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Analysis for Policy

Social research

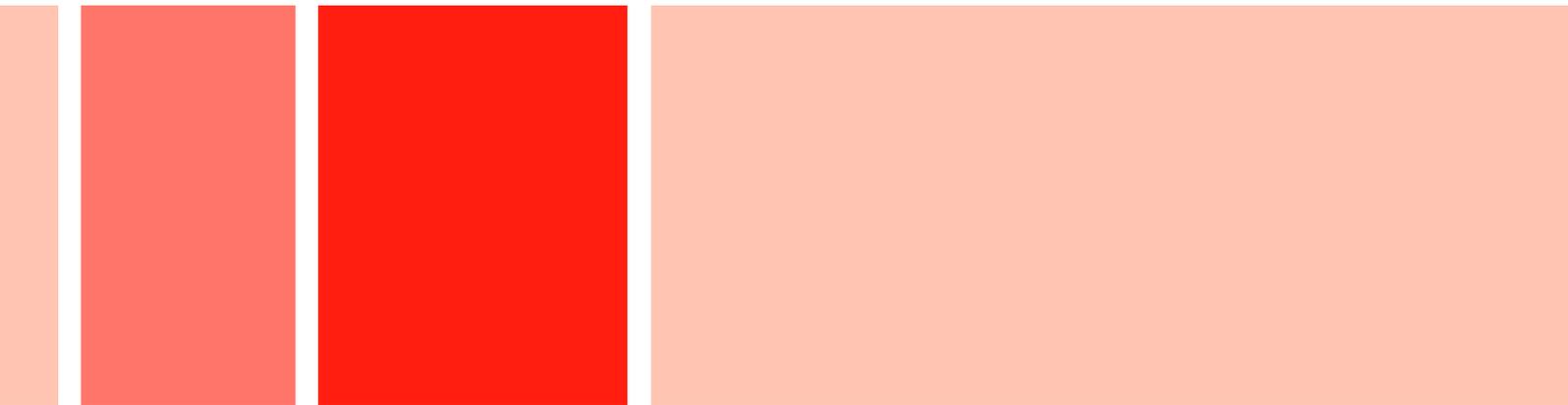
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Evaluation of the Human Transplantation (Wales) Act: Baseline Survey of NHS Wales Staff



Evaluation of the Human Transplantation (Wales) Act: Baseline Survey of NHS Wales Staff

GfK NOP

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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1 Executive Summary

On the 1st December 2015, the Human Transplantation (Wales) Act will come into full effect, introducing a soft opt-out system for consent to organ and tissue donation. In light of this change to the organ and tissue donation system the Welsh Government commissioned GfK NOP to carry out a programme of research that aims to explore and benchmark the attitudes of NHS staff in Wales to the change in the organ donation consent system. In particular the Welsh Government wishes to:

- Understand attitudes, expectations and level of knowledge about the new system
- Identify staff whose work may be impacted by the introduction of the new system
- Measure changes over time in the views of NHS staff and the expected impact on their work
- Identify changes to working practices as a result of the implementation of the Act
- Identify any unexpected issues caused by the move to the soft opt-out system

This study complements other research commissioned by Welsh Government with Specialist Nurses and Clinical Leads for organ donation¹.

Fieldwork was conducted by telephone using Computer Assisted Telephone Interviewing (CATI) and interviewing took place between 4th December 2013 and 31st January 2014, using a questionnaire designed by GfK NOP in discussion with the Welsh Government.

Interviewing took place from GfK NOP's telephone interviewing centre. The company is a member of the Interviewer Quality Control Scheme (IQCS) and all interviewers were fully trained and monitored.

A letter from the Welsh Government was available to email to respondents who required further reassurance before completing the interview. A copy of the letter is included in the appendices.

Interviews were conducted with NHS staff in their work place, and contact lists were provided by Binleys who are a specialist provider of lists of NHS staff and organisations.

Data were weighted at the analysis stage to ensure findings were representative of all NHS staff within the occupations included in the survey. The weights re-balanced the deliberate over-representation of certain

¹ <http://wales.gov.uk/statistics-and-research/soft-opt-out-system-organ-donation-researching-views-specialist-nurses-clinical-leads/?lang=en>

occupations in the sample and ensured Health Board regions were in-line with the national profile.

1.1 Summary

Overall, staff were broadly supportive of the change to the organ donation system but in-depth knowledge of the changes was limited. Support for the change in legislation was linked to awareness of it; with those who were not aware of the change to organ donation system significantly less likely to be in favour of the new legislation.

1.2 Awareness and support

Positively, the majority of staff were aware of the change to the organ donation consent system. Three quarters (76%) of staff were aware of the change to the organ donation consent system, prior to prompting. Awareness, before prompting, was almost universal among clinical leaders and was high (84%) among specialist nurses in ITU or A&E. Hospital doctors (65%) and hospital nurses (70%) who do not work in either A&E or ITU were the occupation groups least likely to be aware, before prompting, of the changes to the system. These relatively low scores for awareness were particularly the case amongst junior hospital doctors and general ward nurses (both 59%).

Overall awareness rose to nearly nine in ten (89%) after staff were given an explanation of the changes. Again hospital doctors and hospital nurses who did not work in A&E or ITU (79% and 86% respectively) were the least likely occupation to be aware of the change to the organ donation consent system but four fifths of these groups were still aware after prompting

Around seven in ten (71%) staff were in favour of the legislation but a fifth (22%) said that they needed more information. Only 6% were against the change to the system. Awareness of the changes was a factor in support for the change in legislation, not entirely unexpectedly, those staff that were not aware of the change to the system, before the interview, were less likely to be in favour of the change in legislation (42% compared with 75% aware of change). Clinical leaders (89%) were the staff group with the highest proportion of supporters for the change in legislation

Staff were asked their own personal intentions relating to organ donation and the change to the consent system. Only 6% said that they would register to not be a donor i.e. they will opt-out, whilst the same proportion said they did not yet know what they would do.

1.3 Knowledge of change to organ donation system

Although the majority of staff were aware of and in favour of the change in legislation, fewer felt that they were yet knowledgeable about the changes, with only 3% saying that they knew a great deal about the changes. Overall, over half (57%) said that they knew at least a fair amount about the change to the organ donation system and nearly two thirds (64%) of staff understood that the system would change from an 'opt-in' to 'opt-out' system. Specialist

nurses who worked in A&E or ITU (67%) and clinical leaders (68%) had the highest proportions of staff who knew at least a fair amount.

Attitudes to the change in the organ donation system were generally positive with more than four fifths agreeing that the new 'soft opt-out' for Wales will result in more lives being saved (80%) and that the 'soft opt-out' system maintains freedom of choice because anyone can opt-out from organ donation if they want to (86%). However, it should be noted that hospital doctors working in A&E or ITU had the lowest proportion of staff agreeing that the new 'soft opt-out' for Wales will result in more lives being saved (66% compared with 80% amongst other staff groups).

The level of knowledge staff had about the role of the family was variable. The majority of staff (92%) did not think it was true that the family would have no role to play in the organ donation process but nearly a half (47%) incorrectly thought that it was true that the family can override the wishes of the deceased. Hospital doctors were more likely than other staff to be aware that the family cannot override the wishes of the deceased, with six in ten (61%) saying the statement was not true compared with two fifths (43%) of other staff groups.

Nearly three quarters of staff correctly said it was true that if the family is in distress over the decision to donate, clinicians will not proceed (74%) and that the family can provide evidence that the deceased objected to donating their organs (76%). It is however worth noting that hospital doctors who do not work in A&E or ITU were more likely to disagree that if the family is in distress over the decision to donate, clinicians will not proceed (30% compared with 14% of all other staff groups).

1.4 Answering questions

Well over half (62%) of staff said that they would be confident answering questions from the general public and patients about the change to the organ donation consent system. Confidence increased with knowledge, with four fifths of those who said they knew at least a fair amount about the change to the organ donation consent system saying they were confident answering questions (84%, compared with 49% who did not know much or nothing at all).

If asked questions about the organ donation process more than a half of staff would contact a member of the organ donation team/staff (54%) and this rose to more than four fifths of staff who worked in A&E or ITU (hospital doctors in A&E or ITU, 81%; specialist nurses in A&E or ITU, 83%).

1.5 Impact on job

Fewer than half (41%) of staff thought that the change to the organ donation system would impact on their job. Those who worked in A&E or ITU (doctors, 67%; specialist nurses, 66%) were more likely to report that their jobs would be impacted compared with other occupations.

Staff who felt that their jobs would be impacted by the change to the organ donation consent system said that the main impact on their job would be around spending more time answering questions (45%), particularly from patients (28%) and patients' families (38%).

1.6 Advertising or media coverage

A quarter (26%) of staff had seen advertising or media coverage about the change in the organ donation consent system in the past few weeks, with TV (59%) being the most commonly mentioned source. Awareness of the advertising or media coverage about the change in the organ donation consent system did not affect attitudes and knowledge of the change to the system.

1.7 Future communications

The three most popular methods for receiving future communications about the change in the organ donation system were all written methods i.e. email bulletins or newsletters (88%), leaflet/pamphlet (78%) and through websites (73%). However, personal communication methods were mentioned by about two-thirds of staff – through internal staff meetings (68%) and being told by managers in the organisation (68%).

1.8 Monitoring

This survey is due to be repeated in 2016 to assess any changes that have taken place following the implementation of the soft opt-out system. It will be important at this stage to monitor a number of key issues including:

- staff awareness that the Act will have come into force
- whether a greater proportion of staff feel that they have at least a fair amount of knowledge about the changes made to the organ donation consent system
- whether staff are more confident in their level of knowledge about the role of the family
- has the proportion of staff who know who to contact if a member of the public, or patient, wishes to discuss organ donation increased?
- the concerns of those who are less positive about the change to the organ donation consent system
- the impact on jobs and whether this was as expected.

2 Introduction

2.1 Background

Organ transplantation has become one of the most successful medical procedures as just one organ donor can save or improve up to nine lives by donating their organs, and many more by donating their tissues. Polls have shown that the majority of the population is in favour of organ donation, but the number of people on the actual Donor Register does not reflect this widespread support. One problem is that very few people die in circumstances under which they can become eligible donors and therefore it is vitally important to maximise the chances of finding suitable donors by encouraging as many people as possible to join the Register.

Under the current Human Tissue Act (2004) for England, Wales and Northern Ireland, and the Human Tissue Act (2006) for Scotland, for organs to be available for transplantation, the individual concerned must consent to their use on an 'opt-in' basis. The Acts presume that a person does not want to donate their organs unless they have expressly indicated that they wish to do so, for example by signing the Organ Donor Register or carrying a donor card. Once opt-in consent is established, relatives are encouraged to support the deceased's wishes, and advised that they have no legal right to veto them. If no record exists of the deceased's wishes, their family or another qualifying individual is able to agree to or refuse donation.

In order to increase the number of organs available for transplant, the Welsh Government took the decision to change the current organ donation system and introduced the Human Transplantation (Wales) Bill for deceased organ and tissue donation on 3rd December 2012. In Plenary, the general principles of the Bill were agreed on 16th April 2013 and, with amendments, the Bill was officially passed on 2nd July 2013. It received royal assent on the 10th September 2013 and will become law in 2015. Until then, the current opt-in system will remain in place.

The main aims of the Act are to promote transplantation by increasing the number of organs available for donation, and to change how consent is given. It states that transplantation is lawful if done in Wales when either express or deemed consent has been given. It will introduce a 'soft opt-out' system, in contrast to the opt-in system which is currently operational across the UK. Under this system, three choices will be available:

1. register a wish to be a donor by expressly opting in and signing the new organ donor register; or
2. register a wish not to be a donor by expressly opting out on the new organ donor register; or
3. do nothing and choose to have your consent deemed.

A two year public awareness and engagement campaign has now started which will inform people in Wales about the forthcoming system and their choices under it.

Switching to an opt-out system is expected to increase the number of organs available for transplantation, as public support for it is high, despite a relatively low proportion being on the Register in the UK. It was found that in 2008 across the UK up to 90% of people supported organ donation but in 2013 just 20,206,828² people had registered on the Organ Donation Register.

Under an 'opt-out' or deemed consent system, every person living in Wales (aged 18 or over – the law will not apply to children) who has the required mental capacity is deemed to have given their consent to organ donation, unless they have specifically opted out.

The new system in Wales will be a 'soft' as opposed to a 'hard' opt-out system. In a hard opt-out system, families would not be consulted about organ donation if consent was either expressly given or presumed. In a soft opt-out system, families and friends will be involved in discussions and may provide information to show the deceased did not wish to be a donor.

Additionally, as now, even if consent has been given or deemed, organs may not necessarily be taken – clinicians must check medical histories, organ condition and match the donor with a potential recipient. If they are unable to check medical histories or key information such as residency, then they are unlikely to proceed with donation.

There will be a Code of Practice underpinning the implementation of the new system, including dealing with the cross-border issues that may arise due to Wales operating one system and the rest of the UK another.

In order for the Welsh Government to assess the impact of their awareness campaign amongst both the general public and NHS staff, research has been commissioned to track opinions and attitudes in relation to the change to the organ donation consent system. This strand of the research programme deals solely with the views of NHS staff and aims to:

- Understand attitudes, expectations and level of knowledge about the new system
- Identify staff whose work may be impacted by the introduction of the new system
- Measure changes over time in the views of NHS staff and the expected impact on their work
- Identify changes to working practices as a result of the implementation of the Act
- Identify any unexpected issues caused by the move to the soft opt-out system

² www.organdonation.nhs.uk

This study complements other research commissioned by Welsh Government with Specialist Nurses and Clinical Leads for organ donation³.

GfK NOP has been commissioned to conduct two waves of surveys with NHS staff in Wales and this report deals solely with the first wave of the research which involved interviewing in December 2013 and January 2014.

2.2 Research design

The target audience for the research comprised of NHS staff in certain occupations and working for the health service in Wales only. The list of occupations included in the research included:

- GPs
- Hospital Doctors who worked in A&E or ITU – both ‘Senior’ and ‘Junior’ doctors were included in this group
- Hospital Doctors who did not work in A&E or ITU - half were ‘Junior’ doctors of Specialist Registrar grade or below, and half were ‘Senior’ doctors of higher grades
- Specialist Hospital Nurses who work in A&E or ITU
- Hospital nurses who did not work in A&E or ITU: half were specialist nurses (not in A&E or ITU) and half were ‘general’ ward nurses
- Clinical Leaders: including Medical Directors, Nursing Directors and Clinical Directors

The contact lists for the research were provided by Binleys who hold extensive lists of health professionals in Wales. Named lists were available for most staff groups with the exception of general ward nurses and some junior hospital doctors. These latter groups were sampled as follows:

- In order to speak to general ward Nurses, Binleys provided general reception numbers for hospitals and interviewers called these numbers and asked to be put through to a ward.
- Because of the mobility of Hospital Doctors in Foundation 1 and Foundation 2 grades, Binleys does not hold named listings of doctors at these grades. Interviewers called general hospital numbers and asked to be put through to a ward. When speaking with someone on the ward, they asked to be put through to a doctor at Foundation 1 or Foundation 2 grades (otherwise known as House Officers or Senior House Officers).

³ <http://wales.gov.uk/statistics-and-research/soft-opt-out-system-organ-donation-researching-views-specialist-nurses-clinical-leads/?lang=en>

Table 1 shows the number of interviews completed within each occupation.

Table 1: Interviewed Sample	
Occupation	Wave 1 (Winter 13-14)
GPs	57
Hospital Doctors who work in A&E or ITU	28
Hospital Doctors who do not work in A&E or ITU	61
Specialist hospital nurses who work in A&E or ITU	42
Hospital nurses who do not work in A&E or ITU	56
Clinical Leaders	36
<i>Total</i>	<i>280</i>

2.3 Questionnaire

The questionnaire was developed by GfK NOP in conjunction with the Welsh Government. In order to allow a comparison of views between NHS staff and the general public to the changes to the organ donation consent system, questions from the public attitudes survey⁴ were included in the health service questionnaire.

The questionnaire mainly used pre-coded lists of responses, with the opportunity to capture further detail being possible via “other” answer options at some questions. Two open-ended questions were included in the survey. Office coding was undertaken for one of the open ended questions and a listing of the comments was provided for the more general question.

2.4 Fieldwork

Fieldwork was conducted by telephone using Computer Assisted Telephone Interviewing (CATI) and took place between the 4th December 2013 and the 31st January 2014.

Interviewing took place from GfK NOP’s telephone interviewing centre – the company is a member of the Interviewer Quality Control Scheme (IQCS) and all interviewers were fully trained, briefed and monitored.

A letter from the Welsh Government was available to email to respondents who required further reassurance before completing the interview. A copy of the letter is included in the appendices.

2.5 Analysis and weighting

To enable separate analysis amongst healthcare professionals by job role a minimum number of interviews were conducted within each occupation. Data were then weighted to give an estimate of the views and awareness of all NHS staff in Wales in the occupations included in the research.

⁴Available here: <http://wales.gov.uk/statistics-and-research/public-attitudes-organ-donation/?lang=en>

Weighting was applied as follows:

- Re-balancing the proportion of staff in different occupations in the sample, then
- Weighting by Health Board region.

These weights were based on the workforce number data taken from the StatWales website. The unweighted and weighted proportions are shown in Table 2.

Occupation	Unweighted		Weighted	
	N	%	N	%
GPs	57	20	15	5
Hospital doctors (including Clinical Leaders)	119	43	51	18
Hospital nurses (including Nursing Directors)	102	34	214	76
Health Board				
Abertawe Bro Morgannwg University	53	19	55	20
Aneurin Bevan	48	17	49	18
Betsi Cadwaladr University	57	20	56	20
Cardiff and Vale University	44	16	51	18
Cwm Taf	27	10	25	9
Hywel Dda	43	15	35	13
Powys Teaching	8	3	8	3

The statistical impact of the weighting reduced the effective sample size for the total sample to 154. While the impact of this weighting may appear large, the need to structure the sample as shown above meant that weighting effects of this magnitude were expected.

2.6 Notes on reading this report

The following points explain the way in which the results have been commented upon in this report.

- The base sizes for some of the occupation groups are small and therefore ineligible for significance testing. We have therefore included differences in the report that are on the 'margins of significance' (at 95% confidence interval).
- In order to indicate significance or on the margins of significance we have used the following symbols: positive significant difference  compared with average  negative significant difference compared with average  on the margins of a positive significant difference  on the margins of a negative significant difference.

3 Awareness of change to organ donation system and support for change

3.1 Unprompted awareness of the change to the organ donation system

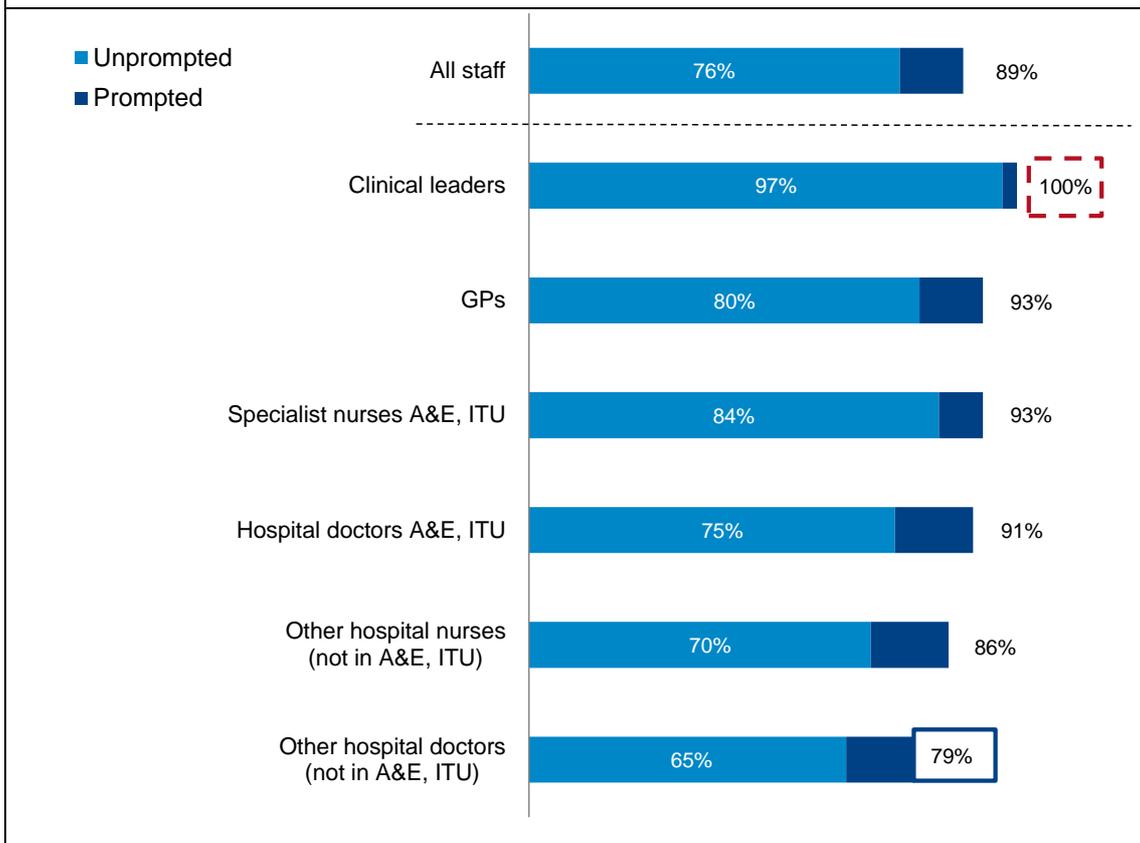
In order to determine whether staff were aware, before prompting, of the change to the organ donation system in Wales, they were read a description of the current organ donation system which is outlined below and asked whether they had heard of any changes to this system.

“Currently people in Wales, as in the rest of the UK, can opt in to join the NHS Organ Donor Register if they wish to donate their organs after their death. It is normal practice for doctors or specialist nurses to let relatives know if the person has opted in and to encourage families to accept the wishes of the deceased. Organ donation is very unlikely to proceed if families will not agree to the process. If the deceased person is not on the Register, currently their family can consent to donate their organs after death.”

Overall three quarters (76%) of staff said that they were aware of the changes that would be taking place to the current organ donation consent system in Wales – awareness was almost universal among clinical leaders and was high (84%) among specialist nurses in ITU or A&E. Hospital doctors (65%) and hospital nurses (70%) who do not work in either A&E or ITU were the occupation groups least likely to be aware, before prompting, of the changes to the system (Chart 1). These relatively low scores for awareness were particularly the case amongst junior hospital doctors and general ward nurses (both 59%).

After prompting with a description of the changes to the organ donation consent system, the levels of awareness amongst staff increased. Overall after prompting, nine in ten (89%) said they were aware of the change to the organ donation consent system (Chart 1), including all clinical leads and over 90% of GPs and those working in A&E or ITU.

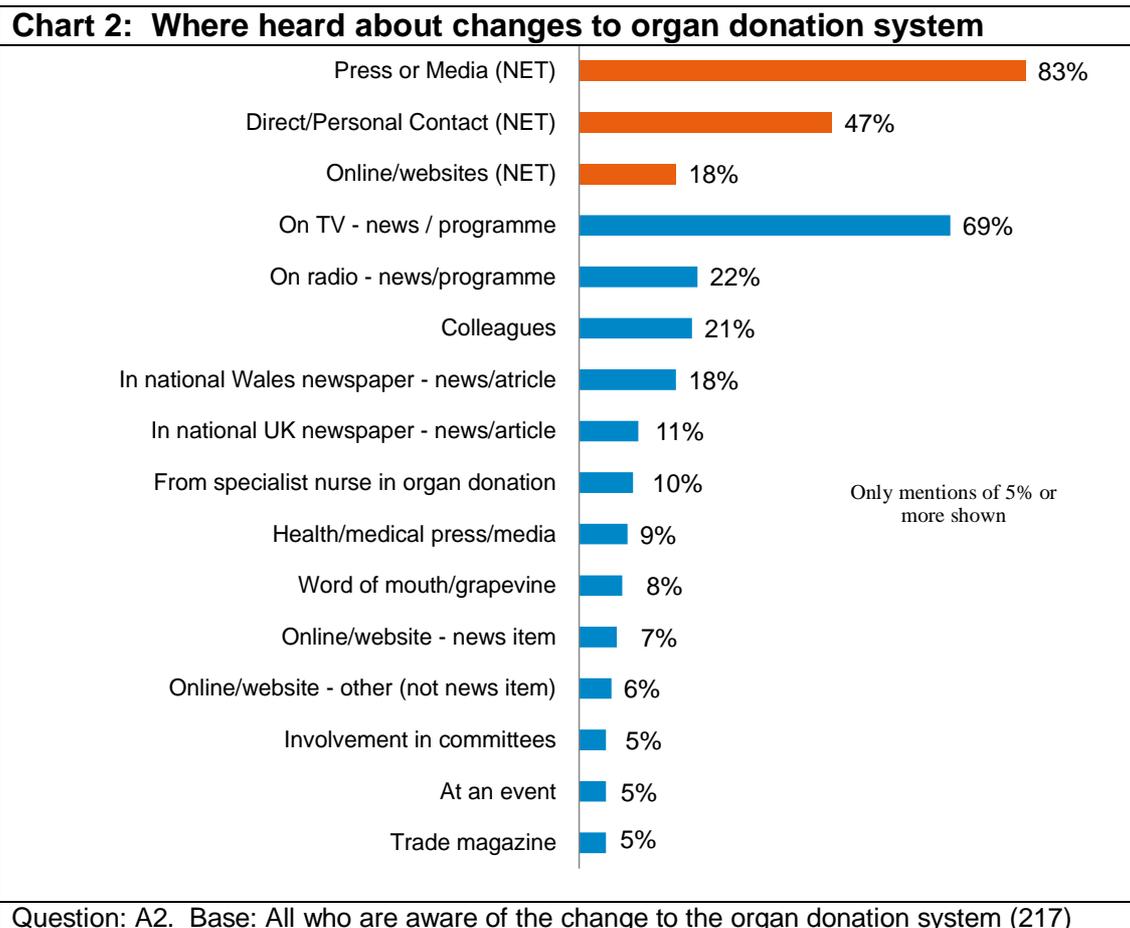
Chart 1: Awareness of changes to organ donation system (unprompted and prompted)



Question: A1/B1. Base: All staff (280), GPs (57), Hospital doctors in A&E or ITU (28), Other hospital doctors not in A&E/ITU (61), Specialist nurses in A&E or ITU (42), Other hospital nurses not in A&E/ITU (56), Clinical Leaders (36)

The main way in which staff reported becoming aware of the changes to the current organ donation consent system was through the press or media (83%) and predominantly through either TV news or TV programmes (69%). Almost half of those interviewed (47%) had heard of the changes through personal contact such as colleagues (21%) or a specialist nurse in organ donation (10%).

About a fifth reported that they had become aware of the changes through the radio (news or programmes, 22%) or through national Welsh newspapers (18%). Chart 2 shows more detailed responses.



Sources of awareness varied amongst some occupation groups. Specialist nurses who worked in A&E or ITU were more likely compared with other staff groups to have become aware of the changes to the organ donation consent system through personal/direct contact (71% compared with 32% respectively) and in particular through specialist nurses in organ donation (26% compared with less than one per-cent amongst other staff groups). In contrast GPs were less likely compared to other staff to have become aware of the change through direct/personal contact (18% compared with 49% other staff groups) or through the press or media (64% compared with 84% other staff groups).

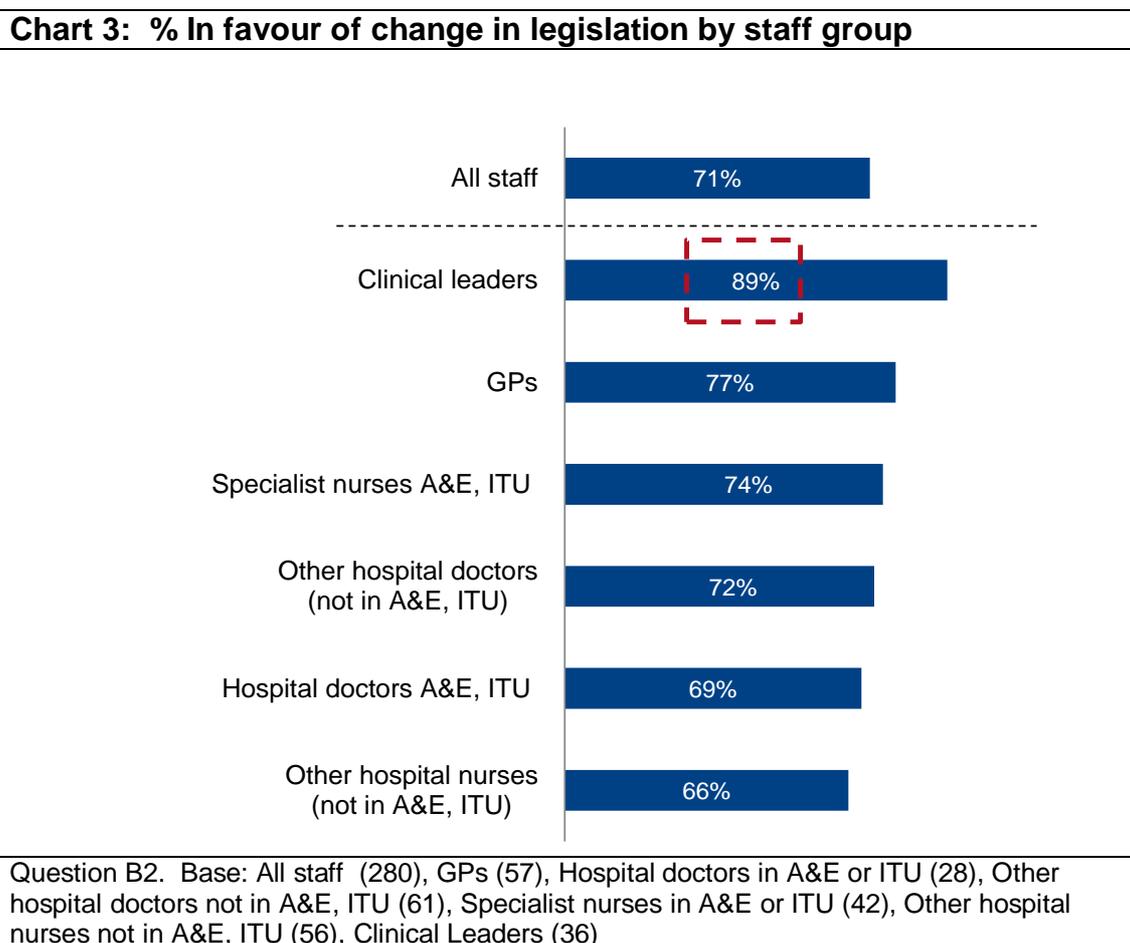
3.1.1 Support for legislation

Overall staff tended to support the change in the legislation with seven in ten (71%) reporting that they were in favour of the new system. However, not entirely unexpectedly, those staff that were not aware of the change, before undertaking the interview, were less likely to be in favour of the change in legislation (42% compared with 75% aware of change).

However, it is important to stress that only 6% actually said that they were against the change in the legislation; whilst a further fifth of staff said they needed more information to decide whether they support or oppose the

change. Unsurprisingly, the proportion of staff who said they needed more information to decide was much higher amongst the staff who were not aware of the change to the organ donation consent system, prior to being interviewed (49% compared with 19% of staff who were aware of the change to the organ donation consent system).

Although overall there were no significant differences in likelihood to support the change in legislation between occupation groups; clinical leaders (89%) were the staff group with the highest proportion of supporters for the change in legislation. Hospital nurses who did not work in A&E or ITU were the least likely staff group to support the change in legislation but they were no more likely than average to be against the change instead just under three in ten (29%) said they needed further information to decide (Chart 3).



All staff were asked an open-ended question which asked them whether they had any further comments about the organ donation system. The positive comments about the change to the organ donation system tended to focus on saving lives and the new system being helpful whilst the negative comments tended to be about the ethical issues around deemed consent and putting pressure on individuals and families.

Examples of positive and negative comments can be found below.

Positive comments:

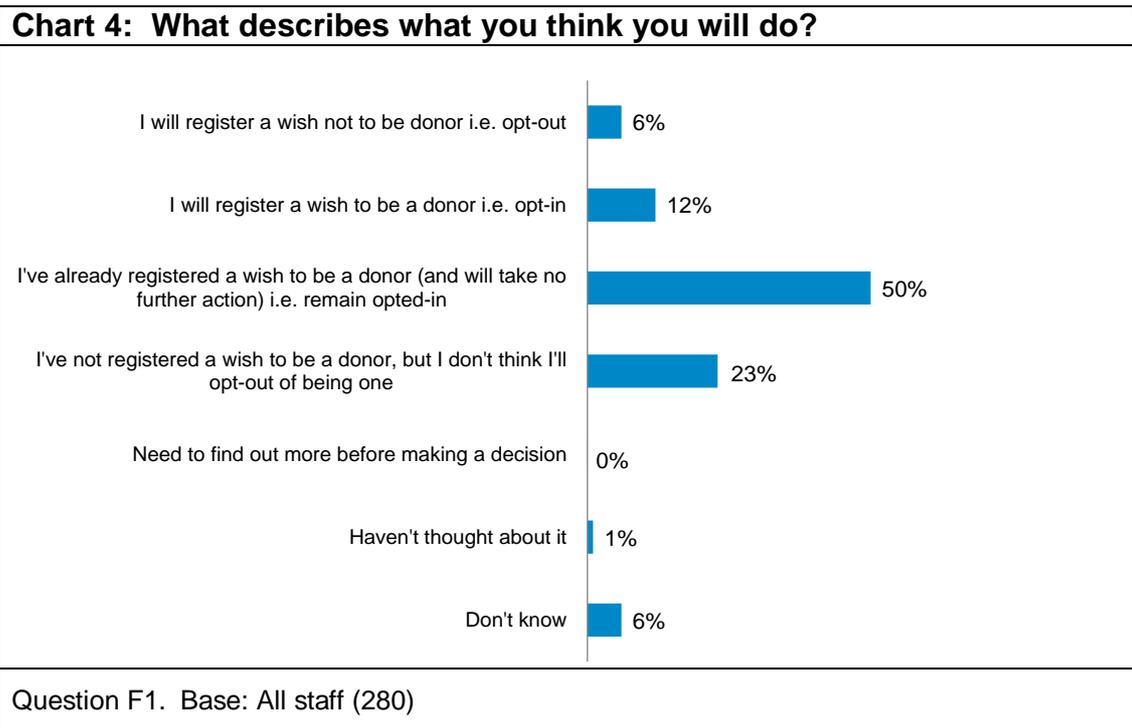
- “First impression it will be very helpful and more organs will be available”
- “It is a good thing. A lot of people do not think about organ donation but they would like to {*donate*}, so it is a good thing.”
- “I fully agree with it and I think many patients who are not aware how to register or don't have time to do it will find it much more useful.”

Negative comments:

- “One of the concerns I have is that though I think it is a positive thing my worry is that nowhere else in the delivery of treatment and care do we operate a presumed consent so this goes against the philosophy on which we deliver other treatment and care which is in the basis of expressed consent.”
- “It is immoral and unethical to assume a positive response because of the absence of a negative one. It can only make the process of achieving organs for donation harder and more stressful and the Welsh Government wrongly ignored the much more sensible suggestion of mandated choice which means a decision to donate or not to donate is enforced with every application for a passport or driving license or disability benefit et cetera et cetera, because that means people will make a choice rather than just ignore it.”
- “I think the change will make people feel awkward. They are not being given the freedom to make the decision anymore. They are pressurised. They will be pressurised to make them feel guilty about registering to not be a donor. It references your question about does it take away the freedom of the gift. Yes it does!”

3.1.2 Personal intentions

All staff were asked what they would do in relation to organ donation, once the new system of opting-out was introduced. Overall, well over half of staff (62%) said that they would opt-in to be donors either because they were already registered and therefore would remain opted-in (50%) or they would actively seek to opt-in in the future (12%). Nearly a quarter (23%) said that they did not think that they would opt-out and therefore by default would be deemed to have consented under the new system. Just 6% of staff said that they would register a wish not be a donor i.e. they would opt-out (Chart 4). There were no significant differences in intention by occupation or perceived level of knowledge about the change to the organ donation system.

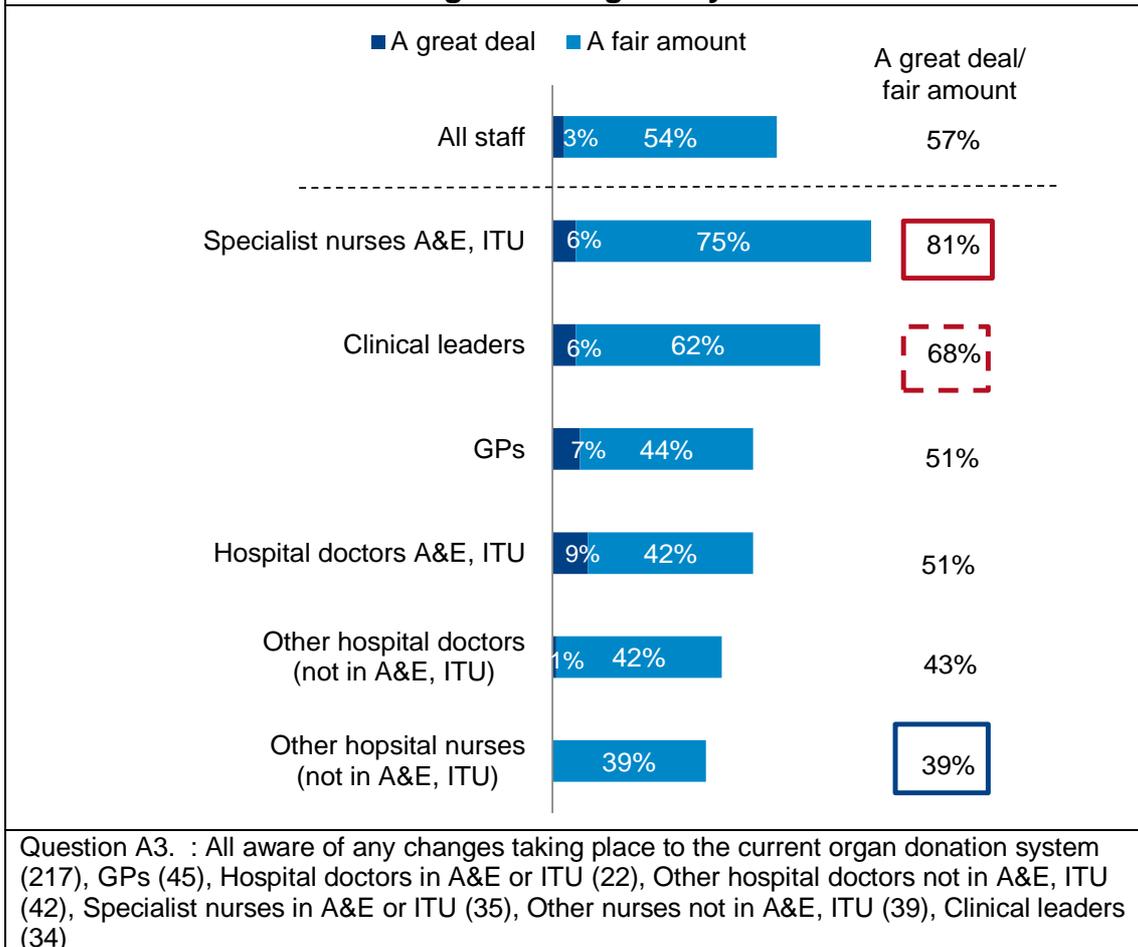


3.2 Knowledge of changes to the organ donation consent system

All staff that were aware of any changes taking place to the current organ donation consent system before prompting, were asked how much they knew about the change to the system. Overall, while most of the staff that were aware of the change to the system said they knew at least a fair amount (57%), a large minority said that they knew little if anything about the changes (42%). Only a very small proportion actually said they were very familiar (3%) with what the changes entail (Chart 5).

Levels of knowledge across the occupation groups varied; specialist nurses who worked in A&E or ITU (81%) and clinical leaders (68%) had the highest proportions of staff who knew at least a fair amount, whilst hospital nurses who did not work in A&E or ITU (39%) said they knew the least (Chart 5).

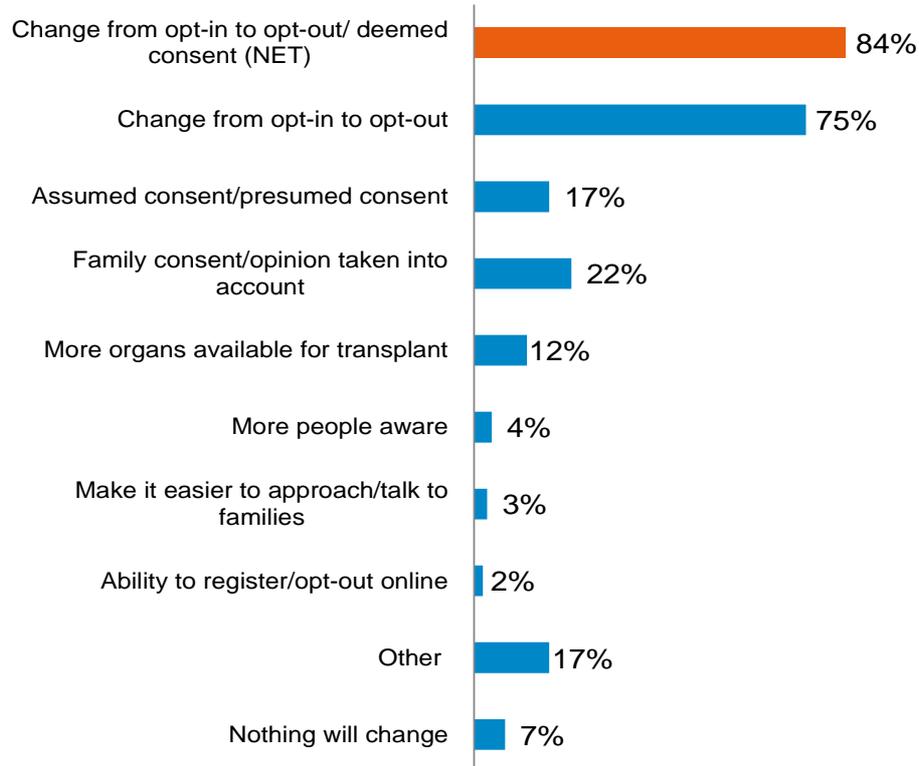
Chart 5: Self rated knowledge of change to system



Staff who were aware of the changes to the organ donation consent system before prompting, were asked an open-ended question about how they thought that the organ donation consent system in Wales will change. Overall, the majority of staff who were aware of the change to the organ donation system had a high level understanding of what the change entails but the exact details were not clear to all staff.

Over four fifths (84%) of staff said that the change to the organ donation consent system was related to a change from an opt-in to opt-out or deemed consent, with three quarters (75%) mentioning the change from an opt-in to opt-out system. The proportion mentioning a change from an opt-in to opt-out rose amongst GPs who were aware of the changes, before prompting, to nine in ten (91%). Around a fifth (22%) of staff mentioned that family consent or opinions would be taken into consideration and a tenth (12%) said more organs would be available for transplant. Further details of responses can be found in Chart 6.

Chart 6: How will the system change?

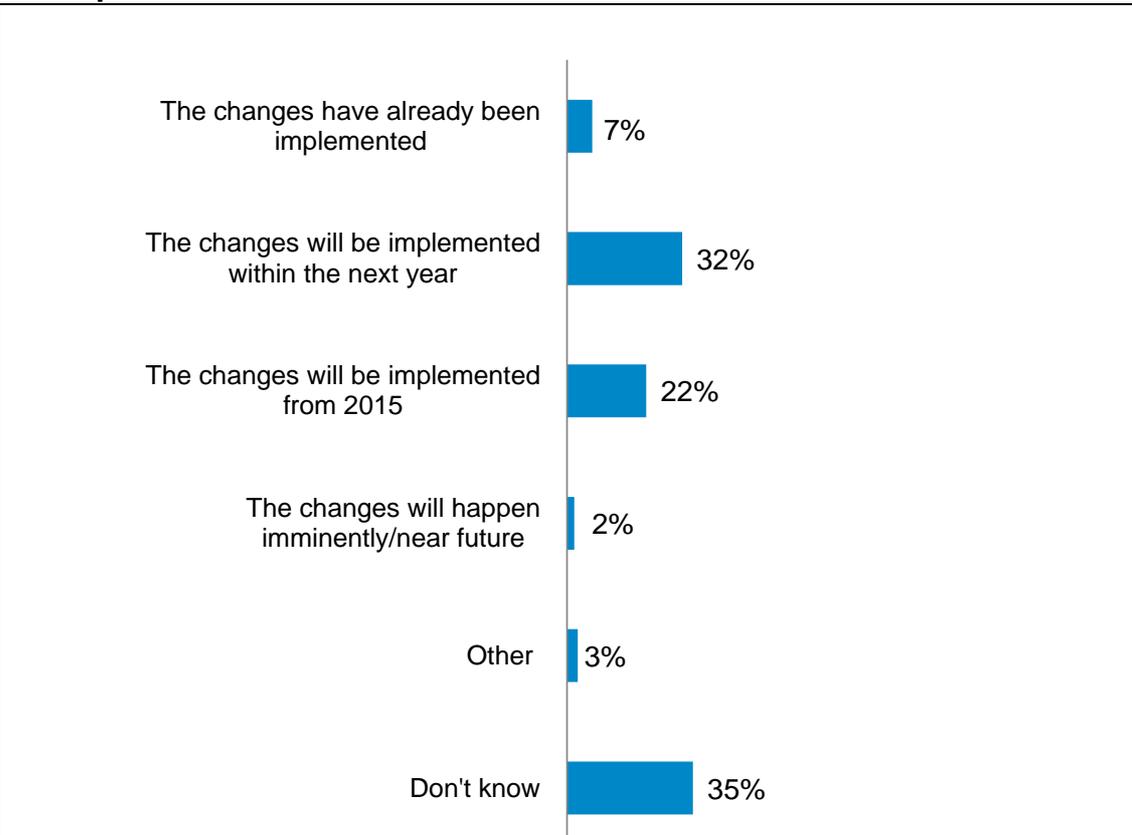


Question A5. Base: All aware of any changes taking place to the current organ donation system (217), GPs (45), Hospital doctors in A&E or ITU (22), Other hospital doctors not in A&E, ITU (42), Specialist nurses in A&E or ITU (35), Other nurses not in A&E, ITU (39), Clinical leaders (34)

In addition to asking what they thought the changes entailed, staff were also asked when they thought the changes to the organ donation consent system in Wales will take place. The question was only asked of those who were aware of changes before prompting. Around a fifth (22%) of staff who were aware of the changes before prompting said that the changes will be implemented from 2015 and nearly a third (32%) said that it would be implemented within the next year, with a further third (35%) of staff who were unsure as to when the change would be implemented (Chart 7).

Specialist nurses who worked in A&E or ITU (32%) were more likely when compared with other staff groups (16%) to know that the changes will be implemented from 2015.

Chart 7: When staff think that change to the organ donation system will be implemented



Question A4. Base: All aware of any changes taking place to the current organ donation system (217), GPs (45), Hospital doctors in A&E or ITU (22), Other hospital doctors not in A&E, ITU (42), Specialist nurses in A&E or ITU (35), Other nurses not in A&E, ITU (39), Clinical leaders (34)

3.2.1 Knowledge of the role of the family

In order to assess whether staff have understood the role of the family in organ donation under the new 'soft opt-out' system where the deceased had not opted-out, they were asked to state whether four statements relating to the role of the family were true or not true (Charts 8 and 9). Two of the statements were true and two of the statements were not true.

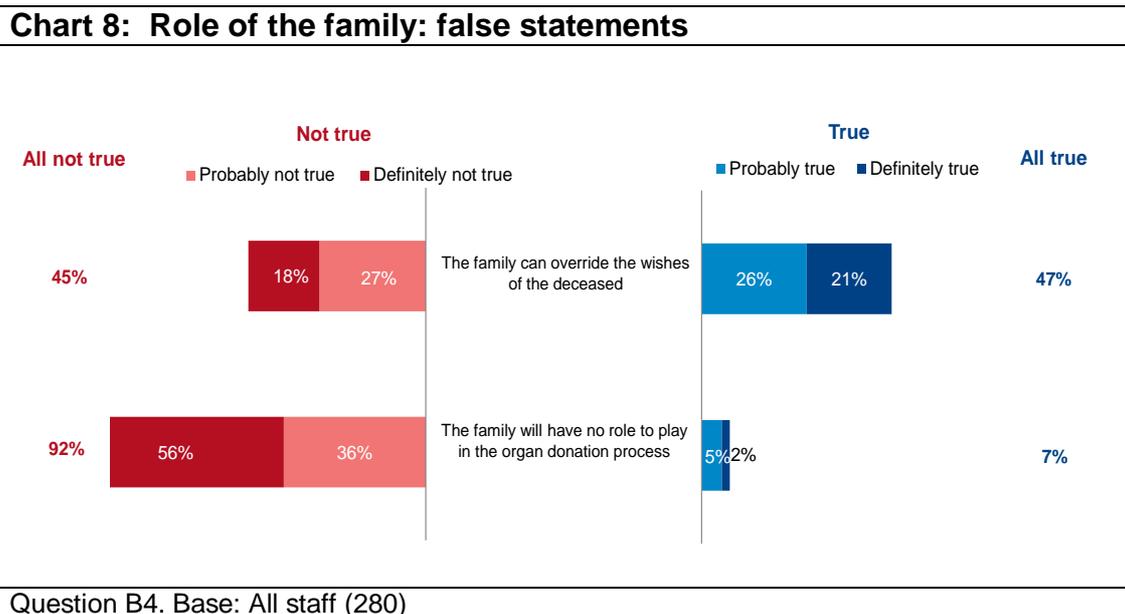
True	False
If the family is in distress over the decision to donate, clinicians will not proceed with organ donation	The family will have no role to play in the organ donation process
The family can provide evidence that the deceased objected to donating their organs but did not get around to registering during their lifetime	The family can override the wishes of the deceased

The majority of staff thought that the family of the deceased would still have a role to play in the new organ donation consent system. Nine in ten (92%) staff

correctly said that it was not true that the family will have no role to play in the organ donation process and more than a half (56%) said that this was definitely not the case. Staff who had been aware of the changes to the organ donation system, prior to being interviewed, were more likely to say that the statement ‘the family will have no role to play in the organ donation process’ was not true compared with those who were not aware of the change (95% compared with 63% respectively).

Opinions amongst staff about whether the statement that the family can override the wishes of the deceased was true or false was more divided. Almost half of staff (47%) reported that the statement was true, while almost as many identified it as not true (45%). The reason for the divided opinion is unknown but it is worth considering that this may be due to how the statement is interpreted, rather than a lack of knowledge.

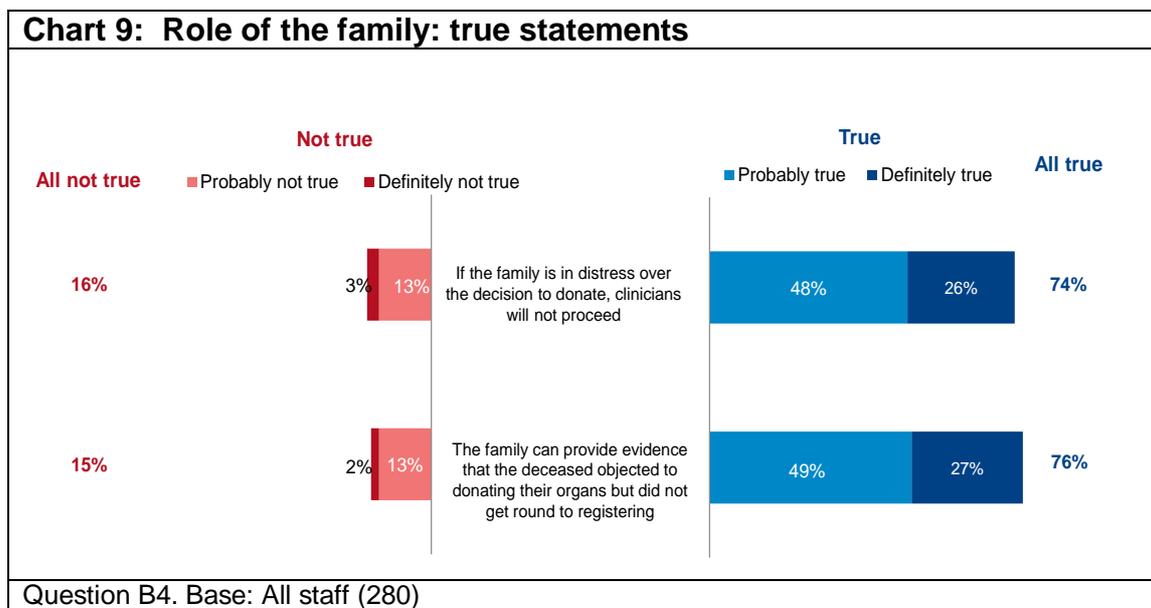
Hospital doctors were more likely than other staff to be aware that the family cannot override the wishes of the deceased, with six in ten (61%) saying that it was not true compared with two fifths (43%) of other staff groups. In contrast nurses were more likely than other staff groups to hold the opposing view that the family could override the wishes of the deceased – with more than a half (52%) of nurses saying that the statement was true compared to three in ten (30%) of other staff groups.



Positively, nearly three quarters of staff thought that it was true that the family can provide evidence that the deceased objected to donating their organs but did not get round to registering during their lifetime (76%) and that if the family is in distress over the decision to donate, clinicians will not proceed with organ donation (74%). However, in both instances staff were more likely to report that the statements were probably true rather than definitely true (Chart 9, reflecting emerging knowledge about the new system).

Although the majority of staff said it was true that if the family is in distress over the decision to donate, clinicians will not proceed with organ donation (74%), hospital doctors (27%) were more likely to say this statement was not true when compared with all other staff groups (14%).

There were no significant differences by occupation in relation to either of these statements.



3.3 Attitudes towards the new organ donation consent system

Using a five point scale ranging from strongly agree to strongly disagree, staff were asked to respond to four statements relating to the new 'soft opt-out' system (Chart10). The four statements were:

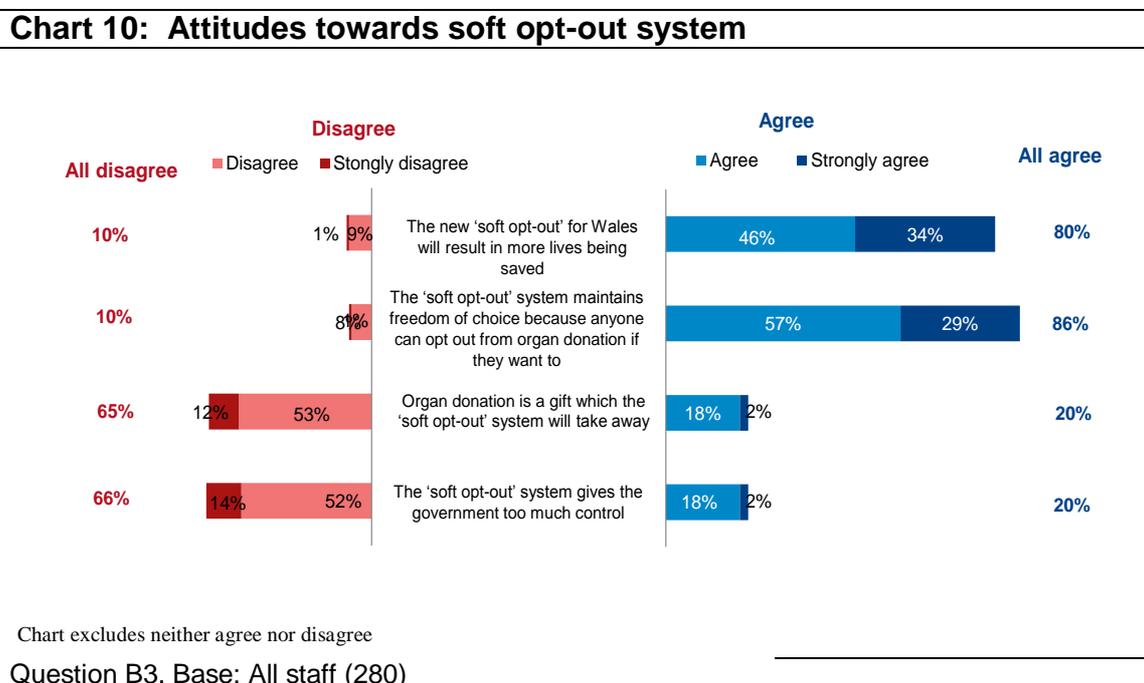
- *The new 'soft opt-out' for Wales will result in more lives being saved*
- *Organ donation is a gift which the 'soft opt-out' system will take away*
- *The 'soft opt-out' system maintains freedom of choice because anyone can opt out from organ donation if they want to*
- *The 'soft opt-out' system gives the government too much control*

Positively, four fifths (80%) of staff agreed that the change to the organ donation consent system would mean that more lives would be saved. Although the differences were not significantly different due to the small sample sizes, hospital doctors working in A&E or ITU had the lowest proportion of staff agreeing that the new 'soft opt-out' system for Wales will result in more lives being saved (66% compared with 80% amongst other staff groups).

Positively, NHS staff did not think that organ donation was a gift which the 'soft opt-out' system will take away, just a fifth (20%) of staff agreed with this statement. Hospital doctors working in A&E or ITU were the most likely occupation group to agree with this statement, although it again should be noted that due to the small base sizes this difference was not statistically significant (38% compared with 19% amongst other staff groups).

Staff in Wales were also positive towards the change in relation to maintaining freedom of choice; more than four fifths (86%) agreed that the 'soft opt-out' system maintains freedom of choice because anyone can opt-out from organ donation if they want to.

Two thirds (66%) of staff disagreed that the 'soft opt-out' system gives the government too much control and this rose to more than four fifths (88%) amongst clinical leaders.



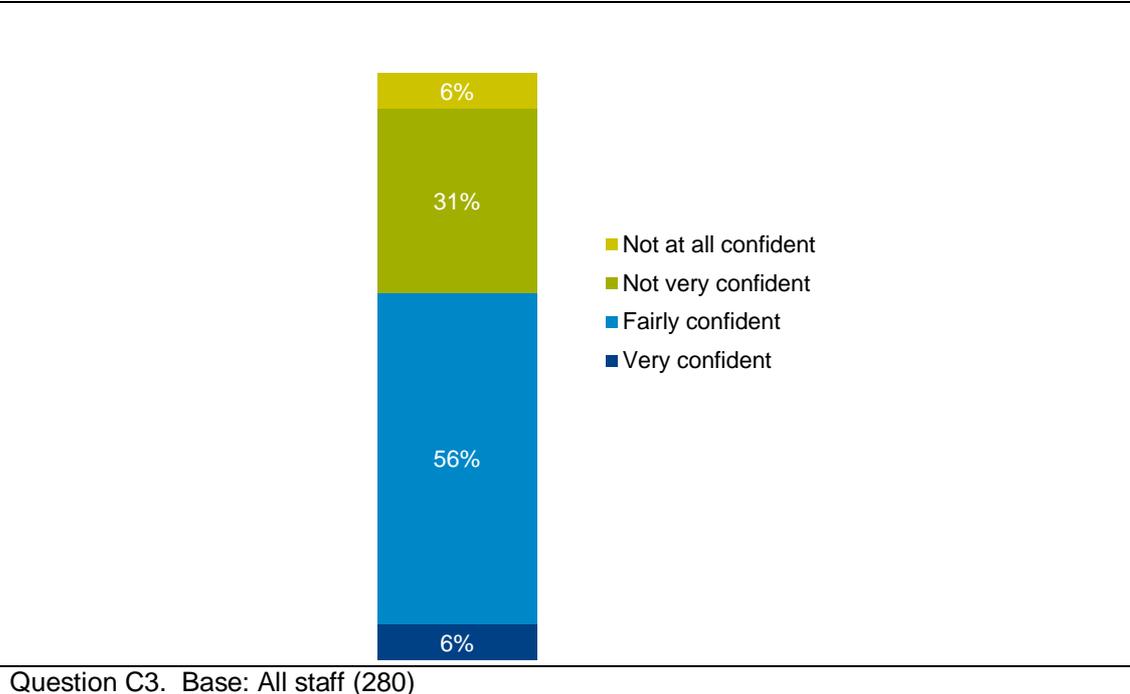
3.4 Answering questions

All staff were asked how confident they would feel answering questions if a patient or member of the public asked them a question about the new organ donation system. They were asked to rate their confidence level on a four point scale ranging from 'very confident' to 'not at all confident'. Well over half (62%) of staff said that they would be confident answering questions, although only 6% said they would be very confident (Chart 11). These results echo the earlier findings about the limited self-reported knowledge most staff have about the new system.

Hospital doctors who work in A&E or ITU were the most confident about answering questions from patients and the general public about the new organ donation system. More than four fifths (82%) said they were confident answering questions compared with three fifths (61%) of other staff groups (it

should be noted however that due to the small sample size this difference is not statistically significant).

Chart 11: % confident answering questions

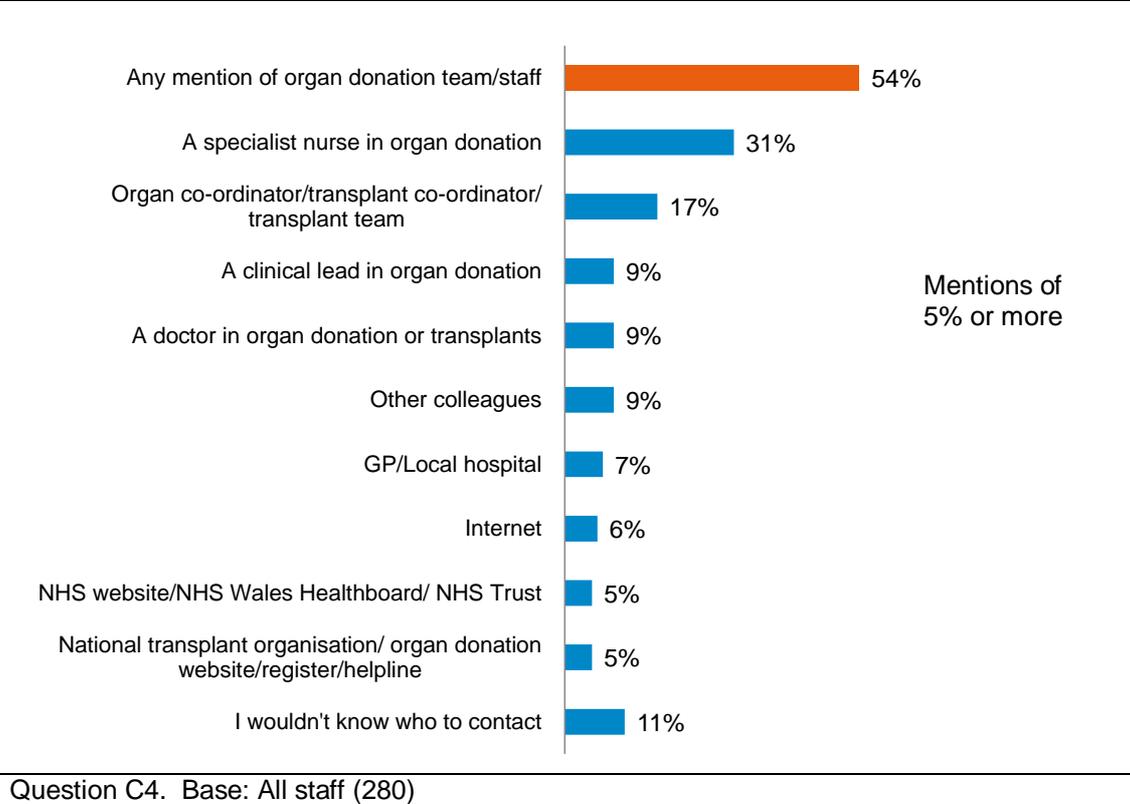


Unsurprisingly, staff confidence in their ability to answer questions was linked to their awareness of the changes and the level of knowledge they had about the changes. When we consider total awareness, staff who were aware of the changes were much more likely when compared to those who were not aware of the changes to be confident of answering questions (66% compared with 27% respectively). Similarly a greater proportion of staff who said they knew at least a fair amount about the change to the organ donation consent system said they were confident about answering questions compared with those who said they knew either not very much or nothing about the changes (84% compared with 49% respectively).

All staff were asked who they would contact if a patient or member of the public asked them about organ donation. Just over half (54%) of staff said they would contact a member of the organ donation team or organ donation staff; specifically nearly a third (31%) said they would contact a specialist nurse in organ donation and a sixth (17%) said they would contact the organ transplant co-ordinator or the organ transplant team. Hospital doctors who worked in A&E or ITU (81%) and specialist nurses who worked in A&E or ITU (82%) were significantly more likely than other staff groups to report they would contact a member of the organ donation team or organ donation staff (37%).

Around one in ten (11%) reported that they would not know who to contact and this rose to nearly a quarter (22%) amongst hospital doctors who did not work in A&E or ITU.

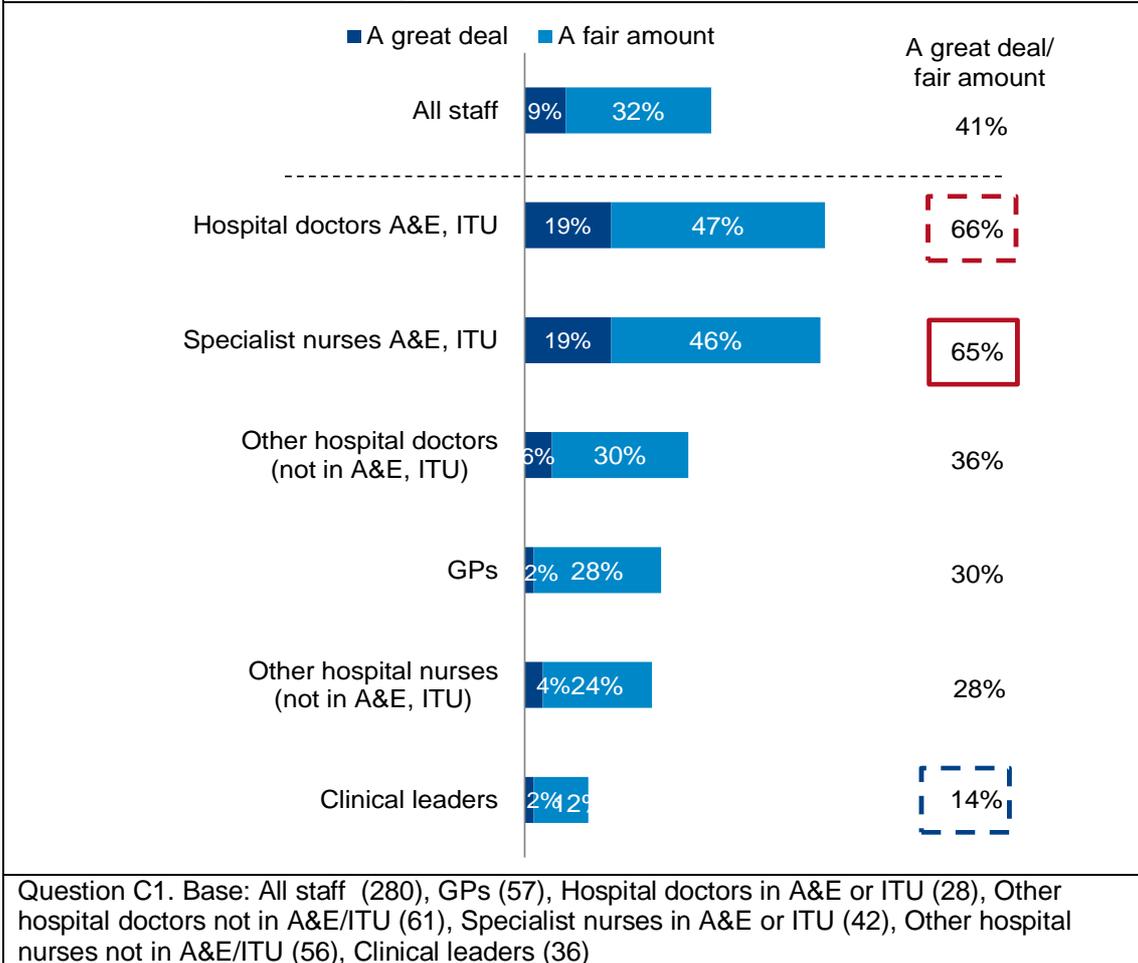
Chart 12: Who would you contact if a patient/member of the public asked you about organ donation?



3.5 Impact on their job

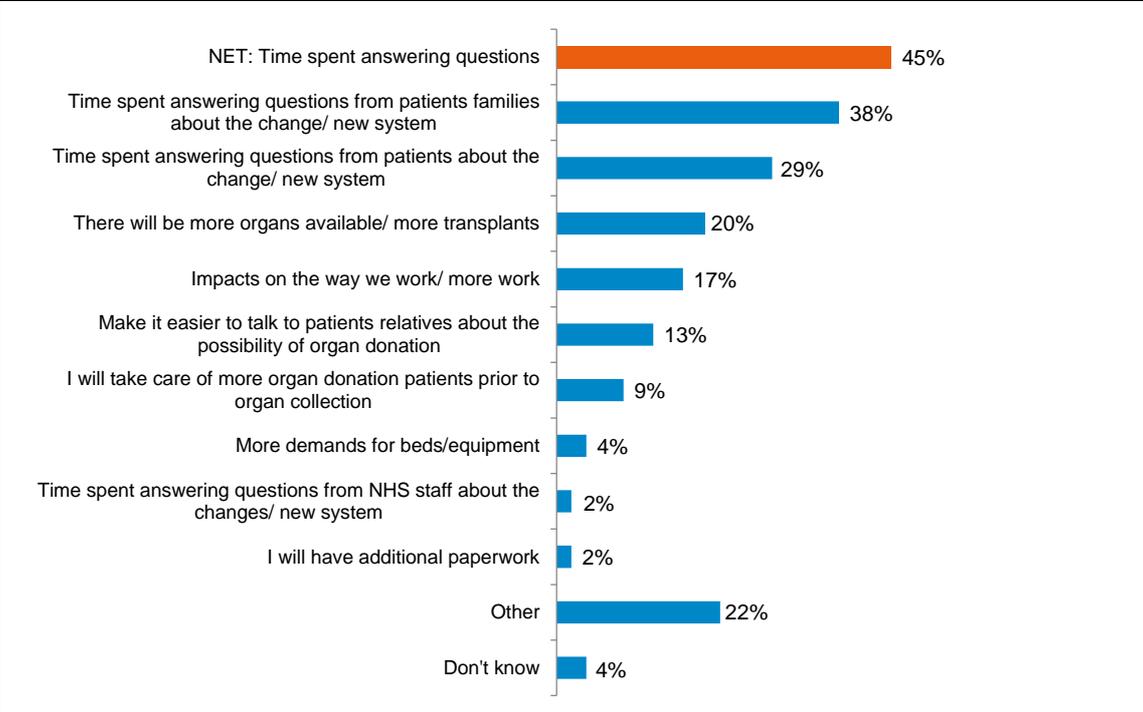
All staff were asked to what extent they felt that the change to the organ donation consent system would impact on their job. Over half (57%) felt that the change would have **no** impact on their job, whilst almost all of the remainder reported it would have at least a fair amount of impact. Staff who worked in A&E or ITU were much more likely to report that the change would have an impact on their job compared with all other staff (Chart 13).

Chart 13: Impact of change on their job



Staff who felt that the change to the organ donation consent system would impact on their job were asked how they thought this would happen (Chart 14). Almost half (45%) said that the impact would be related to spending more time answering questions from either patients' families (38%), patients themselves (29%) or, to a much lesser extent, other NHS staff (2%). There were no discernible significant differences between occupations on how they would be impacted by the change because so many of this group worked in A&E or ITU settings.

Chart 14: Ways in which the change to the organ donation system will impact on their job



Question: C2. Base: All who said that the change to the organ donation system will have an impact on their job (105)

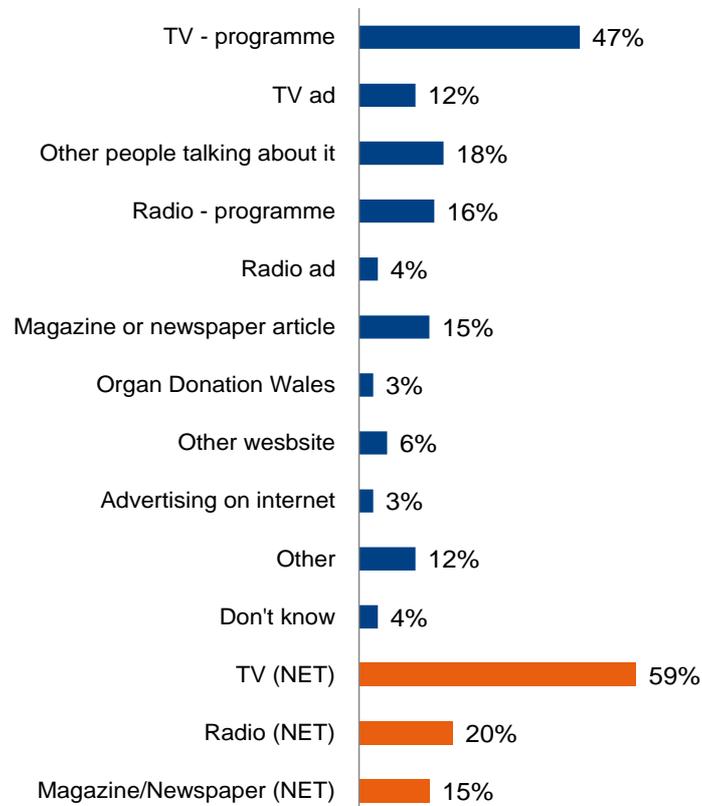
3.6 Advertising and future communications

3.6.1 Advertising/media coverage

All staff were asked whether over the past few weeks, they had seen or heard any advertising or media coverage about a change to the organ donation system in Wales. The question was qualified by informing respondents that what they had seen or heard could have been from a number of different sources, including advertising or something they had seen or heard in the media or anything they had heard via their colleagues or friends (Chart 15).

A quarter (26%) of staff said that they had seen or heard any media coverage or, to a much lesser extent, advertising about a change to the organ donation consent system in Wales (and this rose to nearly a half (48%) amongst clinical leaders). The most commonly mentioned source was television (59%) and this was predominantly during a programme (47%). The next most common source was the radio (20%), followed by word-of-mouth (18%), magazines or newspapers (15%).

Chart 15: Where seen advertising or media coverage



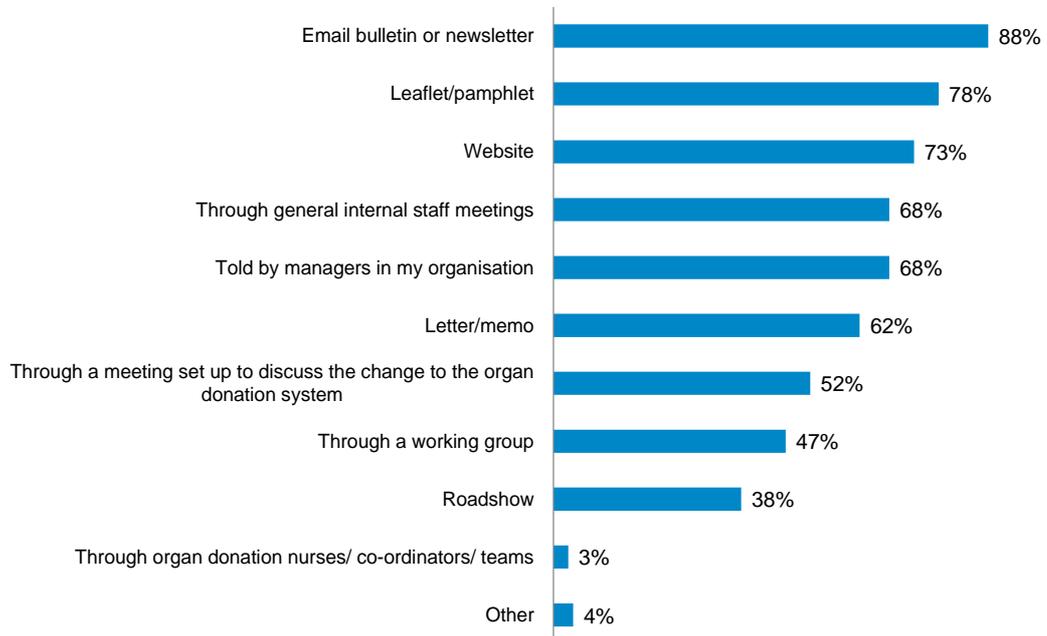
Question D2 - Base: All staff who have seen or heard any advertising or media coverage about a change to the organ donation system in Wales (61)

3.6.2 Future communications

Staff were asked how they would prefer to receive information from the Welsh Government as they were interested in finding out how they can best communicate with staff in the future to inform them about the change to the organ donation consent system. Staff were prompted with a list of possible communication methods but they were also given the opportunity to include any other methods they felt were appropriate (Chart 16).

The three most popular methods for communications were all written methods i.e. email bulletins or newsletters (88%), leaflet/pamphlet (78%) and through websites (73%). However, personal communication methods were mentioned by some two-thirds of staff – through internal meetings (68%) and being told by managers in the organisation (68%).

Chart 16: How best to communicate with staff in future: prompted



Question E1. Base: All staff (280)

4 Conclusions and considerations

4.1 Conclusions

Positively, the vast majority (89%) of staff were aware of the change to the organ donation system; staff groups that were least likely to be aware of the change were those who do not have direct dealings with the organ donation process i.e. hospital doctors and nurses who do not work in A&E or ITU. Staff were generally in favour of the change in legislation and only a very small proportion (6%) were actually against the change. However, a fifth of staff required more information to decide their position and it was noticeable that those who were not aware of the change to the system were more likely to require more information to decide, compared with those who were aware.

Although the majority of staff were aware and in favour of the new legislation, fewer felt that they were knowledgeable about the changes. Overall nearly three fifths (57%) said that they knew at least a fair amount about the change to the organ donation system but their level of knowledge about when the change to the system will be implemented and the role of the family in the new organ donation system was variable; only a small proportion (around a quarter) of staff were confident enough to say that statements about the role of the family were either definitely true or definitely not true.

Three fifths of staff said that they would be confident answering questions from the general public and patients about the change to the organ donation system and, as expected, confidence increased with knowledge (four fifths of those who said they knew at least a fair amount saying they were confident answering questions).

Knowledge of who to contact if a member of the public or patient requested information about the organ donation process was fairly low with just over a half of staff saying they would contact a member of the organ donation team. Level of contact with the organ donation team was an important factor as those who worked in A&E were significantly more likely to say they would contact the organ donation team. A tenth of staff were unaware of who to contact.

Nearly three fifths of staff did not think that the change to the organ donation system would impact on their job. Staff who worked in A&E or ITU (hospital doctors in A&E, ITU 66% and specialist nurses in A&E, ITU 65%) were more likely to report this than other occupations and they felt that the biggest impact would be an increase in the amount of time spent answering questions from patients' families, patients and other NHS staff.

4.2 Considerations

This survey is due to be repeated in 2016 to assess any changes that have taken place following the implementation of the soft opt-out system. It will be important at this stage to monitor a number of key issues including:

- staff awareness that the Act will have come into force
- whether a greater proportion of staff feel that they have at least a fair amount of knowledge about the changes made to the organ donation consent system
- whether staff are more confident in their level of knowledge about the role of the family
- has the proportion of staff who know who to contact if a member of the public, or patient, wishes to discuss organ donation increased?
- the concerns of those who are less positive about the change to the organ donation consent system.
- the impact on jobs and whether this was as expected.

APPENDIX A - Questionnaire

A Awareness of Change

Currently people in Wales, as in the rest of the UK, can opt in to join the NHS Organ Donor Register if they wish to donate their organs after their death. It is normal practice for doctors or specialist nurses to let relatives know if the person has opted in and to encourage families to accept the wishes of the deceased. Organ donation is very unlikely to proceed if families will not agree to the process. If the deceased person is not on the Register, currently their family can consent to donate their organs after death.

A 1 Are you aware of any changes that will be taking place to the current organ donation consent system in Wales?

(PUBLIC)

- Yes
- No
- Don't know

IF YES AT A1 ASK A2 OTHERWISE GO TO B1

A 2 How did you become aware of the changes to the current organ donation consent system in Wales?

(PUBLIC)

DO NOT PROMPT: CODE TO PRECODES

IF RESPONDENT SAYS WITHIN LOCAL HOSPITAL OR HEALTH

BOARD: PROBE: "Can you tell me how you found out about it in your LOCAL HOSPITAL/HEALTH BOARD"

Direct/Personal Contact

- From my manager
- From Specialist Nurse in Organ Donation
- From the Clinical Lead in Organ Donation
- Other Colleague(s)
- Team meeting
- Internal Meeting
- Word of mouth/on the grapevine
- At an event (specify)
- Royal College/BMA/Other Professional Association
- Trade Union (e.g. Unison)
- Involvement in committees
- Clinical network
- NHS Wales correspondence/letter/leaflet

Press

- Health/medical press/media
- On TV – news / programme
- On TV - advertising
- On the radio – news / programme
- On the radio – advertising
- In a local newspaper – news / article

In a local newspaper – advertising
In a national Wales newspaper – news / article
In a national Wales newspaper – advertising
In a national UK newspaper – news / article
In a national UK newspaper – advertising

Online/Websites

OrganDonationWales.org
RhoiOrganau.org
Health in Wales website
Health Board website
Other online / website – news item
Other online / website – other
Doctors.net

Other

Leaflet / booklet
Poster
Notice board
Trade magazine (specify)
Other (PLEASE SPECIFY)
(Don't know/can't remember

A 3 How much do you know about the changes to the organ donation consent system in Wales? Would you say ...

READ OUT SINGLE CODE

A great deal
A fair amount
Not very much
Nothing at all
(Don't know)

A 4 When do you think that the changes to the organ donation consent system in Wales will take place?

DO NOT READ OUT.CODE TO PRECODES. SINGLE CODE

The changes have already been implemented
The changes will be implemented within the next year
The changes will be implemented from 2015
Other (specify)

A 5 Can you tell me how you think that the organ donation consent system in Wales will change?

(OPEN ENDED QUESTION)

B Support for and Knowledge of changes

The National Assembly for Wales has passed a law to change the organ donation procedure to a 'soft opt out' system. From December 2015 people will be given the opportunity to formally 'opt out' of organ donation by placing their name on a register. If they choose not to do so, having had the opportunity, then this will be treated as a decision to be a donor, and one which families will be sensitively encouraged to accept. The law will allow family members to object to donation on the basis that they know the deceased person would not have wished to consent. The opportunity to 'opt in' and register a decision to be a donor will continue for those who wish to do so.

B 1 Before today, have you seen or heard anything about this proposal at all?

(PUBLIC)

- Yes
- No
- Don't know

B 2 Which of these statements about changes to the organ donation system in Wales best reflects your view?

(PUBLIC)

IF NECESSARY: People will be given the opportunity to formally 'opt out' of organ donation by placing their name on a register. If they choose not to do so, having had the opportunity, then this will be treated as a decision to be a donor, and one which families will be sensitively encouraged to accept. The opportunity to 'opt in' and register a decision to be a donor will continue

I am in favour of this change in legislation

I am against this change in legislation

I need more information to decide

Don't know

B 3 I'm going to read out some statements that people have said about organ donation. I'd like you to tell me to what extent you agree or disagree with the statements:

(PUBLIC)

- The new 'soft opt-out' system for Wales will result in more lives being saved
- Organ donation is a gift which the 'soft opt-out' system will take away
- The 'soft opt-out' system maintains freedom of choice because anyone can opt out from organ donation if they want to
- The 'soft opt-out' system gives the government too much control

Strongly agree

Agree

Neither agree nor disagree
Disagree
Strongly disagree

B 4 I'm going to read out a few statements about the role of the family in organ donation under the new 'soft opt out' system where the deceased has not opted out. Please tell me to what extent you think each statement is true.

(PUBLIC)

- The family will have no role to play in the organ donation process
- The family can provide evidence that the deceased objected to donating their organs but did not get around to registering during their lifetime
- The family can override the wishes of the deceased
- If the family is in distress over the decision to donate, clinicians will not proceed with organ donation

Definitely true
Probably true
Probably not true
Definitely not true
Don't know

C Impact on job

C 1 Do you think the change to the organ donation consent system will have an impact on your job?

CODE TO PRECODES. IF YES ASK IS THAT A GREAT DEAL OR A FAIR AMOUNT

Yes – a great deal
Yes – a fair amount
No (no impact on job)
Don't know

ALL WHO SAID YES (Either a great deal or a fair amount)

C 2 In what ways will the change in the organ donation system impact on your job?

DO NOT PROMPT; CODE TO PRECODES

Time spent answering patients questions about the change/new system
Time spent answering questions from patients' families about the change/new system

Time spent talking/ answering questions from NHS about the changes/new system

I will have additional paperwork
I will take care of more organ donation patients prior to organ collection
Make it easier to talk to patients' relatives about the possibility of organ donation

We will no longer be able to approach the families of all patients who are possible organ donors
It will be harder to transfer patients to the Intensive Care Unit (ICU)
Other (specify)
Don't know

C 3 If a patient or member of the public asked you a question about the new organ donation system; how confident would you feel about answering that question? Would you say you would feel ...
READ OUT. SINGLE CODE

Very confident
Fairly confident
Not very confident
Not at all confident
Don't know

C 4 Who would you contact, if a patient or member of the public wanted to speak to someone about the organ donation process?

DO NOT PROMPT; CODE TO PRECODES

My manager
A Specialist Nurse in Organ Donation
A Specialist Nurse in either A&E or ICU
A Clinical Lead in Organ Donation
A doctor in organ donation or transplant
A doctor in either A&E or ICU
No-one I would answer their questions myself
Other colleague (specify)
I wouldn't know who to contact

D Awareness of Advertising

D 1 Over the past few weeks, have you seen or heard any advertising or media coverage about a change to the organ donation system in Wales? This could be from a number of different sources, including advertising or something you have seen or heard in the media or anything you have heard via your colleagues or friends for example.

Yes
No
(Don't know)

ASK IF YES AT D1

D 2 And where can you remember seeing or hearing the other advertising or media coverage about the change to the organ donation system in Wales?

DO NOT PROMPT: CODE TO PRECODES

TV – programme
TV ad
Radio – programme
Radio ad
Magazine or Newspaper article
Magazine or newspaper ad
Leaflet/information pack
Email
Twitter/Facebook/other social networking site
The Welsh Government website
OrganDonationWales.org.
RhoiOrganau.org
Other website
Advertising on internet
Posters
Other people talking about it
Other (specify)
Don't know

E Future Communication

E 1 The Welsh Government is interested in finding out how they can best communicate with staff in the future to inform them about the change in the organ donation system. In which of these ways would you prefer to receive information from the Welsh Government?

READ OUT - CODE ALL THAT APPLY

Email bulletin or newsletter
Letter/memo
Leaflet/pamphlet
Payslip insert
Website
Roadshow
Through a working group
Through a meeting set-up to discuss the change to the organ donation system
Through general internal staff meetings
To be told the relevant information by managers in my organisation
Other (SPECIFY)
(Don't know)

F Registration

I would now like to ask a few questions about your views on organ donation.

F 1 When the new system of opting out is introduced, which of the following best describes what you think you will do?

READ OUT. SINGLE CODE

(PUBLIC)

- I will register a wish **not** to be a donor (i.e. opt out)
- I will register a wish to be a donor (i.e. opt in)
- I've already registered a wish to be a donor (and will take no further action – i.e. remain opted in)
- I've not registered a wish to be a donor, but I **don't** think I'll opt out of being one
- Or do something else specify (DO NOT READ OUT)
- Don't know

G Demographics

And finally I would like to ask a few questions about your job.

G 1 How long ago did you qualify as a <doctor / nurse > ?

READ OUT AS NECESSARY.

- Less than 2 years ago
- 2 years but less than 5 years ago
- 5 years but less than 10 years ago
- 10 years but less than 20 years ago
- 20 years but less than 30 years ago
- 30 years ago or more
- (Don't know)

ASK ALL

G 2 How long have you been working for the NHS in your current role?

READ OUT AS NECESSARY

- Less than 2 years
- 2 years but less than 5 years
- 5 years but less than 10 years
- 10 years but less than 20 years
- 20 years but less than 30 years
- 30 years or more
- (Don't know)

G 3 And finally do you have any other comments about the organ donation system? OPEN ENDED.

APPENDIX B – Reassurance letter



Reference: LF/MD/0338/13

December 2013

To whom it may concern,

Re: The Welsh Government Survey of NHS Staff

This letter is to advise you of some research that we are carrying out with NHS staff. The Welsh Government wishes to better understand staff knowledge and attitudes towards one of its key policy areas. We have therefore commissioned a survey to understand opinion across a range of staff of different grades and in different job roles across Wales. The study will seek the views of both clinicians and nursing staff. I should explain that the subject matter of the study is not specified in this letter, or in advance of staff being contacted, in order to ensure an unbiased response (i.e. we would wish to avoid attracting responses only from those staff with an interest in the topic).

The results of the study will help the Welsh Government to better plan communications with NHS staff in Wales, to ensure that staff receive information relevant to them and in the best format for them.

The survey will take the form of a telephone interview and will be carried out by the independent research agency, GfK NOP, on our behalf who will be contacting a selection of staff from various parts of NHS organisations in Wales. The fieldwork will take place throughout December 2013 and January 2014. It is anticipated that the interviews will last around 10 minutes on average. Your staff's views and opinions are important to us and we would appreciate your assistance with this research. If staff members are not available to complete the interview when called, the research company will be pleased to make an appointment to call back at another more convenient time.

All responses are kept completely confidential, and the Welsh Government will not know anyone's answers. Data are kept secure and processed in line with the Data Protection Act, and GfK NOP operates within the Market Research Society Code of Conduct.

If you have any further questions about this research please contact Ian Jones at the Welsh Government on 029 2082 3411 or at ian.jones2@wales.gsi.gov.uk, or Sarah McHugh at GfK NOP on 020 7890 9379 or at sarah.mchugh@gfk.com.

I would be grateful if you could share this letter with any colleagues who you feel it appropriate to copy in, so they can be alerted to the fact that this survey is taking place and that staff may be contacted.

I do hope that you will be able to help with this important research project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Grant Duncan', written in a cursive style.

Grant Duncan
Deputy Director
Healthcare Quality Division
Welsh Government



Cyfeirnod: LF/MD/0338/13

Rhagfyr 2013

I bwy bynnag a fynno wybod,

Parthed: Arolwg Llywodraeth Cymru o staff y GIG

Ysgrifennaf i roi gwybod i chi am ymchwil a gynhelir ymysg staff y GIG. Mae Llywodraeth Cymru yn dymuno cael darlun gwell o safbwyntiau staff ynghylch un o'r prif feysydd polisi a'u gwybodaeth ynghylch y meysydd polisi hynny. Felly, rydym wedi comisiynu arolwg i ddeall barn ystod eang o staff o wahanol raddfeydd a swyddi ledled Cymru. Bydd yr astudiaeth yn holi am safbwyntiau clinigwyr a staff nyrsio. Er mwyn sicrhau ymateb diduedd, dylwn nodi nad oes sôn am gynnwys yr astudiaeth yn y llythyr hwn. Nid oes sôn am gynnwys yr astudiaeth chwaith cyn y bydd rhywun yn cysylltu â staff (h.y. dymunwn osgoi cael ymatebion gan y rheini sydd â buddiant yn y pwnc yn unig).

Bydd canlyniadau'r astudiaeth yn helpu Llywodraeth Cymru i gynllunio'r dulliau gwell o gyfathrebu â staff y GIG yng Nghymru, er mwyn sicrhau bod staff yn cael gwybodaeth sy'n berthnasol iddynt ar y ffurf sydd orau ganddynt.

Bydd yr arolwg yn cael ei gynnal ar ffurf cyfweiliad ar y ffôn. Bydd y gwaith yn cael ei wneud ar ein rhan gan GfK NOP, asiantaeth ymchwil annibynnol. Bydd GfK NOP yn cysylltu â chroestoriad o staff o rannau amrywiol sefydliadau'r GIG yng Nghymru. Gwneir y gwaith maes gydol mis Rhagfyr 2013 a mis Ionawr 2014. Disgwylir i'r cyfweiliadau bara am tua 10 munud ar gyfartaledd. Mae safbwyntiau eich staff yn bwysig i ni ac rydym yn gwerthfawrogi'ch cydweithrediad wrth wneud yr ymchwil hon. Os nad oes aelodau o staff ar gael i gwblhau'r cyfweiliad pan y'u gelwir, bydd y cwmni'n fodlon gwneud apwyntiad i ffonio yn ôl rhyw dro eto sy'n fwy cyfleus.

Mae pob ymateb yn gwbl gyfrinachol ac ni fydd Llywodraeth Cymru yn gweld atebion neb. Cedwir data'n ddiogel ac maent yn cael eu prosesu yn unol â'r Ddeddf Diogelu Data. Mae GfK NOP yn gweithredu o fewn Cod Ymarfer y Gymdeithas Ymchwil i'r Farchnad.

Os oes gennych gwestiynau am yr ymchwil hon cysylltwch ag Ian Jones yn Llywodraeth Cymru ar 029 2082 3411 neu e-bostiwrch ian.jones2@wales.gsi.gov.uk, neu Sarah McHugh yn GfK NOP ar 020 7890 9379 neu e-bostiwrch sarah.mchugh@gfk.com.

Hoffwn petaech yn rhannu'r llythyr hwn ag unrhyw gydweithiwr y mae'n briodol ymgynghori ag ef yn eich tyb chi, fel bod eich cydweithwyr yn gwybod am fodolaeth yr arolwg ac y gall rhywun gysylltu â staff.

Gobeithio y byddwch yn gallu helpu gyda'r prosiect ymchwil pwysig hwn.

Yn gywir

A handwritten signature in black ink, appearing to read 'Grant Duncan', written in a cursive style.

Grant Duncan
Dirprwy Gyfarwyddwr
Yr Is-adran Ansawdd Gofal Iechyd
Llywodraeth Cymru