Stakeholder Engagement & Communication

Internal Audit Report

August 2022

Swansea Bay University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

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Acknowledgement
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Executive Summary

Purpose

The overall objective of the audit was to assess the health board's approach to public engagement, with a focus on service planning.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Incomplete records of stakeholder engagements / events / contacts in respect of service change proposals.
- Lapse in Stakeholder Reference Group annual activity reporting.
- Stakeholder Reference Group governance weaknesses.

Other recommendations / advisory points are within the detail of the report.

Report Opinion

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

2016/17

Assurance summary[1]

Objectives		Assurance
1	Engagement framework	Reasonable
2	Conducting engagement activities	Reasonable
3	Actioning engagement outcomes	Substantial
4	Committee and Board oversight	Reasonable

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Practical user guide for conducting public engagement / consultation activities	1	Design	Low
2	Records of engagement activities	2	Operation	Medium
3	Annual report of the Stakeholder Reference Group	4	Operation	Medium
4	Stakeholder Reference Group Governance	4	Operation	Medium

1. Introduction

1.1 Experience during the COVID-19 pandemic has highlighted opportunities to improve delivery of some of the services Swansea Bay University Health Board (the 'health board') deliver, and may in time result in significant changes to delivery models in some areas of patient care.

1.2 Effective service user, carer and public engagement is vital in helping develop more effective services that better meet local needs, with higher quality user experience, greater community support, improved staff morale, and higher levels of productivity and efficiency.

1.3 The *Well-being of Future Generations Act (Wales) 2015* underpins the need for good communication and engagement with stakeholders, and section 183 of the *National Health Services (Wales) Act 2006* requires health boards to involve and consult citizens where changes to delivery of their services are required.

1.4 The *Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010* places a requirement on Swansea Bay Community Health Council (CHC) to determine whether proposed service changes by the health board are substantial, and to work with them to design and agree appropriate and proportionate engagement and consultation processes for the proposed changes. To this end the health board and CHC have agreed a Framework for Consultation and Engagement which outlines a consistent approach on service changes.

1.5 Welsh Government guidance on public engagement and consultation requires the health board to have in place arrangements for continuous engagement with the public through which most significant service change plans will be shared. However, in cases where substantial change or an issue requiring consultation is identified, the NHS should use a two-stage process where extensive discussion with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations is followed by a focused formal consultation on any fully evaluated proposals emerging from the discussion phase.

1.6 The overall objective of the audit was to assess the health board's approach to public engagement, with a focus on service planning.

1.7 The key risks considered in the review were as follows:

- the health board fails to comply with legislation and guidance on public consultation for service changes.
- service changes fail to achieve more effective services or to accommodate all patient groups.

- the health board fails to implement an effective and continuous approach to engagement with communities on future service improvement and change, undermining implementation of the health board's priorities.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	-	1	1
Operating Effectiveness	-	3	-	3
Total	-	3	1	4

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in Appendix A.

Audit objective 1: The health board has a framework in place which sets out the approach to ensuring the application of good and effective public engagement practice.

2.3 We sought to establish that policy and practice in this area is adequately documented and that policies and procedures are up to date.

2.4 We noted that current health board policy in this area (pending review) is set out in a 'Framework for Engagement and Consultation' document dated September 2020. This is structured around the requirements for public engagement and consultation when developing service change proposals, as described in Welsh Government Guidance for '*Engagement and Consultation on Changes to Health Services*', covering both statutory and best practice content. Discussed with CHC, we were informed that stakeholder analysis at that time didn't highlight other key stakeholders to be involved in its development, and we noted that the Framework was approved by the Board at its meeting in September 2020. We noted too that temporary changes were agreed by the CHC in July 2020 to support the health board during the pandemic, where urgent service changes of varying scale across primary and secondary care services were anticipated.

2.5 We saw the Framework document (which itself will need to be updated to reflect the new all-Wales Citizen Voice Body replacing CHC's by March 2023) covers the principles in determining the level of engagement a service change should employ and describes in narrative form the processes that should be followed. A separate guidance document, setting out the process flowchart including workflow task roles and responsibilities of both the engagement team and service delivery groups,

timescales, reference to relevant templates that should be completed, approval requirements etc., would be beneficial to form a practical guide for staff to follow when implementing public engagements / consultations (see **Matters Arising 1**). That said, we did note that a suite of common documents was used to conduct the public engagements in the sample we tested, including a template engagement plan for the identification and documentation of key stakeholders.

2.6 We have noted an example of another health board having practical guides and flowcharts, on which the health board could base its own set.

Conclusion:

2.7 The health board has in place framework documents covering the principles for public engagement with service change proposals but we noted the absence of standard operating procedures linked to these and have provided **Reasonable** assurance for this objective.

Audit objective 2: Formal public consultations are conducted where the scope, scale, impact of the service change requires.

2.8 All proposed service changes where substantial change or an issue requiring consultation is identified require stakeholder engagement. The framework referred in the previous section provides criteria on how the level of engagement / consultation is to be determined.

2.9 The all-Wales guide '*Engagement and Consultation on Changes to Health Services'* describes a two stage process: stage 1: continuous engagement, stage 2; formal consultation.

2.10 All but exceptional service change cases are concluded through stage 1. This involves a process of continuous engagement where discussion with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations is adopted through the health board's network of collaborative groups.

2.11 In certain cases, decided between the health board and CHC and relating typically to cases where proposals are opposed, this stage can be followed by a focused formal consultation (stage 2). This statutory process extends the scope of the engagement activity to others within the community, such as Assembly Members, local and community councillors, patient groups, professional organisations, relevant voluntary groups and other health care provider partners, and increases the requirement for disclosure and transparency in respect of decision making around outcomes.

2.12 Health board planning cycles record forthcoming service changes through a horizon scanning process led by the Integrated Planning Group (IPG). Service changes arise from a wide variety of sources and may be incorporated into health board delivery plans as individual IMTP deliverables, as part of a broader transformation programme or, if emerging in-year, be captured through an on-going review process and recorded in the Service Change Log. Established in 2021, the in-year

developments around the service change log process were introduced to provide timely communication across service groups and programme boards, to improve integrated system planning and reduce risks related to potential interdependencies.

2.13 Through these processes, public engagement activities are identified and forward planned by the Partnership and Engagement team, although at present this takes the form of an informal running order plan. Anecdotally, we understand that currently Service Groups may not be building in realistic timeframes for engagement and consultation into their plans, leading to the service change log needing to be updated and amended on a regular basis. We were advised of the intention to develop a more formalised scheduling of engagement timelines, following the conclusion of internal restructuring involving the formation of the new Directorate of Insight, Communications and Engagement (DICE).

2.14 Service changes are commonplace and there are internal processes, protocols and frameworks used to deliver them that all involve the participation of partners and stakeholders and are in some degree collaborative. Those that have a significant impact on patient groups will be brought into the stakeholder engagement activity cycle where stakeholder and public engagement will follow the framework pathway.

2.15 The service changes that require engagement will be determined by the Service Group and the Partnership and Engagement team within the Strategy Directorate, following an assessment of the scale, scope and impact of the proposed service change against set criteria and consultation with the CHC. Under the terms of the Welsh Government guidance, there is a requirement on the CHC to determine whether proposed service changes are substantial and to work with the health board to design and agree appropriate and proportionate engagement and / or consultation processes for the proposed changes.

2.16 Partner engagement for cases deemed in-scope of the engagement guidance is facilitated through the health board's Stakeholder Reference Group (SRG), a working group with a very broad stakeholder membership from across the partner, provider, patient and carer community.

2.17 We sought to assess the health board's compliance with the stakeholder engagement mechanisms set out in the engagement framework documents and did so through the examination of a sample of four recent service changes:

- Changing for the Future service change programme,
- Older People's Mental Health Services,
- Future location of Adult Acute Mental Health Assessment beds,
- Proposals for Hydrotherapy services.

Whilst these were themselves significant service changes with broad engagements (particularly the Changing for the Future service change programme), none had required or involved stage 2 formal consultation, of which there had been no cases in the health board in recent years.

2.18 These cases were tested against a set of key steps in the engagement process cycle to confirm they had consistently operated:

- the service change case is heard by the SRG, typically prepared by the Service Group in conjunction with the Performance and Engagement team;
- the template assessment proforma is used to describe the service change to the CHC;
- the service change proposal is set out in a standard format engagement document sent to the Board for approval;
- CHC approve the stakeholder engagement proposal and stipulate the public response duration;
- an engagement plan is present that details parties with whom the engagement document will be shared, including staff;
- Equality statements are produced that document how all interested / affected parties, groups and bodies have been included in the engagement plan; and
- a response form is provided for interested parties to submit their views.

2.19 We noted that public face-to-face engagement had been a challenge during the COVID-19 pandemic and the health board had responded by engaging and communicating digitally. In each of the four engagements examined we saw reports to the Board and CHC summarising comments received from those consulted and analysis of responses to questionnaires issued during the public engagement exercise. However, we noted that although engagement plans record the forward planned engagement events and contacts, a complete record of the engagement activities, sessions and workshops that actually took place, along with the key points raised and agreed actions and outcomes from these, is not maintained. We were advised that in particular, feedback forms, including for internal briefings, are not always completed and made available for inclusion. Because of this we were unable to evidence, the extent of the audience that was reached across the engagement period in order to put into context the outcome material reported (see **Matters Arising 2**).

2.20 We sought to establish the health board's approach to involve and engage with staff in service change activities using again the sample of the four service changes used above.

2.21 We noted that service change documents identify and address staff impacts of service change in a variety of ways covering various aspects, including the following:

- identify the elements of a service change proposal that impact staff (e.g. change in work site);
- develop flexible ways to minimise these impacts (e.g. allow staff to work across several different services and in different teams);
- provide early engagement with staff and unions on service change proposals;

- plan in further engagement activities during the engagement period where staff can give their views on the proposals;
- capture, analyse and report all staff comments, views and other feedback; and
- provide wellbeing services to look after staff wellbeing needs in the new service configuration.

Conclusion:

2.22 In examining a sample of service changes, we noted that the health board reviews proposed service changes to identify appropriate stakeholder engagement activity, and delivers this in line with the prescribed engagement framework. On examination of sample engagement records we did however note that not all cases in the sample provide a complete record of engagement activities that actually took place and have provided **Reasonable** assurance for this objective.

Audit objective 3: Results of public engagements are assessed and incorporated to inform service development and delivery.

2.23 We sought to establish that stakeholder engagement outcomes were captured, considered by oversight groups and incorporated into the work plan of the group delivering the service change and did so through further examination of the sample of four recent service changes referenced in the previous section.

2.24 We obtained copies of the following records to evidence the analysis and review activity that had taken place:

- the Partnership and Engagement team report to the Board on the analysis of responses received and the recommended course of action.
- CHC examine and approve by letter the implementation of the proposed service change; and
- Board examine the final recommendation of the Partnership and Engagement team (e.g. combine and re-site a service at a particular hospital) and their decision is recorded in the minutes of the Board meeting.

2.25 We noted that the Partnership and Engagement team prepare and submit an analysis report of the responses received from all respondent channels to the CHC and the health board, recording whether these are supportive of the proposals and if so, recommending that the proposal be accepted and implemented. The CHC and Board then decide and direct how the service change should proceed.

2.26 In the sample examined we noted one case where the CHC instructed a further round of engagement because the level of response had been too low to form any conclusions, and another where the original proposal was accepted, but where additional work was directed to provide further assurance over accessibility to the new service. In all four sample service changes, engagement responses were assessed as sufficiently supportive of the change that was being proposed and service change teams were given consent to proceed.

2.27 We noted that engagement outcomes are examined at subsequent meetings of the SRG, where review of agendas and minutes confirmed engagement debrief sessions were scheduled where the results of engagement activities are discussed. We saw examples too of post-implementation review reports from Service Groups to the CHC, where the outcome of the service changes were set out, and were advised that lessons learned in service changes are shared internally via Service Group Senior Management Team meetings (although we have not seen any evidence of this taking place).

Conclusion:

2.28 We noted there is a robust process for the analysis, assessment and reporting of engagement responses which is then used to determine service change implementation and have provided **Substantial** assurance for this objective.

Audit objective 4: Committees and Board oversee the overall approach to public engagement and the progress and outcomes of the service development activities where public engagement has taken place.

2.29 We sought to ascertain what is being reported to and monitored by the health board Committees and Board in respect of the broader stakeholder engagement activity.

2.30 We refer earlier in this report to the SRG and its role in the engagement activity undertaken in respect of individual service changes. The SRG is an Advisory Group although the health board will provide an Executive Lead (the Director of Nursing and Patient Experience) a Non-Officer Member, as well as management support. Under its terms of reference, the SRG Chair shall report formally, regularly and on a timely basis to the Board on the Group's activities. The broad membership of the SRG provides a forum in which discussion and debate can be used to inform the selection of a preferred option for a service change, which takes into consideration views from a diverse group of stakeholders.

2.31 We note that the SRG also provides an annual report for the Board, summarising its broader citizen engagement activity. This report was not produced during the pandemic as the group did not meet, although we were informed that key documents were still circulated and distributed to the membership via email. The last annual report was produced for 2018/19 (see **Matters Arising 3**).

2.32 SRG meetings resumed in 2021 but not at the bi-monthly frequency achieved pre-pandemic and we were advised that the meeting of the SRG in July 2022 had been cancelled. We also noted Chair and Vice-Chair posts have been vacant for some time which impacts the group's governance arrangements (see **Matters Arising 4**).

2.33 Regarding monitoring, the '*Recovery and Sustainability Plan Deliverables'* Report provides regular update reports to Committees and the Board on the progress and status of engagement activities that were captured in the health board's IMTP and annual plan. In-year emerging service changes captured in the Service Change Log

are reported periodically to Clinical Services Oversight Group (CSOG) and then to Board. CSOG is attended by health board executives and major programme leads and links to the Planned Care Programme Board which reports to the Management Board.

2.34 We examined the report submitted to CSOG in June 2022 which lists the current status of the public and staff engagements carried out since establishment of the Changing for the Future programme in mid-2021, and note the intention to provide the next of these reports in August 2022.

Conclusion:

2.35 We noted Committee and Board oversight in operation over broader stakeholder engagement activities and have provided **Reasonable** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Practical user guide for conducting public engagement / consultation activities (Design)		**Impact**
The health board's 'Framework for Engagement & Consultation' document covers the principles in determining the level of engagement a service change should employ and describes in narrative form the processes that should be followed. We have noted an example of another health board having practical guides and flowcharts for staff to follow in the application and implementation of the process to service change proposals, and that it would be beneficial for the health board to have its own set.		Potential risk that key aspects of the stakeholder engagement / public consultation policy are overlooked and that the guidance and legislation in this area is not complied with.
Recommendations		**Priority**
1.1	We recommend that the health board consider developing documentation to provide service change programme leads with a practical user guide to undertaking public engagement / consultation. This could include the following elements: • process flowcharts in a chronological workflow; • workflow task roles and responsibilities; • typical workflow step timescales; • reference to relevant templates that should be completed; • approval requirements; and • decision points and criteria (e.g. assessing the engagement level to be adopted, triggers for stage 2 formal consultation).	**Low**

Agreed Management Action		Target Date	Responsible Officer
1.1	A flowchart will be developed as suggested to aid Delivery Groups in clarifying the extant process with elements suggested above included.	October 2022	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising
	Development of the additional documentation will be included in the revision of the Framework with the new Citizen Voice Body once it is in place from March 2023 and depending on its readiness to work with Health Boards to develop such processes. Work will commence in April 2023, but unlikely that CVB will be ready to engage on this piece of work in the initial stages of its establishment. It will need to be co-produced with the CVB and so this is an initial estimate of when this could be produced, but will be dependent on the CVB and so may need revision once their work programme is known.	September 2023	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising

Matter Arising 2: Records of engagement activities (Operation)	Impact
We tested a range of engagement activity elements by examining four recent cases of substantial service changes where engagement had taken place, to ensure that the principles of the health board's engagement framework principles had been followed. Whilst we noted records for each case included an engagement plan, setting out stakeholders that were to participate in the engagement and the methods by which that would be achieved, there was not in all cases a complete record of engagement activities that actually took place. We were advised that in particular, feedback forms, including for internal briefings, are not always completed and made available for inclusion. As a result, it was not always possible to determine with certainty the full extent of stakeholder engagement that had been achieved and thereby calibrate the support level represented in the responses seen.	Potential risk that the health board are unable to evidence that all relevant groups had been included in the programme of engagement activities for a particular service change.

Recommendations		Priority
2.1	We recommend that the following are actioned: • feedback material is captured and collated at all engagement sessions, both internal and external, whether delivered by the Engagement Team or Delivery Groups; and • stakeholder engagement plans are updated after events to record the detail of engagement activities that took place, including the key points raised and agreed actions and outcomes.	**Medium**

Agreed Management Action		Target Date	Responsible Officer
2.1	Feedback forms exist for collating information from engagement sessions, both internal and external. These will be chased up in future engagements.	September 2022 for all future engagements	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising
	Stakeholder engagement plans will be updated at the end of engagement to record which activities took place with feedback forms included in these.	September 2022 for all future engagements	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising

Matter Arising 3: Annual report of the Stakeholder Reference Group (Operation)			Impact
We noted that in order to operate effective health board oversight of the full range of engagement work provided by the Stakeholder Reference Group (SRG), the Group provides an annual report to the Board of its activities and work in the year. The last such report was made to cover the group's work of 2018/19.			Potential risk that health board oversight groups are unaware of gaps in stakeholder engagement activities and that this leads to a breach of Welsh Government guidance.
Recommendations			**Priority**
3.1	We recommend that the SRG resume its annual reporting to the health board to restore full oversight over its activities and work.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
3.1	A workshop is planned in Autumn 2022 to restart the work of the SRG and an annual report will therefore be prepared in line with the agreed timescale for the Health Board in May 2023.	May 2023	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising

Matter Arising 4: Stakeholder Reference Group Governance (Operation)			Impact
We noted that SRG meetings had been paused during the pandemic period, although we were advised that key documents were still circulated and distributed out to the membership via email. Whilst these meetings resumed in 2021, we noted the following issues: • meetings have not reached the groups bi-monthly frequency recorded in its terms of reference and achieved pre-pandemic, and we noted the meeting of the SRG in July 2022 had been cancelled; • Chair and Vice-Chair posts have been vacant for some time, and remain vacant, which impacts the group's governance arrangements, including in respect of decision making and meeting quoracy; • we were unable to establish with certainty that meetings that did take place were attended by the appropriate people (we noted some meetings pre-pandemic recorded low attendance and in several cases were inquorate). • the group does not maintain a work programme (a recommendation that was made at the time of the previous audit).			Potential risk that oversight group governance issues weaken control in respect of the group's and health board's decision making.
Recommendations			**Priority**
4.1	We recommend that the SRG address the governance weaknesses identified and resume its activities in full.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
4.1	A workshop is planned in Autumn 2022 to restart the work of the SRG and also to consider different ways of ensuring consistent Chairing of the SRG. This will include a work programme which used to be in place but which had lapsed over recent years.	October 2022 onwards	Joanne Abbott-Davies, Asst Director of Insight, Engagement & Fundraising

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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