

## **CTM – Becoming an Engaging Organisation; Planned Approach and Principles**

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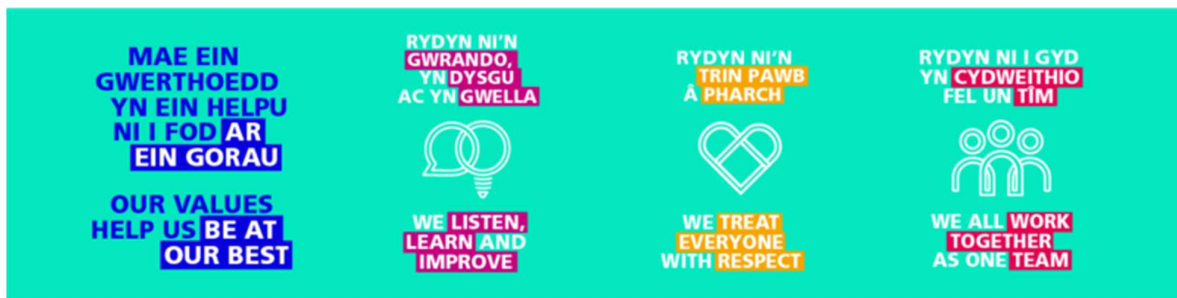
### **Cwm Taf Morgannwg**

With almost 15,000 staff, our workforce is the lifeblood not only of the University Health Board, but also many of the communities that we serve. We take our role as one of the largest employers in the area very seriously which is evident in our wide-ranging partnership working, dedication to our corporate social responsibilities and the importance we place on building relationships with our staff and community.

At Cwm Taf Morgannwg providing great health care to our community is our number one priority. We design and provide our health and social care services, so that they are joined up with other health and care providers so that together we can help the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

Our Health Board is committed to building a culture it feels proud of, with recognisable values at its core that can be felt and understood by every person who comes into contact with them.

By living up to our new organisational values and behaviours at every opportunity, we can achieve these objectives:



We can only do this by talking and listening to the people who work for us, who use our services and who live in the area. This document sets out our planned approach and principles for how we become an engaging organisation.

## **Becoming an Engaging Organisation**

By listening and learning from the public experience of health we can understand what really matters to people and identify what is and is not working for them. Engagement that takes place continuously helps to develop trust and fosters mutual understanding, making it easier to identify sustainable service improvements. It also helps us to identify local needs and priorities and target resources more effectively.

As a Health Board, we are fully committed to continually improving the ways in which we communicate and engage with people and communities and we have been working our communities and partners over the past 18 months to deliver improvements in our communications and engagement. This planned approach seeks to build on this and sets out how we will continue to improve and strengthen relations with our communities and create ongoing, continuous approaches to inform, listen to and involve all of our stakeholders.

Since early 2021, our lives have been transformed by the COVID pandemic. In these difficult times and as we seek to recover from the impacts of the pandemic over the next few years effective engagement with our staff, patients, public and other stakeholders will never have been more important. There is an immediate and ongoing need to listen and engage with communities to develop approaches to support them.

Effective community engagement is also critical to ensure that our services are fit for purpose. In response to the pandemic, new models of service delivery have had to be set up swiftly. This has been accompanied by a rapid digital healthcare transformation with a move from face to face to virtual consultations significantly increasing.

The Clinical Strategy and Organisational Strategy work beginning this month will inform how this planned approach will be refined in order to deliver a planned and sustained approach to communications and engagement to support the delivery of our organisation's goals and build collaborative, trusted relationships

between the Board, our patients, their carers, and our communities, based on honesty, openness and transparency.

## **Our Principles and Our Values**

In planning and delivering communication and engagement, we will:

- Ensure we listen and, where appropriate, act on the views of our stakeholders in improving our services.
- Be visible in the collaborative arena and a credible voice within NHS Wales and the wider public service in CTM region and within Wales.
- Engender a sense of collective ownership in CTM as an organisation which employees and stakeholders have a mutual interest in supporting
- Identify and explore opportunities for collaboration with partners, and ensure our relationships are sufficiently well developed to allow us to deliver on these intentions.
- Ensure that our relationship with our employees, patients, stakeholders (including politicians and the media) and our communities is predicated on trust and understanding, helping to build our reputation as a brand in which there is confidence and for which there is support – being vigilant in maintaining quality of these relationships.
- Create a systemised approach that creates structure and capacity, enables development, and provides optimum conditions through the Values and Behaviours framework.
- Continue to learn from other organisations and exemplars for engagement, involvement and communications.
- Be collaborative and inclusive in our approaches. By working collaboratively we will share ideas, recognise expertise and use our resources and our networks effectively. We will build and maintain connections with partner organisations, community assets, and the voluntary and community sector and community leaders. We will encourage inclusive participation and co-production and actively seek out the voices of those communities who face health inequalities and from potentially excluded and disadvantaged groups.
- Build trust through actions not words - be open, honest and transparent in all our communications and engagement activity. By fostering a listening culture where feedback from our patients, the public and our stakeholders is proactively sought, heard and taken into consideration in our commissioning decisions. We will explain clearly and transparently how decisions are made and feedback to the public and our stakeholders about how they have made a difference. Importantly, when we get things

wrong, we will be honest about this. We will acknowledge when mistakes are made and learn from them

- Communicate in a professional, easily understood and jargon-free way. Information will be written in a way that is appropriate to the audience and mindful of language and other communication barriers exploring how to overcome these barriers in partnership. We will provide information that people need, delivered in a way that they wish to receive it.
- Ensure that partnership working and engagement is our **core business** and **everyone's business**.

Our communications and engagement will be:

- Early, visible, open and transparent
- Accurate and sensitive
- Two-way, with listening of equal importance to informing
- Person centred and tailored to the needs of individuals
- Timely
- Collaborative and consultative, involving those affected in the planning, design and delivery of engagement processes
- Mindful of the need to acknowledge perceptions as well as facts.

## How We Aim To Engage

We intend that our Health Board talks to (communicates with), listens to (continuous engagement) and involves (consults) staff, patients, carers and the wider public and stakeholders so that they understand and can provide feedback about the services they use by making all these stakeholders central to the way we operate.

We will do this because it is only by involving our stakeholders, in ways that suit them, that we can better understand how to provide services that are high quality, efficient and effective. We will be able to identify what needs to be improved and how to design solutions to solve any problems that we uncover.

We will involve people in developing the best services possible, by:

- Learning from the experiences and views of patients, carers, the vulnerable and those who find it harder to have a voice. We will work with the people who want to get involved and will work with existing networks of groups and people who have an interest or opinion.
- We will listen to staff and the public to understand what works well now and what could be improved. We will be particularly interested in whether there are any barriers that make it difficult for people using our services and how to overcome them.
- If we find that we need to change the place or the way in which services are provided, we will involve people in helping us to develop improvements.

- If we need to make major changes, we will formally consult our experts, partners and public to ensure decision makers can decide upon the best outcome to meet the needs of the population.

### **Why We Will Involve People**

We know that when we involve everyone who is interested in helping us, we can find the best and most reasonable solutions for improving the health of all the population, otherwise we risk missing information that will help us to make the right decisions. We do this not just because we have a legal duty to do so, but because it is the right thing to do.

### **When We Will Involve People**

There will be different reasons for making sure that we understand the views and experiences of the people who deliver and receive our services. Some of these will be informal and some will take on a more structured and formal basis.

### **Continuous Engagement**

We will use a wide a range of accessible online and offline ways to share information, discuss and debate our services on an ongoing basis, to make sure that we are always learning and improving the way we do things. We are developing mediums and introducing opportunity, some of which are already being used, to have an ongoing conversation with us, to make sure that we continuously learn about the current situation in order to understand what is working well, what is not (and whether this is for everyone or particular profiles of people), what needs improvement, what needs change or what should be introduced.

### **When Significant Change is Needed**

If we think that we need to make substantial changes or transform the way or place that we provide our services, we will involve the public and staff in the process. At the very early (formative) stage of our thinking, we will use a wide range of accessible online and offline methods to help us to find new solutions to inform our decision makers. We will let people know the timeframe over which we will do this and we will make every effort to include everyone, particularly those who we seldom hear from, to make health services fair for everyone.

### **Who We Will Involve**

We want to involve everyone who has an interest, whether that interest is about a service they use, from a locality perspective, as a staff member, a member of the public, a service provider or for any other reason they have an interest. Our

intention is to provide the facilities and opportunities for participation, both in review of services, when there needs to be changes to services and when new services or facilities might be introduced.

### **Involving Staff**

Our staff spend half their lives serving the public, and in that service they see a lot of what is good or what can be improved about services. They care deeply about the patients and service users and want the best for them, and, they are more than just staff, they have a number of roles, as:

- Employees with an interest in the organisation in which they operate, where they feel they belong and in which they want to have pride.
- Implementers and providers of the proposed changes; who would know better whether they could be safely and effectively applied, and become part of the way we do things.
- Professionals with clinical, technical or professional skills, knowledge, experience and credibility amongst their peers.
- Service users and/or carers with lived experience of current service delivery.
- Members of the community and participants in their own right.

We will provide the opportunity for staff to inform and advise our Health Board on an ongoing basis. Where there are issues that need to be resolved we will ensure staff directly affected have every opportunity to provide their views and advice to help in finding the best solutions. Understanding the nature of peoples' interest in services and the influence they can have on shaping the future is important. Where change is needed, we understand that staff will have concerns about the future welfare of patients and service users, the nature of change and also the impact on themselves, their job security and self-worth.

We will continue to build on involving staff groups from their different and often contrasting perspectives. All staff will have the opportunity to receive information and to tell their story and express their views, no matter their role. They also have the opportunity to act in the important role of ambassadors, collecting the stories, experiences, views and ideas of patients, visitors and others who interact with our services.

Our intention is to continue to build on the ways in which we have recently been involving staff. We have seen the growth of staff briefings, messaging and interactions using SharePoint/Intranet. The Staff Facebook page launched in 2021 has developed into a proactive staff engagement space. Online question, answer and dialogue sessions with and between staff, management and for directorates have been popular along with the recently launched Leadership Forum. New communication channels have been set up so that staff can provide information directly to the CEO and receive his blog and video messages. More than two thousand people attended the online launch of 'Value and Behaviours', following advice and feedback from thousands of staff. This in turn gave rise to

the Wall of Thanks Campaign and the Values Staff Recognition Day, to thank each member of Team CTM.

These are some of numbers of new initiatives that have started. As we are listening to staff we are reacting to their ideas and needs to continue to enhance and refine communication channels and increase our more collaborative approach. And it is not just with our staff that we have developed more collaborative approaches. We commissioned behavioural insights specialists to work with us and three local authorities on our Covid campaign – a first for all our organisations and an example of our new direction and sense of purpose in working together for the communities we serve.

### **Involving Patients, Public and Stakeholders**

There are 450,000 people living across the area that CTM covers. Though everyone has an interest in their own health and wellbeing and our ability to provide services to ensure that, different people also have different interests. When we ask people, what they think about when they consider health services we get a broad range of responses depending on what services and treatments they have had to use. Interest is not just about specific services. It can also be about improvements in the quality and range of services, ensuring there will always be an NHS, concern that those they represent are cared for, that any changes or developments in where services are run will not have a negative effect on them.

We work hard to understand which groups of people are most likely to be interested in or potentially affected by how and where services are run and any potential changes to those services. We are taking an inclusive approach to involving interested people in discussion about existing services, improvement or change. To get the best from people our policy is to learn from them and record which involvement mediums, tools and venues (whether online or offline) will ensure that all service users have adequate opportunity to be involved.

### **Representative Participation**

It is important that we do not only hear from one or two profiles of people. Inclusivity is also about ensuring that public involvement is representative of our community. So, we ask our service users and engagement participants for information that helps us ascertain if people from different localities, age groups and other 'characteristics' are involved. Where we find there are 'gaps' we will attempt to address them through effective marketing, communications, through the support of partners and by encouraging the public to encourage their friends and families to talk to us.

Looking to the future, we will also encourage people to join ongoing discussion and representative groups, to help us on a regular basis in listening to the public and to be their representatives. It is essential that in providing high quality services and in making balanced decisions we have representatives that can interact with our development teams.



It is equally important that we understand about peoples' experiences of our services. We will be looking to ensure that data collection about service use is improved so that we can see whether people are experiencing inequalities or different outcomes in their care. We can then discuss with them how any issues can be addressed to ensure all people have the level of care they need. The implementation of CIVICA (all Wales solution) will enable and empower teams to use real time data from patient feedback to inform decision making towards enhanced patient experience.

### **Partnership Working**

We are further developing the established working relationships with other public bodies, commercial bodies, charities, community and voluntary sector organisations. Some already work with us collaboratively and as partners to reach and involve their staff, members and those they serve. Our intention is to develop partnership working opportunities as much as possible. There are many organisations we can do more with, it will add depth to our inclusive approach and extend our reach to people across our communities. It will also help with our learning about the needs of communities, as these organisations can often talk on behalf of those they engage with and involve people of the communities that might miss our communications.

### **How We Will Make Sure That Everyone Has an Opportunity to be Involved**

We are a listening and learning organisation, learning from our public and analysing information to improve how we communicate with and offer involvement opportunities to our communities. Building upon the opportunity to learn from those who want to talk with us and the development of partner organisations, with their help we can 'map' who we should be talking to and work out the best ways to reach and involve them.

Inclusivity is essential. Providing a range of online and offline (pandemics allowing) ways people can have a dialogue with us and with each other will help to ensure that everyone has an opportunity to be involved, if they choose to.

When we plan involvement activities we will also take care to make sure that they are accessible, easy to understand and meet the needs of people who need extra support to participate. Examples of intent would include providing accessible venues for discussion, BSL for people with hearing impairment and easy to understand documents for people with learning disability. We will work closely with the community and voluntary sector organisations that already work with people who need extra help.

Of course, not everyone will always want to work with us. We understand people have busy lives and not everyone will feel compelled to engage. That does not detract from our statutory obligations to involve and learn from those who use our services, those likely to use the services, people of the protected



characteristics (under the Equality Act 2010), the most vulnerable in our society, those who are seldom involved in public life, that suffer socio-economic barriers that affect their health and wellbeing and that have problems accessing services. Where people might not receive the same level of service or outcomes from services as others, we will look to involve them as much as we can, to address any issues they encounter.

## **Using Information and Data for Involvement**

Our ambition is to use the information and data that we collect from people, patient feedback, complaints information, patient stories and the data we collect about the characteristics of the people that use our services, to help shape our thinking.

Using specialised engagement software can aid not just the ways we can talk with people but the quality of information and data (that people consent to provide) that can be used to enhance our approaches to involving people and understanding the quality of services. Anyone, whether staff, a service user, a local Councillor, will be able to register their interests and specify how they want to be communicated with and how often. They will be able to specify what online and offline mediums best suit them to receive information from us, how often they would like to receive information, what subjects they are interested in and how they prefer to enter into discussion with us. Digital will be a key enabler to achieving this.

## **Communication**

Where people have registered interests with us, specialised engagement software will enhance our ability to keep people informed, share information of interest to them and advise them of opportunities to have a dialogue with us. But it will take time for some people to become aware of the ability to register, so we will still need to take other approaches to communicating with people. We will continue to use our website and blogs, social media, mail (post), notices in public venues and both online and offline advertising to reach people, whether to share information or inform them of where they can find information.

We will share information and updates about services, issues that need resolution, new research, data about the services, new learning and new treatments with a view to both keeping people informed and to provoke discussion about how services might be improved.

During the pandemic we have broadened the methods we are using to keep people informed. These we will continue with but add to and enhance as we learn more about peoples' preferences. Currently regular public and stakeholder communication, dialogue and involvement includes:

- Weekly email briefings for people and organisations registered with us and with whom we have contact.

- Bi-weekly Microsoft Teams (online web conferencing) briefings from our Chief Executive and Chair.
- Microsoft Teams briefings for key topics and issues
- Partnership Panel with Rhondda / Taf Ely residents – initiated following work on considering the future of the Emergency facilities at Royal Glamorgan Hospital.
- Stakeholder Reference Group engagement to review, test and feedback on comms activity and channels.
- Ongoing dialogue with stakeholder partners to look at how we communicate and engage with our communities more effectively.
- Improved partnership working with local authorities and other bodies across Cwm Taf Morgannwg, resulting in regular joint communications and improved community engagement.
- Inviting politicians to visit locations like Testing and Vaccination Centres, share NHS messages to the public and recognise our staff by sending messages to them.

Social media and the media are essential to communicating with the public. A programme to improve both our social media use and media engagement has been initiated along with a complementary focus on improving our relationship with local and national media.

Enhancing our social media use and involvement of the media is helping us take a more proactive approach to communicating with the public around key issues. We are seeing far greater activity on our social media accounts which included record breaking levels of discussion around COVID.

It is not just on social media that we are seeing higher levels of participation. A recent COVID survey we conducted saw more than 6,000 responses. Public participation is increasing, further demonstrated by the interest in and watching of our live streaming (online) of Board meetings and the Annual General Meeting. People are appreciating the transparency in seeing how decisions are made and having opportunities for questions and answers in these sessions.

### **The Role of Community Assets**

Community assets include (but are not limited to) bodies from the private, public, charitable and community sectors and religious bodies and specific individuals, such as influencers. These different assets can reach a vast amount of the public, whether as employers, through membership, customers, beneficiaries, stakeholders and followers. Most, if not all, will have an interest in the health and wellbeing of those they employ and serve. They have the potential of being partners in engaging people and increasing inclusivity.

Our purpose is to establish with these community assets what their interest is, how they can be of help, what degree they are willing to be of help, what their reach is, the potential numbers and profiles of those they can reach. We also need to ascertain if they are prepared to be information disseminators,

information collectors and/or dialogue facilitators, and, what support they need from the Health Board to achieve their potential.

Our intent to work with all that wish to support us, but emphasis will be on those that:

- Become part of fora
- Will disseminate information
- Encourage public participation
- Collect and pass on information
- Facilitate or host dialogue opportunities

## **Online Engagement**

Online engagement includes a range of mediums that fall under the categories of quantitative (surveys, questionnaires and polls) and qualitative, opportunities for discussion and debate, two examples being online chat rooms or meetings using Teams or other digital platforms such as Zoom. There are a broad range of facilities available.

Our intention is to develop forms of online engagement in line with what our service users, potential service users (public), equality characteristics, people facing health inequalities, statutory partners (key contacts) and community assets specify as their preferred mediums for online engagement.

Whilst we learn what people prefer and will use, we will establish mediums known to be working across the UK. These could include:

- Online surveys, questionnaires and polls
- Themed forums (online discussion)
- Themed groups (online discussion)
- Story boards (where people can share their story about services and experiences)

Over time we will refine online mediums used to suit the people we serve, based upon their feedback.

## **Offline Engagement**

In 2021 offline engagement is dictated by the degree to which pandemic lockdown measures are being taken. In full lockdown this has been extremely limited to taking submissions from people via post (surveys and questionnaires) or over the telephone. As restrictions and the pandemic eases we might introduce socially distanced face to face opportunities. When society returns to a situation of no restrictions then we can re-introduce offline engagement, which will include:

- Forms of workshops
- Focus and discussion groups
- Public meetings

Inclusivity remains a prime objective of CTM, so we will carefully consider offline opportunities for the extent that they can be inclusive and representative of the people we serve.

## **Substantial Change**

Where a 'substantial' change to services is required, Welsh guidance requires a pre-consultation and consultation process. The combined process can be regarded as a five-phase approach that includes:

1. Engaging service users, potential service users (public), equality characteristics, people facing health inequalities, statutory partners (key contacts) and community assets (our interested parties) about the status quo, to gain a full picture of what needs resolving. This establishes baseline information to use to move forwards.
2. Engaging interested parties to discuss how the issues that need resolving should be tackled and what ideas and suggestions they have.
3. Involving a representative profile of interested parties in working with experts to advise on or help develop solutions.
4. Involving a broader representative profile of people in appraising the different solutions that have been developed.
5. Consulting the wider public about the preferred solutions that might be implemented.

## **Decision Making**

The Board of CTM are our decision makers. They take into consideration all of the information provided by participants alongside clinical opinion. Decisions taken will be communicated back to participants and we will be open and transparent as well as bringing patient, staff and clinical voices and lived experience close to the decision making process at Board level.

## **Next Steps**

Based on this planned approach and principles of engagement, an action plan will detail how this will be delivered in the context of the Clinical and Organisational Strategies currently in development.