Transforming for the Future

Communications and engagement strategic and operational plan – V1.2

20th May 2026

Iechyd gwell
Gofal gwell
Bywyd gwell

Better health
Better care
Better lives

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Document scope

This document sets out the overarching communications and engagement (C&E) strategy and topline operational planning for patient, public, staff and stakeholder involvement supporting the development of the Board's Clinical Services Strategic Plan which is now to be referred to as ***Transforming for the Future (T4F)***.

This has been produced by external consultancy Freshwater under the supervision of the SBUHB C&E team (Richard Thomas, *Engagement executive lead* / Jo Abbot-Davies / Nicola O'Sullivan) and colleagues in Planning and Partnerships (Marie Davies, *Product Development executive lead* / Ffion Ansari).

This is a working document and will be updated and re-circulated from time to time. Dates are subject to change as required.

The plan covers the period from initial engagement, through the development of a case for change and draft future service model to the post-engagement analysis and preparation of a final T4F paper for consideration by the Board at the end of November. It does not extend to later engagement or consultation which may be necessary around specific options for reconfiguration of services, although it is intended to feed into that process.

This document is supplemented by a detailed operational plan which lays out all planned C&E activity for this current phase.

We have ensured that this document strategically aligns with:

- SBUHB organisational strategy (*A Healthier Swansea Bay*)
- NHS Wales strategy
- Welsh Government policy
- All applicable legislation
- Other relevant guidance and best practice
- Previously published material in the context of *Changing for the Future*
- The Board's ongoing programme of continuous stakeholder engagement

The programme will further ensure that all C&E activity will be informed by and aligned with output from the Product Development workstream, including:

- State of the Population report
- Demand and Capacity overview
- Estates (infrastructure) overview
- Horizon Scan report
- Our Public Compact (including *7 Areas of Care* model)
- Strategic Models of Care
- Priority Transformation Areas

Contents

1. Strategic goals and ambition

1.1 Strategic ambitions

The T4F Communications and Engagement Delivery Group (C&E DG) will work in support of the programme's strategic ambitions which are:

To produce a set of foundational principles to underpin the Board's future model of care.

To develop a framework model of care for SBUHB to support future Clinical Service Plans.

C&E DG will provide a foundation on which the programme can build towards achieving these goals. To do so, we will ensure a robust, compliant, and meaningful process which:

- Seeks to mitigate external risks with thorough planning and adherence to due process.
- Ensures that, at any time, the programme is well placed to demonstrate that due diligence has been applied.
- Conforms to appropriate governance structures and procedures.

C&E DG will deliver a programme based on best practice principles founded on a commitment to inform, listen and learn. The group will work with SBUHB stakeholders to deliver the programme and to analyse the insights gained, thoroughly and objectively.

1.2 Communications and engagement objectives

To support this, C&E activity will be guided by the following four high-level objectives:

- To clearly communicate clinically-led proposals on foundational principles and a future model of care in a way that is relatable to a broad stakeholder audience.
- To provide opportunities for existing and former service users, their carers and families, the SBUHB wider public and our staff to be involved in shaping the proposals.
- To ensure meaningful engagement with a wide range of local stakeholders, and to provide evidence of this.
- To deliver a process which is flexible to feedback received, open and transparent and which meets statutory requirements through sufficient inclusion, breadth and depth.

1.3 C&E outputs

The C&E DG will develop a suite of communications and engagement outputs designed to:

- Further understanding of the programme amongst all stakeholder groups.
- Enable access for all those who may be affected by any possible future service changes, and
- Facilitate widespread participation.

All C&E output and activity will be carried out and produced in line with SBUHB requirements, and an evaluation framework will be developed to track activity against agreed metrics. Tactical approaches will be revised as necessary to enable the programme to ensure objectives are met, especially in respect to obligations around equalities and inclusion.

2. Strategic alignment and best practice

2.1 Strategic alignment

The C&E DG will ensure strategic alignment between the core programme narrative and the SBUHB vision, mission, values, standards and strategic objectives as set out in the Board's organisational strategy '*A Healthier Swansea Bay*'. The strategy sets out how the Board's core values of '*Caring for each other*', '*Working together*' and '*Always improving*' can be delivered through adherence to the following strategic objectives:

- *People of Swansea Bay live healthier, fairer and more prosperous lives.*
- *Care is high quality, safe, efficient and delivers the best possible outcomes for people.*
- *Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovative digital solutions, research, development and innovation.*
- *The Health Board is a great place to work where all staff feel valued and work together towards a common goal.*
- *The Health Board is a resilient, sustainable and responsible organisation.*

The programme will also more broadly align with the strategic approaches of NHS Wales, local authorities and partner health boards.

2.2 Equalities and inclusion

C&E activity will be carried out in a way that is reflective of the communities served as well as the wider stakeholder base. To help ensure this, all outbound communications will be guided by the Board's equalities assessments.

2.3 Co-design

All those who may be affected by possible future service change should be given opportunities to be involved in its design. The C&E DG will deliver a programme of engagement to gather stakeholder insight and facilitate a bilateral exchange of views designed around co-design principles.

2.4 Governance and best practice

C&E activity will be delivered in a way that ensures:

- That programme governance processes are respected throughout.
- Due diligence in respect to applicable regulations and guidance, especially in the areas of equalities, inclusion, and accessibility.
- That nobody is discriminated against, or limited in their capacity to participate based on any of the nine protected characteristics outlined in the Equalities Act 2010.
- Diversity of participation and representation is reflective of the SBUHB population in so far as is possible.
- That legislation, case law and best practice are adhered to throughout.

See also section 9 of this document.

2.5 Applicable legislation

There are a range of laws that govern public engagement and consultation in Wales, including:

- NHS (Wales) Act 2006: Consolidates the legal framework for the health service in Wales, outlining the specific duties of Welsh Ministers and establishing bodies including the 7 health boards.
- Social Services and Well-being (Wales) Act 2014 governing social care in Wales.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 which strengthens obligations for *Duty of Quality* and *Duty of Candour* for NHS bodies across Wales and establishes Llais.
- The Welsh Language Act 1993: Establishes the principle that Welsh and English should be treated equally in Welsh public life.
- The Equality Act 2010 requiring public bodies to have due regard to the public sector equality duty (section 149) when making decisions.
- Well-being of Future Generations (Wales) Act 2015 designed to improve social, economic, environmental, and cultural well-being, ensuring present needs are met without compromising future generations.

2.6 Relevant guidance

Several other key guidance documents that set out principles of good consultation and engagement, will be referred to throughout, including:

- Welsh Government guidance on for making changes to health services in Wales.
- The National Principles for Public Engagement in Wales
- The Consultation Institute: Consultation Charter
- The Gunning Principles

2.7 Welsh language

The office of the Welsh Language Commissioner sets out a range of standards for public bodies which give Welsh speakers the right to correspond and engage with them in Welsh.

These standards promote and facilitate the Welsh language and ensure that it is not treated less favourably than the English language in Wales.

The programme will ensure compliance with The Welsh Language Standards (No. 7) Regulations 2018 which sets out the obligations incumbent on Welsh health boards, and the associated Code of Practice.

In brief, the programme will ensure that, in line with these standards, and with SBUHB standard operating practice:

- All public facing C&E output and activity will be delivered bilingually.
- All other stakeholder C&E activity (including with staff, NHS partners, other public bodies, Llais and CVS) will be provided in English only.

3. Externalities and contingencies

The C&E DG aims to optimise programme activity based on available information and insight. However, external contingent factors, either currently unknown or simply unknowable, have the potential to impact our capacity to carry out the activities outlined in this document.

3.1 Senedd elections 2026 and impact on the Welsh NHS

Following the Senedd elections on May 7th, Senedd members have selected Plaid Cymru's Rhun ap Iorwerth as the new First Minister for Wales.

As a core devolved area and leading voter issue in Wales the new administration is highly likely to prioritise delivering improvements in the Welsh NHS.

Prior to the election, Plaid Cymru published a document titled '*The First 100 Days*' in which they state that:

> *Our focus will be on bringing down waiting lists, increasing funding for primary care, placing greater emphasis on preventative health across all government departments, and creating a more resilient social care system for the long term.*

Commitments for the first 100 days in office include:

- Commissioning an independent review on the performance of the NHS in Wales.
- Establishing an *Elective Care Task and Finish Group* to create a delivery plan (to be published by the end of 2026) for setting up 10 new "elective hubs" to help address NHS waiting lists.

3.2 Mitigations and contingencies

Externalities are of course not limited to the political sphere. The C&E DG will look to mitigate the impact of all known externalities in several ways:

- Firstly, we will develop a narrative that reinforces the message that, regardless of the new political landscape, the core challenges remain the same. Funding, demographic shifts, workforce and infrastructural pressures (both estates and technology) are all challenges for which the NHS needs solutions. Moreover, whilst these are true across the SBUHB footprint, they are equally true for all other health boards in Wales.
- Secondly, we will ensure that the programme narrative and core messaging are socialised via a programme of engagement with political stakeholders, including local authority members, MPs and newly elected Senedd members.
- Finally, we will ensure continuous horizon scanning for other emerging C&E issues and externalities and feed these into the programme risk register, along with advice for mitigation, so that necessary contingency planning can be undertaken in a timely manner.

4. Preliminary work

4.1 Narrative cohesion and continuity

The current phase of work incorporates the first steps towards the development of foundational principles and a future model of care. Subsequent phases will look to develop *Clinical Service Plans* in line with this model and are likely to explore options for specific service reconfigurations requiring further engagement, potential public consultation and broader overview and scrutiny prior to implementation. To ensure cohesion and continuity across these different phases, the C&E DG will develop an overarching narrative which will underpin all programme output. The purpose of the narrative is to:

- Help ground all those involved in the programme to a shared story.
- Establish the right tone and voice for a broad audience.
- Enable all other sub narratives for the programme to seamlessly evolve (website, FAQs, media narrative, Case for Change etc)
- Ensure continuity of message with previous SBUHB change programmes.

The narrative will be thorough but not comprehensive. As such, it will be supplemented by a series of evolving public facing FAQs and reactive media position statements. These statements and positions will evolve as required throughout the course of the programme. They will always flow from the established narrative.

The narrative will be widely socialised across the organisation.

4.2 Stakeholder mapping and database

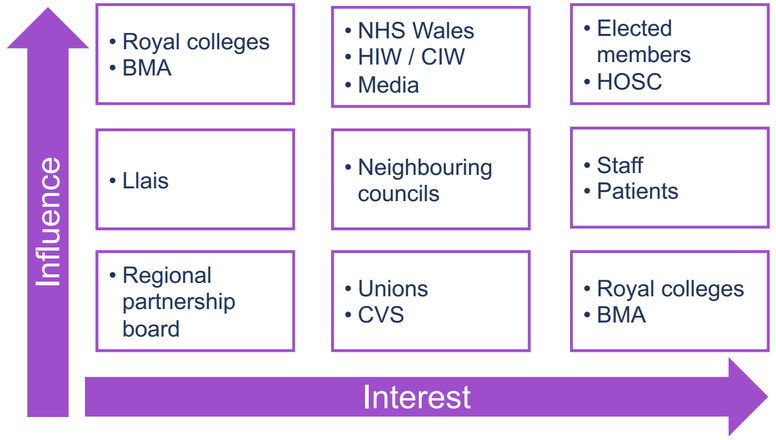
Existing equalities assessments and stakeholder insights will be used to help identify priority audiences who may be affected by, interested in and influential in conversations around the development of the future model of care.

The C&E DG will develop a stakeholder map charting the levels of influence and interest of different stakeholder groups as in the example below.

The group will also ensure that a comprehensive contacts database is up-to-date and maintained throughout.

Stakeholder map: Influence vs. Interest

The map below is illustrative only. It reflects the type of stakeholder mapping that will be undertaken to help guide engagement activity.



5. Phasing

C&E activity is divided into six contiguous phases as outlined below.

Phasing					
1	2	3	4	5	6
Narrative and foundational principles	Case for Change feedback loop	Finalising Case for Change	Public engagement	Interim reporting	Final reporting
May - Jul	June	July	July - Sept	October	November

Table 1:The phases of programme C&E activity

5.1 Developing the narrative and foundational principles

A unified programme narrative will be developed as already outlined above. Alongside this the programme will continue to develop a set of foundational principles underpinning our future model of care. Our starting point will be the principles agreed during the *Changing for the Future* programme in 2021, considering where these principles may still hold true and where they may need modification to best meet the challenges we currently face. We will seek the views of the public and all other stakeholders on these principles during public engagement (*Table 1, phase 4*)

Work has already begun on refining the principles, both within the Clinical Reference Group and at the Top 100 Leaders event in March.

We will continue to engage our clinical leaders and select external stakeholders with a view to finalising the DRAFT principles at the Clinical Leadership event in July.

5.2 Case for Change feedback loop

As we develop our Case for Change (our public engagement document) we will ensure we provide opportunities to feed into the process to select external stakeholders such as Llais, CVS, patient, public and staff representatives. This will help ensure that engagement materials are clear, accessible and purpose driven and that they are presented in such a way as to allow for the widest possible participation.

5.3 Finalising the Case for Change

The Case for Change will be at the centre of our public engagement. Prior to publication we will ensure it meets required quality standards and has received relevant approvals following the programme's agreed governance framework.

5.4 Public engagement

We will engage all stakeholders on the Case for Change between July and mid-September. In recognition of the fact that engagement will span the summer holiday period, public engagement will take place over an 8-week period. Section 7 of this document outlines planned engagement activity.

5.5 Interim reporting

At the end of the engagement period, an interim report will be prepared for internal purposes, outlining the core quantitative outcomes of engagement.

5.6 Final reporting

A final report will be prepared for Board and for wider publication providing a detailed overview of the qualitative and quantitative findings of the engagement. This will include:

- An overview of all engagement activity carried out over the period.
- An overview of insights gained through engagement, both thematically and by stakeholder group.
- A detailed analysis (both quantitative and qualitative) of insights gained from the public survey, including:
  - Insights into the foundational principles
  - Views expressed on and options for our future model of care.

6. Engagement activity

Opportunities will be developed for a broad range of stakeholders to participate and to share their views in a way which is accessible and accommodating of their needs. A mix of qualitative and quantitative methodologies will be employed to ensure both volume and richness of response. Core engagement channels are outlined below.

6.1 Public survey

A key way for stakeholders to share their views and engage with the programme will be to complete our public survey. This will be available both online (on the programme microsite) and in hard copy. The survey will ask a series of quantitative and qualitative questions to provide insight into stakeholder views on the foundational principles and inviting ideas for our future model of care. The survey will provide a large quantity of responses. It is not intended to replace more targeted, in-person forms of engagement.

6.2 Focus groups

Focus groups offer facilitated, small discussion groups through which public, patients, staff and stakeholders will be invited to express views on the various issues raised.

6.3 Public meetings

These will be both online and in-person. A chair will facilitate a panel of NHS leaders, ensuring that panellists address the questions put to them and that a broad range of attendees have the chance to raise questions and express their views. Meetings will be offered across the SBUHB patch.

6.4 Public roadshows

Typically organised in high passing footfall areas such as shopping centres or outside train stations, roadshow events help to raise awareness of the programme and promote participation.

6.5 Staff events

The equivalent of public meetings and roadshows will also be offered for staff.

6.6 Stakeholder briefings

Targeted briefings will be offered at appropriate points for specific stakeholder audiences such as: HOSC/ CVS / political stakeholders / unions and staff representatives.

6.7 Engagement Programme Advisory Group (EPAG)

An advisory group will be convened to help ensure that the programme is shaped around the needs and expectations of public and patients. Llais, CVS and other community groups and associations will be invited to join the EPAG.

6.8 Feedback log

A single unified log will be maintained of all stakeholder input received throughout engagement, including: Emails, letters and FOI requests received, suggestions cards and contributions made at public and staff events.

The log will also record the programme's response, providing a comprehensive '*you said, we did*' form of accountability.

7. Communications activity

The C&E DG will leverage a suite of communications tools and channels to ensure that programme messaging reaches target audiences. Key to this is ensuring that communications are accessible. This includes providing summary and easy read versions of engagement materials and ensuring use of an appropriate mix of digital and offline channels. We will ensure communications which:

- Are authentic and sincere in style and tone.
- Are suitably adapted for target audiences, crafted around insights gained from the Board's equalities assessments.
- Demonstrate a listening, open, transparent and inclusive programme culture.

7.1 Media communications

- We would not expect to see significant media interest in this initial phase of engagement. However, in the spirit of transparency, a media release will be issued to a targeted list of local and national print, online and broadcast outlets at the launch of the period of public engagement and at the time of publishing the final engagement report.
- Senior spokespeople will be briefed with programme core messaging in the event that active media engagement will be required.
- The C&E Delivery Group will manage media liaison alongside SBUHB communications colleagues.

7.2 Programme microsite

In 2012 The Changing for the Future programme maintained a dedicated public facing programme microsite and we would strongly recommend the same approach for the forthcoming engagement programme. This would:

- Provide a regular source of news on programme developments.
- Make engagement documents available to stakeholders.
- Provide FAQs and a programme library.
- Provide information on and booking links for engagement events.
- Offer sign-up for updates.
- Offer engagement tools (such as polling or discussion forums) which help drive debate and dialogue.

Importantly also the site would host the public survey and support both the qualitative and quantitative analysis of the data.

Finally, this approach would allow for frequent, timely updates as requirements evolve rather than making frequent requests to SBUHB web services.

7.3 Stakeholder newsletters

Regular email newsletter updates will be sent to core stakeholder groups at key project milestones such as:

- Publication of case for change
- Launch of engagement events programme
- Final engagement report.

Stakeholder groups will include, VCSE, staff, political, patients and public.

7.4 Digital marketing

A paid social media marketing campaign will be developed to drive survey responses and awareness and sign-up for engagement events. This will take place via the Board's Facebook channel and be managed by Freshwater. The campaign will be demographically targeted and adapted as required to help target a representative sample of responses via online engagement.

7.5 Owned channels

The programme will make use of the Board's existing channels, including:

- Embedding links to the engagement microsite on the Board's main website.
- Organic posts on the Board's social media channels.
- Contributions to staff newsletter
- Placing engagement materials (posters etc) across the Board estate.

7.6 Out of home

To ensure non-digital audience capture, Freshwater will propose offline marketing channels which may include advertising on pharmacy bags as well as local newspaper, radio advertising and a leaflet delivery to all households across the patch.

7.7 Freedom of Information requests

All enquiries received under the Freedom of Information Act 2000 will be responded to following SBUHB protocols. Responses will be drafted in collaboration with the communications team and published in compliance with applicable legislation.

8. Communications and engagement resources

Programme C&E Delivery Group members

Name	Org	Role
Marie Davies	SBUHB (Board)	Director of Planning and Partnerships
Richard Thomas	SBUHB (Exec Team)	Director of Communications and Engagement
Jo Abbot-Davies	SBUHB	Assistant Director of Insight, Charity and Engagement
Ffion Ansari	SBUHB	Head of IMTP Development
Nicola O'Sullivan	SBUHB	Head of Engagement
Nick Samuels	Freshwater	Director of Healthcare
Steve Davidson	Freshwater	Principal consultant / Account director

Core Board member involvement

Name	Org	Role
Abi Harris	SBUHB (Board)	Chief Executive
Dr. Raj Krishnan	SBUHB (Board)	Interim Medical Director
Liz Rix	SBUHB (Board)	Director of Nursing and Patient Experience

Programme C&E activity is led by the Directorate of Insight, Communication and Engagement (DICE) alongside Planning & Development colleagues and supported by consultancy input from Freshwater.

All C&E output is to be directed and approved by Richard Thomas as programme C&E SRO.

Programme C&E Delivery Group members are listed in the table opposite as well as other Board members with key roles in the programme.

Additional administrative support may be sought to support C&E activity as well as operational support from other SBUHB services including:

- Communications
- Translations
- Web services
- Estates management.

9. Governance and approvals

It is of utmost importance that, in addition to comprehensive engagement with all relevant stakeholder audiences, all programme materials go through a thorough and transparent process of governance and approval which may vary depending on the nature of the specific items to be approved.

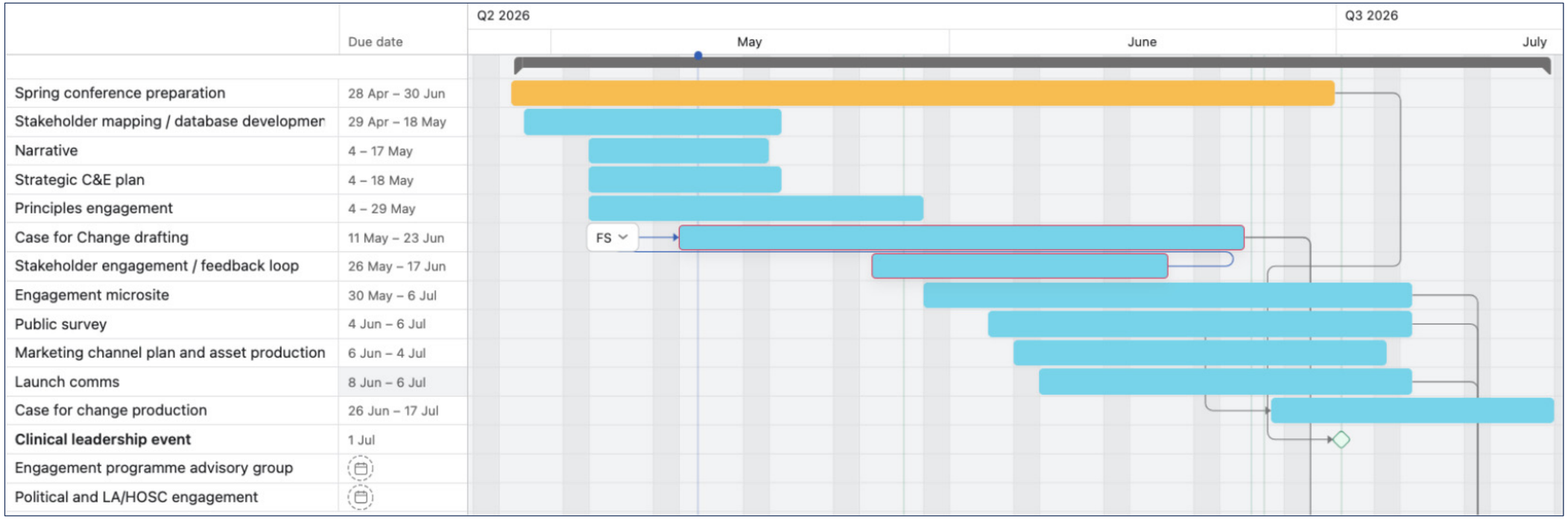
All output from the C&E DG will be produced under the supervision of Richard Thomas (RT), *Engagement executive lead* and Marie Davies (MD), *Product Development executive lead* who shall jointly determine the most appropriate route for securing approval.

- In many cases, such as for example this strategy document, approval will be sought from the executive team.
- For higher-profile public-facing documents, such as the Case for Change (our core engagement document), approval will be sought at Board following a review by the executive team.
- Should meeting schedules not allow for timely decision making, it may be necessary, at the discretion of RT and MD, to seek offline review and approval or, in exceptional circumstances, to seek to convene a special meeting for key decision-making.

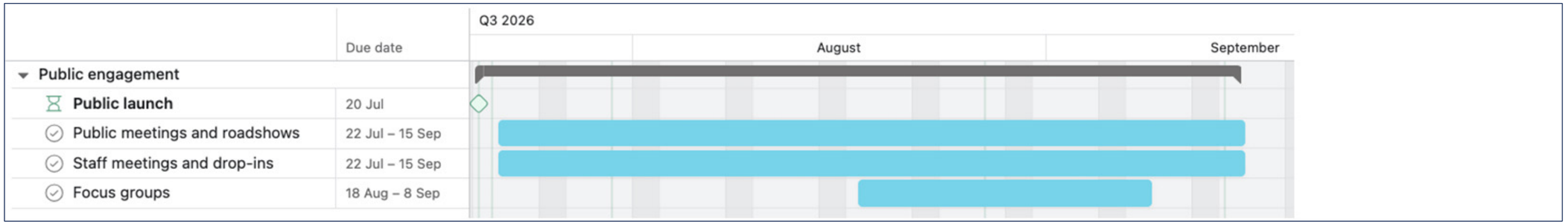
10. Timetable

C&E operational activity has been divided into three broad phases as shown below.

Phase 1: Preparatory and pre-engagement



Phase 2: Public engagement



Phase 3: Analysis and reporting