



## Improvement

Chief Executive and Chair's Office

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BY EMAIL

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To: NHS provider chief executives, medical directors and directors of nursing, ICS / STP leads

Dear colleagues

### Winter preparation, safety and learning

First of all, I want to thank you for all the work you and your teams are doing. We know that NHS services are planning for sustained pressures over the next few months and we also know the NHS has experienced record demand throughout the summer and treated more patients than ever before.

#### Clinical decision-making

It is important during these busy periods that you and your staff know you have our support when making critical clinical decisions about how best to deploy teams across different areas of your organisation and wider system. All of our patients deserve high quality, safe care, including those patients attending emergency departments arriving by ambulance, or receiving care in an escalation area. We recognise that you will need to take the right staffing decisions to manage the totality of risk across your organisations and the wider system. No one would want rigid adherence to guidelines to get in the way of sound clinical judgements about how best to care for patients.

It is important that such decisions are guided by robust governance and operating procedures. Our 'Developing Workforce Safeguards' document collects together evidence about the best approaches to safe staffing decisions. If you need, we can support you to make these decisions, either through our regional teams or the Safe Staffing Support Team, who can provide support with acuity assessment, risk and impact assessment, board reporting and monitoring. Your Regional Director will work with you to agree the best support, should you need it.

#### Capacity

Bed occupancy was relatively high over the summer period and has remained so as we enter winter. We know that having sufficient headroom is critical to providing safe effective emergency care and it is important that any potential additional emergency capacity is realised ahead of winter. Financial considerations must not be a barrier to opening bed capacity that you will need during busy periods and all the evidence shows that by planning as early as possible you should be able to open additional capacity in the most cost-effective way. I would ask that you continue working with your Regional Director and their teams to refine your capacity plans and take important capacity-related decisions as soon as you can.

#### Ownership of emergency flow

As we all know, flow issues that manifest in the emergency department are not solved by taking action in the emergency department alone. Organisations perform best when all staff – from those on

the 'front door' to the board, and everyone in between – feel ownership of the emergency care pathway. I know you will already be working with your teams on this, but please consider whether there is anything more you can do to ensure that teams outside of your emergency department fully understand the contribution they are expected to make over the next few months. Demand surges this winter will at times affect patients in community, mental health, ambulance and acute settings; and in care homes. All organisations have a shared responsibility to help solve these problems and I know you will already be working with all your local partners, including social care on these matters.

### Safety and learning

There has been some discussion over the past few weeks about steps that national bodies may take in extreme and very rare circumstances, for example where there has been deliberate or wilful neglect. As you will know, in serious circumstances, we or the Care Quality Commission would expect to take strong action to protect patient safety. But the vast bulk of individuals and organisations do not behave this way and this should never be our starting point. I know from conversations with the Chief Executive of the Care Quality Commission that he shares this view.

Our starting point is that transparency, learning and improvement should be highly-prized assets in all of our organisations, and I want to keep building a culture where these flourish as a more effective way to drive change. Blame, and fear of punishment, create a vicious cycle and make it more likely that problems are hidden. Decades of safety research tells us that hidden problems are not addressed; and that a blame culture means that staff are scared to speak up for fear that it will damage their organisation or the individuals they work with.

During challenging periods, it is particularly important that we collectively build and maintain a culture where teams can transparently raise concerns, talk about problems with care delivery, expose risks and confront head on the very real challenges of managing and delivering healthcare when resources are tight and demand is continuously increasing.

I recognise that you and your staff are all working flat out for patients and that the summer was busier than usual, so your staff will be entering the winter period without having had a period of relative quiet. I know you will be doing everything you can to look after them.

Thank you for all of your hard work and please let me know if there's anything more we can do to help.

Yours sincerely



**Ian Dalton CBE**

Chief Executive, NHS Improvement

cc     Ian Trenholm, Chief Executive, Care Quality Commission  
       Dr Kathy McLean, Executive Medical Director and Chief Operating Officer, NHS Improvement  
       Ruth May, Executive Director of Nursing, NHS Improvement  
       Dale Bywater, Anne Eden, Jennifer Howells, Steve Russell, Lyn Simpson, Executive Regional  
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       Dr Aidan Fowler, National Director of Patient Safety, NHS Improvement