

Update on the recovery and proposed configuration of services across University Hospitals Birmingham NHS Foundation Trust

Communications and engagement plan

1. Purpose of the document

This document sets out University Hospitals Birmingham NHS Foundation Trust's approach for engaging and involving patients, the public and stakeholders in the proposals to recover and improve services. It also describes the communication and engagement tools that can help us deliver the stated objectives, and effectively communicate the proposals set out in the paper 'Joint Birmingham and Solihull Health Overview and Scrutiny Committee 13 October 2022 - Update on the recovery and proposed configuration of services across University Hospitals Birmingham'.

2. Background and evidence for change

University Hospitals Birmingham NHS Foundation Trust (the Trust) is planning to improve how it delivers some services, as well as adding additional capacity at some of its sites including; a proposal to build an elective surgical hub, re-configuration of elective surgery delivery, and reinstatement of the Minor Injuries Unit (MIU) at Solihull Hospital.

The improvements around elective surgery may involve patients having their surgery/procedure in a different hospital to the one they do currently, in order to improve waiting times, reduce cancellations, and improve clinical outcomes. However, the Trust will not be making any changes to where pre and post-op outpatients, x-rays and scans and therapy appointments take place – they will still take place at local hospitals. Proposed changes apply only to the patient's surgery/procedure.

The proposal to reinstate the Minor Injuries Unit at Solihull Hospital would mean that there will be a local facility for Solihull residents which can treat:

- sprains and strains
- broken bones
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- injuries to the back, shoulder and chest

There will be no service closures and all hospitals which currently run an Emergency Department (A&E), will continue.

3. Health Overview and Scrutiny

Working closely in partnership with the Joint Health Overview and Scrutiny Committee (JHOSC), the Trust and ICB has agreed to proceed with the proposals and therefore the associated intensive communications and engagement activity will commence, and will conclude by Christmas 2022.

4. Communication and engagement activity

Communicating and engaging with local people and stakeholders is important for us and is a real opportunity for us to understand the thoughts and experiences of the people that we provide services for, understand and help improve the issues and health inequalities that exist in our respective areas, as well as raising awareness of important issues.

It is important that we recognise communication and engagement is a two-way process and work accordingly. To be effective, we need to actively listen to the thoughts, ideas and views of the people and groups we communicate and engage with, rather than solely providing information, and ensure that their feedback is shared, and acted upon, where possible and appropriate.

We are proposing a pragmatic approach to communicating our plans; balancing meaningful engagement with identified and prioritised audiences and our desire to bring positive change for our patients and citizens, as quickly and as safely as we can.

Communicating the improvements and changes to our local communities and stakeholders effectively is of the utmost importance. We want to ensure that local people understand what improvements are being made, as well as ensuring they are aware of the appropriate way to access services.

The tools that we will utilise will include the below, but is not limited to this, as we learn more about how our communities respond and receive information.

Public, patients and stakeholders

NHS

- Drop-in meetings for the public at all hospital sites
- Press release to local media
- Extensive social media activity (organic and paid for) using Facebook, Instagram, Twitter, TikTok and NextDoor (using a mix of written, graphic and video content)
- Posters, leaflets and hard copies of key information in health, care and community settings
- Presentations and briefing to patient, carer and community groups
- Advertisements in hyper local publications such as 'Rated Directories'
- Articles in Trust newspaper: *news@UHB*
- Overarching communication toolkit for all ICS partners to convey information on their internal and external channels
- Stakeholder briefings providing regular updates during the process to keep them informed, and enable them to respond to enquiries directly from their constituents
- Briefings to primary care to enable them to inform their patients
- Briefings and information to Healthwatch to enable them to inform members of the public, and respond to queries and concerns

- Briefings and information for the voluntary, community and third sector councils (BVSC and CAVA) to convey key information to clients and users of grassroots community groups

Council

- Planning department consultation activity re planning application for new Elective Hub at Solihull Hospital – letters to residents, site notices and newspaper article
- Elected members communicate key messages to their constituents
- Information in Solihull Council residents' newsletter: *Stay Connected*
- Information in Birmingham City Council residents' newsletter: *Birmingham Bulletin*
- Information in Royal Sutton Coldfield Town Council residents' newsletter

Staff

Trust

- Trust-wide team briefs
- Divisional team briefs
- Team meetings
- All staff email briefings
- Consultations with affected staff
- Drop-in meetings at hospital sites
- Information posted in Trust social media staff groups

Wider NHS

- Overarching communication toolkit for all ICS partners to convey information on their internal channels to staff
- ICS all staff briefing

Other system partners

- Overarching communication toolkit for all ICS partners to convey information on their internal channels to staff
- ICS staff briefing

5. Key messages

The guiding principle of our messaging will be straightforward dialogue, that isn't too simplistic, patronising or defensive; promoting respect and recognition to our audiences. Knowledge and insight gained from engagement with our identified audiences must be used to shape key messages and will include identifiable golden threads.

The overarching key messages will be as follows:

- *University Hospitals Birmingham is investing in services and capacity to help recover services and meet the needs of local people.*

- *Specific investment will be happening to services at Solihull Hospital including the building of a new elective surgical hub with six new theatres, as well as a reinstatement of an upgraded Minor Injuries Unit.*
- *We want to improve patients' experiences of services.*
- *We want to improve waiting times, reduce cancellations, have dedicated facilities for patients, create specialist theatre teams and improve clinical outcomes for patients accessing these services.*
- *Patients will have their surgery at the dedicated hospital site, which may be different to which hospital they have attended previously.*
- *There will be no changes to where outpatients, x-rays and scans and therapy appointments take place – they will still take place at local hospitals.*
- *We already know that some patients are already going to hospitals, other than their nearest one, for their surgery or procedures.*
- *There will be no service closures, and all hospitals which currently run an Emergency Department (A&E), will continue.*

6. Analysis of feedback

Feedback received regarding the services improvement programme will be summarised in a report, along with feedback obtained by other methods, for example, from engagement meetings and events, letters, emails, etc.

7. Queries

Trust staff will be supported by their managers, clinical leads, divisional managers and directors regarding any changes that affect them, or if they have questions.

ICS partner organisations will be supported with a toolkit, including key messages and information, as well regular communication updates from the Trust and ICB.

Patients will be provided with information in communications that they receive from the Trust regarding their appointment. Patients will also receive information via primary care when they access their GP practice. Information will also be made available widely via all of our public channels. If patients have any queries they can contact the Trust using the most relevant method including a dedicated email address, patient advice team (PALS), or the appointments teams.

In addition, consideration will be given to how respondents whose first language is not English can be supported, for example, information translated into another language or through the use of a telephone-based interpretation facility. For those who may require alternative formats, such as braille, BSL or Easy Read, these arrangements can also be made.

8. Budget

Every effort will be made to ensure value-for-money is achieved during this process. However, this desire will need to be balanced with the reality of time constraints, the breadth and depth of the communications and engagement activities required, as well as the specialist skills needed to deliver them. There may be a need to commission some additional, specialist support from external parties.

9. Evaluation

Measurement of communications and engagement outcomes will take place throughout the process; to ensure that we remain aligned to the delivery to our goals. Evaluation allows us to: improves the effectiveness of our activities; adapt our approach as situations change; and allocate our resources appropriately.

Effectiveness of the communications and engagement activities will be measured by:

1. The number of stakeholders who engage in the events;
2. The number of questions and general enquiries received overall and from different stakeholder groups;
3. The tone of social media and media content;
4. For digital communications and social media; user statistics, number of posts, number of retweets, comments, likes and shares; and
5. How feedback given by all stakeholders is communicated at the end of the improvement programme period, ensuring that we are 'closing the loop'.
6. Capturing lessons learnt to inform future communications and engagement plans.

Appendix one

High-level draft timeline

Key deliverable	Timescale
Initial dialogue with Birmingham and Solihull HOSC chairs	September 2022
Formal HOSC presentation (prior to engagement)	October/November 2022
Production of communications and engagement materials/deliverables	October 2022
Communication and Engagement starts	November 2022
Deployment of all deliverables	November 2022 – December 2022
Engagement ends	Christmas 2022
Engagement report completed	January 2023
Formal HOSC presentations (post engagement)	TBC
GOVERNANCE/DECISION MAKING POINTS	TBC
Share feedback and decision with stakeholders	TBC

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