



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 March 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Single Point of Contact Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Davies, Assistant Director of Nursing & Quality Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In response to the COVID-19 pandemic, a Command Centre was established to provide staff with a single point of contact, which has proven capable of receiving and responding to queries in a timely manner through phone and email. The success of the COVID-19 Command Centre provided a proof of concept for incorporation into a Strategic Objective for the Health Board, for 2021 onwards, to provide a central communication hub for staff and patients and the wider public:

Strategic Objective 1.B. Building on the success of the command centre, develop a longer-term sustainable model

This development is directly aligned to a Strategic Objective to ensure that patients are communicated with in a personalised and compassionate way whilst waiting for care, as the Command Centre concept could be extended to provide a single telephone line and email address for patients to use to seek advice, support and guidance whilst waiting for elective care:

Strategic Objective 1.E. During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care.

This report provides an update on progress to date and assurance that work is progressing to meet these objectives.

Cefndir / Background

The COVID-19 Command Centre was established in March 2020. During 2020/2021 specialist cells and communication systems have been established to support staff.

These cells have provided staff with COVID-19 advice and guidance relating to workforce and occupational health issues, Public Health information, dissemination of up to date COVID-19 information and guidance, and access to and the co-ordination of COVID-19 Testing, Test, Trace, Protect (TTP) function and more latterly supporting the implementation of the Health Board's Vaccination Programme. The Testing, TTP and Vaccination cells and the supporting

Command Centre processes have evolved to contribute to the Health Board's support to the wider population.

There has been significant learning from this initiative which is helping to shape the thinking around the development of a single point of contact, a communication hub, for patients; in particular, the improvements that can be made to enhance patient experience and support improved clinical outcomes.

It is recognised that patients, when contacting the Health Board, utilise multiple communication and contact pathways to services, such as switch boards or direct service numbers, with varying levels of call response. This may be associated with the type of initial call handler, e.g. switch boards are set up to transfer calls, answerphones, or the role of the person receiving the contact at a service level and their ability to deal with, prioritise or signpost to a suitable resource depending upon the nature of the enquiry.

It is clear from the initial scoping that the single point of contact concept is complex and multifaceted, and much more than simply sending a contact letter to patients on a waiting list. The development of the single point of contact communication hub requires a collaborative approach between clinical and multidisciplinary teams, communication platform specialists, and informatics to redesign information platforms which effectively enhance patient pathways of care. The solution to improving communication and maintaining contact with patients requires healthcare professionals responsible for the effectiveness and operational delivery of patient care, and its outcomes, to be engaged and supportive in the design and development of the single point of contact.

To support this programme of work, a governance and reporting framework has been established to guide the transition from a COVID-19 Command Centre to a wider more comprehensive single point of communication hub for the Health Board.

An oversight group is overseeing the development of the work programme, led by the Director of Nursing, Quality and Patient Experience and the Director of Operations.

A steering group, led by the Assistant Director of Nursing/Quality Improvement and the General Manager for Planned Care Services has also been established. This group is designing the work programme and recommending the implementation approach. It is supported by working groups looking at patient communication, information resources, digital technologies and the extension and expansion of the Command Centre function.

Asesiad / Assessment

Given the complexity of the task it has been recognised that it cannot be achieved across all specialities at the same time and requires a considered, well planned and tested approach. The principles of quality improvement are being used to underpin the development of a proof of concept, starting with a single speciality. Once tested and evaluated, the approach will be applied to individual specialities through a phased improvement and implementation plan. This is to ensure maximum benefit to patients through improved experience whilst contributing to positive clinical and patient focused outcomes which aim to reduce harm. It is recognised that the mechanism for measuring and monitoring harm through this approach requires further careful consideration.

The Command Centre has experience in establishing 'cells' to carry out specific tasks, with experience of managing calls through the use of call scripts, answering queries across a range of services from staff, patients, other professionals outside the organisation and members of

the public. As such, the initial step in the work programme will be for the Command Centre to form a 'cell' for this pilot work which will respond to calls from the identified group of orthopaedic patients. Call handling scripts will be developed by the service and information/signposting will be provided to callers, as well as the provision of personalised information and assistance where appropriate.

It is recognised that elective care (planned surgery) waiting lists have been adversely affected by COVID-19. Initial scoping of the situation has identified that there is currently no centralised or standardised process in place to contact patients across the 4 acute hospital sites, nor is there a single call handling approach to managing calls from patients who may be waiting for elective surgery and needing advice or assistance to prevent deterioration of their condition.

With this in mind, orthopaedic services have been identified as the initial pilot service for this work and learning from this will shape the initial development of the single point of contact, prior to other services being integrated into the programme. This service was identified by the steering group as it was felt the patient cohort best reflected the complexity of the patients across the Scheduled Care Directorate, in part due to the varying nature of patients along the pathway.

A first contact letter has been developed and a plan put in place to send it to all 6,342 patients waiting over 52 weeks on the elective care waiting list, to inform them that developments are underway; this will form part of a validation exercise. The Community Health Council (CHC) and the Local Medical Committee (LMC) have informed the development of this first contact letter.

From this group of 6,342 patients, a cohort of 300 orthopaedic patients has been identified for inclusion in the pilot of the first single point of contact communication hub offer. These patients come from across the three counties, enabling the service to test responses, which can also be linked at a locality level. It is anticipated that this approach will reduce the risk that the pilot could be considered to be favouring a single locality or county.

The potential benefits which have been identified as part of this project include:

- People are able to access a responsive service;
- People are able to access information when needed;
- People are able to manage their own health;
- People are satisfied with the service they receive;
- Clinical staff have more time to deliver clinical activities.

Each of these benefits also have a range of performance indicators to determine whether progress has been made, using both Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs) and a range of statistical measures around call handling and complaints handling.

The Bevan Commission, through a Bevan Exemplar Project, are supporting the single point of contact steering group and stakeholders, the development of a call handler script and patient letters, to ensure that communications not only address the need of callers but also support behaviour modification and self-management of conditions where appropriate.

The steering group, in collaboration with the Communications and Engagement Team, are focusing on how to engage members of the public in the development of future phases of the single point of contact communication hub.

No new venture is without risks and, as such, the steering group has identified a risk log linked to the development and implementation of the work programme, as well as recognising organisational risks. It is considered that the risk to the organisation is one of reputation, if the public or Welsh Government feel that there is not enough support for people waiting for elective care.

The organisation has not yet been able to fully contact all those on the waiting list in an equal way, as there are variations in how consultants have communicated with their patients. The situation is also impacted by a growing waiting list. The initial patient letter ensures that those on the waiting list receive some form of contact, while the pilot addresses how to develop a service which can meet the needs of those who are waiting for elective care, by providing prevention and well-being management support.

The project also carries a risk that the cell is not capable of meeting demand for the elective care waiting list; however, this is being mitigated and managed through a phased roll out through service areas, which will help to understand the impact of developing the communication hub. This will also support the planning objective to develop the Command Centre as a sustainable resource.

It is important to note that, whilst the focus of the steering group is on the development of the single point of contact communication hub model, existing patient contact mechanisms are in place and will continue until appropriately incorporated into this work programme. This has been particularly important in Cancer Services and the learning from this established approach will be incorporated into this work programme

As the single point of contact communication hub model is new to the organisation, with few examples of similar health board call centres, and with the large cohort of patients on the elective care waiting lists, it is difficult to quantify the demand that will be placed on the single point of contact communication hub. By phasing the development and implementation, it is anticipated that demand will be effectively managed. In addition, the capture of themes emerging from calls into the communication hub will inform future workforce planning, future script development and develop the understanding of future capacity.

A robust evaluation of the initial project, with a particular focus on the impact on key stakeholders, will be put in place.

Argymhelliad / Recommendation

The Board is asked to take assurance from this report that the work to date to develop a communication mechanism for patients waiting for elective care, through a central point, is progressing in a structured and outcome-focused way.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not applicable.

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

1. Staying Healthy
5. Timely Care
6. Individual care

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	2. Living and working well 3. Growing older well 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Single Point of Contact – A contact centre which is able to respond to multiple queries, through a range of communication methods, for the whole organisation.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Gold Strategic Group (Gold Command Group) Formal Executive Team (COVID-19)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No revenue or capital impacts have been identified as part of this pilot.
Ansawdd / Gofal Claf: Quality / Patient Care:	Potential for adverse quality and/or patient care outcomes/impacts mitigated through co-production of patient letters and scripts, and inclusion of clinical leads within the steering group and working group focusing on Orthopaedic service integration within the single point of contact.
Gweithlu: Workforce:	No adverse existing or future staffing impacts identified to date, however pilot will gather information to inform whether there may be a workforce impact in terms of future workforce/ capacity planning.
Risg: Risk:	Risk register included as evidence base.
Cyfreithiol: Legal:	No legal impacts have been identified.
Enw Da: Reputational:	No potential for adverse political or media interest or public opposition identified.
Gyfrinachedd: Privacy:	No privacy issues identified.

**Cydraddoldeb:
Equality:**

- Has EqIA screening been undertaken? Yes
(Included as evidence base)
- Has a full EqIA been undertaken? Yes
(included as evidence base)