



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Refresh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Executive Director of Strategy and Planning

**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

This report is a follow-up to the [strategy update report](#) discussed at the November 2024 Public Board meeting. It considers the emerging scope for the strategic refresh and related matters. It is intended to be the second in a series of reports on the strategic direction, which will build the analysis, approach and options for the refresh. This report is primarily concerned with the scope for the strategic refresh, and should be read in conjunction with the Strategic Approach to Financial Recovery item, as that provides further analysis on the economic, demographic and productivity context.

Included as a sub-item to this report is an update on the plans for consultation on the Clinical Services Plan (CSP), following Board agreement in November 2024 to proceed to this phase.

Cefndir / Background

The update report on the strategy presented at the November 2024 Public Board outlined that, while the vision set out in the 2018 *A Healthier Mid and West Wales* (AHMWW) strategy remains valid, there is a need to review the route to realising this vision; given the time that has elapsed, delays with the capital investment programme and the broad set of impacts resulting from the pandemic (health of the population, economic challenges etc).

The AHMWW strategy was explicit that the model in Mid and West Wales is unsustainable. Factors such as the health of the population and health risk factors, over-reliance on hospital services, under-development of digital, primary care instability, and workforce and estate fragilities mean the health system has struggled to cope with growing demand and is not sufficiently resilient to respond to the anticipated challenges over the coming years. This can be seen in the pressures today and, in the intervening period since AHMWW, service change has been required across primary and secondary care as these risks (workforce, estate, clinical) have materialised.

In the November 2024 Board discussion, it was agreed that, while the fundamental principles of *A Healthier Mid and West Wales* remain valid, endorsed by the Nuffield Trust's review of the strategy, elements around the timing for delivery would need to change.

The design principles of *A Healthier Mid and West Wales* strategy include:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

The recommendation at the November Public Board was to consider the following elements which could form the scope of a wider strategic refresh:

- Review of the purpose, vision and values of the Health Board
- Refresh of the strategic objectives
- A focus on digital, population health, social model for health and providing more care in the community
- Re-consideration of the infrastructure options, and sequencing, in support of this vision
- The role of each of the acute sites and the configuration of services in order to provide resilient and high quality services from within the existing hospital network
- Strengthening the relationship with the wider community to co-produce and co-deliver a future model of health care

Following the November Public Board meeting, a Board Seminar and a Board Development session have been held to explore some of these topics in more detail. This report consolidates these aspects and presents them for Board discussion. It is anticipated that subsequent Board reports will follow, building up a picture of the strategic choices, challenges and potential approaches, to support a broader discussion with our workforce, population and partners.

The report begins with the purpose and strategic objectives of the Health Board, to set the foundations for a strategic refresh, and then considers the strategic context facing the Health Board as it seeks to deliver the AHMWW vision.

Asesiad / Assessment

Scope of strategic refresh

As noted above, the November 2024 Public Board report set out the key elements which could form the scope of a strategic refresh. Subsequently, a Board Seminar was held in December 2024, where Board members considered further the reasons for undertaking the refresh, the potential scope of the work and early thoughts on the approach. The key conclusions from this session were as follows:

- **AHMWW vision** - the overall vision and principles articulated in *A Healthier Mid and West Wales* remain valid and can continue to guide the direction of the Health Board. The strategic refresh may lead to a refinement of this vision; however, the general thrust is unlikely to change, given the alignment to national policy direction (e.g. *A Healthier Wales*) and the evidence-base underpinning it.
- **Organisational purpose, values and strategic objectives** - whilst the vision of AHMWW is not expected to change, it was acknowledged in the Board Seminar that there was a need to revisit the Health Board's stated *purpose, values* and *strategic objectives* (explained in more detail below). Again, this is not because these have changed per se; however, given these

are also several years old, it would be prudent to review and update them as part of a strategic refresh.

- **Strategic plans** - as described in the November Board report, the context and key assumptions behind the plans set out in AHMWW have moved on over the last six years. Consequently, whilst the direction of travel may not change, the specific plans for delivering the AHMWW aspirations will need to be updated to reflect these realities. This will form the basis of the strategic refresh.

Purpose, Values and Vision

Before embarking on a refresh of the strategy, it is necessary for the Board to consider and define its fundamental beliefs, such as the purpose of the organisation, the core values of the organisation and the strategic imperatives.

Key Terms

Purpose (the “why”)

The *purpose* or *mission* describes the organisation’s reason for existing. Presently, the Health Board’s purpose is expressed as: “*Together we are building kind and healthy places to live and work in mid and west Wales*”.

Values

Our *values* express our beliefs about the culture and behaviours we wish to see within the organisation and with stakeholders. The Health Board has nine personal values:

- Dignity, respect and fairness
- Integrity, honesty and openness
- Caring, kindness and compassion

In addition to the personal values there are three organisational value statements:

- Putting people at the heart of everything we do
- Working together to be the best we can be
- Striving to deliver and develop excellent services

Vision (“the what”)

Our *vision* sets out our desired future state. It defines the direction of travel, guiding organisational decision-making. Hywel Dda’s vision is for “A Healthier Mid and West Wales” and, as stated above, can be defined by a set of principles:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

Strategic objectives / goals

These are the broad goals we believe we will need to achieve to reach that future state. The Health Board currently has six *strategic objectives*, with the value statements the first three:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our individuals, families and communities
5. Safe sustainable, accessible and kind care
6. Sustainable use of resources

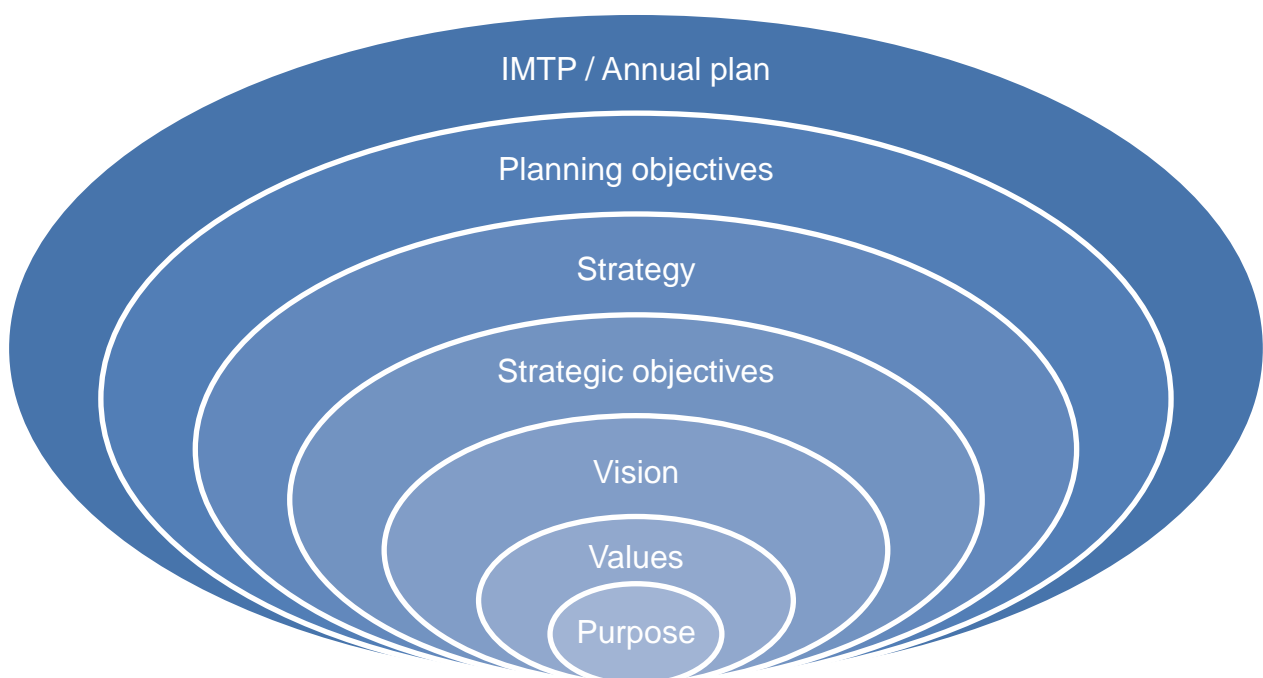
Strategy (“the how”)

This is the approach we intend to take to reach our strategic goals and deliver the organisational vision. It is our long-term implementation plan. The “A Healthier Mid and West Wales” document, published in 2018, sets out the Health Board’s long-term strategy to deliver the vision.

Planning objectives

These are the programmes of work, the activities of the organisation, which will contribute to delivering the strategy. At present the Health Board has 10 planning objectives.

The relationship between these concepts can be visualised as follows:



Values

As noted above, the values of the organisation are our deeply held beliefs about the culture and behaviours we wish to see within the Health Board. Extensive work was undertaken on the organisational values in 2015/16, involving over 2000 staff. These remain guiding principles for the Health Board and, as part of the strategic refresh, it is anticipated we would wish to test and renew these for today’s organisation.

Draft refreshed purpose and strategic objectives

In the recent Board development session, the following was proposed as a refreshed purpose and a revised set of strategic objectives. These are not fixed but can be tested further with our workforce, population and stakeholders through the strategic refresh and, in the meantime, can serve as a guide to the organisation.

“Healthier Lives, Well Led”



**Thriving
Workforce**



**Healthier
Communities**



Great Care



Positive Futures

The intention behind this revision is to make the language simpler and more concise to support embedding the concepts into the organisation and guide daily decision-making. Board is asked to consider the revised purpose statement and strategic objectives and endorse them for inclusion in the annual plan for 2025/26 and as part of the strategic refresh, recognising that they may be further refined through this process.

The AHMWW Vision

As noted, at the Board seminar in December 2024, the consensus of Board members was that the vision and the key principles of “A Healthier Mid and West Wales” remain valid:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

It is therefore not expected that there will be a significant deviation from these design principles; however, they will be explored and refined further through the course of the strategic refresh.

The strategy and strategic plans

As described above, whilst the strategic refresh may bring some renewal and refinement of the *purpose, values, vision* and *strategic objectives*, it is anticipated that this will largely be a continuation of what is already in place rather than a significant deviation.

The purpose of the strategic refresh will, therefore, be primarily focused on how to deliver these aspirations within today’s context, rather than fundamentally altering the direction of travel. Within this, there are some fundamental questions which the Board will want to explore and reach decisions upon. The existing planning objectives provide a framework for this, representing the component parts of the strategy. This is outlined below, with some potential areas for the strategic refresh to explore.

Strategic Objective	Potential Areas for the Strategy Refresh to Explore
Thriving Workforce	
Workforce (PO 1)	Recruitment, training and retention of key staff groups; expansion of 'grow your own' scheme; education and simulation training
Further considerations	Equality, diversity and inclusion; horizon scanning of new skills and roles; clinical leadership; customer service
Healthier Communities	
Population health and prevention (PO 10)	Social innovation; social model for health opportunities; enhanced prevention; regional health economy
Primary and community services (PO 7)	Design options emerging from the work on the strategic plan
Further considerations	Community connection; continuous engagement; children and young person's shadow Board
Great Care	
Urgent and emergency care / Six goals (PO 3)	Scheduling 'unscheduled' care; hospital at home; rapid community response
Planned care, diagnostics and cancer (PO 4)	Robotic surgery; prehabilitation; regional service models; community diagnostics
Mental health and CAMHS (PO 5)	Mental health of children and young people; neurodevelopmental services; economic inactivity due to mental health conditions
Further considerations	Safety, experience and outcomes; women's health; children's health;
Positive Futures	
Clinical services plan (PO 6)	Roles of each acute hospital site; service models for ED/MIU, Trauma, Medicine, Children and Women's
Estates and infrastructure (PO 8)	Refreshed long-term options for delivery of AHMWW; interim plans for acute sites; community hubs; rationalisation of estate
Digital (PO 9)	Electronic health record; use of AI; modelling and predictive analysis; public use of digital information and tools
Financial stability (PO 2)	Efficiency, value and productivity themes; strategic shift of resources; value-based health care
Further considerations	Research and development opportunities

The table above is not intended to be exhaustive at this stage and Board members are invited to discuss and consider the key areas it would wish the strategic refresh to explore.

Strategic Context

Demographics and economic outlook

The Board report on the Strategic Approach to Financial Recovery provides important context for the strategic refresh. It presents a number of sobering facts about the realities for health services in West Wales, Wales and the UK. The population is ageing, as the 'baby-boomer' generation progresses into the older age categories. This is occurring at the same time as the

working age population across West Wales is falling (significantly in some areas, such as Ceredigion) and the economy of the UK is highly challenged, constraining the ability of governments to invest in public services.

Healthcare needs

As noted in the [Darzi review](#) (2024) for NHS England:

“An ageing population is the most significant driver of increased healthcare needs as it is associated with the development of long-term conditions such as diabetes, breathing difficulties, or depression. By the time people are aged 65-74, a majority will have at least one long-term condition and some 40 per cent will have two or more. By the time people are aged 75-84, this rises to nearly 60 per cent having two or more, and by the time people are aged 85 or above, 9 out of 10 will have at least one long-term condition.”

The [Science Evidence Advice report](#) (2023) provides an examination of the projected impact of long-term conditions and risk factors in Wales on the NHS over the next 10 years. It provides an evidence-based assessment of the likely changes in the population and trends for key disease areas.

Taking diabetes as an example, the number of patients aged 17 and over with diabetes in Wales has risen by almost 60,000 people in 13 years, to 212,716 in 2021-22. The report concludes that:

“If prevalence remained at current level, 218,000 people would be living with diabetes by 2035-36, a 2.5% increase. If current trends in diabetes prevalence are maintained, then this would be 260,000 and a high scenario where the rate of increase in diabetes continues at current trends would mean over 280,000 people. The main risk factor for type 2 diabetes is obesity and poor diet and if this continues to increase then incidence will increase more quickly than demographic growth alone would predict.”

These findings project both the likely growth in demand and, crucially, the range of modelled scenarios depending on the trends for key risk factors. More positively, it demonstrates that rising demand for health services is not inevitable - if the population can be supported to improve lifestyle factors such as diet and physical activity, it will reduce the risk of developing type 2 diabetes and correspondingly reduce the need for health care provision.

Implications for the strategy refresh

The conclusion that demands for health services can be influenced, and that a strategic shift towards a wellness service is necessary if the NHS is to mitigate demand growth, is not novel and has been the thrust of health policy and strategy for decades. Nevertheless, the proportion of NHS spend on public health and primary care has actually been reducing. The reasons for this are multi-factorial but include increasing demand for hospital services, new treatments, inflation (drug costs for example) and increasing standards (e.g. nurse staffing act). Each of these point to the real-life challenges of making a strategic shift to prevention – some aspects of these challenges are outside of the direct control of the NHS (demographics and inflation for example) and other aspects which, whilst within the control of the NHS, are actually highly desirable as they are evidenced-based and provide better care outcomes (NICE guidance, improved staffing standards etc).

The result is that health systems face the challenging dilemma of seeking to shift resources away from areas providing high profile, highly regulated, acute services today and into services that will support people to live healthier lives tomorrow. Whilst intellectually this is the correct thing to do, experience shows that the practicalities of this are far more difficult.

A key consideration for the strategic refresh will, therefore, be how to approach this challenge and genuinely deliver the desired shift. An important aspect will be engaging the workforce and population on this key question. What is clear is that radical change will be required if the strategic objectives stated above are to be realised, given the medium and long-term outlook for health needs, the economy and workforce supply.

Whilst this will present challenges, it does offer an exciting opportunity to change the life course for individuals and focus on what really matters to people, maintaining good health and independence.

Revised Governance

The Health Board already has established governance arrangements for progressing the Planning Objectives. It is proposed that, in the first instance, an additional workstream is established under the AHMWW group to oversee the design and delivery of the strategic refresh. This will be chaired by the Executive Director of Strategy and Planning and include key Executive leads. The Strategic Development and Operational Delivery Committee (from April 2025, the Strategy and Planning Committee) will scrutinise the work on the strategic refresh with, as noted above, regular updates to the Board.

Infrastructure Investment Board

The Health Board is due to attend the Welsh Government Infrastructure Investment Board (IIB) on 23 January 2025 in relation to the AHMWW Strategic Outline Case (SOC). The purpose is to update the IIB on the revised position following the direction to explore 'a wider set of options' within the SOC and seek agreement on the way forward. It is anticipated that this will require a refresh of the Programme Business Case (PBC) before the SOC can be progressed. A further consideration is whether that revised PBC should consider only the 'end-state', as it did in 2022, or whether it should also incorporate the intervening period. There are pros and cons to each; however, clearly the latter would be a much more complex piece of work. Once the approach and scope is clarified, it will be necessary for the Board to consider the funding of this work, which is likely to be very significant.

Clinical Services Plan

Following the Board agreement in November 2024 to progress to consultation, the Clinical Services Plan (CSP) programme has developed the consultation project plan. This is a significant change programme which Board will wish to have close oversight of. Accordingly, a separate SBAR has been produced on the CSP, with the consultation plan, and is included as a sub-item to this report.

The CSP activity to develop a consultation project plan supports the wider strategy refresh, by including testing of the role of the four acute sites based on the learning from the options development process. Alongside this work, regional impact assessments will be carried out, to allow further engagement with partners to understand and shape future service delivery on a local and regional basis.

The CSP programme is in line with the existing strategic direction set out in AHMWW, while the options have also been assessed to ensure that they would not prevent any future thinking arising from the wider strategy refresh.

Argymhelliad / Recommendation

The Board is asked to:

- **ENDORSE** the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan and strategic refresh
- **DISCUSS** and **CONSIDER** the key areas it would wish the strategic refresh to explore
- **ENDORSE** the revised governance arrangements
- **NOTE** the Health Board's attendance at the Welsh Government Infrastructure Investment Board (IIB)
- **ENDORSE** the Consultation Project Plan provided as part of the Clinical Services Plan update

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
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Rhestr Termiau: Glossary of Terms:	AI – Artificial Intelligence ED – Emergency Department IMTP – Integrated Medium Term Plan MIU – Minor Injury Unit NICE – National Institute for Health and Care Excellence
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within key elements of the work programmes – overarching the Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: Legal:	Implicit within the PBC
Enw Da: Reputational:	Implicit within the PBC
Gyfrinachedd: Privacy:	Implicit within the PBC
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning Mark Henwood, Interim Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Morgan-Howard, Sarah Isaac, Alex Martin, Ben Rogers, Conrad Hancock, 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 Health Board has an agreed health and care strategy, 'A Healthier Mid and West Wales – our future generations living well', which sets out our vision for health and care services across Hywel Dda, including the future configuration of services. This remains our direction of travel however it was recognised in the November Board meeting that some aspects of that strategy may need to be reviewed in light of capital availability and the time elapsed since 2018. The fragility of our services was a key driver for the strategy and remains a risk that has been further exposed through the COVID-19 pandemic and in the period since.

The Clinical Services Plan programme was established to develop a set of plans for the provision of key services over the medium-term. The purpose of this report is to provide a project plan for consultation in initiation of Phase 3 of the programme of work to develop a Clinical Services Plan, as agreed by [Board in March 2023](#).

Cefndir / Background

The long-term plans for services remain as per those set out in our strategy; however, there is a need to consider service provision over the medium term, particularly with the delays in the 'A Healthier Mid and West Wales' programme. Prior to the pandemic, and in our strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites and therefore there is an over-reliance on a small number of individuals. This remains the case and in certain areas that risk has materialised. Similarly, there are services that have not returned to pre-pandemic activity levels which is limiting access for patients, e.g. for those patients awaiting elective surgery.

At the Board meeting held in [March 2023](#), it was agreed that the following services required focused support and would form a programme of work to deliver a Clinical Services Plan (CSP); the table has been revised to indicate services in scope and changes of roles:

Table 1: Drivers for pathways within scope of the Clinical Services Plan programme updated to reflect services in scope and change in roles:

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Chief Operating Officer
Urgent and Emergency Paediatrics	As per the outcome of the consultation. Currently at Implementation phase as updated in Board in January 2024	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Primary Care and Community	To respond to the service sustainability issues as discussed at the Extraordinary Board Meeting in February 2023	Director of Primary Care, Community and Long-Term Care

The Board update in [November 2024](#) approved the recommendation to develop a project plan to undertake a public consultation. In addition, this update included the closing report for Phase 2 of the Clinical Services Plan programme in the development of a shortlist of options.

[Asesiad / Assessment](#)

Clinical Service Plan Programme Update

Following the November 2024 Public Board meeting, work has been undertaken to develop the project plan to cover the scope and matters for consultation, the proposed timeline for consultation and the high-level plan for how the consultation will be undertaken. This detail can be found in Attachment A: Consultation Project Plan, with key points noted within this report that we would like to draw attention to and provide assurance on.

Also included within the update are the options, with their phased implementations which draw out the finance and workforce pressures, which will be included within the consultation documentation and questionnaire. Building on the Board decision in November, work has been undertaken to ensure that the options do not create a contradiction or prevent further work which may take place as part of a wider strategy refresh. Regional impact assessment of the options, already planned to be undertaken, will support the consultation documentation when ready to engage.

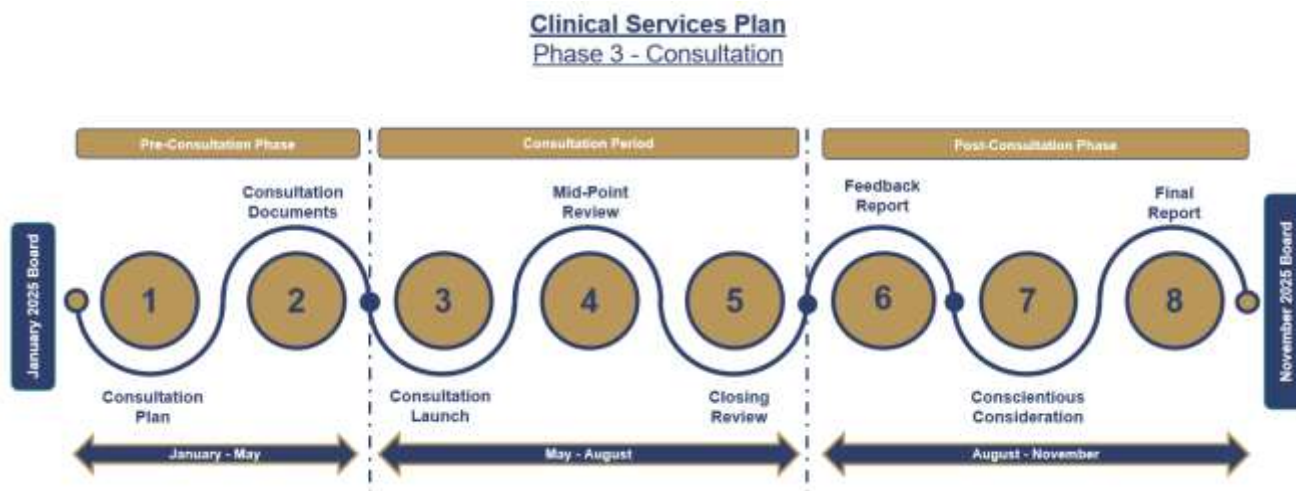
Consultation Project Plan Development

In accordance with the Welsh Government Guidance on changes to health services, 2023 (the Guidance), as the proposals for the service configurations would be a substantial change to services as detailed in the Board Report on 28 November 2024, the engagement around the services changes will be undertaken via a consultation.

The Health Board's responsibility is to involve and consult citizens about services that we provide, or commission from another body, and in developing and considering proposals for changes in the way these services are provided. The Board is responsible for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process in relation to the service configurations for the Clinical Services Plan under section 183 of the National Health Services (Wales) Act 2006.

To provide assurance to the Board that the processes are in place to support the consultation, the project plan sets out the scope and mandate of the consultation, the resources that will be required to deliver the consultation, and a high-level plan and timeline of how it will be delivered. A more comprehensive consultation plan will be developed which provides the detail around specific event planning, approach to staff, public and other stakeholder engagement, etc. once the consultation planning phase begins.

The graphic below represents the proposed timeline for Phase 3 of the programme, with consultation planning taking place between January and May 2025, consultation launch at Public Board in May with engagement taking place until August, and analysis of feedback and conscientious consideration taking place between August and October before final presentation of feedback to Public Board in November 2025.



It should be noted that, should there be a high level of responses received during the consultation, this may impact the amount of time that is required to analyse all of the feedback, which may mean that the findings of the consultation are brought to a later Board meeting. If this is the case, then the position will likely be known by August as part of the closing review. This timeline also does not account for any engagement or consultation that may be required for the options development process for Prince Philip Hospital Minor Injuries Unit which is expected to develop options in 2025.

As noted within the timeline, planned reviews during the consultation will take place during the engagement period so that additional targeted activities can be arranged if there are gaps in responses from demographic or geographic communities.

Clinical Services Plan Phase 3 Consultation Aim and Objectives

Hywel Dda University Health Board (the consulting body) 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 purpose of the consultation (Consultation Mandate) is to enable the Board, following engagement with all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis to make a formal decision on:

Clinical Services Plan service change options and

- The option(s) to progress for each of the nine services in scope to be undertaken on a phased basis.

The future roles of the four acute hospital sites

- Based on the options developed, the potential roles of the hospitals until the full implementation of the 'A Healthier Mid and West Wales' strategy.

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 service change options for the nine services in scope of the Clinical Services Plan
- The positive and negative impacts associated with each of the service change options for the nine services in scope of the Clinical Services Plan
- Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan
- The future roles of the acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals), between now and the full implementation of the 'A Healthier Mid and West Wales' strategy

The following matters have been decided and are not open to influence in the consultation:

- The nine services within the CSP determined and agreed by the Board in March 2023
- The overall direction of the 'A Healthier Mid and West Wales' strategy agreed by the Board in 2018 which we anticipate will remain, i.e.:
 - Moving towards a wellness service rather than an illness service
 - Developing a social model for health
 - Supporting citizens through technology and other means to stay healthy, independent, and in their own homes
 - Significant capital investment to address ageing estate, and
 - The consolidation of acute services to enhance resilience and improve standards

We are not at the stage of formal engagement or consultation on reviewing the 'A Healthier Mid and West Wales' strategy, so this will not be a formal part of the consultation, nor subsequent Board decision.

However, we will want to listen and have early and continuous engagement with our population about what is important to them. Therefore, we welcome feedback on these areas and will document this so it can be shared and considered as the Health Board moves forward with plans around the wider strategy refresh.

The options to be included within the Clinical Services Plan

As noted within the November 2024 Board report, the options require significant financial and workforce investment to fully enable the services to address fragility and sustainability issues, as well as improve performance and attainment of standards.

Work has been undertaken with the services to understand what could be delivered within 2 years (the implementation period) using existing workforce and reinvestment within the services' existing budgets, what could be delivered within 2-4 years (the improvement period) but would be dependent on funding being identified to deliver these changes, and what could be delivered in the longer term (over 4 years) which would require more detailed regional planning and capital investment.

The expectation for the consultees would be that an option would be delivered as set out in the implementation period, with Board committing to delivering the later phases of that option as funding becomes available.

Below is a high-level summary of the options which will be included within the consultation documentation; further work will be undertaken to support consultees understand what the options mean for the service, why some parts are configured the way they are, and what the benefits and risks would be around the different options alongside the cost to fully implement.

Service	Current Service	Commonality	Variant 1	Variant 2
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH, no service at PPH. EGS SDECs in WGH and GGH.	WGH EGS operations transferred to GGH	EGS operations alternate weekly between WGH and GGH
Implementation Phase (0 -2 years)			Services would centralise within existing resource	Services would centralise within existing resource
Improvement Phase (2 -4 years, subject to funding)			Option fully implemented with SDEC model	Option fully implemented with SDEC model
Longer Term (4+ years, subject to funding)			-	-

Service	Current Service	Commonality	Variant 1	Variant 2
Stroke	Acute Stroke Unit at GGH, PPH, WGH and BGH	BGH and GGH Treat and Transfer	PPH and WGH are Acute Stroke Units	WGH offers Treat and Transfer, PPH is Comprehensive Stroke Centre
Implementation Phase (0 -2 years)			Consolidation to PPH	Option fully implemented
Improvement Phase (2 -4 years, subject to funding)			Option fully implemented with consolidation to WGH	-
Longer Term (4+ years, subject to funding)			-	-

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3	Variant 4
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery
Implementation Phase (0 -2 years)			Acute element would centralise at PPH within existing resource	Acute element would centralise at PPH within existing resource	Acute element would centralise at PPH within existing resource	Acute element would centralise at PPH within existing resource
Improvement Phase (2 -4 years, subject to funding)			Option fully implemented	Option fully implemented	Option fully implemented	Option fully implemented
Longer Term (4+ years, subject to funding)			-	-	-	-

Service	Current Service	Commonality	Variant 1	Variant 2
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	WGH provides outpatients, no longer using SPH for community, clinics remain in NRC and AVH	HB service centralised in GGH, no longer using AICC for community	HB service provided in BGH and PPH, review community sites
Implementation Phase (0-2 years)			Fund additional staffing required to support move into GGH	Services would centralise within existing resource
Improvement Phase (2-4 years, subject to funding)			Option fully implemented	Option fully implemented
Longer Term (4+ years, subject to funding)			-	-

Service	Current Service	Commonality	Variation
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH. TWOC in community.	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements.
Implementation Phase (0 -2 years)			Centralise diagnostic services and most outpatient services to PPH
Improvement Phase (2 -4 years, subject to funding)			Option fully implemented with development of a stand-alone unit
Longer Term (4+ years, subject to funding)			-

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3	Variant 4
Elective Orthopaedics	Local and regional arthroplasty pathway at PPH, local arthroplasty pathway at BGH, day case and short stay pathways at PPH, WGH & BGH (temporary changes)	Local arthroplasty, day case and short stay pathways at BGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, extended day case and short stay pathways at WGH	Local arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH, increased service at BGH
Implementation Phase (0 -2 years)			Current Services (temporary changes since Covid 19) made permanent	Current Services (temporary changes since Covid 19) made permanent	Current Services (temporary changes since Covid 19) made permanent	Current Services (temporary changes since Covid 19) made permanent
Improvement Phase (2 -4 years, subject to funding)			Enhanced therapy support to improve patient throughput	Enhanced therapy support to improve patient throughput	Enhanced therapy support to improve patient throughput	-
Longer Term (4+ years, subject to funding)			-	-	Additional 7 beds at BGH to improve patient throughput	Enhanced therapy support to improve patient throughput

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3
Endoscopy	HB service at GGH, PPH, WGH and BGH	HB service at GGH, WGH and BGH	Diagnostic hub at PPH	HB service at PPH. Community sites for Bowel Screening Wales (BSW)	HB service with extended working hours at PPH
Implementation Phase (0 -2 years)			-	-	-
Improvement Phase (2 -4 years, subject to funding)			Phasing of clinical sessions to match future demand as identified in the national demand tool	Additional sessions made available on acute sites following the move of BSW sessions to a diagnostic Hub	Phasing of clinical sessions to match future demand as identified in the national demand tool
Longer Term (4+ years, subject to funding)			-	-	-

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3	Variant 4
Radiology*	HB service at GGH, PPH, WGH and BGH	No X-ray service at LH or SPH, X-ray services remain at CICC and TCH	HB service day time only at all sites.	7 day general HB service at GGH and BGH, 5 day interventional service at WGH, Diagnostic hub in PPH. Regional Diagnostic hub	HB Interventional service at GGH and BGH, HB service without interventional at PPH and WGH.	HB service at PPH and WGH, 7 day HB service with at BGH, 7 day HB service with 24/7 interventional at GGH.
Implementation Phase (0-2 years)			Remove services from LH and SPH	Remove services from LH and SPH	Remove services from LH and SPH	Remove services from LH and SPH
Improvement Phase (2-4 years, subject to funding)			Option fully Implemented	Begin phased implementation /recruitment of additional roles	Option fully Implemented	Begin phased implementation /recruitment of additional roles
Longer Term (4+ years, subject to funding)			-	Option fully Implemented	-	Option fully Implemented

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3
Critical Care**	Level 3 ICU in GGH, WGH and BGH, Level 2 ICU with level 3 Transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with Level 3 Transfers at PPH
Implementation Phase (0-2 years)			Option fully implemented	ECU at PPH	Current temporary service made permanent
Improvement Phase (2-4 years, subject to funding)			-	Option fully implemented with additional therapies	-
Longer Term (4+ years, subject to funding)			-	-	Option fully implemented with additional therapies

Engage on alternative service configurations which may not have been considered

The closing report for Phase 2 of the Clinical Services Plan programme highlighted feedback from the Options Development Group in relation to further configurations that could be considered by the Health Board.

Considering the evaluation feedback, there is potential that through public consultation further configurations may be suggested and considered. The consultation therefore seeks to understand alternative service configurations which may have not been considered.

Where alternative configurations are identified that have not previously been considered through the process these will be tested by applying the hurdle criteria, consideration of the evaluation criteria and any further analysis that may be needed to consider these.

Impact Assessment

In the context of this consultation project plan, the Health Board is required to assess the impact of 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. The work will build on the detailed Equality Impact Assessment (EqIA) and the stakeholder mapping and analysis, that was included in Phase 1 of the programme.

This work will also consider the regional impact on neighbouring health boards, namely Swansea Bay University Health Board, Powys Teaching Health Board and Betsi Cadwaladr University Health Board as well as the impact of patients living in those areas who access services provided by Hywel Dda University Health Board.

Update on Urgent and Emergency Paediatrics Implementation Plan at Wthybush Hospital

As previously identified, due to the need to support the RAAC remedial work in Wthybush Hospital, Puffin Ward has only recently been made available for the decommissioning and refurbishment for the Paediatric Service at Wthybush Hospital. A revised set of clinic room plans is being costed and a 3D walk through map is being produced. The capital funding identified for 2024/25 will now be required in 2025/26.

The clinical task and finish group has been progressing the identification of paediatric services that could potentially return to Wthybush Hospital:

- Through the identification of patient activity for those Pembrokeshire patients attending the Paediatric Service in Glangwili Hospital but could be repatriated back to Wthybush Hospital
- Development of a Puffin area clinic template from information supplied by the paediatric consultants and includes joint clinics from teams from Cardiff and Vale and Swansea Bay Health Boards.

Based upon the clinic template information available, the paediatric service has met with the Capital Projects Team and Estates to identify the room and affordability requirements; these requirements are being progressed and progress will be reported in the next Board paper.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the Consultation Mandate, the matters on which the Health Board wish to make a decision upon
- **APPROVE** the Consultation Project Plan, including the consultation scope, timescales for delivery and resource requirements
- **APPROVE** the commencement of the detailed consultation planning (pre-consultation period)

Regarding the Urgent and Emergency Paediatrics Implementation Plan, the Board is asked to:

- **NOTE** the update on Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

- 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20)
- 1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 20)
- 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 8)
- 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 8)
- 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 10)
- 1084 - (General Surgery) Surgical Rota at PPH (current score 9)
- 1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16)
- 1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities or the reduction in elective waiting times
- 1488 - (Endoscopy) Decontamination BGH (current score 12)
- 1092 - (OPD) Progress against F/UP OPD Targets (current score 12)
- 1255/56 - (T&O) Lack of Orthogeriatric Consultants and ANP Support (current score 20)
- 747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8)
- 1428 - (Rheumatology) Unable to meet Service requirements (current score 4)
- 632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16)
- 1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9)
- 1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	6 Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Clinical services Plan follows the advice and direction provided by the Consultation Institute (tCI) proven through the Urgent and Emergency Paediatrics project – Information of the process is contained with body of the report
Rhestr Termiau: Glossary of Terms:	Contained within body of the report, also: ARCH – A Regional Collaboration for Health BGH – Bronglais Hospital CSP – Clinical Services Plan EqIA – Equality Impact Assessment GGH – Glangwili Hospital GIRFT – Getting it Right First Time GMS – General Medical Services ORS – Opinion Research Services PPH – Prince Philip Hospital QSEC – Quality, Safety, and Experience Committee RAAC – Reinforced Autoclaved Aerated Concrete tCI – the Consultation Institute WGH – Worthybush Hospital WNWRS – Welsh National Workforce Reporting System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Board (March 2023 for approval to deliver the Clinical Services Plan Programme)

Parties / Committees consulted prior to University Health Board:	Board (May 2023 for an update on progress of the Clinical Services Plan) Board (July 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 Project Plan to develop a Primary Care and Community Strategy) Board (November 2023 for an update on progress of the Clinical Services Plan) Board Seminar (December 2023 for the agenda including items related to Primary Care and Community) Board (January 2024 for an update on progress of the Clinical Services Plan) Board (March 2024 for an update on progress of the Clinical Services Plan) Board (May 2024 for an update on progress of the Clinical Services Plan) Board (July 2024 for an update on progress of the Clinical Services Plan) Board (September 2024 for an update on progress of the Clinical Services Plan) Page 3, Chief Executives Report Board (November 2024 for an update on progress of the Clinical Services Plan) Executive Team
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	An indicative financial estimate is included within the SBAR.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Clinical Services Plan is intended to improve Quality and Patient Care. Quality Impact Assessment screenings have been completed and will be going to the Quality Impact Assessment Panel. These will be included with submissions to the Board in November 2025.
Gweithlu: Workforce:	The programme is in response to Workforce challenges. The impact will be assessed as the plans are developed.
Risg: Risk:	As outlined above.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	It is anticipated that there may be political and media interest in the development of these plans. A Communications and Engagement plan will be developed as part of the programme.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have

been undertaken based on current service provision. In addition to this Equality Impact Screening templates have been completed to consider the impact of these within each of the options. These will be submitted with Board papers in November 2025.



Consultation Project Plan

Clinical Services Plan Service Change Options

January 2025



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11	4.0 Proposed timeline for Clinical Services Plan Consultation
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17	7.0 Data Collection and Analysis
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1.0 Consultation project implementation responsibilities



Purpose	<p>The purpose of this project plan is to set out the scope that details the issues to be included within our proposed consultation on the service changes proposed by the Clinical Services Plan (CSP) options development process, and the process that will be followed. Services included within the CSP are: Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Radiology, Ophthalmology, Orthopaedics, Stroke and Urology. The project plan for the consultation will be considered by the Board at the public meeting to be held on 30 January 2025.</p> <p>The Board has reached agreement with Llais, in accordance with the Welsh Government <i>Guidance on changes to health services, 2023</i> (the Guidance), that the proposals for change if supported would be a substantial change to services. The Board has a statutory responsibility to undertake consultation under Section 183 of the National Health Service (Wales) Act 2006.</p>
Key Responsibilities	<p>The Health Board's responsibility is to involve and consult citizens about services that we provide or commission from another body, and in developing and considering proposals for changes in the way these services are provided. The Board is responsible for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process.</p> <p>The Health Board consultation management process includes:</p> <ul style="list-style-type: none">• The establishment of a Steering / Project Group to manage and monitor the consultation progress and monitor the responses as they are received• The development of a system to log incoming responses into a database for analysis at the end of the process• Acknowledgment of responses with a letter / email where contact details are provided• The development of a system to share our progress and findings with stakeholders• The development of a system to use feedback to inform further discussions and decision making• The development of a mid-point review process to ensure the consultation is progressing as anticipated and any emerging issues are addressed as part of the consultation process and management plan• Further development of the Equality Impact Assessment (EqIA) at the start, mid-point and end of the consultation process to help identify barriers, and any needs to be addressed to support participation from our diverse communities• The development of a system to consider impact throughout the process and adjust as necessary to eliminate or mitigate any potential or actual adverse impact at the earliest opportunity.

1.1 Statutory and Legal Duties



Equality Act 2010	<p>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 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. 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).</p> <p>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.</p>
Socio-Economic Duty	<p>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.</p>
Mental Capacity Act 2005	<p>The Mental Capacity Act is a law designed to ensure that all people aged 16 and over are protected and empowered if they lack the capacity to make a decision about their care and treatment.</p>
Human Rights Act 1998	<p>The Human Rights Act 1998 (the Act or the HRA) sets out the fundamental rights and freedoms that everyone in the United Kingdom is entitled to. It requires all public bodies, including health boards, to respect and protect your human rights.</p>
The Health and Social Care (Quality and Engagement) (Wales) Act 2020	<p>The Health and Social Care (Quality and Engagement) (Wales) Act 2020 provides the legal framework for, among other things, the establishment of Llais and the Duty of Quality.</p>

Welsh Language (Wales) Measure 2011 & The Welsh Language Standards (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 organisation 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.

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

The National Health Service Finance (Wales) Act 2014

The National Health Service Finance (Wales) Act 2014 makes planning the bedrock of the health system in Wales – the change from a market driven commissioning approach to a planned system – and introduced the need for the development of integrated medium-term plans.

Welsh Government Guidance on changes to health services 2023

Ministerial Guidance recommends that should service changes indicate that a consultation is likely, a two-stage process takes place:

- **Stage 1** Extensive discussion with key stakeholders to explore potential issues, refine options and determine the questions to be included within the consultation
- **Stage 2** Formal consultation for a minimum of six weeks

The guidance allows for consultation where this two-stage approach has not been met, where a consultation of up to 12 weeks follows a period of engagement.

The CSP programme has satisfied Stage 1 through the development of its Issues Paper, early targeted engagement, and check and challenge sessions. The recommendation would be that the consultation runs for 12 weeks to allow sufficient time for wider stakeholders to consider the options and provide feedback.

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 engagement is carried out to make sure it is good quality, open, and consistent. They offer a set of guidelines to organisations within the public and voluntary sectors in Wales:

- 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

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 Well-being (Wales) Act 2014 with specific duties to promote the integration of community care and support services. The WWCP is a statutory stakeholder for the purpose of this consultation project plan.

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.”

2.0 Scope and mandate of the consultation

<p>Consultation Scope</p>	<p>Hywel Dda University Health Board (HDdUHB) (the consulting body) 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.</p> <p>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:</p> <ul style="list-style-type: none"> • Service change options for the Clinical Services Plan and the impact of change on hospital sites <p>The Board, at its public meeting in November 2024, considered the evidence provided by the CSP programme in relation to the nine services in scope, and determined that the options should be taken forward for further consideration on a phased implementation basis, and that formal consultation will be undertaken, to determine the opportunities and impacts of the service changes and the overall impact on acute sites on its citizens.</p>
<p>Consultation Timescale</p>	<p>The consultation exercise will commence in May 2025 with the aim of presenting a consultation closing and output report at the Health Board public meeting in November 2025, subject to level of responses received which may require more time to evaluate.</p>
<p>Matters for inclusion in the consultation</p>	<p>The following matters have not yet been decided and are open to influence in the consultation, so we want to gather views on:</p> <ul style="list-style-type: none"> • The suitability of each of the service change options for the nine services in scope of the Clinical Services Plan • The positive and negative impacts associated with each of the service change options for the nine services in scope of the Clinical Services Plan • Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan • The future roles of the acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)

Matters excluded from the consultation

The following matters have been decided and are **not open to influence** in the consultation:

- a) **The nine services within the CSP determined and agreed by the Board in March 2023**
- b) **The overall direction of the ‘A Healthier Mid and West Wales’ strategy agreed by the Board in 2018 which we anticipate will remain, i.e.:**

- **Moving towards a wellness service rather than an illness service**
- **Developing a social model for health**
- **Supporting citizens through technology and other means to stay healthy, independent, and in their own homes**
- **Significant capital investment to address ageing estate, and**
- **The consolidation of acute services to enhance resilience and improve standards**

We are not at the stage of formal consultation on reviewing the ‘A Healthier Mid and West Wales’ strategy, so this will not be a formal part of the consultation, nor subsequent Board decision. However, we still want to listen and have early and continuous engagement with people about what is important to them. Therefore, we welcome feedback on these areas and will document this so it can be shared and considered as the Health Board moves forward with plans. These areas may be subjected to further consultation in the future.

Consultation Mandate

The purpose of the consultation scope defined within the consultation project plan is to enable the Board to make a formal decision on:

Clinical Services Plan service change options:

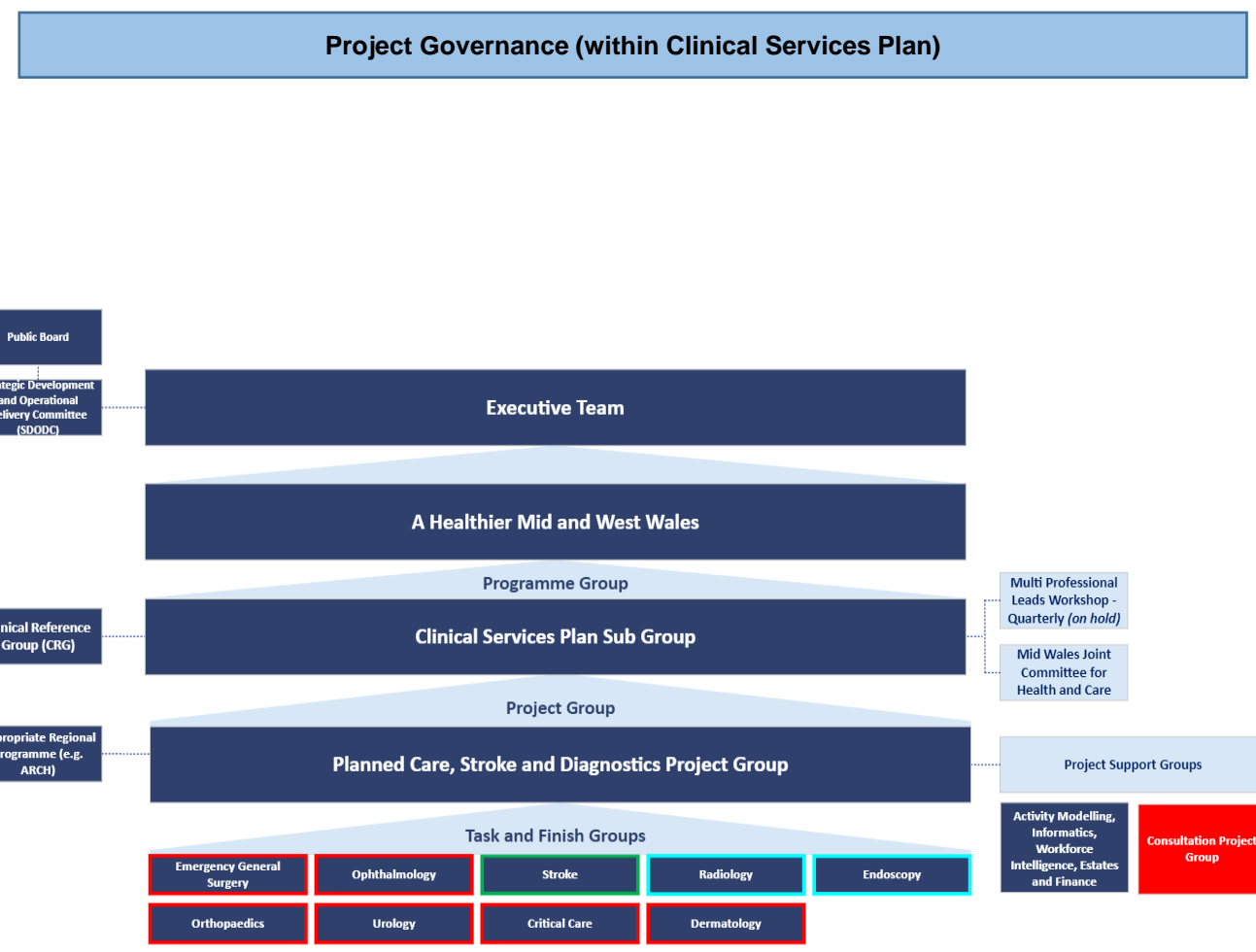
- The option(s) to progress for each of the nine services in scope to be undertaken on a phased basis.

The future roles of the four acute hospital sites

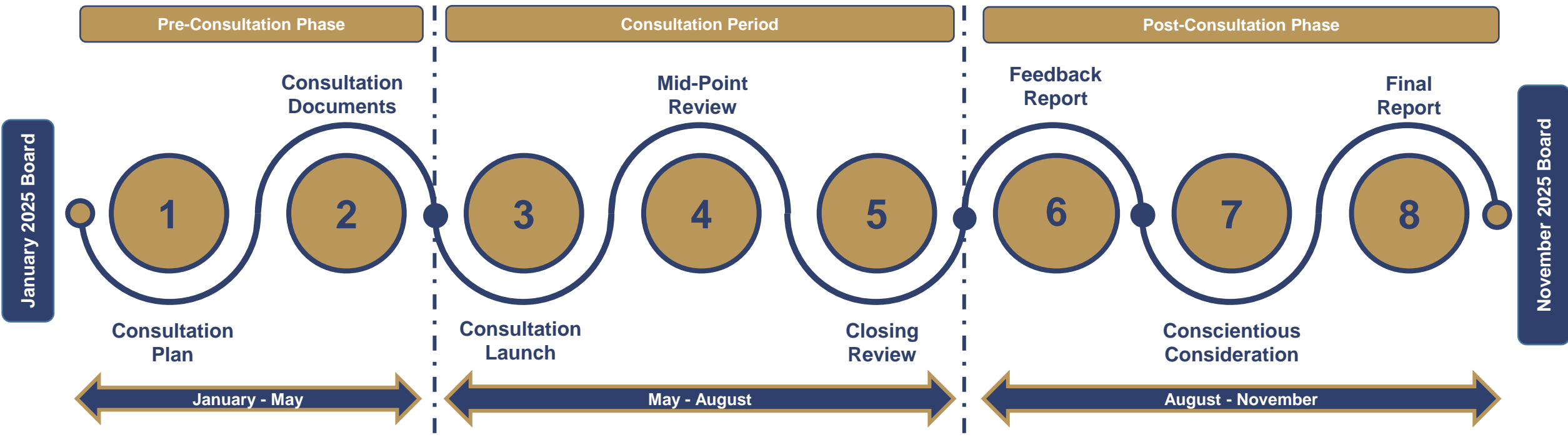
- Based on the options developed, the potential roles of the hospitals until the full implementation of the ‘A Healthier Mid and West Wales’ strategy.

3.0 Project Governance

Project Team Composition	<p>The project team for the CSP Consultation Project will consist of:</p> <p>Executive Sponsor / Senior Responsible Officer Programme Manager / Reporting Lead</p> <p>Communications and Engagement Director Head of Transformation Programme Office Clinical Lead Transformation Programme Office Head of Engagement / Engagement Manager Assistant Director of Communications / Senior Communications Officer Head of Partnerships, Diversity and Inclusion / Senior Diversity and Inclusion Manager</p> <p>Hugh Irwin (HICO) – As required Opinion Research Services (ORS) – As required</p>
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4.0 Proposed timeline for the Clinical Services Plan Consultation



5.0 Resource and Requirements Analysis

Consultation Project Team	<p>Project leadership, project management, Communications and Engagement posts identified for the project team are funded within existing team budgets, and from additional requirements identified through the Programme Business Case development and previously approved. Therefore, no additional staffing costs are envisaged for the delivery of the project.</p>
Supplier Costs for Quality Assurance Support and Consultation & Engagement Support	<p>Supplier costs were approved during November’s Public Board meeting.</p> <p>Quality Assurance for Consultation and Engagement (Hugh Irwin Company) - The contract duration will be for two years, with the option to extend for a further year. The initial contract value for two years is £74,080 with a potential total contract value of £111,120.</p> <p>Consultation and Engagement Consultancy Services (Opinion Research Services) - The contract duration will be for two years, with the option to extend for a further year. The initial contract value is £104,995.50; there is a provision allowed within the contract for optional costs of £56,211 should the scope of the project change, therefore, the potential total contract value is £161,206.50.</p> <p>Total = £272,326.50</p>
Communications and Engagement Costs	<p>The communications and engagement forecasting has been based on the 2018 Health Board 'Our Big NHS Change' consultation, which is of a comparable scale and complexity to the forthcoming CSP consultation. A 10% mark-up for inflation has been added into the costings below based on the 2023 consultation prices, as guided by Procurement.</p> <p>Documentation (including design and printing of multiple versions of consultation documentation) - £50,700</p> <p>Opportunities to engage (including events and other engagement activity) - £4,600</p> <p>Promotion (including advertising opportunities to engage with our communities) - £35,800</p> <p>Support, translation and administration (including alternative and additional languages, postage etc.) - £34,000</p> <p>Total = £125,100</p>
Total Consultation Costs	<p>Total Consultation Costs - £397,426.50, of which £125,100 are new costs.</p> <p>**** Costs set out are an indicative estimation only. This is due to the issue that until a further detailed stakeholder analysis is undertaken (to inform alternative versions and targeted events etc.) and various consultation documents are identified and written, we do not have the information we need for quotations. Cost estimates are based on 2023 consultation cost figures.</p>

6.0 Stakeholder identification and analysis (including equalities)

<p>Stakeholder Identification</p>	<p>The Clinical Services Plan has the potential to affect every single member of our communities.</p> <p>Our approach will be to create as open and accessible an opportunity for as many people as possible to be aware of the consultation and to get involved if they wish to do so.</p> <p>We will build on the detailed stakeholder mapping and analysis that was included in Phase 1 of the Clinical Services Plan programme. This is to make sure that any stakeholders identified during the options development process are being considered.</p> <p>This detailed stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by the potential options within the identified services 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.</p> <p>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.</p> <p>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 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.</p>
<p>Stakeholder Analysis – Multi-level Analysis</p>	<p>To ensure meaningful engagement of all relevant stakeholders, in considering service change options for the nine services in scope of the Clinical Services Plan and impact of the changes at the hospital sites, 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.</p>

Initial Stakeholder Analysis

These stakeholders will likely be broadly interested in our consultation:

- Patients, their carers and advocates
- Reference groups such as carers, service users, People’s First, Veterans and Vulnerable groups (homeless, Syrian Refugees etc.)
- Health Board staff and contracted services, and their Union and Staff Side representatives
- Care Homes
- Each county (Carmarthenshire, Ceredigion and Pembrokeshire) will have a specific interest in the proposals
- Hywel Dda Llais
- NHS organisations including Swansea Bay UHB, Betsi Cadwaladr UHB, Powys Teaching HB, Welsh Ambulance Services Trust and statutory organisations e.g., Dyfed-Powys Police, Mid and West Wales Fire Services
- Local community organisations, community representatives, third sector, voluntary sector
- Town and Community Councils
- Local Authority (Carmarthenshire, Pembrokeshire, Ceredigion) councillors and officers
- Professional Bodies

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

- GPs and Primary Care contractors
- Patients, their families and carers with particular emphasis on those with protected characteristics
- Current patients of Critical Care, Dermatology, Elective Orthopaedics, Emergency General Surgery, Endoscopy, Ophthalmology, Radiology, Stroke, Urology
- Current staff of Critical Care, Dermatology, Elective Orthopaedics, Emergency General Surgery, Endoscopy, Ophthalmology, Radiology, Stroke, Urology
- Community, interest, and campaign groups representing patients, carers and their families with particular emphasis on those with protected characteristics
- Children and young people accessing Radiology, Dermatology and Ophthalmology services
- Staff with protected characteristics and / or who may be carers

Equality Impact Assessment (EqIA)

The impact on those with protected characteristics, together with 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.

A baseline EqIA was undertaken during Phase 1 of the programme to understand the impacts and barriers to accessing health for the services as they are currently delivered, which supported the development of the Issues Paper. EqIA screening was undertaken during Phase 2 of the programme as options were developed to understand the impact of each option, including its staff and service users, the public, and using information that is already known to us.

The baseline EqIA and EqIA screenings will be shared as part of the consultation technical documents to gather additional impacts and views on issues or potential mitigations which may not have already been considered. By reviewing the views gathered through the consultation, and by considering the possible socio-economic impact, on identification of an option by the Board a final EqIA will be undertaken for the selected option using this full detail.

This will ensure that decision making is fully compliant with our legal duties under the Public Sector Equality Duty (PSED), Equality Act 2010 and the National Health Service (Wales) Act 2006 and that we are taking account of people's protected characteristics.

7.0 Project Risk Analysis



Initial High-Level 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 identified include, but are not limited to:

- Potential of confusing the public if other Health Board consultations or engagement exercises are launched, or overlap the consultation timeline
- Lack of public involvement, due to consultation / engagement fatigue or disengagement, which may leave sections of our communities and protected characteristic groups unrepresented 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
- Receiving and responding to potential legal challenges
- Political risk of unmanaged interactions between politicians, campaign groups, staff and media channels

Data Collection and Analysis

In line with previous consultations delivered within Hywel Dda, including the Land Consultation 2023 and Urgent and Emergency Paediatrics consultation 2023 the Board was supported by Consultation and Engagement Consultancy services and Quality Assurance and Consultancy services.

Previous Consultation and Engagement Consultancy services were delivered by Opinion Research Services. This ensured that the questionnaires were constructed in a way to gather appropriate information to allow Board to make a deliberation and decision in line with industry standards.

This contract allows Board to have an independent organisation to gather questionnaire responses, undertake analysis and produce a report of the findings which is independent to the Health Board. The organisation would also undertake focus groups facilitated independently to seek views, as well as review and provide information on additional information gathered throughout the engagement period.

8.0 Consultation Plan



Developing the detailed 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 formally reviewed 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 (Clinical Services Plan 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 review 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 who 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 the 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.

10.0 Engagement Plan

<p>Introduction</p>	<p>The engagement plan will support the objectives of the consultation, which is intended for:</p> <ul style="list-style-type: none"> • Raising awareness amongst our people of the opportunities to participate and share views to inform the Board decision on service change options for the nine services in scope of the Clinical Services Plan and impact of change on hospital sites • 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 service change options for the nine services in scope of the Clinical Services Plan 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 <p>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.</p> <p>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.</p>
<p>Maximising participation</p>	<p>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.</p> <p>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.</p> <p>All promotional work will be carried out in accordance with the Department of Health’s Code of Practice for the promotion of NHS Services, published in March 2008.</p>

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

9.0 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 mis-information 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 the 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 and recognition that the consultation is part of our strategy evolution, that has been developed with our communities, 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, akin to our previously used ‘Our Big NHS Change’.

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 hyper local 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)
- Townhall (open to all staff) online events
- Staff bulletins / video messages
- Staff social media – VIVA and closed staff Facebook group
- 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 monthly meetings held with MSs 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 will be proactive and focus on:

- Paid for newspaper adverts to guarantee space / messaging
- Regular articles / offers of interviews to the media (spanning print, digital and broadcast) prior to and throughout the span of the consultation (including mainstream media, Welsh language, and hyperlocal)
- Paid for local radio
- Paid for and 'organic' social media campaign

<p>Accessible documents and assets</p>	<p>Alternative versions of the consultation summary document and questionnaires will be developed, informed by the stakeholder mapping and Equality Impact Assessment (see Section 11).</p> <p>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.</p> <p>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.</p> <p>We will also purchase paid for media to reach audiences that we may not otherwise, including (as a minimum), local radio advertising, adverts in regional newspapers and social media advertising targeting users from key communities.</p>
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<p>Website</p>	<p>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).</p> <p>It will also include supportive information broken down into helpful, shorter form. This will include media releases, key messages and a frequently asked questions (FAQ) section. Supportive information can evolve during the consultation so that it is responsive to the concerns, questions or ideas we are hearing.</p>
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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. It will also include 'themes' in the same way as media releases to break down elements of the consultation document itself.

We will request support for sharing our social media campaign with key stakeholders, such as local authorities, Llais, 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, X (formerly Twitter) 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).

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.

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 has approximately 5,000 contacts plus approximately 3,000 who expressed an interest in being kept informed about the Clinical Services Plan work) 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, a summary document and associated accessible and alternative versions (more detail in Section 12), 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 the 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.

10.0 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 the 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
- A bilingual summary version, and additional languages and alternative versions that may include:
 - Audio
 - Easy Read
 - Youth
 - British Sign Language (BSL)
 - Identified local languages (Polish, Ukrainian, Arabic, etc.)
- A suite of supporting technical documents and impact assessments
- Animation and video promotion to attract interest from groups who may not access other versions of documents (potentially those with low literacy) and signposting to support to attend events or speak to someone

11.0 Consultation Review Stages



Mid-Point Review	<p>The mid-point review will be undertaken between week 4 and week 6 of the consultation period, as discussed with Llais, in order to review how the consultation has met the project plan to date and any new and emerging issues, including:</p> <p>Evaluating what has been learned to date, through:</p> <ul style="list-style-type: none">• 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• Review and updating of the EqIAs.
Closing Review	<p>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:</p> <ul style="list-style-type: none">• 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 EqIAs.

12.0 Final Report



Evaluation and Analysis Plan	<p>The consultation analysis, initial output report and final report will be undertaken independent to the Health Board via Opinion Research Services (ORS) who have been procured in advance of consultation.</p> <p>The 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.</p>
Key Components	<p>The purpose of the final report is to:</p> <ul style="list-style-type: none">• Provide the Board with information to enable a decision on the service change options for the nine services in scope of the Clinical Services Plan taking the impact to the hospital site into consideration <p>The final report is likely to include:</p> <ul style="list-style-type: none">• Executive summary• Introduction and background• Preparatory work (stakeholder mapping, EqIAs, engagement, options development and appraisal, etc.)• Methodology• Findings• Discussion of the findings (including recommendations)• Conclusions• Next steps <p>The final report will be presented and deliberated at the Public Health Board meeting in November 2025, which will be livestreamed for ease of access for the public to observe.</p>

13.0 Feedback Report and Plan



A feedback report, detailing the outcome of the consultation, 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.