**The Patient Safety Partner – An exciting new volunteer opportunity at Derby and Derbyshire ICS!**

The Patient Safety Partner (PSP) is a new and evolving volunteer role developed by NHS England to help improve patient safety across health care in the UK.

Here at Derby and Derbyshire Integrated Care System (DDICS), we are excited to welcome a team of PSPs to work alongside our staff, patients, and families to influence and improve safety across our ICS. PSPs can be patients, carers, family members or other lay people (including NHS staff from another organisation).

This is a great opportunity to share your interests, experiences, and skills to help develop the new PSP role and be a part of the team within DDICS.

Some examples of what you might like to be involved with include:

* Talking with patients and staff about safety and what matters to them
* Support the safety training of staff
* Be part of project teams working to improve safe care and our systems
* Join safety boards and team meetings
* Help develop patient safety information resources
* Support the safety team when reviewing incidents
* Help us understand what we do well and how we can do this more of the time.

We can offer you:

* Fun and engaging opportunities
* Flexible hours, days, times
* Variety of roles
* Inclusion in the staff benefits scheme
* Induction programme
* Ongoing training and support.

**Patient Safety Partner – Voluntary Role Description**

**Employer:** Derby and Derbyshire Integrated Care Board (DDIBC)
**Department:** Patient Safety
**Location:** Derby and Derbyshire

**Main purpose of the role:**

A Patient Safety Partner (PSP) is actively involved in the design of safer healthcare at all levels of the organisation.

This includes roles in **safety governance** – e.g., 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.

The PSP will need to comply with relevant policies and maintain strict confidentiality in respect to 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:**

The 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
* Patient Safety Levels 1 and 2

**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 safety 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 ICS 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 ICS policies and procedures.
* Attend induction and regular mandatory training.

**Please note:**

* Due to the ICS'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.
* DDICS strives to be diverse, inclusive and a place where we can all be ourselves. We particularly encourage applications from people who identify as Black, Asian, Minority Ethnic (BAME), LGBT+, Disabled and Veterans who are under-represented across the Trust.
* This is a voluntary role and expenses would be provided for travel etc.
* The appointment will be subject to satisfactory checks.
* For an informal discussion about the post please contact James Barker, Patient Safety Lead, 07826 951 915

**If you are interested in this role, please complete the form below and return your application form to our patient safety team at****DDCCG.patientsafety@nhs.net** **by Friday 22nd July 2022.**

**Patient Safety Partner (PSP) Application Form:**

**PSP information**

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

Personal details

Name: .....................................................................................................................................

Address: .................................................................................................................................................

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

.................................................................................. Postcode: .............................................

Telephone number: ..................................

Mobile number: ..........................................

Email address: ........................................................................................................................

Please let us know if you require any reasonable adjustments in order to fulfill this role:

………………………………………………………………………………………………………….

**PSP experience and availability**

Position applied for: **Patient Safety Partner**

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/knowledge and experience**

Please tell us about any skills or qualifications, knowledge, and experience you feel are relevant to the PSP role in which you are interested (e.g. 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 12 months and are not family members; we will contact them before appointment.

Name: ............................................

Address: ........................................

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

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

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

Postcode: ......................................

Tel no: ...........................................

Email address: ...............................

How do you know this person?

………………………………………

Name: ............................................

Address: ........................................

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

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

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

Postcode: ......................................

Tel no: ...........................................

Email address: ...............................

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: James Barker, Patient Safety Lead

Address: DDCCG.patientsafety@nhs.net