



## SIGN UP FORM

**Organisation name:**

**North Somerset Community Partnership**

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In signing up, we commit to strengthening our patient safety by:

- Describing the actions (on the following pages) we will undertake in response to the five campaign pledges
- Committing to turn these actions into a safety improvement plan which will show how our organisation intends to save lives and reduce harm for patients over the next three years.
- Identify the patient safety improvement areas we will focus on within the safety plans.
- Engage our local community, patients and staff to ensure that the focus of our plan reflects what is important to our community
- Make public our plan and update regularly on our progress against it.

**Chief Executive Sponsor:**

**Ms Penny Brown**

**26<sup>th</sup> January 2015**

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Name	Signature	Date
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**Please tell who will be the key contact in your organisation for Sign up to Safety:**

Title:	Mrs	First name:	Suzanne	Last name:	Golding-Ellis
Email:	Suzanne.Golding-Ellis@nsomersetcp-cic.nhs.uk			Job title:	Head of Patient safety and Infection Control