



Freedom of Information Request: Our Reference CTMUHB_108_26

You asked:

Please find below a request for information under the Freedom of Information Act 2000 (or the Freedom of Information (Scotland) Act 2002 where applicable), submitted on behalf of the British Association of Prosthetics and Orthotics (BAPO).

The request relates to workforce planning arrangements for Prosthetic and Orthotic services within your organisation. The document contains 10 questions, most of which require brief factual responses. Definitions are included to support consistent interpretation.

Please provide responses to each of the following questions. Where a question is not applicable to your organisation, please state "Not Applicable" and briefly explain why.

| No | Question | Response Format |
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| 1 | Does your Trust/Health Board currently provide or commission a Prosthetic service? | No |
| 2 | Does your Trust/Health Board currently provide or commission an Orthotic service for patients? | Yes |
| 3a | If you answered Yes to Question 1: Is your Prosthetic service delivered in-house (i.e. directly employed NHS staff) or is it contracted out to an external provider? | Not applicable |
| 3b | If you answered Yes to Question 2: Is your Orthotic service delivered in-house (i.e. directly employed NHS staff) or is it contracted out to an external provider? | In-house / Mixed (please specify contracted sessions through contract) |
| 4 | Does your Trust/Health Board carry out workforce planning analysis for your Allied Health Professional (AHP) workforce? | Yes |
| 5a | If you answered Yes to Question 4: Does your AHP workforce planning specifically include your Prosthetic service workforce (whether in-house or contracted)? | Not applicable |
| 5b | If you answered Yes to Question 4: Does your AHP workforce planning specifically include your Orthotic service workforce (whether in-house or contracted)? | Yes informally |
| 6a | If your Prosthetic service is contracted out (as indicated in Question 3a): Does your Trust/Health Board carry out workforce planning for the contracted Prosthetic service? | Not applicable |
| 6b | If your Orthotic service is contracted out (as indicated in Question 3b): Does your Trust/Health Board carry out workforce planning for the contracted Orthotic service? | Yes informally |

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| 7a | If you answered Yes to Question 6a: How does your Trust/Health Board collate workforce planning data from the contracted Prosthetic service provider? Please describe the process, including the frequency of data collection and what data is gathered. | Free text |
| 7b | If you answered Yes to Question 6b: How does your Trust/Health Board collate workforce planning data from the contracted Orthotic service provider? Please describe the process, including the frequency of data collection and what data is gathered. | Annual commissioning submission to Welsh Government with Orthotic requirement captured informally through additional narrative. |
| 8 | If your Trust/Health Board does not carry out workforce planning for its Prosthetic and/or Orthotic services (whether in-house or contracted), please explain what steps you are taking to secure the prosthetic and/orthotic workforce pipeline. | Free text |
| 9 | Does your Trust/Health Board include data from its Prosthetic and/or Orthotic services (whether in-house or contracted) in any workforce returns submitted to NHS England, NHS Wales, NHS Scotland, or equivalent national workforce planning bodies? | No. |
| 10 | Please provide the current whole time equivalent (WTE) staffing establishment for your Prosthetic and/or Orthotic services, broken down by: (a) Prosthetists, (b) Orthotists, (c) Prosthetic/Orthotic Technicians, (d) Prosthetic/Orthotic support workers (e) Please indicate whether each figure relates to in-house or contracted staff. | 1 Band 7 and 1 band 6 clinicians All inhouse Additional contracted sessions as necessary to sustain the provision in times of pressures. |

Definitions and Clarifications

For the purposes of this request:

- **Prosthetic service** refers to the provision of artificial limbs and associated clinical rehabilitation services to patients following amputation or with limb absence.
- **Orthotic service** refers to the provision of orthoses (external devices such as braces, splints, and insoles) and associated clinical services to patients with musculoskeletal, neurological, or other conditions.
- **In-house** means the service is delivered by staff directly employed by your Trust/Health Board.
- **Contracted** means the service is delivered under a contract with an external provider (e.g. a private prosthetic or orthotic company) who directly employ the prosthetists and/or orthotists.
- **Workforce planning** refers to any systematic analysis of current and future workforce requirements, including assessment of vacancies, skill mix, succession planning, retirement profiles, and demand modelling.
- **WTE** means Whole Time Equivalent, reflecting the proportion of full-time hours worked