Unannounced Inspection Report

Victoria Hospital | NHS Fife

20 April 2011
The Healthcare Environment Inspectorate (HEI) as part of Healthcare Improvement Scotland 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.healthcareimprovementscotland.org). The full report in electronic or paper form is available on request from the Healthcare Improvement Scotland Equality and Diversity Officer.
## Contents

1  Background 4  

2  Summary of inspection 6  

3  Key findings 8  

Appendix 1 – Requirements and recommendations 13  
Appendix 2 – Inspection process 15  
Appendix 3 – Inspection process flow chart 17  
Appendix 4 – Details of inspection 18  
Appendix 5 – Glossary of abbreviations 19
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:

- assess the fitness to practice or performance of staff
- 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
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@nhs.net
2 Summary of inspection

Victoria Hospital, Kirkcaldy, serves Kirkcaldy and the surrounding region. It contains approximately 300 staffed beds and has a full range of healthcare specialties. A new expansion to Victoria Hospital is scheduled to open in January 2012 as part of plans to centralise acute services across NHS Fife. This will house a new accident and emergency department, maternity and children’s services, and specialist surgery and medical wards.

We previously inspected Victoria Hospital in June 2010. That inspection resulted in three requirements and one recommendation. The inspection report is available on the Healthcare Improvement Scotland website [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).

We carried out an unannounced inspection to Victoria Hospital on Wednesday 20 April 2011.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) HAI standards and inspected the following areas:

- ward 10 (orthopaedics)
- ward 11 (care of the elderly)
- ward 12 (stroke)
- ward 15 (cardiology), and
- ward 16 (respiratory).

The inspection team was made up of three 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 Victoria 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:

- good support for the senior charge nurses from hospital management, and
- good involvement of the public in infection control activities.

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

- risk assessments should be undertaken for patients in isolation rooms who require to have the door to the room open, and
- staff compliance with hand hygiene.

This inspection resulted in six requirements and three 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 Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

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

3.1 Governance and compliance

Roles and responsibilities

Roles and responsibilities for infection prevention and control in NHS Fife are clearly described in NHS Fife’s overarching infection control 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.

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 still do not meet 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 and HDL(2001)10. This is a shared responsibility with the director of estates and facilities.

■ Requirement 1: NHS Fife must review the lines of accountability of the infection control team and the responsibilities of the infection control manager. This is to ensure that they meet the requirements of HDL(2005)8 and HDL(2001)10.

Senior charge nurses spoken to on the day of inspection confirmed that they are supported to carry out their enhanced role as described in Leading Better Care: Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project (2008).

Audit and surveillance

Both local and national audit and surveillance programmes take place in Victoria Hospital. There is a comprehensive audit and surveillance system in place for the insertion of peripheral vascular catheters. The inspection team also noted that there were systems in place to carry out mattress checks. Staff on wards 10 and 12 were commended for the system they had in place in which mattresses were unzipped and checked daily, when the bed linen was changed. Staff recorded these checks in folders held in each bed bay.

Environmental audits are systems for checking the cleanliness, the estate and practice within a ward. While senior managers were able to provide details of a system for environmental audits, there was no evidence of this in place on the wards. On the day of inspection, not all charge nurses were aware of what environmental audits were or whether they were being carried out on their wards.

■ Requirement 2: NHS Fife must review the current system of environmental audits to ensure that staff are aware they are taking place and that action plans are fully implemented.

A system was in place for the audit of hand hygiene. However, some non-compliance was observed on the day of inspection.

- On ward 10, a doctor was seen not practising hand hygiene and a nurse did not wash their hands after taking blood samples.
Ensuring your hospital is safe and clean

- On ward 11, staff were seen moving around the ward between dirty and clean tasks without washing their hands.

The inspection team also observed that it was often difficult to reach handwash sinks as waste bins were in front of them (see Image 1). This was especially the case in sluice areas. Inspectors observed staff leaning over waste bins to wash their hands when they had finished dirty tasks, such as changing bed linen.

**Requirement 3:** NHS Fife must ensure that all staff groups comply with hand hygiene practice. This is to reduce the risk of the spread of infection.

![Image 1: Waste bins obstructing handwash sink](image)

**Policies and procedures**

Following the previous inspection to Victoria Hospital, a requirement was made that the infection control manual is easily accessible and up to date. This is in line with criterion 3a.1 of the NHS QIS HAI standards. The NHS Fife infection control manual is available to all staff on the intranet and all policies checked were up to date. This requirement has therefore been met.

In an action plan received 16 weeks after the previous inspection of Victoria Hospital, NHS Fife stated that all hard copies of the infection control manual would be removed by August 2010. However, the inspection team found hard copies were still in use in wards 12 and 15. All policies in these folders were up to date.
When a new infection control policy is published on the intranet, the infection control team emails the policy to senior charge nurses. Through discussions with senior charge nurses, inspectors found there were inconsistencies in how these changes were passed on to ward staff. While some senior charge nurses provided printed copies of the updated policies, others only provided a verbal summary of the changes.

**Recommendation a:** NHS Fife should implement an effective system for the dissemination of updated policies and procedures to ward staff. This is to ensure staff have access to the most up-to-date infection control information at all times.

**Risk assessment and patient management**

Standard infection control precautions for patients requiring isolation state that the doors to isolation rooms should remain closed. A risk assessment should be carried out if doors need to stay open for safety reasons. On ward 12, the inspection team observed two isolation rooms with doors open. Both rooms had patients with confirmed infections. A staff member on the ward confirmed that it would be common practice to leave the door open. There was no evidence of a risk assessment to support this practice.

Signs should be placed at the entrance to isolation rooms advising on precautions to take before entering. On ward 16, the inspection team was advised not to enter an isolation room. There was no signage on the door to alert staff and visitors to this.

To prevent the spread of infection, personal protective equipment for example gloves and aprons, should be worn for dirty tasks, such as changing dirty linen and dealing with patients with known infections. The inspection team observed instances of staff not changing their personal protective equipment between patients and tasks.

**Requirement 4:** NHS Fife must ensure that all staff groups implement standard infection control precautions, including appropriate isolation procedures and use of personal protective equipment. This is to minimise the risk of infection to staff, patients and visitors.

**Cleaning**

On the day of the inspection, Victoria Hospital was generally clean. However, cleaning in hard to reach areas such as floor edgings, undercarriage of beds, blinds and curtain rails could be improved.

The inspection team found that completed tasks were only partially recorded by domestic staff. Cleaning schedules available in domestic services rooms were only partially completed and in some cases not at all.

**Requirement 5:** NHS Fife must ensure that there is an effective sign-off system for cleaning schedules. This is to provide assurance that all areas are being cleaned effectively.

Additionally, Victoria Hospital does not have an assurance system in place to indicate when patient equipment is clean and ready for use, such as the use of indicator tape. A new system is being trialled on ward 16 but this has not been rolled out to other wards. Staff in other wards have been advised not to implement a system.
Recommendation b: NHS Fife should implement an assurance system for the cleaning of patient equipment. This is to ensure that patient equipment is clean before use by another patient.

3.2 Communication and public involvement

Effective communication
Senior charge nurses, spoken to on the day of inspection, felt there was good communication within Victoria Hospital. All staff were aware of the infection control team and who to contact if they needed advice on infection prevention and control issues. Communication between the infection control team and senior charge nurses was effective. As previously stated, however, the effectiveness of communication between senior charge nurses and ward staff varied. Daily safety briefs take place on all wards to ensure staff are aware of the current status of the ward. Most senior charge nurses used these safety briefs to present updates on policies. The detail presented varied from brief summaries to printed copies of the policies.

HAI information
A range of HAI information is available and displayed in public areas and wards. Sixteen of the 28 patients surveyed said they had received HAI information. On ward 11, the patients interviewed said they received a range of HAI information prior to admission.

At ward entrances there are electronic signs reminding staff and patients to wash their hands when entering and leaving the ward.

Involving the public in infection prevention and control activities
The inspection team was encouraged to note NHS Fife’s patients’ forum is well established and members are actively involved in infection control activities. There are public representatives on the infection control committee. Members of the public are involved in domestic services audits and follow up to ensure improvements have been made.

Members of the public involved in infection control activities are provided with induction training in infection control as well as ongoing training.

3.3 Education and development

Strategy
The NHS Fife HAI training and development strategy sets out a framework for mandatory induction training as well as continuing education. This is supported by the NHS Fife HAI education prospectus. The prospectus provides details of courses available to staff and volunteers and the frequency with which they should attend. However, the training and development strategy currently in use was due for review in May 2010.

Recommendation c: NHS Fife should review the HAI training and development strategy to ensure it is up to date.

Assurance
NHS Fife has made provision for mandatory training, including update training, in the NHS Fife HAI education strategy action plan and the HAI education prospectus. However, on the day of inspection staff were not able to produce training records for update training. Staff
were also unable to recall when they had last received training on any of the above subjects. As a result, inspectors could not be assured that update training was taking place.

- **Requirement 6**: NHS Fife must implement an effective system of recording mandatory update training for all staff. This is to ensure that uptake of training can be monitored.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Fife must:</strong></td>
<td></td>
</tr>
<tr>
<td>1 review the lines of accountability of the infection control team and the responsibilities of the infection control manager. This is to ensure that they meet the requirements of HDL(2005)8 and HDL(2001)10. (See page 8)</td>
<td>1a.2</td>
</tr>
<tr>
<td>This was previously identified as a requirement in the June 2010 inspection report for Victoria Hospital.</td>
<td></td>
</tr>
<tr>
<td>2 review the current system of environmental audits to ensure that staff are aware they are taking place and that action plans are fully implemented. (See page 8)</td>
<td>3b.1</td>
</tr>
<tr>
<td>3 ensure that all staff groups comply with hand hygiene practice. This is to reduce the risk of the spread of infection. (See page 9)</td>
<td>1a.2</td>
</tr>
<tr>
<td>4 ensure that all staff groups implement standard infection control precautions, including appropriate isolation procedures and use of personal protective equipment. This is to minimise the risk of infection to staff patient and visitors. (See page 10)</td>
<td>3a.3</td>
</tr>
<tr>
<td>5 ensure that there is an effective sign-off system for cleaning schedules. This is to provide assurance that all areas are being cleaned effectively. (See page 10)</td>
<td>4a.1</td>
</tr>
</tbody>
</table>
## Recommendations

**NHS Fife should:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>implement an effective system for the dissemination of updated policies and procedures to ward staff. This is to ensure staff have access to the most up-to-date infection control information at all times. (see page 10).</td>
</tr>
<tr>
<td>b</td>
<td>implement an assurance system for the cleaning of patient equipment. This is to ensure that patient equipment is clean before use by another patient. (see page 11).</td>
</tr>
</tbody>
</table>

---

### Communication and public involvement

#### Requirements

None

#### Recommendations

None

---

### Education and development

#### Requirements

**NHS Fife must:**

<table>
<thead>
<tr>
<th></th>
<th>HAI standard criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5a.1</td>
</tr>
</tbody>
</table>

Implement an effective system of recording mandatory update training for all staff. This is to ensure that uptake of training can be monitored. (see page 12).

#### Recommendations

**NHS Fife should:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td>review the HAI training and development strategy to ensure it is up to date. (see page 12).</td>
</tr>
</tbody>
</table>
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.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).
Appendix 3 – Inspection process flow chart

Prior to inspection

- 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

- 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

- Report and improvement action plan published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Victoria Hospital, NHS Fife was conducted on Wednesday 20 April 2011.

The inspection team consisted of the following members:

**Ian Smith**
Lead Inspector

**Anna Brown**
Associate Inspector

**Mareth Irvine**
Associate Inspector (Patient focus)

Supported by:

**Sara Jones**
Project Officer

**Nicola Aitken**
Project Administrator
## Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HDL</td>
<td>Health Department Letter</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>HFS</td>
<td>Health Facilities Scotland</td>
</tr>
<tr>
<td>HPS</td>
<td>Health Protection Scotland</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
</tbody>
</table>
The Healthcare Environment Inspectorate is a part of Healthcare Improvement Scotland.