patient safety learning

Patient Safety Learning's response to the Health and Social Care Select Committee Inquiry: Delivering Core NHS and Care Services during the Pandemic and Beyond

Patient Safety Learning is registered as a charity with the Charity Commission Registration number 1180689

Patient Safety Learning
SB 203 China Works
100 Black Prince Road
London SE1 7SJ

e: hello@patientsafetylearning.org
www.patientsafetylearning.org

Introduction

This is a submission by Patient Safety Learning to the Health and Social Care Select Committee, responding to the call for evidence for the *Delivering Core NHS and Care Services during the Pandemic and Beyond* Inquiry.

Patient safety

As an independent charity and voice for improving patient safety, Patient Safety Learning believes patient safety is not just another priority; it is part of the purpose of health and social care. Patient safety should not be negotiable. Our aim to is reduce harm to patients and staff from unsafe care.

In the UK, avoidable unsafe care kills and harms thousands of people each year, with the number of deaths resulting from patient safety incidents annually estimated at 11,000.[1] This causes not only untold physical and emotional damage, but is estimated as costing the NHS £5bn a year.[2] Globally, the World Health Organization (WHO) estimates that this is one of the ten leading causes of death and disability worldwide.[3]

Covid-19 and patient safety

As the health and social care system focuses its attention on tackling Covid-19, the need to pay attention to patient safety is now more important than ever. In addition to creating new patient and staff safety challenges, the pandemic is magnifying existing issues, increasing the underlying causes of known patient safety problems, and detracting attention from safety initiatives that, to date, may have had traction and success.

It is vital that we understand the impact Covid-19 is having on patient safety, and identify and address the system issues that are causing avoidable harm.

Structure

Our response to the Inquiry is structured as follows:

- **Section 1: The pandemic's impact on non Covid-19 care and patient safety**
  Key themes and issues emerging in non Covid-19 care and treatment.

- **Section 2: Balancing Covid-19 and 'ordinary' health care**
  Outline of insights Patient Safety Learning has gathered, focusing on the patient safety concerns around home births, social care, and rapid hospital discharge.

- **Section 3: Transitioning to the 'new normal' and a 'safe restart'**
  Considering the long-term patient safety challenges presented by the impact of the pandemic on non Covid-19 care and treatment, and the opportunities to improve health and social care as services normalise.

- **Section 4: Concluding comments**
  Reflections and proposals for the Committee's consideration

[1] NHS England and NHS Improvement, The NHS Patient Safety Strategy: Safer culture, safe systems, safer patients, July 2019. https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf.
[2] Patient Safety Learning, The Patient-Safe Future: A Blueprint For Action, 2019. https://s3-eu-west-1.amazonaws.com/ddme-psl/content/A-Blueprint-for-Action-240619.pdf?mtime=20190701143409. Estimated at a £2.2bn annual cost of litigation and approximately, £2.5bn cost of unsafe care.
[3] WHO, Patient Safety Fact File, September 2019. https://www.who.int/features/factfiles/patient_safety/patient-safety-fact-file.pdf?ua=1

The pandemic's impact on non Covid-19 care and patient safety

On Wednesday 6 May, Patient Safety Learning and HealthPlusCare co-hosted a webinar and question and answer session on the impact of the pandemic on non Covid-19 care and treatment, and patient safety. Over 500 participants engaged with a panel of experts, including Select Committee member Dean Russell MP. In this section, we will draw out some of the key themes from the webinar and the insights from contributions to *the hub*, Patient Safety Learning's knowledge platform for patient safety.

Public avoiding NHS for non Covid-19 treatment

One of the themes of the webinar discussion was that people are avoiding health services, and subsequently are not receiving treatment for non Covid-19 health conditions. There has been a decrease in the number of patients presenting at Accident and Emergency during the pandemic with serious health issues, such as heart attacks and strokes.[4] Some of the impacts of this are:

- Professor Mike Bewick (Chair of CECOPS) highlighted concerns about future premature deaths, where people could have been treated if symptoms, such as early signs of tumours, had been picked up in time.
- The onset of severe long-term health issues due to individuals not accessing appropriate treatment and support at an earlier stage.

In the webinar it was highlighted that part of the problem is due to patients being fearful of being exposed to infection in hospitals and/or concerned about burdening the NHS. Dean Russell MP acknowledged that good communication to patients is vital, adding that the Government recognised the need to step up communications encouraging people to access vital services.[5] He also noted the complexity of healthcare communications and the importance of consistent messaging across the system. Panellists highlighted that this was a high priority for government action.

Delays in treatment

Professor Maureen Baker (Chair of the Professional Records Standards Body) has raised the patient safety implications of delays in diagnosis and treatment, particularly with regard to cancer. In some cases, people are not accessing available support. In others, they are going to their GPs, who may identify troubling symptoms but are then unable to refer patients to the next stage of care as many specialist and diagnostic services are currently unavailable (as a result of the pandemic).

Lack of chronic disease management

Professor Bewick highlighted the management of chronic illnesses as a significant patient safety concern. He noted that a reduced capacity to monitor and recommend preventative care during the pandemic is likely to be impacting groups of people in a long-term way. This

[4] NHS England and NHS Improvement, A&E Attendances and Emergency Admissions 2019-20, Last Accessed 5 May 2020. https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2019-20/; The Royal College of Emergency Medicine, RCEM – seriously ill or injured patients may be avoiding Emergency Departments due to Covid-19 fears, 9 April 2020. https://www.rcem.ac.uk/RCEM/News/News_2020/RCEM___seriously_ill_or_injured_patients_may_be_avoiding_Emergency_Departments_due_to_Covid-19_fears.aspx

[5] The Guardian, England campaign targets seriously ill patients avoiding hospitals, 25 April 2020. https://www.theguardian.com/world/2020/apr/25/england-campaign-targets-seriously-ill-patients-avoiding-hospitals

could lead to increased risk of serious health issues, such as myocardial damage, stroke, or renal failure.

Lack of support for specific health conditions

There are concerns about the impact of the pandemic on non Covid-19 care in relation to several specific health conditions. We understand that there will be health-condition specific submissions to the Inquiry so we won't outline details here. We do want to highlight, postnatal support. A question was raised with the panel about what support and plans are being put in place for pregnant women and new parents at this time. This was related to concerns that postnatal depression may be exacerbated by the social distancing requirements. While steps are being taken to ensure services are still available online, there are risks that the absence of face-to-face services will negatively impact new parents' mental health and their child's development[6]

Are we learning from patient safety incidents?

Another impact of the pandemic on non Covid-19 care is how pressure on the system is affecting the prevention of avoidable harm and the need to learn in real-time in order to respond to patient safety risks with preventative action. The panel discussed the pressures on healthcare staff and the pandemic potentially having created what Professor Baker described as an 'error-provoking context' in all areas of care and treatment, both Covid-19 and non Covid-19.

Peter Walsh (Chief Executive of Action against Medical Accidents) asked how incidents are being reported and investigated, and Claire Cox (Associate Director of Patient Safety at Patient Safety Learning and a Critical Care Nurse) highlighted the time pressures and difficulties faced by staff on the front-line in reporting patient safety incidents in this context. Where services are changing (often daily), staff may not know what guidance is to be followed and what should be reported. Dr Jane Carthey (Human Factors and Patient Safety Specialist) noted that current incident reporting systems can make it challenging to report issues. She said:

> *"Sometimes capturing the essence of a safety story to enable quick reflection and learning gets lost in the bureaucracy of incident reporting and investigation."*

We are hearing that there are concerning inconsistencies across Clinical Commissioning Groups and Trusts in reporting incidents and undertaking serious incidents investigations.

We consider that there is urgent need to be a simple and consistent reporting system across health and social care so that we can learn in real time. The clear and present threat to safety is that is that if reporting and investigations are taking place less often during the pandemic, then errors and their causes are less likely to be understood and responded to, and preventable harm will reoccur.

[6] The Telegraph, Lockdown made my postnatal depression even worse, 4 May 2020. https://www.telegraph.co.uk/health-fitness/mind/lockdown-made-postnatal-depression-even-worse/; NSPCC, Mental health risks for new and pregnant mothers during coronavirus, 6 May 2020. https://www.nspcc.org.uk/what-we-do/news-opinion/mental-health-risks-new-pregnant-mothers-cornavirus/

Balancing Covid-19 and 'ordinary' health care

When the country's health and social care system shifted its focus to fighting the pandemic, Professor Chris Whitty, the Chief Medical Officer for England, warned that the pandemic would result in ill health and deaths beyond Covid-19 itself.[7]

At Patient Safety Learning, we have been gathering evidence on the impact of the pandemic on non Covid-19 patients. We have been highlighting emerging patient safety issues and, through our #safetystories campaign, have been collecting insights from patients, family members and carers. In this section, we will share our insights in relation to some of these issues. We have prioritised for this submission patient safety concerns related to home births, social care, and rapid hospital discharge. There are many more.

Home births

We have been looking at the issue of home births and patient safety concerns, following decisions by a significant number of NHS trusts to suspend these services.[8] At the same time, emerging evidence suggests that more women are requesting to birth at home to reduce the risk of catching Covid-19 while in hospital.[9] We have identified the following issues relating to this:

- Decisions to suspend home births in specific areas do not appear to have considered women whose health outcomes may be adversely affected by this, such as those with past trauma associated with birth in a hospital setting.
- Depending on where they live, women with high-risk pregnancies may be opting for home births without the appropriate support being in place. This presents a safety risk. The Royal College of Midwives has published a briefing, setting out the potential impact of the COVID-19 pandemic on the increasing number of women choosing to birth unassisted (freebirth) due to a reduction in birth options.[10]

Maternity services are adapting how they work during the pandemic and managing the impact on their staffing and resources. However, we consider that it is important that, where decisions are being made to reduce the range of services available to women, these decisions are evidenced, proportionate and clearly communicated, with patient safety implications considered prior to taking the decision.

Social Care

In recent weeks, there has been significant focus on the impact of the pandemic on the social care system. While this has concentrated on the spread of Covid-19 in care settings, less attention has been placed on the impact it has had on 'ordinary' care and treatment. In a

[7] BBC News, Coronavirus: Social restrictions 'to remain for rest of year', 22 April 2020. https://www.bbc.co.uk/news/uk-politics-52389285

[8] Patient Safety Learning, Home births, fears and patient safety amid COVID-19, 27 April 2020. https://www.patientsafetylearning.org/blog/home-births-fears-and-patient-safety-amid-covid-19; BBC News, Coronavirus: Uncertainty over maternity care causing distress, 24 April 2020. https://www.bbc.co.uk/news/health-52356067

[9] Anonymous, Midwifery during COVID-19: A personal account, Patient Safety Learning's *the hub*, 21 April 2020. https://www.pslhub.org/learn/coronavirus-covid19/273_blogs/midwifery-during-covid-19-a-personal-account-r2095/

[10] Royal College of Midwives, RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic, 23 April 2020. https://www.rcm.org.uk/media/3904/freebirth_draft_23-april-v5-002-mrd-1.pdf

recent blog, we looked at how the pandemic has affected non Covid-19 social care, and identified the following issues:[11]

- It has been difficult to strike a balance between providing existing care while tackling Covid-19 in the context of an already overstretched system. Current staff vacancies are estimated at 120,000.[12]
- Care assistants are coming under pressure to support service users with Covid-19. District nursing services and GPs are overstretched, attempting to meet this demand for care in the community.[13]
- There have been difficulties and delays in organising care and support arrangements due to social distancing restrictions.[14]
- During our webinar on the impact of non Covid-19 care, Dr Jane Carthey highlighted specific problems for those shielding during the pandemic including access to healthy safe food and its delivery. She emphasised the need for simplification and changes to how care is delivered in the home to balance reducing the risk of Covid-19 against the delivery of essential care.

We consider that the Department of Health and Social Care will need to work with care providers, regulators and and commissioners to support the continued provision of services and provide adequate staffing levels during this period.

Rapid hospital discharge

Separate to this document, we have made a joint submission to the Inquiry with CECOPS, focusing specifically on the issue of rapid hospital discharge. We will not revisit this in detail here, but briefly, accelerating the discharge process has created new patient safety challenges for non Covid-19 care in the community:

- Reduced availability of supportive equipment and technologies due to a significant increase in demand, as more patients are moved into community care.
- Problems around the availability, delivery, and maintenance of equipment, crucial to supporting patients without which care may be compromised, leading to future hospital readmissions.
- There are clear concerns that vulnerable patients are reluctant to have visits from carers and volunteers due to fear of infection.
- Issues of staff capacity as many community-based staff, such as occupational therapists and physiotherapists, are currently deployed to support hospital pandemic responses. There are concerns that these specialist staff will be unable to provide essential community-based services.
- The need for specialist staff and accommodation capacity to support the long-term rehabilitation of Covid-19 patients in the community.

We have identified an eight-point action plan to address these challenges.[15]

---

[11] Patient Safety Learning, Covid-19 and social care: we must act now to ensure patient safety, 14 April 2020. https://www.patientsafetylearning.org/blog/covid-19-and-social-care-we-must-act-now-to-ensure-patient-safety

[12] The Independent, Coronavirus: Social care workers at risk 'due to failure to give them basic protective gear', 24 March 2020. https://www.independent.co.uk/news/uk/home-news/coronavirus-social-care-protective-gear-unite-union-a9421231.html

[13] The Independent, Coronavirus: Britain faces a care crisis that could overwhelm the NHS, 6 April 2020. https://www.independent.co.uk/news/health/coronavirus-social-care-nhs-homes-nurses-a9444886.html

[14] Anonymous, Dementia and COVID-19: Four big problems, three solutions, Patient Safety Learning's *the hub*, 7 April 2020. https://www.pslhub.org/learn/coronavirus-covid19/273_blogs/dementia-and-covid-19-four-big-problems-three-solutions-r2017/

Transitioning to the 'new normal' and a 'safe restart'

We will now consider the long-term challenges related to the pandemic's impact on non Covid-19 care and treatment, and the opportunities to improve health and social care as services normalise.

Longer-term challenges

One area identified by the Inquiry in its call for evidence was the need to meet the wave of pent-up demand for services as the threat from Covid-19 reduces. Below, we have listed some of the challenges health and social care will face in the medium to long-term future as we aim for what Neil Turton (Director of the Advancing Quality Alliance) has described as a 'safe restart'.

Tackling the new backlog

At the end of February, the number of those waiting for referral to treatment for consultant-led elective care was around 4.4 million patients.[16] This impacts on people with a range of conditions and has been covered in specific detail by submissions already made as part of this Inquiry.[17]

There will be a larger new backlog as we return to 'normal' care, all the services not provided to non Covid patients since the start of the pandemic. There seems to be a lack of data from the NHS, available to the public, showing the number of urgent vs non-urgent, elective surgeries.[18] This type of data will be essential for patient safety to prioritise the scheduling of surgery according to clinical need and urgency.

We consider that there needs to be a published strategy to address the current and new backlog so that the public can be assured and informed of what services are available and when. Urgent consideration is needed as to whether the 're-opening' of services will be prioritised locally or that there will be national guidance to ensure that service provisions reflect patient safety and equality priorities. There should not be a post-code lottery for the delivery of safe care.

Safe staffing and workforce planning

Those working in the NHS have been subject to significant pressure and stress during the pandemic. A key consideration in returning to more normal levels of care is how we can help organisations and staff transition safely, ensuring gaps do not emerge in capacity to deliver safe services, for example the Intensive Care Units that redeployed staff will be leaving.

During the pandemic, steps have been taken to cover increased sickness levels, averaging around 20%, with holidays and training not being taken. Assuming this continues for around the next six months, any return to 'normal' services will also need to account for phasing back in this backlog of training and holidays while keeping staff numbers at 'safe enough'

---

[15] Patient Safety Learning, Hospital discharge arrangements: A joint submission to the Health and Social Care Select Committee, Patient Safety Learning's *the hub*, 7 May 2020. https://www.pslhub.org/learn/coronavirus-covid19/hospital-discharge-arrangements-a-joint-submission-to-the-health-and-social-care-select-committee-r2187/

[16] NHS England and NHS Improvement, Statistical Press Notice: NHS referral to treatment (RTT) waiting times data February 2020, 9 April 2020. https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/Feb20-RTT-SPN-publication-version.pdf

[17] Cancer Research UK, Written evidence submitted by Cancer Research UK (DEL0063), 4 May 2020. https://committees.parliament.uk/writtenevidence/2692/pdf/; Pancreatic Cancer UK, Written evidence submitted by Pancreatic Cancer UK (DEL0058), 4 May 2020. https://committees.parliament.uk/writtenevidence/2686/pdf/

[18] New Statesman, The quiet crisis of Britain's missing patients, 22 April 2020. https://www.newstatesman.com/politics/health/2020/04/quiet-crisis-britain-s-missing-patients

levels. Eve Mitchell (Founder of Establishment Genie) has estimated that this could be as much as a 35% increase in staffing in a service already facing tens of thousands of nurse vacancies.[19]

We consider that system wide (health and social care) workforce modelling is needed urgently to inform resourcing and ensuring safe staffing.

Staff welfare

There also needs to be serious thought needs to be given to staff welfare and issues of burnout if major retention problems are to be avoided, as this could ultimately widen the workforce gap and jeopardise patient safety. It is clear that the NHS will need to significantly review its People Plan and a similar system wide approach is needed for Social Care.

Over the coming weeks, Patient Safety Learning will be looking more closely at the issues relating to this from a patient safety perspective.

Building on innovations and opportunities to make healthcare safer in new delivery models

There have been numerous positive innovations in health and social care in response to the pandemic. In reinstating non Covid-19 services, there is an opportunity that should not be missed to design new models of care delivery with patient and staff safety as their core. From a quality improvement perspective, Neil Turton has noted the importance of ensuring that we are 'holding the gains' of improvements.

We consider that all heath and social care organisations should demonstrate their commitment to patient and staff safety with published plans on how they are preventing avoidable harm and safe care.

Increased accessibility to services

The restrictions posed by the pandemic have accelerated the use of digital technologies in the health and social care system, most notably in areas such as general practice, with now 'almost every practice is doing remote consultation'.[20] While the expansion of digital services will not completely phase out in-person options as we return to normal care, it has the potential to make the system much more effective and user-friendly for some groups of people, such as people living with physical impairments and chronic illnesses.[21]

We consider that it is essential that these approaches are captured, shared and implemented across the health and care system.

Sharing knowledge and innovations

There have been numerous examples of individuals and organisations developing new and innovative solutions to problems posed by the pandemic. Rather than remaining siloed in specific areas, the crisis has provided an impetus to share these, with innovations, such as the clinical patient communication tool, Cardmedic digital flashcard scheme, spreading to multiple trusts and beyond the UK in just 72 hours.[22]

---

[19] Establishment Genie is an online workforce planning, safe staffing and benchmarking tool endorsed by the National Institute for Health and Care Excellence.

[20] The King's Fund, How has general practice responded to the Covid-19 (coronavirus) outbreak?, 8 April 2020. https://www.kingsfund.org.uk/blog/2020/04/covid-19-general-practice

[21] Independent Living, Will the coronavirus transform accessibility?, Last Accessed 6 May 2020. https://www.independentliving.co.uk/philip-anderson/will-coronavirus-transform-accessibility/?omhide=true

[22] Rachael Grimaldi, The story behind Cardmedic, Patient Safety Learning's *the hub*, 27 April 2020. https://www.pslhub.org/learn/coronavirus-covid19/273_blogs/the-story-behind-cardmedic-r2131/;

In our report, *A Blueprint for Action*, we identified shared learning as one of the six key foundations needed to tackle unsafe care.[23] If we can take from the pandemic a more open and proactive approach to sharing best practice when returning to normal healthcare, we can ensure best practice is spread, equipping people with the tools, insight and thinking that can be used to make patients safer. The 'implementation gap' is a huge barrier for change and safety improvement in the health and social care system.

We consider that it is essential that new innovations and ways of delivering safer care are captured, shared and implemented across the health and care system. Patient Safety Learning welcomes the opportunity to contribute with its patient safety knowledge platform, *the hub*.[24]

Renewed focus on staff safety

By bringing to attention concerns such as PPE requirements and availability of testing, the pandemic has served to highlight the importance of maintaining the safety of health and social care staff in an unprecedented way. We see this renewed focus on staff safety (physical and psychological) and welfare presents an opportunity to improve how we approach unsafe care in the future.

Developing safer systems

During our webinar, Mike Fairbourn (Chair of ABHI Patient Safety Working Group & BD Country General Manager) noted that the pandemic has highlighted some significant system issues that we should be seeking to address in the longer term. He noted that the crisis has showed the need for fast and more accurate diagnostics, the importance of driving optimisation and standardisation, and putting safe systems at the heart of our healthcare culture.

As the Government progressed work to procure ventilators for the NHS from the private sector, Patient Safety Learning worked alongside human factors/ergonomic specialists to highlight the importance of considering 'safety in use' when developing this equipment.[25] There is an opportunity after this crisis to embed human factors and ergonomics considerations into the design and development of healthcare products and processes, ensuring safety is at the core of our the health and social system.

Department of International Trade, UK firm pioneers technology to help communication in hospitals, 26 April 2020. https://www.gov.uk/government/news/uk-firm-pioneers-technology-to-help-communication-in-hospitals

[23] Patient Safety Learning, The Patient-Safe Future: A Blueprint for Action, 2019. https://s3-eu-west-1.amazonaws.com/ddme-psl/content/A-Blueprint-for-Action-240619.pdf?mtime=20190701143409&focal=none

[24] Patient Safety Learning, Do you have something to share?, Last Accessed 8 May 2020. https://www.pslhub.org/share/

[25] Patient Safety Learning, Ventilators – how to ensure they are safe in use, 30 March 2020. https://www.patientsafetylearning.org/blog/ventilators-how-to-ensure-that-they-are-safe-in-use; Patient Safety Learning, Growing concern surrounds the safety of the UK's new ventilators, 16 April 2020. https://www.patientsafetylearning.org/blog/growing-concern-surrounds-the-safety-of-the-uks-new-ventilators

Concluding comments

The pandemic has had a clear impact on non Covid-19 care and treatment in the NHS and social care, highlighting and exacerbating underlying system weaknesses. In this context, patient safety is now more important than ever.

When making decisions about changes and support, both when responding to immediate pressures of providing Covid-19 care and in transitioning towards the 'new normal', it is imperative that we place the safety of individual patients at the heart of the process. Too often, patient safety is simply treated as one of several strategic priorities to be weighed off against others as a matter of choice. We consider that organisations need to be demonstrating that they are taking seriously their legal obligation to take 'all reasonable and practical steps' to deliver safe care. Patient safety should be treated as a part of the purpose of health and social care, reflected in everything it does.

We call for the Health and Social Care Select Committee to recommend to the Government that the redesign of health and social care has patient and staff safety at its core with:

- **Patient safety at the heart of improved care delivery models with explicit safety strategies and goals for leadership, shared learning, and culture**
- **Innovation for safer care shared and implemented widely**
- **Transitioning to new ways of working and a 'safe restart' to be designed with patient and staff safety at its core and publicly reported**
- **Patient engagement and communication to be prioritised, providing information and assurance to patients and families as to the safety of their care and how their concerns can be addressed**

As a society, we have the responsibility to deliver a redesigned health and social care system. We consider that politicians, policy makers and leaders should ensure that patient and staff safety is at the core of this new system, its policies, processes, and values.