Unannounced Inspection Report

Forth Park Hospital
NHS Fife
21 October 2010
The Healthcare Environment Inspectorate (HEI) as part of NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the inspection function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake at least one announced and one unannounced inspection to all acute hospitals across NHSScotland every 3 years.

Our focus is to reduce the healthcare associated infection (HAI) risk to patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- contributing to the prevention and control of HAI
- contributing to improvement in infection control and the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using standardised processes and documentation.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- be firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals we inspect
- if necessary, inspect hospitals again after we have reported the findings
- check to make sure our work is making hospitals cleaner and safer. If it is not, we will change it
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

We will not:

- investigate complaints, and
- investigate the cause of outbreaks of infection.

More information about our inspection process can be found in Appendix 2.
You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute hospital or NHS board by letter, telephone or email.

Our contact details are:

Healthcare Environment Inspectorate
Elliott House
8–10 Hillside Crescent
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Textphone: 0131 623 4383
Email: safeandclean.qis@nhs.net
2 Summary of inspection

Forth Park Hospital, Kirkcaldy, provides a consultant obstetric service for NHS Fife, and is supported by a midwife-led unit and community midwifery service. In August 2010, the paediatric ward at Victoria Hospital, Kirkcaldy, temporarily moved to Forth Park Hospital to allow early integration of acute paediatric services. In 2012, a new extension will be completed at Victoria Hospital. The full women and child integrated service will then be based on this site and Forth Park Hospital will close.

We carried out an unannounced inspection to Forth Park Hospital on Thursday 21 October 2010.

We assessed the hospital against the NHS QIS HAI standards and inspected the following areas:

- ward 2 (maternity antenatal/postnatal inpatients)
- ward 3 (gynaecology)
- special care nursery (neonatal)
- observation ward.

The inspection team was made up of four inspectors, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. One inspector was an associate inspector (patient focus), and a key part of their role is to talk to patients and listen to what is important to them. Membership of the inspection team visiting Forth Park Hospital can be found in Appendix 4.

Overall, we found evidence that NHS Fife is working hard towards complying with the NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- the hospital was clean, and
- good communication was evident between staff groups, and between staff and patients.

However, we did find that further improvement is required in the following areas:

- infection risks should be prioritised and addressed through ongoing maintenance despite the short lifespan of the hospital, and
- all staff members should be aware of how and where to find information relating to the prevention and control of infection.

This inspection resulted in nine requirements and four recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

NHS Fife must address the requirements and the necessary improvements made, as a matter of priority.
An action plan for areas of improvement has been developed by the NHS board and is available to view on the NHS QIS website http://www.nhshealthquality.org/nhsqis/8579.html

We would like to thank NHS Fife and in particular all staff at Forth Park Hospital for their assistance during the inspection.
3 Key findings

3.1 Governance and compliance

Roles and responsibilities
Roles and responsibilities for the prevention and control of infection in NHS Fife are clearly described in NHS Fife’s infection control overarching policy and infection control implementation framework. Reporting links are evident through the infection control committee to both the NHS board’s clinical governance and risk management committees up to the NHS Fife Board. NHS Fife has appointed two executive leads for HAI infection prevention and control:

- the medical director’s key responsibilities relate to HAI and infection control, and
- the director of estates and facilities’ key responsibilities relate to decontamination.

During previous HEI inspections to other NHS Fife acute hospitals, good communication links, delegation of responsibilities and clear strategic leadership were demonstrated. However, the arrangements in NHS Fife are still not in line with the requirements of Health Department Letter (HDL) (2005)8. The infection control manager does not have direct responsibility for the infection control doctors and a nurse consultant infection control. In addition, the infection control manager does not have overall responsibility for medical device decontamination services, as required by HDL(2005)8. This is a shared responsibility with the director of estates and facilities.

NHS Fife is required to review the lines of accountability of the infection control team and the responsibilities of the infection control manager to ensure that they meet the requirements of HDL(2005)8 and HDL(2001)10.

During the inspection, senior charge nurses and midwives demonstrated a clear understanding of their roles and responsibilities in relation to infection control and their ward environment.

Audit and surveillance
NHS Fife complies with the requirements of mandatory surveillance for *Clostridium difficile* infection (CDI), surgical site infections (SSIs) and *Staphylococcus aureus* bacteraemias (SABs) as described within HDL(2006)38. Information available to the inspection team prior to the inspection indicated that SSI rates for caesarean sections in NHS Fife were higher than the national average. However, NHS Fife was able to show more recent surveillance data which demonstrate that the incidences of SSI for caesarean sections has been reduced.

There was varied information available at ward level on audit and surveillance infection rates. For example, ward 3 had a good display of detailed information available. However, in ward 2, only information on hand hygiene compliance was displayed. The inspection team noted the nature of admission and patient discharge in the hospital, with some patients in hospital for very short stays, as little as 6 hours in some cases. As a result, there is a low incidence of SABs and CDI cases at Forth Park Hospital. Although NHS Fife may consider it not appropriate to display data due
to the low risk and low numbers involved, this information should still be communicated to staff, patients and visitors to improve public confidence.

There is a system of hand hygiene, environmental and mattress audits in place throughout the hospital. However, there was a lack of awareness from some staff on these audit processes. Some staff appeared unclear on what was audited, why this took place, and what the findings and expectations from audit were. One junior doctor interviewed by the inspection team was not aware of what mandatory surveillance was undertaken at Forth Park Hospital.

- **NHS Fife is required to ensure that relevant audit and surveillance data are disseminated to all staff groups, and this information is used to improve the prevention and control of infection.**

**Policies and procedures**

NHS Fife’s infection control manual is available electronically on the NHS board’s intranet. During the inspection, no paper copies of the manual were found in the ward areas. However, when questioned, some staff thought they would be able to access a paper copy of the manual. Two members of medical staff and a domestic were unaware of how to access the infection control manual and where to find information relating to the prevention and control of infection.

- **NHS Fife is required to ensure that all staff members are aware of how and where to access the NHS board’s infection control manual so they have access to current NHS Fife policies, procedures and guidelines.**

Overall, there was good compliance with standard infection control precautions. However, the inspection team observed:

- opportunities for hand hygiene were not always being taken
- one doctor wearing a watch during patient examinations, and
- midwifery staff were not removing personal protective equipment (apron, gloves) before leaving patient rooms and continuing to walk round the ward.

- **NHS Fife is required to ensure staff adhere to the standard infection control precautions at all times.**

NHS Fife has implemented the Health Protection Scotland (HPS) peripheral vascular catheter (PVC) care bundle to reduce the risk of blood stream infections. There was clear evidence of its effective implementation, supported by documentation and observation of good practice. Additionally, good communication between staff and patients was evident. Patients were able to tell the inspection team how long their cannulas had been inserted for, reasons for their use and when the cannula was due to be removed.

**Antimicrobial prescribing**

NHS Fife has antimicrobial prescribing policies which cover both primary and secondary care. These are available as paper copies and are on NHS Fife’s intranet
and the internet. However, the inspection team did not observe any posters or information relating to antimicrobial prescribing in the wards or on staff noticeboards.

Two medical staff members interviewed by the inspection team were not fully aware of NHS Fife’s antimicrobial prescribing policies, and were not aware if these are included in the medical staff induction. In previous HEI inspections to NHS Fife, it has been reported that all new medical staff are provided with antimicrobial prescribing training as part of the mandatory induction process.

- We recommend that NHS Fife reviews processes to ensure that all staff are aware of antimicrobial prescribing policies and how to readily access information relating to best antimicrobial prescribing practice.

NHS Fife reported that the paediatric antibiotic guidelines are under review.

**Risk assessment and patient management**

Risk assessment and the management of patients in relation to HAI is working well in NHS Fife.

The inspection team noted that there is a lack of toilet and shower facilities on the observation ward. NHS Fife clarified that it would be unlikely that postnatal patients with a known infection would be placed on this ward as they would be transferred to Victoria Hospital.

- We recommend that NHS Fife undertakes a formal risk assessment of the observation ward and how patients access shower and toilet facilities.

**Cleaning**

On the day of the unannounced inspection, all areas of the hospital inspected were found to be clean, with minor attention to detail required to room corners and high level dusting (eg curtain rails).

However, certain aspects of the building are in a poor state of repair. The inspection team is aware that the hospital will be closing in 2012 and all services will be moving to a new purpose-built extension at Victoria Hospital. Until this point, the hospital remains a functioning hospital and estates and maintenance issues still require to be prioritised, addressed and fully completed. For example:

- many windows in wards 2 and 3 had cracked paint on the window frames and did not shut properly (see Image 1)
- window sills were worn and pitted, and
- the toilet floor in a patient bathroom in ward 3 had been left unfinished after completion of work (see Image 2).

These damaged areas cannot be cleaned effectively.
NHS Fife is required to maintain the hospital environment to ensure that it remains easy to clean and supports the prevention and control of infection.

Environmental cleaning schedules are in use, which detail what and when cleaning tasks should be carried out. However, jobs completed are only partially recorded by domestic staff.

We recommend that NHS Fife continues to roll out corporate cleaning schedules for environmental cleaning and ensures that these are consistently completed.

The inspection team noted the low incidence of SABs and CDI cases at Forth Park Hospital. However, when domestic staff were interviewed about what practice would be used when cleaning an isolation area, two members of staff were unaware that they should be using yellow coloured cleaning equipment for this task.
NHS Fife is required to ensure that all staff are aware of the Health Facilities Scotland (HFS) national colour coding scheme in order to improve the safety of hospital cleaning and reduce the risk of cross-infection.

Consistency of advice is needed for the implementation of an assurance system to provide visible evidence that equipment is clean and ready for use. In some areas, staff have been initiating their own makeshift systems. For example, in the special care nursery (neonatal unit), staff are using paper towels or post-it notes to write messages indicating that patient equipment has been cleaned. In other parts of the hospital, designated ‘clean’ areas are in use, with equipment placed in these areas after cleaning.

**Procurement**

In previous HEI inspections to NHS Fife, it was reported that equipment requisition forms are used to ensure that advice has been sought from the infection control team about the suitability of items for use and how these would be cleaned. However, there appears to be a gap in senior ward staff awareness and knowledge of infection control involvement in the procurement process. Some senior ward staff questioned did not appear clear about the need to consult the infection control team prior to purchasing new equipment.

NHS Fife is required to ensure that staff awareness and knowledge in involving the infection control team in the procurement of items for use within the healthcare environment.

### 3.2 Communication and public involvement

**Effective communication**

In the majority of cases, good communication was evident between staff groups and patients. For example, medical staff in the special care nursery commended the nursing team on the constant flow of communication.

Additionally, the inspection team noted the good communication between staff and patients through the midwifery-led unit. This follows the patient journey from the initial point of contact into the maternity services through to delivery and discharge to the health visitor and GP in primary care.

**HAI information**

Some HAI information is displayed in public areas and in wards and clinics. This includes HPS leaflets as well as leaflets more appropriate to a maternity hospital setting.

However, there is a lack of HAI information provided to patients prior to their arrival for surgery. Four patients interviewed in ward 3 said they had received no information. Patient information packs issued to patients prior to admission do not contain any HAI information except for an explanation of the meticillin resistant *Staphylococcus aureus* (MRSA) screening programme.
We recommend that NHS Fife revises the patient information booklet to ensure there is adequate information on the prevention and control of infection for members of the public.

Unlike other acute hospitals in NHS Fife, there was no evidence of banner stands, TV screens or motion activated electronic signs displaying HAI messages in the main entrance or throughout the hospital. It was reported that these would be made available in the new build extension.

3.3 Education and development

Strategy
From previous HEI inspections to NHS Fife, it is known that mandatory training is offered in a number of HAI-related subjects, including induction training in HAI for all staff. However, the inspection team noted issues with a lack of staff induction for some medical staff interviewed during the inspection. This included both permanent and temporary contracted staff.

There is a need to ensure that all staff groups have appropriate levels of training. For example, an ancillary staff member who does not provide direct patient care stated that she had not received sharps training, despite using sharps as part of her duties.

NHS Fife is required to ensure that information on HAI, the prevention and control of infection and antimicrobial prescribing forms part of induction process for all staff, as relevant to their needs.

Assurance
All staff members have a personal development plan, which includes specific objectives on HAI. However, during the inspection, not all staff were clear on, or confident of, their own HAI-related objective, expectations of the objective and the reasons why this now forms part of their personal development plan process.

NHS Fife is required to ensure staff awareness and a clear understanding of the HAI-related objectives in their own personal development plan.
Appendix 1 – Requirements and recommendations

The actions the HEI expects the NHS board to take are called requirements and recommendations.

• **Requirement:** A requirement sets out what action is required from an NHS board to comply with the NHS QIS HAI standards published in March 2008. These are the standards which every patient in hospital has the right to expect. A requirement means the hospital has not met the NHS QIS HAI standards and the HEI is concerned about the impact this has on patients using the hospital. The HEI expects that all requirements are addressed and the necessary improvements are implemented.

• **Recommendation:** A recommendation relates to national guidance and best practice which the HEI considers a hospital should follow to improve standards of care.

### Governance and compliance

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<tr>
<th>Requirements</th>
<th>NHS Fife must:</th>
<th>HAI standard criterion</th>
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<tbody>
<tr>
<td>1</td>
<td>review the lines of accountability of the infection control team and the responsibilities of the infection control manager to ensure that they meet the requirements of HDL(2005)8 and HDL(2001)10.</td>
<td>1a.2</td>
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<td>2</td>
<td>ensure that relevant audit and surveillance data are disseminated to all staff groups, and this information is used to improve prevention and control of infection.</td>
<td>1a.5</td>
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<td>3</td>
<td>ensure that all staff members are aware of how and where to access the NHS board’s infection control manual so they have access to current NHS Fife policies, procedures and guidelines.</td>
<td>3a.1</td>
</tr>
<tr>
<td>4</td>
<td>ensure staff adhere to the standard infection control precautions at all times.</td>
<td>3a.3</td>
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<tr>
<td>5</td>
<td>maintain the hospital environment to ensure that it remains easy to clean and supports the prevention and control of infection.</td>
<td>4b.1</td>
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<td>6</td>
<td>ensure that all staff are aware of the Health Facilities Scotland (HFS) national colour coding scheme in order to improve the safety of hospital cleaning and reduce the risk of cross-infection.</td>
<td>1a.2</td>
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<tr>
<td>7</td>
<td>ensure staff awareness and knowledge in involving the infection control team in the procurement of items for use within the healthcare environment.</td>
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### Recommendations

**We recommend that NHS Fife:**

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<tr>
<td><strong>a</strong></td>
<td>reviews processes to ensure that all staff are aware of antimicrobial prescribing policies and how to readily access information relating to best antimicrobial prescribing practice.</td>
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<td><strong>b</strong></td>
<td>undertakes a formal risk assessment of the observation ward and how patients access shower and toilet facilities.</td>
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<tr>
<td><strong>c</strong></td>
<td>continues to roll out corporate cleaning schedules for environmental cleaning and ensures that these are consistently completed.</td>
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### Communication and public involvement

**Requirements**  
NHS Fife must:

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**Recommendations**  
We recommend that NHS Fife:

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<td><strong>d</strong></td>
<td>revises the patient information booklet to ensure there is adequate information on the prevention and control of infection for members of the public.</td>
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### Education and development

**Requirements**  
NHS Fife must:

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<td><strong>8</strong></td>
<td>ensure that information on HAI, the prevention and control of infection and antimicrobial prescribing forms part of induction process for all staff, as relevant to their needs.</td>
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<tr>
<td><strong>9</strong></td>
<td>ensure staff awareness and a clear understanding of the HAI-related objectives in their own personal development plan.</td>
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**Recommendations**  
We recommend that NHS Fife:

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Appendix 2 – Inspection process

Inspection is a process which starts with local self-assessment, includes at least one inspection to a hospital and ends with the publication of the inspection report and improvement action plan.

First, each NHS board assesses its own performance against the Standards for Healthcare Associated Infection (HAI), published by NHS Quality Improvement Scotland (NHS QIS) in March 2008, by completing an online self-assessment and providing supporting evidence. The self-assessment focuses on three key areas:

- governance/compliance
- communication/public involvement, and
- education and development.

We assess performance both by considering the self-assessment data and inspecting acute hospitals within the NHS board area to validate this information and discuss related issues. We use audit tools to assist in the assessment of the physical environment and practices by noting compliance against a further nine areas:

- environment and facilities
- handling and disposal of linen
- departmental waste handling and disposal
- safe handling and disposal of sharps
- patient equipment
- hand hygiene
- ward/department kitchen
- clinical practice, and
- antimicrobial prescribing.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve the physical inspection of the clinical areas, interviews with staff and patients on the wards, interviews with key staff and a discussion session with senior members of staff from the NHS board and hospital. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the NHS board and hospital will be given at least 4 weeks notice of the inspection by letter or email.
- **Unannounced inspection**: the NHS board and hospital will not be given any advance warning of the inspection.
Follow-up activity
The inspection team will follow up on the progress made by the NHS board in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- an announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about the HEI, our inspections, methodology and audit tools can be found at http://www.nhshealthquality.org/nhsgis/6710.140.1366.html.
Appendix 3 – Inspection process flow chart

Prior to inspection visit
- Online self-assessment framework finalised and issued
- NHS board undertakes self-assessment exercise and submits outcomes to HEI
- HEI reviews self-assessment submission to inform and prepare onsite inspections

During inspection visit
- Arrive at hospital
- Inspections of selected wards and departments
- Individual discussions with senior staff and/or operational staff and patients
- Group discussions with NHS board and senior hospital staff
- Feedback with NHS board and senior hospital staff

Further inspection of hospital if areas of significant concern identified

After inspection visits
- Draft report produced and sent to inspection team for comment
- Report and improvement action plan published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Forth Park Hospital, NHS Fife was conducted on Thursday 21 October 2010.

The inspection team consisted of the following members:

Kevin Freeman
Regional Inspector

Brian Auld
Associate Inspector

John Dally
Associate Inspector (Patient focus)

Ian Smith
Associate Inspector

Supported by:

Jan Nicolson
Project Officer
# Appendix 5 – Glossary of abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<td>GP</td>
<td>general practitioner</td>
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<td>HAI</td>
<td>healthcare associated infection</td>
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<td>HDL</td>
<td>Health Department Letter</td>
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<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<td>HFS</td>
<td>Health Facilities Scotland</td>
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<td>HPS</td>
<td>Health Protection Scotland</td>
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<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PVC</td>
<td>peripheral vascular catheter</td>
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<tr>
<td>SAB</td>
<td><em>Staphylococcus aureus</em> bacteraemia</td>
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<td>SSI</td>
<td>surgical site infection</td>
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We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

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www.nhshealthquality.org

The Scottish Health Council, the Scottish Intercollegiate Guidelines Network (SIGN) and the Healthcare Environment Inspectorate are also key components of our organisation.