Unannounced Inspection Report

Victoria Hospital | NHS Fife
2–3 and 11 December 2014
Ensuring your hospital is safe and clean

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2015

First published February 2015

The publication is copyright to Healthcare Improvement Scotland. All or part of this publication may be reproduced, free of charge in any format or medium provided it is not for commercial gain. The text may not be changed and must be acknowledged as Healthcare Improvement Scotland copyright with the document’s date and title specified. Photographic images contained within this report cannot be reproduced without the permission of Healthcare Improvement Scotland.

This report was prepared and published by Healthcare Improvement Scotland.

www.healthcareimprovementscotland.org
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Background</td>
<td>4</td>
</tr>
<tr>
<td>2 Summary of inspection</td>
<td>6</td>
</tr>
<tr>
<td>3 Key findings</td>
<td>8</td>
</tr>
<tr>
<td>Appendix 1 – Requirements and recommendations</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 2 – Inspection process</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 3 – Inspection process flow chart</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 4 – Details of inspection</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 5 – Glossary of abbreviations</td>
<td>22</td>
</tr>
</tbody>
</table>
1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009. Each year we carry out at least 30 inspections across NHSScotland, most of which are unannounced. Although most of our inspections are to acute hospitals, we also inspect community and non-acute hospitals.

Our focus is to improve the standards of care for patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- ensuring care is delivered in an environment which is safe and clean, and
- contributing to the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using published 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
- publish reports on our inspection findings which are available to the public in a range of formats on request, and
- listen to the concerns of patients and the public and use them to inform our inspections.

We will not:

- assess the fitness to practise 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 or community hospital or NHS board by letter, telephone or email.

Our contact details are:

**Healthcare Environment Inspectorate**  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300  
**Email:** [hcis.chiefinspector@nhs.net](mailto:hcis.chiefinspector@nhs.net)
2 Summary of inspection

Victoria Hospital is one of two main hospitals in NHS Fife and is located in Kirkcaldy. The hospital provides a wide range of services to patients across the region, including accident and emergency and minor injuries services.

We previously inspected Victoria Hospital in April 2011. That inspection resulted in six requirements and three recommendations. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx

We carried out an unannounced inspection to Victoria Hospital on Tuesday 2 and Wednesday 3 December 2014. Due to a number of concerns, we also carried out an unannounced follow-up inspection on Thursday 11 December 2014.

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

- accident and emergency (A&E) department
- intensive care unit (ICU)
- maternity inpatient ward
- ward 15 (care of the elderly)
- ward 34 (haematology)
- ward 44 (medical), and
- ward 54 (surgical).

The inspection team was made up of three inspectors and a public partner, 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. A key part of the role of the public partner 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.

During our inspection, we carried out patient interviews and used patient questionnaires. We spoke with 12 patients during the inspection, including 4 patients in isolation. We received completed questionnaires from 40 patients.

Overall, we found evidence that NHS Fife had varying compliance with the NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. Areas of good compliance include:

- peripheral vascular catheters (PVCs) were well managed
- staff were knowledgeable about patient isolation procedures, and
- the fabric of the building was in a good state of repair.

However, we did find that further improvement is required. In particular:

- the cleanliness of the environmental and patient equipment in the A&E department
- staff taking the opportunity to decontaminate their hands at appropriate times, and
- the availability of alcohol-based hand rub at the point of patient care.
What action we expect NHS boards to take after our inspection

This inspection resulted in seven requirements and two 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
Senior charge nurses spoken with during the inspection described a good understanding of their roles and responsibilities for infection prevention and control in the ward environment. They also described a good working relationship with the infection control team and told us how they would communicate with the infection control team, if required.

Audit and surveillance
On all wards and units inspected, we saw a variety of charts displayed which detailed audit and surveillance information, such as *Clostridium difficile* infection (CDI), *Staphylococcus aureus* bacteraemias (SABs) and meticillin resistant *Staphylococcus aureus* (MRSA). We also saw evidence of Scottish Patient Safety Programme (SPSP) audit results for peripheral vascular catheters (PVCs) and hand hygiene audits. This information was presented in a clear, easy to read format.

In the A&E department, from the charts displayed, we saw that the audit results for PVCs showed 62.5% compliance in September 2014 and 72% compliance in October 2014. We were told that findings from these audits are highlighted to A&E management and discussed at A&E governance meetings. However, no formal action plans were produced to demonstrate how improvements are being made.

We spoke with the infection prevention and control manager about the auditing of standard infection control precautions (SICPs) within the hospital. SICPs are precautions that healthcare staff should take when caring for all patients, to prevent the spread of infection. There are 10 SICPs which include:

- hand hygiene
- use of personal protective equipment (PPE), for example aprons and gloves
- the safe management of the care environment, and
- the safe management of patient equipment.

We were told that a new programme of SICPs audits had been introduced in November 2014. This programme would cover all 10 SICPs over a 12-month period, with each precaution being audited multiple times.

We were told that an audit of PPE had been carried out in all acute wards in November 2014. The results of these were to be available to the infection prevention and control team. During the inspection, we discussed SICPs audits with four senior charge nurses from different wards and units. Three of these senior charge nurses were not aware of the new programme of SICPs audits or the need to audit PPE compliance on their wards in November 2014.

- **Requirement 1:** NHS Fife must ensure that all wards and units complete standard infection control precautions audits in line with the requirement in the *National Infection Prevention and Control Manual for NHSScotland* (2012).
Policies and procedures
The World Health Organization’s (WHO) ‘5 moments for hand hygiene’ identifies five opportunities which all staff should take for carrying out hand hygiene:

- before touching a patient
- before doing a clean or aseptic procedure
- after body fluid exposure
- after touching a patient, and
- after touching patient surroundings.

During the inspection, in most wards inspected, we observed multiple occasions where staff did not take the opportunity to practice appropriate hand hygiene. We escalated two wards to senior management within NHS Fife, at the time of the inspection.

Alcohol-based hand rub dispensers were available in all wards and units inspected. However, in six out of seven wards and units, these were not routinely available at the patient bedside and no formal risk assessment, supporting this, was produced. We were subsequently told that alcohol-based hand rub was not available at patient bedsides throughout the hospital for clinical reasons, and staff did not have personal alcohol-based hand rub dispensers.

- **Requirement 2:** NHS Fife must ensure that all staff decontaminate their hands at the appropriate times, in accordance with the World Health Organization’s 5 moments for hand hygiene.

- **Requirement 3:** NHS Fife must ensure that staff are able to decontaminate their hands at the point of patient care.

In ward 15, we had concerns about staff compliance with hand hygiene practices due to three clinical wash hand basins not draining properly. Two of these clinical wash hand basins were in patient areas and one was in the drug preparation room. This affected the ability of staff to correctly wash their hands, as there was a risk of the wash hand basins overflowing. We were told that, since the recent ward refurbishment, this had been a recurring problem. We were shown evidence that staff had reported these faults to the facilities department however, the problem had continued to recur. The senior charge nurse told us that advice had not been sought from the infection control team.

We escalated our concerns to senior managers within NHS Fife. They told us that remedial action had been taken. This included the use of a portable wash hand basin, where repairs could not be made. The infection control manager told us that the facilities department had been informed about the availability of portable clinical wash hand basins and had been advised when these should be used.

We carried out a follow-up inspection to ward 15 on 11 December 2014. During this visit, two out of the three clinical wash hand basins were draining properly. A portable clinical wash hand basin was also in place to replace the third.

During the inspection, we spoke with 14 members of staff about how they would manage a blood spill. Some staff demonstrated good knowledge and understanding of the process and knew where to find guidance and information, if needed. This process includes:
• when they would perform hand hygiene
• which items of PPE they would wear, and
• how they would manage the blood-contaminated linen and waste generated.

A chlorine-releasing disinfectant and detergent should be used to clean blood spillages. However, eight members of staff spoken with could not describe the correct dilution ratio of chlorine-releasing disinfectant or the process for safely managing a blood spillage. We saw posters on display in the sluice rooms that staff can refer to for guidance on the correct dilution ratios.

■ **Requirement 4:** NHS Fife must ensure that all staff are aware of the correct dilution ratio of chlorine-releasing disinfectant and detergent and the correct procedures to follow to safely manage a blood spill.

In ward 54, we saw a variety of toiletries stored in a cupboard ready for use. Some of these toiletries could be decanted for individual patient use. However, others, including skin cleansing foam and deodorant, could not be decanted and may be used for more than one patient. Items like skin cleansing foam are for single patient use.

■ **Recommendation a:** NHS Fife should ensure that all patient toiletries are for single patient use.

**Risk assessment and patient management**

NHS Fife has implemented a PVC bundle across all wards and units. The bundles are used to reduce the risk of device-related bloodstream infections. This includes a record of who inserted the PVC and when. The PVC bundle documentation is also used to document the ongoing safe management of the PVC.

During the inspection, we checked nine PVCs and their associated bundles. We found that the sites of insertion were dated and free from signs of inflammation. All dressings were clean and the majority of maintenance bundles were completed, as required. Patients spoken with during the inspection told us that staff washed their hands and wore PPE before inserting and handling the PVC.

Across the majority of wards inspected, there was a good awareness of NHS Fife’s isolation policy. The majority of staff were also able to explain the correct procedures for isolating and managing patients with a known infection or patients at risk of an infection.

**Environmental cleanliness**

In the majority of wards and units inspected, the standard of environmental cleanliness was good, with the exception of the A&E department and ward 15. In these areas, we found significant levels of dust on high-level and low-level surfaces. We also found significant dust on high-level surfaces in the ICU. We reported this to the nurse in charge of each area at the time of the inspection.

During the inspection, we visited the A&E department and the observations ward. In the observations ward, we spoke with a member of domestic staff. We were shown copies of the cleaning schedules used in this area and noted that these were signed off by the domestic supervisor. We were also told that regular audits are carried out every month by the domestic supervisor and findings from these audits are fed back to domestic staff.
At the time of the follow-up inspection on 11 December 2015, the standard of environmental cleaning had improved in the ICU and ward 15. Environmental cleaning standards in the A&E department remained poor.

- **Requirement 5**: NHS Fife must put in place processes to ensure that the environment is clean at all times. All staff must also understand their roles and responsibilities in relation to cleaning. This will ensure that NHS Fife can demonstrate compliance with policy and audit.

- **Recommendation b**: NHS Fife should undertake a root cause analysis in the A&E department to identify the reasons why standards of cleaning were inadequate and identify remedial action to ensure the department is safe and clean.

### Cleanliness of patient equipment

In the majority of the wards and units inspected, we found that the standard of cleanliness of patient equipment was poor. We provided detailed feedback about our concerns to the nurse in charge of each area at the time of the inspection.

During the inspection, we found a variety of contaminated patient equipment, including:

- significant dust on patient equipment (A&E department)
- 9 out of 10 patient trolley frames contaminated with blood and/or body fluids (A&E department) (see Image 1)
- 8 patient chairs contaminated with blood and/or body fluids (A&E department)
- blood contamination on one of two blood gas analysers (A&E department)
- 6 out of 10 patient chairs (maternity inpatient unit)
- 3 out of 5 adult bed frames (maternity inpatient unit)
- 4 out of 4 sharps trays contaminated with blood (ward 15)
- 2 out of 3 bed frames contaminated (ward 15), and
- 4 out of 5 patient chairs contaminated (ward 15).

![Image 1: blood smear on patient trolley (A&E)](image)

In the ICU, we saw 10 intravenous (IV) pumps, syringe drivers and enteral feed pumps visibly contaminated with blood, medication, dust and enteral feed. Some of these pumps were located at the patient bedside and others were located in the store rooms.
Ensuring your hospital is safe and clean

We also found a significant number of contaminated mattresses, including:

- 3 out of 10 mattresses in the A&E department (see Image 2)
- 9 out of 12 cot mattresses in the maternity inpatient unit (see Image 3)
- 3 out of 4 mattresses in ward 44, and
- 2 out of 3 mattresses in the ICU.

During the inspection, we reviewed the documentation used to demonstrate that the patient bed space and near-patient equipment is clean and ready for use. However, we found that the checklists did not reflect our findings and were not being consistently applied. For example, we found:

- the bed space checklist had been completed, but patient equipment was found to be contaminated (A&E department)
- the bed space checklist did not include any cot mattresses. We found contaminated cot mattresses in storage, which were not labelled as ‘condemned’, and other contaminated cot mattresses which were in use in the ward (maternity inpatient unit)
- the bed space checklist was in place, but we found contaminated mattresses (ward 44), and
- no bed space checklist was in place and we found contaminated mattresses and patient equipment (ICU) (see image 4).
Where audits and records are maintained to demonstrate that patient equipment in the patient bed space is clean, it is important that they are accurate and reflect best practice. This will help to identify areas for improvement and deliver a safe and clean patient environment.

We escalated our concerns about patient equipment, the cleanliness of the A&E department and the contaminated cot mattresses in the maternity inpatient unit to senior management within NHS Fife on 2 December 2014.

Due to our immediate concerns, we returned to the A&E department on 3 December 2014. During this visit, we found:

- 9 out of 9 trolley frames were contaminated with blood and/or body fluids
- five patient chairs were contaminated with blood and/or body fluids, and
- blood contamination on one blood gas analyser.

On 3 December 2014, we escalated our concerns to senior management within NHS Fife about:

- the problems with clinical wash hand basin drainage (ward 15)
- communication around the placement of a patient with a possible infection (ward 15), and
- equipment cleanliness (A&E department).

We carried out a follow-up inspection to Victoria Hospital on 11 December 2014. During the follow-up inspection, we visited the A&E department, the ICU, ward 15 and the maternity inpatient unit.

We found improvements in the ICU. A new and comprehensive bed space checklist had been developed and had just been rolled out at the time of our inspection.

We found improvements in the maternity inpatient unit. All cot mattresses checked were clean and we noted that cot mattresses had been added to the bed space checklist.

We found some improvements in ward 15. However, we remained concerned about the cleanliness of patient equipment.

We found little improvement in the A&E department. During the inspection, we were told that a new discharge bed space checklist had been introduced. This checklist has a detailed list of the patient equipment kept in each of the patient areas. Once cleaning has been completed, staff sign the checklist to confirm the bed space is clean. The checklists we looked at had been signed off in the previous 24 hours. However, we found contamination on:

- patient trolleys
- patient trolley mattresses, and
- a blood gas analyser.

**Requirement 6:** NHS Fife must ensure that all patient equipment is clean and ready for use.
3.2 Communication and public involvement

Communication with staff
During our inspections, we saw evidence of potential communication problems between wards and the infection control team.

- The senior charge nurse informed the estates department about the ongoing problems with three clinical wash hand basins on ward 15, but did not inform the infection control team. Therefore, the infection control team was unable to advise on appropriate control measures, including the use of portable wash hand basins.
- Information recorded, about a patient with a possible infection, differed with the information given verbally by the senior charge nurse to the inspector during the inspection.
- Three out of four senior charge nurses told us that they were not aware of the new SICPs audit programme or that they should have completed PPE audits in November 2014.

Effective communication between ward and unit staff and the infection control department is important as it allows advice to be given to staff for patient care. This minimises risks to patients, staff and visitors. We will follow up on communication issues at our next inspection.

Communication with the public
A variety of patient leaflets covering a range of infection prevention and control topics were available in the majority of wards for patients, relatives, carers and staff. However, patients told us that they were given little information about infection prevention and control on admission to hospital or during their hospital stay.

- Requirement 7: NHS Fife must ensure that HAI information is effectively disseminated to patients, relatives and carers. This will ensure that all patients are fully informed about the prevention and control of infection.

During the inspection, we spoke with 12 patients; four patients were in isolation due to having a known or suspected infection. Patients were complimentary about the care and treatment they had received at Victoria Hospital and made positive comments about the cleanliness of the ward areas.

Some patients also stated that they had seen staff, including nurses, domestic staff and medical staff, taking the opportunity to wash their hands. However, all patients stated that they were not given the opportunity to clean their hands before mealtimes.

Of the 40 patients who responded to our survey:

- 30 patients stated that staff ‘always’ wash their hands
- 39 patients stated that their ward was ‘always’ or ‘mostly’ clean, and
- 29 patients stated that they thought patient equipment was ‘always’ clean and in a good state of repair.

We received the following comments from patients who completed our survey and spoke with our public partner.

- ‘Can't fault the staff, always friendly and helpful.’
• ‘The care shown to me by all the ward staff is first class. They can't do enough for me, especially when I am not so well.’
• ‘Communications with staff [were] not passed on to the person who can take action.’
• ‘I am in a side room. I have blood on my sheets. Never been changed. Cleaner came in and did nothing in room.’
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 standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI are concerned about the impact this has on patients using the hospital or service. 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 or service should follow to improve standards of care.

### Prioritisation of requirements

All requirements are priority rated (see table below). Compliance is expected within the highlighted timescale.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately on receipt of report</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 month of report publication date</td>
</tr>
<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
</tr>
<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
</tr>
<tr>
<td>5</td>
<td>Within 9 months of report publication date</td>
</tr>
<tr>
<td>6</td>
<td>Within 12 months of report publication date</td>
</tr>
</tbody>
</table>

### Governance and compliance

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife must:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ensure that all wards and units complete standard infection control precautions audits in line with the requirement in the National Infection Prevention and Control Manual for NHSScotland (2012) (see page 8).</td>
<td>3a.6</td>
<td>3</td>
</tr>
<tr>
<td>2 ensure that all staff decontaminate their hands at the appropriate times, in accordance with the World Health Organization’s 5 moments for hand hygiene (see page 9).</td>
<td>3a.6</td>
<td>2</td>
</tr>
<tr>
<td>3 ensure that staff are able to decontaminate their hands at the point of patient care (see page 9).</td>
<td>3a.3</td>
<td>2</td>
</tr>
<tr>
<td>4 ensure that all staff are aware of the correct dilution ratio of chlorine-releasing disinfectant and detergent and the correct procedures to follow to safely manage a blood spill (see page 10).</td>
<td>3a.6</td>
<td>2</td>
</tr>
</tbody>
</table>
5 put in place processes to ensure that the environment is clean at all times. All staff must also understand their roles and responsibilities in relation to cleaning. This will ensure that NHS Fife can demonstrate compliance with policy and audit (see page 11).

6 ensure that all patient equipment is clean and ready for use (see page 13).

### Recommendations

**NHS Fife should:**

- **a** should ensure that all patient toiletries are for single patient use (see page 10).
- **b** should undertake a root cause analysis in the A&E department to identify the reasons why standards of cleaning were inadequate and identify remedial action to ensure the department is safe and clean (see page 11).

### Communication and public involvement

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife must:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 ensure that HAI information is effectively disseminated to patients, relatives and carers. This will ensure that all patients are fully informed about the prevention and control of infection (see page 14).</td>
<td>2a.2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Recommendations**

None
Appendix 2 – Inspection process

Our inspection process starts with a local self-assessment, includes at least one inspection to a hospital and ends with HEI publishing its inspection report and the NHS board’s improvement action plan.

Before an inspection

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.

During an inspection

We assess performance both by considering the self-assessment data and inspecting acute, non-acute and community hospitals within the NHS board area to validate this information and discuss related issues. We inspect the physical environment of the clinical areas. We also speak with key staff, ward staff and patients on the wards, as well as talk with senior members of staff from the hospital and NHS board. We use audit tools to help us assess 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. We will normally publish a written report 8 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 inspection:** the NHS board and hospital may or may not be given advance notice of the inspection. A follow-up inspection will take place no later than 26 weeks from the publication of the initial report.

**Follow-up activity**

The inspection team will follow up on the progress made by the NHS board/hospital in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned 2 weeks later and decide if follow-up activity is required.

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

- scheduling an announced or unannounced inspection
- planning a targeted announced or unannounced inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/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 the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about the HEI, our inspections, methodology and inspection tools can be found at [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).
Appendix 3 – Inspection process flow chart

We follow a number of stages in our inspection process.

Before inspection
The NHS board undertakes a self-assessment exercise and submits the outcome to us.

The self-assessment submission is reviewed to help inform and prepare for on-site inspections.

During inspection
We arrive at the hospital or service and undertake physical inspection.
We have discussions with senior staff and/or operational staff, people who use the hospital or service and their carers.

We give feedback to the hospital or service senior staff.

We undertake further inspection of hospitals or services if significant concern is identified.

After inspection
We publish reports for patients and the public based on what we find during inspections. NHS staff can use our reports to find out what other hospitals and services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org

We require NHS boards to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 4 – Details of inspection

The inspection to Victoria Hospital, NHS Fife was conducted on Tuesday 2 and Wednesday 3 December 2014.

The inspection team was made up of the following members:

Jacqueline Jowett
Lead Inspector

Emer Shepherd
Inspector

Allison Wilson
Inspector

Marguerite Robertson
Public Partner

Supported by:

Jill Sands
Project Officer

The follow-up inspection to Victoria Hospital, NHS Fife was conducted on Thursday 11 December 2014.

The inspection team was made up of the following members:

Jacqueline Jowett
Lead Inspector

Allison Wilson
Inspector

Supported by:

Nicola Grant
Project Officer
Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>accident &amp; emergency department</td>
</tr>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
</tr>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HDL</td>
<td>Health Department Letter</td>
</tr>
<tr>
<td>ICU</td>
<td>intensive care unit</td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>HPS</td>
<td>Health Protection Scotland</td>
</tr>
<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PPE</td>
<td>personal protective equipment</td>
</tr>
<tr>
<td>PVC</td>
<td>peripheral vascular catheter</td>
</tr>
<tr>
<td>SICPs</td>
<td>standard infection control precautions</td>
</tr>
</tbody>
</table>