

# Jersey Future Hospital Project

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## Outline Business Case

### Appendix 36 – Stakeholder Engagement Strategy

**Document Control**

<b>Version</b>	<b>Date Issued</b>	<b>Summary of Changes</b>	<b>Author</b>
V1	26.9.17	Document compilation	T Nicholls
V2	24.10.17	Template updated	T Nicholls

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Document History

# 3a Stakeholder Engagement Strategy

## 1.1 Document Location

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## 1.0 Revision History

Revision date	Previous revision date	Summary of Changes	Changes marked
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## 1.3 Approvals

This document requires the following approvals:

Signed approval forms will be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
W. Gardiner		Project Director – Delivery	20/09/2016	1.0
B. Place		Project Director – Health Brief	20/09/2016	1.0

## 1.4 Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
J. Richardson	Chief Executive Officer	20/09/2016	1.0
<b>Project Board</b>			
J. Rogers	Senior Responsible Owner (Delivery/Project Sponsor)	20/09/2016	1.0
R. Bell	Senior Responsible Owner (Funding)	20/09/2016	1.0
J. Garbutt	Senior Responsible Owner (Brief)	20/09/2016	1.0
R. Foster	Senior Supplier	20/09/2016	1.0
H. O’Shea	Senior User	20/09/2016	1.0
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J. Turner	Value for Money (Brief)	20/09/2016	1.0
R. Williams	Commissioning	20/09/2016	1.0
A. Rogers	Value for Money (Funding)	20/09/2016	1.0
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B. Place	Project Director (Health Brief)	20/09/2016	1.0
W. Gardiner	Project Director (Delivery)	20/09/2016	1.0
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# Future Hospital Communication and Engagement Plan

## Summary

### 1 Public Engagement Phases

1.1. The Future Hospital Project Engagement Strategy reflects the size, complexity and, inevitably, evolving nature of the project. The Strategy therefore has a number of phases that support the key programme deliverables.

Phase 1	Site Selection	Aug 2017 – Nov 2017
Phase 2	Investment Decision	Dec 2017 – Jul 2017
Phase 3	Detailed Design Phase	Aug 2017 – Jul 2019
Phase 4	Construction and Commissioning	Aug 2019 – Mid-2024
Phase 5	Operational Phase	Mid 2024 – Mid 2025

1.2. While all Phases will include engagement with external (public), internal (HSSD and SoJ) and political (Minister's and wider States Assembly members) stakeholders the balance of engagement with different stakeholders will vary over time.

1.3. A detailed engagement plan will be provided to the Future Hospital Project Board for each Phase in the year quarter preceding the start of each phase. This Communication and Engagement Plan contains general principles applicable to Phases 1-5 but, given the immediate priorities, details a number of areas of concern specific to Phase 1. The Phase 1 Plan has a focus on engagement in support of the preferred site (building the Future General Hospital on the current General Hospital with an extension along the east side of Kensington Place and other nearby sites, (including Westaway Court) and the relocation works which enable this preferred site.

1.4. A key deliverable in this Plan, set out in the Future Hospital Preferred Site Report and Proposition (P\*/2016), is to produce a final report in the form of an Addendum to the R&P setting out the public and other stakeholder sentiments about the preferred site that can then inform the States Assembly debate 29 November 2016. When produced this report will be structured around the following methods of engagement as themes to demonstrate the breadth of engagement:

- States Members Workshops;
- engagement materials;
- social media;
- Parish Meetings;
- Voluntary and Community Body meetings;
- Staff engagement;
- Clinician engagement;
- Neighbours and Residents Groups;
- Focus Groups; and,
- Media.

1.5. Key deliverables relating to Phases 2-5 will be set out at a later date. Phase 2 for example will see the completion of an Environmental Impact Assessment and a Health Impact Assessment, both of which required structured and comprehensive stakeholder engagement to achieve the necessary quality of outcome.

### 2 Purpose of the Communication and Engagement Plan (Phase 1)

2.1 The purpose of this communication and engagement plan is to ensure that the developments and actions relating to the preferred site of the Future Hospital and its associated relocation works are communicated and described to all key stakeholders and wider stakeholders on a regular basis throughout Phase 1 such that

1. Feedback is obtained, analysed and presented to inform the States Assembly debate on preferred site in November 2016
2. A report is produced to provide feedback to all stakeholders indicating what their feedback has been and how it has provided insights that have informed the Future Hospital preferred site
3. A foundation for stakeholder communication and engagement is provided for subsequent Phases of the Future Hospital Project

### **3 Strategic Objectives of the Communication and Engagement Plan (Phase 1)**

3.1 The communication and engagement programme will have a number of strategic objectives

- To inform a decision by the States Assembly of a preferred site for the building of a Future General Hospital
- To make explicit and transparent the grounds for and degree of wider stakeholder support for the Council of Ministers preferred site and the States Assembly decision
- To allow as many people as possible on Jersey including 'hard-to-reach' groups the opportunity to express their views on the preferred site for a new General Hospital and have them considered
- To set out the weight of evidence, stakeholder support and any concerns expressed by stakeholders with respect to the preferred site

### **4 Key Communication and Engagement objectives (Phase 1)**

- Set out relevant milestones in the history for the Future Hospital Project
- Clearly describe how the preferred site was agreed by Ministers
- Describe the means by which the Future Hospital can be developed on the current General Hospital site safely, concluding with a high quality building, within approximately 8 years to an affordable budget
- The implications for the running on the current hospital while relocation and construction works are undertaken
- Engage in ways that encourage the widest possible contribution of stakeholders in the time available and with the resources to hand
- Undertake a communication and engagement process and outcome that can be independently quality assured

### **5 Current situation**

5.1 There is a need for more clarity about

1. Change from stakeholder *consultation* on a number of sites to stakeholder *engagement* on a preferred site
2. Meaning of engagement and potential for stakeholders to provide insight about preferred site
3. Decision making process and responsibilities for preferred site
4. Nature of risks associated with the preferred site and how they might be assessed and managed
5. The opportunities associated with the preferred site and how they might be realised
6. The milestones for key elements associated with the preferred site and the challenges and responsibilities they present to stakeholders

### **6 Key communications messages**

6.1 The key communications messages to be conveyed can be summarised as:

- The Future Hospital is essential if Jersey is to meet the health and social care challenges on the Island in future decades
- All Islanders are stakeholders in the Future Hospital

- A high quality new hospital can be developed on the site of the current General Hospital
- The Current General Hospital can be operated safely and continue to provide high quality care during the development of the Future Hospital on the site at the same time
- There will be some disruption and some risks associated with this approach (as there would be with approaches on any site) but these can be safely managed by working together with hospital and other healthcare staff, technical experts experienced in developing hospitals and wider stakeholders
- The Future Hospital when completed will be a source of pride to all stakeholders because they will have worked collectively to achieve a high quality safe, sustainable and affordable outcome
- Lessons will be learned in Phase 1 of the Communication and Engagement Plan that will inform a process of continued improvement in communication and engagement throughout the life of the Future Hospital Project

6.2 The stakeholder communication and engagement plan process and objectives will be informed by the 'Gunning Principles'. Although these principles are more directly applicable to public *consultation*, where choices about different options are considered, they can also inform good practice in stakeholder *engagement*

- *Engagement must take place when the proposal is still at a formative stage* – the preferred site currently forms the basis of a 'proof of concept' open to stakeholder influence. Detailed feasibility work will start after the States Assembly decision on the preferred site at the end of November 2016
- *Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response* – Council of Ministers have recommended a preferred site after robust technical evaluation of the site and a period of stakeholder engagement through three States Member workshops in 2016
- *Adequate time must be given for consideration and response* – internal and external stakeholder engagement started immediately following the decision of the Council of Ministers in July 2016. Engagement about the preferred site will conclude at the end of November 2016 but stakeholder engagement will continue through future phases of the Project up to and beyond the opening of the Future Hospital in 2024.
- *The outcome must be conscientiously taken into account* – the Communication and Engagement Plan will form an Addendum to the Preferred Site Report and Proposition for the States Assembly and be a publically available document.

6.3 The stakeholder engagement will be informed by the States of Jersey Consultation Code of Practice and Guidance on Planning a Consultation (<https://soj/HowTo/Communicate/Pages/PublicConsult.aspx>). The results will be published on the consultations section of [www.gov.je](http://www.gov.je) and provided for both the States of Jersey Communications Unit ([communications.unit@gov.je](mailto:communications.unit@gov.je)) and the Scrutiny Office ([scrutiny@gov.je](mailto:scrutiny@gov.je)). The engagement process and outcome will be independently assured by The Consultation Institute (<http://www.consultationinstitute.org/recognition/quality-assurance/>)

## **7 Engagement content and the organisations that are likely to be involved and affected (internal and external)**

7.1 The programme of stakeholder engagement will include the following methods. We will provide information about the preferred site via

- Engagement directly with stakeholders
- Social media
- News releases
- Newsletters, flyers, letters
- Reports
- Meetings – privately with stakeholder internal to HSSD and SoJ
- Meetings – public and private with stakeholder external to HSSD and SoJ

## 7.2 We will listen to people via

- Engagements with HSSD, SoJ and external stakeholders in both public and private forums
- Social media
- Meetings, emails, letters and telephone calls
- Personal engagement with service users

7.3 We will produce communication and engagement materials in a number of different formats (flyers, social and traditional media, posters and so on) which will be accessible to as many stakeholders as possible (e.g. translation into Portuguese). The plan envisages a 'deliberative workshop' in October to test emergent themes from the stakeholder engagement. This approach is consistent with best practice public engagement.

7.4 With the importance of social media and electronic means of communication a section of the Future Hospital Website will be devoted to the Engagement. However although Jersey has high levels of social media 'penetration' we will guard against the overemphasis of this means of communication and give due weight to more traditional means that are more familiar to the elderly and other key stakeholders who might prefer to engage through face to face meetings in Parishes and other forums and through printed media. Particular emphasis will be placed of 'going to' events in Parishes where parishioners would ordinarily meet.

7.5 Engagement on such a far reaching issue such as the siting of the General Hospital concerns every Islander. A detailed stakeholder map will be developed as part of the Project Plan. Stakeholders include<sup>1</sup>

- Individual Islanders through the means that maximise the opportunity share information relevant to their concerns and in the locations convenient for their access to what they need to develop an informed view at whatever detail helps that understanding
- 'Hard to reach' stakeholders such as the disabled who find it difficult to attend meetings, sight or hearing impaired people, those for whom English is not their first language, those who are relatively disenfranchised from the process such as young people and those with poor mental health, the unemployed and so on
- Individual voluntary and community organisations representing health and social care users and stakeholders (Jersey Alzheimer's Association, Age Concern, Macmillan Jersey, MIND and so on)
- Stakeholders who co-ordinate the concerns organisations of users of health and social care services such as the Jersey Disability Partnership and Jersey Voluntary and Community Services Partnerships
- Stakeholders who provide services for users of health and social care services both in the hospital (clinical and non-clinical staff) and outside the hospital (primary care providers such as General Practitioners, Pharmacists, Dentists and Ophthalmologists and community care providers such as Family Nursing and Home Care, HSSD Community Services, colleagues in the independent nursing home and residential care sector)
- Stakeholders who work for the States of Jersey outside HSSD
- Stakeholders organising site specific opposition and/or advocacy
- Stakeholders in the commercial sector (Jersey Construction Council, Chamber of Commerce, Jersey Tourism and so on)
- Future Hospital Project Board
- Future Hospital Political Oversight Group
- Council of Ministers
- States Assembly members

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<sup>1</sup> The ascending order of 'collectivity' from individual Islander to States Assembly is deliberate and reflects an underlying philosophy guiding the consultation that "every Islander can have a voice"

7.6 A process for prioritising stakeholders is presented (Appendix 1) and a list of key stakeholders (both internal and external) is supplied in a prioritised framework (Appendix 2) of this Communications Plan. The list stakeholders will develop as the Future Hospital project develops.

## **8 Key benefits - What does success/benefits look like?**

1. Managed and proactive communication and stakeholder engagement to minimise undue concerns associated with the safety, sustainability or affordability of the preferred site
2. Elements of the design and functionality of the Future Hospital and its associated relocation works where the influence of stakeholders can be clearly identified
3. Delivery programme positively influenced by high quality effective stakeholder communication and engagement
4. Externally and positively assured process and outcome at the end of each communication and engagement phase
5. A safer, sustainable and affordable Future Hospital

## **9 Critical Success Factors against which the communication and stakeholder engagement plan will be assessed**

9.1 The communication and stakeholder engagement will be assessed along 5 dimensions

1. *Reach* – The site of the General Hospital is a matter of concern for every Islander. Every Islander will at some time in their life be a user or closely associated with a user of the hospital<sup>2</sup>. It is important therefore that communications and engagement as far as practically possible reaches across the Island including those who are characteristically hard to reach.
2. *Response* – while the total response to the communications and engagement is crucial the communications and engagement will take care to address particular concerns for certain groups of users for example the elderly, those who use children’s services, those with disability etc. It is important therefore that the views of different constituencies of users *and their carers* are given due weight
3. *Resolution* – The communications and engagement needs to retain its specificity to the merits of the preferred site under consideration when there is risk that other circumstantial issues such as regard for Council of Ministers, site options previously considered and the costs related to this work and so on may distract from the specificity of the engagement which should be based on the relative safety, sustainability and affordability of the preferred site
4. *Result* – the eventual result is likely to be of considerable public and political interest. The result of the stakeholder engagement has therefore to be sufficiently comprehensive, robust and transparent to withstand both public and potential judicial scrutiny
5. *Responsibility* – the eventual outcome of the engagement will inform one of the most important, if not the most important, strategic decision to be made in a generation concerning the largest single capital expenditure ever made by the States of Jersey. The stakeholder engagement has to support the timeliness of a decision by the States Assembly to secure the safety and good health of all Islanders

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<sup>2</sup> Each year there are c.40, 000 Emergency Department attendances, c. 1000 births, c. 23, 000 planned and c 8, 000 emergency admissions to the General Hospital. The Island has a population of c. 100, 000

## 10 Boundaries within which the engagement programme will work

### 10.1 The engagement for Phase 1

- Will close by 29 November 2016
- Be physically confined to the geographical boundaries of Jersey (but views expressed by non-resident Islanders and other stakeholders for example through social media or correspondence will not be discounted)
- Will be confined to a consideration only of the preferred site
- Will consider only those issues that can be recorded and appraised in practical terms (counted, recorded, reported and so on).
- Will record data in ways that can be subjected to independent scrutiny and audit both through States governance process and those that can be provided by organisations independent of and external to the Future Hospital project governance structures and processes
- Work to an agreed Project Plan sufficiently detailed and resourced to allow a public engagement able to meet the strategic objective and critical success factors identified in this document

## 11 Timetable (Phase 1)

### 11.1 The timetable for approval leading to the States Assembly debate November 29/30 2016 is as follows

Phase 1	Aug 2016 – Nov 2016
21 Sep 2016	Preferred Site R&P agreed by Council of Ministers for lodging with HSSD Health and Social Services Scrutiny Panel and Corporate Services Scrutiny Panel
07 Nov 2016	Engagement and Communications Report drafted and submitted to Project Board
TBC	Future Hospital Political Oversight Group
09 Nov 2016	Council of Ministers consider Engagement and Communications Report
15 Nov 2016	Engagement and Communications Report submitted to States Greffe
29 Nov 2016	States Assembly debates R&P

### 11.2 Subsequent phases will be as follows

Phase 2	Investment Decision	Dec 2017 – Jul 2017
Phase 3	Detailed Design Phase	Aug 2017 – Jul 2019
Phase 4	Construction and Commissioning	Aug 2019 – Mid-2024
Phase 5	Operational Phase	Mid 2024 – Mid 2025

Phase	Label	Time	Key Element
Phase 1	Site Selection	Aug 2017 – Nov 2017	<ul style="list-style-type: none"> <li>• Stakeholder Management Plan</li> <li>• Stakeholder Mapping</li> <li>• Relocation works engagement (internal and external)</li> <li>• Stakeholder Deliberative Event</li> <li>• Internal Stakeholder workshop (clinicians, managers and others)</li> <li>• States Members workshop</li> <li>• States Assembly approval Preferred Site</li> </ul>
Phase 2	Investment Decision	Dec 2017 – Jul 2017	<ul style="list-style-type: none"> <li>• Health Impact Assessment (HIA) Stakeholder Event</li> <li>• Environmental Impact Assessment (EIA) Stakeholder Event</li> <li>• Continuation Preferred Site internal and external engagement</li> </ul>

			<ul style="list-style-type: none"> <li>• Continuation Relocation Works internal and external engagement</li> <li>• Investment Decision Report and Proposition</li> <li>• States Assembly approval Investment Decision</li> </ul>
Phase 3	Detailed Design Phase	Aug 2017 – Jul 2019	<ul style="list-style-type: none"> <li>• Engagement and communication with internal and external stakeholders about increasingly detailed design of relocation works</li> <li>• Engagement and communication with internal and external stakeholders about increasingly detailed design of main hospital building</li> </ul>
Phase 4	Construction and Commissioning	Aug 2019 – Mid-2024	<ul style="list-style-type: none"> <li>• Engagement and communication with internal and external stakeholders about construction, mobilisation, commissioning and 'soft landing'</li> </ul>
Phase 5	Operational Phase	Mid 2024 – Mid 2025	<ul style="list-style-type: none"> <li>• Review effectiveness of engagement on the final design and operationalisation of the Future Hospital</li> </ul>

11.3 Planning for Phase 2 will focus on the agreed set of formal consultees who constitute the requirement for Statutory engagement in relation to Environmental Impact Assessment, traffic consultation, economic appraisal consultations, health and safety consultations and so on. It is important to note that engagement with public stakeholders on some matters raised in Phase 1 will need to continue to be a priority e.g. views of local residents, clinical stakeholders affected directly or indirectly by relocation works and so on.

## **12 Initial assurance arrangements**

12.1 There is a comprehensive range of assurance available to ensure gold standard governance of the engagement in the early stages

- The Communications and Stakeholder Plan will be agreed by the Future Hospital Project Board
- A formal Project Plan developed by the Future Hospital Project Office employing the resources of the Integrated Project Team on behalf of the Project Board
- A Public Engagement Project Group will be established within the Project Office led by the Project Director (Health Brief) and including members of the Integrated Project Team, communications staff experienced in public engagement and communication, a Project Support Officer with sufficient expertise and experience to provide the necessary project support required to achieve the strategic objectives and critical success factors set out in this plan. This Project Group will report every two weeks to the Client Project Team which has as membership Chair of Project Board [JR], Hospital Managing Director [HOS], SoJ Director of Estates [RF] and Project Directors for Delivery [WG] and Health Brief [BP].
- An initial Engagement Scoping, Project Plan and Documentation Review will be undertaken by The Consultation Institute using its 'Consultation Charter' to ensure best practice is being employed for the engagement, taking account of any legal requirements for such a stakeholder engagement process and that industry standards are being applied from the outset. These initial assurance arrangements will support downstream assurance by the Institute including Half Term Review, Closing Date Review and Final Report Review to provide the opportunity to obtain the Certificate of Best Practice - the Institutes 'kite mark' for successful stakeholder engagement
- The stakeholder engagement will follow the structures and processes set out in Managing Successful Programmes ([www.best-management-practice.com](http://www.best-management-practice.com)) which underpins, and is consistent with, the overall governance of the Future Hospital Project

## **13 Reference to any external drivers or pressures that may define the way in which the stakeholder engagement approaches the challenge for example where the driving force for change is coming from**

13.1 There are a number of external drivers

1. The current standard of hospital infrastructure is giving cause for concern. The detail of this concern is set out in a recent 6 Facet Survey completed by an independent organisation using industry standard methods
2. The current General Hospital is finding it increasingly challenging to provide the modern standard of service expected by both clinicians and patients
3. The provision of a new hospital is part of a wider programme of health and social care transformation. While some elements of this transformation are not 'site' or 'building' dependant a lot require a different kind of hospital infrastructure to support the

transformation in service model (e.g. ambulatory emergency care) and patient experience (the replacement of 6 bed bays, increased proportion of single en-suite rooms and so on)

4. Any delays to a decision about whichever becomes the preferred site will be reflected in increased costs (programme cost such as inflation) and funding costs (the likely increased price of a bond should this form part of the funding strategy).

#### **14 How the stakeholder engagement fits into the corporate mission and goals, and any other initiatives that are already under way during the life time of the programme**

14.1 The stakeholder engagement is a way of expressing in practical form the core values of the States of Jersey:

- Customer focus
- Constantly improving
- Better together
- Always respectful
- We deliver

14.2 It is also consistent with the key priorities set out in the HSSD Business Plan to improve the health and wellbeing of the population of Jersey with particular emphasis on children and older people. HSSD has 4 key priorities:

- Improving safety and quality
- Providing clinical capacity
- Providing sustainable health and social care
- Improving value for money

14.3 These are translated into the HSSD key objectives,

- Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services.
- Improved health outcomes by reducing the incidence of mortality, disease and injury in the population.
- Improved consumer experience of Health and Social Services.
- Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety.
- Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan.

14.4 Any delay or failure in a timely way to determine the preferred site for the Future Hospital will increase the possibility of undermining progress to achieving these objectives

#### **15 Initial budget**

15.1 The initial budget will be set out in the resource plan developed from the Project Plan. An initial commitment has been made to engage The Consultation Institute at a cost of c £16, 000 plus disbursements. HSSD Project Support to coordinate the Phase 1 workload has been employed through HSSD Staff Bank at a cost of c. £3500 to respond to the urgency of the work needing to

be done as short notice. A job description is being developed to be taken formally through SoJ HR processes subject to Project Board approval for grading and recruitment. The Board will receive a Gleeds Management Services are producing a Project Plan at the rates included in their contract for services. Additional short term Project Support has been agreed for the Project Team. Disbursements and other miscellaneous costs will need to be accounted for (printing, room bookings, design and other consultancy fees, data analysis, social media monitoring and response).

**Appendix 1 Identification of Internal and External Stakeholders (Process for Prioritising Key Stakeholders)**

<p><b>HIGH DEGREE OF POWER</b></p>	<p><b>HIGH POWER-LOW INTEREST</b></p> <p><b>Keep Informed/On Board</b></p> <p><b>Description of Stakeholders</b></p> <p>Stakeholders whose actions can affect the project’s ability to meet its objectives <b>BUT</b> who do not stand to lose or gain much from the project. They may be a source of risk which needs to be managed</p> <p><b>Examples of Methods</b></p> <p>Annual report, website, newsletters, meetings with influential non-health stakeholders</p>	<p><b>HIGH POWER-HIGH INTEREST</b></p> <p><b>Manage Closely</b></p> <p><b>Description of Stakeholders</b></p> <p>Stakeholders who stand to lose or gain significantly from the project <b>AND</b> whose actions can affect the project’s ability to meets its objects</p> <p>The Network needs to ensure that their interests are fully represented. Overall impact of the project will require good relationships to be developed with these stakeholders</p> <p><b>Examples of Methods</b></p> <p>Frequent personal briefings;</p> <p>proactive issue awareness- i.e. first points of contacts for news (+ve/-ve); presentations to key groups (e.g. Clinical Directors, Medical Staff Committee, Scrutiny p.82/2012 Advisory Boards</p>
<p><b>LOW DEGREE OF POWER</b></p>	<p><b>LOW POWER-LOW INTEREST</b></p> <p><b>Minimum Effort/Monitor</b></p> <p><b>Description of Stakeholders</b></p> <p>Stakeholders who do not stand to lose or gain much from the project <b>AND</b> whose actions cannot affect the project’s ability to meet its objectives</p> <p><b>Examples of Methods</b></p> <p>No specifically targeted communication effort. This sector is the recipient of general information such as website, media campaigns, enquiries email etc. Monitor communication traffic from this sector for items requiring a response</p>	<p><b>LOW POWER-HIGH INTEREST</b></p> <p><b>Keep Satisfied</b></p> <p><b>Description of Stakeholders</b></p> <p>Stakeholders who stand to lose or gain significantly from the project <b>BUT</b> whose actions cannot affect the project’s ability to meet its objectives. The interests of this group need to be fully represented and those of ‘hard to reach’ stakeholders need to be accounted for.</p> <p>Network needs to ensure that their interests are fully represented in the Network</p> <p><b>Examples of Methods</b></p> <p>Exploit existing stakeholder groups to explain work and respond to queries and concerns; Presentation at any appropriate local health community events (voluntary and community bodies, Parish-based organisations, primary care and other nor-hospital stakeholders, regular Project Board briefings</p>
	<p><b>LOW INTEREST/PRIORITY</b></p>	<p><b>HIGH INTEREST PRIORITY</b></p>

## Appendix 2 – High Power High Interest

Reasons for Engagement	What is to be Communicated	Method of Communication	Named Link	Members
<b>Council of Ministers</b>				
Provides Ministerial Support	Provide progress on key outcomes of the Site Choice and Relocation Work stakeholder engagement	Briefings and Reports	Chief Minister, Treasury Minister, Health Minister, Social Security Minister, Health Scrutiny Panel	
<b>Health Scrutiny</b>				
Provides Ministerial Scrutiny	Progress on Project	Briefings	Health Scrutiny Panel	
<b>Corporate Services Scrutiny</b>				
Provides Ministerial Scrutiny	Progress on Project	Briefings	Corporate Scrutiny Panel	
<b>Future Hospital Political Oversight Gp</b>				
Provides Ministerial oversight of FH Project Delivery	Progress on Project Political and other project risks sufficient to need COM awareness and support	Briefings and Reports	Chief Officers Dfl and HSSD	
<b>Clinical Directors</b>				
Key influence over service provision and sponsorship of change at corporate level	Progress on Relocation Works and FH Project and Programme	Briefing and Reports	Hospital Managing Director	Clinical Directors for HSSD Divisions, Hospital Medical, Managing and Operations Director
<b>Medical Staff Committee</b>				
Key influence over service provision and sponsorship of change at corporate level	Progress on Relocation Works and FH Project and Programme	Briefing and Reports	Chair MSC (Dr Gibson)	All HSSD medical consultants and Corporate Directors
<b>Primary Care Providers</b>				
GPs, Dentists, Ophthalmologists and Pharmacists	Progress on Relocation Works and FH Project and Programme	Social Media, media	Drs Nigel Minihane and Philippa Venn	GPs, nurses, physician assistants
<b>Parish of St Helier</b>				

Key influence over service provision and sponsorship of change at corporate level	Progress on Relocation Works and FH Project and Programme	Meeting	Mr Simon Crowcroft (Connetable)	Parish of St Helier officers
<b>Planning Authority</b>				
Statutory requirement	All requirements needed to achieve planning consent	Meetings and	Richard Glover, Andy Scate	SoJ Planning Dept officers
<b>Media</b>				
Key to promoting project and to get positive message to general public	Progress of development of Future Hospital	Briefings		JEP, Bailiwick Express, Channel TV, BBC, Channel 103
<b>General Public</b>				
Key to engage with general public to ensure they are aware of what is being proposed.	Engage with general public to ensure that we capture feedback about Future Hospital	Social Media, Media and Briefings, meetings,	Tom Innes, Lou Journeaux	SoJ Communications team, Mark Richardson and other ministerial advisors
<b>Neighbours</b>				
Ensure that they are aware of proposed site and how it impacts them	Engage with neighbours to keep them informed of developments	Briefings, meeting	Will Gardiner	Kensington Place, Gloucester Street, Newgate Street, Cheapside

**Low Power High Interest**

Reasons for Engagement	What is to be communicated	Method of Communication	Named Link	Other key stakeholders in this group
<b>Health Charities and Service Partners and Voluntary Sector</b>				
Key to engage with all charities to ensure they are aware of what is being proposed	Progress on Future Hospital developments	Briefings, meetings	Jim Hopley Chair Jersey Disability Partnership and John Pinel Chair St Johns Ambulance and formerly Chief Executive Jersey Voluntary and Community Service Partnership	Family Nursing and Homecare Jersey Hospice Care Private Nursing Homes JVCS ACET (Aids Care, Education & Training), Age Concern Jersey Autism Jersey, Brighter Futures Brig-y-Don Children’s Charity, Brook in Jersey, Causeway Association, Centre Point Trust Citizens Advice Bureau Clic Sargent Cancer Care for Children, Community Savings Limited, Donna Annand Melanoma Charity, Eating Disorders Action Group Jersey, EMO Psych, Family Mediation Jersey, Good Companions Club Grace Trust Jersey, Headway Jersey, Hope for John Jersey Child Care Trust Jersey Alzheimer’s Association Jersey Blind Society, Jersey Cancer Relief, Jersey Care Leavers Association, Jersey Catholic Pastoral Services Jersey Cheshire Home, Jersey Children’s Charity, Jersey Disability Partnership, Jersey Dyslexia Association, Jersey Employment Trust, Jersey Heart Support Group Jersey Hyperbaric Treatment Centre, Jersey Kidney Patients Association, Jersey Mencap, Les Amis, Lions Club of Jersey, Little Sisters of the Poor Jersey,

				<p>Macmillan Cancer Support Jersey, MIND Jersey, MS Jersey  MS Therapy Centre, NAS Jersey Society, Radio Lions Hospital Broadcasting Association, Red Cross, Relate Jersey, Salvation Army, Shop Mobility Jersey, Silkworth Lodge, Smile (Jersey)  Standing Conference of Women's Org, Stroke Association, Teenage Cancer Trust, The Grace Crocker Family Support Foundation, The Jersey Sports Association for the Disabled, The Shelter Trust  Triumph over Phobia Jersey, Tutela, Universal Healing Group  Variety, the Children's Charity  Victim Support Jersey</p>
<b>Residential Groups</b>				
Provide information on developments for Future Hospital	Progress on Future Hospital developments offering opportunities to discuss general issues but also providing assurance that individual concern will be heard in confidence if appropriate	Briefings, meeting	Will Gardiner	<p>West of Town Community Association, Safer St Helier Community Partnership, St Helier Waterfront Action Group, La Motte Street Youth Centre, Friends of Millennium Town Park, Jersey Youth Service, St Helier Youth Committee, St Helier Polish Society, Havre des Pas Group  La Pouquelaye WI, St Helier Methodists</p>
<b>Conservation Groups</b>				
Provide information on developments for Future Hospital	Information on size and impact of Future Hospital and its design quality. Anything needed as part of planning process	Briefings, meeting		<p>Historic Environment Team  Société Jersiaise  Jersey Heritage Trust  Save Jersey's Heritage</p>

**Low Power Low Interest**

Reasons for Engagement	What is to be communicated	Method of Communication	Named Link	Other key stakeholders in this group
<b>UK Hospitals</b>				
To ensure UK hospitals who Jersey works with are aware of future plans	Project and programme detail as appropriate to key partners (Southampton, Oxford LRH, Addenbrookes, Guys and St Thomas' etc.	Personal communication, Social Media, Media	Piers Andrews	Services who support off island care (aeromedical service etc.)
<b>Teenagers</b>				
To ensure that the younger population of the island are aware of what is being proposed	Plans for Future Hospital	Social Media, Media, Print, Events	Head Teachers Youth Parliament	Department of Education SoJ Officers
<b>Other hard to reach groups</b>				
To ensure that the hard to reach groups on the island are aware of what is being proposed	Plans for Future Hospital	Social Media, Media, Print, Events	Nicola de Jesus	Portuguese and Polish Heritage group

**High Power Low Interest**

Reasons for Engagement	What is to be communicated	Method of Communication	Named Link	Other key stakeholders in this group
<b>High Net Worth Stakeholders</b>				
To ensure they are aware of future opportunities for philanthropic investment	Progress of the project and possibly opportunities e.g. support for education and training	Personal letters	Project Board Chair	Finance and Island wide bodies