



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 September 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Implementing the “A Healthier Mid and West Wales” Strategy – Land Appraisal Consultation Project Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategic Development & Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Libby Ryan-Davies, Strategic Programme Director

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

At the 4 August 2022 Public Board meeting, the Hywel Dda University Health Board (HDdUHB) received evidence, following a comprehensive land appraisal process, in respect of the potential sites for the new Urgent and Planned Care Hospital. The five shortlisted sites, namely two sites in St Clears, two sites in Whitland and one site in Narberth, had previously been endorsed by the Board.

The Board considered the evidence provided through the appraisal work streams in relation to the five shortlisted sites, the opinion of the Hywel Dda Community Health Council, and the Health Board's Strategic Objectives, and determined that sites 12 and C, at Whitland, and Site 17 at St Clears should be taken forward for further consideration.

The Board discussed the commencement of a public consultation, with unanimous support expressed for providing the public with a voice in relation to the choice of the most appropriate site for the new Urgent and Planned Care Hospital. In particular, the Board recognised the need to ensure that the quiet and seldom-heard voices, together with the voices of staff, and in particular staff within Primary Care are a key focus in the consultation.

The Consultation Project Plan is presented to the Board for approval (Appendix 1) and will subsequently progress to the next stage of detailed consultation planning, in preparation to launch the public consultation on the land selection in January 2023.

The purpose of this project plan is to set out the scope that details the issues to be included within the proposed consultation on the land options for the new Urgent and Planned Care Hospital in Hywel Dda UHB and the process that will be followed. Also included are the resources required to deliver the consultation project plan and to progress with the technical, commercial and planning work associated with the shortlisted sites.

## Cefndir / Background

Following comprehensive public engagement and consultation concluding in 2018, the Health Board agreed a Health and Care Strategy: “A Healthier Mid and West Wales - our Future Generations Living Well”. The Health Board has made a long-term commitment to transform itself to meet the requirements of a social model for health and well-being.

The consultation exercise in 2018 engaged the public and our stakeholders in the proposed future provision of a new Urgent and Planned Care Hospital in the south of the Health Board area, in an identified zone between Narberth and St Clears. This consultation did not identify any specific potential locations within the identified zone.

The Hywel Dda Community Health Council (CHC) made a set of recommendations following the consultation in 2018, including an expectation that the Board will engage and consult further as the delivery of the strategy progressed, as follows:

### **CHC Recommendation 3:**

*“We expect the Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges”*

In order to inform the strategic programme, and in particular the land selection for the new hospital, the Health Board delivered a six-week public engagement exercise that concluded on 21 June 2021. The public were asked “what the learning from the period since the development of our Health and Care Strategy is, which might impact on its implementation; and particularly what learning do we have from the COVID-19 experience”. We also asked for suitable land nominations and criteria that we should be considering when evaluating the suitability of any land.

The Health and Care Strategy was the subject of a Programme Business Case (PBC) endorsed by the Board at its meeting in January 2022 and subsequently submitted to Welsh Government for scrutiny. The University Health Board presented the PBC to the Welsh Government Infrastructure Investment Board on 27 May 2022 and continues to work with Welsh Government to agree the next stage of the programme development.

At the 4 August Public Board meeting, the outputs were presented from the four parallel appraisal streams:

1. **Technical** - with a majority of public members considering whether a site can support the development of a new hospital.
2. **Financial and Economic** - considering the variation in cost in building a hospital on each of the potential sites.
3. **Workforce** - the impact on current and future workforce by each potential site.
4. **Clinical** - whether a site can provide Safe, Sustainable, Accessible and Kind services - in particular, considering the needs of pregnant women and babies, and children’s and stroke services.

The appraisals were conducted with the purpose of providing evidence to the Board that might allow them to eliminate a site, or sites, from the next stages of the work. The work undertaken has been managed through the “A Healthier Mid and West Wales” Programme Group, for which the Senior Responsible Officer is the Chief Executive.

The Board considered the appraisal outcomes through the Health Board’s strategic objectives, which are to provide services that are Safe, Sustainable, Accessible and Kind.

The Board considered the evidence and determined that sites 12 and C, at Whitland, and Site 17 at St Clears should be taken forward for further consideration

The sites that were not taken forward were:

- I) **Site J, St. Clears** - This was because the site had the highest risk score based on the characteristics of the site, and it scored materially lower than the other sites in the technical appraisal process. That process was made up of a majority representation from the public and utilised a weighted scoring process based on what is most important to our communities. The other sites scored very closely to each other in the technical appraisal evidence.

Therefore, the Board approved, based on the evidence provided, that it was reasonable to eliminate Site J at St Clears from further consideration.

- II) **Site 7, Narberth** - This was due to clinical appraisal concerns, including activity modelling, that a site further west would lead to a reduction in the number of births, neonatal and acute paediatric admissions. This loss of activity could risk the critical mass for safe and sustainable services and have a negative impact on maintaining trainee status for doctors, nurses and midwives. In relation to time critical transfers, for example neonatal intensive care and cardiac events, it was felt clinically that a hospital in Narberth would result in longer transfer times.

Therefore, the Board approved, based on the evidence provided, that it was reasonable to eliminate Site 7 at Narberth from further consideration.

### Asesiad / Assessment

Following the Hywel Dda UHB and Hywel Dda Community Health Council Extraordinary Executive Committee on 22 July 2022, the Community Health Council determined that there needs to be a consultation with the public and stakeholders in relation to the land selection for the urgent and planned care hospital.

The Board, at its Public meeting on 4 August 2022, approved the recommendation to undertake a public consultation, in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Service, 2011 (the Guidance) as the proposals for the site options would be a substantial change to services as detailed in the Health and Care Strategy resulting from the consultation in 2018.

The proposed consultation will be specific to the land selection for the new Urgent and Planned Care Hospital and will not be concerned with any change or amendment to the agreed vision set out in the Hywel Dda Health and Care Strategy.

In these circumstances, the Board has a statutory responsibility to undertake consultation under section 183 of the National Health Services (Wales) Act 2006.

The Health Board's responsibility is to involve and consult citizens about services which we provide, or commission from another body, and in developing and considering proposals for changes in the way these services are provided.

The Board is responsible for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process in relation to land selection for the new urgent and planned care hospital.

The Health Board has statutory duties in relation to equality and diversity as outlined in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The Act aims to ensure and those carrying out a public function consider how they can positively contribute to a fairer society in our day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations. In order to make this happen, the regulations place specific duties on the devolved public sector, including Health Boards in Wales to carry out equality impact assessments.

In the context of this consultation project plan, the Health Board is required to assess the impact of proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised. The work will build on the detailed Equality Health Impact Assessment (EHIA) and the stakeholder mapping and analysis, that was included in Phase 1 of the Programme Business Case process, to reflect the three land options being considered.

This detailed EHIA, stakeholder mapping and analysis will help identify statutory consultees and those most affected by land selection for the new hospital so that it can inform the detailed consultation planning required. Stakeholder mapping will include a focus on disadvantaged, marginalised and minority groups and communities. Engagement will be tailored to suit their differences, circumstances, and requirements. The Health Board will work with local community and voluntary sector groups and networks to make sure that seldom heard groups can have their say in decisions that affect them.

The Health Board will engage all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue:

- **Land selection for the Urgent and Planned Care Hospital in the south of Hywel Dda UHB**

The scope for the consultation contained within the consultation project plan sets out those issues not yet decided, and therefore open to influence, and those issues already decided and therefore not open to influence by the consultation exercise, as follows:

The following matters have not yet been decided and are **open to influence** in the consultation, so we want to gather views on:

- I) **The suitability of each of the three site options for the new urgent and planned care hospital**
- II) **The positive and negative impacts associated with each of the three site options for the new urgent and planned care hospital**

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

- I) **The three site options for the new urgent and planned care hospital determined via the land appraisal process and agreed by the Board in August 2022**
- II) **The service models and vision for services set out in the 2018 Health and Care Strategy “A Healthier Mid and West Wales – Our Future Generations Living Well”, and our programme business case approved by the Board in January 2022, summarised as follows:**
  - **A network of community hubs supported by an enhanced community service model**
  - **Three main hospitals:**
    - A major new urgent and planned care hospital centrally located somewhere between Narberth and St. Clears
    - Bronglais General Hospital, Aberystwyth, will continue to provide hospital services for mid Wales as set out in the strategy "Delivering Excellent Rural Acute Care", published in 2021
    - Prince Philip Hospital, Llanelli, with acute medicine retained
  - **Two repurposed hospitals, which will be repurposed to offer a range of community services to support the social model for health and well-being:**
    - Glangwili Hospital, Carmarthen
    - Withybush Hospital, Haverfordwest

The consultation exercise will commence in January 2023, with the aim of presenting a consultation closing and output report to the Health Board Public meeting in July 2023.

We are not at the stage of formal consultation on services, facilities, and clinical models, so this will not be a formal part of the consultation, or subsequent Board decision. However, we still want to listen and have early and continuous engagement with people about what is important to them. Therefore, we welcome feedback on these areas and will document this so it can be shared and considered as the Health Board moves forward with plans.

The Continuous Engagement Plan (CEP) was approved by the Board in May 2022 and was developed around the three life stages set out in the Health and Care Strategy - **“starting and developing well, living and working well, and growing older well”**. Our commitment as a Health Board is to “work together every step of the way” with our staff, patients, carers, people who live and work in our communities and people and organisations delivering or interested in health, care, and well-being support. The new CEP aims to shift the emphasis from reactive engagement on proposed service changes, to a more practical and proactive approach which involves public and stakeholders as partners in a continuous process. The CEP is a live document which will evolve and guide development of future services through listening to our communities.

In considering the need to listen and have early and continuous engagement with people about services, facilities, and clinical models, it is proposed that we use our Continuous Engagement model to welcome feedback on areas which are outside of the scope of the formal land consultation. This will ensure we can share and consider early views and contributions as the Health Board moves forward with its' plans. These areas may be subject to further consultation in the future.

The draft consultation project plan was presented to the extraordinary CHC Executive Committee meeting on 5<sup>th</sup> September 2022, following which the Chair and the Chief Officer formally confirmed that the Hywel Dda CHC is in agreement with the Health Board's proposed approach to forthcoming public consultation.

The management and delivery of the consultation project will require designated resources, and an allocated budget to ensure its delivery to Consultation Institute quality assurance standards, and to the defined timescale, as follows:

- i) **Workforce requirements** - project leadership, project management, communications and engagement posts identified for the project team are funded within existing team budgets, and from additional requirements identified through the Programme Business Case development and previously approved. Consequently, no additional staffing costs are envisaged specifically for the delivery of the consultation however it should be noted that this is a significant piece of work and therefore there is an opportunity cost associated with the project.
- ii) **Communications requirements** - consultation documents, design and printing, including alternative versions (including translation), video and animation; translation, including Welsh and other languages identified through stakeholder analysis; media including digital platforms, social media, radio, advertising and media training. **£90,000**
- iii) **Engagement requirements** - consultation advice and guidance; quality assurance (Consultation Institute); consultation analysis including the analysis initial report and consultation final report; events management – venues and logistics including simultaneous translation at events and distribution of documents by mail. **£205,000**

**Therefore, the estimated cost to the Health Board for the total resource requirements to deliver the consultation is £295,000.**

In parallel with the public consultation the Health Board will continue to work with the landowners and their agents to develop heads of terms and options to purchase the necessary land. This will also involve the identification of further technical information associated with the sites, and also the development of information to support planning activities. Resources have been identified for these purposes from existing budgets with the cost estimates for the remainder of 2022/23 as follows:

Description	Additional costs £m
Technical project management	0.060
Land consultancy	0.037
Legal Fees and disbursements	0.100
Technical support and survey activities	0.100
Planning and Transport consultancy	0.050
<b>Total estimated</b>	<b>0.347</b>

External consultancy support will be required for this work which will either be extensions of existing contracts or direct awards from approved frameworks where the Health Board can identify high quality work and value for money and where continuity of work is important, or the contracts will be competitively tendered. Approval of individual consultancy contracts will be awarded in accordance with Health Board policy and procedures.

The Health Board is in discussion with WG in relation to work in support of the Programme Business Case and the next stage of business case development. These costs have not been included above, with funding anticipated to be supported by Welsh Government.

#### Argymhelliad / Recommendation

The Board is asked to **APPROVE**:

- The Consultation Project plan, including the consultation scope and timescales for delivery;
- The commencement of the detailed consultation planning (pre-consultation period);
- The resource requirements for the delivery of the consultation project and the consultancy costs, recognising these are within existing budgets for the current financial year, which will allow the programme of work to continue in relation to the shortlisted sites for the proposed new hospital.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report.
Rhestr Termiau: Glossary of Terms:	Contained in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Since the 2018 consultation there has not been further consultation but there has been significant public and stakeholder engagement including with the Hywel Dda Community Health Council.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The PBC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC. The cost to the Health Board for the total resource requirements to deliver the consultation is therefore £295,000.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Implicit within the AHMWW Strategy, PBC and consultation project plan. This is an integral part of the PBC case for change.
<b>Gweithlu: Workforce:</b>	Implicit within the AHMWW Strategy, PBC and consultation project plan. This is an integral part of the further development of the strategic programme case for change.
<b>Risg: Risk:</b>	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
<b>Cyfreithiol: Legal:</b>	Implicit within the consultation project plan
<b>Enw Da: Reputational:</b>	Implicit within the consultation project plan
<b>Gyfrinachedd: Privacy:</b>	Implicit within the consultation project plan
<b>Cydraddoldeb: Equality:</b>	The PBC Equality & Health Impact Assessment (EHIA) will be further developed and updated at the start, mid-point and close of the consultation; and will remain 'live' through the duration of the strategic programme





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University Health Board

# Consultation Project Plan

## AHMWW Urgent & Planned Care Hospital

### Land Selection

### September 2022



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# 1.0 Consultation project implementation responsibilities

<b>Purpose</b>	<p>The purpose of this project plan is to set out the scope that details the issues to be included within our proposed consultation on the land options for the new urgent and planned care hospital in Hywel Dda UHB, and the process that will be followed. The project plan for the consultation will be considered by the Board at the public meeting to be held on the 29th of September 2022.</p> <p>The Board has reached agreement with the Community Health Council, in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Service, 2011 (the Guidance), that the proposals for change if supported would be a substantial change to services. The Board has a statutory responsibility to undertake consultation under section 183 of the National Health Services (Wales) Act 2006.</p>
<b>Key Responsibilities</b>	<p>The Health Board’s responsibility is to involve and consult citizens about services which we provide, or commission from another body, and in developing and considering proposals for changes in the way these services are provided. The Board is responsible for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process.</p> <p>The Health Board consultation management process includes:</p> <ul style="list-style-type: none"> <li>• The establishment of a Steering / Project Group to manage and monitor the consultation progress and monitor the responses as they are received</li> <li>• The development of a system to log incoming responses into a database for analysis at the end of the process</li> <li>• Acknowledgment of responses with a letter / email where contact details are provided</li> <li>• The development of a system to share our progress and findings with stakeholders</li> <li>• The development of a system to use feedback to inform further discussions and decision making</li> <li>• The development of a mid-point review process to ensure the consultation is progressing as anticipated and any emerging issues addressed as part of the consultation process and management plan</li> <li>• Further development of the equality and health impact assessment (EHIA) at the start, mid-point and end of the consultation process to help identify barriers, and any needs to be addressed to support participation from our diverse communities</li> <li>• The development of a system to consider impact throughout the process and adjust as necessary to eliminate or mitigate any potential or actual adverse impact at the earliest opportunity.</li> </ul>

# 1.1 Statutory and Legal Duties

<b>Equality Act 2010</b>	<p>Our duties in relation to equality and diversity are outlined in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The Act aims to ensure and those carrying out a public function consider how they can positively contribute to a fairer society in our day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations. In order to make this happen, the regulations place specific duties on the devolved public sector, including Health Boards in Wales to carry out equality impact assessments.</p> <p>In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.</p>
<b>Socio-Economic Duty</b>	<p>The Wales Act 2017 enabled Welsh Ministers to enact Part 1, section 1 of the Equality Act 2010 – the socio-economic duty. It requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.</p>
<b>Mental Capacity Act 2005</b>	<p>The Mental Capacity Act is law designed to ensure that all people, age 16 and over, are protected and empowered if they lack the capacity to make a decision about their care and treatment.</p>
<b>Human Rights Act 1998</b>	<p>The Human Rights Act 1998 (the Act or the HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It requires all public bodies, including health boards, to respect and protect your human rights.</p>

**Welsh Language (Wales) Measure 2011 & The Welsh Language Standards (No. [Health sector]) Regulations 2016**

The Welsh Language Standards are a set of statutory requirements relevant to the Health Board. They clearly identify our responsibilities to provide bilingual services.

Under the Standards, Welsh should not be treated less favourably than English.

In line with the Welsh Language Standards the organisation will be expected to consider, when formulating a new policy, or reviewing or revising an existing policy, what effects, if any (whether positive or adverse), the policy's formulation or decision would have on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language, no less favourably than the English language.

When publishing a consultation document which relates to a decision, the document must consider, and seek views on, these effects.

**National Health Service (Wales) Act 2006**

Section 183 of the National Health Services (Wales) Act 2006 requires Health Board's to involve and consult citizens in:

- planning to provide services for which they are responsible
- developing and considering proposals for changes in the way those services are provided; and
- making decisions that affect how those services operate

## WG Guidance for Engagement & Consultation on Changes to Health Services 2011

Ministerial Guidance 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 exploring issues, developing options and plans
- **Stage 2** Formal consultation

A Health Board is expected 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 to explore all the issues, to refine any options and to decide and agree on the scope for the consultation. This forms part of the pre-consultation phase of the consultation project. The Land selection process undertaken up to August 2022 has satisfied the requirements for stage 1 of the consultation process. Following this first stage, a formal consultation period is required to be agreed with the Community Health Council.

## WG The National Principles for Public Engagement in Wales (reviewed 2022)

The National Principles for Public Engagement in Wales are a set of ten principles for engaging with the public and service users. The principles aim to guide the way engagement is carried out to make sure it is good quality, open and consistent. They offer a set of guidelines to organisations within the public and voluntary sectors in Wales.

- Design your engagement to make a difference
- Invite people to get involved, if they choose to
- Plan and deliver your engagement in a timely and appropriate way
- Work with relevant partner organisations
- Provide jargon free, appropriate, and understandable information
- Make it easy for people to take part
- Ensure people benefit from the experience
- Ensure the right resources and time are in place for your engagement to be effective
- Let people know the impact of their contribution
- Learn and share to improve your engagement

<b>Well-being of Future Generations (Wales) Act 2015</b>	<p>The Well-being of Future Generations (Wales) Act 2015 is legislation which has at its heart the well-being of future generations, through the establishment of seven national well-being goals and five ways of working:</p> <ul style="list-style-type: none"> <li>• A prosperous Wales – where everyone has jobs and there is no poverty</li> <li>• A resilient Wales – where we’re prepared for things like floods</li> <li>• A healthier Wales – where everyone is healthier and can see the doctor when they need to</li> <li>• A more equal Wales – where everyone has an equal chance whatever their background</li> <li>• A Wales of Cohesive Communities – where Communities can live happily together</li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language – where we have opportunities to do different things and where people can speak Welsh</li> <li>• A globally responsible Wales – where we look after the Environment and think about other people around the World.</li> </ul>
<b>Social Services and Well-being (Wales) Act 2014</b>	<p>The Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. The West Wales Care Partnership (WWCP) has been established under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 with specific duties to promote the integration of community care and support services. The WWCP is a statutory stakeholder for the purpose of this consultation project plan.</p>
<b>Convention on the Rights of the Child 1989</b>	<p>The Welsh Government has made a commitment to promote and support children and young people’s participation, and to implementing children and young people’s rights to participate as stated in Article 12:</p> <p>“Children and young people have a right to participate in the decision-making processes that are relevant their lives and a right to influence the decisions made in their regard within the family, the school or the community.”</p>



## 2.0 Scoping and mandate of the consultation

<b>Consultation Scope</b>	<p>Hywel Dda University Health Board (the consulting body) will undertake a formal consultation exercise with the public, its staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted / affected by its proposals. We will ensure equality of opportunity to engage between people who share a protected characteristic and those who do not.</p> <p>The Health Board will engage all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue:</p> <ul style="list-style-type: none"> <li>• <b>Land selection for the Urgent and Planned Care Hospital in the South of Hywel Dda UHB</b></li> </ul> <p>The Board, at its' public meeting in August 2022, considered the evidence provided through the appraisal work streams in relation to the five shortlisted sites, alongside the opinion of the Hywel Dda Community Health Council, and the Health Board's strategic objectives and determined that 3 sites should be taken forward for further consideration, and that formal consultation will be undertaken (namely, site 12 and site C, at Whitland, and site 17 at St Clears), to determine the opportunities and impacts of the remaining sites on its' citizens.</p>
<b>Consultation Timescale</b>	<p>The consultation exercise will commence in January 2023 with the aim of presenting a consultation closing and output report at the Health Board public meeting in July 2023.</p>
<b>Matters for Inclusion in the Consultation</b>	<p>The following matters have not yet been decided and are <b>open to influence</b> in the consultation, so we want to gather views on:</p> <ul style="list-style-type: none"> <li>• <b>The suitability of each of the three site options for the new urgent and planned care hospital</b></li> <li>• <b>The positive and negative impacts associated with each of the three site options for the new urgent and planned care hospital</b></li> </ul>



## Matters Excluded from the Consultation

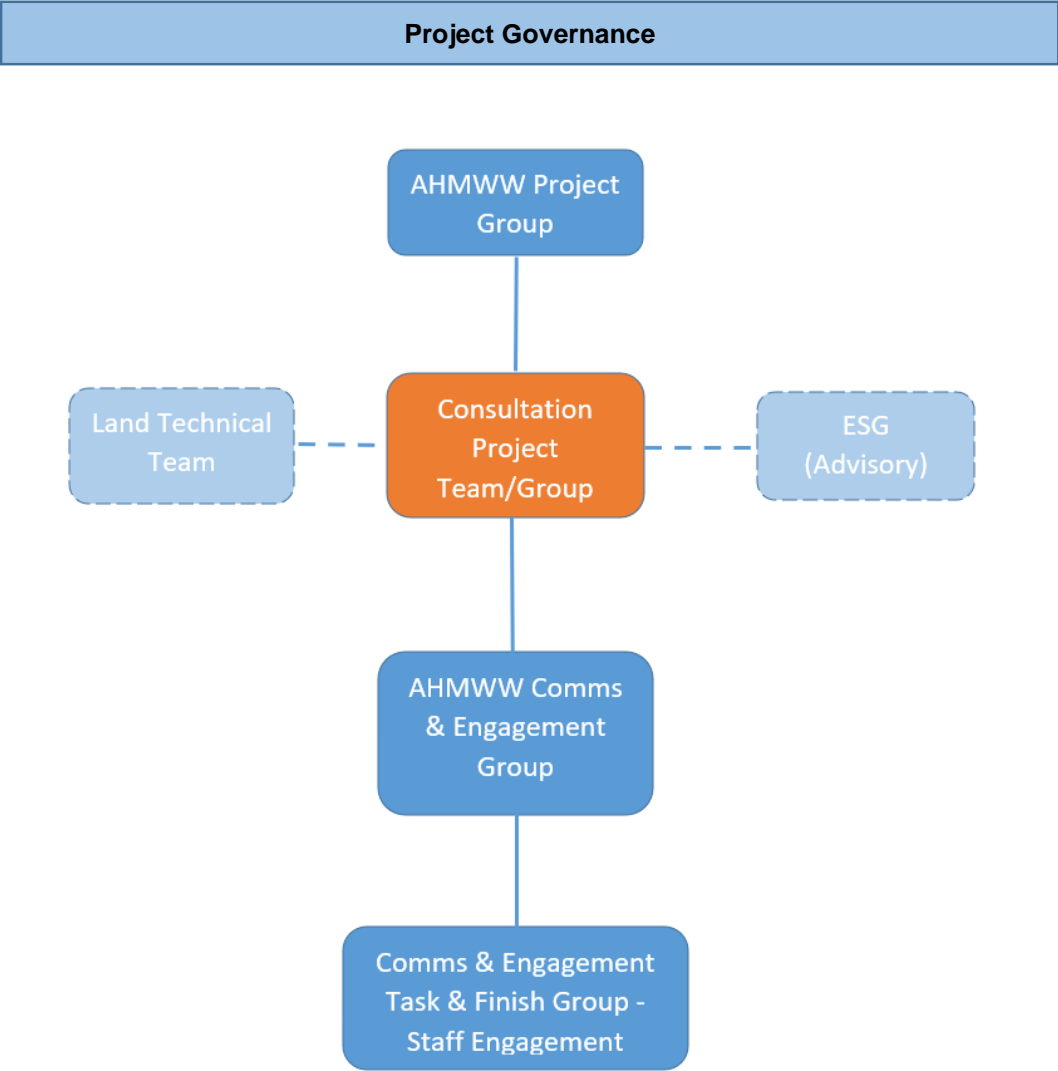
<p>The following matters have been decided and are <b>not open to influence</b> in the consultation:</p> <p><b>I) The three site options for the new urgent and planned care hospital determined via the land appraisal process and agreed by the Board in August 2022</b></p> <p><b>li) The service models and vision for services set out in the 2018 Health and Care Strategy “A Healthier Mid and West Wales – Our Future Generations Living Well”, and our programme business case approved by the Board in January 2022, summarised as follows:</b></p> <ul style="list-style-type: none"> <li>• <b>Three main hospitals:</b> <ul style="list-style-type: none"> <li>- A major new urgent and planned care hospital centrally located somewhere between Narberth and St. Clears</li> <li>- Bronglais General Hospital, Aberystwyth, will continue to provide acute hospital services for mid Wales as set out in the strategy "Delivering Excellent Rural Acute Care", published in 2021</li> <li>- Prince Philip Hospital, Llanelli, with acute medicine retained</li> </ul> </li> <li>• <b>Two repurposed hospitals, which will be repurposed to offer a range of community services to support the social model for health and well-being:</b> <ul style="list-style-type: none"> <li>- Glangwili Hospital, Carmarthen</li> <li>- Withybush Hospital, Haverfordwest</li> </ul> </li> <li>• <b>A network of community hubs supported by an enhanced community service model</b></li> </ul> <p>We are not at the stage of formal consultation on services, facilities and clinical models, so this will not be a formal part of the consultation, nor subsequent Board decision. However, we still want to listen and have early and continuous engagement with people about what is important to them. Therefore, we welcome feedback on these areas and will document this so it can be shared and considered as the health board moves forward with plans. These areas may be subjected to further consultation in the future.</p>
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## Consultation Mandate

<p>The purpose of consultation scope defined within the consultation project plan is to enable the Board to make a formal decision on:</p> <p><b>Land selection for the Urgent and Planned Care Hospital in the South of Hywel Dda</b> – the land site(s) to progress to the outline business case stage of the strategic programme for the development of the new Urgent and Planned Care Hospital.</p>
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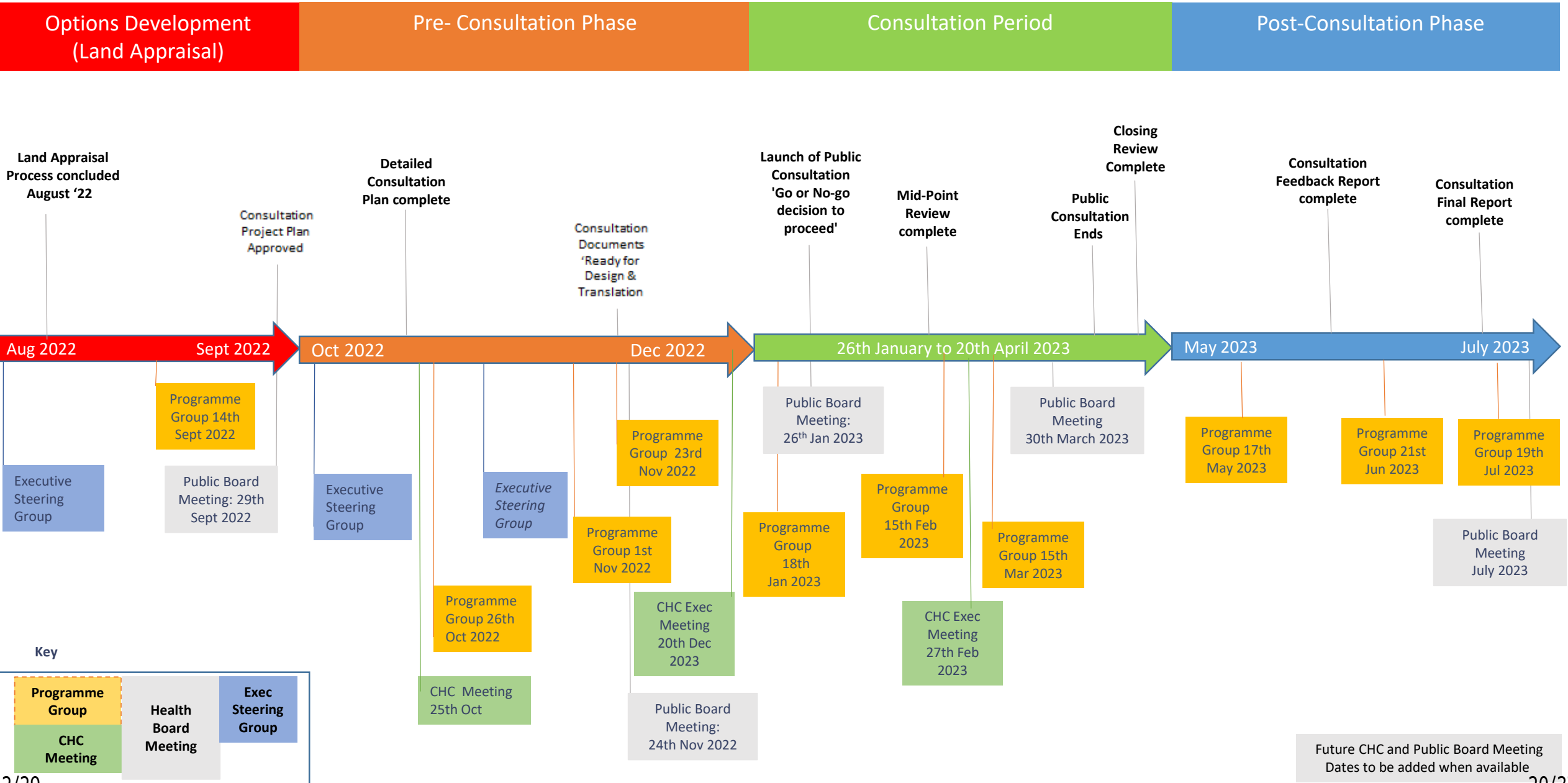
### 3.0 Project Governance

<b>Project Team Composition</b>	<p>The project team for the Land Consultation Project will consist of:</p> <ul style="list-style-type: none"> <li>• <b>Project Lead</b></li> <li>• <b>Assistant Director of Strategy &amp; Planning</b></li> <li>• <b>Clinical Lead (Engagement &amp; Transformation Programme Office)</b></li> <li>• <b>Principle Programme Manager</b></li> <li>• <b>Project Manager</b></li> <li>• <b>Project Support</b></li> <li>• <b>Head of Engagement</b></li> <li>• <b>PBC Engagement Manager</b></li> <li>• <b>PBC Engagement Officer</b></li> <li>• <b>Director of Communications / Assistant Director of Communications</b></li> <li>• <b>Senior Comms Officer</b></li> <li>• <b>Comms Officer</b></li> <li>• <b>Head of Capital Planning / Capital Programme Manager</b></li> <li>• <b>Head of Partnerships, Diversity and Inclusion</b></li> <li>• <b>Assistant Director of Corporate Legal Services &amp; Public Affairs</b></li> <li>• <b>Consultation Institute (as required)</b></li> </ul>
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<b>AHMWW Communication and Engagement Group Membership</b>	<p>The prime purpose of the Communications and Engagement Group is to act as a delivery vehicle for the development and completion of the Communication and Engagement activities required to support delivery of the Healthier Mid and West Wales strategy. This will include the capital and infrastructure planning process, system wide transformation and clinical pathway development and support for engagement with the workforce needed to achieve this. This will be under the direction of the Project Lead / Project Team.</p> <p>Membership consists of the following:</p> <ul style="list-style-type: none"> <li><b>Project Lead</b></li> <li><b>Communications Director</b></li> <li><b>HDD Community Health Council</b></li> <li><b>Capital Programme Manager</b></li> <li><b>Hywel Dda UHB - Engagement Manager</b></li> <li><b>Head of Transformation and Engagement Programme Office</b></li> <li><b>Hywel Dda UHB - Head of Partnerships, Diversity and Inclusion</b></li> <li><b>Communications Officer (Digital Communications)</b></li> <li><b>Public and Patient Engagement Officer</b></li> <li><b>Assistant Director Of Strategic Planning</b></li> <li><b>Head of Engagement</b></li> <li><b>Head of People and Organisational Effectiveness</b></li> <li><b>Project Manager - Workforce Planning</b></li> <li><b>Assistant Director of Corporate Legal Services and Public Affairs</b></li> <li><b>Communications Manager</b></li> <li><b>Senior Workforce Development Manager</b></li> <li><b>Assistant Director of Communications</b></li> </ul>
<b>Programme management support</b>	<p>Programme Management Support will be provided by:</p> <ul style="list-style-type: none"> <li>Principal Programme Manager</li> <li>Project Manager</li> <li>Project Support Officer</li> </ul>

# 4.0 Timeline for Land Selection Consultation



## 5.0 Resource and Requirements Analysis

Consultation Project Team	Project Leadership, Project management, Communications and engagement posts identified for the project team are funded within existing team budgets, and from additional requirements identified through the Programme Business Case development and previously approved. Therefore, no additional staffing costs are envisaged for the delivery of the project.
Communications Costs	<p>The Communications requirements to deliver the consultation project plan are as follows:</p> <p>Consultation documents, design and printing, including alternative versions (including translation), video and animation - £48,800</p> <p>Translation, including Welsh and other languages identified through stakeholder analysis - £12,700</p> <p>Media including digital platforms, social media, radio, advertising - £25,500</p> <p>Media Training - £3,000</p> <p><b>Total Communications Costs - £90,000</b></p>
Engagement Costs	<p>The Engagement requirements to deliver the consultation project plan are as follows:</p> <p>Consultation Advice and guidance – 10 days @ £1150 per day = £11,500</p> <p>Quality Assurance (Consultation Institute) - £19,550</p> <p>Consultation Analysis including Consultation Analysis Initial Report and Consultation Final Report - £150,000</p> <p>Events Management – Venues and logistics including simultaneous translation at events - £21,500</p> <p>Distribution of documents by mail - £2,500</p> <p><b>Total Engagement Costs - £205,050</b></p>
Total Consultation Costs	<p><b>Total Consultation Costs - £295,050</b></p> <p><b>**** Costs set out are an indicative estimation only. This is due to the issue that until a further detailed stakeholder analysis is undertaken (to inform alternative versions and targeted events etc.) and various consultation documents are identified and written, we do not have the information we need for quotations. Estimates are based on 2018 consultation figures, whilst also considering costs have escalated but also balanced against consideration that documents are likely to be shorter than the previous consultation.</b></p>

## 6.0 Stakeholder identification and analysis (including equalities)

<b>Stakeholder Identification</b>	<p>The location of a new hospital has the potential to affect every single member of our communities.</p> <p>Our approach will be to create as open and accessible an opportunity for as many people as possible to be aware of the consultation and to get involved if they wish to do so.</p> <p>We will build on the detailed stakeholder mapping and analysis that was included in Phase 1 of the Programme Business Case process to reflect the three land options being considered.</p> <p>This detailed stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by land selection for the new hospital so that it can inform our work. Stakeholder mapping will include a focus on disadvantaged, marginalised and minority groups and communities. Engagement will be tailored to suit their differences, circumstances and requirements. We will work with local community and voluntary sector groups and networks to make sure that seldom heard groups can have their say in decisions that affect them.</p> <p>Throughout the consultation process we will need to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales, and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups. This applies to all children and adults in the Hywel Dda area, regardless of gender, age, disability, ethnicity or sexuality. It also applies equally to people with mental health problems or a learning disability, as well as people with physical health problems.</p>
<b>Stakeholder Analysis – Muti-Level Analysis</b>	<p>To ensure meaningful engagement of all relevant stakeholders in further developing the land options, we will implement a comprehensive, multilevel approach that will identify and mitigate barriers to participation. Engagement will be tailored to suit people's differences, circumstances and requirements.</p>

<p><b>Initial Stakeholder Analysis</b></p>	<p>These stakeholders will likely be broadly interested in our consultation:</p> <ul style="list-style-type: none"> <li>• Patients, their carers and advocates</li> <li>• Reference Groups such as carers, service users, People’s First, Veterans and Vulnerable groups (homeless, Syrian Refugees etc).</li> <li>• Health Board staff and contracted services, and their Union and Staff Side Representatives</li> <li>• Care Homes</li> <li>• Each county (Carmarthenshire, Ceredigion and Pembrokeshire) will have a specific interest in our proposals</li> <li>• Community Health Council</li> <li>• NHS organisations including Abertawe Bro Morgannwg UHB, Betsi Cadwaladr UHB, Powys Teaching HB, Welsh Ambulance Services Trust and statutory organisations e.g., Dyfed Powys Police, Mid and West Fire Services</li> <li>• Local community organisations, community representatives, third sector, voluntary sector</li> <li>• Town and Community Councils</li> <li>• Local Authorities (Carmarthenshire, Pembrokeshire, Ceredigion) councillors, officers</li> <li>• Professional Bodies</li> <li>• Public Representatives</li> </ul> <p>The development of the stakeholder analysis will identify those people or groups who are likely to be potentially impacted by the site selection of a new hospital and who may wish to share more in-depth views and potential impacts. This work is yet to be completed, although it may include:</p> <ul style="list-style-type: none"> <li>• Residents of Whitland and St Clears, particularly those who live very near the three sites</li> <li>• Local GPs and primary care contractors within each site area</li> <li>• Care homes in and around the three site areas</li> <li>• Areas that are most impacted in terms of access dependent on specific sites being considered, such as those areas in north Carmarthenshire and coastal areas</li> <li>• Patients, their families and carers with particular emphasis on those with protected characteristics</li> <li>• Community, interest, and campaign groups representing patients, carers and their families with particular emphasis on those with protected characteristics</li> <li>• Older and frail people living in rural and isolated areas such as west Pembrokeshire, east and north Carmarthenshire and south Ceredigion</li> <li>• Older people living in the urban areas to the east of Carmarthenshire including Llanelli and Ammanford</li> <li>• Women with high-risk pregnancies living in east Carmarthenshire</li> <li>• Children and young people</li> <li>• Paediatric patients and their families who may make a different choice of accessing services based on the specific site being considered</li> <li>• Staff with protected characteristics and / or who may be carers</li> </ul>
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**Equality  
Health Impact  
Assessment  
(EHIA)**

The impact on those with protected characteristics , together with the socio-economic impact is assessed at key stages throughout the life of this project. In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.

There will be an opening EHIA for the start of the consultation. The Equality Health Impact Assessment will be carried out in two stages, firstly, by assessing impact for each area of land based on the local infrastructure and using information that is already known to us. Secondly, by reviewing the views gathered through the consultation, and by considering the possible socio-economic impact. This will ensure that decision making is fully compliant with our legal duties under the Equality Act 2010 and the National Health Service (Wales) Act 2006 and that we are taking account of people’s protected characteristics. We will also undertake an Equality Risk Assessment to highlight key areas of concern or issues and identify mitigating actions.



# 7.0 Project Risk Analysis

<p><b>Initial High-Level Risks</b></p>	<p>We will establish a consultation risk register which will continually evolve and be reviewed. This will include consideration of the likelihood and impact of risks, as well as defining the control measures to mitigate risks as far as possible. High level risks identified, but not limited to, include:</p> <ul style="list-style-type: none"> <li>• Potential of confusing the public if other health board consultations or engagement exercises are launched or overlap the consultation timeline.</li> <li>• Lack of public involvement, due to consultation/engagement fatigue or disengagement, which may leave sections of our communities and protected characteristic groups unrepresented in the consultation process.</li> <li>• Reputational risk should political, community, special interest or campaign groups be opposed to the scope or options within the consultation</li> <li>• Health Board will not be in position to resource a comprehensive and compliant (statutory duties) consultation that potentially impacts all people across our communities.</li> <li>• There is a risk that the defined timeline will not be met as per the consultation project plan, until the project team is in place or strengthened.</li> <li>• Potential pandemic restrictions, should there be a change in escalation of the pandemic, that could affect staff and public and restrict consultation activities</li> <li>• The potential of other winter pressures (flu outbreaks, adverse weather conditions, reluctance of people to attend events in the winter, staff capacity) to reduce involvement in the consultation.</li> <li>• Receiving and responding to potential legal challenges.</li> <li>• Risk of reputational damage in proceeding with consultation prior to response from Welsh Government to the Programme Business Case</li> <li>• Land-owners of the site option removing themselves from the process at any point.</li> <li>• Lack of detail in the specification of what is included in the new planned and urgent care hospital, the repurposed sites and community facilities, could negatively impact on people's ability to give an informed view on the site options.</li> <li>• Political risk of unmanaged interactions between politicians, campaign groups, staff and media channels.</li> </ul>
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# 8.0 Consultation Plan

## Developing the detailed Consultation Plan

The Consultation plan will set out how the consultation project plan will be delivered in detail, and will be continually reviewed, adapted and flexed to accommodate additional requirements throughout the course of the consultation, as well as formal review at key stages during the consultation period. The development of the Consultation plan will include:

- Stakeholder identification and Analysis** - defining methods needed per stakeholder identified; identification of best forms of engagement to suit stakeholders identified and identification of best venues/facilities for engaging stakeholder groups
- Questionnaire design** - to meet the information sought from stakeholders and tailored to specific stakeholders
- Building the timeline** - including all activities and key milestones
- Engagement Planning (incl. EHIA)** - considering digital vs offline; quantitative engagement (incl. questions); qualitative engagement (incl. questions & debates) ; participatory (incl. questions & debates); building in contingency event space; population of spreadsheet with events and activities to meet the timeline
- Communications Planning** - Social media plan (identification of social media accounts to engage upon and frequency); developing presentations, video & apps; consultation promotion; updates and newsletters; media handling plan; social media monitoring and misinformation counter action planning; website design; agreeing narratives and dialogue handling; managing and sharing feedback and outputs of the consultation
- Document Planning and Development** – Developing the main document, questionnaire, and other versions; Identifying and developing the suite of consultation documents, including supporting and technical documents (land selection technical documents (options appraisal process), EHIA opening and close, output, summary and final documents, any relevant guidance); Key themes and content for Q&As
- The Launch** – Detailed planning for the consultation launch including all activities to promote the launch
- Mid-point reviewing Planning** – Assessment of the plan, monitoring arrangements, plan amendments and contingency
- Closing Review Planning** – Assessment of the plan, contingency and decisions on extra activity requirements
- Evaluation and Analysis Planning** – a detailed plan for how the outputs will be analysed and interpreted including by who and by when
- Final Report production** – This will bring all of the information together and set out the decision-making plan
- Feedback Planning** – setting out the detail of how and when the outputs and feedback will be shared with public, stakeholders, etc.
- Influencing Plan** - the consultation plan will demonstrate that it has considered the Gunning principles i.e.:

- consultation must take place when the proposal is still at a formative stage;
- sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- adequate time must be given for consideration and response; and
- the product of consultation must be conscientiously considered.

# 9.0 Engagement Plan

<b>Introduction</b>	<p>The engagement plan will support the objectives of the consultation by:</p> <ul style="list-style-type: none"> <li>• Raising awareness amongst our people of the opportunities to participate and share views to inform the Board decision on the land selection for the new hospital.</li> <li>• Facilitating ongoing engagement with public, staff, statutory stakeholders, wider stakeholders and targeted groups most impacted / affected by its' proposals .</li> <li>• Targeting those most affected by the land selection for the new Hospital through engagement methods best suited to the key groups.</li> <li>• Providing a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views.</li> </ul> <p>Our approach will be underpinned by a commitment to continuous engagement, with particular reference to the seldom heard, and engage in ways that are sensitive and appropriate to their needs and in this way, we will be most likely to meet the needs of our entire population.</p> <p>Public and patient-centred tools and strategies for ensuring the methodologies used are in keeping with the needs of each stakeholder group will be prioritised. For example, questionnaires, in-person events/interviews, online digital spaces and direct communications will be targeted according to preferences and individual needs.</p>
<b>Maximising participation</b>	<p>All consultation documents will be available on a dedicated section of the HDdUHB website and staff intranet. The sites and associated material will be promoted via the health board’s corporate platforms to help reach the digital audience to maximise engagement.</p> <p>All engagement will comply with legislation in terms of the Data Protection Act 1998, the General Data Protection Regulation 2016 – effective in May 2018, the Freedom of Information Act 2000 and equality and diversity legislation.</p> <p>All promotional work will be carried out in accordance with the Department of Health’s Code of Practice for promotion of NHS Services, published in March 2008.</p>

## Quantitative and Qualitative Engagement Methods

Quantitative methods will be used to gain feedback via:

- Consultation questions
- Equality monitoring

A range of qualitative methods will be used to gain feedback from identified stakeholders, using the following methods where identified as most appropriate to those stakeholders:

- Surveys and questionnaires (electronic, hard copy, phone) - These can be adapted to alternative formats and delivery according to need (i.e., such as Easy Read and alternative languages).
- Online digital spaces - we will consider hosting our own digital spaces, bespoke events or using community based digital platforms to provide a space for online engagement.
- Workshops / events / drop-ins / briefings / presentations for both internal and external stakeholders.
- Existing key meetings / groups (particularly seldom heard)
- Use influencers and champions to help provide accurate information amongst their groups/followers/colleagues etc.
- Capturing stories, reflections, learning from staff via a wide range of virtual and face-to-face, formal and informal methods
- Focus groups
- Interviews
- Deliberative events

# 10.0 Communications Plan

<b>Introduction</b>	<p>The communications plan will support the objectives of the consultation by:</p> <ul style="list-style-type: none"> <li>• Providing clear and timely information about the purpose and scope of the consultation that helps to create understanding, build trust, and encourage engagement in the consultation</li> <li>• Our communication will be proactive, open and transparent – providing enough information for individuals to feel able to participate, without overwhelming individuals and leading to confusion</li> <li>• Reaching out to our diverse range of key stakeholders (inclusive of staff, service users, carers, our partners, the public, particularly those identified as potentially being disadvantaged, marginalised and minority groups) to raise awareness of the consultation and actively encouraging people to get involved and share their views</li> <li>• Reduce likelihood of potential mis-information and myths by monitoring themes from events, correspondence, media and social media and responding quickly to concerns</li> <li>• Demonstrating that the health board is listening and responding by sharing themes heard during consultation, providing responses to concerns, and sharing the results of the consultation.</li> <li>• Providing consistent responses wherever possible to people’s enquiries, or concerns (including those from stakeholders such as patient and public representatives and media), and sharing feedback heard to the health board.</li> </ul>
<b>Consultation promotion</b>	<p>The communications plan will document key messages, audiences (which will be informed by the stakeholder analysis), products and channels necessary to support people to take part in the consultation, tactics to reach stakeholders, a schedule of promotion and activities, and how we will monitor and capture feedback. A variety of communication activities will be used to promote involvement in the consultation. More materials and activities will be prepared in advance for the first half of the consultation, allowing us the opportunity to review feedback, themes and engagement, and respond accordingly in the second half of the consultation.</p> <p>To ensure consistency of approach, and recognition that the consultation is part of our strategy evolution, that has been developed with our communities, we will continue to use the Teulu Jones brand. To distinguish this consultation activity from others, facilitate communication, feedback, and measurement, of issues relating to the consultation we will develop a name (and hashtag) for the consultation, akin to our previously used ‘Our Big NHS Change’.</p>

<p><b>Working with our key audiences</b></p>	<p>We will utilise existing stakeholder databases and methods of regular communication to support our cascade of information about the consultation. This includes internal staff communication platforms and newsletters, the Siarad Iechyd / Talking Health involvement scheme, partner networks, public representatives, and our local media (including hyper local media) - all of which will help us reach significant numbers in our communities. We will continue to use the appropriate channel for our audiences, to include:</p> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>• Team Brief (update following Board meetings and used as cascade brief for face-to-face team meetings)</li> <li>• Hywel's Voice (staff newsletter available in hard copy and digital)</li> <li>• Global email (daily email to all staff)</li> <li>• Staff bulletins/video messages</li> <li>• Closed staff Facebook group and Yammer</li> <li>• Individual directorate newsletters (such as medical directorate newsletter, primary care newsletter etc)</li> <li>• Staff intranet – continuing to build and update the information available to staff (including FAQs, key messages, links to news stories, feedback opportunities etc.)</li> </ul> <p><b>Stakeholders</b></p> <ul style="list-style-type: none"> <li>• Articles/snippets shared with stakeholders for use in newsletters and updates, including Local Authorities, Community Voluntary Councils, Town and Community Councils.</li> <li>• We will continue to update our political representatives through the monthly meetings held with MS and MPs and the Chair and Chief Executive, ensuring that representatives have a forum to ask questions, are provided with the information they need to be able to answer their constituents' questions, and provide a channel for representatives to share any local feedback or issues.</li> </ul> <p><b>Public</b></p> <p>We will utilise the full span of available media, and purchase paid for media, to reach audiences that we may not otherwise. As a minimum, engagement with media channels will be proactive and focus on:</p> <ul style="list-style-type: none"> <li>• Paid for newspaper adverts to guarantee space/messaging</li> <li>• Regular articles/offers of interviews prior to and throughout span of consultation (including mainstream media, Welsh language, and hyperlocal)</li> <li>• Broadcast interviews</li> <li>• Paid for local radio</li> </ul>
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<b>Accessible documents and assets</b>	<p>Alternative versions of the consultation summary document and questionnaires will be developed, informed by the stakeholder mapping and Equality Health Impact Assessment (see Section 11)</p> <p>We will use varied forms of communication products across our digital and non-digital platforms to promote interest in the consultation and offer useful information. This will include articles in media and hyperlocal newsletters, offering stories and interviews to broadcast media, a visibility and promotional campaign in key locations, animations, graphics, storytelling and short videos on social media and other digital platforms (e.g., digital screens in physical locations). We will also utilise community venues and a wide range of healthcare and partner / community settings to ensure information (hard copy and digital) is available and accessible.</p> <p>We will support our organisational leaders and key stakeholders to encourage staff and patient / carer participation in the consultation, using briefing sessions and a suite of products (key messages, Q&amp;As, printed and digital assets - communication products described above) to support informed sharing of messages consistently.</p> <p>We will also purchase paid for media to reach audiences that we may not otherwise, including (as a minimum), local radio advertising, adverts in regional newspapers and social media advertising targeting users from key communities.</p>
<b>Website</b>	<p>We will use our corporate website and online engagement platform to provide dedicated spaces for people to find out more information and to share their views. There will be significant focus and visibility for the purpose and scope of the consultation and how to get involved. Key messages for the website narrative will be reflective of the content of the main consultation document. Summary information will be provided in plain language and digitally accessible (html).</p> <p>It will also include supportive information broken down into helpful, shorter form. This will include media releases, key messages and a frequently asked questions section. Supportive information can evolve during the consultation so that it is responsive to the concerns, questions or ideas we are hearing.</p>



<b>Social Media</b>	<p>We will use our social media platforms to inform and remind people about the consultation. This will include frequent signposting to further information, events and areas where people can provide feedback. It will also include ‘themes’ in the same way as media releases to break down elements of the consultation document itself.</p> <p>We will request support for sharing our social media campaign with key stakeholders, such as Local Authorities, Community Health Council and Community Voluntary Councils and special interest groups that may have audiences that align with our key stakeholders. We will also commission paid for social media advertising to reach people in our locality who may not proactively visit or follow corporate pages.</p> <p>Our social media platforms are managed Monday-Friday 9am-5pm. During this time, we aim to provide a swift response to any questions and enquiries, directing individuals to further information and our FAQs, to ensure consistency of messages and information. We will keep a record of comments/questions directed to us through our social media pages on Facebook, Twitter and Instagram.</p> <p>We will also promote use of a hashtag for the consultation, which will support us to listen and report back on themes (as opposed to individual comments) across our social media platforms. Please note we cannot ‘track’ individual’s social media and significant proportions of Facebook and Instagram are protected with privacy settings.</p>
<b>Outputs / Feedback Sharing</b>	<p>We will communicate how individuals can contact us, sharing a central contact point for people who have enquiries. This will be supported by an agreed process to ensure co-ordination of response and correspondence and a system to ensure the capture of any feedback for the consultation report. As common themes are raised, these will be reflected in our communication on an ongoing basis (e.g., updating of FAQs, thematic articles etc). Any media enquiries will be handled by the Media Office, who will draft appropriate responses, including identify appropriate spokespeople depending on the issue raised.</p> <p>Our activities will be monitored through our media monitoring service, and hashtag themes on social media. The number and nature of media enquiries will be logged. The overall activities, will be summarised in a communications evaluation at the end of the consultation. Any issues raised through media enquiries will be highlighted, and if necessary, our communications will be adjusted to reflect any concerns raised (e.g., adding to our FAQs, key messaging, or developing single issue press releases/articles, and provision of spokespeople to address particular areas).</p> <p>An ongoing log of communication activities, including public affairs and correspondence, will be kept throughout the consultation period to ensure appropriate records are kept, for reflection and record maintenance.</p>



<b>Document and Questionnaire Sharing</b>	<p>As part of our communications planning, we will research and explore opportunities to address digital inclusion and exclusion for promotion.</p> <p>This will include ensuring the availability of both hard-copy and digital documents, questionnaire and promotional materials. As a minimum this will include, availability and promotion in high footfall areas or areas where there is digital exclusion.</p> <p>The Health Board will send information about the consultation to our stakeholder database (which currently has approximately 4,500 contacts) by email and by post directly to a wide range of stakeholders, including individuals and organisations e.g., third sector, local authorities and other interested parties.</p> <p>We will consider direct communications to targeted audiences to allow for unfiltered messaging from the health board direct to those we wish to influence. This could include using digital and non-digital methods (e.g., we will consider letters, flyers to households etc)</p>
<b>Questions &amp; Answers (Q&amp;A)</b>	<p>The website will include access to documentation including the Consultation Document, associated accessible and alternative versions (more detail Section 12), and technical documents required for formal consultation. These will be dated and stamped with their version for documentation control. The questionnaire will be available from either our corporate website or on our engagement platform, dependent on the best and most accessible user solution. This will be promoted widely through our communications plan and for the duration of the consultation.</p> <p>Building upon the resources already available on our website, a frequently asked questions section will also be available from the start of consultation (in digital accessible html format) and will be regularly updated, and dated, as the consultation evolves, and we hear people's concerns. We will also signpost people to this resource by promoting it on all other platforms.</p>

# 11.0 Document Plan

<p><b>Document versions</b></p>	<p>We will aim to be open and transparent in the provision of all our consultation materials. We acknowledge that to be involved in a consultation, some of our diverse communities will need to be provided with alternative versions, or support to participate.</p> <p>Informed by the stakeholder analysis and equality health impact assessment, in order to make or consultation as accessible as possible we will produce:</p> <ul style="list-style-type: none"> <li>• A bilingual consultation document in as plain writing as possible and minimum font size 12, that complies with digital accessibility guidance and best practice.</li> <li>• Summary versions that may include: <ul style="list-style-type: none"> <li>- Animation, including BSL</li> <li>- Audio</li> <li>- Easy Read</li> <li>- Youth</li> <li>- British Sign Language (BSL)</li> <li>- Identified local languages (Polish, Ukrainian, Arabic etc)</li> <li>- Video summary</li> </ul> </li> <li>• A suite of supporting, technical documents and impact assessments.</li> </ul>
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# 12.0 Consultation Review Stages

<div>Mid-Point Review</div>	<p>The mid-point review will be undertaken between week 4 and week 6 of the consultation period, as agreed with the Community Health Council, in order to review how the consultation has met the project plan to date and any new and emerging issues, including;</p> <ul style="list-style-type: none"> <li>Evaluating what has been learned to date through</li> <li>Effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition.</li> <li>Considering the need for the plan to be amended as a reaction to what is being learned.</li> <li>Considering whether new information is needed or needs sharing.</li> <li>How contingency will be managed if changes to the plan are needed.</li> <li>Confirm sufficient media and social media awareness of the consultation or any gaps that need addressing</li> <li>Evaluating stakeholder participation and identifying gaps in reach, and in particular from seldom heard voices</li> <li>Review and updating of the EHIA.</li> </ul>
<div>Closing Review</div>	<p>The Closing review will be undertaken 1 week before the consultation period formally closes, in order to review how the consultation has met the Project plan, including:</p> <ul style="list-style-type: none"> <li>Evaluating what has been learned to date through effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition.</li> <li>Considering the possible need for the consultation to be extended in response to what transpires.</li> <li>Considering the possible need for extra pieces of work, such as surveys and studies, in the event that what is learned leaves important questions to be answered or investigated.</li> <li>Reviewing what should happen post consultation and what the timeline will be for response, evaluation and analysis, sharing the outputs and feedback, and making decisions.</li> <li>Review and updating of the EHIA.</li> </ul>

# 13.0 Final Report

<b>Evaluation and Analysis Plan</b>	<p>The consultation analysis, initial output report and final report will be undertaken independent to the Health Board via a procurement process.</p> <p>The final report will include an overview of the consultation, along with the data analysis, feedback and will call out how this has been used to inform the process of developing recommendations for consideration by the Health Board as part of its decision-making process.</p> <p>The final report will be shared with the Community Health Council for consideration as part of their role in reviewing and formulating an official response to the consultation.</p>
<b>Key Components</b>	<p>The purpose of the final report is to :</p> <p>provide the Board with information to enable a decision on the land selection</p> <p>The final report is likely to include:</p> <p>Executive summary</p> <p>Introduction and background</p> <p>Preparatory work (stakeholder mapping, EHIA, engagement, options development and appraisal etc.)</p> <p>Methodology</p> <p>Findings</p> <p>Discussion of the findings (including recommendations)</p> <p>Conclusions</p> <p>Next steps</p> <p>The final report will be presented and deliberated at the Public Health Board meeting in July 2023, which will be livestreamed for ease of access for the public to observe.</p>

## 14.0 Feedback Report and Plan

A feedback report, detailing the outcome of the consultation, will be shared with

- Staff
- Key stakeholders
- People who have requested to be added to our circulation list

It will also be published on the Health Board website and promoted widely.