# The Waiting List Support Service (WLSS) Programme Update

## QSEC 10th August 2021

**Reporting Officer**: Mandy Davies, Assistant Director of Nursing/ QI
**Executive Lead**: Mandy Rayani, Director of Nursing, Quality and Patient Experience

# Situation

- **The programme was established to deliver planning objective 1E as set out in the Hywel Dda University Health Board (HDdUHB) Strategic Priorities and Planning Objectives:**

  During 2020/21 establish a process to maintain personalized contact with all patients currently waiting for elective care which will:

  - Keep them regularly informed of their current expected wait
  - Offer a single point of contact should they need to contact us
  - Provide advice on self-management options whilst waiting
  - Offer advice on what do to if their symptoms deteriorate
  - Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritization
  - Offer alternative treatment options if appropriate
  - Incorporate review and checking of patient consent

- **The overall aim is to develop a service which tested a process that proactively and compassionately communicated with patients who were on a waiting list.**

# Situation

- **Project governance structure in place overseen by Oversight Group chaired by Director of Nursing, Quality and Patient Experience and Director of Operations. Project led by Assistant Director of Nursing QI and General Manager Scheduled Care who chair Project Steering Group. Robust project management support in place.**

- **Pilot to test processes to communicate with patients undertaken with a cohort of orthopaedic patients from 3 consultant teams, as described in the attached evaluation report (Appendix 1) .**
  - **Letter offering single point of contact telephone number and email address**
  - **Online resources developed with clinicians:**

    https://hduhb.nhs.wales/find/advice-for-orthopaedic-patients/

    https://biphdd.gig.cymru/chwiliwch/cyngor-ffordd-o-fyw-i-gleifion-orthopedig/

- **Video produced to describe project as part of Bevan Exemplar Programme (to be shared in meeting)**

# Situation

- **Funding secured until March 2022 for a Programme Team to scale up and roll out the programme as a result of the evaluation, and in recognition of the complexity of the objective (Service Delivery Manager, Service Manager, Clinical Responders, Clinical call Handlers, QI Lead. Project Manager).**

- **Using a phased approach due to the complexity and scope of the project; the next phase of the programme is to extend WLSS to all patients on the 3 Orthopaedic consultant waiting lists and roll programme out to Urology, ENT and Ophthalmology Specialties.**

- **High level plan and communication strategy being developed for roll-out to all elective waiting lists in terms of timeframes based on optimization of benefits to the patient.**

- **Further evidence of impact of the programme for patients and clinicians will be provided by the Quality Improvement and Service Transformation team at the meeting.**

# Risks and Mitigation

***Risk:*** Lack of project governance/ oversight impacts on delivery.

- ***Mitigation:*** Established Governance Structure, Oversight Group, Steering Group and Working Groups.
- ***Mitigation:*** Evaluation of the project covered website usage, call handling metrics, thematic analysis and Patient Recorded Experience Measures.

***Risk:*** Lack of operational expertise and buy-in will impact on project success.

- ***Mitigation:*** The letter sent out to patients, the call-handler script and bespoke, bilingual online resources to be co-developed with clinical leads in Orthopaedics.

***Risk:*** Covid 19 pandemic is ongoing, potential to impact on Command Centre activities and service responsiveness in the development of scripts, FAQs, etc.

- ***Mitigation:*** High-level plan to establish contingencies to allow for switch to roll-out throughout service if not possible to move to a new service as anticipated. Vaccine rollout further reduces risk.

# Risks and Mitigation (cont'd)

***Risk:*** Inadequate Telephony/digital systems to manage large scale roll-out of Waiting List Support Service.

- ***Mitigation:*** Representatives from Digital Services aligned to Oversight, Steering and Working Groups.

***Risk:*** Loss of public confidence and reputational damage should the service fail to meet public expectations due to undefined service offer, or the access being shared amongst patients when the service may not have capacity or correct scripts to respond to queries.

- ***Mitigation:*** Communications involvement to manage messages, expectations and capacity of service.

***Risk:*** Risk to project delivery if it is not possible to recruit required and competent call handling workforce with the correct skills to meet service demands.

- ***Mitigation*** Mitigated by workforce planning and baselining of service demands. Where workforce capacity is not sufficient, then services can be altered to ensure that delivery pace is uninterrupted.

# Recommendations

- **Quality, Safety and Experience Committee is asked to :**
  - **Recognise the complexity of this planning objective;**
  - **Acknowledge the work to date to develop a plan to deliver a kind and compassionate response to patients waiting for elective services;**
  - **Gain assurance from this report that the programme is progressing.**

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# Waiting List Support (Project)

## Pilot Evaluation and Lessons Learnt

## Executive Summary

This document provides an in depth evaluation of the Waiting List Support Service (WLSS) Pilot.

The pilot was developed in order to plan and scope the delivery of the Health Board's Strategic planning aimed at providing kind and compassionate to patients who are waiting for elective care in recognition of the impact the Covid-19 pandemic has had on waiting times.

The project team have received support from the Bevan Commission following selection as an Exemplar Project. A high level evaluation was conducted for their website, as well as a video (available here) which demonstrates the personal impact the pilot has had on patients and staff.

This document goes into far greater detail to include; the governance arrangements the key stakeholders, the project methodology to carry forward the pilot and evaluation methods used.

The findings of the pilot will support and inform a rollout to other service areas, with lessons learnt to enhance the service, organization and patient experience.

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## List of Abbreviations

| Abbreviation | Meaning |
|---|---|
| HDdUHB | Hywel Dda University Health Board |
| WLSS | Waiting List Support Service |
| CCC | Covid Command Centre |
| SROs | Senior Responsible Officers |
| TPO | Transformation Programme Office |
| QR Code | Quick Response Code |
| EqIA | Equality Impact Analysis |
| WTE | Whole Time Equivalence |
| WPAS | Welsh Patient Administration System |
| EPP | Education Programme for Patients |
| PROM(s) | Patient Recorded Outcome Measure(s) |
| PREM(s) | Patient Recorded Experience Measure(s) |
| GP | General Practitioner |
| ENT | Ear, Nose and Throat |
| PALS | Patient Advice and Liaison Service |
| VBHC | Value Based Health Care |

## Background

The Covid-19 pandemic has meant that planned surgery waiting times have increased significantly and this has led to the creation of the Waiting List Support Service (WLSS) pilot. The aim was to develop a service, which tested a process that proactively and compassionately communicated with patients who were on a waiting list.

An approach was piloted to a small cohort of orthopaedic patients (264) that had been waiting 52 weeks or over for hip or knee surgery. This cohort were contacted via a letter that contained online health and wellness advice, either via a web address or Quick Response (QR) code and an offer of telephone support via a single telephone number and email address.

## Projects Aims

The aims of the project were to create a pilot and proof of concept to help meet the Planning Objective 1E as set out in the Hywel Dda University Health Board (HDdUHB) Strategic Priorities and Planning Objectives.

“During 2020/21 establish a process to maintain personalized contact with all patients currently waiting for elective care which will:

- Keep them regularly informed of their current expected wait
- Offer a single point of contact should they need to contact us
- Provide advice on self-management options whilst waiting
- Offer advice on what do to if their symptoms deteriorate
- Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritization
- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

This process needs to roll out through 2021/22”

The project also worked alongside the Outpatients Improvement Programme, which played a key part of the recovery of scheduled care services. The waiting lists for elective care have been impacted by Covid 19 and it was the hope that this would help to ensure that patients stayed as “well as possible” while they waited.

# Project Methodology

## WLSS Project Roles/Responsibilities

**Senior Responsible Officers (SROs):** Director of Nursing, Quality and Patient Experience and Director of Operations.

**Project Leads:** Assistant Director of Nursing, Quality and Patient Experience and General Manager, Scheduled Care.

**Project Management/Support**: Principle Project Manager, Transformation Programme Office (TPO), Project Manager, TPO and Project Support, TPO

**Operational Lead:** Head of Quality Improvement & Practice & Professional Development,

**Operational Management**: Clinical Lead Nurse

**WLSS Call Handlers:** Four Whole Time Equivalent (WTE) pre-assessment /day surgery nurses

**Clinical Support:** Specialist Nurse, Orthopaedics

**Infrastructure support:** Representation from Communications and Engagement Teams, Digital Services, Scheduled Care, Equality Assessment Team and Medical Records.

There were a total of four WTE WLSS Call Handlers deployed within the Covid Command Centre for the pilot. The call handlers were pre-assessment/day surgery nurses deployed to work in post and are set to return to substantive roles in the near future.

The Call Handlers were supervised by a Clinical Lead Nurse working within the Command Centre. A Specialist Orthopaedic Nurse also provided ad hoc support if further advice or onward referral was required.

The WLSS Call Handlers operated as a cell within the HDdUHB (CCC), as this provided the infrastructure and telephone systems required.

## Project Governance

The Waiting List Support Service project is a key deliverable of the Hywel Dda Hub programme and as such is governed through this structure, please see below:

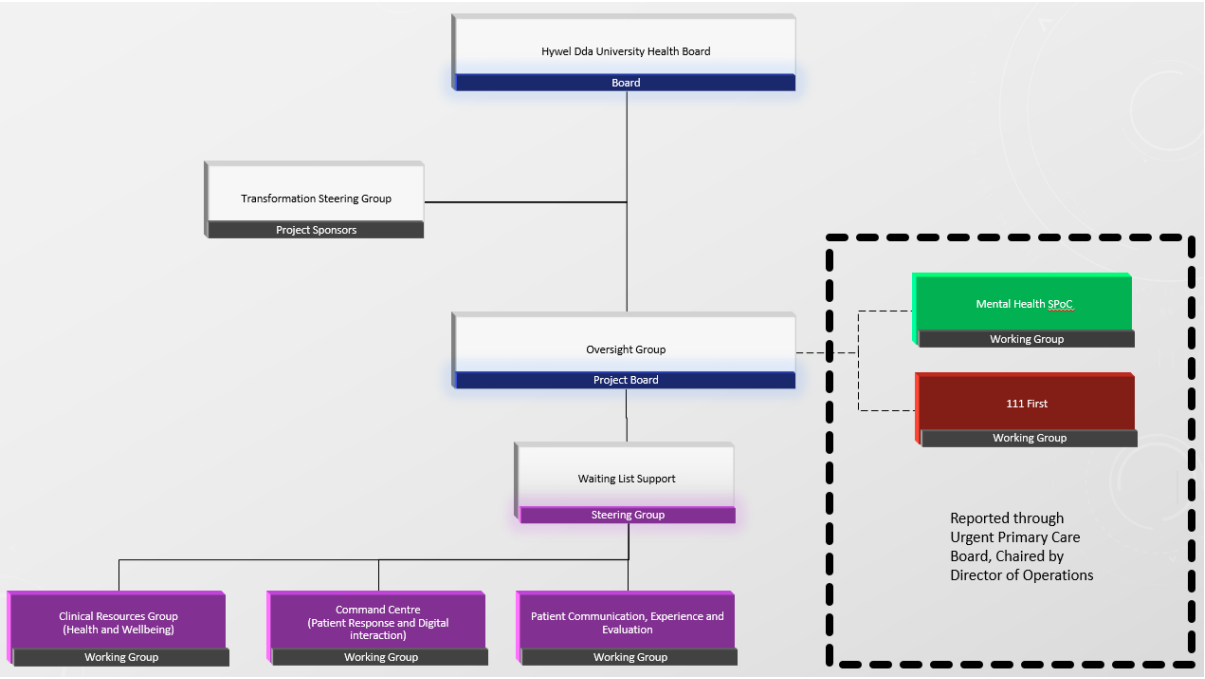


*Figure 1 - Hywel Dda Hub Organization Structure*

The Oversight Group's membership includes the SROs, the Assistant Director of Informatics, Project Leads and Project Management representation. It is responsible for the overall governance of the project and signing off of key milestones, project actions and project documents.

Mental Health SPoC and 111 First are not directly reported to Oversight Group, but the Director of Operations receives those reports through Urgent Primary Care Board and are projects managed by the same TPO staff members. As those projects have similar themes they are illustrated here for information only.

The Steering Group's membership is comprised of senior management and clinicians within the Scheduled Care Directorate, as well as representatives from workforce and is chaired by the Project Lead and was responsible for the planning and design aspects of

The Clinical Resource working group were responsible for the development of online resources, call handler script and the letter development. This group had orthopedic clinical and administrative representation and was supported by the Bevan Commission in the development of workshops.

The Command Centre Working Group was responsible for the operational aspects of the WLSS, resourcing the call handling provision and setting up the telephony and digital infrastructure required. The group had representation from the CCC Management Team.

The Patient Communication, Experience and Evaluation working group were responsible for the development of an evaluation criteria which captured patient experience as well as outcome measures (please see evaluation).

## Project Timeline

A project plan was developed, agreed and followed for the implementation of the WLSS and daily touchpoint meetings organized with the Project Management Team and project leads to oversee progress (Appendix 1). Key milestones were identified as development of a call handler script, patient letter, online resources, mail out, call handler recruitment and training, go live, and evaluation. Please see below which outlines key tasks and time taken to complete.

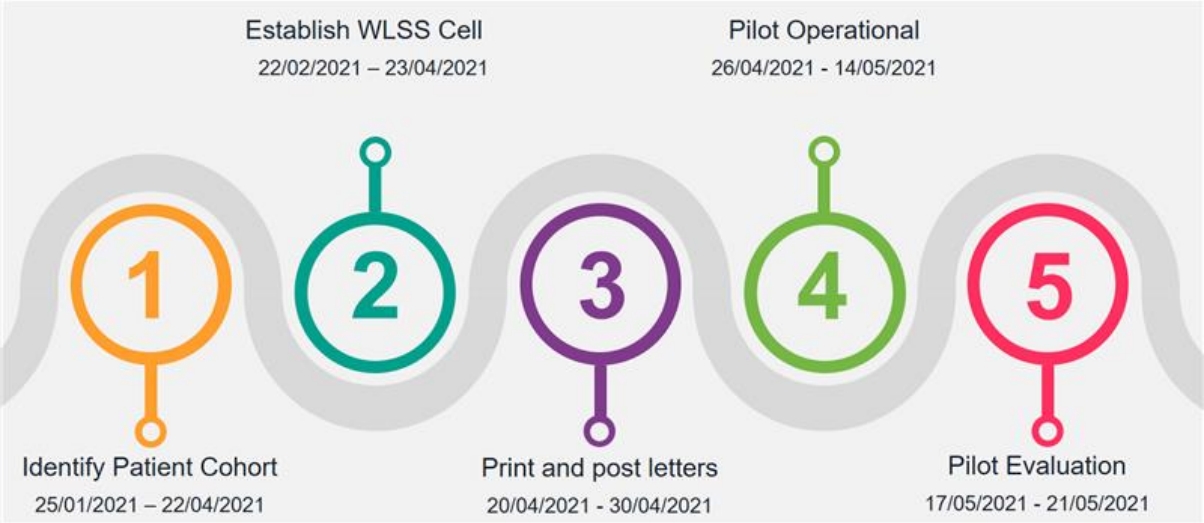


*Figure 2 - Timeline of Project Milestones*

## Patient Cohort

A total of 264, stage 4, orthopaedic hip and knee patients who had been waiting 52 weeks or over for their operation were used for the pilot. The WLSS List and Mail Out Process section contains more in depth information on how these patients were identified.

This group of patients were selected through the steering group on the basis of those who would most benefit from the WLSS. For equity of provision the cohort of patients were representative of three Orthopaedics Consultant waiting lists, who were based at Glangwilli General Hospital, Withybush General Hospital and Bronglais General Hospital.

The Consultants and relevant staff were engaged with at the outset of the project in selecting the cohort of patients and also supported in co-producing the WLSS script and letter documents.

## Equality Impact Analysis

An Equality Impact Analysis (EqIA) was carried out as part of the initial work to identify the patient cohort using information prior to validation. The purpose of the EqIA was to ensure that by proceeding with the project, there would be no impact to persons or groups within protected characteristics.

The EqIA was approved, with mitigations put in place to ensure that the project would not create a negative impact, however it was noted at a very early stage that limited demographic information was available to base a decision on and is something that needs to be developed for the organisation going forward. Full details of the EqIA and mitigations can be found in the appendix documents (Initial Letter - Appendix 7, Pilot Project – Appendix 8).

## Key Project Documents

The WLSS call handler script (Appendix 2) was developed through workshops with key orthopedic clinicians and service representation. The purpose of the script was to provide information to enable call handlers to answer common queries, refer on to appropriate services if required and to promote self-care to patient's whist waiting for operations.

The WLSS letter out to patients (Appendix 3) was undertaken again through workshops with key clinical and orthopedic service representation. The Bevan Commission supported in jointly running the workshops to provide guidance on how to engage effectively through the design and messaging and encourage positive behavioral change. The letter included information on the service as well as links to online information and support for self – management.

Bespoke, bilingual online resource for the pilot were developed with clinical leads in orthopedics. Within the letter sent to the patients, there were two methods of accessing this online support. These could be accessed either through scanning a QR code, or typing in the address directly into a browser. On the advice pages, there was a video as well as further links to advice such as well-being, dietary advice as well as some video exercises for the specific conditions (i.e. exercises for patients expecting a hip operations).

The evaluation was progressed in response to capturing the impact the WLSS pilot was having as well as developing an evaluation template for further roll out of the programme. Included within the evaluation measures were patient experience measures as well as metrics on call handler activity to inform future resourcing of project and to highlight and project benefits (Appendix 4).

## WLSS Letter Mail Out Process

A first contact letter process was commenced on 01/02/2021, with letters posted from the 01/0/2021 as part of a scheduled care patient validation exercise. Along with generic resources to keep fit and well, the letter contained an email address to request the letter in an alternative format, and a survey with a pre-paid return address envelope.

The first contact letter was sent to all patients on a waiting that had been waiting over 52 weeks excluding ophthalmology and paediatric patients. The survey asked people whether they wished to remain on the waiting list or whether they wished to be removed due to no longer needing surgery, had been seen privately, or that the letter had been sent by mistake.

In order to get this information, a report was run from Welsh Patient Administration System (WPAS) to identify the patients that had been waiting over 52 weeks, and the result mail merged into the letter template. Due to the size of the bilingual letter, survey and return envelope, the letter had be manually folded and inserted inside the postage envelope which required operational service staff to carry out this activity.

The waiting list co-ordinators receiving the responses updated a tracking list as well as chased those who had not responded to this letter. This resulted in the pilot cohort being reduced from 363 to 264 patients once those who wanted to be taken off the list had been removed.

In order to get the revised patient list, a second report was run using the original WPAS report, with cross referencing needing to remove those who did not want to remain on the waiting list. This required more resource to do as it was not an automated process.

The second letter for WLSS was designed to ensure that the letter folding machine could process the second mail merge, requiring no resource to fill the envelopes. As a return envelope was not needed, the only requirement was that the letter fitted onto a single piece of A4.

The WLSS letters were planned to be sent out in batches approx. 40 per day in order to manage calling demand and capacity of the CCC telephony systems. Also consideration in the batching process was given to ensuring that a proportionate split between Consultant patients to manage potential demand on Consultant time.

As there was not a standard letter template for patient communications, several test prints were required to ensure that the address bar was completely visible, that no other information was visible, that automatic folding did not affect the QR code from being scanned, and all of the content could fit onto a single page in both languages (one on each side).

This resulted in the planned batches being delayed due to the time taken to create the correct report, several formatting versions to match the requirements above and deadline for posting.

There was no resource available within the service to complete the mail merge and informatics service were not able to support this task. For the pilot, a project manager completed this activity, however longer term planning is needed to determine the resource required to undertake the task (please refer to Lessons Learnt).

Post batches planned for Friday and Saturday were delayed until the Monday, meaning that approximately 160 letters were sent in the initial batch rather than 40 letters per day over three days. The remaining batches were sent as planned.

## Results/Data Analysis

As part of the evaluation, data was taken from several areas; Website usage, call handling metrics and thematic analysis, patient feedback and impact on other services. The data used for website usage and call handling evaluation is from the period between 26/04/2021 and 14/05/2021 when the majority of patient engagement took place.

Although there has been more activity since then, this has been very limited, and would not greatly impact the analysis to date.

### Website usage

The letters sent to patients as part of the pilot contained a unique QR code to access the web resources developed for the pilot. This had not been circulated prior to the pilot, and only used for testing prior to the pilot launch date. Because of this, we were able to say that the website usage through the QR code during the time period related solely to the patients in the pilot only.

During the pilot, 23% of the cohort (61 patients out of 264) used the unique QR code to access the website resources at least once. The average page view was around 4 minutes, over twice as long as other patients accessing the website which is usually less than 2 minutes.

The letters were due to be posted from the 23/04/2021 to allow for arrival by the 26/04/2021 when the pilot was due to start. The letters were batched so that patients under each consultant would be contacted in groups of approximately 50 per day to manage call handling capacity.

However, due to issues in letter formatting which delayed printing, batches of letters which were due to be sent on the 23rd and 24th of April were not posted until the 26th with the letter batch for this day.

There would have been approximately 150 letters arriving with patients on the 28/04/2021, which corresponds with the initial spike in approximately 20 website page views (13% of the first batches of letters). The lower website views on the 29th corresponds with the batch of letters which were due to arrive that day with a similar, but slightly lower website hit rate (9-10%).

The website views were lower still on the 30th, but greatly increased on the 01/05/2021. The reasoning behind this could be that people received the letter, but chose to wait until the weekend to use the QR code. This is further supported by the page views continuing over the bank holiday weekend (01/05/2021 – 03/05/2021) where there wouldn't have been any post received by patients, but the website pages were in use.

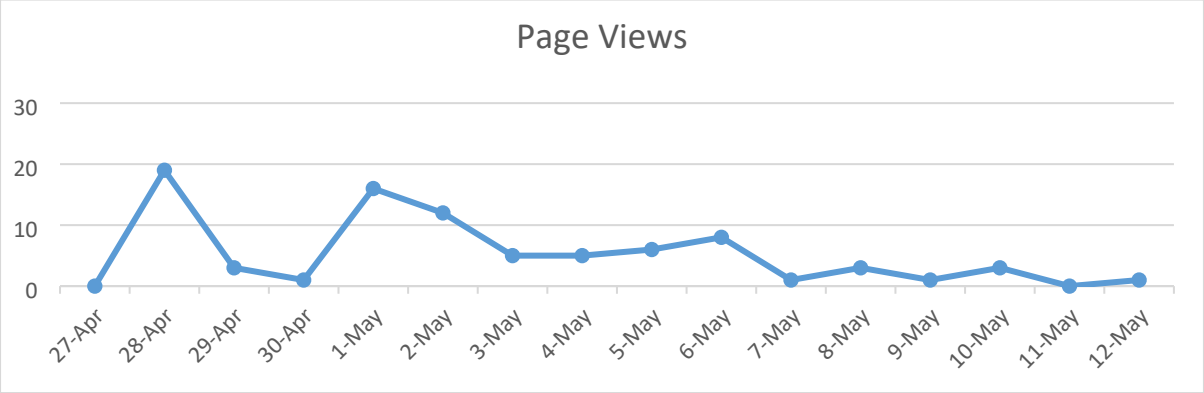


*Figure 3 - Website activity between the 27th of April and 12th of May 2021 generated by QR code scanning*

It is difficult to understand the profile of website usage between the 03/05/2021 – 06/05/2021, as the website traffic indicates people were accessing the site with day on day increase in site traffic. All of the letters should have arrived by this point so it is unlikely that this is a mail delivery issue.

This may be attributed to people returning to the letter and re-scanning the QR code, but that profile would better match the data gathered between the 07/05/2021 – 12/05/2021 where there are daily changes in volumes and use.

A plausible explanation could be due to the limited demographic information we have around patient age. The age of patients ranged from 47-91, with the average mean and median age of 73 and modal age of 77. It could be that these patients may require support with receiving or reading their mail when also considering potential sight loss or reduction due to aging. It could also be that they are asking a friend or family member to help them scan the QR code and we are seeing a result of them coming the following week after the letter is received.

## Phone Calls

The letter sent to patients contained a phone number, with instructions of how to contact the Waiting List Support service, and operating hours. The phone number belongs to the CCC Covid Enquiries cell, so effort was made to inform people that they would hear this before they were able to select WLSS. As such, it is unlikely that there were any dropped calls for the service which have not been included.

During the pilot, 6% of the cohort (16 patients out of 264) used the phone number provided to access WLSS.

All of the calls were recorded on a database by the call handlers and cross referenced the patient list identified as part of the mail merge, enabling the call handlers to validate that they were genuine callers as part of the pilot.

The recording of calls taken enabled the WLSS to capture 2 calls which were for the waiting list support, but not part of this pilot and so not logged within the 16 patients noted above.

As part of the contact recording, the call handlers noted the date and time of the call, and the date which the patient received the letter. From this, we are able to tell that 75% of calls (12) were received within 2 working days of the patient receiving their letter.

Using thematic analysis of the patient's reason for calling, 69% of calls were to initially find out what their status was on the waiting list, but this then developed in further conversation around pain management or other issues. In total 75% of calls received mentioned patient experiencing pain. Only 2 calls (13%) were solely for waiting list information and closed without further information.

It is not possible at this time to determine whether any of the patients had used the website before calling as the call handlers did not ask this question, so the number of patients engaging with the WLSS letter and resources could be anywhere between 17% (assuming people viewed the website before or after their call) and 29% (the 16 people who called are not the same as the 61 who viewed the website) of the pilot cohort.

### Call Handling Metrics

Call handling information was gathered from Netcall (which monitored calls to the Covid Enquiries Line) and the call handlers log to identify calls within the system which were specifically for the WLSS. A press 3 option was in use for WLSS to prevent patients waiting behind other callers and could be routed directly to the WLSS, as call volumes for vaccination to the CCC number were higher with particular peaks in early morning.

On average, callers are likely to have waited 9 seconds to access the waiting list support service. The longest possible wait could have been up to 2 minutes and 2 seconds where it is not possible to distinguish whether it was a vaccine booking call or WLSS call.

The possible reason for this could be due to a caller phoning at a time when there was greater demand for the vaccine line and they are held in a queue until they can select the correct option. In contrast to the vaccine phone line, where call wait times could be around 26 minutes during peak activity, the WLSS line performed well.

Unlike the vaccine booking line, the call duration for WLSS was much longer. While the vaccine booking has a limited number of reasons a patient could call with limited outcomes, patients calling WLSS could have a range of reasons for calling which thematic analysis has shown needed exploration for most calls. Vaccine calls were typically between 6-9 minutes, while WLSS calls could be 25-30 minutes.

Analysis of the calls has also enabled the development of a capacity formula based on activity during the pilot. It is worth noting however that response rate may change in different cohorts in the same speciality (stage 1 as opposed to stage 4 patients or successive replacements, for example) or in other service areas (Urology or Ophthalmology for example).

### Time spent per patient

Average call length per patient = 30 minutes

Average write up time (SharePoint/ WPAS) = 30 minutes

Follow up time if needing to chase a response following forwarding action to Specialist Nurse, etc. = 10 minutes

*Total call handling capacity per call handler*

6 calls per day (7.5 hours/ 70 minute patient time per call)

*Maximum letters which could be issued per call handler (assuming same 6% patient response rate)*

100 per day/ call handler (i.e. if a service wanted to make this available to 2000 patients, 20 working days would be needed to post the letters and respond to calls)

## Patient Feedback

Patient feedback was gathered by the Patient Advice and Liaison Service (PALS) team by calling patients who had agreed to take part in post service evaluation. Members of the PALS team phoned patients and ran through the National PREM questionnaire over the phone.

On average 82% (10 patients surveyed) answered 'Always' for the following questions;

- Did you feel that you were listened to?
- Did you feel well cared for?
- Did you feel you understood what was happening in your care?
- Were things explained to you in a way that you could understand?
- Were you involved as much as you wanted to be in decisions about your care?


*Figure 4 - Graphic showing response breakdown received between Always, Usually and Sometimes*

The remainder answered 'Usually' (12%) or 'Sometimes' (6%). Lower scores seemed to be linked to waiting list time, as comments around call handlers were very positive. The full breakdown of the answers is below to show how each person respond in each question.

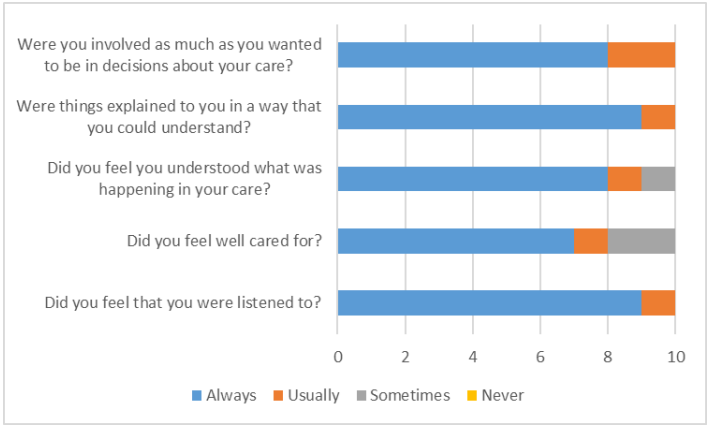


*Figure 5 - Full breakdown of responses illustrated in Figure 4*

For questions which had a different set of answers, they have been mapped into separate graphs. The graph below shows responses to questions around support provided, and the ability to access services in Welsh.

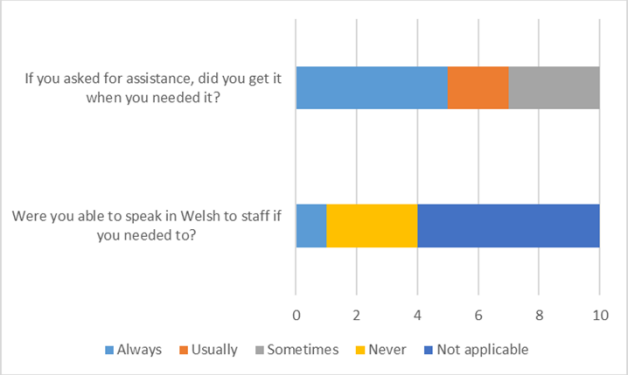


*Figure 6 - Responses to Assistance and Welsh Language question within the survey*

Every individual stated that they were able to receive assistance, with none stating never or not applicable, but this could be subjective. If people were asking for waiting list advice, this could not be provided, also if they were offered services but they chose not to take them up because they did not meet their personal expectations, this might explain the sometimes responses.

It is not clear whether patients were considering another service, or their own ability, when saying that they were unable to speak in Welsh as feedback also references part outside of the services control.

In the feedback one person stated “Wasn’t offered to speak Welsh”, and while there is not an option when calling to continue in English or Welsh, the message prior to getting through to call handlers is made bilingually, and Welsh speaking staff were available to take a call or a ring back made if they were unavailable.

No call handlers logged any requests to converse in Welsh, and so no action could be made at the time of call.

Patients were also asked to consider their wait time between recognizing a need and the response time, but again this information may be skewed.

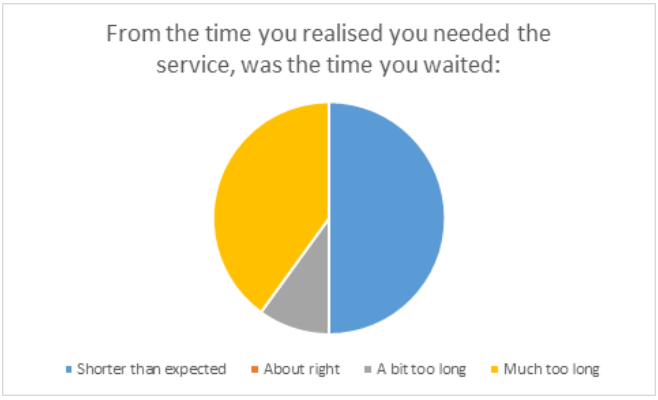


*Figure 7 - Breakdown of answers to service response time question*

Cross referencing the answers with call handling response times, there were no waits potentially longer than 2 minutes and 2 seconds. Average call wait appears to be around 9 seconds so a caller would not have long to wait for this part of the service.

If a follow up was needed around pain management, categorization of patient stages, etc. then this would impact on length waiting, however there does not appear to have been any significant waiting times for further information.

It is likely that those saying 'A bit too long' or 'Much too long' are referring to their wait for surgery rather than waiting to receive support from this service.

The last question asked patients to rate their overall experience.

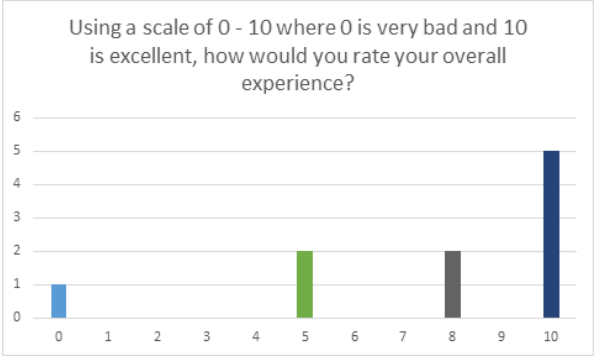


*Figure 8 - Patient rating of overall experience*

Those who rated the service as 0 or 5 also commented that their wait was too long or that they were unable to get the answers they wanted, so it is likely that they are referring to their surgical operation wait or that the call handlers were unable to provide them with a date of when their surgery would take place.

## Patient Stories

In July 2020, during the recovery period following the first wave of Covid-19, HDdUHB undertook a piece of work to understand what the impact had been on services called the Strategic Discovery Report.

This report contained a patient story from Alun Jones, a member of the Jones family (Teulu Jones) who is waiting for hip replacement surgery. In the story he described the impact that cancelling scheduled care services had on him, how it impacted his life and what it meant for those he lived with.

Alun Jones is similar to those who took part in the project and had he been under one of the three consultants, likely to have been invited. His story is also very similar to most of those who contacted the WLSS to date.

As part of the pilot, we asked patients whether they would be willing to take part in evaluation of the service, however we did not have feedback to share beyond the evaluation of the project internally.

In order to best understand the impact the WLSS has had on patients, we have taken the experiences and feedback given to us from patients and created a story following Alun's journey to see what happened next after being invited to take part in the project (Appendix 11).

## Patient Recorded Outcome Measures (PROMs)

The WLSS collected PROM data using the EQ-5D-5L survey (Appendix 9) as part of their patient contact. The purpose of this data collection was to support the harm reduction element of the Planning Objective 1E, while also gathering information which could in the future inform pathway development.

Currently, there are no pre-operative PROM clinics in place for this cohort of patients, so the PROMs were collected manually by the call handlers. Unfortunately it has not been possible to upload these into the DrDoctor platform as the data types would not match as all questions must be answered on the DrDoctor version of the survey.

The intention would be to use capacity within the service to contact the patients again where they have expressed their willingness for us to do so (Appendix 10), to ask them the same PROM questions and determine whether the advice previously given has had any impact.

This will give us a before and after PROM set which will enable us to determine whether the service has had an impact using a clinically validated toolset, which in turn could influence future pathways and development of the WLSS.

Future patient cohorts who are included on the pilot will need to be set up under a PROM clinic to allow us to ensure that patients do not receive multiple surveys via DrDoctor or other sources and also allow for better analysis and comparison of data when analyzing alongside other data sets such as PREMs.

### Impact on Other Services

As the service model had not been tested in HDdUHB before, it was not possible to know what impact if any, this would have on other services.

The project was partly reliant on patient behavior modification though self-access to web resources (website link), and taking calls which would normally transferred across a range of services in a single place. There was a risk that patients could phone consultants and medical secretaries on receipt of the letter using existing numbers rather than using the service.

Medical secretaries were sent a survey prior to the pilot to understand the nature of the calls they received, the volume, approximate duration and where the calls were forwarded to. Following the pilot, the same survey was used and sent to the medical secretaries involved in the pilot.

The key findings were that medical secretaries during the pilot received:

- Between 50-60% fewer calls,
- Fewer calls about waiting list times (when will my surgery take place),
- Calls which were more relevant (i.e. booking appointment with consultant for change in symptoms).

This learning is useful as we can say that lower call volume was not due to them continuing to call the medical secretaries, also we did not increase activity as a result of sending the letters which could have resulted patients using the numbers that they already had.

The pilot also did not increase consultant activity, as no calls received by Waiting List Support required escalation to the consultant. Calls requiring escalation were managed by a specialist orthopaedic nurse, or signposted out to other services (Education Programme for Patients (EPP), Delta Wellbeing, etc.).

## Project Outcomes

The pilot project had its own benefits realization plan with a list of deliverables. These have been included in the table, along with whether they have been met, partially met, or not met.

| Deliverable | Status | Update |
|---|---|---|
| Increased usage of online self-help resources | Met | Website views were longer than standard web pages with evidence of repeated use. |
| Change in number of calls handled by medical secretaries | Met | 50-60% fewer calls, but only met if assuming letter and web resource supported call reduction. |
| Call resolution rates are maintained or increased | Met | Call resolution rates were greater than those recorded by medical secretaries pre-pilot. |
| Patient Recorded Outcome Measures (PROMs) demonstrate patients are not at harm while waiting | Partially Met | PROMs were captured, however cannot be uploaded to DrDoctor Platform. Planning required to call back patients to determine whether the service had an impact on PROM scores and whether advice helped them. |
| Patient Recorded Experience Measures (PREMs) show that they are satisfied with service | Met | PREM data demonstrates that the majority patients were satisfied with the service. |
| Patient Experience Evaluation show that they are satisfied with service | Partially met | Patient stories not yet received, only limited feedback provided from call handlers and PREM commentary. |
| Reduction in orthopaedic waiting list complaints | Partially met | Due to volume of complaints, it is not possible to tell whether there has been a reduction complaints. |
| Staff experience evaluation show that the service does not generate excess activity | Met | Post pilot survey demonstrated that the medical secretaries did not experience greater work generated by letters issued. |
| Signposting routes out from CCC divert patients to alternative support pathways. | Met | Patients were signposted to EPP and Delta Wellbeing. Follow up work showed that patients did self-refer on advice to do so. |

*Figure 9 - Table of benefits identified prior to pilot commencement and actions made against them*

## Lessons Learnt

As part of the pilot, there were a number of areas of learning. These were:

- Initial scoping identified that there was not a centralized or standardized process in place to contact patients across HDdUHB. In addition to this, there was not a single call handling approach to managing calls from patients who were waiting for elective surgery and needing advice or assistance to prevent deterioration of their condition.

- Although the call handlers were logging when the patient received the letter and when they called, we did not capture whether they had looked at the online resources. This could be asked as part of the script requiring yes or no answer, which could be explored with patients later if they agreed. Gathering this information will support us in determining the impact the web resource has had, and ways that we can ensure that it is more effective for patients (if they viewed it, what was missing, etc.).

- The wording of the letter could be misleading patients, which may explain why so many people phoned to find out about their expected operation date. The letter stated;

"I am not able to confirm a date for your operation at this time. We will contact you as soon as we are able to."

However, the tone of the letter suggests that the surgery could be imminent with the following lines;

"Please know that we are doing all we can to make sure you have your operation as soon as possible."

"Whilst you wait **it is very important you get ready for your operation**."

The second quote has the same text in bold in the letter, creating a sense of urgency which could be misread by patients, especially if they believe that their operation will be as soon as possible.

- As 75% of calls received related to pain and pain management, there could be an opportunity to include information on the website about how patients can resolve this themselves. An example of this could be a self-referral to EPP or suggest an appointment with a General Practitioner (GP) if they have not already done so.

- Once the pilot had concluded, it was suggested the PROM data was linked to the PREM data. However, upon investigation it was noted that this was not possible. It would therefore need to ensure that when speaking to patients that PROM data was collected.

- As part of the patient letter element, it was identified that more resource would be needed to help fulfil this. During the pilot, it became apparently very quickly that the actual creation of the staggered mail merge lists as well, as the actual creation of letters, was not fully scoped out and required more resource that initially considered.

- Within the CCC, it was noted that the telephone system was already at capacity before the pilot was launched. This meant that additional capacity had to be found. In the next phase, there may be additional investment required in order to ensure that the system is able to support the additional capacity and functionality required.

- The use of the QR code was noted as being particularly high. However, it was noted that the website link was potentially too long and complicated which may have put people off from using it.

- For consideration, the advice was located on the website under Covid 19 Information which may have caused confusion at first for anyone landing on the website. In addition to this, anyone visiting the Hywel Dda website and not using the link within the letter, potentially would have struggled to find the advice.

- A date for the pilot to end was not included on the letter with the contact details. This has meant that staffing has been required for a far longer period with minimal activity. Going forward, this will either require a date to be included on letters of when the service will be unavailable or enough demand through increased patient numbers in a cohort.

## What has worked well:

- The QR code usage was much higher than expected with visitors to the website via this method recorded users were staying twice as long as most other visitors to the site.

- Patients we able to receive advice tailored for them through we website, as well as receive a bespoke service through the service led script. Examples of patient outcomes include one patient being referred to a specialist nurse for further advice and support and the other being offered support and guidance to stay on the waiting list.

## Challenges faced

- A key challenge was to engage with clinicians and managers on the potential benefits of the WLSS in order to work collaboratively in the development and evaluation of the service. As such, right from the start the project team engaged and co-developed key aspects of the WLSS with core stakeholders.

## Next Steps

The learning from the WLSS pilot evaluation and engagement with key stakeholders will inform next steps for the project. Early thoughts are that the WLSS is initially rolled out the remaining orthopaedic hip and knee stage 4 patients waiting over 52 weeks, as this will ensure equity of provision for this cohort of patients. After this the following services have been identified as potential areas which would could benefit from the WLSS: Urology, Ear, Nose and Throat (ENT) and Ophthalmology. However, this approach would have to be agreed through formal governance structures as well as with senior clinical and managerial leads within the scheduled care service. As such the following next steps are being actioned:

- Project Team to meet with Lead Consultant, Trauma and Orthopaedics and Service Delivery Manger, Trauma and Orthopaedics to agree approach for remaining orthopaedic patients.

- Project Team to meet with General Manager, Scheduled Care and Medical Lead, Scheduled Care to discuss early thoughts on initial Urology, ENT and Ophthalmology roll out as well as ongoing WLSS roll out.

- Hywel Dda Hub Oversight Group to formally sign off WLSS roll out plan and approach.

- Project Team to meet with medical and service leads for identified services (as per roll out plan) going forward to agree individual service approach.

The project team are hoping to progress these next steps at pace and meeting dates are planned to be set by early June 2021. This evaluation of the WLSS will be used to provide a basis for the roll out of the WLSS service along with the following key factors:

- Patient Harm
- Risk
- Coordination with Value Based Health Care (VBHC) Work plan / other work streams
- Clinical decision making
- Capacity

The workforce being used for the WLSS pilot is comprised of staff members who are either deployed into project or utilizing spare capacity within the CCC's other cells. This is not a sustainable position for the expansion of the WLSS. To meet the ongoing requirements of the WLSS the following staffing structure has been proposed to provide a service between 9am and 5pm Monday to Friday (excluding bank holidays);

- Band 8b Service Delivery Manager
- Band 8a Service Delivery Support Manager
- Band 7 Clinical Responder x2
- Band 7 Quality Improvement Practitioner
- Band 5 Project Support Manager
- Band 5 Call Handler Supervisor x1
- Band 4 Call Handler x6
- Band 3 Administrative Support

These will be advertised initially as 1 year fixed term posts, during which time work will be undertaken to understand the clinical and administrative requirements of the service, workforce profile, etc. A proposal has been put forward to Welsh Government on funding for the above roles as part of the Health Board's recovery plan

## Appendix 1 – WLSS Project Plan

# PILOT ORTHOPAEDICS ELECTIVE CARE PROJECT STATUS & ACTION PLAN

**Project Summary:** **Project Reference:**

The project to develop a Single Point of Contact (SPoC) forms part of the Access and Co-ordination Programme alongside Phone First, related to Strategic Planning Objectives 1B and 1E identified by the Board.

## PROJECT TIMELINE:

| PHASE | START DATE W/C | DUE DATE W/C | COMPLETED |
|---|---|---|---|
| **Phase 1:** | 25/01/2021 | 26/02/2021 | |
| • Meeting with Steering Group to agree pilot approach | | | 25/01/2021 |
| • Comm's and Engagement with Key Clinicians | | | 11/02/2021 |
| • Validate List of Patients to Participate in Trial | | | |
| **Phase 2:** | 10/02/2021 | 19/03/2021 | |
| • Monitor calls received by T&O secretaries/medical records/waiting list facilitators from elective care patients, as part of ongoing evaluation and analysis | | | |
| **Phase 3:** | 15/02/2021 | 16/04/2021 | |
| **Letter** | | | |
| • Workshop to design letter, FAQ sheet / Script | | | 23/02/2021 |
| • Develop letter from workshop outcomes | | | 23/02/2021 |

| | | | |
|---|---|---|---|
| • Draft letter sign off through Hywel Dda Hub Steering Group | | | |
| • Establish Resourcing and Organize Mail Shot with Gareth Beynon | | | |
| • Key Stakeholder / Service user feedback on draft letter | | | |
| • Develop online resource | | | |
| • Final draft to be signed off by Key Clinicians / Managers | | | |
| • Comm's and engagement with Community Health Council | | | |
| • CEO / Chair sign off | | | |
| • Welsh Translation | | | |
| • Second validation of patient cohort (cross reference following first contact letter responses) | | | |
| • Print and Post out | | | |
| **Command Centre** | 15/02/2021 | 23/04/2021 | |
| • Finalize approach of usage of SharePoint / email in WLSS communication with key clinicians and secretaries | | | |
| • Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient | | | |
| • Development of script and FAQs from workshop outcomes for | | | |
| • Hywel Dda Hub Steering Group to sign off draft script and FAQs | | | |
| • Develop SOP and Directory of Services | | | |
| • Workshop with service users regarding Script development and WLSS | | | |
| • Establish Workforce Solution for Command Centre | | | |
| • IT Equipment (IT Requests / Setup) | | | |
| • Procure Furniture, desks, chairs etc. (if required) | | | |
| • Develop Website for Bevan Exemplar | | | |
| • Final draft of Script to be signed off by Key Clinicians / Managers | | | |
| • SharePoint Training | | | |
| • Staff Training | | | |
| • Go live test? | | | |
| • Command Centre Operational | | | |

## ACTIONS GOING FORWARD:

| TASK | START DATE W/C | COMPLETION DATE W/C | ACTIONED BY | RAG | NOTES |
|---|---|---|---|---|---|
| Agree the patient cohort participating in pilot | 25/01/2021 | 10/02/2021 | Mandy Davies | | Established the validation of 200-300 T&O elective surgery patients |
| Validate the list of patients to participate in Pilot | 22/02/2021 | 22/02/2021 | Lydia Davies | | Complete |
| Contact PALS, Waiting List co-ordinators and Medical Secretaries to gather data on calls from T&O patients | 08/02/2021 | 22/02/2021 | Sara Prosser | | Sara has received data from PALS. Had an introductory meeting with Medical Secretary coordinators 23/02/2021. |
| Create Teams Form for medical secretaries and waiting list coordinators to complete | 22/02/2021 | 08/03/2021 | Sara Prosser | | Sara met with Shelley Dony, Workforce to discuss, drafted a form on MS Teams and forwarded to Mandy D & Steph Hire for approval 08/03/2021 The form was circulated Monday 15th March. |
| Conversation with Cathie Steele regarding Patient self-assessment tools | 22/02/2021 | 22/02/2021 | Mandy Davies/Marilize Du Preeze | | Meeting scheduled 25/02/2021<br>Marilize is continuing to consult with Cathie |
| Finalize use of SharePoint to communicate WLSS with clinicians / secretaries / link with WPAS | 15/03/2021 | 15/03/2021 | Mandy Davies / Sian Hopkins / Lydia Davies | | Mandy, Sian and Lydia met 15/02/2021 to discuss.<br>A meeting will take place with Paul Solloway w/c 15/03/2021 to discuss systems. |
| Draft FAQs and Script following Bevan Exemplar Workshop taking place on 23/02/2021 | 22/02/2021 | 01/03/2021 | Sian Hopkins | | Meeting with Script group took place on 10/03/2021.<br>First draft of script being developed to share with the group for approval |
| Draft letter following Bevan Exemplar Workshop taking place on 23/02/2021 | 22/02/2021 | | Marilize du Preeze | | Marilize completed draft letter 25/02/2021 |
| Amend letter template | 01/03/2021 | 01/03/2021 | Tom Wilson | | Tom, Communication team working on |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | suitable letter template 2/3/21 |
| Develop online resource | 01/03/2021 | 01/03/2021 | Marilize Du Preeze | | Online resource completed for final review by T&F group 4/3/21 |
| Arrange a meeting to discuss the comm's and engagement plan going forward | 15/03/2021 | 15/03/2021 | Yvonne Burson | | Yvonne will email Louise O' Connor, Nicola O' Sullivan. Mandy / Tom to be included |
| Establish Mailshot and resourcing with Gareth Beynon | 01/03/2021 | 01/03/2021 | Lydia Davies | | |
| Steering Group to sign off draft letter | 01/03/2021 | 01/03/2021 | Marilize Du Preeze | | Marilize shared the draft letter with the Hywel Dda Hub Steering Group |
| Service users / stakeholders & Medical Secretaries to review the final draft of letter | 29/03/2021 | 29/03/2021 | Marilize Du Preeze | | |
| Welsh translation of online resource | 08/03/2021 | 08/03/2021 | Marilize Du Preeze / Tricia Rees | | Welsh translation online resource 10/3/21 MDP/TR |
| EqIA the letter | 08/03/2021 | 08/03/2021 | Marilize Du Preeze / Tom Alexander | | Marilize and Tom scheduled for 10/03/2021 |
| CHC communication regarding letter | 08/03/2021 | 08/03/2021 | Marilize Du Preeze / Mandy Davies | | Marilize and Mandy to meet with CHC representatives 12/03/2021 |
| Key Clinicians and managers to sign off letter | 08/03/2021 | 08/03/2021 | Marilize Du Preeze | | Meeting being arranged with orthopaedic consultants for pilot to review letter and online resource (TBD) |
| Steering Group to sign off final letter | 15/03/2021 | 15/03/2021 | Hywel Dda Hub Steering Group | | Final sign off 18/03/2021 |
| CEO and Chair to sign off letter | 08/03/2021 | 08/03/2021 | Marilize Du Preeze | | |
| Welsh Translation of final letter | 22/03/2021 | 22/03/2021 | Mandy Davies | | |
| Create draft Operating Procedure | 22/03/2021 | 22/03/2021 | Sian Hopkins | | |
| Establish Workforce solutions | 01/03/2021 | 01/03/2021 | Mandy Davies / Sian Hopkins | | |
| IT Equipment user requests / order equipment if required | 22/03/2021 | 29/03/2021 | Sian Hopkins | | |
| Procure Furniture if required | 29/03/2021 | 29/03/2021 | Sara Prosser | | |
| SharePoint Training for workforce (medical secretaries if required) | 05/04/2021 | 05/04/2021 | Sian Hopkins | | |
| Second validation of patient cohort (Cross | 05/04/2021 | 05/04/2021 | Lydia Davies | | |

| | | | | | |
|---|---|---|---|---|---|
| reference following response to first contact letters) | | | | | |
| Print and Post Letters | 05/04/2021 | 12/04/2021 | | | |
| Staff to participate in training | 05/04/2021 | 05/04/2021 | Sian Hopkins | | |
| Trial run day prior to pilot becoming operational | 12/04/2021 | 12/04/2021 | Sian Hopkins / Tom Alexander | | |
| Pilot Operational | 12/04/2021 | 12/04/2021 | | | |

## FURTHER NOTES:

# Appendix 2 – WLSS Call Handler Script

## TRAUMA AND ORTHOPAEDIC ELECTIVE SURGERY

**SECTION LEAD:**

**REVIEWED DATE:**

| Q 1 | I NEED AN INTERPERATOR AS ENGLISH IS NOT MY FIRST LANGUAGE |
|---|---|

For requests for a conversation in Welsh a minimum of one Welsh speaker is usually on site at the command centre. If Welsh speaking call handlers are unavailable at that time an offer of a call back will be made.

For Interpretation assistance over the phone contact switchboard and ask to be connected to Language line on 0845 3109900

You can call switchboard on the following numbers:

- Bronglais General Hospital – 01970 623131
- Glangwili General Hospital - 01267 235151
- Prince Philip Hospital - 01554 756567
- Withybush General Hospital – 01437 764545

If accessing the service from hospital sites, switchboard will ask you to provide a

Cost centre code – this is 1621

Further information is available on the link below:

Interpretation and Translation Services - Final Access Guide V0.4 28th September 2020 uploaded.pdf (wales.nhs.uk)

## Q 2 WHERE AM I ON THE WAITING LIST?

While we cannot yet give a conclusive answer as to when routine surgery will be restarted, our aim is to bring back as much as we can within the constraints of the ongoing pandemic, recognizing that further waves of the Covid-19 virus are still possible. The exception to this is for those who are deemed clinically urgent and patients on cancer pathways, which we have continued to carry out throughout the pandemic.

In the meantime we are offering access to a range of online resources developed by clinicians at Hywel Dda so that patients can help to manage their conditions while they wait – you can access this resource here: https://biphdd.gig.cymru/chwiliwch/cyngor-ffordd-o-fyw-i-gleifion-orthopedig/

https://hduhb.nhs.wales/find/advice-for-orthopaedic-patients/

## I AM AWAITING SURGERY FOR ONE JOINT HOWEVER IN THE MEAN TIME MY OTHER JOINT HAS DETERIORATED

Can you explain what symptoms you are experiencing?

*Refer to question 3 for advice*

Have you discussed this with your GP?

*If unable to close with pain management questions log with clinical queries*

## Q 3 THE PAIN THAT I AM SUFFERING WITH IS GETTING WORSE

a. Have you been prescribed medication for pain?

*If the patient answers yes to this question continue to b.*

*If the patient answers no to this question continue to c.*

b. Are you taking the prescribed medication for pain?

*If the patient answers yes to this question continue to c.*

*If the patient answers no to this question please enquire as to the reason why and in most cases continue to c. (use clinical judgement if needed)*

c. Have you had a pain management review with the GP since your pain has changed in this way?

*If the patient answers yes to this question provide the EPP information below*

*If the patient answers no to this question advise to arrange a GP review*

We have free 6 week self-management pain programme through the Education Programmes for Patients (EPP) Team. It is a virtual programme, you would need to access TEAMS via an online platform.

The contact details are:

Telephone 01554 899035

Email epp.hdd@wales.nhs.uk

For further information on the EPP Team and the programmes that they provide you can access the resource here:

Education Programmes for Patients (EPP) - Hywel Dda University Health Board (nhs.wales)

**Q 4** **I HAVE TO TAKE STRONG OPIOIDS NOW AND DON'T WANT TO**

Have you had a conversation with your GP about your concerns?

If you have not had a review I advise that you speak to your GP.

If you have had a review with your GP and still have concerns would you like to speak to a member of our clinical team?

*Log a call at this point onto SharePoint for the consultant to return the patient's call.*

**Q 5** **IF I MOVE OUT OF HYWEL DDA UNIVERSITY HEALTH BOARD CATCHMENT AREA WILL I STAY ON THE WAITING LIST?**

If you were to move outside of the Health Board area, it would be the responsibility of your new health board to provide funding for your care.

You can either inform your consultant or your GP that you are moving out the Health Board catchment area and ask him to refer you to the Health Board serving your new location. Please note that the referral process will start again.

## Q 6 CAN I MOVE TO ANOTHER CONSULTANT?

If you want to change your consultant You can make a request to the clinician that you have been referred to or the service manager for the specialty. You will need to explain the reasons that you wish to move to different consultant

You can also ask your GP to request being referred to a different consultant.

## Q 7 WHAT IF I HAVE COVID WHEN MY APPOINTMENT IS DUE

If you have tested positive for Covid-19 or

if you have the following symptoms:

- New continuous cough (you start to cough repeatedly) and/or
- High temperature (you feel hot to touch on your chest or back)
- A loss or change to your sense of smell or taste

do not come into hospital, please let us know by ringing the telephone number on your letter.

We will reschedule your appointment.

Please ensure that you book a PCR test on the Gov.Wales website at the nearest testing location to your address. Please ensure that you and your household isolate for 10 days from the first day of your symptoms or until a negative test result (whatever comes first). You can access the website through this link: Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk)

## Q 8 I DON'T KNOW IF I SHOULD GO AHEAD WITH MY SURGERY AS I AM FEARFUL OF COVID, WHAT WILL THE IMPACT ON MY HEALTH BE IF I DELAY?

We would like to reassure all patients that we have put in place specific pathways and infection prevention and control measures in all of our hospitals and you should not feel anxious or worried about attending. If you have been given an appointment, we would also strongly urge patients not to wait until they have received one or both of their Covid vaccines before attending as any delay could potentially result in a long term impact on your health. Please be aware that if you do cancel your appointment with us we will not be able to give you a definitive timeframe for a rearranged appointment.

**Q 9** **IF I DEFER SURGERY FOR SIX MONTHS WILL I LOSE MY PLACE ON THE WAITING LIST?**

Would you mind explaining why you are considering deferring your surgery?
*If the patient's concern is Covid related please refer to Q 8.*

If you are given appointment we strongly urge you to keep it, or to contact COVIDenquiries.hdd@wales.nhs.uk in the first instance if you think you will be unable to attend. Please note that if you choose to delay, it could potentially result in long term impact on your health – so it's important to keep your appointment.

**Q 10** **I WANT FURTHER INFORMATION ON THE OPERATION AND RECOVERY TIME TO MAKE THIS DECISION. CAN I SPEAK TO THE SURGEON?**

We will make a note on our system taking all of your details and a clinical staff member will return your call and answer your questions

**Q 11** **I DON'T WANT MY SURGERY AT WERNDALE HOSPITAL**

Would you mind explaining what your concerns are regarding Werndale Hospital?

Your surgery will be undertaken by the same that consultant that you were allocated, they will travel to Werndale Hospital.

If you are given appointment we strongly urge you to keep it, or to contact covidenquiries.hdd@wales.nhs.uk in the first instance if you think you will be unable to attend. Please note that if you choose to delay, it could potentially result in long term impact on your health – so it's important to keep your appointment.

**Q 12** **MY FUNCTIONALITY IS DETERIORATING (E.G. I AM STRUGGLING TO GET ABOUT)**

What are you having difficulty with?

- If walking or balance you can self-refer to physiotherapy
- If daily living activities, getting up from sitting on chair/toilet or in/out bed you can self-refer to occupational therapy

Contact details below for each county:

Ceredigion: Occupational Therapy/Physiotherapy - Porth Gofal 01545 574000

Pembrokeshire: Occupational Therapy 01437 774090

Physiotherapy - 01437 773260

Carmarthenshire: Occupational Therapy - Delta wellbeing 0300 3332222

Physiotherapy – 01267 227470

The Health Board's Physiotherapy Services also have an informative online resource, you can access the resource here:

Physiotherapy services - Hywel Dda University Health Board (nhs.wales)

If you are experiencing difficulty getting out to do shopping or to run errands like picking up medication it can be very easy to quickly become isolated.

Delta Wellbeing provide a service called Delta Connect. This service offers a range of technology enabled care products, as well as access to 24/7 expert wellbeing advisors, and a bespoke service designed to suit individual needs to help you live safely and independently at home or when you are out and about.

For more information you can call **0300 333 2222**

## Q 13 WHAT CAN I DO TO PREPARE FOR MY SURGERY?

There is pre surgery information and advice on exercise and diet on our website. You can access this resource here:

https://biphdd.gig.cymru/chwiliwch/cyngor-ffordd-o-fyw-i-gleifion-orthopedig/

https://hduhb.nhs.wales/find/advice-for-orthopaedic-patients/

**Q 14** **THE DELAY IN HAVING MY SURGERY IS MAKING ME ANXIOUS AND EFFECTING MY MENTAL HEALTH**

Have you spoken to your GP about the way that you are feeling?

*If patient answers yes to this question please offer a*

*If patient answers no to this question advise them to get in touch with their GP to discuss their mental health.*

a. We run free self-management programmes through the Education Programmes for Patients (EPP) Team. They provide you with the opportunity to learn new coping skills which can help improve the quality of daily life. Programmes are currently virtual so you would need to access TEAMS.

The contact details are:

Telephone 01554 899035

Email epp.hdd@wales.nhs.uk

For further information on the EPP Team and the programmes that they provide you can follow the link to:

Education Programmes for Patients (EPP) - Hywel Dda University Health Board (nhs.wales)

**Q 15** **I LIVE ALONE AND AM CONCERNED ABOUT SUPPORT FOLLOWING MY SURGERY DUE TO CORONAVIRUS. WILL I BE ABLE TO FORM A BUBBLE?**

If you are an adult living alone or are in a household with a single responsible adult, you can form a support bubble with one other household.

You can access further information on Coronavirus restrictions by clicking on the link below: (COVID-19) Coronavirus restrictions: what you can and cannot do - GOV.UK (www.gov.uk)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

## Appendix 3 - WLSS Letter

Enw'r Claf
Cyfeiriad 1
Cyfeiriad 2
Cyfeiriad 3
Cod post

Gwybodaeth bwysig gan eich Ymgynghorydd Orthopedig y GIG

**Preifat a Chyfrinachol** Dyddiad:

Annwyl [**Enw'r claf]**

Rydych ar hyn o bryd ar y rhestr aros ar gyfer llawdriniaeth orthopedig o dan fy ngofal o fewn Bwrdd Iechyd Prifysgol Hywel Dda. Ar ran y Bwrdd Iechyd ymddiheuraf yn ddiffuant am yr oedi yn eich triniaeth. Gallaf eich sicrhau ein bod yn gwneud popeth o fewn ein gallu i sicrhau eich bod yn cael eich llawdriniaeth cyn gynted â phosibl.

Wrth i chi aros, **mae'n bwysig iawn eich bod yn paratoi ar gyfer eich llawdriniaeth.** Bydd gwella eich iechyd a chadw'n egnïol yn eich helpu i wella'n gyflymach gyda llai o gymhlethdodau a gwella eich iechyd hirdymor. Er mwyn eich helpu i reoli'ch cyflwr rydym wedi darparu ystod o wybodaeth a chefnogaeth y gallwch gael mynediad atynt.

**Defnyddiwch y ddolen neu sganiwch y cod isod i gael mynediad at wybodaeth i'ch helpu.**

**Dolen:** https://biphdd.gig.cymru/chwiliwch/cyngor-ffordd-o-fyw-i-gleifion-orthopedig/

SGANIWCH FI

Ni allaf gadarnhau dyddiad ar gyfer eich llawdriniaeth ar hyn o bryd. Byddwn yn cysylltu â chi cyn gynted ag y gallwn.

Mae Tîm Cefnogi'r Rhestr Aros ar gael os ydych chi am drafod eich anghenion ymhellach neu os oes angen y wybodaeth arnoch mewn fformat / iaith wahanol trwy:

E-bost: COVIDenquiries.hdd@wales.nhs.uk

Ffôn: 0300 303 8322 (Gwasgwch 3 am Gymorth Rhestr Aros)

Mae'r llinellau ar agor o ddydd Llun i ddydd Gwener, rhwng 9am a 5pm (Ac eithrio gwyliau banc)

Efallai y bydd y llinellau'n brysur, byddwch yn amyneddgar.

Yr eiddoch yn gywir

Enw a llofnod yr ymgynghorydd

Patient's name
Address 1
Address 2
Address 3
Postcode

**Important information from your NHS Orthopaedic Consultant**

**Private and confidential** Date:

Dear [**Patient's name]**

You are currently on the waiting list for an orthopaedic operation under my care within Hywel Dda University Health Board. On behalf of the Health Board I sincerely apologise for the delay in your treatment. Please know that we are doing all we can to make sure you have your operation as soon as possible.

Whilst you wait **it is very important you get ready for your operation.** Improving your health and keeping active will help you to get better quicker with fewer complications and improve your long term health. To help you manage your condition we have provided a range of information and support for you to access.

**Use the link or scan the code below to access information to help you.**

**Link:** https://hduhb.nhs.wales/find/advice-for-orthopaedic-patients/


I am not able to confirm a date for your operation at this time. We will contact you as soon as we are able to.

The **Waiting List Support Team are available** if you want to discuss your needs further or if you require the information in a different format/language via:

Email: COVIDenquiries.hdd@wales.nhs.uk

Phone: 0300 303 8322 (Press 3 for Waiting List Support)

Lines are open Monday to Friday 9am to 5pm (Excluding bank holidays)

The lines maybe busy please be patient.

Yours sincerely

Consultant name and signature

## Appendix 4 – Evaluation Criteria

| | | | |
|---|---|---|---|
| PROMs used to compare pre-operative patients with those awaiting for shoulder and elbow surgery without waiting list support, and also capture health outcomes and symptom management for those on waiting list in pilot. | Oxford Scores/ EQ5DL/ 'About You' set used to collect data from patients waiting for surgery in the pilot. | **AM/SM/AB**<br><br>**SM/CR to liaise with SH to see if the collected PROMS information can be transferred across manually from SharePoint system.** | Going forward need to consider wider Comm's around DrDoctor. Possibility of future letter out including information on PROMS/PREMS sign up, or link to DrDoctor. A discrete clinic will then need to be created to enable the data collection, which will need to link with PE platforms so information is not duplicated and captured appropriately.<br><br>Need to consider needs of patients/personalized contacts. The process will be automated for data collection but it still needs to maintain personalized contact with call handlers.<br><br>EQ5DL PROMS being collected already for WLS Pilot through Call Handlers – can it be transcribed across? Need to ensure they are the same questions for elbow and shoulder? Manual translation possible into DrDoctor or other?<br><br>Service Users are being asked if they would provide email/phone numbers in order to take part in PROM/PREM collection. |
| PREMs gathered to understand the impact the Waiting List Support service has had on patients waiting for their elective care. | National data set available, however will need tweaking to make it more reflective of patients accessing the service and their current place in the pathway. | **GM - PREMS LIST to be circulated with group**<br><br>**TA – Once PREMS agreed LOC/JB/NOS to advise on process for contacting patients**<br><br>**Analysis of PREMS by Project Team – report due 18 May – TA/AM/GM** | Service Users are being asked if they would provide email/phone numbers in order to take part in PROM/PREM collection.<br><br>Standard Welsh PREM questions could be used and added to if needed. |
| Impact on Orthopaedic waiting list complaints. | Number of orthopaedic hip/knee complaints/duration of time spent on complaints. Pre-post data. | **TA/LOC to meet to look at analysis. Data needed by 17th May.** | Need to confirm with LO'C/Sara retrospective data/baseline data available for this<br>Issue around Datix system – historical data up to April ok – national issues re. Once for Wales. |

| | | | |
|---|---|---|---|
| Staff Experience including:<br>Clinicians view of service Med Secs e.g. usage of SharePoint system,<br>Impact on calls to Waiting List Coordinators | Case Study/Stories/Video | **TW/AM/GM. Video with call handlers/clinicians – TW to complete consultant/clinician (Michelle) and call handlers, Exec/Mandy D?**<br><br>**TA/GM/AM to pull themes from staff video to inform evaluation.**<br><br>**GM to explore future consideration around process for staff surveys** | Capturing a staff video for Bevan commission website – could use this as part of staff evaluation as includes clinicians/call handlers.<br>Add in questions re. nature of queries – work with Waiting list coordinator on baseline dataset. |
| Services referred onto/outcome – numbers of people/signposted different services e.g. EPP | Call centre data | **TA/GM/AM to review data available from Call Centre SharePoint – DE to send across to on the 17th of May**<br><br>**GM/TA/AM - Analysis of data 18th May** | DE/SH to look at how this can be captured. Small numbers in pilot but going forward a process may be necessary |
| Total time spent on calls, estimated measure of WTE per number of people. Activity of Call Handlers | Average time spent on calls/% of pilot cohort that contacted. Total number of calls etc. | **AM to chase data by 17th May**<br><br>**TA/AM/GM - Analysis on 18th** | Estimates of timeframes.<br><br>Will determine staffing structure/capacity going forward. |
| Patient Story | Benefits captured/pre-post waiting list support pathway mapped | **TA to clarify if call handlers to progress patient stories, or whether picked up through Comm's team or PE team**<br><br>**TA/AM/GM - To collate two patient stories by w/e 14th May.** | Patient stories to give rich data on impact of waiting list support service and inform future development of services. |

## Appendix 5 – Risk Register

| Risk ID | Title | Description | Owner | Severity | Likelihood | Risk Score | Mitigation Plan | Mitigated Severity | Mitigated Likelihood | Mitigated Risk Score | Status |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01-201216 | Operational pressures delay project implementation | Timescale for delivery of Orthopaedic Waiting List Support pilot may slip due to operational pressures on service to develop and authorize changes to pathways, capacity to carry out call handling, etc. | Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care);Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 2 | 6 | Develop Project Implementation Plan with key milestones and go/ no go decision gates to ensure that any pilot launch is assured and fit for purpose or that any delays are planned and managed effectively. | 1 | 2 | 2 | Closed |
| 02-201216 | Lack of Project Governance impacts delivery | Without a vision/ scoping document for the Waiting List Support Pilot, there is a risk that scope creep could occur which could mean that the pilot is either not delivered on time as the model goes through multiple iterations, or does not have full functionality when rolled out. | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 3 | 9 | Oversight group to identify model for pilot from a range of options identified. Steering group will then work this up into an operational model within a defined scope which will be provided to Oversight group for assurance. | 1 | 1 | 1 | Closed |
| 03-210126 | Loss of reputation through poor communications | Small scale pilot launch by consultant could result in a short term inequity in service provision for those on waiting lists. Posts on social media from members of the public indicate that there is a strong feeling that | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 2 | 6 | Patient communications will be required to ensure that the rollout of small scale pilot is managed effectively. A comprehensive rollout plan to evaluate, develop and roll out the Waiting List Support service to other consultants and | 2 | 1 | 2 | Open |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pembrokeshire is not receiving equitable services. Risk that this sentiment is transferred into the Waiting List Support Pilot, escalating political pressure to deploy a model before it has been evaluated. | | | | | service areas will support this by demonstrating how equity will be achieved. Initial cohort are patients from all three localities, ensuring that there is geographical parity. | | | | |
| 04-210126 | Patients overwhelm service by sharing contact information | Risk that patients could share information that is sent to them through patient letter to other patients either with similar conditions or more generally believing that the Waiting List Support pilot is available for all with similar conditions or in general. Capacity for pilot is based on consultant waiting list caseload and Command Centre cell will only have scripts of that patient group. SPoC pilot may be unable to meet demand. | Yvonne Burson (Hywel Dda UHB - Assistant Director of Communications) | 3 | 2 | 6 | Patient communications will need to ensure that the message is clear that this is a pilot for this group only and that it is not to be shared. Proactive work may be needed with wider partners as the project develops so that they are aware of the Waiting List Support service growth, but that it is not an open resource for signposting or general use. | 2 | 1 | 2 | Open |
| 05-210126 | Misalignment between SPoC and Digital Transformation | Potential for the Waiting List Support service to develop faster than the Digital Transformation resulting in it either being misaligned, or technology solutions | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement);Paul Solloway (Hywel Dda UHB - Head of Digital Operations) | 2 | 1 | 2 | Representatives from Digital Services are embedded within working groups and steering group. Opportunity to access and pilot technology as part of the incremental roll out of the | 1 | 1 | 1 | Closed |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | becoming redundant as the available solutions become outdated. | | | | | Waiting List Support service and wider SPoC before integrating technology across the wider health board. | | | | |
| 06-210329 | Covid-19 Pandemic ongoing | Third wave of Covid-19 is being modelled for later in the year which could be a risk if services are unable to engage with development of the Waiting List Support service, call handling scripts, etc. | Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care);Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 2 | 6 | As the Waiting List Support service has already engaged with one service area (Trauma and Orthopaedics), this risk would be mitigated by widening access to service area rather than expanding to other services. Vaccine Programme could result in lower hospitalization rates, reducing pressures on clinical/ nursing staff. | 2 | 1 | 2 | Open |
| 07-210329 | Lack of recruitable call handlers | Risk to project delivery if it's not possible to recruit required and competent call handling workforce with the correct skills to meet service demands. | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement);Sian Hopkins (Hywel Dda - Quality Improvement Lead) | 3 | 2 | 6 | Mitigated by workforce planning and baselining of service demands. Where workforce capacity is not sufficient, then services can be altered to ensure that delivery pace is uninterrupted. | 2 | 2 | 4 | Open |
| 08-210329 | Clinical involvement in behaviour change management | Clinician's sign off of letters and approach to pilot. Good practice in behavioural change suggests that letters out to participants informing them of the Waiting List Support service and online resources to keep healthy and operation ready should come | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 1 | 3 | Mitigated through engagement with clinicians, workshops have already taken place with Bevan Commission and could be replicated for future Waiting List Support service progression as additional service areas/ consultants are included. | 2 | 1 | 2 | Open |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | from their Clinicians. However, if Clinicians do not agree with approach of the Waiting List Support service then it could delay or change the process needing to be followed. | | | | | | | | | |
| 09-210329 | Multiple digital platforms confuse patients | Learning from Covid 19 has shown that people are able to adapt well to using digital solutions, however this decreases when additional platforms are introduced and people become confused. There are currently multiple platforms in use across the health board, and there is a risk that patients could disengage if they feel uncomfortable in using multiple services, particularly if they feel that they are doing similar things. | Sian Hopkins (Hywel Dda - Quality Improvement Lead);Paul Solloway (Hywel Dda UHB - Head of Digital Operations) | 3 | 2 | 6 | Work with the Digital group to ensure that the digital platforms in use are the most appropriate to avoid bombarding patients. Explore options to develop a portal that would allow single input by patients that would allow data to be moved internally to multiple systems where required. Further mitigated by potential to use DrDoctor system for both PROM and PREM collection. | 1 | 1 | 1 | Open |
| 10-210329 | Co-dependency with Command Centre | The Waiting List Support service is dependent on the sustainability of the Command Centre and its development into a single point of contact. Any developments of any capital business case needs to include | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement);Sian Hopkins (Hywel Dda - Quality Improvement Lead) | 3 | 1 | 3 | Oversight Group has responsibility for both project areas and will be able to ensure that both projects needs are satisfied in reaching their respective planning objectives. | 1 | 1 | 1 | Open |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Waiting List Support and wider SPoC activities. Failure to include Waiting List Support requirements in any estates review could result in project being unable to deliver. | | | | | | | | | |
| 11-210426 | Multiple points of contact in development creates confusion | Several services are developing their own single points of contact (Mental Health, Clinical Streaming, etc.) which could lead to patient confusion about which service to contact. This could lead to calls going to the wrong place and having a detrimental effect on patient health and services ability to respond. | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement) | 3 | 2 | 6 | Project to clearly define itself as the Waiting List Support Service, and references to SPoC removed from the project unless specifically referring to the larger 1B planning objective to create a single point of contact for the health board notionally called Hywel Dda Hub. Resources to clearly identify purpose of the support service to highlight its purpose to patients and manage expectations of those who may consider using the service. | 1 | 1 | 1 | Open |
| 12-210518 | Reputational damage through Pilot being wound down | Patient letter with information around service contacts, etc. did not include an end date. It is assumed that patients have retained the letter due to people calling in to the service 3 weeks beyond pilot launch, and reuse of the QR code which has | Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement);Sian Hopkins (Hywel Dda - Quality Improvement Lead) | 2 | 3 | 6 | Given the low numbers of patients in the cohort, the lines will remain open as materials are still in place. This will be reviewed when the next phase progresses, along with future letters being issued a limited date to access waiting list support. | 1 | 1 | 1 | Open |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | only be shared to the patient cohort.<br><br>There may be a risk that patients who have previously engaged with the service around pain management may want to come back for further support if their condition deteriorates after taking advice provided, but find that the service is no longer there and have to navigate through previous structures. This might lead to an increase in complaints mainly because we didn't inform them that the service was only temporary.<br><br>The other risk could be that a patients have received the letter and have used the resources in line with the expectation that patients manage their own condition, but at some point that 32% of patients' condition changes and may want to call up for more advice or support. | | | | | Further work will need to be undertaken to understand what, if any, could be the long term need for this cohort. | | | | |

## Appendix 6 – Issue Log

| Issue ID | Title | Discussion | Resolution | Status |
|---|---|---|---|---|
| 01-201216 | Autonomy of consultants | Consultants have autonomy in Orthopaedics resulting in divergence in current service delivery for patients and increasing complexity in developing single pathway approach for the Waiting List Support Pilot. | Invite clinical lead to Orthopaedic working group and support them to influence other clinicians in the development of the Waiting List Support project. | Open |
| 02-201216 | Multiple pathways | Pathway crosses between multiple teams (GP, Patient Assessment, etc), so approach for Waiting List Support may need to pick up all parts of the journey. | Medical Records team are already part of the Steering Group (Steven Bennett) but may need to include more leads into Orthopaedic working group or Steering group. | Open |
| 03-210126 | Pandemic Recovery | Covid 19 has resulted in new ways of working and changes to practice, need to ensure that the model implemented reflects current needs and post pandemic needs. | Ensure that clinical leads are involved in the development of the Waiting List Support service to ensure that the pathways meet current and future service needs. | Open |
| 04-210126 | Estates availability for SPoC | Current Command Centre accommodation will be able to accommodate cell for pilot but has limited options for upscaling without reviewing estates needs. | For long term planning, a Single Point of Contact with a Waiting List Support service will need to be included within the business case for estates planning to ensure that fit for purpose accommodation is available to meet the wider ambitions of Planning Objectives 1.B. and 1.E. while short term planning may need to look at potential alternative accommodation within existing estates if the call handling provision grows. | Open |

# Appendix 7 – EqIA of Waiting List Letter

**Form 1: Preparation**

| | | |
|---|---|---|
| **1.** | **What are you equality impact assessing?** | The First Contact Letter approach |
| **2.** | **Brief Aims and Description** | HDUHB Scheduled Care, seek to provide our current stage 4 patients, those waiting over 52 weeks on a scheduled care waiting list, with an informative letter regarding their waiting status. The letter will aim to reassure our patients that we as a Health Board are doing all we can to restart services as quickly and safely as possible, whilst helping us as a service take control of the current backlog of patients we face.<br><br>Content within the letter will apologise for our delay in communication, refer to COVID-19 challenges and will inform patients of the methods we are undertaking to communicate more effectively with them. Additionally, the letter will ask for a questionnaire to be completed, provide a URL for sites providing updates and will include a QR code for patient support pretreatment. |
| **3.** | **Who is responsible for the work?** | Stephanie Hire, General Manager, Scheduled Care, Hywel Dda University Health Board |

| | | |
|---|---|---|
| **4.** | **Who is involved in undertaking this EqIA?** | Alison Thomas, Senior Diversity and Inclusion Officer<br><br>Thomas Alexander, Principle Project Manager |
| **5.** | **Is the Policy related to other policies/areas of work?** | Yes<br><br>**HDdUHB Strategic Planning Objective 1B**: Building on the success of the command centre, develop a longer-term sustainable model to cover the following:<br><br>• One single telephone and email point of contact – the "Hywel Dda Health Hub"<br>• This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers<br>• All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact<br>• Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)<br>• Further develop the incident response and management cell set up to support our COVID-19 response<br>• Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions<br>• Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years<br><br>**Hywel Dda Strategic Planning objective 1E**<br><br>During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:<br><br>• Keep them regularly informed of their current expected wait<br>• Offer a single point of contact should they need to contact us<br>• Provide advice on self-management options whilst waiting |

| | | |
|---|---|---|
| | | • Offer advice on what do to if their symptoms deteriorate<br>• Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation<br>• Offer alternative treatment options if appropriate<br>• Incorporate review and checking of patient consent<br>This process needs to roll out through 2021/22 |
| **6.** | **Stakeholders – who is involved with or affected by this Policy** | Current stage 4 patients on an elective care waiting list |
| **7.** | **What might help/hinder the success of the Policy?** | Advice and input from staff, stakeholders and Equality Lead. |

## Form 2: Information Gathering

| | Age | Disability*** | Gender | Gender Reassignment | Pregnancy and Maternity | Race/Ethnicity or Nationality | Religion or Belief | Sexual Orientation | Welsh Language | No Differences Either Position or Negative |
|---|---|---|---|---|---|---|---|---|---|---|
| *Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?*<br>**Place a Tick ✓ or a Cross ✗ as appropriate** | | | | | | | | | | |
| **In other words, does the Policy:**<br>• **eliminate discrimination and eliminate harassment in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **promote equality of opportunity in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **promote good relationships and positive attitudes in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **encourage participation in public life in relation to…** | | | | | | | | | | |

***** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs**

## Form 2: Information Gathering (Human Rights)

**Human Rights**: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

| Consider, is the Policy relevant to: | Yes | No |
|---|---|---|
| **Article 2 : The right to life**<br><br>**Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control | ✓ | |
| **Article 3 : The right not be tortured or treated in an inhuman or degrading way**<br><br>**Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control | ✓ | |
| **Article 5 : The right to liberty**<br><br>**Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control | ✓ | |
| **Article 6 : The right to a fair trial**<br><br>**Example**: issues of patient choice, control, empowerment and independence | ✓ | |
| **Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control**<br><br>**Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life | ✓ | |
| **Article 11 : The right to freedom of thought, conscience and religion**<br><br>**Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers | ✓ | |

| Protected Characteristic | List Information Gathered in relation to different protected characteristics | List Information Gathered in relation to multiple protected characteristics |
|---|---|---|
| **Age** | The attached breakdown of patients by age shows that the vast majority of those currently awaiting this type of surgery are aged between 60 and 89.<br>  <br>SPOC Pilot Patient breakdown.pptx | |
| **Disability** | Although the reason each individual is currently waiting for planned surgery is likely to be considered as a disability under the Equality Act 2010, there is currently no data available to confirm the proportion of those on the stage 4 waiting list who have additional disabilities such as sensory loss, learning disabilities etc. | |
| **Sex** | The gender breakdown of those on the stage 4 waiting list is currently unavailable. | |
| **Gender Reassignment** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Human Rights** | The purpose of this exercise is to establish patients' current circumstances and allow them to make informed choices about their planned treatment. Establishing each individual's current position will allow clinicians to better prioritise those in need of procedures urgently and remove those who no longer require / desire surgery from the list. | |

| | | |
|---|---|---|
| **Pregnancy and Maternity** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Race/Ethnicity or Nationality** | There is no data currently available on the race / ethnicity of the individuals on the stage 4 waiting list. | |
| **Religion or Belief** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Sexual Orientation** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Welsh Language** | There is no data currently available on the number of first language welsh speakers currently on the stage 4 waiting list. | |

## Form 3: Assessment of Relevance and Priority

| Protected Characteristic | Evidence:<br>Existing Information to suggest some groups affected. Gathered from Step 2.<br>(See Scoring Chart A) | Potential Impact:<br>Nature, profile, scale, cost, numbers affected, significance.<br>Insert one overall score<br>(See Scoring Chart B) | Decision:<br>Multiply 'evidence' score by 'potential impact' score.<br>(See Scoring Chart C) |
|---|---|---|---|
| Age | 3 | +1 | +3 |
| Disability | 2 | +1 | +2 |
| Sex | | | |
| Gender Reassignment | 1 | 0 | +1 |
| Human Rights | 3 | +2 | +5 |
| Pregnancy and Maternity | 1 | 0 | +1 |
| Race/Ethnicity or Nationality | 1 | | |
| Religion or Belief | 1 | 0 | +1 |
| Sexual Orientation | 1 | 0 | +1 |
| Welsh Language | 2 | +1 | +2 |

| Scoring Chart A: Evidence Available | |
|---|---|
| 3 | Existing data/research |
| 2 | Anecdotal/awareness data only |
| 1 | No evidence or suggestion |
| | |
| | |
| | |
| | |

| Scoring Chart B: Potential Impact | |
|---|---|
| -3 | High negative |
| -2 | Medium negative |
| -1 | Low negative |
| 0 | No impact |
| +1 | Low positive |
| +2 | Medium positive |
| +3 | High positive |

| Scoring Chart C: Impact | |
|---|---|
| -6 to -9 | High Impact (H) |
| -3 to -5 | Medium Impact (M) |
| -1 to -2 | Low Impact (L) |
| 0 | No Impact (N) |
| 1 to 9 | Positive Impact (P) |
| | |
| | |

## Form 4: Examine the Information Gathered So Far

| | | |
|---|---|---|
| **1.** | **Do you have adequate information?**<br>**(Refer to Form 2 : Information Gathering for assistance if necessary)** | No. There are definite gaps in terms of current data, however, steps are being taken to address this and ensure we meet the needs of everyone currently on this waiting list. |
| **2.** | **Can you proceed with the Policy whilst the EqIA is ongoing?** | Yes |
| **3.** | **Does the information collected relate to all protected characteristics?** | No. |
| **4.** | **What additional information (if any) is required?** | Full demographic data is required on everyone currently on the waiting list. This will allow us to analyse potential areas where mitigating action is required and more accurately predict and meet individual patient needs. |
| **5.** | **How are you going to collect the additional**<br>**information needed? State which representative bodies you will be liaising with in order to achieve this** | We will be gathering data from call handlers etc. as the pilot develops. Also, I think the HB will be more pro-active in data collection going forward, I hope this exercise will provide the argument for this. |

## Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| **Age** | The individuals currently on the waiting list are predominantly aged 60-89. Ensuring that we are fully aware of the current circumstances and requirements of each individual allows our clinicians to better prioritise those who are in greatest need of these procedures. | | ✓ | | |
| **Disability** | Although the reason each individual is currently waiting for planned surgery is likely to be considered as a disability under the Equality Act 2010, there is currently no data available to confirm the proportion of those on the stage 4 waiting list who have additional disabilities such as | | | | ✓ |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | sensory loss, learning disabilities etc. Not being aware of whether individuals have disabilities we should be taking into account when communicating with them may mean that some patients receive information in a format which isn't accessible to them. This may lead to them not responding by the required deadline and being removed from the list. | | | | |
| **Sex** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| **Gender Reassignment** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Human Rights** | The purpose of this exercise is to establish patients' current circumstances and allow them to make informed choices about their planned treatment. Establishing each individual's current position will allow clinicians to better prioritise those in need of procedures urgently and remove those who no longer require / desire surgery from the list. | | ✓ | | |
| **Pregnancy and Maternity** | No impact envisaged at this time, however, further data is in the process of being gathered. This | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Race** | There is no data currently available on the race / ethnicity of the individuals on the stage 4 waiting list. Not being aware of whether individuals' language status or preference may mean that some patients receive information in a format which isn't accessible to them. This may lead to them not responding by the required deadline and being removed from the list. | | | | |
| **Religion/Belief** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | as a result of the receipt of additional data / information. | | | | |
| **Sexual Orientation** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Welsh Language** | Although there is no data currently available on the number of first language welsh speakers currently on the stage 4 waiting list, the letter will be issues bilingually. | | | | |

## Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

| | | |
|---|---|---|
| **1.** | **Describe any mitigating actions taken to reduce negative impact** | Resource/contact information given within the body of the letter in lots of differing formats i.e. email/QR Code and telephone number. Offer of differing formats/languages for letter should it be required. |
| **2.** | **Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?** | If people do not respond within the given timeframe we will take their situation into consideration, especially if they have a disability which has prevented responding. A follow up phone call will be made to those people that have not responded to the main letter or the reminder letter. |
| **3.** | **Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review** | The letter has been written in intentionally straightforward language which is easy to understand. Sentences are paragraphs are short and font and text size have been given appropriate consideration. Additional information linked to from the letter is clear and informative. A stamped addressed envelope is being provided for the return of the letter. |
| **4.** | **What changes have been made as a result of conducting this EqIA?** | Letter adapted to make more clear the offer of different formats available, arguments for a bigger change on the routine collection of demographic information. |

## Form 7: Outcome Report

| | |
|---|---|
| **Organisation:** | Hywel Dda University Health Board |

| | | |
|---|---|---|
| **Proposal Sponsored by:** | **Name:** | Stephanie Hire |
| | **Title:** | **General Manager, Scheduled Care** |
| | **Department:** | **Scheduled Care** |

| | |
|---|---|
| **Policy Title:** | First Contact |

| | |
|---|---|
| **Brief Aims and Objectives of Policy:** | HDUHB Scheduled Care, seek to provide our current stage 4 patients with an informative letter regarding their waiting status. The letter will aim to reassure our patients that we as a Health Board are doing all we can to restart services as quickly and safely as possible, whilst helping us as a service take control of the current backlog of patients we face.<br><br>Content within the letter will apologise for our delay in communication, refer to COVID-19 challenges and will inform patients of the methods we are undertaking to communicate more effectively with them. Additionally, the letter will ask for a questionnaire to be completed, provide a URL for sites providing updates and will include a QR code for patient support pretreatment. |

| | | |
|---|---|---|
| **Was the decision reached to proceed to full Equality Impact Assessment?:** | **Yes ☐✓** | **No ☐** |
| | **Record Reasons for Decision: A large amount of people could be affected by the letter going out, other organisations have undertaken EIAs for similar projects and advice from Senior Diversity and Inclusion Officer.** | |
| **If no, are there any issues to be addressed?** | **Yes ☐✓** | **No ☐** |
| | **Record Details:** | |

| | | |
|---|---|---|
| **Is the Policy Lawful?** | **Yes ☐✓** | **No ☐** |

| | | |
|---|---|---|
| **Will the Policy be adopted?** | **Yes ☐✓** | **No ☐** |
| | **If no, please record the reason and any further action required:** | |

| | | |
|---|---|---|
| **Are monitoring arrangements in place?** | **Yes ☐✓** | **No ☐** |
| | **Refer to Action Plan (Form 8)** | |

| | | |
|---|---|---|
| **Who is the Lead Officer?** | **Name:** | Stephanie Hire |
| | **Title:** | **General Manager** |
| | **Department:** | **Scheduled Care** |
| **Review Date of Policy:** | | |

| **Signature of all parties:** | **Name** | **Title** | **Signature** |
|---|---|---|---|
| | **Tom Alexander** | **Principal Project Manager** | |
| | **Alison Thomas** | **Senior Diversity and Inclusion Officer** | **23/02/21** |
| **Please Note: An Action Plan should be attached to this Outcome Report prior to signature** | | | |

## Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **1. Will the Policy be adopted?** | Yes | | | | |
| **2. If No please give reasons and any alternative action(s) agreed:**<br><br>**(If the Policy is not to be adopted please proceed to Step 9).** | | | | | |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **3. How will the affects of the Policy be monitored?** | Ongoing collection of data and survey as part of the letter. | Ongoing collection of data and survey as part of the letter. | Stephanie Hire | Ongoing | N/A |
| **4. What monitoring data will be collected?** | Whether people want to remain on waiting list. Reasons for not remaining on waiting list.<br>Usage of online materials | Analysis of survey data.<br>Comms to track usage of resource websites | Stephanie Hire<br>Tricia Rees | Ongoing | N/A |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **5. How will this data be collected?** | Survey – Website Hits | Analysis of data | Stephanie Hire<br>Tricia Rees | Ongoing | N/A |
| **6. When will the monitoring data be analysed?** | N/A | | | | |
| **7. Who will analyse the data?** | Scheduled Care Team/Comms Team | As above | Stephanie Hire<br>Tricia Rees | Ongoing | N/A |
| **8. What changes have been made as a result of this EqIA?** | Letter adapted to make more clear the offer of different formats available, arguments for a bigger change on the routine collection of | Feedback | Marilize Preeze | 1 Week | Complete |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| | demographic information | | | | |
| **9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts** | Differing formats of letter available, clear and concise links to further information and contacts within letter.<br><br>The letter has been written in intentionally straightforward language which is easy to understand. Sentences are paragraphs are short and font and text size have been given appropriate consideration. | Liaising with Equalities Team, Comms and Engagement and Steering Group | Marilize Preeze | | Complete |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| | Additional information linked to from the letter is clear and informative. A stamped addressed envelope is being provided for the return of the letter.<br><br>A follow up phone call will be made to those people that have not responded to the main letter or the reminder letter. | | | | |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here** | N/A | | | | |
| **11. Provide details of any actions planned or taken to promote equality** | Actions described above and within document | | | | |
| **12. Describe the arrangements for publishing the EqIA Outcome Report** | Ongoing | N/A | Alison Thomas | | |
| **13. When will the EqIA be subject to further Review?** | Ongoing | N/A | Alison Thomas | | |

# Appendix 8 – EQIA of WLSS Pilot

**Form 1: Preparation**

| | | |
|---|---|---|
| **1.** | **What are you equality impact assessing?** | The Single Point of Contact (SPoC) - Waiting List Support (Project) |
| **2.** | **Brief Aims and Description** | The purpose of the Waiting List Support (Project) will be to provide information, advice and assistance to patients related to their elective care, through the use of scripts and signposting to support, to allow patients to manage their conditions while they are waiting for their care.<br><br>The Waiting List Support (Project) will be a cell within the Command Centre. Patients will call the Command Centre (Covid Enquiries) and press 3 to access this service.<br><br>The learning from this pilot will inform the expansion of the pilot to include additional consultants or covering other scheduled care service areas. |
| **3.** | **Who is responsible for the work?** | Mandy Davies, Assistant Director of Nursing and Quality Improvement |

| | | |
|---|---|---|
| **4.** | **Who is involved in undertaking this EqIA?** | Alison Thomas, Senior Diversity and Inclusion Officer<br><br>Alexander Martin, Project Manager |
| **5.** | **Is the Policy related to other policies/areas of work?** | Yes<br><br>**HDdUHB Strategic Planning Objective 1B**: Building on the success of the command centre, develop a longer-term sustainable model to cover the following:<br><br>• One single telephone and email point of contact – the "Hywel Dda Health Hub"<br>• This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers<br>• All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact<br>• Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)<br>• Further develop the incident response and management cell set up to support our COVID-19 response<br>• Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions<br>• Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years<br><br>**Hywel Dda Strategic Planning objective 1E**<br><br>During 2020/21 establish a process to maintain personalized contact with all patients currently waiting for elective care which will:<br><br>• Keep them regularly informed of their current expected wait<br>• Offer a single point of contact should they need to contact us<br>• Provide advice on self-management options whilst waiting |

| | | |
|---|---|---|
| | | • Offer advice on what do to if their symptoms deteriorate<br>• Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritization<br>• Offer alternative treatment options if appropriate<br>• Incorporate review and checking of patient consent<br>This process needs to roll out through 2021/22 |
| **6.** | **Stakeholders – who is involved with or affected by this Policy** | Approximately 360 patients on an elective care waiting list under the care of 3 hip and knee replacement consultants based in Withybush General Hospital, Prince Philip Hospital and Bronglais General Hospital. |
| **7.** | **What might help/hinder the success of the Policy?** | Advice and input from staff, stakeholders and Equality Lead. |

**Form 2: Information Gathering**

| | Age | Disability*** | Gender | Gender Reassignment | Pregnancy and Maternity | Race/Ethnicity or Nationality | Religion or Belief | Sexual Orientation | Welsh Language | No Differences Either Position or Negative |
|---|---|---|---|---|---|---|---|---|---|---|
| *Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?*<br>**Place a Tick ✓ or a Cross ✗ as appropriate** | | | | | | | | | | |
| **In other words, does the Policy:**<br>• **eliminate discrimination and eliminate harassment in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **promote equality of opportunity in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **promote good relationships and positive attitudes in relation to…** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| • **encourage participation in public life in relation to…** | | | | | | | | | | |

***** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs**

## Form 2: Information Gathering (Human Rights)

**Human Rights**: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

| Consider, is the Policy relevant to: | Yes | No |
|---|---|---|
| **Article 2 : The right to life**<br><br>**Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control | ✓ | |
| **Article 3 : The right not be tortured or treated in an inhuman or degrading way**<br><br>**Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control | ✓ | |
| **Article 5 : The right to liberty**<br><br>**Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control | ✓ | |
| **Article 6 : The right to a fair trial**<br><br>**Example**: issues of patient choice, control, empowerment and independence | ✓ | |
| **Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control**<br><br>**Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life | ✓ | |
| **Article 11 : The right to freedom of thought, conscience and religion**<br><br>**Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers | ✓ | |

| Protected Characteristic | List Information Gathered in relation to different protected characteristics | List Information Gathered in relation to multiple protected characteristics |
|---|---|---|
| **Age** | The attached breakdown of patients by age shows that the vast majority of those currently awaiting this type of surgery are aged between 60 and 89.<br>  <br>SPOC Pilot Patient breakdown.pptx | |
| **Disability** | Although the reason each individual is currently waiting for planned surgery is likely to be considered as a disability under the Equality Act 2010, there is currently no data available to confirm the proportion of those on the stage 4 waiting list who have additional disabilities such as sensory loss, learning disabilities etc. | |
| **Sex** | The gender breakdown of those on the stage 4 waiting list is currently unavailable. | |
| **Gender Reassignment** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Human Rights** | The purpose of this pilot is to enable those who are waiting for elective care to access timely information about their waiting status as well as | |

| | | |
|---|---|---|
| | information, advice and assistance to support and maintain their current condition. Establishing each individual's current position will allow clinicians to better prioritise those in need of procedures urgently, monitor whether patients are experiencing harm while waiting and remove those who no longer require / desire surgery from the list. | |
| **Pregnancy and Maternity** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Race/Ethnicity or Nationality** | There is no data currently available on the race / ethnicity of the individuals on the stage 4 waiting list. | |
| **Religion or Belief** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Sexual Orientation** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | |
| **Welsh Language** | There is no data currently available on the number of first language welsh speakers currently on the stage 4 waiting list. | |

## Form 3: Assessment of Relevance and Priority

| Protected Characteristic | Evidence:<br>Existing Information to suggest some groups affected. Gathered from Step 2.<br>(See Scoring Chart A) | Potential Impact:<br>Nature, profile, scale, cost, numbers affected, significance.<br>Insert one overall score<br>(See Scoring Chart B) | Decision:<br>Multiply 'evidence' score by 'potential impact' score.<br>(See Scoring Chart C) |
|---|---|---|---|
| Age | 3 | +1 | +3 |
| Disability | 2 | +1 | +2 |
| Sex | 2 | 0 | 0 |
| Gender Reassignment | 1 | 0 | 0 |
| Human Rights | 3 | +2 | +5 |
| Pregnancy and Maternity | 1 | 0 | 0 |
| Race/Ethnicity or Nationality | 1 | -1 | -2 |
| Religion or Belief | 1 | 0 | 0 |
| Sexual Orientation | 1 | 0 | 0 |
| Welsh Language | 2 | +1 | +2 |

| Scoring Chart A: Evidence Available | |
|---|---|
| 3 | Existing data/research |
| 2 | Anecdotal/awareness data only |
| 1 | No evidence or suggestion |
| | |
| | |
| | |
| | |

| Scoring Chart B: Potential Impact | |
|---|---|
| -3 | High negative |
| -2 | Medium negative |
| -1 | Low negative |
| 0 | No impact |
| +1 | Low positive |
| +2 | Medium positive |
| +3 | High positive |

| Scoring Chart C: Impact | |
|---|---|
| -6 to -9 | High Impact (H) |
| -3 to -5 | Medium Impact (M) |
| -1 to -2 | Low Impact (L) |
| 0 | No Impact (N) |
| 1 to 9 | Positive Impact (P) |
| | |
| | |

## Form 4: Examine the Information Gathered So Far

| | | |
|---|---|---|
| 1. | **Do you have adequate information?**<br>**(Refer to Form 2 : Information Gathering for assistance if necessary)** | No. There are definite gaps in terms of current data, however, steps are being taken to address this and ensure we meet the needs of everyone currently on this waiting list. |
| 2. | **Can you proceed with the Policy whilst the EqIA is ongoing?** | Yes |
| 3. | **Does the information collected relate to all protected characteristics?** | No. |
| 4. | **What additional information (if any) is required?** | Full demographic data is required on everyone currently on the waiting list. This will allow us to analyse potential areas where mitigating action is required and more accurately predict and meet individual patient needs. |
| 5. | **How are you going to collect the additional**<br>**information needed? State which representative bodies you will be liaising with in order to achieve this** | We will be gathering data from call handlers etc. as the pilot develops. Also, I think the HB will be more pro-active in data collection going forward, I hope this exercise will provide the argument for this. |

## Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| **Age** | The individuals currently on the waiting list are predominantly aged 60-89. Ensuring that we are fully aware of the current circumstances and requirements of each individual allows our clinicians to better prioritise those who are in greatest need of these procedures. | | ✓ | | |
| **Disability** | Although the reason each individual is currently waiting for planned surgery is likely to be considered as a disability under the Equality Act 2010, there is | | | | ✓ |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | currently no data available to confirm the proportion of those on the stage 4 waiting list who have additional disabilities such as sensory loss, learning disabilities etc. For those with hearing impairment, it will be possible to respond to the Pilot offer letter via email and contact can be made without phoning the Waiting List Support (Project).<br><br>The material which has been made available online to support the call handlers has been published in line with the digital accessibility standards, and would be suitable for screen readers. | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| **Sex** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Gender Reassignment** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Human Rights** | The purpose of this exercise is to provide patients with individual information, advice and assistance to enable them to manage their condition, as well | | ✓ | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | as provide them information related to their care, such as changes in waiting times, arranging appointments with consultants, etc. Establishing each individual's ongoing position will allow clinicians to better prioritise those in need of procedures urgently and remove those who no longer require / desire surgery from the list as well as protecting them from harm. | | | | |
| **Pregnancy and Maternity** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | as a result of the receipt of additional data / information. | | | | |
| **Race** | There is no data currently available on the race / ethnicity of the individuals on the stage 4 waiting list. Not being aware of whether individuals' language status or preference may mean that some patients receive information in a format which isn't accessible to them.<br><br>Staff are made aware for the Interpretation and Translation policy and services available during training and orientation should they be required. | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| **Religion/Belief** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Sexual Orientation** | No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information. | | | | |
| **Welsh Language** | Although there is no data currently available on the number of first language welsh speakers currently on the stage 4 waiting list. | | | | |

| | Information gathered on Forms 2 and 4 | Consider the likely/potential impact of the evidence | Positive | Differential | Negative |
|---|---|---|---|---|---|
| | The letter inviting patients to take part in the project will be issued bilingually and resources signposted are also available bilingually.<br><br>The staffing for this pilot is being made up of staff who are currently shielding. It is not known at this point whether there are Welsh speakers within the team as a result, however forward planning for the project will ensure that Welsh speakers are recruited in line with the current Welsh Language Policy to ensure that there are capabilities and capacity within the team to respond in Welsh where required. | | | | |

## Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

| | | |
|---|---|---|
| **1.** | **Describe any mitigating actions taken to reduce negative impact** | Resource/contact information given in lots of differing formats i.e. email/QR Code and telephone number. Offer of differing formats/languages for letter should it be required. |
| **2.** | **Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?** | |
| **3.** | **Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review** | |
| **4.** | **What changes have been made as a result of conducting this EqIA?** | |

## Form 7: Outcome Report

| | |
|---|---|
| **Organisation:** | Hywel Dda University Health Board |

| | | |
|---|---|---|
| **Proposal Sponsored by:** | **Name:** | Mandy Davies |
| | **Title:** | Assistant Director of Nursing and Quality Improvement |
| | **Department:** | Quality Improvement |

| | |
|---|---|
| **Policy Title:** | The Single Point of Contact (SPoC) - Waiting List Support (Project) |

| | |
|---|---|
| **Brief Aims and Objectives of Policy:** | The purpose of the Waiting List Support (Project) will be to provide information, advice and assistance to patients related to their elective care, through the use of scripts and signposting to support, to allow patients to manage their conditions while they are waiting for their care.<br><br>The Waiting List Support (Project) will be a cell within the Command Centre. Patients will call the Command Centre (Covid Enquiries) and press 3 to access this service. |

| | |
|---|---|
| | The learning from this pilot will inform the expansion of the pilot to include additional consultants or covering other scheduled care service areas. |

| | | |
|---|---|---|
| **Was the decision reached to proceed to full Equality Impact Assessment?:** | **Yes ☐✓** | **No ☐** |
| | **Record Reasons for Decision: A cohort of approximately 360 patients will be within the pilot, although this number is expected to be reduced following a validation exercise, but there is limited data to determine exactly how this could impact particular characteristics. Advice has been sought from Senior Diversity and Inclusion Officer.** | |
| **If no, are there any issues to be addressed?** | **Yes ☐✓** | **No ☐** |
| | **Record Details:** | |

| | | |
|---|---|---|
| **Is the Policy Lawful?** | **Yes ☐✓** | **No ☐** |

| | | |
|---|---|---|
| **Will the Policy be adopted?** | **Yes ☐✓** | **No ☐** |
| | **If no, please record the reason and any further action required:** | |

| | | |
|---|---|---|
| **Are monitoring arrangements in place?** | **Yes ☐✓** | **No ☐** |
| | **Refer to Action Plan (Form 8)** | |

| | | |
|---|---|---|
| **Who is the Lead Officer?** | **Name:** | Mandy Davies |
| | **Title:** | Assistant Director of Nursing and Quality Improvement |
| | **Department:** | Quality Improvement |
| **Review Date of Policy:** | | |

| **Signature of all parties:** | **Name** | **Title** | **Signature** |
|---|---|---|---|
| | **Alexander Martin** | **Project Manager** | **09/03/2021** |
| | **Alison Thomas** | **Senior Diversity and Inclusion Officer** | |
| **Please Note: An Action Plan should be attached to this Outcome Report prior to signature** | | | |

## Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **1. Will the Policy be adopted?** | Yes | | | | |
| **2. If No please give reasons and any alternative action(s) agreed:**<br><br>**(If the Policy is not to be adopted please proceed to Step 9).** | | | | | |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **3. How will the affects of the Policy be monitored?** | Ongoing collection of data and survey as part of the pilot. | Ongoing collection of data and survey as part of the pilot. This will be gathered by command centre who will be able to capture and record themes, as well as patient experience survey to evaluate the service. | Mandy Davies | Ongoing | N/A |
| **4. What monitoring data will be collected?** | Themes of calls (pain management, support, status updates)<br><br>Use of online materials signposted to by Waiting List Support | Call handlers to gather the data by recording call notes to ensure that the service can respond to emergent themes and tailor scripts to | Mandy Davies<br><br>Tricia Rees<br><br>Sian Hopkins | Ongoing | N/A |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| | | best support patients. | | | |
| **5. How will this data be collected?** | Survey – Website Hits<br>SharePoint System – Call notes recorded | Analysis of data and themes to inform script development and online resource requirements | Mandy Davies<br>Tricia Rees<br>Sian Hopkins | Ongoing | N/A |
| **6. When will the monitoring data be analysed?** | N/A | | | | |
| **7. Who will analyse the data?** | Covid Command Centre /Comm's Team | As above | Mandy Davies<br>Tricia Rees | Ongoing | N/A |
| **8. What changes have been made as a result of this EqIA?** | Follow up letter inviting people to Waiting List Support adapted to make more clear the offer of different | Feedback | Marilize Preeze | 1 Week | Complete |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| | formats available, arguments for a bigger change on the routine collection of demographic information | | | | |
| **9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts** | Differing formats of the Waiting List Support (Project) letter available, clear and concise links to further information and contacts within letter.<br><br>The letter has been written in intentionally straightforward language which is easy to understand. Sentences are | Liaising with Equalities Team, Comm's and Engagement and Steering Group | Marilize Preeze | | Complete |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| | paragraphs are short and font and text size have been given appropriate consideration. Additional information linked to from the letter is clear and informative. A stamped addressed envelope is being provided for the return of the letter.<br><br>A follow up phone call will be made to those people that have not responded to the main letter or the reminder letter. | | | | |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here** | N/A | | | | |
| **11. Provide details of any actions planned or taken to promote equality** | Actions described above and within document. Call handlers will be able to support people with sensory loss and resources placed online meet digital accessibility standards. | | | | |

| | Response | Proposed Actions | Lead Officer Identified | Timescale | Progress |
|---|---|---|---|---|---|
| **12. Describe the arrangements for publishing the EqIA Outcome Report** | Ongoing | N/A | Alison Thomas | | |
| **13. When will the EqIA be subject to further Review?** | Ongoing | N/A | Alexander Martin | | |

# Appendix 9 – PROM Questionnaire

EQ-5D-5L

## Health Questionnaire

## English version for the UK

## VERSION FOR INTERVIEWER ADMINISTRATION

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*Note to interviewer: although allowance should be made for the interviewer's particular style of speaking, the wording of the questionnaire instructions should be followed as closely as possible. In the case of the EQ-5D-5L descriptive system on page 2 of the questionnaire, the precise wording must be followed.*

*If the respondent has difficulty choosing a response, or asks for clarification, the interviewer should repeat the question word for word and ask the respondent to answer in a way that most closely resembles his or her thoughts about his or her health today.*

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### INTRODUCTION

*(Note to interviewer: please read the following to the respondent.)*

**We are trying to find out what you think about your health. I will explain what to do as I go along, but please interrupt me if you do not understand something or if things are not clear to you. There are no right or wrong answers. We are interested only in your personal view.**

**First, I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your health TODAY.**

**Do not choose more than one answer in each group of questions.**

*(Note to interviewer: first read all five options for each question. Then ask the respondent to choose which one applies to him/herself. Repeat the question and options if necessary. Mark the appropriate box under each heading. You may need to remind the respondent regularly that the timeframe is TODAY.)*

**EQ-5D DESCRIPTIVE SYSTEM**

**First, I would like to ask you about MOBILITY. Would you say that:**

1. You have no problems in walking about? ❑
2. You have slight problems in walking about? ❑
3. You have moderate problems in walking about? ❑
4. You have severe problems in walking about? ❑
5. You are unable to walk about? ❑

**Next, I would like to ask you about SELF-CARE. Would you say that:**

1. You have no problems washing or dressing yourself? ❑
2. You have slight problems washing or dressing yourself? ❑
3. You have moderate problems washing or dressing yourself? ❑
4. You have severe problems washing or dressing yourself? ❑
5. You are unable to wash or dress yourself? ❑

**Next, I would like to ask you about USUAL ACTIVITIES, for example work, study, housework, family or leisure activities. Would you say that:**

1. You have no problems doing your usual activities? ❑
2. You have slight problems doing your usual activities? ❑
3. You have moderate problems doing your usual activities? ❑
4. You have severe problems doing your usual activities? ❑
5. You are unable to do your usual activities? ❑

**Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that:**

1. You have no pain or discomfort? ❑
2. You have slight pain or discomfort? ❑
3. You have moderate pain or discomfort? ❑
4. You have severe pain or discomfort? ❑
5. You have extreme pain or discomfort? ❑

**Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that:**

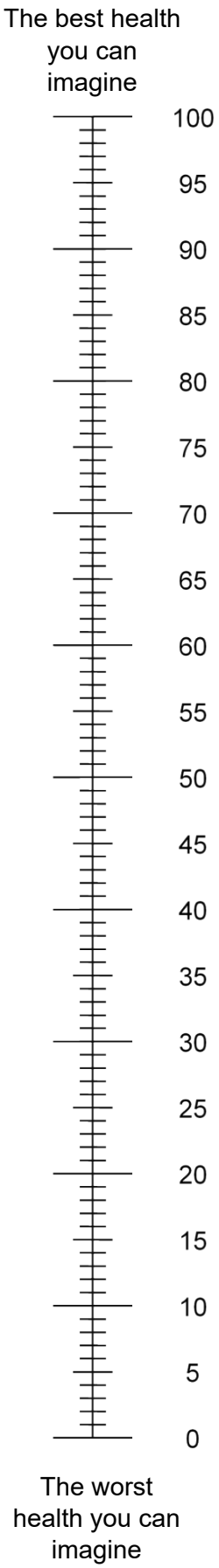
1. You are not anxious or depressed? ❑
2. You are slightly anxious or depressed? ❑
3. You are moderately anxious or depressed? ❑
4. You are severely anxious or depressed? ❑
5. You are extremely anxious or depressed? ❑

**EQ-5D VAS**

- **Now, I would like to ask you to say how good or bad your health is TODAY.**
- **I would like you to picture in your mind a vertical line that is numbered from 0 to 100.**
  *(Note to interviewer: if interviewing face-to-face, please show the respondent the VAS line.)*
- **100 at the top of the line means the <u>best</u> health you can imagine.**

  **0 at the bottom of the line means the <u>worst</u> health you can imagine.**
- **I would now like you to tell me the point on this line where you would put your health TODAY.**
  *(Note to interviewer: mark the line at the point indicating the respondent's health today. Now, please write the number you marked on the line in the box below.)*

THE RESPONDENT'S HEALTH TODAY = ☐




**Thank you for taking the time to answer these questions.**

## Appendix 10 – Patient Demographic Form

# Waiting List Support

# Patient Demographic Form

| PATIENT INFORMATION | | | |
|---|---|---|---|
| First Name: | | Surname: | |
| Date of Birth: | | Mobile Phone: | |
| Email address: | | Home Phone: | |
| Address: | | Post Code: | |
| Speciality: | | Consultant Name: | |
| Treatment awaiting:(e.g. Total knee arthroplasty): | | | |
| Have you been in contact with any other service (e.g. GP, waiting list team, medical secretary) with regard to the treatment you are awaiting? | | | |
| Do you receive any care or support? If so, has this increased in the last 12 months (or since you were referred)? | | | |
| Do you give consent to be contacted in the future with further information? | | | |

# Appendix 11 – Teulu Jones Patient Story

## Looking Back

**I have been waiting such a long time to have my hip replaced and am really worried now that I am never going to get it done. I'm in constant pain and really struggle to walk for long and sleep at night. This is really affecting my daily activities especially as I care for my wife, Mari. I know the hospital had to stop all operations that weren't urgent but I've no idea when they will start again. I'm also worried will it be safe for me to have an operation as I don't want to catch the virus in there.**

In July 2020 HDdUHB released its Strategic Discovery Report on the learning it had made after the first wave of Covid.

As part of the report, members of the Jones Family described their experiences.

Alun (80) is a carer to his wife Mari, and usually enjoys his daily walk to the shop to get the newspaper.

As part of the Discovery Report, this was his experience while waiting for a hip replacement and the impact it was having on his life.

## Looking Forward

In late April, Alun received a letter from his consultant.

Although it was unable to confirm when his surgery would take place, it provided him with useful information to keep fit and healthy while he waited.

With the help of his daughter Sioned, he was able to look at the resources online to stay healthy and well. He has since gone back to look it again now he knows how to scan the QR code himself.

Because of his hip pain, he has phoned the Waiting List Support Service who told him about a pain management course which could support him, which he has since signed up to.

**When I first got the letter, I thought that I would be getting my surgery soon, so I phoned to find out if they could tell me.**

**They couldn't tell me when my surgery would take place, but while talking to them, I spoke about my pain and they helped me get some support.**

**Although they couldn't answer my question about surgery, they were very kind and helped me understand what was going on.**