



Health Education East Midlands



# **LAY PARTNER RECRUITMENT EVALUATION REPORT**

**September 2013**

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# 1. Background

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Health Education East Midlands Local Education and Training Board (EMLETB) views the involvement of Lay Partners as central to improving the quality of education and training for all healthcare professionals in training. Through the use of public and patient involvement Health Education East Midlands are endeavouring to link the quality of patient care directly to the delivery of high quality education.

This strategy clearly builds on the findings of the Francis report which detailed the need to strengthen the voice of patients and the public. Health Education East Midlands believes Lay Partners are crucial in providing a patient viewpoint and scrutiny of processes.

The Lay Partners act as critical friends to EMLETB observing and advising on the processes of healthcare education and training across the East Midlands in order to deliver better training, leading to better patient outcomes and experience.

Health Education East Midlands have worked in partnership with Lay Partners since 2010 and in 2013 sought to extend their pool of Lay Partners to ensure scrutiny across a number of processes including recruitment and selection, Annual Review of Competence Progression panels (ARCPs), Quality Scrutiny Board, Quality Management Visits to Trusts, and appeals.

## 2. Aim and Objectives

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### **Aim:**

To recruit a diverse group of Lay Partners to represent the health communities of the East Midlands to provide a patient viewpoint and scrutiny of processes.

### **Objectives:**

1. To develop a transparent and equitable process enabling the selection of Lay Partners.
2. To further engage with the local public and patients and increase awareness of public and patient involvement and the LETB.
3. To recruit Lay Partners who clearly demonstrate (in accordance with the person specification) the appropriate and required:
  - Values and behaviours
  - Qualifications/ training
  - Knowledge and experience
  - Practical/ Intellectual skills
4. To ensure the process treats equitably those with previous Lay Partner experience and those without such experience (as existing Lay Partners were asked to reapply for the role).
5. To develop a clear and on-going process to train, develop and appraise selected Lay Partners.

## 3. Methodology and Process

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### **Reaching a wider population**

The role profile and person specification was advertised widely in the local press and also featured on local radio with an interview with Jill Guild, Head of Quality and Regulation, Health Education East Midlands. The information was sent to GP practices and also featured on the Health Education East Midlands website. (See appendix 1 for the advertisement).

The aims were:

1. To engage further with local public and patients through the events increasing awareness and raising the profile of the public and patient voice.
2. To reach as many potential candidates as possible.

Candidates were advised of the role profile and person specification (Appendix 2) and the Health Education East Midlands Values and Behaviours (Appendix 3).

Candidates were asked to complete the Expression of Interest form (Appendix 4) detailing how they believed they met the person specification.

The Expression of Interest forms were reviewed by a team including two members of the LETB Quality Team and a representative from a provider Trust. The quality of the submissions allowed for all candidates to proceed to the interview stage (See Appendix 5 for the pre interview process map).

### **Ensuring a clear, equitable and transparent interview process**

Candidates were invited to interview on two dates to allow all to attend. They were advised at this stage what the interview process would involve and the amount of time they would need to be in attendance. In addition they were also asked if they had any special requirements so that any reasonable adjustments could be put in place for them at interview.

The interview questions were discussed within the Quality Team to ensure the questions all linked back to the person specification and equally did not provide an unfair advantage to existing Lay Partners

## Interview Process

The interview process was based on the Public Health model with cohorts of candidates attending two selection areas:

1. Video feedback exercise
2. Formal interview

The selectors consisted of representatives of Health Education East Midlands including the Quality Team, Recruitment, Educator and School Development and Human Resources. A briefing session for selectors was held at the beginning of both days to ensure consistency of approach.

Both interviewers and candidates were given packs including all the relevant information they would need for the event.

### 1. Video Feedback Exercise

The candidates were welcomed by Jill Guild, Head of Quality and Regulation, Health Education East Midlands who gave a detailed introduction to the LETB and Lay Partner role.

The candidates were then shown a video from “Patient Voices” which detailed a story of a mother and her son with disabilities and their experiences of patient care. They were asked to feedback the key issues from the video.

This exercise allowed the team to assess a candidate’s communication skills, organisational and time management skills, objectivity, analytical ability, ability to take accurate notes and ability to represent the public interest and contribute to safeguarding patient safety.

The video can be found at <http://www.patientvoices.org.uk/flv/0624pv384.htm>

To ensure all candidates could be seen and given equal opportunity a tight schedule was drafted with five interview panels (of two interviewers) which equally ensured candidates did not have long waiting times. However sufficient time was incorporated into the schedule for candidates to complete personal information details forms and monitoring forms.

Candidates were asked four questions which linked back to the role description and were allocated twenty minutes for interview. Candidates were scored 1-4 for their answers. (See Appendix 6 for scoring sheet).

A number of safeguards were central to the process to ensure equality and consistency across interviewing panels:

- a. Questions were discussed and agreed prior to the interview date.

- b. Positive and negative indicators for the questions were explained discussed at the briefing sessions for interview.
- c. Candidates were asked not to provide examples of Lay Partner experiences in their answers to ensure they were not granted an advantage over new applicants.
- d. An external Lay Partner was present at both recruitment days.

Additionally, the majority of existing Lay Partners were interviewed by panels consisting of interviewers external to the Quality team (E.g. Trust representative).

## **Post Interview**

### **1. “Wash up” session**

On both days all interviewers were requested to attend a session at the end of the day. A cut off score of 10/20 was set. Therefore if one interviewer had scored a candidate 10 or less the group discussed those concerns and a decision was made as to appointability.

Photographs of the candidates facilitated this process.

### **2. Review of Video Feedback Forms**

Two members of the Quality Team reviewed the feedback forms to ensure candidates had been able to identify the main issues in the video and whether they were able to feedback appropriately the key issues. Both members of the team reviewed the feedback individually and then discussed the content. The feedback was not given a score but a pass/ fail based on the quality of the feedback.

The feedback forms identified a candidate only by candidate number and therefore were “scored blind” which added a further safeguard to the process. Where there was a concern as to the quality of the feedback and a decision could not be reached, the feedback form was referred to a third member of the team for a review and final decision.

## 4. Outcomes and Feedback

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### Outcomes

1. A transparent and equitable process enabling the selection of Lay Partners has been established.
2. A robust model of recruitment and selection is now established and will be used for future recruitment.
3. A richer and refreshed pool of Lay Partners has been recruited that have clearly demonstrated the appropriate and required
  - Values and behaviours
  - Qualifications/ training
  - Knowledge and experience
  - Practical/ Intellectual skills
4. Increased engagement with local public and patients and increased awareness of the public and patient involvement and the LETB.
5. Improved baseline data for future diversity and equality monitoring established.
6. 34 candidates (of 50 applicants) have been recruited to the role of Lay Partner.
7. Better relationships and team working created across the teams within the LETB due to the involvement of different teams in the event.
8. Learning outcomes and experience for individuals involved in the interviewing process.

### Feedback

The external Lay Partners scrutinising the process, those interviewing and facilitating the event and a pool of candidates (both successful and non successful, existing Lay Partners and new applicants) were asked to feedback on the event.

- “The process provided a fair outcome for the candidates I observed and it will be interesting to see in the longer term whether the diversity of the Lay Rep pool is increased, at an appropriate level of competence, to provide an



effective service that better reflects the needs of the local demography” -  
External Lay Partner

- “I was greeted by friendly individuals whom made me feel relaxed and at ease. The presentation was informative and concise and made for easy listening”. - Candidate
- “The competency based individual interview questions were well matched against the required values and behaviours of the job role description”. - Candidate
- “A potential suggestion for the future (say in 3 years time when some Lay Representatives will have served their full term) an exploratory event could be offered for new applicants where retiring representatives would be able to answer some of their questions. Alternatively, or in addition, a web page of FAQs might be constructed, collecting together themed feedback and comments from serving representatives over the period”. - Candidate
- “I thought the two person panels worked really well and particularly where we mixed an external representative with a LETB representative. The questions were quick and concise and the majority of candidates seemed appeared to answer them with ease (which I guess suggested to me that they were pitched at the right level)”. - Interviewer

## 5. Lessons Learned and Next Steps

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### Lessons Learned

1. The Public Health model of recruitment translated well into these events providing a robust structure and process that can be repeated in the future.
2. Involving other teams from the LETB worked well to ensure a measure of externality but also developed team working across the LETB.
3. As there was limited baseline equality and diversity data collected for existing Lay Partners it was difficult to assess whether the new pool is more representative of the local health communities. However this data is now in place.
4. The process can be improved and tightened further. For example, more guidance could have been given as to what was expected from the video feedback exercise and the reason behind the exercise, i.e. what was being tested.

### Next Steps

1. To review the number of Lay Partners recruited and analyse whether this is sufficient for existing requirements for processes and project commitments for the future.
2. Deliver the two planned development and training days (October and November 2013) and continue to review training requirements.
3. To establish a robust and clear mechanism for appraisal of Lay Partners.

### September 2013

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East Midlands Local Education and Training Board

Health Education East Midlands