<table>
<thead>
<tr>
<th><strong>Date ratified:</strong></th>
<th>February 2014/Aligned to new process April 2015</th>
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<tbody>
<tr>
<td><strong>Developed by:</strong></td>
<td>Dr. Sue Ashby – User and Carer Lead</td>
</tr>
<tr>
<td><strong>Date of implementation:</strong></td>
<td>February 2014</td>
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<tr>
<td><strong>Date of review:</strong></td>
<td>April 2017</td>
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<tr>
<td><strong>Summary of changes:</strong></td>
<td>This document has been ratified at February SLTC. To align with the recently agreed reporting schedule this document is now resubmitted to April 2015 SLTC to include the cover template, aligned strategy content, updates to action tracker and Equality Impact Assessment.</td>
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</table>
1. Background

This revised strategy supersedes the original User and Carer Strategy, Keele University School of Nursing and Midwifery dated 28th January 2008. This strategy is supported by the School User and Carer Group with ongoing consultation with service users and their carers reflecting all fields of nursing and midwifery via sub-group activities.

Dr. Sue Ashby  
Lecturer in Adult Nursing, User and Carer Lead and Adult Sub-Group Lead.

Yvonne Flood/Leisa Meigh  
Lecturer in Childrens' Nursing, Child and Young Adults Sub-Group Lead

Michael Gibbs/Jane Baggley  
Lecturer in Learning Disabilities and Learning Disability Sub-Group Lead

Shirley Goldstraw Lecturer in Midwifery and Midwifery Sub-Group Lead

Professor Sue Read, Reader in Learning Disability and Faculty User and Carer Liaison Group Chair

Lynda Smithies Lecturer in Mental Health and Mental Health Sub-Group Lead

2. Definition

Keele University School of Nursing and Midwifery (SNAM) continues to adopt the term ‘service user’ defined by Fox et al (2007) as people who use health, education and social services; informal (unpaid) carers and parents; and organisations that represent service users’ interests. The SNAM has a long history of involvement with service user consultations taking place during 2007 which informed the first User and Carer Strategy (Appendix 1).

3. Strategy Aim

The SNAM evidences a commitment to maintain a strategy that values and involves service users at all levels of programme development, clinical development and research activities, to create a realistic and meaningful dimension to the facilitation of learning. The School is recognised for service user innovations providing a range of dynamic, clinically based, educational programmes to the highest standard (National Health Service (NHS) West Midlands Innovation and Notable Practice Health Education Case Studies 2011:58); in order to prepare students to meet the Nursing and Midwifery Council (NMC) Standards of proficiency for pre-registration nurse education (NMC, 2010). In addition the knowledge and skills of those undertaking Continuing Professional Development courses are enhanced by orientation to the service user experience empowering registered practitioners to challenge the publicly recognised barriers to achieve person centred care (Francis 2013; National Voices 2013); empowering nurses as leaders and researchers of the future. Evidence based practice remains at the very core of our teaching, and research with service user involvement actively supported at under graduate, post graduate, doctorate and post doctorate level.

The SNAM now needs to reflect the increasing emphasis on involving service users and carers in healthcare education and research. This is a requirement of the professional bodies that regulate
nurses and midwives standards for pre-registration nurse education (NMC 2010) reinforced by the National Institute for Health and Care Excellence Quality Standards 14 and 15, Department of Health (2013) and high profile public reports (Francis 2013; National Voices 2013).

The continued aim of the User and Carer Strategy is to:

1. promote meaningful service user and carer involvement for student learning within the School of Nursing and Midwifery experience.
2. maintain a robust, user-driven innovative and dynamic curriculum and further develop interesting ways of involving service users and carers; including student recruitment, assessment, research and clinical practice
3. ensure the value and impact of service user and carer engagement is recognized across the school and wider community.
4. ensure the appropriate support is in place for all levels of involvement
5. evaluate the effectiveness of user/carer involvement so that such standards can be monitored and continuously improved.

4. Achievements

To date the SNAM has:

1. Established a representative core membership of school staff and service users and carers. The School User and Carer Group meets regularly to exchange information between: the field and midwifery specific sub-groups, the SNAM and Midwifery, the Faculty of Health and the wider university. The aim of which is to ensure the diversity of our service user population is involved to maximum advantage; acknowledging accessibility and chosen level of participation.

2. Produced two detailed reports (2009 and 2011) and related action plans detailing consultation exercises, curriculum planning and development, development of re-useable teaching and learning resources, research, sharing of best practice (including publications and conference presentations and other student activities all in collaboration with service users – see Appendix 2 Completed Action Plan 2011-13)

3. Compiled a portfolio of service user involvement evidencing planning, development and implementation of the School's latest pre-registration nursing curriculum (2012)

4. Appointed a three year rotational role as User and Carer Lead to chair the User and Carer Group and act as point of communication for service user and carer involvement in the School

5. Working with the recruitment team, recently developed a value based process of selection and recruitment to pre-registration nursing and midwifery programmes reflecting the 6 C’s (NHS England) currently being evaluated by the admissions team/user and carer lead which includes service users.

6. Recent service agreement with Focus Northwest a forum which matches service user expertise to higher education institutes requests for involvement; to enhance established service user involvement.

7. Working in partnership with the Faculty of Health to agree a university wide standard for service user reimbursement.

8. Working in partnership with the Faculty of Health have agreed ‘Principles for Good Practice for Effective Involvement (Appendix 3).
5. Management/role and responsibilities

The SNAM continues to actively listen to service users and carers to ensure education; clinical practice and research innovations reflect the needs and aspirations of service users. This is achieved by a visible framework of communication reflecting the recently revised School structure:

The User and Carer Group promote an infrastructure of service user involvement:
The User and Carer SNAM latest action plan summarises points to take forward 2014-16 (Appendix 4). The User and Carer Sub Groups are viewed as having a central and dynamic function, where varied members from service user populations will be represented by a presence within the School; significantly by outreaching to established user and carer forums. The key message being it is everybody’s business - raising the profile of the service user/carer experience of health care in relation to nurse education and research.

From a research perspective, the SNAM actively pursues the opportunity to explore the potential for service user involvement via specialist interest groups and by the investment in joint research fellowships with Keele University Institute for Primary Care Health Sciences. The SNAM and Faculty of Health research strategy is acknowledged to ensure routine and active participation of service users in the research process and to provide opportunities for under graduate dissertation students/ MPhil/ PhD students and post-doctoral researchers to work with service users.

6. Monitoring and review arrangements

Reporting mechanisms aligned to revised school governance: annual updates to School Learning and Teaching Committee (April 2015), revised strategy 2015/17 to School Executive Committee for agreement (April 2015); tri-annual Strategy review (April 2017).

<table>
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<tr>
<th>Monitoring table</th>
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<tr>
<td>Aspect</td>
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<tr>
<td>User and Carer Strategy</td>
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<tr>
<td>User and Carer Report</td>
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</table>

7. Conclusion

Service users, carers and advocacy organisations are working with staff in a variety of activities across the SNAM This involvement is now recognised by the University with standards for involvement within the SNAM being shared with the Faculty of Health to agree uniformity; within the boundaries of the wider University regulations. Evaluation of service user involvement within the School is a priority to ensure future developments are informed and any gaps addressed. This strategy is dynamic and continues to be developed with service users acknowledging the importance that the School places on the inclusion of service users across all aspects of the School business. The latest action plan that accompanies this report identifies a number of activities that builds on previous year’s involvement to further develop and capitalises on every opportunity to include service user in education, clinical and research activities. Such a strategy continues to demonstrate the School’s commitment to sustain a
culture in which the meaningful involvement of users and carers is embedded in all School activities, valuing the unique and valuable contributions that individuals will bring to support the School; to complement the professional and scientific knowledge provided by nursing curricula and research expertise.

8. The voice of service users and students

Over the past twelve months feedback from service users have conveyed the impact of the School’s commitment to embed involvement across the business of the School. Some of the comments shared below are also reinforced by our nursing students:

- 'admire newly qualified 'adult' nurse having the confidence to ask me about how to care for my daughter who has a learning disability'
- 'good understanding of involvement'
- 'felt listened to'
- 'enjoyed the experience very positive'
- 'gave a good insight'
- 'makes you understand someone’s personal experiences'
- 'benefits for all'
- 'opening the dialogue'
- 'reassurance'
- 'willingness to see the 'individual''
9. References


School of Nursing and Midwifery, Keele University

User and Carer Strategy

January 28th 2008
The User and Carer Strategy Group Members:

Sue Ashby, Lecturer, School of Nursing & Midwifery (Co-chair)
Christine Armstrong, Lecturer in Nursing (Mental Health), School of Nursing & Midwifery.
Jody Bailey, Lecturer in Nursing (Adult), School of Nursing & Midwifery.
Margaret Brandreth, Member of Intermediate Care Project, User
Jacquie Collin, Lecturer in Nursing (Children), School of Nursing & Midwifery.
Julie Douglas, Lecturer in Nursing (Adult), School of Nursing & Midwifery.
Yvonne Flood, Lecturer in Nursing (Children), School of Nursing & Midwifery.
Mike Gibbs, Lecturer in Nursing (Learning Disabilities), School of Nursing & Midwifery.
Shirley Goldstraw, Lecturer in Midwifery, School of Nursing & Midwifery.
Sian Maslin-Prothero, Professor of Nursing, School of Nursing & Midwifery.
Mary Peake, Member of Intermediate Care Project, User
Sue Read, Senior Lecturer, School of Nursing & Midwifery (Co-chair)
Judy Thorley, Lecturer in Nursing (Learning Disabilities), School of Nursing & Midwifery.
Joan Walker, Member of Intermediate Care Project, User
Margaret Williams, Member of Intermediate Care Project, User
Rationale

Fox et al (2007) defined service users as people who use health, education and social services; informal (unpaid) carers and parents; and organisations that represent service users’ interests. The need for service user and carer involvement in health care is supported by a range of national initiatives and agendas (Department of Health (DoH), 2000; Health and Social Care Act, 2001; DoH, 2006 ;). Research highlighting the benefits of user and care involvement (Wood & Wilson Barnett, 1999; Frisby, 2001), particularly from a mental health perspective, indicate increased empathy and improved communication skills; greater understanding on care impact and positive attitudinal changes, thus ‘grounding the curriculum in the reality of the human experience’ (Flannagan, 1999). However, the challenges and pitfalls of involving users and carers in health care remains problematic (Felton & Stickley, 2004).

Keele University School of Nursing and Midwifery aims to provide a range of dynamic, clinically based, educational programmes to the highest standard, in order to prepare students to meet the Nursing and Midwifery Council (NMC) Standards of proficiency for pre-registration nurse education (NMC, 2004). Additionally, it seeks to enhance the knowledge and skills of those undertaking learning Beyond Registration courses, and to support and facilitate expertise in research approaches and methodologies. Evidence based practice remains at the very core of our teaching, and research that enhances the evidence base is supported at post graduate, doctorate and post doctorate level in a proactive fashion.

In order to achieve and maintain this aim, the views of users and carers are crucial to ensure a robust user-driven innovative, dynamic curriculum across all School business. We therefore share a commitment to develop a strategy that values and involves service users/carers at all
levels of course development, clinical development and research activities, to create a realistic and meaningful dimension to the facilitation of learning. This strategy shows our vision and values for user and carer involvement in the School of Nursing and Midwifery.

Aims of the strategy

Consultation is a two way process, and involves deliberately and actively listening to those people involved in the support, development, delivery, education, and receipt, of health care services. Consultation can be developed into participation, by actively and constructively forming long-term partnerships with patients, stakeholders, educators, clinicians, nurses, researchers and other public bodies in a deliberate way. Therefore, the aim of this strategy is to actively listen to people to develop a framework from which the School can ensure a visible commitment to the involvement of users and carers, in education, clinical practice and research innovations that reflect the needs and aspirations of these users and carers by:

- Developing and implementing a user/carer strategy to support realistic curriculum development and delivery, research and clinical practice.
- Developing a robust user-driven innovative, dynamic curriculum across all school business.
- Creating a range pro-active opportunities for diverse and inclusive user/carer consultation.
- Evaluating the effectiveness of user/carer involvement so that such standards can be monitored, evaluated and continuously improved.
Methods

The User and Carer Strategy Group have attached a ten-point action plan regarding implementation points to be taken foreword (Appendix 1). This initially involves agreeing the appointment of a User and Carer Implementation Group (UCIG) who will be responsible for driving and the strategy and implementing the action points now and in the future. We see the UCIG as having a central and dynamic function, where varied members from the user/carer populations will be represented.

From a research perspective, we envisage an opportunity to explore the potential for user/carer involvement in a proactive way. This would enable us to identify potential users and carers with an interest in research, who may be interested in being members of specialist groups developing research proposals; or willing to read and comment on proposals from a user/carer perspective. Specifically this would:

- Inform the research strategy
- Direct the development of research opportunities
- Ensure routine and active participation in the research process
- Provide opportunities for MPhil/PhD students to work with users and carers.

Conclusion

Both users and carers are already contributing to various activities across the School, but this involvement is inconsistently supported, not formally and regularly evaluated, and is rather haphazard (relying on various individuals to invite individuals on an ad hoc basis). This strategy has been developed with users and carers, is timely, and acknowledges the importance that the School places on the inclusion of users and carers across all aspects of the School business. The action plan that accompanies this report identifies a number of activities that will constructively and proactively provide a framework that capitalises upon every opportunity to include users and carers in education, clinical and research activities. Such a strategy
demonstrates our commitment to develop a culture in which the meaningful involvement of users and carers is embedded in all School activities, valuing the unique and valuable contributions that individuals will bring to support the School which complements the professional and scientific knowledge provided by nursing curricula and research expertise.

**Voices from the group**

Over the several meetings that we had, some of the comments about the importance of involving users and carers in health and social care initiatives were noted:
References


Bibliography

University of Nottingham, (2007). *Strategy for service user and carer involvement in the School of Nursing*. Nottingham: School of Nursing (Unpublished).


Children and Young People’s Unit (2001). *Learning to listen: Core principles for the involvement of children and young people*. London: CYPU
## Developmental Area

1. Proposal to replace the existing User and Carer Implementation Group (UCIG) by the User and Carer Strategy Group (UCSG)  
   Terms of reference

<table>
<thead>
<tr>
<th>Objectives</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>How it has been done</th>
</tr>
</thead>
</table>
| To have this approved by SEC.  
To meet strategic aim. Support School plan.  
To have this approved by SEC. | Approval by School Executive Committee  
Approval by School Executive Committee | C0-chairs  
C0-chairs | Nov 2011 | Submission to SEC  
Nov 2011 |

2. UCSG members established

<table>
<thead>
<tr>
<th>Objectives</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>How it has been done</th>
</tr>
</thead>
<tbody>
<tr>
<td>To appoint a chair, lay representation, student representation, forum leads.</td>
<td>Named people identified and appointed</td>
<td>SEC and the outgoing co-chairs</td>
<td>Feb 2012</td>
<td>SEC approval for appointments</td>
</tr>
</tbody>
</table>

3. Undertake a mapping exercise of user involvement and consultation within the School

<table>
<thead>
<tr>
<th>Objectives</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>How it has been done</th>
</tr>
</thead>
</table>
| Establish a database of all user/ care involvement  
Conducted report | Questionnaire (go through Directors)  
Electronic questionnaire identified | UCIG | July 09 complete | |

4. High visibility of user and carer involvement

<table>
<thead>
<tr>
<th>Objectives</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>How it has been done</th>
</tr>
</thead>
</table>
| To develop sub groups (fora) of users and carers.  
Explore different ways of user/carer involvement in School activities(from strategic to operational levels) | Named people with specific leads for the sub groups (e.g. mental health, children. learning disability, adults etc.) | UCIG | Continuous / Dec 09 | Representation across School:  
Research Link: Sue Read  
Mid: Shirley Goldstraw  
L.Dis: Mike Gibbs  
M.H: Lynda Smithies  
Child: Jacquie Collin  
Adult: Sue Ashby / Helene Stubbs  
UCIG members presented a paper for RCN Conf, Blackpool Feb 2010 |
<table>
<thead>
<tr>
<th>Developmental Area</th>
<th>Objectives</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>How it has been done</th>
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<tbody>
<tr>
<td>5. Develop the consultation area of the School website</td>
<td>To develop an area on the School web pages which provides information about user / carer involvement. Provide a transparency of information about the user / carer involvement and its evaluation</td>
<td>Web page available. Needs to be updated, see Tim Smale</td>
<td>UCIG</td>
<td>End of 2009 Established website 2012</td>
<td>Have established website area, pillar documents are currently under review. Website will continuously evolve. Photography on web page as of July 09. Conference info posted July 09 Conference RCN 2010 Poster around Stroke on website Poster around learning disabilities and action research on website</td>
</tr>
<tr>
<td>6. To implement a co-ordinated approach to user and carer involvement across the School of Nursing and Midwifery</td>
<td>Canvass interest to implement the School user and carer strategy inside and outside of the School. Develop partnership consultation with varied groups inside and outside of the School. Publish the programme (dates, times, activities throughout the year). Subgroups to adopt appropriate means of evaluation established Fora to review terms of reference</td>
<td>UCSG and sub groups appointed. Improved partnership working. Feedback from students. Feedback from subgroups.</td>
<td>UCIG</td>
<td>End 2009</td>
<td>Regular meetings have been established. This process is active and ongoing, and to be disseminated via minute of meetings and webpages.</td>
</tr>
<tr>
<td>7. To continuously improve the effectiveness of user involvement and consultation across the School.</td>
<td>To produce an annual report that captures key messages that will be used to support the School Plan.</td>
<td>Annual report available to all (via KLE).</td>
<td>Chair of Steering Group plus others.</td>
<td>Chair should be rotated and do not have to be staff members.</td>
<td>End 2009</td>
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<tr>
<td></td>
<td>To develop a good practice guide to ensure equity and parity of involvement across the School.</td>
<td>Good practice guide to support developments.</td>
<td></td>
<td></td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Explore the possibility of someone using this work as an opportunity to complete an MPhil/PhD. and/or innovation project.</td>
<td>Feedback from students.</td>
<td></td>
<td></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>Submit a collaborative bid to secure funding to evaluate and disseminate this work, for SEC to highlight and disseminate to the group</td>
<td>Feedback from carers.</td>
<td></td>
<td></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>Examples of consultation and partnership: PDBI, Cheadle and District Home Links Scheme, Newstead Daycare Centre, Client Attachment (students linked to families), RFPB Programme, Acute Trust, SHAR, ASIST, Donna Louise Children’s Hospice Trust, SHA Lay Participation in Recruitment, etc. and the production of numerous collaborative chapters, articles Two workshops Book chapters Submitted Innovation case study on NHS West Midlands Won award for partnership working Working with Birmingham children’s hospice Action research for people with learning disabilities presented as a poster at an international conference in Miami; Action research for people with learning disabilities presented as a paper at an international conference in Vienna. Presenting toolkits for better health at the annual conference NNLDN Wolverhampton Supporting a parent to submit an article</td>
<td></td>
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<tr>
<td>8. Review Terms of reference</td>
<td></td>
<td></td>
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<td></td>
<td>On-going</td>
</tr>
<tr>
<td>Developmental Area</td>
<td>Objectives</td>
<td>How will we know when this is done?</td>
<td>Who? (Lead role, responsibility?)</td>
<td>When?</td>
<td>How it has been done</td>
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<tr>
<td>9. Develop a good practice guide for user and carer involvement</td>
<td>To provide a written framework that provides practical information, aims, access to funding etc. Subgroup established to explore further to look at current position on funding user and carer</td>
<td>Guide available but requires further specific information around financial processes.</td>
<td>UCIG</td>
<td>2009</td>
<td>Under development – awaiting feedback from finance meeting with HR, held June 09 Still waiting feedback</td>
</tr>
<tr>
<td>10. Develop a network of interested users and carers who could advise/sit on research projects/proposals.</td>
<td>To secure a list of names of interested users/carers. To develop groups of user and carer particular interests. To identify individuals groups who would be willing to review proposals. Generate database for members of fora in the school</td>
<td>Lists available Data base available</td>
<td>UCSG</td>
<td>Review October 2009-ongoing</td>
<td>Ongoing. Website and progression of subgroup activity will be instrumental in this.</td>
</tr>
<tr>
<td>11. To involve users/carers in the business and enterprise activities of the School</td>
<td>To ensure service user perspectives influence ALL aspects of School business. Raise the profile of user/carer involvement. Ensure public representation.</td>
<td>Promotional literature reflecting user/career presence and involvement.</td>
<td>Director of Marketing in conjunction with UCIG</td>
<td>Review annually</td>
<td>Ongoing. Examples: SHA marketing project SHA lay persons project Lay person interviewing students DVD with people with learning disabilities</td>
</tr>
<tr>
<td>12. To plan a celebration</td>
<td>Organise a celebratory</td>
<td>By setting a Steering Group</td>
<td>October</td>
<td>Plans to liaise with Faculty of Health</td>
<td></td>
</tr>
<tr>
<td>achievements of incorporating users and carers across the School business</td>
<td>conference</td>
<td>date and officially organising the venture</td>
<td>2009</td>
<td>2012</td>
<td>on this.</td>
</tr>
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</table>
Appendix 3 Principles of Good Practice for Effective Involvement

Involving patients and carers within activities around health across the Faculty can help to ensure that our work remains 'fit for purpose'. They can add a unique personal perspective; participate in dialogues to promote two way communication between ‘academics’ and ‘users’; participate in staff training and development; promoting a greater understanding of ‘users’ and their needs; and inform the direction and development of learning, teaching and research. When users and carers visit the University we must remember that they may be unfamiliar with academic life, and may be unsure what to expect. These principles have been written as minimum good practice standards to ensure a consistent approach to supporting any involvement across the faculty.

**Users and carers can expect to:**

- **Be treated with common courtesy and respect.**
  It’s important that individuals feel welcome and valued. This includes ensuring adequate parking facilities are available; providing refreshments; ensuring a named contact person is available to meet them on arrival; showing visitors where toilets are located; having an anticipated finishing time; arranging transport where necessary; providing time and opportunities for debriefing.

- **Be fully informed about the nature of their involvement in good time.**
  This could involve sending papers by post at least two weeks ahead of any scheduled meeting; offering to meet with people separately to go over expectations and roles, knowing in good time when, where and how long the meeting will last for; sending travel information and campus maps in the post; in addition to ensuring any specific individual needs are identified and accommodated.

- **Have all out of pocket expenses reimbursed.**
  Including taxis or travel mileage, costs incurred by employing carers in their absence at home.

- **Feel part of any working group or team.**
  This means keeping individuals informed by regular information updates; by having explicit expectations (e.g. about the length of time involved); incorporating people on distribution lists; minimising jargon or providing definitions to promote understanding; providing name badges; ensuring that the chair of any meeting is aware that users and carers are involved in the meeting.

- **Receive training or support.**
  To help them to fulfil their role at the University.

Effective communication underpins these principles, and will help to ensure that users and carers will want to contribute to our work and genuinely feel part of an academic community that values such contributions.

Sue Read January 2014 FINAL
## Appendix 4 User and Carer School Action Plan 2014/17

<table>
<thead>
<tr>
<th>Developmental Area</th>
<th>Action Points</th>
<th>How will we know when this is done?</th>
<th>Who? (Lead role, responsibility?)</th>
<th>When?</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate the revised selection and recruitment process from a service user and carer perspective:</td>
<td>a. analysis of written evaluations by service users on the process and effectiveness of recruitment to values b. focus group to explore themes and future directions c. report to LTC</td>
<td>Evidence of meaningful service user involvement</td>
<td>Admissions Team and User and Carer Lead</td>
<td>July 2015</td>
<td>April/May 2015  Service user evaluations collated in line and thematic analysis in progress (aligned to all parties being evaluated in admissions process) April 2015 application/focus group paperwork commenced</td>
</tr>
<tr>
<td>2. Explore the appropriateness and meaningful involvement of service user feedback in the assessment process: students receive appropriate feedback and service users are not compromised in the process</td>
<td>a. Scope the literature base on service user involvement in assessment b. Establish service user consultation group through the sub groups to determine direction c. Establish methods and modes for engaging service users in assessment d. Report to school assessment group e. Report to LTC</td>
<td>Approved guidance on service user involvement in assessment activity</td>
<td>User and Carer Lead and sub group leads</td>
<td>Sept 2015</td>
<td>April 2015 Literature search completed May/June Critique of identified 21 papers in progress SA/SG</td>
</tr>
<tr>
<td>Developmental Area</td>
<td>Action Points</td>
<td>How will we know when this is done?</td>
<td>Who?</td>
<td>When?</td>
<td>Progress</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>------</td>
<td>------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 3. To raise the profile and activity of service user involvement and consultation across the School. | a. Develop a good practice guide for user and carer involvement  
b. Identify mechanisms at every level of programme delivery and development which identifies the influence of service user experience  
c. Explore conference or publishing activities  
d. Report annually to LTC that captures key messages that will be used to support the School Plan. | Published guide  
Agreed mechanism  
Presentation/publication LTC minutes | Faculty service user and carer group and School user and group  
School service user group | July 2014  
Autumn 2015 | Good practice guide agreed by Faculty User and Carer Group, disseminated to School. |
| 4. Develop a network of interested users and carers who could advise/ be steering group members on research projects/proposals/bids. | a. Secure a list of names of interested users/carers.  
b. Develop groups of user and carer particular interests.  
c. Identify individuals groups who would be willing to review proposals.  
d. Generate database for members of fora in the school | Lists available  
Data base available | UCSG  
UCSG/FUCLG | Autumn 2015  
Autumn 2015 | Ongoing - FUCLG discussing shared recruitment of volunteers  
Ongoing – working with Focus NorthWest provision of service users for recruitment process |
| 5. To plan a celebration of the achievements of incorporating users and carers across School business. | Organise a celebratory conference | By setting a date and officially organising the venture | UCSG | 2015/16 academic year | June 2014 Conference held at Chancellors Building celebrating ‘Partnership working’.  
26.3.15 Date requested at Curriculum 2012 implementation meeting for timetabled celebratory event/ to be linked to Midwifery and CPD modules |
11. Equality Impact Assessment

Document Name: User and Carer Strategy    Date/Period of Document: April 2015/2017

Lead Officer: Dr. Sue Ashby    Directorate: School Nursing and Midwifery    Reviewing Officers: 

The continued aim, objectives and intended outcomes of the User and Carer Strategy is to:

1. promote meaningful service user and carer involvement for student learning within the School of Nursing and Midwifery experience.
2. maintain a robust, user-driven innovative and dynamic curriculum and further develop interesting ways of involving service users and carers; including student recruitment, assessment, research and clinical practice.
3. ensure the value and impact of service user and carer engagement is recognized across the school and wider community.
4. ensure the appropriate support is in place for all levels of involvement.
5. evaluate the effectiveness of user/carer involvement so that such standards can be monitored and continuously improved.

You must assess each of the 7 areas separately and consider how your policy may affect people’s human rights.

1. When formulating/reviewing your policy/process/guidance please consider the following protected characteristics and possible impact.

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Response</th>
<th>If yes, please state why and the evidence used in your assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sex (Gender: Male, Female)?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Disability (Learning Difficulties/Physical or Sensory Disability)?</td>
<td>✓</td>
<td>Positive impact on disabled people as we are increasing participation in these groups</td>
</tr>
<tr>
<td>Race or Ethnicity?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Religious, Spiritual Belief?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; maternity ?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership ?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gender reassignment?</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

You need to ask yourself: If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment with Academic Equality Lead.

2. Summary
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

<table>
<thead>
<tr>
<th>Positive</th>
<th>Please rate, by circling, the level of impact</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>MEDIUM</td>
<td>LOW</td>
</tr>
</tbody>
</table>

Is a full equality impact assessment required? Yes No

3. Date EIA completed: 8.4.15
Completed by: Dr. Sue Ashby