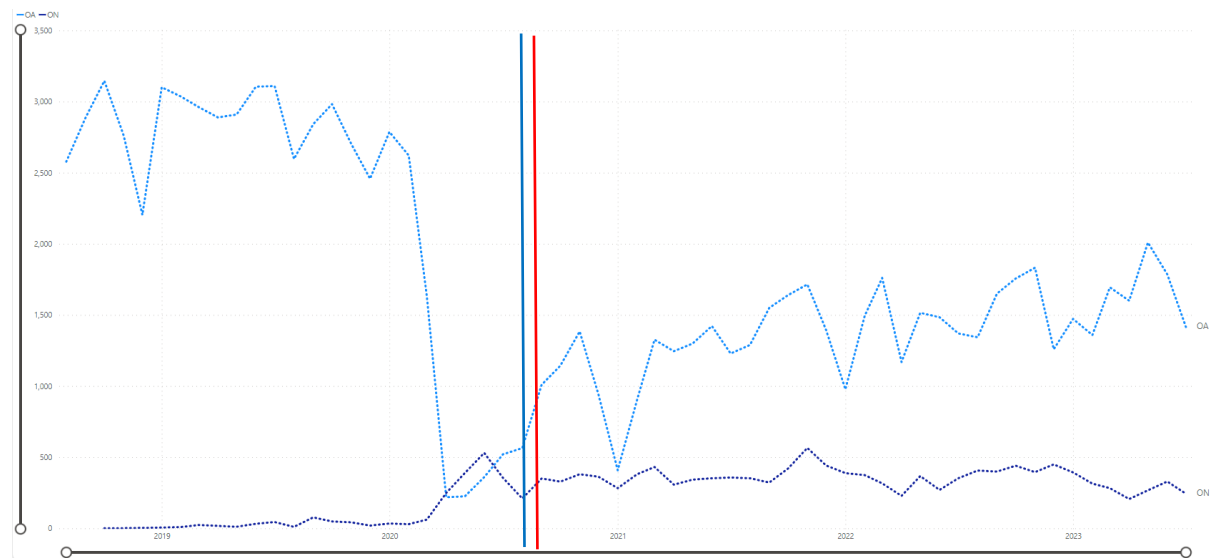## Prince Philip Hospital Outpatient Interactions August 2018 – July 2023

OA – face to face appointment

ON – online appointment

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Prince Philip Hospital	4,861	4,626	2,294	1,958	2,727	713	17,179
Total	**4,861**	**4,626**	**2,294**	**1,958**	**2,727**	**713**	**17,179**

All sites Outpatient Interactions August 2018 – July 2023

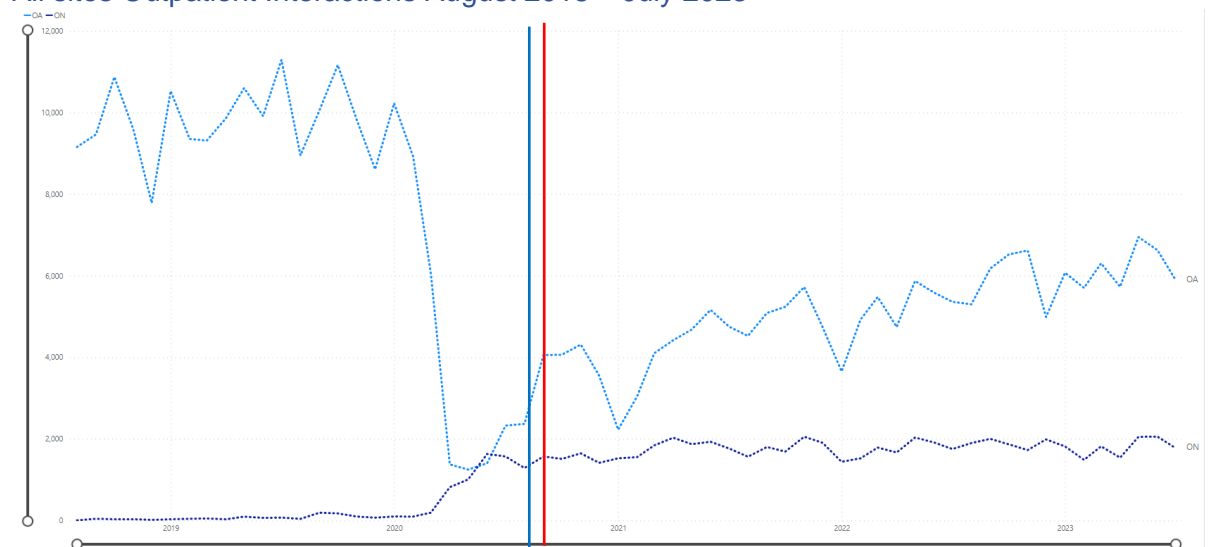OA – face to face appointment

ON – online appointment

Hospital Site/Clinical Condition	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
⊞ Bronglais General Hospital	1,538	1,264	614	530	1,060	328	5,334
⊞ Glangwili General Hospital	5,772	6,784	3,738	6,494	9,207	3,285	35,280
⊞ Prince Philip Hospital	4,861	4,626	2,294	1,958	2,727	713	17,179
⊞ Werndale Hospital			911				911
⊞ Withybush General Hospital	3,666	4,096	1,822	1,632	1,929	750	13,895
Total	**15,837**	**16,770**	**9,379**	**10,614**	**14,923**	**5,076**	**72,599**

Inpatient and Day Case Activity Charts

Bronglais Hospital Activity August 2018 – July 2023
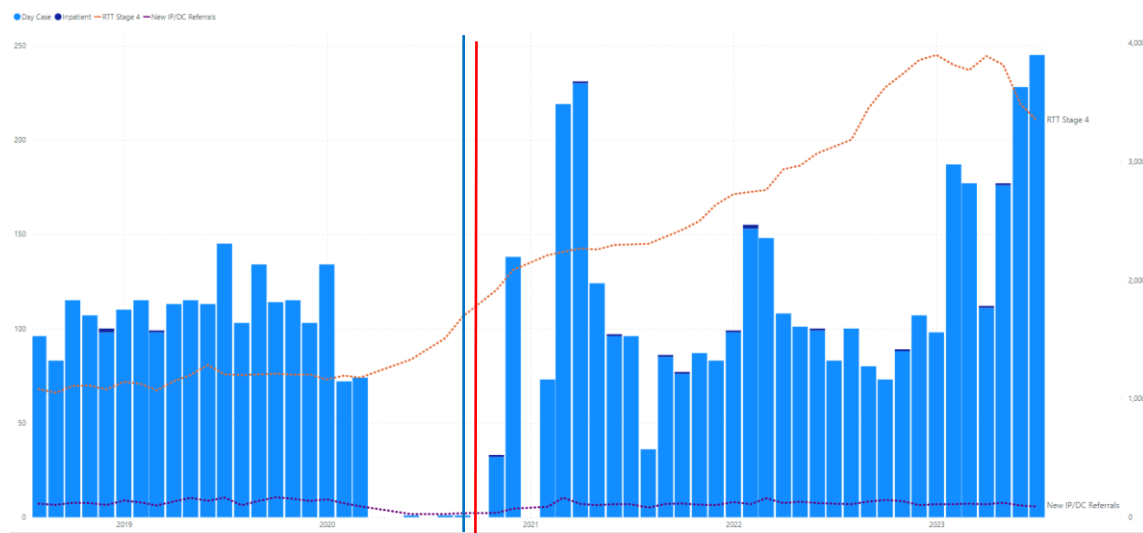*RTT – Referral to Treatment*
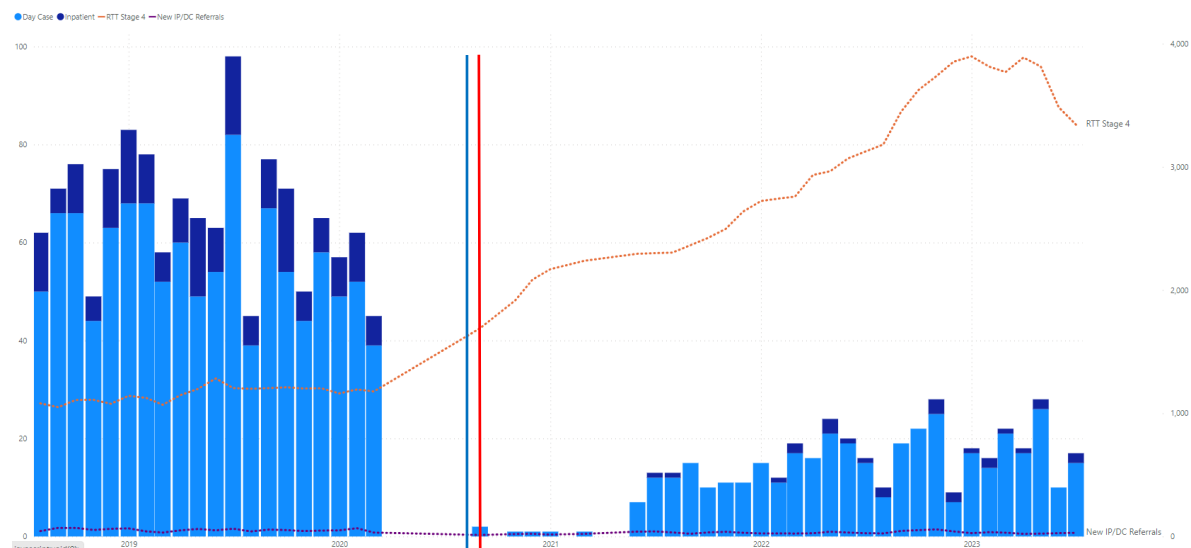
Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	619	570	178	381	455	107	2,310
DayCase Admission	11	12	6	6	3	4	42
Inpatient list	37	32	2	4	13		88
Total	667	614	186	391	471	111	2,440

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	688	647	6	121	204	68	1,734
Inpatient	114	120		5	16	5	260
Total	802	767	6	126	220	73	1,994

Withybush Hospital Activity August 2018 – July 2023
RTT – Referral to Treatment
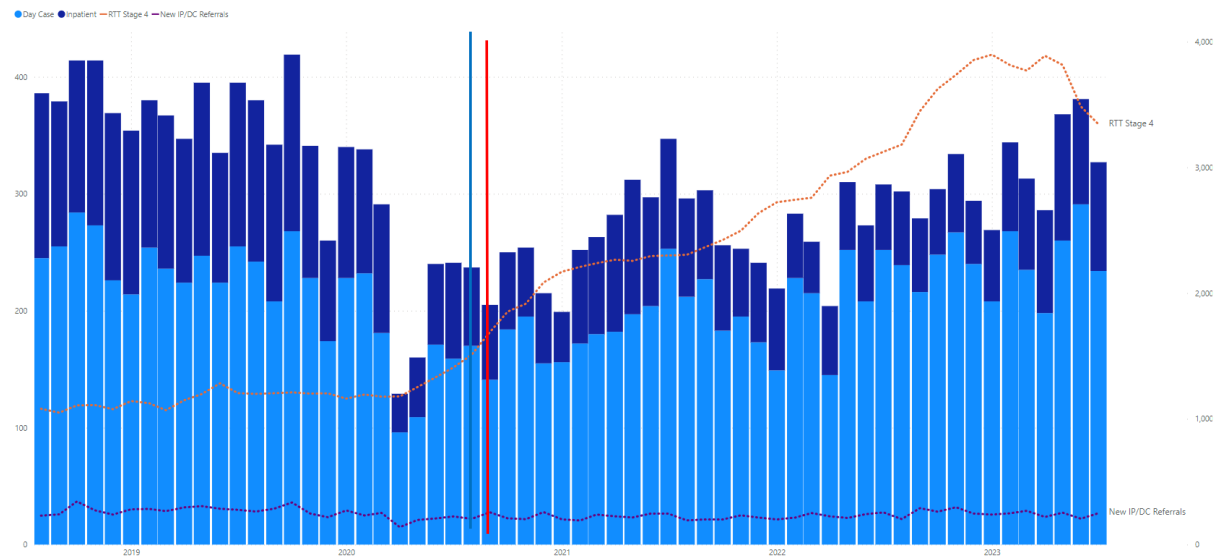

Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	1,391	1,634	612	1,308	1,387	397	6,729
DayCase Admission	5	13	9	19	13	3	62
Inpatient list	6	8		8	13	3	38
Total	**1,402**	**1,655**	**621**	**1,335**	**1,413**	**403**	**6,829**

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	1,271	1,335	465	1,312	1,301	760	6,444
Inpatient	3		1	7	2	2	15
Total	**1,274**	**1,335**	**466**	**1,319**	**1,303**	**762**	**6,459**

Glangwili Hospital Activity August 2018 – July 2023
RTT – Referral to Treatment

Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	2,604	2,655	2,330	2,459	2,819	881	13,748
DayCase Admission	76	39	24	16	27	5	187
Inpatient list	657	579	182	163	126	41	1,748
Total	**3,337**	**3,273**	**2,536**	**2,638**	**2,972**	**927**	**15,683**

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	3,150	2,711	1,888	2,418	2,778	979	13,924
Inpatient	1,608	1,472	757	930	756	376	5,899
Total	**4,758**	**4,183**	**2,645**	**3,348**	**3,534**	**1,355**	**19,823**

Prince Philip Hospital Activity August 2018 – July 2023
RTT – Referral to Treatment
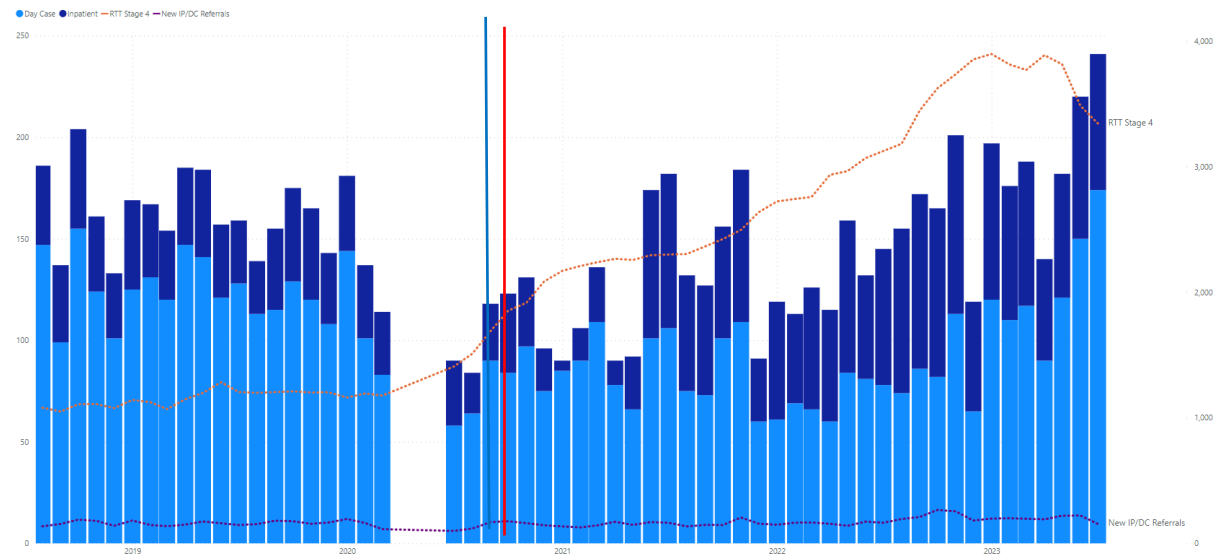
Inpatient & Day Case Referrals

ReferralOutcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day case list	1,516	1,581	1,127	1,273	1,627	579	7,703
Inpatient list	376	349	315	644	718	208	2,610
Total	**1,892**	**1,930**	**1,442**	**1,917**	**2,345**	**787**	**10,313**

Inpatient & Day Case Activity

TreatmentManagement	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
Day Case	1,515	1,450	752	965	1,070	535	6,287
Inpatient	472	444	222	621	854	248	2,861
Total	**1,987**	**1,894**	**974**	**1,586**	**1,924**	**783**	**9,148**

The outsourced activity table below highlights the number of activities which have been outsourced by the Health Board (A patient may have more than one activity). Due to the nature of how this data is captured we have represented this in financial year form between 1 April 2018 - 31 March 2023. Which varied from the remainder of the activity data as highlighted throughout this document.

Year	Point of Delivery	Specialty	Provider	Sum of No of Activities
21/22	**Day Case**	Urology	BMI Werndale	5
			Sancta Maria	23
	Day Case Total			**28**
	Inpatient	Urology	BMI Werndale	9
	Inpatient Total			**9**
	Outpatient Follow Up	Urology	BMI Werndale	1
	Outpatient Follow Up Total			**1**
	Outpatient New	Urology	BMI Werndale	18
	Outpatient New Total			**18**
21/22 Total				**56**
Grand Total				**56**

Urology Incident Data Review

Contents

Background

As per the approved Clinical Services Plan methodology, Incidents reported between 1 August 2018 and 31st July 2023 have been included for Urology 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.

In April 2021, Datix Cymru, a Once for Wales Concerns Management System, was introduced. Hywel Dda UHB were the first Health Board in Wales to adopt the new system.

Prior to implementation of Datix Cymru work had been undertaken to develop a system which made reporting of incidents simpler and therefore this may account for the rise in incident reports seen in April 2021.

It is possible that the data shows a variation in the number of reported incidents attributable to Service when comparing the old system to the current. This relates to the system being able to distinguish between different specialties within the Service that may be related to other services within the previous system.
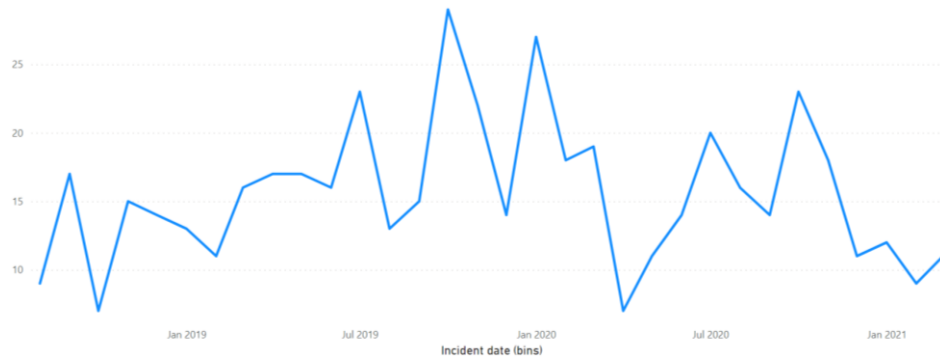
Due to gaps at the reporting stage of records, categorised totals may not equal the overall totals for the Service.

Service Changes

The temporary services change in response to COVID commenced April 16, 2020, and is reflected by a vertical blue line. The service changes were ratified during May public board and is shown in the graph by a vertical red line. The summary of the service change is as follows:

- Services including General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have been relocated to a local private hospital, providing outpatient and treatment services for their Unscheduled Care (USC) and Urgent patients.
- All outpatient PSA clinics moved to virtual telephone clinics. Patients PSA are being monitored so no build-up of waiting list and rebooked into clinics 3/6 months' time or if there is a problem referred to the consultant.
- ISC/ISC Clinic - Triaged by telephone first by the CNS Nurse.
- USC are triaged, contacted by the consultants and the patients that need to have a face-to-face appointment these are being offered at the Werndale.
- Where necessary theatre nursing scrub staff are allocated to sessions, equipment has also been transported to support some operating lists. Faxitron for Breast Surgery, Portable Laser for Urology surgery. Currently, joint regional operating is being carried out for Gynaecology with some Urology planned imminently. Discussions are taking place with regards to further working regionally with Swansea Bay University Health Board (SBUHB) to carry out surgery locally in Glangwili for residents of Hywel Dda.
- New referrals from Urology for work which currently is provided within scheduled care services, e.g., trial without catheters.

Incidents

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

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

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	2018
	9	17	7	15	14	62

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
13	11	16	17	17	16	23	13	15	29	22	14	206

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
27	18	19	7	11	14	20	16	14	23	18	11	198

Jan 21	Feb 21	Mar 21										2021
12	9	11										32
												498
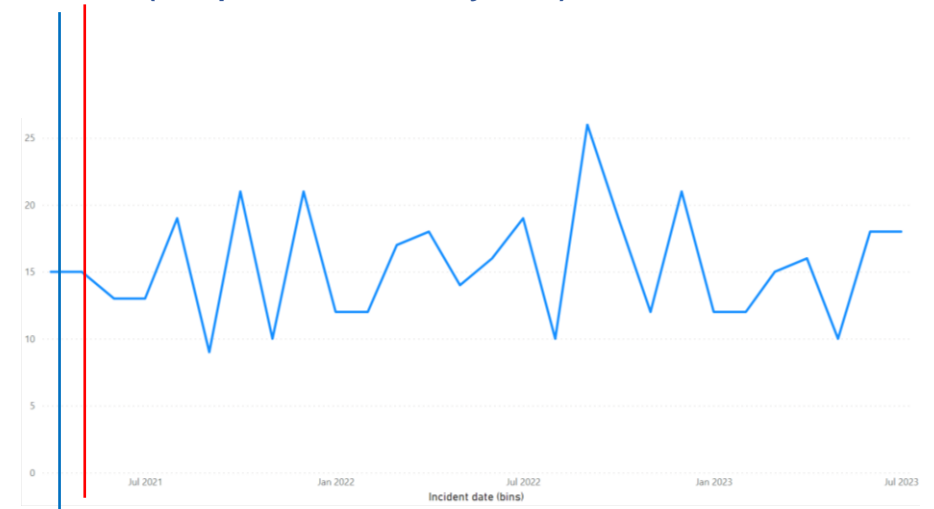
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021
	12	6	10	10	14	10	14	10	7	93

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
5	7	13	15	3	7	14	5	17	11	3	14	114

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
10	10	12	7	3	15	8						65
												272

By Location (1st August 2018 – 31st March 2021)
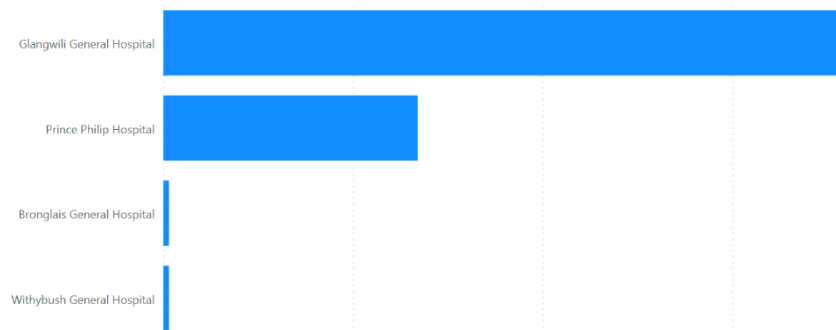
Primary Location	Count
Glangwili General Hospital	358
Prince Philip Hospital	134
Bronglais General Hospital	3
Withybush General Hospital	3

## By Location (1st April 2021 – 31st July 2023)
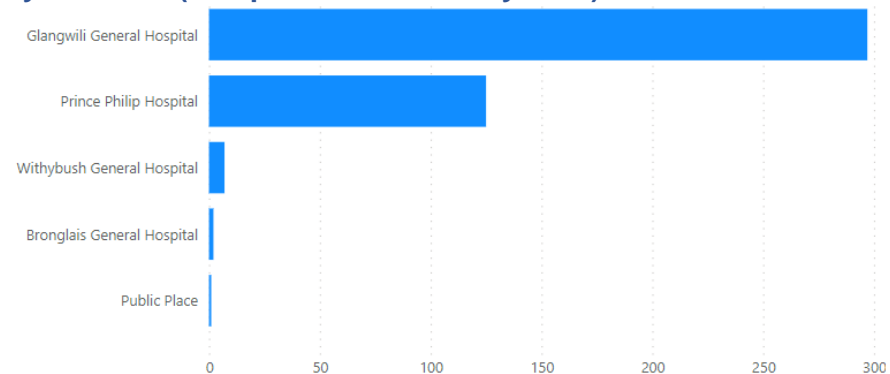
Primary Location	Count
Glangwili General Hospital	297
Prince Philip Hospital	125
Withybush General Hospital	7
Bronglais General Hospital	2
Public Place	1

By Severity/Level (1st August 2018 – 31st March 2021)
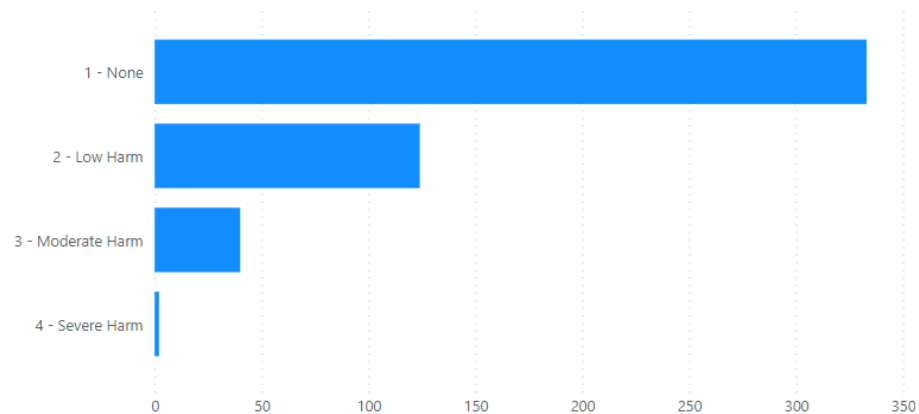
Severity	Count
1 - None	333
2 – Low Harm	124
3 – Moderate Harm	40
4 – Severe Harm	2
5 – Catastrophic Death	0

By Severity/Level (1st April 2021 – 31st July 2023)
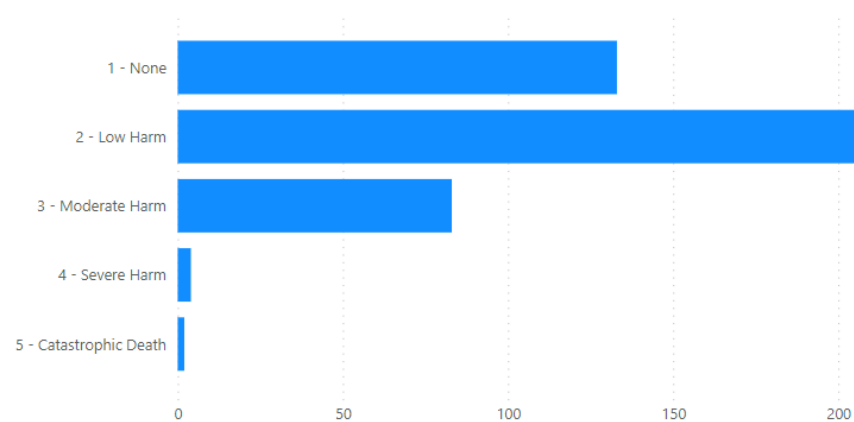
Severity	Count
1 - None	133
2 – Low Harm	211
3 – Moderate Harm	83
4 – Severe Harm	4
5 – Catastrophic Death	2

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

By Type (1st April 2021 – 31st July 2023)
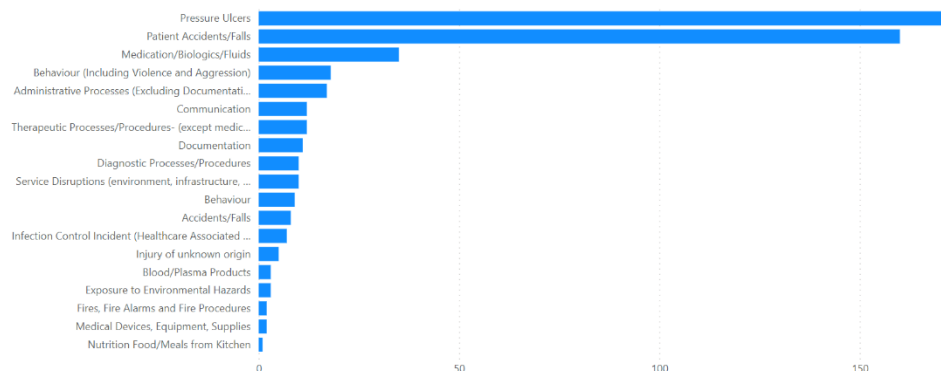
Incident type tier one	Count
Pressure Ulcers	172
Patient Accidents/Falls	160
Medication/Biologics/Fluids	35
Behaviour (Including Violence and Aggression)	18
Administrative Processes (Excluding Documentation)	17
Communication	12
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	12
Documentation	11
Diagnostic Processes/Procedures	10
Service Disruptions (environment, infrastructure, human resources)	10
Behaviour	9
Accidents/Falls	8
Infection Control Incident (Healthcare Associated Infection)	7
Injury of unknown origin	5
Blood/Plasma Products	3
Exposure to Environmental Hazards	3
Fires, Fire Alarms and Fire Procedures	2
Medical Devices, Equipment, Supplies	2
Nutrition Food/Meals from Kitchen	1
Personal Property/Data/Information	1
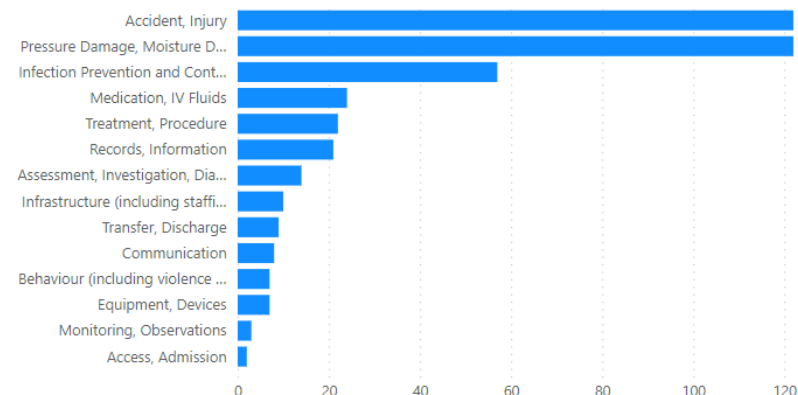
Incident type tier one	Count
Accident, Injury	122
Pressure Damage, Moisture Damage	122
Infection Prevention and Control	57
Medication, IV Fluids	24
Treatment, Procedure	22
Records, Information	21
Assessment, Investigation, Diagnosis	14
Infrastructure (including staffing, facilities, environment)	10
Transfer, Discharge	9
Communication	8
Behaviour (including violence and aggression)	7
Equipment, Devices	7
Monitoring, Observations	3
Access, Admission	2
Information Governance, Confidentiality	2
Nutrition, Hydration	1
Patient/service user death	1
Safeguarding	1

## Bronglais Hospital (1st August 2018 – 31st March 2021)
By Severity/Level
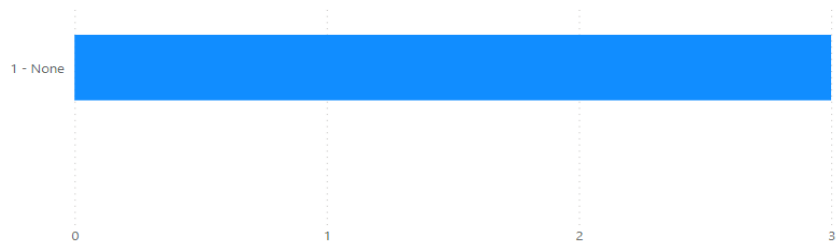
Severity	Count
1 - None	3
2 – Low Harm	0
3 – Moderate Harm	0
4 – Severe Harm	0
5 – Catastrophic Death	0

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

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

Bronglais Hospital (1st August 2018 – 31st March 2021) By Type
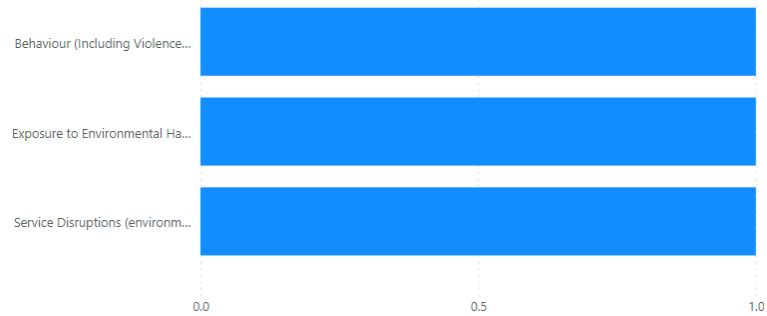
Incident type tier one	Count
Behaviour (Including Violence and Aggression)	1
Exposure to Environmental Hazards	1
Service Disruptions (environment, infrastructure, human resources)	1

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

Incident type tier one	Count
Assessment, Investigation, Diagnosis	1
Treatment, Procedure	1

Withybush Hospital (1st August 2018 – 31st March 2021) By Severity/Level
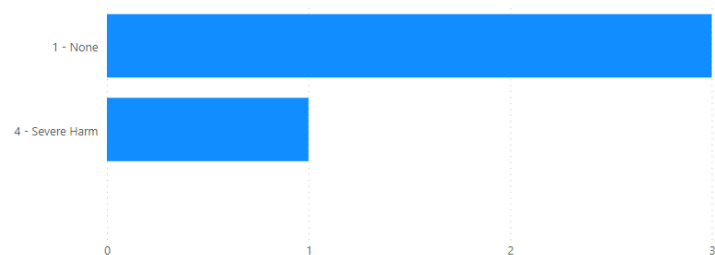
Severity	Count
1 - None	3
4 – Severe Harm	1
2 – Low Harm	0
3 – Moderate Harm	0
5 – Catastrophic Death	0

Withybush Hospital (1st April 2021 – 31st July 2023) By Severity/Level
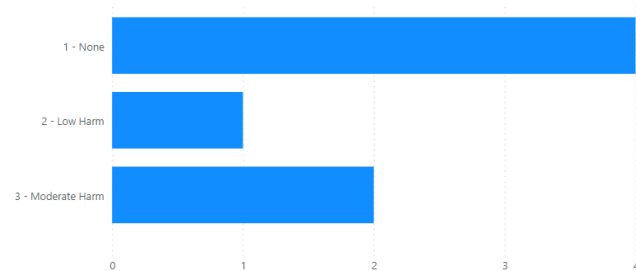
Severity	Count
1 - None	4
2 – Low Harm	1
3 – Moderate Harm	2
4 – Severe Harm	0
5 – Catastrophic Death	0

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

Incident type tier one	Count
Documentation	2
Assessment, Investigation, Diagnosis	1
Communication	1

Withybush Hospital (1st April 2021 – 31st July 2023) By Type
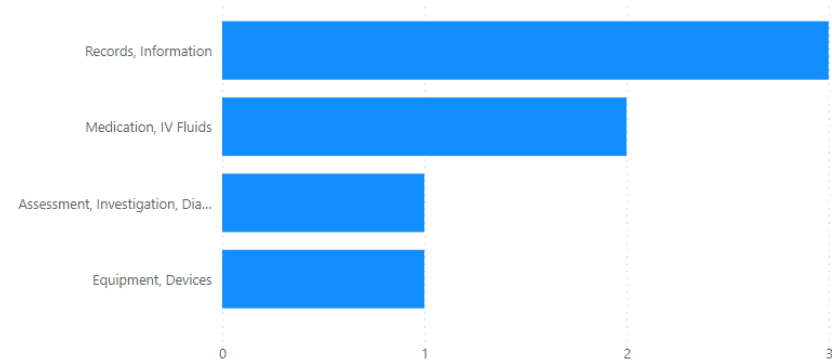
Incident type tier one	Count
Records, Information	3
Medication, IV Fluids	2
Assessment, Investigation, Diagnosis	1
Equipment, Devices	1

Glangwili Hospital (1st August 2018 – 31st March 2021) By Severity/Level
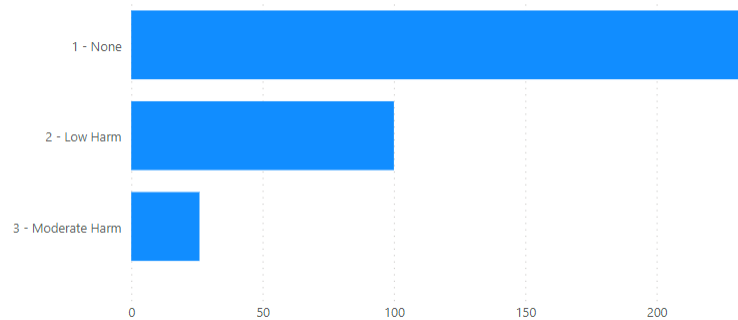
Severity	Count
1 - None	232
2 – Low Harm	100
3 – Moderate Harm	26
4 – Severe Harm	0
5 – Catastrophic Death	0

Glangwili Hospital (1st April 2021 – 31st July 2023) By Severity/Level
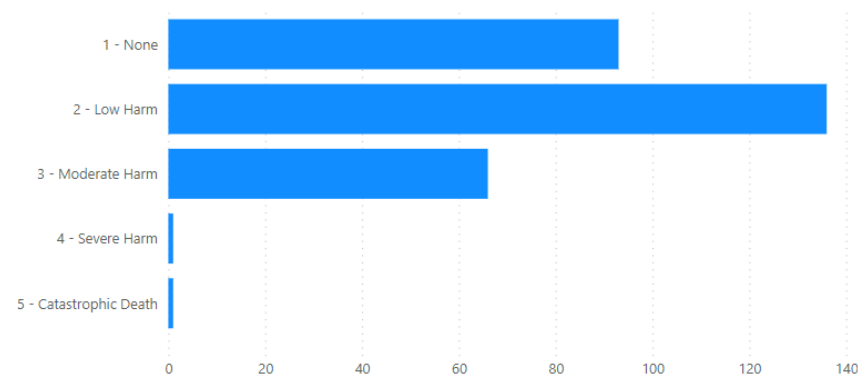
Severity	Count
1 - None	93
2 – Low Harm	136
3 – Moderate Harm	66
4 – Severe Harm	1
5 – Catastrophic Death	1

Glangwili Hospital (1st August 2018 – 31st March 2021) By Type
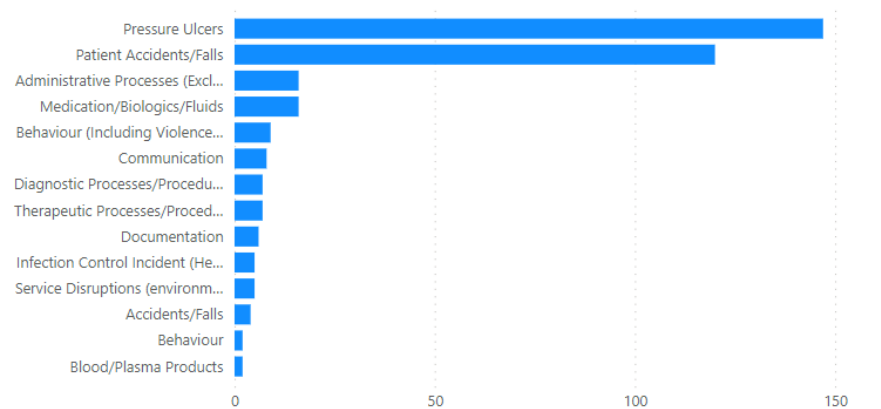
Incident type tier one	Count
Pressure Ulcers	147
Patient Accidents/Falls	120
Administrative Processes (Excluding Documentation)	16
Medication/Biologics/Fluids	16
Behaviour (Including Violence and Aggression)	9
Communication	8
Diagnostic Processes/Procedures	7
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	7
Documentation	6
Infection Control Incident (Healthcare Associated Infection)	5
Service Disruptions (environment, infrastructure, human resources)	5
Accidents/Falls	4
Behaviour	2
Blood/Plasma Products	2
Injury of unknown origin	2
Exposure to Environmental Hazards	1
Personal Property/Data/Information	1

## Glangwili Hospital (1st April 2021 – 31st July 2023) By Type
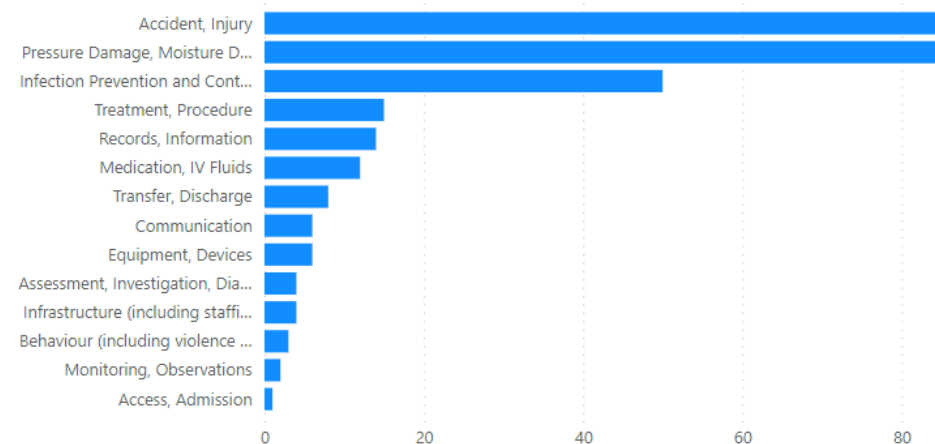
Incident type tier one	Count
Accident, Injury	86
Pressure Damage, Moisture Damage	85
Infection Prevention and Control	50
Treatment, Procedure	15
Records, Information	14
Medication, IV Fluids	12
Transfer, Discharge	8
Communication	6
Equipment, Devices	6
Assessment, Investigation, Diagnosis	4
Infrastructure (including staffing, facilities, environment)	4
Behaviour (including violence and aggression)	3
Monitoring, Observations	2
Access, Admission	1
Nutrition, Hydration	1

Prince Philip Hospital (1st August 2018 – 31st March 2021) By Severity/Level
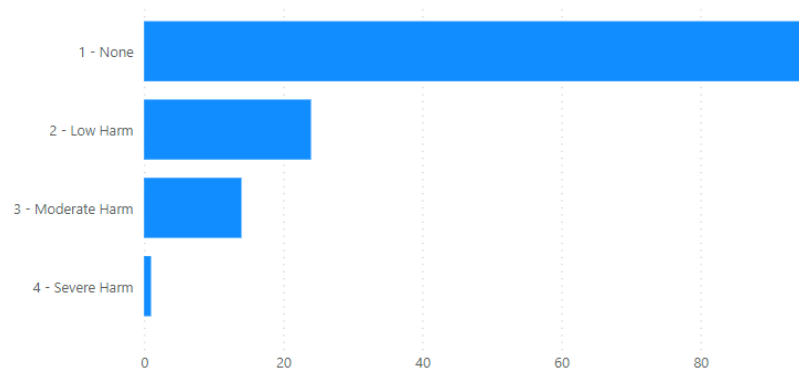
Severity	Count
1 - None	95
2 – Low Harm	24
3 – Moderate Harm	14
4 – Severe Harm	1
5 – Catastrophic Death	0

Prince Philip Hospital (1st April 2021 – 31st July 2023) By Severity/Level
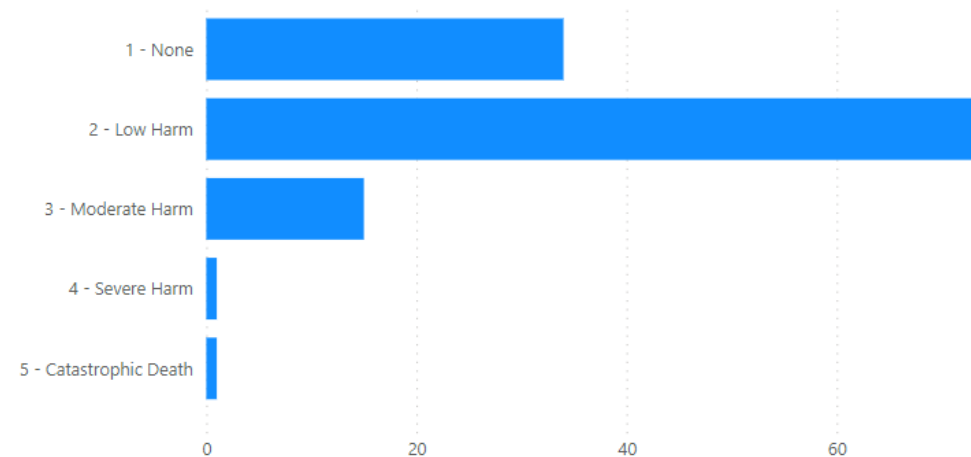
Severity	Count
1 - None	34
2 – Low Harm	74
3 – Moderate Harm	15
4 – Severe Harm	1
5 – Catastrophic Death	1

Prince Philip Hospital (1st August 2018 – 31st March 2021) By Type
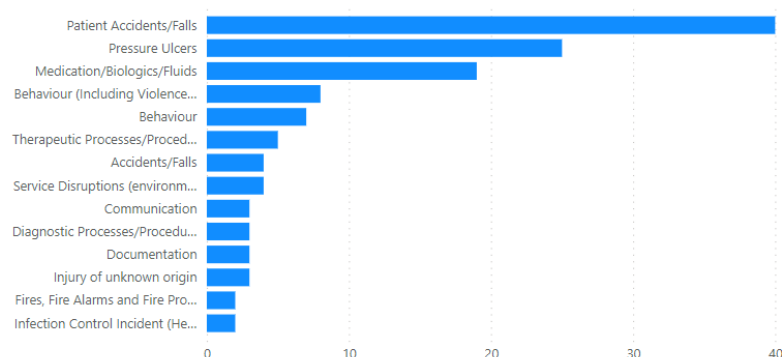
Incident type tier one	Count
Patient Accidents/Falls	40
Pressure Ulcers	25
Medication/Biologics/Fluids	19
Behaviour (Including Violence and Aggression)	8
Behaviour	7
Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)	5
Accidents/Falls	4
Service Disruptions (environment, infrastructure, human resources)	4
Communication	3
Diagnostic Processes/Procedures	3
Documentation	3
Injury of unknown origin	3
Fires, Fire Alarms and Fire Procedures	2
Infection Control Incident (Healthcare Associated Infection)	2
Medical Devices, Equipment, Supplies	2
Administrative Processes (Excluding Documentation)	1
Blood/Plasma Products	1
Exposure to Environmental Hazards	1
Nutrition Food/Meals from Kitchen	1

Prince Philip Hospital (1st April 2021 – 31st July 2023) By Type
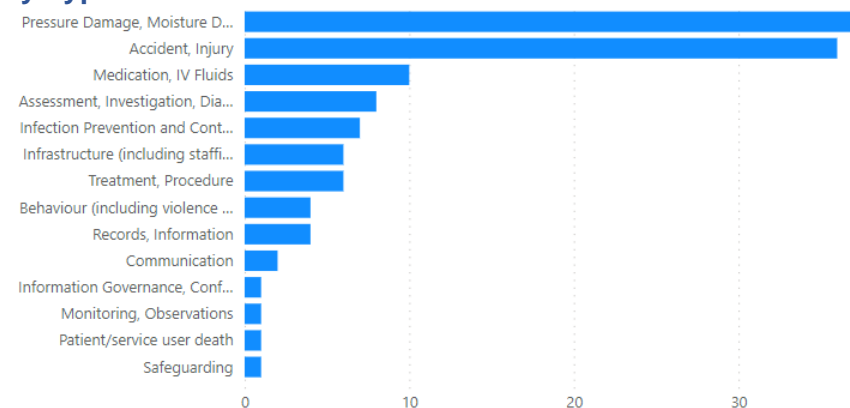
Incident type tier one	Count
Pressure Damage, Moisture Damage	37
Accident, Injury	36
Medication, IV Fluids	10
Assessment, Investigation, Diagnosis	8
Infection Prevention and Control	7
Infrastructure (including staffing, facilities, environment)	6
Treatment, Procedure	6
Behaviour (including violence and aggression)	4
Records, Information	4
Communication	2
Information Governance, Confidentiality	1
Monitoring, Observations	1
Patient/service user death	1
Safeguarding	1
Transfer, Discharge	1

Urology Complaints Data Review

Contents

Background

As per the approved Clinical Services Plan methodology, Complaints reported between 1 August 2018 and 31st July 2023 have been included for Urology 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.

In April 2021, Datix Cymru, a Once for Wales Concerns Management System, was introduced. Hywel Dda UHB were the first Health Board in Wales to adopt the new system.

Prior to implementation of Datix Cymru work had been undertaken to develop a system which made reporting of incidents simpler and therefore this may account for the rise in incident reports seen in April 2021.

It is possible that the data shows a variation in the number of reported incidents attributable to Service when comparing the old system to the current. This relates to the system being able to distinguish between different specialties within the Service that may be related to other services within the previous system.

Due to gaps at the reporting stage of records, categorised totals may not equal the overall totals for the Service.

Service Changes

The temporary services change in response to COVID commenced April 16, 2020, and is reflected by a vertical blue line. The service changes were ratified during May public board and is shown in the graph by a vertical red line. The summary of the service change is as follows:

- Services including General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have been relocated to a local private hospital, providing outpatient and treatment services for their Unscheduled Care (USC) and Urgent patients.
- All outpatient PSA clinics moved to virtual telephone clinics. Patients PSA are being monitored so no build-up of waiting list and rebooked into clinics 3/6 months' time or if there is a problem referred to the consultant.
- ISC/ISC Clinic - Triaged by telephone first by the CNS Nurse.
- USC are triaged, contacted by the consultants and the patients that need to have a face-to-face appointment these are being offered at the Werndale.
- Where necessary theatre nursing scrub staff are allocated to sessions, equipment has also been transported to support some operating lists. Faxitron for Breast Surgery, Portable Laser for Urology surgery. Currently, joint regional operating is being carried out for Gynaecology with some Urology planned imminently. Discussions are taking place with regards to further working regionally with Swansea Bay University Health Board (SBUHB) to carry out surgery locally in Glangwili for residents of Hywel Dda.
- New referrals from Urology for work which currently is provided within scheduled care services, e.g., trial without catheters

Complaints

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

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

						Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	2018
						6	3	1	8	4	22
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
4	2	1	2	2	7	5	5	11	7	3	11	60
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
12	6	2	1	8	4	7	9	8	12	13	12	94
Jan 21	Feb 21	Mar 21										2021
9	8	15										32
												208
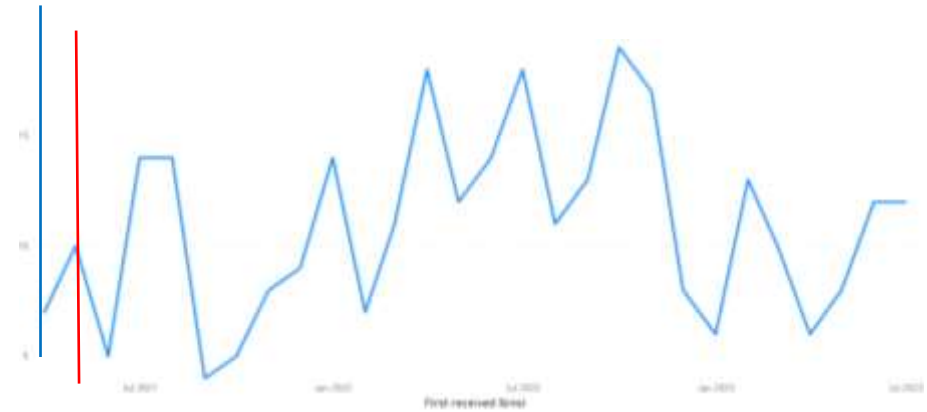
			Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	2021
			7	10	5	14	14	4	5	8	9	76
Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	2022
14	7	11	18	12	14	18	11	13	19	17	8	162
Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23						2023
6	13	10	6	8	12	12						67
												305

By Location (1st August 2018 – 31st March 2021)
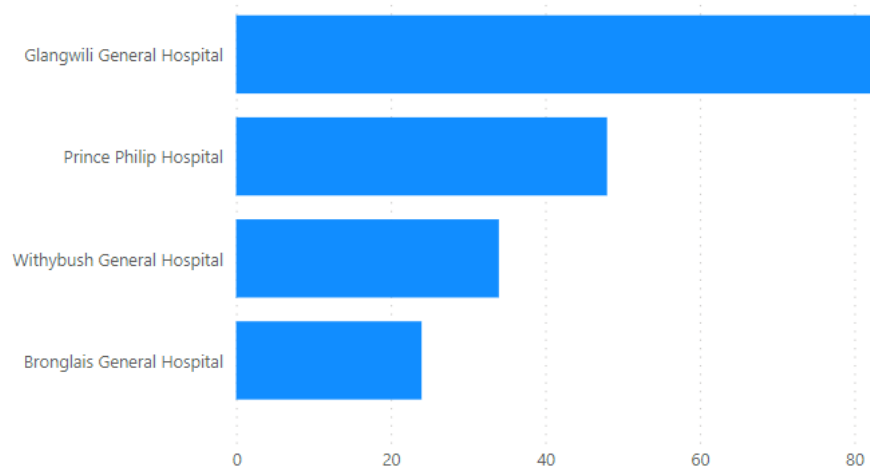
| Primary Location	Count
Glangwili General Hospital	97
Prince Philip Hospital	48
Bronglais General Hospital	24
Withybush General Hospital	34

By Location (1st April 2021 – 31st July 2023)
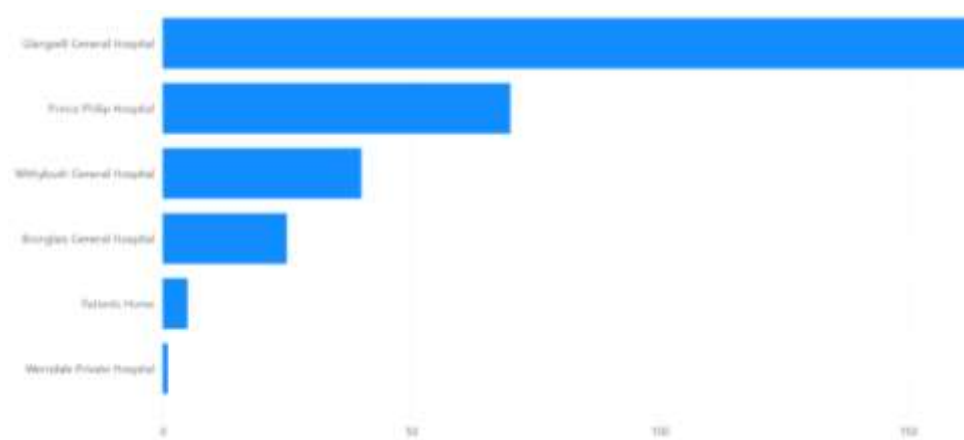
Primary Location	Count
Glangwili General Hospital	164
Prince Philip Hospital	70
Withybush General Hospital	40
Bronglais General Hospital	25
Patients Home	5

By Grading (1st August 2018 – 31st March 2021)
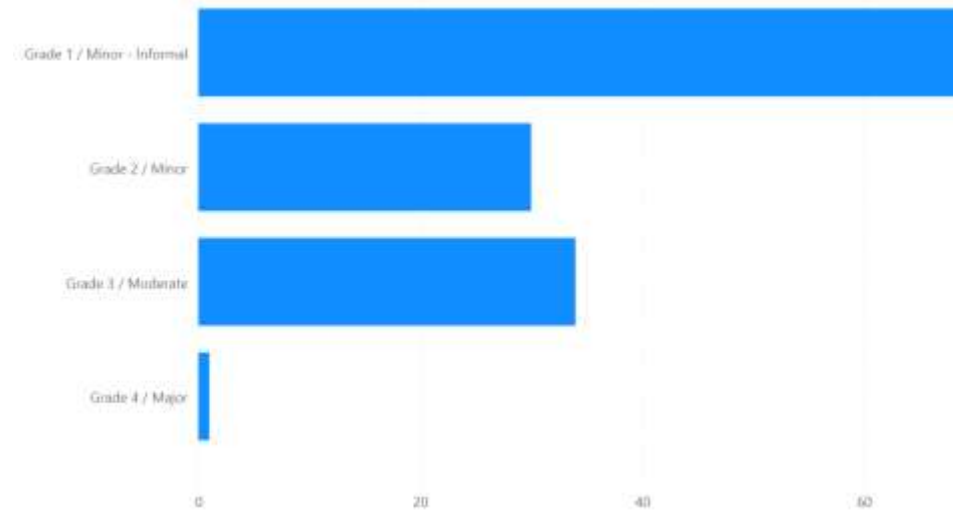
Grade	Count
Grade 1 – Minor - Informal	94
Grade 2 - Minor	30
Grade 3 - Moderate	34
Grade 4 - Major	1
Grade 5 – Catastrophic	0

By Grading (1st April 2021 – 31st July 2023)
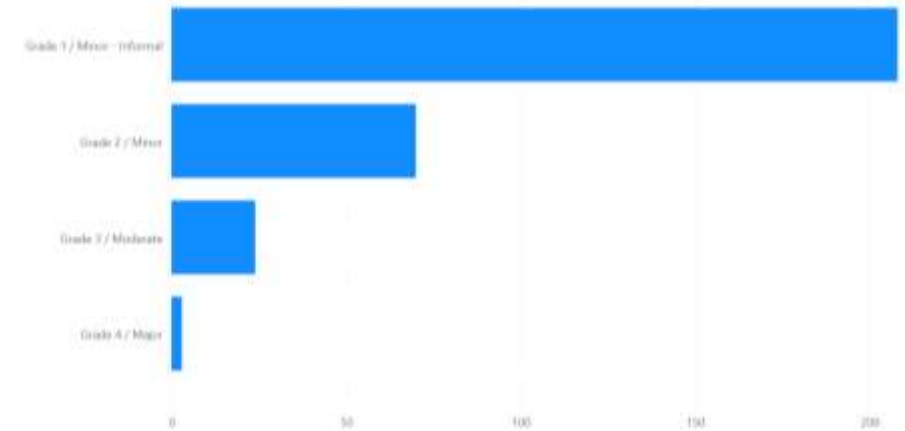
Grade	Count
Grade 1 – Minor - Informal	208
Grade 2 - Minor	70
Grade 3 - Moderate	24
Grade 4 - Major	3
Grade 5 – Catastrophic	0

By Type (1st August 2018 – 31st March 2021)
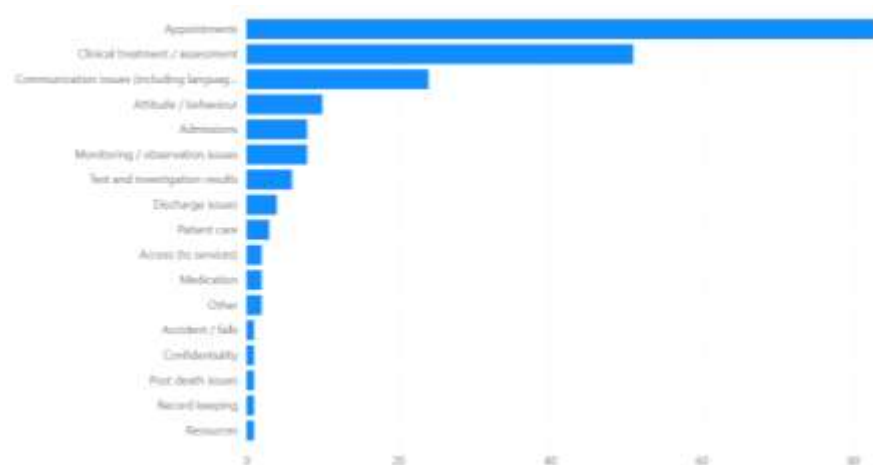
Subject (primary)	Count
Appointments	83
Clinical treatment / assessment	51
Communication issues (including language)	24
Attitude / behaviour	10
Admissions	8
Monitoring / observation issues	8
Test and investigation results	6
Discharge issues	4
Patient care	3
Access (to services)	2
Medication	2
Other	2
Accident / falls	1
Confidentiality	1
Post death issues	1
Record keeping	1
Resources	1

By Type (1st April 2021 – 31st July 2023)
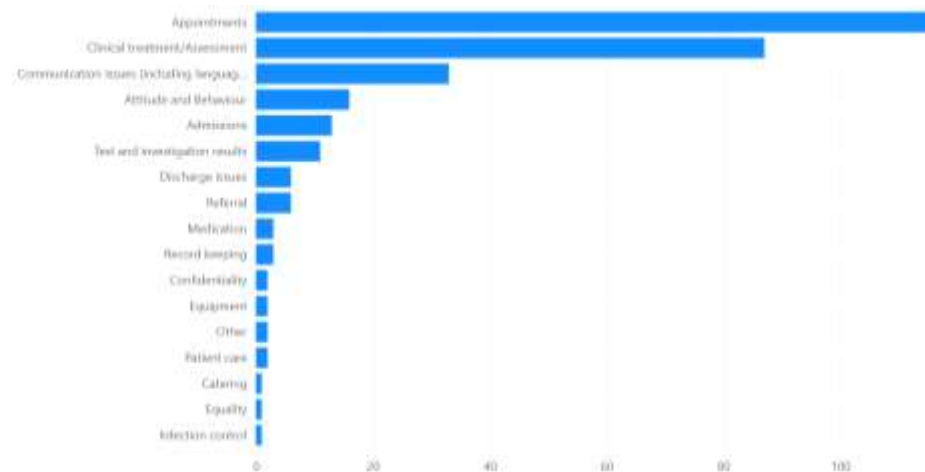
Subject (primary)	Count
Appointments	116
Clinical treatment/Assessment	87
Communication issues (including language)	33
Attitude and Behaviour	16
Admissions	13
Test and investigation results	11
Discharge issues	6
Referral	6
Medication	3
Record keeping	3
Confidentiality	2
Equipment	2
Other	2
Patient care	2
Catering	1
Equality	1
Infection control	1

Bronglais Hospital (1st August 2018 – 31st March 2021)
By Grading
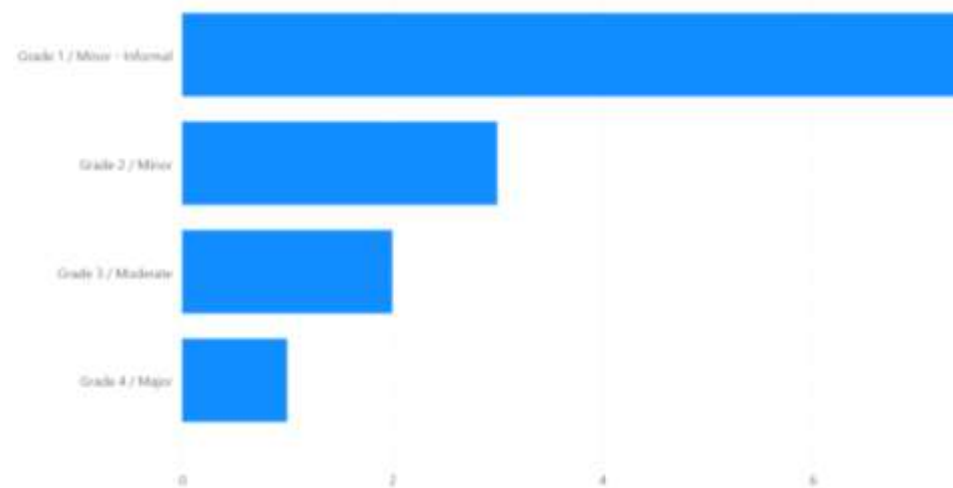
Grade	Count
Grade 1 – Minor - Informal	10
Grade 2 - Minor	3
Grade 3 - Moderate	2
Grade 4 - Major	1
Grade 5 – Catastrophic	0

Bronglais Hospital (1st April 2021 – 31st July 2023)
By Grading
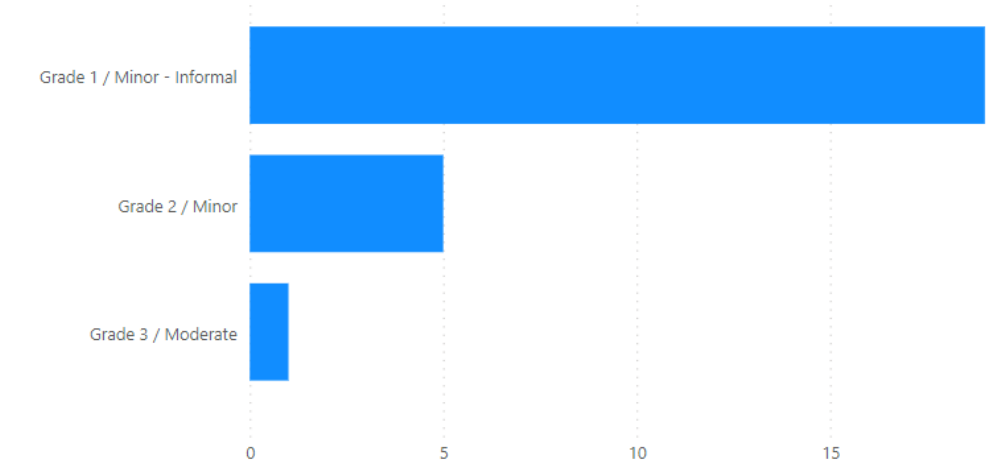
Grade	Count
Grade 1 – Minor - Informal	19
Grade 2 - Minor	5
Grade 3 - Moderate	1
Grade 4 – Major	0
Grade 5 – Catastrophic	0

Bronglais Hospital (1st August 2018 – 31st March 2021)
By Type
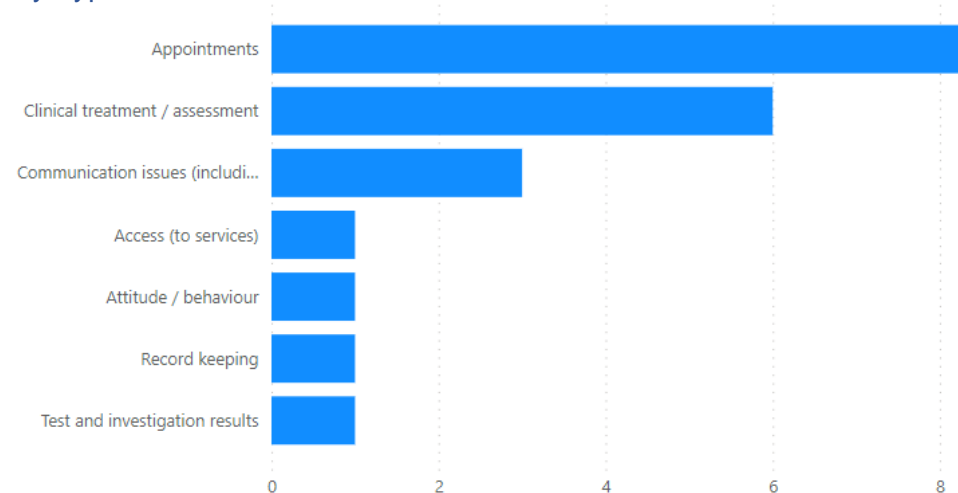
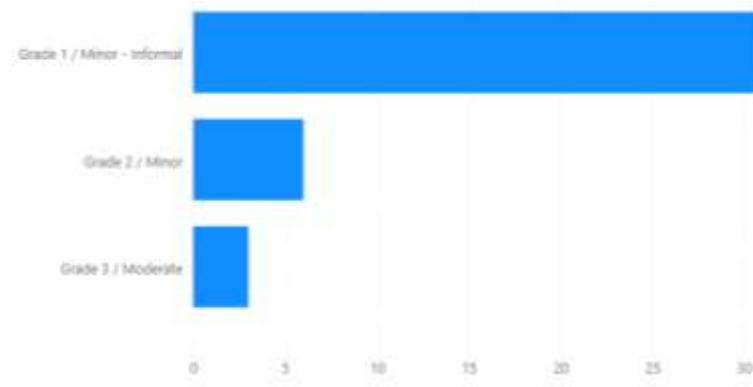| Subject (primary)	Count
Appointments	9
Clinical treatment/Assessment	6
Communication issues (including language)	3
Access (to services)	1
Attitude / behaviour	1
Record keeping	1
Test and investigation results	1

Bronglais Hospital (1st April 2021 – 31st July 2023)
By Type
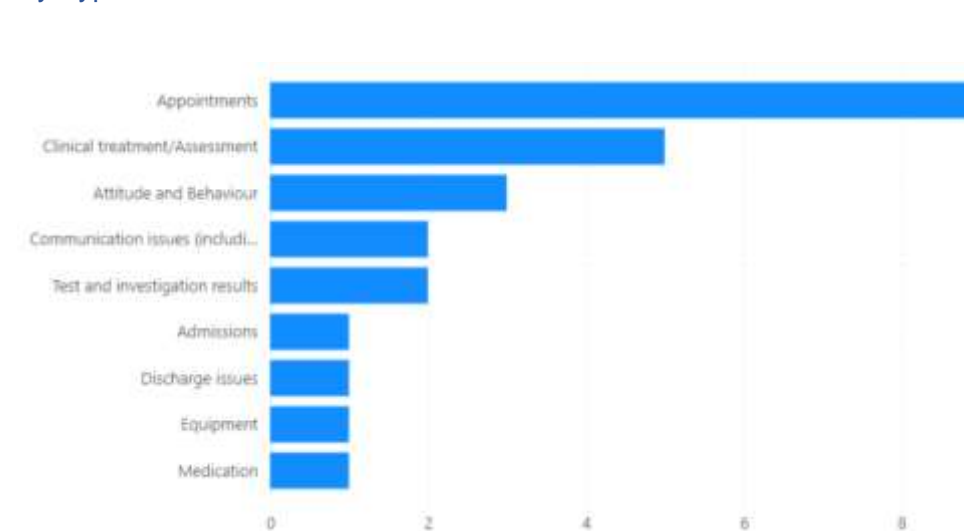
Subject (primary)	Count
Appointments	9
Clinical treatment/Assessment	5
Attitude and Behaviour	3
Communication issues (including language)	2
Test and investigation results	2
Admissions	1
Discharge Issues	1
Equipment	1
Medication	1

Withybush Hospital (1st August 2018 – 31st March 2021)
By Grading
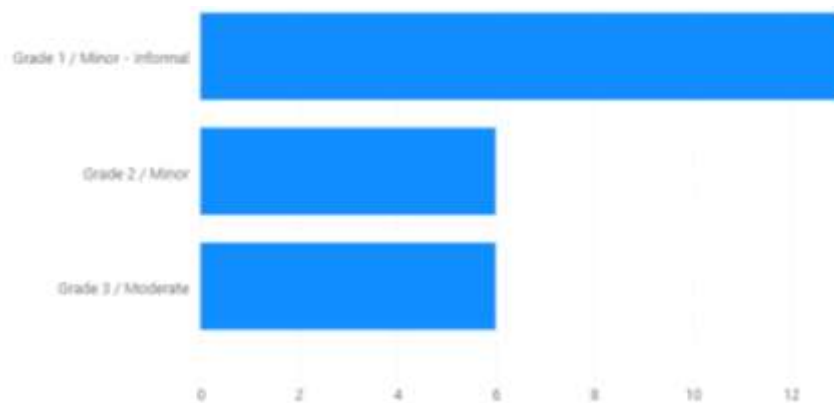
Grade	Count
Grade 1 – Minor - Informal	13
Grade 2 - Minor	6
Grade 3 - Moderate	6
Grade 4 – Major	0
Grade 5 – Catastrophic	0

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

Grade	Count
Grade 1 – Minor - Informal	31
Grade 2 - Minor	6
Grade 3 - Moderate	3
Grade 4 – Major	0
Grade 5 – Catastrophic	0

Withybush Hospital (1st August 2018 – 31st March 2021)
By Type
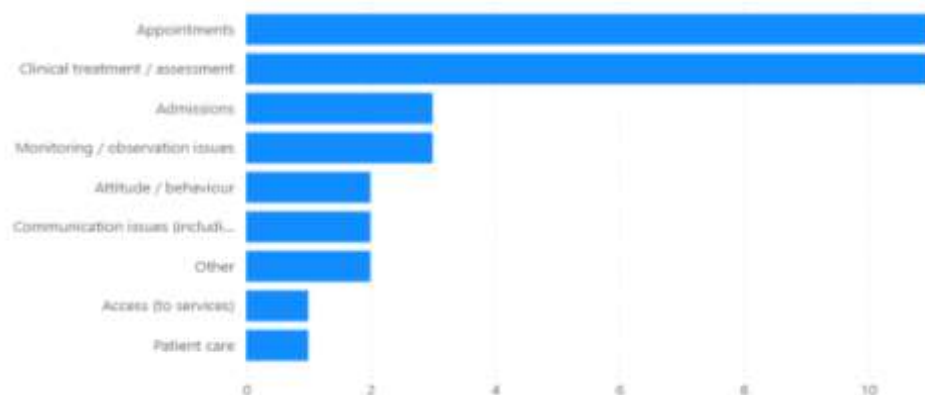
Subject (primary)	Count
Appointments	11
Clinical treatment/Assessment	11
Admissions	3
Monitoring / observation issues	3
Attitude / behaviour	2
Communication issues (including language)	2
Other	2
Access (to services)	1
Patient care	1

Withybush Hospital (1st April 2021 – 31st July 2023)
By Type
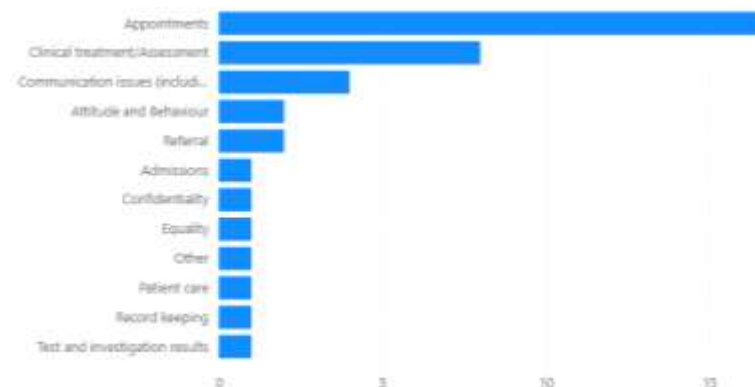
Subject (primary)	Count
Appointments	17
Clinical treatment/Assessment	8
Communication issues (including language)	4
Attitude / behaviour	2
Referral	2
Admissions	1
Confidentiality	1
Equality	1
Other	1
Patient care	1
Record keeping	1
Test and Investigation results	1

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

Grade	Count
Grade 1 – Minor - Informal	45
Grade 2 - Minor	14
Grade 3 - Moderate	20
Grade 4 – Major	0
Grade 5 – Catastrophic	0

Glangwili Hospital (1st April 2021 – 31st July 2023)
By Grading
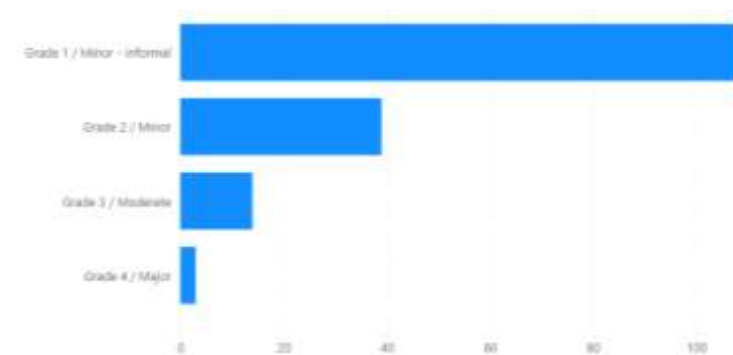
Grade	Count
Grade 1 – Minor - Informal	108
Grade 2 - Minor	39
Grade 3 - Moderate	14
Grade 4 - Major	3
Grade 5 – Catastrophic	0

Glangwili Hospital (1st August 2018 – 31st March 2021)
By Type
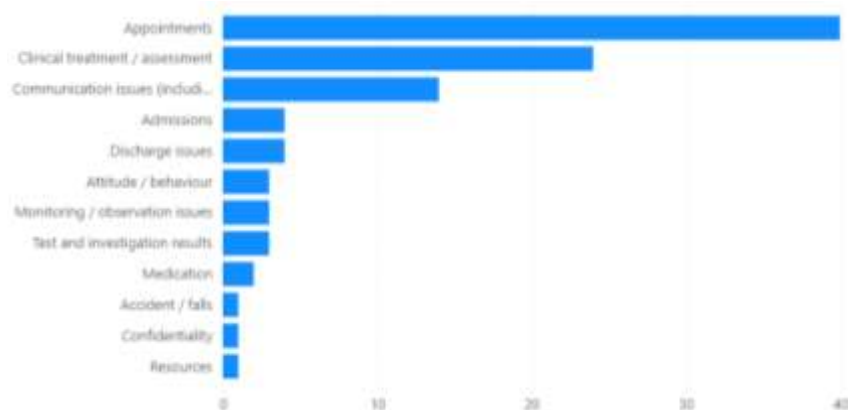
Subject (primary)	Count
Appointments	40
Clinical treatment/Assessment	24
Communication issues (including language)	14
Admissions	4
Discharge Issues	4
Attitude / behaviour	3
Monitoring / observation issues	3
Test and investigation results	3
Medication	2
Accident / Falls	1
Confidentiality	1
Resources	1

Glangwili Hospital (1st April 2021 – 31st July 2023)
By Type
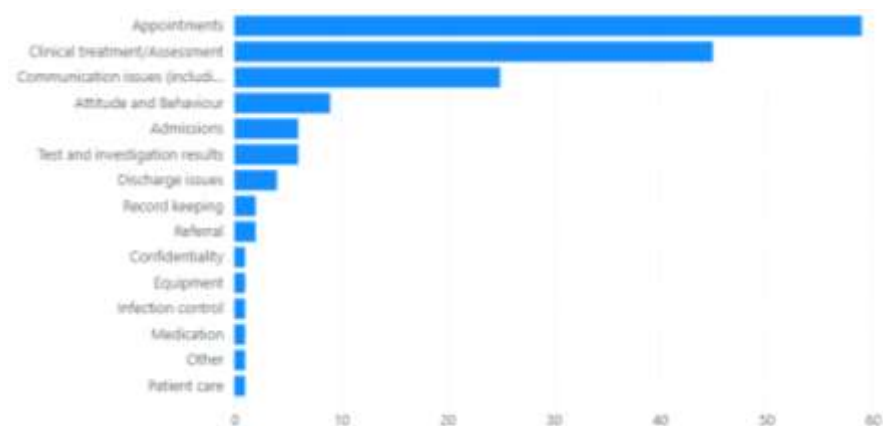
Subject (primary)	Count
Appointments	59
Clinical treatment/Assessment	45
Communication issues (including language)	25
Attitude / behaviour	9
Admissions	6
Test and investigation results	6
Discharge Issues	4
Record Keeping	2
Referral	2
Confidentiality	1
Equipment	1
Infection Control	1
Medication	1
Other	1
Patient Care	1

Prince Philip Hospital (1st August 2018 – 31st March 2021)
By Grading
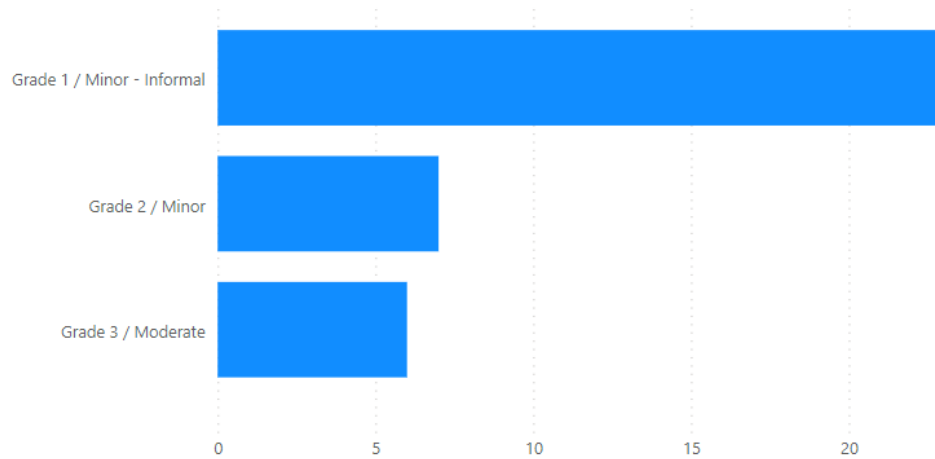
Grade	Count
Grade 1 – Minor - Informal	24
Grade 2 - Minor	7
Grade 3 - Moderate	6
Grade 4 – Major	0
Grade 5 – Catastrophic	0

Prince Philip Hospital (1st April 2021 – 31st July 2023)
By Grading
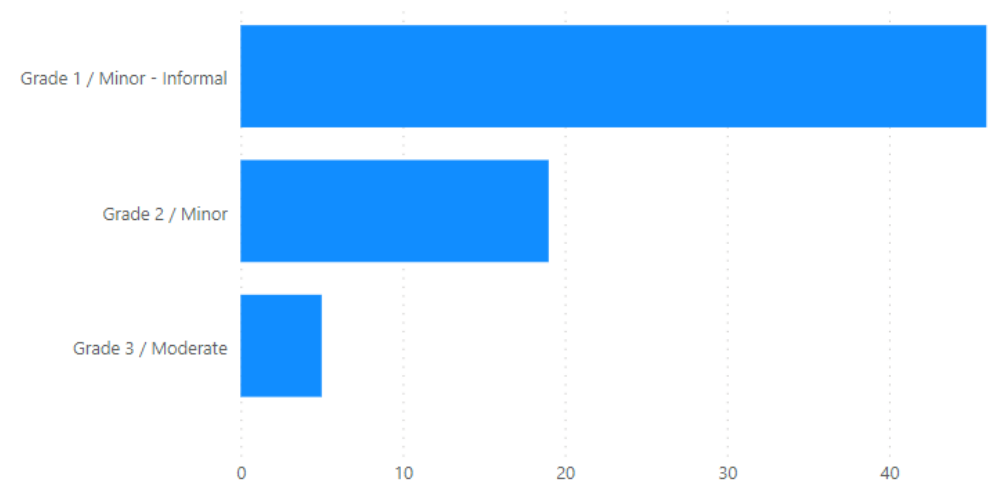
Grade	Count
Grade 1 – Minor - Informal	46
Grade 2 - Minor	19
Grade 3 - Moderate	5
Grade 4 – Major	0
Grade 5 – Catastrophic	0

Prince Philip Hospital (1st August 2018 – 31st March 2021)
By Type
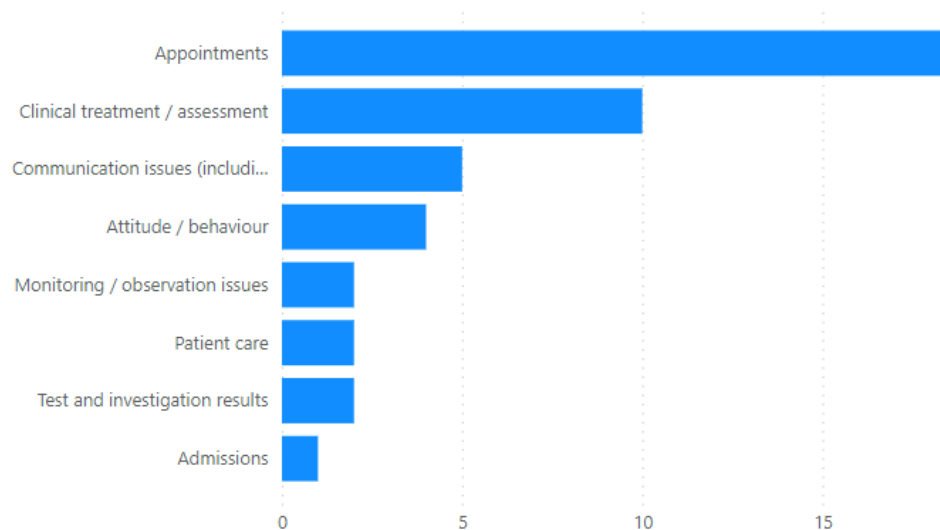
Subject (primary)	Count
Appointments	22
Clinical treatment/Assessment	10
Communication issues (including language)	5
Attitude / behaviour	4
Monitoring / observation issues	2
Patient Care	2
Tests and investigation results	2
Admissions	1

Prince Philip Hospital (1st April 2021 – 31st July 2023)
By Type
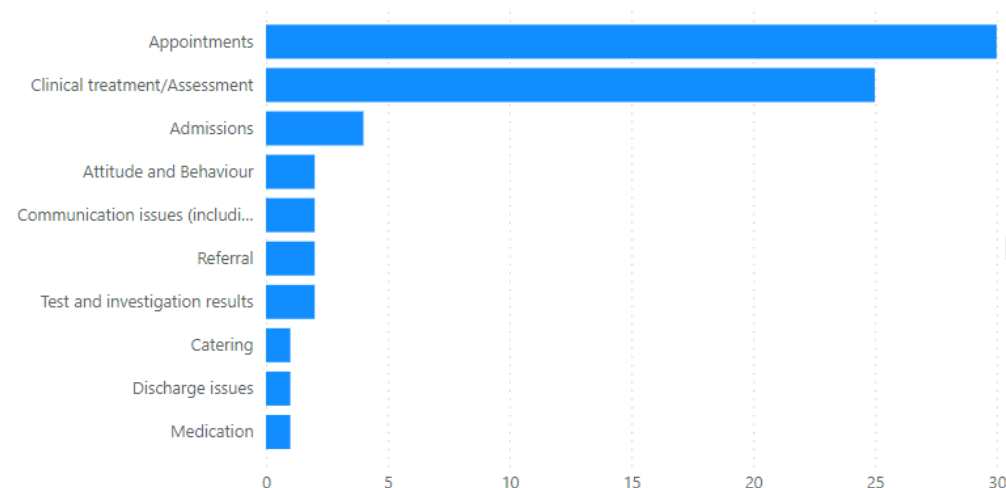
Subject (primary)	Count
Appointments	30
Clinical treatment/Assessment	25
Admissions	4
Attitude / behaviour	2
Communication issues (including language)	2
Referral	2
Tests and investigation results	2
Catering	1
Discharge Issues	1
Medication	1

Urology Patient Experience and Compliments Data Review

Contents

Background

As per the approved Clinical Services Plan methodology, Patient Experience data captured has been included for Radiology Services across all sites in which the Service operates.

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

Due to the implementation of the new Civica system, there was an initial decline in patient feedback as the system was being established and rolled out across the Health Board. The new system was implemented on a phased basis and therefore some services had a higher percentage of the feedback in the early stages. There will be an ongoing increase since the introduction of Civica as the Health Board's priority is to increase the volume of feedback.

Traditionally, emergency departments have always had a larger number of claims, complaints and patient feedback due to activity numbers. Patients that have a number of appointments in a relatively short period of time within a Service will generate more feedback.

It is possible that the data shows a variation in the number of reported complaints attributable to a Service. This relates to the system not always being able to distinguish between different specialties within the Service that may be related to other services within the system.

Due to the way records have been captured within the system and potential gaps in the data, the categorised totals may not equal overall totals per Service.

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

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

Service Changes

The temporary services change in response to COVID commenced April 16, 2020, and is therefore out of the date range that has been analysed for this data.
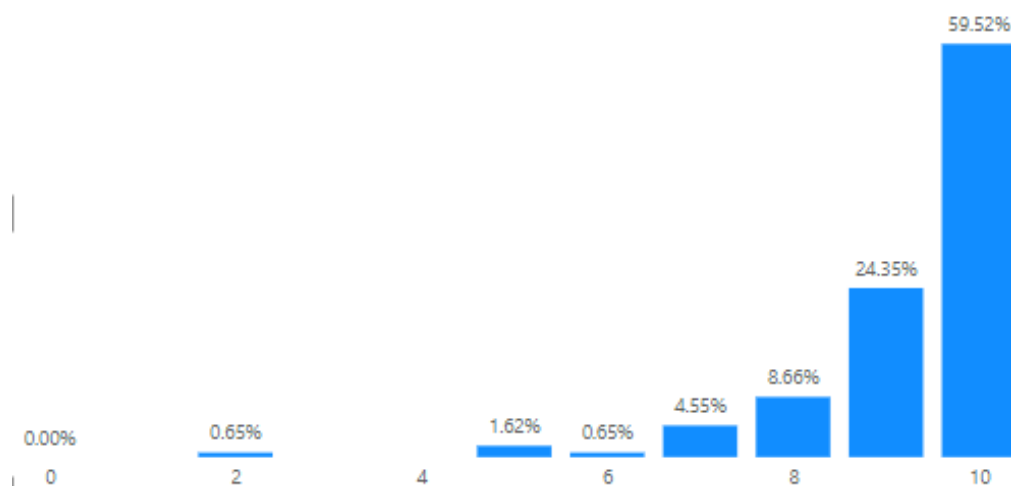
Patient Experience
All Wales Experience – Health Board Survey (1st April 2021 to 31st July 2023)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021
	0	0	0	0	0	0	0	0	6	6
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022
4	13	7	7	9	2	9	6	4	10	3	4	78
Jan	Feb	Mar	Apr	May	Jun	Jul						2023
1	2	1	6	3	7	2						22

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

Themes – 2021

Patient experience was related mainly to the staffing and communication. Patients spoke highly of ward staff and the care they received. Negative experiences are around communication with patients and time spent waiting for decisions and organisation between different parts of the health board.
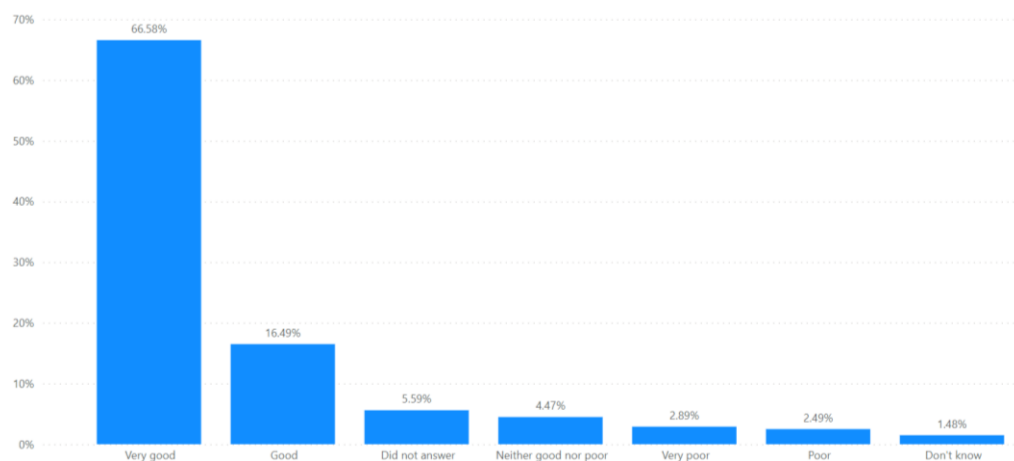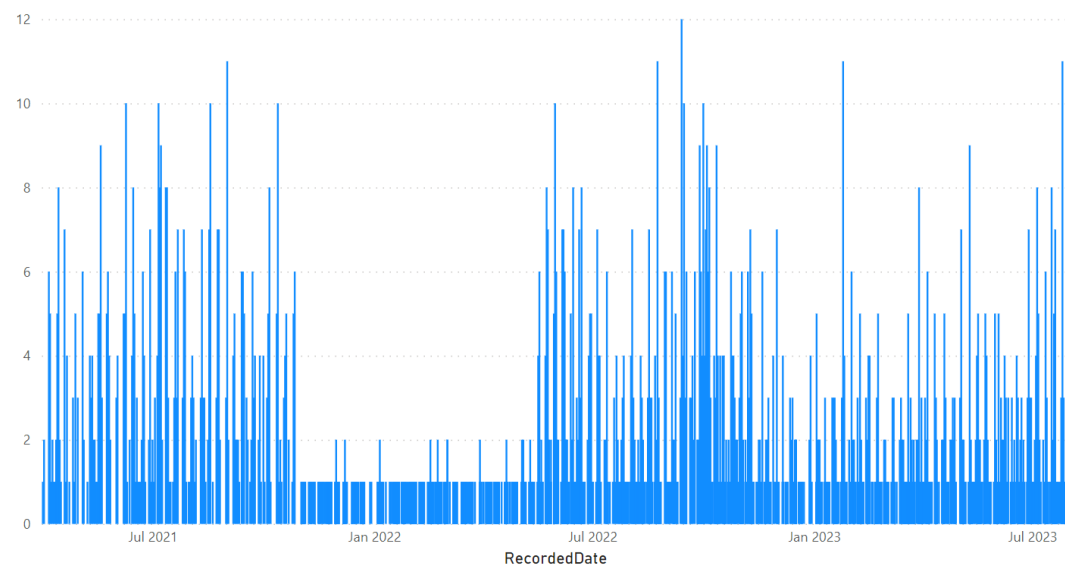
Themes – 2022

Patient experience was related mainly to the staffing and environment. Patients spoke highly of ward staff and the care they received. Negative experiences are around isolated members of staff while receiving care, concerns over staffing levels and the lack of communication with patients, the cleanliness of the ward environment and ability to sleep at night.

Themes - 2023

Patient experience was related mainly to the staffing and environment. Patients spoke highly of ward staff, the care they received and the food available. Negative experiences are around isolated members of staff while receiving care, concerns over staffing levels and the lack of communication with patients, the cleanliness of the ward environment, ability to sleep at night on the ward and the handover delays from accident and emergency.

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

Themes – 2021

The themes arising are around staffing, quality of care, waiting times, environment and communication. Staff are described positively as being helpful, friendly and professional who provided quality care, who often explained the procedures and process. Inpatient environments are often described as clean and safe and generally people were happy with waiting times for appointments. Negative themes were around waiting for procedure appointments, times when outpatient appointments were delayed and the outpatient environment. Other views were also raised around lack of communication around appointment purpose and having to travel when a closer hospital is nearby.

Themes – 2022

The themes arising are around staffing, quality of care, waiting times and communication. Staff are described positively as being helpful, friendly and professional who provided quality care, who often explained the procedures and process. Most reported that they didn't have long waits for their appointments. Negative comments focused on the perceived lack of staffing, poor communication about the appointment, lack of parking on site, and isolated complaints with members of staff.

Themes - 2023

The themes arising are around staffing, quality of care, waiting times and communication. Staff are described positively as being helpful, friendly and professional who provided quality care, who often explained the procedures and process. Most reported that they didn't have long waits for their appointments. Negative comments focused on the perceived lack of staffing, poor communication about the appointment, lack of parking on site, and isolated complaints with members of staff.

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

Date Recorded
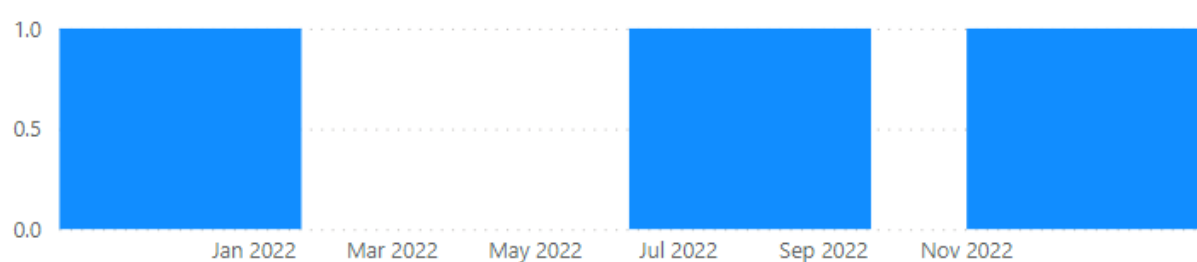
Recorded Date	Count
Dec 21	1
Aug 22	1
Dec 22	1

3 Sentiments that relate to Compliment

Sentiment	Count
Listening, Understanding, Calm	2
Listening, Understanding, Communication	1

3 Health Board Values that relate to Compliment

Value	Count
Caring, Kindness, Compassion	2
Respect, Caring, Compassion	1

Themes – 2021
The themes arising were hard working, professional staff with good communication throughout the process.

Themes – 2022
The themes arising were the hardworking of kind, caring and compassionate staff who provide an excellent service.

Workforce Data

Clinical Services Plan : Activity Modelling Workstream

UROLOGY
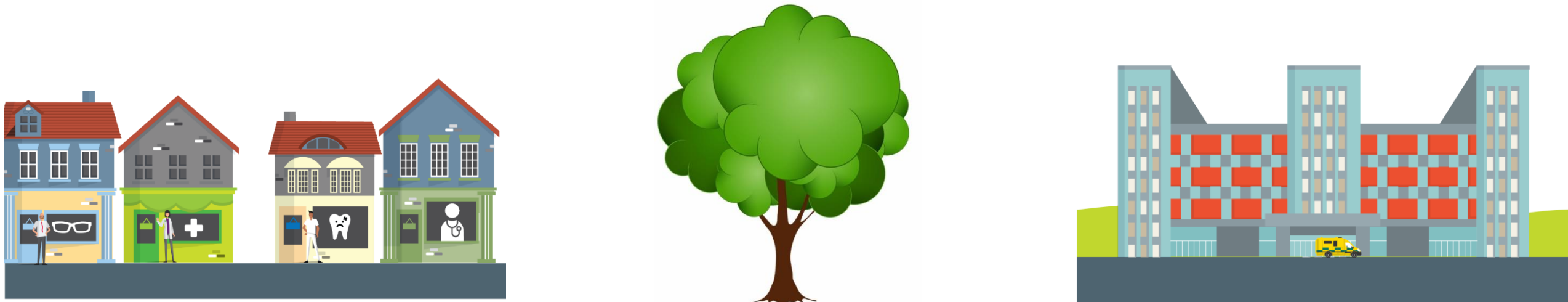
Glossary of terms

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 a 40 hour working week or 10 sessions. 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 occur a cost and is therefore broken down into different directorate areas. Each of these areas is made up of a number of cost codes covering a particular service or location. Every member of staff employed within the Health board will be allocated a position based on their role within a cost code. This allows finance and services to track and manage their costs relating to the service area in which they work.
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

Workforce Data Methodology overview

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

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

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

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

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

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

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

Workforce Data Sources and outputs

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

Urology Workforce Overview
31st July 2023

Staff Group	Role	Location/Site				Grand Total
		Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	
Additional Clinical Services	Assistant Practitioner Nursing		2.0			2.0
	Additional Clinical Services Total		2.0			2.0
Administrative and Clerical	Medical Secretary		0.8		0.4	1.2
	Secretary		2.8	0.6	1.0	4.4
	Administrative and Clerical Total		3.6	0.6	1.4	5.6
Medical & Dental	Associate Specialist		1.0			1.0
	Consultant		5.0	1.0		6.0
	Speciality Doctor	1.0	3.0	1.1		5.1
	Speciality Registrar		2.0			2.0
	Trust Grade Doctor – Foundation Level		1.0			1.0
	Medical & Dental Total	1.0	12.0	2.1		15.1
Nursing and Midwifery Registered	Nurse – Advanced Practitioner		1.0			1.0
	Specialist Nurse Practitioner		5.0			5.0
	Nursing and Midwifery Registered Total		6.0			6.0
	TOTAL	1.0	23.6	2.7	1.4	28.7

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

Staff Group	Budget	Actual	Vacancy
ADDITIONAL CLINICAL SERVICES	0.0	2.0	(2.0)
ADMINISTRATIVE & CLERICAL	3.8	5.6	(1.9)
MEDICAL AND DENTAL	15.1	15.1	0.0
NURSING AND MIDWIFERY REGISTERED	8.0	6.0	2.0
Grand Total	26.9	28.7	(1.9)

Budget overview as of 31st July 2023
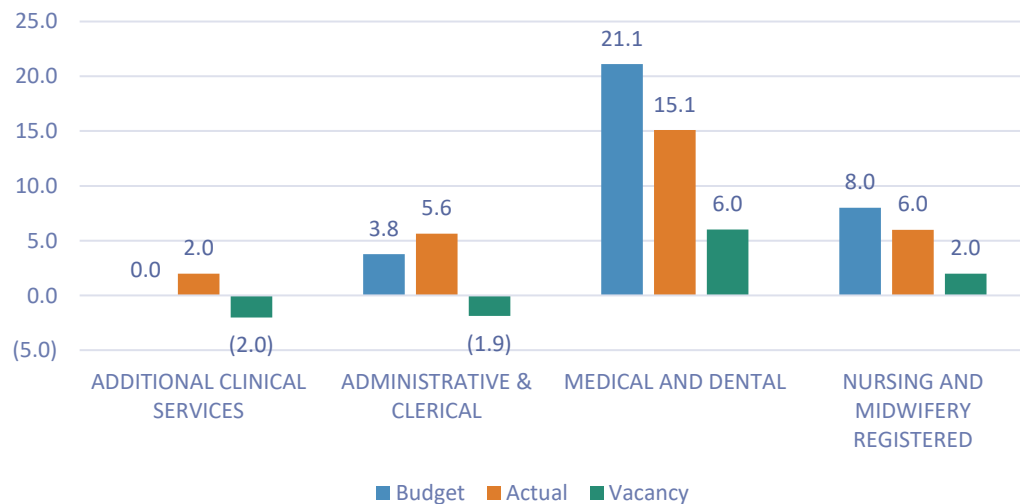
The table and graph show the current Budget, Actual workforce WTE in post and the vacancies within the Urology service.

As of 31st July 2023 there was a total of 4.1WTE vacancies within the service however as can be seen a number of these roles are not within the current budget, 2WTE within Additional Clinical Services and 1.9WTE Administrative & Clerical roles.

During this period no additional temporary staffing was utilised.

Workforce Risks

No Workforce themed risk appeared for Urology on Datix (as of 31st August 2023).

Urology Workforce Overview
Historic picture
April 2018 – April 2023

The data below shows a historic picture of the ESR Staff in post for the Urology cost codes 0008 & 0670 as at 1st April each year.

Urology Cost codes 0008 & 0670	2018	2019	2020	2021	2022	2023	Jul-23
Additional Clinical Services		1.0	2.0	1.0	1.0	2.0	3.0
Administrative and Clerical	4.5	3.8	5.6	3.6	4.4	4.4	5.6
Medical and Dental	14.1	15.1	14.9	13.6	13.1	16.1	16.1
Nursing and Midwifery Registered	6.8	6.0	6.0	6.0	6.0	6.0	6.0
TOTAL WTE	25.4	25.9	28.5	24.2	24.5	28.5	30.7

An increase in workforce can be seen in 2020 of 2.6WTE however this followed with a decrease to the service in 2021 of 4.3WTE. In the preceding years the workforce has increased to 30.7WTE as at 31st July 2023.

	2018	**2019**	**2020**	**2021**	**2022**	**2023**
Starters	6	2	5	4	2	1
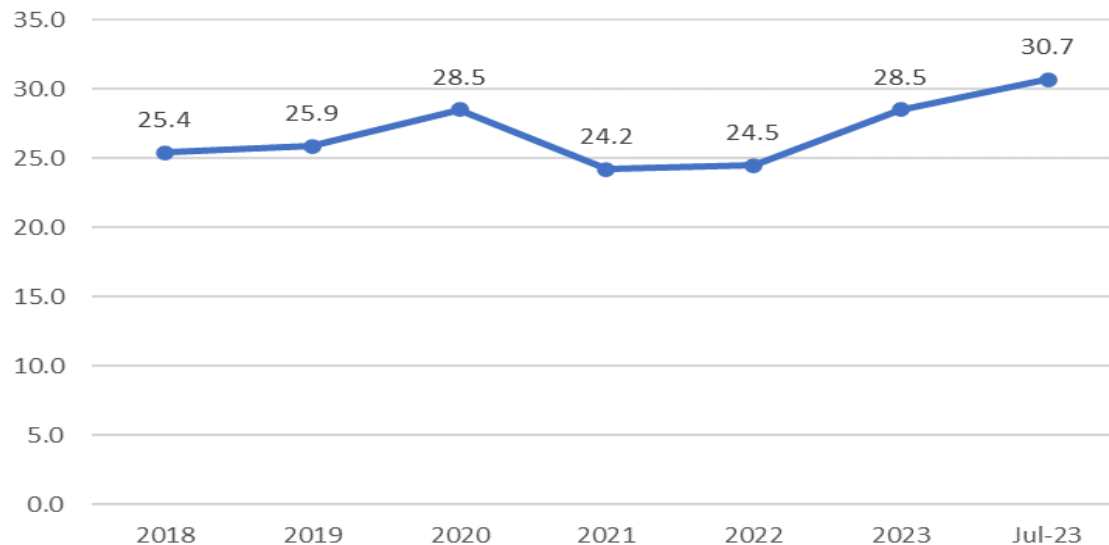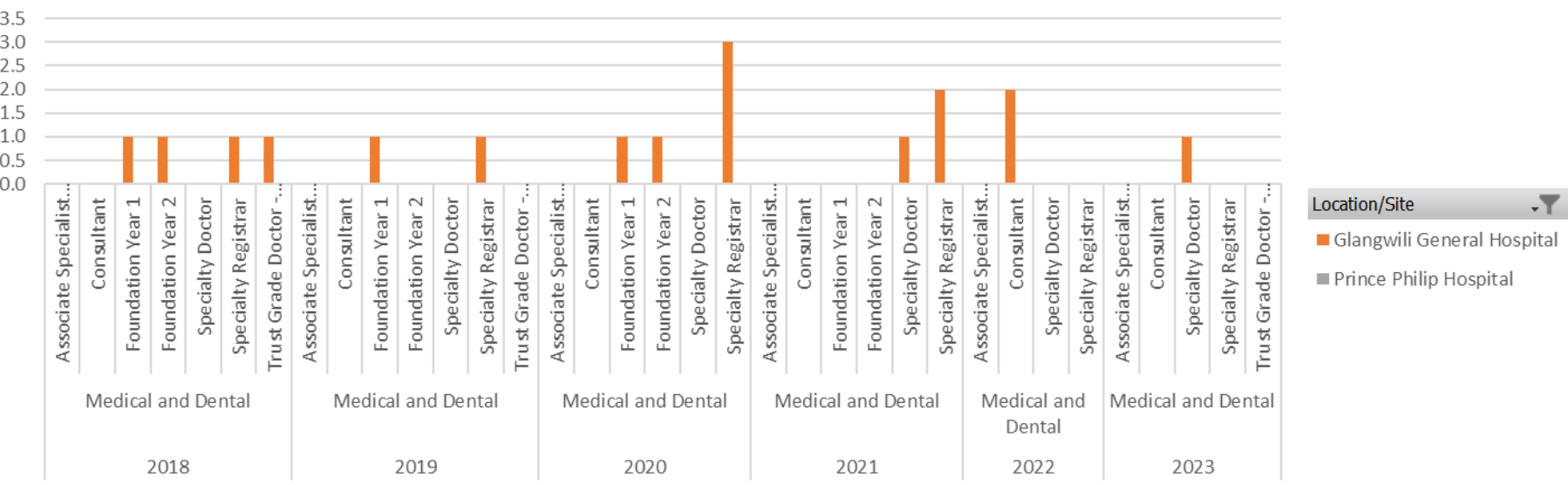
An increase of 5 new starters were seen in 2020 in Speciality Registrars within Urology. The highest increase of staff across the five year period.
The only additional new starters were Secretary posts within the Admin & Clerical staff group.

Leavers

Leavers

	2018	2019	2020	2021	2022	2023
Leavers	3.5	2	6.8	5	1	0

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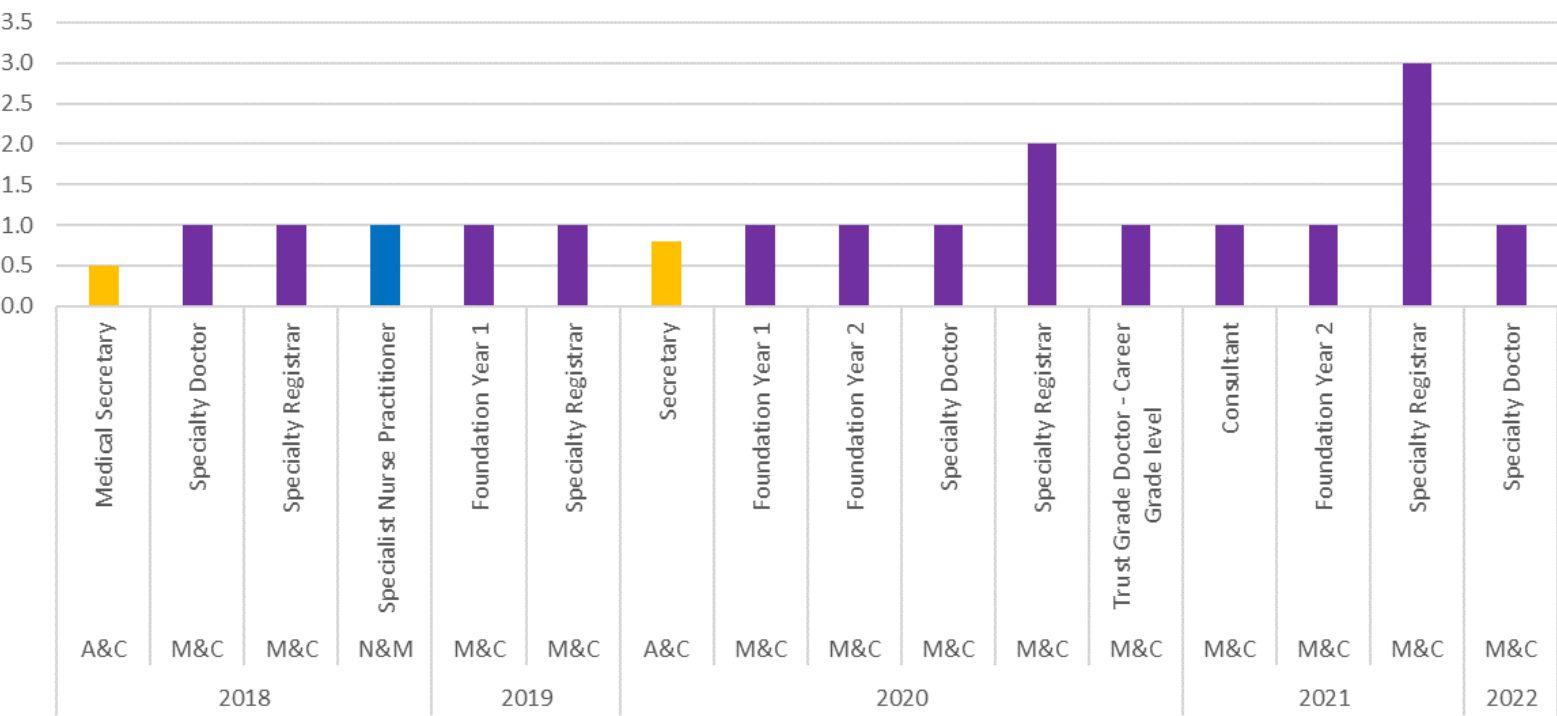
The majority of leavers across the Urology service have been within the Medical staff group (denoted in Purple). The highest number of leavers were in 2020 and 2021 with a number of speciality registrars leaving in this period (2 in 2020 and 3 in 2021).
Across the 5 year period there have been no leavers in any other staff groups since 2020.

Targeted Campaigns across the period 2018 – 2023:

No targeted recruitment campaigns were noted during the period for Urology

Vacancy /Recruitment overview:

Vacancy Information (last 12 months)	Role	Outcome
100-MED-GGH-274	Clinical Fellow	1 WTE - started in post
100-MED-GGH-286	Clinical Fellow	1 WTE - started in post
100-MED-GGH-188-L	Locum Consultant in Urology	2 WTE - 2 started in post

Headhunting:

To date no targeted headhunting has taken place for Urology

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

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

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

The completed Equality Impact Assessment (EqIA) must be:
   •   Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
   •   Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

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

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you Equality Impact assessing?**	Urology Service for Hywel Dda University Health Board
2.	**Brief Aims and Description**	To provide an equalities overview for Urology Services within Hywel Dda University Health Board
3.	**Who is involved in undertaking this EqIA?**	Neil Griffiths – Service Deliver Manager of Urology Lisa O'Malley - Clinical Nurse Specialist Alison Richards – Service Manager Mohamed Saad – Consultant Sohail Moosa - Consultant Wendy Jones – Clinical Nurse Specialist Laura Lewis – Service Support Manager
4.	**Is the Policy related to other policies/areas of work?**	- All Wales Safeguarding Procedure (policy no. 868) 868 - All Wales Safeguarding Procedures (sharepoint.com) - Clinical Supervision Policy (policy no. 415) 415 - Clinical Supervision Policy - Psychologists, Psychotherapists, Psychological Therapists and Counsellors (sharepoint.com) - Clinical Record Keeping Policy (policy no. 195) 195 - Clinical Record Keeping Policy (sharepoint.com) - Equality and Diversity Policy (policy no. 133) hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/equality-diversity-and-inclusion-policy/ - All NICE and other National Guidance Implementation Policy (policy no. 013) 013 - Management of NICE and other National Guidance Policy (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)	Staff within the Urology Service Wider Health board Staff Patients within the Hywel Dda University Health Board catchment

6.	**What might help/hinder the success of the Policy?**	Continued engagement and support from Urology Service Staff, Planned Care directorate and the wider health board

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	✓	

How will the strategy, policy, plan, procedure and/or service impact on:	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g., staff or population data.	Opportunities for improvement / mitigation 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**	

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 Urology Service is generally older than that of the general population.
as shown in the table below:

Age	Count	Percent
70 plus	1140	33%

60-69	672	19%
50-59	498	14%
40-49	360	10%
30-39	398	11%
18-29	329	9%
Under 18	72	2%
Total	3,469	

Urology is predominantly an Out-patient based services, with a ratio of approx. 14:1 patient requiring surgical intervention verses those who would be seen in an outpatient setting. There are a range of methods of accessing outpatient services including:

- Virtual
- Telephone
- 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.
- Traditional face to face

Telephone, virtual and non-contact services are frequently used by older adults. This is because access to the service is easier from a patient's home via internet means than travelling to an appointment. The service is aiming to limit the number of face-to-face appointments wherever possible.

The Urology Service have a comprehensive understanding about how the technology works and are comfortable explaining how to connect to patients.

Traditional face to face appointments is available to all patients. Patient Liaison Services are available to support and help patients access services if required.

Outpatient services are offered across 4 sites within the health board: Bronglais Hospital, Withybush Hospital, Glangwili Hospital and Prince Philip Hospital.

Staff Data

The below table shows approx. half of the urology establishment following a recent survey.

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	2	13%
35 to 44	3	19%
45 to 54	8	50%
55 or over	3	19%
Total number of valid respondents	**16**	**100%**

Positive Impacts:

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

Negative Impacts:

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.

Older people are disproportionately affected by the conditions noted above and make up the majority of patients within the service. This cohort of patients are frequently associated with age related disability.

Older people could potentially have the additional challenge of having a relative, friend or carer to attend secondary care with them.

Older people, especially when travelling long distance for their appointments, could potentially miss mealtimes and regular drinks, and are more susceptible to low blood sugar and an increased risk of dehydration and urinary tract infection

Information is still sent information by post if patient not able/happy to use patient knows best.

Telephone, Virtual and Non-Contact (PKB) is extremely helpful for patients to attend appointments without having to travel to a hospital site. The Urology service have a comprehensive understanding about how the technology works and are comfortable explaining how to connect to patients and provide ongoing support.

There is a car/ambulance transport service

				available for eligible patients to use.
				Patients travelling by car/ambulance transport or with additional needs are given priority in order to spend less time in the hospital premises, avoiding additional waiting time.
				Older patients have access to free public transport. Hospital sites across the health board are located close to public transport routes and links.
				All sites will have accessible toilets either directly in the service area or nearby.
				Wheelchairs are widely available at hospital entrances to be used by patients who have difficulty walking.
				Portering service is available to support patient mobility across the hospitals.

			When required, clinical staff will support the patients acting as a chaperone for their appointments or treatment, and as their advocate. On each site, staff will have access to facilities to provide the patient with basic drinks and biscuits. Larger sites have access to meals.

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

✓ ✓

Population Data

	Carms	Cere	Pembs	Total
Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	**40463**
Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	**45499**
	43152	**15637**	**27173**	85,963
Total population	**187,895**	**71,468**	**123,366**	382,729
Percentage of population with a disability	**23%**	**22%**	**22%**	22%

Patient Data

The below table details the number of patients recorded as stating they considered themselves having a disability during a recent survey. The patient profile matches that of the general population.

Has a disability	Does not have a disability
65	237
22%	78%

Urology is predominantly an Out-patient based services, with a ratio of approx. 14:1 patient requiring surgical intervention verses those who would be seen in an outpatient setting. There are a range of methods of accessing outpatient services including:
- Virtual
- Telephone
- 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.
- Traditional face to face

Telephone, virtual and non-contact services are frequently used by all patients, including a substantial number of older adults with age related disabilities. This is because access to the service is easier from a patient's home via internet means than travelling to an appointment. The service is aiming to limit the number of face-to-face appointments wherever possible.

The Urology Service have a comprehensive understanding about how the technology works and are comfortable explaining how to connect to patients.

Traditional face to face appointments is available to all patients.

Outpatient services are offered across 4 sites within the health board: Bronglais Hospital, Withybush Hospital, Glangwili Hospital

and Prince Philip Hospital. All sites adhere to minimum accessibility standards.

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.

It is understood that there is considerable intersectionality between Age and Disability as a number of patients have age related disabilities.

Staff Data
The below table shows approx. half of the urology establishment following a recent survey.

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	1	7%
No	14	93%
Total number of valid respondents	**15**	**100%**

Positive Impacts:
All health board staff undertake equalities (including Paul Ridd Learning Disability Awareness, Equality, Diversity and Human Rights, Autism Awareness and Mental Capacity Act) training relating specifically relating to disabilities as part of mandatory competency training.

Negative Impacts:
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 disabled individuals.

It has been noted that the disabled facilities within Glangwili Hospital have been a cause of concern for patients. This is

Telephone, Virtual and Non-Contact (PKB) is extremely helpful for patients to attend appointments without having to travel to a hospital site. The Urology service have a comprehensive understanding about how the technology works and are

| | | | | particularly important for TWOC (Trial Without Catheter) as patients must come to a hospital setting for this pathway.

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

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. In Amman Valley hospital, requests have been made to the Estates team to change the location of disabled car parking in order to place them closer to the ramp that gives access to the building. No actions have occurred to date. | comfortable explaining how to connect to patients and provide ongoing support.

All hospital sites adhere to minimum accessibility standards.

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

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

Patient trolleys and equipment used in the service have a display of the maximum load they can take, and staff are aware to verify this if determined necessary for bariatric patients. Wide trolleys and chairs are available to use for bariatric patients. Portering staff are available to support patients who are unable to walk long distances. |

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

Patient Data
No patient data exists to inform service position.

			It is known anecdotally that small numbers of patients having undergone gender reassignment are present within the service. Gender reassignment surgery has a greater impact for Male to Female surgery as there is still a risk of prostate cancer. 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. Patient confidentiality is maintained using health board guidelines regarding confidentiality. **Staff Data** This information is not captured for staff members. **Positive Impacts:** All health board staff undertake equalities (Equalities, Diversity and Human Rights) training relating specifically relating to gender identity as part of mandatory competency training. Currently, no negative impact is foreseen on the basis of gender reassignment. This will be reviewed when undertaking service 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)

No impact currently identified based on marital status on a person's ability to access the service, though this will be reviewed when undertaking service change

Currently, no impact is foreseen on the basis of marital status. This will be reviewed when undertaking service change | |

Form 3 Gathering of Evidence and Assessment of Potential Impact

Pregnancy and Maternity			✓	**Population Data**	
Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				In 2021, there were 29,007 births registered across Wales. Maternity and birth statistics: 2021	GOV.WALES	
				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	
				Patients are asked if they are likely to be pregnant during assessment. Data regarding pregnancy and maternity is currently not held by the health board.	
				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.	
				There is a shared care approach between Obstetrician, Urologist and Uro-gynae MDT would be adopted.	
				Currently, no impact is foreseen on the basis of pregnancy and maternity. This will be reviewed when undertaking service change	
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers,	✓	✓		**Population Data**	

County	Carms		Cere		Pembs		Total	
Ethnicity	Value	%	Value	%	Value	%	Value	%

gypsies/travellers, asylum seekers and migrant workers.

Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100
Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2
Black, Black British, Black Welsh, Caribbean or African	455	0.2	366	0.5	244	0.2	1,065	0.3
Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1
White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97
Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3
Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4

Patient Data

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	271	88%
White other	34	11%
Any other ethnic group	3	1%
Total number of valid respondents	308	100%

According to National Cancer Intelligence Network, the lifetime risk of getting prostate cancer is 27% for a Black man, 7% for an Asian man, and 12% for a White man. The lifetime risk of dying from prostate cancer is 8% for a Black man, 2% for an Asian man, and 4% for a White man.

The service uses Health Board approved translation services where required.

Staff Data

The below table shows approx. half of the urology establishment following a recent survey.

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	2	13%
White British	11	73%
White other	0	-
Any other ethnic group	2	13%
Total number of valid respondents	**15**	**100%**

Positive Impacts:
All health board staff undertake equalities (including Equality, Diversity and Human Rights) training relating specifically relating to race and ethnicity as part of mandatory competency training.

Negative Impacts:
A non English or Welsh speaker may be unable to communicate to staff.

Black males are more likely to suffer from Prostate Cancer.

The Healthboard has access to a translation service for patients who are unable to communicate in English or Welsh. With planned appointments, prior knowledge a translator will already be available.

Religion or Belief (or non-belief)
The term 'religion' includes a religious or philosophical belief.

✓

Population Data

County	Carms		Cere		Pembs		Total	
Religion	Value	%	Value	%	Value	%	Value	%
Total: All usual residents	187,899	100	71,476	100	123,3630	100	382,738	100
No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
Hindu	419	0.2	158	0.2	161	0.1	738	0.2
Jewish	103	0.1	75	0.1	58	0	236	0.1

Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
Sikh	177	0.1	35	0	32	0	244	0.0
Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8

Patient Data

Data regarding a persons religion or belief is not held by the service. However, when the service are aware of a persons religion or beliefs adjustments to the care are made. Where a medication or treatment does not align to a person's religion, the service has access to alternative medication or treatment, such as Cell Saver technology.

Staff Data

The below table shows approx. half of the urology establishment following a recent survey.

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	7	50%
Muslim	2	14%
No religion	5	36%
Total number of valid respondents	14	100%

Positive Impacts:

All health board staff undertake equalities training (including Equality, Diversity and Human Rights) relating specifically relating to religion or belief as part of mandatory competency training.

Cell Saver technology allows for surgery to take place when the patients belief does not permit a blood transfusion. There is an additional consent form for Jehovah Witness to complete. This ensures a persons religious beliefs are maintained.

Negative Impacts:

The Health Board has access to a translation service for patients who are

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

The service are currently unaware if certain drugs that are delivered orally contain animal products that would be suitable for particular groups. All patients are asked if they are allergic to particular substances which will capture products a patient cannot be administered.

unable to communicate in English or Welsh, and Health Board leaflets are available in different languages.

The specialist pharmacy service can support when managing situations where a patient is known to be unable to be administered specific drugs.

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	210	0.1	84	0.1	121	0.1	415	0.1

but no specific identity given								
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

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	56	18%
Male	264	83%
Total number of valid respondents	**320**	**100%**

No impact based on sex of patient is foreseen, though this will be reviewed in 12 months' time, however it is understood that urology is a predominantly male service, which is demonstrated by the above table taken from a recent patient survey.

There are certain conditions and procedures which are only applicable to males:
- Prostate Cancer
- Penile cancer
- Testicular Cancer
- Erectile Dysfunction

Staff Data
The below table shows approx. half of the urology establishment following a recent survey.

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	10	63%
Male	6	38%
Total number of valid respondents	**16**	**100%**

| | | | | **Positive Impact:**
All health board staff undertake equalities training (including Equality, Diversity and Human Rights) relating specifically relating to religion or belief as part of mandatory competency training

There are male and female consultants and nurses.
Alternative nurses and consultants are offered to patients.
There will always be a chaperone present during examination.

Currently, no negative impact is foreseen on the basis of gender. This will be reviewed when undertaking service change

Negative Impact:
Vasectomy procedure is currently undertaken within the Urology Service. The possibility of moving this procedure to the Sexual Health Family Planning. | |

Sexual Orientation

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

✓

Population Data

County	Carms		Cere		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

No patient data is currently collected.

Staff Data

The below table shows approx. half of the urology establishment following a recent survey.

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	12	80%
Other sexual orientation	3	20%
Total number of valid respondents	15	100%

Positive Impact

All health board staff undertake equalities training (including Equality, Diversity and Human Rights) relating specifically relating to religion or belief as part of mandatory competency training

| | | | | Currently, no negative impact on the basis of sexual orientation is foreseen. This will be reviewed when undertaking service change | |

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

	Carms	Cere	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**
	7280	**2525**	**5832**	**15637**

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.

Currently, no impact is foreseen on the basis of armed forces status. This will be reviewed when undertaking service change

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		Cere		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

Patient Data

It can be difficult to ascertain the socio-economic status of our populations. However, one metric is employment status, which is detailed in the table above. However, given the primary patient group will be 55+, there will be a large number of patients who draw a pension attending the service.

There are certain conditions that are linked to a person's lifestyle, such as heart disease, certain cancers and diabetes. However, for Urology services no impact based on a person's socio-economic status recognised at this time, though this will be reviewed in 12 months' time.

Staff Information

The below table shows approx. half of the urology establishment following a recent survey.

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	2	20%
Over £40,000	8	80%
Total number of valid respondents	**10**	**100%**

Currently, no impact is foreseen on the basis of socio-economic status. This will be reviewed when undertaking service change

Negative Impact

Hywel Dda University Health Board covers a very large geographical area, which may impact service users and staff

The Health Board has adopted savings schemes for staff to use, such as the Hapi app benefits for

			when trying to access certain parts of the service that might only be delivered from sites which are not immediately local.	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.
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. We are aware there are pockets of high Welsh speaking prevalence across the three counties. **Staff Data**	

The number of Welsh Speakers is currently unavailable; however the information does exist and will be included as soon as possible.

Service Data
The number of Welsh Speakers accessing the Urology Service is not currently collected.

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 offer of Welsh language, which is recorded.

| | | | The health board has developed a range of Welsh Language learning opportunities for all staff to learn and develop their skills, and time is given from work to attend. Since the Pandemic, these opportunities have been made available online which has seen an increase in uptake.

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.

Negative Impact
Patients who would like to converse in Welsh may have to communicate in English. | Welsh language standards applied to all health board staff.

Patient information available in English and Welsh

Welsh language speaking staff are available. |

Form 4: Examine the Information Gathered So Far

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

Form 5: Assessment of Scale of Impact

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

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score. (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	3 3	+1 -1	+3 -3
Disability	3 3 3	+1 -1 -1	+3 -3 -3
Gender Reassignment	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	3 3	+1 -1	+3 -3
Religion or Belief	3 3	+1 +3	+3 +9
Sex	3 3	+1 +1	+3 +3
Sexual Orientation	1	+1	+1
Armed Forces	3	0	0
Socio-Economic Deprivation	2	0	0
Welsh Language	3	-1	-3

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 to follow 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?	This is a status quo EqIA based on an existing service
If no, please give reasons and any alternative action(s) agreed.	NA
Have any changes been made to the policy/ plan / proposal /	NA

project as a result of conducting this EqIA?	
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	NA
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	NA
Where positive impact has been identified for one or more groups, please explain how this will be maximised?	NA
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project /**	NA

proposal regardless, please provide suitable justification.	

Form 7 Action Plan

Sri	Actions (Required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
1	Look at introducing flexible lists, long term follows up lists which predominantly consisting of older adults will be left locally where possible	Neil Griffiths	January 2025		
2	Include the number of Welsh speakers in the Urology Service	Neil Griffiths	June 2024		
3	Review where it is assumed there is no negative impact currently foreseen for protected characteristics: - Gender Reassignment - Marriage and civil partnerships - Pregnancy and Maternity - Belief and Religion - Sex - Sexual Orientation - Armed Forces - Socio Economic Status These will be reviewed during future service change options	Neil Griffiths	Ongoing		
4	Any future staff engagement to be carried out must include staff networks	TPO	Ongoing		
5	Review status project to move vasectomy procedure from Urology Service to Sexual Health	Neil Griffiths	January 2025		

| 6 | Review TWOC clinics and get as many undertaken in community settings or within patients own home as possible. Also considering TWOC clinic in BGH | Neil Griffiths | January 2025 | | |

EqIA Completed by:	**Name**	Michael Langford
	Title	Project Manager
	Team / Division	Transformation Programme Office
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	16 January 2024
EqIA Authorised by:	**Name**	Neil Griffiths
	Title	Service Deliver Manager
	Team / Division	Urology
	Contact details	Neil.griffiths4@wales.nhs.uk
	Date	16 January 2024
Seen by Diversity & Inclusion Team:	**Name**	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Team	Strategic Partnership Diversity & Inclusion
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	Date	26.01.2024