



EMRTS Service Review Communications and Engagement Strategy

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V1.2

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Situation

Following extensive independent scrutiny via the EMRTS Service Review, the subsequent recommendations were approved by the NHS Wales Joint Commissioning Committee and are relevant to this strategy document:

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report. •

Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee’s commissioning arrangements.

Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

The recommendations of the EMRTS Service review have now been approved, with some caveats including the development of additional road-based resources in Mid and North West Wales (R4). This strategy complements the recently updated EMRTS Stakeholder Management and Engagement Strategy.

This strategy is in response to the following requirement:

“Communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service.”

This document should be read in conjunction with the Welsh Air Ambulance Charitable Trust’s strategy overview document presented to the JCC along with this paper. It does not replace the broader EMRTS Stakeholder Management and Engagement Strategy.

Background

Since inception in 2015, the service has undergone a number of significant developments, including expansion in terms of numbers of teams operating across Wales, expansion to 24 hours operations and additional sites, as well as the recent hosting of the Adult Critical Care Transfer Service (ACCTS).

Further developments have also been introduced within EMRTS, such as a jointly funded patient aftercare team, and research projects which have elements of patient and public involvement (PPI). In addition, there is now a clearer delineation of responsibilities following the WAACT and EMRTS strategic reviews in 2021 including sole funding of transport (air and road) falling to the WAACT, and all clinical provision falling to the EMRTS respectively.

The recent service review highlighted the requirements, and opportunities, for increased awareness of the unique operating partnership in the public domain.

For these reasons, there is a need for additional and clearer messaging to be delivered to all stakeholders.

It should be noted that beyond periods of intense engagement and communication with stakeholders, such as during the project and launch phase of the service, expansion to Caernarfon base, and 24-hour operations, the EMRTS service communications have mainly been reactive.

However, during the most recent phases of the EMRTS Service Review, there have been extremely positive demonstrations of collaborative working to efficiently deliver a message with constrained resources across both the EMRTS and WAACT, and some of the key messages and collateral materials developed can be used in the next phases of engagement.

During the internal review of the strategy, it was also noted that as well as the public-facing communications, there is also some further work needed in communications to wider stakeholders such as those in NHS Wales, and so this strategy will seek to address those in tandem.

Broadly speaking, the EMRTS will use its finite resources to enhance, collaborate and amplify public facing communications predominantly delivered by the WAACT, whilst taking a lead on professional stakeholder engagement. The latter is vitally important to ensure trust is maintained across the NHS including in secondary care, and the ambulance service, who access the services offered.

There are some elements that wouldn't immediately come to mind but are relevant due to the complex interplay of patient flow between the services, such as the ACCTS. This along with recommendation 4, will need to be communicated by the service, as may not be within the gift of the independent WAACT.

Objectives

- Build public understanding of the whole service. At a high level, it is necessary to communicate both the existing provision, so people can fully understand the planned service changes, namely an expansion of actual operating hours and availability of the service to everyone in Wales, whilst addressing the perception of

removal of services in areas adjacent to current operating bases. Many of the key messages were honed during the service development review, through extensive engagement with communities, and for consistency the same messages will be used where applicable.

- Build trust and confidence with staff directly affected by planned developments
- Engage and support staff on planned developments
- Continue working with the WACCT on planned partnership social content

In addition, key stakeholders including Welsh ambulance staff and secondary care staff need to know they can continue to access current services, as well as in situations they may not have received them previously. It should be noted that these staff are also members of the public, and may have their own views to bear in mind.

The service was founded on three main investment objectives (in bold below), with two further areas being added during the recent service review in response to engagement with stakeholders.

- **Health Gain**
- **Equity**
- **Clinical & Skills sustainability**
- Affordability
- Value for money

Therefore we seek to communicate key messages covering all aspects of these key strategic objectives.

The overarching objective is to produce clearly defined identities to help people understand the service now and in the future, and to increase the profile of the service to all stakeholders. Through a variety of means, including patient stories, we hope to rebuild trust and confidence in the collaboration for those who are impacted by the proposed service change.

Audiences

Since inception, the EMRTS has focussed its communications on its professional audiences, focussing on improving access to its services via other agencies whether pre hospital or secondary care in nature. This has allowed WAACT to deliver the “public face” of the service, which is vital to ensure maximum benefits and sustainability of the charity. Despite almost annual significant service changes, the service development review was the first time the EMRTS came to public attention in a mainstream manner. Currently, the EMRTS and WAACT work closely on public-facing material relating to patient care and service provision where relevant, and are able to present information to a public audience in a way that maximises the available resources across both organisations.

The advent of the aftercare team has enhanced this, and necessitates coherent joint communications as jointly funded NHS staff are now engaging with patients and relatives post injury or illness and full disclosure is important in the protection of patients rights.

The audience is therefore broadly, made of the public, whether patients, relatives or general interest, and professional. Some stakeholders may have multiple affiliations and this should be borne in mind.

Staff engagement

There are a number of staff who are directly impacted by the proposed changes, with significant changes to their working patterns, place of work and intensity of work. These staff will need to have continued early visualisation of implementation proposals in advance of them being made public and so regular timely engagement is key in line with organisational change policy.

Strategy

The service wishes to re-engage with all stakeholders, both internal and external as identified in the overarching strategy. A tailored approach will be used to deliver appropriate content according to the audience profile with consistent and clear messaging at the appropriate time. As timelines become clearer around certain elements such as recommendation 4, a detailed delivery timetable will be produced internally and shared with partners in WAACT to ensure alignment.

The service will work collaboratively with the WAACT to further improve the understanding of the service and how it provides benefits across all key investment objectives and evaluation criteria.

The service will work collaboratively with external stakeholders to aid understanding and build confidence in the existing service provision and planned developments.

Some key areas of consideration are;

1. Update existing materials to ensure the current service is being represented accurately to key stakeholders
2. Use existing channels internally and externally to communicate the current service configuration, focussing on updates in capability since last communications such as 24/7 availability, enhanced skills, and any difference from alternative service provision
3. Engage with stakeholders and use service review findings to identify key concerns about the proposed changes for each stakeholder group
4. Align content with partners, especially WAACT and JCC
5. Staged release of implementation plans to stakeholders, starting internally and expanding to external, with clear timelines of change proposed.
6. Provide supportive statements to align with key project milestones such as road based team development, base acquisition and operational model once finalised.

Implementation

1. Review of Stakeholders in overall strategy to reflect current situation.
2. Review and update of communications toolkit to reflect current service provision.
3. Gap analysis to explore change in service provision in new service configuration.
4. Develop EMRTS strategic narrative
5. Review and update of website content
 - a. Professionals
 - b. Public
 - c. Staff
6. Delivery of communications toolkit material to key stakeholders via their own channels
 - a. WAST
 - b. Health Boards
 - c. Other stakeholders in Stakeholder Management and Engagement Strategy
7. Review and approval of public facing materials produced by WAACT
8. Amplification of WAACT relevant (patient stories etc...) public facing materials via available channels and mediums
9. Ongoing resourcing of collateral
 - a. Patient stories (with informed clinical consent), in particular highlighting whole service including Road provision.
 - b. Expert narration of patient stories
10. Planned content supporting national awareness days
11. Explore media documentary opportunities

Scoring (Evaluation)

Evaluation of this strategy is in line with the wider Stakeholder Management and Engagement Strategy. On a basic level, analysis of concerns and complaints provides a passive evaluation of effectiveness internally, however as the service changes are a multi-agency collaborative undertaking, it is felt that an external review would be most appropriate and in line with recent events. To support this routine monitoring tools will be used including website analytics, SharePoint analytics, and office365 analytics in relation to

Agenda Item 2.5.5
Appendix 5

email communications. Sentiment of media coverage and social engagement will also be used as well as routine patient and stakeholder feedback.