

# BEING A PATIENT SAFETY PARTNER (PSP)

## A SURVIVAL GUIDE

### WHAT IS A PSP?

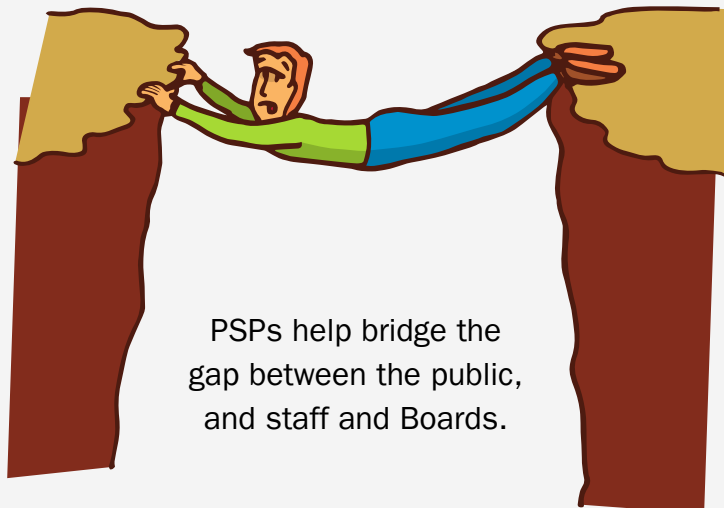
The role of Patient Safety Partner was introduced in 2021 by NHS England as part of its **National Patient Safety Strategy**. This includes a Framework for Involving Patients in Patient Safety, stating that every Trust in England must have at least two patients, carers or other lay people who can support and contribute to a healthcare organisation's governance and management processes for patient safety.

### BUT WHAT DOES THAT REALLY MEAN?

NHS Boards



NHS staff



PSPs help bridge the gap between the public, and staff and Boards.



Patients and the Public  
in all their diversity



**THIS BOOKLET CONTAINS SURVIVAL ESSENTIALS FOR NEW PSPS, WRITTEN BY PEOPLE WHO HAVE BEEN IN PSP ROLES ACROSS YORKSHIRE AND HUMBER FOR 6-12 MONTHS. PEOPLE BRING A WIDE RANGE OF SKILLS AND EXPERIENCES AND THE HOPE IS FOR PEOPLE FROM ALL BACKGROUNDS TO CONSIDER THE ROLE.**

# THINK ABOUT WHAT MOTIVATES YOU



Although there may be some specific aims set out by others for you in this role, you can play a big part in considering what it is you really want to contribute, and 'staying true to this'. This will help you feel fulfilled, which is essential if you are to stay.

For some, personal experiences of how safety incidents were dealt with will drive you to want to make things better for others. For some, it is about a sense of duty to speak for those less vocal. Others may want to give something back to the health system, and 'make a difference'.

[Read Anne's story on page 7.](#)

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For the first few months, you are likely to have to deal with much uncertainty about what people want you to do, who is who, and how to ensure the best use of your time. All this will be on top of learning 'a new language' - how things are described in the NHS, and how things get done.

You will have less guidance than you would likely get if you started a new job, and this can cause anxiety, and even a sense of 'is this worth it?'



**'IN THIS ROLE, I FEEL LIKE A MOUSE VIEWING AN ELEPHANT'**

Read on for helpful ways to deal with these feelings...

## YOU WILL NEED A GOOD MENTOR

You should be assigned a mentor - someone who can help you navigate all the demands of the role, including when to say no, and who can help you develop the role to best suit your strengths. A good mentor meets you regularly, connects you to others, ensures the practicalities are in place (laptops, payments), as well as looking out for your wellbeing at work.

[Read Phil's story on page 8.](#)

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## FIND YOUR NICHE

There are so many different things a PSP could do in this role. National guidance states PSPs could be : *members of safety committees; involved in safety improvement projects; support boards to address safety; involved in staff training for safety or; participate in safety investigations.* In reality, you should have a big say in what you choose to focus on, depending on your unique skills and experiences.

[Read Fi's story on page 7.](#)





# REQUEST ESSENTIAL SUPPORT MECHANISMS



With a good mentor in place, you can begin to make sure you have all you need to make the role work effectively, for you, and for others. Practically, you should be provided with the necessary equipment (e.g. laptop), permits (e.g. parking), access to systems (e.g. emails), and clear (documented) expectations of both you and the organisation. The Trust should also try hard to accommodate your individual needs - e.g. learning and cognitive styles, disabilities, your other commitments, and crucially, your health.

[Read Rachel's story about a helpful 'debrief' process \(p.9\).](#)

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## BUILD A PEER GROUP

Most Trusts will recruit more than 1 PSP, so there is likely to be someone else, or others you can talk to or ask for support. It is likely you will have to organise this peer support yourselves as your mentors will have limited time. This is one of the reasons why peer support is so essential so you do not feel alone when staff are difficult to contact.

Yorkshire and Humber also has a regional network for PSPs.

[Read Phil's vision for a YAS PSP group on p8.](#)





## UNDERSTAND THE PAYMENTS PROCESS



You must be paid for out-of-pocket expenses (e.g. for travel and subsistence). Most Trusts will also offer payment for your time, but this is currently not standardised so PSPs can receive different rates. An NHS England benchmark is £150 per day (£75 per half day), for activities '*demonstrating strategic and accountable leadership and decision making*'. We recommend you clarify and are happy with payments before accepting the role.

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## PERSISTENCE: IT'S AN EVOLVING ROLE

In the early days, things can seem very uncertain - you may not have any clear tasks, you may not know why you are going to certain meetings, nor who is available to support you. You may feel you are asking a lot of silly questions.

But as long as you are supported well through the process, real positives do emerge, as you begin to make some real contributions.

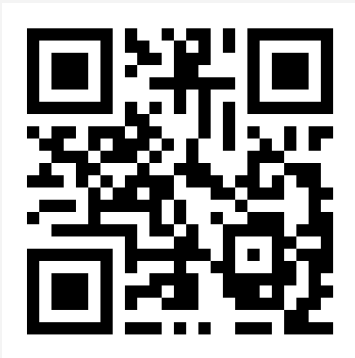


Read about Phil's journey on p.9.



# READING AND RESOURCES

[Improvement Academy](#)



[Healthcare Services Safety Investigations Body](#)



[Patient Safety Commissioner](#)



[A collation of patient safety resources](#)



[NHS England PSIRF guidance](#)



[Healthcare Improvement Scotland](#)



The **Improvement Academy PSP network** currently has active members from Trusts across Yorkshire and Humber, and beyond. The network meets regularly online for informal support and information sharing. If you would like to join, contact [academy@yhia.nhs.uk](mailto:academy@yhia.nhs.uk).



**Future NHS** is an online platform for sharing ideas and resources, and includes a section dedicated to PSPs. Speak to your mentor if you do not have access, or ask someone from the Improvement Academy PSP network for guidance.



## START A LIST OF YOUR ESSENTIAL CONTACTS

Mentor: .....

Other key staff: .....

.....

Fellow PSPs: .....

## MOTIVATIONS



**ANNE -MARIE MANEY,  
LEEDS TEACHING HOSPITALS  
NHS TRUST**

It is satisfying to be able to contribute ideas that I think would help me if I were the patient. I attended a collaborative around ‘positive patient identification’ focused on helping staff feel comfortable asking patients to repeat their identifiers. They were concerned that patients would be irritated. I thought what would help me as a patient was understanding what could happen if I didn’t give my name, etc., so I suggested a display in the waiting room telling stories that carried this message. ‘It was a little suggestion, but it was taken up by one person after another. Like a pebble thrown in a pond, the ripples spread.’ I was able to speak from the patient’s point of view in a room of staff who had a different perspective.

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## FINDING YOUR NICHE

The role when I began felt disjointed and I felt unsure of my purpose, but I realised that the key is to keep asking the hard questions, or sometimes just the simple ones, such as “why are we doing it like this?”. This role gives an opportunity to have open and frank conversations that can help bring about clarity to staff and patients. Advocate for your own skillset. I am empathic and a people person, so I asked to help in community face-to-face engagement. Adapt the role to your strengths.



**FI MASON,  
LEEDS COMMUNITY HEALTHCARE NHS TRUST**



## THE ESSENTIAL ROLE OF THE MENTOR



**PHIL GREENHAM,  
LEEDS COMMUNITY HEALTHCARE  
NHS TRUST**

I didn't initially know peoples' roles or the structures. It was all a different language. So many different acronyms, never mind the new initials linked to PSIRF!! It was as if people were speaking Russian and Chinese!

One of the big things that helped was that I had one to one supervision on a regular basis. This was very affirming and a safe space to explore a whole range of ongoing issues (including imposter syndrome!). Together with my supervisor, I managed to unblock problems as they occurred, and it has kept me in the role. A big thank you for that support, and the faith in me.

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## BUILD A PEER GROUP

In YAS there are 4 PSPs, which means we should be able to spread ourselves out over lots of activities and meetings, maybe dividing ourselves up by geographical area - because it is a very big region. I feel passionately that we can make a difference *'just by being in the room'*, so numbers are important. We have a vision of meeting regularly on Teams and becoming a group with a clear purpose. We may need to facilitate ourselves in this however, as the patient safety leads are so busy. Linking with PSPs from other organisations will increase our influence too, especially as our organisation impacts theirs.



**PHIL GLEESOM,  
YORKSHIRE AMBULANCE SERVICE**

## SUPPORT MECHANISMS



**RACHEL GRELLIER,  
SHEFFIELD HEALTH AND SOCIAL CARE  
NHS FOUNDATION TRUST**

Immediately after I attend meetings I have a **debrief** with the Patient Safety Specialist, which is incredibly helpful. We go over things like: ‘was I challenging enough?’, ‘was I assertive enough?’, ‘if I let something go, was I right to do that?’ He supports my right to ask questions, but also gives me guidance and feedback if I missed anything, or on how I challenged. That is so helpful. As my understanding improves, I think all the questions and guidance I need will not stop but will move to a different level (more nuanced and sophisticated). Constructive criticism is really important. I would find it quite patronising if I didn’t get feedback around what I could do better.

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## GIVE IT SOME TIME TO EVOLVE

At the beginning, I was invited to join the ‘Involvement and Engagement group’ of about 6 staff looking at translating the National Strategy and PSIRF into the organisation. It was very exploratory and I didn’t know what I was contributing at first. Then magically over 6-8 months of persevering, the mist cleared and we moved from policy to implementation phase and the interface with real people! One first example is, with a patient group, I have helped re-draft the **duty of candour** letter templates making them palatable for the public who will receive them. Seeing things move from ideas to practice has kept me motivated.



**PHIL GREENHAM,  
LEEDS COMMUNITY HEALTHCARE NHS TRUST**



# ROUND-UP AND LOOKING AHEAD: PERSPECTIVES FROM THE IMPROVEMENT ACADEMY



**MEL JOHNSON & CLAIRE MARSH**

## ADMIRATION

It has been great getting to know the PSPs in our region over the last year. People bring a huge range of skills, knowledge and experiences and their commitment to supporting the NHS is inspiring. This role is not for the faint hearted!

In return for this commitment, we really believe PSPs need properly supporting in their roles and hope our network provides a small contribution to this.

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## THE CHALLENGE OF DIVERSITY

We know that many PSPs will be recruited from existing voluntary positions in Trusts. This has many benefits - relationships are already established and people know the system and are therefore more likely to cope with its challenges. These PSPs are committed to reaching out to their communities and speaking up for them, and they are well-placed to do so.

But people who have never performed such roles, and who do not know the system, offer unique 'outside' perspectives and this is so valuable. Such people need more support to find their feet, and more creative recruitment is required. We will continue to use our networked learning approach to support PSPs, and the NHS staff who support them.

**FOR MORE INFO, CONTACT [ACADEMY@YHIA.NHS.UK](mailto:ACADEMY@YHIA.NHS.UK)**