

Workforce Strategy

2018-2021

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Preface

How the workforce performs is fundamental to determining whether we are able to achieve our mission of improving people's lives by minimising the impact of mental-ill health or a learning disability. We need to continuously improve the quality of services and this entails taking a strategic approach to workforce supply, development, health and wellbeing and engagement activities.

Our vision is to be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations. Implementing this strategy will support achievement of the Trusts Strategic Goal 3 'To recruit, develop and retain a skilled, compassionate and motivated workforce'. Delivering the Trust vision through Strategic Goal 3 means:

- Promoting a culture where our staff feel engaged and valued
- Ensuring all our staff work in line with the Trust values, behaviours and compact
- Promoting and supporting the health and wellbeing of our staff
- Ensuring we have effective leadership and management throughout the organisation
- Providing appropriate education, training, development and leadership opportunities for all staff
- Providing high quality placements for student health care professionals and trainees as the future workforce

We want TEWV to be a great place to work. Staff survey feedback and the outcomes of externally led assessments provide evidence of good employment policy and practice, sometimes amongst the best within the NHS. An increasingly challenging environment, that includes greater expectations and work demands and tighter resourcing, means that we need to do more to make TEWV a place where people want to work.

A commitment to enhanced employee engagement is at the heart of the Workforce Strategy as there is good evidence that having an engaged workforce benefits staff and patients.

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1. Where are we now

TEWV employs approximately 6,700 staff (5,850 WTE). Registered nurses are the largest single workforce group within TEWV (33%) followed by healthcare assistants (24%), administrative and clerical staff (19%) and estates and facilities directorate staff (6%). Medical (4%), professional scientific and technical (6.5%) and allied health professionals (5%) are our other workforce groups. The majority of TEWV clinical staff work within community based services.

Amongst TEWV-wide workforce related initiatives that will impact upon our ability to deliver the Trust vision are:

- **The TEWV Recovery Strategy** includes the development of peer workers and the embedding of recovery practice within the everyday work of TEWV staff. This will have major implications for service users and the workforce. The way in which staff work with service users to embed recovery practice and principles will entail changes to job roles, competency requirements and training.
- **The Right Staffing business plan priority** is a programme of work that seeks to make TEWV a compassionate, fair and just organisation where staff want to work and excel; and where patients have choice and confidence in working with the right staff having the right skills at the right place and time to receive outstanding care and treatment.
- **The TEWV culture** – we promote our values, behaviours and staff compact along with adopting a coaching based approach to leadership and embedding the TEWV Recovery Strategy. These three key pieces of work will help us to improve the way that care is provided and services managed for the benefit of patients and staff.
- **TEWV Purposeful and Productive Community Services (PPCS)** – this initiative will change the way that community teams, and the staff within them, work to deliver services.

Our **STRENGTHS** include:

We have a stable workforce – the annual labour turnover rate is typically 10% compared to an NHS mental health trust average labour turnover rate of 12.75%. There are variations between the TEWV localities with labour turnover rates ranging from 7.6% to 16.5%. In a twelve month period approximately 650 staff will leave TEWV and a similar number will join. Age retirement accounts for the highest proportion of leavers (20.3%).

We do much to engage staff – as measured by the annual staff opinion survey and the three times per year Staff Friends and Family Test staff engagement is better than most other mental health and learning disability trust. The TEWV Quality Improvement System has proved to be an important way of ensuring that we directly involve our staff in activities that improve their working lives and the experiences of the people that we care for.

We have good employment relations – constructive TEWV-wide and locality based consultation forums are in place and relationships with staff representatives are positive. The numbers of disciplinary and grievance cases are low with less than 2% of the TEWV workforce being the subject of formal proceedings in any one year.

Access to education and training is good – staff regularly tell us that they are often supported to access development opportunities and that this is one of the best things about working for TEWV. Completion of statutory and mandatory training has never been higher than it is now at 90% or more within some localities. More needs to be done however, to ensure that all training needs are fully captured and responded to.

Managing organisational change – typically some 150 to 200 staff will formally enter the TEWV redeployment process each year due to organisational change and many more staff will be affected indirectly by organisational change each year. We acknowledge the importance of continuing to improve how we work with our staff to bring about successful change and to better address the health and wellbeing impact of change upon our staff.

The working environment is a positive one – the most recent Investors in People assessment identified TEWV as having a demonstrable commitment to developing people, providing a wealth of wellbeing support and a working environment where people are mutually supportive and respectful.

Our **CHALLENGES** include:

Our workforce age profile is rising - 52.4% of all TEWV staff are 44 or older. There are significant variations between localities/services e.g. 39.5% of Forensic Services staff are aged 44 or over compared to 73.9% of Estates and Facilities staff. The TEWV nursing workforce is particularly affected by the increasing age profile due to the Mental Health Officer status of many nurses that includes a normal pension age of 55 years.

The experiences of BAME and disabled staff are worse than those of white staff and not disabled staff and the need for TEWV to be a more diverse and inclusive employer is acknowledged.

Maintaining and improving workforce health and wellbeing is becoming more challenging - the overall annual sickness absence rate has averaged 5.0% during the last two years. A combination of stress, anxiety and depression accounts for some one third of all sickness absence reported within TEWV. There are variations in sickness absence rates between localities rates ranging from up to 6% to below the TEWV target of no more than 4.49%. Though sickness absence is higher than we would wish our positive approach to supporting the health and wellbeing of the workforce is well regarded. The cost to TEWV of sickness absence is approximately £10m per annum.

Recruiting healthcare professionals is becoming harder - within the last two years nursing, medical and allied health professional recruitment has become a major issue for TEWV. Overall vacancy fill rates are typically 85% but vary between localities from 65% to almost 100%. The TEWV Recruitment and Retention Action

Plan, which was agreed in 2016, is regularly reviewed, updated and implemented using a **Plan Do Study Act** approach.

Demand for temporary nurse and healthcare assistant staffing is higher than ever before – despite having more staff in post and stable or lower rates of sickness absence the demand for temporary staffing increased by up to 20% during 2017 compared to 2016.

Variable levels of performance and experience are apparent - there is clear evidence of there being significant differences between the performance levels of some teams, including staff and patient experience measures and the resources that are available. Initiatives such as Purposeful and Productive Services and Model Wards, and the products of the TEWV-wide Safe Staffing Programme, ought to assist efforts to reduce the scale of variation between teams and improve performance overall.

Making the most of information technology systems – staff and clinical record systems offer great opportunities to improve the way that we work as individuals and as teams. For example we have used e-learning to help increase statutory and mandatory training compliance from 45% to 90%. We still have more to do to increase staff confidence and competence when using information technology systems to fully realise service delivery benefits. The Digital Transformation Strategy captures our approach to this key issue.

Corporate communications with clinical staff – the most recent Investors in People assessment highlighted that corporate communications with the great majority of TEWV nursing and healthcare assistant staff are proving to be ineffective. The volume of corporate communications, a heavy reliance upon electronic communication, a lack of time for these staff to read corporate communications and a lack of access to computers have been identified as contributory factors.

Environmental Analysis and the drivers for change

The following externally driven workforce issues are expected to have an impact upon delivery of the Trust vision during the next three years:

- Workforce changes in response to the NHS Five Year Forward View are anticipated over the next three years and are expected to affect Integrated Care Systems and TEWV workforce planning.
- The draft mental health workforce plan for England published by Health Education England and NHS England in July 2017 provides for an increased mental health workforce and a basis for regional and CCG based mental health workforce plans up to 2021. The impact of these plans for TEWV ought to become clearer in 2018.
- There are currently national funding incentives (Commissioning for Quality and Innovation) to help improve staff health and wellbeing are available to enhance health and wellbeing policy and practice within TEWV. These incentives help to focus

attention upon local health and wellbeing activities and outcomes as well as providing an opportunity to enhance TEWVs financial position by up to £400,000.p.a.

- As part of the public sector TEWV is expected to engage an average of up to 150 apprentices per annum over the next four years. The apprenticeship levy provides opportunities to create new roles for apprentices and to improve access to training for the local population. The associated costs for TEWV are significant, approximately £1m per annum, though there are also opportunities to reclaim much of this amount to invest in TEWV workforce development.

- There are concerns that the numbers of people choosing mental health or learning disabilities nurse training in the future may be adversely affected by the recent national move from bursaries to student loans though the evidence about impact is not yet definitive. The Government commitment to increase nationally the number of health professional training places by 10,000 is expected to increase the demand for placement opportunities and trainee supervision on the part of TEWV and other providers.

- TEWV is a nursing associate ‘fast follower’ and is piloting 20 nursing associate roles as part of national piloting arrangements. The physician associate role is also being piloted within TEWV. These nationally led developments provide local opportunities to influence the design new roles to enhance service delivery.

- The NHS Improvement review of efficiency and productivity in the NHS, led by Lord Carter, could influence future participation by TEWV in shared services initiatives and help us to better understand how cost effective our clinical and corporate services are.

- The NHS England Workforce Race Equality Standard will be joined by the Workforce Disability Equality standard from 2018/19 as part of national measures to help tackle inequality of access and outcomes. This new measure will further highlight the experiences of disabled staff within TEWV and what we are doing in response to this information.

- The Care Quality Commission has published its equality objectives for 2017-19. Objective 3: Equality and the well led provider highlights the links between equality for health and social care staff and providing good quality care. Future well led inspections of providers will include more focus upon workforce equality issues.

- The national Social Partnership Forum collective call to action, about tackling bullying in the NHS, has an agreed goal for NHS organisations to do more to provide excellent, compassionate leadership in a supportive culture where staff can flourish and problem behaviours disappear. TEWV is a signatory to this call to action.

- National and regional shortages of healthcare professionals are expected to continue for the foreseeable future. Good recruitment and retention policy and practice at local level is more important than ever.

- National mandated reporting requirements including Gender Pay Gap reporting and the annual publication of trade union duties and employer funding reports are

examples of the need to dedicate more time and resources within TEWV to gathering, collating and publishing workforce information.

2. Our Vision

To be a recognised centre of excellence with highly quality staff providing high quality services that exceed peoples expectations

3. Objectives

To give ourselves the best chance of making our vision a reality we will:

Implement new approaches to recruitment to increase by 10% each year the proportion of posts filled with high quality candidates in a timely way

We will achieve this by:

Continuously identifying and implementing new values based ways of recruiting staff.

Producing and sharing high quality information with services about recruitment and retention related activities that improves understanding of staff flows into, within and out of TEWV

Offering student placement opportunities as agreed with partner universities

Increasing the use of social media for recruitment purposes by 50%

Involving service user/carer representatives as recruitment interview panel members on 50% of interview panels

Facilitating 'sideways' career moves for staff via a TEWV staff transfer scheme rather than following conventional recruitment processes

We will know that we are achieving this by measuring and reporting the:

% of times that we appoint to healthcare professional posts without needing to re-advertise the post

Average time taken to recruit healthcare professional staff from date of advertisement to unconditional offer being made

% of new to TEWV appointees to healthcare professional roles in a 12 month rolling period that have prior NHS employment

Identify ways to improve our ability to retain staff by 10% each year

We will achieve this by:

Involving staff in decisions about how their work is organised and delivered through participation in quality improvement activities

Continuously reviewing, updating and implementing our approach to rewarding and recognising our staff as described in the TEWV Pay and Reward Statement

Providing flexible working opportunities that meet the needs of our staff and services

Providing education and training opportunities based upon staff and service need

Offering all staff regular values based appraisal/talent conversations

Providing values based corporate and local induction programmes and preceptorship arrangements where relevant

Interviewing all new staff to gather feedback about their work experiences during their first six months of their starting date with TEWV

Offering mid-career reviews to all staff in their forties and fifties

Providing flexible retirement opportunities through the operation of a TEWV retire and return to work scheme

Offering exit interviews to all healthcare professionals who choose to leave TEWV

We will know that we are achieving this by measuring and reporting the:

Overall labour turnover rate

% of staff employed by TEWV for more than one year

% of staff leaving TEWV and the % of leavers where we know the reason for leaving

Implement new ways to increase staff knowledge and skills development

We will achieve this by:

Providing job descriptions that clarify what the expectations of the post-holder are

Develop new roles in response to service need including extending scope of practice and enabling staff to develop new skills to take on enhanced roles and responsibilities

Develop TEWV pre-registration training programmes with universities that meet professional registration requirements

Undertaking values based appraisal, including personal development planning, aligned to team and/or TEWV objectives

Producing and regularly updating a multi-disciplinary TEWV Training Plan based upon feedback from all services

Aligning training budgets and spending with the Training Plan

Developing a TEWV career path that people can take from non-registered to highly skilled and specialist posts

Evaluating the effectiveness of Continuous Professional Development using the Kirkpatrick evaluation model

Using 75% of the TEWV apprenticeship levy contribution to fund eligible education and training activities

Creating opportunities for staff to participate in research and development activities when this will be of benefit to staff and service provision

We will know that we are achieving this by measuring and reporting the:

% of staff able to access non-mandatory training/CPD

% of Training Needs Plan met

Increase workforce supply and service continuity by reducing sickness absence by 14% over the next 3 years

We will achieve this by:

Increasing access to mindfulness training courses for staff

Ensuring that all staff receive high quality supervision

Designing, promoting and providing access to physical activity schemes and weight management support for staff in all TEWV localities

Working with York University to undertake research into the impact of 12 hour shift working on staff health and wellbeing and organisational outcomes

Reviewing and updating the TEWV staff flu vaccination programme to increase take up to more than 70%

Introducing health and wellbeing impact assessments as part of all organisational change initiatives

Managers undertaking daily wellbeing checks with their team members

Undertaking a TEWV-wide review to understand the causes of work-related ill health

Developing a TEWV Bullying and Harassment Reporting and Resolution Procedure and associated training programme

Undertaking evaluations of the impact of TEWV health and wellbeing interventions and support services

We will know that we are achieving this by measuring and reporting the:

TEWV sickness absence rate

% of sickness absence due to stress/anxiety

Demand for occupational health and wellbeing services

Enhance TEWV culture through better staff engagement to improve staff experience and service user experience

We will achieve this by:

Taking action to support staff to report abuse and to minimise the likelihood of abuse being repeated

Using the TEWV ladder of participation (page 16) to design and implement our approach to recruitment, training and quality improvement activities

Putting in place a TEWV-wide network of locality based Freedom to Speak Up Guardians/Cultural Ambassadors

Providing a Black and Asian Minority Ethnic staff leadership and management development programme

Being a 'Disability Confident' employer

Producing a clear strategic narrative that tells staff the 'story' of TEWVs vision and goals

Designing and delivering training programmes that enable leaders and managers to coach staff to improve the way that they work and to work with greater autonomy

Refreshing our approach to communications including putting in place a crowdsourcing communication platform for use with staff, service users, carers, governors and partner organisations

We will know that we are achieving this by measuring and reporting the:

Staff FFT results in respect of recommending TEWV as a place to receive treatment, as a place to work, staff motivation at work, staff ability to contribute towards improvements at work and corporate communications

Measuring the extent to which the values of TEWV are being lived every two years

Datix information regarding abuse of staff from other staff and service users, carers and the public

4. Outcomes Scorecard

Workforce Strategy Scorecard							
Metric	Lead Responsible	Baseline 17/18	Targets				
			18/19	19/20	20/21	Source of data	
1. Implement new approaches to recruitment to increase by 10% each year the proportion of posts filled with high quality candidates in a timely way							
First recruitment episode fill rate target for all healthcare professional staff	Beverley Vardon-Odonkor	82.8%	85%	90%	95%	NHS Jobs	
Average time taken to recruit healthcare professional staff from date of advertisement to unconditional offer	Beverley Vardon-Odonkor	11.4 weeks	<11 weeks	<10 weeks	< 9 weeks	NHS Jobs	
% of appointees to healthcare professional roles in a rolling 12 month period with prior NHS employment	Beverley Vardon-Odonkor	55.55 %	>60%	>65%	>70%	ESR	
2. Identify ways to improve our ability to retain staff by 10% each year							
% rolling 12 month TEWV labour turnover rate	Beverley Vardon-Odonkor	10.8%	10%	9%	8%	ESR	
Stability Index – rolling 12 month period	Beverley Vardon-Odonkor	89.2%	92%	93%	95%	ESR	
% people leaving TEWV and reasons known	Beverley Vardon-Odonkor	82.4%	90%	95%	100%	ESR	
3. Implement new ways to increase staff knowledge and skills development							
Staff able to access non-mandatory training/CPD	Kerry Jones	80%	85%	90%	95%	Quarterly Staff Friends and Family Test	
% of Training Plan achieved	Judy Hurst	New measure	75%	80%	90%	Training reports	
4. Increase workforce supply and service continuity by reducing sickness absence by 14% over the next 3 years							
% rolling TEWV sickness absence rate	Beverley Vardon-Odonkor	5.02%	<4.5%	<4.4%	<4.3%	ESR	
% of sickness absence due to stress/anxiety	Beverley Vardon-Odonkor	36.35 %	<30%	<25%	<20%	ESR	
5. Enhance TEWV culture through better staff engagement to improve staff experience and service user experience							
% staff recommending TEWV as place to work	Kerry Jones	71%	73%	76%	80%	Quarterly Staff Friends and Family Test	
% staff that are positive about TEWV corporate communications	Julie Jones	New measure	TBC	TBC	TBC	Quarterly Staff Friends and Family Test	
% reduction in reports of abuse experienced by staff	Sarah Jay	New measure	+ 50%	- 25%	- 25%	Datix reports	

5. Glossary

Term	Description
Crowdsourcing	An on-line and face to face communication/engagement facility used to gather and feedback the views of staff, service users, cares, governors and partner organisations about key issues
Datix	An independent electronic incident reporting system used by TEWV
Disability Confident	A national scheme designed to help employers recruit and retain disabled people that TEWV is committed to
ESR	An NHS-wide electronic payroll and workforce information gathering and reporting system used by TEWV
Investors in People	An internationally recognised accreditation standard for better people management used by TEWV
NHS Jobs	A dedicated on-line recruitment service for the NHS used by TEWV
Participation ladder	Defines the different forms and degrees of involvement and participation of service users/carers in TEWV processes e.g. quality improvement, recruitment and training
Staff Friends and Family Test	An NHS-wide staff feedback opportunity that is provided three times per year to all staff within TEWV

Staff compact

The psychological or cultural relationship that exists between staff and the trust

Trust

Communications

The trust will strive to ensure honest and timely communications at all times.

Recognition

The trust will recognise staff who have achieved excellence and show commitment to value adding work.

Training and development

The trust will invest in the continuing professional development, training and education of staff in the skills and competencies required and adhere to all agreed training commitments.

Support

The trust will ensure that staff will be involved in and supported through the process of change and managing the process of change.

Work environment

The trust will strive to provide a positive, healthy workplace for all staff which is characterised by enthusiasm and not cynicism; staff having the right equipment; the right colleagues and a good physical environment in which to work.

Choice

The trust will give staff choices to ensure no compulsory redundancies should job numbers reduce as a consequence of quality improvement activities.

“The trust will endeavour to be a great organisation to work for”

Staff

Alignment

To work in accordance with the values of the trust and its strategic goals, mission (purpose) and vision.

Responsive

To respond to the changing needs of patients and people who use our services, as well as changes to the requirements of other “customers” and changes in demand for services.

Technical expertise

To keep skills and competencies up to date and relevant to their work, all of which will be evidence based.

Embrace and engage

Willingness to support, co-operate with and contribute to quality improvement activities and especially with the testing of new ideas and innovations.

Team work

To be supportive, positive and a good communicator with staff, people who use our services and all other “customers” e.g. GPs, CCGs, Social Services, etc.

Flexibility

In the context of significant change taking place in society and the NHS, staff will be flexible with regard to the breadth of work undertaken and the location of their work.

“My job is to provide the best possible customer experience”

making a

difference

together

Statement of values and behaviours

Commitment to quality

We demonstrate excellence in all of our activities to improve outcomes and experiences for users of our services, their carers and families and staff.

Behaviours:

- Put service users first.
- Seek and act on feedback from service users, carers and staff about their experiences.
- Clarify people's needs and expectations and strive to ensure they are exceeded.
- Improve standards through training, experience, audit and evidence based practice.
- Learn from mistakes when things go wrong and build upon successes.
- Produce and share information that meets the needs of all individuals and their circumstances.
- Do what you / we say we are going to do.
- Strive to eliminate waste and minimise non-value adding activities.

Respect

We listen to and consider everyone's views and contributions, maintaining respect at all times and treating others as we would expect to be treated ourselves.

Behaviours:

- Be accessible, approachable and professional.
- Consider the needs and views of others.
- Be open and honest about how decisions are made.
- Observe the confidential nature of information and circumstances as appropriate.
- Be prepared to challenge discrimination and inappropriate behaviour.
- Ask for feedback about how well views are being respected.
- Consider the communication needs of others and provide a range of opportunities to access information.

Involvement

We engage with staff, users of our services, their carers and families, governors, members, GPs and partner organisations so that they can contribute to decision making.

Behaviours:

- Encourage people to share their ideas.
- Engage people through effective consultation and communication.
- Listen to what is said, be responsive and help people make choices.
- Provide clear information and support to improve understanding.
- Embrace involvement and the contribution that everyone can bring.
- Acknowledge and promote mutual interests and the contributions that we can all make at as early a stage as possible.
- Be clear about the rights and responsibilities of those involved.

Wellbeing

We promote and support the wellbeing of users of our services, their carers, families and staff.

Behaviours:

- Demonstrate responsibility for our own, as well as others, wellbeing.
- Demonstrate understanding of individual and collective needs.
- Respond to needs in a timely and sensitive manner or direct to those who can help.
- Be pro-active toward addressing wellbeing issues.

Teamwork

Team work is vital for us to meet the needs and exceed the expectations of people who use our services. This not only relates to teams within Tees, Esk and Wear Valleys NHS Foundation Trust, but also the way we work with GPs and partner organisations.

Behaviours:

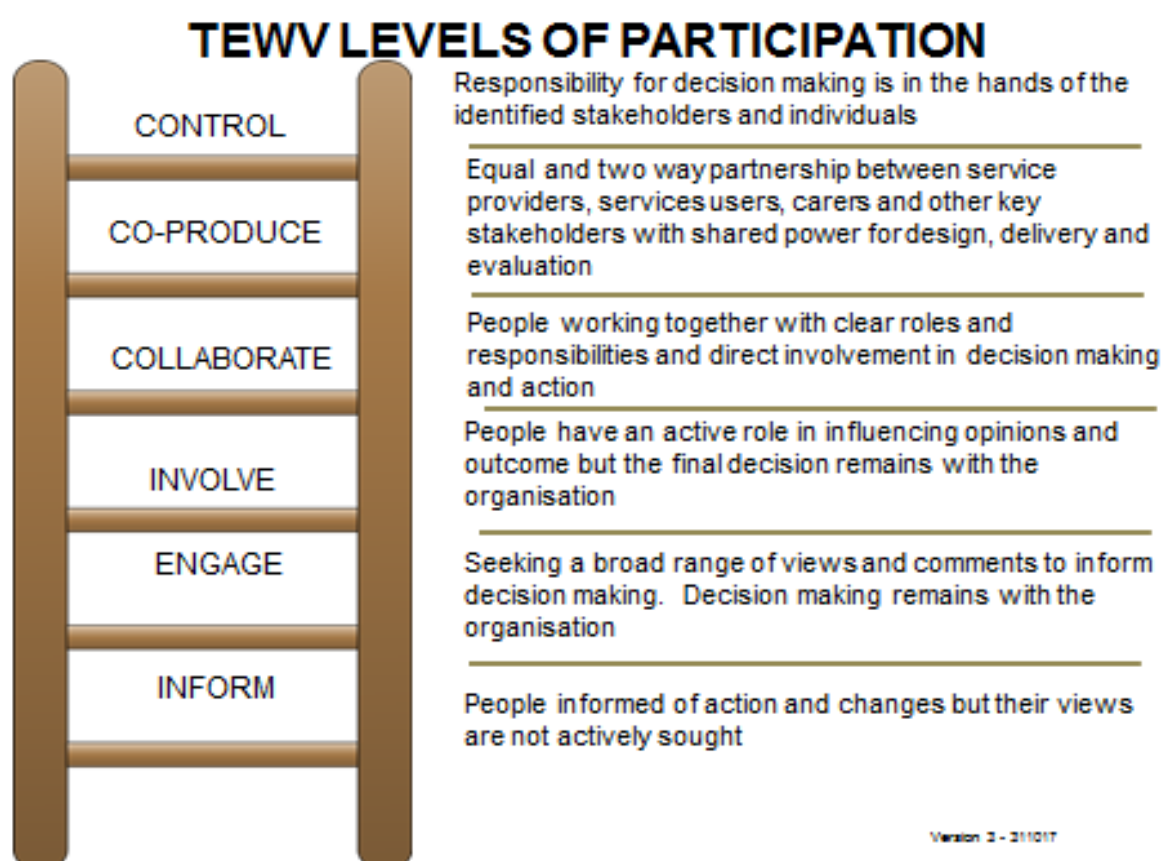
- Be clear about what needs to be achieved and take appropriate ownership.
- Communicate well by being open, listening and sharing.
- Consider the needs and views of others.
- Be supportive to other members of the team.
- Be helpful.
- Fulfil one's own responsibilities.
- Always help the team and its members be successful.

Trust Definition of the Levels of Participation

There are many different ways in which people, including service users, carers, public and stakeholder may participate in health service design and delivery. The ladder of participation is widely recognised nationally for understanding different forms and degrees of involvement and engagement. It is important to recognise that providing a voice and an opportunity for participation at every level is valuable and important. The level of participation and the degree to which the organisation shares power with others increases with each step.

There are a number of considerations that need to be taken into account in order to support participation in a meaningful way.

In developing the TEWV levels of participation ladder below, a number of models have been considered



Examples of levels of participation in practice

Descriptor	Links to Recruitment
Control	<ul style="list-style-type: none"> • Service user/ carer in leadership role may have responsibility as appointing officer. • Lived experienced leader may develop job role, interview process including who sits on the panel e.g. for a peer service.
Co-Produce	<ul style="list-style-type: none"> • Under current policy and legal framework, there is a requirement for the appointing officer to hold the responsibility for decision making and appointment to job roles. Therefore shared decision making and coproduction within recruitment is not possible. • In the future it may be that within TEWV policy we still adhere to legal framework but stipulate a shared decision must be made alongside that requirement. • People in lived experience roles may identify the need for new posts/ share decisions about what the role entails.
Collaborate	<ul style="list-style-type: none"> • Service users/carers given training about recruitment procedures and trust policy. • Invite service users / carers and staff to develop job descriptions or parts of a job description and advert. • Ensure service users / carers have relevant information about the job role and candidates prior to the interview • Service users / carers and staff actively involved in developing the 'question set' and selecting appropriate questions that may wish to ask • Service users/carers asked to contribute to setting the presentation title/ interview task. • Ensure service users / carers are fully engaged in the interview and have a say in decision making
Involve	<ul style="list-style-type: none"> • To invite service users / carers to assist in the shortlisting of candidates. • Service users / carers invited to sit on recruitment panel and can influence the decision. • Inform users / carers when date identified for interview panel to ensure sufficient notice to organise • Ensure honorarium and travel expenses are available for attending interview. • To make available relevant candidate information, job role and timetable information to service users / carers to allow for interview preparation • Inform all service users and carers that were involved of who was appointed.
Engage	<ul style="list-style-type: none"> • Service users/ carers engaged in consultation exercise to ask about what is included in job descriptions/ what values we look for in staff. • Service users/carers engaged in consultation about what the recruitment process consists of/ what questions we ask. • Send out recruitment documentation more broadly than NHS job as a mechanism to engage broader groups, e.g. to third sector service user organisations/ recovery colleges.
Inform	<ul style="list-style-type: none"> • Inform service users / carers that a 'recruitment exercise' is taking place. • Inform the public/ relevant service users or carers who has been appointed to which roles.

DESCRIPTOR	LINKS TO QIS
CONTROL	<ul style="list-style-type: none"> • Service user/carer having total control over a QIS event eg. to improve outcomes of a peer support service
CO-PRODUCE	<ul style="list-style-type: none"> • Service user / carer identifying topics for QIS • Service user / carer leading QIS projects within teams • Service user / carer having defined roles in the process eg. as sponsor/process owner • Service user / carer leading the decision making process in conjunction with clinical staff • Service user / carer are partners in the scoping and planning meetings as well as 30/60/90/365 day follow up • Service user / carer are paid members of the KPO team
COLLABORATIVE	<ul style="list-style-type: none"> • Service user / carer are team members at QIS events • Service user / carer are fully briefed beforehand and clear links made as to their experience and the topic • Sponsor/Process Owner/Workshop Lead/Team Lead have a clear understanding of why service user / carers are in attendance, articulate their expectations of them and provide space for them to contribute and influence decision making • Involved in scoping and planning meetings • Evidence that ideas put forward by service user / carer has influenced decision making
INVOLVE	<ul style="list-style-type: none"> • Attendance of service user / carer at an improvement event either part-time or full-time • Service user / carer Given space within the event to tell their story / give an account of their experience relevant to the scope of the improvement project • Service User / carer assist in testing out products/outputs with other service users / carers and obtain feedback
ENGAGE	<ul style="list-style-type: none"> • Service user / carer asked for their ideas to improve services • Service user / carer involved in focus group discussions to obtains views prior or during improvement event • Questionnaires to service users to ask specific questions about their experience of the service under review
INFORM	<ul style="list-style-type: none"> • Inform service user /carer that improvement work is taking place • Inform service user / carer that changes are happening to services

DESCRIPTOR	LINKS TO <i>TRAINING</i>
CONTROL	<ul style="list-style-type: none"> • Service user/carer has full control over designing/delivering/evaluating relevant training. • This may happen where a Service User led organisation is commissioned to provide training.
CO-PRODUCE	<ul style="list-style-type: none"> • Service users/carers have an equal voice in identifying the need for training. • The outcomes of a training package would be determined by both service users/carers and professionals together. • Service users/carers would co-develop the content of the training. • Service users would/carers co-deliver the training. • Service users would/carers co-evaluate the training. • Service users/carers paid the same rate as professionals for their time.
COLLABORATIVE	<ul style="list-style-type: none"> • Service users/carers and staff may work together on developing the content or parts of the content. • Service users/carers may deliver sections of the training in partnership with staff. • Service users/ carers offered payment for their contributions. • Service user may be involved in evaluating the training.
INVOLVE	<ul style="list-style-type: none"> • Service users/carers might be invited to contribute to parts of the session for example sharing their story/ doing a q+a. • Service user/carer may be asked for feedback on the content of the training. • Service users invited to attend training and given relevant information beforehand • Reasonable adjustments considered and travel expenses covered in order to make training accessible for service users/carers.
ENGAGE	<ul style="list-style-type: none"> • Service users invited to attend and participate in training alongside staff e.g. contribute to workshops or discussion. • Service users/carers consulted for their opinion on what training should cover/how it should be delivered.
INFORM	<ul style="list-style-type: none"> • Inform service users /carers that staff training is taking place and what it covers • Service users/carers to attend training to receive information.