Shaping our Future
Clinical Services

Cardiff and Vale University Health Board

Public Engagement Report
April 2021

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

Contents

1. Executive Summary

Redesigning the way we deliver our clinical services is fundamental in the delivery of the Health Board's vision for future care as set out in our Shaping Our Future Wellbeing strategy. The clinical redesign programme to deliver this transformation – Shaping Our Future Clinical Services - has been identified as an urgent priority for Cardiff and Vale University Health Board (UHB). Following discussions with the South Glamorgan Community Health Council (CHC), the Health Board undertook a seven-week programme of engagement in March/April 2021 to seek people's views on what is important in the redesign of our clinical services.

This report describes the approach to engagement, provides an analysis of the feedback received, summarises key findings and provides responses to the comments received and proposed action that will be taken. The content of this report will inform the development of recommended next steps in the implementation of the Shaping Our Future Clinical Services programme that will be considered at the Health Board meeting on 27th May 2021. The CHC has received copies of all the feedback received and will determine its response to the engagement at a CHC Executive Committee meeting on 18th May 2021. A final Health Board position will take in to account the views of the CHC. The number of responses received is summarised below:

Number of Responses Received	
Type	**Number**
Survey response	351
Responses received via email	5
Social Media	31
TOTAL	**388**

The engagement was designed to explore views on key components of the Shaping Our Future Clinical Services programme as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. The aim was to test and obtain feedback on our transformation ambitions as the start of an ongoing dialogue with the public, our staff and our stakeholders, fully recognising that specific service changes that are developed through the programme will require further engagement and/or consultation.

351 people responded to the engagement via an online survey. The South Glamorgan Community Health Council hosted four virtual public meetings (44 attendees) and the proposals were discussed at a range of external and internal stakeholder meetings. Of those who replied via the online survey, 92% strongly agree or agree that there is a need to transform some of our clinical services and 74% strongly agree or agree with the principles to transforming those clinical services.

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats including comments made at the public and stakeholder events; the themes which appeared most frequently were:

- Right care, right place, right time
- Communication
- Digital transformation and technology
- Quality
- Organisation and integration of services
- Physical access issues
- Support for the Home First/Care closer to home concept
- Workforce
- Comments on specific services
- Comments about primary care

The engagement has highlighted that people recognise the need to transform our clinical services and broadly support the underpinning principles for transformation. Ensuring that people have easy and timely access to the right clinician, who provides the right care and treatment, is fundamental to what people want and expect from their NHS - care that provides the right outcome for them as individuals. Transformation must have quality of care at its centre. Communication in plain language around what any changes are, how to access services and talk to clinicians is essential, as is communication between professionals in different parts of the care system.

There is much support for increasing the use of digital technology in service provision, with people citing good experience of accessing primary and secondary care services online during the pandemic. However, this is tempered with concern about those who may be digitally excluded and an emphasis on the need for alternatives being made available for those who are unable to access or use technology and the importance of continued opportunities for face-to-face consultations.

The engagement has also reinforced that transformation must develop around whole patient pathways that place the patient's wellbeing at the heart of what we are seeking to achieve, and that build greater integration and join-up of services within the NHS and with partner services. Comments about the future delivery of services in hospital and in the community, demonstrated the importance of enabling access to our facilities with a robust transport infrastructure and designing new buildings to be fully accessible to all.

Having a workforce with the capacity and training to deliver our transformation ambitions and who have buy-in to the plans is crucial to success, as is taking care of our staff. Clinicians from across different specialties are keen to get involved in shaping the programme and to share their ideas for how services could work differently in the future.

The body of this report provides detail on all the themes identified, discussion of the issues raised under the theme headings, and the Health Board response to those issues.

The Health Board will need to give careful consideration to the feedback received and the views of the CHC in determining its response to the engagement and agreeing a way forward.

2. Introduction

With our modern NHS facing a number of challenges and our population's needs changing, we must adapt the way we deliver care to meet these challenges and respond to opportunities for improved care. Over the next ten years, Cardiff and Vale University Health Board's Shaping Our Future Clinical Services programme will develop and deliver a plan for transforming the way our patients access clinical services in their homes, in the community and in hospital. This will also provide a foundation for our plans for developing our acute hospital infrastructure, including a renewed University Hospital of Wales (UHW), a hospital that will be state-of-the-art, more sustainable and energy efficient, offering outstanding care in an environment suitable for the mid-21st century.

This report describes work undertaken in collaboration with the CHC to engage with the people who use and deliver our services, to shape the early thinking underpinning this programme of work. It presents the feedback we have received during a seven-week period of engagement that ran 1 March to 19 April 2021, in which we described current challenges and our ideas about principles for service redesign. We invited people to share what is important to them about the way services are delivered in the future.

3. Background and Context

There are growing challenges facing our NHS. With a growing and ageing population, staff shortages and outdated hospital buildings, we recognise that we must change the way we deliver our care if we want to provide high-quality, safe and sustainable care for the future. The learning from having to manage and implement change at pace during the COVID-19 pandemic has reinforced the requirement for healthcare to transform as a whole system.

The Shaping Our Future Wellbeing strategy provides the context for everything that we do: for healthcare to be increasingly provided away from traditional hospitals and closer to people's homes; delivering outcomes that are important to people; providing standardised treatment, delivered efficiently; and supporting our population to lead healthy lifestyles and empower them to self-manage conditions where appropriate. This is also very much in line with the Welsh Government's strategy for health and care A Healthier Wales.

In order to support the delivery of our strategy and ensure we are fit for the future, the next step is to deliver a programme of clinical redesign. The Shaping Our Future Clinical Services programme will help to transform the way people access our clinical services in their homes, communities and in hospital, and inform the development of plans for our Shaping Our Future Hospitals programme, and our Shaping our Future Community Care programme. The programme is commencing at the same time as Welsh Government publish the National Clinical Framework, which has important implications for how our clinical services should develop and importantly how they fit into a wider learning health and care system as set out in A Healthier Wales.

4. Scope of Engagement

The engagement was designed to start a conversation, exploring views on key components of the Shaping Our Future Clinical Services programme as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. The aim was to test and get feedback on our transformation ambitions as the start of an ongoing dialogue with the public, our staff and our stakeholders, fully recognising that specific service changes that are developed through the programme will require further engagement and/or consultation where there is a substantial change to the way we deliver services.

5. Approach to Communications and Engagement

A seven-week engagement period was undertaken from 1 March to 19 April 2021. Recognising the limitations of undertaking this work during the pandemic which prevented the use of typical face-to-face mechanisms for engaging with the public, the UHB worked closely with the South Glamorgan Community Health Council (CHC) to develop a blended approach to engagement. This was designed to draw on the learning and mechanisms for reaching people online which have evolved over the past year. While digital would naturally become a key area of our strategy, we also made sure that we leveraged opportunities to reach people who are not online. The approach included leveraging relationships with stakeholders and Third Sector organisations to broaden our reach as much as possible.

Our communication and engagement plan had the following key features:

Core elements	- Website as a hub for engagement (www.shapingourfuturewellbeing.com) - Survey form - Telephone number - Postal address - Engagement brochure and supporting documents (Including accessible versions such as Easy Read)
Staff updates	- All staff email/letter - Updates via Staff Connect app - Executive team videos - Banner CEO Connects COVID-19 Updates - Digital screen tiles and posters - Overview of programme in Ask Len Q&A session - Attendance and a number of staff group meetings
Stakeholder outreach	- Stakeholder letter - Communications Toolkit - Email to charities and Third Sector organisations - Attendance at a number of stakeholder meetings
Social media	- Promotion of public engagement events into community Facebook groups across Cardiff and the Vale - Facebook advertising - Ongoing social media posts - Promotion of animations (including BSL version) - Executive team videos - Presentation Video Premiere Facebook Live
Promotional assets	- Banner advert in Weekly CEO Connects newsletter - Banner on Cardiff and Vale UHB website home page - Digital screen tiles and posters around Health Board sites (including Mass Vaccination Centres) - A6 flyers distributed through Mass Vaccination Centres
Engagement events	- Public - Staff groups - Stakeholders and other organisations
Advertising	- Advertising package agreed covering digital, print and radio - Advertising package agreed for digital screens in supermarkets and shopping arcade
Content	- Translation of summary SOFCS document into top 5 languages in Cardiff and the Vale, cascaded through stakeholders and made available online - Part of 'Hope' section of Health Board COVID-19 One Year On campaign

Note: All content produced bilingually

The communications and engagement plan is attached as **Appendix A** and provides details of the key audiences and methods of communication and engagement adopted, and the meetings at which the programme was presented and discussed. A detailed insight into the communications and engagement reach will be provided to the CHC as a supplementary document.

The questions included in the Engagement Document (provided as **Appendix B**) and the online survey were as follows:

1. Do you agree with the challenges and opportunities we have set out in the 'Why do we need to transform our clinical services?'
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Any further comments?

2. Do you agree that in order to meet some of our challenges and take advantage of opportunities we have set out, that there is a need to transform some of our clinical services?
   (Strongly agree, agree, neutral, disagree, strongly agree)

3. Do you agree with the principles we have set out in our approach to transforming clinical services?
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Are there any others we should consider?

4. Are you supportive of the principles we have set out in the 'Which clinical services should we consider?' section?
   For Emergency and Urgent Care, for Elective Care, for Specialised Care
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Any further comments?

5. Is there anything else we should consider when transforming clinical services, that we haven't thought of?

6. In your view, what are the most important aspects of your healthcare?
   - the distance I have to travel
   - seeing the right specialist
   - that it is timely
   - that it provides the best outcome for me
   - that it is delivered close to home where possible

7. If the way you receive care changes in the future, what are the most important things we need to consider I order to limit any negative impacts on your family/care givers?

8. How can we help you to ensure that more of our services can be delivered at home?

9. How would you feel about having the opportunity to receive some of your care via online technology where possible (e.g. virtual appointments from either home or a community facility)
   - I would be happy to, and have the ability to do so
   - I would be happy to but don't have access to the internet or facilities
   - I would not be happy to

10. When we are looking at the design of our hospitals for the future, what features would make your visit or stay better?

11. Are you happy to be emailed about future consultations?
    Details of the engagement, opportunities to learn more and how to share views were circulated widely to stakeholders at the start of the engagement period, with requests for their support in sharing the information within their networks and contacts. A stakeholder communications kit was provided to support this wider promotion of the engagement.

6. Mid-Point Review

A mid-point review meeting was held with the CHC on 24 March 2021 to consider the processes and responses to date and to agree any additional actions or change in approach needed for the second half of the engagement. A key focus in the discussion was how to support further engagement with those less able to get involved via online or digital routes.

Actions arising from the review:
- Additional mechanisms to increase the reach in the second half of engagement including:
  - Advertising via Capital radio, Spotify, SW Echo, Wales Online
  - Advertising in final two weeks in non-essential retail e.g. screens in Queen's Arcade and supermarkets
  - Translation and distribution of summary document in community languages, utilising links to community and faith groups established via COVID-19 work
  - Targeted engagement sessions with seldom heard voices via Diverse Cymru and Ethnic Minorities and Youth Support Team (EYST)
  - Hard copy leaflets to be made available in the Mass Vaccination Centres
  - Online staff event
  - Following up with those who signed up to public events with a reminder to complete the survey
  - Targeted social media aimed at those living in other Health Board areas

- Agreement not to hold a planned Facebook Live Q&A session aimed at the public during the pre-election period
- Check social media posts and comments to identify any feedback which should be included in considerations
- Agreement on post engagement process and key dates to enable the CHC position to be considered as part of the presentation on the outcome of engagement at the May UHB Board

7. Responses to the Engagement

The following feedback was received:

Type of Feedback	Number
Online response form	351
Emails	5
Public meetings	44 attendees
Stakeholder meetings	17 meetings
Social media posts	31

Comments made at the four public meetings were captured, verified by the CHC and considered in the analysis. The notes are provided as Appendix C. Key points made at stakeholder meetings were also considered in the analysis. It should be noted that everyone was also encouraged to complete individual response forms so there may be an element of duplication in the points captured in meeting notes and those made in response forms. A full copy of all the feedback received via the survey, meeting notes, social media and emails was shared with the CHC.

7.1 Key Themes Identified from Feedback

The engagement survey contained a mix of closed and open questions. A number of common themes emerged in the analysis of the feedback received via open questions in the survey, comments made at the public and stakeholder meetings, emails and social media posts. The CHC was involved in the agreement of these key themes which have been used as the basis of analysis of the qualitative feedback.

The key themes are set out below, with an indication of the number of times comments relating to these themes were mentioned in survey responses:

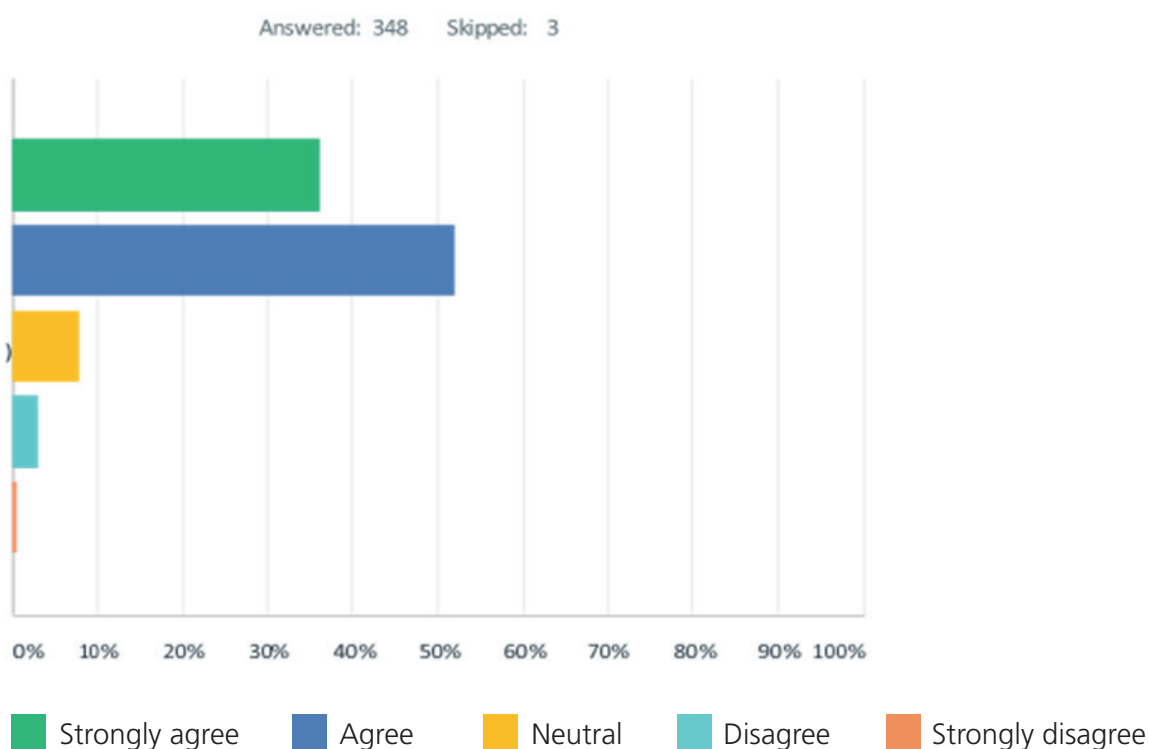| Theme	Responses across questions 1, 3-5, 7 & 8	Percentage
Right care, right place, right time	152	12%
Communication	125	10%
Digital Transformation and Technology	116	9%
Quality	103	8%
Organisation and Integration of Services	100	8%
Physical Access	90	7%
Support for the Home First/Care Closer to Home concept	80	6%
Workforce	79	6%
Comments on specific services	67	5%
Comments about Primary Care	60	5%
Scepticism about the programme	47	4%
Financial comments	35	3%
Comments relating to what services will be provided on which site and the rationale for those decisions	33	3%
Comments about Health Inequalities	30	2%
Role of clinicians	28	2%
Issues for the next steps of the programme	24	2%
Engagement Process	17	1%
Questions about the proposed location of buildings	12	1%
Environmental Impact	10	1%
Importance of adopting a preventative approach and public health programme	10	1%
Equality Issues	7	1%
Ideas for role of Wellbeing Hubs	5	0%
Dealing with the impact of COVID-19	5	0%
Design of buildings	2	0%

Given the breadth of the programme being explored through this engagement, and the open nature of some of the engagement questions, feedback touched on a huge range of issues under these key theme headings. Appendix D provides a breakdown of the issues raised under these themes, the detail of which will be used by the Programme Team to shape its work going forward.

Please note that while the 'Design of buildings' was a low scored theme overall, Q.10 in the survey specifically asked people to identify the features they would most like to see in the design of hospitals of the future; the feedback received to this question is set out in more detail in the next section.

7.2 Analysis of Online Survey Feedback

This section provides a breakdown of the responses to each of the questions in the survey.

1. **Do you agree with the challenges and opportunities we have set out in the 'Why do we need to transform our clinical services?'**

Answered: 348   Skipped: 3

■ Strongly agree   ■ Agree   ■ Neutral   ■ Disagree   ■ Strongly disagree

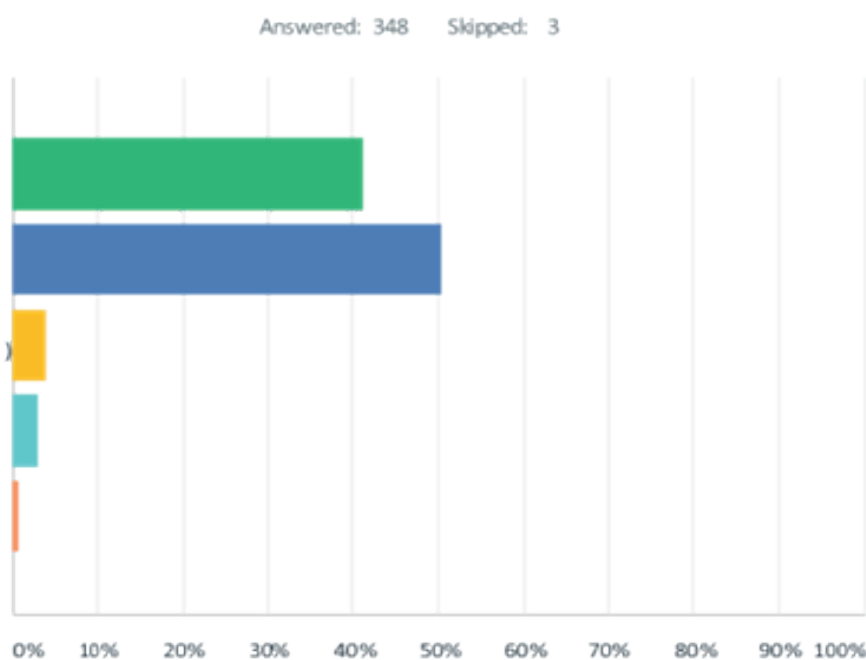| STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
36.21%	52.01%	8.05%	3.16%	0.57 %	
126	181	28	11	2	348

88.22% of respondents strongly agree or agree with the challenges and opportunities set out.

Any further comments?

The information from the 29 respondents who submitted data for this question was categorised 28 times against the key themes. The top 10 themes are shown below:

Themes for Question 1	Response	Percentage
Organisation and Integration of Services	6	21%
Workforce	5	18%
Comments on specific services	4	14%
Support for the Home First/Care Closer to Home concept	2	7%
Digital Transformation and Technology	2	7%
Engagement Process	2	7%
Financial comments	2	7%
Importance of adopting a preventative approach and public health programme	1	4%
Comments about Health Inequalities	1	4%
Ideas for role of Wellbeing Hubs	1	4%

2. **Do you agree that in order to meet some of our challenges and take advantage of opportunities we have set out, that there is a need to transform some of our clinical services?**

Answered: 348   Skipped: 3

Legend: 🟩 Strongly agree 🟦 Agree 🟨 Neutral 🟦 Disagree 🟧 Strongly disagree

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
41.38%	50.57%	4.02%	3.16%	0.86%	
144	176	14	11	3	348

91.95% strongly agree or agree that there is a need to transform some of our clinical services.

3. **Do you agree with the principles we have set out in our approach to transforming clinical services?**

Answered: 344   Skipped: 7
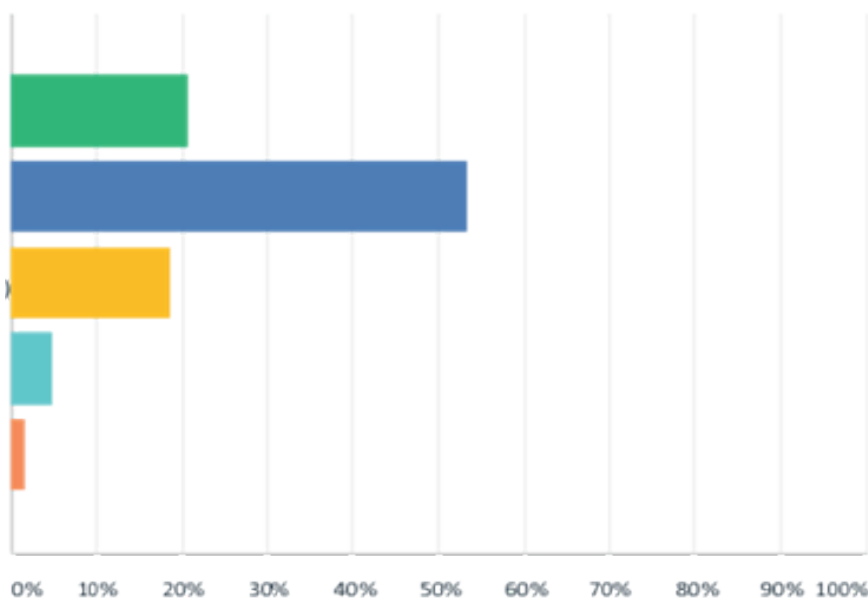
■ Strongly agree	■ Agree	■ Neutral	■ Disagree	■ Strongly disagree	

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
20.93%	53.49%	18.90%	4.94%	1.74%	
72	184	65	17	6	344

74.42% strongly agree or agree with the principles for transforming clinical services.
Are there any others we should consider?

The information from the 57 respondents who submitted data for this question was categorised 144 times against the key themes. The top 10 themes are shown below:

Themes for Question 3	Response	Percentage
Physical Access	18	13%
Organisation and Integration of Services	17	12%
Comments about Health Inequalities	15	10%
Quality	13	9%
Issues for the next steps of the programme	10	7%
Right care, right place, right time	8	6%
Financial comments	8	6%
Scepticism about the programme	8	6%
Comments relating to what services will be provided on which site and the rationale for those decisions	7	5%
Digital Transformation and Technology	6	4%

4. **Are you supportive of the principles we have set out in the 'Which clinical services should we consider?'**
For Emergency and Urgent Care, for Elective Care, for Specialised Care

Answered: 343   Skipped: 8
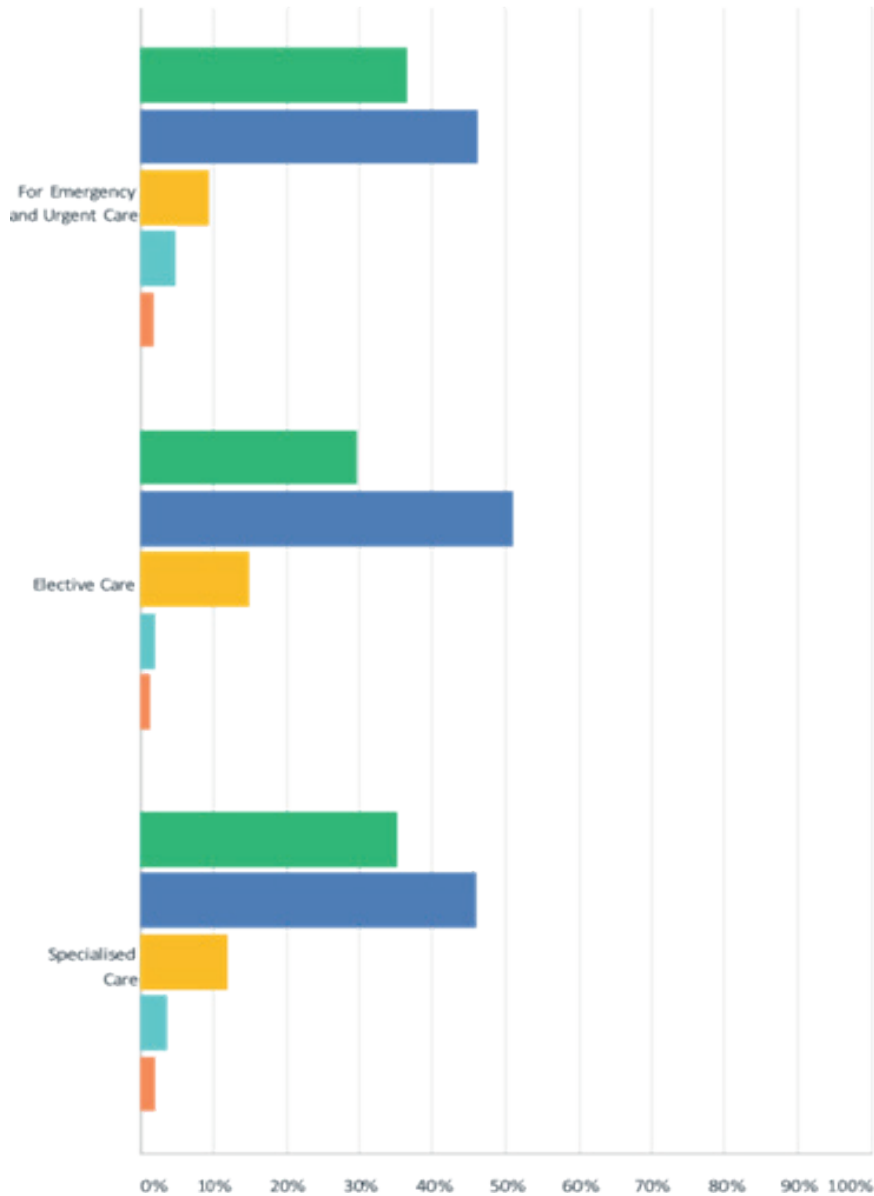
Legend: Strongly agree · Agree · Neutral · Disagree · Strongly disagree

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
For Emergency and Urgent Care						
	36.76%	46.47%	9.71%	5.00%	2.06%	
	125	158	33	17	7	340
Elective Care						
	29.94%	51.20%	14.97%	2.40%	1.50%	
	100	171	50	8	5	334
Specialised Care						
	35.40%	46.31%	12.09%	3.83%	2.36%	
	120	157	41	13	8	339

83.23% strongly agree or agree with the principles in relation to Emergency and Urgent Care

81.14% strongly agree or agree with the principles in relation to Planned Care

81.71% strongly agree or agree with the principles in relation to Specialised Care

Any further comments?

The information from the 46 respondents who submitted data for this question was categorised 64 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 4	Response	Percentage
Comments on specific services	12	19%
Right care, right place, right time	10	16%
Comments relating to what services will be provided on which site and the rationale for those decisions	6	9%
Organisation and Integration of Services	5	8%
Quality	5	8%
Support for the Home First/Care Closer to Home concept	4	6%
Workforce	4	6%
Comments about Health Inequalities	3	5%
Communication	3	5%
Scepticism about the programme	3	5%

5. **Is there anything else we should consider when transforming clinical services, that we haven't thought of?**

The information from the 134 respondents who submitted data for this question was categorised 159 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 5	Response	Percentage
Comments on specific services	24	15%
Digital Transformation and Technology Issues	22	14%
Physical Access	19	12%
Organisation and Integration of Services	19	12%
Workforce	13	8%
Comments relating to what services will be provided on which site and the rationale for those decisions	10	6%
Communication	8	5%
Scepticism about the programme	8	5%
Environmental Impact	6	4%
Financial comments	5	3%

6. In your view, what are the most important aspects of your healthcare?

Answered: 297   Skipped: 54
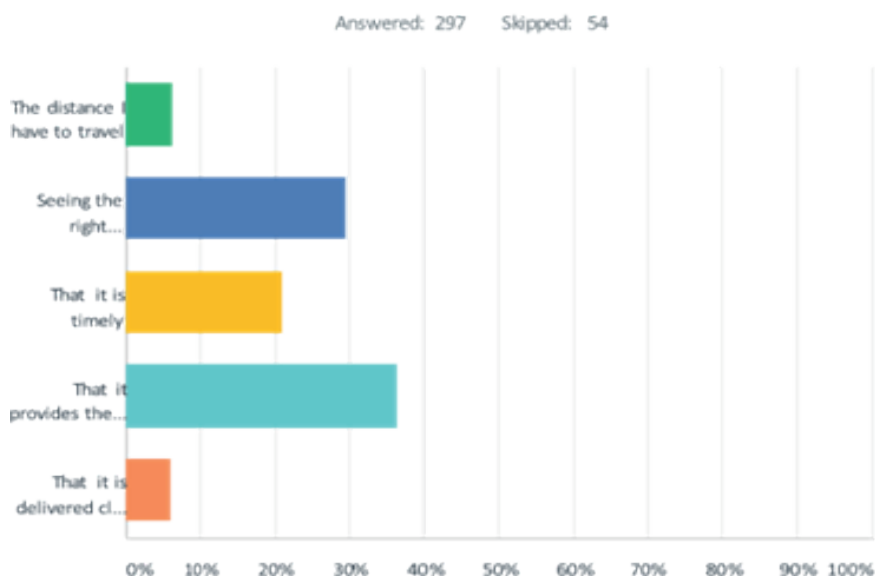
ANSWER CHOICES	RESPONSES	
The distance I have to travel	6.40%	19
Seeing the right specialist	29.63%	88
That it is timely	21.21%	63
That it provides the best outcome for me	36.70%	109
That it is delivered close to home where possible	6.06%	18
TOTAL		**297**

The most important aspect of healthcare identified by the respondents to the survey was 'that it provides the best outcome for me', followed by 'seeing the right specialist'.

7. If the way you receive care changes in the future, what are the most important things we need to consider I order to limit any negative impacts on your family/care givers?

The information from the 255 respondents who submitted data for this question was categorised 291 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 7	Response	Percentage
Right care, right place, right time	89	31%
Communication	45	15%
Quality	44	15%
Physical Access Issues	36	12%
Support for the Home First/Care Closer to Home concept (more services being delivered in the home, primary care or in the community)	12	4%
Comments about Primary care	11	4%
Digital Transformation and Technology Issues	8	3%
Scepticism about the programme	8	3%
Organisation and Integration of Services	7	2%
Workforce Issues	6	2%

8. **How can we help you to ensure that more of our services can be delivered at home?**

The information from the 246 respondents who submitted data for this question was categorised 551 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 8	Response	Percentage
Digital Transformation and Technology Issues	77	14%
Communication	63	11%
Support for the Home First/Care Closer to Home concept (more services being delivered in the home, primary care or in the community)	55	10%
Workforce Issues	47	9%
Organisation and Integration of Services	46	8%
Right care, right place, right time	45	8%
Quality	41	7%
Comments about Primary care	38	7%
Role of clinicians	21	4%
Scepticism about the programme	20	4%

9. **How would you feel about having the opportunity to receive some of your care via online technology where possible (e.g. virtual appointments from either home or a community facility)**

Answered: 295   Skipped: 56
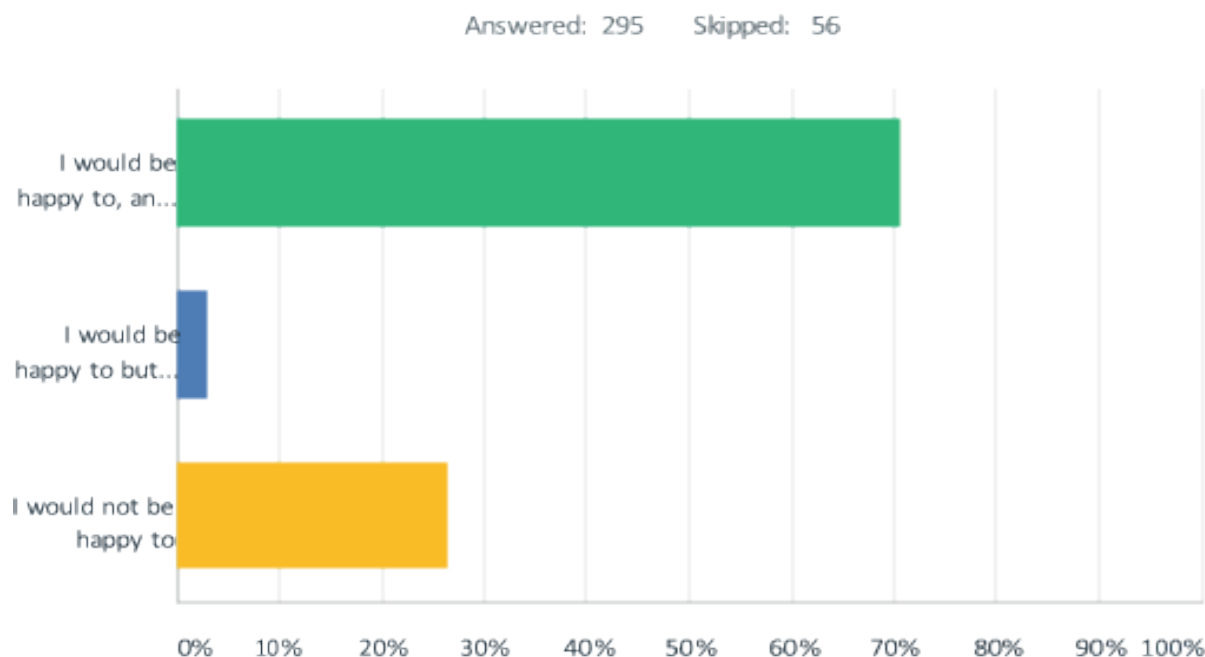
ANSWER CHOICES	RESPONSES	
I would be happy to, and have the ability to do so	70.85%	209
I would be happy to but don't have access to the internet or facilities	3.05%	9
I would not be happy to	26.78%	79
Total Respondents:		**295**

10. When we are looking at the design of our hospitals for the future, what features would make your visit or stay better?

Question 10 was very specific around the design of buildings and therefore had very different responses from the other questions. The responses to this question were therefore analysed separately so that the richness of information was not lost in the main key themes. Feedback from this question will be used to inform the development of our estate including the planning of UHW2.

The top 10 themes are shown below:

Top 10 themes for Question 10	Response	Percentage
Parking (cars/bikes etc)	70	13%
Privacy & dignity	53	23.5%
Clear, easy and efficient layout which is easy to navigate for all, accessible	44	31.9%
Open, light and airy, space	43	40.2%
Cleanliness & Hygiene	31	46.1%
Quality Care (timely, coordinated, effective, compassionate)	29	51.6%
Patient facilities (showers, toilets, communal seating areas, entertainment)	28	57.0%
Transport Links/Easy access/convenient location/closer to home	28	62.3%
Ambience, quiet, modern & comfortable	27	67.5%
Facilities and support for visitors and visits	25	72.3%

11. Are you happy to be emailed about future consultations?

213 respondents indicated that they were happy to be emailed about future consultations (74%).

Survey Respondent Type

In order to assess the public reach of the engagement, respondents to the survey were asked if they were a member of Cardiff and Vale UHB staff. Unfortunately, due to an error, this question was only included after the engagement had been running for two weeks; the first 65 respondents did not have the opportunity to share this information.

Of the 209 respondents who were given the opportunity to share this information, 80% (168) did not identify themselves as employees of the Health Board and 20% (41) identified themselves as an employee of Cardiff and Vale UHB staff.

Geographical Profile of Respondents to the Survey

Health Board	Responses	Percentage
Cardiff	147	42%
Not provided	109	31%
Vale of Glamorgan	76	21%
Other Areas (1 from outside of Wales)	22	6%

42% of respondents to the survey identified themselves as residents of Cardiff; 21% from the Vale of Glamorgan. 31% of respondents did not provide details of their area of residence. 6% were from other areas.

Demographic Profile of Respondents to the Survey

The survey included a series of questions designed to help us understand the reach of the engagement. **Appendix E** provides a detailed breakdown of the profile of respondents based on the responses to the equality monitoring questions included in the survey. This data is currently being analysed in more detail to better understand which sections of our community we have been less successful in reaching during this engagement, so that we can learn from this exercise and consider ways to increase and improve our reach for future work.

7.3 Other Feedback

Public Meetings

The CHC hosted four public meetings via Zoom, with simultaneous Welsh translation available. Each meeting adopted the same format of an introduction and welcome from the CHC and the Chair of the UHB followed by a presentation by the UHB and then an open Q&A session chaired by the CHC. A total of 44 people attended the meetings which were held as follows:

8 March	North and West Cardiff (2 attendees)
10 March	Central, South and East Cardiff (11 attendees)
22 March	Eastern Vale (14 attendees)
24 March	Central and Western Vale (17 attendees)

A separate meeting for Central Vale had been scheduled for 30th March but due to the pre-election period commencing on 25th March, a decision was jointly taken by the UHB and CHC to merge the Central and Western Vale meetings. The notes of the public meetings are available as **Appendix C.**

Attendees were also asked to submit individual responses to the survey. The issues raised in the public meetings were representative of many of the themes identified in the survey feedback. They have been reflected in the discussion under the themes in section 8 of this report, with an overview provided below.

There were many comments made that indicated support for the direction of travel, particularly the principles of more services being provided in the community and enabling people to receive their care closer to home, and recognition that our current hospital estate was no longer fit or purpose.

Attendees were interested in the proposed location of UHW2 and the Wellbeing Hubs, seeking clarity on the rationale for what services would be provided where and sharing ideas for the role the Hubs could play in supporting wellbeing. The importance of developing a robust transport infrastructure to support access to all our facilities was highlighted at several meetings.

There were a number of comments about the need to address inequalities, many of which had been exposed more clearly by the pandemic, and concern that increasing the provision of services through the use of technology might serve to widen existing inequalities. At the same time, several attendees shared their personal good experience with online consultations.

The meetings provided an opportunity to clarify that while the overall Shaping Our Future Wellbeing strategy covers the development of all the care provided by the Health Board, including public health and preventative work, the focus of this engagement is on clinical services. Questions about the way the Health Board is working with neighbouring Health Boards were raised as well as the impact of COVID-19 on service provision and the financial feasibility of funding the programme in the context of the cost of responding to the pandemic.

There were some concerns raised about the appropriateness of engaging during the pandemic and questions about how people could get involved who did not have access to technology.

Stakeholder Meetings

In addition to the public meetings, the clinical and programme leads took a presentation and discussion to a range of external and internal stakeholder meetings. The introductory letter circulated widely to stakeholders at the start of the engagement offered the option of specific meetings on request as well as details of the scheduled meetings. The details of the stakeholder sessions that took place are set out in the table below.

9 March	UHB Volunteers
10 March	UHB Occupational Therapy Leadership Meeting
10 March	Vale of Glamorgan Council all member briefing session
11 March	UHB Senior Workforce and OD Transformation Meeting
11 March	Youth Board, Cardiff Youth Council and Vale Youth Forum
15 March	SE Wales Regional Optical Committee
16 March	Cardiff Public Services Board
16 March	Bro Taf Local Dental Committee
17 March	UHB/Community Pharmacy Operational Group
17 March	UHB Nursing and Midwifery Board
22 March	Third Sector organisations (organised by Cardiff Third Sector Council, Glamorgan Voluntary Services and Cardiff and Vale Action for Mental Health)
23 March	UHB Stakeholder Reference Group
23 March	Joint meeting of Cardiff and Vale 50+ Forums
6 April	CHC Aneurin Bevan Planning Committee
13 April	Cardiff Council Senior Management Team
14 April	Ethnic Minority and Youth Support Team Wales (EYST)
19th April	UHB Local Partnership Forum

Attendees were also asked to submit individual responses to the survey. Notes of all the meetings have been shared with the CHC. The themes and issues raised by stakeholders were largely similar to those raised through the other engagement routes. They have been reflected in the discussion under the themes in section 8 of this report, with an overview provided below.

While welcoming the direction of travel and ambitions of the programme, external stakeholders additionally highlighted the importance of working with partners in the public and third sectors to tackle the wider determinants of health and to adopt a more preventative approach, as well as to deliver care in a joined-up system that supported continuity of care. There were also strong messages encouraging the Health Board to involve patients and carers in co-designing services.

A strong theme emerged about balancing the opportunities for widening access through the use of technology while ensuring that the needs of those who don't have access to technology are accommodated in future plans and that issues around data protection are considered.

Comments about access focused on the importance of a robust public transport system to support access to our facilities and issues relating to parking. The impact of the pandemic was another issue raised, with comments about the backlogs in elective surgery, the reluctance of people to visit services or use public transport during the pandemic and the impact that had had on early detection of cancer. Several attendees queried the cost of the proposals, how it would be resourced and how it might be affected by shortages in some clinical professions.

Some stakeholders highlighted their involvement in existing projects to develop Wellbeing Hubs and identified the potential role of community and third sector organisations in such developments. A concern was expressed about whether three Hubs in the Vale was sufficient to meet the needs of the more dispersed communities in the Vale of Glamorgan.

Discussions internally provided an added perspective around the potential role different professions might play in the future, the need to look flexibly at the skills required and the desire for staff to be involved in the programme as it develops. There were also concerns about the capacity of staff to manage change in the wake of the pandemic. In addition, there were comments about the opportunities for learning from elsewhere and the importance of integrating staff wellbeing into the programme.

Emails

14 emails were received via the Engage.Cav@wales.nhs.uk email address. 5 of the emails provided feedback on the programme; the remainder contained requests for more detail about how to get involved, copies of resources or expressed individual interest in getting involved in future work. Emails providing organisational responses to the engagement were received from Community Pharmacy Wales, Glamorgan Voluntary Services and the Vale 50+ Forum. Copies of all the emails, anonymised where appropriate, were shared with the CHC. The comments in the emails have been reflected in Section 8 of this report under the relevant themes.

Social Media

The comprehensive social media programme supporting the engagement included regular posts about different aspects of the proposals, mainly through Twitter and Facebook. 31 comments were posted and reviewed, largely echoing the themes already identified. Feedback included concerns about the impact of COVID-19 on waiting lists, about accessing services, the location of UHW2 and Wellbeing Hubs, as well as parking and digital technology not being suitable for everyone. Other comments demonstrated praise for the proposals outlined.

It is important to note that 'reactions' to social media posts were extremely positive with overwhelming support shown through the use of 'like' or 'love' reactions. It is widely accepted that only the most vocal proportion of social media users comment on social media posts, similar to contributions seen at public events.
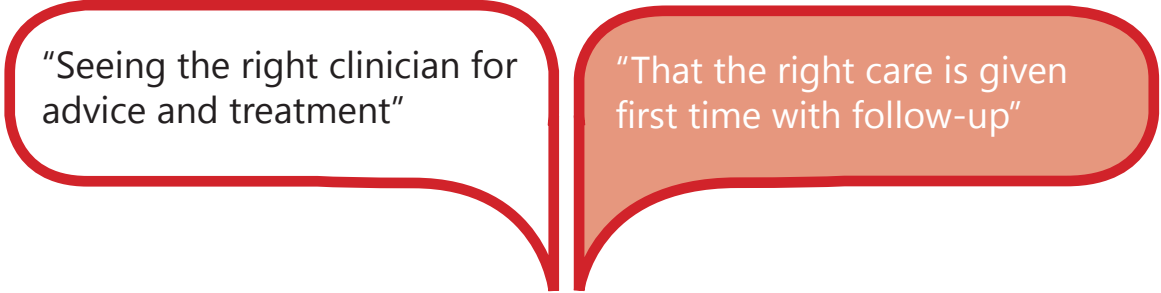
8. Consideration of Engagement Responses: UHB response, action and mitigation

This section provides an analysis of each of the key themes that have emerged through the engagement, with a commentary regarding our response to the comments received and further action that will be taken. **Appendix D** provides a more detailed breakdown of the main issues raised under these key themes, the detail of which will be considered and used by the Programme Team to shape its work going forward.

8.1 Right care, right place, right time

This key theme was the most popular theme having been identified 152 times within the respondents' feedback to the survey, 12% of all the instances when a key theme was identified within the text.

This was a theme that emerged strongly particularly in response to Question 7 about the most important things to consider to limit any negative impacts if changes are made to the way people receive care in the future. Respondents emphasised the importance of ensuring that they could get easy and timely access to the most appropriate clinician when they needed to. There were views expressed about how being able to see the right person and have the right tests and investigations done at the first visit, would reduce the need for repeat visits, and that providing a mix of online consultations and face to face visits could help to make access easier for patients. Several responses mentioned concern about waiting times, emphasising the importance of timely access to treatment required.

"Seeing the right clinician for advice and treatment"

"That the right care is given first time with follow-up"

UHB response, actions and mitigations

We consider this to be a very important issue. It is a key principle in the design of future care pathways in which patients are directed to the right service according to agreed, integrated pathways. Furthermore, clearly defining and protecting care pathways will ensure that patients are seen in the most appropriate place and experience a more efficient process, e.g. investigations being done before seeing a specialist.

The Health Board also agree that this is an important means of improving waiting times: clear separation between "Planned and Elective Care" pathways and Urgent and Emergency pathways gives us the opportunity to reduce the impact of the latter on waiting times, delays and cancellations (as well as clinical risk). This has been an important element of our response to the COVID19 pandemic (e.g. the Protected Elective Surgical Unit).
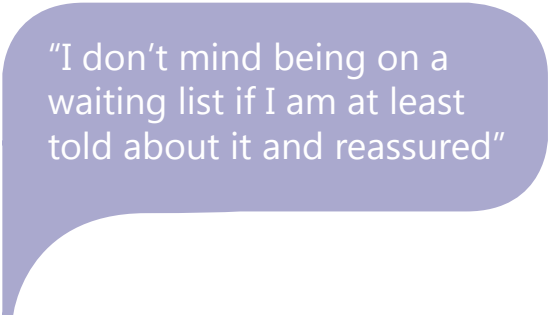
8.2 Communication

This key theme was the second most popular theme in the survey responses having been identified 125 times within the respondents' feedback, 10% of all the instances when a key theme was identified within the text.

Providing clear guidance on how to access services, including emergency care, and navigate the health system was identified by a number of respondents. In considering changes to the way people might access clinicians or treatment, people highlighted the need to give clear advice to support people to understand what the changes were and what they would mean for patients, in a simple way that everyone can understand.

> "I don't mind being on a waiting list if I am at least told about it and reassured"

There were also comments about making it easy to speak to the right person and to understand what is happening in your care.

There were also some comments about ensuring effective communication between professionals across specialisms and across geographical areas.

> "If services are transforming or changing, there needs to be much more communication to the public"

UHB response, actions and mitigations

The Health Board recognise that this is a key area for development and improvement as a part of the redesign of clinical services.

We acknowledge the challenge of coordinating care for patients who are under the care of multiple specialist teams. Joining up care across different teams and organisations is a key principle of the Shaping Our Future Clinical Services programme and will be key to our approach in pathway redesign.

We agree that patient's being at the centre of the planning of their treatment and care plan is central to achieving the outcomes that matter to people, and that effective communication about where people are on their care pathway is very important. We will be involving patients and carers, as well as patient representative groups, in the redesign program and inviting their views on the best and most inclusive methods of keeping patients well informed about their "home to home journey" as partners in their healthcare. This will be improved through the development of 'patient held records' ensuring that patients have access and ownership of their health care records.

We have also heard from patients with long term conditions that they want more proactive ways of communicating with their clinical teams, hence we are exploring new means of doing this including the use of digital apps and questionnaires that specifically measure a patients view of their health status and outcome as well as those that measure their experience (PROMS and PREMS).

In terms of the development of the Shaping Our Future Clinical Services programme and others, we have embarked on an extensive engagement programme to support these changes as they develop and have committed a dedicated team to ensure ongoing communication and engagement with the public, our staff and stakeholders throughout the process.

8.3 Digital transformation and technology

This key theme was the third most popular theme having been identified 116 times within the respondents' feedback to the survey, 9% of all the instances when a key theme was identified within the text. It was also a theme that was raised in many of the public and stakeholder meetings.

Many people expressed their support for more services to be provided virtually or using digital technology and as the response to Q. 9 in the survey indicates, many welcome the opportunity to receive more of their care via online technology. However, many people also voiced concern that those who are unable to use technology because of cost, ability, lack of confidence or other barriers, could be disadvantaged. For those who could be digitally excluded by the increasing use of this type of technology, respondents emphasised the need to retain the option of face-to-face contact, to recognise the limitations of online consultations and for advice and support to be provided to enable more people to access and use technology as one of the ways to receive their care. The needs of patients with hearing or sight loss were highlighted.

There were also some comments from staff around the need for specialist expertise and capacity to be available to support the digital and technology infrastructure of the UHB as an organisation, across hospital and community settings.

"Don't lose the human element of care in the evolution of services"

"E consult is brilliant in primary care, this should be extended to secondary care clinicians"

"Consider the needs of those less tech savvy (e.g. the elderly) when making access and services more digital. The challenges presented by these may alienate some and negatively impact on their care"

"It is a waste of time sitting in an outpatient clinic waiting to be called, there should be greater use of video consults"

UHB response, actions and mitigations

We recognise the importance of harnessing and maximising the benefits of the digital healthcare revolution (some of which are mentioned in the engagement feedback – convenience, efficiency, safety), whilst taking care to retain the "human element" and clinical contact that is crucial to holistic patient care. Central to this is patient choice and offering high quality services through pathway design, recognising that this cannot be delivered with a one size fits all approach and ensuring that we, together, craft an individual response to how we deliver care for patients ensuring this is accessible.

We have learned from the experience of using certain digital technologies during the COVID19 pandemic. We are currently considering the positive and negative impact of this experience and ensuring that this is a consistent approach between our COVID recovery programme and Shaping Our Future Clinical Services.

We have already commenced engagement with 'harder to reach" stakeholder groups to hear their views, listens to their concerns and get their advice on minimising any negative impact of the projected widespread adoption of new technologies across global healthcare systems.

The Health Board is strengthening its approach to its digital infrastructure. Importantly, this is being jointly led by a clinician, with a strong focus on clinical benefit and patient-centred care. Our Digital Transformation programme is closely linked to the Shaping Our Future Clinical Services programme.

8.4 Quality

This key theme was identified 103 times within the respondents' feedback to the survey, 8% of all the instances when a key theme was identified within the text.

Another theme that emerged particularly in response to Question 7 (about the things to consider to limit any negative impacts if changes are made to the way people receive care in the future) focused on quality. Echoing the responses to Question 6 which asked people to identify the most important aspects of their healthcare, respondents highlighted that ensuring people had the best outcomes possible was a priority and that any changes to the way services are delivered should not compromise quality of care. Ensuring that there was a high quality of care for the elderly was mentioned in a few responses.

Some responses shared comments on their own experience of our services.

"Quality of care and patient safety"

"I have only stayed for short periods in hospital, and have found the care and attention I personally received has been excellent"

UHB response, actions and mitigations

The Health Board agrees that quality of care and patients, carers and families experience of their care is of paramount importance.

Integral to the redesign of services will be careful review of best practice, alignment to national standards and rigorous benchmarking. We regard monitoring of clinical outcomes as crucial and Quality and Safety standards will be embedded within care pathways.

Importantly, we support the principles of Value Based Healthcare in which "outcomes that matter to patients" are an equally important marker of quality of care. For this reason, we will be developing this approach within the design of the programme and will include Patient Report Outcome Measures (PROMS) and Patient Reported Experience Measure (PREMS) as key deliverables within pathway design.
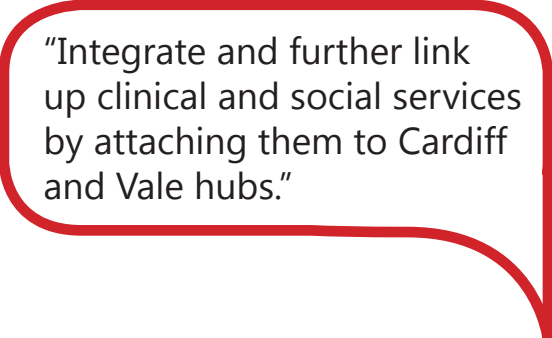
8.5 Organisation and integration of services

This key theme was identified 100 times within the respondents' feedback, 8% of all the instances when a key theme was identified within the text.
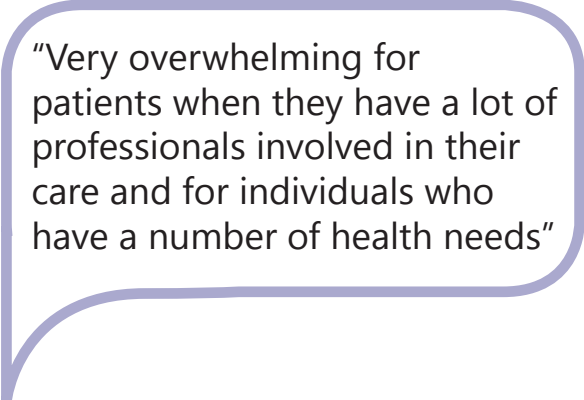
Many comments were made about the importance of considering the whole patient pathway and ensuring that services and professionals are working in a joined-up and integrated way across the health and care system. The opportunity for working with Third Sector organisations who support people with specific medical conditions was also highlighted. The need for services to be organised in a way that enabled treatment of the whole person and their overall wellbeing was emphasised alongside a call for continuity of care. This was echoed in calls for the UHB to work closely with neighbouring Health Boards, particularly in meeting the needs of those living near the borders.

There was also a plea that in making changes to services, we must look at the impact on other services, to ensure the implications for the whole service model are considered and that resilience must be built in to cope with surges in demand.

The importance of developing pathways for frail older people was mentioned as well as opportunities for linking more closely with care homes as a means of reducing hospital admissions. Similarly, work with the Ambulance Service to help avoid admissions to hospital was also identified.

> "Integrate and further link up clinical and social services by attaching them to Cardiff and Vale hubs."

> "Very overwhelming for patients when they have a lot of professionals involved in their care and for individuals who have a number of health needs"

A number of comments were also made, particularly in the stakeholder discussions, about the opportunities for working more closely with other public and third sector partners, building on collaborative work that has strengthened during the pandemic.

UHB response, actions and mitigations

These are extremely important issues.

Pathways for frail older people is being given particular attention within the Shaping Our Future Clinical Services programme. It is a designated cross cutting theme, to ensure that the issues highlighted here (and by others) are addressed specifically across all pathways. This will also ensure that we work closely with appropriate 3rd parties, including integration between Health and Social Care. We anticipate particular benefits to the frail, older population as part of our Shaping our Future Community Care programme, which includes Wellbeing Hubs and will continue to work closely as a part of the Regional Partnership Board to develop services locally.

The Health Board has signalled its intent to work closely with neighbouring Health Boards, both in terms of patients who live close to boundaries, as well as in our role as a provider of specialist, regional services. Work that was commenced prior to the pandemic, as part of our Tertiary Service Strategy, is being incorporated into the Shaping Our Future Clinical Services programme and will inform the development of Regional and Specialist care pathways.
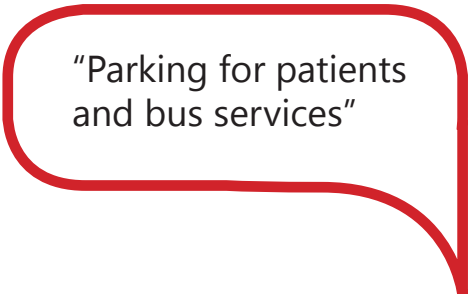
Working in partnership and seamless integration of services are two of the design principles of the Shaping Our Future Clinical Services programme, reflecting the intent set out in our Shaping Our Future Wellbeing strategy.
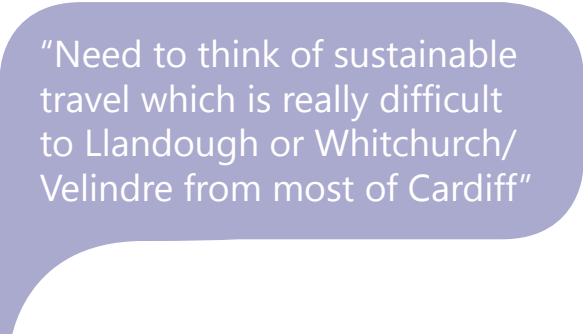
8.6 Physical access

This key theme was identified 90 times within the respondents' feedback to the survey, 7% of all the instances when a key theme was identified within the text. It was also a theme that emerged strongly from discussion at meetings.

A frequent comment or question focused on the need for there to be a good transport infrastructure to support easy access by road or public transport to our hospital and community facilities, and that this needed to be taken into consideration when looking at locations for new sites, working with local authority colleagues. The availability of parking was also raised as well as support for adopting an Active Travel approach.

A number of people highlighted the importance of ensuring that the needs of older people and people with disabilities was considered in planning the layout of sites, access to buildings, and the design of buildings themselves. Specific comments about access made in the response to the question about the design of our hospitals for the future included the need for diagnostics to be close to entrances to avoid people having to walk long distances through hospital corridors, the need for reliable lifts or escalators and good signage within buildings.

"Parking for patients and bus services"

"Need to think of sustainable travel which is really difficult to Llandough or Whitchurch/ Velindre from most of Cardiff"

UHB response, actions and mitigations

The UHB are required under law to reduce our carbon footprint. As a member of the Public Service Board are fully committed to our role in tackling the climate emergency.

We have been developing a new traffic management systems for our hospital sites as part of a wider Sustainable Travel Plan. Strict criteria for staff parking have been introduced and the UHB encourages staff and visitors to use alternative means of travel such as the park and ride scheme and public transport. This has resulted in reduced congestion on our main sites and has freed up parking spaces for visitors.

More recently, with an increased number of outpatient appointments taking place virtually an initiative to ensure the amount of time patients are waiting in the emergency department at UHW has resulted in fewer trips to hospital for many patients and reduced congestion.

Access will be a key consideration in the design of any new hospital or community building and will be subject to further engagement.

The Health Board is working with both Cardiff and the Vale of Glamorgan councils to develop plans for enabling more people to use sustainable travel options to access services and come to work. This is necessary as part of our commitment to achieving carbon zero services, as detailed in our Sustainability Action Plan.
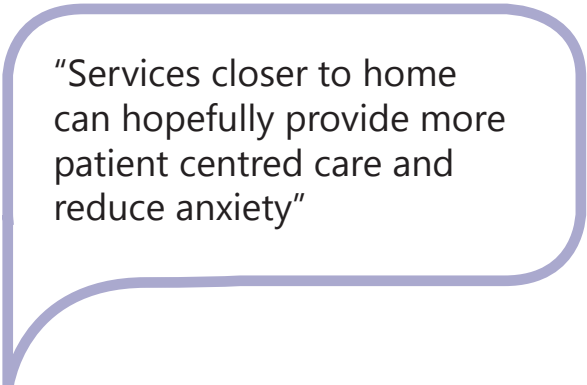
8.7 Support for Home First/Care Closer to Home concept

This key theme was identified 80 times within the respondents' feedback, 6% of all the instances when a key theme was identified within the text.

There was a great deal of support expressed both in the survey and in the meetings for the concepts of Home First and Care Closer to Home, with many people welcoming the ambition for more services to be provided in their homes, in primary care or in community facilities such as Health and Wellbeing Centres and Wellbeing Hubs. There were a small number of comments raising concern that the vision for more services to be provided in Hubs, which might include some primary care services, indicated a plan to centralise GP services, which was not supported.

"I love the Home First concept"

"Services closer to home can hopefully provide more patient centred care and reduce anxiety"

UHB response, actions and mitigations

We are very encouraged by the support received for the 'home first' concept and will take on board the concerns about the services being offered in Wellbeing Hubs. We recognise the importance of working with local people who use our services when planning where future services and facilities are located.

This work forms part of the Shaping our Future Community Care programme – the involvement of GP services and Primary and Community Care teams is integral to this. Acknowledging the importance of primary care in integrated health pathways, we are hopeful that this will be one way in which GP services, including the wider multi-disciplinary team are supported and strengthened.

8.8 Workforce issues

This key theme was identified 79 times within the respondents' feedback, 6% of all the instances when a key theme was identified within the text.

There were a range of different comments emphasising that the success of the programme would depend on there being sufficient staff with the right skills and training to deliver the proposed models of care. In response to the question about how we can enable more care to be provided in the home, some people commented on the need for there to be more staff available 24/7 in the community.

"If the aim is 'hospital at home' or rehabilitation at home, these services need to be staffed to provide just that."

Some comments focused on the importance of staff buy-in to the plans, and the role that Trade Unions could play in facilitating discussions about change. There were a few concerns raised that the pandemic might have a detrimental impact on the capacity of staff to manage change. The importance of building staff wellbeing into the programme was highlighted as well as increasing opportunities for flexible working and improving working conditions as factors affecting staff retention.

"Retaining and looking after staff"

"Transformation will only succeed if staff are motivated"

Comments from staff emphasised the role that different clinical professions could play within the programme and the need to look flexibly at staff skills across the workforce.

Comments from staff emphasised the role that different clinical professions could play within the programme and the need to look flexibly at staff skills across the workforce.

UHB response, actions and mitigations

This is valuable feedback and supports the view that we highlighted in our engagement document and presentation: workforce issues - such as those highlighted above - are amongst the most serious drivers for change, major challenges that will need to be met, but also an area of opportunity for positive change.
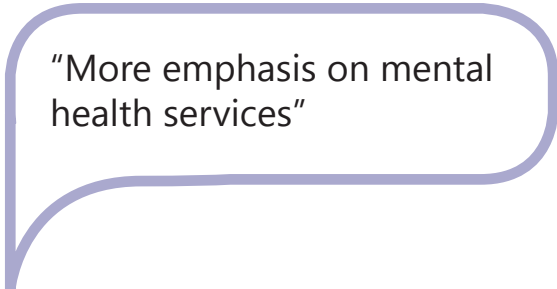
Given its importance, Workforce transformation has been identified as a cross cutting programme that will be integral to the design and delivery of clinical services in the future.

A plan for continued staff engagement is being developed with the support of the Local Partnership Forum which is the formal mechanism for the Health Board and Staff Representative Bodies/ Professional Organisation Representatives to work together to improve health services.

8.9 Comments on specific services

This key theme was identified 67 times within the respondents' feedback, 5% of all the instances when a key theme was identified within the text.

The open nature of many of the questions allowed people to share their views on a wide range of issues of which they had personal experience. Question 5 in particular, which invited people to highlight anything else we should consider when transforming clinical services, elicited a number of individual comments relating to the priority that should be given to improvement and development of specific services. Mental health services and services for children and young people were the service areas which were mentioned the most frequently. The full range of those services mentioned in individual responses is included in **Appendix D**, which sets out the key issues raised under each of the main themes.

"More emphasis on mental health services"

UHB response, actions and mitigations

The next phase of the SOFCS programme will involve working with individual clinical teams to develop their future care pathways. We will need to consider the feedback and comments on specific services, as well as seeking the views of relevant patient representative groups, as part of this process. We mentioned mental ill health as an important challenge and driver for change. We will be developing mental health care pathways as part of the program and take on board the comment of emphasising this specific area.

In addition, the mental health needs and wellbeing of patients will also be considered within physical healthcare pathways, e.g. the importance of psychological support and rehabilitation programs in heart disease or following trauma.

We recognise the importance of giving mental health and physical health equal priority, recognising that many people with mental health issues die prematurely from physical health causes, and many people with physical health problems experience associated mental health issues.

8.10 Comments about primary care

This key theme was identified 60 times within the respondents' feedback, 5% of all the instances when a key theme was identified within the text.

There were a number of comments about primary care, particularly in response to Question 8 about how we can help to ensure more services can be delivered at home. These included the importance of services being integrated with GP services, ensuring that plans do not place more burden on primary care which is already under great pressure and ensuring GPs have a strong voice in the programme. Some respondents commented on the difficulty with getting access to GPs and that that their services needed to be more accessible, with more flexible and longer opening hours.

"Pressures on GP centres and extreme difficulties booking appointments"

UHB response, actions and mitigations

Please see our response to Paragraph 8.7 which addresses some of these points, particularly those relating to the involvement and integration of General Practice services in the clinical redesign of care pathways within the Shaping Our Future Clinical Services programme and the specification and services offered in Wellbeing Hubs.
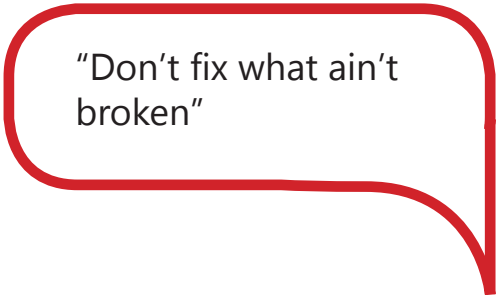
In terms of access, opening hours and other operational issues, we will take this opportunity to feedback to ongoing service improvement programmes being undertaken by the Primary, Community and Intermediate Care Clinical Board.

We recognise that there cannot be a disconnect between the Shaping Our Future Clinical Services programme of strategic change and the continuous service improvement that is being undertaken by the Health Board and, in particular, the accelerated transformation of certain services as part of COVID recovery. We are working to align and coordinate these work programmes and will need to ensure that this is communicated well to our staff and public.
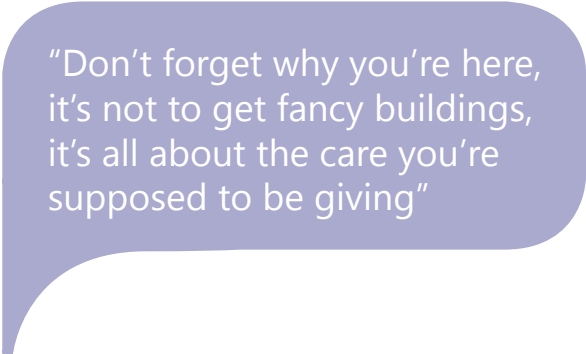
8.11 Scepticism about the programme

This key theme was identified 47 times within the respondents' feedback, 4% of all the instances when a key theme was identified within the text.

Some respondents expressed frustration with ambitions of the programme, commenting that it was unnecessary and unfeasible and that services are fine as they are, that we should be investigating what services are already being provided before trying to change everything or focus too much on buildings. That waiting lists are not mentioned was commented on by one respondent.

"Don't fix what ain't broken"

"Don't forget why you're here, it's not to get fancy buildings, it's all about the care you're supposed to be giving"

UHB response, actions and mitigations

We acknowledge that major building works may grab headlines but have been at pains to emphasise that the Shaping Our Future Clinical Services programme is about the entire pathway journey, rather than just isolated services or buildings.

However, the buildings in which we deliver care are of equal important in the delivery of safe, sustainable services for the future. We know the current buildings infrastructure limits our ability to deliver modern clinical care and ways of working. New infrastructure will also ensure that patients have improved access to participate in research. Buildings must be designed with high quality patient care and staff wellbeing at its core: the "optimal healing and learning environments" and therefore go hand in hand with the redesign of clinical pathways.

Whilst the program is ambitious, it is important to remember the context in which the changes are set out. We know that our populations needs are changing and therefore our services need to change to support this. We are pleased that the feedback supports the need for change and will continue to apply population health data to the development of clinical pathways. This reflects the majority of feedback that we have received as well as external expert assessment of the potential of Cardiff and Vale UHB within the context of NHS Wales.
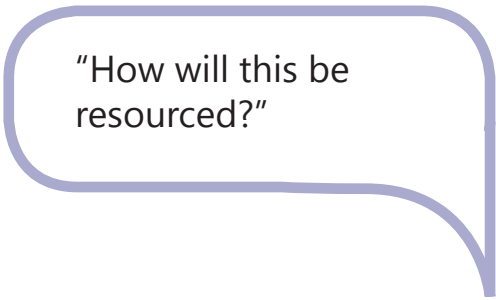
We will continue to work closely with the public, stakeholders and Welsh Government to ensure that our plans meet the needs of our population and are deliverable within carefully scrutinised timescales and business cases.
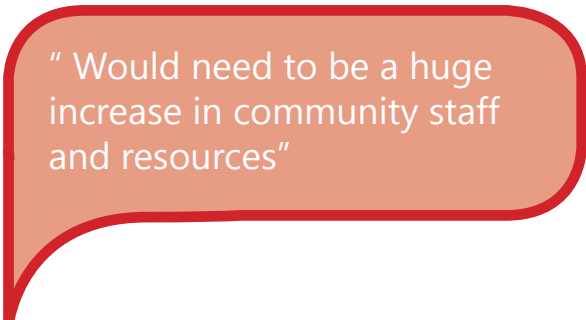
8.12 Financial comments

This key theme was identified 35 times within the respondents' feedback, 3% of all the instances when a key theme was identified within the text.

Comments under this theme highlighted some concerns about the affordability of the programme particularly in the context of the cost of the pandemic. There were also queries about whether the proposed emphasis on providing more services closer to home would be more costly, for example with equipment needed on more sites, thus requiring disinvestment from other parts of the service including a potential impact on jobs.

There were also a small number of comments relating to the relationship with the private sector, with views expressed about avoiding the use of private sector finance and concerns about the private sector cashing in on our plans.

"How will this be resourced?"

" Would need to be a huge increase in community staff and resources"

UHB response, actions and mitigations

The UHB supports the principles of Value Based Healthcare in which "outcomes that matter to patients" are an important marker of quality of care. These principles will be embedded within the Shaping Our Future Clinical Services programme.

There will be a focus in the redesign of pathways on the delivery of services in the most effective and efficient way that provides the best value for the patient.

It is important to note that this will require different choices about where resources are invested over time to ensure balance across system but at that this stage of the process we have not yet undertaken any detailed analysis of costs as the design work has not yet commenced.

8.13 Comments relating to what services will be provided on which site and the rationale

This key theme was identified 33 times within the respondents' feedback, 3% of all the instances when a key theme was identified within the text.

Attendees at meetings and participants in the survey raised questions about what services would be provided in the Health and Wellbeing Centres and the Wellbeing Hubs. Some made suggestions for what could be provided in community facilities including access to investigations and tests. The future role of Barry Hospital was also raised by a small number of respondents.

Similarly, many people were interested in the future service mix at UHW2 and UHL, and queried the basis on which decisions about service location would be made. There were also some concerns that people might have to travel further for emergency services and specialist services.

> "Not clear what the structure of the Hubs will be – what will stay/what will be taken away"

> "We need better local access to speedy investigations and tests"

UHB response, actions and mitigations

The location of clinical services is being considered and planned on the basis of the design principles outlined in Shaping Our Future Wellbeing and Shaping Our Future Clinical Services. The plans for specific services and their locations are under development and will be subject to ongoing engagement.

The key principles include Home First; Care Closer to Home, holistic consideration of the home-to-home patient journey, integration of healthcare and other services, promotion of active transport and healthy travel, minimising the impact on the environment, delivering high quality clinical care in outstanding facilities when it is needed, creating an optimal healing and learning environment. Wellbeing Hubs are planned in each of our nine Primary Care clusters, co-located with Social Care and other local authority services. They will include some clinical services that are not suitable for delivery in individual GP Surgeries; the exact nature of these tests, investigations, clinic areas and community facilities is being considered in the SOFCC program.

Health and Wellbeing Centres will provide more clinical services away from our acute hospitals and we have plans for Barry Hospital, Cardiff Royal Infirmary to develop as Health and Wellbeing Centres, in addition to developing plans for a centre for the north Cardiff locality. This programme does not supplant existing or planned services in these locations, which are subject to their own plans and programs of work. The Health and Wellbeing Centres will offer diagnostic and treatment services that be optimally delivered outside of the major hospital setting (where they have traditionally been

located), without sacrificing quality or efficiency. These represent a new way of working that will be designed for better access for patients; it will require significant transformation of our digital infrastructure and our workforce.
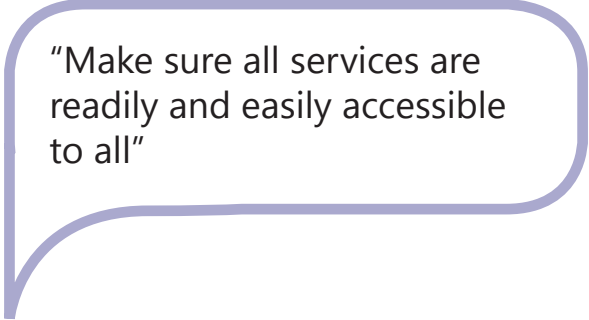
Our current thinking around the design principles for our main hospitals (future UHL and future UHW) have been outlined in our presentations: two centres of excellence, each with a dedicated and complementary focus: (1) protected, planned elective care and high quality treatment and rehabilitation services (including in-patient mental health services) at UHL. (2) 24/7 high intensity and intensive care services, including several regional services co-located with the major university teaching and research facility at UHW. This design allows for the development of high quality care in coordinated dedicated facilities, with a grouping of co-dependent and interrelated specialties.

8.14 Comments about health inequalities

This key theme was identified 30 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

A number of comments were made focusing on the priority that should be given to reducing health inequalities and that above all, access must remain fair and equitable. The importance of ensuring access to healthcare and wellbeing services for black, Asian and minority ethnic communities was specifically identified. The inequalities exposed by COVID-19 were highlighted as well as concerns that future moves to provide care through digital technology might widen existing inequalities.

Discussion at one of the stakeholder meetings highlighted the need for the Health Board to capture data relating to the protected characteristics of our patients, to better understand health inequalities and how they can be addressed.

"Make sure all services are readily and easily accessible to all"

UHB response, actions and mitigations

We are in wholehearted agreement with these comments. In addition to engaging widely with appropriate stakeholders, including a number of seldom heard stakeholders, we aim to develop better methods of capturing and analysing data regarding health inequalities and monitoring the effects of our service redesign.

We recognise that 'one size does not fit all' in the delivery of future healthcare. And whilst the delivery of some elements of a patients care digitally may be suitable for a large percentage of our population, a significant proportion are either unable to or would prefer face-to-face services.

We are committed to reducing health inequalities in line with our vision that a person's chance of leading a healthy life should be the same wherever they live and whoever they are and are refreshing plan around this with partners in light of the COVID-19 pandemic which has further exposed the gap in health and social inequalities.

8.15 Role of clinicians

This key theme was identified 28 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

> "Ensure you are asking and consulting with the nurses, therapists, support workers who actually carry out the work, not the people who have a vision and no experience of working in it"

That clinicians should lead the thinking in taking this programme forward was a clear message that came through from a number of meetings and survey responses. Aligned to this, people highlighted the need for those who deliver services across the UHB to have the opportunity to be involved in the development and design of plans. A number of more specific ideas were also put forward about the potential role different professionals could play in the future e.g. to use the full skill set of Allied Health Professionals in supporting the management of long term conditions.

UHB response, actions and mitigations

This is a core principle of the Shaping Our Future Clinical Services programme, which is being led by an active clinician (Associate Medical Director) and experienced clinical manager (Programme Director). The development of future care pathways will be undertaken by multidisciplinary clinical teams working within those services, right the way across the pathway, it will be centred on patient care, supported by data, workforce, planning and improvement teams.

This programme will inform and be enabled by a separate programme focussing on our future workforce and we are very pleased to see a number of ideas about future clinical roles being out forward as a part of this engagement.

8.16 Next steps of the programme

This key theme was identified 24 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

Discussion at the public and stakeholder meetings in particular highlighted some key messages around things that are important in taking forward the programme to the next stages of development; some are points already mentioned under other theme headings. Staff are keen to get involved and emphasised the need to give all service areas the opportunity to help shape the work going forward. Comments were also made about the need to learn from good practice elsewhere.

Partner organisations were similarly excited by the ambitions of the programme and want to work with us to deliver change. The importance of strong university research links was highlighted. There were also strong messages about the crucial voice of service users, and the partnership that needs to be built with patients and carers in co-designing future services, as well as the need for future consultations taking place before plans are worked up in detail.

> "How will the patient voice be built into clinical services planning?"

UHB response, actions and mitigations

We are delighted by the level of positive engagement we have had from the public, staff and stakeholder organisations.

We are collating feedback and lists of individuals and groups who are keen to contribute on an ongoing basis and over the next few months will continue to meet with teams from across the organisation and with partner Health Boards, Trusts and other stakeholders.
We plan to develop and communicate the structure, methodology, team membership and program of work for the next 12 months and are committed to designing services with patients and their carers and families.

We are also continuing to engage widely across other Health Services within Wales and the wider UK to ensure we learn and take best practice from outside our own organisation.

8.17 Engagement Process

This key theme was identified 17 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

Concerns about the appropriateness of undertaking an engagement during the pandemic were highlighted in some public meetings and in some survey responses. Equally, some people raised concerns that only those who could access and use digital routes would be able to engage effectively and questioned how we were targeting those who were not able to use technology.

Concerns about the appropriateness of undertaking an engagement during the pandemic were highlighted in some public meetings and in some survey responses. Equally, some people raised concerns that only those who could access and use digital routes would be able to engage effectively and questioned how we were targeting those who were not able to use technology.

"I think this is an inappropriate time to be putting this on staff and the public for consultation. How widely has it been able to be distributed to the public? How are people really able to engage at present"

There were some positive comments from people who had been involved in engagement work supporting the development of some community facilities such as Wellbeing Hubs and others who welcomed the fact that we were engaging early in the life of the programme.

UHB response, actions and mitigations

We are pleased that both members of the public, staff and stakeholders are supportive that the UHB is engaging during the early stages of the programme planning. We are keen to ensure that everyone has an opportunity to shape plans at this important stage.

Running an engagement during the pandemic is something that the Health Board in partnership with the CHC discussed at length before the programme was launched. While COVID-19 has presented us with many challenges we have also recognised that we have a number of opportunities. It was agreed that this engagement programme is broad in its approach to shape our vision for clinical redesign so seeking public feedback as early as possible would be beneficial to ensure our direction of travel is the right one.

We developed a communication and engagement strategy that capitalised on digital adoption during the pandemic but also leveraged opportunities to reach seldom heard groups and the digitally excluded through other channels as well as wider stakeholders.

8.18 Comments about the proposed location of buildings

This key theme was identified 12 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

The potential location of UHW2, the Health and Wellbeing Centres and Wellbeing Hubs was queried by some both in the survey and at meetings.

"Where is the Cardiff North Hub to be situated and will it be accessible by public transport?"

"Llantwit Major needs a health centre Hub"

"Where will the new hospital be?"

UHB response, actions and mitigations

Decisions on the location of a new Hospital for Wales has not yet been made and a detailed site analysis and a thorough evaluation of options will be carried out to ensure the best value, least environmental impact, most access are considered. This process will be undertaken as a part of the ongoing planning for a new hospital under the Shaping our Future Hospitals programme. At this stage, the case for change has been set out in a Programme Business case submitted to Welsh Government, so it is important to note that at this stage there is no formal commitment to replacing UHW.

The development and considerations on the individual locations of both Wellbeing Hubs and Health and Wellbeing Centres will be undertaken as a part of the Shaping our Future Community Care Programme which has its own programme of engagement. Accessibility will be a key consideration as a part of this process.

8.19 Environmental impact

This key theme was identified 10 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

There were a few responses which featured the importance of considering environmental impacts of the programme. There were comments about the need to consider the impact on the environment in the design of the building and also the potential impact of the way services are designed. Some highlighted the need for the approach to be as green and eco-friendly as possible and that plans provided an opportunity to look at the use of alternative technology to support sustainability and to introduce initiatives to prevent waste.

"Please consider the impact of carbon reduction in the design of buildings"

"I'd like to see more initiatives involving waste management, especially recycling, upcycling and prevention of equipment and medication being wasted"

UHB response, actions and mitigations

The UHB are required under law to reduce our carbon footprint. As a member of the Public Service Board are fully committed to our role in tackling the climate emergency.

We have developed a sustainability action plan agreed by our Board in autumn 2020. It considers improvements across eight dimensions: Energy, waste, water, people, travel and transport, procurement, biodiversity and clinical practice.
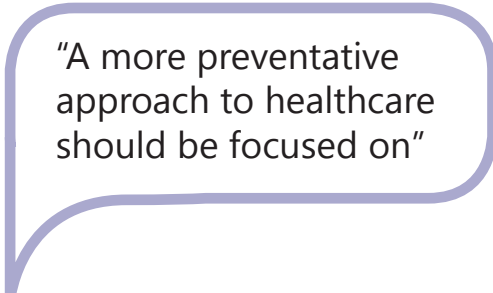
We are currently looking at updating it in response to the recently released NHS Wales action plan to enable the Welsh public sector achieve net zero by 2030. https://gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan .You will see from the NHS Wales targets that net-zero new buildings are desired. Existing buildings are expected to be improved and optimised also.

We encourage staff and visitors to use alternative means of travel such as the park and ride scheme and public transport. This has resulted in reduced congestion on our main hospital sites. More recently, with a number of outpatient appointments taking place virtually an initiative to ensure the amount of time patients are waiting in the emergency department at UHW has resulted in fewer trips to hospital for many patients.

8.20 Importance of adopting a preventative approach

This key theme was identified 10 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text. It was also highlighted in some public and stakeholder meetings.

The adoption of a preventative approach to meeting future needs was identified by some respondents alongside comments about the importance of public health programmes to help people manage their own health and wellbeing, including education for school aged children. Questions were raised at some meetings about why the focus of the presentation was on clinical services and the future design of hospitals, rather than on an equally important focus on prevention and early intervention.

> "A more preventative approach to healthcare should be focused on"

UHB response, actions and mitigations

We are really encouraged by the feedback around prevention and wellness during the engagement and would like to reassure citizens and our staff that whilst we are engaging specifically on the programme that will focus on the delivery of transformed clinical services that it is clear this cannot be fully realised without focus on population health.

The UHB has recently published its plan describing our approach to public health in Cardiff and the Vale of Glamorgan during the period 2020-23 and setting out our priorities in line with Public Health Wales and the Shaping our Future Wellbeing Strategy working alongside our partners.

We will ensure that this work dovetails with our strategic programmes including Shaping our future Community Care as well Shaping our Future Clinical Services and are considering the development of a specific programme of work to support the development and delivery of plans.

There is also a role for the Shaping Our Future Clinical Services programme to ensure prevention is a focus in the delivery of its clinical services. This is relevant in not only Primary Care but in our delivery of Secondary and Tertiary care. To that end the programme team have identified the need for a prevention cross cutting programme of work that will be applied to the redesign of pathways.

8.21 Equality Issues

This key theme was identified 7 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

Many of the other themes highlight issues that relate to issues of equality, and the following section of this report focuses on a discussion of equality impact. However, there were also several comments which reflected specific areas which it will be important to address in the implementation of the

programme. One related to ensuring equal access to healthcare and wellbeing services for black, Asian and minority ethnic communities and another described the opportunity that a transformational approach provided to challenge heteronormative culture.

"All patients should be treated equally with dignity and respect"

"Equality for all including challenging heteronormative language and systems"

UHB response, actions and mitigations

As a part of our vision that a person's chance of leading a healthy life should be the same wherever they live and whoever they are. We are building good links with seldom heard organisations and community leaders to ensure that we are increasingly engaged in conversations around healthcare with the whole population of Cardiff and Vale and wider Wales in relation to regional and specialised services. As a Health Board we are committed to reduce health inequalities and engaging with seldom heard groups in our communities will be a significant part of this programme.

8.22 Ideas for the role of Wellbeing Hubs

This key theme was identified 5 times within the respondents' feedback, 0.4% of all the instances when a key theme was identified within the text.

A number of people commented on the opportunities offered by the development of Wellbeing Hubs and suggested roles that they could play in supporting a more holistic approach to health and wellbeing. This included support for carers, building links with education services and opportunities for Information Centres supported by Third Sector organisations.

A response from Community Pharmacy Wales highlighted the opportunity to utilise the existing network of community pharmacies into local health and wellbeing resources. Developments such as increasing independent prescribing capacity and management of common conditions through roll out of the Common Ailments Service in community pharmacies – coupled with the high density of pharmacies in more deprived areas – demonstrates what a significant role these local assets could play in helping to deliver the UHB's objectives.

"There is an extremely strong case for the network of Community Pharmacies across the Cardiff and Vale UHB area to be developed into a network of community health and wellbeing centres and to play an even greater role in the provision of clinical services to the people living in the area"

UHB response, actions and mitigations

We are pleased to see that citizens and staff share our vision for a holistic, integrated approach to health and wellbeing, to be delivered through our community facilities. It will be really important to work with stakeholders including local residents and community groups, to shape each community facility as it is developed and also as it evolves over time in response to changing needs and priorities of our local communities. Working with community groups, third sector and statutory services will be key to nurturing the development of a strong community spirit and consequent positive outcomes, such as improved public health and social resilience.

It will be important to engage the right clinical teams and partners in the development of the model of care for both our wellbeing Hubs and Health and Health and Wellbeing Centres. The work of the Shaping our Future Clinical Services programme will be closely aligned to the Shaping our Future Community Care programme which will be instrumental in developing the link between partner organisations within our communities.

We were very pleased to have already engaged with such a wide range of services including those such as community pharmacy, optometry and dental services during the engagement and very much look forward to including these teams within the redesign workshops and wider programme.

8.23 Impact of COVID-19

This key theme was identified 5 times within the respondents' feedback, 0.4% of all the instances when a key theme was identified within the text.

"Waiting lists will be very long due to the pandemic and this will need to be properly addressed as a more urgent priority"

Some respondents to the survey as well as participants in the public meetings highlighted concerns about the impact of the pandemic on waiting lists and that dealing with the backlog would need to be a future priority for the NHS. There were also concerns about the way that COVID-19 was affecting people's confidence in accessing services and the potential impact this was having on issues like capturing cancer early.

UHB response, actions and mitigations

Key to the COVID response of the UHB has been dynamic and advanced planning – remaining one step ahead of the curve. This has required transformational change and bold decision-making. As we emerge from the second wave and rapidly roll-out the vaccines we are applying that same approach to the longer-term challenge of recovery and reconstruction. The UHB has protected essential services throughout the pandemic, maximised use of the independent sector and established highly successful Protected Elective Surgical Units ('green zones') which have ensured over 7000 patients have received treatment via this pathway since their inception. It is true however that the pandemic has resulted in many fewer consultations, diagnostic procedures and surgeries and a full recovery, therefore, will take multiple years.

The plans we continue to develop will combine the obvious need for additional capacity with a transformation of the way we deliver services. Of particular importance will be the support we provide to both our patients and staff as services evolve. It's imperative to us that our patient centred recovery plans are clinically-led and data orientated, and carefully consider the risks in both covid and non-covid populations.

The UHB sees this challenging period as an opportunity to not only recover from the pandemic, but also to reconstruct our health service in a fundamental and sustainable way. Further details of the Health Board's Annual Plan for 2021-22 will be published on the website in due course.

8.24 Design of buildings

This key theme was identified 2 times within the respondents' feedback, 0.2% of all the instances when a key theme was identified within the text.

Question 10 in the survey asked people to identify the features that would make their visit or stay better when we are designing our hospitals for the future. A wide range of ideas were put forward with the majority emphasising the importance of future hospitals being modern, welcoming, light, clean and spacious. Some people highlighted the need for privacy and quiet, and the value that could be gained from access to outdoor space and inviting space decorated with art.

Others focused on the needs of staff working in future hospitals, with comments about design needing to facilitate easy supervision and flow, minimise the risk of cross infection, provide room for therapeutic interventions, storage for equipment and wellbeing areas for staff.

There were also suggestions around helping people to navigate their way around large hospitals, with good signage and assistance being available to help people find their way around, as well as the importance of there being good access for people with a disability.

"Outdoor space for inpatients to be able to see their families and rehabilitate"

"Good access to wheelchairs at large hospitals with long corridors"

UHB response, actions and mitigations

We would like to thank citizens, staff and stakeholders for their feedback at this early stage of the planning. Everything suggested will be taken into account and must be addressed.

We envisage a thorough exercise being undertaken to design the facilities and ensure the best environment for our patients and our staff. And in addition, learning from across the UK and internationally from some of the organisations delivering exceptional care with world leading facilities.

9. Equality Impact

We are particularly interested in identifying issues emerging from the engagement which relate to potential impacts, positive or negative, of our proposals on different members of our communities. This section highlights some of the key learning we have gained from this engagement in relation to equality impacts.

Question 7 in the survey provided a specific opportunity for respondents to identify things we need to consider in order to limit any negative impacts of any changes that might be made to the way people receive their care in the future. However, comments relating to equality impacts also featured in the responses to other questions.

Physical access and building design of healthcare facilities were major themes in the feedback we received. Ensuring good access to our sites, on our sites and within our buildings, is of particular significance to some members of our community. Poor access impacts negatively but ensuring that access is improved in the future could impact positively on people's ability to receive the care they need e.g. older people or people with a disability.

Another key theme emerging from the engagement were issues relating to increasing opportunities to receive some care via online technology. This could have very positive impacts for some people, but there was a lot of feedback about the potential negative impact on those who were less able to access or use such technology. The importance of retaining the option of face-to-face consultations was a key feature of comments we received. The issue of working to address the specific needs of people with hearing or sight impairments was also highlighted.

There was a lot of support for the concepts of Home First and Care Closer to Home. For many people, the provision of more care in their own home, in primary care, or in community facilities, and the greater flexibility that facilitates, could have a very positive impact on their ability to access the care they need if they face barriers to accessing care that has previously been provided in hospital.

Another theme which has the potential to impact on particular groups in our community is communication. Feedback through this engagement focused on the importance of clear information about service changes and how to access services written in a way that is easy for people to understand. How that type of information is communicated could impact differentially on different members of the community.

In comments received about our workforce, opportunities for impacting positively by improving the offer to staff were highlighted e.g. more flexible working, training utilising a wider skill set, developing wellbeing areas and improving working conditions. However, some concerns were raised about potential negative impacts relating to the capacity of staff to deal with change in the aftermath of the pandemic and whether the cost of the new plans might jeopardise jobs.

One comment was received which highlighted that transforming our healthcare system provided an opportunity to challenge heteronormative language and systems.

The information gathered through the engagement will help to inform and shape our approach going forward; the information has been used to update the Equality and Health Impact Assessment (attached as **Appendix F**). This is to ensure that due regard is given to these issues in our planning and that appropriate action is built into implementation plans to mitigate any negative impacts and promote positive impacts. This is crucial if we are being true to our vision that a person's chance of leading a healthy life is the same wherever the live and whoever they are.

10. Conclusion

The Health Board is grateful to members of the public, staff, stakeholders and other partners, who have taken part in constructive conversations around our vision for clinical redesign and provided feedback. We have been extremely pleased with rich feedback that we have been able to gather from this programme of engagement and will continue to draw on this. The contributions have offered insights from a range of perspectives which will be crucial in informing our next steps.

The Shaping Our Future Clinical Services programme will continue to be a vehicle for engagement on transformation plans. We are delighted that 74% of survey respondents (213 individuals) indicated that they would be happy to be contacted via email about future pieces of engagement and consultation work. This presents us with an opportunity to build on this dialogue and learn from their experiences of our services and views about future configuration.

Cardiff and Vale UHB will use all of the feedback to strengthen our collaborative approach to Shaping Our Future Clinical Services. We would like to extend a special thanks to South Glamorgan CHC for working in partnership with us on this engagement and for their support throughout the process.

All feedback and responses that form part of the engagement have been shared with the South Glamorgan CHC in the interest of transparency. The feedback of the engagement programme will be considered by the South Glamorgan CHC at an Executive Committee meeting on 18th May 2021. Cardiff and Vale UHB Executive Board will then take into account the South Glamorgan CHC's position when determining its own response and final position on whether to proceed with the next phases of the engagement. This meeting will take place on 27th May 2021.

10. Appendices

The following are attached as appendices to the report:

Appendix A	Communication and Engagement Plan
Appendix B	Engagement Document
Appendix C	Notes of the public meetings
Appendix D	Key issues raised under each theme
Appendix E	Demographic profile of respondents to the survey
Appendix F	Equality and Health Impact Assessment