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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Engagement and Communication Framework

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1. Introduction and Context

ABMU Health Board (ABMU) has the responsibility for providing healthcare to a population of approximately 600,000, serving one of the most densely populated areas in Wales. In 2010, ABMU published its Five Year Plan '*Changing for the Better*' which, above all else, made a commitment that patient safety is its number one priority. The plan also set out Values and Aims with which the organisation would embed in all its activities, which are summarised as follows:

The purpose, values and aims of ABMU

“The purpose of ABMU Health Board is to improve the health of our community and to deliver effective and efficient healthcare in which our patients and users feel cared for, safe and confident.”

Our values

Values are the ethical ideals to which an organisation aspires. They are designed to define the culture and to inform the behaviours of people working in and leading the organisation. When ABMU Health Board was formed in 2009 the following values were adopted:

- **Delivering Excellence**
- **Treating Others with Dignity and Respect**
- **Working as a Community**

Our aims

We will:

- Engage with our community and local organisations to encourage local people to live long and healthy lives
- Provide equitable access to excellent quality, safe, sustainable and effective care which is appropriate to the particular needs of our local communities and is as good as that provided anywhere
- Fulfill our potential as an integrated organisation by delivering effective, seamless care across the whole spectrum from primary care to tertiary services
- Enable our current and future workforce to access the training, skills, support and experience in order to deliver current services effectively and to develop new roles as services change over time
- Develop a common agenda with academic partners to deliver education, research and innovation to improve healthcare for the future.

In 2011 the Welsh Government published Together for Health, its vision for health services over the next five years. The document explained the pressing challenges that the healthcare system currently faces in Wales, with more people living with long term health problems, difficulties in recruiting medical staff and a difficult financial climate. As a result, ABMU must rise to the challenge of changing services to address the above pressures and produce a revised strategy by November 2012. In order to achieve this, a comprehensive planning process has been established to ensure the strategy is as robust as possible.

Whilst engagement on the above strategic direction is important there will be a need for some services to change during this period. Like any other organisation day-to-day services need to change in order to address certain operational issues. It is therefore important that Managers and Clinicians have a clear process to follow when implementing smaller service changes locally.

This framework therefore aims to establish the ways in which ABMU will engage with its stakeholders on both strategic and operational levels. It will provide those involved in changing services with guidance on how to actively engage stakeholders in key decisions.

2. Definition

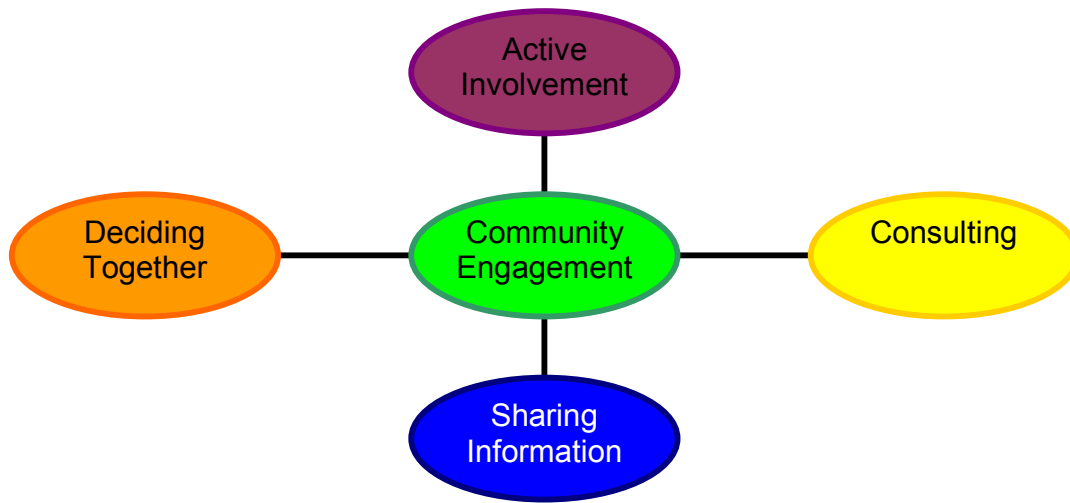
The following provides a definition of what we mean by the term Stakeholder:

Stakeholder – This includes anyone directly affected by a service development/change, new policy/procedure or strategy. It also includes those representatives with a legitimate interest in ABMU's actions, services and plans. These include:

- **Staff and staff side organisations**
- **Service Users** (Patients and Carers)
- **Partners** (Primary Care colleagues, Local Authorities, Community Health Council, Voluntary Sector etc)
- **Wider Community** (Local citizens, community groups, elected representatives, the media, etc)

3. Principles

As mentioned earlier, one of ABMU's core values is to 'work as a community' and engage those living in our communities. This will be underpinned by continuous engagement. The following diagram illustrates this:



In order to achieve good relationships with its stakeholders ABMU recognises that it needs to be open and transparent, share information and actively involve stakeholders wherever possible. It cannot make decisions on its own and values this active and meaningful contribution. ABMU will aim to involve stakeholders from development of initial concepts through to implementation.

In March 2012, the ABMU Board signed up to a national set of principles for engagement and participation. These principles were designed by **Participation Cymru** in consultation with a range of public sector bodies and aim to provide a consistent approach to engaging stakeholders across the public sector. The ten principles are as follows:

- Engagement is effectively designed to make a difference, e.g. not engaging with people if not necessary.
- Encourage and enable everyone affected to get involved, e.g. contacting hard to reach groups for their opinion
- Engagement is planned and delivered in a timely and appropriate way, e.g. ensuring meetings and presentations are carried out in accessible venues, allowing all to attend.
- Work with relevant partner organisations, e.g. other Health Boards, Local Authorities etc.
- The information provided will be jargon free, user friendly and appropriate, e.g. large print options for the visually impaired.
- Make it easier for people to take part, e.g. the use of interpreters for hearing impaired to take part in engagement exercises
- Enable people to take part effectively, e.g. the use of trained facilitators in meetings
- Engagement is given the right support and resources to be effective, e.g. investing in technology to make engagement events more interactive
- People are told the impact of the contribution, e.g. timely feedback given to those who participate in engagement activities

- Learn and share lessons to improve the process of engagement, e.g. using the outcome setting to evaluate the effectiveness of the engagement process used.

4. Drivers

- **Staff Engagement** – ABMU employs around 17,000 staff and it is imperative that they and their staff side organisation are engaged in all discussions on service changes. Not only do staff have the knowledge and experience necessary to help shape service re-design but they are a significant number of people already living and working in the ABMU area. Key areas of focus will be communicating with staff more effectively, via mechanisms such as team briefings, email campaigns, etc. Staff engagement also encompasses existing partnership working arrangements established with recognised staff side organisations.
- **Public/Citizen Engagement** – These are the activities undertaken by ABMU in order to communicate with the various stakeholders mentioned earlier. Public engagement is an important tool for ABMU as it is an activity which stimulates idea sharing and interaction regarding service developments. This enables services to be developed in the best way possible, taking on all the views of those who use and work in them. Key areas of focus will be on utilising new technologies and creating more convenient ways for people to communicate with ABMU, e.g. through social media, enhanced public feedback systems, etc.
- **Patient and Public Involvement (PPI)** – This is a process of continuous engagement with patient and public representatives over the operational delivery of services in ABMU. Patients and their Carers expect to play a much more active role in the planning and delivery of their own care. ABMU's Patient Experience Unit (PEU) has established two PPI groups; one in Swansea and one covering Neath Port Talbot and Bridgend, with an overarching ABMU group established recently. There is a PPI strategy in place in ABMU and the PEU will be an active contributor to the Engagement and Communication Strategy. Key areas of focus will be on strengthening traditional ways of collecting patient views with new technology and new concepts, such as Websites, Bed side surveys, etc.

In order to further illustrate the above, a driver diagram has been designed and is included in **Appendix A**. The aim of the driver diagram is to set out the outcomes ABMU would expect to see if it engaged its stakeholders effectively. It also provides a simple tool for Managers and Clinicians to refer to in order to understand the expected outcomes resulting from any engagement activity.

5. Risks

The risk of implementing an engagement strategy is associated with failure to do so effectively. The risks of not adopting such an approach include:

- the cost of re-running an engagement or consultation exercise in whole or part;
- public distrust of efforts to reform and improve the health service;
- public suspicion that the NHS merely wants to cut costs;
- delay in, and even the impossibility of necessary reforms
- not meeting the health and/or equality needs of people who use services
- Potential prosecution under the Equality Act 2010 and Human Rights Act 1998 or a Judicial Review of specific decisions made.

6. Engagement Vs Consultation

It is important to point out here the subtle differences between Engagement and Consultation. There is a common misunderstanding that both Engagement and Consultation mean the same thing – they do not!

Engagement can be a continuous process of dialogue or a specific piece of dialogue over a certain period of time. Its aim is to involve those associated with the topic being engaged on and encourage debate, feedback and comments.

Within the NHS in Wales, Consultation is a formal process for which there is specific guidance provided by the Welsh Government. A summary of this guidance is provided in **Appendix B**. Consultation is usually associated with significant or major service change and there are particular steps an organisation needs to follow in order to adhere to the above guidance, e.g. steps needed to consult with staff, patients and the general public.

The Community Health Council (CHC) has the responsibility for working with the Health Board to decide the best form of engagement for particular service changes. The CHC provide advice on whether a service change needs to undergo an engagement process or whether it needs to implement a formal consultation process and will set the timescales for these.

ABMU has strong links with the CHC and works closely with them on any proposed service change. These links will be strengthened as a result of this framework.

Formal internal consultation with staff side organisations is covered in more detail within local partnership working arrangements and sits alongside the arrangements set out in this document.

7. Process

It is important to distinguish between engagement on strategic plans and engagement on plans to change the way a specific service operates. The above principles, drivers and risks are common to any service change, whether large or small, however there will be differences in the processes used.

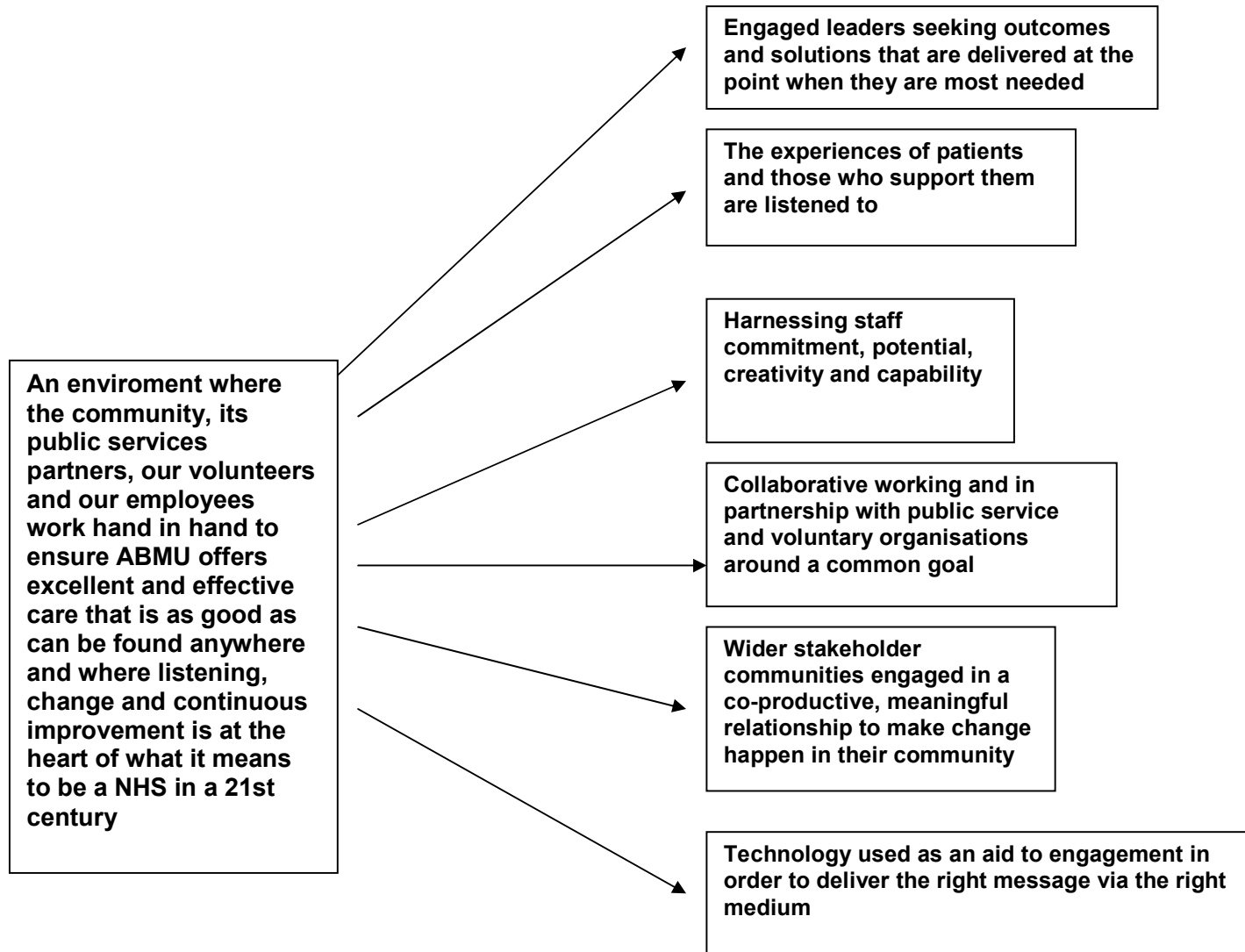
Engagement on strategic plans, i.e. *Changing for the Better*, is a significant process that will entail the wide scale involvement of stakeholders and will likely be resource intensive. As a result, it is suggested that an Engagement and Communication Group be established to drive engagement activities and provide this necessary support. Given the Welsh Government's timescales for developing strategic plans, it is critical that this group be established quickly in order to develop a robust action plan that addresses key milestones in the strategic planning process. The group will also provide support for engagement during the implementation phase of the plans to ensure this is a continuous process and not just focused on the planning stages.

In regard to **Operational service changes**, there is a need to introduce a standardised approach to engagement, so that Directorates and Localities can implement this effectively and ensure they follow the correct process. **Appendix C** therefore includes a simple engagement guidance sheet for Managers and Clinicians to use when planning an operational service change, e.g. changing the location of a specific service.

It is recognised that the above proposed Engagement and Communication group will also need to provide an assurance mechanism for any engagement activities associated with operational service changes. It is recognised that there will need to be a robust monitoring plan in place for both short and long term service changes which the above group will review on an ongoing basis.

8. Monitoring

- **Outcomes** – these will be monitored via overall compliance with the driver diagram, to test whether the Health Board is engaging in a meaningful way with stakeholders. It will also be used to establish an action plan for introducing continuous engagement across all Health Board activities.
- **Engagement and Communication Steering Group** – as mentioned earlier, this will be established to monitor the engagement activity for stakeholder engagement in strategic planning and operational service change.
- **Review of Framework** – this framework will be reviewed in April 2013 to ensure it is a live document and reflects the Health Board's strategic and operational priorities going forward.



Appendix B

On 31st March, the Welsh Assembly Government (WAG) issued the document 'Guidance for Engagement and Consultation on changes to Health services'. The guidance can be accessed by following this link <http://wales.gov.uk/docs/dhss/publications/110331engageconsulten.doc>

Prior to this document being issued there was interim guidance in place, which the HB adhered to. The revised guidance sets out the new ways in which Health Boards must engage with and consult citizens and states that every area must have in place an effective and robust system for continuous engagement. It also sets out the requirements for formal consultation and asks that Health Boards demonstrate this is being carried out in the prescribed way

As a matter of good practice, a process of engagement should take place prior to any more formalised consultation arrangements. This will ensure that key interested parties are involved in the production of any consultation document. If such a process is followed the timescales for formal consultation can be reduced. At the same time it is important to allow sufficient time for interested parties to consider any consultation document and arrange meetings where appropriate.

In order to clarify arrangements for consultation the following is proposed:

- **Consultation on proposed service change**

As indicated above these arrangements are set out in Assembly guidance and would remain as 3 months unless agreed otherwise with the Community Health Council. The Board would approve any consultation document prior to its issue. This will set out any engagement arrangements that have already taken place and the timescale for consultation agreed with the Community Health Council.

- **Consultation with partners on ways of operating (eg Welsh Language Scheme, Equality Scheme)**

The normal consultation period for such matters should be 2 months. Any exceptions to this would be agreed by the Board. The Board would be advised of the proposed consultation arrangements, including any prior engagement before consultation commenced and would consider the outcome of consultation.

- **Consultation with Staff**

The normal consultation period would be 1 month, unless a different timescale is agreed with the Partnership Forum. Adequate and meaningful Consultation with staff/staff side organisations is required for all service changes whether large or small, Local guidance on consultation as well as the partnership working framework set out the Health Board Policy and should be used when any changes that affect staff are being considered

Guidance on Engaging Stakeholders Operational Service Changes

1. **Determine whether the service change will affect Staff, Patients/Carers or the general public**, e.g. provided from a different location, reduction in service provision, change of operating hours, etc. An Equality Impact Assessment (EqIA) should be completed before any service change, which will determine whether there is enough of an effect to warrant considering formal engagement. It is also important to consider at which stage Staff side organisations should be brought into any discussions regarding service change. This should be at the earliest opportunity.
2. **If there is significant change to the service then the Community Health Council (CHC) will need to determine the level of engagement needed.** Please contact Corporate Planning in ABMU Headquarters for liaison with the CHC. Corporate Planning can be contacted on 01792 704019.
3. **Regardless of the outcome of discussions with the CHC, it is best to engage the patients and staff involved in the service at all times.** This can be achieved with continuous communication, letting both staff / staff side organisations and Patient/Carers know what the plans are and the timescales you are working towards.
4. **If the CHC determines the service change is not significant enough to warrant a formal engagement process, then Point 3 above should be actively implemented. However, if the CHC decides that you should initiate an engagement process then you need to be aware of the following:**
 - **Preparation of an Engagement Document.** It is good practice to prepare an engagement document that explains the purpose of the service change, the implications on those affected and timescales for implementation. Copies of engagement documents used for previous service changes can be obtained from Corporate Planning in ABMU Headquarters.
 - **Preparation of engagement materials.** The engagement document may need to be accompanied by an 'easy read' leaflet, a service explanation etc. It is important that all documents/materials are translated into the Welsh Language. The ABMU Welsh Language Officer can be contacted on 01639 683351. It is also important to make sure that the document can be printed in Size 14 font so that those with a visual impairment can read it.
 - **Public Meetings.** The CHC may ask you to organise a public meeting in order to provide the general public with an opportunity to ask questions and share ideas. In this case it is important that you choose meeting venues that have disabled access and parking, presentation (powerpoint) capability and has sound technology, e.g. roving microphone.
 - **Communications.** If the service change is likely to be controversial in any way then it is very important that the Communications Department is notified before any public announcements are made or before you begin to talk to the general public. The communications team can be contacted on 01639 683330.

- **Engagement Groups.** There is a plethora of planning groups established in each community in ABMU, which are there to provide scrutiny on plans to change services. These range from Older People's Forums, Children's groups to disability groups. It is important to engage with these groups and arrange to present your service change at one of their meetings. If your service change is local to a particular area then you only have to involve those local groups. If the service change is ABMU-wide then engagement with groups in each area of Swansea, NPT and Bridgend is necessary. A full list of all the groups can be obtained from Corporate Planning.
5. **Engagement Timeline.** Once you have all of the above in place it is important to produce an engagement timeline. This will need to include a start and end date for your engagement process, dates of meetings you have organised or are attending and dates of when you distributed the engagement document and to whom. This is particularly important as the CHC may ask you to write a report at the end of your engagement process which will need to reflect this timeline.
 6. **Responses.** Depending on whether your service change is significant or not, it is always good practice to offer patient/carers, staff and the public the opportunity to submit comments and ask questions. This can be done via the traditional routes such as writing to the most senior person responsible for the service change, e.g. Locality Director, Corporate Director, DGM etc. You should also provide details of other ways they can share their views such as the dedicated ABMU engagement email address sendusyourviews@wales.nhs.uk , through our Facebook and Twitter accounts www.facebook.com/ABM.healthboard / <http://twitter.com/ABMhealth> OR by directing them to attend one of the meetings you've organised. It is also a good idea to record the responses you get during this process so that you can collate them at the end of the process.
 7. **Final Report.** Whether the CHC have asked for a report at the end of the engagement process or not you will find it helpful to summarise all the feedback you've received in order to inform the final decision. Feedback from engagement exercises can be extremely helpful and offer insights into the service that you may not have considered before. If the CHC has asked for a final report then you will most likely be given a date for submission of the report following the engagement exercise and a date of when they would like this presented to their Committee. Again, Corporate Planning has got copies of previous reports.