



**University Hospitals  
of Leicester**  
NHS Trust

# **UHL Patient Safety Partner (PSP) Policy**

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### KEY WORDS

Patient Safety Partner, PSP, Patient Safety, PSIRF, Patient Safety Incident Response Framework, Engaging and involving

## 1 INTRODUCTION AND OVERVIEW

- 1.1 The NHS England Framework for Involving Patients in Patient Safety sets out how NHS organisations should involve patients in patient safety. The framework was developed to recognise and support the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care as highlighted within the NHS Patient Safety Strategy (2019).
- 1.2 A key component to achieving this is to recruit, train and develop Patient Safety Partners (PSPs) for the University Hospitals of Leicester (UHL).
- 1.3 A Patient Safety Partner is an individual who supports effective safety governance at all levels within an organisation by working as a 'knowledge broker' working in partnership with the patients, public and staff to provide a different perspective on patient safety, one that is not influenced by organisational bias or historical systems, resulting in a patient-centred approach to provide safer healthcare.
- 1.4 This policy sets out the expectations of the PSP role for staff and the PSPs at the University Hospitals of Leicester NHS Trust. The lines of responsibility and

management of the PSP will be defined within this document alongside how the PSP role itself fits within the organisation.

## **2 POLICY SCOPE – WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS**

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- 2.1 This policy applies to all applicants for the PSP role.

## **3 DEFINITIONS AND ABBREVIATIONS**

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- 3.1 **Patient Safety Partner (PSP)** – someone who is actively involved in the design of safer healthcare at all levels in the organisation.
- 3.2 **Patient Safety Specialist (PSS)** – someone who has been designated to provide dynamic senior patient safety leadership.
- 3.3 **Patient Safety Incident Response Framework (PSIRF)** – sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
- 3.4 **Clinical Management Group (CMG)** – Division of grouped services within the organisation.

## **4 ROLES – WHO DOES WHAT**

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An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements

### **4.1 Executive Lead – Chief Nurse**

- 4.1.1 The Chief Nurse has executive responsibility within the Trust and will provide sign off and final approval to aspects such as but not limited to business cases, financial budgets involved with the PSP role, recruitment plans, improvement projects, changes to policy or procedure because of PSP and UHL staff input.

### **4.2 Patient Safety Specialists – Head of Patient Safety, Deputy Medical Director, Director of Midwifery and Head of Patient Experience**

- 4.2.1 Each PSP will be supported in this role by a nominated Patient Safety Specialist (PSS). This individual should provide wellbeing checks with the PSP in the form of 6-weekly support meetings, provide ad hoc supervision when required and undertake an appraisal with each PSP. The PSS will also monitor tasks and outputs against national guidance on Patient Safety.
- 4.2.2 This relationship should offer guidance and suggestions to the PSP regarding activities that they could become involved in and should signpost them to areas of work or key staff that they should engage with. The Patient Safety Specialist should offer supervision and wellbeing support alongside monitoring of tasks and outputs against policy, role remit and guidance.

### **4.3 Patient Safety Team**

- 4.3.1 The nominated Patient Safety Team member will deputise as required for the PSS to provide supervision and support of the PSP.

- 4.3.2 The Patient Safety Team will be work closely with the PSPs involving them in learning responses and relevant improvement workstream groups.

#### **4.4 Patient Safety Partner**

- 4.4.1 Please refer to Appendix B for the Role Description defining key roles and responsibilities of a Patient Safety Partner
- 4.4.2 Each PSP is dedicated to providing expert support to UHL and is expected to have direct access to the executive team, which facilitates the escalation of patient safety issues or concerns. They also play a key role in the development of a patient safety culture, safety systems and improvement activity.
- 4.4.3 PSPs are required to attend PSP group meetings and to commit to individual support meetings with the Patient Safety. PSPs are also expected to participate in an annual appraisal.
- 4.4.4 PSPs may be asked to act as a mentor or 'buddy' for new PSPs joining the Trust.
- 4.4.5 PSPs will be asked to sign an agreement with the Trust, detailing mutually agreed commitments to meet the organisation's needs (Appendix A).
- 4.4.6 Due to the role being new, the Role Description is likely to adapt and change so duties will be subject to change (as specified within the Role Description). Early review in consultation with Patient Safety Partners in post, Head of Patient Safety, and the Patient Safety Specialists will be key to the success of the role and should be expected.
- 4.4.7 Other ad hoc tasks may be asked of the PSP in relation to their role. These should be reasonable and feed into the purpose and remit of the role e.g. presentations.
- 4.4.8 Interaction with service users, multiple staff members and teams is necessary for the role of the PSP.

#### **4.5 Individual members of staff**

- 4.5.1 All staff should be aware of the role of the PSP and understand that PSPs should have equity of voice and be empowered to speak up, challenge or question processes and actions. Their views should be demonstrably considered and/or acted on to support safety improvements.
- 4.5.2 All staff should actively encourage and support PSPs with participation in projects, visits, information requests or any other reasonable requests in line with the Role Description of the PSP (see Appendix B).

### **5. POLICY IMPLEMENTATION**

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#### **5.1 Role Description**

- 5.1.1 Nominated representatives of each CMG for quality and safety have been informed of and can articulate the organisation's reasons for involving PSPs and the benefits to both the organisation and the PSPs.
- 5.1.2 The role has a fixed term tenure of 2 years and up to 15 hours of commitment per month.

## 5.2 Recruitment & Selection

- 5.2.1 The Trust is committed to using fair, efficient and consistent recruitment procedures for all potential PSPs.
- 5.2.2 Advertisement of the PSP role should be done through a variety of modes such as social media platforms, advertisements in our patient facing areas and also through our community partners across the Trust accessed through our variety of different forums including our communications team, volunteers service, patient involvement and community engagement manager as well as local service user support groups known in the Trust.
- 5.2.3 Selection of the successful candidate will be undertaken through informal conversations, application form (Appendix C) and interview with the designated PSSs and an external member.
- 5.2.4 The recruitment process to be undertaken by the Patient Safety Specialist or nominated deputy for the recruitment of a PSP will follow the bank recruitment process set out within the [Temporary Staffing UHL Policy](#) due to the 2 year role tenure.

## 5.3 Remuneration - expenses and involvement payments

- 5.3.1 The PSP role participates in meetings and committees as required and is involved in strategic and accountable leadership and decision making in line with [Role 4: Reimbursing Expenses and Paying Involvement Payments](#). Therefore, the Trust offers remuneration to the PSP although they are not a direct employee of the Trust.
- 5.3.2 Payment is offered to our PSPs for the purpose of helping to remove or minimise financial barriers that can prevent or discourage people from getting involved, supporting diversity, as payment may provide a means for people to contribute. Ultimately, the Trust believe that people should not be out-of-pocket due to involvement, so payment will be paid to cover PSP activity.
- 5.3.3 Payment will be made for car parking on Trust premises for activities undertaken in the role of the Patient Safety Partner and in line with UHL [Expenses Policy](#).
- 5.3.4 Appendix E sets out the internal process by which PSPs should submit a local payroll claim form to claim for their time on a monthly basis. The local payroll form will be provided by the PSS and must be checked for accuracy by them prior to submission.
- 5.3.5 An annual refresh of the local claim form for PSP reimbursement is required. The Head of Patient Safety will contact the Trust's HR Systems and Payroll Service Pay and Benefits Lead, a minimum of 4 weeks prior to the expiry of the local form, to review the form requirements and ensure a valid form is available to use.

## 5.4 Induction and Training

- 5.4.1 A PSP handbook should be given to all PSPs at the start of the agreement and PSPs will also be expected to complete a service-based induction programme when they start in the role. The standard UHL Induction Checklist will be completed (Appendix E).
- 5.4.2 Mandatory training must be completed by the PSP early in the role and if possible, within the first 3 calendar months of starting in the role, noting the role is part time. A current list of mandated e-Learning modules can be found in

HELM. PSPs should be given reasonable time and notice to be able to complete all training required and a percentage of the PSP working month should be allocated to mandatory training to support completion.

- 5.4.3 PSPs may be asked to complete further training that is relevant to the role on an ad hoc basis e.g. HSIB Level 2 in Safety Investigation Training.

## **5.5 Involvement**

- 5.5.1 The Patient Safety Partner will be involved in organisational safety by supporting and contributing to the governance and management processes for patient safety at UHL. The PSP role may include:

- membership of safety and quality committees whose responsibilities include the review and analysis of 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.

- 5.5.2 The PSP role involves interaction with patients, families, and carers. It is the Trust's and the PSP's responsibility to ensure all parties are kept safe whilst carrying out duties within the role.

- 5.5.3 As far as possible, all interaction relating to the PSP role with patients, families and carers, members of the public or community groups (including visits to wards, phone calls, presentations) should be pre-planned and supported by UHL staff e.g., introductions made, staff member present during conversation, staff nearby or key contact confirmed.

- 5.5.4 The PSP should take all precautions to ensure their own safety and should never put themselves at risk. If they feel at risk, they should withdraw immediately and seek further advice or assistance from their assigned line managers. PSPs should feedback the interaction to the identified key leads within UHL as soon as possible.

- 5.5.5 Community engagement that the PSP takes part in could be in the form of contact with service users, their families and carers or the public, voluntary groups, volunteers, charities, or community groups. The PSP role and scope as set out in this policy should be adhered to when completing work on behalf of or in collaboration with University Hospitals of Leicester.

## **5.6 Support and Appraisal**

- 5.6.1 Each PSP will be supported in the role by a nominated Patient Safety Specialist. There will also be a nominated member of the Patient Safety Team who may deputise for the PSS to ensure that each PSP is fully supported with access to support when needed.

- 5.6.2 The PSS should provide wellbeing checks with the PSP in the form of 6-weekly support meetings, provide ad hoc supervision when required and undertake an appraisal with each PSP.

- 5.6.3 An annual appraisal will be completed in line with the UHL [Appraisal and Pay Progression Policy and Procedure](#) (Trust Reference: B16/2015) however pay

progression will not apply due to the remuneration agreement set out in section 5.3 of this policy.

- 5.6.4 If the PSP is unable to attend meetings or undertake any other identified activity they must inform their assigned PSS as soon as reasonably possible noting that remuneration will not be provided for non-attendance.

## **5.7 Performance**

- 5.7.1 The PSP Agreement (Appendix A) and Role Description (Appendix B) outline the role and expectations and can be used to support one-to-one conversations and management meetings.
- 5.7.2 Performance will be monitored through 6-weekly one-to-one meetings and annual appraisals. Performance concerns should be identified early and resolved.

## **5.8 Confidentiality**

- 5.8.1 Due to the nature of the Trust's business, PSPs may be party to confidential and sensitive information. PSPs are responsible for maintaining the confidentiality of all privileged information and are expected to follow the [Data Protection and Confidentiality UHL Policy](#) (Trust Reference: A6/2003). This requirement to maintain confidentiality is also set out as a requirement within the PSP Role Description (Appendix B).
- 5.8.2 Failure to maintain patient confidentiality may result in termination of the PSP role. PSPs are always reminded of the importance of confidentiality and must under no circumstances discuss patient affairs with any individual other than relevant members of staff.
- 5.6.3 Conflicts of Interest must be declared with the assigned PSS in-line with the UHL [Managing Conflicts of Interest](#) in the NHS Policy (Trust Reference: A1/2017).

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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- 6.1 Training will be designed to meet the individual needs of the Patient Safety Partners (PSPs)
- 6.2 PSPs will be required to undertake mandatory training as detailed out in section 5.4.2 of this policy
- 6.3 Any additional assistance with regards to accessing virtual meetings will be provided on an ad-hoc basis as necessary.

## **7 PROCESS FOR MONITORING COMPLIANCE**

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### **Policy Monitoring Table**



Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Monitoring effectiveness of role	Patient Safety Specialist	Feedback from CMG colleagues, Patient Safety Partners and Patient Safety Specialists	Quarterly	Reflected in quarterly update to Patient Safety Committee
Process for reviewing duties and involvement of PSPs	Patient Safety Specialist	One-to-ones	6-weekly	Reflected in quarterly update to Patient Safety Committee
Recruitment and remuneration processes	Patient Safety Specialist	Recruitment cycles	Biennial	Policy appendix items to be updated to reflect changes

## 8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

The [NHS Patient Safety Strategy](#) (2019)

[Framework for involving patients in patient safety](#)

UHL [Patient Safety Incident Response Policy](#) (Trust Reference:B16/2024)

[Data Protection and Confidentiality UHL Policy](#) (Trust Reference:A6/2003).

UHL [Managing Conflicts of Interest](#) in the NHS Policy (Trust Reference:A1/2017).

## 10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This Policy will be reviewed by the Author/Lead Officer named above in the event of any substantial changes to the role's involvement requirements, or 2 years after the date the Policy was accepted, whichever comes first.

The updated version of the Policy will then be uploaded and available through UHL Connect and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.



## Appendix A: Patient Safety Partner Agreement



PRIVATE & CONFIDENTIAL

NAME

ADDRESS

ADDRESS

DATE

Ref: Patient Safety Partner Agreement between [name] and University Hospitals of Leicester NHS Trust

Dear [name],

This agreement sets out the arrangements for your role as Patient Safety Partner. This agreement is not a legally binding contract, nor is it intended to create an employment relationship between us. However, we would like to assure you we appreciate your involvement with us and will do the best we can to make your Patient Safety Partner experience with us enjoyable and rewarding.

### 1. Parties' details

- 1.1. Name of volunteer: [name] ("you" or "your").
- 1.2. Name of organisation: University Hospitals of Leicester NHS Trust (the "organisation" or "we").

### 2. Start and end date

- 2.1. You have agreed that you will be able to commit to the role of Patient Safety Partner for 2 years, with the organisation, from [date] until [date].
- 2.2. During this period, you will commit up to 2 days or 15 hours, per calendar month.

### 3. Your commitment

- 3.1. You will perform your role as Patient Safety Partner to the best of your ability and operate in line with the organisation's values and expected behaviours in relation to staff, patients and other Patient Safety Partners.
- 3.2. You will comply with the organisation's procedures, including the health and safety policy and equality policies. These can be found on the organisation's intranet page.
- 3.3. You will have responsibility for your own safety and the safety of others while performing your role as Patient Safety Partner and report any concerns appropriately.
- 3.4. You will aim to meet the time commitments that have been mutually agreed. However, if for any reason this is not possible, we would be grateful if you could notify [name] by telephone on [number] as soon as possible so alternative arrangements can be made.
- 3.5. You will monitor and record the number of hours undertaken in your role, as Patient Safety Partner, on a monthly basis.
- 3.6. You will provide two referees as agreed who may be contacted, and you will agree to a Disclosure and Barring Service (DBS) check.

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3.7. All the work, including tasks that you undertake with the organisation under this agreement will be in line with the Patient Safety Partner role description, however, you are aware the Patient Safety Partner role is a new and innovative role and as such, will evolve over time.

#### 4. Induction and training

4.1. We will arrange an induction on your first day during which you will be introduced to the organisation and your role as Patient Safety Partner. This will include the relevant health and safety procedures, the standards we expect for our services and other practical information such as where the toilets and canteen facilities are located.

4.2. We will provide training and on-going development as appropriate to the responsibilities of this role.

4.3. If further training is required, we expect you to communicate this appropriately to [name] so necessary arrangements can be made to support you in your role as Patient Safety Partner.

#### 5. Support you can expect from us

5.1. As a Patient Safety Partner for the organisation, you can expect to be treated in accordance with our values, policy and procedures, including the organisation's equality policies.

5.2. We will value your efforts and contributions in making a difference to patients, staff and the work of the NHS; you will be supported and encouraged along the way.

5.3. [Name] will provide you with direct support during your time in role as Patient Safety Partner and will meet with you regularly. If you have any queries or issues, you will discuss this with them, in the first instance.

5.4. Any issues, complaints, and difficulties you may have during your time in role as a Patient Safety Partner will try to be resolved as fairly as possible, in a timely manner.

5.5. We will allow you time for a break and refreshments and this can be managed autonomously; however, you must inform [name] if there are any barriers in doing so, as your time in role may not be closely monitored.

#### 6. Pay

6.1. Although the work that you do as a Patient Safety Partner is unpaid, we do not want you to be disadvantaged financially. Therefore, you will be eligible to receive involvement payment for a maximum of 2 full days, per calendar month, at the following fixed rates:

- £150 per full day (4 or more hours)
- £75 per half day (less than 4 hours)

Payment is not calculated per hour, and activities may not always be compressible into half or full day increments. These rates are in accordance with involvement payments that are agreed nationally as outlined in the PPV Partners Expenses and Involvement Policy (October 2021) and should not be adjusted or divided up.

6.2. PSPs can choose to decline payments or to request a lesser amount of payment if they wish.

6.3. Where a meeting or event is cancelled at short notice (48 hours or less), PSPs should receive a half day rate where they have already undertaken preparatory work and the meeting/event papers and/or documentation has been issued. Where appropriate, a discussion should take place between [name] and PSP about any alternative ways in which the PSP can contribute in the previously identified time.

6.4. Involvement payments are viewed by HMRC, DWP, the Job Centre and Insurance companies as income and therefore, Patient Safety Partners may be required to pay statutory deductions and/or declare such income. As such, involvement payments may have implications on any benefit entitlements and/or insurance pay-outs.

6.5. The organisation cannot offer financial advice; however, the organisation will provide information to allow the Patient Safety Partner to make an informed decision and advise income should be declared. Ultimately, it is the responsibility of the individual in role to seek appropriate financial advice, declare such income and to comply with the conditions of any benefits.

6.6. No involvement payments will be provided for reasons such as, but not limited to, sickness, unforeseen emergencies and leave.

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## 7. Expenses

7.1. PSP's will receive reimbursement for reasonable out-of-pocket expenses as long as they are agreed in advance and in line with the PPV Partners Expenses and Involvement Policy (October 2021) and Organisation's expenses policy; as such, we expect you to provide all original receipts.

7.2 Any expenses must not exceed the agreed rates outlined in the PPV Partners Expenses and Involvement Policy (October 2021).

7.4. The nationally agreed rates for travel, accommodation, subsistence (food and drinks), carers and support workers, assistance animals, accessible information and communication support and office supplies can be found in 'Appendix 1: Covering out-of-pocket expenses' of the PPV Partners Expenses and Involvement Policy (October 2021).

7.4. Your expenses claim form is included with this letter and each completed form should be submitted to [name] with original receipts for approving and processing.

7.5 [name] will also help with booking travel/accommodation.

7.6 The PSP can claim expenses in the event where meetings or events are cancelled at short notice, for example where arrangements have been made for carer support and cannot be cancelled without penalty.

## 8. Insurance

8.1. The organisation will ensure that you are covered for insurance purposes.

## 9. Confidentiality and Personal Information

9.1. In the course of your role, you may come across confidential information about the organisation, its staff, patients, residents and/or any third parties. You must respect this confidentiality and not disclose this information or use it for your own or another's benefit.

9.2. All confidential information you come across should be handled in line with General Data Protection Regulation, the UK Data Protection Act 2018 and all other data protection legislation applicable.

9.3. The organisation will hold confidential information relating to you on record which contains personal data; we will comply with our obligations under the above legislation and your rights of access to this data are prescribed by law.

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Please sign and return the attached copy agreement to indicate your acceptance of these arrangements:

This agreement is binding in honour only, it is not intended to be legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

### Volunteer's signature:

Name:

Dated:

### Manager's signature on behalf of the organisation:

Name:

Dated:

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# Role Description

Role Title:	Patient Safety Partner
Band:	Paid in accordance with the NHS England involvement payment guidance - £150 per full day session (>4 hrs) and £75 per half day (<4hrs)
Location:	Trust-wide/remote
Reports to:	Patient Safety Specialists
Contacts:	For further information please contact either:  Reena Karavadra - Programme Lead Telephone: 07929775183 Email: <a href="mailto:reena.karavadra@uhl-tr.nhs.uk">reena.karavadra@uhl-tr.nhs.uk</a>  Claire Rudkin – Head of Patient Safety Telephone: 07908719093 Email: <a href="mailto:claire.e.rudkin@uhl-tr.nhs.uk">claire.e.rudkin@uhl-tr.nhs.uk</a>

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### What is a Patient Safety Partner?

The Patient Safety Partner (PSP) role is a new and innovative role in the NHS and as such will evolve over time. You will be part of a team of PSPs for the University Hospitals of Leicester (UHL) NHS Trust. The role has been created following a national change in the way in which we respond to incidents, investigate, learn and support all people involved known as the Patient Safety Incident Response Framework (PSIRF).

The main purpose of the PSP role is to be the voice for the patients and wider community we serve at the UHL and to ensure that improving patient safety is at the forefront of all that we do. We want to ensure at UHL we hear the voices of all patients in Leicestershire, regardless of their culture/background. Your role will help ensure everyone's views are included in UHL's patient safety program.

We would expect you to be able to be confident in communicating your feedback through with a focus on ensuring we are improving and maintaining patient safety. Duties that you may be involved in include talking to our patients and staff about safety and what matters to them, attending meetings looking at patient safety, risk and quality, assisting in the implementation of patient safety improvement initiatives, supporting patient safety training of staff, helping to develop patient safety information resources for the staff and public, and participating in the investigation of patient safety events.

These duties will be subject to review, and any amendments will be made in consultation and agreement with the PSP.

The initial posts would be for 2 years. The total time commitment initially for each PSP is expected to be 15 hours per month and this will be in a hybrid format with a mixture of face-to-face and online attendance. This includes preparation for and attendance at



group meetings. Membership of and attendance at the relevant meetings will mostly be held remotely via Microsoft Teams but may be face to face.

These roles require attendance at one meeting every month and other activity between meetings.

The roles do attract an involvement payment for attendance at meetings and reimbursement for reasonable expenses in accordance with the NHS England involvement payment guidance; this is equivalent to £150 per full day.

<p><b>Role Summary</b></p>	<p>Your main role will be to work with us to ensure that we prioritise the safety requirements of our patients thereby maximising the things that go right and minimising the things that go wrong for people receiving our services.</p> <p>The Patient Safety Partner (PSP) is a new and exciting role to work with the Trust to enhance our response to incidents and you can shape what your involvement will look like. You will support the organisation to implement and embed the new Patient Safety Incident Response Framework (PSIRF) and make sure we continue to consider and prioritise the views of our patients, carers and families in our response to patient safety incidents.</p> <p>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 – e.g. sitting on relevant committees to support how safety issues should be addressed and providing appropriate challenge and recommendations to ensure learning and change – and in the creation and roll-out of relevant strategy and policy.</p> <p>The PSP should ensure that any committee/group of which they are a member considers and prioritises the patient, carer and family perspective and champions a diversity of views. They will help to ensure the patient voice is at the forefront of what we do.</p> <p>The PSP will need to comply with relevant policies and maintain strict confidentiality in respect to discussions and information when required.</p>
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Skills and experience	<ul style="list-style-type: none"> <li>• Recent and relevant experience of being a patient or carer of someone using health services.</li> <li>• Understanding of and broad interest in patient safety with a willingness to learn and work in collaboration with UHL to improve patient safety.</li> <li>• Sound judgement and an ability to be objective.</li> <li>• Personal integrity and commitment to openness, inclusiveness and high standards.</li> <li>• Be a strong advocate for patient safety.</li> <li>• 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).</li> <li>• Ability to read report and communicate both verbally and in writing.</li> <li>• Willing to bring up patient safety concerns with the senior management team.</li> <li>• Commitment to ensure attendance and active participation in relevant meetings</li> <li>• Be supportive and innovative in delivery of change</li> <li>• It is a requirement of the Patient Partner role that Patient Partners respect and adhere to the Trust's values at all times.</li> </ul>
Equality and diversity	<p>Have an understanding of individual patients' needs; awareness of protected characteristics<sup>1</sup> and differing socio-economic backgrounds.</p> <p>Having experience or understanding on how different people in the community may experience and access healthcare differently.</p> <p>Be mindful to represent the voices of all patient groups within Leicestershire.</p> <p>Act in accordance with trust's policy and procedures.</p>
Support to colleagues	<p>Support and guide new PSPs where required.</p> <p>Take part in PSP forums to receive peer support and share learning.</p>



Communication	<p>PSP to identify and discuss any concerns they have following the provision of feedback at committees/meetings with their supervisor</p> <p>Report any safety incidents to staff.</p> <p>Ensure that patient confidentiality is always maintained.</p> <p>Inform the chair of the meeting if there is a conflict of interests, e.g. patient or patient group are known personally to the PSP</p>
Infection control	<p>Adhere to the principles of hand hygiene when entering and leaving ward areas.</p> <p>Ensure that visitors and staff adhere to the principles of hand hygiene and direct them to hand washing facilities where necessary.</p>
Training	<p>You will undertake statutory and mandatory training and further training will be designed to meet the individual needs of the Patient Safety Partners (PSPs); this will include patient safety training</p>
Health and safety	<p>PSPs are subject to the requirements of the Health and Safety at Work Act and must ensure that his/her work methods do not endanger others or themselves.</p> <p>Report any environmental factors that may contravene health and safety requirements.</p> <p>Ensure that all work is carried out in line with trust policies and procedures.</p> <p>Attend induction and regular mandatory training.</p>

### Your Commitment

University Hospitals of Leicester NHS Trust require the Patient Safety Partner (PSP) to commit to the role for a minimum of 2 years following appointment. The requirement of the PSP is a commitment of up to 2 days/15 hours per month, which will be split over attendance of meetings and sessions of varying length. The PSP is required to monitor the number of hours they work each month.

### Additional Information

- We would not expect individual applicants to have all skills and experience
- A DBS check and references will be required for this role
- We value and promote diversity and are committed to equality of opportunity for all and appointments are made on merit
- Applicants are advised to seek further financial advice as involvement payments may have tax implications as the payments may be regarded as earning whether they are employed, unemployed, retired, or receiving state benefits.

### Recruitment process

Once we receive your application

1. Applications will be assessed against the skills and experience required. Shortlisting will be made based on the content of the application form.
2. Informal interviews will be arranged for successful applicants
3. Please note that two recent references will be taken up for successful applicants before starting in the role.

### It is advisable to consider:

- Why you are interested, including personal experiences or processes in the NHS (or other organisations)
- What skills, past experiences, and insights you feel you can bring to the role.

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- Any potential conflicts of interest we should consider
- Any accessibility issues we need to make adjustments for
- Please also indicate what days and times of the week are best suited and if there are any you are unable to commit to.

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<sup>1</sup> <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

## Appendix C: Patient Safety Partner Application Form

Submission Deadline: DD/MM/YYYY

Patient Safety Partner (PSP) application form	
<b>Personal Information</b>	
The information contained in this form will be for the use of recruiting into the role of Patient Safety Partners only.	
Name	
Preferred Name	
Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	
Preferred contact method	
<b>Experience and Availability</b>	
What time would you be able to commit to PSP involvement? i.e., hours per day, week, month	
Tell us briefly about any relevant experience in paid employment or as a volunteer. i.e. organisation, roles	
<b>Skills/Qualifications</b>	
Please tell us about any skills or qualifications you feel are relevant to the PSP role in which you are interested. e.g. communication skills, organisational skills, analytical skills, IT, etc.	
<b>What link do you have to University Hospitals of Leicester NHS Trust?</b> i.e. patient, relative of patient, carer, etc	

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Patient Safety Team  
Corporate Nursing

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.	
Referee 1:	
Name	
Address	
Postcode	
Telephone Number	
Email Address	
How do you know this person?	
Referee 2:	
Name	
Address	
Postcode	
Telephone Number	
Email Address	
How do you know this person?	
Disclosure and barring	
<p>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.</p> <p>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).</p>	

Do you have any criminal convictions/cautions?	Yes/No <i>If yes, please give details in a separate letter and send this with your application form in an envelope marked 'Confidential'.</i>
<b>General Data Protection Regulation (GDPR) 2018</b> 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 GDPR and Data Protection Acts. 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.	
<b>Eligibility to work as a PSP</b> 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.	
<b>Declaration</b> <ul style="list-style-type: none"> <li>The information given in this application is to the best of my knowledge true.</li> <li>I confirm I have read and understood the information above.</li> </ul>	
Signature of applicant	
Date	

<b>Please return your completed form either by email or post to:</b>	
Email	<a href="mailto:Claire.e.rudkin@uhl-tr.nhs.uk">Claire.e.rudkin@uhl-tr.nhs.uk</a> or <a href="mailto:Reena.karavadra@uhl-tr.nhs.uk">Reena.karavadra@uhl-tr.nhs.uk</a>
Subject	Patient Safety Partner Application
Name of contact	Claire Rudkin or Reena Karavadra
Address	The Firs, Glenfield Hospital, Groby Road, Leicester, LE3 9QP.
<i>Please mark your envelope 'Private and confidential'</i>	

Please note, if you would like this application printed, or in larger print please contact the above named contacts.

## Appendix D : Patient Safety Partner Renumeration Form

358-PCF8-PTPART  
Version 3 – August 2024



### Patient Safety Partner Claim Form

For use by Patient Safety Partner role only

Assignment Number		Full Name	
Job Title	Patient Safety Partner	CMG / Directorate	
Cost Centre			

Date	Total Hours Worked	Payment
		£150 Full Day (>4 hours) £75 half day (<4 hours)
<b>Total</b>		
Payroll Use		Locally Agreed GRP 0 NR NP Pt Partner Session

Patient Partner Declaration	I declare that the details on this form are claimed in accordance with the Trust Agreements and have been accurately and necessary incurred by me on the business stated. I acknowledge all claims are subject to investigation and suspected fraudulent claims and subject to prosecution by the Trust and/or Counter Fraud Service		
	Signed		Date

Authorisation	I confirm this form is accurate, in accordance with the current guidance and that no other claim has been made for this work. I acknowledge all claims are subject to investigation and suspected fraudulent claims and subject to prosecution by the Trust and/or Counter Fraud Service		
	Signed		Date
	Full Name		Employee Number
	Tel No.		Email Address



## Appendix E: UHL Local Induction Checklist










### Local Induction and Orientation for Permanent Staff Checklist

It is essential that Directorates / CMGs provide a warm welcome to new starters. An effective local induction is a great opportunity for all new employees to have an orientation to their new workplace. In order to facilitate this, orientation packs that cover Directorates / CMGs specific departments and wards should be available locally; your area may also host a CMG welcome session which new starters are invited to.

As a minimum the following content must be included as a local induction, please ensure essential information and orientation details are provided to your new employees as appropriate to the role by a relevant person in your area. Please do ensure a quality induction is arranged prior to the new starter joining your department. There is a First 90 days guide on the intranet to assist you also. The checklist is split into first day/week, first month and first 3 months to mirror the first 90 day plan. At the end of the first month the new starter should log onto HELM and complete the local induction module to sign it off.

Please note: If an area has documentation in place that mirrors the content of this local induction checklist, these may be used as an alternative; the manager may need to complete the local fire checklist if not included which can be found on the intranet.

First Day/Week Local Induction Requirement	Date Completed	Initials	
		Employee	Manager
Obtain UHL Identification badge			
Attend UHL Corporate Induction or equivalent (e.g. Doctors in Training Induction, Health Care Assistant (HCA) Induction etc.			
Set up UHL email account			
Set up HELM account <a href="https://uhlhelm.com">https://uhlhelm.com</a> and start training (leave employee number blank). Setting up the account will allocate some new starter training			
<b>Pay Information</b> Pay day is the 27 <sup>th</sup> of each month (or before if this date falls on a weekend or Bank Holiday) Any additional hours and/or enhancements are paid one month in arrears  <b>e-Payroll</b> All new starters must request a username and password from <a href="https://my.esr.nhs.uk">https://my.esr.nhs.uk</a> . If you experience any issues you should email <a href="mailto:MyESRSsupport@uhl-tr.nhs.uk">MyESRSsupport@uhl-tr.nhs.uk</a>			
Orientation to work areas *** this may include: <ul style="list-style-type: none"> <li>• <b>Meet the team</b> - with line manager and colleagues</li> <li>• Gain relevant <b>contacts details</b></li> <li>• <b>Tour</b> of wards and departments; where is the kitchen, fridge, photocopier and toilets, where to store bag/coat etc.</li> <li>• Understand how <b>telephone and other communications protocols</b> and resources work e.g. photocopier, use of mobiles</li> <li>• Aware of location of <b>restaurants</b> and shops on site</li> </ul>			
<ul style="list-style-type: none"> <li>• Awareness of Departmental / ward <b>local risks</b> and risk management</li> <li>• Understand expectations around <b>diary management</b></li> <li>• Home Working / <b>Agile Working</b> processes (as relevant)</li> <li>• Location of <b>kitchen, toilets, photocopier</b> room and how to work the photocopier and what to do if it jams</li> <li>• Location of <b>prayer rooms</b></li> <li>• Local arrangements for <b>personal needs</b> (as applicable) e.g. breast feeding arrangements or support dog comfort breaks</li> </ul>			

First Day/Week Local Induction Requirement		Date Completed	Initials	
			Employee	Manager
Uniform / dress code / PPE requirements for area				
Process to request annual leave and other leave				
What to do if you are unwell; Sickness absence reporting, local protocols				
Mobile phone use in department is...				
Emergency contact details and Next of Kin details				
Local Fire Safety arrangements				
Fire Local Induction Day 1				
	Fire Evacuation Procedure			
	Type and Location of Fire Extinguishers			
	How to Operate a Fire Alarm Call Point			
	Fire Alarm Control & Graphics Panels			
	Continuous & Intermittent Alarms			
	How to make an Emergency Call '2222'			
	Good Housekeeping Rules			
	Annual Fire Training completed / in date			
	Miscellaneous Other Information Required (e.g. Evacuation aids & evacuation lifts)			
<p>In the event of an emergency can you <b>evacuate</b> without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered No to the question above, you, your manager and a Disability Advisor should discuss your needs and arrange a suitable Personal Emergency Evacuation Plan (PEEP). An example of the Trust PEEP Form can be found on the Trust Fire Policy.</i></p>				

First Day/Week Local Induction Requirement	Date Completed	Initials	
		Employee	Manager
Share any <b>reasonable adjustments / support needs</b>			
Local <b>Health &amp; Safety</b> arrangements			
Departmental <b>security</b> arrangements and issuing of any keys/access codes			
Local <b>business continuity and emergency planning</b> arrangements			
Personal <b>security / safe working</b> practices			
Provide <b>resources</b> to do role e.g. uniform, laptop, phone (as relevant to role)			
Relevant access to clinical and non-clinical <b>IT systems</b> and book any remaining training (NB: training for systems should be booked once start date known to prevent delays)			
<b>Social Media, Email and IT Usage.</b>			
Connecting with the <b>media</b>			
<b>Work Pattern;</b> Hours of work, rotas, time keeping, flexible time local protocols and planning for/taking of breaks			
<b>Travel Arrangements</b> <ul style="list-style-type: none"> <li>• Application to use private motor vehicle on official business</li> <li>• Expense claim system</li> <li>• Cross site travel expectations</li> <li>• Hopper Services</li> <li>• Parking arrangements</li> </ul>			
<b>Values and Behaviours</b> (please share any team pledges etc.)			

First Month Local Induction Requirement	Date Completed	Initials	
		Employee	Manager
<b>Complete New Starter Mandatory Training</b>  Do you have any in date certificates from another NHS? If yes please connect with the HELM team to get these reviewed and updated to your HELM account where relevant. <a href="mailto:helmgeneralqueries@uhl-tr.nhs.uk">helmgeneralqueries@uhl-tr.nhs.uk</a>  The below topics will be issued to all new starters once the HELM account is set up. <ul style="list-style-type: none"> <li><input type="checkbox"/> Conflict Resolution</li> <li><input type="checkbox"/> Equality and Diversity</li> <li><input type="checkbox"/> Fire Safety Training</li> <li><input type="checkbox"/> Health and Safety</li> <li><input type="checkbox"/> Infection Prevention</li> <li><input type="checkbox"/> Moving and Handling – Level 1</li> <li><input type="checkbox"/> Safeguarding Adults – Level 1 (Includes Prevent)</li> <li><input type="checkbox"/> Safeguarding Children – Level 1</li> </ul> Please search in the HELM catalogue for the below and complete <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Basic Life Support - VIDEO (eLearning - helm) (OR choose the relevant training for your role)</li> <li><input type="checkbox"/> Cyber Security and Data Protection (including GDPR) (eLearning - helm) (Choose the relevant package for your role)</li> <li><input type="checkbox"/> PREVENT - Workshop to Raise Awareness of Prevent (Patient Facing Staff ONLY)</li> </ul>			

First Month Local Induction Requirement	Date Completed	Initials	
		Employee	Manager
<b>Complete New Starter Essential to Job Role e-Learning (maximum timeframes):</b> <ul style="list-style-type: none"> <li>Occupational Health (this will inform if an appointment is needed)</li> <li>Finance; Counter Fraud / Fraud Awareness</li> <li>ACT (Action Counters Terrorism)</li> <li>Dementia Awareness</li> <li>Health and Wellbeing</li> <li>Patient Safety; Essentials for all staff</li> <li>Learning Disability and Autism; Oliver McGowan Training</li> <li>Bullying, Harassment and Victimisation</li> </ul>			
<b>Complete Essential to Job Role Statutory Training e-Learning</b> <ul style="list-style-type: none"> <li>Consent</li> <li>Mental Capacity Act (MCA)</li> <li>Deprivation of Liberty (DOLS)</li> </ul>	Please add N/A where relevant		
<b>Complete Essential to Job Role Training Statutory Training</b>  <b>IRMER:</b> Familiarisation with radiation precautions where necessary including: <ul style="list-style-type: none"> <li>Local rules</li> <li>Personal Dosimetry arrangements</li> <li>Radiation Protection Supervisor</li> <li>Procedures for the handling and disposal of radioactive materials where appropriate e.g. SLNB in theatres, Nuclear Medicine, samples in pathology</li> <li>Any other local arrangements regarding the safe use of radiation</li> </ul> <b>IRMER:</b> If staff may work within an area using radiation: Ionising Radiation Regulations e-learning if staff may act as an operator or practitioner for radiation work*: <ul style="list-style-type: none"> <li>Equipment competency - Check of practitioner/operator competency</li> <li>Ionising Radiation (Medical Exposures) Regulations e-learning</li> </ul> *If unclear please contact Leicester Radiation Safety Service on 0750	Prior to use of equipment and working in certain areas		
<b>Complete Essential to Job Role Training</b>  <b>Medical Devices</b> Training including High Risk Devices  <b>Mask Fit Testing:</b> If staff work in an area where aerosol generating procedures are performed on patients with a suspected respiratory infection then Mask Fit Testing must be carried out and reviewed annually and as part of their appraisal (see Infection Prevention pages InSite for types of procedures).	Please add N/A where relevant Prior to use of equipment Prior to working where aerosol generating procedures are carried out		
All current relevant <b>policies</b> and procedures including as a minimum You Matter; Colleague Support Policy, Appraisal, Cyber Security/IT Use			
Procedure for responding to <b>information requests</b> e.g. Freedom of Information			
Local protocols for <b>cyber security</b> and GDPR			
Complete <b>Local Induction Checklist</b> on HELM			

First 90 Days Local Induction Requirement	Date Completed	Initials	
		Employee	Manager
Complete New Starter <b>Appraisal within first 6 weeks</b> and share Appraisal process arrangements <input type="checkbox"/> Agree personal development plan <input type="checkbox"/> Share <b>Apprenticeship</b> opportunities (See Development Directory) e.g. new admin, receptionist and leaders should all do a programme to support induction and development to role if qualification not already held <a href="mailto:apprenticeships@uhl-tr.nhs.uk">apprenticeships@uhl-tr.nhs.uk</a> <input type="checkbox"/> Professional expectations (as relevant).			
Ensure <b>study leave</b> process shared.			
Share Trust strategy and objectives, UHL Green Plan (including local energy, waste and water procedures) <b>CMG objectives</b> and <b>department objectives</b>			
<b>Leicester, Leicestershire and Rutland Health and Social Care System</b> ; overview and update on links to any projects and work to the department or role.			
Aware of <b>People Services Helpline</b>			
<b>Orientation to hospital site(s)</b> *** relevant to role, this may include : <input type="checkbox"/> Wellbeing; national and local support for staff and apps that can be downloaded e.g. Sleepio, Headspace <input type="checkbox"/> Grief counselling facilities, wobble rooms, rest areas <input type="checkbox"/> Libraries for quiet space, use of PCs and literature resources/journal searches <input type="checkbox"/> Restaurants <input type="checkbox"/> Education, Training & development facilities <input type="checkbox"/> Chaplaincy and prayer rooms <input type="checkbox"/> AMICA staff counselling & Support <input type="checkbox"/> Occupational Health			
<b>Staff Survey</b> – what it is, when it arrives, what we do with it			
<b>Recognition</b> – share what Daisy Awards, UHL Awards, Above and Beyond, Apprenticeship Graduation etc. are			
Ensure <b>Freedom to Speak up</b> and <b>Whistleblowing</b> are known about			
Ensure know how to report <b>Incidents and risks</b>			
Ensure understand local protocol for handling <b>complaints</b>			
<b>Assessable Information Standard</b> ; What it is and what needs doing (as relevant to role)			

#### Confirmation of Completion

**On completion local induction please complete the confirmation below and retain the whole document on the employees personnel file.**

Please ensure all aspects of induction are covered within the required timeframes

Employee Name		Employee Signature		Job Title	
Start Date		Induction Completion Date		CMG or Corporate Directorate	
Manager Name		Manager Signature		Date Signed	