Healthcare Improvement Scotland

Safe Delivery of Care
Acute Hospitals

National Overview Report 2021 to March 2025

September 2025

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Contents

Foreword

Welcome to our first Safe Delivery of Care Overview report, which highlights the key findings from this programme of inspection.

The Safe Delivery of Care inspections of acute hospitals across NHS Scotland have highlighted the challenges in the delivery of frontline care, as well as the areas of good practice and the dedication of NHS Scotland staff.

Over the past four years, our inspections have stressed the current and sustained system pressures being experienced across NHS Scotland and have provided independent assurance of the quality and safety of care across NHS acute hospitals. The inspections have highlighted areas of required improvements in the care of patients within non-standard care areas, such as corridor care; patient dignity and respect; and the safety and delivery of essential care within emergency departments and other assessment units.

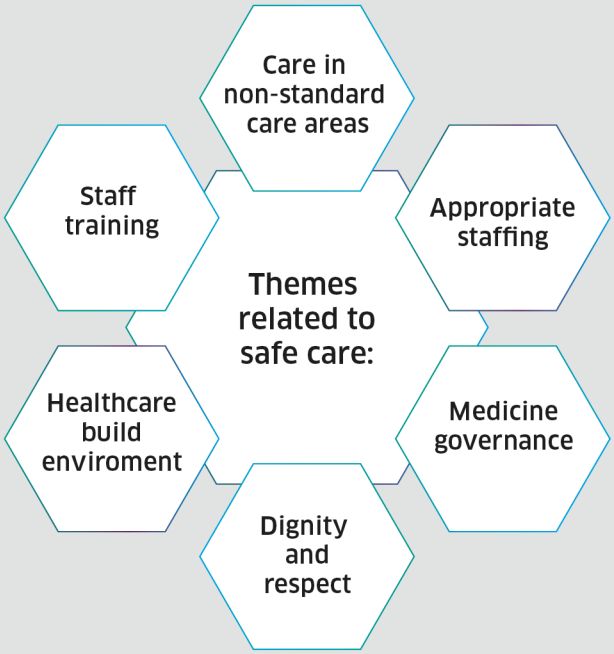
Our inspections have also emphasised the impact of staffing levels on care delivery and the need for improvements in communication between teams, particularly safety information shared at hospital and ward level safety huddles. Improvements in the management of medicines, fire safety, and the need to ensure a safe and clean environment to support patient safety and quality of care have been essential elements of numerous areas inspected. In recent inspections we have highlighted the need for improvement in paediatric immediate life support training and incident management.

The inspection programme has also recognised a wealth of good practice across the 31 inspections. This includes staff working hard to provide kind and compassionate care, including taking time to reassure patients, with patients describing they felt well cared for. Many ward areas have been well led, calm and organised despite increased hospital capacity and staff shortages.

The ultimate objective of this inspection programme is to improve patient care and wellbeing of staff across NHS Scotland. These improvements are evidenced through NHS board improvement action plans and where follow-up inspections have taken place. The inspections also seek to ensure wider national learning is identified and shared.

This report highlights areas for improvement that all NHS boards may wish to consider and serves to support wider learning and improvement in patient care across NHS Scotland.

Our inspections found the following common themes:



Resulting in the following requirements by theme:

Safe delivery of care inspections by numbers:

31
inspection reports published, covering:

24 hospital sites

12 territorial boards

1 special board

Resulting in:

282 Requirements

186 Areas of Good Practice

27 Recommendations

History and Background to Safe Delivery of Care Inspections

Introduction

The Safe Delivery of Care inspections in Scotland have evolved significantly over the years, driven by the need to enhance patient safety and improve the quality of healthcare services. The history of Safe Delivery of Care inspections in Scotland reflects a commitment to continuous improvement in healthcare quality and patient safety. The changes implemented over the years have been driven by the need to address emerging challenges and incorporate best practices, ultimately benefiting patients and enhancing the overall quality of care.

The Role of Healthcare Improvement Scotland

In April 2011, Healthcare Improvement Scotland was formed, incorporating the functions of our predecessor organisation NHS Quality Improvement Scotland and the Healthcare Environment Inspectorate (HEI), which had been established in 2009.

Healthcare Improvement Scotland is the national improvement agency for health and care in Scotland. Our national reach enables us to look at the safety and quality of services being delivered across Scotland. Our strategy is to secure lasting, positive, and sustainable improvements across the whole health and care system.

We work to improve health and care services in a range of ways, and this includes providing independent quality assurance through our inspection programmes. Our inspections can identify serious concerns relating to the safety of patients and staff. Our inspections also identify good examples of staff working together, often in difficult circumstances, to manage and mitigate risks as well as demonstrating good practice in the provision of healthcare.

Despite the challenges associated with current system pressures, such as high occupancy rates, some lengthy emergency department waiting times, obstacles to smooth patient flow, and workforce pressures, inspections continue to highlight the many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care. This report shares learning from our inspections over the last four years and our improvement support to the system.

Evolution of Inspection Methodology

Over the years, the inspection methodology has evolved to address emerging healthcare challenges in recognition of system pressures. Inspections are mostly unannounced, focusing on key indicators such as the fundamentals of care, safety and risk management, clinical governance, leadership, and culture. The inspections are conducted using our Quality Assurance Framework (2022). Further information on our Inspection Methodology can be found in Appendix 1.

In November 2021, following the COVID-19 pandemic, the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland's change of inspection focus to the Safe Delivery of Care inspections of acute hospitals across NHS Scotland. This decision was influenced by changing risk considerations and sustained service pressures. The inspection methodology was adapted to provide independent assurance on key aspects of safe service provision, whilst also minimising the impact on frontline staff delivering care to patients.

In April 2023, the inspection methodology and reporting structure were updated to align with the newly published Healthcare Improvement Scotland Demonstrating Safety, Promoting Improvement: An Overview of the Quality Assurance System. This alignment ensures that inspections are consistent, comprehensive, and focused on the safe delivery of patient care.

Areas of Good Practice

Throughout the Safe Delivery of Care inspections, all NHS boards have worked hard to participate meaningfully in the inspection process. Senior managers and staff have been welcoming to the inspection teams, engaging positively with each inspection. They have worked to accommodate the inspections within already very busy hospital sites. This includes providing large amounts of information and evidence requested by the inspection team to ensure an accurate assessment can be made to support the inspectors' observations of care. Additional feedback from NHS boards can be found in Appendix 2.

Open and Transparent Culture

Our reports also highlight good practice that inspectors have observed, sharing and highlighting areas of strength and innovative work. So far, we have identified 186 areas of good practice across our Safe Delivery of Care inspections. These have included staff wellbeing initiatives and recognising positive and caring patient interactions. During many inspections we have observed an open and transparent culture with a positive focus on patient care and safety including a supportive culture with effective leadership and management and good visibility of senior clinical colleagues and managers. A common theme identified in areas of good practice relates to the effective communication of safety risks, particularly through hospital safety huddles. On 17 inspections we have observed leadership that supports an open and transparent culture with a strong focus on patient care and safety.

Compassionate Care

Across all NHS boards inspected we identified areas where staff were working hard to provide kind and compassionate care, including taking time to reassure patients, with patients describing that they felt well cared for. Some specific examples of good practice identified include positive and caring interactions between staff and patients and ward areas which have been well led, calm and organised. Despite increased hospital capacity and staff shortages, we observed hospital teams working well together to provide compassionate care and positive, respectful and person-centred care interactions between staff and patients. This aligns with the Excellence in Care framework which describes compassionate, person-centred practice focused on the relationships between all those involved in care delivery, those receiving care and those that matter to the individual. Compassionate relationships are achieved through an empathic approach, while maintaining the dignity of all parties involved in care delivery.

Patient Care

Further examples of areas of good practice in response to improvement actions include, NHS Lothian introducing a dedicated care and mealtime coordinator role within the emergency department of Edinburgh Royal Infirmary to assist patients with the provision of food and drinks throughout the day, and to support the provision of fundamental care. NHS Ayrshire & Arran demonstrated positive examples of communication of patient safety issues, including regular safety huddles and safety boards that included patient safety information such as fluid and dietary requirements and mobility needs.

Patient Experience

In NHS Lanarkshire inspectors found an open and supportive culture with good visibility of senior colleagues and managers in University Hospital Wishaw. The patient experience team in Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde, worked with patients and carers to understand the patient experience within the emergency department. In Inverclyde Royal Hospital inspectors found effective use of newsletters to raise awareness of the processes for staff to report concerns around staffing.

Responding to Pressures

In Forth Valley Royal Hospital we found domestic staff teams working hard to maintain a clean environment despite a significant increase in patients and pressures across the hospital. Additionally, senior managers from NHS Forth Valley approached other NHS boards following their inspection to gain insight into their systems and processes to learn from their experiences and implement effective strategies.

These are a few of the many positive examples highlighted through our Safe Delivery of Care inspections.

Our Findings

Since commencing Safe Delivery of Care inspections in 2021, up to the end of March 2025 our inspectors have carried out **31 inspections** and published **31 inspection reports** covering **13 NHS Scotland boards**.

Safe Delivery of Care inspections carried out between 2021 and March 2025:

NHS board	Hospital	Inspection Date
NHS Ayrshire & Arran	University Hospital Crosshouse	May 2022
NHS Ayrshire & Arran	University Hospital Crosshouse	July 2023 (follow-up dual site)
NHS Ayrshire & Arran	University Hospital Ayr	July 2023 (dual site)
NHS Borders	Borders General Hospital	November 2022
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	March 2023
NHS Fife	Victoria Hospital	August 2023
NHS Fife	Victoria Hospital	December 2024 (follow-up)
NHS Forth Valley	Forth Valley Royal Hospital	April 2022
NHS Forth Valley	Forth Valley Royal Hospital	September 2022 (follow-up)
NHS Forth Valley	Forth Valley Royal Hospital	January 2024 (follow-up)
NHS Golden Jubilee	Golden Jubilee University National Hospital	November 2023
NHS Grampian	Dr Gray's Hospital	October 2023 (dual site)
NHS Grampian	Aberdeen Royal Infirmary	October 2023 (dual site)
NHS Grampian	Dr Gray's Hospital	July 2024 (follow-up)
NHS Greater Glasgow and Clyde	Inverclyde Royal Hospital	October 2022
NHS Greater Glasgow and Clyde	Gartnavel Royal Hospital	May 2023
NHS Greater Glasgow and Clyde	Queen Elizabeth University Hospital	May 2022
NHS Greater Glasgow and Clyde	Queen Elizabeth University Hospital	April 2024 (focused emergency department inspection)
NHS Greater Glasgow and Clyde	Royal Alexandra Hospital	April 2024
NHS Greater Glasgow and Clyde	Glasgow Royal Infirmary	April 2024 (focused emergency department inspection) June 2024 (dual report with April 2024)
NHS Highland	Raigmore Hospital	October 2024 (dual site)
NHS Highland	Lorn and Islands Hospital	October 2024 (dual site)
NHS Lanarkshire	University Hospital Monklands	January 2022

NHS board	Hospital	Inspection Date
NHS Lanarkshire	University Hospital Wishaw	January 2023
NHS Lanarkshire	University Hospital Hairmyres	March 2024
NHS Lothian	Royal Infirmary of Edinburgh	February 2023
NHS Lothian	Royal Infirmary of Edinburgh	September 2023 (follow-up focused emergency department inspection)
NHS Lothian	Western General	August 2022
NHS Tayside	Ninewells Hospital	April 2023
NHS Tayside	Perth Royal Infirmary	December 2021
NHS Western Isles	Western Isles Hospital	July 2024

Our Safe Delivery of Care inspections are designed to be adaptable and responsive to system needs and pressures. In addition to the number of inspections proposed in our annual scrutiny plan, we may also undertake inspections where concerns and potential patient safety risks have been highlighted through wider Healthcare Improvement Scotland system intelligence processes.

In direct response to concerns raised in April 2024, we undertook an additional unannounced full site inspection of the Royal Alexandra Hospital, NHS Greater Glasgow and Clyde. In addition to this, we carried out a focused emergency department inspection of the Queen Elizabeth University Hospital and Glasgow Royal Infirmary. As a result of significant patient safety concerns identified during the focused emergency department inspection of Glasgow Royal Infirmary, we returned to carry out a full site hospital inspection of Glasgow Royal Infirmary in June 2024.

We have also undertaken three dual site inspections at NHS Ayrshire & Arran (University Hospital Crosshouse and University Hospital Ayr), NHS Grampian (Aberdeen Royal Infirmary and Dr Gray's Hospital) and NHS Highland (Raigmore Hospital and Lorn and Islands Hospital).

When concerns are identified within an inspection, a return visit or follow-up inspection may be required. A return visit can take place within one to three weeks of the initial onsite inspection to check progress against any concerns raised by the inspection team. The findings of these inspections are contained within the original inspection report. So far, we have returned to eight sites to verify that the concerns raised have been adequately addressed.

We may also return for a follow-up inspection; the timescale of which is proportionate to the actions and interventions an NHS board has placed following the initial inspection. The follow-up inspection findings are published separately to the initial inspection. We have completed follow-up inspections of University Hospital Crosshouse, Forth Valley Royal Hospital and Dr Gray's Hospital as well as a focused follow-up Safe Delivery of Care inspection of the emergency department at the Royal Infirmary of Edinburgh.

System Pressures

Following the COVID-19 pandemic, we have observed that NHS Scotland has been under considerable strain due to a surge in hospital admissions, delayed discharges, and shortages of staff in some key services. The limited physical space in certain parts of hospitals such as emergency departments, combined with the increased number of patients needing care and admission, has made it difficult to manage the risks of overcrowding.

We have observed emergency departments operating at over 300% of designated capacity in some NHS boards. In 16 out of 31 published inspection reports we have described hospitals operating at, or over, 94% bed occupancy. The British Medical Association and the Royal College of Emergency Medicine describe a safe bed occupancy level of less than 85%.

Our inspections have identified areas of concern in the use of non-standard care areas. We use the term non-standard care areas to describe any care being delivered in non-clinical spaces, including corridors. This includes a lack of call bells for patients to request assistance, privacy and dignity concerns, safe fire evacuation and a need for a risk assessment to assess patient suitability for being placed in a non-standard care area. This also adds additional pressure on staff having to provide care for the increased number of patients.

Several NHS boards have introduced additional or contingency beds. These are beds that are often placed in areas such as ward treatment rooms or an additional bed in a bay with inadequate facilities. Sometimes patients receive care in chairs, rather than trolleys or beds. Corridor care for example, has become a frequently used term describing care being delivered to patients within corridors which impacts on patient privacy and dignity, and creates additional pressure and risks to patients and staff. This can include limited access to toilet and washing facilities and handwashing provision. We have identified instances where patients have been required to use bedpans on trolleys within emergency department corridors, while staff worked hard within these limited and unacceptable conditions to maintain privacy and dignity to the best of their ability.

To date we have raised 38 requirements in response to non-standard care areas. These include ensuring access to call bells, ensuring patients are provided with the fundamentals of care and ensuring patient privacy and dignity is always maintained.

Enabling Shared Learning and Developing Themes

Our Safe Delivery of Care inspections have identified several common themes related to the essentials of safe care:

- Care in Non-Standard Areas
- Fire Safety
- Appropriate Staffing
- Staff Training
- Infection Prevention and Control
- Healthcare Built Environment
- Medicine Governance
- Dignity and Respect
- Documentation

Care in Non-Standard Areas

In the last four years we have written to NHS boards on two occasions to highlight the emerging themes from our national inspections to promote patient safety and enable shared learning and improvement. Links to the letters can be found here.

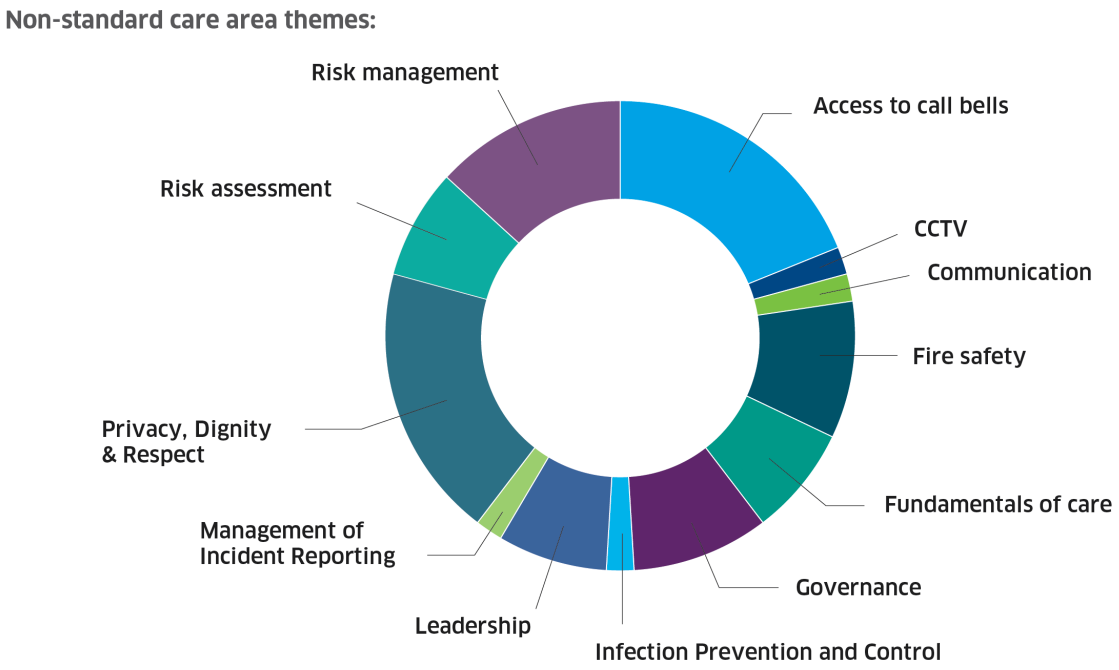
These letters highlighted themes such as extreme overcrowding in emergency departments and assessment units, the use of additional beds in areas such as treatment rooms, and the failure to apply a risk-based approach in assessing and caring for patients. The impact of overcrowding on patient dignity and care was also highlighted. Our inspections revealed patients were seated in corridors and waiting areas for long periods, with their requirements for fluids, nutrition and medication not being met.

We also identified staff reporting concerns regarding their ability to safely deliver care as well as potential patient safety issues, as staff felt they were not being listened to. We have expressed concerns regarding a focus on patient flow rather than patient acuity and dependency to understand and mitigate high occupancy, and high supplementary staffing numbers. Staff describe feelings of exhaustion and concerns about their ability within the context of the ongoing challenges to provide safe care.

We have continued to observe the use of non-standard care areas such as treatment rooms and corridors, including in emergency departments.

Healthcare Improvement Scotland does not support the routine use of contingency beds and beds within non-standard care areas, as the standard of care provided in many of these areas falls below acceptable standards. A total of 38 requirements were given across 17 inspections regarding the use of non-standard care areas. These requirements were a direct result of inspection findings and the impact of overcrowding, such as safe fire evacuation procedures, leadership, management and oversight of patients being cared for in these areas. This has also had an impact in maintaining patient dignity and respect and in providing fundamental care for patients. For example, we have observed patients being cared for in the middle walkway area of a patient bay where privacy screens were pulled around the other patients' beds to provide privacy.

Care delivery within non-standard care areas has been a significant theme throughout Safe Delivery of Care inspections. Specific areas of concern related to non-standard care areas are highlighted in the following graphic.



Fire Safety

Fire safety concerns have been identified in 10 hospital sites through 13 inspections. These include fire risk assessments and evacuation plans not being updated to reflect the overcrowding within emergency departments and non-standard care areas and fire safety equipment checks not being carried out within correct time frames. From the 13 inspections where fire risks have been identified, eight of these inspections have demonstrated that fire evacuation plans in place at the time of inspection often did not reflect the significant impact of overcrowding in the departments. This includes considering the current staffing pressures and a lack of staff awareness of fire evacuation training and procedures in emergency situations. Other concerns identified relate to gaps or delays in fire safety equipment checks.

Appropriate Staffing

The commencement of the Health & Care (Staffing) (Scotland) Act 2019 has meant that as of April 2024, NHS boards have a legal obligation to meet the legislative duties in accordance with the Act. The workforce challenges and risks associated with staffing shortfalls, in particular nurse staffing, have been a consistent theme. This is despite concerted efforts by the NHS boards to put controls and mitigations in place. Another common theme identified was the 'normalisation' of clinical areas operating with nurse staffing levels below the planned levels. Most NHS boards used some mechanism to capture planned and actual staffing levels which is fed into their site safety huddles. It is now common practice for NHS boards to manage the staffing risk on the site by moving staff across the site to areas where staffing risk is greatest, using a 'RAG' (Red, Amber, Green) status to inform decision making. However, increasingly, what is being observed is the status of the site as a whole sitting at amber with very few areas retaining a 'green status' with the required staffing to support the delivery of safe, high-quality care. This is inevitably having an impact on staff morale and attributed to staff voicing concerns to inspectors regarding their ability to deliver safe, high-quality person-centred care.

Emergency department staffing has been a recurring theme due to the complexity and acuity of patient conditions and the length of time patients are spending within the department. Emergency department staffing is based on patients being in the department for a short duration of time (four hours) but, with capacity challenges across the sites, patients are frequently in the department for extended periods of time whilst awaiting the availability of an inpatient bed. This has required NHS boards to introduce additional staff and models of care to provide ongoing patient care, often in non-standard care areas.

Supplementary staffing is consistently used to bolster staffing levels due to high levels of staff absence, vacancies and the requirement to staff additional beds. The use of nursing and medical supplementary staffing continues to rise. However, in the nursing workforce there has been a shift in 2024 with the reduction in agency usage. This is likely to be attributed to the national directive to reduce agency spending from high-cost agencies.

Other emerging themes and areas of improvement have been identified through this inspection programme. These include ensuring senior nurses have sufficient protected leadership time, staff receive adequate protected learning time to undertake required training for their role (see below) and that there is a consistent application of the Common Staffing Method to inform staffing requirements. As above, the NHS boards have demonstrated that they have put in place arrangements for real-time assessment of their staffing levels and escalation of risk, which is a requirement under the Health & Care (Staffing) (Scotland) Act 2019. However, what has been less apparent is how NHS boards are meeting their legislative duties to address severe and recurrent risks. The final report of the Scottish Ministerial led Nursing and Midwifery Taskforce makes several recommendations with the aim of improving this for these professions.

Staff Training

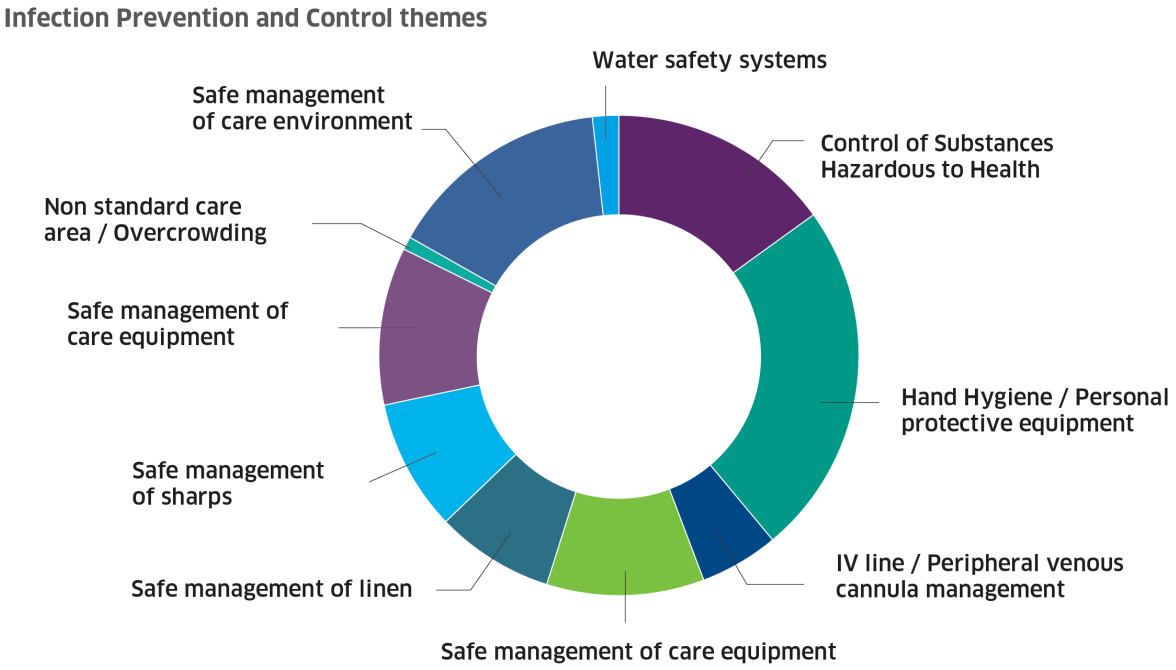
A further theme identified during 2023 and 2024 has been training compliance levels with paediatric life support training. The Royal College of Paediatrics and Child Health Standards Facing the Future: Standards for children in emergency care settings states that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support (or equivalent) training. We have identified six inspections with low compliance rates with staff training in immediate or advanced paediatric life support within the emergency department or within the paediatric ward areas. We have raised the low compliance rates with the specific NHS boards to highlight the need to ensure that staff are appropriately qualified to care for and recognise and respond appropriately in emergency situations to a deteriorating infant or child. As of 1 April 2024, NHS boards have a duty under the Health and Care (Staffing) (Scotland) Act 2019, to ensure staff have the required training to undertake their role including the provision of adequate time and resources to undertake the required training.

Infection Prevention and Control

Standard infection control precautions should always be used by all staff to minimise the risk of cross infection. These include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves) and linen and waste management. Practising good hand hygiene helps reduce the risk of the spread of infection. Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection. Sharps boxes should be stored in a safe, locked area whilst awaiting uplift and should have temporary closures in place. Sharps boxes should be labelled as per guidelines.

Areas for improvement in relation to infection prevention and control were included in 22 inspections, where hand hygiene or the provision or use of hand hygiene facilities were identified. The use of personal protective equipment, and the management of linen and sharps have also commonly resulted in requirements for improvement. During 17 inspections we observed chlorine-based cleaning products were not stored securely, resulting in a risk that it may be accessed by patients or members of the public. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 stipulate that these products must be kept in a secure area such as a locked cupboard.

Infection prevention and control practice has been identified the greatest number of times. The specific areas for improvement identified have been broken down in the graphic below.



Healthcare Built Environment

The impact of many hospitals having an older built environment has been identified, with inspections highlighting concerns regarding the difficulties in maintaining many older hospital buildings. These buildings may not always be accessible to patients with mobility issues, with patients describing to inspectors the lack of accessible shower facilities. Accessible premises and facilities are important in ensuring equality of access to services for patients. We have observed inadequate shower or bath facilities in areas which accommodate high numbers of patients, and which contributes to a lack of dignity for patients due to lack of choice for personal care. We have observed damage to the healthcare-built environment and gaps in systems and processes resulting in the environment not being effectively maintained. Requirements have been given where inspectors have identified concerns with the systems and processes to ensure the hospital environment is effectively maintained and is safe and clean.

Medicine Governance

During 15 inspections, medicine governance has been identified as an area for improvement, largely relating to the safe storage and administration of medicines. Examples include medicines, trolleys and cupboards being left unlocked that could be accessed by patients or members of the public or medications being prepared for administration to a patient and being left on the patients' bedside tables. These are classed as medicine administration errors and omissions, which can impact on the outcomes for patients.

Dignity and Respect

During many of our inspections concerns have been identified with regard to maintaining patient dignity and treating patients with respect. This has often been as a direct result of high hospital occupancy, leading to the use of additional contingency beds in non-standard care areas such as patients receiving care in corridors. Our inspections have identified instances of individual care being delivered in corridors with only privacy screens to maintain dignity. A lack of adequate and private bathroom facilities for patients leads to patients receiving personal care, such as using bed pans, whilst in the corridor. We have observed incidents, reported by staff, of patients sleeping on mattresses on the floor of an emergency department due to increased demand.

We have observed examples of continuous flow models in place to promote safe and effective patient flow throughout the hospital and reduce overcrowding and excessive waits in the emergency department and assessment units. However, patients who are moved under the continuous flow model may be transferred to a ward area to wait in a ward whilst awaiting a bed to become available. During our inspections we spoke with patients who were moved as part of the continuous flow model who complained to inspectors that they were uncomfortable sitting on a chair or a trolley in the corridor or main thoroughfare of the ward area for long periods of time until a bed becomes available.

We have observed emergency departments with extreme overcrowding having a significant impact on the ability to maintain dignity for the patients, with patients being cared for in corridor areas and around the nursing station. We observed confidential discussions regarding patient care and treatment plans taking place in corridors within hearing distance of other patients and relatives.

During inspections, patients have sought assistance from inspectors to access toilet facilities and pain relief. The lack of call bells, and the general volume of noise from patients and staff within the confined spaces, caused patients to struggle to get the attention of staff when they needed assistance.

Documentation

Documenting or recording all aspects of care, including planning, providing and evaluating care is of the utmost importance to ensure continuity of care and patient safety. Documentation has been identified as a theme for improvement for decades, however in recent inspections it has been noted that focused attention is required to ensure that legal obligations are met to support better clinical decision making and patient outcomes. For example, patient risk assessment and Adults with Incapacity Section 47 Certification. Section 47 Certificates are crucial in the context of healthcare in Scotland, particularly under the Adults with Incapacity (Scotland) Act 2000, ensuring that treatment provided complies with legal requirements and enables treatment for those who cannot consent themselves, ensuring that vulnerable adults receive the care they need.

This is particularly important for individuals with conditions that impair their decision-making abilities. The process of issuing a Section 47 Certificate involves consultation with relevant parties, such as family, guardians, attorneys and primary carers, ensuring that the best interests of the individuals are considered and respected. We observed that Adults with Incapacity Section 47 Certificate were not always fully completed. This included lack of documentation of patient details, the nature of incapacity, treatment covered by the certificate and poor completion of a treatment plan.

Outcomes

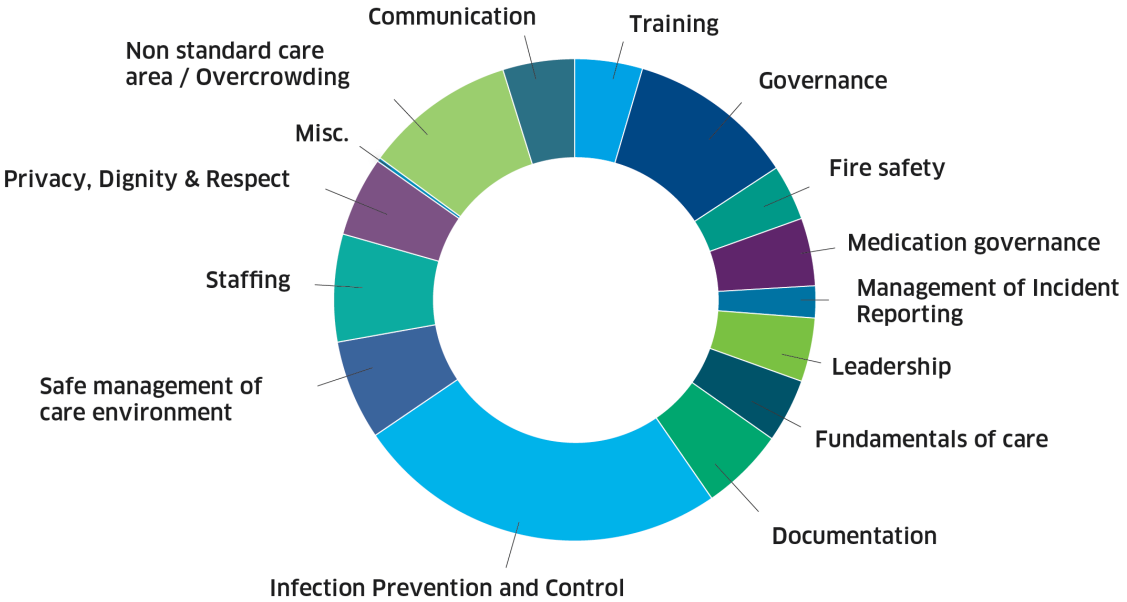
Up to the end of March 2025, 282 requirements have been given to support improvement over the 31 inspection reports published. A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland and the Scottish Government or other relevant agencies. These are standards which every patient has the right to expect. A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed, and the necessary improvements implemented.

Recommendations are related to best practice which Healthcare Improvement Scotland believes NHS boards should follow to improve standards of care. We have given 27 recommendations. Examples include recommendations to prepare NHS boards in advance of the introduction of the Health & Care (Staffing) (Scotland) Act 2019, areas in adverse event management and patients being supported to carry out hand hygiene prior to meals.

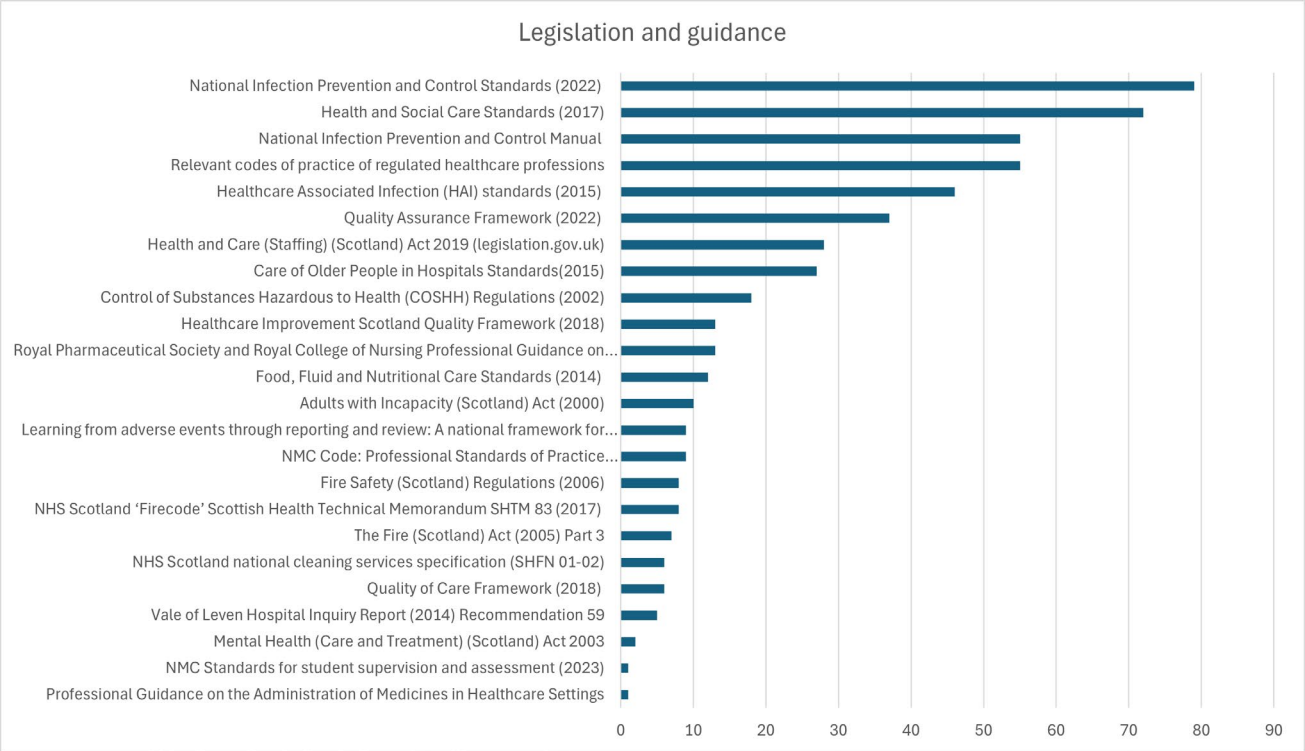
Many requirements are complex and multifaceted, cutting across different subjects or areas of concern and, as such, are represented in more than one area for improvement. An example of this is communication; where this may not have been a direct requirement it can be impacted and affected by the other areas identified for improvement, such as feedback to staff in the management of incident reporting. Requirements relating to the use of non-standard care areas or corridor care can be reflected within several different requirements such as fire safety, overcrowding and dignity and respect.

Requirements relating to the following themes can be found below.

Requirements by theme:



Legislation, guidance and standards used during inspections



The data above highlights the breadth of guidance that has been used during Safe Delivery of Care inspections when issuing an NHS board with a requirement. The most referred to legislation and standards are the National Infection Prevention and Control Standards, Health and Social Care Standards and codes of practice of regulated healthcare professions. A list of national guidance can be found in Appendix 3.

Serious Concerns Identified During Inspections

When serious patient safety concerns are identified at any point of the inspection, these are raised with the NHS board as soon as possible to support early intervention to mitigate the risks to patient safety. During the process of raising serious concerns, Healthcare Improvement Scotland senior management team may write to the NHS board, seeking a formal response detailing the improvement actions being taken to reduce and mitigate the concerns raised. We have raised serious concerns with three NHS boards on several occasions related to patient dignity and respect, patient care, paediatric life support training, fire safety, controlled drug management, management and maintenance of the healthcare-built environment and oversight of incident reports.

In some instances, as a result of significant patient safety concerns identified during the Safe Delivery of Care inspection programme, we have escalated these concerns to the Scottish Government in line with the Healthcare Improvement Scotland and Scottish Government Operating Framework. To date we have applied this process to three NHS boards. These have been in relation to significant patient safety concerns, management of patient and staff risks in overcrowded areas, patient dignity and respect, management of patient safety reports, controlled drug management and staff training in areas such as life support and fire safety. When formal escalation processes have been followed, a follow-up inspection has taken place to ensure improvement actions have been undertaken and maintained. To date we have taken forward formal escalation processes, in line with our operating framework, within NHS Ayrshire & Arran, NHS Forth Valley and NHS Lothian. Follow-up inspections were carried out and each of the NHS boards have demonstrated sustained and positive improvements in relation to the concerns originally identified.

Supporting Improvement

Healthcare Improvement Scotland was able to provide bespoke improvement support to two NHS boards – NHS Ayrshire & Arran and NHS Forth Valley – following inspections where concerns such as patient care, dignity and respect, staff shortages, overcrowding and staff wellbeing, including culture and leadership, were identified. As part of our Quality Management System, a dedicated multi-professional team was developed incorporating expertise from across our organisation.

This expertise included professionals from the Scottish Patient Safety Programme Acute Care, Excellence in Care, the Healthcare Staffing Programme, and Data Measurement and Business Intelligence. Outputs included developing hospital huddles to support safe care through effective communication and coordination; assisting the implementation of staffing arrangements in line with the Health and Care (Staffing) (Scotland) Act 2019; supporting patient safety in relation to the use of contingency beds in times of extremis and measurement provision in the use of quantitative data to measure the safety and quality of care.

Future Direction

Our strategy is to secure lasting, positive, and sustainable improvements across the whole health and care system. As such, Healthcare Improvement Scotland has committed to quality management as a way of working across our organisation. This ensures a collective, cohesive, and collaborative approach to achieving its purpose and vision and to collaborate with partners to embed quality management across health and care. The Quality Management System, developed and tested with stakeholders, describes the core components required to support a systematic approach.

This will be achieved through effective coordination and alignment of existing Healthcare Improvement Scotland activity and development of new investment and activity to affect improvement change.

In 2025 the Safe Delivery of Care inspection programme will continue to evolve. It will incorporate areas of revised and new focus for Healthcare Improvement Scotland. This will be planned and delivered as part of a wider whole systems quality management approach, such as the Safe Delivery of Care in NHS Scotland mental health inpatient units, and maternity units.

Safe Delivery of Care in NHS Mental Health Inpatient Units

The focus of mental health inspections moved from Infection Prevention and Control methodology to Safe Delivery of Care at the beginning of 2025.

This will enable detailed in-depth assessments of areas impacting the safety and quality of adult inpatient mental health services against relevant standards and guidance, including the new

mental health standards and the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act 2019.

The findings from these inspections, and the rollout of mental health standards, will be used to inform ongoing improvement support to the system. As part of the improvement support from Healthcare Improvement Scotland, there will be the formation of a single integrated learning system. This will be responsive and reflective to the needs, wants and issues within mental health services.

The learning system will aim to improve quality and safety of care by accelerating innovation, supporting local systems to use data for improvement, and supporting involvement of those with lived and living experience. This will enable safe, effective, and person-centred care to be delivered. It will provide a forum for national dialogue and for sharing learning, experience, and good practice in relation to system wide issues. This can provide support for critical issues and help create change that happens in real time within services and systems.

Safe Delivery of Care in Maternity Units

Following a recommendation from our report on neonatal death rates, a new maternity inspection team commenced Safe Delivery of Care inspections of maternity (obstetric) units in January 2025. These inspections will focus on the care of both mothers and babies within maternity units across Scotland.

By extending our focus and adapting our methodology to include maternity services, we will support NHS boards to understand what is working well or where improvement is required. Also, where Healthcare Improvement Scotland may help services learn and improve both at local and national level through our Quality Management System. Initially we will be providing women/ birthing people and families with an assessment of the quality of care provided by their local acute maternity-based services and an independent view of any required improvements.

Additionally, our perinatal improvement collaborative will provide a way of working within Healthcare Improvement Scotland that ensures a collective, cohesive, and collaborative approach to improve the quality and safety of perinatal services, through coordination of existing and new elements of activity required to affect improvement change.

An effective Healthcare Improvement Scotland perinatal learning system will enable Healthcare Improvement Scotland staff working across a range of programmes to contribute, collate and triangulate a range of intelligence and data to understand how well services are doing (maintaining quality); identify priorities for improvement and design appropriate system support (quality planning); and then inform and test ideas to make care better (quality improvement). This is a cyclical process with data and information informing the future development and planning of services.

Ensuring our Work is Accessible

Our NHS hospital inspections project team have developed key message reports that accompany the main inspection report. These summarise the main areas identified in the inspection, removing some of the terminology used within the report to ensure the inspection findings are accessible to a wider audience.

Conclusions

The Safe Delivery of Care inspection programme is crucial in supporting safe and effective high quality patient care in NHS hospitals. The programme has made significant progress in improving patient care and care delivery through rigorous inspections, detailed reporting and collaborative efforts.

This report highlights the significant findings and emerging themes from our national inspection programme and the ongoing need to ensure that the essential delivery of patient care is safe, effective, and person-centred.

Our inspections have found examples of unsafe and undignified care provided in non-standard care areas such as corridors, or the placement of additional beds in areas of overcrowding, that compromise patient safety, privacy, and dignity. Patients can have limited access to toilet or handwashing facilities when care is provided in inappropriate care settings such as non-standard care areas. The use of vital lifesaving equipment such as oxygen or emergency call buttons can also be compromised. Fire safety, and the safe storage of medicines can also be impacted increasing the potential risk and likelihood of a significant adverse event.

We do not support the placement of patients in non-standard care areas. We do, however, acknowledge the measures taken by NHS boards to reduce the serious pressures on their service. In highlighting those measures in our inspection reports, we would equally wish to emphasise the need to move away from the normalisation of care delivery in non-standard care areas especially where there is an unacceptable impact on the safety of care and dignity of patients. These factors collectively contribute to poorer patient outcomes.

Additionally, our inspections have demonstrated the impact of these measures on staff wellbeing and their ability to provide high-quality compassionate care for their patients. While we have reported many examples of good practice and have identified numerous positive and caring interactions between staff and patients, many staff have shared with us their feelings of being overwhelmed and exhausted. Staff have expressed concerns about their ability to provide safe patient care because of the increased workload, reduced staffing and system pressures or their ability to escalate concerns and feel that they are being listened to. Safe and effective staffing levels are critical for safe and effective delivery of patient care.

In April 2022 and November 2022, we wrote to NHS boards to highlight several serious concerns to enable all NHS boards to review their systems and procedures in light of inspection findings. As we look to the future, these issues will remain key areas of focus in our inspections.

We will continue to uphold the essentials of safe care for both staff and patients across NHS Scotland where a return to the essentials of good care is the expected normal, such as those described in Health and Social Care Standards: My support, my life.

Through our Quality Management System we will continue to encourage NHS boards across NHS Scotland to eliminate corridor care as discussed in the 2024 Royal College of Nursing publication: Corridor care: unsafe, undignified, unacceptable, supporting healthcare professionals and NHS boards to secure lasting, positive, and sustainable improvements across the whole health and care system.

We recognise the increasing complexity of the landscape across the NHS in Scotland and the continued unprecedented demand facing health and social care systems. We have adapted our inspections to reflect these challenges in our observational approach during onsite inspection to ensure we are not impacting on the delivery of frontline care. Our inspectors are committed to ensuring that patients and staff are at the heart of their work, maintaining consistency in their approach, adhering to guidelines, and communicating respectfully and appropriately with NHS board colleagues.

Despite the challenges associated with patient flow, lengthy waiting times in emergency departments and workforce pressures, inspections will continue to highlight the many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care. Our focus on staff wellbeing will continue to be a significant factor in our inspections, when staff are expressing feelings of exhaustion and expressing concerns about their ability to provide safe patient care or feel that they are not being listened to.

The safety of patients and service users and staff is essential, and we believe it is a priority that Healthcare Improvement Scotland continues to provide adequate external assurance of the safety and quality of care. We will continue our inspection activities in a proportionate and sensitive manner that minimises the impact on the delivery of frontline care while still providing assurance to patients and the public. We will continue to share the learning from our inspections over the next few years, providing ongoing improvement support to the wider NHS system and highlight the following areas of improvement.

Areas for improvement

1. Non-Standard Care Areas

Safe Delivery of Care inspections have revealed that patient flow and the use of non-standard care areas are negatively impacting on the quality and safety of care across Scottish hospitals. Our inspections have identified numerous incident reports concerning overcrowding, corridor care and patient safety concerns related to delays in providing care across NHS Scotland. These issues were also highlighted in the NHS Greater Glasgow and Clyde Emergency department review, published in March 2025.

NHS boards should implement strategies to enhance patient flow and eliminate the routine use of non-standard care areas for patient care. Non-standard care areas can create significant risks to patient safety, dignity, and the ability to provide essential care. Non-standard care areas encompass waiting ambulances, emergency departments, corridor areas, and other similar care areas within the hospital environment.

NHS boards should seek to eliminate the 'normalisation' of care in non-standard care areas.

Where the use of non-standard care areas is unavoidable due to extreme circumstances, NHS boards must implement robust measures to mitigate the associated risks. This includes, but is not limited to, ensuring immediate access to call bells and conducting thorough risk assessments to ensure patient suitability and the safety of care delivery in these areas.

2. Patient Dignity and Respect

NHS boards should actively identify any risks to patient safety, rights, and wellbeing when care is delivered in non-standard care areas. This includes providing patients with the fundamentals of care, for example, providing access to essential facilities such as toilets and handwashing, and always maintaining patient privacy and dignity.

3. Fire Safety

NHS boards should ensure that fire risk assessments and evacuation plans are updated and account for any overcrowding within emergency departments and non-standard care areas.

4. Infection Prevention and Control

NHS boards should ensure compliance with all standard infection prevention and control precautions and ensure that cleaning products are stored safely and securely.

5. Staff Training

NHS boards must ensure that staff are appropriately qualified, confident and competent to provide high quality care, adhering to legislative requirements and upholding professional standards.

This includes ensuring that staff providing care for infants and children are assessed to be confident and competent in the recognition of a deteriorating child and have the appropriate level of knowledge, skills and experience to respond effectively to emergencies.

6. Staffing and Workforce

NHS boards should proactively develop and implement sustainable strategies to address the persistent challenges of staff shortages and ensure safe and effective staffing levels in all clinical areas, moving beyond the 'normalisation' of operating below planned levels.

This should include comprehensive assessments of staffing needs, developing robust action plans to address severe and recurrent staffing risks and ensuring that legislative duties under the Health and Care (Staffing) (Scotland) Act 2019 are not only met in terms of monitoring but also in implementing effective solutions.

Additionally, ensuring consistent application of the Common Staffing Method, prioritising staff wellbeing and fostering a culture where staff feel listened to and their concerns regarding safe staffing levels and potential patient safety issues are actively addressed.

NHS boards should ensure compliance and undertaking of duties in accordance with the Health and Care (Staffing) (Scotland) Act 2019, including real-time assessment of staffing risks, reporting, and maintaining transparency in staffing decisions.

7. Documentation

NHS boards should ensure that all recording of patient care is completed accurately and consistently in accordance with legal and regulatory standards. This includes, for example, risk assessments, care and comfort rounding charts, completion of Adult with Incapacity assessments and fluid balance charts.

This will support and enable high-quality patient care and communication across the multi-disciplinary/multi-professional team. Essential requirements include documenting all patient interactions, treatments, and outcomes; ensuring records are legible, dated, and signed; safeguarding patient confidentiality.

8. Medicines Management

NHS boards should always ensure the safe storage and administration of medicines according to established standards and guidelines. NHS boards must ensure that appropriate management and monitoring is in place to ensure the safe administration of medicines.

9. Healthcare Built Environment

NHS boards should ensure the healthcare environment is effectively maintained to ensure provision of a safe and clean environment, where any risks to patient and staff safety or the provision of fundamental care are effectively identified and mitigated.

Moving Forward

We ask that all NHS boards consider the themes identified within this overview report, assess their own care delivery against these themes, and identify and implement any improvement actions where necessary.

Healthcare Improvement Scotland is committed to being a visible, dependable, trustworthy, and proactive partner in supporting the recovery and renewal of our post-pandemic health and social care system. As such, we will continue to work closely with our colleagues delivering health and care and do our best to support them (Leading quality health and care for Scotland: Our Strategy 2023–28).

Our Safe Delivery of Care inspections have evolved significantly over the last four years, driven by the need to enhance patient safety and improve the quality of healthcare services. We will continue to evolve our approach over the next 12 to 18 months as we transition into the next phase of our Safe Delivery of Care inspection methodology. During this period, we will collaborate closely with NHS boards to develop a comprehensive evaluation framework to ensure that our approach continues to consider wider system learning and adapt accordingly.

Additionally, we will undertake a series of shorter unannounced Safe Delivery of Care follow-up inspections focused on the progress made by NHS boards regarding their previous inspection requirements and improvement action plans. This will be in addition to our programme of unannounced Safe Delivery of Care inspections of adult mental health and maternity services.

We will continue our inspection activities in a proportionate and sensitive manner that minimises the impact on the delivery of frontline care whilst still providing assurance to patients and the public. We will continue to share the learning from our inspections over the next few years providing ongoing improvement support to the wider NHS system. This approach reflects our ongoing commitment to improving quality, patient safety and equity of care across all healthcare settings.

We would like to thank all NHS boards, staff, and patients for their valuable contribution to this inspection programme and for their continued support.

Appendix 1

Inspection Methodology

The Safe Delivery of Care inspection methodology is designed to support NHS boards in complying with national standards, improving patient outcomes, and identifying areas for improvement. We aim to provide robust and proportionate public assurance that is reflective of, and responsive to, current system pressures and is focused on helping services identify and reduce risks within the current operating environment, whilst minimising the impact of inspection on staff delivering frontline care. The process is guided by a well-established inspection prioritisation procedure, which uses a risk based, proportionate, intelligence led and data informed approach to determine the frequency of hospital inspections. This ensures that inspection resources are targeted effectively.

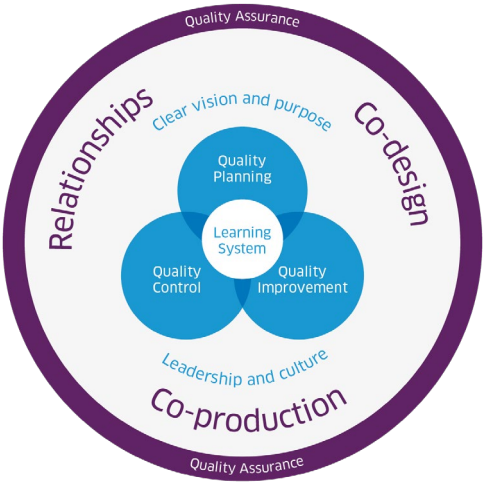
The inspection footprint in each NHS board lasts approximately 12 weeks and includes the initial onsite visit, evidence review, discussions with the NHS board senior managers and staff, any necessary return visits, report production and publication. This comprehensive approach ensures a thorough and fair inspection process aimed at enhancing the quality and safety of care provided by NHS boards.

When areas for improvement are identified through our inspection processes, recommendations and requirements for improvement are issued to the NHS board and are documented within the published inspection report. To address this, an improvement action plan is produced by the NHS board who hold responsibility for the necessary improvements to meet the recommendations and the requirements. The findings and improvement action plans are published on our website.

Our Approach

Our inspection methodology is aligned to our Quality Assurance System which underpins the design and delivery of all of our assurance programmes and includes a Quality Assurance Framework. Our Quality Assurance System supports objective assessments of how health and care services are performing in vital areas which can impact on people's care and outcomes. This helps services to understand what they are doing well, and where improvements are needed. By publishing our inspection findings, we assure the public that health and care services are being independently assessed, and that there is openness and transparency regarding where improvements are needed.

Our Quality Assurance Framework provides guidance to NHS boards on what good quality care looks like and how it is evaluated. The framework allows an assessment of the capacity for improvement based on evidence, highlighting what good care looks like; and highlighting the importance of leadership and culture.



Applying the Healthcare Improvement Scotland Quality Assurance System and framework to scrutiny and assurance activities delivers consistent and high impact inspections focused on safety and promotes improvement through our Quality Management System. For example, this approach strengthens the connections between point of care improvement work and inspection findings.

Inspection activities are focused on the safe delivery of the fundamentals of care including communication, leadership and culture, clinical and care governance, infection prevention and control guidance and safe staffing.

Our inspection programme also considers our national improvement programmes such as Excellence in Care which aims to ensure people have confidence that they will receive a consistent standard of high quality care no matter where they receive treatment in NHS Scotland.

The Health and Care (Staffing) (Scotland) Act 2019 requires NHS boards to meet their legislative duties from April 2024. Our colleagues in the Healthcare Staffing Programme work closely with the inspection team, providing valuable expertise and support both prior to and during inspection. This is carried out through the application of the Healthcare Staffing Operational Framework: June 2024. The framework clearly defines key roles and responsibilities of Healthcare Improvement Scotland's Healthcare Staffing Programme and the wider organisation in meeting our legislative duties. It defines when and how we will consult with wider stakeholders to meet our legislative duties and sets out when and how we make recommendations and report to Scottish Ministers.

Excellence in Care and the Health and Care (Staffing) (Scotland) Act 2019 share a common purpose to ensure the provision of safe and high-quality healthcare and that the health and wellbeing of staff and patients is supported through a framework of continual improvement and assurance.

Additionally, our inspections are also aligned with Healthcare Improvement Scotland's evidence-based Scottish Patient Safety Programme Essentials of Safe Care which is focused on several key areas of care delivery such as person-centred care, safe staffing, infection control precautions, safety and risk management, communication, observations and safety huddles, and leadership and culture.

Essentials of Safe Care has four key essentials that support us in assessing the quality and safety of care provided, such as:

- Person-centred systems and behaviours are embedded and support safety for everyone.
- Safe communications within and between teams.
- Leadership to promote a culture of safety at all levels.
- Safe, consistent clinical and care processes across health and care settings.

All these programmes of work are designed to assist NHS boards to understand what is working well or where improvement is required and where Healthcare Improvement Scotland may assist services to learn and improve both at local and national level through our Quality Management Approach.

Appendix 2

Testimonials

We regularly receive feedback on our Safe Delivery of Care inspections. NHS boards have commented that our current approach facilitates open discussions between Healthcare Improvement Scotland and the NHS board. We have worked hard to develop relationships with NHS boards throughout the development of this programme. Hospital staff, managers and executive teams have fed back that our inspectors are sensitive to the current unprecedented pressures that they encounter. In November 2024, we contacted NHS boards and asked if they would like to provide feedback on their experience of the Safe Delivery of Care inspections. We received some very positive feedback highlighted below:

> *"Colleagues felt that there was no surprise with inspection findings, however even though actions were described and evidenced, Healthcare improvement Scotland then included these issues in action plans despite our actions."*
>
> *"We feel that HIS is cognisant of the challenges that we face in different hospitals and include this in their deliberations which is very helpful."*
>
> *"Staff involved have also shared positive feedback, noting that the discussions and feedback have been valuable. One staff member commented, 'The conversation today was really good, and rightfully challenging."*
>
> *"The inspection process invariably highlights areas that we should prioritise for action and sometimes how other parts of Scotland have implemented changes in response to these. It's very helpful when this type of information is shared. It's also helpful if we are signposted to other Board areas who have similar challenges."*
>
> *"The inspection team were welcoming and put the site teams at ease, did not impact on the day to day running of the services and they were discreet in the ward and departments."*
>
> *"It remains a stressful process for clinical staff on the day and whilst caring for their patients and ensuring that the clinical areas run smoothly."*
>
> *"Other comments from staff that inspectors were more approachable and had a different communication style than in previous years which was appreciated."*
>
> *"I have been in attendance now for a few visits, it felt like a more controlled and relaxed atmosphere even though it was still a HIS inspection."*

Appendix 3

List of National Guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)

Ageing and frailty standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2024)

Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2014)

Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)

Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)

Health and Social Care Standards (Scottish Government, June 2017)

Infection prevention and control standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, May 2022)

National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)

Healthcare Improvement Scotland and Scottish Government: operating framework (Healthcare Improvement Scotland, November 2022)

Prevention and Management of Pressure Ulcers - Standards (Healthcare Improvement Scotland, October 2020)

Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)

The quality assurance system and framework – Healthcare Improvement Scotland (Healthcare Improvement Scotland, September 2022)

Staff governance COVID-19 guidance for staff and managers (NHS Scotland, August 2023)

The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)

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