NHS
University Hospital Southampton
NHS Foundation Trust

THE UHS WAY

QUALITY AND PATIENT SAFETY PARTNER PROGRAMME

Annual report 2023-2024

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"I'VE REPRESENTED THE 'VOICE OF THE PATIENT' AT GOVERNANCE MEETINGS BUT, MORE IMPORTANTLY, I'VE SUPPORTED REAL IMPROVEMENTS FOR PATIENTS AT THE POINT OF SERVICE DELIVERY RIGHT DOWN TO THEIR FUNDAMENTAL CARE NEEDS"

FOREWORD BY
DR CHRISTINA RENNIE, CLINICAL DIRECTOR FOR PATIENT SAFETY AND DR KATE PRYDE, CLINICAL DIRECTOR FOR IMPROVEMENT AND CLINICAL EFFECTIVENESS

It is with great pleasure and a sense of accomplishment that we present the inaugural annual summary of our Quality and Patient Safety Partner (QPSP) Programme. Our ambition at University Hospital Southampton (UHS), which is expressed through our strategy ('The UHS Way') and our values, is to put patients at the heart of improving safety and quality.

With our deep-rooted commitment to placing patients at the forefront we saw a far wider and more ambitious opportunity for patient involvement beyond the brief of the patient safety partners in the national patient safety strategy requirements. We designed our programme to support us in hardwiring patient-centred systems and processes within UHS, demonstrably bringing the patient into the room and listening to their voice.

The journey towards integrating patient involvement into all our improvement and safety work has, as might have been expected, been both inspiring and enlightening. Our first cohort of Quality and Patient Safety Partners have played a pivotal role in catalysing this evolution, challenging conventional norms, and pushing boundaries to drive positive change.

Embracing patient involvement as a positive disruptive force has started to reshape our decision-making processes and we are looking to expand and build upon this as we work towards embedding this as business as usual. Along this journey, we have encountered obstacles and made mistakes, yet our willingness to work with others, take risks and learn has been instrumental in fostering a culture of continuous improvement and growth.

As we reflect on the accomplishments of the past year, we are encouraged to expand and build upon our successes. The doubling of the size of our QPSP group and broadening of their involvement speaks volumes about the value they add to driving meaningful change within the organisation. This wouldn't have been possible without the hard work of the patient safety, experience of care and improvement teams, as well as the wider Trust and of course our Quality and Patient Safety Partners.

We are excited to see how the programme evolves over the coming years as we strive towards our shared goal of delivering outstanding patient outcomes, safety, and experiences to all.

Dr Christina Rennie, Clinical Director for Patient Safety

Dr Kate Pryde, Clinical Director for Improvement and Clinical Effectiveness

BACKGROUND

Patients and carers are the essential element of all our work at UHS and indeed are core to our value 'patients first'.

Berwick in his 2013 report "A promise to learn. A commitment to act' [1] for the NHS Advisory committee on patient safety talked about achieving a "pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety."

The 2019 NHS patient safety strategy [1] sets out the goal of involving patients in patient safety – from personal responsibility to co-design of pathways through to involvement of 'patient safety partners' on governance committees. The NHS Framework for involving patients in patient safety launched in June 2021, details how we can engage with our patients to support patient safety. We incorporated this into our UHS Patient Safety Strategy in 2020 and had support from Wessex Academic Health Science Network to run a pilot patient safety programme in 2021.

Our 2021 Always Improving strategic plan sets out our bold ambition that ultimately patients will lead improvement across the organisation and help set the improvement agenda. Working in partnership with patients and families ensures the 'user' is embedded in improvements at all levels ensuring change is done with and by patients rather than to and for them.

In 2022 at UHS, following approval by the Trust Executive Committee, we recruited six Quality and Patient Safety Partners to co-design their greater representation and involvement in quality and safety activities across the Trust. We wanted to build on a successful pilot patient safety partner project and other patient involvement, such as their participation in ward accreditation schemes and on shared decision-making board, as well as the various specialist patient participation groups that currently exist.

Quality and Patient Safety Partners are actively involved in improving care quality and safer healthcare in the hospital and represent patients by acting as a 'voice of the patient'. They are directly involved in the implementation of safer and improved healthcare at all levels of the organisation. The role may include safety governance (e.g. sitting on the relevant committees and the development and implementation of strategy and policy); supporting a learning and continuous improvement culture in the hospital; representing the patient view on related hospital programmes and projects (e.g. improving patient care for specific groups of people); and other projects as they arise.

This report details the learning from the first year of our QPSP programme and looks to identify areas we can build on during 2024/25 with our next cohort of Quality and Patient Safety Partners who began their training in November 2023.

"WITH OUR DEEP-ROOTED COMMITMENT TO PLACING PATIENTS AT THE FOREFRONT WE SAW A FAR WIDER AND MORE AMBITIOUS OPPORTUNITY FOR PATIENT INVOLVEMENT"

UHS RESPONSE

RECRUITMENT

We were keen to recruit partners who represent the community we serve and advertised using a variety of means, both general and targeted. This included social media, posters across the Trust, contacting patients who were registered with the experience of care team and had indicated an interest in being involved, and with our members. The head of patient involvement also shared the opportunity with contacts at local faith and community groups and events.

Interested individuals were invited to a conversation with two members of the team, one from patient safety and one from improvement. This wasn't a formal interview, rather an opportunity to discuss the role and ensure it would be a valuable experience for both parties. Questions were values based and we had input from an experienced patient advocate in question design and selection. Applications were reviewed and potentially suitable candidates were invited for a conversation. Six were offered the role and came onboard in April 2022.

We discussed the topic of remuneration for our Quality and Patient Safety Partners but, on assessment, we concluded that the role fell into 'expenses category B' as 'role 3 - Partner is a member of regular working group meetings'[2]. This meant that out-of-pocket expenses would be covered or reimbursed. However, we recognised that payment may be an incentive for some to apply, although for some it would be a deterrent. We had funding for travel and parking, as well as care, if required, for dependants. This is a topic we will continue to discuss internally and with our national colleagues who opted to pay their patient safety partners.

From the first session together, the group recognised the lack of diversity amongst them (see figure 1 below) and so one of their aims for the first year was to diversify the recruitment of the next cohort. They have put considerable effort into promoting the role and opportunity through avenues in the community.

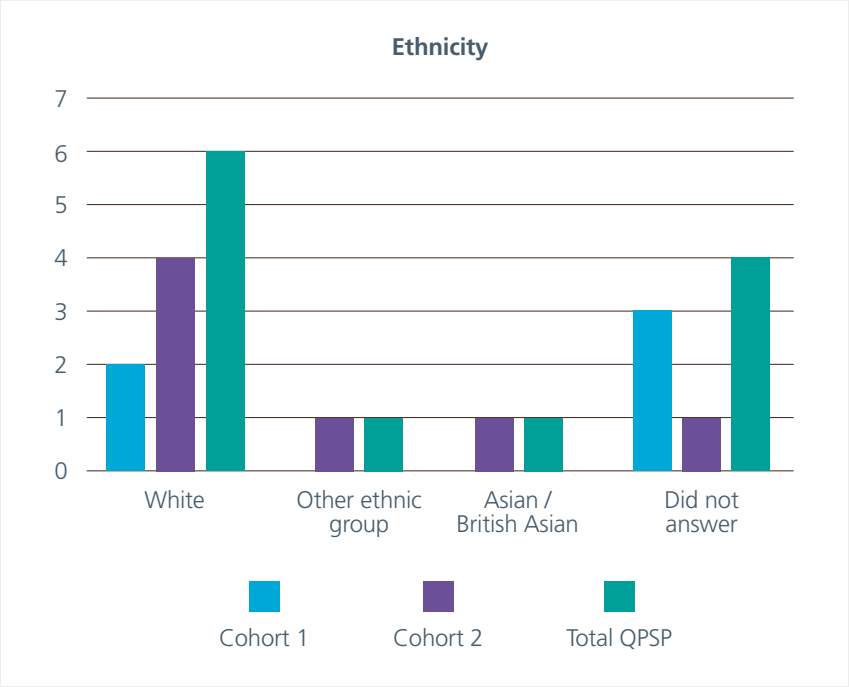
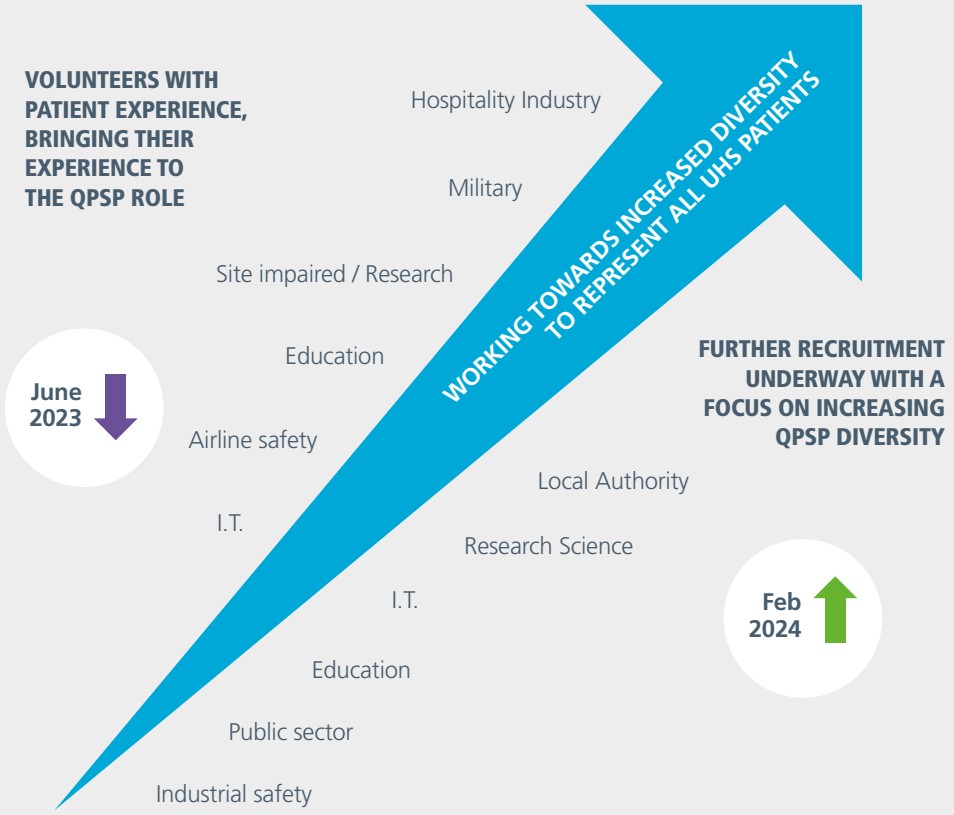


Figure 1: Ethnicity data of first and second cohorts

Picture 1: Our Quality and Patient Safety Partners at Awaaz Radio as part of their drive to increase awareness of the role across the community and attract a diverse range of applicants to cohort two.

> **"WE COME FROM DIFFERENT WALKS OF LIFE AND LIVED EXPERIENCES, SO WE CAN GIVE BROADER INSIGHTS TO THE MEDICAL PROFESSION"**

QPSP experiences and diversity to represent all UHS patients. Figure 2 below demonstrates how backgrounds of our QPSPs are increasing.



INDUCTION AND TRAINING

Quality and Patient Safety Partners undertook standard volunteer induction (online) prior to starting, and then four face to face sessions. These sessions were designed to build relationships, help them gain an understanding of 'The UHS Way' and basic patient safety science, as well as developing skills to become effective partners and having a voice (recognising the role here is to consider the wider patient perspective, rather than individual opinion) and an introduction to quality and safety in healthcare.

An additional important part of this induction period was co-creating the measures of success and planning the work. After allocation to workstreams, further specific education was provided alongside UHS staff including our 'Introduction to Patient Safety Incident Investigations'.

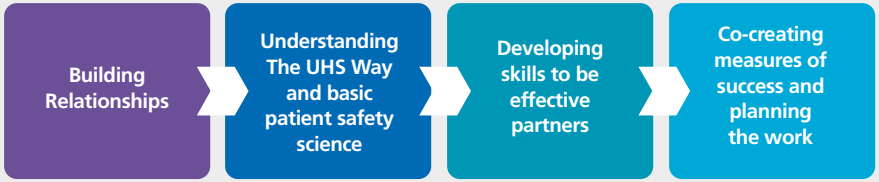


Figure 3: The aims of induction and training

MENTORSHIP / BUDDIES

All Quality and Patient Safety Partners have a named mentor (band 7+ or consultant from either transformation or patient safety teams). Their role is to support and guide them through the organisational structure, introduce them to relevant people within the organisation to support their work and to help debrief, explain, and discuss any issues they come across. No formal guidance was set on frequency of meetings.

Additionally, they were given a 'buddy' for each workstream. The buddy was their first point of contact for anything related to that piece of work and able to help with unfamiliar language, systems and processes.

WORKSTREAMS

We had several 'must do' workstreams to fulfil national PSIRF requirements and involvement in our own improvement agenda. Various functions across the organisation had also been keen to have QPSP input to work. We held a session where UHS staff 'pitched' the work they wanted QPSP involvement to the Quality and Patient Safety Partners. We then asked the partners for their preferences and tried to match them to a workstream of interest to them.

Initial workstream offers included:

- **Patient safety** – two Quality and Patient Safety Partners sitting on our Serious Incident Scrutiny Group (now split between our Patient Safety Incident Investigation (PSII) new cases group and our PSII oversight group), and two on our Patient Safety Steering Group. As our work on introducing the Patient Safety Incident Response Framework began, we had two Quality and Patient Safety Partners on our PSIRF implementation and PSIRF oversight groups (two partners on each).
- **Estates** – wayfinding project across the organisation
- **Digital communications** – supporting the Trust in **how** we communicate with patients and **what** we communicate
- **Multiple sclerosis** – a workstream to improve the patient's journey
- **Organisational change** – supporting cultural change across the organisation with regard to developing our improvement approach and in particular involving users

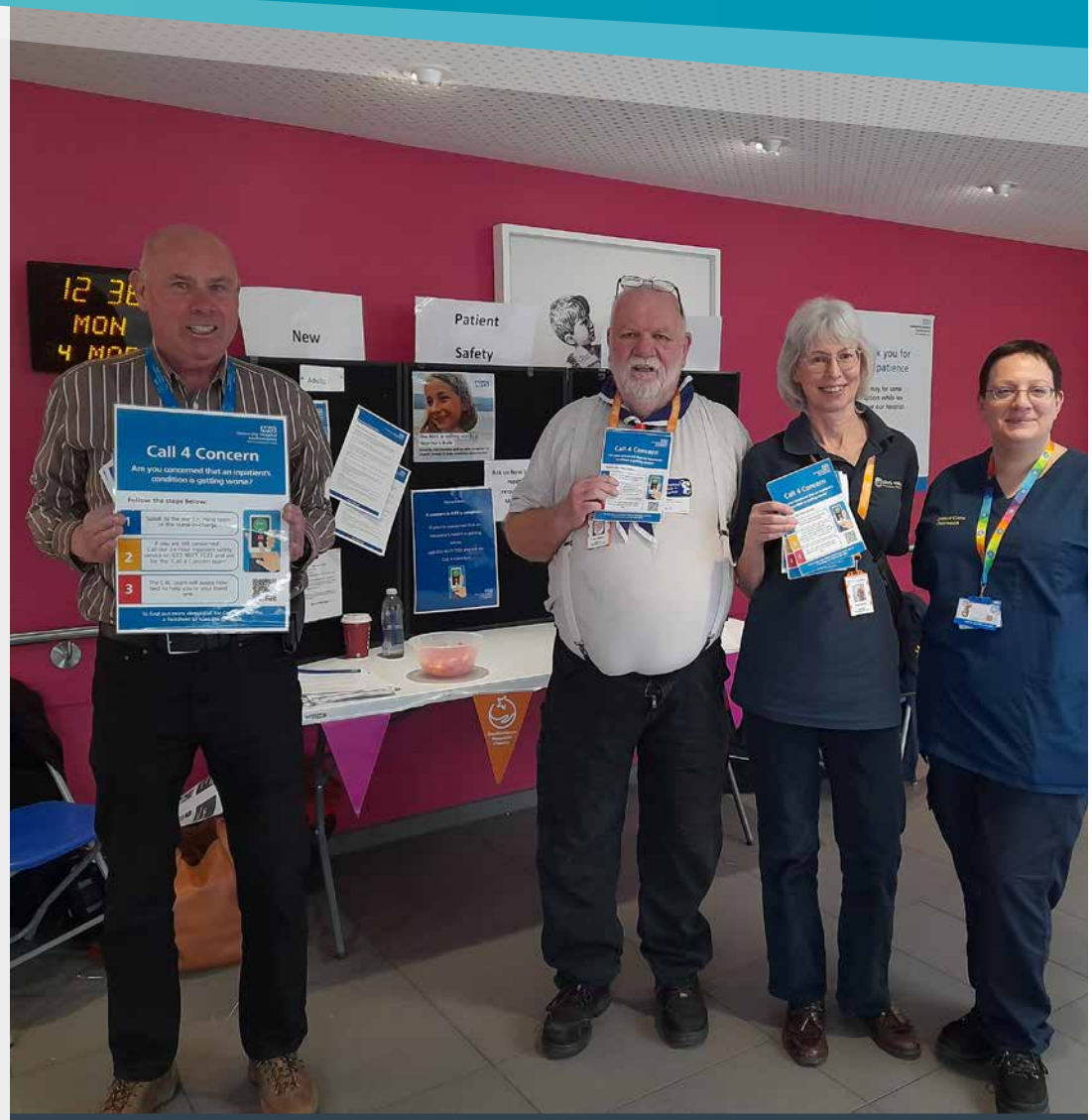
However, there were many more opportunities as the year progressed, including working with pharmacy, designing our room for improvement, clinical accreditation reviews, clinical effectiveness. They were also heavily involved in our 'We Are UHS week' which celebrates all things UHS. Partners sat on the panel judging the 120 submitted abstracts and subsequent oral and poster presentation sessions. They also co-designed and delivered a half day workshop during the week on effective partnering with patients. The patient safety workstreams lead to involvement in other projects including the national pilot on Call 4 Concern and the work on National Safety Standards for Invasive Procedures (NatSSIPs). One of the partners also initiated, with support of staff, their own project to improve a problem they had identified.

Two of the workstreams are described briefly below:

Appendix 2 highlights some of the workstreams in the partners' own words.

BRAIN GYM: Through her role as a carer, and her time spent on ward visits, one of the Quality and Patient Safety Partners noted a lack of mental stimulation for some patients. This coincided with a poster from the therapies team on how playing scrabble had motivated a long stay patient to discharge. We linked the partner with the therapies team and, along with their mentor, they designed a project to trial 'brain gym'. This had amazing results (see appendix 1). It wasn't without bumps, and we learnt some important lessons during the process. In particular, we realised our volunteer induction hadn't included DBS (Disclosure and Barring Service) checking, clarity on the role of the Quality and Patient Safety Partners vs standard volunteers and the importance of considering where projects would, if successful, become business as usual. We very much hope there will be more patient-led improvement projects in time.

CLINICAL EFFECTIVENESS: After a few months we were able to get Quality and Patient Safety Partners involvement within the clinical effectiveness team, with a representative sitting on our clinical assurance meeting for effectiveness and outcomes (CAMEO). Specialities report their outcomes to the panel – identifying outcomes can be challenging and, as an organisation, we want the shared outcomes to be the ones that matter the most to patients so, having a patient consider the outcomes collected and reflect back to teams is a powerful driver for engagement.



Picture 2: Our Quality and Patient Safety Partners at the launch of Call 4 Concern in the main entrance of Southampton General Hospital.

METRICS:

We tracked a number of measures quarterly to support quantitative and qualitative impact to the programme. These were self-reported by the partners.

The total numbers of hours spent on the Quality and Patient Safety Partners role has increased over the year. In the first quarter no-one spent more than 12 hours per month on the role. In the last quarter, this increased with two out of five partners spending more than 12 hours per month and one spending around 24 hours per month.

What they worked on has also shifted. Initially, as might have been expected, much of their time was spent preparing for meetings and training. However, as the year progressed, the time they spent working with others on project work increased to an average of around 4 hours per month.

We also tracked how supported the partners felt in their various roles, their perception of how much their contribution was valued and to what extent they had a positive impact on the workstream.

They felt unanimously supported. The chart below shows the mean score of all partners working on that workstream to the statement "my contribution has had a positive impact on the workstream" each quarter. Where 0 is not at all and 10 is significant positive impact. The decline in scores in multiple sclerosis and estates will in part reflect the lack of wider progress of these workstreams. It was encouraging to see the impact on our 'organisational change', now renamed continuous improvement work scoring highest.

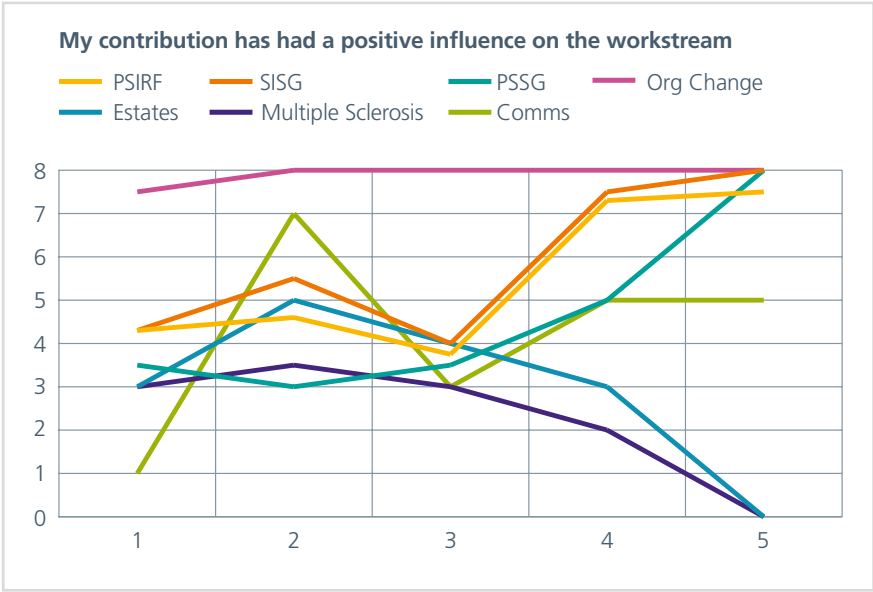


Figure 4: Self-reported impact on workstream by QPSP

KEY SUCCESSES

This initiative is designed to move us to a space where we involve patients in all we do. Moving from changes being made to and for them to them being done with and by them. This kind of culture shift will take years to achieve and identifying robust measurable metrics is challenging. To quote W. Edwards Deming *"not everything that matters can be measured and not everything that is measured matters."*

Some of the biggest successes this year are the conversations that are now being had, the change in the questions, executives at the outset of pieces of work asking leads to ensure they have patient representation, and the active seeking of patient opinion on Trust committees.

Feedback from our Associate Director on the impact of QPSP involvement in our room for improvement: *"Having a patient partner as a core member of our design team for the 'Room for Improvement' challenged us to think differently. It helped us look at the space through a patient's eyes to consider how we'd make the room inviting and accessible for patient workshops and focus groups. We ensured wheelchair accessibility, bariatric provision and co-location with the patient support hub as well as a less formal layout to encourage discussion and creativity."*

"I'VE HEARD PEOPLE IN THE ORGANISATION MAKE THE TRANSITION FROM LISTENING TO RESPOND, TO LISTENING TO UNDERSTAND, AND THAT GIVES ME HOPE"

Feedback from our Chair of PSIIOG (Director of clinical law) about the contribution of our Quality and Patient Safety Partners:

"Our quality and safety partners have provided our group with a new set of senses… they articulate the patient's position, and shed light on aspects to which I was oblivious; but plainly, needed to know."

In addition to organisational value, a key success for us is the partners' own sense of the value and impact of their role. Their feedback certainly suggests they can see and feel the impact they are having:

> ***'I've heard people in the organisation make the transition from listening to respond, to listening to understand, and that gives me hope."***
>
> ***"I've represented the 'Voice of the Patient' at governance meetings but, more importantly, I've supported real improvements for patients at the point of service delivery right down to their fundamental care needs."***
>
> ***"I feel embedded across the UHS team, bringing a razor sharp focus on our patients being at the centre of everything we do."***
>
> ***"When we set out on this journey one of the concerns that all the QPSPs had was ensuring that we made a positive difference, having now been in the role for a while I can see evidence that we are making a difference, in that comments and words that I have used in discussions on Incident reports are now being reflected back to me in the final versions and in the recommendations of these reports which for me makes the role worthwhile."***

The Quality and Patient Safety Partners have formed a tight knit team, respecting each other's differences, meeting together regularly and providing their own peer support.

Most of our partners have joined the National Patient Safety Partners network.

We hosted a virtual visit from Dr Henrietta Hughes, Patient Safety Commissioner, she was impressed by the work of our QPSPs, and we were included in her 100-day report. An extract of the report can be found in Appendix 3.

Figure 5: Feedback from first cohort of QPSPs at end of year one on the question "what went well?"

KEY CHALLENGES

LACK OF DIVERSITY – despite a lot of focused work including radio interviews, reaching out and visiting the local community we still struggle with our diversity of age and ethnicity within the two cohorts, which means we aren't fully representing the population we serve. Whilst there has been some improvement with our second cohort, we will continue to work on ensuring those with protected characteristics are represented.

IT ISSUES – we set the partners up with UHS emails to enable the secure transfer of information e.g. papers for meetings, as well as access to Microsoft Teams for communication and group working. There were some teething issues and the lack of compatibility with Apple hardware was challenging for one of our partners.

ENSURING CLARITY OF ROLES – for both UHS staff and Quality and Patient Safety Partners. The challenge of establishing a new and evolving role, and wanting to co-design that role, meant that there was a lack of clarity over the job description, roles and responsibilities, which made it harder for those who like tangible easy to identify tasks.

WORKING WITH OTHER TEAMS – EXPERIENCE OF CARE – The Quality and Patient Safety Partner role isn't about our partners bringing a lived experience patient opinion, it's about partners ensuring that we have brought the patient voice into our work and are championing this. They ensure we have sought the views of those with relevant lived experience. They provide an objective lens and point of view, that differs from those of us that work in healthcare. This year we will be supporting our Quality Patient and Safety Partners to work with the experience of care team to listen to patients from across our patient groups and our wider communities, particularly engaging with those with protected characteristic.

PROJECTS NOT TAKING OFF – we expected this however our Quality and Patient Safety Partners did not. With any pieces of work some will fly, and others will take time to get started, and some may never take off. The partners brought energy and enthusiasm to projects and so it was disappointing for those partners whose pieces of work were slow to start or didn't get off the ground.

Figure 6: Challenges as shared by QPSP

ANNUAL REVIEWS

Each of our Quality and Patient Safety Partners were offered an annual review using adapted UHS appraisal documentation with their mentor and one other member of the UHS team with the aim of having one patient safety and one always improving members. These were reported as helpful by both the partners and UHS staff and would be improved by having a review after six months and then one year.

LOOKING FORWARD TO THE NEXT YEAR

Reflecting on our learning, and following our annual reviews and group conversation, we have formalised a number of processes including allocation of Quality and Patient Safety Partners to projects to ensure equity and spread. We have worked to clarify the roles for each workstream and have created role cards, an example is shown in appendix 4. We have agreed a workstream allocation process to ensure there is fair and equitable access to opportunities for the partners. Each potential workstream will complete a role card to describe the role and requirements from the partner and these will be reviewed and prioritised by the UHS QPSP oversight group. A case study from each workstream will form part of the annual report to support thematic review and learning.

We are also creating a Head of QPSP programme role. As Clinical Directors and Head of patient safety, we have set the strategy, however we recognise that there is a gap between ourselves and the administration. To address this, the plan is for a triumvirate role between transformation, patient safety and experience of care.

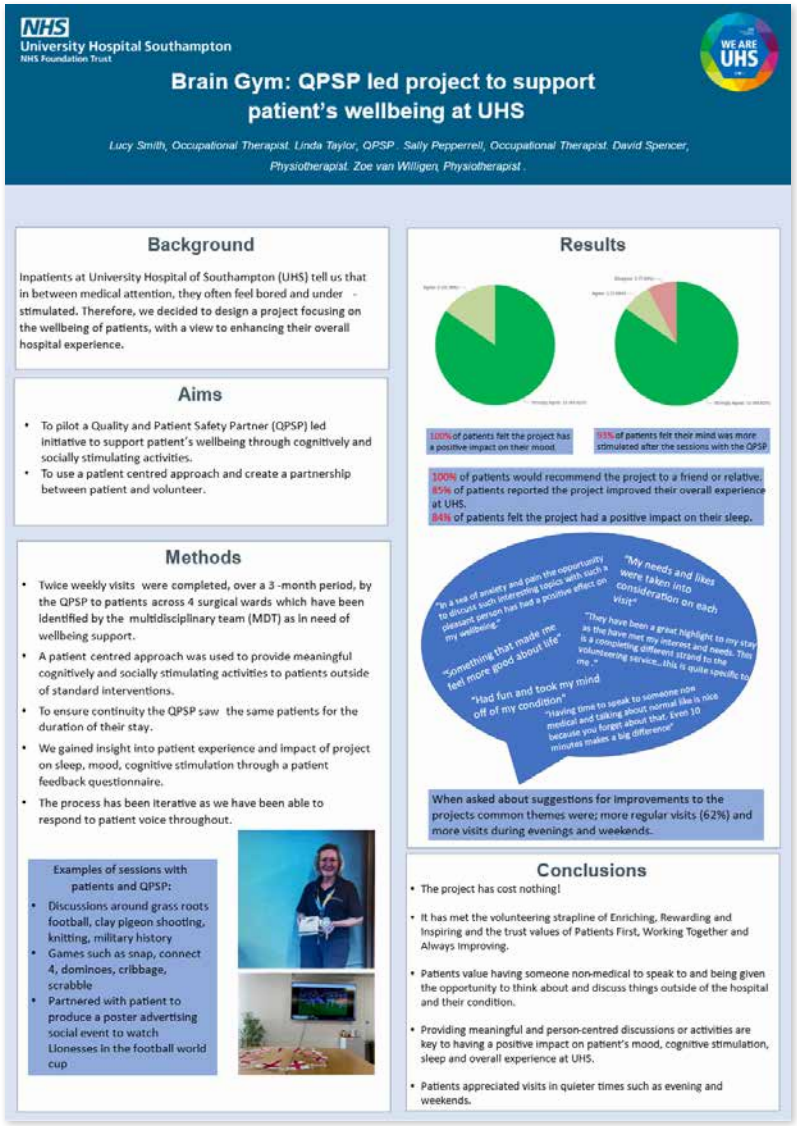
We are delighted to have been asked to be a host site for the Institute for Healthcare Improvement Conference International conference in April 2024. One of our key proposals for the day was working with patients in safety and quality and our Quality and Patient Safety Partners are helping to co-design and deliver the day with us.

Following successful recruitment six new Quality and Patient Safety Partners started their training with us in November 2023. The word cloud opposite shows how they felt at the end of the first training session.

References:
1. NHS patient safety strategy 2019
2. Framework for involving patients in patient safety (england.nhs.uk)

"I FEEL EMBEDDED ACROSS THE UHS TEAM, BRINGING A RAZOR SHARP FOCUS ON OUR PATIENTS BEING AT THE CENTRE OF EVERYTHING WE DO"

APPENDIX 1:
BRAIN GYM POSTER



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WE ARE UHS

Brain Gym: QPSP led project to support patient's wellbeing at UHS

Lucy Smith, Occupational Therapist. Linda Taylor, QPSP. Sally Pepperrell, Occupational Therapist. David Spencer, Physiotherapist. Zoe van Willigen, Physiotherapist.

Background

Inpatients at University Hospital of Southampton (UHS) tell us that in between medical attention, they often feel bored and under - stimulated. Therefore, we decided to design a project focusing on the wellbeing of patients, with a view to enhancing their overall hospital experience.

Aims

- To pilot a Quality and Patient Safety Partner (QPSP) led initiative to support patient's wellbeing through cognitively and socially stimulating activities.
- To use a patient centred approach and create a partnership between patient and volunteer.

Methods

- Twice weekly visits were completed, over a 3 -month period, by the QPSP to patients across 4 surgical wards which have been identified by the multidisciplinary team (MDT) as in need of wellbeing support.
- A patient centred approach was used to provide meaningful cognitively and socially stimulating activities to patients outside of standard interventions.
- To ensure continuity the QPSP saw the same patients for the duration of their stay.
- We gained insight into patient experience and impact of project on sleep, mood, cognitive stimulation through a patient feedback questionnaire.
- The process has been iterative as we have been able to respond to patient voice throughout.

Examples of sessions with patients and QPSP:

- Discussions around grass roots football, clay pigeon shooting, knitting, military history
- Games such as snap, connect 4, dominoes, cribbage, scrabble
- Partnered with patient to produce a poster advertising social event to watch Lionesses in the football world cup

Results

100% of patients felt the project has a positive impact on their mood.

93% of patients felt their mind was more stimulated after the sessions with the QPSP.

100% of patients would recommend the project to a friend or relative.
85% of patients reported the project improved their overall experience at UHS.
84% of patients felt the project had a positive impact on their sleep.

"In a sea of anxiety and pain the opportunity to discuss such interesting topics with such a pleasant person has had a positive effect on my wellbeing."

"My needs and likes were taken into consideration on each visit"

"Something that made me feel more good about life"

"They have been a great highlight to my stay as they have met my interest and needs. This is a completely different strand to the volunteering service...this is quite specific to me."

"Had fun and took my mind off of my condition"

"Having time to speak to someone non medical and talking about normal like is nice because you forget about that. Even 10 minutes makes a big difference"

When asked about suggestions for improvements to the projects common themes were; more regular visits (62%) and more visits during evenings and weekends.

Conclusions

- The project has cost nothing!
- It has met the volunteering strapline of Enriching, Rewarding and Inspiring and the trust values of Patients First, Working Together and Always Improving.
- Patients value having someone non-medical to speak to and being given the opportunity to think about and discuss things outside of the hospital and their condition.
- Providing meaningful and person-centred discussions or activities are key to having a positive impact on patient's mood, cognitive stimulation, sleep and overall experience at UHS.
- Patients appreciated visits in quieter times such as evening and weekends.

APPENDIX 2:
QPSP INVOLVEMENT FIRST YEAR SUMMARY IN THEIR OWN WORDS

QPSP 1

I have been in the role of Quality and Safety Partner for over 12 months now. During this period, I have been involved in a number of key activities across the trust, these fall into two main categories. Firstly, Governance becoming a member of the Significant Scrutiny Incident Group (SSIG), Patient Safety Steering Group (PSSG), Clinical Effectiveness & Outcomes (CAMEO) and National safety standards for invasive procedures (NATSIIP) Steering group. Secondly, on a number of Improvement projects such as "Worries & Concerns" working with NHS (E) & 6 other trusts of varying sizes, along with a project looking at "safer patient Transfers" within the Trust. My role on these groups and projects has been to act as the Patient's voice in the room to probe and question the reports, presentations and solutions being presented to ensure that they are seeking to address the issues and concerns that matter and are important to Patients, thus contributing to the UHS key value of "Patients First".

QPSP 2

I was part of the post-Covid 'Test & Learn' online group of Patient Safety Partners. When the extended role of QPSPs was advertised, with the Quality element added, I jumped at the chance and was delighted to be selected. I've worked with UHS colleagues to 'bring the patient into the room' on projects including the Fundamentals of Care, Pharmacy Working Group, and probably the most satisfying for me, the planning and rollout of PSIRF alongside the wonderfully supportive Christina Rennie and Vickie Purdie. In these and other work I've done, UHS people have been welcoming and encouraging to work with.

The quality work is in my area of skills and I have been brought in to trial ways of working with the talented Division D Transformation Team and the Patient Insight Team. I bring my own lived experiences of healthcare but I'm keen to represent as many different and diverse patients as I can. I'm looking forward to another year ahead where I can continue to champion the voice of the patient.

APPENDIX 3:
HENRIETTA HUGHES EXTRACT FROM REPORT

Dr Henrietta Hughes
OBE FRCGP
Patient Safety Commissioner

'GETTING IT RIGHT FOR PATIENTS'

One of my visits was to University Hospital Southampton NHS Trust which has combined its patient safety partners programme with its quality improvement programme, creating Quality and Patient Safety Partners (QPSPs). These six volunteers come from a range of backgrounds and provide a unique insight into the work of the trust. They have undertaken the same patient safety training as staff and can access a mentor to support them in their work. For one, Linda Taylor, the trust listens to their views and trusts them. 'It works because we all have the same aim - getting it right for patients.'

The QPSPs point to their work on the multiple sclerosis workstream where their input into the understanding of the patient pathway is much more than just when patients enter and leave the hospital. It includes acting on early issues to reduce the chance of being admitted to hospital while helping patients to manage their condition at home after treatment.

Their next focus is on recruiting new QPSPs and ensuring they reflect the make-up of the trust's users, including its diverse population.

They are also continuing their work as part of a patient safety partners network and are supporting other NHS trusts in developing similar programmes to put patient voice centre stage.

APPENDIX 4:
ROLE CARD – EXAMPLES – GENERIC QPSP AND ONE WORKSTREAM

QPSP WORKSTREAM / PROJECT TITLE: "WHAT MATTERS TO ME"

- ☐ Date of request: 31/01/2024
- ☐ Requested by: Name Surname
- ☐ Workstream buddy: Name Surname, Name Surname & Name Surname
- ☐ Time commitment according to colour scale: Green
- ☐ Daytime of any regular commitment: Flexible
- ☐ Main area of improvement (from list) PATIENT EXPERIENCE

QPSP to complete on allocation

- ☐ QPSP:
- ☐ UHS mentor (ensure copy of role card sent to them):
- ☐ Date workstream allocated and agreed:
- ☐ Role card copy sent to QPSP admin: Y/N

Aim and purpose of the work stream/QPSP role:

- To support a project on humanising patients trial will be on D9. QPSP will be integral on meaningful connections with patients, asking them personalised care questions and speaking to family/relatives and collect photos to add to patient information boards that will support patient being seen holistically and improve quality care standards and reduce length of stay.
- To use a patient centred approach and create a partnership between patient family and volunteer.

I am responsible for (in scope)

- ☐ Linking with identified patients and communicating with families to populate, personalised care information.
- ☐ Escalating concerns to the project leader.
- ☐ Supporting survey collections to prove the project outcomes.

I am not responsible for (out of scope)

- ☐ Any element of patient care.
- ☐ Supplying/paying for any resources.

QUALITY PATIENT SAFETY PARTNER ROLE CARD

Overall, the aim of the QPSP role is to support UHS to:

- Deliver outstanding, patient outcomes, safety and experience, with changes being done with and by patients rather than two and for them.
- Hardwire, patient centred systems and processes within UHS. Demonstrably bringing the patient into the room and listening to their voice.
- Embed meaningful dialogue between patients/carers and staff in decision-making (at operational, educational, improvement and governance level).
- Be seen as exemplar in patient leadership in healthcare.

I am responsible for (in scope)

- ☐ Working collaboratively with UHS staff and volunteers.
- ☐ Offering an independent view, insight and ideas from a patient perspective.
- ☐ Ensuring staff utilise the wider patient perspective. Including, but not limited to, use of patient insight already held in the trust and seeking out views of those with live experience.
- ☐ Helping staff empower patients to successfully engage and positively influenced the hospital to deliver enhanced care and patient safety.
- ☐ Engagement of patient stakeholders, only after approval of specific workstream link and through the Experience of Care or Transformation Team.
- ☐ Working in accordance with volunteer guidelines and observing trust protocols.

I am not responsible for (out of scope)

- ☐ Being an expert in a particular condition, rather advocate generally, for patient opinion to be considered.
- ☐ Holding the hospital to account.
- ☐ Effective use of hospital resources.
- ☐ Project management.
- ☐ Actioning solutions.

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ACKNOWLEDGEMENTS

Vickie Purdie – Head of Patient Safety
Patient safety team
Transformation Team
Experience of Care Team
Our Quality Patient Safety Partners

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