

NHS Chief Executives

Executive Nurse Directors

Medical Directors

Pharmacy Directors

11 November 2022

Dear Colleagues

Safe Delivery of Care inspections of acute hospitals

You will recall I wrote to you on 20 April this year to alert you to some serious concerns that had come to light during our initial Safe Delivery of Care acute hospital inspections in order that you could review systems and procedures within your Boards.

We have now carried out seven Safe Delivery of Care acute hospital inspections. The inspections undertaken so far continue to identify good examples of staff working together, in difficult circumstances, to manage and mitigate risks during a time of unprecedented system pressures. Despite the challenges associated with patient flow, waiting times and workforce pressures our inspections have highlighted many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care. We have also observed examples of good practice in the use of safety huddles to manage patient care and patient flow.

However, we have identified further serious concerns that we wanted to alert you to so you can review the systems and procedures within your Boards. These are concerns which directly impinge on the safety of patients and staff.

Of the seven inspections undertaken so far, we have found instances of extreme overcrowding in emergency departments and other admission units. Inspections have revealed patients seated in corridors and chaired waiting areas for extended periods with care needs such as fluid and nutrition and administration of medicines not being met, and many patients being cared for in non-standard care areas, such as treatment rooms or areas with increased bay capacity. Whilst we understand the unprecedented pressures on services, our inspectors have frequently found a lack of application of risk based approaches in assessing and caring for patients being placed in these areas, which has impacted the Board's ability to mitigate the associated risks and ensure safe patient placement, care and dignity. We have also identified concerns in relation to patient and staff safety in the planning for and staff awareness of emergency fire evacuation procedures within these overcrowded areas.

We continue to observe the impact of higher than normal levels of supplementary staffing on patient care, and have witnessed an understandable focus on patient flow in planning and

decision making. However, when making decisions about the deployment of resources we would urge all Boards to take individual patient acuity, dependency and complexity into consideration during safety 'huddles' and when making real time staffing decisions in the distribution and deployment of staff.

In addition staff well-being continues to be a prominent feature of our inspections, with staff expressing feelings of exhaustion and highlighting to inspectors concerns around their ability to provide safe patient care, escalate concerns and feel that they are being listened too.

We have also identified instances of unsafe practice around medicines governance which could result in serious harm to patients. For example, inspectors have observed prepared intravenous medications left unattended in open ward areas, inadequate checks of medication, dose or patient details and medication cupboards left unlocked and unattended.

We would encourage all Boards to ensure that senior managers are proactive in identifying risks to patient safety, rights and wellbeing, including but not limited to those described within this letter, to enable appropriate action to be taken to promptly mitigate any associated risks.

We would ask all Boards to review their policies and procedures in relation to areas of severe overcrowding, emergency fire evacuation and storage and administration of medications to ensure that risk assessments, policies and procedures are being reviewed, updated and appropriately applied. We would also ask that you assure yourselves that all staff, including supplementary staff and managers are familiar with these policies and procedures.

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 have worked closely with Directors of Nursing to highlight and share our inspection findings to date and support learning. Our current winter webinar series is focused on topics such as 'safe to start' and 'a system under pressure' providing a range of techniques and approaches to support, promote and share practice across Boards during this time of unprecedented pressure. We will continue to share the learning from our inspections over the coming months and offer ongoing improvement support to the system.

I am sure you will wish to bring this letter to the attention of other appropriate colleagues in your respective systems, including Chief Officers of Integration Joint Boards. I have also copied this letter to the Chief Operating Officer, National Clinical Director, Chief Medical Officer and Chief Nursing Officer at the Scottish Government for their awareness and consideration.

We look forward to continuing to work with you to support the delivery of safe, effective, person-centred care.

Yours Sincerely



Lynsey Cleland
Director of Quality Assurance