

# Primary care patient safety strategy: the general practice ‘due regard’ maturity matrix

## Background

The [primary care patient safety strategy](#) sets the ambition and vision for patient safety in primary care and encourages discussion and exploration across all primary care platforms. The delivery timeframe for achieving the strategic commitments is iterative as work is needed to test and pilot interventions for primary care.

In February 2025, [NHS England informed general practices](#) that having regard to the [primary care patient safety strategy](#) and signing up for an administrator account with the [Learn From Patient Safety Events \(LFPSE\) service](#) would become a contractual requirement in 2025/26.

Data on compliance with the strategy and LFPSE registration will be collated via the [General Practice Annual Electronic Self-Declaration \(eDEC\)](#), which starts in October each year.

## Primary care patient safety maturity matrix

This maturity matrix is provided as a tool to help:

- practices understand where they are on their patient safety journey and what actions they can take to improve
- integrated care boards (ICBs) understand what might be considered as evidence of practices having taken due regard

Use of this matrix is not mandatory. However, a practice that meets the level 1 core criteria for themes 1 and 2 and at least 2 others of its choice should be able to answer yes to the eDec question on having ‘due regard’ to the primary care patient safety strategy and, if requested, evidence that it is compliant.

We expect that in subsequent years the expectation will increase by at least 1 level of 1 theme a year for a practice to maintain its due regard.

To complete level 2, practices will need to have evidence that they have met the requirements for all themes in levels 1 and 2.

To complete level 3, practices will need to have evidence that they have met the requirements for all themes in levels 1, 2 and 3.

Theme	Level 1 core – planning and aspiration setting	Level 2 enhanced – processes and systems embedded	Level 3 transformational – continual improvement and innovation
1. Safety culture and systems – Freedom To Speak Up (FTSU) and being fair	The practice has a speaking up policy in place	The practice has identified the <a href="#">ICB's FTSU champion</a> and practice staff know how to access the FTSU champion and have an understanding of the <a href="#">being fair tool</a>	The practice has evidence of implementation of FTSU and being fair improvement plans or of improvements relating to staff feedback
2. Insight – using the Learn From Patient Safety Events (LFPSE) service	The practice has an administrator account with <a href="#">LFPSE</a>	The practice records and updates patient safety events on LFPSE and reviews patient safety events assigned to it by other organisations	The practice staff use LFPSE to support revalidation and appraisals  Learning is shared across pathways and boundaries
3. Safety culture and systems – staff survey	The practice takes part in the General Practice Staff Survey (GPSS)	The practice takes part in the GPSS and 50% of practice staff complete this  The practice reviews <a href="#">survey results on FutureNHS</a> and identifies actions for improvement	The practice demonstrates continual improvements with better survey scores
4. Insight – implementation of the <a href="#">Patient Safety Incident Response Framework</a> (PSIRF)	The practice is reviewing processes in place for responding to patient safety incidents and considering where changes are needed in line with PSIRF, or is working towards implementing <a href="#">GP PSIRF</a>	The practice has published its approach to responding to patient safety incidents	The practice has safety improvement plans in place and these are monitored  Learning from incidents is shared across pathways and boundaries
5. Involvement – NHS patient safety syllabus training	All clinical staff have completed <a href="#">levels 1 and 2 of</a>	All staff and students (clinical and non-clinical)	All patient safety partners (PSPs) or patient participation



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	<a href="#">the patient safety training</a>	have completed levels 1 and 2 of the training	group (PPG) members have completed levels 1 and 2 of the training
6. Involvement – patient safety leads	The practice has identified the <a href="#">ICB's patient safety specialist (PSS)</a>	The practice has a nominated local patient safety lead (who may be at primary care network (PCN) or other level)	The patient safety lead has completed levels 3 and 4 of the training
7. Involvement – lay <a href="#">patient safety partners</a> (PSP)	The practice has added patient safety to its PPG agenda or as a header in its newsletter	The practice has developed a process for inclusive PSP recruitment	The practice (or PCN, or other level) has 2 or more PSPs in post
8. Involvement – <a href="#">digital clinical safety officers</a> (DCSOs)	The practice has identified the ICB's DCSO	The practice has a nominated local digital clinical safety lead (who may be at PCN or other level)	The practice's local digital clinical safety lead has completed digital safety training through <a href="#">clinical risk management training</a>
9. Improvement – best practice for safety critical processes relating to diagnosis, medication and delayed referral	The practice has identified safety critical processes for improvement	The practice has safety improvement plans in place for critical processes	The practice's safety improvement plans are monitored  Learning is shared across pathways and boundaries

