Patient safety COVID-19 update - 15 May 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
• New milestones in implementing the Patient Safety Strategy have been achieved	1. **NHS Patient Safety Strategy** – work is continuing to develop some of the new programmes and initiatives introduced in the NHS Patient Safety Strategy. Recent updates include: • The project to develop the new Patient Safety Incident Management System (PSIMS) that will replace the NRLS and StEIS passed the Government Digital Service Assessment and has therefore been given the green light to move into the public beta testing phase • The first patient safety syllabus consultation has closed, and next steps have been agreed • The introductory version of the Patient Safety Incident Response Framework was published on 10 March 2020 • The consultation on a draft Patient Safety Specialists requirements document concluded • The consultation on a draft 'Framework for involving patients in patient safety' is ongoing. More information is available on the Patient Safety Strategy webpage.
• Ensure your organisation is following the advice on record keeping provided by NHS Resolution	2. **Patient safety record keeping** – NHS Resolution has issued advice on important aspects of record keeping during the response to COVID-19 in relation to local policies, procedures, staffing levels and equipment supply, as well as aspects of patient documentation. Key responsibilities for trusts include: • ensuring all decisions that change standard policies are documented • recording how consent is obtained • encouraging everyone to continue to document all key decisions they make • recording details of any unusually busy or critical staffing periods • ensuring a central and robust record of all staff (including temporary staff) is kept. Where possible, up to date contact details for staff should be available.

NHS England and NHS Improvement

• Ensure your organisation is aware of the revised timescales for producing Quality Accounts	3. **Quality Accounts** – The deadlines for trusts to publish their 2019/20 Quality Accounts have been revised. There is now no fixed deadline by which providers must publish their 2019/20 Quality Account. However, in light of pressures caused by COVID-19, NHS England and NHS Improvement recommend a deadline of 15 December 2020. To allow for scrutiny (as required by the Quality Account regulations) each trust should also agree an appropriate timescale to provide a draft Quality Account to stakeholders for comment; a date of 15 October 2020 is considered reasonable to do this.
• Continue to promote the need for a just culture	4. **Just Culture Guide** – Supporting the development of a just culture in the NHS remains vital. The question in the Just Culture Guide as to whether: "other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in **similar circumstances**?" is as valid in times of COVID-19 as in any other, and makes an open supportive culture more important than ever.
• Continue to report COVID-19 workforce deaths	5. **Reporting COVID-19 workforce deaths** - The Office of National Statistics recently published a provisional analysis of COVID-19 related deaths by occupation in England and Wales. It is vital that all NHS organisations who are employers continue to report COVID-19 workforce deaths that meet the criteria of the Health and Safety Executive's (HSE) RIDDOR reporting of COVID-19 guidance.
Send any queries on this update to patientsafety.enquiries@nhs.net	

In focus: Infection Prevention and Control (IPC)

Optimising IPC measures during COVID-19:

COVID-19: IPC guidance has been published outlining advice for health and social care workers involved in receiving, assessing and caring for possible or confirmed COVID-19 patients. The guidance provides a suite of IPC measures which need to be considered and implemented collectively to be effective. This includes appropriate segregation of COVID-19 and non-COVID-19 patients.

A variety of other resources to support staff have also been developed or brought together to create a compendium, including recent IPC related publications and communications, training resources and a checklist to use as an aide-memoire to ensure guidance is being implemented appropriately within a specific healthcare setting.

In addition, a board assurance IPC framework, has recently been published. The framework is designed to support all healthcare providers to effectively self-assess their compliance with PHE COVID-19 related IPC guidance and to identify risks; as well as highlighting the need for monitoring of local application of guidance and infection transmission rates.