

**CYFARFOD BWRDD IECHYD  
HEALTH BOARD MEETING**

<b>Dyddiad y Cyfarfod: Date of Meeting:</b>	6 <sup>th</sup> August 2012
<b>Eitem ar yr Agenda: Agenda Item:</b>	
<b>Pwnc: Subject:</b>	<b>Your Health Your Future- Consultation and Communications</b>
<b>Swyddog Adrodd: Reporting Officer:</b>	Christopher Wright, Director of Corporate Services

**Pwrpas y Papur i'r Bwrdd Iechyd  
Purpose of the Health Board Paper**

The purpose of this report is to:

- Describe the responsibilities the Ministerial Guidance (issued in March 2011) places on the Health Board.
- Provide an assessment of compliance with Stage 1 of the consultation process
- Provide an assessment and a supporting consultation plan to give assurance that:
  - the process is inclusive; and
  - meets the guidance issued by the Welsh Government in relation to Stage 2 of the consultation process; and
  - adopts best practice
- Assess the Consultation Document for compliance with the guidance and seek approval

**Llywodraethu:  
Governance:**

<b>Cyswllt ag Amcanion Strategol y BI: Link to HB Strategic Objectives:</b>	Health Board Strategic Objectives 1, 2, 3, 6, 7  3 Year Business Plan Ten Pledges and Initiatives 1e, 2.3a, 2.5a  Healthcare Standards for Wales – Communications and Engagement  Structured Assessment – KLOEs relating to sustainability and engagement  SWAFF and financial balance
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**Penderfyniad y Bwrdd Iechyd:  
Health Board Resolution:**

<b>I gymeradwyo To approve</b>	✓	<b>I gefnogi To Support</b>	
<b>Argymhelliad Recommendation</b>	Taking into account the evidence presented, the Board is requested to: <ul style="list-style-type: none"> <li>• Approve completion of Stage 1 of the consultation process</li> <li>• Approve the commencement of Stage 2 of the consultation process (formal consultation) for a period of 12 weeks commencing 6 August 2012</li> <li>• Approve the Consultation Plan</li> <li>• Approve the Consultation Document</li> </ul>		

<b>Prif oblygiadau ar y canlynol</b>	
<b>Key Implications for the Following</b>	
<b>Ariannol Financial</b>	Effective consultation is expensive, but insufficient investment could lead to the need to repeat the exercise if guidance has not been met, or even face judicial review if due process has not been followed
<b>Gwerth am Arian Value For Money</b>	Investment in effective consultation will provide value for money. Failure to adequately invest and repeat exercise or face judicial review would incur far higher costs for the organisation.
<b>Risg Risk</b>	<p>If consultation guidance is not been met, the Health Board faces the potential for challenge or judicial review</p> <p>There are risks associated with an August launch:</p> <ul style="list-style-type: none"> <li>• the capacity of the organisation to support events (due to annual leave, childcare commitments etc)</li> <li>• capacity of stakeholders to meet with the health board early in the process due to holidays etc</li> <li>• public perceptions the health board is starting the consultation at this time deliberately when many people are on vacation.</li> </ul> <p>However this is mitigated by the decision to extend the formal consultation period from 6 to 12 weeks.</p>
<b>Cyfreithiol Legal</b>	<p>See above</p> <p>The Health Board has engaged the Consultation Institute to assure the process and mitigate against the potential for challenge</p>
<b>Gweithlu Workforce</b>	Time and capacity of staff across the Health Board will need to be released to ensure the consultation runs effectively and smoothly and all relevant stakeholders have the opportunity to comment.
<b>Asesiad Effaith Cydraddoldeb</b>	
<b>Equality Impact Assessment</b>	
<b>Wedi'i gynnwys yn y Papur i'r Bwrdd Included in Health Board Paper</b>	Separate Board Paper
<b>Sylwadau Comments</b>	<p><i>Dim yn berthnasol</i> n/a</p> <p>A high level Impact Assessment has been undertaken and work is still underway to ensure that any early impacts are addressed in the consultation document. More detailed work will be undertaken during any subsequent pathway development to ensure that all negative impacts are mitigated.</p> <p>The Consultation Plan has been designed to ensure that the process is equitable and gives all sections of the community the</p>

<p><i>Ymchwil/ Ar sail tystiolaeth</i> <b>Research/Evidence Base</b></p>	<p>same opportunities for involvement.</p> <p>A number of Focus Groups will be held with groups identified in the Equality Impact Assessment as affected by changes and seldom heard to ensure that their views are incorporated into the consultation process.</p> <p>Work has been undertaken with Public Health Wales (included in evidence files to accompany Consultation Document) to identify seldom heard and protected characteristic groups.</p>
<p><i>Cynnwys Cleifion a'r Cyhoedd</i> <b>Patient and Public Involvement</b></p> <p><i>Effaith ar ganlyniadau i'r Claf</i> <b>Impact on Patient Outcomes</b></p>	<p>The Consultation Plan describes the range of PPE and Communications activity.</p> <p>The Consultation will determine the Health Board's future strategy which it is believed will have benefits for all in terms of high quality and sustainable services</p>
<p><i>Ymgysylltu Clinigol</i> <b>Clinical Engagement</b></p> <p><i>Partïon/ Pwyllgorau â ymgynhorwyd ymlaen llaw i'r Bwrdd</i> <b>Parties/Committees consulted prior to Health Board</b></p> <p><i>Rhestr Termau</i> <b>Glossary of Terms</b></p>	<p>The detailed equality impact assessments identify any potential negative impacts that need to be taken into account and mitigated against in subsequent service re-design. Described in the paper</p> <p>Information Governance Committee Comms &amp; PPE Working Group CHC Planning Group</p>

# **YOUR HEALTH; YOUR FUTURE CONSULTATION AND COMMUNICATIONS**

## **Executive Summary**

A review has been undertaken of the Stage 1 Engagement Phase in line with Welsh Guidance outlined in the document *The Guidance for Engagement and Consultation on Changes to Health Services EH/ML/0161/11*.

The first part of the paper focuses on assurance of compliance with the guidance on Stage 1 of Consultation. This is the element that relates to pre-consultation engagement with key stakeholders to develop the strategy and agree the elements for consultation

The paper describes both the requirement and the Health Board's activity to meet the requirements outlined in the guidance. Only when the Board is satisfied that Stage 1 has been fully completed should it approve commencement of Stage 2 of the process.

Stage 2 of the process is the formal consultation phase. The guidance describes 16 key criteria that must be met before consultation commences.

The second part of the paper seeks to describe how formal Consultation will be undertaken by providing an assessment against the relevant criteria and incorporates a comprehensive and inclusive consultation plan that meets the expectations of the Welsh Government Guidance.

This process is being assured by the Consultation Institute and elements will also be supported by an external organisation to provide further assurance in relation to best practice.

## **1. Background**

It is the Health Board's intention to undertake a consultation on potential service reconfiguration within Hywel Dda.

Ministerial Guidance (issued in March 2011) makes it clear that there are certain responsibilities on the Health Board in undertaking consultations of this nature.

The process for consultation requires a two stage process:

- Stage 1 – Pre-consultation to engage key stakeholders in developing options and plans
- Stage 2 – Formal consultation

This paper describes those responsibilities and provides supporting plans and evidence where appropriate to give assurance that the process is inclusive and meets the guidance issued by the Welsh Government.

## **2. Stage 1 (Pre-Consultation)**

### **2.1 What is Required**

The requirement is for the Health Board to undertake a two stage consultation process where it appears likely that formal consultation should take place.

The first stage of this process is for the Health Board to undertake extensive discussions with all key stakeholders, including:

- Stakeholder Reference Group
- Health Professions Forum
- Partnership Forum
- Community Health Council
- Local Service Boards
- Staff and their representative bodies
- Other key partners as appropriate

The purpose of these discussions is to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation.

Only when the Health Board is satisfied that the first stage has been properly conducted should it proceed to formal consultation.

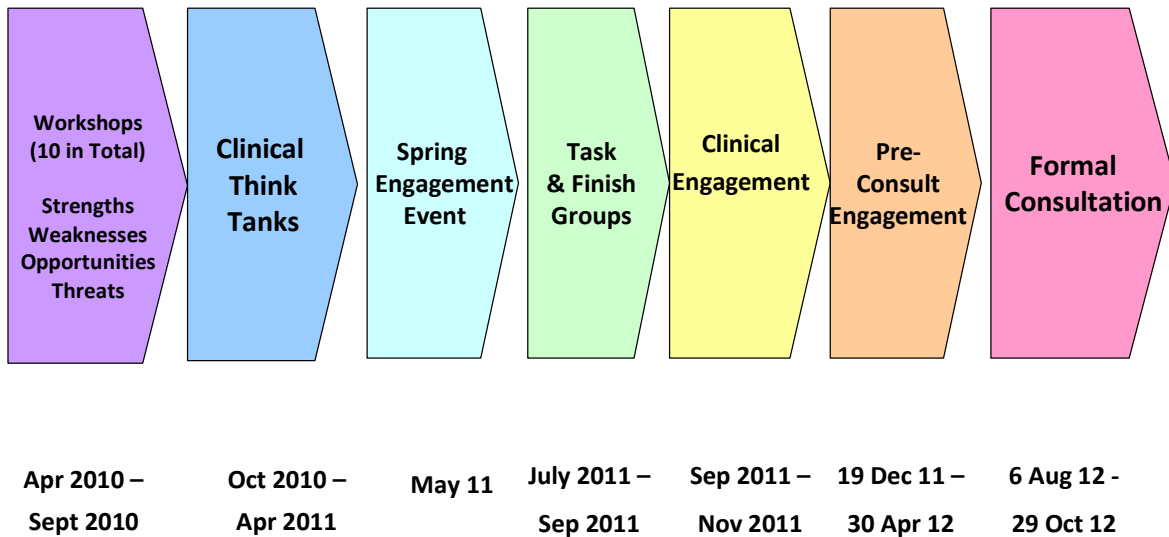
### **2.2 What Has Been Done**

#### **2.2.1 Background**

We have undertaken a lengthy process of engagement with our doctors, nurses, therapists and with our partners and stakeholders. We have been clear that any proposals for change in local services must be led and designed by our clinical staff.

## 2.2.2 Stage 1 - Stakeholder Engagement

The process and timeline adopted is shown below:



### i) **The Hywel Dda Five Year Framework – ‘Right Care, Right Place, Right Time... Every Time**

The principles underpinning our clinical change programme were embodied in ‘The Hywel Dda Five Year Framework’ – ‘Right Care, Right Place, Right Time... Every Time’ published in August 2010. This framework was subject to significant staff, public, patients and stakeholder engagement over a six month period, including:

- Distribution to over 1,000 Community Groups with an offer of a presentation by a senior Health Board officer;
- Presentations to all key stakeholder forums including the Stakeholder Reference Group, the Health Professions Forum, the Partnership Forum, the Community Health Council, Local Service Boards, our staff and their representative bodies and a number of other key partners;
- Regular information to staff including Chairman’s Blog, Team Briefs, Staff Newsletters, Staff Bulletin updates and Staff Open Forums across all sites;
- e-Newsletters to stakeholders;
- Themed Intranet and Internet pages with feedback form; and
- Social Networking sites.
- Clinical Engagement

## **Key elements of this process included:**

- Clinical Think Tank Events - in which clinicians led the preliminary development of proposals for the future delivery of key services.
- Clinical Programme Groups – which were responsible for the development of clinical pathways for key services.
- A two day clinical engagement event - which involved a range of doctors, nurses, therapists from the Health Board, general practitioners and our key partners including Social Services and the Third Sector. This event brought together all the discussions and identified some key service areas where change is required and gave recommendations and criteria for evaluating service options.
- Feedback to all staff on outcomes of the Clinical Engagement event.

## **ii) Your Health Your Future - Listening and Engagement Phase**

The discussion document Your Health: Your Future set out the vision for Hywel Dda Health Board, explaining the case for change and the challenges currently faced not only by Hywel Dda Health Board but also by NHS Wales.

During the Listening and Engagement phase on potential service reconfiguration Hywel Dda Health Board set out to hear the views of as many staff, patients, public, stakeholders, organisations and interest groups as possible. As a result, it hoped to offer an inclusive view of the way forward for health services across Hywel Dda Health Board.

This process took place from December 2011 to the end of April 2012. A wide range of activities were undertaken in order to provide opportunities for staff and the public to form their opinions from an informed position and for the Health Board to be able to listen to their views. The information captured provided valuable stakeholder engagement which will assist the development of options for service re-configuration.

The discussion document and associated information was circulated widely to key interest groups and stakeholders. A DVD and case for change leaflet was distributed to households across the three counties and all efforts were made to ensure that all those who wished to, were given the opportunity to offer their views on the issues being explored.

Engagement was carried out through a series of established channels to communicate and engage with stakeholders, staff and citizens:

- **Stakeholders** - examples of activities included:
  - presentations to County Councils, Town and Community Councils,
  - third sector events;
  - one to one meetings with politicians;
  - meetings with interest groups;
  - stakeholder briefings sent out to stakeholders.
- **Staff** - examples of activities included:
  - Staff Roadshows
  - Staff briefings,
  - Focus Groups
  - Team Briefs,

- Staff Newsletters
- Staff Bulletins
- **Citizens** – examples of activities included:
  - leaflet and DVD being distributed to households
  - Twelve “Meet the Health Board” events across the three counties;
  - seven focus groups
  - senior managers attended engagement events organised by neighbouring Health Boards Betsi Cadwaladr and Powys.

The Listening and Engagement process involved extensive efforts to engage with a range of key groups, stakeholders, departments and members of the public through various direct methods as well as the publication and distribution of summary documents and materials.

Opportunities to take part in the Meet the Health Board events were promoted through local press, radio, local NHS premises as well as pharmacies, GP Practices, Libraries etc.

This is believed to represent a very considerable effort on the part of the Health Board to ensure that all individuals in the region had the opportunity to express their views. Every effort was made to ensure that the information was readily available to the public and events were scheduled to maximise participation.

The final elements of the Stage 1 process has been to refine the options taking into account the feedback received and to decide and agree on which questions will be set out in the consultation.

Only when the Health Board is satisfied that the first stage has been properly conducted should it proceed to formal consultation.

### iii) **What we heard from ‘Your Health, Your Future’**

The Your Health, Your Future Listening and Engagement phase allowed us to find out what you really think about the healthcare you receive, what works well and what doesn’t. It has been an invaluable tool in helping us produce our plans for change, and in helping us design an efficient, high-quality, value-for-money healthcare system across the Hywel Dda Health Board area.

Throughout the listening and engagement phase over 818 completed questionnaires and 569 submissions (including letters and petitions) were received. Ten main petitions were received; three related to Prince Philip Hospital, (the largest of which was a Petition from SOSSPAN in Llanelli which had over 26,000 signatures) and five referred to Bronglais General Hospital (the largest of which was organised by the Cambrian News and had over 8,000 signatures). In addition, we received additional detailed feedback informed by debate and discussion through the twelve Meet the Health Board Events, seven public focus groups, nine staff focus groups and feedback from over 50 stakeholder meetings.

Below is an overall summary of the outcomes of this exercise. A full report and executive summary on the responses received during the Your Health Your Future Listening and Engagement process is available on Hywel Dda Health Board’s website.

- **Written Responses**  
In response to the questionnaire an absolute majority of respondents agree that the Health Board needs to ensure services meet quality and safety standards for patients



(87%). The principle to make the best use of scarce resources was similarly endorsed (82%).

The Health Board's aim to provide 80% of NHS services locally, through integrated primary, community and social care teams working together (73%) was supported as was the aim for service planning to treat the ageing population who suffer from long-term chronic conditions as a priority (82%). The need to improve transport services was endorsed (78%).

Respondent views were divided on the remaining principles, as fewer than half **agree** and more than two fifths **disagree** with specialising some services into fewer, fully equipped centres (45% agree; 41% disagree). The principle of developing specialised services, meaning that some patients will have to travel further for some hospital services, (48% agree; 42% disagree) divided views in a similar manner.

Respondent views on these two principles varied markedly, with less agreement from those living nearer Bronglais or Prince Phillip and more agreement from those living nearer Withybush or Glangwili hospitals. Respondents who live more than 20km from their nearest general hospital are significantly more likely to agree with the principles overall.

Further comments provided through questionnaire analysis and other submissions revealed that, in general, respondents are most concerned about::

- Hospital closures and downgrading (especially with regards to Bronglais Hospital), travel time to get to hospital (both as a patient and a visitor) due to closures and downgrades, and whether transport will be improved and how the costs of implementing any changes will be funded and whether it will impact on patients directly.
- Local access to Women's and children's services, planned care cancellations, timely access to fully resourced A&E departments and the need for additional investment in mental health care and treatment.
- **Focus Groups**  
Main points to emerge across the seven public focus groups were that most residents while not discontented with their health services in general, were reluctant to see local hospitals "run down" (an emotional but commonly used phrase). There was considerable support for more community-based care in principle, balanced by fears that community based services are not yet ready to perform effectively without adequate resourcing and widespread concerns about access to GP services both in- and out-of-hours.

The concentration of some medical services raised concerns about travelling times (due to distances and poor roads) particularly for older people and their relatives. Despite this, many participants readily accepted that centres of excellence could deliver greater expertise and resilience for serious conditions: so specialisation in centres of excellence was generally welcomed. This was with the proviso that diagnostics and follow-up care is delivered locally

Many did not always understand the nature of their local services: some were surprised to learn of the limited nature of what they had supposed was a full A&E service at Prince Philip Hospital and local residents were especially concerned with the status of

Prince Philip Hospital and the future of its A&E unit. Participants in Aberystwyth were concerned that Bronglais Hospital has already suffered the loss of some services and felt strongly that its strategic location in relation to Gwynedd and Powys must be taken into account.

In terms of the staff focus groups most of the participants were relatively understanding of the Board's direction of travel and, overall, there was little opposition to the Health Board's main assumptions and principles. The most opposition to the strategic approach was found at Bronglais Hospital; staff felt that the Board's strategy reduced services in the north in favour of those in the south.

In the more senior groups there was considerable support for the need to consider the location of hospital services carefully. There were different views on the location of particular services in the light of the Health Board's principles, but there were some clear conclusions e.g , that breast cancer surgery should continue to be at Prince Philip Hospital, which was universally recognised as a centre of excellence. In contrast, most senior staff were very open-minded about where colorectal cancer should be based as long as the decision was based on to be based upon facts and resources.

There was recognition that the current provision of women and children's services needs to change with some senior staff supporting specialisation in larger centres of excellence and also recommending that travel support for patients and family visitors should be a priority

There were divisions of opinion about the centralisation of mental health services and widespread concerns about the future of Accident and Emergency services generally but much of the discussion of Accident and Emergency services focused on Prince Philip Hospital and generally those staff (at other hospitals) who were aware of the true nature of the current services at Llanelli did not propose enhancing the service but did think that the current status of the so-called Accident and Emergency services should be made clearer to the public.

Generally, staff felt that three major Accident and Emergency centres should be retained on the basis of: local risk, including industry and tourism; travel times on poor roads; and travel costs to patients and the ambulance service.

A full analysis of the feedback was undertaken by ORS on behalf of the Health Board and has been presented separately. The feedback has been studied and used to inform the options to be put forward for consultation and will be used in the future to assist in wider service planning.

The Consultation Document attempts to address the key issues raised and describes work being undertaken to deal with specific issues or describes why suggestions cannot be taken forward.

### **3. Stage 2 (Formal Consultation)**

#### **3.1 What is Required**

Welsh Government guidance is explicit on the expectations in relation to both the pre-planning of formal consultation, the management of the consultation process, the need for openness and transparency and the involvement of those who will be affected by service changes.

This section describes how it is intended to meet these requirements.

### 3.2 Pre-Planning

There are a number of issues to be considered at the outset and before formal consultation commences and on which the Board will need to take assurance of being fulfilled.

These are described below along with a narrative to describe how the Health Board has taken these issues into consideration.

<b>Consideration</b>	<b>Response</b>
<p>What is the respective responsibility of each of the local NHS organisations</p>	<p>This is a Hywel Dda Health Board consultation. It is recognised that some of the potential service change options may have an impact on other Health Boards (eg Powys, Betsi Cadwaladr, ABMU, Cardiff and the Vale) and discussion have been held with neighbouring Health Boards to ensure that the Hywel Dda strategy is consistent with their planning processes.</p> <p>The Health Board is also a member of the South Wales Together for Health Programme where discussions on specialist and tertiary care across the “M4 Corridor” are discussed and agreed.</p> <p>The Hywel Dda plans have been widely discussed with the other members.</p>
<p>Has there been any previous consultation carried out on the same or a previous related or similar issue</p>	<p>A major consultation exercise was undertaken in 2006. “Designed to Deliver: Shaping our acute hospital services in Mid and West Wales ” and which had a potential significant impact on the Hywel Dda area.</p> <p>There were significant objections to the proposals put forward and the programme was halted. However, feedback from the consultation did support the aim for improved primary and community services but made it clear that the expectation would be for these services to be strengthened prior to any changes in acute services.</p> <p>The then Welsh Assembly Government undertook a national consultation on the Rural Health Plan which made the case for improved and better co-ordinated primary and community services. The vision was widely supported.</p> <p>Our recent engagement work has also shown significant support for the vision of more care closer to home.</p>
<p>Who should be consulted on what and how</p>	<p>The scale of the proposals is wide and will have an impact across the three counties.</p> <p>As a result it is intended to hold a full and formal</p>

Consideration	Response
	<p>consultation with the whole population and associated stakeholders adopting best practice as advocated by the Consultation Institute.</p> <p>The consultation is intended to use a variety of methods and channels with the aim of being inclusive and giving our population the opportunity to understand the challenges and potential solutions.</p>
<p>Will these issues affect users of other NHS services in particular those with sensory loss and disabilities</p>	<p>An initial assessment was undertaken in July 2011 and was made available during the Listening and Engagement Phase to determine if the over-arching Health Board Strategy would have a negative or positive impact on any of the target groups with protected characteristics.</p> <p>This assessment has now been refreshed to reflect the options being put forward for consultation and will form part of the consultation materials available to the public.</p> <p>A clearer picture of any specific impact on particular individuals or groups with protected characteristics will emerge during the Formal Public Consultation process. Evidence gathered will continue to inform equality impact process.</p> <p>Once the consultation is completed and the proposals for change agreed, detailed impact assessments will be undertaken as part of the ongoing assurance processes for delivering any approved service changes.</p>
<p>Are there issues affecting other Welsh or English areas</p>	<p>There is likely to be an impact on services provided by other Health Boards (potential repatriation of some services or out-sourcing of specialist services) and these will be discussed as necessary with these organisations.</p> <p>It is not possible to quantify the impact at this time but as pathways are developed following consultation further work will be undertaken.</p>
<p>What resources are needed and available</p>	<p>In terms of the consultation a budget has been agreed and will be used to ensure that there is a robust programme of activities and supporting materials.</p> <p>In terms of resources for taking the strategy forward following consultation and approval of the reconfiguration options, the Health Board is required to deliver services within the resources allocated by Welsh Government. The SWAFF planning process describes savings required both in-year and in future years and will be adapted as implementation commences.</p>

<b>Consideration</b>	<b>Response</b>
	A number of schemes (eg the Virtual Ward) has attracted spend-to-save funding which will allow the Health Board to implement the front end changes in primary and community services so they can be in place before any
How will any conflict/complaints be dealt with	<p>The Health Board has a robust complaints process in place to deal with individual issues.</p> <p>Ministerial Guidance also describes a process for any approved options to be challenged.</p>
How will the outcome feed into the decision making process	<p>The feedback from the consultation will be independently analysed and make widely available.</p> <p>The detail will be considered and the cogency of opinion put forward used to determine if there is sufficient reason to change from the selected options for service change.</p> <p>In the same way that feedback from the engagement phase has been used to influence the consultation document, the Health Board will need to use evidence gathered during the consultation to influence service development and the future strategy.</p> <p>An audit trail of this will be provided through the Strategy and Planning Sub Committee and the Implementation Board structure (approved at the Board meeting in Jan 12).</p>
When and how will decisions be made	It is intended to put recommended options for implementation to the Board by the end of the year.
How will results be fed back to patients, staff and citizens who have been involved, with directly or indirectly.	The analysis of feedback will be undertaken independently by ORS and the results will be published and distributed widely.
Will results be published through the media to inform a wider public	See above
What evaluation of the consultation is going to be undertaken and how	<p>The Health Board is working with the Consultation Institute and it is intended for there to be a full evaluation of the process to determine if it achieved its objectives and if the methodology used was successful.</p> <p>It is also intended to undertake a review of activity 6 – 8 weeks into the consultation to determine if the consultation plan is proving effective.</p>
When will a full equality impact assessment be completed	See above
What is the timetable for both the involvement and	There has been continuous dialogue on the HB's vision since Aug 2010 (see above for details)

Consideration	Response
consultation process	<p>The consultation is intended to run from 6 August – 29 October 2012.</p> <p>A detailed plan accompanies this report.</p>
What is the impact on associated services	<p>The majority of potential service changes have inter-dependencies and these will be fully addressed during the implementation phase with the Implementation Board providing assurance to the Health Board that any impact has been mitigated before a service change is approved.</p>

### 3.3 Assurance

The formal consultation process - stage 2 - must run for a minimum of 6 weeks subject to the level of engagement undertaken and the level of changes being proposed. There are a number of requirements that need to be met before the Health Board formally enters formal consultation:

- **Consultation Plan**

*The Board must satisfy itself that the plan is robust and comprehensive and reflects the nature of changes being proposed and will provide the population the opportunity of engaging in the process and forming their own views with a variety of methods of feedback available to them.*

In view of the timing of the consultation and to ensure everyone has the time to consider these options and comment on them the Health Board has made the decision that there will be a 12 week consultation period. The consultation will start on the 6<sup>th</sup> August 2012 and end on 29<sup>th</sup> October 2012.

A programme of activities and events to give the population and stakeholders the opportunity to participate in the consultation have been designed and developed and more details are included in the Consultation Plan at Appendix 2. The plan has been developed with the support of the Consultation Institute – an independent organisation recognised as the leaders in consultation methodology.

Every effort has been made to ensure that best practice is adopted and the plan incorporates a wide variety of activities and channels of communications. The Consultation is intended to be inclusive and includes deliberative and open events coupled to a range of feedback mechanisms.

An independent company, ORS (Opinion Research Services) has been engaged to analyse all the feedback received and they will prepare a final report which will be shared widely at the end of the consultation so you are aware of all the views expressed. In addition to this, all organisational and individual responses will be redacted and published on the Hywel Dda Health Board website on a regular basis throughout the consultation period.

- **Assurance Statement for the Consultation Document**

*The guidance sets out 16 criteria that the Board must be satisfied are being met before approving the Consultation Document.*

The statement on compliance is at Appendix 1.

#### **4. Summary**

The aim is to undertake a comprehensive and inclusive consultation that engages the population, gives the population the opportunity to contribute and influence planning and that provides the Health Board with the assurance that guidelines have been met.

The process is one for the whole organisation to contribute to and support.

#### **5. Decisions Required by the Board**

Taking into account the evidence presented, the Board is requested to:

- Approve completion of Stage 1 of the consultation process
- Approve the commencement of Stage 2 of the consultation process (formal consultation) for a period of 12 weeks commencing 6 August 2012
- Approve the Consultation Plan
- Approve the Consultation Document

#### **Appendices:**

- 1** Assurance Statement (Ministerial Guidance)
- 2** Stage 2 – Consultation Plan
- 3** Your Health; Your Future - Consultation Document

## ASSURANCE STATEMENT FOR THE CONSULTATION DOCUMENT

### TAKEN FROM MINISTERIAL GUIDANCE FOR ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES (WELSH ASSEMBLY GOVERNMENT 31 MAR 11)

<b>REQUIREMENT</b>	<b>ASSURANCE</b>
Explain why change is necessary and provide clear evidence	The document makes a clear case for change and is supported by technical documents that contain the relevant evidence.
Include a clear vision of the future service	<p>The Health Board's vision has remained unchanged for 18 months and in essence is for 80% of healthcare to be provided in a primary/community care setting, closer to home with acute services that meet the necessary standards available in the most appropriate location to meet the needs of the population.</p> <p>Where acute services cannot meet the relevant standards they should not be provided within Hywel Dda and should be commissioned from specialist or tertiary providers.</p> <p>This vision is clearly articulated within the document.</p>
Explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services	<p>The various options describe the consequences and in all cases the status quo has been considered as an option.</p> <p>All potential options were considered through an options appraisal process which was undertaken with clinical support. There were a number of key criteria agreed at the Clinical Services Summit in May 2011 and the weightings for these criteria were agreed at a second event in September 2011.</p> <p>The options considered and the appraisal process and outcomes are described in more detail in the technical annex speciality by speciality.</p>
Include information on outcomes for patients and service users	The evidence contained within the Technical Annexes indicates improved outcomes against a range of criteria



REQUIREMENT	ASSURANCE
	<p>(eg adoption of standards).</p> <p>Speciality by speciality this will be different (eg reduced mortality, longer survival etc).</p>
<p>In the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model</p>	<p>The theme throughout the document is of an integrated local NHS with primary and community services being the cornerstone and with secondary/acute care outreaching into communities where possible.</p> <p>The vision is for community services to support acute services by wrapping support services around patients in non-hospital environments and preventing emergency admissions or supporting timely discharge if a hospital episode of care could not be avoided.</p>
<p>Set out clearly evidence for any proposal to concentrate services on a single site</p>	<p>The evidence contained within the Technical Annexes analyses the appropriate specialities against the standards and existing research</p>
<p>Include the evidence of support from clinicians for any proposed change</p>	<p>The Technical Annexes describe the process to reach those options that could be clinically supported and operationally delivered and had significant clinical engagement.</p> <p>Section 2.2.2 above describes the clinical engagement in more detail and highlights the process which had clinical engagement</p>
<p>In the case of changes prompted by clinical governance issues, show how these have been tested through independent review</p>	<p>There have been no specific independent reviews of the options being put forward. However, RCS reviews of PPH in 2005 and in 2011 recommended that emergency surgery was delivered from a single Carmarthenshire site and that colo-rectal surgery should not be delivered from PPH respectively.</p> <p>The 2005 RCS review was subsequently the subject of formal consultation before the decision was made to only provide emergency surgery from GGH.</p>

REQUIREMENT	ASSURANCE
	<p>In addition, there has been close involvement throughout the option development process of the Deanery and the National Clinical Forum – and both organisations have indicated support for the proposals being put forward.</p>
<p>Show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli'</p>	<p>See above – all the options considered (including the status quo) were subject to stringent option appraisals with only those options that were safe, sustainable and deliverable put forward for further consideration</p>
<p>Explain any risks and how they will be managed</p>	<p>The document describes – service by service – the key challenges being faced.</p> <p>The Health Board has a detailed Risk Management Strategy and associated Risk Register that is under constant review.</p> <p>Many of the risk already identified would be mitigated by the implementation of the options within the consultation document.</p> <p>In terms of future risk management, the assurance process will ensure that risks are identified and managed during the implementation of any changes approved following consultation</p>
<p>Give a clear picture of the financial implications of the different proposals</p>	<p>The technical annex provides detailed financial estimates and assumptions</p> <p>The main document incorporates a high level financial section that describes the challenges we face and the potential impact of service reconfiguration.</p>
<p>Spell out who will be affected by the proposed changes and how their interests are being protected</p>	<p>The Equality Impact Assessment process is described within the main Consultation Document. As service pathways are developed any potential negative impacts will be considered and mitigated with EQiA forming an element of the gateway assurance/approval process.</p>

REQUIREMENT	ASSURANCE
	<p>In terms of staff, the Health Board will ensure that the All-Wales Organisational Change policy is implemented where necessary. Regular discussions are held with staff-side through the Partnership Forum and any impact on staff mitigated and managed where necessary. The Consultation Document recognises the potential staff impacts and restates the processes the Health Board will adopt.</p>
<p>Explain how any change and benefit will be evaluated after implementation</p>	<p>The Board has approved the formation of an Implementation Board (Jan 12 Board meeting).</p> <p>The structures supporting the IB will have a robust gateway process to follow and this will require services to be evaluated post-implementation</p>
<p>Be available in a range of formats, such as “Easy Read”, large print, Braille and BSL or audio</p>	<p>The documents will be available in a wide range of formats including a short précis, easy read, Welsh, young people’s version and audio.</p> <p>Other formats would be provided on request.</p>
<p>Be signed off by the Board</p>	<p>Approval 6 Aug 12</p>
<p>Set out how sustainable staffing levels are to be achieved</p>	<p>The document addresses the issues of staffing and the impact on the current workforce.</p> <p>A workforce plan is being developed in tandem with the consultation to ensure that sustainable levels are achieved.</p> <p>Many of the options within the document are specific to recruitment and retention issues for clinical staff and the majority specifically address the sustainability issues. Some options are predicated on the ability to recruit and where this is the case alternative options have been put forward.</p>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Hywel Dda  
Health Board

**Hywel Dda Health Board  
Your Health Your Future  
Consulting Our Communities**

**Consultation Plan  
Summer 2012**

## **Consultation Mandate:**

The consultation mandate below will define the aims and objectives for the consultation and set out its scope. It should be used as terms of reference for all those involved so we can clearly define the boundaries of the consultation.

This mandate will be agreed with Hywel Dda Health Board and the Consultation Institute. It will be shared with stakeholders to explain the scope of the consultation and what can be expected.

Hywel Dda Health Board, needs to understand the views of local people and their representatives such as:

- Local Authority Officers and Elected Members
- Local Services Boards
- Welsh Ambulance Services Trust
- Neighbouring Health Boards (Betsi Cadwaladr, Abertawe Bro Morgannwg)
- Hywel Dda CHC and neighbouring CHCs including Betsi Cadwaladr, Powys
- Hywel Dda Health Board Staff
- Local authority staff
- Independent Contractors (including care and nursing homes)
- County and Area Based Organisations (e.g. 50+ groups, Resident Associations, Carers Associations, WIs, Merched y Wawr)
- Relevant community and voluntary organisations (including self care / condition specific groups)
- Patient Groups
- Citizens
- Other stakeholders with a material interest in the Health Board's plans.

Specifically during the consultation we will be seeking views on the options for service change which will be required to provide safe, sustainable services across Hywel Dda Health Board.

The findings from this consultation will be utilised by Hywel Dda Health Board to influence the decision making process for future service delivery and design.

Formal consultation will begin on 6<sup>th</sup> August 2012 and will formally close 12 weeks later on the 29<sup>th</sup> October 2012. During this time

Hywel Dda Health Board will provide various opportunities and mechanisms for people to comment and a range of events for people to share their comments with the organisation.

By asking for the views of the people we serve, on the ‘Your Health Your Future - Consulting Our Communities’ and the proposals within it we are ensuring that:

- Our local populations have a voice, and are able to share their views, opinions and concerns
- People have a better understanding of existing health services and what we need to do to provide excellent safe services in the future.
- We dispel any myths about changes to services that are or are not taking place
- We maintain relationships with local communities, partners and stakeholders and ensuring we have an effective and continuous dialogue

The stakeholder mapping section outlines the target audience for the consultation, how the consultation will be publicised, the methods used to engage people in the consultation, when this will take place and how the responses will be used by Hywel Dda Health Board.

## **Stakeholder Analysis**

A stakeholder mapping exercise has been undertaken. The process involved identifying all those stakeholders who may be affected by the changes being proposed as part of Your Health Your Future - Consulting Our Communities and then using a power and interest grid to determine the most appropriate methods of engagement for our target audiences. The results of this exercise are included below.

This demonstrates that a core programme of activity will be executed across the local population and their representatives. These will then be enhanced by tailored activity to engage more specific target groups.

## OVERVIEW

	LOW POWER	HIGH POWER	
	<b>METHOD OF ENGAGEMENT – PROACTIVE ENGAGEMENT AND SUPPORT, HIGH PRIORITY</b>	<b>METHOD OF ENGAGEMENT – HIGH CAPACITY METHODS, HIGHEST PRIORITY</b>	
<b>HIGH INTEREST</b>	50+ Forums Affected patients Affected staff Brownies, scouts, guides Carers Communities First Disability coalition Federation of WIs Farmers Unions / Young Farmers Clubs Health & Social Care Voluntary Groups (361) Housing Associations Leagues of Friends (DGH and Community) Llanelli residents Local County Councillors (176) Mental Health Service Users Menter Cwm Gwendraeth Mynydd Mawr Hospital League of Friends Nursing Homes/Care Homes One Voice Wales Parents – Family Centres	Patient Groups e.g. MSLC, Outpatients etc Pharmacists Polish & other minority communities Pressure Groups St John's Ambulance South East Pembrokeshire Health Network Siarad Iechyd/Talking Health members (500) Schools Sports Groups Staff – specialist nurses,... Support Groups (including cardiac, stroke, cancer etc) Tenby Residents Transgender Town & Community Councils (185) Tumble residents Voluntary organisations providing services under SLAs Voluntary Transport Schemes Women's Aid	AMs Air Ambulance Clinicians CHCs Deanery GPs Leaders and CEOs (Local Authority) Local Service Boards LMC, LDC etc Medical Staff Neighbouring LHBs MPs Social Services Welsh Government Welsh Ambulance Services Trust Welsh Health Estates
	<b>METHOD OF ENGAGEMENT – ACCESSIBILITY AND INFORMATION PROVISION. WHERE APPROPRIATE TARGETED PUBLICITY</b>	<b>METHOD OF ENGAGEMENT – KEEP INFORMED THROUGHOUT</b>	
<b>LOW INTEREST</b>	Big employers – for staff– Councils, Coastguard, Police, Universities and Colleges, National Library, LNG, Chevron, Trostre, Dairies, Welsh Government, Dairies Dentists Fire Brigade General public General staff Hotels Mentrau Iaith Merched Y Wawr Opticians	Other Voluntary Organisations (904) Police Religious organisations RNLI Tourist attractions – eg Folly Farm, Oakwood, Watersports centre, Tourist camps/outward bound – Urdd camp Llangranog, Pendine, Youth Fora	Media



<b>High Interest, High Power</b>		
	<b>How</b>	<b>What</b>
GPs	Direct mail	Core programme 1 to include: <ul style="list-style-type: none"> <li>• Access to consultation document electronically, via website and in hard copy</li> <li>• Access to technical document</li> <li>• One to one meetings as appropriate or requested</li> <li>• Presentations to relevant fora</li> <li>• Issuing of regular updates</li> </ul>
Local Service Boards	LSB Coordinators	Core programme 1
Clinicians	Through existing staff mechanisms	Core Programme 1plus Staff Briefings
Leaders and CEOs of the following Local Authorities: - Carmarthenshire - Ceredigion - Pembrokeshire And the following neighbouring Local Authorities: - Gwynedd - Neath Port Talbot - Powys - Swansea	Email contact	Core programme 1
Social Services Directors x3	Email contact	Core programme 1
Welsh Government	Email to relevant contacts *CEO/Chair to identify	Core programme 1
CHCs	Email	Core programme 1
Welsh Ambulance Services Trust	Email	Core programme 1
Neighbouring LHBs	Email to CEOs	Core programme 1
Air Ambulance	Email	Core programme 1
Deanery	Email	Core programme 1
Welsh Health Estates	Email	Core programme 1
LMC, LDC etc	Email	Core programme 1
MPs	CEO, Chair, Senior Clinicians	Core programme 1 - One to one meetings as appropriate or requested - Issuing of regular updates - offer of additional copies of documentation for constituents
AMs	CEO, Chair, Senior Clinicians	Core programme 1 - One to one meetings as appropriate or requested - Issuing of regular updates - offer of additional copies of documentation for constituents

<b>High Power, Low Interest</b>		
	<b>How</b>	<b>What</b>
Media	CEO, Chair, Senior Clinicians	Launch media conference Proactive and regular media updates Proactive media handling Special media update as required Editor’s briefings (one off and regular meetings to be determined) Dealing with routine media enquiries

<b>High Interest, Low Power</b>		
	<b>How</b>	<b>What</b>
Health & Social Care Voluntary Groups (361)	CVC contact lists (mainly by e-mail)	Core programme 2 to include: <ul style="list-style-type: none"> <li>• Access to short consultation document</li> <li>• Access to main consultation document</li> <li>• Presentations</li> <li>• Regular updates via dedicated consultation website pages</li> <li>• Regular updates via Stakeholder Briefing</li> <li>• Public facing events</li> <li>• Stakeholder event</li> </ul>
Sports Groups	Direct mailing	Access to short consultation document
Nursing Homes/Care Homes	Direct mailing	Access to short consultation document Presentations to regular fora
Parents – Family Centres	Direct mailing	Core programme 2
Federation of WIs (3)	Direct mailing	Core programme 2
Pharmacists	Direct mailing	Access to short consultation document Presentations to regular fora
Voluntary organisations providing services under SLAs	Direct mailing	Core programme 2
Support Groups	Many will receive via CVC lists. Supplement with contacts via Specialist Nurses	Access to short consultation document 2
Local County Councillors (176)	Via contacts in Local Authorities	Core programme 2
Town & Community Councils (185)	Via contacts in Local Authorities	Core programme 2
Affected patients	*needs further work dependent on discussions with external evaluator	Core programme 2 plus <ul style="list-style-type: none"> <li>• Targeted questionnaire</li> <li>• Focus group / Forum to explore key issues</li> </ul>
Affected staff	*needs further work dependent on discussions with Workforce and OD	Core programme 2 plus <ul style="list-style-type: none"> <li>• Focus group / Forum to explore key issues</li> <li>• Internal communication methods to be utilised as appropriate</li> </ul>
Affected populations	* needs further work dependent on discussions with external evaluator	To be confirmed
Carers	Via Carers Officers to cascade	Core programme 2
St John's Ambulance	Direct Mailing	Access to short consultation document
50+ Forums	Via 50+ Forum Coordinators in each county	Core programme 2
Voluntary Transport Schemes	Via 3 county transport group	Core programme 2
Farmers Unions / Young	Direct mailing	Core programme 2

<b>High Interest, Low Power</b>		
	<b>How</b>	<b>What</b>
Farmers Clubs offices		
Staff – specialist nurses,	Through existing staff mechanisms	Core programme 2 plus <ul style="list-style-type: none"> <li>• Focus group / Forum to explore key issues</li> <li>• Internal communication methods to be utilised as appropriate</li> </ul>
Community nurses	Via Heads of Services	Core programme 2 plus <ul style="list-style-type: none"> <li>• Focus group / Forum to explore key issues</li> <li>• Internal communication methods to be utilised as appropriate</li> </ul>
Housing Associations	Existing lists / via Housing Departments	Core programme 2
Women's Aid	Direct mailing	Core programme 2
Schools	Via education department to cascade	Core programme 2
Siarad Iechyd/Talking Health members (500)	Direct mailing	Core programme 2 plus SI / TH Newsletters
Brownies, scouts, guides	Direct mailing	Access to short document
Polish & other minority communities	Direct mailing	Core programme 2 plus Focus Groups
Transgender	Direct mailing	Core programme 2 plus Focus Groups
Gypsy/Travellers	Via Jackie Hooper for contacts	Core programme 2 plus Focus Groups Existing mechanisms
Menter Cwm Gwendraeth	Direct mailing	Core programme 2
Disability coalition	Direct mailing	Core programme 2 plus Focus Groups
Communities First	<ul style="list-style-type: none"> <li>• Email to share information with staff</li> <li>• Send copies for public areas</li> </ul>	Core programme 2
Practice Managers	<ul style="list-style-type: none"> <li>• Email to share information with staff</li> <li>• Send copies for waiting rooms</li> </ul>	Core programme 2
Universities and Colleges	To Vice Chancellors/ Principals	Core programme 2

<b>Low Power, Low Interest</b>		
	<b>How</b>	<b>What</b>
General public	Publicity and awareness raising of formal consultation, its purpose and opportunities to participate and comment in the consultation process	<ul style="list-style-type: none"> <li>• Provision of short consultation document on request / via internet</li> <li>• Provision of long consultation document on request / via internet</li> <li>• Internet</li> <li>• Siarad Iechyd / Talking Health</li> <li>• Social Media</li> <li>• Radio slots</li> <li>• Carmarthenshire News</li> <li>• Newspaper advertising</li> <li>• Public facing events (to be determined)</li> <li>• Targeted questionnaire</li> <li>• Focus group work</li> <li>• Documents to be made available in public areas in Health Board premises</li> <li>• Documents to be made available in public areas in non-Health Board premises</li> </ul>
General staff	Publicity and awareness raising of formal consultation, its purpose and opportunities to participate and comment in the consultation process	Existing internal staff communication
Police	CEO	General consultation publicity Access to documents on website
Fire Brigade	CEO	General consultation publicity Access to documents on website
Opticians	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Dentists	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Merched Y Wawr	Via Head Office in Aberystwyth / Area Development Officers	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Mentrau Iaith	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Youth Fora	Via Local Authority contacts	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Other Voluntary Organisations (904)	CVC contact lists (mainly by e-mail)	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
RNLI	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short</li> </ul>

<b>Low Power, Low Interest</b>		
	<b>How</b>	<b>What</b>
		consultation document <ul style="list-style-type: none"> <li>• Internet</li> </ul>
Religious organisations	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>
Big employers – for staff– Councils, Coastguard, Police, Universities and Colleges, National Library, LNG, Chevron, Trostre, Dairies, Welsh Government	Direct mail	<ul style="list-style-type: none"> <li>• Provision of short consultation document</li> <li>• Internet</li> </ul>

# **Hywel Dda Health Board**

## **Delivering Your Health Your Future Consultation Plan**

### **Monday August 6 2012 – Monday October 29 2012**

#### **Introduction**

Hywel Dda Health Board needs to understand the views of staff, stakeholders and the population who use our services, in regards to the future of local healthcare provision. To do this we will use a range of consultation, engagement and communication methods over a 12 week period. This will ensure we can provide safe and sustainable services that improve patient outcomes during the next five years.

#### **Context**

Hywel Dda Health Board has a responsibility to provide all the necessary healthcare services for everyone in Carmarthenshire, Ceredigion and Pembrokeshire, and also to improving the health and wellbeing of our population. Healthcare services are also provided to some of the population in Powys, south Gwynedd and West Glamorgan,

We need to change the way we deliver care in order to be safe and sustainable for the future. We undertook Your Health Your Future listening and engagement exercise between 19 Dec 2011 – 30 April 2012 – the size of which has not been seen in Wales before. This has informed the proposals we now need to formally consult on with our staff, stakeholders, patients and general public. This consultation will enable us to discuss the current position, the case for change, the options for healthcare in the future and to listen to the views of our population. We recognise that change can be challenging and want to make sure there is a wide understanding of the issues and possible solutions.

## **Objectives of the Consultation Plan**

- Ensure awareness and information about the consultation reaches a significant percentage of our population, by the close of the consultation exercise.
- Provide a full range of opportunities, taking account of accessibility, in order for staff, stakeholders, patients and the general public to give their views by the close of the consultation exercise.
- Maximise use of innovative engagement and communication tools, such as e-communications, social media and interactive events to effectively engage with staff, stakeholders and patients – so as to be an exemplar for the rest of Wales.

## **Audience**

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

- Staff
- Stakeholders
- Patients and general public

**The Consultation Plan will be subject to regular updating at intervals as we progress. Please ensure that you are looking at the latest available document when you are reviewing this document.**



## Consultation Methods Employed and Rationale

Method	Rationale	Reach Opportunity	Resource Implications
Launch of Consultation	The Consultation will be launched at a public board meeting on the 6 <sup>th</sup> August 2012 in order to formally start the process. Members of the public are welcome to attend the meeting and media requests will be accommodated through a press conference.	Up to 50 directly and the general public via the media coverage	Staff time
Distribution of documentation to staff	The documentation needs to be made available online and in hard copy format across Health Board premises.  In any engagement or consultation activity, well informed staff can be supportive and act as ambassadors for the organisation.	Potentially 10,000	Electronic - staff time to upload  Hard copy - cost of copies of the documentation and staff time to ensure documentation is accessible
Distribution of documentation to stakeholders, including media and politicians	The documentation needs to be made available online and in hard copy format for all of our stakeholders, including media and politicians	Approx 3,500 (2,000 via third sector mechanisms) (1,500 via Stakeholder	Electronic - staff time to send emails  Hard copy - cost

Method	Rationale	Reach Opportunity	Resource Implications
		database) 14 politicians Media: Broadcast viewers up to 280,000 and print readership up to 63,000 for single outlets	of copies of the documentation and staff time fill envelopes and post out  Postal costs
Distribution of documentation to SI / TH Members	The documentation needs to be made available on line and in hard copy format for all of our SI / TH Members	Approx 500	Electronic - staff time to send emails  Hard copy - cost of copies of the documentation and staff time fill envelopes and post out  Postal costs
Distribution of documentation to volunteers	The documentation needs to be made available on line and in hard copy format for all of our volunteers	Approx 400	Electronic - staff time to send emails  Hard copy - cost of copies of the

Method	Rationale	Reach Opportunity	Resource Implications
			documentation and staff time fill envelopes and post out  Postal costs
Distribution of documentation to Health Board and public facing spaces	<p><b>Health Board Premises</b>                      Documentation needs to be accessible at Health Board premises for:</p> <ul style="list-style-type: none"> <li>▪ patients / relatives outpatients, A&amp;E, clinics etc</li> <li>▪ patients / relatives on wards</li> <li>▪ patients / relatives at Community Hospitals,</li> <li>▪ patients / relatives attending clinics / health centres in the community</li> <li>▪ patients / relatives attending mental health services</li> <li>▪ patients / relatives attending learning disability services</li> <li>▪ investigate the potential use of QR codes to publicise key publications, events etc.</li> </ul> <p><b>Generic Public Spaces</b>                      Documentation needs to be accessible at Generic Public Spaces for:</p> <ul style="list-style-type: none"> <li>▪ people at Local Authority Customer Service</li> </ul>	Significant number of population	Hard copy - cost of copies of the documentation and staff time to ensure documentation is accessible  Mileage costs for face-to-face delivery and postal costs where necessary

Method	Rationale	Reach Opportunity	Resource Implications
	<p>Areas</p> <ul style="list-style-type: none"> <li>▪ people attending leisure centres</li> <li>▪ people attending their local libraries</li> <li>▪ people attending their GP practice</li> <li>▪ people attending their dentist</li> <li>▪ people attending their optician</li> <li>▪ people attending their local pharmacy</li> <li>▪ investigate the potential use of QR codes to publicise key publications, events etc.</li> </ul>		
Regular issue of press releases and broadcast interviews through the consultation process	<p>To maintain awareness and providing progress updates of the consultation process through the entire period.</p> <p>All press releases to be translated in order that they can be placed on website, sent to Welsh language media contacts</p>	Media: Broadcast viewers up to 280,000 and print readership up to 63,000 for single outlets	Staff time
Social Media	<p>Regular issue of messages via social media to provide progress updates to the growing followers the health board has.</p> <p>This method also engages with a younger audience who may not be reached by traditional consultation methods.</p>	Approx 320	Staff time Minimal mobile phone charges
Regular issue of stakeholder briefing through	To maintain awareness of the consultation process through the entire period.	Approx 500	Staff time

<b>Method</b>	<b>Rationale</b>	<b>Reach Opportunity</b>	<b>Resource Implications</b>
the consultation process	All stakeholder briefings to be translated		
Staff consultation events	Learning from the listening and engagement exercise, has identified the need for further and more detailed consultation with Health Board staff. It is suggested the events will run from 11am - 7pm and incorporate the following elements: <ul style="list-style-type: none"> <li>▪ Presentations / Q&amp;A Sessions at advertised times</li> <li>▪ Exhibition Boards explaining options</li> <li>▪ 1-2-1 sessions with EDs / Senior Managers / Lead Clinicians</li> </ul>	Approx 1,500	Staff Time Displays Set Up IT equipment PA System Event Support Scribes
County Public Meetings (x3)	Learning from the listening and engagement exercise, has identified the need for a public session which will enable a large number of people to attend and listen to a debate around the key issues of the consultation outside normal working hours	Approx 900	Exec Time Event Hire PA System Independent Chair Simultaneous Translation - Welsh and BSL Event Support Scribes
County Meetings with county council members (x3)	Learning from the listening and engagement exercise, has identified the need for the meetings with Members of County Councils to take place earlier in the consultation process	Approx 181	Exec Time Scribes

<b>Method</b>	<b>Rationale</b>	<b>Reach Opportunity</b>	<b>Resource Implications</b>
County Meetings with town and community councils (x3)	Learning from the listening and engagement exercise, has identified the need for the meetings with Members of Town and Community Councils to take place earlier in the consultation process	Approx 200	Exec Time Event Hire PA System Simultaneous Translation - Welsh Event Support Scribes
County Stakeholder deliberative events	A stakeholder deliberative event will be held in each county. This will enable representatives from organisations / community groups to take part in a facilitated discussion / workshop around the consultation presented by HDHB	Approx 120	Tbc External support Exec Time
Meet the Health Board Events	A series of events will be held across Hywel Dda Health Board. These will focus on the localities and areas and groups identified and will include some of those most affected by the changes proposed within the consultation.	Approx 350 over 7 events	Exec Time Event Hire Event Support Scribes
Staff focus groups	Focus groups are small group discussions that review issues in depth and seek to understand people’s ideas and their reasons for their views in a way that is impossible in questionnaire Focus groups are typically used to supplement statistical information from quantitative surveys and to pursue selected issues in depth in meetings lasting up to	Approx 65	Part of the external evaluator contract

<b>Method</b>	<b>Rationale</b>	<b>Reach Opportunity</b>	<b>Resource Implications</b>
	<p>two hours.</p> <p>These enable staff to share their views in detail</p>		
Telephone questionnaire - Junior Doctors / Middle Grade Doctors	Learning from the listening and engagement exercise, has identified that focus groups were not an effective method to gather the views of this target group. As part of the consultation exercise, the views of this group will be addressed by undertaking telephone questionnaires	Approx 30	Part of the external evaluator contract
Public focus groups	<p>Focus groups are small group discussions that review issues in depth and seek to understand people’s ideas and their reasons for their views in a way that is impossible in questionnaire surveys which have to use standardised questions and response options. Focus groups are typically used to supplement statistical information from quantitative surveys and to pursue selected issues in depth in meetings lasting up to two hours.</p> <p>These may take the approach of either gathering the views of the broad population through telephone random sampling or target specific groups identified as particularly affected by the proposed changes.</p>	Approx 70	Part of the external evaluator contract
Stakeholder presentations - Ad Hoc	Presentations will be given to key stakeholders during the consultation. These will be at the discretion of the Health Board and be linked with	Approx 20	Exec time

<b>Method</b>	<b>Rationale</b>	<b>Reach Opportunity</b>	<b>Resource Implications</b>
	Executive Availability		
Targeted questionnaire	Approximately 5,000 people will be targeted following random sampling to complete a more detailed questionnaire offering a more in-depth look at views regarding the consultation and the options presented.	Approx 1,000 return response	Part of the external evaluator contract



## **Structure/Process**

The Consultation Plan has been broken down below into three phases – Pre-consultation, Consultation and Post-Consultation. In the tables below we outline a schedule of planned activities which will be carried out over the coming months. These activities have been planned to ensure that we provide an opportunity for all members of our communities to find out more about the need for change in the NHS and to then have an opportunity to feedback their views on the proposed options.

The plan will be subject to regular updating at intervals as we progress. There will be a mid –term review of the Consultation Plan in case we have failed to engage with certain groups or members of our communities. The list of planned events is not exhaustive.

**Please ensure that you are looking at the latest available document when you are trying to find out what events are happening across the Health Board**

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
20-06-12	<p><b>Clinical Services Strategy Stakeholder event</b></p> <p><b>Halliwell Centre Carmarthen</b></p>	<p>Presentations to key clinical stakeholders inc consultants, GPs, directors, senior managers and the CHC</p> <p>Presentation on:</p> <ul style="list-style-type: none"> <li>• the national case for change</li> <li>• ORS feedback and evaluation of the Listening and Engagement exercise</li> <li>• The proposed Clinical Services Strategy</li> </ul>	Hire of venue	CEO/Chair/ Director Planning/ Andrew Carruthers /ORS	
T-6 weeks (25 June)	<p><b>Listening and engagement feedback &amp; announcement of intention to consult</b></p>	<p><b>On-line</b> resource – to include ORS feedback</p> <p><b>Staff</b> - issued widely and to include schedule of future events, via:</p> <ul style="list-style-type: none"> <li>- All Staff bulletin / global email</li> <li>- Intranet pages</li> <li>- Staff meetings (partnership,</li> </ul>		<p>Comms</p> <p>Comms Execs, Asst Directors, County Management Teams</p>	

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
28 <sup>th</sup> June 2012		<p>county)</p> <p><b>Stakeholders</b></p> <ul style="list-style-type: none"> <li>• issue stakeholder briefing</li> </ul> <p><b>General public</b></p> <ul style="list-style-type: none"> <li>• Bilingual press release on Internet and issued to media contacts</li> <li>• radio slot</li> <li>• social media announcements via facebook and twitter</li> </ul> <p>Board OD – presentation of the final report from ORS, discussion and agreement of the proposed final options and areas for consultation</p> <p><b>Consultation document</b></p>	<p>Finalised documents to be sent to translation to Welsh. Also Braille and Easy Read to be produced.</p>	<p>Comms</p> <p>Comms (YB)</p> <p>Planning/ PPE/Comms</p>	<p>✓</p>

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
		draft and summary received by PPE and Communications Team from planning and copyrighters  <b>Edit/proof read</b>			
T-5 weeks (2 July)  5-07-12	6 <sup>th</sup> July - Meeting with HD CHC	Meeting with representatives of the CHC to discuss the Consultation Plan and to share the consultation document  Presentation on the Clinical Services Strategy and options for consultation to the Hywel Dda Health Board Partnership Forum		CHC / PPE / Comms/ Director Corporate Services  Director of Planning, Performance and Ops, Director of Corporate Services, Director of Workforce and OD	
T-4 weeks (9 July)	Follow-up PR on listening and engagement period	- case studies from listening and engagement sent bilingually to media contacts and made		Comms	

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
		available online			
T-3 weeks (16 July)	Follow-up PR on listening and engagement period	- case studies from listening and engagement sent bilingually to media contacts and made available online		Comms	
17-07 - 12	Community Health Council Planning event	To consider the ORS feedback, discuss the Consultation document and final options and agree the consultation plan and final options			
17-07-12	Stakeholder Reference Group	To consider the ORS feedback, discuss the Consultation document and final options and agree the consultation plan			
T-2 weeks (23 July)	Preparation of <b>bilingual covering letter and email</b> to be sent to stakeholders	To include covering letter / email to send out documentation to stakeholders and advance notice of meetings to key stakeholders		PPE / Welsh language	
Date tbc	Health Professions Forum	To consider the ORS			

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
	Key stakeholder	feedback, discuss the Consultation document and final options and agree the consultation plan Meetings with AMs/MPs		Chair	
T-1 week (30 July)	<b>Key stakeholder 1-1 briefings</b>	31 July - Chairman meeting with MPs / AMs		Chair	
	<b>Staff</b>	1 August Chairman meeting with MPs / AMs		Chair	
		3 <sup>rd</sup> August - Ceredigion Partnership Forum		IB	
		3 <sup>rd</sup> August -Briefing - Ceredigion County Management Team		IB	
		3 <sup>rd</sup> August - Hospital Medical Staff		IRS / RG	
		3 <sup>rd</sup> August - MIU Staff		AW / DH	
		3 <sup>rd</sup> August - Meeting with Asst GMs, Senior Nurse Managers, Ward 1 Senior		MD / AK	

<b>Phase 1 June11 – August 6 2012</b>					
<b>Date</b>	<b>Event / Activity</b>	<b>Method</b>	<b>Resource (cost/staff etc)</b>	<b>By Whom</b>	<b>RAG</b>
	<b>Board papers</b>	Sister Sent ( <b>Aug 3</b> ) and made available on-line ( <b>Aug 6</b> ) Launch day <b>materials</b> prepared		JW Comms	





**PHASE 2 - 6<sup>TH</sup> AUGUST - 29<sup>TH</sup> OCTOBER**

**Week 1**

w/c 6 Aug	<b>Key Stakeholder Activity</b>	<p>Communication with stakeholders as determined by the stakeholder analysis</p> <p>Hard copies to identified Core Programme 1</p> <p>Distribution of key documents to Core Programme 2</p> <p>Distribution to CVC contacts / databases for further cascading</p>		<p>PPE</p> <p>PPE</p> <p>PPE</p> <p>PPE</p>	
-v5 23-07-12 - draft - CONFIDENTIAL	<b>Staff Engagement</b>	<p>6 August - Meeting with Chairs of HDHB Partnership Forum and Local Partnership Fora</p> <p>6 August - MSC (Pembs)</p> <p>7 August - Managers Briefing, Carmarthen</p> <p>8 August - Community Managers and Team Leaders (Pembs)</p> <p>8 August - Community Care Staff (Pembs)</p> <p>9 August - Mental Health Staff (Pembs)</p> <p>10 August - Surgery &amp; Theatres Staff (Pembs)</p>	<p>Page 49 of 72</p>	<p>JW</p> <p>IRS / MD / RG / PK CM / TP</p> <p>SK / KW / AW</p> <p>KT / AK / AW</p> <p>KT / RG</p>	



Week 2					
w/c 13 Aug	<b>Key Stakeholder Activity</b>	Core Programme 3 and 4			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b>(e.g. Roadshows) to be confirmed</p> <p>13<sup>th</sup> August 11am-2pm 13<sup>th</sup> August 3pm -7pm Staff Sessions at the Post Graduate Lecture Theatre, PPH</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		Execs etc All Comms / PPE	
	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising		All Comms/PPE	
	<b>Public Facing Event</b>			Comms	

<b>Week 3</b>					
w/c 20 Aug	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p>20<sup>th</sup> August - Partnership Forum</p> <p>21<sup>st</sup> August 11am - 2pm 21<sup>st</sup> August 3pm - 7pm Staff Sessions at Withybush Conference Centre, Haverfordwest</p> <p>23<sup>rd</sup> August 11am - 2pm 23<sup>rd</sup> August 3pm - 7pm Staff Sessions at the Post Graduate Lecture Theatre, BGH</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul>		<p>DoW&amp;OD</p> <p>Execs etc Comms / PPE</p> <p>Execs etc Comms / PPE</p>	

		<p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		All Comms / PPE	
	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising		Comms	
	<b>Public Facing Events</b>	Distribution of documentation to volunteers		PPE/Comms	

<b>Week 4</b>					
w/c 27 Aug	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p>30<sup>th</sup> August 11am- 2pm 30<sup>th</sup> August 3pm - 7pm Staff sessions at the Cambrian Room, GGH</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		Execs etc All Comms / PPE	
	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising		Comms	
	<b>Public Facing Events</b>				

<b>Week 5</b>					
w/c 3 Sept	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
		6 <sup>th</sup> Ceredigion County Council (Elected Members Event )		Execs / CMT / PPE	
		County Stakeholders Deliberative Event 1(to be externally facilitated)		ORS/WIHSC	
		6 Sept Dyfed Powys LMC		TBC	
		6 Sept GP Locality Leads		TBC	
		7 Sept Ceredigion Locality CHC meeting		CMT	
	<b>Staff Engagement</b>	<b>Face to face events:</b> (e.g. Roadshows) to be confirmed		Execs etc All Comms / PPE	
		3 Sept Medical Staff (Ceredigion)			
		6 Sept CAG			
		<b>Internal Communication</b>			

		<p><b>channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>			
	<p><b>Public Information</b></p> <p><b>Public Facing Events</b></p>	<p>Press release, social media and broadcast interviews - awareness raising</p> <p>Provisional - 4 Sept - Public Event – Parc Y Scarlets, Llanelli (Evening event, will be independently facilitated to run from 7.00 pm to 9.00 pm)</p> <p>Provisional - 5 Sept - Public Event – Y Morlan, Aberystwyth (Evening event, will be independently facilitated to run from 7.00 pm to 9.00 pm)</p>			<p>All Comms / PPE</p> <p>Comms</p> <p>Execs / PPE / Comms</p> <p>Execs / PPE / Comms</p>





<b>Week 6</b>					
w/c 10 Sept	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
		County Stakeholders Deliberative Event 2 (to be externally facilitated)		Execs / County Team / PPE / Comms	
		11 <sup>th</sup> - Pembrokeshire County Council (Elected Members Event)		Execs / CMT / PPE / Comms	
		11 Sept- Carmarthenshire Locality CHC meeting		CMT	
		12 Sept - - Carmarthenshire County Council (Elected Members) Session		Execs / CMT	
		13 Sept - Pembrokeshire Locality CHC meeting		CMT	
		13 Sept - LMC / LHB Liaison Meeting		MD	

		Provisional - 13 Sept – Town and Community Council Event - Cothi Suite, Halliwell Conference Centre, Carmarthen, 6.30 pm to 8.30 pm		Execs / CMT / PPE	
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p><b>Telephone Questionnaire for Junior Docs / Middle Grades</b></p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		<p>Execs etc All Comms / PPE</p> <p>TBC</p> <p>All Comms / PPE</p>	

	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising  Online poll to test knowledge		Comms  Comms / PPE	
<b>MID POINT REVIEW</b>					

<b>Week 7</b>					
w/c 17 Sept	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
		County Stakeholders Deliberative Event 3 (to be externally facilitated)		Execs / CMT / PPE	
		19 <sup>th</sup> Carmarthenshire Local Service Board		SV	
	<b>Staff Engagement</b>	<b>Face to face events:</b> (e.g. Roadshows) to be confirmed		Execs etc	
		20 Sept - Primary Care, Planning, Performance and Delivery		Execs	
		20 <sup>th</sup> Sept – Pembrokeshire Health and Social care Committee		Execs	
		Staff Focus Group 1		TBC ORS / PPE / Comms	
		Staff Focus Group 2		TBC ORS / PPE / Comms	

		<p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		All Comms / PPE	
	<p><b>Public Information</b></p> <p><b>Public Facing Events</b></p>	<p>Press release, social media and broadcast interviews - awareness raising</p> <p>Provisional 20 Sept – Public Event -Sir Thomas Picton School, Haverfordwest (Evening Event will be independently facilitated to run from 7.00 pm to 9.00 pm)</p>		Comms	Execs / PPE / Comms

<b>Week 8</b>					
w/c 24 Sept	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
		Provisional - 25 Sept – Town and Community Council Event - Llwynceilyn Memorial Hall, Nr Aberaeron, 6.30 pm to 8.30 pm			Execs / CMT / PPE
		Provisional 27 Sept – Town and Community Council Event - Queens Hall, Narberth, 6.30pm to 8.30 pm			Execs / CMT / PPE
	<b>Staff Engagement</b>	<b>Face to face events:</b> (e.g. Roadshows) to be confirmed			Execs etc All Comms / PPE
		26 <sup>th</sup> September Medical Staff (Ceredigion)			
		Staff Focus Group 3			ORS / PPE Comms
		Staff Focus Group 4			ORS / PPE Comms

		<p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>				
	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising				All Comms / PPE
	<b>Public Facing Events</b>	Targeted Questionnaire				Comms  TBC / PPE



<b>Week 9</b>					
w/c 1 Oct	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p>Staff Focus Group 5</p> <p>Staff Focus Group 6</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>		<p>Execs etc All Comms (/PPE</p> <p>TBC / PPE / Comms</p> <p>TBC / PPE / Comms</p> <p>All Comms / PPE</p>	
	<b>Public Information</b>	Press release, social media		Comms	

	<p><b>Public Facing Events</b></p>	<p>and broadcast interviews - awareness raising</p> <p>Public Focus Group 1</p> <p>Public Focus Group 2</p> <p>Provisional - 2 October – Meet the Health Board Event - Burry Port Memorial Hall, 2.00 pm to 8.00 pm</p> <p>Provisional - 4 October – Meet the Health Board Event - Guildhall Cardigan, 2.00 pm to 8.00pm</p>		<p>ORS/ PPE</p> <p>ORS / PPE</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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<b>Week 10</b>					
w/c 8 Oct	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p>10 Oct LNC</p> <p>Staff Focus Group 7</p> <p>Staff Focus Group 8</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>	•	<p>Execs etc All Comms / PPE</p> <p>ORS / PPE / Comms</p> <p>ORS / PPE / Comms</p> <p>All Comms / PPE</p>	

	<p><b>Public Information</b></p> <p><b>Public Facing Events</b></p>	<p>Press release, social media and broadcast interviews - awareness raising</p> <p>Public Focus Group 3</p> <p>Public Focus Group 4</p> <p>Provisional 9 October – Meet the Health Board Event - Pontyberem Memorial Hall, 2.00 pm to 8.00pm</p> <p>Provisional 11 October – Meet the Health Board Event - venue Kilgetty</p>		<p>Comms</p> <p>ORS / PPE/ Comms</p> <p>ORS/ PPE / Comms</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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<b>Week 11</b>					
w/c 15 Oct	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested  15 October - Ceredigion LSB			TBC
	<b>Staff Engagement</b>	<p><b>Face to face events:</b>(e.g. Roadshows) to be confirmed</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>	•	Execs etc All Comms / PPE	All Comms / PPE
	<b>Public Information</b>	Press release, social media and broadcast interviews -			Comms

	<p><b>Public Facing Events</b></p>	<p>awareness raising</p> <p>Public Focus Group 5</p> <p>Public Focus Group 6</p> <p>Provisional - 16 October – Meet the Health Board Event - St Peters Civic Hall, Carmarthen, 2.00 pm to 8.00pm</p> <p>Provisional 18 October – Meet the Health Board Event - Fishguard venue, 2.00 pm to 8.00 pm</p>		<p>ORS / PPE</p> <p>ORS/ PPE</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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<b>Week 12</b>					
w/c 22 Oct	<b>Key Stakeholder Activity</b>	Ad hoc presentations as requested			
	<b>Staff Engagement</b>	<p><b>Face to face events:</b> (e.g. Roadshows) to be confirmed</p> <p><b>Internal Communication channels:</b></p> <ul style="list-style-type: none"> <li>• methods to be utilised as appropriate</li> </ul> <p><b>Meetings:</b></p> <ul style="list-style-type: none"> <li>• Key meetings (e.g. TU Partnership Forum)</li> <li>• Local Meetings arranged by Managers within Counties</li> </ul> <p><b>Staff Awareness checking:</b></p>	•	Execs etc All Comms /PPE	
	<b>Public Information</b>	Press release, social media and broadcast interviews - awareness raising		All Comms / PPE	
	<b>Public Facing Events</b>	Public Focus Group 7 Provisional 22 October – Meet the Health Board Event Aberaeron venue, 2.00 pm to 8.00 pm		Comms  ORS / PPE Execs / CMT / PPE	

<b>Phase 3 - Evaluation, Feedback and Consultation</b>				
<b>Timescale</b>	<b>Activity</b>	<b>Method</b>	<b>By Whom</b>	<b>RAG</b>
6 <sup>th</sup> August 2012 - 29 <sup>th</sup> October 2012	Formal Consultation (likely to be 12 weeks)	Consultation Plan to outline key activities during this period		
November - December 2012	Analysis of consultation feedback by successful tendering company	Interim and final reports to be supplied to eh HB on an ongoing basis		
December 2012	Consideration of feedback for paper on final decisions			
December 2012	Board approval	Board Meeting		
December 2012	Formal notification to WG, AMs, MPs and Local Councils (para 42)	Letter / Email		
December 2012	Formal notice in Media advising of outcome of consultation (para 42)	Public notice		
December 2012	Feedback to staff and stakeholders (Para 44)	Via website and existing communication methods		