

# Framework for involving patients in patient safety

March 2020

**Draft version for consultation**



# Contents

Foreword.....	3
Introduction .....	5
Part A: Involving patients in their own safety .....	7
Encouraging patients to ask questions .....	8
Individual information sharing sessions .....	11
Information campaigns .....	13
Incident reporting systems.....	14
Involvement in the response to a patient safety incident including any investigation .....	16
Part B: Patient safety partner involvement in organisational safety .....	19
Principles.....	22
Turning principles into practice.....	23
Commitment to involving PSPs in patient safety .....	23
Creating a framework to develop and support PSP involvement .....	25
Developing PSP roles and task profiles .....	28
Inclusive approaches to attracting PSPs .....	31
Recruiting PSPs .....	32
Safeguarding PSPs, staff and service users .....	35
Induction and training for PSPs .....	37
Supporting PSPs .....	38
Valuing and recognising PSP contributions.....	41

Appendix 1: Key national policy and strategic drivers .....	43
Appendix 2: Potential resource implications and costs .....	45
Appendix 3: Checklist for PSP involvement .....	47
Appendix 4: Expenses and remuneration .....	49
Appendix 5: Patient safety partner agreement.....	54
Appendix 6: Patient safety partner role description.....	56
Appendix 7: Equal opportunities monitoring form .....	60
Appendix 8: Patient safety partner (PSP) application form .....	64
Appendix 9: Patient safety partner induction checklist.....	68
Appendix 10: Patient safety partner regular one-to-one form .....	69
Appendix 11: Declaration of interests .....	71

# Foreword

We were asked as patients and carers that use the NHS, and in various guises have experience of working in partnership with it, to be part of a group formed to develop this framework and to help ensure it makes a positive difference to the way the safety of patients is both viewed and managed.

Central to this work has been the development of ideas to enable patients and their carers to be partners in their own safety as well as in the safety of an organisation. So while in [Don Berwick's 2013 report](#) into patient safety in the NHS in England, the plea for “patients and their carers to be present, powerful and involved” is an important call to action, we must be mindful of the fact that it spoke to a system that for 70 years has been both paternalistic and hierarchical. One in which patients were seen and treated, but their voices rarely heard.

Each member of our group has had active roles in highlighting good practice and challenging poor or unsafe practice in the NHS. We recognise that learning from both will improve outcomes for everyone in the future and we have ensured that this is reflected in this framework.

We are pleased to report that our involvement has not been a ‘consultation’ or ‘engagement’ exercise, but one that involved robust and often challenging perspectives. It has really felt like true ‘involvement’ and a positive example of working towards co-production.

We hope this document will provide a stable platform from which organisations and systems can develop a process. One in which they not only position patients as central to their development and everyday working, but also that encourages and enables patients to be partners in their own personal safety.

This represents a significant change for some and small tweaks for others, so rates of progress will differ across the NHS. However, what is important is that as we sow the seeds of change and encourage growth: we will enable patients to take a more active role in their safety.

**Khudeja Amer-Sharif, Douglas Findlay, Priscilla McGuire, Simon Rose and Jono Broad**

## Partnering with patients – an organisational perspective

My first job in the NHS was working with volunteers in a hospital in central London as well as setting up a Patient Advice and Liaison Service. I learnt that sometimes those providing services do not always pay enough attention to the things that assure people their services are safe.

If someone gets the wrong information in a letter about their appointment, if the doctor cannot access the information in their notes, if areas seem cluttered and chaotic – all these things put doubts in people's minds about whether or not they will be safely cared for when they are at their most vulnerable.

For the past 15 years I have worked on improvement projects and programmes to make health services even better and throughout this time the most powerful work has happened when staff have partnered with patients or members of the public.

I worked alongside a cancer patient reference group who supported the construction of the cancer centre at Guy's Hospital. The group, chaired by a patient leader, helped select the architects and contributed towards the design of the layout and services within the building. Patients became an integral part of the team and ambassadors for the cancer centre. This helped me realise the impact that partnering with patients could have in relation to patient safety.

As staff we can be apprehensive about working with patients, sometimes because we believe that we as healthcare professionals are responsible for all aspects of treatment and care. I know from experience that when we work in partnership with patients and actively engage with each other professionally and as fellow participants in the complex, challenging and rewarding work of making healthcare safer, everyone benefits.

**Catherine Dale**

**Programme Director – Patient Safety and Experience**

**Health Innovation Network**

# Introduction

The involvement of patients in their care and in the development of safer services is a priority for the NHS.<sup>1</sup> People now have a greater expectation that they will be involved in their care and in ensuring it is safe.<sup>2</sup> However, progress has not been as fast or universal as we would like and while patients, and those close to them, are willing to help improve patient safety, they are not always sure what they should look out for or what they can do to help.

Supporting patients to be involved in their own safety and creating the patient safety partner (PSP) role are two important ways to make real what Don Berwick called for when he said that “patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts”.<sup>3</sup> Patient safety partners (PSPs) are patients,<sup>4</sup> carers, family members or other lay people (including NHS professionals from another organisation working in a lay capacity)<sup>5</sup> who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation. As such, they perform a very different role from that of the traditional NHS volunteer who acts as, for example, a hospital guide or befriends and supports patients.

This framework was announced as a key priority in the NHS Patient Safety Strategy published in 2019.<sup>6</sup> It provides guidance on how the NHS can involve people in their own safety as well as improving patient safety in partnership with staff: maximising the things that go right and minimising the things that go wrong for people receiving healthcare. This framework is relevant for all NHS trusts and commissioners but should also be useful to other NHS settings, including primary care and community services, that are considering how they can involve patients in safety.

The framework is in two sections. The first describes how organisations should support patients, their families and carers to be directly involved in their own or their loved one’s safety; and the second how organisations should support PSPs to be involved in wider governance of safety activities.

We have developed this framework in partnership with our stakeholders, including existing PSPs and NHS frontline staff. We have also built on good practice where

already available, particularly work by NHS England to promote the public's involvement and work by the National Council for Voluntary Organisations (NCVO) in volunteering in public services.

The introduction of PSPs may significantly change the way some organisations approach patient involvement. It requires power sharing, a commitment to openness and transparency between staff and patients, as well as good leadership; it must not be tokenistic. For this reason, the framework advocates organisations first assess their 'readiness' to engage PSPs.

---

<sup>1</sup> Department of Health (2015) *The NHS Constitution for England*.

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

<sup>2</sup> Holme A (2009) Exploring the role of patients in promoting safety: policy to practice. *Br J Nurs* 18(22): 1392–1395.

<sup>3</sup> <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

<sup>4</sup> For ease of reading, the term patient in this framework describes anyone who receives care from NHS services.

<sup>5</sup> People employed by NHS organisations can become a PSP. Though they are not prohibited from taking up this role in their employing organisation, there is a significant risk that they and their employers would find it difficult to disentangle their employee role from their PSP role and so operate effectively as a PSP. The organisations should take appropriate steps, dependent on the circumstances of the applicant, to ensure that both the staff member employed as a PSP and the organisation are not adversely affected by any activities undertaken by the employee in their PSP role.

<sup>6</sup> <https://improvement.nhs.uk/resources/patient-safety-strategy/>

# Part A: Involving patients in their own safety

Healthcare professionals should be supported to encourage patients to be partners in their own healthcare safety. They are key to developing patients' confidence in performing patient safety activities. Patients may question how 'qualified' they are to contribute to their own safety and for this reason may choose not to engage. They may also be concerned about how their engagement will be received by healthcare professionals; for example, they may have no problem telling a doctor they feel unwell but be far more reticent to ask them if they have washed their hands. For this reason, while involvement should be encouraged, patients should not feel pressured into being partners in their own safety if they are not comfortable or able to do so.

Approaches to involving patients in their own healthcare and safety can include:

- Encouraging patients to ask questions by:
  - asking them directly if they have any queries about their care
  - providing leaflets and videos to encourage patients to ask questions or raise issues with professionals.
- Individual information-sharing sessions for patients including proactively involving them in:
  - monitoring their symptoms
  - understanding their medications
  - following up on test results and appointments
  - making choices about their care, where appropriate.
- Information campaigns such as those encouraging people to be vigilant about staff, visitors and patients cleaning their hands.
- Reporting incidents by:
  - raising concerns through complaints systems

- flagging them to staff members or reporting them to the online national reporting system (currently the National Reporting and Learning System, NRLS; to be replaced by the Patient Safety Incident Management System, PSIMS).
- Individual involvement in incident investigation.

Whatever the approach, there is a need to ensure that:

- individuals have sufficient information to participate in decision-making about their care
- communication is effective so that individuals both understand the information they are given and feel safe in communicating their needs
- if individuals feel they need more information they are directed to where to obtain this
- individuals are trained when required in how to be involved in their own safety, eg in self-medication
- individuals are helped or trained to use technology if required
- when individuals need access to wider support networks relating to their condition or any other concern they are directed to these.

Staff should also recognise when patients may not want to take any responsibility for safety issues and instead trust that they are being provided with competent care. How they feel about being involved may depend on the nature of their illness or condition.<sup>7</sup>

## Encouraging patients to ask questions

Patients are uniquely qualified to raise concerns about their care given they are present throughout that care. Encouraging patients to ask questions about problems that occur, or even just where they suspect a problem, can therefore improve patient safety.<sup>8</sup> However, we know that almost a third of patients do not always feel comfortable raising concerns. Older people, those with mental health

<sup>7</sup> Davis R, Murphy MF, Sud A et al (2012) Patient involvement in blood transfusion safety: patients' and healthcare professionals' perspective. *Transfus Med* 22(4): 251–256.

<sup>8</sup> Fisher KA, Smith KM, Gallagher TH, Huang JC, Borton JC, Mazor KM (2018) We want to know: patient comfort speaking up about breakdowns in care and patient experience. *BMJ Qua Saf* 28(3): 190–197.

needs, those admitted from the emergency department and those who do not speak English at home are least likely to do so.<sup>9</sup>

Healthcare staff can encourage patients to ask questions by enquiring whether they have any concerns, in a manner that conveys a sincere desire to hear from them. They are well positioned to do this as unlike someone external can do this while caring for the patient. Staff and NHS organisations should then respond to patient concerns when these are communicated. If for some reason a patient is unable to ask questions, friends or family members can be encouraged to ask questions on their behalf.<sup>9</sup>

Patients should not have to wait to be invited to raise concerns, particularly if they think they have been misidentified or are about to be given the wrong medication or treatment. We know that patients' inclination to speak up can be shaped by how serious they think the threat of harm is, the perceived importance of their needs relative to those of other patients, staff workloads and priorities, their confidence in their grounds for concern and the likely consequences of speaking up. They are also influenced by the way staff behave and relate to them.<sup>10</sup>

Patient leaflets on wards and other settings describing the importance of raising concerns can encourage patients to speak up. These can cover generic safety issues or be condition specific. Similarly, messages in patient involvement and information videos encouraging patients to raise concerns are also useful.<sup>11</sup> Videos can be used in a variety of situations and the audience needs to be considered when these are being developed. General safety messages – for example, around ensuring patients are correctly and accurately identified, falls prevention and medication safety – can be incorporated into videos and written information for all hospital patients as well as primary care centres.

PSPs should be involved in the development or updating of patient information leaflets and videos, as described later.

These are some examples of resources healthcare providers are using to encourage patients to ask questions.

<sup>9</sup> <https://www.healthleadersmedia.com/clinical-care/how-encourage-hospital-patients-speak-about-concerns>

<sup>10</sup> Entwistle VA, McCaughan D, Watt IS et al (2010) Speaking up about safety concerns: multi-setting qualitative study of patients' views and experiences. *Qual Saf Health Care* 19(6): e33.

<sup>11</sup> Health Foundation (2013) *Involving patients in improving safety*.

## The Guy's and St Thomas' safety card<sup>12</sup>

This information card, part of the inpatient welcome pack, identifies eight simple ways in which patients can play an active role in their care:

- preventing falls
- preventing blood clots
- preventing infection
- your medicines
- pressure ulcers
- identification
- any concerns
- leaving hospital.

It is available for all NHS trusts to use.

## Newcastle University: ThinkSAFE<sup>13</sup>

ThinkSAFE comprises a number of interrelated components including:

- a patient safety video that demonstrates a range of things that patients and families can do to reduce a patient's risk of harm
- a patient-held healthcare log book with tools to facilitate patient–staff interactions and sharing of information
- talk time – a dedicated time for patients to discuss queries and concerns with staff.

## St Mary's Hospital, London: PINK patient safety video<sup>14</sup>

The Participate-Inform-Notice-Know (PINK) animation is based on four safety behaviours patients can adopt:

- participating in their care and asking questions

<sup>12</sup> <https://www.guysandstthomas.nhs.uk/patients-and-visitors/patients/inpatients/safety-card.aspx>

<sup>13</sup> <http://www.thinksafe.care/> and <http://ahsn-nenc.org.uk/project/64/>

<sup>14</sup> <https://wwwf.imperial.ac.uk/imedia/content/view/3257/pink---a-patient-safety-video/>

- telling staff about themselves throughout their stay, including personal preferences, what they like to be called and how they are feeling
- noticing anything that needs attention, eg dirty ward, medication not given, staff hand hygiene, own personal hygiene
- knowing as much as possible about what should happen to be best placed for a quick recovery, eg need for regular observations, need to stop smoking and importance of wearing TED stockings.

## Individual information sharing sessions

Information sharing sessions are an opportunity for clinicians to provide patients at various stages of their care pathways with information to help them maintain their own safety. Where appropriate these educational sessions should be planned in advance and can include the patient's family and carers. It is important at the end of the session to assess the patient's understanding of the information; more than one education session may be required.

Planned sharing of information with patients about their medications – both while an inpatient and at discharge – has been shown to reduce medication-related readmissions. This includes informing inpatients about the purpose and side effects of their medications so that they can monitor their effectiveness and discuss their medications with clinicians.<sup>15</sup> Medication information sharing sessions with the patient, family and carers<sup>16</sup> can include:

- providing them with an accurate list of medications
- ensuring they understand relevant information (given verbally and in writing) before discharge, including:
  - how to store and use medications – demonstrate where possible
  - what to do if a dose is missed
  - potential side effects
  - when to call the GP or pharmacist about any concerns

<sup>15</sup> Jack BW, Chetty VK, Anthony D et al (2009) A reengineered hospital discharge programme to decrease re-hospitalization. A randomized trial. *Ann Intern Med* 150(3): 178–187.

<sup>16</sup> <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/medication/medication-discharge>

- how to obtain repeat prescriptions
- providing strategies that help the patient take their medication correctly
- ensuring the patient can follow instructions on taking medication.

### Information sharing in maternity care to enable women to make choices<sup>17</sup>

Continuity of midwife/carer for a pregnant woman leads to better outcomes and is safer for the woman and baby: women who have continuity models of care are seven times more likely to be attended at birth by a known midwife, 24% less likely to have a premature birth and 16% less likely to lose their baby.

It also offers women a more positive and personal experience and facilitates greater choice in maternity care. An ongoing relationship builds the woman's trust in her midwife, giving her the confidence to be open with her midwife and in turn having confidence in the information and advice given by her midwife, which is key to her making an informed choice about care. This relationship helps the midwife identify and manage risks and provide care with greater empathy. Less care will be missed care as the midwife is proactive in ensuring missed appointments are rescheduled, acting as a safety net across complex care pathways.

At discharge, patients should be given clear information about any pending test results and requested follow-up of diagnostic tests and appointments after discharge.<sup>18</sup> Doing so can minimise the risk of test results not being followed up in a timely manner by the ongoing care provider and further diagnostic tests or follow-up appointments not being arranged.

Patients should be supported to monitor their symptoms. Acute care ward staff will monitor physiological signs to identify a patient's deterioration, but these signs can be missed, interpreted incorrectly or inappropriately acted on. Patients and their relatives know best what is normal for them and can often pick up subtle signs of physiological deterioration before staff or monitoring systems. Schemes have been set up where patients and relatives are encouraged to look for signs of deterioration

<sup>17</sup> <http://www.health.org.uk/programmes/shine-2012/projects/active-patient-participation-improvinganticoagulant-medication>

<sup>18</sup> <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/discharge-standards-march-16.pdf>

and can call critical care teams directly if they become concerned:<sup>19</sup> for example, 'Call 4 Concern Creating a safety net for our patients' at Royal Berkshire Hospital<sup>20,21</sup> and 'If you see it, say it – raising concerns about your child' at Great Ormond Street Hospital.<sup>22</sup>

## Information campaigns

A patient safety campaign aims to engage and empower individuals and communities to increase control over and improve their personal safety, often through making simple changes to their lifestyle, such as 'clean your hands'.

Campaigns should be time limited and their planning will normally involve close working with the communication team with an organisation. The first steps should be to:<sup>23</sup>

- identify your target audiences, possible partners and champions
- create/adapt key messages for your campaign
- mobilise your community
- plan and implement events such as exhibitions, panel discussions and photo competitions
- prepare materials; use local language whenever possible
- develop a media strategy and prepare media materials
- develop a plan to monitor and evaluate your activities and media pick-up.

On occasions national patient safety campaigns will need to draw on local support.

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/pubmed/21139519>

<sup>20</sup> [https://www.royalberkshire.nhs.uk/C4C\\_adult%20leaflet\\_sep19.pdf](https://www.royalberkshire.nhs.uk/C4C_adult%20leaflet_sep19.pdf)

<sup>21</sup> [https://www.royalberkshire.nhs.uk/patient-information-leaflets/Intensive%20care/C4C%20paediatric\\_sep19.pdf](https://www.royalberkshire.nhs.uk/patient-information-leaflets/Intensive%20care/C4C%20paediatric_sep19.pdf)

<sup>22</sup> <https://www.gosh.nhs.uk/parents-and-visitors/advice-when-you-stay/if-you-see-it-say-it-raising-concerns-about-your-child>

<sup>23</sup> [https://www.who.int/world-health-day/2012/toolkit/campaign\\_planning/en/](https://www.who.int/world-health-day/2012/toolkit/campaign_planning/en/)

## World Health Organization global campaign: Medication without Harm<sup>24</sup>

This campaign aims to engage key stakeholders in the development and implementation of strategies for medication safety. The call for action is 'Know.Check.Ask'. This encourages and empowers patients and their carers and healthcare professionals to be active in ensuring safer medication practices and medication use processes. Resources include a video and posters.

## Public Health England – Antibiotic Guardian<sup>25</sup> and Keep Antibiotics Working<sup>26</sup>

This campaign invites people to become antibiotic guardians and pledge to reduce antimicrobial resistance. This year-round campaign is widely promoted during World Antibiotic Awareness Week and European Antibiotic Awareness Day each November. Public Health England also runs a national public engagement campaign to encourage the public to use antibiotics safely – to Keep Antibiotics Working.

## Incident reporting systems

### Complaints/concerns

---

Patient concerns and complaints are a valuable resource for monitoring and improving patient safety. Local organisations should ensure all concerns and complaints are properly reviewed in an unbiased, non-judgmental, transparent, timely and appropriate manner. Where issues relevant to patient safety are identified, which may be through Patient Advice Liaison Services (PALS), the patient safety/risk management/clinical governance team need to be involved in the response to these. For this the complaints and patient safety teams need to work closely together or indeed be part of the same team. The outcome of any review and any resulting actions will be explained to the complainant by the reviewing organisation.

<sup>24</sup> <https://www.who.int/patientsafety/medication-safety/campaign/en/>

<sup>25</sup> <https://antibioticguardian.com/>

<sup>26</sup> <https://campaignresources.phe.gov.uk/resources/campaigns/58-keep-antibiotics-working/Overview>

The key issues to consider when formulating a local complaints policy are that a complainant<sup>27</sup> needs to:

- know how to complain
- feel confident that their complaint will be dealt with seriously
- know that their concerns will be reviewed, and that they will be informed of the findings of any investigation
- trust that the organisation will learn from complaints, feedback and praise and share best practice.

National guidance on managing complaints is available in the NHS England Complaints Policy.<sup>28</sup>

## **Patient safety incident reporting and the National Reporting and Learning System (NRLS)**

---

Patient safety incidents are any unintended or unexpected incidents that could have or did lead to harm for one or more patients receiving healthcare. Patients and the general public are encouraged to report them to staff at the relevant healthcare provider,<sup>29,30</sup> to support the NHS to learn from mistakes and take action to keep patients safe.

In addition, patients and the public can contribute to national learning by reporting their accounts of a patient safety event to the NRLS using the patient and public e-form. Incidents recorded in this way are used to support national learning only and are not individually managed or replied to.<sup>31</sup> The NRLS is a relatively old system and will be replaced with the Patient Safety Incident Management System. As this happens, the NRLS e-form will be replaced with new tools to support patients to more easily participate in recording patient safety incidents to support national learning.

<sup>27</sup> References to a complainant include their authorised representative

<sup>28</sup> <https://www.england.nhs.uk/publication/nhs-england-complaints-policy/>

<sup>29</sup> <http://www.rcgp.org.uk/clinical-and-research/toolkits/patient-safety.aspx>

<sup>30</sup> <http://www.health.org.uk/journal/real-time-reporting-harm-patients-improves-safety-culture>

<sup>31</sup> <https://improvement.nhs.uk/resources/report-patient-safety-incident/#public>

## Involvement in the response to a patient safety incident including any investigation

Patients and/or their families and carers should play a vital role in the response to incidents they are involved in, provided they are able to and so wish. They may be the most important and informed witnesses to what happened and can provide insight that is critical to preventing a repeat. First, however, they must be cared for, as involvement in a patient safety incident can be psychologically distressing as well as physically harmful. Organisations must create systems that ensure patients receive appropriate clinical care in the immediate term and on an ongoing basis, including during any investigation or other response to an incident.

The Duty of Candour means that an apology and open disclosure process are mandatory for all incidents resulting in moderate or more severe harm. This applies to everyone affected by an incident, including their families and carers, and those affected when one patient harms another. Organisations must have systems to uphold the Duty of Candour and do so in a sensitive and effective way. Professionals also have an individual duty of candour and organisations should encourage, train and support their staff to apologise to and be open with patients or those close to them when something has gone wrong.

Organisations need to have clear policies setting out how the process of open disclosure will be initiated and who it will be led by. Those people should be trained in 'duty of candour' and 'being open' principles, and be able to establish a relationship with those affected, identify what support is needed,<sup>32</sup> help people get access to that support, and set expectations about the response to the incident.

Open disclosure conversations and support for those affected should start as soon as practical, but with their exact timing and format guided by those affected. Those who choose to engage a considerable time after an event has occurred can still provide an additional, important perspective to an ongoing investigation or other response to an incident and must receive the support required from the point at which they become engaged in the process.

Patients, families and carers involved in an incident must be given, or told where they can find, a copy of the relevant healthcare provider's policies describing how

<sup>32</sup> This may include practical, emotional (bereavement support/counselling), religious and spiritual support, and access to information, advice and advocacy support.

incidents are responded to. If the incident is to be investigated, they must be informed about that process and given a copy of the relevant national policies,<sup>33</sup> and how they will be supported should they decide to be involved. Those affected should be:

- involved as far as they wish to be in setting the terms of reference for any investigation (the final terms may not include everything those affected want, and where something is not picked up the reasons for this should be clearly and openly explained to them)
- kept informed on the progress of the investigation
- offered opportunities to provide any information they think relevant to that investigation
- given the chance to comment on and discuss drafts of the report (the final report may not include everything those affected want, and again where something is not covered the reasons for this should be clearly and openly explained to them)
- provided with the final report
- given the opportunity to discuss the findings and recommendations outlined in the final report with the organisation and be assured that their comments will be considered by the commissioner in the quality assurance and closure process
- offered the opportunity to be involved in future improvement work.

Where an incident is not subject to a patient safety investigation, the organisation should still share any information that may help the patient and/or their family and carers that they wish to see, such as the incident report, the incident timeline/chronology (or other documentation to describe what happened) and any information about how the organisation has responded to the incident in question or to similar incidents (including any improvement work underway). This should be done in a sensitive way; sending bereaved relatives a report without warning or support, some considerable time after the loss of a loved one, will likely compound their suffering.

<sup>33</sup> <https://improvement.nhs.uk/resources/serious-incident-framework/>

The needs of those affected by patient safety incidents should guide the level and type of information shared with them. The ‘being open’ principles and guidance<sup>34</sup> and the ‘Learning from Deaths’ guidance for trusts<sup>35</sup> (including the information leaflet) are useful resources on how to support those affected by incidents, including how to apologise and disclose information in an open, timely, compassionate and effective manner.

Patients and families sometimes disagree with an organisation about what should happen following an incident. Organisations should have clear policies setting out how in such circumstances its named contact will listen to all concerns to understand the different perspectives. They should then work with relevant individuals, including senior members of staff as required, to determine how issues can be resolved.

A new Patient Safety Incident Response Framework is being developed and the information provided here will be updated when that new framework is launched. An introductory version of the PSIRF is available that is being tested with early adopters.<sup>36</sup>

<sup>34</sup><https://webarchive.nationalarchives.gov.uk/20171030124438/http://www.nrls.npsa.nhs.uk/resource/s/?entryid45=83726&p=9>

<sup>35</sup><https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/>

<sup>36</sup><https://improvement.nhs.uk/resources/patient-safety-incident-response-framework/>

# Part B: Patient safety partner involvement in organisational safety

PSP involvement in organisational safety relates to the role that patients and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety. Roles for PSPs can therefore include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight groups.

PSPs can support effective safety governance at all levels in the organisation.

PSPs can act as 'knowledge brokers' as they often have the insight of a user of services across different parts of the NHS and can therefore help inform learning and holistic safety solutions that cross organisational boundaries. They provide a different perspective on patient safety, one that is not influenced by organisational bias or historical systems.

By reinforcing the patient voice at all levels in an organisation and across integrated care systems, PSPs can support a patient-centred approach to safer healthcare.

The benefits of PSP involvement are:

- promotes openness and transparency
- supports the organisation to consider how processes appear and feel to patients

- helps the organisation know what is important to patients
- helps the organisation identify risk by hearing what feels unsafe to patients
- supports the prioritisation of risks that need to be addressed and subsequent improvement programmes
- supports the organisation in developing an action plan following an investigation, particularly so that actions address the needs of patients
- helps the organisation produce patient information that is patients understand and can access.

PSP involvement in staff training can provide a receiver of services' perspective into the impact of patient harm.

Their involvement in staff recruitment can probe a candidate's understanding and commitment to involving patients in their own safety and in the safety governance of the organisation. They can also lead on ensuring candidates have a good understanding of equality and diversity and are committed to ensuring that this is effectively considered in all patient safety activity. PSPs can help with shortlisting candidates and designing interview questions, and can sit on interview panels.

PSPs can encourage patients, families and carers to play an active role in their safety, to report incidents and participate in their investigation to promote learning, and to help design safer systems of care.

PSPs can constructively question staff about the safety of organisational procedures and systems that impact on patients.

PSPs can assist with the development of role specifications for future PSPs, to ensure that they have a meaningful role and are not tokenistic.

PSPs can support organisation boards, other committees and those leading safety improvement work in defining, designing and delivering safety objectives and monitoring outcomes that are patient centred.

Developing and training PSPs to a national standard will provide these individuals with transferable skills that can be used in other providers, commissioners, national or regional organisations. By networking at different levels of the system, PSPs can start to influence both local and national safety policy.

Working in partnership with PSPs is for many a new way of working. Staff will need training and support to involve patients effectively both in their own safety and in the safety and governance of the organisation. Training can provide a greater understanding of how patients can be involved in their own safety and cover skills in partnership working with patients and being receptive and responsive to patients who are encouraged to speak up. Patient involvement will become part of the national patient safety syllabus<sup>37</sup> currently being developed.

Implementation of this framework will take time. Different organisations are in very different places. Some are already delivering over and above what we advocate here, while others will need to carefully plan and work towards these activities. We will work with the wider NHS to understand the pace at which this work can be delivered.

The national Patient Safety Strategy includes the ambition for all safety-related clinical governance committees (or equivalents) in NHS organisations to include two PSPs by April 2021, and for them to have received required training by April 2022.

<sup>37</sup> <https://www.aomrc.org.uk/patientsafety/>

## Principles

The principles summarised below set the high-level objectives and standards for involving PSPs. These have been developed from those in the Investing in Volunteers Quality Standard,<sup>38</sup> to reflect the distinction between the PSP role and that of the volunteer: they work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation.

<p><b>1. Commitment to involving PSPs in patient safety</b></p> <p>The organisation should express a commitment to the involvement of PSPs, and promote recognition throughout the organisation.</p>	<p><b>2. Creating a framework to develop and support PSP involvement</b></p> <p>There is no contract of employment between PSPs and the organisation. Instead, the relationship is based on mutually agreed expectations about the role.</p>	<p><b>3. Inclusive approaches to attracting PSPs</b></p> <p>The organisation works to involve PSPs who reflect the diversity of the local community</p>
<p><b>4. Developing PSP roles and task profiles</b></p> <p>The organisation develops appropriate roles for PSPs in line with its aims and objectives, which are consistent with this guidance and which are valued by the PSPs in those roles.</p>	<p><b>5. Safeguarding PSPs, staff and service users</b></p> <p>The organisation is committed to ensuring that, as far as possible, PSPs are protected from any emotional and financial harm arising from their role.</p>	<p><b>6. Recruiting PSPs</b></p> <p>The organisation is committed to using fair, efficient and consistent recruitment procedures for all potential PSPs.</p>
<p><b>7. Induction and training for PSPs</b></p> <p>Clear procedures are followed when inducting new PSPs to their role, the organisation and relevant policies.</p>	<p><b>8. Supporting PSPs</b></p> <p>The organisation takes account of the varying support needs of PSPs.</p>	<p><b>9. Valuing and recognising PSP contributions</b></p> <p>The whole organisation is aware PSPs need to be given recognition.</p>

<sup>38</sup> [www.investingvolunteers.org.uk](http://www.investingvolunteers.org.uk)

## Turning principles into practice

This section provides more detail on how to turn these principles into practice – to help providers:

- develop the right processes, procedures and frameworks to support quality PSP involvement
- ensure effective recruitment and management of PSPs without creating unnecessary barriers
- ensure that the approach is accessible and inclusive so a diverse range of PSPs can be recruited to reflect the communities in which they work. This includes involving people who have experienced harm.

Where relevant, good practice or useful advice has been adapted from *Recruiting and managing volunteers in NHS providers – a practical guide*,<sup>39</sup> but in a way that recognises that PSPs and volunteers are distinct groups.

Flexibility in approach should ensure PSP recruitment and management are appropriate to the PSP roles and the context in which they operate.

This information will be most useful to those with a role in recruiting and managing PSPs. Board members and senior management with a strategic responsibility for patient safety may find it useful in shaping their approach and implementing a robust framework to support PSPs in their organisation.

## Commitment to involving PSPs in patient safety

### Overview

---

- The organisation has a written policy for involving PSPs that sets out its values for their involvement and highlights the procedures needed to manage PSPs, based on principles of equality and diversity.

<sup>39</sup> <https://www.england.nhs.uk/participation/resources/volunteering-guidance/>

- PSPs should have equality of voice with staff and be empowered to speak up, with their views demonstrably considered or acted on.
- For any organisation policy that relates to the involvement of human resources, PSPs should have their own equivalent policy and only be included in general staff policies if appropriate.
- People at all levels of the organisation have been informed of and can articulate the organisation's reasons for involving PSPs and the benefits to both the organisation and the PSPs.
- The organisation adopts procedures produced by NHS England and NHS Improvement or equivalent for regular review of PSP involvement.

For the effective introduction of PSPs organisations need to make a high-level, formal commitment to PSP involvement. Identifying a lead on the board for PSPs expresses this commitment and embeds it in the organisation's governance process. The board sets the PSP involvement culture and can be influential in embedding PSP involvement in patient safety – making it integral to what the organisation does.

Before an organisation recruits PSPs, its most senior managers should consider if they are ready as leaders to provide an effective culture for PSPs. Tokenistic attempts to introduce PSPs are likely to be detrimental overall. As an example, boards could consider the patient stories they have heard over the previous few years and ask whether they can identify relevant, effective and sustainable improvements from these. If the answer is no, the organisation is unlikely to be ready to recruit PSPs.

Staff across the organisation will need the time, skills, experience and support to manage PSPs.

## Things you will need

---

**A business case** for PSP involvement that identifies the current strategic and policy drivers for developing PSPs.

**Appendix 1** summarises the key national drivers.

The business case should also identify what it will cost to run a PSP programme and make the case for this investment.

**Appendix 2** gives further information on potential costs.

- Draw on research and evidence to demonstrate the impact PSP involvement can have.
- Identify how PSP involvement may contribute to achieving key organisational objectives or targets. This will help demonstrate what the return on investment will be.
- Establish what outcomes can be achieved as a return on the investment made and ensure these can be measured.

## Creating a framework to develop and support PSP involvement

### Overview

---

- The organisation designates responsibility for recruiting, selecting and supporting PSPs to a key member or group of its staff, eg the patient safety specialist. Their responsibilities are clearly outlined in role descriptions and regularly reviewed.
- The organisation takes steps to ensure that those supporting PSPs have the relevant training and experience.
- The organisation is open, honest and transparent in the way it works with PSPs and is clear about resource limitations and other relevant constraints. Where information has to be kept confidential, an explanation should be provided.
- The organisation's annual plan includes objectives for PSP involvement in safety governance and management; these are regularly reviewed.
- The organisation seeks to secure adequate financial resources to support adequate involvement of PSPs.
- Planning and budgeting for PSP involvement should start as early as possible.

Your vision and aspirations for involving PSPs will need to be supported by policies and processes for effective PSP management. The right framework will support a consistent approach to PSP involvement across your organisation.

This section details key policies and procedures and shows how to support staff to ensure they are implemented.

## Things you will need

---

**A PSP involvement policy** needs to define the PSP roles in the organisation and how PSPs will be supported. Where possible this should be co-produced with PSPs.

Your policy should include information on:

- recruitment and selection
- equal opportunities and diversity
- induction and training
- health, safety and welfare
- support and appraisal
- expenses and process for claiming expenses (this may be a reference to a separate policy)
- confidentiality and data protection
- a problem-solving process for dealing with any PSP performance issues (link this to the appraisal process)
- approach to reward and recognition.

**Appendix 3** gives an example checklist of the documents you may require and a selection of templates to develop them.

The requirements are described in more detail below.

1. **PSP expenses and remuneration guidance.** PSPs should be reimbursed for out-of-pocket expenses incurred while working with you, eg travel and subsistence. In some circumstances it may be appropriate to offer payment. You should have an expenses and remuneration policy and PSPs should be told about this and the process for claiming expenses.

**Appendix 4** gives further information on which types of roles could incur expenses and provides an expense claim form.

2. **A data protection statement covering the information you collect and store about PSPs.** Data protection law applies to PSPs and so you must ensure PSP data is treated in line with legislation and good practice. Similarly, if PSPs are responsible for any data, they need to understand their data protection responsibilities and should receive the same training as staff.

3. **A process for reviewing PSP involvement policies and procedures** to ensure they remain fit for purpose. This can be built into an existing review process you have for other policy documents.
4. **A PSP agreement outlining your clear expectations for PSPs.** This provides clarity from the outset on what you expect from PSPs and what PSPs can expect from the organisation.

A task description identifies your expectations of PSPs in a particular role, whereas PSP agreements and role descriptions explain these in a wider context of all roles and also identify what support all PSPs can expect from the organisation. PSPs should be introduced to the PSP agreement as part of their induction.

PSP agreements are not a contract and should be worded to reflect this. An agreement makes clear what the mutual expectations are, whereas a contract for staff sets out the contractual obligations. Agreements must not suggest, even unintentionally, that a legally binding relationship is being created.

**Appendix 5** gives an example of a PSP agreement.

5. **A clear management structure for PSPs** and an identified person with overall responsibility for PSP involvement. Ensure that PSP management is included in the job descriptions of staff who support PSPs, even if only one aspect of their role. Doing so raises the profile of PSP management as well as clarifying expectations of staff.
6. **Support for staff working with and managing PSPs** to ensure they have the relevant skills, knowledge and experience to do so.
  - Build PSP involvement and management into relevant induction and training plans.
  - Provide materials and resources and ensure they are aware of and have access to relevant policies and procedures. In the longer term, staff training in patient involvement in patient safety will be part of the patient safety syllabus.
  - Enable staff to support each other and meet to share good practice.
  - Provide access to relevant networks to help staff develop and improve their PSP management and practice.

7. **A procedure for dealing with performance concerns** should outline the steps to be taken and reference any appraisal policy. You should ensure that staff and PSPs throughout the organisation know what the procedure is, to ensure that issues are dealt with fairly and consistently.

If you adopt good PSP management practices most issues can be identified early and resolved. Where they cannot and your organisation's relationship with a PSP ends, having a clear procedure will mean you can demonstrate what you did to try and resolve the issue.

8. **A process for measuring the impact of PSP involvement** should be developed early in your PSP involvement programme. The indicators you choose to measure should demonstrate the impact of PSP involvement. They also need to be meaningful to and owned by all relevant stakeholders, including those at a strategic level in the organisation, if the value of PSP involvement is to be recognised across the organisation. Measures may include the number of completed patient involvement activities or the response to questions in a local patient satisfaction survey about empowerment to ask questions or raise/report concerns and availability of safety-related information. The data you collect on impact should feed into your monitoring, review and reporting process.

Consider the resource, both time and money, required to measure and evaluate impact; it needs to be manageable and proportionate.



## Developing PSP roles and task profiles

### Overview

---

- PSPs should be active partners with their partner organisation and co-produce policy and guidance where appropriate.

- PSPs should be actively involved in the development of relevant patient safety strategy and policy as well as governance and quality/safety oversight.
- A description is drawn up for each PSP specific task. Over time PSPs should have the opportunity to contribute towards ensuring that the overall role description and individual task descriptions maximise opportunities for effective PSP involvement.
- The organisation sets out the skills, attitudes, experiences and availability needed for the different roles.
- Reasonable adjustments are made to support the involvement of PSPs in all relevant activities.

At the outset think carefully about the tasks PSPs may undertake as part of their role. These tasks should be developed in line with your vision for PSP involvement and your PSP involvement strategy. This helps to embed PSP involvement in your organisation's strategic objectives.

Over the page is a list of the questions you could ask yourself when developing a new PSP task profile or reviewing an existing one.

## Creating a PSP task profile

- Why is the role needed?
- Does it support your aims and objectives?
- Does it fit with your PSP vision and strategy?
- Why are you involving PSPs in this way: what value will they add or what will they improve?
- What are the key responsibilities of the role?
- What is the relationship to other roles?
- What kind of skills, experience and attributes will be needed for the role?
- How much time does the role require?
- Does the role merit remuneration, and if so what level?

## Things you will need

---

1. **A clear PSP role description.** This ensures that PSPs are clear about their responsibilities, and the range of tasks and activities they are likely to be involved in. The skills, experience and attributes that it will be helpful for the PSP to have, based on existing task descriptions, can be included in the job description or in other recruitment material.

**Appendix 6** gives an example role description.

2. **A process for involving others when developing new tasks as part of the PSP role.** Ask staff and existing PSPs how they think a new task could make the biggest difference. If you are introducing PSP involvement into your organisation, you may need to spend significant time discussing these new roles with staff, to gain their support and buy-in.

# Inclusive approaches to attracting PSPs

## Overview

---

- The organisation seeks to involve PSPs from a wide range of backgrounds and abilities, including those who have experienced avoidable harm, and commits the necessary resources.
- Staff and PSPs are encouraged to embrace diversity among co-workers.
- Information about the organisation and ways in which PSPs can be involved is made as widely available as possible.
- The organisation monitors the diversity of the PSP team, and implements procedures to increase diversity and representation from the local community.

Your PSP recruitment plan needs to address how people with protected characteristics and from diverse backgrounds will be able to access the opportunity to become PSPs and apply for these roles. The need to support diversity should also be included in role descriptions and discussed at interview.

**Appendix 7** provides an equal opportunities monitoring form

## Things you will need

---

1. **A PSP recruitment plan.** This should identify how you will ensure that as many people as possible know about the opportunity to become a PSP and how in particular you plan to attract groups who are often underrepresented. It should also include planned timescales for recruitment.
2. **Information on PSP involvement that is available and accessible** to the widest possible audience. Consider providing information in a range of formats to meet people's access needs: printed as well as online resources, 'large-print', easy read and in languages other than English. All organisations that provide NHS care or adult social care are legally required to follow NHS England's accessible information standard.<sup>40</sup> You may be able to call on help from the communications team in your organisation. You should be clear if any PSP roles may not be universally suitable because it requires a specific skill set or specific abilities.
3. **A person-centred and flexible approach** to supporting the individual to become a PSP. At recruitment ask about access needs and how the person likes to be

<sup>40</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

supported. Make reasonable adjustments to enable participation: for example, the role may need to be performed in an accessible place; training and induction materials may need to be adapted; PSPs may require particular equipment or assistive technology. A policy will be needed for resourcing adaptations to accommodate PSPs with particular needs.

4. **PSP involvement in developing and reviewing your approach to inclusivity.** A PSP can provide a different perspective on accessibility and your approach to inclusion. Get their views on any barriers or challenges to accessibility through focus groups or PSP exit interviews. This will help you improve your approach
5. **Work with local experts and partners** for the particular groups you are trying to reach. For example, if you are looking to engage more young people think about how you can work with local colleges or youth charities. User-led organisations working with people with a range of impairments, mental health issues, refugees or ex-offenders will be happy to advise or perhaps work with you on recruitment.

## Recruiting PSPs

### Overview

---

- People interested in becoming PSPs are provided with clear information about the role and the recruitment and selection procedure.
- PSPs are informed if their application is unsuccessful and are offered feedback.
- The organisation's approach to taking up references is consistent and equitable for all PSPs.

The recruitment process helps to establish if:

- a PSP is suitable for the role
- the role is suitable for the PSP and meets their expectations.

The process should be two way: you find out more about the person's suitability to the role and they find out more about the role and about your organisation.

You should make the process as clear and as simple as possible. People can be put off by disproportionately long and complex recruitment processes.

## Things you will need

---

1. A **'recruitment pack'** containing all the information useful to potential PSPs in deciding whether the role is suitable to them. As such it should be available to someone at the first decision point: whether to apply or not. This information should be kept up to date and reviewed regularly, and the pack needs to be accessible and available in a range of formats.
2. **Application forms** should request only the information you need to assess a person's suitability to the PSP role and which role specifically. Finding out why someone is motivated to become involved in patient safety is useful at this stage. It can also be where you collect information and data you need such as address and contact details.

From a practical perspective the form should elicit how much time an applicant can offer and when they are available, whether they need any extra support or whether adaptations may need to be made to the role or the environment.

The form should explain why it needs to be completed and be simple to complete. Offer both online and paper versions to increase accessibility. All information should be collected in line with data protection legislation. The Information Commissioner's Office<sup>41</sup> has tools and resources if you are unsure of what this entails.

Your HR department may be able to help you develop a suitable form.

### Appendix 8 gives an example application form

3. **Interview approach.** Interviews do not need to be as formal as those for staff. You will need enough time to cover the PSP role and its contribution to the 'bigger picture', expectations and the organisation, and the applicant time to tell you about themselves and to ask questions. Remember the interview is also the applicant's chance to decide if the role and organisation are for them.
4. **References** provide an independent perspective of a person's skills, reliability and, possibly, attitude, as well as insight into how they have approached situations and work in the past. These can be used to inform your opinion of an applicant. It is common practice to request two references from people who have recently been in contact with the applicant. Some people may find it difficult to

<sup>41</sup> <https://ico.org.uk/>

give two referees so you should consider how your policy could be made less restrictive in terms of who you consider can act as a referee. For example, as not everyone will be able to provide a reference from an employer, it may be appropriate to consider references from teachers, cultural or community leaders, or social workers. A family member is never an acceptable referee.

5. **Other checks for PSPs** may be required by your organisation's policy, including:

- employment checks (proof of identity, Visa, proof of address) to NHS Employment Check Standard
- criminal record checks through the Disclosure and Barring Service (DBS checks)
- occupational health check or questionnaire to ensure that the applicant can perform the role without risk. The need for such checks should be balanced against the need to also ensure equality and diversity of access to PSP roles.

If any are required, tell the applicant why they are necessary.

6. **Minimum red tape** by ensuring you do not include any unnecessary checks or stages in the process. Remember recruiting PSPs does not necessarily require the same processes as for staff or others with unsupervised access to potentially vulnerable individuals.

7. **A process for keeping applicants informed** about the progress of their application; ideally you will tell them when they can expect to hear if they have been successful. Let them know of any delays as a drawn-out application process could put them off. Provide **unsuccessful applicants** with honest but sensitive feedback. If you think you may be able to involve them in the future, perhaps in a different role, you could offer to keep them informed as opportunities become available.

8. **A means to hold or store information on PSPs in line with your data protection policy.** This applies to both electronic and paper records.

# Safeguarding PSPs, staff and service users

## Overview

---

- Potential risks to PSPs and their mitigation are assessed when designing PSP roles. On occasions PSPs may be exposed to highly emotional experiences and will need to be supported through training, others in the organisation and being part of a network.
- PSPs are covered by appropriate indemnity insurance.
- There is a clear policy for reimbursing PSP expenses and paying involvement payments, which is based on the framework provided by NHS England and NHS Improvement.
- PSP personal details are protected in line with data protection principles.
- There is a clear policy on PSP access to employee assistance/occupational health services provided by the trust.

All organisations have a duty of care to PSPs and must ensure they are protected from harm while working in your organisation. PSPs should also be aware of the organisation's safeguarding obligations as well as their individual safeguarding responsibilities, including how to identify and report any concerns.

## Things you will need

---

1. **A risk assessment process for PSP roles and a safeguarding approach that is proportionate to the risk associated with the role.** Assessing the level of risk will help you identify what steps need to be taken to safeguard PSPs and those they work with. As PSPs are unlikely to work unsupervised with vulnerable people, this safeguarding may only need to be light touch in comparison to volunteering roles, eg helping patients with mealtimes or reading. But you do need to consider the potential risk of PSP exposure to upsetting or stressful situations. The risk assessment will also assist with identifying what information should be provided on induction, and the training and level of supervision needed.
2. **A policy for protecting children and vulnerable adults that covers PSPs.** This should be clear about how PSPs should respond or report any safeguarding concerns they have or that may have been disclosed to them. The policy should underpin training and induction for staff and PSPs. Both should know how to access the policy and any associated procedures or information.

3. **A whistleblowing policy and procedure that is relevant to PSPs.** NHS staff are encouraged to raise any concerns they may have regarding quality of care or patient safety. PSPs need to know how to raise concerns appropriately and that they will be supported if they do. Ensure PSPs are aware of the whistleblowing policy and how to respond if someone whistleblows to them.

The national integrated whistleblowing policy<sup>42</sup> helps standardise the way NHS organisations should support staff who raise concerns. Additional guidance is provided for primary care.<sup>43</sup>

4. **Insurance.** An organisation or group involving PSPs needs:
  - **employer's liability insurance or public liability insurance** to cover the organisation if a PSP is harmed due to the organisation's negligence
  - **public liability insurance** to cover both the organisation and the PSP if a third party is injured through the actions of a PSP.

We cannot advise on which insurer you should use or which policies you need to provide adequate insurance cover in relation to PSPs. If you are unsure whether your organisation's existing policies will cover PSPs, check with your insurance provider. Special insurance policies may be required.

5. **PSP identification**, such as badges or lanyards, may be needed as part of your approach to security or safeguarding.
6. **Protection from financial harm:** PSPs must not be out of pocket from undertaking this role. It is good practice to reimburse PSPs for expenses incurred while working with you.
7. **Support for PSPs** who may be exposed to distressing situations, eg access to a counselling service or confidential helpline. Some NHS trusts have their own staff support services. Mentoring can also be appropriate.

<sup>42</sup> <https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

<sup>43</sup> <https://www.england.nhs.uk/2016/11/support-whistleblowers-pc/>

# Induction and training for PSPs

## Overview

---

- All new PSPs have a planned induction which includes meeting relevant staff and other PSPs.
- PSPs are provided with the necessary information to carry out their role, such as policies on confidentiality.
- Training needs are identified which include both personal development and training in relevant elements of the patient safety syllabus when available.
- Where possible PSPs are trained alongside staff.
- The PSP and the organisation share the same understanding of the remit of the PSP roles.

Induction should prepare PSPs for their role, helping them get to know the organisation and who will support them. The way you bring new PSPs into your organisation sets the tone for your relationship with them.

As PSPs will be a highly variable group in terms of their skills and experience, you will need to use the recruitment and induction process to assess an individual PSP's training needs.

Use plain English, not jargon, in induction and training and give adequate time for PSPs to ask questions.

## Things you will need

---

1. **An induction checklist** for the issues and actions that need to be covered. PSPs can also easily see from such a list what they need to know.

**Appendix 9** gives an example induction checklist.

2. **A process tailored to the role.** Those taking up one-off or short-term roles that carry low risk may only need a short induction, whereas those providing information and advice to patients may need an induction that covers topics specific to their role and empowers them to fully contribute.
3. **Flexibility in when induction sessions are run.** PSPs may not be able to attend for a full day and may have work or caring responsibilities to work around.

4. **A PSP handbook** or information pack should be given to all new PSPs at induction. While this should be comprehensive, procedures may only need to be referred to rather than described in full if information on how they can be accessed is provided.
5. **Training relevant to the PSP role** to provide the knowledge and skills to be effective. It should cover mandatory topics like health and safety as well as patient safety, non-technical skills, diversity training and managing emotionally difficult situations.
6. Training and development help PSPs feel valued and supported and should be an ongoing process, not something that only happens when they join an organisation. Online training may be most convenient for PSPs.

Keep records of the induction and training provided to PSPs.

7. **An adequate budget for PSP training.** Where appropriate, PSPs should be included in the training that is already run for staff. You may need to ensure the cost of training is proportionate to the duration of the PSP role.

## Supporting PSPs

### Overview

---

- All PSPs will have an annual appraisal at which clear objectives are agreed.
- Support will be provided from senior leadership in the organisation, which may be a non-executive director or executive director with responsibility for patient safety or patient safety specialist.
- Mentor and buddy systems are considered as these roles develop.
- Wherever possible PSPs should work in pairs or greater numbers to provide peer support.
- PSPs are aware that they can refuse to be involved in work programmes they consider irrelevant to patient safety, or beyond the scope of their role or their skills.
- PSPs are asked for feedback about their role and involvement with the organisation. All feedback is reviewed and used to continuously improve PSP involvement.
- PSPs are informed of any changes in the organisation that affect their role.

Good support and management helps PSPs maximise their contribution and have a positive experience, which can help with retention.

Ongoing support and supervision for PSPs allows you to:

- ensure PSPs feel supported and recognised, and their needs are being met
- identify issues and potential problems early
- understand what motivates your PSPs.

## Things you will need

---

1. **PSP task descriptions clearly outlining roles and expectations.** These help prevent misunderstanding and issues with performance or behaviour, and can be used to support one-to-one conversations or management meetings.
2. **A named support contact for PSPs.** A range of staff in different roles could be this point of contact, or another PSP.
3. **Flexibility in approach** to suit different PSP roles and settings. One size does not fit all, and PSPs will vary in their support and management needs. For some roles, a formal, structured approach may be appropriate; for others, an informal chat or a group meeting may be better.
4. **An understanding of what motivates PSPs and how this may change** is key to good PSP management and support, as PSPs also need to get something from the involvement. You will have an idea from the recruitment process of what motivated someone to apply to be a PSP, but once involved you need to continuously check if this is changing.
5. **Regular one-to-one conversations for PSPs.** You can also use these to ask specific questions about their role or to follow up on previous discussions.

The one-to-one form in **Appendix 10** identifies the key questions to ask.

Some things to think about when organising these one-to-ones are:

- **The time PSPs have available.** Offering a range of ways to stay in touch can be helpful. Think about the best time of day to schedule these and whether they should be in person, over the phone or online.

- **The time you have available** and how many PSPs each member of staff should have one-to-ones with. This will also guide the most practical approach.
- **How you will keep a record or note of one-to-ones.** A record is particularly helpful if PSPs are involved with the organisation in the long term or their role is particularly complex, or for keeping track of any issues arising. It also allows the PSP to track how they are developing and learning in the role.
- **Process for giving feedback.** This embeds reward and recognition into your PSP management.
- **Opportunities to discuss issues or concerns.** Encourage PSPs to raise problems or concerns early, before they develop into something that seriously affects them or the organisation. You should also raise any issues you have with the PSP's work or behaviour as early as possible. You need to understand why the issue has arisen and how the organisation or other individuals may have caused or contributed to it.
- **How you will deal with issues sensitively** and frame issues as a shared problem. Be solutions focused and discuss steps you and the PSP could take together to improve things. For serious issues you should have a complaints or problem-solving procedure.

**Appendix 11** provides an example declaration of interest form

- **Other ways to keep in touch.** You can keep PSPs engaged and informed in many ways – teleconferencing, email bulletins, group meetings (eg focus groups, drop-in sessions), social media, online discussions – and especially if you work with large numbers of PSPs over a large area, you will need to be creative in how you keep them informed and engaged.

Peer support may be effective in some circumstances to make your PSPs feel supported. It can be a good way to recognise the experience of existing PSPs and could be a development opportunity for those looking to develop leadership or mentoring skills.

- **How you will you ask PSPs to leave.** When issues cannot be resolved the relationship between the organisation and the PSP may need to end. Ideally this decision should be taken only after a problem-solving process has been worked through.

If you do decide to ask a PSP to leave, have an exit meeting if possible, to explain your decision and tie up any loose ends. Your decision should be final at this stage.

For the exit meeting:

- ensure it is confidential
- Ask the PSP if they want to choose someone to accompany them
- expect PSPs to be emotional but try to keep your emotions in check.

Inform staff, patients, service users and other PSPs of your decision, but it may be appropriate to keep the reasons for the PSP's departure confidential. If the PSP has an ID badge, you will need to ask security to request its return.

## Valuing and recognising PSP contributions

### Overview

---

- Trust board and other relevant managers and staff recognise and 'buy into' the value of what PSPs can contribute and acknowledge them as equal partners.
- The organisation endeavours to obtain feedback from PSPs leaving the organisation.

PSPs will value being recognised for their contribution and achievements, particularly if they are giving their time for free, and like to know how they are making a difference. Recognition motivates and boosts morale and retention.

### Things you will need

---

**A range of approaches to recognising PSP contributions and achievements.** For example:

- **a simple thank you** from managers and staff can be the most valued reward for many PSPs; it is personal and low key
- **one-to-ones for PSPs should be an opportunity to give PSPs positive feedback** on their performance and to say thank you for their contribution
- **a statement which reflects individual achievement of a PSP** at the end of a piece of work

- **PSP case studies and other evidence of impact** to share across the organisation and/or include in your annual report showing how PSP involvement in patient safety makes a difference (ensure you ask permission to do this)
- **collect feedback from PSPs on their experience.** Asking PSPs to tell you about their experience, and then demonstrating you are taking this feedback on board, shows you value their contribution.

# Appendix 1: Key national policy and strategic drivers

This section identifies some of the key policy and strategic drivers for the involvement of PSPs in patient safety. It is intended to place PSPs in both the national and local strategic and policy context, which may be helpful when developing a business case.

## **NHS Patient Safety Strategy (aligned to the NHS Long Term Plan)**

---

The NHS Patient Safety Strategy (July 2019) recognises the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients can have as partners in their own safety. It identifies the ambition for safety-related clinical governance committees (or equivalents) in NHS organisations to include two PSPs by April 2021 and for them to have received required training by April 2022.

## **NHS Constitution for England**

---

The NHS Constitution (July 2015) states:

- “The patient will be at the heart of everything the NHS does.”
- “It should support individuals to promote and manage their own health.”
- “Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.”

## **Berwick report: *A promise to learn-a commitment to act 2013***

---

A review of patient safety in the NHS in England was undertaken in 2013 resulting in a number of recommendations. Two of Don Berwick’s 10 recommendations in August 2013 for patient safety were:

- “Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.”

- “All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.”

**Keogh: *Review into the quality of care and treatment provided by 14 hospital trusts in England***

---

One ambition identified in this review was that “patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.”

# Appendix 2: Potential resource implications and costs

We recognise that the introduction of PSPs will have resource implications: potentially for training, support, reimbursement of expenses and payment where appropriate.

Resource implications will differ for each organisation depending on the level of involvement undertaken and the approach taken to recruitment and subsequent management. As a guide:

- wherever possible and appropriate, PSPs should be trained with staff (eg induction sessions and patient safety training sessions)
- each PSP will require support from a named member of staff. In the longer term we anticipate that participation in PSP networks, being explored as part of the introduction of the PSP framework, could provide further regular opportunities for support and development
- payment level will depend on the level of PSP involvement in the organisation. For the purposes of this framework we have used the NHS England patient and public involvement policy on payment for involvement activities, which advocates an involvement fee of £150 per day
- The costs below are projected annual costs (rounded) to meet the framework's initial ambition to have two PSPs on trust/organisation-level safety-related clinical governance (or equivalent) committees by April 2021. It assumes each safety committee meeting requires a day of activity for the PSP including preparation time and the meeting itself, and that no existing activity already takes place. The calculations also assume monthly meetings. The reality may be that organisations would have a team of six PSPs contributing to three different quarterly meetings for an approximately equivalent cost or a different arrangement again. The precise configuration would be for local determination.

Activity	Frequency per year	Cost per activity	Annual cost
PSP attendance fee for one relevant patient safety/clinical governance committee meeting each month including time for preparation	12	£150 x 2	£3,600
Annual training for PSPs based on a one-day face-to-face induction and a one-day initial e-learning	One activity lasting 2 days	£300 x 2	£600
Annual recruitment of two PSPs based on one person preparing recruitment material, two people shortlisting people and interviewing, and one person following up on interviews	Equivalent to 3 days of staff time at Band 8A	£327 x 3 days	£981
Support and management of PSPs based on quarterly one-to-one conversations taking 0.25 days between each PSP by manager on Band 8a	4 (x 2)	£82	£656
Support and management of PSPs based on monthly touch base meetings lasting 30 minutes (when not having one-to-one) by manager on Band 8a	8 (x 2)	£16	£349
Total for every two PSPs			£6,186

# Appendix 3: Checklist for PSP involvement

Any organisation that is serious about involving PSPs in patient safety should carry out some basic planning and preparation before recruiting PSPs. This is a checklist of the policies and documents you should have in place.

Policy/procedure/document	Completed
PSP policy	
PSP role description	
PSP expenses policy	
Equal opportunities and diversity statement (including recruitment of ex-offenders)	
Confidentiality policy	
Data protection statement (ensure this covers data collected on PSPs)	
Health and safety (PSPs will need information and training on health and safety)	
Safeguarding policy (safeguarding is everyone's business. PSPs will need to know about your policy. It should cover activities undertaken by PSPs to protect both patients and the PSPs)	
Insurance provision for PSPs (check with your provider that PSPs are covered)	
Problem-solving procedure for PSPs (any grievance process written for staff will not be suitable)	
<b>When organisations have more time to develop their PSP policy and/or handbook, they should add the following:</b>	
Recruitment and selection policy	
Patient safety partner agreement (if appropriate)	
Induction and training checklist and content	

Policy/procedure/document	Completed
Support and supervision information	
Monitoring and evaluation information	
Policy and process on recognition of patient safety partners	

# Appendix 4: Expenses and remuneration

These examples of PSP involvement activity should be considered together with *Working with our patient and public voice (PPV) partners – Reimbursing expenses and paying involvement payments (v2)*.<sup>44</sup>

Role requirements	Role 1	Role 2	Role 3	Role 4
<b>Nature of activity</b>	PSP who chooses to attend, respond or comment on <b>open access engagement</b> opportunities, eg responding to online surveys.	PSP invited to attend workshops/events/ focus groups <b>on a one-off basis</b> .	PSP is a member of a <b>working group which meets regularly</b> (policy and service design, commissioning reviews, task and finish programmes, etc).	PSPs are in senior expert adviser roles that demonstrate <b>strategic and accountable leadership and decision-making activity, including groups that make recommendations to committees that have the delegated authority of the board.</b>
<b>Level of input</b>	Informs organisation's work.	Informs organisation's work.	Input to the organisation's committees and working groups.	Input to and shared decision-making in the organisation's committees and priority programmes. Members may be involved in making recommendations as part of committees that have delegated authority from the board.

<sup>44</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/08/patient-and-public-voice-partners-expenses-policy-oct-17.pdf>

Role requirements	Role 1	Role 2	Role 3	Role 4
<b>Example roles or activities</b>	Online survey/public consultation digital respondent comments on/attends open access public meeting, eg public board meeting or CQC public consultation.	Workshops, events, roundtable discussions that are relevant to patient safety to provide service user and public views and comments, eg an event where the public comments on specific policy proposals/ options; or a workshop event to hear service user feedback on their experience of care; or to give their views on a proposed new specification or policy.	Member of a working group established to undertake a local review/audit of environment, equipment or clinical practice; eg a review of potential ligature points or falls assessments. The review will be timebound and identify actions/ recommendations to improve safety.	Involvement in a directorate-level group that meets regularly to have oversight of a core safety function, eg medication safety, and reports into the organisation's patient safety/clinical governance committee (a subgroup of the board).
			Involvement in a patient safety improvement project which meets regularly: eg a review of the trust discharge policy or patient identification policy.	Involvement in training programmes that require a patient perspective; eg teaching students or other staff how to involve patients in their own safety or the impact that error can have on patients and families.
			Involvement in a task-and-finish group to design patient information; eg on what to expect during a hospital stay or GP	Member of an organisation's clinical governance committee or other safety committee that reports directly to the board.

Role requirements	Role 1	Role 2	Role 3	Role 4
			appointment, or how to reduce the risk of falling.	Activities include the review/analysis of safety information, eg incident reports or complaints.
			Member of a working group established to implement a new national or organisational policy/procedure, eg national safety standards for invasive procedures.	Member of an interview panel for a senior member of staff with responsibility for patient safety. This will include having input into interview questions.
			Involvement in a short-lived group to review theatre usage and surgical waiting lists.	Attendance at board meetings to discuss a personal safety experience and involvement in any subsequent discussion over how this could influence local practice.
				Involvement in designing the organisations approach to PSP involvement.
<b>Expenses/ remuneration category</b>	<b>A – No financial contribution.</b>	<b>B – Reasonable out-of-pocket expenses covered.</b>	<b>B – Reasonable out-of-pocket expenses covered.</b>	<b>C – Involvement payment due – suggested £150 per day or £75 per half day.</b>

## Expense claim form for PSPs

<p><b>Name:</b> .....</p> <p><b>Address:</b> ..... ..... .....</p> <p>Vehicle registration no: ..... Engine capacity (cc): .....</p> <p><b>Make and model of vehicle:</b> ..... .....</p> <p><b>Please note that mileage will be reimbursed at HMRC rate of 45p per mile, unless otherwise agreed with the event organiser.</b></p>	<p><b>Date of meeting:</b> .....</p> <p><b>Name and contact details for meeting organiser:</b> ..... .....</p> <p><b>Please arrange reimbursement by (tick preferred option):</b></p> <p><i>[Options offered by the organisation should be included here, eg cheque, direct payment]</i></p>
---	--

Date	Details of complete journey each day (starting and finishing at home) (A)				Parking expenses (B)	Accommodation, subsistence and other expenses (eg telephone calls) (C)	
	Public transport		Vehicle mileage			Detail	Cost
	Mode	Cost	From	To			

**Attendee declarations (please tick to confirm your agreement):**

1. I confirm that the above expenses have been incurred as a result of working in partnership with *[include organisation name here]* and comply with the Patient and Public Involvement Expenses and Involvement Payments Policy
2. The motor vehicle for which I have claimed a mileage allowance above is insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts. I hold a valid driving licence
3. If you have received an involvement payment for any work done, please tick to confirm that you understand that you are responsible for declaring this income to HMRC or other income providers (eg Jobcentre Plus, or insurance companies that may provide income to individuals).

**Please email your claim form to XXXX. Please note that you will be paid by [include organisation approach to payment here] within 14 days of receiving your claim form (and supporting documentation).** All personal data will be securely stored and appropriately managed in line with the Data Protection Act 1998.

**Internal use**

**Please complete before sending the form to the *finance department*.**

Authorised budget holder: Signature: ..... Print name: .....

Designation: ..... Cost centre: ..... Date: \_\_ / \_\_ / \_\_

# Appendix 5: Patient safety partner agreement

This patient safety partner (PSP) agreement describes the arrangement between *[name of organisation]* and you. We would like to assure you we appreciate your involvement with us and will do the best we can to make your PSP experience with us enjoyable and rewarding.

Your role as a PSP is ..... and starts on .....

This PSP role is designed to **have a positive impact on patient safety that makes a difference to patients, staff and the work of the NHS.**

## **We will support you in the role**

- We will provide induction and training, and ongoing development and training revalidation, appropriate to the responsibilities of this role.
- We will provide management and support and a named person who will meet you regularly to discuss your role and any successes and problems.
- We will explain the standards we expect for our services and encourage and support you to achieve and maintain them.
- We will reimburse expenses and offer involvement payment in accordance with *[name of reimbursement policy]*. An expenses form is in the PSP pack. Please keep all your receipts to give to us when you claim expenses.
- We will provide adequate insurance cover for you while carrying out PSP involvement roles approved and authorised by us.
- We will try to resolve fairly any problems, complaints and difficulties you may have while you work with us. In the event of an unresolved problem, we will offer an opportunity to discuss this in accordance with the procedures set out in the PSP pack.

## **Your commitment to meet the organisation's needs**

- You will perform your PSP role to the best of your ability.
- You will follow the organisation's procedures and standards, including equality and diversity in relation to staff, patients and other PSPs.
- You will maintain the confidential information of the organisation and of its patients/residents in accordance with GDPR and data protection.
- You will aim to meet the time commitments and standards that have been mutually agreed and give reasonable notice so other arrangements can be made when this is not possible.
- You will provide two referees as agreed who may be contacted, and agree to a Disclosure and Barring Service (DBS) check where necessary.

## **Our interaction with you**

- We will treat you with respect and value your contribution.
- Communication will be open and honest and build trust and confidence. We will respond in a timely manner if you contact us.
- We will ensure that you are treated in accordance with our *[name of equality and diversity policy]*, a copy of which is in the PSP pack.

## **Maintaining your own safety and the safety of others**

- We take your safety seriously and provide adequate training and feedback in accordance with our *[name of health and safety policy]*, a copy of which is in the PSP pack; however, you also have a responsibility for your own safety and the safety of others while working as a PSP.
- We will allow you time for a break and refreshments; however, you must tell us when you need a break since your working patterns may not be closely monitored by us.
- Tell us if something concerns you or if you need support or information and we will do our best to provide this. This agreement is binding in honour only. It is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party.

# Appendix 6: Patient safety partner role description

**Role title:** Patient safety partner

**Reports to:**

**Responsible to:**

**Base/department:**

## **Main purpose of role**

A patient safety partner (PSP) is actively involved in the design of safer healthcare at all levels in the organisation.

This includes roles in **safety governance** – eg sitting on relevant committees to support compliance monitoring and how safety issues should be addressed and providing appropriate challenge to ensure learning and change – and in the **development and implementation of relevant strategy and policy**.

The PSP should ensure that any committee/group of which they are a member considers and prioritises the service user, patient, carer and family perspective and champions a diversity of views.

Further detail on specific roles is provided in individual task descriptions. These include the time commitment for specific roles and frequency of meetings where appropriate

Compliance with agreed policies and respect for the confidential nature of discussions and information when required.

## **Skills and experience**

- Understanding of and broad interest in patient safety.
- Ability to communicate well in writing and read comprehensive reports.
- Ability to understand and evaluate a range of information and evidence.

- Confidence to communicate well verbally with senior leaders about strategic issues, as an advocate for patient safety.
- Ability to provide a patient carer or lay perspective and to put forward views on behalf of the wider community/groups of patients (not own opinion only).
- Experience of championing health improvements; able to be a critical friend.
- Interaction with multiple stakeholders at senior management level.
- Experience of working in partnership with healthcare organisations or programmes.
- Sound judgement and an ability to be objective.
- Personal integrity and commitment to openness, inclusiveness and high standards.

## **Training**

Requirement to be trained in patient safety when needs are identified and training is available. Where possible and appropriate this training will be with staff. Mandatory training may also be required, including in one or more of the following:

- information governance
- equality and diversity
- safeguarding level 1.

## **Planning and organising**

- Ability to plan time to prepare for meetings and undertake any other activities required as part of the role.
- To attend PSP support meetings and training events.

## **Personal**

- Adhere to the principles of the PSP agreement.
- Inform relevant person if unable to attend meetings or undertake any other identified activities.

## **Support to colleagues**

- Support and guide new PSPs where required.
- Take part in PSP networks to receive peer support and share learning.

## **Communication**

- Report any adverse incidents to staff.
- Ensure that patient confidentiality is always maintained.

## **Infection control**

- Adhere to the principles of hand hygiene when entering and leaving ward areas.
- Ensure that visitors and staff adhere to the principles of hand hygiene and direct them to hand washing facilities where necessary.

## **Equality and diversity**

- Have an understanding of individual patients' needs; consideration for cultural and religious requirements.
- Act in accordance with trust's policy and procedures.

## **Health and safety**

- Report any environmental factors that may contravene health and safety requirements.
- Ensure that all work is carried out in line with trust policies and procedures.
- Attend induction and regular mandatory training.

## **Involvement payment**

Any involvement payments may be classed as earnings or income by Her Majesty's Revenue and Customs (HMRC) or the Department for Work and Pensions (DWP). PSPs are responsible for declaring this income to HMRC, DWP, Jobcentre Plus or other agencies as appropriate. If you are in receipt of state benefits, you should seek advice from the relevant agency, eg JobCentre Plus, ideally in advance of applying and certainly before accepting an offer of a role which attracts an involvement payment, even if you intend to decline the payment.

**Due to the trust's commitment to safety and continuous improvement, it is likely that the role will evolve over time. These duties will be subject to review; any amendments will be made in consultation and agreement with the PSP.**

# Appendix 7: Equal opportunities monitoring form

## Why we are asking you to complete this form

[Name of organisation] is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

## Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity of our patient safety partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation.

If you would like this information in an alternative format, or would like help in completing the form, please contact us *[include email address]*.

## Equal opportunities information

### 1. What age group do you belong to?

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 18–25 | <input type="checkbox"/> 56–65             |
| <input type="checkbox"/> 26–35 | <input type="checkbox"/> 65 +              |
| <input type="checkbox"/> 36–45 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 46–55 |  |

**2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

- Yes, limited a little
- Yes, limited a lot
- No
- Prefer not to say

**3. If you answered 'yes' to question 2, please indicate your disability:**

- Vision (eg due to blindness or partial sight)
- Hearing (eg due to deafness or partial hearing)
- Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
- Learning, concentrating or remembering
- Mental health
- Stamina or difficulty breathing
- Social or behavioural issues (eg due to autism, attention deficit disorder or Asperger's syndrome)
- Other impairment
- Prefer not to say

**4. What is your ethnic group?**

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

**A. White:**

- Welsh/English/Scottish/Northern Irish/British Irish
- Gypsy or Irish Traveller
- Any other White background, please write in.....

**B. Mixed:**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, please write in.....

**C. Asian or Asian British:**

- Indian
- Pakistani
- Bangladeshi

- Chinese
- Any other Asian background, please write in.....

**D. Black or Black British:**

- Caribbean
- African
- Any other Black background, please write in.....

**E. Other ethnic group:**

- Arab
- Any other, please write in.....

- Prefer not to say

**5. What is your gender?**

- Male
- Female
- Prefer not to say
- Prefer to self-identify, please write in .....

**6. Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.**

- Yes
- No
- Prefer not to say

**7. What is your legal marital or civil partnership status?**

- Divorced
- Formerly in a registered civil partnership which is now dissolved
- In a registered civil partnership
- Married
- Never married and never registered a civil partnership
- Separated, but still in a registered civil partnership
- Separated, but still legally married
- Surviving partner from a registered civil partnership
- Widowed
- Prefer not to say

**8. What is your religion?**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> No religion   | <input type="checkbox"/> Hindu  |
| <input type="checkbox"/> Atheist   | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Sikh   |
- Any other religion, please write in.....
- Prefer not to say

**9. Which of the following options best describes your sexual orientation?**

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Bisexual                |
| <input type="checkbox"/> Lesbian               | <input type="checkbox"/> Prefer not to say       |
| <input type="checkbox"/> Gay                   | <input type="checkbox"/> Prefer to self-identify |

**10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?**

- |  |   |
|--|---|
| <input type="checkbox"/> No                      | <input type="checkbox"/> Yes, 50 or more hours a week |
| <input type="checkbox"/> Yes, 1-19 hours a week  | <input type="checkbox"/> Prefer not to say            |
| <input type="checkbox"/> Yes, 20-49 hours a week |   |

# Appendix 8: Patient safety partner (PSP) application form

## **PSP information**

The information contained in this form will be for the use of ..... only.

### Personal details

Name:  
.....

Address:  
.....  
.....  
..... Postcode: .....

Telephone number: .....

Mobile number:.....

Email address:  
.....

Do you have any medical conditions which may affect how you undertake this role?  
.....

Do you take any medication: Yes/No      If yes: please state .....

## **PSP experience and availability**

Position applied for:  
.....

What time would you be able to commit to PSP involvement? ie hours per day, week, month

(For discussion when we meet)

.....  
.....

Tell us briefly about any relevant experience in paid employment or as a volunteer, ie organisation, roles.

.....  
.....  
.....  
.....  
.....

**Skills/qualifications**

Please tell us about any skills or qualifications you feel are relevant to the PSP role in which you are interested (eg communication skills, organisational skills, analytical skills, IT, etc).

.....  
.....  
.....  
.....  
.....

**Motivation for becoming a PSP**

What has made you decide to apply to become a PSP and what would you hope to get out of this role?

.....  
.....

**Referees**

Please give the names and addresses of two people who you have known for at least two years and are not family members; we will contact them before appointment.

Name: ..... Name: .....  
 Address: ..... Address: .....  
 .....  
 .....  
 .....  
 Postcode: ..... Postcode: .....  
 Tel no: ..... Tel no: .....  
 Email address: ..... Email address: .....  
 How do you know this person? ..... How do you know this person? .....  
 .....

**Disclosure and barring**

We ask everyone who works with vulnerable people in a voluntary capacity to disclose all convictions, including spent ones. This requirement is covered by the exemption order of 1975 relating to sections 4(2) and 4(3b) of the Rehabilitation of Offenders Act 1974.

Do you have any criminal convictions/cautions? Yes/No

If yes, please give details in a separate letter and send this with your application form in an envelope marked 'Confidential'.

Please note, a criminal record will not necessarily prevent you from working with us; however, we reserve the right to conduct checks as necessary with the Disclosure and Barring Service (DBS).

**Data protection**

The information provided on this application form will remain private and confidential and will be used for the purpose of selection. We may wish to process this information for administration, and this will be done in accordance with the provisions of the Data Protection Acts 1984 and 1998.

We may approach third parties such as your referees to verify the information that you have given. By signing this form, you are giving consent to all these uses.

## Eligibility to work as a PSP

Individuals from outside the UK who work as a PSP with us are recommended to check their visa/entry clearance conditions before applying, to make sure they are allowed to do voluntary/unsalaried work.

## Declaration

- The statements made by me in this application are to the best of my knowledge true.
- I confirm I have read and understood the information above.

Signature of applicant: .....

Date: .....

Please return your completed form to:

Name of contact: .....

Address: .....

Please mark your envelope 'Private and confidential'.

# Appendix 9: Patient safety partner induction checklist

- Introduction to the organisation or project.
- Why you are involving PSPs – use your PSP policy if you have one.
- Introduction to the PSP role.
- PSP policies and procedures – include any key organisational policies in the PSP handbook and refer to these in the PSP agreement.
- Introduce relevant staff and identify key point of contact.
- Training and supervision arrangements.
- Health and safety information – should include first aid, fire procedures, infection control, occupational health.
- Expenses procedures – it can be helpful to work through the expenses form.
- Standards of behaviour and dealing with difficult situations.
- General site induction, eg location of toilets, meeting rooms and refreshments.
- Security arrangements.
- Issue of ID badge.

# Appendix 10: Patient safety partner regular one-to-one form

One-to-ones provide a regular opportunity for the PSP and their manager to discuss what the PSP has been involved in, how they are feeling, how they are performing, whether they need help with anything or are interested in getting involved in a particular area.

A copy of this form summarising one-to-one discussions will be shared with the PSP and held by their manager.

Name of PSP..... Date .....

Name of manager.....

What has been going well?

.....  
.....  
.....  
.....

What has not?

.....  
.....  
.....  
.....

What training or support do you need?

.....  
.....  
.....  
.....

Are there any other areas of patient safety work that you'd be interested in getting involved in?

.....  
.....  
.....  
.....

Outputs from conversation (including any agreed actions)

.....  
.....  
.....  
.....

PSP signature.....

Manager's signature.....

# Appendix 11: Declaration of interests

## Declarations of interests form for *[name of organisation]* and our patient safety partners

The NHS is expected to achieve and maintain high standards of probity in the way it conducts its business. These standards include impartiality, objectivity and integrity, and the effective stewardship of public funds.

*[Name of organisation]* is committed to openness and transparency in its work and decision-making. The effective management of conflicts of interests is an essential element in any working group that produces/publishes policy and guidance. Without it, professionals and the public will lose confidence in our work.

**Please complete or update the sections below. All interests that might unduly influence an individual's judgement and objectivity in the conduct of discussions around specific safety topics should be declared. A separate form should be completed for each group/activity that you are involved in and declarations may periodically need to be revisited as 'conflicting interests' may change.**

Name of patient safety (or equivalent) group or activity	
Name	
Role	
Main occupation/employment	
Directorships, partnerships or registerable share holdings	
Membership of governing bodies or other public bodies	

Interests of close family members	
Interests from previous/current employment or consultancy	
Current research activity	
Other interests	
<b>I declare that I have read and understood the Declaration of Interests statement and I am aware that this may result in being required to temporarily stand down from discussions relating to the particular topic.</b>	
Date:	Signed:

**If in doubt, please declare all interests** by sending an email to [XXX]. This is so we can talk to you about the nature of the potential declaration of interest.

 **Data Protection Act 1998** The information submitted will be held by [name of organisation] for personnel or other reasons and may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

**Contact us:**

**NHS Improvement**

**0300 123 2257**  
**enquiries@improvement.nhs.uk**  
**improvement.nhs.uk**

 **@NHSEngland**

**NHS England**

This publication can be made available in a number of other formats on request.

Publication approval reference: 001269