

# Coronavirus: patient and staff safety questions for the Health & Social Care Select Committee

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At Patient Safety Learning we are capturing patient and staff *#safetystories* of the challenges in responding to the coronavirus pandemic and the safety issues that are affecting them. As a charity, part of our remit is to 'speak truth to power' and to alert healthcare system leaders and others to the action needed for patient and staff safety.

Below we are highlighting some urgent safety issues and questions to inform the Health and Social Care Select Committee inquiry to consider the preparedness of the UK to deal with the coronavirus pandemic.

NHS leaders and politicians need to respond to these questions and take the action required to ensure the safety of staff and patients. If staff aren't safe, patients won't be safe.

## PPE for staff

There has been increasing concern about this raised by staff through the media this weekend.

Jeremy Hunt MP was strong at last week's Health and Social Care Select Committee, demanding assurance that staff have the PPE they need. Problems continue to persist and it is vital that he follows up again this week on this matter.

We are hearing that some of the assurances being made by NHS leaders and politicians are not reflecting operational reality on the front-line. Commitment needs to be matched with honesty, transparency and action. The Deputy Chief Medical Officer said at the end of last week that the UK has 'perfectly adequate' supply of PPE. Staff know the reality. No doubt well-intentioned but false assurances says that leaders know what's going on and undermine trust and confidence that staff safety is a priority.

Here are some of the stories we have heard directly:

- Community psychiatric liaison staff are being sent to support patients that are suspected of having Covid-19 in emergency departments without any prior notification of the risk to their health. When emergency department staff arrive, the hospital staff are in full PPE protection. The mental health staff have no protection at all.
- Ambulance staff are taking staff with suspected Covid-19 to hospital with only a surgical mask for the patient, and no PPE for the ambulance staff. When they arrive at hospital, again as with the previous example the emergency department staff are in full PPE. The ambulance staff are told to wipe down (not deep clean) the ambulance and then go to the next call.
- There were insufficient supplies available this weekend. The pandemic response is 24/7 not 5 days a week.
- Managers do not want to walk around wards to assess the PPE situation. Maybe, understandably, they are scared for their own health and know that they cannot assure front line staff of the provision of adequate supplies.

- It is unclear what PPE should be provided. WHO guidance is not being followed. The UK is developing its own guidance and this being revised daily by hospitals. Guidance is being downgraded to reflect the availability of supplies, which is clearly highly risky and does not reflect a science-based response to the pandemic.
- Staff would normally raise safety concerns through their incident reporting systems, where guidance isn't being followed. But changing unclear guidance means that staff aren't sure what to report and leaders aren't seeing what is going on at ward level.
- Staff are asking what they are expected to do if the PPE isn't adequate, are they still supposed to provide care without the PPE? Answers are not forthcoming, and staff are scared.
- A patient on the ward was very unwell and test result came back as positive for Covid-19. The patient needed to be transferred to ITU. It is the Trust's good practice guidance that the masks that the outreach nurses should be using are the ones that ITU staff use. When a staff member used this specialist mask (as the patient was going straight to ITU for aerosoled treatment this was challenged by one of the managers on the ward that the nurse 'shouldn't be using that mask as it costs 8 quid'.

This powerful call from a emergency room doctor in the United States is a very strong summary of the issues that we're hearing in the UK:

[https://www.pslhub.org/learn/coronavirus-covid19/273\\_blogs/a-powerful-call-for-action-from-er-doctor-joshua-lerner-march-2020-r1873/](https://www.pslhub.org/learn/coronavirus-covid19/273_blogs/a-powerful-call-for-action-from-er-doctor-joshua-lerner-march-2020-r1873/)

### ***Questions that the Health Select Committee needs to ask and seek answers and action from NHS leaders and politicians:***

- What is being done to ensure all 'at risk' staff have access to PPE not only in the ITU but Emergency Departments, Wards, Ambulances, in the community, everywhere.
- Who is in charge in every organisation to ensure that PPE is available and in use according to robust guidelines?
- How do staff report concerns and to whom?
- What assurances are there that the safety of staff is paramount and that the cost of PPE is not preventing staff from having access to life saving protection?
- How is the NHS Supply Chain communicating with trusts over likely lead times for PPE and availability of supplies? Is there transparency in this so that trusts can plan effectively how to use the stocks they have left?

## **Testing**

WHO guidance is to isolate, test, treat and trace.

Dr Tedros Adhanom, Director-General at WHO, said on Friday of last week at his press conference said that they had issued over 1.5 million testing kits and that there is a requirement for this to be increased by 80 to 100 times.

We are hearing that scarce specialist staff are being sent home when they are only a little unwell as there are no tests available to assess whether they have contracted Covid-19 or not. A senior nurse manager responsible for ITU was close to tears when she described this; staff are probably well enough to work but without the ability to test, she can't take the risk.

Staff are fearful that they are infected and spreading the virus to their friends, family and the general public without knowing. One nurse told us that she worries that she will die and didn't sleep from 3am despite working a 12-hour shift and will be doing another today.

### **Questions that the Health Select Committee needs to ask and seek answers and action from NHS leaders and politicians:**

- What is the policy for testing and tracing patients for Covid-19 in the UK?
- What are the requirements for test production and testing capacity in this country?
- What are the plans and timescales to deliver this?

We think that the scale of testing is compromising our ability to track the spread of the virus and isolate those that are infected.

## **Non Covid-19 care**

Understandably the healthcare system is currently focusing its attention on the deadly effects of the coronavirus, so the need to pay attention to patient safety is now more important than ever.

Chris Whitty, Chief Medical Officer, said the UK would suffer three types of death from the outbreak: those who die from the virus, *those who die indirectly because the NHS is overwhelmed*, and those who die because of the measures put in place to stop the spread.

We are hearing stories of patients who's planned test, elective operations or diagnostic procedures are being postponed or delayed while the health care system focuses on responding to the pandemic.

We're asking for patients, carers, family members and friends to share their stories, highlight weaknesses or safety issues that need to be addressed and share solutions that are working. We want to help close the gaps that might emerge as everyone focuses on the pandemic.

When approaching people about this we are asking them to share with us:

- *What have you noticed that has been different since the crisis started? (e.g., outpatient appointments, collection of medication, GP appointments, cancellation of operations).*
- *Whether you have had an elective intervention or appointment postponed? (Do you know the warning signs to call for help? Is there a hotline or urgent clinic for you to contact?).*
- *Has anything improved since the crisis? (e.g., has the use of digital/virtual interventions (accessing a GP) had a positive effect).*

We are collaborating with the Saudi Patient Safety Centre and other international patient safety organisations on this campaign. The SPSC have developed an #AskMe about your appointment campaign to ensure that patients have the right information to inform their care and know what to do should their condition deteriorate.

Please see details of some questions that should be asked by the patient to the healthcare worker before cancelling or postponing any appointments. All healthcare providers have been advised to be prepared to provide answers to these questions and to respond to other enquiries:

Ask: Does my health condition allow my appointment to be postponed?			
Yes		No	
Ask: How long is the delay? What are the symptoms that require communication with the healthcare provider? What is the Hotline number?		Ask: Do I need to go to the emergency room?	
You can postpone your appointment	If you notice new signs and symptoms	Yes	No
		Go to ER or call an ambulance	Ask: What should I do?
		Attend the appointment in person or remotely	
		Or: call the hotline	
		Or: seek home health care	
		Or: Visit the Urgent care clinic	

***Questions that the Health Select Committee needs to ask and seek answers and action from NHS leaders and politicians:***

- What arrangements are being put in place to inform patients and families of any changes in non Covid-19 care during the pandemic?
- How are UK patients and families being informed about any such changes in their care?
- What should patients do if they notice new signs and symptoms?

**Monday 23 March 2020**