



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

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NHS Chief Executives

Executive Nurse Directors

Medical Directors

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Dear Colleagues

### **Safe Delivery of Care Inspections of Acute Hospitals**

As you will be aware Healthcare Improvement Scotland's (HIS) inspection programmes have been adapted during the COVID-19 pandemic. Since the beginning of 2021, we have been carrying out COVID-19 focused inspections of acute hospitals, using methodology adapted from our previous 'safe and clean' inspections. Taking account of changing risk considerations and sustained service pressures associated with the pandemic as winter 2021 approached, the Cabinet Secretary for Health and Social Care approved adaptations to HIS inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care.

These inspections aim to minimise the impact of inspection on staff delivering care to patients, whilst still providing assurance on quality of care, and are currently mainly observational based. Our inspections consider the factors that contribute to the safe delivery of care, such as:

- Observing the delivery of care within the clinical areas in line with current standards and best practice
- Attending hospital safety huddles
- Engaging with staff where possible, being mindful not to impact on the delivery of care
- Engaging with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- Reporting on the standards achieved on the day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

The Cabinet Secretary has agreed HIS continue with the Safe Delivery of Care inspections of acute hospital inspections for the financial year 2022/23 and while the largely observational approach to these inspections will continue to be deployed in the short term, this will be kept under regular review and the methodology adapted in response to improvements in system pressures at a national and local level.

We have now carried out four Safe Delivery of Care acute hospital inspections. While this inspection programme is still at an early stage, the inspections undertaken so far have identified good examples of staff working together, in difficult circumstances, to manage and mitigate risks arising from Covid 19. Despite the challenges associated with significant staff absences, increased hospital admissions, increased waiting times and reduced staff availability our inspections have highlighted many positive and caring interactions between staff and patients, with staff working extremely hard to deliver care.

However, we have also identified some serious concerns that we wanted to alert you to in order to enable you to review systems and procedures within your Boards.

Of the four inspections undertaken so far we have found two separate incidents where patients were being cared for in 'locked areas'. Care plans and risk assessments had not been completed and staff had failed to fully consider the patients' safety, rights or care needs. The Board's policies, systems and processes were not followed and senior managers were unaware of both patients' circumstances until escalated by inspectors. Both incidents raised serious concerns regarding patient safety and well-being, patients' rights and consent, in addition to concerns around the wider health and safety of other patients, staff and visitors.

On both occasions the hospitals in question had higher than normal levels of supplementary staffing, which may or may not have been a contributory factor. However, in light of this, we would encourage all Boards to ensure greater consideration of levels of patient dependency and complexity of care needs when making real time staffing decisions on the distribution and deployment of supplementary staff.

We would also encourage all Boards to ensure that senior managers are proactive in identifying any risks to patient safety, rights and wellbeing, particularly where patients are being cared for in non-standard care areas, to enable appropriate action to be taken to promptly mitigate any associated risks.

In addition we would ask all Boards to review their policies and procedures in relation to 'locked door' policies to ensure that these are being appropriately applied and ensure that all staff, including supplementary staff and managers, are familiar with these policies.

We welcome your consideration of the important issues outlined above and appreciate your ongoing contribution to our inspections at this challenging time for NHS Scotland. We will continue to share the learning from our inspections throughout the year and look forward to continuing to work with you to support the delivery of safe, effective, person-centred care.

Further information about the methodology for the safe delivery of care acute hospital inspections can be found on our [website](#).

Yours sincerely



Lynsey Cleland  
**Director of Quality Assurance**