Freedom of Information Request: Our Reference CTMUHB_242_25

You asked:

I am writing to request information under the Freedom of Information Act 2000 regarding orthopaedic surgeries, specifically hip replacement procedures, at Cwm Taf Morgannwg University Health Board.

Please provide detailed responses to the following questions:

1. Current Waiting Times for Orthopaedic Surgeries -

1. **What are the current waiting times for total hip replacements within Cwm Taf Morgannwg UHB?**

   161 weeks.

2. **What are the current waiting times for bilateral hip replacements within Cwm Taf Morgannwg UHB?**

   0.

3. **What has been the average waiting time for total hip replacements over the past 12 months?**

   69.9 weeks.

4. **What has been the longest waiting time for total hip replacements over the past 12 months?**

   132 weeks.

5. **What has been the average waiting time for bilateral hip replacements over the past 12 months?**

   0.

6. **What has been the longest waiting time for bilateral hip replacements over the past 12 months?**

   0.

2. Funding and Capacity Constraints –

7. **Are there any funding constraints currently affecting the scheduling or provision of orthopaedic surgeries in Cwm Taf Morgannwg UHB?**

   No.

8. **Are there any specific funding issues impacting hip replacement surgeries?**

   No.

3. Strategies and Initiatives to Reduce Waiting Times -

9. **What initiatives are currently in place to reduce waiting times for hip replacements?**

   Programmes of both insourcing of surgery and ward teams as well as outsourcing to private providers for joint surgeries including Hip replacements.

10. **What strategies are planned to reduce waiting times for hip replacements?**

    Reopening of theatres in Princess of Wales hospital will enable the Health Board to return to full theatre capacity.

11. **Are there additional resources allocated to reduce waiting times for hip replacements?**

    Yes. Hip replacements have fallen into the funding streams for dedicated joint surgery for both insourcing and outsourcing programmes.

12. **Are there specific initiatives targeting patients requiring bilateral hip replacement procedures?**

    As above, bilateral hip procedures are included, where clinically appropriate in both insourcing and outsourcing programmes.

4. Patient Transfers to Other Health Boards -

13. **Have any patients requiring orthopaedic surgery been transferred to other Health Boards in Wales due to capacity, waiting times, or funding issues?**

    We do not hold records indicating that such transfers have occurred for these reasons. There is no current policy or routine practice of referring patients to other Health Boards in Wales due to capacity, waiting times, or funding issues.

14. **Specifically, how many patients requiring hip replacements have been transferred?**

    As above.

15. **Which Health Boards have received these patients?**

    As above.

16. **What is the relevant time period for these patient transfers?**

As above.

5. Hip Resurfacing Surgery Details –

17. Has hip resurfacing surgery ever been offered or carried out within Cwm Taf Morgannwg UHB?

Hip resurfacing has historically been carried out in CTM. However, in line with all other health boards throughout Wales, this procedure is now not offered or funded at the current time in CTM.

18. If yes, how many hip resurfacing procedures have been performed? (as far back as possible).

75.

19. What are the approximate dates or year ranges when hip resurfacing surgeries were performed?

Period January 2009 – January 2024.

20. What criteria are used for patient selection for hip resurfacing?

As hip resurfacing is not currently offered or funded within CTM UHB, there are no active criteria for patient selection.

21. Is there any available data on outcomes or success rates for hip resurfacing procedures?

N/A.

6. Orthopaedic Consultants' Activity -

22. For each orthopaedic consultant performing hip replacements within Cwm Taf Morgannwg UHB, how many total hip replacement procedures were carried out in the last 12 months?

747.

23. For each orthopaedic consultant performing hip replacements, how many bilateral hip replacement procedures were carried out in the last 12 months?

There were no bilateral hip replacements completed in this period.

24. What is the NHS job title or role of each orthopaedic consultant performing hip replacements?

Job titles could include orthopaedic consultant, consultant surgeon or surgeon.

7. Internal Reviews and Audits Related to AVN Patients -

25. Has Cwm Taf Morgannwg UHB conducted any internal review or audit specifically regarding the management of patients with avascular necrosis (AVN) referred for hip surgery?

No.

26. What steps have been taken to ensure timely assessment and treatment of patients with AVN eligible for hip resurfacing?

Avascular Necrosis (AVN) is somewhat of a spectrum of disorders which can affect paediatric to adult populations, can be iatrogenic related to medications such as steroid use or secondary to alcohol abuse. More often than not however it is idiopathic with no known cause. Total Hip Replacement (THR) is the final but very effective pathway in its management. Resurfacing can be used as an alternative but with the conflict being the metal on metal (MOM) bearing and its inherent specific risks.

"In terms of where MoM Hip Resurfacing Arthroplasty exists in the management of limiting hip arthritis in 2025, it could be summarised as such: There is good published and registry data in correctly selected patients, essentially males with good bone quality, relatively normal anatomy and with head size 50mm or greater (AOANJRR and UKNJR). In that group, many patients remain happy and active with no obvious clinical concerns, good function, with metal ions under review*. However, with existing technologies, we are unable to offer HRA to females or men with small hips. Fewer surgeons have or are gaining the experience and skills required to perform HRA."

Avascular necrosis affects the bony architecture, often with joint line collapse, compromising the bone 'quality' and anatomy. All MOM resurfacing require lifelong surveillance* as per the MHRA guidelines which is an added burden compared to conventional THR which requires none.

27. How does Cwm Taf Morgannwg UHB monitor and address potential delays in surgery that could cause clinical deterioration for patients on the orthopaedic waiting list?

The orthopaedic team regularly reviews waiting lists to ensure we are treating as efficiently as possible. Keeping in Touch Teams are able to phone patients and discuss if the patient feels that their condition is worsening and request a review with their consultant.

8. Clinical Policy and Guidelines -

28. What is the clinical policy of Cwm Taf Morgannwg UHB regarding the use of hip resurfacing for patients with avascular necrosis (AVN)?

No CTM policy. Resurfacing indicated as stated above. We do not offer the procedure due to its inherent MOM risks, required lifelong surveillance and the success of a conventional THR in its management.

29. Can Cwm Taf Morgannwg UHB provide a copy of its internal guidelines or interpretation of NICE TA304 regarding resurfacing arthroplasty in AVN cases?

No internal guidelines. The relevant NICE guideline was published in 2014 and recommends prostheses with a revision rate less than 5% at 10 years. That would certainly be achieved with an appropriately ODEP rated conventional THR and without the MOM risks and lifelong surveillance as per MHRA.

30. Has Cwm Taf Morgannwg UHB issued any internal guidance stating that resurfacing is contraindicated in AVN patients?

No.

31. If yes, when was this guidance issued and by whom?

N/A.

9. Service Availability and Eligibility –

32. How many hip resurfacing procedures have been performed at Cwm Taf Morgannwg UHB in the past five to ten years?

Please see response to question 18.

33. What eligibility criteria does Cwm Taf Morgannwg UHB apply for patients to receive hip resurfacing?

None.

34. Has Cwm Taf Morgannwg UHB ever listed or treated patients with AVN for hip resurfacing?

We do not centrally capture this specific information.

35. If yes, how many such patients have been treated and under what clinical circumstances?

N/A.

10. Multidisciplinary Team (MDT) Governance -

36. What are the standard operating procedures for convening and documenting MDT meetings within Cwm Taf Morgannwg UHB?

Alternate Wednesday arthroplasty MDT. Each surgeon minutes their cases along with a recorded attendance record of cases and staff.

37. What is the policy on communication of clinical decisions to external stakeholders prior to formal MDT outcomes?

Clinical decisions are shared with external stakeholders only where there is a lawful basis under GDPR, such as patient consent or a legal obligation.

Communication prior to formal MDT outcomes is generally limited to internal clinical discussions unless urgent care coordination is required.

11. Waiting List Prioritisation and Management -

38. What criteria are used by Cwm Taf Morgannwg UHB to prioritise patients for orthopaedic surgery, specifically hip procedures?

Patients are prioritised based on clinical urgency and waiting time. Clinical teams assess whether a case is urgent or routine, and this is considered alongside the patient's position on the waiting list. Patients must also complete pre-assessment to be deemed fit for surgery.

39. Are pain severity, functional impairment, or risk of deterioration used as prioritisation criteria?

Yes, factors such as pain severity, functional impairment, and risk of clinical deterioration are considered by consultants when determining the urgency of orthopaedic procedures.

40. How often are waiting lists reviewed?

Waiting lists are regularly reviewed and validated to ensure accuracy and prioritisation of patient care. In addition, our Keeping in Touch Team (KITT) actively engages with patients who have been waiting the longest, providing updates and support while also helping to identify any changes in clinical need or circumstances.

41. What audit mechanisms ensure urgent cases are escalated appropriately?

Urgent cases are escalated appropriately through a combination of routine audit mechanisms and proactive patient engagement. Waiting lists are regularly validated to ensure clinical prioritisation is maintained. This includes:

Routine audits and validation checks to identify patients requiring escalation based on clinical need.

Direct contact with patients, including phone calls, to confirm current health status and any changes in condition.

Support from the Keeping in Touch Team (KIT), who focus on patients waiting the longest, helping to identify any deterioration or need for re-prioritisation.

Weekly Referral to Treatment (RTT) meetings, where teams review waiting list data.

12. Communication Standards -

42. What are Cwm Taf Morgannwg UHB's internal guidelines for communication with patients and their families regarding surgical scheduling and clinical decisions?

CTMUHB communicates with patients and their families through Waiting List Teams and Keeping In Touch Teams (KITT). While there is no formal written policy, patients are contacted regarding scheduling, pre-operative assessments, and clinical decisions. Clinical discussions, including consent, typically occur during follow-up or consent clinics.

43. What training is provided to management staff regarding the Duty of Candour and communication of delays or changes in care plans?

All Wales training/education/awareness materials were rolled out to support implementation of DoC across NHS Wales/within CTM UHB in April 2023.

DoC resources/materials/links are available to staff via the Health Board's dedicated DoC sharepoint intranet page.

Patient safety/governance teams include DoC in any local incident management training and provide ongoing support for ensuring compliance with duty of candour as part of incident management processes.

Welsh Government The Duty of Candour Statutory Guidance 2023 (issued 1 April 2023) clarifies the position regarding Duty of Candour legislation and waiting lists. This clarification includes: "Waiting lists should be actively managed, and new clinical decisions should be taken when the known risk changes to minimise harm to the service user. The materialisation of a risk that is known to the service user and clinician, in itself would not necessarily trigger the duty of candour."

13. Delays and Harm Review –

44. Has Cwm Taf Morgannwg UHB conducted any harm reviews or adverse incident investigations related to delays in orthopaedic surgery in the last 2 years?

10 Incidents.

45. What is the process for recognising and responding to clinical harm caused by treatment delays?

The Health Board has developed an incident management framework, which provides a comprehensive structure guide to the reporting and management of incidents. All incidents are reported and managed via the Datix Cymru System.

14. Equality and Inclusion -

46. Has Cwm Taf Morgannwg UHB conducted an Equality Impact Assessment for access to hip surgeries?

Services are Equality Impact Assessed when changes are being considered to the service. Therefore, changes and plans may have been equality impact assessed, but this question is not specific enough to respond fully.

47. How does the Health Board ensure that delays or service exclusions do not disproportionately impact patients based on protected characteristics under the Equality Act 2010?

CTMUHB continues to monitor the demographics of all patient services and any complaints processed.

15. Complaints and Redress – Putting Things Right –

48. How many complaints have been received under the Putting Things Right process specifically relating to the Orthopaedic Department in the past two years?

101 Formal Complaints.

49. Of these, how many complaints received a formal written apology?

All formal complaints are responded to via a written response which as a minimum includes an apology that that the experience of the service provided by the Health Board was not as positive as expected. Where failings are identified as part of the investigation additional apologies would be provided.

50. How many complaints led to financial or non-financial redress (e.g., service changes, compensation)?

As part of the investigation of complaint or incident the Health Board is required to consider breach of duty of care. Where a breach of duty of care is identified and it is anticipated the financial value of the case is under £25k, i.e. the amount of damages to be paid is under £25k should a qualifying liability be established, the case is transferred to the Redress process. When it is likely the value of the claim would exceed £25k the claimant would be advised to seek legal advice.

For the period requested, the cases transferred to redress are currently ongoing and therefore the information requested is not available.

51. In relation to the wider Health Board, how many total complaints have been received in the past two years?

994 Formal Complaints.

52. How many of these complaints resulted in redress?

21 Complaints resulted in redress.