

HEALTHY WESTON PHASE 2

Engaging to help plan implementation

Engagement plan: Commencing the 20 June

1. Scope

Healthy Weston Phase 2 is a programme of **continuous improvement** supporting Weston General Hospital to thrive at the heart of the community and deliver the care local people need most often. The planned improvements include:

- continuing to provide urgent and emergency care services for all ages 8am to 10pm, 7 days a week, as now, with those requiring specialist inpatient care being treated at the most appropriate place for their needs. Most people being transported by ambulance would be taken to Weston General Hospital for assessment and initial treatment (except where there are already other pathways, such as major trauma). If, on assessment, they need inpatient medical care for more than 24 hours they would be transferred to another local hospital for their care, apart from older people or people who need emergency surgery
- developing a 24-hour acute monitoring unit, a one-stop urgent surgical assessment clinic and a 72-hour older people's assessment unit to support rapid assessment and treatment
- creating an integrated centre of excellence for the care of older people
- developing a surgical centre of excellence providing a variety of planned operations and procedures for a catchment area of around 1 million people

Weston General Hospital would continue to provide outpatient appointments and diagnostic tests for a wide range of specialties for all ages.

If approved by governance structures towards the end of 2022, Phase 2 will begin implementing improvements from 2023.

More than 5,000 members of the public, patients and carers, staff and a wide range of other stakeholders have contributed to the Healthy Weston programme, including helping to identify priorities, developing and testing models, providing feedback and highlighting areas for further development.

Healthier Together wants to continue this strong focus on engagement as we develop how we plan to implement the proposed model, assuming rollout from January 2023.

This document sets out an eight-week **engagement period to help plan the practical implementation** of Healthy Weston Phase 2. It covers:

- what we want to achieve from engagement
- who we will engage with
- the activities we will use to engage
- how we will use the things we learn

This document does not summarise the principles of Healthy Weston Phase 2 or the process or findings of past engagement, as those are covered in other documents.

One of the key outputs from this phase of engagement will be developing a communications and engagement plan to promote and raise awareness of Healthy Weston Phase 2, leading up to and continuing during the beginning of the implementation period. Therefore that type of promotion and engagement is not covered in this document.

2. What are we trying to achieve through engagement?

The North Somerset Health Overview and Scrutiny Panel has confirmed that Healthy Weston Phase 2 is a programme of continuous improvement, not a substantial variation to services. This means that there is no legal requirement for formal public consultation prior to considering implementation.

However, engagement remains central to the Healthy Weston programme so we will continue to build on our strong focus of involving and listening to people as we finalise plans to implement Healthy Weston Phase 2.

Since we are not formally consulting and given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to help strengthen implementation plans**. We have recently surveyed almost 900 people and undertaken discussion sessions which showed that the majority of people understood the need for change and were broadly supportive of the proposed model. Therefore we will not repeat that type of content or methods during this period of engagement.

This phase of engagement is about gathering insights to help tangibly **refine our implementation plans and produce solutions to issues** or areas of concern. The feedback will also help us update our impact assessments by strengthening our understanding of the perceived impacts of the planned model and what people would like to see done to mitigate any challenges.

We plan a period of active listening and engagement (commencing on the 20 June for eight weeks), followed by one month of drawing together themes and ideas that will further inform our implementation plans (by 30 September 2022).

2.1 Focus areas for this phase of engagement

Based on learning from our earlier engagement for Phase 2 and formal consultation from Phase 1 of the Healthy Weston programme, our Equality Impacts Assessment and review of our proposed approach by groups such as North Somerset Health Overview and Scrutiny Panel, South West Clinical Senate and patient and staff reference groups we have identified five themes for engagement.

Previous feedback has identified perceived challenges and barriers to implementing the Healthy Weston Phase 2 model. Our engagement focus is on what could be done to mitigate those.

The five themes that we will engage about are:

1. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones?

Here we are seeking practical strategies that we could consider with partners to address the concerns people have. As one example, our previous engagement identified access by people who want to visit those transferred to another hospital as a concern. We will engage with patients and the public, staff, voluntary groups, local authorities, the ambulance service and private transport providers to see whether there are any options around enhancing access and reducing the cost of public transport for visitors. It is not within the remit of health services to change bus routes or timetables, but through engagement we will seek suggestions to address concerns about travel and begin discussions with transport providers. During the engagement period we want to identify a list of tangible suggestions which could be given further consideration. We have used travel as an illustration but there may be many other potential impacts that people wish to engage about and discuss.

2. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services, and adults' services. Are we clear that there will be services for all ages at Weston General Hospital?

Our previous engagement, including a survey of almost 900 people in March/April 2022, found that some people felt that the Phase 2 model may over-emphasise care for older people rather than fully recognising the broad demographics and population growth in the area.

Under Healthy Weston Phase 2, Weston General Hospital will continue to provide emergency care, diagnostic care, maternity care, children's services and outpatient appointments in a number of specialities for all ages. In addition, people from a wider catchment area will be able to have planned surgery at the Hospital. Therefore people's concerns about a focus on older people may be due to limited awareness of the breadth of services that will continue to be available, or they may be based on other concerns.

During the engagement period we will explore the reasons behind these views so we understand how to address them, whether through awareness raising or through refinements to our model.

3. What could we do to encourage people to have a planned operation at Weston General Hospital? E.g. advertising shorter waiting times?

Developing a surgical centre of excellence means that people from a broader catchment area will be offered the opportunity to have surgery at Weston General Hospital. Our prior engagement suggests that there may be some resistance to this, so we want to identify the reasons why. Examples may include Hospital reputation, concerns about being further from loved ones, and concern about return travel to people's homes.

Understanding any concerns people may have and their suggestions for promoting the benefits will directly influence how we communicate this element during implementation.

4. How could we mitigate any concerns staff at the Trust running Weston General Hospital may have?

Staff have been actively engaged throughout the development process, but as we move towards implementation we want to highlight any concerns that staff may have about impacts or feasibility and any potential solutions. This also includes highlighting areas of the proposed model that staff may want more clarity about so that when we build a communication plan to support implementation, we can concentrate on those areas.

5. How should we let people know about plans for Weston General Hospital? We are keen to continue to engage and listen to people as we begin putting plans into action.

From early 2023 there will be widespread communication to raise awareness of changes amongst the public, staff and other stakeholders. We will use this period of engagement to seek views about how to communicate key messages and how to reach people that we have not yet involved. This feedback will help us develop a robust communications and engagement strategy and test which wording is helpful and which may be alienating or off-putting.

We will be open to listening to anything else that people want to discuss in addition to these four key themes. We may also add additional focus areas as the engagement period progresses, in line with the messages we hear from stakeholders.

We have identified these key target areas to differentiate this period from general promotion and awareness raising, and to make sure that the engagement process collects meaningful feedback that will have a real impact on how we implement and communicate the model in future.

In order to engage about these issues, we will provide information about the planned Healthy Weston Phase 2 improvements to services, but the focus of this phase is not on widespread promotion and awareness raising. That will be the next phase of engagement, planned for after governance structures decide whether to proceed with implementation.

3. Who will we engage with?

Over 5,000 people have already helped to shape the Healthy Weston programme. This phase of engagement is not a wide consultation and will not seek to replicate past methods or to focus only on the same types of stakeholders.

Our priorities in who to engage with in this 'planning for implementation' period are:

1. those who are **interested in identifying potential solutions** to the key themes we are prioritising
2. groups that we have **engaged with less** in our previous engagement activities
3. groups that may be **disproportionately affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

3.1 Stakeholder mapping

We mapped key stakeholders to identify which we will be most proactive in engaging with during this phase. Table 1 lists our priority groups. This takes into account our Equality Impact Assessment, those we have engaged with less before and tries not to duplicate those already engaged with. Those marked with asterisks are the top priority during this phase. We will be open to engaging with others, but these groups are our initial focus during this phase. Others will be involved if capacity allows and we may continue to iterate groups during the engagement.

Table 1: Key stakeholder groups to inform and engage with

	Public and patient representatives	Staff representatives	Other stakeholders
High priority to actively engage with to seek feedback about focus areas	<ul style="list-style-type: none"> • Public Reference Group* • BNSSG Citizen’s Panel* • Disability Access Group* • People First* • NS Clarity • Alzheimer’s Society • Breathe Easy • Parkinson’s Group • Alliance Living – carers* • Somerset carers and talking cafes* • NS BME Network* • Multicultural Friendship Association • GRT community • Redeem Our Communities • NS LGBT+ Forum* • NSC senior community link* • University of the 3rd Age* • Weston College • Children’s Centres • YMCA • PPGs for Cheddar,, Burnham on Sea and rural and deprived areas* • PPGs from Bristol 	<ul style="list-style-type: none"> • Staff Reference Group* • EDI leads* • Staff in affected services – Weston* • Staff in affected services – Bristol* 	<ul style="list-style-type: none"> • Transport companies* • Ambulance service* • Voluntary sector patient transport providers* • Care homes* • NS IGA (Police led) • PACT (Police led)
Priority to keep informed	<ul style="list-style-type: none"> • Other interested members of the public, patients and carers* • PPG Network • NS Council inclusion team • AWP user lived experience lead 	<ul style="list-style-type: none"> • Leaders of affected staff • Divisional leadership teams • Unions 	<ul style="list-style-type: none"> • Members of parliament • Councillors • Town and Parish Councils • Scrutiny Panels • VANS • CANS • Healthwatch • Wellbeing Collective • Somerset CCG • Curo • Weston Hospital Radio

Note: green = disability focus, blue = faith focus, red = age focus, orange = ethnicity focus, purple = maternity/family focus, brown = sexual orientation focus, black = no specific protected characteristic focus (or mixed)

3.2 Learning from Equality Impact Assessment

Our Equality Impact Assessment identified no overall negative impacts from the Healthy Weston Phase 2 model based on protected characteristics apart from as related to disability (see Table 2). This means that this engagement period will place a particularly high priority on seeking the views of people affected by this protected characteristic. For this reason Table 1 on the previous page has prioritised a number of groups focusing on disability to engage with.

The Equality Impact Assessment also identified a need to understand whether the impact of proposed changes may be different for people depending on the ethnic group or religion/belief.

Table 2: Summary of Equality Impact Assessment of Healthy Weston Phase 2

Protected characteristic	Overall impact	Impact assessment summary	Suggested actions
Age	Positive	<p>Approach supports the ageing population within North Somerset and high number of care homes.</p> <p>There may be some negative impacts such as difficult communicating changes with people with dementia. Travel may prove more challenging for older people who may be more reliant on public transport and on family for transport.</p> <p>People who have work or school commitments Monday - Friday may have difficulty attending appointments during the hours of 8am-5pm.</p>	<p>Communicate with care homes about enhanced frailty services.</p> <p>Consider digital guidance and training to help people access remote appointments and use technology to avoid needing to visit in person.</p> <p>Review patient transport services for inter hospital transfers.</p> <p>Consider longer opening hours for diagnostic hubs to accommodate working population or those in education.</p>
Disability	Negative	<p>People with physical impairments may face increased travel and access burdens, including both difficulty travelling and less desire to be away from home.</p> <p>For those with physical and mental disabilities there may be reliance on carers or family for additional assistance</p>	<p>Ensure that people affected by disability are included in engagement about impacts and consider specific adaptations to enable effective communication.</p> <p>Ensure that service provision includes ramps, hearing loops and other equipment to enable access.</p> <p>Ensure travel time analysis considers impact of changes.</p> <p>Consider appointments to fit in with local transport services, carer availability, being home before dark etc.</p>
Gender reassignment	Neutral	<p>Regardless of the service model, providers need to apply NHSE Guidance and local policy to manage male or female specific acute bed provision, balancing</p>	<p>No actions specific to implementing Phase 2.</p> <p>As a general principle education is needed to ensure staff confidence in discussing transgender issues.</p>

Protected characteristic	Overall impact	Impact assessment summary	Suggested actions
		the needs of transgender patients and any other patient.	
Marriage and civil partnership	Neutral	Changes unlikely to have a differential impact on people based on their marital or civil partnership status.	Not limited to marriage and civil partnerships, but awareness is needed about challenges of travelling to visit a spouse in hospital.
Pregnancy / maternity	Neutral	Travel may be an issue, particularly for those with existing childcare needs	Travel time analysis to consider impact of changes.
Race / ethnicity	Neutral	No differential impact of changes identified based on ethnicity. However race may be associated with different levels of resource and social capital which may have impacts.	No actions specific to implementing Phase 2, , though seek to include people from variety of ethnic groups in engagement to check whether impacts may differ..
Religion	Neutral	No differential impact of changes identified based on ethnicity. However acknowledge that people with different religious beliefs may access healthcare in different ways.	No actions specific to implementing Phase 2, though seek to include people from variety of religious groups in engagement to check whether impacts may differ.
Sex	Neutral	No differential impact of changes identified based on sex.	
Sexual orientation	Neutral	No differential impact of changes identified based on sexual orientation, though need awareness of the challenges people face with regards to their sexual orientation, particularly with regards to care of the elderly	No actions specific to implementing Phase 2 As a general principal education is needed to ensure staff confidence in supporting people sensitively.

Our broader impact assessments and travel analysis recognise that those from rural areas and the most deprived parts of the region may be affected in different ways. Therefore we have included some outreach meetings with people from those areas in our stakeholder mapping.

We have built the following into this engagement plan, in line with our commitment to make engagement processes accessible:

- offering to visit community groups and sites such as care homes and gypsy sites, either virtually or in person, and having translators available if needed
- offering a public meeting in person and virtually
- specifically targeting patient and public involvement groups in rural and less advantaged / more deprived areas for meetings, in recognition that the proposed model may have different impacts for people in those areas
- having pop up / drop in sessions at Weston General Hospital so that those not associated with specific community groups have an opportunity to share their views
- offering to provide adapted materials if requested such as an easy-read leaflet for people with learning difficulties or large print for those with sight issues

At about half-way through the engagement period we will compile the number and type of people who have taken part so far to help identify any gaps in the range of people taking part. We will not compile themes in feedback at the half-way mark.

4. How will we engage and produce solutions?

Over the eight-week engagement period commencing 20 June we will proactively engage using the following methods. Table 3 sets out key milestones.

- 2 meetings with the Patient and Public **Reference Group** and 2 with the Staff Reference Group. At one of these meetings we will seek feedback on the focus areas. At the other meeting the Reference Groups will review the number and type of people engaged at the half way mark and make suggestions to address any gaps in engagement. The second meeting will also focus on developing communication and engagement plans for use during implementation
- offering each group listed in Table 1 marked as ‘high priority to actively engage’ a virtual or in person visit to **meet with a group of stakeholders**. We will prioritise those marked with asterisks in Table 1 first in light of the programme team’s capacity. If a group meeting is not possible, we will ask the group to recruit at least one person for an informal interview
- **1 in person event and 1 online event** open to any member of the public, staff or other stakeholder. Each event will be a maximum of two hours long, with break during the sessions. We know from past engagement that two hours is a long time for an online session and have set this as a maximum, with the recognition that it may be possible and appropriate to cover the content in a shorter period. However equally, we want people to have an opportunity to say as much as they wish rather than needing to be cut off.
- at least 1 **pop up stand** / drop in session at Weston General Hospital and 1 at another hospital (specifically to seek views about Weston General Hospital as a site for planned surgical care). Each session will last at least 3 hours. This is important so that people visiting services have an opportunity to feed in suggestions so the engagement is not ‘closed off’ only to people engaging with existing community groups or those who have volunteered for the Citizen’s Panel
- **short online survey** sent to the BNSSG Citizen’s Panel, to gain feedback from a broad range of people. Questions for those in the North Somerset area will focus on identifying the impact of changes and potential mitigations. Questions for those in other areas will focus on any barriers to planned surgical care at Weston General Hospital and mitigations (see Box 1). The Healthier Together Citizens’ Panel includes a sample of over 1,000 citizens from across Bristol, North Somerset and South Gloucestershire who are regularly surveyed for their opinions. About 22% reside in North Somerset
- short survey placed on **CCG website**, as well as email address and telephone number in case people would like to provide feedback. The survey will use the same questions as for the Citizen’s Panel. It will not be heavily promoted as our primary goal is not to gain surface-level information, but will be used as a mechanism for those who are unable to take part in meetings or interviews or who wish to provide anonymous feedback
- seeking feedback at **staff meetings** and events. UHBW is leading the programme of staff engagement. Staff from across all areas of the Trust were asked to express an interest in being part of the UHBW staff reference group. There are 34 members. In addition to this, the Trust will seek feedback at existing meetings and run specific meetings to identify areas in need of further clarification and any staff concerns that need to be addressed in further ongoing engagement. This is not a general awareness raising period of engagement, so the

staff engagement will be targeted to the key themes identified earlier in this document (see Table 3)

Box 1: Examples of survey questions

Sharing what we are doing

1. How should we let people know about plans for Weston General Hospital? We are eager to hear new ways to share information and any groups we should contact.

2a. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services and adults services. If you have read or listened to our plans, are we clear there will be services for all ages at Weston General Hospital?

Yes
No

2b. If we could be clearer, please say how we could get this message across better.

Services

3. Do you agree or disagree with the following statements about plans for Weston General Hospital? Leave blank if you don't know or don't have an opinion.

	Agree	Disagree
The plans will improve Weston General Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Weston General Hospital will include services for people of all ages	<input type="checkbox"/>	<input type="checkbox"/>
I like the plan to offer more operations at Weston General Hospital	<input type="checkbox"/>	<input type="checkbox"/>
I would be happy to have planned surgery at Weston General Hospital	<input type="checkbox"/>	<input type="checkbox"/>
I like the plan to have more care for older people at Weston General Hospital	<input type="checkbox"/>	<input type="checkbox"/>
I understand why some people taken to Weston in an emergency would transfer if they needed to stay in hospital longer than 24 hours	<input type="checkbox"/>	<input type="checkbox"/>

4. What could we do to encourage people to have a planned operation at Weston General Hospital? e.g. advertising shorter waiting times

Helping people when they are away from home

5. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones

6. If you think some groups may be more affected than others by being in a hospital away from home, please tell us who and why.

Other comments

7. If there is anything else you would like to say about plans for Weston General Hospital, please tell us here.

Note: These questions are **examples of the topic areas only**. The exact wording will be refined following pilot testing. People will receive a short summary of the planned changes before completing the survey. The survey will ask for open-ended feedback focused on suggestions for development. It will not ask the extent to which people understand the need for change or support specific service improvements as we have already surveyed a wide range of people about that during the development period. Q4 would be asked of Citizen's Panel members living outside North Somerset. In addition, we will ask demographics such as people's age group, ethnicity and gender.

Table 3: Key milestones in this engagement period

Milestone	Timeframe (2022)	Minimum target number engaged
Information online, including survey	20 June	100 page views
Print materials and adapted materials available	Week of 20 June	100 copies of leaflet distributed
Promotion via website, newsletters, social media etc	Week of 20 June and 11 July	100 viewers of social media posts
Meetings and interviews booked with priority groups and pop ups and events scheduled	By week of 20 June	15 outreach meetings or interviews, 2 pop ups. 2 public meetings, 10 staff meetings
Meetings with community and staff target groups	20 June to 14 August	200 people
Survey with Citizen's Panel	20 June-20 July	50 people
In person public meeting	30 June	10 people
Online public meeting	18 July	10 people
Pop up stands at Weston General Hospital and 1 other hospital	Week of 11 July and 1 August	20 people
Feedback from Patient and Public and Staff Reference Groups	Week of 27 June and 25 July	20 people
Compile number and type of people engaged with as mid-term review	Week of 18 July	-
Videos, including recordings of CEO briefing and staff briefings, available on intranet	Available from week of 20 June	100 views
Content in staff newsletters, intranet, screensaver, briefing for leaders and similar to advertise engagement sessions	20 June	-
Online staff briefing, open to any staff member	29 June, 19 July, 3 August	50 people
Professional development forum	13 July	10 people
Active engagement period ends	14 August	-
Compilation of themes and practical actions suggested	By 30 September	-
Updating impact assessments and implementation plan to incorporate suggestions	October	-
Developing full communications and engagement plan and materials ready for implementation	October	-

Note: UHBW has a rolling programme of staff engagement that continues after this period. UHBW has over 13,000 staff. Staff engagement opportunities will be open to all, however this phase is not about general awareness raising. The engagement questions for all staff engagement activities will focus on the a) extent to which staff understand the proposed changes and any areas that need to be clarified and b) any concerns staff have and how to mitigate them.

We will create short communications materials to support this engagement period, but as this is not a formal consultation and our focus is not on raising awareness broadly about implementation at this stage, these will be short and 'light touch'. The collateral will include:

- website text
- short leaflet summarising key points only, not a lot of background or detail (to be made available in accessible formats if requested by a member of the public or staff)
- brief PowerPoint slides for use at meetings
- frequently asked questions document
- social media copy
- online survey with dedicated link for use by Citizen's Panel, those who take part in meetings and anyone interested

We do not plan widespread media communications during this phase as this is not an awareness raising and promotional engagement period, but rather an engagement phase to develop solutions and refinements. We will release social media posts and place text on our website and newsletters. We have scheduled a press release in June and July to give a general update that meetings are underway and to let people know how they can be involved.

We have not set a definitive target number of people to engage as our focus in this phase is on quality and detail, not quantity. We hope to engage with 300-500 people during this period, though some of those may focus on information provision rather than gaining detailed feedback. We have not set a target for the number of people with various protected characteristics engaging. However, we would like to engage with at least 20 people affected by disability and at least 20 people from minority ethnic groups in this phase, in line with our impacts assessment.

5. How will we use what we learn?

We will collate feedback during the engagement period using:

- standardised templates to capture feedback from meetings, interviews and pop up sessions
- a short survey form for use with the Citizen's Panel and on our website
- an Excel spreadsheet to keep track of feedback received by email or telephone

Using standardised templates will provide consistency in how we capture views and suggestions, given that the feedback we are prioritising will be largely qualitative and diverse.

In September we will compile themes from the feedback, including a list of all suggestions to consider in our onward planning. We will work with an independent team to compile the feedback. They will provide a report by 30 September 2022..

The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. The programme will prepare a 'you said, we did' document listing how the suggestions was considered and what, if anything, is being done as a result.

In October/November 2022, we will use the suggestions and what we learn during this engagement period to:

- inform and update our implementation plan
- update our impact assessments

- develop a full communications strategy to support the implementation period, including staff consultation