The AHSN Network

Safer care during COVID-19

A rapid-learning report on patient safety in a pandemic

Introduction

Since the COVID-19 outbreak, Patient Safety Collaboratives and the Academic Health Science Networks (AHSNs) which host them, have been supporting their local health and care systems in hospitals, care homes and the community.

This rapid-learning report reflects on some of the key activities that Patient Safety Collaboratives (PSCs) pivoted to deliver at pace and scale, as part of the NHS National Patient Safety Improvement Programmes (NatPatSIP) response.

We look at some of the ways we need to prepare for localised outbreaks of COVID-19 and adopt the best of what we've learnt to provide safer care in future as part of the NHS Reset campaign.

Foreword

Welcome to this review of the Patient Safety Collaboratives' work in response to COVID-19. It has been a difficult few months for anyone who works in health and care and most of us will never have experienced anything this challenging in our professional lives. PSCs are just one part of the system which has played their part in a national emergency.

In our role improving patient safety, we need to consider the safety of the workforce as well as patients. One clearly affects the other. In the high-stress environment that COVID-19 has created, we have witnessed this first-hand and in this rapid-learning report, you will find many examples where we have worked to support staff who may be involved in a serious incident.

Organisations must enable and engender the right culture – a learning and just culture that seeks to learn from error, understand system failures and support staff to 'do the right thing' is essential. That is why PSCs also focus on supporting cultural change.

This time in our history is unprecedented and the COVID-19 pandemic has resulted in a number of positive changes. Cycles of change have been accelerated in order to make care safer for patients.

We have been responsive and reactive in enabling staff to deliver safe care through the development of e-learning materials, for instance to support the recognition and management of physical deterioration in our care homes.

We value and respect our workforce and understand the importance of leadership to improve patient safety. The PSCs have worked with leaders to identify areas of concern and reprioritise programmes of work to support staff during the pandemic.

We are proud to be the delivery partners for the National Patient Safety Improvement Programmes and during COVID-19 working together with our commissioners has achieved great impact across systems, which will result in better and safer care for patients everywhere.

Cheryl Crocker, AHSN Network Patient Safety Director

Ready for Reset

Natasha Swinscoe, national patient safety lead for the AHSN Network, considers what we can learn about improving patient safety in future.

Like all organisations, Patient Safety Collaboratives responded quickly to the immediate crisis from COVID-19 in March, reprioritising their day-to-day work while some staff went back to front-line roles or supported national teams.

As we adjusted to new ways of working, it was amazing to see colleagues pivot at short notice and align their work to meet new demands. Now is a good time to reflect on what made that possible so we can be even more effective in our patient safety role.

Firstly, I think AHSNs and PSCs have a unique ability to connect people, and work at both system level and with individual organisations. We are able to swiftly capitalise on opportunities: such as joining together with the Royal College of General Practitioners to host a webinar on the physiology and oximetry around COVID-19. The demand was so great for this, the webinar has been watched over 10,000 times.

Secondly, we used our networks to good effect, to stay locally connected and responsive and link with our regional teams' COVID-19 cells. We shared tools to support the workforce to deliver safer care consistently, from the tracheostomy care toolkit to e-learning resources on the National Early Warning Score, and collaborated on creating advice for staff suddenly faced with difficult conversations with families and loved ones.

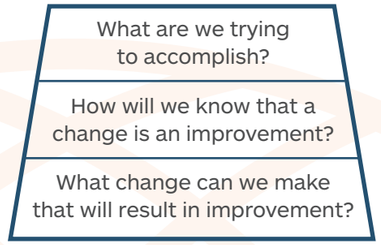
Finally, we've been alive to the benefits and challenges of digital applications, supporting care homes with access to digital tools and IT solutions, and quickly surveying technologies already in use to help manage deterioration and support maternity and neonatal staff.

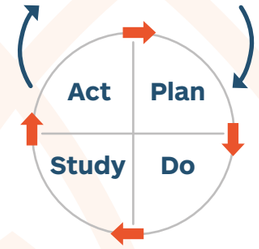
There are some common factors to our work that this report illustrates in more detail:

- **Rapid-cycle learning:** our model for improvement is based on rapid cycles of test and change, with measurement in place from the start to check whether an improvement has been made. We're never afraid to try something out, and during COVID-19 these cycles became faster and happened at a much larger scale.
- **Insights and solutions:** the ability to gather and share knowledge became more important as the wealth of research and publications available grew exponentially. Curating the right information is of enormous value to hard-pressed front-line workers.
- **Toolkits and resources:** always 'keep it simple' – aim for high-quality, consistent guidance that is easy to follow. The tracheostomy care toolkit was supported by a fast-response bedside guide with easy-to-use action cards created by the Chartered Institute of Ergonomics and Human Factors.
- **Connectivity and relevance:** we are rooted in our local systems but work nationally too, so we knew that our COVID-19 programmes responded to the needs of both. We can have much greater impact the wider we seek to influence.

Patient Safety Collaboratives have been a small part of a magnificent national effort. If anything, this reinforces the point that working together – keeping it simple, sharing widely, testing and learning – can increase the speed and impact of any innovation or change in practice.

As we consider the health and care reset, I hope we have learned from the last few months to be brave and understand that transformation doesn't have to be slow or painful, but can start small and grow quickly when these factors are in place.





Through the Institute for Healthcare Improvement's Model for Improvement, Patient Safety Collaboratives moved during COVID-19 from small cycles of test and change to larger scale testing, with rapid implementation.

Our COVID-19 response

March

Health and care system mobilises in response to the COVID-19 threat.

Patient Safety Collaboratives were repurposed to drive the rapid roll-out of NHS priorities around deterioration and safer tracheostomy care.

April

First joint webinar with RCGP on the physiology and oximetry of COVID-19.

Webinar with Intensive Care Society to promote safer tracheostomy care.

National review of medication in care homes published.

June

Good practice for staff wellbeing extracts shared from a forthcoming AHSN Network report on experiences following deaths.

NEWS2 digital operability survey results published.

July

PSCs link with the pilot sites testing virtual wards, including pulse oximetry.

August

AHSNs and PSCs continue to direct resources and expertise to where they have the biggest impact and support evolving plans around NHS Reset.

September

Has patient care been safe during first wave?

- We reprioritised our programmes and mobilised these at pace.
- We identified risks and hazards and mitigated these through safety netting leaflets.
- We developed toolkits and resources to support staff.
- Some PSC staff were redeployed back to clinical practice to support patient care.

Are we responding and improving?

- We are rolling out virtual ward pathways to support patients in the community.
- This will generate generating evidence to support future waves and ways of working as part of the NHS @Home programme.

Are COVID-19 systems and processes reliable?

- We have enabled care homes to monitor and escalate deterioration in their residents, through NEWS2/RESTORE2 and digital applications.

Past harm

Integration and learning

Reliability

Safety measurement and monitoring

Anticipation and preparedness

Sensitivity to operations

Will we be safe in the future?

- We have introduced three safety interventions for patients with a tracheostomy.
- We are helping care homes with access to digital tools and IT solutions.
- We are supporting the roll-out of NHS @Home.

Are patients and staff safe today?

- We have developed bespoke e-learning for care home staff.
- We connected GPs and shared training materials.
- We signposted staff to wellbeing resources and opportunities to learn from each other.

This model sets out a clear framework to follow for safety measurement and monitoring (Vincent C. et al, The measurement and monitoring of safety, 2013).

What we did

Here is a summary of the NatPatSIP COVID-19 programme and wider AHSN Network patient safety response.

Managing physical deterioration

PSCs are supporting the development of **virtual wards**, which will include the roll-out of **pulse oximeters**.

They continued to highlight the importance of **NEWS2** and equivalents that could be used in care and community settings, such as **RESTORE2**.

A rapid survey was carried out to **research digital applications** currently in use to help manage deterioration.

Medicines safety

The majority of the PSC network resource on the Medicines Safety Improvement Programme was deployed to **point-of-care/ clinical roles** or alternative COVID-19 work.

PSCs undertook an exploration of the **COVID-19-related medicines safety risks** and identified a range of specific actions that PSCs can take in mitigation.

Safer tracheostomy care

PSCs were instrumental in supporting the rapid mobilisation of a **safer tracheostomy care programme**: implementing three tracheostomy safety interventions into all acute-based tracheostomy care settings.

85%
of eligible sites have adopted all three of the safer tracheostomy care interventions

Maternity and neonatal health

During the COVID-19 lockdown, current and future planned activities were paused. PSCs shared safety intelligence that addressed COVID-19 and pregnancy safety concerns, such as **digital safety netting information leaflets**.

PSCs brought together **virtual networks** on maternity and neonatal staff, highlighting innovations and best practice to accelerate improvement. Connections with system stakeholders were made to commence forward planning of the programme.

PSCs supported their AHSN colleagues and networks with digital solutions, for example 'Attend Anywhere' **video consultations**.

Safety in care homes

PSCs supported the spread and implementation of **tools to spot deterioration**, such as NEWS2 and RESTORE2.

They spread a suite of **e-learning resources** created jointly with Health Education England, specially-designed for care home staff.

Chronic obstructive pulmonary disease (COPD)

This programme continued during the COVID-19 outbreak, with a **light-touch approach**, signposting as required. PSCs liaised with respiratory teams and networks to stay connected.

In addition to existing COPD patients, some PSCs have indicated a potential need for **rehabilitation and ongoing respiratory review** for post-COVID-19 patients.

Mental health safety

PSCs have finalised a **survey to understand the levels of engagement** that already exist with acute mental health providers and capture any intelligence.

PSCs supported the **dissemination, development, and system coordination** for the sharing of appropriate resources during COVID-19.

Rapidly improving tracheostomy care

The number of patients requiring relatively prolonged ventilatory support in ICUs due to COVID-19 has led to increased numbers of patients requiring tracheostomies, which are used to help wean some patients from respiratory support.

PSCs launched a safer tracheostomy care programme to support staff to care for patients who have a tracheostomy. It consists of three interventions, along with a toolkit providing information, practical resources and links to useful online training videos and websites:

- A standardised tracheostomy daily care bundle.
- Bedhead signs with key information about the procedure to support rapid communication in an emergency.
- Standardised 'bedside' tracheostomy emergency equipment available at all times.

A two-year study of 2,400 patients with tracheostomies in 20 trusts, found a 55% reduction in serious incident severity and a 20% reduction in length of stay, where key tracheostomy safety interventions were followed.

Since 1 April, the number of sites implementing all three interventions has increased to 85% from 136 to 164 out of 192 sites.

To increase uptake and compliance, Health Innovation Manchester participated in a webinar led by the Intensive Care Society, viewed by over 700 people, which included a discussion of the safer tracheostomy care toolkit. And we worked with the Chartered Institute of Ergonomics and Human Factors to publish a fast response guide for use by healthcare staff, which includes a set of easy-to-use action cards that support use of the toolkit.

'If we get this right, in hospital and the roll-out to communities, it will have a big impact for patients, for staff and for the wider NHS, saving money and getting people out of hospital faster.'

Dr Brendan McGrath, national clinical advisor for the National Patient Safety Improvement Programmes' COVID-19 safe tracheostomy care response and intensive care consultant at Manchester University NHS Foundation Trust.

'If you think about what's been done in the space of 12 weeks, with people under incredible pressure – and targeting the most pressurised part of the system, the ICU and stepped-down teams – we have achieved a lot.'

Jay Hamilton, Associate Director of Health & Implementation and Patient Safety Collaborative Lead at Health Innovation Manchester

PSCs helped increase the number of sites adopting the safer tracheostomy care bundle by **20.6%** from 1 April

Blogs and films from Brendan McGrath and Jay Hamilton are available here along with links to the toolkit and bedside guide.

Our learning

To capture intelligence and insights in a rapidly developing situation, we created a 'Situation Report' (SitRep) tracker which PSCs contributed to. This in itself was a useful tool to quickly share feedback on local needs and learning around the country.

Looking back, we have been able to identify learning across four broad themes:

- Tackling patient safety concerns
- Change in normal workplace processes
- Digital opportunities and challenges
- Supporting the workforce

Theme 1

Tackling patient safety concerns

- NEWS2 and RESTORE2 have seen an increase in uptake and interest. PSCs worked with local systems to increase their use and an understanding of the limitations of NEWS2 in a COVID-19 context.
- PSCs have supported the implementation of and learning from virtual ward pilots in their areas, helping to develop pathways of care in remote monitoring of patients with COVID-19.
- Silent hypoxia was identified as issue and PSCs shared learning to highlight this. Silent hypoxia occurs when a pulse oximetry check on a patient who does not appear to be short of breath results in an oximetry finding lower than expected, and has emerged as a feature of COVID-19.
- We gathered intelligence using our local and regional networks to escalate safety concerns to NHS England and NHS Improvement, responding by signposting to relevant resources or the rapid production of safety netting leaflets.
- PSCs have identified and acted on a reduction in attendance at routine antenatal care, routine retinopathy screenings and sonographies due to fears of COVID-19.
- There is an increase in community support for tracheostomy care, with some areas are reporting that pathways are not in place to support the care required.

The importance of pulse oximetry

COVID-19 has accelerated a change in general practice in areas such as:

- 'Total triage', where remote consultations are preferred to face-to-face appointments.
- Remote identification and management of patients with COVID-19 in the community – and those discharged from hospital – to monitor for signs of silent hypoxia and deterioration at home.
- A realisation that oxygen levels are an important way of identifying patients most at risk of deterioration from COVID-19.

New guidance was published by NHS England and NHS Improvement which standardises the assessment, monitoring and safety netting that aligns the acute care of suspected COVID-19 patients in primary and secondary care settings, and links with a virtual ward model. This will comprise two distinct but interlinked phases:

- **Phase 1: The adult primary care assessment of suspected COVID-19 patients:** Without national guidance, local systems have had to develop their own pathways, leading to non-standardisation and misalignment with ambulance and hospital trusts.
- **Phase 2: The COVID-19 virtual ward model:** This includes the safety netting, monitoring and review of suspected COVID-19 patients in community settings, populated by patients who are either identified by GPs or discharged by hospitals.

The national guidance was produced collaboratively, led by Dr Matt Inada-Kim (National Deterioration Clinical Lead NHS England and NHS Improvement, and Wessex AHSN Clinical Lead), with input from senior GPs and alignment with NHS 111 and NHS guidance for emergency admissions.

Eight small pilots (wave 2) and three large population-based pilots (wave 1) are underway. The wave 2 pilots are being supported by the Patient Safety Collaboratives (PSCs) as part of the National Patient Safety Improvement Programme's Managing Deterioration workstream.

PSCs have been making contact with the pilots, offering quality improvement support and inviting them to join the NHS @Home Pulse Oximetry Learning Network, which aims to share learning and support the ongoing programme of care. All pilots (both waves 1 and 2) will submit data as part of a national evaluation to inform future pathways of care.

Download the guidance on pulse oximetry here.

Staying alert to the soft signs of deterioration

Spotting when a patient's condition is deteriorating is often managed in acute settings using the National Early Warning Score (NEWS2). RESTORE2 (Recognise Early Soft signs, Take Observations, Respond, Escalate) was created by West Hampshire CCG and Wessex AHSN. Designed specifically for nursing and care homes, it combines recognising early soft signs with taking measurements for a NEWS2 score, and escalating concerns through a structured communications tool.

In situations where it is not considered appropriate to carry out the observations required to calculate a NEWS2 score, such as some residential care homes, other tools that focus on the 'soft signs' of deterioration can be more useful, such as RESTORE2*mini*.

RESTORE2 has been recommended for care and nursing homes by the British Geriatrics Society in their guidance: COVID-19: Managing the COVID-19 pandemic in care homes.

It's now being spread to care homes by most PSCs, including the South West Patient Safety Collaborative. In 2019, they supported a collaborative project in Somerset which led to 350 staff being trained in RESTORE2.

In response to COVID-19, the SW PSC is now working with CCGs, local councils, primary care networks (PCNs), NHS trusts and training providers across Somerset, Devon and Cornwall to deliver online training sessions for care homes. As a result of this collaboration, they have developed a RESTORE2 virtual training toolkit, the first of its kind.

'In my experience I know that both care homes and primary care settings can be extremely busy. RESTORE2 has impact in itself but also leads to better communication, which is so much better for staff and patients.'

Tricia Hymas from Somerset CCG

Elements of RESTORE2 are being used in **12** out of the **15** PSC areas

Find out more about RESTORE2 and RESTORE2*mini* on the AHSN Network website and read this white paper from Geoff Cooper at Wessex AHSN, which looks in more detail at how to recognise soft signs in practice.

Theme 2

Changes in normal workplace processes

- By using remote working to engage stakeholders, networks have developed differently and have better alignment with regional teams.
- Change has been accelerated in some areas, such as the rapid roll-out of the safer tracheostomy care toolkit and deterioration tools.
- We paused other areas of work such as spreading the COPD discharge care bundle, but continued to support COPD teams as needed, recognising that they are delivering care to those deemed most at-risk or vulnerable.
- Sharing of learning across teams and greater system-level working have been key.
- As pharmacies and GP surgeries avoided paper documents due to COVID-19, this has created pressure to find digital solutions for the transfer of prescription requests and prescriptions with care homes.

Helping care homes make medications safer

A major report on *Medicines Safety in Care Homes*, produced by the Patient Safety Collaboratives was published in June. It included findings from over 1,000 care homes in England and highlights the issues they most want support with to get the right medicines to their residents.

Joint-lead for the research, Tony Jamieson, Director of Transformation and Improvement at Yorkshire & Humber AHSN, explains why it was especially important during COVID-19:

‘Mistakes in medicines are a common problem in care homes, with one study suggesting as many as 70% of residents have experienced an error at some point.

‘Every day, multiple times a day, dedicated care home staff solve problems to do with medicines. It’s hard work and brings with it many frustrations, for care home staff, the people they care for and the GPs and pharmacists they work with.

‘It is vital we listen to the staff in the care homes so that we can complement their work and support the improvements that they want to make.

‘The pharmacy professionals who are being mobilised to help, directed at the problems that have been shown to add pressure to care homes, can transform how the NHS and care sector can work together to deliver the best possible care, in a pragmatic and cooperative way.’

70%
of residents may have experienced a medication error at some point

You can read Tony Jamieson’s blog in full and download the report here.

Convening networks

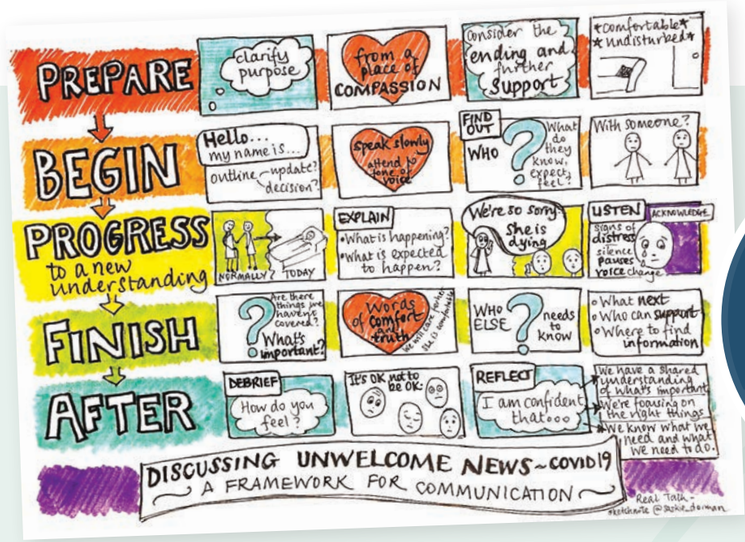
West Midlands PSC held an engagement event in December 2019 with care home pharmacists and technicians from across the region, to consider the quality of medicine administration in care homes. It was apparent that the teams had no forum to share best practice, and West Midlands PSC have continued to facilitate meetings, co-hosted by Coventry and Rugby and Warwickshire North CCGs.

Originally, the intention was to meet face-to-face on a quarterly basis. However, in light of COVID-19 and the publication of the Pharmacy and Medicines Support to Care Homes: Urgent System-Wide Delivery Model, there was a more urgent need to meet and a virtual event was held in May looking at primary and community pharmacy support for care home residents, in particular covering those areas of support requested under the model: medicines supply and reuse, structured medication reviews, review of residents discharged from hospital, and medicines ordering.

‘Thank you, the webinars are great – to both learn from others and to share our work.’

The network is aimed to support those pharmacy teams ‘at the coalface’, not their managers. So far, there have been five meetings, each with over 50 attendees from across the region. It aims to give practical advice and offer the opportunity to ask questions in a safe space, providing mentorship and guidance from the more experienced local teams. Through the network the PSC is also in the process of setting up peer support for staff who may need more assistance or who are new to the sector or working alone.

‘The webinars have been very good keeping us up to speed with the fast moving developments during COVID-19.’



The framework and tools were created in just **10 days**

Breaking unwelcome news

A chance question posted on an End of Life Care forum led to a small group developing a framework for professionals giving unwelcome news during COVID-19, in just ten days.

One of the group was Heather Stacey, who had just completed a year-long Health Education England fellowship researching learning from deaths, working at Wessex AHSN. With the National Clinical Director for End of Life Care (EOLC), Professor Bee Wee, and Dr Kathryn Mannix, they collaborated with an EOLC lead in London and a simulation training lead in Manchester, holding virtual meetings to produce the training materials.

The speed of the developing crisis lent extra significance to getting the resources approved and published quickly. The project was too agile even for a name, but the task group knew there was a need to support staff with delivering unwelcome news and hoped that this would be useful and widely shared.

Health Education England, NHS England and NHS Improvement, and the AHSN Network helped share the outputs, including a series of films, guidance, posters and a telephone call checklist.

Through the AHSN Network and other networks, this small and very focused team was able to create a useful and timely resource, going beyond the usual boundaries and happily giving their time and expertise.

‘The project was too agile even for a name.’

Watch the films and download the resources here.

Theme 3

Digital opportunities and challenges

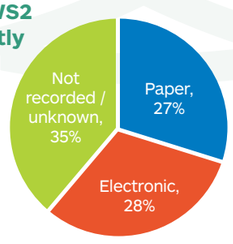
- We undertook a rapid survey of digital applications currently being used for NEWS2 and RESTORE2.
- We have developed a market specification to digitalise RESTORE2 and RESTORE2*mini* in order to accelerate the introduction of digital applications and tools for care homes.
- We have supported the uptake of one solution, Whzan, across the North East North Cumbria AHSN area and – through an InnovateUK grant – in the Eastern AHSN area.
- The Safe Steps project in Manchester has co-created a COVID-19-tracker with Health Innovation Manchester, to provide real-time information to clinicians and GPs.
- MatNeo teams have gathered information on digital technologies where there is a local demand/need and created a repository of digital solutions for wider knowledge sharing.
- PSCs have developed and disseminated digital maternity and neonatal information leaflets, which address COVID-19 and pregnancy safety concerns.

NEWS2 digital interoperability

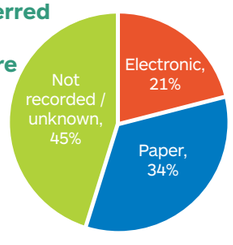
This snapshot survey of digital tools currently used for managing and communicating NEWS2 scores was carried out at the start of the COVID-19 pandemic. It drew on the knowledge and awareness of deterioration workstream leads at the time, to establish a baseline of existing and future digital solutions to support the recording/transfer of the NEWS2 score across different healthcare settings.

NEWS2 digital interoperability survey

How NEWS2 is currently recorded

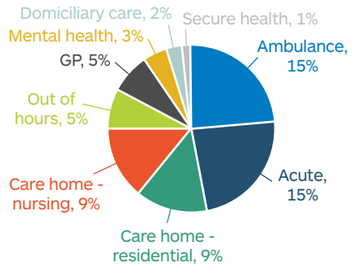


How NEWS2 is transferred to other healthcare settings



14 AHSNs completed a survey to establish a baseline of existing and future digital solutions to support the recording/transfer of the NEWS2 score across different healthcare settings.

Uptake of digital across healthcare settings



Setting	Systems in use
GP	EMIS, SystmOne, Whzan
Ambulance	Multiple bespoke systems
Acute	VitalPAC, Cerner, Nerve Centre, PatientTrack, SystmOne
OOH	Multiple bespoke systems
Care home - residential	No data available
Care home - nursing	Multiple bespoke systems, Whzan
Mental Health	Multiple bespoke systems
Secure Health	SystmOne

Delivered by:
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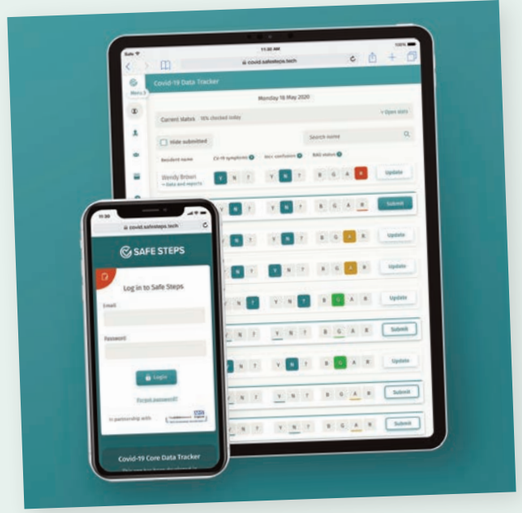
The findings will be used by AHSNs to explore how more digital solutions can be implemented, particularly in response to COVID-19.



SAFE STEPS
PREVENTING FALLS • IMPROVING LIVES

Safe Steps

Health and care professionals from Greater Manchester have worked with tech company Safe Steps to develop a UK-first digital innovation that will help care homes to track COVID-19 and coordinate care with GP practices, social care and hospitals to optimally support vulnerable residents.

The tool allows care home staff to input information about a resident's COVID-19 related symptoms into a tracker, which can be shared directly with the resident's GP and NHS community response team to ensure that a swift assessment and response can be put in place.

Tameside and Glossop is the first locality to roll out the care homes COVID-19 tracker, which has been positively received by care homes. In the first four months the tool has been used more to proactively support the health of more than 1,300 residents across 40 care homes. In total than 70,000 resident assessments have taken place, including 971 residents assessed in a single day in August.

'The COVID-19 care homes data tracker provides real-time information to clinicians about the status of patients, supporting proactive care for some of the most vulnerable people in our society. Clinical teams in Tameside and Glossop are now using the dashboard to optimally support care homes and their residents during the pandemic.

'The tracker will streamline and speed up this data collection, making it possible to access a real-time dashboard which will help us make the right strategic decisions at pace.'

Prof Martin J Vernon, Consultant Geriatrician and Clinical Director at Tameside and Glossop Integrated Care NHS Foundation Trust

The tracker is supporting over **1,300** residents in 40 care homes

There's more on the Core Data Tracker on the Safe Steps website.

Theme 4

Supporting the workforce

- We quickly created a patient safety during COVID-19 web resource on the AHSN Network website, regularly updated with relevant information and resources for our stakeholders.
- We published resources to support staff wellbeing, including advice on difficult conversations, examples of good practice highlighted in our forthcoming report on learning from deaths, an online package on psychological wellbeing and Health Innovation Network's #OnlyHuman campaign.
- We actively spread e-learning materials that AHSNs had produced in collaboration with Health Education England, aimed at care home staff to support them with residents who may deteriorate.
- We shared a bedside guide toolkit created by the Chartered Institute of Ergonomics and Human Factors group, containing a set of easy-to-use action cards to support implementation of the safer tracheostomy care toolkit.
- We scoped out an assessment tool on the risk of COVID-19 on patient and staff safety due to the increased concern for black and minority ethnic staff who have been shown to be disproportionately affected by COVID-19.
- We worked with the Royal College of General Practitioners to deliver a series of webinars aimed at primary care clinicians.
- We targeted returning workforce with our training and tools on deterioration.

Online video training for care home staff

Wessex and the West of England Academic Health Science Networks (AHSNs) and West Hampshire CCG, funded by Health Education England, had collaborated to produce a series of free videos and e-learning materials to support staff working in care homes to care for residents who are at risk of deterioration.

As COVID-19 escalated, this training became even more vital for care homes, community settings, even families and carers. It was also used to support people responding to the call to return to work to help with the crisis.

The series of 14 short videos describes how to take measurements correctly (such as blood pressure and oxygen saturation), spot the signs of deterioration, and prevent the spread of infection.

The films have collectively received over 40,000 views on YouTube while the certificated e-learning has been completed by 237 people through the HEE e-Learning for Health site.

Over **40,000** views on YouTube

You can access the training and further resources here.

Collaboration in primary care

Early in the COVID-19 response, it became apparent there was a growing need for information in primary care to understand the growing evidence on the virus and the impact across the community, not just in acute care. This led to a small group of primary care clinicians from the West of England AHSN and the Royal College of General Practitioners (RCGP) planning a webinar to cover themes around physiology, oximetry and where NEWS2 might aid clinical decision-making.

The webinars have been viewed over **15,000** times

The AHSN Network partnered the RCGP to deliver the webinar at the end of April. It became the first of three in a series which has also covered care homes, and – with the addition of the Royal College of Paediatrics and Child Health (RCPCH) – COVID-19 in children.

The webinars were aimed primarily at GPs but have also been useful for care home staff, nurses and returning workforce. Together, they have been viewed over 15,000 times. It's hoped we will continue to offer future webinars in partnership with Royal Colleges in future.

'There was a growing need for information in primary care to understand the growing evidence on the virus and the impact across the community, not just in acute care.'

You can watch the webinar and find further resources for primary care here.

#OnlyHuman campaign

The Patient Safety and Experience team at London's Health Innovation Network worked with behavioural insights specialists on a 'nudge' campaign to positively support front-line health and care staff to prioritise their physical health and emotional wellbeing needs – which have been likely to have been neglected due to the impact of COVID-19.

They have created a suite of materials including an Only Human web page and using the hashtag #OnlyHuman on Twitter. The campaign takes a peer-to-peer approach since it was found staff can struggle to identify signs of stress in themselves and are better at spotting this in other colleagues.

For more information visit the Only Human web page.

Conclusion

COVID-19 means we face an uncertain future for now, at least until a reliable vaccine is developed and made widely available. It's testament to the ingenuity and flexibility of not only the health and care sector but society as a whole, that so many positive and practical solutions have emerged over the last six months and we find ourselves better prepared for the coming second wave.

We hope this report illustrates how AHSNs and PSCs have stepped up to the challenge too, reacting to the needs of their local systems, and cementing already strong relationships for the future. As natural connectors, AHSNs' rapid and timely gathering of information about the needs of systems and stakeholders coupled with a good understanding of the solutions available right now, allowed us to provide a relevant and useful response.

These relationships will continue and deepen of course, as we begin to deliver extended and new national patient safety improvement programmes, commissioned by NHS England and NHS Improvement. These will shift our work back towards a 'normal' wider patient safety brief, while keeping a watchful eye on how we can mitigate the risks or increased demand that COVID-19 will bring to those programmes of work – for instance in maternity and neonatal safety and managing deterioration, especially in the care homes sector.

The table below reflects on what our own learning process has highlighted were our strengths and what we contributed to this national emergency. We're proud to have been a part of the NHS response and to have supported colleagues at the sharp end during COVID-19. We look forward to continuing to work with all our partners to ensure safer care in the shadow of the pandemic.

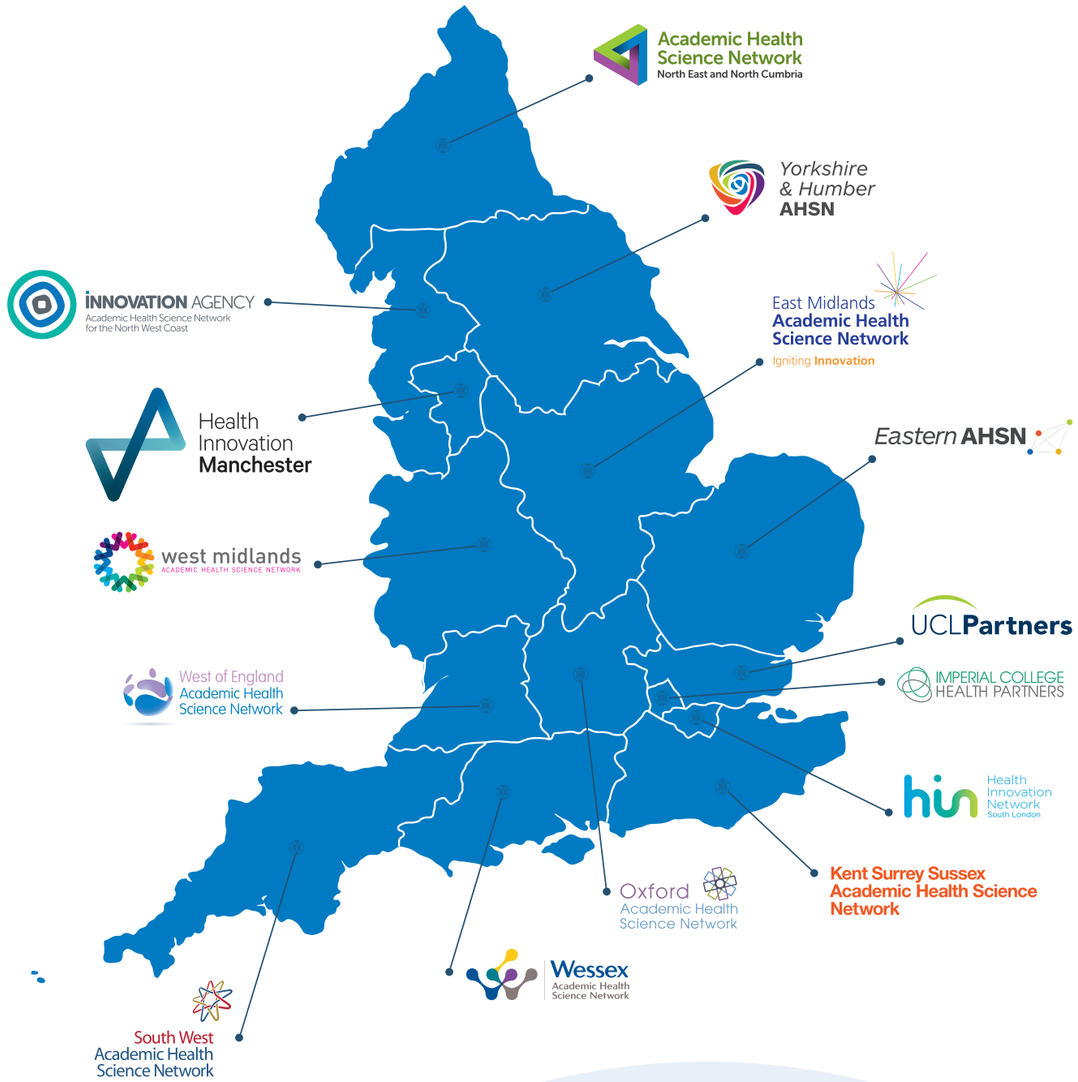
What PSCs did well

- Used their local networks to great effect, rapidly changing from face-to-face meetings to remote working.
- Reprioritised their work programme 'almost overnight' to launch a NatPatSIP COVID-19 programme to include programmes relevant to the system, e.g. deterioration.
- Connected people and work at system level and within individual organisations.
- Were locally connected and responsive with regional COVID-cells.
- Shared learning, resources and insights.
- Ensured sustainability of the programmes.

What PSCs have contributed

- Rapid cycles of change at pace and scale.
- Connectivity and programmes that were fully relevant to the system and the situation.
- Innovative insights and solutions.
- Toolkits and resources to support front-line work and staff themselves.

The AHSN Network



www.ahsnnetwork.com/patient-safety-during-covid-19

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