

Inclusion Strategy Consultation

Report

January 2012

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We would like to thank all participants in this work to date, and hope that we will continue to work together in the future to ensure the best possible care for our patients.

Executive Summary

An executive summary will be added to the final report after the workshop on 23rd January 2012.

Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a vision which has quality, innovation, improvement and meeting the clinical and care needs of patients at its core.

In March 2011 SECAmb achieved Foundation Trust status, a stamp of approval that the Trust's management and finances are in good shape to meet the challenges of providing excellent care for patients.

As a Foundation Trust (FT), SECAmb has a new commitment to involve and engage with its public and staff membership, and as the Trust remains part of the NHS our commitment to reduce health inequalities and respond to the needs of all our patients remains as strong as ever.

In September 2011 the Trust set out a proposal to develop an integrated patient, public and stakeholder engagement strategy. At the centre of this proposal was to make real our commitment to put the patient at the heart of everything we do.

At present, equality and diversity work, patient and public involvement and membership engagement in the organisation are covered by three distinct strategies, all of which are due to be refreshed or revised, namely:

- Single Equalities Scheme and action plan 2009/12
- Communications, Engagement and Involvement Strategy 2010/11
- Membership Strategy 2010/11

There are a number of reasons for developing an over-arching strategy (or 'Inclusion Strategy') to achieve the outcomes currently covered by the three existing strategies. These crucially include: the changing face of health and social care, a new landscape for Equality and Diversity work, new requirements as an FT and an increasingly challenging economic environment.

To provide the best possible patient care we know it is essential to understand the needs of the communities we serve.

Definitions

We use the term '**inclusion**' here to mean "involving and engaging with our communities, stakeholders and staff, to remove or minimise inequality of access and mitigate against discrimination, and enable the Trust to meet the needs of patients and evidence its fulfilment of statutory obligations".

Our constituency of **communities, stakeholders and staff** comprises:

- Patients,
- SECAmb staff,
- Members of South East Coast communities, localities and the general public,
- Community and voluntary organisations, and carers (on behalf of others),
- Key partners in delivering patient-focused health services and regulation, including HealthWatch and Health and Wellbeing Boards,
- Foundation Trust public and staff members and governors.

The context

There are several changes within SECAmb which provided impetus to look again at the way we engage and involve our communities, stakeholders and staff:

- Achievement of Foundation Trust status – which brings with it the opportunity, and obligation, to facilitate the Trust’s involvement with public members and staff members as well as governors’ involvement with members.
- The Trust wishes to embed Equality and Diversity and work to reduce health inequalities into and across the organisation.
- The Trust wishes to develop a staff engagement strategy to improve staff satisfaction.

In addition there are a number of external changes, including:

- The current economic climate means Trusts need to work more smartly, making better use of fewer or the same resources.
- The Government’s response to the recommendations of the NHS Future Forum, which state that the Government will:
 - strengthen the duties of organisations across the system with regard to patient, carer and public involvement, and
 - strengthen the definition of involvement to reflect better the principle of “no decision about me without me”.
- The new core duty for Monitor (the Foundation Trust regulator) to protect and promote patient interests, which means not only that Monitor must carry out appropriate patient and public involvement in the exercise of its own functions, but also presumably that it will require more rigorous evidence that FTs are doing the same.

- The White Paper, Equity and Excellence: Liberating the NHS – numerous changes which require more outcome-focussed public involvement and engagement, including LINKs’ transition to HealthWatch – with LINKs’ existing powers plus a seat on Health and Wellbeing Boards and a remit to report concerns about the quality of local health to national HealthWatch England (which reports to commissioners and the Secretary of State, and sits within the Care Quality Commission).
- The transition from the existing single equality scheme to the Equality Delivery System (EDS) is expected to become mandatory in 2012-13 – this requires a more robust and qualitative approach to provide evidence of patient experience and evidence of improved outcomes.
- The new Clinical Quality Indicators (CQIs) shift the emphasis from meeting response time targets towards reporting on clinical outcomes and patient experience. We are required to provide a narrative report on “the ways in which patient experience is captured and influences the design and delivery of services” on a quarterly basis.

Finally, the founding principles of the NHS, the principles behind the latest NHS reforms and SECamb’s own values and vision provide impetus to refresh and improve the way we engage, namely:

- “Nothing about me without me” Equity and Excellence: Liberating the NHS
- “Putting the patient at the heart of everything we do” SECamb values
- “The right to be involved – NHS services must reflect the needs and preferences of patients, their families and carers” NHS Constitution
- “A core principle of the White Paper is the need to eliminate discrimination and reduce inequalities in care. In our drive to secure Excellence in NHS services, we must not compromise the need to maintain and improve equity. There will be explicit duties to promote and tackle inequalities in the outcomes of healthcare service.” Liberating the NHS: Legislative framework and next steps

The process

To develop a new Trust-wide Inclusion Strategy, a process of engagement and involvement was started in October 2011. This three stage process was designed to ensure that the Trust involved stakeholders in developing the strategy from the very beginning.

Stage one – Scoping workshops

Two initial scoping events were held, one in the East and one in the West of the area where SECamb works. The first event took place 12th October in East Malling and the second 20th October in Horsham.

Participants were invited to think about what 'good' engagement and 'poor' engagement looked like, and then to consider two of four case studies of work currently taking place within SECamb to test whether different types of involvement and engagement might be appropriate depending on the type of work being undertaken.

Participants were asked who they would expect the Trust to involve, when we should involve people, what level of involvement/engagement is best for what, what support is required from the Trust and were also asked to consider the challenges faced by an organisation covering such a large geographical area and propose possible solutions.

We engaged with more than 60 people over the course of these two days, including SECamb staff, governors, FT members, and patients as well as staff from other NHS organisations, Local Authorities, and the third sector. The group of people invited was deliberately diverse.

The input from participants at these events was used to design the rest of the strategy development process.

Stage two – Focus groups and Survey

This comprised a series of focus groups to ensure that we have involved representatives from all our communities (November-December 2011). We invited or visited individuals and groups with protected characteristics and the 'seldom heard', as well as key staff, patients, governors, and other stakeholder groups.

We also developed a survey which was widely distributed to stakeholders, to check our understanding of the feedback from stage one and capture any alternative views which may have been missed from the workshops and focus groups.

This report contains the feedback received from stages one and two of the strategy development process.

Stage three – Strategy Development

A diverse group of representatives from stage 1 and stage 2 have been invited to a workshop (23rd January) to work with us to produce a draft strategy and action plan. This will then be sent out for final consultation (February 2012).

These participants have been sent this report with what we heard at stages one and two of the strategy development, to inform the discussion on the 23rd January. Participants will be asked to help us move from what we have heard so far to developing a process or processes to ensure that we deliver our involvement and engagement work in the ways identified through the consultation period. This workshop will help us put the meat on the bones, so to speak.

Identifying and involving stakeholders

An interesting challenge in developing the engagement plan for who should be involved in this work was that identifying who we should be involving and engaging going forward was one of the very issues we wished to resolve with our stakeholders. This put us in a 'chicken and egg' situation.

Therefore, at stage one, we invited as broad as possible a range of individuals known to the Trust. We invited people who had previously been involved with the Trust as Patient and Public Representatives, FT governors and members (including patients), staff, people from partner organisations we had previously worked with on specific projects, and contacts from community and voluntary sector organisations and local authorities as well as other parts of the NHS. It is hoped that this broad pool of input enabled us to get a good range of early input.

We then looked at the attendance list from the workshops and identified gaps. Special interest groups, including people who find it hard to attend workshops, were particularly targeted, and we endeavoured to go out to existing groups rather than invite people to come to us. A full list of the groups we met with is included in the focus group section below.

At the final stage, we tried to invite a representative group of people from across our key stakeholder groups, some of whom had been involved at earlier stages and some of whom were new to the process.

Outcomes of the workshops

What is "good" engagement?

Participants were asked to identify the factors that make engagement and involvement activity 'good' or 'poor'. These terms were simply defined as what would make engagement work better, or otherwise.

Factors which typify 'good' engagement can be clustered under key headings:

Engage with the right people in the right way at the right time

Typical comments included:

At the right time – at the start and on-going

Choose the right engagement method

Talk to the right people – ask the right questions

Be realistic about what you can achieve and use that to make a real change even if it's a small change

Honest communication – if you can't do it, say so

Follow-up, feed back and review regularly

Tell people about changes you've made

Follow-up – tell people what you have done.

Feedback actions taken – on-going involvement

Know your communities so you can engage in the right way

Work with existing groups – attend their meetings

Know your communities – be aware of culture and capitalise on local knowledge

Provide the right information

Give people the information they need to participate

Right information/content

Information provided = clear timely process

Other comments highlighted the importance of mutual respect, active participation, and using the insights gained from consultation and engagement activities.

What is 'poor' engagement?

While it can be taken as read that engagement which is not undertaken in the ways suggested under good engagement above are 'poor', interestingly the majority of participants identified one single factor which typifies poor engagement:

Tokenistic engagement

Comments included:

Tick box – decisions already made

Not acting on findings

Consultation done too late when decision has already been made

No feedback and failing to act on what you've found

Tokenistic

No feedback

Other factors identified as poor included asking people the same thing twice, taking those who shout loudest as representative, using jargon, not resourcing engagement properly, and providing inadequate information.

Priorities for involvement and engagement in different areas of SECAMB's work

When considering the four case studies of SECAMB's work that were provided on the day, participants were asked to consider three questions about involvement and engagement in relation to each. The specific feedback on the case study areas of the Trust's work that has been received has also been collated and fed back to the relevant project and programme managers and can be provided to you on request.

In relation to involvement and engagement, participants' responses are summarised below.

Front-Loaded Service Model (an internal project to develop differently skilled paramedics who can deliver specialised care)

Participants felt that when we are changing the way we deliver our services, they would expect the Trust to involve a representative cross-section of society, including relevant staff, community groups and clinicians such as GPs.

Participants encouraged on-going, rather than one-off, involvement and engagement throughout the life of such a project, with feedback at key points about progress.

It was felt that there should be public awareness-raising taking place hand in hand with the development of the project itself, to help patients and the public understand the rationale for any changes to what they would experience. Information should also be shared with relevant stakeholder groups, alongside working in partnership with key stakeholders to develop the work itself.

Make Ready (a change to the way we manage, restock and clean our vehicles)

Participants focused on the importance of involving and informing staff as Make Ready develops, since staff will experience the changes to their ways of working first-hand more than patients. In addition, many key stakeholder groups were also identified, both to help develop the programme and also to inform people about

proposed changes to ambulance station locations and allay any fears about a reduced service. Engaging with the media was also felt to be important.

Participants felt stakeholders should be involved from the planning stage, once the Trust knows that changes need to be made, and then involved throughout the life of the project.

Annual Planning Process

When planning, participants identified numerous key stakeholder groups who should be involved in the process, including but not limited to staff, patients, staff from other organisations (e.g. NHS, community organisations), FT members, patient groups from other services, statutory organisations and GPs.

There was clear agreement from participants that there should be an on-going process of engagement with these stakeholders, not simply once a year during the annual planning process, to enable informed involvement in the process.

Equality Delivery System (EDS - a new way of working with stakeholders to ensure we reduce health inequalities and support diverse staff fairly)

Again, participants identified various relevant stakeholder groups to involve in this work, however unlike other types of project development or annual planning, some participants felt that to ensure on-going engagement from seldom heard groups it might be appropriate to pay community and voluntary organisations for their time to represent the views of these groups in developing this work.

Participants were clear that there should be an iterative process of engagement and involvement, and the Trust should build meaningful relationships with key stakeholders to enable real partnership working.

Involving senior SECAmb staff was felt to be important, since they will be the people implementing the objectives of the EDS. Those involved externally should include people with the protected characteristics as identified in the EDS, to ensure that their views are included and they are not 'done to'.

Ensuring SECAmb has the systems and processes in place to engage effectively

Workshop participants also considered two questions in relation to SECAmb's involvement and engagement work in general. These comments are clustered under headings under each question below.

- 1. What might SECAmb need to put into place to enable effective involvement/engagement in its work?** (Please consider: internal and external structures and mechanisms, as well as ensuring anyone can participate and money, time, and other resource implications)

The following headings are not in order of priority but identify different elements participants' commented on.

Inform and educate

Educate as to what the service does

Make information plain and simple

Staff not receiving information (imperative)

Give a good reason to engage

Have something to offer

Clear explanation of why we are engaging

Language – alternative terms that can be understood by all

Reach out to the community

Go out to groups and inform about SECAMB

Clinical staff to be visible and able to educate public groups

Reach all parts of the community

Focus groups like today, but use groups that are already established

Advertise in libraries – go out to where people are

Reach out to people more

Engage young people

Make it easy for youth/working age to engage

Make sure you engage with people who don't use the service

Visible staff that engage with the community

Engage people that changes will impact directly eg people who live next to stations etc

Adopt relevant values

Total commitment [to engaging]

Be open about big ideas

Engage people before working out the detail for projects

Hold events so people can get there

Use appropriate methods

24/7 duty press officer “good news stories” regularly

On-going info to newspapers

Free sheets and paid press

SMS text

DVDs for social media as an education method

Customer satisfaction leaflets

Feedback at discharge

Use Make Ready Centres to have stalls open to the public

Look at different ways of gathering patient experiences – mixture of techniques

Viral story telling

Set up appropriate structures

Easy and overt feedback process (staff, patients etc)

Tailor events and engagement differently for different audiences

Rolling engagement is useful

PALS – internal

Council, patient experience groups and charities

Knowing the demographics/taking samples

Governors/FT members (equality data)

Patient experience review (accurate, relevant feedback critical)

Staff groups (not senior managers alone)

Representative user group

Routinely compare user data with accurate population data

Joined-up approach

Communication and engagement strategy for a potentially fragmented process

2. **How, as a regional organisation, do we ensure we include local views and perspectives?** (Please consider the challenge of operating over six Local Authority areas and the diversity of the population we serve)

Understand local differences

Different across the area, demographics are different

[Develop] regional identities – [our patch is] too big

County identified i.e. Kent, Surrey, Sussex – local links, contacts, mechanism

Mapping exercise needs to be done

Some decisions will be local so consultation will be local

Work across geographical spread

Strategy at regional level

Operational at local level

Identify seldom heard groups/people

Identify hard to reach groups and specific measures

Mapping exercise needs to be done

Communication issues – language barriers, dementia...

Are you confident you are accessing all vulnerable people?

Groups of diverse people go out and advise

Organisations i.e. Friends, Family and Travellers

Use governors and members

Governors – meeting communities

Enlist members to help

Broadness of membership and Champions for the Trust

Members

Use membership as contact group

Through the governors

Work with/through others

Key people in organisations need to be identified in order to be approached

Partnership working – sharing – communities – duty of care

Organisational champions

Working closely with local authorities – LINK, HealthWatch and third sector specialist organisations

Go to groups that are already established

Work with others including CFRs

Organisations i.e. Friends, Family and Travellers

Networks

Systems and structures

Patient-centred – on-going

Be explicit with partners about how often we can get involved

Important to think about what we can systematise in terms of engagement and what can happen ad hoc

Start with gap analysis

The Focus Groups

Based on the outcomes of Stage One we then moved to Stage Two where we aimed to test the outcomes from Stage One with diverse groups of stakeholders. We identified a number of core groups of stakeholders who may bring a different perspective to the consultation.

Focus groups and meetings were held with these groups as follows:

Date	Focus	Group
30.11.11	People with learning disabilities	Peppercorns, Kent
05.12.11	Gypsies and Travellers	Friends, Families and Travellers, Sussex
07.12.11	People with dementia and their carers, including Black and Minority Ethnic people	Friend with Dementia, Surrey
13.12.11	Older people	East Sussex Seniors Association, East Sussex
15.12.11	Young people	Dartford Pupil Referral Unit, Kent
16.12.11	SECamb staff	Invited staff group
16.12.11	FT governors and members	Invited public group
19.12.11	People with a disability and Black and Minority Ethnic people	Surrey Coalition of Disabled People and Surrey BME Forum, Surrey
21-22.12.11	People with long term conditions	Renal dialysis patients, Brighton and West Sussex
22.12.11	Lesbian, Gay and Bisexual people	Brighton and Hove Actually Gay Men's Chorus and Gay Women's Chorus, Brighton

We would like to again thank these groups and the people who participated in these sessions for their invaluable input.

The outcome of these sessions is set out below.

People with learning disabilities

Participants explained that they have specific preferences about the way information is presented to them, including the use of visual aids, simple language, and face to face talks where possible. In face to face or telephone interaction, it would be important to speak clearly and slowly, and be patient with the person responding.

Surveys are not ideal, but where they are used can be mediated by a support worker to help the person with learning disabilities to complete the form.

As for other participants, it was important that what people say is listened to and acted upon, and that some feedback was received about what impact their involvement has had.

It would be important for SECamb to check that people with learning disabilities have understood any communications, and suggestions included providing a sheet with check boxes.

Gypsies and Travellers

The headlines from gypsy and traveller participants echoed those of the general workshops. The ambulance service needs to be seen as accessible by people in this community, both in terms of access to services and also in listening to and working with the community on a continuous to understand their needs, and to feedback what is being done to improve services.

Information about changes to the service should be displayed in GP surgeries and hospital waiting rooms, and it would be important to work with groups that represent gypsies and travellers on an on-going basis, and get to know their communities.

Where face to face engagement is needed, we should consider doing this on the back of existing meetings, for example parents and toddler groups.

Crucially, when communicating about the service, we should be aware that most people will think that what happens in Kent, Surrey and Sussex also happens in Yorkshire or Devon. If that is not the case, it is particularly important to be clear about this when engaging with communities who travel.

People with dementia and their carers

It is crucially important to recognise that carers are extremely busy people who find it hard to get out of the house. Participants felt that it would be possible to involve carers on behalf of people with dementia; however it would be even better to use social events to engage both the carer and person with dementia in a social context beneficial to all.

We should involve groups that work with people with dementia on an on-going basis, and develop partnerships with these groups. In terms of using our service, people with dementia might be flagged so ambulance staff are aware when they attend their home. The message in a bottle scheme is widely used.

It was felt key that there is an understanding of the way people with dementia may react when in pain, and also that Accident and Emergency is an extremely disorientating and stressful place for someone with dementia. On-going engagement with people with dementia and their carers and representatives will be key, but GPs' surgeries are felt to be a good place to try to raise awareness of anything the service is doing.

For some Black and Minority Ethnic people with dementia, particularly South Asian communities, cultural views about accessing healthcare and keeping illness in the family come into play. Also, people do not recognise themselves as carers, even though they are fulfilling a caring role, and often do not wish to accept help. Working with groups and people who have built trust with these communities is vital as perceived outsiders won't find it easy to engage in open discourse.

Older people

Two-way, regular involvement was felt to be essential, as was gathering regular, first-hand patient feedback and making good use of it. Talking to patients in discharge lounges and outpatients was suggested.

Participants also said that SECamb should be more proactive at involving itself in external consultation and engagement activities to which it is invited but often does not attend, though it was recognised that the size of the area where SECamb works made this a challenge.

People wished to be told about changes made in a “You said we did or didn’t....” format, regularly. They also said that having accurate and relevant data to help understand planned changes would be vital.

Building relationships is important, and participants highlighted the added benefits this can bring, such as leading people to volunteer to help in other ways and building trust. Finally, it might be good to work with other organisations who involve people well, such as the Royal National Lifeboat Institution.

Younger people

Participants felt they would like regular dialogue with the service, rather than just hearing from us when changes are being planned. The group understood that SECamb would not always be able to do what the public wished; however they felt that it would be good to get feedback on why if this was the case. Participants understood the need to tailor information to people from different cultures etc.

In order to reach younger people, it was suggested that the service should visit or place information in youth clubs, sports centres and/or schools.

SECamb staff

Staff were keen to emphasise that engagement happen at the right time, when SECamb has a sense of direction but before all key decisions have been made. Also it is important to ensure we manage people’s expectations so that we don’t appear to consult on issues where we have already made a decision. Staff were also clear that SECamb is not a democracy and that engagement and involvement should aid decision-making, not always lead it. We should only involve people in decisions they can influence.

With staff communications and engagement, as with public, it should be on-going and two-way, and we should be clear with our key stakeholders about when and how we will get involved in external consultation and engagement activity.

There need to be clearer communications, so that anyone (staff or the public) who engages with SECAMB understands the issues. Engagement needs to be inclusive rather than selective, and people need feedback once they have been engaged.

Internally, we need to be more open to involving staff in decision-making and being clear about when and how this has happened, however the group recognised that staff themselves have a responsibility to be proactive about keeping up to date.

The underpinning principle of all engagement and involvement should be dignity and respect, and this should extend to how we work with volunteers as well as staff and other stakeholders.

Internally, often engagement only happens with established groups and we need to be conscious that these groups do not represent all staff. Information needs to be jargon free and clear, both internally and externally – it's crucial to consider the audience's needs. Information could be tested on users for clarity before being sent out.

FT governors and members

It is important to work out how to involve the right people. Participants recognised that not everyone will want to be involved, but those who are involved should be as representative of key stakeholders as possible. There should be regular communication with key organisations.

There was an interesting discussion about people's negative preconceptions about the word consultation. People preferred the terminology of engagement and involvement. Governors were particularly keen to be communicating with their members to help them understand what SECAMB is doing.

Participants felt it would be appropriate to enable stakeholders to lobby on behalf of SECAMB on decisions outside of SECAMB's control.

Avoiding jargon was felt to be essential, and making more information available on the SECAMB website, for example on SECAMB's performance but also any planned changes, was felt to be a good way to get information out.

Different departments within SECAMB should ensure they are joined-up in terms of external communications.

People with a disability and Black and Minority Ethnic people

Participants felt that SECAMB should be engaging with people at the start of any change process, and on an on-going basis. They emphasised that patient feedback should be regularly collected, analysed and acted on, and suggested small feedback cards on PTS vehicles.

It is important to work closely with other organisations and also that we link up with other NHS organisations whenever possible. However, it is important to ensure that organisations which claim to represent a group or community really do – so some specification for organisations we partner with (e.g. in terms of their constitution for example) may be appropriate. Feedback should be provided to people who have been involved, in both simple summary form and in full detail for those who wish to see it.

It is important that participants feel they are able to offer negative feedback and it will be heard – this means creating a climate of trust and partnership. BME people are spread out in pockets across Surrey and hard to get access to and so we should work with groups that already work with them.

We should recognise communication issues around translation, interpreting, hearing impairment and visual impairment. We should ask in advance about the format people require information in, and build in diverse communications as standard (for example speech to type). Easy read versions are agreed to be accessible to all.

We should always ask communities how best to work with them.

People with long term conditions

Participants expressed trust in SECamb to look after patients' best interests, and agreed with the majority of comments we had heard in Phase One of the strategy development process.

They felt that talking to patients who are dialysing is a very good idea as they are there for a long time and can get bored. Some people also felt that newsletters are a good way of a communicating.

It was suggested that the people who manage patient transport services should come and talk to patients and also get experience of using the service to see what it is like.

Lesbian, Gay and Bisexual people

Participants noted the importance of sharing information about service changes with the communities the Trust serves, and engaging with the public to manage expectations. They felt that a variety of engagement methods needed to be used as the LGB community is not a homogenous group of people.

Specific suggestions about ways to engage with lesbian, gay and bisexual people included the Pink Press, G-Scene, through doctors' surgeries, in waiting rooms, and by working in partnership with sexual health organisations.

The Survey

A survey was distributed widely to staff, stakeholders, members, governors and patients. The aim of the survey was to enable wider participation, and to check whether a broader stakeholder group agreed with what we had heard during the workshops.

608 people completed the survey, and a full breakdown of the monitoring information will be made available in the final report, however it is worth noting here that a diverse group of patients, staff and other stakeholders took part. The response was excellent and we would like to thank everyone who took the time to participate.

Headline responses regarding whether people felt they agreed with what we had heard at the workshops are set out below. In addition, participants were asked for any additional comments about how and whether this would work for them. The key themes from these comments are also set out below. Particular attention has been paid to understanding the views of those who disagreed with what we had heard at the workshops, to enable us to understand more about who has different views.

In addition, any specific comments relating to services, staff/volunteer or 'special interest' groups will be passed on to relevant senior managers and/or taken into account in the detail of the Inclusion Strategy, as relevant.

Q1. People told us it was important that we engage and involve people at the start of any projects and throughout, so that engagement is on-going rather than one-off. Do you agree?

Answer Options	Response Percent	Response Count
Strongly agree	62.6%	380
Agree	32.8%	199
Disagree	2.1%	13
Strongly Disagree	1.0%	6
Don't know	1.5%	9
	answered question	607
	skipped question	1

95% of respondents agreed or strongly agreed with what we'd heard during the workshops in Phase One. Nineteen people disagreed or strongly disagreed.

Q2. Comments

Two themes emerge from their comments. One strand is around general disenchantment with involvement and engagement, particularly from SECamb staff. For example:

“My experience of ' being consulted ' is that the body in question just goes through the motions of a consultation and then imposes what ever it was that they wanted to do and if people complain they are told 'Well we consulted widely and openly ' but it means nothing.”

The second is about only engaging and involving people appropriately, i.e. that the level and timing of engagement may depend on the type of project or work being considered.

“When it is relevant and appropriate.”

Comments from the vast majority who agreed with the statement were wide-ranging. Many respondents reiterated the importance of meaningful engagement – that is, that when people are involved they should be listened to. Engagement should not be tokenistic, and should take place when there are still decisions to be made.

For example:

“Involvement should start when problem is been defined...often involvement start when solutions are been identified”

Others commented on who and how we should involve and engage. For example:

“I think consultation is important but it must be representative of the community as a whole, rather than focused on a few individuals.”

“Continuous quick involvement may help people with busy lives to be involved rather than putting aside large periods of time, ie evening meetings.”

Q3. Communicating what we've done.

We were told it was important to let people know their views have been listened to, so we should provide feedback to people we've engaged and should tell them what we've done or not done as a result of their input. If we've not been able to do what people suggested to us, we should explain why. Do you agree?

Answer Options	Response Percent	Response Count
Strongly agree	60.6%	368
Agree	35.6%	216
Disagree	2.5%	15
Strongly disagree	0.2%	1
Don't know	1.2%	7
answered question		607
skipped question		1

96% of respondents agreed or strongly agreed with what we had been told at the workshops. There were only four comments from those who disagreed, and these did not present a view of what should be done instead.

Q4. Comments

Many of the comments from those who agreed or strongly agreed were in some way recognising the challenges of providing feedback, but agreeing that it is important to do so. For example:

“Feedback should be realistically managed. To give individual feedback and response could be time consuming and not cost effective. Strategies to inform the client base as a whole would be a good way forward.”

Many participants felt that email was the simplest way, some saying that they did not wish to see resources diverted from the Trust’s core work unnecessarily, however others recognised that not everyone is on email and a variety of feedback methods should be used.

“Feedback once a year by email would be sufficient in my view - you don't want to be bogged down by lots of "reporting"!! You presumably have enough of that to do in any case!”

“I think the nature of the feedback may vary according to either the subject matter or the way in which the information was communicated initially. ie if I were a member of a project sub group I would expect to receive feedback by way of the minutes/discussions at meetings. If, however, I was not that involved, but had made a suggestion, personal feedback would be welcome; along with generic communications...”

Many participants also commented that they would welcome honest, grown-up feedback:

“We are not special, just ordinary people who want to be involved to improve the way the Trust works. If we have done or said anything that changed your approach, you could let us know. If we haven't changed your minds. let us know!”

Q5. Involving people appropriately.

People told us that we should involve them in ways that work for them. We already ask people when they join as Foundation Trust members to tell us if they want to be involved in any of the following ways: Receive information Take part in surveys or questionnaires Come to events Be on a group or panel Become a governor. Are there other ways you think we should be involving people?

208 respondents added comments, which covered three main themes (not in any order of priority).

The first was about the possibility of making more use of social media (Facebook and Twitter were mentioned numerous times) and also the possibility of using blogs and online forums. For example:

“Face book, twitter etc. General trends in support can be teased out & these systems will evolve to reflect & include stakeholders. You can also get straight to the point with these mediums rather than expensive meetings.”

The second theme was about local engagement; about where and how SECamb can get out into the community more appropriately and actively, but also engage with staff at a local level more effectively. There were many comments about going out to do talks with local groups, or holding meetings at local venues. Open Days were also suggested.

“could possibly put notifications / updates in local newspapers, hospitals, GP surgeries etc where interested parties may see them. also put information on your website. all routes could provide details of how people could become more involved if they wish.”

The third theme focused on the importance of getting patient feedback, and involving a variety of people:

“Near - time patient feedback, i.e. asking for feedback shortly after an intervention from SECamb - obviously when the patient is able and comfortable to do so.”

Q6. Making involvement and engagement part of everything we do.

We were told that community engagement and involvement should not be an add-on to what we do, but should automatically be part of our day-to-day work. People felt we should be routinely and regularly talking to those who use our services or have an interest in the ambulance service and that the Trust should provide adequate resources to do this properly. Do you agree?

Answer Options	Response Percent	Response Count
Strongly agree	53.4%	291
Agree	38.7%	211
Disagree	4.2%	23
Strongly disagree	1.1%	6
Don't know	2.6%	14
<i>answered question</i>		545
<i>skipped question</i>		63

92% of respondents agreed or strongly agreed. 29 people did not agree, and of these 18 people added comments.

Q7. Comments

The main theme of the comments from participants who disagreed was that SECamb should not use its resources in this way, and should focus on front-line care rather than spend energy and money on involvement activity. For example:

“If the service is running smoothly and safely there need not be loads of admin and communication which can be expensive. To reduce costs you only need to involve local people if you have to.”

Comments from people who agreed were diverse, but key themes can be identified.

Some participants commented on the fact that many staff do receive patient feedback but that they may not have a mechanism to feed this back to the Trust, and also that some staff participate in local events where they promote SECamb and talk about what the Trust does, but again that there is no mechanism for feeding this back in to anyone who will ensure it reaches the right ears within the organisation.

“Crew should report any comments received when attending accidents etc.”

A large number of comments included suggestions for different ways of reaching out to people, including types of events we should attend, and others identified the need for a panel of patients and stakeholders for the Trust to work with regularly.

“This is very difficult to achieve. It requires a careful balance between engaging and overwhelming members. A strong participation forum/network could provide a useful tool to help with this.”

“The patients are the most important people, but they have no forum so far as I know.”

Some participants made comments about whether this work should be undertaken across the Trust or by specialist staff within the Trust:

“...this is not an add on to an existing role but a specific and specialist function”

“Frontline staff should be seconded for periods of time to be involved in community engagement. This should be via an application process so the right staff represent the trust at its best, not staff who are feel overwhelmed by frontline duties.”

Other respondents showed a clear awareness of the possible benefits to the Trust and ultimately to patients if this were done effectively:

“If the needs of the public are intrinsically interweaved within your operating systems, then this should work better for everyone. It will also be easier to operate, because adaptations will be on-going, and the system will not need a major and disruptive overhaul.”

“Yes, it absolutely should be, and would, if carefully choreographed against the business plan, strategy and values, deliver increased operational efficiencies.”

Q8. Involving everyone.

People told us that we need to work hard to enable all people in our community to be involved in our work if they want to be, but they recognised that with a population of 4.5 million people this could be a challenge for us! They suggested that we draw together a group of interested people who are representative of the population we serve to work with us on an on-going basis. Do you agree?

Answer Options	Response Percent	Response Count
Strongly agree	33.8%	183
Agree	52.1%	282
Disagree	5.9%	32
Strongly disagree	3.0%	16
Don't know	5.2%	28
answered question		541
skipped question		67

86% of respondents agreed or strongly agreed, with 9% disagreeing. Of those who disagreed, 24 people made comments.

Q9. Comments

Comments from those who disagreed focused around a couple of themes.

One theme was the difficulty of creating a 'representative' group and what that might mean, for example:

"You can't possibly achieve a workable group that is 'representative' of the whole population due to the extent of diversity within it. You need to have a diverse group who are not 'representative' as such but who understand something about equality and diversity issues and are prepared to champion causes other than their own."

A second theme was the view that the Council of Governors or our Foundation Trust members were supposed to fulfil this function, so why create another group:

"Is this not what are Public Governors are for"

"This is already achieved with FT membership - we should go to our members only"

The third theme amongst those who disagreed was that in fact this type of engagement is not the best use of resources, or only involves the same people:

"That is impossible. Busy working people will not have time!! It is normally at the time of need a service is recognised and when it is threatened normally it is those people that use it will shout the loudest."

“Why the !!! ? We need more staff to serve this population well and to produce quality work. The ! shows we are over loaded.”

“Not sure on this one as the same old faces keep appearing and they are not representative. We also have too many with personal vested interests rather than the interest of the wider public.”

The issue of ‘representation’ and how it would work and be accountable was also raised by many of those who agreed with the statement, for example:

“How will you know they are truly representative? What opportunities will there be for patients to gather and discuss, either physically or on line? How seriously will their requests be treated? What feedback will there be?”

“Representatives from different age groups who offer services for a set time. 'The disabled', the older clients', the young are not homogenous groups. Perhaps people could be accessed randomly from outpatients. Need to include A and E acute, children and (parents), maternity, radiotherapy. It shouldn't just focus on chronically disabled and elderly groups.”

“They need to be truly representative and not a hand picked group by your service”

There were also lots of useful comments about different ways to manage such a group:

“Might be worth setting up different groups depending on the work to be done. A danger with a single group is they then become a loud voice and remove responsibility from others.”

“This has possibilities and could be organised locally by, say the local First Responder. It could become a bit like the Neighbourhood Watch scheme where there is a Neighbourhood Watch coordinator and recruits a team of local enthusiasts to meet, say once a month with the occasional input by a SECAMB member.”

Ensuring that any group was accessible and open to new members was also felt to be important:

“The setting up of such a group will enable more work to be achieved. It is important to establish a method by which users feel able to communicate their views to this focus group, in order to have their voices heard.”

“This group should be open and rotating so not the same people over a long period of time. Ethnically mixed, socio-economic differences are taken into account.”

Others noted that SECAMB should not simply work with one group, but should do continuous outreach work as well:

“I agree with this in principle but I am not sure that this group should be the main source of information. I think there might be a danger of getting a narrow point of

view even with a representative group - there definitely needs to be reaching out into communities to discover what those people who never get involved think. You could do this by working in partnership with community and voluntary organisations. I would also ask if there is a robust system so that you know the group who are getting involved are truly representative - do they attend forums and meetings of the group of people they are representing in order to get their views?"

Finally, a fair number of people suggested that the FT membership was a good group to be working with:

"We need to think about how this relates to our membership and Governors who represent them. Ideally these interested people should be drawn from the membership - unless it can be shown that this is not inclusive enough. Governors should be involved in the process."

Q.10 Ensuring under-represented groups are heard

We were told that we should pay particular attention to identifying and engaging groups and individuals who in the past have been under-represented or find it harder to access our services, and that we should do this by working with organisations that represent such groups and individuals. Do you agree?

Answer Options	Response Percent	Response Count
Strongly agree	40.0%	211
Agree	46.9%	247
Disagree	4.9%	26
Strongly disagree	2.7%	14
Don't know	5.5%	29
answered question		527
skipped question		81

87% of respondents agreed or strongly agreed, while 8% disagreed or strongly disagreed. Of those who disagreed, 16 people commented.

Q11. Comments

The majority of those who disagreed commented on the onus being on people to engage if they want to, and that we should not use time and resources to focus on people who do not wish to engage:

"Waste of money. People will only be engaged if they want to be. Some hard to reach groups don't want engagement. Also hard to reach groups can be disproportionate to the needs of a local population as a whole."

Another theme was the idea that the service is accessible to all because there is universal access via the 999 number:

"Anyone can dial 999. It's free and we go to everyone regardless of race, sex or creed. Really. Anyone can dial 999"

Amongst the majority who agreed, a number of themes were apparent.

Some participants wondered how to identify these under-represented groups, and made thoughtful suggestions about who to approach:

“Probably most effective by working with organisations who will be able to link with their members.”

“It is possibly the only way to approach some groups but there is a danger that the same people self select to represent their group on everything. Perhaps the organisations need to be used to help you contact people in those communities rather than acting as proxy for them.”

Other participants mentioned under-represented groups that should be included, for example:

“working with carers is important and those with mental health issues.”

“The core group should include the usual Equal Opps spread by ensuring gender mix, disability groups, religious groups etc. are included.”

“Ethnic minority eastern European communities are a big issue in my area. Often, these communities are misrepresented, speak little English and have very little interaction with other groups of society - in particular the Slovakian roma and Romanian roma communities could benefit from some formal social interaction. Reach out to their communities and get community leaders on board - show them the value in getting involved.”

Q11. Any other comments?

We realise that this survey focuses on asking if you agree with the views we have already heard. However, if you think there is anything else we should know about how you might want to be involved and engaged, or how the Trust could work with interested parties more effectively to provide better services, please do use this space to tell us.

This final question elicited many responses about aspects of SECAMB’s service or the way we work with staff and volunteers which are not directly connected to the Inclusion Strategy development. These responses are not analysed here but will be collated and presented to the appropriate teams within SECAMB.

Relating to developing our inclusion work, many participants used this opportunity to reiterate points made previously which they felt to be important. Others said they hoped that the suggestions tested in the survey would be implemented, and a number of others commented that the questions in the survey had been rather long-winded.

A number of participants took the opportunity to commend the suggested way forward, however cautioned against going too far down the engagement and involvement route and losing perspective:

“While I agree with the need for involvement, beware of going over the top. The main requirement is that things should actually work when needed.”

Others advised that it would be important to feed back the outcomes of this survey, and on any engagement and involvement done in the future:

“There is nothing more annoying than being asked the same things again & again & then not hearing back. See what information you & partners already have & can share, then use consultation to fill in the gaps., & make sure you feedback to people the outcomes.”

One comment summarised the views of many at the end of the survey:

“What seems to be proposed is sensible. However, so often such consultations set out to achieve great things and it would be good to see evidence that this consultation delivers by making any necessary structural changes, resourcing it properly and providing good feedback to all involved. It needs to demonstrate that it is accountable to the population by actions, not words.”

Conclusions and Recommendations

Conclusions and recommendations will be added to this report after the final strategy development workshop on 23rd January 2012.

Appendices

Full appendices will be added to this report after the final strategy development workshop on 23rd January 2012.