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Title: *Non Specialised Paediatric Orthopaedic Services*

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For Action by:
All health boards

Action required by: 01/04/2025
To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.

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Enclosure(s): Equality & Health Impact Assessment for *Non Specialised Paediatric Orthopaedic Services*



NHS Wales Health Collaborative

Model Service Specification

Non Specialised Paediatric Orthopaedic Services

April 2022

V1.0

Document information

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Approvals

This document underwent the following approvals.

Group/Organisation	Date	Version
T&F Group	16/03/2022	Final draft
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Statement

This document has been developed to inform the commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years).

In creating this document, the Welsh Orthopaedic Board has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

The Welsh Orthopaedic Board and NHS Wales Health Collaborative assume that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this specification.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

The Welsh Orthopaedic Board and NHS Wales Health Collaborative disclaim any responsibility for damages arising out of the use or non-use of this specification.

1. Introduction

This document has been developed as the recommended service specification to inform the delivery and commissioning of Non-Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.

Whilst the responsibility for commissioning Specialised Paediatric Orthopaedic Services has been delegated to Welsh Health Specialised Services Committee (WHSSC), the responsibility for commissioning the Non-Specialised Paediatric Orthopaedic Services has been retained by the Health Boards.

The service specification describes the scope of care provided by Non-Specialised Paediatric Orthopaedic Services. These services provide treatment for common paediatric conditions, which require a clinician trained in the management of paediatric orthopaedic conditions, but do not require complicated infrastructure to deliver the service safely.

1.1 Background

Plain Language Summary

Paediatric orthopaedics can be described as the study and treatment of growing bones, joints and muscles. A paediatric orthopaedic surgeon is dedicated to the care of congenital and acquired musculoskeletal problems in children and adolescents. In order to be deemed as having Paediatric Orthopaedic expertise, the surgeon has undertaken a recognised period of higher surgical training in orthopaedics and trauma and specialist paediatric fellowship experience. Allied health care professionals also are trained to the standard expected to deliver services to children.

Non-Specialised Paediatric Orthopaedic Services provide care for a wide variety of conditions. Many children with non-complex orthopaedic conditions may be managed locally without the need to refer to specialised centres. However, some children may have complex conditions or have rare conditions which benefit from specialist expertise, whilst others may require specialist diagnostic and treatment that can only be provided in specialised centres.

Specialised paediatric orthopaedic services involve a large number of health care professionals in the delivery of a child's treatment within the model of the multidisciplinary team (MDT).

Non-Specialised and Specialised Paediatric Orthopaedic services have many interdependencies with clinical services that are both community (to include educational) and hospital-based. Community based teams include General practitioners, health visitors and nurses. Community and hospital-based therapy teams include physiotherapists, occupational therapists, play, speech and language, podiatry, orthotics, wheelchair services, dieticians, psychology. Specialist nursing including advanced nurse practitioners and safeguarding.

This service specification is for those centres where children with non-complex orthopaedic conditions are diagnosed and managed.

1.2 Non Specialised Paediatric Orthopaedic Services

Paediatric Orthopaedic Services involve a large number of health care professionals in the delivery of a child's treatment within the model of the multidisciplinary team (MDT), providing inpatient, outpatient, and community based management of orthopaedic disorders.

The service has interdependencies with spinal surgery, neonatology, paediatrics, anaesthesia, critical care, radiology, theatres, nursing and therapies.

The remit of the paediatric orthopaedic surgeon includes all those musculoskeletal conditions that are confined to infancy and childhood, such as developmental dysplasia of the hip (DDH) and club foot. Neuromuscular conditions cause particular problems with growth and development and contribute importantly to the workload. In particular high tone (spastic) cerebral palsy can have a devastating effect on the structure and function of the musculoskeletal system requiring interventions for comfortable sitting and walking ability.

In addition to cerebral palsy, the major neuromuscular diseases contributing to the workload of paediatric orthopaedics include spina bifida, muscular dystrophy and arthrogryposis.

In terms of children's trauma, most of the work is made up by simple fractures sustained in low-energy falls. For these, the term orthopaedics is perfect because most only require straightening and to be allowed to heal on their own. Major trauma in children is less common than in adults and tends to be dominated by significant head injuries.

Paediatric orthopaedic surgical services can be defined on the level of their infrastructural and resource requirements. The following three categories of paediatric orthopaedic surgery are proposed:

Level 1 - Non Specialised Surgery

These are services which manage presentations which are frequent in the paediatric population, they require a clinician trained in the management of paediatric orthopaedic conditions but do not require complicated infrastructure to deliver the service safely. All providers identified in section 1.5 should have the facilities to provide this. They include assessment and ongoing management (non-operative and operative) of the following conditions:

Conditions included	Critical Interdependencies
<ul style="list-style-type: none">• Simple trauma (excluding polytrauma),• Simple obstetric trauma• Neurodisability surveillance and simple interventions• Physiological normal/ abnormal variant assessment	<ul style="list-style-type: none">• Paediatric Anaesthesia• Paediatric Theatre• General Radiology• General and Community Paediatrics• Paediatric Emergency Medicine• Wheelchair Services• Paediatric Physiotherapy

<ul style="list-style-type: none"> • Uncomplicated MSK infection • Simple upper limb conditions • Spine assessment • Hip dysplasia screening and non-surgical management • Mild Slipped capital femoral epiphysis • Simple knee and lower limb conditions and injury • Simple Foot deformities – metatarsus adductus, pes planus, pes cavus, toe deformities, • Toe walking • Benign lumps and bumps – every Health Board should have a pathway for urgent suspected neoplastic conditions • Musculoskeletal conditions related to Vitamin D deficiency • Non-surgical management of Congenital Talipes Equinovarus (CTEV) to include outpatient percutaneous tenotomy performed under an agreed paediatric standard operating procedure. 	<ul style="list-style-type: none"> • Paediatric Occupational Therapy • Paediatric Nursing • Paediatric Pre-admission • Paediatric Podiatry • Advanced Practice Allied Health Practitioner • Orthotist
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Level 2 - Specialised Surgery - Regional

These are services which meet the specification for Specialised Paediatric Orthopaedic Surgery and have been designated to deliver more complex surgery. They provide the management of the following conditions:

Conditions included	Critical Interdependencies
<ul style="list-style-type: none"> • Complex trauma • Complex MSK infection • Surgical Management of Hip Dysplasia • Moderate Slipped capital femoral epiphysis • Surgical Management of CTEV • Surgical Management of Neurodisability • Childhood Orthopaedic Surgery • Adolescent Hip Surgery • Child/Adolescent Knee Surgery • Limb Deficiency 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • Highly specialised Physiotherapist • Highly specialised Orthotist • Paediatric Radiology and Paediatric MSK expertise • Paediatric Rheumatology • Paediatric Neurology • Paediatric Critical Care • Paediatric ENT • Genetics Service • Paediatric Plastic Surgery • ALAC • Advanced Paediatric Orthopaedic Nurse Practitioner.

Conditions included	Critical Interdependencies
	<ul style="list-style-type: none"> Dietetics

Level 3 - Specialised Surgery - Supraregional

These are services which meet the specification for Specialised Paediatric Orthopaedic Surgery and have been designated to deliver the most complex and specialised surgery. They provide the management of the following conditions:

Conditions included	Critical Interdependencies
<ul style="list-style-type: none"> Major trauma Surgical management of Metabolic bone conditions: X-linked to Hypophosphataemic Rickets, Osteogenesis Severe Slipped capital femoral epiphysis Complex Limb deformity correction Limb Lengthening procedures for large leg length inequalities Treatment of Tibial Pseudarthrosis Spinal Surgery¹ 	<p>As for Levels 1 and 2 plus:</p> <ul style="list-style-type: none"> 24/7 Advanced Paediatric Anaesthesia 24/7 Paediatric Theatre 24/7 Paediatric Radiology 24/7 Paediatric MSK Expertise Paediatric Neurosurgery Paediatric Neurorehabilitation Paediatric Cardiology Paediatric Respiratory Paediatric Gastroenterology Paediatric Oncology Paediatric Surgery Paediatric Metabolic Bone Service Paediatric Pain Service Paediatric Gait Analysis Paediatric Major Trauma Centre Service Paediatric Infectious Disease Service Speech & Language Therapy Psychology

1.3 Aims and objectives

The aim of this service specification is to define the essential requirements and standard of care that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children resident in Wales.

The objectives of this service specification are to:

- ensure that the commissioning of Non Specialised Paediatric Orthopaedic Surgery is evidence based.
- detail the specifications required to deliver Non Specialised Paediatric Orthopaedic Services.
- specify the minimum standards of care for the delivery of Non Specialised Paediatric Orthopaedic Services.

¹ In line with the service specification for Paediatric Spinal Surgery – scheduled for development by the Spinal Services ODN

- ensure equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location.
- identify the minimum requirements that services must meet in order to provide services for Welsh children.
- improve outcomes for children with orthopaedic conditions who require non specialised surgery.

1.4 Population Covered

This service specification is aimed at delivering safe and effective care for children and young people aged between 0 – 16 years with confirmed or suspected orthopaedic condition, regardless of sex, race, or gender. This includes the management of a smooth and efficient transition of young people from children’s services to adult services. There should be clear written description of the Multi-Disciplinary Team (MDT) involved in transitional care, locally and in the clinical network.

Services will require staff to attend mandatory training on safeguarding, equality and diversity. The facilities provided should offer appropriate disabled access for children, parents and carers. When required, the services will use translators and printed information available in multiple languages.

Services have a duty to co-operate with the commissioner in undertaking Equality Impact Assessments as a requirement of race, gender, sexual orientation, and religion and disability equality legislation.

1.5 Providers of Paediatric Orthopaedic Services

There are currently six providers of paediatric orthopaedic surgery within Wales:

- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB (currently supported by locum consultant from Cardiff and Vale UHB)
- Swansea Bay UHB

Powys THB is not a provider of paediatric orthopaedic surgery; however, it does provide a wide range of services for including Cerebral Palsy Integrated Pathway assessments, local orthotics services and serial casting, which when delivered in partnership with surgical centre allow care to be delivered closer to home.

Paediatric orthopaedic surgery is provided for children in North Wales by Alder Hey Children’s Hospital and Robert Jones Agnes Hunt Orthopaedic Hospital.

Birmingham Children's Hospital's and Wye Valley NHS Trust also provide paediatric orthopaedic surgery for children in mid Powys.

In line with the levels noted in section 1.2, the Health Boards and NHS Trusts listed below provide the following level of service for the population of Wales:

- **Level 1 - Non- specialised surgery**
 - Aneurin Bevan UHB
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Betsi Cadwaladr UHB
 - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
 - Cwm Taf Morgannwg UHB
 - Hywel Dda UHB
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Swansea Bay UHB
 - Wye Valley NHS Trust

- **Level 2 – Specialised Surgery – Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Swansea Bay UHB (Morrison Hospital)
 - Wye Valley NHS Trust

- **Level 3 – Specialised Surgery – Supra Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
 - University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Royal Hospital for Children)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

1.6 Relationship with other documents

This document should be read in conjunction with the following documents:

- **WHSSC Service Specification**
 - CP230 - Specialised Paediatric Orthopaedic Surgery (in development)

- Paediatric Spinal Surgery (to be developed by the Spinal Services Operational Delivery Network)
- **NHS Wales**
 - [All Wales Policy: Making Decisions in Individual Patient Funding requests \(IPFR\).](#)
 - [A Healthier Wales - our Plan for Health and Social Care \(2018\)](#)
 - [National clinical framework: a learning health and care system \(2021\)](#)
 - [Nurse Staffing Levels \(Wales\) Act 2016](#)
 - [Welsh Government - The Transition and Handover Guidance \(February 2022\)](#)
- **Relevant NHS England policies**
 - NHS England. Neonatal Infant Physical Examination. <https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook>
 - [E02/S/A NHS Standard Contract For Paediatric Surgery: Surgery \(And Surgical Pathology, Anaesthesia & Pain\) 2013](#)

1.7 National and international service guidance

The following are national and international guidance from which this service specification has been drawn.

- **NICE Guidance and Clinical Knowledge Summaries**
 - [Cerebral palsy in under 25s: assessment and management \(NG62\) 25 January 2017](#)
 - [Spasticity in under 19s: management \(CG145\) Last updated: November 2016](#)
 - [Open reduction of slipped capital femoral epiphysis \(2015\) Interventional procedures guidance IPG511](#)
 - [Surgical site infections: prevention and treatment 2019 NICE guideline NG125](#)
 - [Major trauma: assessment and initial management \(2016\) NICE guideline NG39](#)
 - [Major trauma: service delivery \(2016\) NICE guideline NG40](#)
 - [Transition from children's to adults' services for young people using health or social care services \(2016\) NICE guideline NG43](#)

Other Documents

- [Guidelines for the Provision of Anaesthesia Services \(GPAS\) 2020 Royal College of Anaesthetists](#)
- [BSCOS Musculoskeletal Infection Consensus Group Delphi Method Approved Statements July 21](#)
- [Paediatric trauma and orthopaedics Getting It Right First Time April 22](#)

2. Service delivery

The aim of this service specification is to define the criteria that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children (aged up to 16 years) resident in Wales. Health Boards will commission Non Specialised Paediatric Orthopaedic Services in accordance with the criteria outlined in this document.

The aim of the service is to provide Non Specialised Paediatric Orthopaedic Services, as set out below, in accordance with the best available evidence or, in the absence of evidence, in line with best practice / consensus clinical opinion.

- **Simple trauma (excluding polytrauma)** - This relates to low energy paediatric trauma that does not subscribe to defined paediatric trauma pathways within the major trauma network that can be managed within the consultant body.
 - For example, upper limb: supracondylar / lateral condyle / forearm fractures
 - Lower limb: low energy femoral / tibial fractures, ankle fractures
 - Out of hour surgical management is dependent upon anaesthetic guidelines (child age of 3 years or over). During working hours, surgical management may be appropriate within the unit depending on surgeon and paediatric anaesthetic availability
- **Obstetric trauma** – Unresolving cases of complex obstetric brachial plexus injury are likely to require onward specialist referral
- **Neurodisability surveillance and simple interventions**
 - Clinical and radiological neurodisability surveillance is a multi-disciplinary approach involving the responsible paediatrician and community / hospital neurodisability physiotherapists with orthopaedic input. Training in Cerebral Palsy Integrated Pathway (CPIP) is advised
 - Simple interventions include Botulinum Toxin injections
- **Physiological normal/ abnormal variant assessment** by a trained healthcare professional, this may not be a paediatric orthopaedic surgeon (e.g., paediatrician / extended practitioner / paediatric podiatrist / physiotherapist), however, where clinically indicated onward surgical referral will be required e.g., genu valgum and genu varum
- **Uncomplicated Musculoskeletal infection** - relates to infection that is straight forward to treat either empirically with antibiotics or with non-specialised surgery in an expedient fashion (for example, simple drainage following suitable imaging). Where complex MSK infection is suspected onward referral to a centre with suitable radiology and anaesthetic ability (age dependent less than 3) should be considered

- **Simple upper limb conditions, and simple hand conditions** e.g., trigger thumb release by a trained surgeon
- **Spine assessment for childhood spinal conditions.** Referral for surgical spinal opinion with a multidisciplinary approach should follow the defined spinal pathway.
- **Hip dysplasia screening and non-surgical management** - Dedicated neo-natal ultrasound screening for clinical examination abnormality and selective risk factor screening should exist in all health boards. Recognised ultrasound training is a desired requisite for the HCPs providing this service. There needs to be a healthcare professional who can be identified to manage DDH with abduction splintage (in terms of non-surgical management) and appropriate follow up once out of abduction splintage.
- **Mild Slipped Capital Femoral Epiphysis (SCFE)** - There should be the ability within each health board to perform in situ slipped capital femoral epiphysis pinning within the consultant body.
- **Simple knee and lower limb conditions and injury** – knee conditions and injuries managed according to BSCOS/BASK guidelines. Other simple lower limb conditions including leg length discrepancy can be managed by local surgeon.
- **Simple Foot deformities** – metatarsus adductus, pes planus, pes cavus, toe deformities - A healthcare professional needs to be identified within each health board to be able to manipulate and plaster flexible foot deformities and to be able to assess the need for onward referral or otherwise.
- **Toe walking-** assessment by a trained health care professional and local (non-operative / operative) management by an appropriate clinician (and plaster technician). However, onward surgical referral to the local orthopaedic surgeon will be required where clinically indicated.
- **Musculoskeletal conditions related to Vitamin D deficiency,** assessment by an extended practitioner / paediatrician
- **“Lumps and bumps”** - assessment and local management (surgical or non-operative) of benign conditions, confirmation of diagnosis, assessment and surgical opinion to be provided by the local named surgeon.

2.1 Service Objectives

The specific objectives of the Non Specialised Paediatric Orthopaedic Services are to:

- deliver care, surgery, anaesthesia, therapy and pain relief services which meet agreed local network and national standards and ensures that services are regularly assessed against them
- provide functional assessment to support child/young person outcomes, advising home and school impact
- provide high quality surgery anaesthesia and acute pain services which achieve excellent outcomes to patients with minimal risk
- incorporate mechanisms to avoid complications and monitor evidence of improved learning/practice as a consequence of incidents e.g., multidisciplinary team review of surgical and radiological cases at pre- and post-operative meetings, including regular morbidity and mortality meetings

- provide surgery and anaesthesia in an environment which is suitable for the age of the patient, and which is engaging for the family/carer and minimises disruption to the family unit
- provide holistic multi-disciplinary care which incorporates all the necessary multi-disciplinary team members, for example paediatricians, social workers and play specialists, ensuring that onward referral to other paediatric specialists are made in a timely way
- ensure communication between units and the sharing of best practice/common protocols within a Network of care are optimised in order to maximise improved patient outcomes and improvements to practice
- provide patient friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed
- support self-management by providing education and child and family friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed

2.2 Access criteria

This service is for children aged 16 and under, with orthopaedic conditions which do not require management by a regional or supraregional specialised surgery service.

Decisions around patients between the age of 16 and 18 need to involve the patient themselves, their parents and/or guardians, and need to take into account the local health board environment and choices available to the patient.

These decisions need to be discussed with the patient. In cases where competence of understanding is a concern every effort must be made to involve the relevant stakeholder parties involved in the patients' care.

There will be instances when children requiring level 1 surgery, which is not normally considered specialised, will become specialised due to a complex co-morbidity, which increases the anaesthetic and surgical risk significantly. In these circumstances, children should only be treated in specialised centres (level 2 and level 3) with the appropriate surgical and anaesthetic competency.

2.3 Patient referrals

Children and young people can be received from a number of sources including general practitioners, hospital consultants, paediatricians, A&E, community and hospital based paediatric physiotherapist, occupational therapists, midwives, health visitors, and any other allied health care professionals dealing with paediatric or orthopaedic conditions:

- Simple trauma (excluding polytrauma)
- Simple obstetric trauma
- Neurodisability surveillance and simple interventions

- Physiological normal/ abnormal variant assessment, however, where clinically indicated onward surgical referral will be required e.g., genu valgum and genu varum
- Uncomplicated MSK infection
- Simple upper limb conditions
- Spine assessment
- Hip dysplasia screening and non-surgical management
- Mild Slipped capital femoral epiphysis
- Simple knee and lower limb conditions and injury
- Simple Foot deformities – metatarsus adductus, pes planus, pes cavus, toe deformities
- Toe walking
- CTEV
- Musculoskeletal conditions related to Vitamin D deficiency
- Benign lumps and bumps – every Health Board should have a pathway for urgent suspected neoplastic conditions

Once referred the patient will be assessed and triaged into a paediatric orthopaedic service. The service is multidisciplinary in nature.

2.4 Service description

2.4.1 Services

Non Specialised Paediatric Orthopaedic Services have access to dedicated healthcare professionals trained in the support and management of DDH screening, CTEV management including Ponseti manipulation and plastering, and cerebral palsy management including hip surveillance and CPIP evaluation, and management of chronic and acute hand condition.

These core desired members are often extended scope practitioners in physiotherapy but could equally be extended scope nurse practitioners or extended scope practitioners from other healthcare areas trained in these non-specialised presentations. Access to specialist equipment and/or equipment service to support condition management and functioning should be determined locally.

All healthcare professionals must have safeguarding skills and competencies appropriate to the nature of their employment.

Non Specialised Paediatric Orthopaedic Services must meet the following criteria:

Referral and Discharge

Patients will be referred from a number of different professionals including, general practitioners, and paediatricians internal to the Health Board or from another hospital and surgeons or radiologists external to the organisation.

Person centred care

Children and young people, and their families should have access to appropriate specialists and healthcare professionals to discuss all their potential treatment options, this should be provided within an environment which is appropriate to the children and young person. Decisions should be focused on what is important to and for the child, with accessible information available to support collaboration.

Anaesthesia

Anaesthesia must be provided by an appropriately trained and experienced anaesthetist. They should have advanced training in paediatric life support and maintain these competencies by annual training that is, ideally, multidisciplinary and scenario based.

All the above competencies must be assessed through the annual appraisal process and reevaluation.

In addition to the above there must be in place:

- Lead theatre practitioner/Operating Department Practitioner
- Pre-anaesthesia assessment
- Appropriately trained recovery staff
- Standard and established pathway for paediatric resuscitation
- Standard and established pathway for paediatric intensive care retrieval and transport if critical care is required.

All those anaesthetising children must have up-to-date level 2 training in child protection. This must be maintained by annual updates of current policy, practice and case discussion.

Surgical procedure/operation

Surgery in a non-specialised centre must be provided by an appropriately trained surgeon in concordance with orthopaedic subspecialty guidelines². The surgeons should be involved with regular audit as well as multi-disciplinary paediatric surgical governance meetings. Surgical listing and theatre environment should adhere to the standards required for surgery in children and the young person.

Pre-surgical assessment should be supported by occupational therapist, physiotherapist and specialist nurse to determine functional goals and baseline to inform outcome measurement.

Post surgery in-patient care (including acute pain management)

Non Specialised Paediatric Orthopaedic Services need to ensure, as a minimum, that there is appropriate provision of inpatient post-surgical care for both scheduled and emergency patients including:

- Paediatric nurses
- Paediatric physiotherapy,

² Paediatric orthopaedic surgery does form part of the CCT for all orthopaedic surgeons.

- Paediatric occupational therapy,
- Anaesthetic supported pain care management,

In addition, services must have access to appropriate supportive resources such as wheelchair provision, orthotic modifications including splintage for both upper and lower limb and home assessment and modifications accordingly. Pathways supporting transfer of care from inpatient to community service should be clear, enabling timely discharge and avoiding children/young people waiting to receive rehabilitation

Outpatients follow up

Follow up for children may be:

- First post-operative wound review – by an appropriately trained professional
- Continued monitoring/surveillance – face to face by consultant orthopaedic surgeon or appropriately trained professional
- Virtual: e.g., for normal results

There should be support within these clinical settings for orthotic / physiotherapy / occupational therapy/ plaster technician / paediatric nurse input as appropriate.

Discharge

The patient will be treated post-operatively on an appropriate children's ward or children's day care facility, if attending for a day case procedure, until discharge. Discharge is likely to fall into the following categories:

- **Category 1:** The patient is deemed to have received curative surgery and the patient will be discharged back to the GP – the patient will not require any further paediatric orthopaedic follow up
- **Category 2:** The patient does not require further surgical intervention at this stage and will be discharged back to the referring specialty. However, the child may require on-going follow up locally as part of their disease management, e.g., Oncology, - at this point the care will no longer be defined as specialised.
- **Category 3:** The patient may require regional / supra-regional surgical intervention as part of a staged pathway requiring several planned surgical procedures or requires specialist monitoring and will be followed up by the surgeon in the specialised centre (or outreach in the non-specialised hospital) – this activity will be deemed specialised until such time as the child no longer requires further surgery/specialist monitoring. At this point, the child may be discharged to the GP / initial referring clinician

The provider will ensure that clear admissions policies are in place including referral criteria for all procedure types.

2.5 Transition

Transition across non specialised and specialised services

Transitions between non specialised and specialised services should be planned, to ensure that they are continuous, seamless, timely and efficient. This can be aided by clear adherence to established pathways. Clear communication between professionals is essential at these points.

Transition across paediatric and adult services

Providers should take into account the recommendations within the NICE guidance on transition³, and the Welsh Government transition and handover guidance⁴, and associated quality standards to help children and young people and their carers have a better experience of transition and handover to adult's services by improving the way this is planned and carried out.

Providers must have a clear accountability and delivery mechanism in place, which includes identifying and designating a senior lead reporting to the Quality and Safety Committee, who will have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services. The senior lead will be responsible for championing transition and handover at a strategic level.

Transitions between paediatric and adult services should be planned, to ensure that they are continuous, seamless, timely and efficient. The child or young person with long term conditions commencing during childhood, must be offered choices about transition and handover of care at a point determined by their overall needs, including any national condition specific guidance.

The provider will identify and appoint a Transition and Handover named worker ("Named Worker") to support the transition and handover of healthcare for every child and young person. The Named Worker will be a health professional based within the child or young person's existing care team and will have a key role in coordinating and promoting continuity and integration of the child or young person's healthcare. The child or young person should help decide who the Named Worker should be.

The Named Worker should be involved throughout the transition and handover process, supporting the child or young person before and after transfer for at least 6 months or until a time agreed with the child or young person and their family and carers.

The allocation of the Named Worker should be reviewed by the existing MDT at key points in the transition process. Any changes to the Named Worker must be discussed with the child and young person. Local arrangements should be put in place to provide cover during any absence of the single Named Worker

³ Transition from children's to adults' services for young people using health or social care services (2016) NICE guideline NG43

⁴ Welsh Government - The Transition and Handover Guidance (February 2022)

and any changes should be agreed by the child and young person.

Every child and young person transferring from children to adults' services will have a documented Transition and Handover Plan (THP), or equivalent.

Clear communication between professionals is essential at these points. Services need to take into account transition processes from long-term ongoing childhood care through to adult services. This transition needs to be actively managed and supported with enablers encouraged and obstacles removed. The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

Children and adult teams should work together to achieve continuity and the most effective services for the child or young person. If any clinician feels they are practicing outside their competence due to the age of the patient, they must escalate the matter through their scheme of clinical accountability.

2.6 Exclusion criteria

Patients over 16 years of age.

There should be a clear pathway for patients between the age of 16 and 18 for accessing non-specialised and specialised orthopaedic surgery (elective and non-elective). The health professional making the referral will retain clinical responsibility in line with local guidance of accountability until the arrangements for transition and handover of care are formally agreed, ensuring that the child or young person is kept fully aware of which clinician has responsibility for their care.

Decisions around patients between the age of 16 and 18 need to involve the patient themselves, their parents and / or guardians, and need to take into account the local health board environment and choices available to the patient.

These decisions need to be discussed with the patient. In cases where competence of understanding is a concern every effort must be made to involve the relevant stakeholder parties involved in the patients' care.

2.7 Acceptance criteria

Referrals will usually be accepted from GP/podiatry/physiotherapy or secondary care clinicians, and other professionals with locally agreed referral access.

Once referred the patient will be assessed by an appropriate paediatric orthopaedic service.

The service outlined in this specification is for children, aged 16 or under, ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes children who whilst resident in Wales, are

registered with a GP practice in England, but includes patient's resident in England who are registered with a GP Practice in Wales.

2.8 Non Specialised Paediatric Orthopaedic MDT

There should be a designated lead clinician for the Non Specialised Paediatric Orthopaedic MDT who should also be a core team member. The team should include the following core members:

Essential	Desirable
Consultant paediatric orthopaedic surgeon	Inpatient nurse practitioner for children with MSK conditions on the ward (trauma / elective)
Consultant paediatrician for surgical services liaison	Clinical lead for Dietetics
Consultant paediatric anaesthetist	
Highly specialised paediatric physiotherapist	
Paediatric occupational therapy lead	
Paediatric clinical nurse specialist	
Paediatric podiatrist	
Health care professionals trained in the assessment of DDH in terms of ultrasound screening and abduction splintage management.	
Healthcare professional trained in the assessment of CTEV and Ponseti manipulation and plaster treatment.	
Health care professionals trained in the assessment and management of neuro-disability including CPIP and radiological surveillance of hip migration.	
Health care professionals trained in the assessment and management of normal versus abnormal and physiological variants.	
Paediatric Orthotist.	

Essential	Desirable
Plaster technician (especially with experience of serial casting for children with sensory needs)	

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in the service specification, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the IPFR Panel of the Local Health Board in which the patient is resident.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with the policy, arrangements can be made for an independent review of the process to be undertaken. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted to the Local Health Board in which the patient is resident.

3. Quality and patient safety

Services must work to written quality standards and provide monitoring information to commissioners. The quality management systems must be externally audited and accredited.

Services must enable the children, parents and advocates informed participation and be able to demonstrate this. Provision should be made for children and parents with communication difficulties.

With respect to the quality indicators described it is imperative that a structure is designed to allow for local audit in terms of mortality and morbidity meetings but in addition super regional and annual meetings should be convened.

For all HCPs this requirement must have adequate time allocated within individual and team job planning.

Each health board should provide annual figures relating to surgical inpatient volume and the areas in which this is performed.

Evidence regarding return to theatres and revision surgery should be provided and audited locally and nationally.

Any developing trends need to be identified, explored and discussed particularly if there is concern regarding potential detrimental outcomes.

Annual figures are required relating to the numbers waiting and the time to be seen for outpatient appointments and with whom these are performed. These need to be collated for routine new and urgent new appointments as well as FUNB.

Where possible a breakdown following triage in terms of whether these patients require a Consultant Orthopaedic review or alternate HCP review (e.g. extended scope practitioner) should be provided.

Paediatric orthopaedic surgeon appointments need to be audited.

Non-paediatric orthopaedic surgeon health care professional appointments need to be collated and audited with volume in each health board identified and accountability and responsibility to health care professionals also clearly identifiable.

Where non-specialist services are provided by generic health care professionals, this data also needs to be provided.

3.1 Quality indicators (standards)

The Non Specialised Paediatric Orthopaedic services are required to:

- hold regular specialty specific mortality and morbidity meetings

- participate in annual quality assurance, and
- participate in collection and submission of data into appropriate databases
- provide data to commissioners to support the assessment of compliance with the service specification
- Undertake regular patient experience surveys, patient reported outcome measures and develop and implement an action plan based on findings
- report the following outcomes.

The provider will report all incidents relating to patient safety incidents and where appropriate will report the incidence of:

- Hospital related venous thromboembolism (VTE).
- Incidence of healthcare associated infection (HCAI) MRSA, C Difficile.
- Incidence of newly acquired category 2, 3 and 4 pressure ulcers.
- Incidence of medication errors causing serious harm.
- Incidence of harm to children due to failure to monitoring.

Providers are expected to plan and provide services in line with the quality standards for non-specialised paediatric orthopaedic services which are outlined below:

3.2 Other quality requirements

The Non Specialised Paediatric Orthopaedic services will:

- Perform regular reviews of functionality and performance.
- Participate in condition specific national UK audits, where available, in order to ensure the best possible clinical outcomes. All audits should take into account the results of all surgeons in the centre.
- Use a recognised system to demonstrate service quality and standards.
- Use detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- Ensure that the quality system and its treatment protocols will be subject to regular clinical and management audit.
- Hold other meetings regularly to address clinical, service delivery and governance issues.
- Review of risk registers and Welsh Risk Pool data.

The above should form the basis of an annual report shared with Health Boards who refer to the service or participate in it.

It is the Provider's responsibility to notify the commissioner on an exceptional basis should there be any breaches of the care standards. Where there are breaches any consequences will be deemed as being the Provider's responsibility.

Services must comply with the relevant NICE quality standards which defines clinical best practice.

3.3 Patient experience

The provider will ensure that children and parents have access to the relevant support groups and education and will conduct regular surveys of patient/carer satisfaction in line with national guidance.

4. Performance monitoring and information requirement

4.1 Performance monitoring

Health Boards will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Services to evidence quality and performance controls.
- Services to evidence compliance with standards of care.

4.2 Key performance indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Sections 3.1 and 3.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Surgery component waiting time for patients (day case and IPT)
- Hospital stay (median length of stay in days)
- Equitable access (by LHB population) to surgery
- Number of cancelled operations leading to avoidable delay and negative patient experience
- 28 day re-admission rates
- Number of unplanned admissions to PICU
- Number of Serious Untoward Incidents (SUIs) reported
- Number of written complaints received
- Infection monitoring as per section 3.1
- Multidisciplinary mortality and morbidity meetings – documentation and evidence of learning
- Congenital Talipes Equinovarus (CTEV) including:
 - number of procedures
 - numbers of plasters for each foot treated
 - tenotomy rate, and
 - relapses.
- Developmental Dysplasia of the Hip including:
 - birth numbers
 - numbers scanned
 - splintage rate, and
 - splintage success rate.

4.3 Date of review

This document is scheduled for review before April 2025, when we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality impact and assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Health Boards to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates that the policy is robust and that there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting things right: raising a concern

6.1 Raising a concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to provider Health Board.

6.2 Individual patient funding request (IPFR)

If the patient does not meet the criteria for treatment as outlined in the service specification, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the IPFR Panel of the Local Health Board in which the patient is resident.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with the policy, arrangements can be made for an independent review of the process to be undertaken. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted to the Local Health Board in which the patient is resident.

7. Equality & Health Impact Assessment for

Non Specialised Paediatric Orthopaedic Service Specification

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) 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.
- Formal consultation⁵ must be undertaken, as required⁵
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Service Specification for Non Specialised Paediatric Orthopaedic Services
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	The Welsh Orthopaedic Board on behalf of the NHS Wales Health Collaborative
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The aim is to define the essential requirements and standard of care that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children resident in Wales. The objectives are to:

⁵http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253.73860411&_dad=portal&_schema=PORTAL

		<ul style="list-style-type: none"> • Ensure that the commissioning of Non Specialised Paediatric Orthopaedic Surgery is evidence based. • Detail the specifications required to deliver Non Specialised Paediatric Orthopaedic Services. • Specify the minimum standards of care for the delivery of Non Specialised Paediatric Orthopaedic Services. • Ensure equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location. • Identify the minimum requirements that services must meet in order to provide services for Welsh children. • Improve outcomes for children with orthopaedic conditions who require non specialised surgery.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory⁶ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need⁷.</p>	<p>Population Data - 589,177 children (0 – 16 years) in Wales - National level population estimates by year, age and UK country - https://statswales.gov.wales/catalogue/population-and-migration/population/estimates/nationallevelpopulationestimates-by-year-age-ukcountry</p> <p>Service Specification developed by task and finish group with following representation from the following specialties:</p> <ul style="list-style-type: none"> • Paediatric Orthopaedic Surgery • Paediatric Anaesthetics • Paediatric Occupational Therapy • Paediatric Physiotherapy • Paediatric Clinical Nurse Specialist <p>The group also had representation from the Royal College of Surgeons, British Society for Children's Orthopaedic Surgery, the Welsh Orthopaedic Board, and the Welsh Health Specialised Services Committee.</p>

⁶ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

⁷ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

		<p>A six week consultation was undertaken with key stakeholders involved in the delivery of paediatric orthopaedic services. This included centres in NHS England which provide orthopaedic care to Welsh children. All stakeholder responses have been reviewed by the group to inform the development of the final draft of the service specification, and to inform mitigating actions where required.</p> <p>Development of service specification informed by following documents:</p> <ul style="list-style-type: none"> • NHS England. Neonatal Infant Physical Examination. https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook • E02/S/A NHS Standard Contract For Paediatric Surgery: Surgery (And Surgical Pathology, Anaesthesia & Pain) 2013 • Cerebral palsy in under 25s: assessment and management (NG62) 25 January 2017 • Spasticity in under 19s: management (CG145) Last updated: November 2016 • Open reduction of slipped capital femoral epiphysis (2015) Interventional procedures guidance IPG511 • Surgical site infections: prevention and treatment 2019 NICE guideline NG125 • Major trauma: assessment and initial management (2016) NICE guideline NG39 • Major trauma: service delivery (2016) NICE guideline NG40 • Other Documents • Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Paediatric Anaesthesia Services 2020 Royal College of Anaesthetists • BSCOS Musculoskeletal Infection Consensus Group Delphi Method Approved Statements July 21 • Paediatric trauma and orthopaedics GIRFT (awaiting publication)
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The service specification will provide clarity on the pathway for children with orthopaedic disorders.

		This will impact on children with orthopaedic disorders, their families and carers, and the staff delivering the service.
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Under 16 - Positive impact – the service specification sets out the role of providers and specifies performance and quality indicators for delivering services to children aged 16 and under, with orthopaedic conditions which do not require management by a regional or supraregional specialised surgery service.</p> <p>Between 16 – 18 – No impact – The specification aligns with current and established practice regarding the management of patients between the age of 16 and 18. Whilst the service specification does not exclude patients between the age of 16 and 18, it states that decisions</p>	<p>The service specification does not apply to adult orthopaedic services – consideration should be given to developing a service specification for adults.</p> <p>All providers should comply with the Welsh Government The Transition and Handover Guidance (February 2022).</p>	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>for these patients need to involve the patient themselves, their parents and/or guardians, and need to take into account the local health board environment and choices available to the patient.</p> <p>However, several respondents raised issues around the management of children aged between 16-18 years, and the need for clarity on transition between adult and paediatric services. The document specifies that providers should take into account the recommendations within the NICE guidance on transition, and the Welsh Government transition and handover guidance. It states that providers must have a clear accountability and delivery mechanism in place, which includes identifying and designating a senior lead reporting to the Quality and Safety Committee, who will</p>		

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services.</p> <p>Between 18 and 65 - Positive impact – the service specification provides clarity on the role of the MDT in managing the transition of patients from paediatric to adult services. Over 65 – No impact</p>		
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Positive impact –the service specification requires:</p> <ul style="list-style-type: none"> • staff to attend mandatory training on equality and diversity; and • the facilities provided offer appropriate disabled access for children, parents and carers. 	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	No impact	N/A	
<p>6.4 People who are married or who have a civil partner.</p>	No impact	N/A	
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	No impact	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive impact –the service specification requires: <ul style="list-style-type: none"> • Services to use translators as required and have printed information available in multiple languages. 	N/A	
6.7 People with a religion or belief or with no religion or belief. The term ‘religion’ includes a religious or philosophical belief	No impact	N/A	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No impact	N/A	
6.9 People who communicate using the Welsh language in terms of correspondence,	No impact – all providers are expected to comply with the	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Welsh Language (Wales) Measure 2011</p>		
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>Positive impact - The lack of access to private vehicles in low-income households, combined with limited public transport services in parts of South and West Wales, may present challenges for some families in accessing paediatric orthopaedic services. The aim of the service specification is to support the local delivery of care with for children with non-complex orthopaedic conditions, and thus reduce the need to travel to specialised centres.</p>	<p>N/A</p>	
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>Positive impact – one of the objectives of the service specification is equitable access to Non Specialised Paediatric</p>	<p>N/A</p>	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Orthopaedic Services for Welsh children irrespective of geographical location, this includes supporting delivery of care as close to home as possible, thus minimising the need to travel.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Nil	N/A	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Positive impact for those living in areas of deprivation - one of the objectives of the service specification is equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location, this includes supporting delivery of care as close to home as possible, thus minimising the need to travel.</p>	<p>N/A</p>	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support</p>	<p>Positive impact - Timely access to treatment for children with orthopaedic conditions will improve their ability and opportunity to improve and maintain a healthy and active lifestyle. The service specification requires providers to support self-management by providing education and child</p>	<p>N/A</p>	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>and family friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed. He service specification sets out clear performance and quality indicators in</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>N/A</p>	<p>N/A</p>	
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure</p>	<p>N/A</p>	<p>N/A</p>	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Positive impact - Timely access to treatment for children with orthopaedic conditions will improve their ability and opportunity to be actively engaged in society.</p> <p>The service specification requires providers to provide functional assessment to support child/young person outcomes, advising home and school impact</p>	<p>N/A</p>	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Positive Impact – The service specification provides clarity of the role of providers in delivering safe, effective and sustainable non specialised paediatric orthopaedic services as part of their wider portfolio of health care, thus contributing to the local and national economy.</p>	<p>N/A</p>	

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The service specification has the following positive impacts:</p> <ul style="list-style-type: none"> • Specifies the standards for delivering services, and the performance and quality measures used to assess providers. • Improve access by supporting delivery of care as close to home as possible. • Facilitate timely access to treatment for children with orthopaedic conditions, in order to improve their ability and opportunity to improve and maintain a healthy and active lifestyle, and to engage in society. • Clarifies the role of providers in delivering non specialised paediatric orthopaedic services as part of their wider portfolio of health care, thus contributing to the local and national economy.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>No actions identified.</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The service specification has no negative impacts.</p>			

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁸

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁸ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁹
- Equality Act 2010¹⁰
- Well-being of Future Generations (Wales) Act 2015¹¹
- Social Services and Well-being (Wales) Act 2015¹²
- Health Impact Assessment (non statutory but good practice)¹³
- The Human Rights Act 1998¹⁴
- United Nations Convention on the Rights of the Child 1989¹⁵
- United Nations Convention on Rights of Persons with Disabilities 2009¹⁶
- United Nations Principles for Older Persons 1991¹⁷
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁸
- Welsh Government Health & Care Standards 2015¹⁹
- Welsh Language (Wales) Measure 2011²⁰

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

⁹ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

¹⁰ <https://www.gov.uk/guidance/equality-act-2010-guidance>

¹¹ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

¹² <http://gov.wales/topics/health/socialcare/act/?lang=en>

¹³ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁴ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹⁵ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹⁶ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁷ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁸ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁹ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

²⁰ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nhs.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates²¹
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide²²

²¹ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

²² <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

8. Appendix 2 – The Human Rights Act 1998²³

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: 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 travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: 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 travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: 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 travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association

²³ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

9. Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?

- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.