Patient safety COVID-19 update - 26 June 2020

Patient safety COVID-19 update from the NHS National Patient Safety Team

This update pulls together key information that you or your clinical governance/patient safety heads might need to know but could otherwise miss. It is not intended for general circulation within your organisations.

Key messages	Information for safety leaders
• Ensure your organisation is aware of the latest guidance on use of facemasks and coverings	1. **Facemasks and coverings** – Further to the letter from Amanda Pritchard, Steve Powis and Ruth May regarding nosocomial transmission in the last issue of this update, government has now published recommendations regarding use of facemasks. In addition to the recommendation that 'in all settings that are unable to be delivered as COVID-19 secure, all hospital staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a facemask'; it is recommended that visitors and outpatients should also wear a face covering in hospital settings to prevent the spread of infection from the wearer. The extended use of facemasks does not remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social/physical distancing, optimal hand hygiene, frequent surface decontamination and ventilation. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.
• Note that pause on complaints process is not planned to extend into July	2. **Complaints** - NHS organisations were notified in March that, subject to local determination, the complaints process could be paused. A recent Leaders update from Amanda Pritchard informed NHS organisations that, as long as circumstances don't change significantly, this pause will not be extended into July. Trusts are advised to consider what resources and support their complaints teams need as they start to resume a normal service, and whether a phased approach is appropriate when re-introducing key performance measures.
• Read how staff have responded to COVID-19	3. **How emergency departments have responded to COVID-19** – Chief Inspector of Hospitals, Professor Ted Baker, has published a blog in which he recognises the extraordinary lengths that staff have gone to in keeping people safe, and that their quick adaptions to different ways of working need to be locked in as we move beyond the peak of the pandemic.

		Changes highlighted in the delivery of emergency care include: • reconfiguration of departments to separate infected and non-infected patients • increased clinical expertise at the front door • improved access to face-to-face specialists • closer working with other departments such as radiology.
• Ensure all healthcare staff can report incidents	**4. Access to the local risk management system** – Some healthcare staff working in the community may not currently be coming into their usual office base. Please ensure staff working remotely continue to have access to the local risk management system to report patient safety incidents when needed. If the risk management system can't be accessed outside the organisation consider how staff working remotely can use the NRLS eForm. Copies of reports submitted via the eForm are available on the NRLS Reporting portal.	
• Take time to reflect over the impact of local changes	**5. WHO Global Patient Safety Network (GPSN)** – The WHO GPSN has shared articles and resources giving real-life examples of how patient safety leads around the world, including in Italy, have changed their service during the pandemic. Anyone with an interest in patient safety can register to become a member of the GPSN to receive and access its resources. We would like to hear about any similar changes made by trusts in England. Please let us know using the email address below. This will help inform the new role of patient safety specialist to be introduced later this year.	
Send any queries on this update to patientsafety.enquiries@nhs.net		

In focus: Consider the impact of COVID-19 on our mental heath

All providers should consider the impact COVID-19 can have on the mental health of both patients and staff. More people may be experiencing suicidal thoughts and be at higher risk of suicide.

Information for safety leaders:

- As per guidance for inpatient and community mental health, learning disabilities and autism services for all ages, providers should consider a patient's vulnerability and risk of suicide. Providers should review the provision of services from a patient safety perspective, to ensure strategies to minimise distress and interventions to support these patients are still accessible and appropriate.
- Providers should share advice and information internally and externally, eg on their websites or using twitter, on how people and staff can look after their mental health and wellbeing. NHS England has also provided advice for children and young people and parents who are worried about their own or their child's mental health.
- Providers should share information with patients and staff on how to access mental health crisis support services so they can get immediate help if required.
- The National Confidential Inquiry into Suicide and Safety in Mental Health has developed a toolkit that covers the 10 key elements to improving safety in mental health services, along with a range of other resources for mental health providers.