**How to become a Patient and Public Representative to the NHS Improvement Patient Safety Team**

**1. Introduction**

Please read this information before sending an application form to ensure you fully understand the opportunities for involvement, the selection process, and to determine whether you have the skills and time to become a Patient and Public Representative (PP).

The NHS Improvement Patient Safety team wants to hear from people with lived experience of using NHS services, their relatives, carers and the general public. We are seeking expressions of interest to join a network of people that will fulfil a range of roles contributing to our vision for:

“The NHS to become devoted to continuous learning and improvement in order to continuously reduce the risk of harm to patients during the provision of healthcare.”

The closing date and time for expressions of interest is by 11.59pm on **7th July 2017**.

NHS Improvement currently reimburses travel and other agreed expenses in line with NHS England policy, which can be found via this link:

<https://www.england.nhs.uk/?s=expenses%20policy>

PPV Responsibility regarding expenses is listed on page 21.

Please note that correspondence will be primarily via email, unless otherwise requested.

**2. How to apply**

**Application form  
Equality Opportunity Monitoring Form**

You can either return these documents online, by email to n.ahamat@nhs.net or alternatively by post to:

Nona Ahamat  
NHS Improvement  
3rd Floor, area 3D, Skipton House   
80 London Road   
London   
SE1 6LH

To receive other formats of this document, or if you have difficulty accessing the forms, please contact n.ahamat@nhs.net or call 07701 371250. If you would like to discuss the involvement opportunities before expressing interest please contact Nona Ahamat, using the contact details above.

We will rely on the information you provide in the application form to assess whether you have the skills and experience required for this role.

**3. Background: NHS Improvement, and the Patient Safety team**

[NHS Improvement](https://improvement.nhs.uk/) is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

The vision of the national Patient Safety team within NHS Improvement is to support the NHS to become a system devoted to continuous learning and improvement. We are dedicated to increasing our understanding of what goes wrong in healthcare, enhancing the capability and capacity of the NHS to improve safety and tackling the major underlying barriers to widespread safety improvement.

We are committed to ensuring that public and patient representatives are involved in the development of our work. These are examples of some areas of work where we are currently seeking patient and public involvement:

* **Development and production of** [**Patient Safety Alerts**](https://improvement.nhs.uk/resources/patient-safety-alerts/)**:**

These alerts rapidly warn the healthcare system of risks. They provide guidance on preventing potential incidents that may lead to harm or death.

Issues that may require action in form of an Alert are identified through sources including clinical review of our National Reporting and Learning system database and Serious Incidents, concerns raised by patients and the public, healthcare professionals, coroners’ letters and a range of other sources.  Our Alerts are developed with the support of a National Patient Safety Advisory Panel where frontline healthcare staff, patient and public representatives, patient safety experts, Royal Colleges and other professional and national bodies share their expertise and insights.

* **Strategic safety projects (the Patient Safety Operating Model):**

The Patient Safety team is taking a strategic approach to formalise the investigation and mitigation of safety issues that aren’t suited to the production of a Patient Safety Alert, as they require a bigger piece of work to be fully understood. The Patient Safety Operating Model includes a prioritisation phase to make an evidence-based judgement of where to focus effort. Then a series of distinct project phases aim to understand the causes of the issue, develop effective solutions to address the problem, and roll-out these solutions in the NHS.

* **Development of the Patient Safety Incident Management System**:

The National Reporting and Learning System (the patient safety incident database) is now almost 10 years old. A major project aims to identify and assess the options for a new system that will build upon the success of NRLS, and potentially expand its functions to create a Patient Safety Incident Management System (PSIMS) that will better meet the needs of patients and clinicians in the NHS, with the intention of delivering a new system in 2018.

To do this, the project team are engaging with a variety of stakeholders to assess needs, and to develop a rigorous assessment of the options in terms of technical feasibility, benefits, risks, economic impact, and strategic alignment with the work of the Patient Safety Team and also the other organisations in the healthcare system who have specific responsibilities in relation to safety.

**4. Roles and responsibilities of the Patient and Public Representatives**

We are seeking to increase our current network of Patient and Public Representatives. It is anticipated that they will – collectively – contribute the following important perspectives into our patient safety work:

• Personal experiences, as patients, carers or service users;

• The experiences of different communities or groups of patients/service users;

• Issues relating to improving equality and diversity;

• Insight into the information and understanding that patients require when receiving treatment.

Once selected to join the network, Patient and Public Representatives will have the opportunity to work with us in one or more ways which may include (but are not limited to) the following:

• Membership of the National Patient Safety Response Advisory Panel (monthly meeting), providing PP perspective on the issues emerging from incident data, and the development of Patient Safety Alerts.

• Providing PP perspective to the prioritisation of emerging safety issues

• Participation in one or more time-limited Patient Safety Operating Model project teams with specific deliverables on the safety topics below:

* Clinical Governance
* Communication
* Patient and public incident reporting
* Helping to shape the new patient safety incident management system through:
* Contributing views at user workshops
* Attending user labs/doing online testing of a new tool
* Providing feedback on documents or tools, by email or by completing an online survey

It is not expected that everyone in the PP network will be involved in all of these areas of work.

**5. Person Specification**

Skills and experience required for joining the PP representative network

• Understanding of and broad interest in patient safety as well as a high level understanding of the NHS and Social Care structure.

• Lived experience of a healthcare problem or lived experience of being an NHS service user, and willingness to advise and provide a perspective on wider issues outside of own immediate experience.

• Ability to communicate well in writing; and the ability to read comprehensive reports

• Confidence to communicate well verbally at a national level with senior leaders over strategic issues, as an advocate for the work of the NHSI Patient Safety Team

• Desirable but not required: Experience of sitting on panels/meetings, including public involvement in health and care issues; patient; carer or voluntary sector perspective

**We are particularly seeking individuals from traditionally under-represented communities to help us gain breadth of expertise that reflects the diversity of NHS patients.**

**6. Details of the PP Representative role**

**Time commitment**

The time commitment of the PP Representative opportunities will vary and are stated in the role descriptions above where known. Meetings will generally take place in working hours (8am-6pm), but will not always require travel to our offices (i.e – teleconference or online meetings). There may be periods of time when a PP network member is not actively engaged in a project.

**Travel/expenses and payments**

• You may claim travel and subsistence expenses, which are properly and necessarily incurred in carrying out your role and responsibilities as a member of the network.

• Any barriers to participation, for example, the costs of a carer that may need to accompany you, should be highlighted in advance at the interview stage of selection.

If you have any queries or concerns about whether reimbursement of expenses and involvement payments for public involvement might affect any state benefits you are receiving, please contact the free and confidential service provided through Bedford Citizens Advice Bureau. Specially trained staff, with knowledge of how payment for involvement/expenses might affect state benefits will be able to give you personal advice e.g. supporting you should you need to make contact with the Department for Work and Pensions, or other benefits agencies about your involvement. You can contact the Benefits Advice Service by emailing involve@bedfordcab.org.uk with a brief summary of your query in the first instance, or, if you prefer, you can call 01234 330604.

**Accountability**

PP Representatives will be accountable to the manager of the project(s)/programme(s) in which they are involved, for carrying out their duties and for their performance.

**Conflict of Interests**

You should particularly note the requirement for you to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as a member of the group, including any business interests and positions of authority outside of the role of the group.

If selected, you will also be required to declare these interests which will be entered into a register.

**7. Support**

PP network members will be able to contact the NHS Improvement patient safety team for all questions and advice relating to their role. The contact is Nona Ahamat .

**8. Diversity and equality of opportunity**

NHS Improvement values and promotes diversity and is committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an Equal Opportunity Monitoring form as part of the application process.

**9. Once we receive your application form**

The steps will be as follows:

We will acknowledge receipt of your application via email (unless otherwise specified). If you do not receive an acknowledgement within 5 working days, please get in touch.

Application forms will be shortlisted by a panel which will include an existing member of the network.

Application forms will be assessed against the skills and experience required, outlined in section 5 above. Selection will be made on the basis of the content of the expression of interest. Shortlisted applicants will be invited to an interview or will be able to join a telephone interview lasting approximately 20 minutes.

Please note that two references will be taken up for those selected before an applicant can join the network.

All applications will receive a successful or unsuccessful notification. The successful notifications will include information about next steps.