

Date: January 2022 **LIVE DOCUMENT SUBJECT TO CHANGE**

**Hywel Dda University Health Board's**  
A Healthier Mid and West Wales  
**Programme Business Case**  
**Appendix 18: Communications and Engagement Plan**



## Hywel Dda University Health Board

### A Healthier Mid and West Wales Communications and Engagement Plan

#### Background

Hywel Dda University Health Board has a long-term health and care strategy, [A Healthier Mid and West Wales Our Future Generations Living Well](#). Our shared vision with our community is:

*A mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive (able to change as they need to), connected (able to work together) and mutually supportive (able to help each other). This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.*

We arrived at this vision following extensive engagement and formal consultation between 2016 and 2018 (The Big Conversation and Our Big NHS Change) with people in our communities. This includes staff, patients, carers, people who live and work in our communities, and people or organisations delivering or interested in health, care and well-being. We made significant efforts to reach out to people with protected characteristics or who are seldom heard. The programmes of work were extensive, and the biggest consultation delivered by a single NHS organisation in Wales. They have provided us with a rich foundation and understanding of what matters most to our communities and these views were given conscious consideration and were used to shape and inform our strategy.

This has enabled us to set out the difference we intend to make for our communities in our strategy, and how we will achieve our vision by working together as a whole system. The strategy describes how we will achieve our vision by shifting from a service that treats illness to one that keeps people well or prevents ill-health or worsening of ill health and provides help early on. This will only be achieved if we support people to manage their health and well-being in their own homes and communities as much as possible and use hospitals to provide quality specialist support when needed.

We also gave a commitment in A Healthier Mid and West Wales to continue engagement with our population on an ongoing basis. This means we work together every step of the way.

It is in that context, and since experiencing a global pandemic, that we undertook an additional six-week engagement exercise in May and June of 2021 (Building a healthier future after COVID-19).

This has given us a great deal of relevant feedback and learning about how the COVID-19 pandemic has affected people's health and care, and access to it, and implications of these experiences in relation to our long-term strategy

(<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-3-1-4-building-a-healthier-future-after-covid-19-public-engagement-exercise/>).

Due to the timing of this engagement exercise, we also used it as an opportunity to ask for public nominations of sites for a new planned and urgent care hospital in the south of the Hywel Dda UHB area, which is a key priority in the delivery of hospital services in A Healthier Mid and West Wales. We also asked what was important to people when considering the location of the proposed hospital, and what criteria we should consider when shortlisting sites.

We are now taking stock of our current position and forecasting how we continue to engage and communicate our strategy and associated programmes of work. We will evolve this plan as further detail is established and we will be flexible according to further information and clarity of programmes of work and consideration of what we hear from people. It will be regularly reviewed so that we continue to forecast support that may be required and build a case for the resources we will need to continue to meet expectations.

### Planning context and resourcing

Whilst our vision and long-term strategy focuses on our ambition, the granular planning around how we get there is brought together in our Integrated Medium-Term Plan, currently being drafted for 2022-2024.

The communication and engagement commitment from the organisation, as the IMTP, span our entire business – from what is happening in the here and now, as well as our aims to involve people in the journey to a healthier mid and west Wales.

It is important to acknowledge that the communication function within the health board, in 2021 and expected to continue well into 2022, is allocating most of its resource towards the continued and significant COVID-19 response and recovery, particularly in the areas of TTP (test, trace, protect), vaccination programmes, assistance for unscheduled care and recovery of scheduled care. It is also likely that the engagement and communication teams will be asked to step into critical reactive situations that may require a need for urgent temporary service change (see [Case Study](#) below)

Our plan, therefore, is to invest and ring-fence professional and dedicated communication and engagement resources for A Healthier Mid and West Wales to ensure that the long-term work towards our vision is not delayed due to current operational demands and pressures.

Previously, Hywel Dda Community Health Council have expressed a view that we need to enhance our resources in these areas to meet our commitment. The Gateway Review process undertaken by the health board for the PBC, has also supported the need to identify additional resource required now and subsequently to enable a more targeted approach to the next stage of communications and engagement.

At this stage of Programme Business Case, there are uncertainties around which developments will proceed to implementation and when, and what the scale of transformation, for example in clinical pathways, will be. This will have direct impacts on who we need to communicate and engage with, when we will need to do this, and the scope and tactics we will need to plan and deliver.

We suggest a first phase of investment is provided to resource what we are confident is needed as a minimum in the coming 12 months, withstanding these uncertainties.

This is detailed further in this plan but in summary includes:

- the need for formal engagement or even consultation on an unknown number of clinical pathways during the next three years;
- communications and engagement support for several capital development projects (spanning from large developments such as provision of a new hospital and repurposing of existing hospitals, to smaller refurbishments and upgrades)
- integration of localities which may result in changes in the way people access and receive care and a need to build trust in new ways of working

- the need to continue to conversation with the public on case for change (identified as still not being understood or supported through our 2021 engagement exercise)
- demonstration of the benefits and progress realised

The first phase bid is to fund:

**Communications:**

- x2 Senior Communication Officers – to lead communication planning and activity, split in two distinct areas (potentially one dedicated to integrated localities and capital projects in community settings; and the other for acute hospital capital and clinical/patient pathways)
- X1 Communication Officer - to enable delivery of products, updates, campaign schedules etc
- X1 E-communications Officer – to meet the necessary best practice we have started in this area in terms of accessibility and to support the increasing need to have digital presence and online engagement.
- Non-pay to support development of Teulu Jones brand and communication products/advertising (digital and non-digital)

**Engagement**

- X2 Senior Engagement Officers – (1x band 7 and 1 x band 5) to support the planning and activity around the PBC/OBC and associated work to deliver A Healthier Mid and West Wales, ensuring our communities have a real influence on strategic direction
- Non-pay to support data analysis, qualitative evidence, and consultation responses to secure high-quality public and stakeholder consultation

It is acknowledged that these posts will be critical enablers to maintaining communication and engagement on the specifics of the PBC, and associated work to deliver A Healthier Mid and West Wales. We expect a need to scale up the communications and engagement work and resource to deliver further, but this will need to be phased as projects develop their detail and considering impacts from the COVID-19 pandemic and recovery of the NHS

This high-level communication and engagement plan that follows is written on the assumption that our bid for initial resource (which is proceeding within wider health board bids for funding for 2022/23) is successful.

## Objectives

The objectives of the overarching communications and engagement plan for A Healthier Mid and West Wales, are to:

- Raise awareness amongst our people of the opportunities to participate and share views that will shape health and care
- Facilitate ongoing engagement with patients, carers, staff, public and wider stakeholders and ensure their views are shared and considered by the organisation
- Target those most affected by the proposed service changes through engagement methods best suited to the key groups
- Provide a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views
- Communicate significant developments and key milestones towards A Healthier Mid and West Wales so people feel informed about developments in health and care
- Build awareness of the actions taken to reach the long-term vision, including case for change, how we arrived at this point and the next steps

These objectives span programmes of work from clinical pathway redesign, capital projects, and integration of care.

## Principles

As a whole organisation and following our engagement and consultation work, we are committed to designing and delivering communications and engagement according to our principles of being **safe, sustainable, accessible, and kind**.

We have developed frameworks for both communications and engagement to set the purpose of what we do and how we do business (shown below).

Our approach is underpinned by a commitment to target the seldom heard and engage in ways that are sensitive and appropriate to their needs and in this way, we will be most likely to meet the needs of our entire population.



## Hywel Dda University Health Board Communications Team Framework

### Our vision:

To have effective communication with our communities to support and improve their health and well-being.



### Our purpose:

To help our organisation effectively communicate with people for the benefit of their health and well-being by:

- Providing accurate, useful information which people trust, so they can make choices on their health and well-being or the support and services that best meet their need.
- Being open about the challenges we face and explain what we are doing to address issues or failings.
- Having mechanisms in place to speak with staff first whenever possible and feed staff comments back into the organisation.
- Supporting continuous engagement with our communities so they can influence the health service.
- Speaking with people through the means they already use (from face-to-face to written and digital).
- Fulfilling statutory requirements designated to the department (production of Annual Report).
- Providing specialist communications advice on issues such as copyright and media law to protect our patients and the organisation.
- Help keep people safe by warning and informing the public in a major incidence in line with our duties under the Civil Contingencies Act and through the Local Resilience Forum.

### Our measures of success:

The difference we intend to make for people will be articulated and measured in communication plans, through measures such as:

- Reaching wider audiences and keeping them interested and following the health board's communications (measured by attendance, sign ups, 'reach').
- Increasing engagement rates in events, membership schemes or online (measured feedback received, dialogue, and demonstrable influence on outcomes).
- Behavioural change/or take up of a 'call to arms' (such as a reduction in DNAs, increased in take up of flu vaccinations, increased job applications etc).
- Improved reputation and trust in organisation during the long term (measured through surveys, feedback, communication sentiment, complaints and compliments, charitable fund donations etc).

### Our principles:

- *Putting people at the heart of everything we do* – by providing trusted information which is useful and helpful for people's health and well-being; and providing insight from people to the organisation.
- *Working together to be the best we can be* – by involving people in how we communicate and celebrating good news to value our staff and communities and encourage continuous improvement.
- *Striving to deliver and develop excellent services* – by being focused on our communities needs and adapting to new opportunities and ways of communicating.



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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



## Hywel Dda University Health Board Continuous Engagement Framework

### Our vision:

*"working together every step of the way"*

Our commitment is to involve staff, stakeholders, patients, carers and citizens when we are designing, developing, reviewing or changing services.

### Our purpose:

- Embedding continuous engagement into project and programme management structures.
- Ensuring stakeholders are visible, active and influential throughout projects and programmes of work.
- Delivering meaningful engagement with the right people e.g. seldom heard voices, staff etc. at the right time to inform and influence services together with our Diversity and Inclusion Team.
- Working closely with the Patient Experience Team to ensure the lived experience influences the work of the health board.
- Supporting the organisation to deliver continuous engagement:
  - within the seven localities, covering local issues including local services, primary care and capital projects
  - when developing service pathways across the organisation or wider
  - as part of the development of a new hospital
- Developing robust systems and processes to support engagement within the Health Board and with our public services partners wherever possible including:
  - Developing effective engagement plans
  - Facilitating the Stakeholder Reference Group
  - Developing a robust structure for locality engagement
  - Providing effective and innovative digital and non digital engagement opportunities
  - Implementation of an online engagement system and a stakeholder management system
- Providing expert advice around engagement and consultation.



### Our principles:

- *Putting people at the heart of everything we do* – designing or creating services that work better and are built on the principle those who receive / deliver services are in the best place to help design them.
- *Working together to be the best we can be* – improving services to meet needs and give better outcomes and making better use of resources.
- *Striving to deliver excellence* – delivering excellent engagement where people are listened to, influence and co-design health, care and wellbeing services. Including embedding our strategic duties around WFGA, Healthier Wales, SSWBA,

### Our measures of success:

- People will recognise their own voice and contribution.
- People will feel they are working together with their clinicians to develop and deliver better services.
- Continuous engagement will be embedded across all levels of the organisation.
- Continuous engagement / conversations take place on different themes, services etc. at different levels and stages across the organisation.
- People understand "This is the way we work at Hywel Dda".

[Hyweldda.engagement@wales.nhs.uk](mailto:Hyweldda.engagement@wales.nhs.uk)





## Audience

For the purposes of this plan, the key audiences are divided into the following categories:

- Patients, service users, carers
- Staff
- Seldom heard groups
- Key stakeholders
- General public, including seldom heard groups

A broad stakeholder map and analysis will be undertaken, which will follow the Transforming Clinical Services model (see appendix). As an organisation we have well established, regular forms of communication with key stakeholders (from staff communication, regular meetings with key stakeholders such as local authorities and politicians, updates to members of our involvement and engagement scheme, and a range of external communication channels). These methods are used to keep people informed of latest developments on an ongoing basis.

However, it is recognised that bespoke stakeholder maps and analysis will be required for specific projects in order that we consider and target key audiences.

Continuous discovery will also pull in people's views and data from diverse sources, including the following:

- Stories, reflections, learning from staff, captured via wide range of virtual and face-to-face, formal and informal methods. Every conversation counts.
- Feedback from the CHC, patient experience team, targeted engagement with protected groups of patients / staff / communities
- Quantitative analysis of performance measures from range of sources – for example PROMs, PREMs, measures around admissions, discharge, waiting times
- Learning from partners and other Health Boards in Wales and beyond.

## Feeding back to people who have shared their views

In keeping with our agreed frameworks for communications and engagement, a decision-making framework will assist HDdUHB in meeting its duty to listen and consider the views of all stakeholders, including our staff, patients and public. Feeding back to people, on how we have acted on what we have heard and what actions we are intending to take moving forward will be at the heart of this approach. We recognise that understanding how feedback, along with the way in which it is captured and communicated, can affect the performance of the organisation and its workforce. A range of activities will be considered to ensure we reflect good practice in informing and empowering our communities, whilst acknowledging the need for traditional and more innovative ways of sharing information. Some examples of the range of tools and tactics we will consider using are detailed in the chapter **Tactics** below.

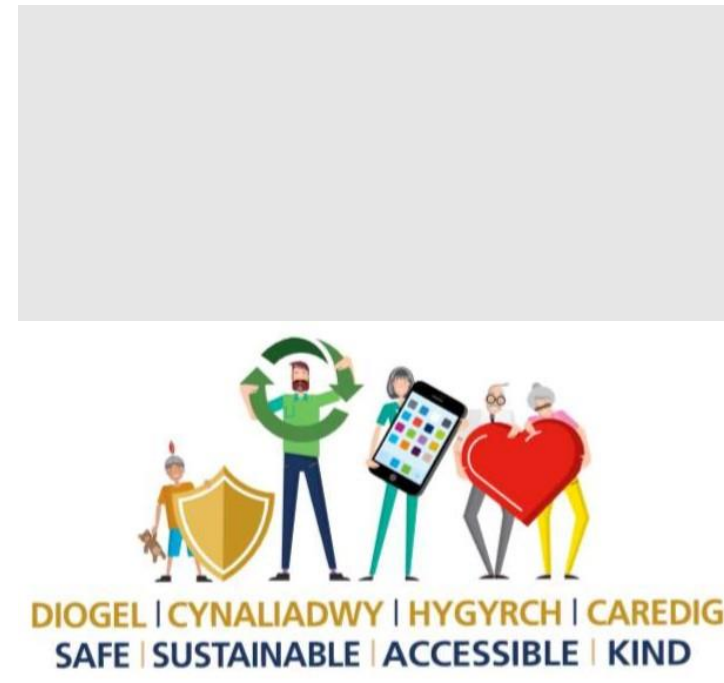
## Branding

During our consultation with the public, we established a brand for transformation which has also been adopted in our long-term strategy.



The brand focuses around the Teulu Jones family. We created the family during an early stage of our work to test and challenge our ideas and models of health and care. It is not a real family, but animated members of a family spanning each of the key life stages and with back stories designed using information about our population and health and well-being across our area. As well as a brand, the family are used to bring a person-centred lens to our approach to transforming services, helping us to 'see' the potential and impact through the eyes of a member of the family.

Using graphic design, we have created a visual environment for the family that represents our geography and environments, and a colour pallet which helps embed the brand and provide consistency and recognition. We have also developed a logo for the principles that underpin all our work.



It is recommended that we continue to use and develop our transformation brand so that all the actions we take to reach our vision, is recognised as being connected to that purpose.

We will therefore continue to embed the brand by using it in hard copy and digital materials, at 'in-person' events and through visibility campaigns on our estates and communities when there is a specific need/outcome and budget availability (for example we can consider using the branding on a site during construction).

## Priority areas

This plan aims to bring together different strands and pillars of work that will need prioritisation in terms of our continuous engagement and communication. This includes engagement and involvement on these major transformation areas. They will have a long lifespan and will evolve in response to changing circumstances. As we get clarity from the wider programme on prioritisation, timescales and active phases of work we will build individual communication and engagement plans of activity, these will be provided in the context of the resource available and alternative work demands.

PBC		OBC				
PBC process	Land acquisition	Acute hospital strategies and capital projects	Community capital projects	Integrated localities	Whole-system clinical pathways	Additional areas
Engagement exercise to check-in with communities on our strategy post COVID, targeting seldom heard and those with protected characteristics, held May-July 2021 to inform our thinking and to feed-back directly into the development of these areas (e.g., suggestions for new hospital land fed into the shortlisting process)						
See separate plan for continued comms and engagement, includes: <ul style="list-style-type: none"> <li>- Stakeholder updates</li> <li>- Regular staff comms</li> <li>- Public updates (digital and non-digital)</li> </ul> On key milestones: <ul style="list-style-type: none"> <li>- Pre-engagement exercise</li> <li>- Feedback from engagement exercise</li> <li>- Board process</li> </ul>	Feedback from engagement exercise fed into land shortlisting	New urgent and planned care hospital (including mental health)	Re-purposing Glangwili Hospital	Assessment needed for engagement and communication required on planning objective 5H to build seven integrated locality plans in all our areas  Covering – improving outcomes and experience, partnership working, new ways of accessing care, building knowledge and trust in new practitioners	Currently scoping pathways for transformation, these include/imminent: <ul style="list-style-type: none"> <li>• Paediatrics (March – September 2022)</li> <li>• Cardiology</li> </ul>	Feedback from continuous engagement as areas for concern (not covered elsewhere): <ul style="list-style-type: none"> <li>• Social model for health development</li> <li>• Transport</li> <li>• Digital</li> <li>• Workforce</li> </ul>
	Participation of public in land appraisal process	Bronglais Hospital strategy (live)	Re-purposing Withybush Hospital		Potential – to be confirmed	



PBC		OBC				
PBC process	Land acquisition	Acute hospital strategies and capital projects	Community capital projects	Integrated localities	Whole-system clinical pathways	Additional areas
					Four areas that drive bed occupancy (frailty, diabetes, COPD, heart failure) Obs, (inc midwife led) and gynaecology Renal services Palliative care strategy Minor injuries provision Diagnostics pathway (inc endoscopy and radiology) and deliverability at sites Surgical model	
	Comms to demonstrate participation in action	Prince Philip Hospital strategy	Capital projects currently (live requesting support):  <b>Cross Hands</b> <b>Fishguard IHWC</b> <b>Carmarthen hub (LA led)</b> <b>Pentre Awel (LA led)</b> <b>Aberystwyth ICC</b> <b>Cylch Caron (LA led)</b>			
	Clinical and technical engagement (particularly impacts of location on women and children's services)		Capital projects in pipeline: <b>Milford Haven</b> <b>Narberth</b> <b>Crymych</b> <b>Neyland ICC</b> <b>Pembroke Dock HWC</b>			



PBC		OBC				
PBC process	Land acquisition	Acute hospital strategies and capital projects	Community capital projects	Integrated localities	Whole-system clinical pathways	Additional areas
			Tenby IHWC South Pembs Rehab Haverfordwest Central Llandovery Amman Valley Lampeter ICC Llandysul ICC Cardigan Community Hub			

A detailed engagement plan to address these areas that require further examination and definition will be produced at a later date.

## Tactics

There are a range of regular, and bespoke approaches that we use in communications and engagement as a health board. We assess who our target audience are, where we can best inform or talk with them, and tailor communication and engagement plans accordingly. Some of the frequent tools we use include:

Method / activity	Rationale
<b>Staff internal communication channels</b>	To inform and involve our staff in our plans at the earliest stage possible, using a range of tools to reach them (team brief system, staff bulletins and newsletters, Intranet updates, frequently asked questions, MSTeams channels and sharepoints, events, video updates etc)
<b>Media statements, radio news and interviews, videos and broadcast interviews</b>	Key decisions or milestones to be provided to media and on multi-media in openness and transparency with public. Multiple platforms to reach targeted audience whether digital or non-digital audiences.
<b>Intranet and Internet</b>	To provide a static platform where people can 'go to' for trusted authoritative information

<b>Hard copy materials</b>	To reach non-digital audience or when messages have longevity and there is a purpose in retaining them for future i.e. leaflet drops to households, availability in shared public spaces, visibility campaigns in target footfall areas such as health or community locations etc
<b>Social media</b>	Via health board's corporate platforms to help reach the digital audience, both organic and paid reach. Includes full range of stories, case studies, infographics, video, audio etc
<b>Surveys / questionnaires (electronic, hard copy, phone)</b>	Opportunity for us to ask people their views people to share their views. These can be adapted to alternative formats and delivery according to need (i.e., such as Easy Read and alternative languages).
<b>Online digital spaces</b>	We can host our own digital spaces such as through Have Your Say / Dweud Eich Dweud, bespoke events or using community based digital platforms to provide a space for online engagement and information updates.
<b>Workshops / events / drop-ins (Covid dependent) / briefings / presentations</b>	For both internal and external audiences. Opportunity for people to share their views.
<b>Target existing key meetings / groups – particularly seldom heard</b>	Opportunities offered by other groups meetings and forums.
<b>Influencers and champions</b>	Informed influencers, champions or staff ambassadors can help provide accurate information, which are trusted amongst their groups/followers/colleagues etc.
<b>Direct communications</b>	Allows for unfiltered messaging from the health board direct to those we wish to influence, such as letters, including to households, or flyers.
<b>E-comms / marketing</b>	People who have signed up to receive updates e.g. electronically through the Siarad Iechyd / Talking Health scheme
<b>Paid for advertising</b>	To target and communicate with new audiences who do not actively 'follow' us or sign up to our news and engagement activities (can be used across digital and non-digital).

## **Case study**

We have referred throughout this strategy to the bespoke nature of communications and engagement, which is dependent on so many factors including scale of change, scope for engagement, target audience, communication needs, availability of resource and other prioritisation and organisational needs.

The priority areas outlined earlier in this plan will require the negotiation, and phasing-in of active communication and engagement plans. To demonstrate what these could look like and involve, we attach:

- Transforming Clinical Services (Our Big NHS Change) stakeholder analysis – this details the scale of resource and approach required
- Transforming Clinical Services Consultation Plan – this example highlights the breadth of communications and engagement activity required

## **Evaluation**

We plan to measure the effectiveness of our communications and engagement plan through the agreed approach outlined in our continuous engagement and communications frameworks.

## Stakeholder Mapping Analysis Exercise for Hywel Dda – Our Big NHS Change

Influence	Stakeholder Group B - Meet needs		Stakeholder Group D - Key players	
	<p>50+ Forums</p> <p>Advisory Groups (Stakeholder Reference Group, Health Professionals Forum, Partnership Forum)</p> <p>Affected staff (wider staff)</p> <ul style="list-style-type: none"> <li>Administrative staff</li> <li>Community staff</li> <li>Doctors</li> <li>Healthcare Support Workers</li> <li>Locality Teams</li> <li>Nurses</li> <li>Pharmacists</li> <li>Support staff</li> <li>Therapists</li> </ul> <p>Arts Council for Wales</p> <p>Carers Forums</p> <p>Collaboratives (ARCH, Mid Wales Healthcare Collaborative, West Wales Regional Partnership Board, Regional</p>	<ul style="list-style-type: none"> <li>people with disabilities</li> <li>men in rural communities</li> <li>women with high-risk pregnancies in east Carmarthenshire</li> <li>paediatric patients in east Carmarthenshire</li> </ul> <p>Mid and West Fire Authority</p> <p>National Resources Wales</p> <p>Neighbouring Health Boards (Abertawe Bro Morgannwg UHB, Betsi Cadwaladr UHB, Powys Teaching HB)</p> <p>Nursing homes and residential care homes</p> <p>Out of Hours GPs</p> <p>Port Authority</p> <p>Primary care – practice managers</p> <p>Protected characteristic groups including county equality groups and specific interest groups, disability coalition</p>	<p>Affected staff (with key influence)</p> <ul style="list-style-type: none"> <li>Executive directors</li> <li>Clinical leads</li> <li>Consultants</li> <li>Middle Grades</li> <li>GP Leads</li> <li>Managers – triumvirate</li> <li>Nursing Leads</li> <li>Therapy Leads</li> </ul> <p>Air Ambulance</p> <p>Emergency and Medical Retrieval and Transfer Service</p> <p>Independent members</p> <p>Hywel Dda Community Health Council (to liaise with neighbouring CHCs)</p> <p>Medical Staffing Committees (Carmarthenshire, Ceredigion and Pembrokeshire)</p> <p>Primary care GPs and pharmacists</p> <p>Royal Colleges of</p>	<ul style="list-style-type: none"> <li>Obstetrics and Gynaecologists</li> <li>Occupational Therapy Oncology</li> <li>Orthopaedics</li> <li>Paediatrics and Child Health</li> <li>Pathologists</li> <li>Physiotherapy</li> <li>Psychiatrists</li> <li>Psychologists</li> <li>Physicians</li> <li>Radiographers</li> <li>Radiologists</li> <li>Rheumatology</li> <li>Speech and Language Therapy</li> <li>Surgeons</li> <li>Trauma and Orthopaedics</li> <li>Urology</li> </ul> <p>Trade union chairs</p> <p>Welsh Deanery / HEIW</p>

<p>Planning Delivery Committee ABMU)</p> <p>County Councillors</p> <p>County Councils (Carmarthenshire, Ceredigion and Pembrokeshire):</p> <ul style="list-style-type: none"> <li>Executive / Leaders</li> <li>Social Care and Housing</li> </ul> <p>DWP</p> <p>Dyfed Powys Police</p> <p>Health Networks e.g. SEPHN</p> <p>Independent sector e.g. Housing Associations, care homes, care providers</p> <p>League of Friends / Charity Fundraisers (e.g. Adam's Bucketful of Hope, Elly's Flag, Withybush CDU Appeal)</p> <p>Most affected public and patients including :</p> <ul style="list-style-type: none"> <li>older frail people in west Pembrokeshire, east Carmarthenshire, north Carmarthenshire, south Ceredigion</li> </ul>	<p>Protest / Campaign Groups (ABER, Save Essential Services at Withybush Hospital, SEPHN, SOSPPAN, SWAT)</p> <p>Public Services Boards (Carmarthenshire, Ceredigion and Pembrokeshire)</p> <p>Siarad Iechyd / Talking Health members</p> <p>Third sector organisations including CVCs (CAVO, CAVS, PAVS) with an interest in / deliver health and social care services e.g. Community transport advisors</p> <p>Universities (Aberystwyth, Swansea and Trinity St David's)</p> <p>Vulnerable groups (homeless, Syrian Refugees)</p> <p>Veterans</p> <p>Young people's groups including County Youth Forums, Looked After Children, Young Carers</p>	<ul style="list-style-type: none"> <li>Anaesthetists</li> <li>Cardiology</li> <li>Dermatology</li> <li>Emergency Medicine</li> <li>Family Planning and Child Health</li> <li>Gastroenterology</li> <li>GPs</li> <li>Geriatrics</li> <li>Gynaecology</li> <li>Haematology</li> <li>Histopathology</li> <li>Intensive Care</li> <li>Medicine</li> <li>Midwives</li> <li>Nursing</li> </ul>	<p>Welsh Ambulance Services Trust</p> <p>Welsh Government (Health and Social Services Department)</p>
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Stakeholder Group A - Inform	Stakeholder Group C - Consideration
Colleges and schools Independent sports groups Large employers (TATA / Port Authority / Refineries) Local authorities (Carmarthenshire, Ceredigion and Pembrokeshire) general staff Local authority departments with an interest in health and wellbeing e.g. leisure, education Merched y Wawr NFU Other Welsh Health Boards (Aneurin Bevan UHB, Cardiff and Vale UHB, Cwm Taf UHB) Primary care contractors (opticians and dentists) Town and Community Councils Wider public Women's Institutes (WIs) Young farmers	Assembly Members Members of Parliament Media Welsh Government
Interest	

STAKEHOLDER GROUP A – INFORMING		
How	What	Rationale
Information sharing	<p><b>Digital sharing</b></p> <p>Ensure Group A stakeholders are aware of the consultation process via covering email / letter and receive electronic copies of the documentation.</p> <ul style="list-style-type: none"> <li>• Animation</li> <li>• Videos</li> <li>• Consultation document</li> <li>• Link to the questionnaire</li> <li>• Signposting leaflet</li> <li>• Flyer / posters for events</li> </ul> <p>Hard copies of documents will be available on request</p>	<p>To raise awareness of the consultation and provide opportunity for comment.</p> <p>It is important to monitor the activity of these stakeholders to identify additional information requirements.</p>

	<p>Information will be available on our dedicated web page that is updated as and when necessary. This will also be shared via social media channels.</p> <p>Social media messaging will include:</p> <ul style="list-style-type: none"> <li>- raising awareness of the consultation</li> <li>- raising awareness of the key themes</li> <li>- promotion of events</li> <li>- encouragement to respond to consultation</li> <li>- An electronic stakeholder bulletin will be developed to share with our stakeholders on a regular basis throughout the consultation</li> </ul> <p><b>Targeting our non-digital audience</b></p> <p>We will send out covering letters and hard copy documents to stakeholders who have already expressed a preference in receiving information in this format.</p> <p>Use of digital screens in hospital setting and GP practices to raise awareness amongst patients</p>	
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	<p>Flyers / posters raising awareness of the events and consultation to be available in GP practices and community venues</p> <p>Consultation documents to be available in GP practices and community venues</p> <p>Press releases will be developed as part of the consultation process.</p> <p>Information will be shared with Siarad Iechyd / Talking Health members</p>	
<b>Consulting</b>	<p>Seven public-facing drop-in consultation events will be held in each of the seven localities across the three counties i.e. Aberystwyth, Cardigan, Carmarthen, Letterston, Llandybie, Llanelli and Saundersfoot,</p>	<p>We will raise awareness of the face-to-face activities for the stakeholders to participate, in addition to the digital opportunities identified.</p>

	<p>A stakeholder event will be held as part of the Stakeholder Reference Group Meeting in April.</p> <p>An online event will take place through the medium of a Webinar / Facebook</p> <p>We will monitor all our stakeholder groups closely and target our consultation activities accordingly.</p> <p>Media will be updated via press releases and general media enquiries.</p> <p>Consultation activities will be recorded in the consultation plan and feedback will be considered as part of the consultation analysis process.</p>	<p>We will monitor these activities to ensure they meet the needs of these stakeholders and identify any amendments that may be required to future events. We will also monitor the coverage to identify any potential additional events that may be required.</p>
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STAKEHOLDER GROUP B - MEETING THE NEEDS		
How	What	Rationale
<b>Information sharing</b>	<p>Information sharing will be as per Stakeholder Group A above, with more personalised letters addressing these stakeholders</p> <p>Additional mechanisms will be utilised where they exist, for instance staff will receive Global Emails advising of the consultation and further information that will be available on the intranet and internet.</p>	<p>To raise awareness of the consultation and provide opportunity for comment.</p> <p>These are influential stakeholders who may benefit from additional detail and information to help inform their views on the consultation and its proposals. It is important to monitor the activity of this group to identify additional information requirements.</p>
<b>Consulting</b>	The broad brush consultation activities outlined in Stakeholder Group A will be available to the stakeholders in this group.	These are influential stakeholders and it is sensible to take advantage of existing opportunities to gather views and feedback on the consultation.

	<p>Where existing meetings are taking place with these stakeholders during the formal consultation we will endeavour to ensure TCS is on the agenda for discussion. At meetings where discussions take place, comments and questions will be noted and fed into the consultation process.</p> <p>Where additional meetings are requested we will endeavour to accommodate and review on a case-by-case basis.</p> <p>There will be a targeted approach to meet the needs of our protected characteristic groups and we will endeavour to attend their groups and events thus making engagement as simple as possible.</p> <p>Consultation activities will be recorded in the consultation plan and feedback will be considered as part of the consultation process.</p>	<p>There may be requests for attendance at different meetings, this will need to be considered based on the stakeholder mapping and the existing schedule of activities during the consultation period.</p> <p>We need to ensure our protected characteristic groups have the opportunity to share their views. Specific activities and support will be provided to facilitate this.</p>
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## STAKEHOLDER GROUP C - CONSIDERATION

How	What	Rationale
<b>Information sharing</b>	<p>Information sharing will be as per Stakeholder Group A above, with a letter from the Chair / Chief Executive</p> <p>Electronic links of consultation document will be sent to stakeholder Group C. Hard copies will be provided as and when required.</p> <p>Note: significant numbers of additional documents may be required to circulate to electorate</p>	<p>Stakeholders in this group are people with a keen interest in changing health services and we will accommodate requests for documentation to share with their electorate.</p>
<b>Consulting</b>	<p>We will offer meetings with our stakeholders.</p> <p>We will ensure our stakeholders are aware of our consultation events across the Hywel Dda area. We will monitor our stakeholders closely and target our consultation activities accordingly.</p>	<p>Key stakeholders with influence and it is important to ensure these views are taken into account within the consultation</p>

## STAKEHOLDER GROUP D – KEY PLAYERS

How	What	Rationale
<b>Information sharing</b>	As information sharing in Stakeholder Group A.	These are our key stakeholders and we need to ensure that there are opportunities for opinions to inform the consultation.
<b>Consulting</b>	<p>The broad brush consultation activities outlined in Stakeholder Group A and B will be available to the stakeholders in this group.</p> <p>We will work closely with our key players to ensure we consult meaningfully and effectively.</p> <p>We will undertake senior level conversations with partner organisations and one to one meetings as required</p> <p>We will undertake consultation as part of our existing business. At meetings where discussions take place, comments and questions will be noted and fed into the consultation process</p>	These are our key stakeholders and we need to ensure that there are opportunities for opinions to inform the consultation

	<p>Where these do not exist and are necessary, we will set up specific meetings or events to ensure participation.</p> <p>We will endeavour to accommodate requests for additional presentations</p> <p>Consultation activities will be recorded in the consultation plan and feedback will be considered as part of the consultation process.</p>	
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# Hywel Dda University Health Board Transforming Clinical Services Consultation Plan

Thursday 19 April 2018

## Context

Hywel Dda University Health Board is your local NHS organisation. We plan, organise and provide health services for 384,000 people in mid and west Wales. We manage and pay for the care and treatment that people receive in hospitals, health centres and surgeries, GPs, dentists, pharmacists, opticians and other places, including within the community. Every time you use an NHS service in Carmarthenshire, Ceredigion and Pembrokeshire, you are using a service which we are responsible for.

Hywel Dda University Health Board (the Health Board) covers the three local authority areas of Carmarthenshire, Ceredigion and Pembrokeshire and covers a quarter of the landmass of Wales. Hywel Dda is the second most sparsely populated health board area in Wales. 47.9% of the population in the region live in Carmarthenshire, 20.7% in Ceredigion and 31.4% in Pembrokeshire.

Because we have a very large border with other counties, communities in south Gwynedd, north Powys and west Glamorgan also rely on our health services.

This consultation plan outlines the detailed, wide ranging and innovative communications and engagement activities we intend to undertake with the communities we serve, our patients, carers, staff, stakeholders and partners across the twelve weeks of formal consultation. This takes into account a mix of existing opportunities and groups in addition to specific opportunities. This is to ensure we provide the right ways and opportunities to communicate and engage taking into account the different needs of our communities.

‘Transforming Clinical Services’ is a programme led by our doctors, nurses and other healthcare professionals who have worked together to consider how we ensure our health and care services are safe, sustainable, accessible and kind for our generation, the next generation to come and beyond.

The difference we want to make for people is to:

- prevent people becoming ill where we can, and help people as soon as possible when they become ill – this is key for us to provide the best healthcare for our population;
- be proactive in our support for local people, particularly those living with health issues and the carers who support them;
- provide quick diagnosis so that you can get the treatment you need, if you need it, or move on with your life;
- be as efficient as we can be so that we don’t expect you to travel unnecessarily or wait too long;
- look after you in your own bed unless you need hospital care;
- provide care that we would expect for ourselves, our friends and family that is safe and of a high quality;
- be open and honest and learn from what we do well, and when things go wrong;
- make best use of the money we have to get the best value from it for our patients;
- look after our staff so that they are more able to look after our patients, fully utilising their skills.

We want everything we do to be ‘safe, sustainable, accessible and kind’ as this is what you told us was important to you when you receive healthcare. The programme is considering the opportunities and challenges for the modern NHS, specific to us here in the Hywel Dda area.

We recognise this is a substantial change and as part of a commitment to inclusive engagement we are now involving our stakeholders in a formal consultation on the implementation of the changes we are proposing.

### **Objectives of the Consultation Plan**

The objectives of this consultation plan are to:

- Ensure awareness and information about the consultation reaches the majority of our key stakeholders, by the close of the consultation exercise.
- To target those most affected by the proposed service changes through engagement methods best suited to the key groups.
- Provide a full range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views by the close of the consultation exercise.
- To raise awareness to the general public of the consultation and provide opportunities for feedback.
- Maximise use of innovative engagement and communication tools, such as e-communications, social media and interactive events to effectively engage.

### **Audience**

For the purpose of this Consultation Plan, the key target audiences are divided into the following categories:

- Key stakeholders (including patients, service users and carers)
- Staff
- General public

## Consultation Methods Employed and Rationale

Method	Rationale
<b>Launch of consultation</b>	<p>Subject to approval, the consultation will be launched at the Board meeting of Hywel Dda University Health Board, on the 19 April 2018 to formally start the process. Members of the public are welcome to attend the meeting and media representatives will be invited. The Board meeting will Webcast live.</p> <p>The web resource, staff, stakeholder and public communications campaign will commence when approval to proceed is agreed by Board.</p>
<b>Staff meetings / Drop In Sessions</b>	<p>Staff are integral to the transforming clinical services programme and informed staff can be supportive and act as ambassadors.</p> <p>Initially, 10 staff meetings have been established to ensure staff have the opportunity to hear about the consultation and ask questions and share their views at the earliest opportunity following the commencement of the consultation.</p> <p>There will be further opportunities to have conversations through digital methods with staff including answering of enquiries on the staff 'mythbuster' and holding a staff webinar for staff who may not be able to attend events, for example night shift staff.</p>
<b>Animation</b>	<p>We acknowledge that not all of our community will read our Consultation Document or technical documents. A key resource for us therefore will be to produce an animation which</p>

	<p>captures the complexity of the Consultation Document but by using simple language, voiceover and moving images, and breaks this down into a short video. This is then our Executive Summary in the form of an animation. The benefit of this will be that it is a resource less reliant on literacy levels and accessible as it will also have versions in different languages such as Welsh and Polish, subtitles in the given language and a British Sign Language version. The animation will be used at events described below (internal for staff and external for stakeholders and public), promoted on digital channels and made available on digital screens in health locations, and offered to local authorities who have digital screens in community locations such as leisure centres.</p> <p>We will also use animation to describe our virtual family – Teulu Jones- which will describe in bite sized videos the potential benefits of impacts of different proposals on typical patients in the Hywel Dda area.</p>
<b>Distribution of the document to health board staff</b>	The documentation will be shared online and promoted through global email, with managers encouraged to make staff without online access aware of the launch. Hard copies of the document will also be made available across health service locations.
<b>Distribution of the document to CHC</b>	Once the consultation has been formally launched an email will be sent to the CHC including the documents and links to the technical documents for consideration. Hard copies of the documents will be provided where most appropriate.
<b>Distribution of the document to TCS Programme Group members</b>	Electronic links will be shared with members to advise the consultation has formally launched and these will be circulated to their networks. Hard copies of the documents will be provided where most appropriate.

<b>Distribution of the document in line with the informing sections of activity for stakeholders</b>	<p>The stakeholder mailing will commence to over 3,500 stakeholders. Electronic links will be shared with stakeholders to advise the consultation has formally launched and these will be circulated to their networks. Hard copies of the documents will be provided where most appropriate.</p>
<b>Distribution of the document to key locations in our communities</b>	<p>We will ensure documents are available at a wide range of accessible community venues including: This will include accessible locations at:</p> <ul style="list-style-type: none"> <li>• Health Board premises and community services, hospitals, clinics, health centres</li> <li>• Local authority premises</li> <li>• GP Practices</li> <li>• Community pharmacies</li> <li>• Third sector partner premises e.g. local authority and outreach services will be used to reach a range of locations</li> <li>• Libraries</li> <li>• Community halls etc</li> </ul>
<b>Media</b>	<p>Proactive media releases will be circulated to the local media and via our website and social media channels at regular intervals throughout the formal consultation process. These will provide ongoing opportunities to raise awareness of the formal consultation process, present the case for change, the benefits and impacts of proposals (by using our virtual family Teulu Jones to test benefits and impacts) to promote the events, and to address any concerns or worries identified as we listen to people through the consultation</p> <p>We will seek to undertake broadcast interviews and packages with radio and television as key outlets accessed by our population for news, particularly older people, This has started pre-consultation to build public consciousness, with a package being delivered with the BBC and broadcast on all outlets during one day.</p>



	<p>We will undertake paid for advertising with our local county radio stations, as a key platform used by our non digital audiences, such as older people. This will signpost people to the web resource of phone number for more information. It will include adverts during the most listened to sections i.e. drive time.</p>
<p><b>Drop in sessions for wider public, service users and carers</b></p>	<p>Seven public facing drop-in sessions will be set up across the three counties initially. Sessions will be held in each of our localities: Aberystwyth, Cardigan, Carmarthen, Letterston, Llanelli, Llandybie and Saundersfoot. These events provide flexibility to listen and there is potential for further events for areas with particular concerns during the later weeks of formal consultation.</p> <p>Drop in sessions will be led by our clinical leads, in conjunction with the Executive Team, supported by the Directorate of Partnerships and Corporate Services. The format will consist of informal discussions with opportunities to review the options on display as well as the opportunity to watch the animation and access technical documents.. The consultation documents and questionnaires will be available. There will be opportunities to address the questions on the consultation questionnaire as well as explore any relevant specific areas. Comments and questions raised will be put on flipcharts / Post Its so all participants can see what has been raised throughout the session and add to/ endorse some key comments. This approach offers the flexibility of participants being able to listen, ask questions as an individual or as part of a group, as well as providing the opportunity to write their comments and completing the questionnaire in hard copy / online should they wish to do so.</p> <p>We will review the effectiveness of the session and following this identify if there is a need for additional events / formats of activities.</p>

	<p>Feedback from these events will be recorded onto the feedback forms and shared with the independent analyser for analysis. Any emerging themes / concerns will be shared with the Communication and Engagement Workstream for review and where appropriate action will be taken e.g. additional events scheduled / update FAQs / additional press releases.</p>
<p><b>Liaise with key groups and key stakeholders</b></p>	<p>We will target representative groups and existing groups to ensure we have a wide range of voices informing our consultation. The specific groups we meet with will be added to the consultation plan and cross referenced with the stakeholder mapping and analysis and stakeholder matrix. There will be no set method for approaching these groups as we believe it is far more appropriate to meet the needs of the individual group. For instance some groups may welcome a formal presentation and question-and-answer session, while others may prefer a world cafe approach and others an informal discussion, and we aim to tailor our approach to each of these groups.</p> <p>It is essential that as part of this process, we will test our equality impact assessment and any assumptions made to inform our future decisions.</p> <p>Feedback from these events will be recorded onto the feedback forms and shared with the independent analyser for analysis. Any emerging themes / concerns will be shared with the Communication and Engagement Workstream for review and where appropriate action will be taken e.g. additional events scheduled / update FAQs / additional press releases.</p>
<p><b>Non-digital promotion</b></p>	<p>Signposting flyers and documents to raise general public awareness of the consultation will be distributed through health settings, via staff champions and through stakeholders and events. The aim will be for people to recognise the consultation and be encouraged to get involved. People will be signposted to the web resource and provided with the telephone</p>

	<p>number. Specific posters on drop-in events will also be created and distributed via our stakeholder database and health settings, including GP practices, the Community Health Council, three town and community council events and various community groups.</p>
<b>Social media activity</b>	<p>The consultation will be promoted with almost daily use of social media to raise awareness of process, options and the various opportunities to get involved. It will also be a key customer service tool that will enable us to answer people's enquiries and concerns, point them to more information, or record concerns that we may not be able to answer.</p> <p>We will use a variety of content to try and attract engagement on social media including short video links to 'tease' people to the full consultation, a variety of other videos to explain elements of the consultation in bite sized segments or attract different target groups to get involved, as well as other content we know to be popular –such as listicles, infographics and gifs.</p> <p>We will target key groups identified through the stakeholder mapping and equality impact assessment and take paid for advertising to try and reach audiences who may not already follow our pages. Upfront, we will create a targeted youth video as we know these are a hard to engage group, and this will be promoted through Facebook and Twitter but also Instagram. In targeted face-to-face youth events, we will send participants the url to the video electronically and encourage them to share with groups on WhatsApp and other social media platforms.</p> <p>We will also 'listen' to conversations around the consultation by tracking key search words and encouraging people to use our dedicated hashtag #Hddchange. We will then be able to quickly respond if any inaccurate information is circulating to protect the credibility of the consultation and ensure people have correct information. We will also capture broad themes</p>

	<p>raised on our own social media sites and by others where they are publically accessible. These general themes and sentiment analysis (angry, worried, happy etc) will be provided to the independent analyser for analysis as themes or concerns raised in the final output report for Board's consideration.</p> <p>We will also hold at least one live online engagement event, as has been successfully undertaken by us previously on Facebook. Key members of the Programme Group, including clinicians, are available to answer questions and respond to observations from people who may not attend events or engage otherwise.</p> <p>Feedback from these events will be recorded onto the feedback forms and shared with the independent analyser for analysis. Any emerging themes / concerns will be shared with the Consultation and Engagement Workstream for review and where appropriate action will be taken e.g. additional events scheduled / update FAQs / additional media releases.</p> <p>Fortnightly meetings are scheduled with the Community Health Council to ensure there is a level of robustness around the monitoring of the process and feedback</p>
<b>One-to-one conversations</b>	<p>There is a telephone number where respondents can speak to an individual during working hours, or alternatively leave their comments on an answer-phone outside of working hours. This will be promoted on key consultation materials, including the consultation document, animation, posters and flyers, so that the consultation is accessible to people who may not have digital access or who may be more comfortable talking through their concerns than writing them. Feedback will be recorded onto the feedback forms and shared with the independent analyser for analysis. Any emerging themes / concerns will be shared with the Consultation and Engagement Workstream for review and where appropriate action will be taken e.g. additional events scheduled / update FAQs / additional media releases.</p>

<b>Questionnaire</b>	There will be opportunities for people to share their views through the completion of online / hard copies of surveys which can be returned to a freepost address. The questionnaire will be promoted on key consultation materials, including the consultation document, animation, posters and flyers.
<b>Global email</b>	Daily electronic updates are sent to staff across the health board advising of the latest news. Reminders and updated will be circulated throughout the consultation period
<b>Staff publications</b>	The team brief management briefing tool, to support managers to undertake briefings with staff following board meetings, will be used to update teams. Hywel's Hive managers newsletter will also be used as well as the general staff newsletter Hywel's Voice, which is produced in hard copies for staff without digital access in work.
<b>Digital screens</b>	The Health Board has digital screens in various waiting rooms across the Health Board. Key messages and how to get copies of documentation and share views will be available on these throughout the consultation on these screens, as well as the consultation animation, which promotes access to this for people who may not have digital access at home.