



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consultation Project Plan for Urgent and Emergency Paediatric Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Deputy Chief Executive & Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Principal Programme Manager, Engagement and Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Board, at its meeting held on 24th November 2022, received an output report detailing three shortlisted options on how urgent and emergency paediatric services at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) could be delivered between now and the establishment of the new hospital network. A series of workshops were held to develop and appraise the options.

The options can be summarised as follows:

- Option B – An enhanced model of how services were delivered after the 2016 temporary change (PACU service during fixed hours)
- Option B2 – Option B with additional work to review transportation and emergency care pathways at GGH for paediatric care
- Option C – An enhanced version of the current service model

The Board approved that all three options: Option B, Option B2, and Option C should be formally consulted on, and that the indicative consultancy costs required for the delivery of the consultation project (which will form part of the Consultation Project Plan) should be approved.

Hywel Dda Community Health Council (CHC) supported this approach, recognising this was in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Service, 2011 (the Guidance), that the proposals for change would be a substantial change to services. The Board has a statutory responsibility to undertake consultation under Section 183 of the National Health Services (Wales) Act 2006.

The Consultation Project Plan is presented to the Board for approval and will subsequently progress to the next stage of detailed consultation planning, in preparation to launch the public consultation in May 2023, on how urgent and emergency paediatric services at Withybush

General Hospital and Glangwili General Hospital will be delivered between now and the establishment of the new hospital network.¹

The purpose of this Consultation Project Plan is to set out the scope and mandate for the consultation, the process that will be followed, and the resources required to deliver the Consultation Project Plan.

Cefndir / Background

Until October 2014, a 24-hour paediatric inpatient unit was available at both WGH and GGH.

A permanent change was made on 20th October 2014, following a period of consultation, from a 24-hour inpatient unit to a 12-hour Paediatric Ambulatory Care Unit (PACU) service at WGH. The 12-hour service was supported by a Dedicated Ambulance Vehicle (DAV) introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites for the Women and Children's services. GGH remained a 24-hour inpatient unit.

Since then, a series of temporary changes have been made to the service (with the first temporary change occurring in 2016), including the suspension of the PACU at WGH as part of the response to the COVID-19 pandemic.

An 'Interim Paediatric Review' was undertaken to:

- Undertake an assessment of the impact of the interim changes to paediatric services at WGH and GGH since 2014, resulting in one report outlining all the changes, impacts, and issues to date
- Review all engagement activity undertaken to date from the period 2014 to 2022, to include internal engagement within the Health Board, and wider stakeholder engagement to include service users
- Undertake a clinically led appraisal of the options for the interim service between now and the establishment of the new hospital network (predicted to open in 2029)
- Following discussion with the CHC, make a recommendation to Hywel Dda University Health Board (HDdUHB) Public Board around whether engagement and/or consultation around the future service is needed following the Options Appraisal.

Children's hospital services (paediatric) at Prince Philip Hospital (PPH) (minor injuries provision) and Bronglais General Hospital's (BGH) 24-hour inpatient unit were out of scope of the review.

Following the development of the Issues Paper which assessed the impact of the interim changes, a series of workshops were held to develop options which could respond to the needs identified within the issues report and provide a paediatric service which could be implemented and sustained on an interim basis.

The options were appraised against hurdle criteria initially (defined criteria to outline the minimum level that must be met) to ensure that only viable and deliverable options (Option B, Option B2, and Option C) were taken forward for working up ahead of a shortlisting process which examined the three options in greater detail.

¹ It should be noted that the development of the new hospital network, including the new urgent and emergency care hospital, is subject to Welsh Government funding which is not yet confirmed.

The three shortlisted options were appraised using criteria identified through staff and public engagement. Each of the options were scored based on what they are presently capable of achieving, noting the aspiration of what they could also further deliver. This included the Estates requirements for the options, as well as the impact on other medical services in Pembrokeshire.

These aspirational aspects were captured within the individual analysis of the options. Additional work is anticipated as part of the implementation of an option, once decided, to determine whether the aspirational elements can be delivered, and how.

The scores for the options were as follows:

Criteria	Option C	Option B	Option B2
Clinical viability	213	166	166
Workforce viability	214	143	146
Safe inter-hospital transport system	171	140	144
Deliverability	213	145	134
Accessibility	175	188	191
Facilities (incl. interior suitability)	181	181	177
Inter-service accessibility	154	159	159
Impacts on people	157	162	162
Totals	1478	1284	1279

Option C scored approximately 15% higher than the other two options, however, it is worth noting that each option had distinctive advantages and disadvantages. In particular, Option C scored highly on deliverability, viability, and safe inter-hospital transfers, but less well on accessibility, and impact on people.

Alongside the development and appraisal of options, a separate piece of work was undertaken to review the communications and engagement that had taken place between 2014 and 2022, internally and externally, around changes to paediatric services.

This work noted that, generally, there had been a good level of communication throughout the process, with evidence to show that people had been kept informed and aware throughout the changes.

The report also reviewed Board papers discussing the topic, noting that there is likely to be a 'legitimate expectation' for consultation by the public as it had been suggested previously that future options for paediatric care may be subject to consultation.

Asesiad / Assessment

The Consultation Project Plan sets out how Hywel Dda University Health Board will undertake a formal consultation exercise with the public, its staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted/affected by its proposals. We will ensure equality of opportunity to engage between people who share a protected characteristic, and those who do not.

The Health Board will engage all key stakeholders identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue:

How urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital will be delivered between now and the establishment of the new hospital network.²

Option B, Option B2, and Option C will be considered as part of the consultation.

Matters for inclusion in the consultation:

Based on the scope of the consultation, the following matters have not yet been decided and are **open to influence** in the consultation, so we want to gather views on:

- The suitability of each of the three options in delivering urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital between now and the establishment of the new hospital network
- The positive and negative impacts associated with each of the three options in delivering paediatric urgent and emergency services at Withybush General Hospital and Glangwili General Hospital between now and the establishment of the new hospital network, to enable due consideration around avoiding, or reducing, negative impacts

Matters excluded from the Consultation:

- Children's hospital services (paediatric) at Prince Philip Hospital (PPH) (minor injuries provision) and Bronglais General Hospital (BGH) (24-hour inpatient unit)
- Paediatric planned care and services within the community for paediatric care across Hywel Dda University Health Board area

Consultation Mandate

Hywel Dda University Health Board needs to understand the views of all relevant stakeholders about how urgent and emergency children's services are delivered and accessed at Withybush General Hospital and Glangwili General Hospital. Hywel Dda University Health Board wishes to assess the suitability of each of the three proposed options by November 2023 to decide on the most appropriate urgent and emergency paediatric service between now and the establishment of the new hospital network.²

The consultation exercise will commence in May 2023 with the consultation closing and output report being presented to the Health Board's Public Board meeting in November 2023.

The management and delivery of the consultation project will require designated resources, and allocated budget to ensure its delivery to the Consultation Institute Quality Assurance standards, and to the defined timescale (the indicative consultancy costs required for the delivery of the consultation project were approved by Board in November 2022).

Work has been undertaken to understand whether there are opportunities to carry out both the Land and Paediatric consultations concurrently (at the same time) or overlapping (staggered start), however, this is not possible without causing the Land consultation to be delayed due to the lead in times for design, translation, and printing (up to 12 weeks) for the Paediatric

² It should be noted that the development of the new hospital network, including the new urgent and emergency care hospital, is subject to Welsh Government funding which is not yet confirmed.

consultation. Additionally, the Paediatric consultation will draw on the same corporate functions and personnel e.g., Project management, Communications, Engagement, etc.

Some economies of scale were identified i.e. venue costs, travel expenses, and advertising costs, but until a further detailed stakeholder analysis is undertaken (to inform communications and engagement plans), and consultation documents are drafted, the exact detail is not available.

However, the Land consultation has been able to support the Paediatric consultation with learning from the development of the Land consultation to provide more accurate timeline forecasting, while also allowing capacity mapping and planning to be carried out to ensure that the two consultations have the least possible impact on each other.

It is recommended that the Paediatric consultation is run separately, after the Land consultation, and the timeline contained within the Consultation Project Plan reflects this.

The Consultation Institute has reviewed the Consultation Project Plan which includes the timeline for the formal consultation exercise and has provided reassurance in terms of the proposed process. A formal Quality Assurance review will be undertaken as part of the consultation process.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the Consultation Project Plan, including the consultation scope and mandate and timescale for delivery
- **APPROVE** the commencement of the detailed consultation planning (pre-consultation period)

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1274: Pembrokeshire Paediatric Pathway (Acute and Emergency presentations at WGH) 1126: Women & Children Phase II Project Risk (this relates to the risk of supply chain partners/financiers walking away from the project)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Public Board reports Risk Registers
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Medical Director Chief Executive Officer Executive Director of Operations Director of Strategic Development & Operational Planning

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Options have been developed with finances considered throughout. Aspirational elements with costs attached have been identified along with likelihood of financial availability.
Ansawdd / Gofal Claf: Quality / Patient Care:	The recommendations are intended to improve the quality of the service.
Gweithlu: Workforce:	The options have now identified individual roles that would be impacted. Legal advice has been sought to ensure that workforce consultation is carried out appropriately and any staff affected have an opportunity to shape decision making. A meeting took place to involve trade union representatives in early December 2022 to seek views on options and this work will be ongoing as part of the consultation process.
Risg: Risk:	The consultation process needs to be lawful, robust, and transparent and we have therefore sought advice from the Consultation Institute about the process and timeline required to undertake the work. The Consultation Institute will also Quality Assure the consultation.
Cyfreithiol: Legal:	Any risk of legal challenge is mitigated as this is an extension to the interim proposal (and an extension to the existing temporary service change).
Enw Da: Reputational:	Due to the series of changes to the Paediatric Service, this is likely to be subject to increased media scrutiny given the historical focus that has been generated in relation to Pembrokeshire health care provision.
Gyfrinachedd: Privacy:	No identified risk in relation to privacy.
Cydraddoldeb: Equality:	EqlAs have been developed for each of the options, identifying the differences between the impacts and benefits that each option brings.

Urgent and Emergency Paediatric Service at Withybush General Hospital and Glangwili General Hospital

Consultation Project Plan

January 2023



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Section 1: Introduction and Background

The Board, at its public meeting on 24th November 2022, considered the evidence provided following the completion of an interim paediatric review and options development process, and determined that three options should be taken forward for further consideration, and that a formal consultation exercise will be undertaken to determine the opportunities and impacts of the options on its citizens. A link to the Board papers which outline the process completed to date can be found [here](#).

The three options being considered are as follows:

Option B

Builds on the 2016 model (Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (also known as Puffin Ward) operating 10am – 6pm, 7 days per week). Option B is a PACU 10am – 6pm model (Mon – Fri) staffed 10am – 8pm (no referrals from Primary Care after 6pm) and Outpatient 9am – 5pm (Mon – Fri) co-located, with DAV supporting.

What is unique or new:

- Planned **and** same day urgent paediatric day case reviews (any potential admissions would still go to GGH) - No overnight or weekend activity
- Some new restrictions on admission criteria, to mitigate some of the risks identified in the 2016 model
- Looks to maximise the building footprint (Puffin Ward or equivalent space)
- The model would look to incorporate Option C (non-emergency activity) into the model with Day Care provision - but potential to be restricted by PACU requirements

Opportunities to:

- Development of Advanced Paediatric Nurse Practitioners and Physicians Associates - non-medical staffing supplementary workforce
- Revise the PACU model at GGH and invest in substantive staffing to permanently support WGH flow
- Upgrade current Child Health Centre to support administrative/office and base requirements for clinical staff MDT

Option B2

Same model as Option B, with the following differences:

- All non-emergency treatment identified and currently delivered from GGH would be repatriated
- Emergency Department would offer an enhanced service, better point of entry, e.g. triage for CYP
- Robust emergency pathways at GGH

Option C

Builds on the 2021 model (the suspension of the PACU at WGH, also known as Puffin Ward) through the expansion of non-emergency services retained in WGH, 9am – 5pm service

What is unique or new:

- Formalising/locally defining rapid access clinics
- Improving advice and support to Primary Care, and local patient access for specialist review (non-emergency)
- Ability to schedule follow-up appointments directly for patients from WGH who have attended GGH for emergency treatment - or follow-up from GGH Paediatric admissions for Pembrokeshire residents

Section 1: Introduction and Background

Quality Assurance

To support the consultation, Hywel Dda University Health Board have commissioned the Consultation Institute (tCI) to provide Quality Assurance of the formal consultation exercise, to support it to achieve best practice involvement standards for the formal consultation exercise. This will include a retrospective review of the early engagement work undertaken in preparing for public consultation.

tCI have provided reassurance in relation to the Consultation Project Plan to date, however, a formal Quality Assurance review will be undertaken in due course.

The Consultation Project Plan will continue to evolve as we progress through the consultation exercise to ensure best practice is achieved.

Section 2: Scope and mandate of the consultation

Scope

Hywel Dda University Health Board (the consulting body) will undertake a formal consultation exercise with the public, its staff, statutory stakeholders, social workers, educationalists, other professionals working in the care and support of children and young people, other organisations interested in the health and care of children and young people, wider stakeholders, and targeted groups (e.g. parents, guardians, carers, children and young people) most impacted/affected by its proposals. We will ensure equality of opportunity to engage between people who share a protected characteristic, and those who do not.

The Health Board will engage all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue:

How urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital will be delivered between now and the establishment of the new hospital network.¹

The following options will be considered as part of the consultation:

Option B – An enhanced model of how services were delivered after the 2016 temporary change (PACU service during fixed hours)

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Matters excluded from the consultation:

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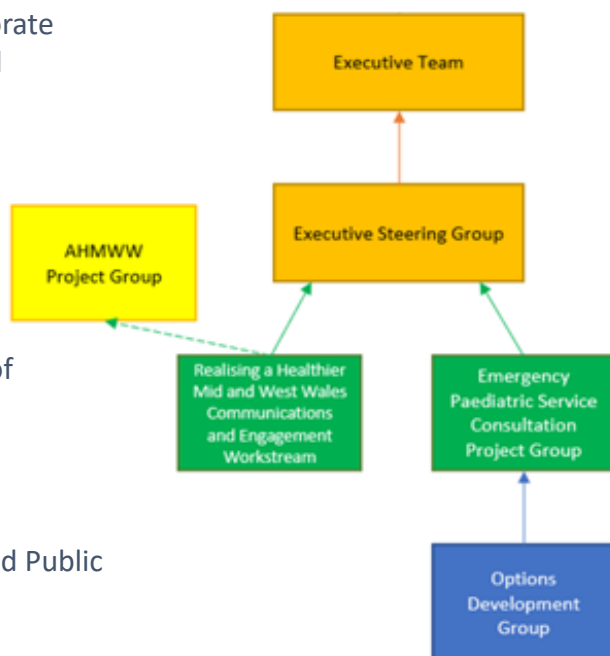
¹ It should be noted that the development of the new hospital network, including the new urgent and emergency care hospital, is subject to Welsh Government funding which is not yet confirmed.

Section 3: Project reporting

1. A Project Group for the urgent and emergency Paediatric Service Consultation has been set up to support the consultation, reporting to the Executive Steering Group on how it is carrying out consultation, to ensure that it seeks the widest possible views of the services affected. Issues, risks, and matters which require a decision are also escalated to the Executive Steering Group.

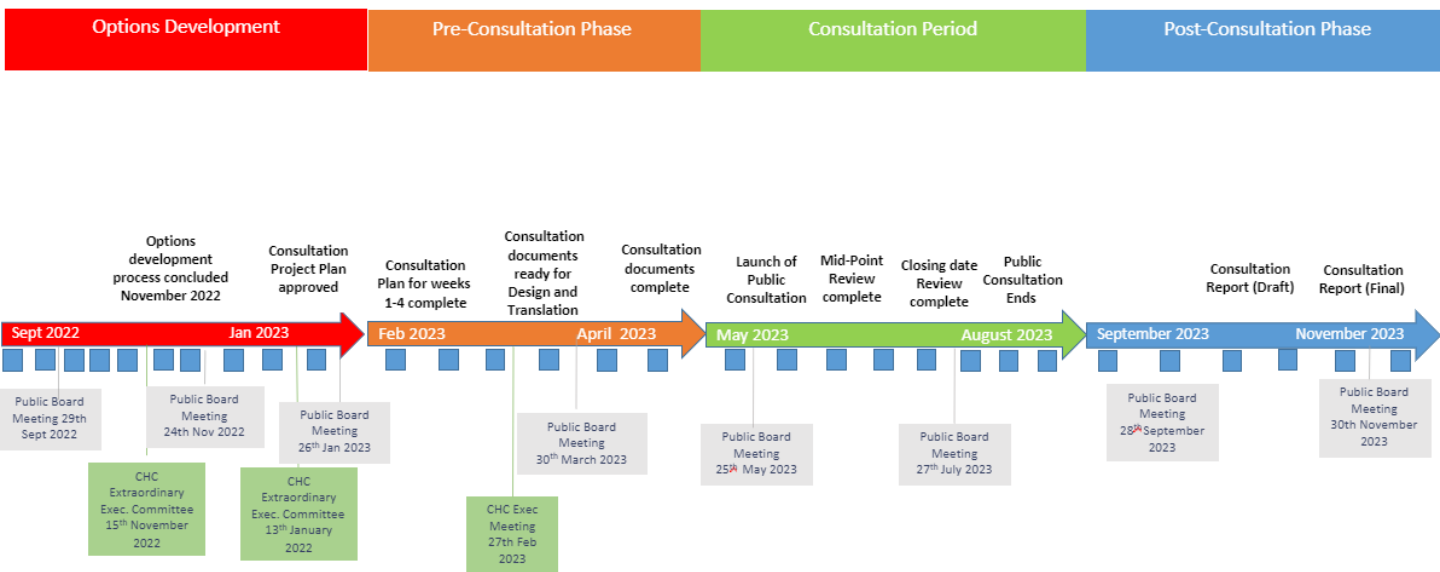
The Project team for the urgent and emergency Paediatric Service Consultation will consist of:

- Programme Lead
- General Manager Women and Children's Directorate
- Service Delivery Manager – Acute Paediatric and Neonatal Services
- Clinical Lead (Engagement and Transformation Programme Office)
- Project Manager
- Head of Engagement
- Engagement Manager
- Engagement Officer
- Director of Communications/Assistant Director of Communications
- Senior Communications Officer
- Communications Officer
- Head of Partnerships, Diversity, and Inclusion
- Assistant Director of Corporate Legal Services and Public Affairs
- The Consultation Institute (as required)



2. The decision on how urgent and emergency paediatric services should be structured until a new hospital network is in place will be made by Public Board
3. A Communications and Engagement Group will be established to act as a delivery vehicle for the development and completion of the communication and engagement activities required to support the consultation
4. An Options Development Group will be established to further model the cost/benefits of the three options to inform the consultation
5. Project Management support will be provided by:
 - Senior Project Manager or Project Manager
6. The Senior Responsible Officer is the General Manager Women and Children's Directorate
7. The Programme Lead is TBC

Section 4: Timeline for consultation



Key

Public Board Meeting	Executive Steering Group (ESG) held fortnightly
CHC Meeting	

Future CHC and Dates to be added when available

Public Board Meeting dates from May 2023 onwards are DRAFT at this stage

Section 5: Resources

Consultation Project Team

Project Leadership, Project Management, Communications, and Engagement posts identified for the project team are funded within existing team budgets. Therefore, no additional staffing costs are envisaged for the delivery of the project.

Communications requirements

Consultation documents, design and printing, including alternative versions (including translation), video and animation - £48,800

Translation, including Welsh and other languages identified through stakeholder analysis - £12,700

Media including digital platforms, social media, radio, advertising - £25,500

Media Training - £3,000

Total Communications Costs - £90,000

Engagement requirements

Consultation advice and guidance x 20 days - £21,448

Quality Assurance (Consultation Institute) - £19,550

Project management services (Consultation Institute) - £38,970

Consultation analysis, including Consultation Analysis Initial Report and Consultation Final Report - £150,000

Events Management – Venues and logistics, including simultaneous translation at events - £21,500

Distribution of documents by mail - £2,500

Total Engagement Costs - £253,968

Total consultant costs: £343,968*

***Please note that this outline provides an estimate only, based on the costs for the Land consultation. Until a further detailed stakeholder analysis is undertaken (to inform Communications and Engagement plans), consultation documents are drafted, and opportunities through economies of scale are explored (including consultancy costs), we will not have the detailed information we need for quotations.**

Section 6: Risks

We will establish a Consultation Risk Register which will continually evolve and be reviewed. This will include consideration of the likelihood and impact of risks, as well as defining the control measures to mitigate risks as far as possible. High level risks include, but are not limited to, the following:

- Potential of confusing the public if other Health Board consultations or engagement exercises are launched or overlap the consultation timeline.
- Potential risk of consultation fatigue as the proposed timescales for the consultation will follow the Land Selection consultation.
- Lack of public involvement, due to consultation/engagement fatigue or disengagement, which may leave sections of our communities and protected characteristic groups unrepresented or underrepresented in the consultation process.
- Reputational risk should political, community, special interest, or campaign groups be opposed to the scope or options within the consultation.
- Health Board will not be in a position to resource a comprehensive and compliant (statutory duties) consultation that potentially impacts all people across our communities.
- There is a risk that the defined timeline will not be met as per the Consultation Project Plan, until the project team is in place or strengthened.
- There is a risk that the defined timeline will not be met if there are any delays in the process as the consultation exercise is progressed, due to the interdependencies that exist in the timeline.
- Potential pandemic restrictions, should there be a change in escalation of the COVID-19 pandemic, that could affect staff and public and restrict consultation activities.
- The potential of other winter pressures (influenza outbreaks, adverse weather conditions, reluctance of people to attend events in the winter, staff capacity) to reduce involvement in the consultation.
- Receiving and responding to potential legal challenges.
- Political risk of unmanaged interactions between politicians, campaign groups, staff, and media channels.
- There is a risk that the purchase of a site and delivery of the new hospital is subject to Welsh Government funding, and this funding is not yet confirmed.
- There is a risk of differing clinical opinions (current and/or former clinicians) undermining the options being considered as part of the consultation.

Section 7: Statutory duties and guidance

This section explains our statutory and legal duties as part of the consultation process:

Equality Act 2010

Our duties in relation to equality and diversity are outlined in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The Act aims to ensure that those carrying out a public function consider how they can positively contribute to a fairer society in our day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations. In order to make this happen, the regulations place specific duties on the devolved public sector, including health boards in Wales, to carry out Equality Impact Assessments (EqIA).

Public Sector Equality Duty (Wales)

This duty places a requirement upon public sector bodies to undertake an assessment of the decision it takes to shape service design and policy development. This assessment will need to identify any potential impacts of the decisions taken by the organisation upon those with a protected characteristic as defined under the Equality Act 2010.

What this means to the consultation process

In the context of this consultation process we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised, and any actual or potential negative impact is eliminated or minimised.

Socio-Economic Duty

The Wales Act 2017 enabled Welsh Ministers to enact Part 1, Section 1 of the Equality Act 2010 – the Socio-Economic Duty. It requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.

Mental Capacity Act

The Mental Capacity Act is a law designed to ensure that all people aged 16 years and over are protected and empowered if they lack the capacity to make a decision about their care and treatment.

Welsh Language (Wales) Measure 2011 & The Welsh Language Standards (No. [Health sector]) Regulations 2016

The Welsh Language Standards are a set of statutory requirements relevant to the Health Board. They clearly identify our responsibilities to provide bilingual services.

Under the Standards, Welsh should not be treated less favourably than English.

In line with the Welsh Language Standards, the Health Board will be expected to consider, when formulating a new policy, or reviewing or revising an existing policy, what effects, if any (whether positive or adverse), the policy's formulation or decision would have on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language.

When publishing a consultation document which relates to a decision, the document must consider, and seek views on, these effects.

Section 7: Statutory duties and guidance

Human Rights Act 1998

The Human Rights Act 1998 (the Act or the HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It requires all public bodies, including health boards, to respect and protect an individual's human rights.

National Health Service (Wales) Act 2006

Section 183 of the National Health Service (Wales) Act 2006 requires health boards to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided; and
- Making decisions that affect how those services operate

Welsh Government Guidance for Engagement & Consultation on Changes to Health Services 2011

Ministerial Guidance makes it clear that there are certain responsibilities on the Health Board in undertaking consultations of this nature. The process for consultation requires a two-stage process:

- **Stage 1** Pre-consultation to engage key stakeholders in exploring issues, developing options, and plans
- **Stage 2** Formal consultation

A health board is expected to undertake a two-stage consultation process where it appears likely that formal consultation should take place. The first stage of this process is for the health board to undertake extensive discussions with all key stakeholders to explore all the issues, to refine any options, and to decide and agree on the scope for the consultation. This forms part of the pre-consultation phase of the consultation project.

What this means to the consultation process

The interim paediatric review and the options development process undertaken up to November 2022 has satisfied the requirements of Stage 1 of the consultation process.

Following this first stage, a formal consultation period is required to be agreed with the Community Health Council. The Community Health Council is being replaced by the Citizen Voice Body (CVB) for Health and Social Care in Wales from April 2023; the paediatric consultation will form part of the legacy agreement.

Welsh Government on 13th December launched a consultation to support the implementation of the Citizen Voice Body for Health and Social Care from 1 April 2023. The consultation covers the Code of Practice on Access required by Section 19 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, Statutory Guidance on Representations required by Section 15 of that Act, and an update to related Service Change Guidance in the NHS.

Section 7: Statutory duties and guidance

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 is legislation which has at its heart the well-being of future generations, through the establishment of seven national well-being goals and five ways of working:

- A prosperous Wales – where everyone has jobs and there is no poverty
- A resilient Wales – where we’re prepared for things like floods
- A healthier Wales – where everyone is healthier and can see the doctor when they need to
- A more equal Wales – where everyone has an equal chance, whatever their background
- A Wales of Cohesive Communities – where communities can live happily together
- A Wales of Vibrant Culture and Thriving Welsh Language – where we have opportunities to do different things and where people can speak Welsh
- A globally responsible Wales – where we look after the environment and think about other people around the world.

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards, and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. The West Wales Care Partnership (WWCP) has been established under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 with specific duties to promote the integration of community care and support services.

What this means to the consultation process

The West Wales Care Partnership is a statutory stakeholder for the consultation.

Convention on the Rights of the Child 1989

The Welsh Government has made a commitment to promote and support children and young people’s participation, and to implementing children and young people’s rights to participate, as stated in Article 12:

“Children and young people have a right to participate in the decision-making processes that are relevant to their lives and a right to influence the decisions made in their regard within the family, the school, or the community.”

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

The regulations require Public Sector Bodies to make websites or mobile applications more accessible by making them ‘perceivable, operable, understandable and robust’, and include an accessibility statement on their website. Any information in relation to the consultation published on the website and other digital platforms will need to be produced in a digitally accessible format.

Additional Learning Needs and Education Tribunal (Wales) Act 2018

The Act requires that the views of children and young people should always be considered as part of the planning process, along with those of their parents. It is imperative that children and young people see the planning process as something which is done with them, rather than to them. They and their families will, therefore, be supported to participate through the provision of clear and impartial information, advice, and advocacy.

Section 7: Statutory duties and guidance

Welsh Government The National Principles for Public Engagement in Wales (reviewed 2022)

The National Principles for Public Engagement in Wales are a set of ten principles for engaging with the public and service users. The principles aim to guide the way that engagement is carried out to make sure it is of good quality, open, and consistent. They offer a set of guidelines to organisations within the public and voluntary sectors in Wales, as follows:

- Design your engagement to make a difference
- Invite people to get involved, if they choose to
- Plan and deliver your engagement in a timely and appropriate way
- Work with relevant partner organisations
- Provide jargon-free, appropriate, and understandable information
- Make it easy for people to take part
- Ensure people benefit from the experience
- Ensure the right resources and time are in place for your engagement to be effective
- Let people know the impact of their contribution
- Learn and share to improve your engagement

Section 8: Next Steps

1. Consultation Plan

The Consultation Plan will set out how the consultation project plan will be delivered in detail, and will be continually reviewed, adapted, and flexed to accommodate additional requirements throughout the course of the consultation, as well as being formally reviewed at key stages during the consultation period. A high level initial draft can be found in Appendix A.

Following this first stage, a formal consultation period is required to be agreed with the Community Health Council.

2. Stakeholder identification and analysis (including equalities)

A detailed stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by how urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital will be delivered between now and the establishment of the new hospital network.

A stakeholder analysis with high level initial draft can be found in Appendix B.

3. Engagement Plan (a high level initial draft can be found in Appendix C) will support the objectives of the consultation by:

- Raising awareness amongst our citizens of the opportunities to participate and share views to inform the Board decision on Paediatric services.
- Facilitating ongoing engagement with public, staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted/affected by its proposals.
- Targeting those most affected by the interim paediatric review and options development process through engagement methods best suited to the key groups, particularly young people.
- Providing a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views.

4. Communications Plan (a high level initial draft can be found in Appendix D) will support the objectives of the consultation by:

- Providing clear and timely information about the purpose and scope of the consultation that helps to create understanding, build trust, and encourage engagement in the consultation.
- Our communication will be proactive, open, and transparent – providing enough information for individuals to feel able to participate, without overwhelming individuals and leading to confusion.
- Reaching out to our diverse range of key stakeholders (inclusive of staff, service users, carers, our partners, the public; particularly those identified as potentially being disadvantaged, marginalised, and minority groups) to raise awareness of the consultation and actively encouraging people to get involved and share their views.
- Reduce likelihood of potential misinformation and myths by monitoring themes from events, correspondence, media and social media, and responding quickly to concerns.
- Demonstrating that the Health Board is listening and responding by sharing themes heard during consultation, providing responses to concerns, and sharing the results of the consultation.
- Providing consistent responses wherever possible to people's enquiries, or concerns (including those from stakeholders such as patient and public representatives, and media), and sharing feedback heard to the Health Board.

Section 8: Next Steps

5. Document plan

We will aim to be open and transparent in the provision of all of our consultation materials; a document plan will be produced which will list all of the documents available to support the consultation process - a high level contents page can be found in Appendix E.

6. Consultation Report

The consultation analysis and report will be undertaken independently to the Health Board, via a procurement process.

This final report will include an overview of the consultation, along with the data analysis, feedback, and will call out how this has been used to inform the process of developing recommendations for consideration by the Health Board as part of its decision-making process.

The final report will be shared with the Community Health Council for consideration as part of their role in reviewing and formulating an official response to the consultation.

A high level contents page can be found in Appendix F.

7. Feedback Report and Plan

Once a decision has been made a feedback report, detailing the outcome of the consultation and next steps, 'you said, we did', will be shared with:

- Staff
- Key stakeholders
- People who have requested to be added to our circulation list

It will also be published on the Health Board website and promoted widely.

A high level contents page can be found in Appendix G.

Appendix A – Consultation Plan

1. Consultation Plan

The Consultation Plan will set out how the consultation project plan will be delivered in detail, and will be continually reviewed, adapted, and flexed to accommodate additional requirements throughout the course of the consultation, as well as receiving formal review at key stages during the consultation period.

The development of the Consultation Plan will include:

- **Stakeholder identification and Analysis** - defining methods needed per stakeholder identified; identification of best forms of engagement to suit stakeholders identified and identification of best venues/facilities for engaging stakeholder groups
- **Questionnaire design** - to meet the information sought from stakeholders and tailored to specific stakeholders
- **Building the timeline** - including all activities and key milestones
- **Engagement Planning (incl. EqIA)** - considering digital vs. offline; quantitative engagement (incl. questions); qualitative engagement (incl. questions & debates); participatory (incl. questions & debates); building in contingency event space; population of spreadsheet with events and activities to meet the timeline
- **Communications Planning** - Social media plan (identification of social media accounts to engage upon and frequency); developing presentations, video & apps; consultation promotion; updates and newsletters; media handling plan; social media monitoring and misinformation counter action planning; website design; agreeing narratives and dialogue handling; managing and sharing feedback and outputs of the consultation
- **Document Planning and Development** – Developing the main document, questionnaire, and other versions; identifying and developing the suite of consultation documents, including supporting and technical documents (options appraisal process), EqIA opening and close, output, summary and final documents, any relevant guidance); key themes and content for Q&As
- **The Launch** – Detailed planning for the consultation launch including all activities to promote the launch
- **Mid-point reviewing planning** – Assessment of the plan, monitoring arrangements, plan amendments and contingency
- **Closing Review planning** – Assessment of the plan, contingency and decisions on extra activity requirements
- **Evaluation and Analysis planning** – a detailed plan for how the outputs will be analysed and interpreted including by whom and by when
- **Final Report production** – This will bring all of the information together and set out the decision-making plan
- **Feedback Planning** – setting out the detail of how and when the outputs and feedback will be shared with public, stakeholders, etc.
- **Influencing Plan** - the Consultation Plan will demonstrate that it has considered the Gunning Principles, i.e.:
 - Consultation must take place when the proposal is still at a formative stage;
 - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
 - Adequate time must be given for consideration and response; and
 - The product of consultation must be conscientiously considered.

Appendix A – Consultation Plan cont.

Consultation Review Stages

Mid-point Review

Assessment of the plan, monitoring arrangements, plan amendments, and contingency.

The mid-point review will be undertaken between week 4 and week 6 of the consultation period, as agreed with the Community Health Council, in order to review how the consultation has met the Project Plan to date and any new and emerging issues, including;

Evaluating what has been learned to date through:

- Effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition.
- Considering the need for the plan to be amended as a reaction to what is being learned.
- Considering whether new information is needed or needs sharing.
- How contingency will be managed if changes to the plan are needed.
- Confirm sufficient media and social media awareness of the consultation, or any gaps that need addressing
- Evaluating stakeholder participation and identifying gaps in reach, and in particular from seldom heard voices and young people, their carers, and advocates.
- Review and updating of the EqIA.

Closing Review Planning

Assessment of the plan, contingency, and decisions on extra activity requirements. The Closing Review will be undertaken one week before the consultation period formally closes, in order to review how the consultation has met the Project Plan, including:

- Evaluating what has been learned to date through effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition.
- Considering the possible need for the consultation to be extended in response to what transpires.
- Considering the possible need for extra pieces of work, such as surveys and studies, in the event that what is learned leaves important questions to be answered or investigated.
- Reviewing what should happen post-consultation and what the timeline will be for response, evaluation, and analysis, sharing the outputs and feedback, and making decisions.
- Review and updating of the EqIA.

Appendix B - Stakeholder identification and analysis (including equalities)

Stakeholder Identification

The interim paediatric review and options development process has the potential to affect a large proportion of our local population. Patients, children and young people, carers, and advocates are just some of the groups who will be particularly interested in the three proposed options being considered.

Our approach will be to create open and accessible opportunities for as many people as possible to be aware of the consultation and to get involved if they wish to do so.

We will build on the detailed stakeholder mapping and analysis to reflect the three options being taken forward for consideration.

This detailed stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by the interim paediatric review and options development process so that it can inform our work. Stakeholder mapping will include a focus on disadvantaged, marginalised, and minority groups and communities. Engagement will be tailored to suit their differences, circumstances, and requirements. We will work with local community and voluntary sector groups and networks to make sure that seldom heard groups can have their say in decisions that affect them.

Throughout the consultation process we will need to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales, and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups. This applies to all children and adults in the Hywel Dda University Health Board area, regardless of gender, age, disability, ethnicity, or sexuality. It also applies equally to people with mental health problems or a learning disability, as well as people with physical health problems.

Stakeholder Analysis – Muti-Level Analysis

To ensure meaningful engagement of all relevant stakeholders in considering how urgent and emergency paediatric services at Worthybush General Hospital and Glangwili General hospital will be delivered between now and the establishment of the new hospital network, we will implement a comprehensive, multi-level approach that will identify and mitigate barriers to participation. Engagement will be tailored to suit people's differences, circumstances, and requirements.

Initial Stakeholder Analysis

These stakeholders will likely be broadly interested in our consultation:

- Patients, children and young people, parents, carers, and advocates
- Reference Groups such as carers, service users, youth forums, People's First, Veterans and Vulnerable groups (homeless, Syrian Refugees etc).
- Health Board staff and contracted services, and their Union and Staff Side Representatives
- Each county (Carmarthenshire, Ceredigion, and Pembrokeshire) will have a specific interest in our proposals
- Schools in each county
- Community Health Council

Appendix B - Stakeholder identification and analysis (including equalities)

Initial Stakeholder Analysis cont.

- NHS organisations Powys Teaching including Swansea Bay UHB, Powys Teaching HB Welsh Ambulance Services Trust and statutory organisations e.g., Dyfed-Powys Police, Mid and West Fire Services
- Local community organisations, community representatives, third sector, voluntary sector
- Town and Community Councils
- Local Authorities (Carmarthenshire, Pembrokeshire, Ceredigion) councillors, officers
- Professional Bodies

The development of the stakeholder analysis will identify those people or groups who are likely to be potentially impacted by the interim paediatric review and options development process and who may wish to share more in-depth views and potential impacts. This work is yet to be completed, although it may include:

- Local GPs and Primary Care contractors
- Areas that are most impacted in terms of access dependent on the specific options being considered for paediatrics
- Patients, their families, and carers, with particular emphasis on those with protected characteristics
- Community, interest, and campaign groups representing patients, carers, and their families, with particular emphasis on those with protected characteristics
- Current paediatric patients and their families
- Staff with protected characteristics and/or who may be carers

Equality Impact Assessment (EqIA)

The impact on those with protected characteristics, together with the impact upon the use of the Welsh language and the socio-economic impact is assessed at key stages throughout the life of this project. In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.

An Equality Impact Assessment has been undertaken against each of the proposed options which has used the information already know to us. These will be used as part of the consultation process at this stage. Once we have reviewed the views gathered through the consultation the Equality Impact Assessment will also be reviewed and updated accordingly to reflect any potential impacts identified throughout the consultation process. This will ensure that decision making is fully compliant with our legal duties under the Equality Act 2010, the Public Sector Equality Duty and the National Health Service (Wales) Act 2006 and that we are taking account of people's needs. We will also undertake an Equality Risk Assessment to highlight key areas of concern or issues and identify mitigating actions.

Appendix C – Engagement Plan

Introduction

The Engagement Plan will support the objectives of the consultation by:

- Raising awareness amongst our people of the opportunities to participate and share views to inform the Board decision on the interim paediatric review and options development process
- Facilitating ongoing engagement with public, staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted/affected by its proposals
- Targeting those most affected by the options through engagement methods best suited to the key groups
- Providing a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views

Our approach will be underpinned by a commitment to continuous engagement, with particular reference to 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.

Public and patient-centred tools and strategies for ensuring the methodologies used are in-keeping with the needs of each stakeholder group will be prioritised. For example, questionnaires, in-person events/interviews, online digital spaces, and direct communications will be targeted according to preferences and individual needs.

Maximising participation

All consultation documents will be available on a dedicated section of the HDdUHB website and staff Intranet. The sites and associated material will be promoted via the health board's corporate platforms to help reach the digital audience to maximise engagement.

All engagement will comply with legislation in terms of the Data Protection Act 1998, the General Data Protection Regulation 2016 – effective in May 2018, the Freedom of Information Act 2000, and equality and diversity legislation.

All promotional work will be carried out in accordance with the Department of Health's Code of Practice for promotion of NHS Services, published in March 2008.

Appendix C – Engagement Plan

Quantitative and Qualitative Engagement Methods

Quantitative methods will be used to gain feedback via:

- Consultation questions
- Equality monitoring

A range of qualitative methods will be used to gain feedback from identified stakeholders, using the following methods where identified as most appropriate to those stakeholders:

- Surveys and questionnaires (electronic, hard copy, telephone) - These can be adapted to alternative formats and delivery according to need (i.e., such as Easy Read and alternative languages).
- Online digital spaces - we will consider hosting our own digital spaces, bespoke events, or using community based digital platforms to provide a space for online engagement.
- Workshops/events/drop-ins/briefings/presentations for both internal and external stakeholders.
- Existing key meetings/groups (particularly seldom heard)
- Use influencers and champions to help provide accurate information amongst their groups/followers/colleagues, etc.
- Capturing stories, reflections, learning from staff via a wide range of virtual and face-to-face, formal and informal methods
- Focus groups
- Interviews
- Deliberative events

Appendix D – Communications Plan

Introduction

The Communications Plan will support the objectives of the consultation by:

- Providing clear and timely information about the purpose and scope of the consultation that helps to create understanding, build trust, and encourage engagement in the consultation
- Our communication will be proactive, open, and transparent – providing enough information for individuals to feel able to participate, without overwhelming individuals and leading to confusion
- Reaching out to our diverse range of key stakeholders (inclusive of staff, service users, carers, our partners, the public; particularly those identified as potentially being disadvantaged, marginalised, and minority groups) to raise awareness of the consultation and actively encouraging people to get involved and share their views
- Reduce likelihood of potential misinformation and myths by monitoring themes from events, correspondence, media and social media, and responding quickly to concerns
- Demonstrating that the Health Board is listening and responding by sharing themes heard during consultation, providing responses to concerns, and sharing the results of the consultation.
- Providing consistent responses wherever possible to people’s enquiries, or concerns (including those from stakeholders such as patient and public representatives and media), and sharing feedback heard to the Health Board.

Consultation promotion

The Communications Plan will document key messages, audiences (which will be informed by the stakeholder analysis), products, and channels necessary to support people to take part in the consultation, tactics to reach stakeholders, a schedule of promotion and activities, and how we will monitor and capture feedback. A variety of communication activities will be used to promote involvement in the consultation. More materials and activities will be prepared in advance for the first half of the consultation, allowing us the opportunity to review feedback, themes, and engagement, and respond accordingly in the second half of the consultation.

To ensure consistency of approach, we will continue to use the Teulu Jones brand. To distinguish this consultation activity from others, facilitate communication, feedback, and measurement, of issues relating to the consultation we will develop a name (and hashtag) for the consultation.

Appendix D – Communications Plan

Working with our key audiences

We will utilise existing stakeholder databases and methods of regular communication to support our cascade of information about the consultation. This includes internal staff communication platforms and newsletters, the Siarad Iechyd/Talking Health involvement scheme, partner networks, public representatives, and our local media (including hyperlocal media) - all of which will help us reach significant numbers in our communities. We will continue to use the appropriate channel for our audiences, to include:

Staff

- Team Brief (update following Board meetings and used as cascade brief for face-to-face team meetings)
- Hywel's Voice (staff newsletter available in hard copy and digital)
- Global email (daily email to all staff)
- Staff bulletins/video messages
- Closed staff Facebook group and Yammer
- Individual directorate newsletters (such as medical directorate newsletter, primary care newsletter, etc)
- Staff Intranet – continuing to build and update the information available to staff (including FAQs, key messages, links to news stories, feedback opportunities etc.)

Stakeholders

- Articles/snippets shared with stakeholders for use in newsletters and updates, including Local Authorities, Community Voluntary Councils, Town and Community Councils.
- We will continue to update our political representatives through the regular meetings held with MS and MPs and the Chair and Chief Executive, ensuring that representatives have a forum to ask questions, are provided with the information they need to be able to answer their constituents' questions, and provide a channel for representatives to share any local feedback or issues.

Public

We will utilise the full span of available media, and purchase paid-for media, to reach audiences that we may not otherwise. As a minimum, engagement with media channels will be proactive and focus on:

- Paid-for newspaper adverts to guarantee space/messaging
- Regular articles/offers of interviews prior to and throughout span of consultation (including mainstream media, Welsh language, and hyperlocal)
- Broadcast interviews
- Paid-for local radio

Appendix D – Communications Plan

Accessible documents and assets

Alternative versions of the consultation summary document and questionnaires will be developed, informed by the stakeholder mapping and Equality Impact Assessment.

We will use varied forms of communication products across our digital and non-digital platforms to promote interest in the consultation and offer useful information. This will include articles in media and hyperlocal newsletters, offering stories and interviews to broadcast media, a visibility and promotional campaign in key locations, animations, graphics, storytelling and short videos on social media and other digital platforms (e.g., digital screens in physical locations). We will also utilise community venues and a wide range of healthcare and partner/community settings to ensure information (hard copy and digital) is available and accessible.

We will support our organisational leaders and key stakeholders to encourage staff and patient/carer participation in the consultation, using briefing sessions and a suite of products (key messages, Q&As, printed and digital assets - communication products described above) to support informed sharing of messages consistently.

We will also purchase paid-for media to reach audiences that we may not otherwise, including (as a minimum), local radio advertising, advertisements in regional newspapers and social media advertising, targeting users from key communities.

Website

We will use our corporate website and online engagement platform to provide dedicated spaces for people to find out more information and to share their views. There will be significant focus and visibility for the purpose and scope of the consultation and how to get involved. Key messages for the website narrative will be reflective of the content of the main consultation document. Summary information will be provided in plain language and digitally accessible (html).

It will also include supportive information broken down into helpful, shorter form that is accessible to the younger service users. This will include media releases, key messages, and a frequently asked questions section. Supportive information can evolve during the consultation so that it is responsive to the concerns, questions or ideas we are hearing.

Appendix D – Communications Plan

Social Media

We will use our social media platforms to inform and remind people about the consultation. This will include frequent signposting to further information, events, and areas where people can provide feedback.

We will request support for sharing our social media campaign with key stakeholders, such as Local Authorities, Community Health Council and Community Voluntary Councils and special interest groups that may have audiences that align with our key stakeholders. We will also commission paid-for social media advertising to reach people in our locality who may not proactively visit or follow corporate pages.

Our social media platforms are managed Monday-Friday 9am-5pm. During this time, we aim to provide a swift response to any questions and enquiries, directing individuals to further information and our FAQs, to ensure consistency of messages and information. We will keep a record of comments/questions directed to us through our social media pages on Facebook, Twitter, LinkedIn and Instagram.

We will also promote use of a hashtag for the consultation, which will support us to listen and report back on themes (as opposed to individual comments) across our social media platforms. Please note we cannot 'track' individual's social media, and significant proportions of Facebook and Instagram are protected with privacy settings.

Outputs/Feedback Sharing

We will communicate how individuals can contact us, sharing a central contact point for people who have enquiries. This will be supported by an agreed process to ensure co-ordination of response and correspondence and a system to ensure the capture of any feedback for the consultation report. As common themes are raised, these will be reflected in our communication on an ongoing basis (e.g., updating of FAQs, thematic articles, etc).

Any media enquiries will be handled by the Media Office, who will draft appropriate responses, including identifying appropriate spokespeople depending on the issue raised.

Our activities will be monitored through our media monitoring service, and hashtag themes on social media. The number and nature of media enquiries will be logged. The overall activities will be summarised in a communications evaluation at the end of the consultation. Any issues raised through media enquiries will be highlighted, and, if necessary, our communications will be adjusted to reflect any concerns raised (e.g., adding to our FAQs, key messaging, or developing single issue press releases/articles, and provision of spokespeople to address particular areas).

Appendix D – Communications Plan

Outputs/Feedback Sharing cont.

Document and Questionnaire Sharing

As part of our communications planning, we will research and explore opportunities to address digital inclusion and exclusion for promotion.

This will include ensuring the availability of both hard-copy and digital documents, questionnaire and promotional materials. As a minimum this will include availability and promotion in high footfall areas or areas where there is digital exclusion.

The Health Board will send information about the consultation to our stakeholder database (which currently has approximately 4,500 contacts) by email and by post directly to a wide range of stakeholders, including individuals and organisations e.g., third sector, local authorities, and other interested parties.

We will consider direct communications to targeted audiences to allow for unfiltered messaging from the Health Board direct to those we wish to influence. This could include using digital and non-digital methods (e.g., we will consider letters, flyers to households, etc.)

Questions & Answers (Q&A)

The website will include access to documentation including the Consultation Document, associated accessible and alternative versions, and technical documents required for formal consultation. These will be dated and stamped with their version for documentation control. The questionnaire will be available from either our corporate website or on our engagement platform, dependent on the best and most accessible user solution. This will be promoted widely through our communications plan and for the duration of the consultation.

Building upon the resources already available on our website, a frequently asked questions section will also be available from the start of consultation (in digital accessible html format) and will be regularly updated, and dated, as the consultation evolves, and we hear people's concerns. We will also signpost people to this resource by promoting it on all other platforms.

An ongoing log of communication activities, including public affairs and correspondence, will be kept throughout the consultation period to ensure appropriate records are kept, for reflection and record maintenance.

Appendix E – Document Plan

Document versions

We will aim to be open and transparent in the provision of all our consultation materials. We acknowledge that to be involved in a consultation, some of our diverse communities will need to be provided with alternative versions, or support to participate.

Informed by the stakeholder analysis and Equality Impact Assessment, in order to make our consultation as accessible as possible we will produce:

- A bilingual consultation document in as plain writing as possible and minimum font size 12, that complies with digital accessibility guidance and best practice.
- Summary versions that may include:
 - Audio
 - Easy Read
 - Youth/child
 - British Sign Language (BSL)
 - Identified local languages (Polish, Ukrainian, Arabic, etc.)
 - Video summary, including BSL
- A suite of supporting, technical documents and impact assessments.

Appendix F – Consultation Report

Key Components

The purpose of the Consultation report is to:

- Provide the Board with information to enable a decision on how urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital will be delivered between now and the establishment of the new hospital network.

The consultation report is likely to include:

- Executive summary
- Introduction and background
- Preparatory work (stakeholder mapping, EqlA, engagement, options development and appraisal etc.)
- Methodology
- Key findings, drawing on emerging themes
- Discussion of the findings
- Conclusions
- Next steps

The final report will be presented and deliberated at the Public Health Board meeting in November 2023, which will be livestreamed for ease of access for the public to observe.

Appendix G – Feedback Report and Plan

Key Components

The purpose of the Feedback Report and Plan is to:

Detail the outcome of the consultation and next steps, 'you said, we did'.