

Tomorrow's NUH

Consultation plan

1 Introduction

The NHS in Nottingham and Nottinghamshire has an ambition to transform health and care services locally, so that people live longer, healthier, and happier lives. We want to provide the best services we can to meet the needs of our diverse communities, ensuring that services can be accessed by all of our citizens when they need them. We also want to take advantage of the latest innovations in therapies, treatments and health technologies, and to attract the best people to come and work with us.

The purpose of this consultation plan is to outline the approach to communications and engagement for the formal public consultation on Tomorrow's NUH - the proposals to transform, update and improve the hospitals run by Nottingham University Hospitals (NUH) NHS Trust - which will be jointly owned by the Integrated Care Board (ICB) and NUH. The plan does not outline the proposals themselves, as these are already detailed in the consultation document.

Thanks to the unprecedented investment available through the Government's New Hospital Programme (NHP), we have a once-in-a-lifetime opportunity to transform, update and improve the hospitals run by NUH by 2030. Securing this investment and arranging services in the right way, not only across the two main hospital sites (The City Hospital and the Queen's Medical Centre (QMC)) but also across other health and care locations, is critical for delivering effective health and care services to the next generation, and beyond. We will use this opportunity to ensure all local health and care providers are joined up in how they provide services.

This consultation plan sets out how we will undertake a public consultation on a set of options for developing NUH facilities and services. These options are informed by our pre-consultation engagement activities which were carried out with patients and public, staff and wider stakeholders, in 2020, 2022 and 2023.

After the close of consultation, the feedback will be independently analysed. A report of the evaluation and analysis will be published by the ICB.

2 Background to the consultation

This consultation plan was developed using the Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015 and updated March 2018 and May 2022). It also takes account of the range of legislation that relates to ICB decision making including:

- Equality Act 2010¹
- Public Sector Equality Duty Section 149 of the Equality Act 2010²
- Brown and Gunning Principles
- Human Rights Act 1998³
- NHS Act 2006⁴
- Pre-Consultation Business Case
- NHS Constitution⁵

¹ [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/equality-act-2010)

² [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/section/149)

³ [Human Rights Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/42)

⁴ [National Health Service Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/43)

⁵ [NHS Constitution for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/nhs-constitution)

- Health and Social Care Act 2022⁶
- Communities Board Principles for Consultation

2.1 Phase 1 pre-consultation engagement

In November 2020, a programme of patient, staff and public engagement commenced, to inform the development of the Tomorrow's NUH proposals. Within this engagement, an outline 'clinical model' was described - covering the service areas of emergency care, family care, elective (planned) care and cancer care services - which would provide the foundations for improvements to hospital services, centred around enabling the provision of the best possible care, to ensure positive impact on people's health and well-being.

Healthwatch Nottingham and Nottinghamshire (HWNN) and North of England Commissioning Support Unit (NECSU) were commissioned to support this engagement, which included virtual public events, focus groups and engagement with key patient groups.

At the time of this engagement, proposals were at a formative stage. People were invited to give their feedback on the outline clinical model developed for the programme. Over 650 shared their views in this first stage.

Following on from this an Integrated Impact Assessment was carried out, highlighting four specific key areas of population that may be disproportionality impacted, around the proposed changes. These are:

- Pregnancy and Maternity groups
- Deprived Communities
- Black, Asian and Minority Ethnic Communities
- Older People

2.2 Phase 2 pre-consultation engagement

A second phase of engagement was undertaken between 7 March and 5 April 2022 following an in-depth options appraisal, involving clinicians and senior leaders from NUH, and from other health and care organisations across the region.

A range of different methods were used to engage with patients, staff and the public to understand their views, with the four key population areas identified above being a particular focus. In total, 1948 individuals participated by either completing an online survey, attending an engagement event/focus group, or providing a response to the promotion of the engagement on social media.

The proposals within Tomorrow's NUH were considered as five clinical areas, and the engagement showed that:

- 72% strongly/somewhat support the proposals for emergency care.
- 64% strongly/somewhat support the proposals for family care.
- 80% strongly/somewhat support the proposals for elective care.
- 75% strongly/somewhat support the proposals for cancer care.
- 69% strongly/somewhat support the proposals for outpatient care.

The key themes from the findings of the engagement can be summarised as follows:

- The majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, would reduce waiting times for appointments and would ensure continuity of care.

⁶ [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

- There were positive comments around an increase in confidence that the care needed would be available sooner, were specialised services to be provided in one place. Positive comments were also received about the major benefits to maternity and neonatal of these services being on one site. Some concerns were raised about the potential negative impact on patient choice and the co-location of specific services.
- Positive comments were received from respondents in relation to hospital access, saying that they would be willing to travel to other sites to receive the right care, first time and in the right setting. However, the negative impact on patients of public transport issues, car parking and travel times was also raised and identified as a key theme throughout this phase of engagement.
- There were also concerns raised around how the proposals would impact staff, with specific reference to training, skills and retention, and how the capacity to meet the demands of patients would be met in future.
- There were positive and negative comments around the use of remote consultations and virtual appointments. The positive comments related to faster access to care in a setting appropriate to the patient, alleviating travel times and costs. The negative comments related to equity of access and digital exclusion, and the potential negative impact this could have on some groups and communities.

2.3 Targeted engagement

As the clinical model continued to develop following the two phases of pre-consultation engagement, three topics were identified, which would benefit from further targeted engagement with citizens and communities, to strengthen our understanding or address gaps in our knowledge. These were:

1. Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
2. The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
3. The proposed Centre for Women, Children & Families (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

The targeted engagement took place February – March 2023. In total, just under 1,250 individuals were reached by completing an online survey, attending engagement meetings or events in the community, or engaging with the promotion of the engagement on social media. The findings are as follows:

Ropewalk House

- 46% told us that travelling to Ropewalk House was extremely/somewhat easy and 35% found it extremely/somewhat difficult.
 - Respondents living in Nottinghamshire found travelling to Ropewalk House more difficult, compared to Nottingham City residents.
 - Respondents aged 65 and over told us that they found travelling to Ropewalk House more difficult compared to those aged 65 and under.
- Some stated that parking can at times be an issue, in terms of finding a space to park and cost. The disabled parking spaces directly outside Ropewalk House were found to be helpful and, as it is close to the city centre, the additional parking options available were referenced.
- Many using public transport commented on the good transport links, however the steep hill was seen to be a barrier for those with mobility issues, some older people and those with certain health conditions.
- If services were to move from Ropewalk House to another setting:
 - 34% would prefer to be seen at a location closer to where they live as these would be more accessible, would save time spent travelling, and would reduce travel costs.

- 32% would prefer to be seen at the City Hospital and 18% would prefer to be seen at the Queen's Medical Centre (QMC), due to the available public transport options including the Park and Ride and Medilink bus.

The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital

- 20% strongly/somewhat support the proposed relocation of services.
- If services were to move from City Hospital, the majority would prefer to access these at the QMC rather than King's Mill Hospital. Reasons for this included good public transport links, familiarity with the site and the positive reputation for patient care.

Women's, children and family services

- There was no consensus on the naming of the proposed facility for women, children and families.
 - Views on including 'women and children' in the name of the new facility were mixed. Some comments stated the preference for women and children and others felt that it was not necessary to separate the two as the term 'family' would cover both. However, there was also an awareness that men attending the facility might not relate to a service for women and children.
 - The word 'family' within the name of the new facility was stated as inclusive by some, whilst others found it too broad, saying that if the service was for 'women and children' that should be in the name of the service.
 - Some respondents preferred the use of that 'centre' over 'hospital' as it felt better suited to a holistic, preventative care environment. In contrast, some comments suggested the word 'centre' was more suited to a community-based service.
 - There was a view that the facility should be named after a person or a neutral non-medical term, rather than a description of the service it provides or the population it serves.

2.4 Engagement to public consultation

We are continuing the conversation with patients, carers, staff and stakeholders through events, meetings, and other targeted engagement activity, as we move towards the public consultation. This work is particularly focused on the four key 'populations' identified above, that may be disproportionately impacted by the proposed changes, namely pregnancy and maternity groups; deprived communities; black, asian and minority ethnic communities; and older people. This has and will continue to entail:

- Careful consideration being given to how and where fertility and gynaecology services are delivered.
- Consideration given to the options patients could be offered, (e.g. remote and/or face-to-face) based on their individual needs.
- Continuing to work closely with key stakeholders. and those most affected by the proposals.
- Continuing to work in partnership with the Tomorrow's NUH Stakeholder Reference Group.
- Continuing to work with patients and carers/citizens on key messages.
- Considering the travel impact when further developing the proposals.

Following these periods of pre-consultation engagement, we are launching a public consultation to enable our proposals to be considered, prior to implementation.

3 Principles for the consultation

We will undertake our consultation in line with the legal duty on NHS organisations to involve patients, staff and the public in the planning of service provision, the development of proposals for change and decisions about how services operate and with The Gunning Principles, which are:

- That consultation must be at a time when proposals are still at a formative stage.

- That the proposer must give enough reasons for any proposal to permit of intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of consultation is conscientiously considered when finalising the decision.

In addition, we will adopt the following approaches, to ensure best practice:

- Make sure our methods and approaches are tailored to specific audiences as required.
- Identify and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and seldom heard groups to participate.
- Provide accessible documentation suitable for the needs of our audiences, including easy read.
- Accessible formats, including translated versions, will be available relevant to the audiences we are seeking to reach.
- Undertake equality monitoring of participants to review the representativeness of participants and adapt activity as required.
- Use different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of underrepresentation.
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Arrange our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire, as well as aiming to reach those in the surrounding areas who are outside the direct area of responsibility, but who will be impacted by the proposals i.e. Leicestershire, Derbyshire, Lincolnshire and South Yorkshire.
- Inform our partners of our consultation activity and share our plans to gather feedback.

4 Aim and objectives

The aim of this consultation exercise is to deliver best practice activity over a minimum twelve-week period that ensures robust engagement, reflecting the diverse communities involved in the consultation, especially our underserved communities. The target number of responses for the consultation, in total, is 10,000. The high-level objectives are:

- To describe and explain the proposals for Tomorrow's NUH.
- Ensure that our consultation activity is transparent and meets statutory requirements and best practice guidelines.
- Undertake significant and meaningful engagement with local stakeholders, building on the findings of previous pre-consultation engagement activity.
- Clearly articulate the implications, impact and benefits of the proposals.
- Create a thorough audit trail and evidence base of feedback.
- Collate, analyse and consider the feedback we receive to make an informed decision.

It is also important to align these objectives with those of NUH's objectives, to ensure a strong, cohesive narrative exists for service users, staff and other stakeholders. These include:

- Increasing awareness amongst staff, stakeholders, and the public of the plans to reconfigure the hospitals (including what's in scope and what isn't), their understanding of why we need/ have these plans, and what benefits these improvements will deliver to Nottingham University Hospitals, the Nottingham and Nottinghamshire system and of course local people.
- Increasing understanding of the changes being proposed and engaging people in that process.
- Continuing to build upon NUH's strong reputation for being innovative and delivering outstanding health outcomes and patient and staff experience.
- Increasing a regular flow of information about the plans and progress with the plans, as well as opportunities to get involved or influence them.
- Promoting successes of the programme and maintain the brand (NHS).
- Ensuring that stakeholders, including staff, are clear on how they can, and cannot, influence these plans through consultation.

- Changing perception (of loss) and increasing support for the reconfiguration plans and the opportunities they present.
- Connecting with other Trusts that are part of the New Hospital Programme to share learning and benefit from successful communications and engagement approaches that maximise reach and stakeholder involvement.

5 Methods of engagement

System Partner and Leaders <ul style="list-style-type: none"> • Integrated Care Board • NUH Trust board • NHP programme • Integrated Care Partnership • Neighbouring trusts • Local authority executive teams • Primary care networks • Foundation Trust governors and members • Voluntary Community and Social Enterprise (VCSE) sector partners • Regional clinical senate • Health and wellbeing boards • Healthwatch • Nottingham universities, including Medical School • Other regional partnerships e.g. Midlands Engine 	Partner - We need to work together Outcome: It's ours	Meetings/Briefings/Q&As (governance) Website Newsletters Site Visits Video (talking heads)
Clinicians and front-line staff <ul style="list-style-type: none"> • Acute hospital trusts • Nottinghamshire Healthcare Trust • ICB/ICS staff • Neighbouring trusts • Provider alliances • ICP • Primary care – Primary Care Networks, GPs and primary care teams • Local authority public health and social care teams • VCSE sector providers • Staff side and trades unions • Consultants' committees • Junior doctors • Nursing and allied health professional teams • Place Based Partnerships • Hospital/Community Pharmacists 	Involve – We can work together on common ground Outcome: Committed	CEO/Stakeholder Briefings Meetings and Q&A sessions (virtual and face-to-face) Site visits by programme team Staff Networks Staff Summits Pulse Surveys Roadshows Intranet Website (including video messages) Newsletters Social Media Email signature
Elected Representatives <ul style="list-style-type: none"> • MPs • Health Overview and Scrutiny Committees • County/City councillors • District and borough councillors • Parish/town councillor • Police and Crime Commissioner's Office 	Involve - We can work together on common ground Outcome: Committed	Briefings/Meetings Newsletter Media Noticeboards Social Media Website
Patients, public and community groups <ul style="list-style-type: none"> • ICS citizen panel • Engagement Practitioners forum, 	Consult – We will listen to you and respond	Ad Campaign (local print and online; local radio;

<ul style="list-style-type: none"> • Regional Teams and connections i.e. Maternity/Neonatal clinical forums, Cancer, etc • Current patients /service users and carers • Patient and carer support groups • Residents • VCSE and community groups • Underserved communities • Protected characteristics groups • Additional groups identified as being disproportionately impacted in the Integrated Impact Assessment • Campaigners (groups and individuals) • Trust membership networks • ICS engagement and patient networks • GP patient participation groups • Local authority citizen and resident groups • Patients and carers or their representative groups who use any specialised services across a wider catchment area • Local employers and business groups/forums • Faith groups (inc churches and mosques) • Universities/colleges/schools • Gyms/ leisure centres/indoor play centres and nurseries • Social housing providers • Social prescribers <p>Consideration will also be given to relevant groups and organisations, etc within other ICBs/Trusts who may access the services i.e. Leicester, Derbyshire, Lincolnshire</p>	<p>Outcome: Engaged</p>	<p>social media, digital platforms) Community Briefings (including through existing forums and groups) Public meetings/specific interest sessions/community group meetings Market place stands at events Market Research (telephone/in-person/online Media National campaigns (e.g. vaccination, awareness days/weeks) Newsletters Roadshows (supermarkets and community sites) Social Media Surveys Website – including video summaries Attendance at specific clinics relevant to workstreams?</p>
<p>The Media</p> <ul style="list-style-type: none"> • Local and regional newspapers (print and online) • Radio (local/community) • TV (regional) • Trade media • National media • Social media (own and other platforms) 	<p>Inform - We will tell you and provide information Outcome: Aware</p>	<p>Advertising Campaign Briefings Press Releases Social Media (including paid promotion to target specific demographics) Facilitated Facebook Lives Website</p>

5.1 Reaching different communities

A considerable amount of time has been undertaken to understand the socio-demographics of the county's population to enable us to understand what a true representative of the population would be.

During the Covid pandemic, we successfully engaged with community representatives and patient leaders, holding monthly briefing sessions with them to update them on emerging information, sharing key messages and answering any concerns and questions they had, especially around the vaccination programme for vulnerable citizens. An example of this were the barriers experienced by

the deaf community in receiving information about vaccinations and issues with accessibility at the vaccination sites. To minimise these barriers, bespoke Q+A sessions were hosted for this group outside of the larger briefings.

In addition, our 'continuing the conversation' activity has enabled us to identify and engage with new groups, particularly the seldom heard, which we have included in the listings below. We have further segmented our target communities and outlined below methods of engagement with them.

Who	Targeted Engagement
People who live in rural communities (with populations less than 10,000 residents)	Noticeboards (e.g. parish, church, libraries) Through county councils/parish councils/village halls Attendance at existing community group meetings Neighbourhood Watch Farmers groups Women's Institutes (WI) Farm shops Supermarkets (community champions) Fire service/police community networks
People who live in urban communities (with populations of more than 10,000 residents)	Advertising on bus/tram stops Roadshows Pull up banners in large footfall areas Attendance at existing community group meetings Citizens' panel Neighbourhood Watch Community/leisure centres (city and county)
Housebound and those in care homes	Work with health and care professionals who care for these groups Work with carer organisations/groups across the county and borders Community and Voluntary Sector (CVS) Vaccination roving service team
Children and young people (up to age 19) and further education students	Webinars Social media networks Targeted questionnaire School project Student Councils/Student Unions Colleges Young people forums including involvement groups across the system Children's centres and youth centres Youth Councils (c/o local councils) Summer camps
Older people (age 65+)	Voluntary sector groups e.g. Age UK Older people forums e.g. U3A or WI Libraries and existing community groups/centres Council newsletters Roadshows at supermarkets Advertisements in targeted places such as GPs, pharmacies, and opticians Carers' forums e.g. Dementia Senior Councils (c/o local councils) Age Friendly Nottingham (Nottingham City Council) The Carers Roadshow (Trevor Clower) TuVida Nottinghamshire Carers Hub Charity shops Garden centres Social clubs

Long distance commuters and people living over the NUH boundary	Ensure good online methods are in place via email, website, e-newsletters, social networks Engage with media over the borders Ensure timing of some events are in the evening and close to our borders Work with Healthwatch in boundary areas
People with a specific agenda/campaign groups	Develop the relationships already established through engagement, and visit their community meetings Briefings and Q&As Newsletter
People without their own transport	Ensure good online methods are in place via email, website, e-newsletters, online, social networks Ensure location of events is on good public transport links Roadshows Advertisement in prominent public transport places
People who work	Ensure good online methods are in place via email, website, e-newsletters, online, social networks Ensure timing of some events is in evening/at the weekend
People who are not currently in work	Continue to use social groups and networks online and offline e.g. WI, Sure Start, Mumsnet, DWP, job centre +
Homeless communities	Work with local organisations and charities e.g. Framework, Emmanuel House and CVS Council's homelessness leads, faith groups
People with learning disabilities	Through schools and voluntary sector Ensure easyread capability on main website, and use of video and illustrations Work with care homes who look after people with specific needs Work with carer organisations and charities Portland College Nottinghamshire Downs Syndrome group Day centres
People with long term mental health problems	Through voluntary sector and NHS providers Work with charities and CVS organisations Attendance at community groups Link in with Institute of Mental Health at Nottingham University Work with Healthwatch Staff networks and NHS Trust providers Severe multi-disadvantaged groups (SMDs) NHS Nottinghamshire Talking Therapies
People who are pregnant or have babies and young children	Maternity and Neonatal Voices Partnership Women and Toddler groups Sure Start/Children's Centres (County) Charities e.g. Forever Stars, Zephyrs and National Childbirth Trust Nurseries, childminders and schools Small Steps, Big Changes (lottery funded organisation) Healthwatch Health visitors and Healthy Family teams (via City Care and Nottinghamshire Healthcare NHS Foundation Trust) Breastfeeding support workers

	Working with local authority representatives East Midlands Neonatal Operational Delivery Network Health Innovation East Midlands
LGBTQ+ communities	Through Nottinghamshire LGBTQ+ Notts Trans Hub Staff networks and NHS Trust providers CVS organisations Nottinghamshire's Queer Bulletin (bi-monthly) Working with organisational Equality and Diversity leads Students' unions Schools pastoral care
Migrant workers	Through employers – displays and collateral Nottingham Refugee Forum CVS organisations Relevant local authority colleagues Charities
Ethnic Communities	Through voluntary and community sector. Particular consideration should be given to women only sessions to meet the cultural needs of specific groups Charities Group leaders Community champions Faith leaders Students unions Race Health Inequalities Group (City) Multi Agency Forum Mid-Notts health inequalities group CVS organisations
Refugees and asylum seekers	Refugee forum
Adult carers	Through carer groups and organisations
Child carers	Through carer groups and organisations
Travelling communities	Through local authorities and GP practices with registered patient charities CVS organisations
Staff	Utilising existing online and offline platforms, such as intranet, newsletters, staff forums, team and staff briefings, events and outreach Staff engagement groups

6 Summary of consultation activity

6.1 Pre-launch

- We will continue with a thorough programme of key stakeholder engagement – continuing the conversation - leading up to the start of the consultation.
- A core consultation document and supporting materials will be developed for the consultation. The document will explain why change is needed, what the proposals are and what benefits they will bring for patients, as well as how the proposals, if agreed, might be implemented. It will also clearly explain how people can participate, feedback comments and ask for further information by post, email, social media and the website.

Our consultation document and supporting materials will all be available online, in printed format on request and in other languages and formats (see 'Accessibility' section below). All information produced, as part of the consultation, will be written in a language that can be easily understood. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required to reflect population needs. We will also produce a

summary document to provide people with a quick overview of the proposals which will be circulated to key outlets e.g. libraries, sports centres, GP practices and community venues.

- We will develop a bespoke web presence for the consultation, acting as a one-stop-shop for all consultation materials and information. This will provide a simple signposting solution for all our consultation activity. The sites will be promoted via social media channels such as Facebook, Twitter and YouTube.
- We will develop a communications and engagement activity plan which will encompass on-line and off-line activity to maximise the opportunities for public, patient and staff participation in the consultation. This will include public meetings, specific interest sessions, community group meetings, ad and social media campaigns and roadshows (supermarkets and community sites). Support materials such as posters and flyers for distribution and displays and stands for use at public events and in public places and at roadshows, will also be produced.
- We will produce an online questionnaire and hard copy questionnaires (including an equalities monitoring form and easy read version) for use at events. There will be options within the survey for people to respond to those areas they are most interested in or, if they choose, to respond to the whole document. We will also offer support to those who may need it, to ensure that they are able to understand the information contained within the documents and to ensure that all participants in the consultation have enough information to give informed feedback.
- We will issue a stakeholder briefing, proactive press releases and social media promotion to share details of the consultation and how people can feedback.
- We will secure external support for the consultation, primarily focused on producing digital 'assets' for the consultation as well as the delivery of the consultation report findings.
- We will agree a system-wide panel of speakers and presenters for public events – drawing from clinical, operational, strategy and commissioning colleagues from all relevant organisations across the ICS. This means that colleagues from the any organisation in the system will be part of a seamless team that could step into any public event or briefing activity. We will also agree a way for this organisationally-agnostic team to remain connected and up to date on development throughout the formal consultation period – sharing intelligence, feedback, experiences and advice about the consultation activities undertaken each week.

6.2 Accessibility

- Ensuring the consultation document are accessible for people from a variety of backgrounds will be important, enabling the collection of a broad range of information and opinion from a representative sample of our communities. We will therefore need to ensure that the documents are made available in different formats e.g different languages, braille, video and easy read.
- We will ensure a budget has been identified and approved for the alternative formats of information required for our local communities. As a minimum, we need to have translation in the following languages - Arabic, Czech, Farsi, Kurdish, Polish, Punjabi, Romanian, Tigrinya and Urdu. These are listed as being some of the most spoken languages in Nottingham and Nottinghamshire when English is not their first language. We also need to allocate funding for interpretation services at 'live' events.
- The survey within our consultation document will be available online and in hard copy on request, and for telephone completion. We will regularly monitor responses and take action to target any under-represented groups.
- A series of engagement events will be held with patients, charities, families, and carers. We will continue an on-going dialogue, drawing insights from previous engagement to inform

discussions throughout the consultation.

- We will supplement engagement events with targeted activity for affected groups. This activity will be shaped to respond to the Equality Impact Assessment (EIA) carried out on our proposals.

There are a number of mechanisms that the ICS already has in place which help provide information and support communicate with a range of stakeholders. These mechanisms will be utilised during the consultation process: -

- Local councillors and MPs are updated through bespoke briefing, Health Scrutiny Committee and Health and Wellbeing Boards.
- Websites (ICB and partners).
- Presentations to key stakeholders and attendance at community groups.
- Local media including TV, radio and newspapers.
- Stakeholder Reference Group and other key stakeholder networks.
- Newsletters .
- Social media, including Twitter, Facebook and Youtube.

Other mechanisms to be utilised through consultation include: -

- Focus groups - Under the Equality Act 2010, we have a duty to consider potential impacts of service change on people with protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sexual orientation and sex), and ensure that those experiencing health inequalities are also involved - we have extended this to include carers. To help us understand these potential impacts in detail, we will run focus groups with these populations using existing meetings and events held by support groups, particularly the voluntary and community sector. We will also use focus groups to engage with individual practice patient participation groups and other patient groups. We will utilise the support of local organisations, voluntary and community groups and local support networks to reach out and involve these communities.
- Public events - We will hold a series of face-to-face public events to enable members of the public, voluntary and community sector stakeholders, parish councils and other interested groups to share their views and give us an understanding of the impact of proposals on them and the people they may represent, with information given by local providers including clinicians and ICS leaders. We are suggesting up to 12 public events (public meetings and specific interest sessions) to ensure that the diverse population of Nottingham and Nottinghamshire - and people living across our borders - can be involved.

To ensure we cater for people who work and those that don't, we will hold the events at differing times, both daytime and evening. All feedback from the events will be captured and the key themes and points of any discussions recorded, along with the attendance in terms of equality and diversity requirements. These records will form part of the evidence to inform the final decision-making process.

We will also capture any questions and draw up a question-and-answer section on our website, so that answers can be viewed by everyone. We will ensure that sufficient numbers of activities are undertaken to capture the views of underserved groups, particularly in Nottingham City, as well as in the main areas of deprivations, to ensure we assess the impact for people living in poverty or with low incomes.

- Road shows - To provide opportunities for the public to find out about the consultation and share their views, we will run road shows at supermarket and community sites. During these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the summary consultation document and response form so they can either take it away to consider or complete it immediately.
- Outreach - We will arrange for displays and/or manned or unmanned exhibition stands to be situation in prominent areas where there is a high footfall to engage with the public,

signposting them to further information.

- Briefings - We will hold briefings with key stakeholders, including Healthwatch, local authorities, the Maternity Voices Partnership, and any other key interest groups. We aim to hold these briefings early in the consultation period, to enable these stakeholders to cascade information to their membership and contacts.
- E-newsletter - To keep the consultation at the forefront of discussions we will produce a regular e-newsletter, updating people on the opportunities for getting involved. We will use it to publicise our events and road shows and signpost people to our website and response forms.
- Networks and contacts - We will work with our voluntary sector colleagues and those local organisations that have newsletters and magazines both off and online, to publicise the consultation and signpost people to our website and response form. This will include providing updates on a regular basis throughout the consultation. We will also undertake dedicated work with key voluntary sector bodies and work with them to undertake specific outreach with population cohorts, to ensure that their voice is heard.
- Communication activities - We will raise awareness of the consultation, associated engagement activities and call to action through a range of communication channels including media, social media, websites, consultation newsletter, stakeholder communications channels and by distributing a range of communications materials, including digital assets. We will work with the Nottingham Post to coordinate regular features and updates. We will also engage with weekly newspapers, TV and radio stations, including commercial stations.
- Advertising - We will use online and offline advertising to reach key areas of the community, including niche groups.

6.3 Resources

The overall management and delivery of the consultation will be undertaken by the ICB internal Communications and Engagement team. Resources have been allocated to access external support for production of some of the materials to be used during the consultation process. The University of Nottingham will undertake the analysis and reporting of findings. In addition, the TNUH Stakeholder Reference Group will support access to those under-represented communities within the county.

It is important to note that there will be a significant impact on 'people resources' during the consultation, which will need to be managed accordingly. Our ambitions for this consultation would be to ensure that the core delivery team is drawn from a pool of representatives from all organisations in the system including Executive Teams, clinical representatives, communications and engagement and administrative staff. These will be aligned to the needs of the audience, whilst considering their influence and interest. As an example, attendance at public events will need to be supported by the Executive and Programme Teams, including clinical representation, as well as communications and engagement. Smaller focus groups. e.g. a women's only ethnic group, would require attendance by a trusted female representative from the system, supported by translators.

Throughout the consultation period, briefing sessions will be arranged to ensure we are aligned in our engagement approaches and aware of key citizen feedback. It is anticipated that these sessions will be held weekly with the core delivery team, to ensure that full details of upcoming events or sessions are discussed and to also share 'lessons learnt' from previous sessions and discussions.

6.4 Key messages

Whilst ICB and NUH have different 'roles' within the programme, it is important that the key messages are aligned to support the vision for TNUH and ensure there is not conflicting messaging, creating confusion amongst stakeholders.

The communications and engagement leads for both organisations are working together to ensure a 'consistency' in messaging – internally and externally – across all consultation activity. As a result, a vision 'narrative' has been produced between both organisations.

The vision summary is: -

“Working with patients, staff and partners, we will use this exciting once-in-a-generation opportunity of investment through the Government’s New Hospital Programme to improve how and where services are delivered, so that health and care services across Nottingham and Nottinghamshire are more joined up and accessible to all. We will put our hospitals at the forefront of healthcare research and innovation, and transform them into more efficient, greener environments”.

Hence, the overarching TNUH programme key messages are: -

- Health and Care organisations in Nottingham and Nottinghamshire are working together on a plan to re-shape and modernise our hospital facilities so that we can give our patients and staff the NHS estate they deserve – modern, safe and designed to provide the best possible care.
- We have a once-in-a-generation opportunity to transform our hospital services and facilities for the better, through the Government’s New Hospital Programme (NHP), which provides funding to local health systems to invest in their hospital and other healthcare estate.
- We know that we need to change. There are a number of challenges facing health and care services in the area. In short, the current way of working is not sustainable, and we need to change how we do things.
- Through Tomorrow’s NUH, we want to make sure patients can access the specialist care they need more quickly and in the right location, whether that be in hospital or closer to home.
- We want to use our staff and resources in the most efficient ways, and we want to make sure we are creating opportunities within our local community as an employer of choice, while building on our reputation as a significant teaching and research institution which attracts people to our City.
- In redesigning and redeveloping our hospitals and the part they play in the wider healthcare system, we want to make the most of the latest digital technologies and deliver on the NHS’s commitment to net zero carbon and greener buildings.
- Nottingham and Nottinghamshire residents can have their say on this opportunity from (dates to be confirmed) to (dates to be confirmed). Those who access NUH services from outside the City and County will be able to share their views through identified community organisations as outlined above.
- It is easy for the public to have their say on the future of NUH facilities and services by completing either an online survey or by attending events staged across the county and online. More information is available online at: [add link to website].

In addition, there are five overarching vision 'statements' which reflect the areas of transformation for the TNUH programme and will also form the basis of the key messages throughout the consultation process. These are: -

- Create a brand-new, state-of-the-art Centre for Women, Children & Families (including women and children’s services) at the QMC at the Queen’s Medical Centre - the first of its kind in the East Midlands.
- Enhance the way we manage the care of patients in an emergency, by increasing the range of emergency care we provide at the QMC.
- Develop best in class cancer services across both our hospital sites and in the community.
- Create a centre of excellence at the City Hospital for elective (planned) care.
- Transform outpatient services to provide patients with high quality care at the right time in the right place.

N.B. The Department for Health and Social Care (DHSC) NHS Campaigns team is acting as the central hub for all public communications activity about the New Hospital Programme.

They are asking for a number of considerations when progressing communications and engagement activity. These include:

- Keeping them updated on plans for upcoming communications and engagement milestones and activities.
- Linking online content to the NHP website www.gov.uk/our-nhs-buildings.
- Giving them advance notice of clearance requests (five working days).

7 Risks

Risks and mitigations will be managed through the Programme Board governance and coordinated by the Communications and Engagement teams at the ICB and at NUH.

Risks around communications and engagement will be fed into the overall Risks log for the programme. By identifying communications and engagement risks we will be able to mitigate them through planning and timely communications, ensuring that they are dealt with on an ongoing basis. These risks will be aligned with the programme's risks.

Risk	Mitigation
Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel they have not been fully involved.	Communications and engagement plan developed, identifying stakeholders and partners with detailed communications activity implemented during consultation period
The consultation process does not engage with marginalised, disadvantaged and protected groups.	Communications and engagement plan identifies relevant groups and organisations that we will work with to access these groups and communities.
Lack of response / "buy in".	Ensure accessibility of activities and appropriate feedback mechanisms using a range of online and offline media. Implement mid-point review to assessment responses and modify communications and engagement activities accordingly.
Proposal in consultation document perceived by members of the public as a "cost cutting" exercise or a 'done deal'.	Ensure, through all communications, that public are aware of previous engagement activities and have knowledge of the clear rationale for the proposal for change.
The consultation may be subject to challenge and the lack of options for public to comment on may be criticised.	Appropriate governance policies/standards will be put in place to ensure correct procedure, logging processes and equality analysis are maintained throughout the consultation, and that public are fully aware of the engagement that led to the narrowing down of options to the proposals.
Campaign group challenges proposals.	Ensure that consultation documents outline how the proposals have been developed and how they will benefit patients by improving services available to them. Ensure we are following due process and logging all engagement. Ensure that we are prepared through the processes in place to receive any petition.
Individual public concerns overriding the 'vision' of the Tomorrow's NUH programme – e.g. GP appointments, routine op waiting times and, more locally, the Care Quality Commission report – disrupting engagement with programme.	Communications and engagement plan maximises the opportunities to engage with communities around the county – focus groups providing targeted information of the Tomorrow's NUH vision.

Covid-19 may have repercussions on how stakeholder's access and engage with the programme.	Ensure contingency plans are in place should stricter Covid-19 restrictions be re-introduced (would include 'virtual' activity and opportunities for digitally marginalised to take part).
Continual delays or misinformation on programme progress, leading to apathy.	Communications and engagement plan has been instigated to ensure 'continuing the conversation' happens.
There are insufficient resources allocated to the consultation, leading to an impact on the target number of 10,000 responses.	Comms and engagement activity will be rigorously costed, and budgets agreed and allocated accordingly.
A number of separate but interlinked public engagement and consultation exercises are undertaken at a similar time, creating public confusion between the different proposals, and requiring additional resource for the Tomorrow's NUH project.	ICB Communications and Engagement team has oversight of all potential consultations required and will seek to sequence appropriately. Additional ring-fenced resource in place for Tomorrow's NUH and agreement in principle for other potential major consultation (Newark).
The Ockenden review of maternity services at NUH will detail summary of findings, conclusions and essential actions which could impact the TNUH timescales and clinical proposals.	Ensure the programme momentum is maintained whilst being pragmatic and courteous to the review. Ensure appropriate messaging is developed with the review team, as part of the public consultation.
Media publish mis-leading or conflicting information about the TNUH programme.	Media 'management' and 'continuing the conversation' progressing, briefings to be held with target media before – and during - consultation.

8 Capturing feedback, analysis and reporting

We are providing a range of channels, to facilitate feedback on our proposals. This will include feedback received through:

- Online/digital and hardcopy/paper survey responses
- Qualitative responses through direct emails, feedback forms and telephone calls
- Transcripts of virtual/on-line focus group discussions
- Minutes of meetings
- Letters
- Petitions
- Direct social media messages.

Once the formal consultation data input has taken place and the data analysed, we will ensure that all the intelligence is captured into one report. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

9 Meeting our legal duties on equality and health inequalities

In Nottingham & Nottinghamshire today, there is a significant gap in healthy life expectancy between the most and least affluent areas of the country. ICBs have separate legal duties on equality and on health inequalities. These duties come from: -

- The Equality Act 2010
- The NHS Act 2006 as amended by the Health and Social Care Act 2012

In addition, the leaders of our local health and care system have come together to develop a five-year strategic plan – Health Inequalities Strategy 2020 - 2024 ⁷, underpinned by the ICS Clinical and

⁷ [Notts ICS HI strategy 06 October v1.8 \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/notts-ics-hi-strategy-06-october-v1.8)

Community Services Strategy⁸, that sets out a shared vision to *'both increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age'*.

In developing our Consultation Plan we have:

- Used the approach set out in the Nottingham and Nottinghamshire ICB Health Inequalities Strategy to support the development of this consultation plan.
- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

To inform our proposals and to help shape our pre-consultation engagement and this Consultation Plan, independent Equality Impact Assessments (EIAs) have been carried out. This analysis has informed our approach to ensuring we meet our duties under the Equality Act 2010. It has also informed how we consider our duties to reduce health inequalities.

To ensure the consultation process meets the requirements to evidence that due regard has been paid to our equality duties, all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media, we will record any information provided. At regular periods through the consultation, we will review responses received and adapt our approach to seek more feedback from any groups that might not so far have fed back.

Once gathered the consultation data will be independently analysed. The analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

⁸ [8398-Clinical Strategy_V6-1.pdf \(healthandcarenotts.co.uk\)](#)