A FRAMEWORK FOR THE MEASUREMENT AND MONITORING OF SAFETY: COVID-19 SECOND WAVE PLANNING

Has patient and staff care been safe during the first wave?
This includes learning from:
- Concerns and complaints from staff/families/patients (including physical harm, dehumanisation, under-treatment etc.)
- Staff reporting (including incident reporting and lessons learnt from patient/staff harms and Safety II learning)
- Infection and mortality rate data (e.g. hospital, community or care home acquired)
- Learning from high risk patient/staff groups (e.g. shielded patients/BAME staff)

Are our COVID-19 systems and processes reliable?

- Admission and discharge planning.
- Isolation planning & practice.
- Lessons learnt from Wave 1 service reconfigurations.
- Environmental and infection control audits.
- PPE procurement & supply.
- COVID-19 testing turnaround times (patients & staff).
- Staff support mechanisms – are they providing appropriate care and are they accessible to all staff who need them?

Are we responding and improving?
Sources of information to learn from include:
- Real-time feedback systems
- Using COVID-19 safety dashboards which triangulate and integrate data from the other four dimensions
- Learning briefs and safety bulletins.
- Integrating learning from other countries who have experienced a second wave (e.g. Iran, China)

Will care be safe in the future?
Possible approaches include:
- Media and social media reports (e.g. mass gatherings, general public's social distancing/compliance with lockdown behaviours).
- BAME staff risk assessments.
- Staff support data on stress, burnout, post-traumatic stress
- Staff sickness absence and turnover rates
- Generating and discussing safety risk scenarios relating to COVID-19
- Stress risk assessment and burnout tools for staff.
- Developing a COVID-19 safety case.
- Research and other articles on how other healthcare systems have planned for and managed a second wave.
- Curiosity conversations with staff who have not accessed staff support about what support networks they are using.

Are patients and staff safe today?
Ways to monitor this include:
- Availability of PPE.
- Day-to-day conversations and feedback from frontline staff, patients and families.
- Staffing levels
- Dashboard data on number of COVID-19 admissions/community rates of infection.
- Observations of social distancing practice amongst staff and patients (including in lifts, communal areas)
- Observations of PPE and infection control practice.
- Staff hydration and nutrition when working in PPE.
- Tuning into staff comments and reflections to identify burn out and PTSD.

Past harm

Reliability

Integration and learning

Safety measurement and monitoring

Sensitivity to operations

Anticipation and preparedness

Based on *The measurement and monitoring of safety.* The Health Foundation, 2013 Vincent C, Burnett S, Carthey J. The Health Foundation, 2013.