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# Thoracic Surgery Public Engagement & Consultation

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A Review of the conduct of the project and key lessons learned

**Paul Williams (Cwm Taf LHB - Welsh Health Specialised Services Committee )**

**Abstract:** This document provides an overview of the delivery of a formal public consultation on the location of adult thoracic surgery services for the population of South Wales together with a description of the lessons learned during the conduct of the project.

Project Title:	Thoracic Surgery Public Consultation
Program Title:	Provision of Adult Thoracic Surgery in South Wales
Author:	Assistant Planning Manager WHSSC
Report Title	Review of the conduct of the project and key lessons learnt
Brief description of context	<p>WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.</p> <p>Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.</p> <p>Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in North Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and North Wales. Patients in northern Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in South Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of South Wales.</p>

	<p>The Thoracic Surgery Review Project comprised two distinct stages. Stage One aim was to determine the service model for South Wales, i.e. one thoracic surgery centre or two and depending on the outcome of Stage One, Stage Two's aim was be to determine the location of the service centre.</p> <p>A Project Board was established to form recommendations on the future provision of adult thoracic surgery in South Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across South Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in South Wales, the Project Board recommended that a single thoracic surgery centre should be developed for South Wales. WHSSC sought advice from the Board of Community Health Councils and Legal Services on the requirement to engage or consult on each of these two stages. The advice provided for stage one was that whilst it is not necessary to carry out formal consultation, engagement was necessary.</p> <p>Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.</p> <p>The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.</p> <p>Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.</p>
Brief description of project	<p>WHSSC in order to support the decision making process for the review of Thoracic Surgery services in South Wales entered into a period of public engagement utilising public meetings and digital channels throughout the South Wales region.</p> <p>Responses were requested for four questions</p>

1. Is there any other information you think we should consider to decide whether we need one or two thoracic surgery centres in South Wales?
2. Is there any other information you think we should include in the criteria that will be used by the independent panel?
3. Do you have comments on the process we are using to inform recommendations on future thoracic surgery services?
4. Do you have any other comments on the information presented in this document?

In total we received 78 responses including feedback captured during the public meetings the most common themes were

- Travel impact
- Co-location with other services and infrastructure
- Capacity in general with current services and ability to deliver a future high class service.
- Comments on the process and or documentation adopted.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.

Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

To ensure the consultation process was meaningful, consideration was given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from South Wales.

The key messages included:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and

- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past
  - The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – “It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future...”
  - An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre.
  - The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.
  - Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or HDUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea.
  - Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.
  - Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres;
  - A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.
- The consultation asked people to respond to two questions:
- 1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from South and West Wales and South Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?

2 If we develop the adult thoracic surgery centre for South East and West Wales and South Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

The consultation plan outlined the methods and proposed process for the consultation that will support delivery of the following objectives:

- To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in South Wales.
- To describe and explain the proposed model for delivering adult thoracic surgery services in South Wales.
- Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise
- To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.

Advice on the documentation was sought from the Health Boards and Community Health Councils within the regions, in order to ensure that it was fit for purpose.

WHSSC was responsible for printing and distributing hard copies of the consultation document, which was available in Welsh and Easy Read formats.

The consultation document detailed:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh was available in standard and easy read versions also in electronic format. Versions were available in Audio (in English and Welsh) and British Sign Language format on the website. All

versions of the document included details of how people could respond online, by email, by phone or by freepost. Other formats would be produced as appropriate on request.

A full range of supporting and technical documents were available online, providing background information to support and inform the public consultation. These included:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which were updated as queries arise during the consultation

In addition to these documents, a standard presentation was compiled and made available for health boards to use at public and stakeholder events.

Alongside the main consultation document the following methods for sharing information were employed:

- Website

A web page for the consultation was created via WHSSC at the following address:

<http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales>

There was both an English and Welsh web page and a short film produced outlining the key elements of the consultation.

- Public Sessions

Across the consultation period there are a number of planned sessions led by health boards in each region. This provided the opportunity for staff, stakeholders and the wider public to provide feedback on the proposals in the consultation document. Members of the WHSSC Executive team supported these sessions.

- Mid-Point Review

A formal review meeting was held approximately half way into the consultation to consider responses to the consultation, address any issues of concern and consider the need to make adjustments to the approach for the

	<p>remainder of the consultation period. This was coordinated by WHSSC, and included the engagement leads from each of the health boards, as well as representatives from the Community Health Councils. A report was produced following the meeting, summarising the key themes from the responses received to date, and was shared with the health boards and Community Health Councils. The report identified a number of actions including additional work around a key issue that had emerged during the first half of the consultation around the arrangements for delivering Thoracic Surgery support to the Major Trauma Centre. This work was subsequently included in the evidence pack provided to HBs with the consultation outcome.</p> <ul style="list-style-type: none"> <li>• Post Consultation Phase</li> </ul> <p>804 responses were received with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards and CHC's</p> <p>Where notes from staff or public events were provided these were also captured and included within the analysis and consideration of implementation actions but were not been recorded as individual responses.</p> <p>On behalf of the six affected health boards, WHSSC received and logged responses to the consultation, the outcomes of which was reported to the WHSSC Joint Committee in September, prior to submission to each of the health boards, together with a recommendation on the proposal, for consideration at public board meetings to be held before the end of October 2018.</p> <p>WHSSC worked with the health board engagement leads, and provided them with the responses specific to their health board area and region.</p> <p>WHSSC officers reviewed, collated and analysed the responses and outcomes with regards to any national, regional or crosscutting themes, in order to enable the Joint Committee and affected health boards to have an informed discussion on the outcome of the consultation.</p> <p>WHSSC officers shared all of the responses with the Community Health Councils and health board engagement leads, and reviewed and collated the responses and outcome for each health board area. This information was also shared with the Community Health Councils for consideration as part of their role in reviewing and formulating an official response to the consultation.</p>
	<p>Final Project Review</p> <p>A formal review meeting was held in the spring of 2019 to consider conduct of the consultation and address any issues of concern.</p>



	<p>This was coordinated by WHSSC, and included the engagement leads from each of the health boards, as well as representatives from the Community Health Councils.</p> <p>This report was produced following the review meeting, and summarises the key findings under four headings</p> <ul style="list-style-type: none"> <li>• Key project successes</li> <li>• Project shortcomings and solutions</li> <li>• Lessons learnt</li> <li>• Follow-up Actions</li> </ul>
Key project successes	<p><b>Please describe what has worked well.</b></p> <p><b>What have been the key successes of this project?</b></p> <ul style="list-style-type: none"> <li>• The primary success of the process was to deliver a regional engagement and consultation.</li> <li>• There was a due regard to equity of opportunity, the approach adopted resulted in a wide range of stakeholders sharing their views. This was supported by the availability of materials in multiple formats.</li> <li>• As themes and questions developed throughout the consultation period WHSSC worked collaboratively with CHC's and HB's to produce a living Frequently Asked Questions process to signpost or address issues raised.</li> <li>• High Response Rate with 804 individual responses across all affected populations. Strong engagement with clinicians.</li> <li>• Feedback from CHC's and HB's was that WHSSC demonstrated a genuine desire to engage and consult, as evidenced by WHSSC Executive support at public and staff meetings.</li> </ul> <p><b>What factors supported this success?</b></p> <p>The adoption of a two stage process with engagement followed by consultation allowed WHSSC to refine and adapt internal processes and in particular shape its communication strategy.</p>

	<p>There was an opportunity to learn from the public consultation on Major Trauma and in particular the approach to collaborative working. Regular contact with Health Board and CHC's was a core component of the process and space was created to have conversations throughout the consultation period.</p> <p>The Mid-Point Review was very useful in framing the quantitative and qualitative approach taken and offering an opportunity to discuss and tailor the process, including providing the opportunity to undertake additional work on a specific issue in response to feedback received during the first half of the consultation.</p> <p>As noted above there was a genuine desire to engage and consult and WHSSC executive team took an active leadership role throughout the process.</p> <p>There was a recognition that subject matter experts existed within the HB's and CHC's, collaborative working and transparency were taken as key lessons from the major trauma consultation and informed the WHSSC process throughout.</p>
Project shortcomings and solutions	<p><b>Please describe what have been the main challenges of this activity?</b></p> <p>Above all else the fact that conducting a two stage engagement and consultation process was a new endeavour for WHSSC.</p> <p>When planning the process and materials to be adopted consideration was given to build sufficient flexibility in the timeline to ensure all activity was completed in order to account for the agreed recommendation and decision making processes within Joint Committee and the Health Boards. However, it is recognised that the pre consultation stage included a number of challenges which resulted in the timeline being stretched, in effect the contingency was utilised at the start of the process. Examples of early pressures within the timeline included;</p> <p>There was a degree of uncertainty regarding the need for a public consultation. Time was lost when WHSSC were gathering the views of the CHC's. Engagement leads felt that their earlier involvement would have been beneficial, building on their expertise and local relationships. Timescales need to take account of the decision-making timescales for CHCs as well as HBs.</p> <p>Once the need for a consultation was agreed there was a significant amount of activity dedicated to producing and reaching consensus on the material. The decision to include an agree/disagree question was an example of early uncertainty over what was being consulted upon.</p> <p>Post consultation there were challenges over the governance and decision making process and in particular the ability to share materials with CHC's prior to the HB meetings.</p> <p><b>How were they overcome (if they were)?</b></p>

In recognition of the uniqueness of the activity from a WHSSC perspective collaboration with Health Boards and CHC's was adopted throughout the process.

The timeline although stretched did have a sufficient contingency to allow the process to be completed in time.

The governance around the recommendation and decision making process was complex and reflected the uniqueness of WHSSC's position outside but acting on behalf of the Health Boards. To mitigate WHSSC continued to engage with Health Boards and CHC's throughout the process, for example by providing regular copies of the responses logged. The mid-point review was extremely helpful in enabling joint working to resolve a number of issues.

**Were the project objectives attained? If not, what changes need to be made to achieve these results in the future?**

**Objective 1: To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in South Wales.**

804 responses have been received, with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards and CHC's.

Where notes from staff or public events were provided, these have also been captured and included within the analysis and consideration of implementation actions, but they have not been recorded as individual responses.

In response to the question

The Independent Panel recommended that the adult thoracic surgery centre serving patients from South and West Wales and southern Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal?

- 339 or 42.16% agreed with the proposal.
- 428 or 53.23% disagreed with the proposal.
- 34 or 4.23% neither agreed nor disagree with the proposal.
- 3 or 0.37% did not answer the question.

A number of themes were identified when analysing the responses. These "key" themes have been used as the basis of analysis of the responses.

Many of the 804 respondents expressed multiple views across their responses and therefore the total number of issues identified within the themes is 1,441.

The key themes were as follows:

- Implementation and Improvement
- Accessibility

- Major Trauma Centre
- Workforce
- Other

**Objective 2: To describe and explain the proposed model for delivering adult thoracic surgery services in South Wales.**

Advice on the documentation was sought from the health boards and Community Health Councils within the regions, in order to ensure that it was fit for purpose.

WHSSC was responsible for printing and distributing hard copies of the consultation document, which will be available in Welsh and Easy Read formats.

The consultation document detailed:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh was available in standard and easy read versions in both hard copy and electronic format. Versions were also be available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document included details of how people could respond online, by email, by phone or by freepost. There were no requests for other formats although the plan included provision for them to be produced as appropriate on request.

A full range of supporting and technical documents were available online, providing background information to support and inform the public consultation. These included:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which was updated as queries arose during the consultation

In addition to these documents, a standard presentation will be compiled and made available for health boards to use at public and stakeholder events.

A review was held at the half way point of the consultation with representation from the affected health boards and CHCs to consider the processes and responses to date in light of the consultation plan and national guidance.

Actions arising from the mid-way review were:

- A mechanism was agreed for reporting by health boards of any exceptions to the published consultation plan;
- An agreement was reached for the provision of the verbatim responses, together with high level quantitative analysis, to health boards and CHCs on a weekly basis;
- The addition of a new FAQ relating to the requirements of the Major Trauma Centre for emergency support from consultant thoracic surgeons;
- The addition of a new FAQ relating to the lay membership of the Independent Panel;
- Steps were taken to ensure that work was undertaken to provide outline arrangements for delivering thoracic surgery support to the Major Trauma Centre (for the small number of cases where this may be required). This information was included in the evidence pack that will be submitted to health boards with the consultation outcome.

**Objective 3: Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.**

In order to assess the public reach of the consultation, respondents were asked if they were an employee of the NHS. Respondents were also asked if they were replying on behalf of an organisation. Where respondents indicated that they were replying on behalf of a health board this has been discounted from the organisation's total number in recognition that any staff responding were doing so as an individual/group and not corporately.

Not specified	NHS Employee	Organisation	Elected Representative	Grand Total
416	369	16	3	804
51.74%	45.90%	1.99%	0.37%	100%

In line with the statutory duty placed on each health board under the Wales Public Sector Equality Duty 2011, an equality impact assessment (EIA) was undertaken on the proposals for a single adult thoracic surgery centre for South Wales

At the consultation mid-way review, held in July 2018, the opportunity was taken to review the characteristics of respondents to assess whether the consultation was reaching the relevant groups. No issues were identified at the mid-way review which required changes to the consultation plan process. The distribution of responses across the protected characteristics did not change significantly from this point.

The equality monitoring process indicates that overall the consultation did have broadly representative input from affected protected categories and from the relevant age distribution.

**Objective 4: Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise.**

The table below quantifies the response method used

Health Board of Residence	Email	Hard Copy	Online form	Grand Total
Abertawe Bro Morgannwg UHB	8	13	177	198
Aneurin Bevan UHB	2	8	44	54
Cardiff & Vale UHB	12	32	291	335
Cwm Taf UHB	1	16	25	42
Hywel Dda UHB	1	38	66	105
Powys THB	2	4	6	12
Not indicated	12	9	37	58
<b>Grand Total</b>	<b>38</b>	<b>120</b>	<b>646</b>	<b>804</b>

Public events were arranged throughout the consultation period and a schedule was published on the WHSSC website.

Attendees were asked to submit their individual responses and a record of themes identified has been provided. No themes were identified which have not been represented in the analysis of responses from the standard response methods.

A number of staff and stakeholder events were held through the consultation period. Attendees were asked to submit their individual responses and a record of themes identified has been provided. There were no themes identified which have not been represented in the analysis of responses from the usual response methods.

	<p><b>Objective 5: To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.</b></p> <p>A consultation plan was developed, in collaboration with health board engagement leads, to support the consultation process.</p> <p>The consultation document, response form and covering letter were prepared by WHSSC and formally approved by the six affected health boards at board meetings in June 2018. The consultation document was also available in the Welsh language, an Easy Read format and as a BSL signed video.</p> <p>An Equality Impact Assessment ("EIA") was also completed and used to inform the consultation plan and the stakeholders that should be consulted. In order to assess the demographic profiles of respondents, the hard copy and online versions of the consultation document included a series of survey questions in multiple choice format</p> <p>The consultation was developed to meet the requirements of the framework for Welsh NHS bodies and Community Health Councils established in 'Guidance on Engagement and Consultation on Changes to Health Services' issued by Welsh Government in March 2011 and the principles in 'National Principles for Public Engagement in Wales' developed by Participation Cymru and endorsed by Welsh Government in 2011.</p> <p>In addition, the consultation was designed to satisfy the 'Sedley criteria' (often referred to as the 'Gunning principles') originally set out in 1985 and endorsed by the Supreme Court in <i>R (Moseley) v Haringey London Borough Council</i> in 2014 and subsequent judicial developments in which guidance on the requirements of fair consultation was set out and which has also been taken into account.</p>
Lessons learnt	<p><b>What could have been done differently/ better?</b></p> <p>This was a new endeavour for WHSSC and it was a steep learning curve for organisational understanding of the complexities of delivering a regional engagement and consultation. The support and advice of the subject matter experts was sought at an early stage as was the views of the CHC's. It is recognised by WHSSC that the advice of engagement experts regarding the need for public consultation should have been accepted at an earlier stage. A greater understanding of the role of the CHC's would have avoided delay at the outset.</p>

The process delivered a regional consultation but delivery was undertaken at a local level and although the process included regular checks and updates the activity undertaken locally reflected local circumstances and therefore included inherent inconsistencies. A suggested approach would be to adopt a program management approach with a fully developed handling plan to account for and where possible remove any inconsistencies. Such an approach would ensure greater clarity on roles and responsibilities and facilitate robust governance in relation to reporting, escalation and communication across the programme.

Transparency was at the heart of the process up to the decision making stage at Health Boards. There is a recognition of some frustrations within CHCs with the ability to obtain, assess and comment on material before it is public.

Although every effort was made to identify an effective communication strategy within the overall consultation plan there were a few examples, where communication between stakeholders could have been improved:

- Communication management around the alignment of the publication of recommendations and decisions statements from different health boards could have been better aligned?
- Improving the communication between the local CHCs and their Health Boards for example by establishing a formal communication channel via the Directors of Planning at each Health Board
- Clarity of communication and explanation of the Gunning principles

### **What would you recommend to improve future programming or for other similar projects elsewhere**

A theme that emerged from the Major Trauma consultation was around the need for improved collaborative working across NHS bodies. This has led to the establishment of a Cross Health Board Consultation working group which includes representation from WHSSC. The conduct of the engagement and consultation has always been mindful of the guidance and relevant legislation and case law but there is a gap in the guidance on collaborative which should be addressed.

NHS bodies should engage with the Consultation Institute and consider the commissioning of training for all staff to increase awareness of the law and guidance regarding engagement and consultation.

### **What mistakes should be avoided if the initiative were to be replicated?**



	<p>The recommendation and decision making process was reflective of this being a regional process and it is recognised that there were frustrations with CHC's with regard to the availability of the supporting material before it was made public. Consideration should be made to detailing the flow of information and gaining commitments on confidentiality if shared prior to being in the public domain.</p> <p>The overall timeline of the activity was flexed early and without scope for extension due to the agreed decision making process deadlines significant pressure was placed on the analysis of the data. This pressure was exacerbated by a large number of late submissions. Although overcome by allocating additional resource future program management should include a strategy for mitigation for slippage in the timeline.</p>
Follow-up Actions	<p>As part of the Final Review, follow-up actions and areas for exploration were:</p> <ul style="list-style-type: none"> <li>• WHSSC to contribute to the Cross Health Board Consultation Working Group</li> <li>• Regular meetings to be held between WHSSC and HB Engagement Leads</li> <li>• Regular meetings to be held between WHSSC and the CHC's</li> <li>• Improved communication between WHSSC and the HB DoPs</li> <li>• Agreement that to avoid the issue around information in the public domain the process is adopted that it can be shared in confidence to the CHC executive.</li> <li>• WHSSC to engage with all staff to increase awareness of engagement.</li> </ul>