Unannounced Inspection Report

Victoria Infirmary | NHS Greater Glasgow and Clyde
27 November 2013
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
## 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 Progress since last inspection</td>
<td>8</td>
</tr>
<tr>
<td>4 Key findings</td>
<td>10</td>
</tr>
<tr>
<td>Appendix 1 – Requirements and recommendations</td>
<td>145</td>
</tr>
<tr>
<td>Appendix 2 – Inspection process</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 3 – Inspection process flow chart</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 4 – Details of inspection</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 5 – Glossary of abbreviations</td>
<td>20</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 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

The Victoria Infirmary, Glasgow, consists of three main buildings, the Victoria Infirmary, the New Victoria Hospital and the Mansionhouse Unit. Services available on the hospital site include outpatient clinics, accident and emergency, general medicine, general surgery and medicine for the elderly.

We previously inspected Victoria Infirmary in July 2013. That inspection resulted in six requirements and one recommendation. The inspection report is available on the Healthcare Improvement Scotland website
This follow-up report should be read along with the July 2013 report.

We carried out an unannounced follow-up inspection to Victoria Infirmary on Wednesday 27 November 2013. The purpose of the inspection was to assess progress with the requirements we made at the previous inspection. This inspection also takes account of the information supplied by NHS Greater Glasgow and Clyde in its 16-week action plan submitted in November 2013 following the July 2013 inspection. This details the action taken by the NHS board to review and address the requirements and recommendations.

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

- North 3, Mansionhouse Unit (stroke rehabilitation)
- South 2, Mansionhouse Unit (elderly assessment)
- Cathkin View, Mansionhouse Unit (elderly rehabilitation)
- Lomond View, Mansionhouse Unit (elderly rehabilitation)
- high dependency unit (HDU), and
- ward B (medical receiving).

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 Infirmary can be found in Appendix 4.

During our inspection, we carried out patient interviews and used patient questionnaires. We spoke with 14 patients and six visitors during the inspection. We received completed questionnaires from 17 patients.

We are assured that NHS Greater Glasgow and Clyde is making good progress against the NHS QIS standards to protect patients, staff and visitors from the risks of acquiring an HAI. In particular:

- all wards and departments inspected were clean
- compliance with the HAI standards had significantly improved in ward south 2, and
- compliance with the peripheral vascular catheter (PVC) bundle was good.
What action we expect NHS boards to take after our inspection

This inspection resulted in no requirements or recommendations. One requirement from the previous inspection in July 2013 has not been met. NHS Greater Glasgow and Clyde has put in place interim measures to address this requirement. We have received assurances of a new completion date for this outstanding requirement.

NHS Greater Glasgow and Clyde submitted a 16-week improvement action plan following the July 2013 inspection in line with our processes. This will be updated again by the NHS board detailing progress and the revised completion date for the outstanding requirement. This action plan will be available to view on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We would like to thank NHS Greater Glasgow and Clyde and in particular all staff at Victoria Infirmary for their assistance during the inspection.
3 Progress since last inspection

3.1 What the NHS board has done to meet the requirements we made at our last inspection in July 2013

Requirement
NHS Greater Glasgow and Clyde must ensure that a managed environment is demonstrated in ward south 2 to minimise the risk of infection and ensure that improvement can be sustained.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance – roles and responsibilities). **This requirement has been met.**

Requirement
NHS Greater Glasgow and Clyde must ensure that staff implement standard infection control precautions, particularly sharps management, waste segregation and the use of personal protective equipment and monitor compliance. This will reduce the risk of infection to patients, staff and visitors.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance - policies and procedures). **This requirement has been met.**

Requirement
NHS Greater Glasgow and Clyde must ensure that, where a peripheral vascular catheter (PVC) is in place, staff are aware of the local policy when completing the accompanying care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance – risk assessment and patient management). **This requirement has been met.**
Requirement
NHS Greater Glasgow and Clyde must demonstrate compliance with the requirements of Chief Executive Letter (CEL) 08(2013) and the Health Protection Scotland and NHS National Services Scotland joint document Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water (2013). This will provide assurance that there is an effective water management system in place.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance – risk assessment and patient management). NHS Greater Glasgow and Clyde has developed a draft standard operating procedure for minimising the risk of Pseudomonas aeruginosa infection from water. This is an interim measure which will demonstrate compliance with some of the requirements of CEL 08(2013). This requirement is not met. However, we have received assurances from NHS Greater Glasgow and Clyde that work is under way to complete the final documentation. The NHS board expects to be compliant with CEL 08(2013) and its associated guidance by March 2014.

Requirement
NHS Greater Glasgow and Clyde must ensure compliance with the NHSScotland National Cleaning Services Specification (2009) to maintain the healthcare environment in a manner which reduces the risk and spread of infection.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance - cleaning). This requirement has been met.

Requirement
NHS Greater Glasgow and Clyde must ensure that staff understand and fully implement the standard operating procedure for the cleaning of patient equipment. This will provide assurance that patient equipment is clean and ready for use.

We rated this as a high priority for NHS Greater Glasgow and Clyde to action within 1 month of the report publishing in September 2013.

This was previously identified as a requirement in the November 2010 and February 2012 inspection reports for the Victoria Infirmary.

Progress made
This requirement is reported under Section 4.1 (Governance and compliance - cleaning). This requirement has been met.
4 Key findings

4.1 Governance and compliance

Roles and responsibilities
Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to ensure:

‘that a managed environment is demonstrated in ward south 2 to minimise the risk of infection and ensure that improvement can be sustained.’

During that inspection, we found evidence that environmental audits carried out by staff on ward south 2 in November 2012 and May 2013 had highlighted recurring issues with the cleanliness of patient equipment, and the management of sharps and waste. We also found similar issues with the cleanliness of patient equipment, and the management of sharps and waste during our inspection in July 2013.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that staff roles and responsibilities, leadership and infection control processes had been reviewed in ward south 2. Additional staff training and education had been carried out and the NHS board continues to monitor results from audits, such as ward environmental audits and infection control.

During this unannounced follow-up inspection, we found that compliance with the HAI standards had significantly improved in ward south 2. We spoke with a number of staff including ward staff, the senior charge nurse and the lead nurse. It was clear that the additional input and focus on this ward following the last inspection has had a positive impact for both staff and patients. Ward staff were able to demonstrate a good awareness and understanding of their roles and responsibilities in the prevention and control of infection.

We spoke with the senior charge nurse and lead nurse about the additional measures put in place to address the concerns raised following the previous inspection in July 2013.

- Further environmental audits have taken place on the ward. Action plans produced following these audits are the clear responsibility of the senior charge nurse on the ward to take forward and make sure actions are completed.
- New cleaning schedules for patient equipment were implemented throughout Mansionhouse Unit.
- The infection control team carried out additional training and education sessions for ward staff covering standard infection control precautions. Ward staff told us that the infection control team was available to provide advice and support to them when this was needed.
- Cross-site learning and support is taking place. A staff member from Southern General Hospital, Glasgow, is providing concentrated support in the Mansionhouse Unit. This person carries out topic-specific spot checks on individual wards within the unit. Scenario-based training also takes place on the ward with different staff groups selected randomly and presented with a scenario.
- A designated staff member on ward south 2 is responsible for completing monthly quality assurance environmental audits.
- The staffing complement on the ward has increased as part of a pilot exercise to make sure a senior nursing staff member is on duty at all times.
A ward clerk has been appointed to carry out ward administrative duties, allowing nursing staff to spend more time with patients and to carry out other duties. Similarly, a ‘hostess’ has also been appointed to help with patients’ basic care needs, such as making sure patients have enough fluids and snacks throughout the day.

These measures have led to NHS Greater Glasgow and Clyde being able to demonstrate a safe and managed environment for staff and patients in ward south 2.

Policies and procedures
Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to ensure:

‘that staff implement standard infection control precautions, particularly sharps management, waste segregation and the use of personal protective equipment and monitor compliance. This will reduce the risk of infection to patients, staff and visitors.’

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that compliance with standard infection control precautions had been reinforced through staff group forums.

We found very good compliance with the management of sharps and waste throughout the wards and departments inspected. In particular, we saw that sharps bins were appropriately assembled and that temporary closure mechanisms were being used to protect staff and patients from any risk when disposing of sharps. We also saw that waste was being disposed of in the correct bins, either domestic or clinical bins as appropriate.

We also saw good compliance with the use of personal protective equipment (such as aprons, gloves) in the wards inspected. This included staff using personal protective equipment for removing dirty linen and when caring for and treating patients with infections. We also noted different coloured aprons being used for catering purposes and when staff were carrying out drug medication rounds.

Risk assessment and patient management
Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to ensure:

‘that, where a peripheral vascular catheter (PVC) is in place, staff are aware of the local policy when completing the accompanying care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced.’

PVC care bundles are used to reduce the risk of device-related bloodstream infections. This includes a record to document the safe management of the inserted PVC. The bundle includes documenting daily monitoring checks. These checks prompt staff to make sure that the catheter still requires to be in place and that the area of skin around the catheter is free from any signs of inflammation. The date and time should be written on the catheter dressing at the time of insertion.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that the PVC policy had been reinforced through staff group forums to ensure PVCs were consistently dated and timed.
Ensuring your hospital is safe and clean

All staff spoken with during the inspection had a good awareness of the correct procedure to follow for appropriately managing PVCs after insertion. We reviewed 10 PVCs and the accompanying documentation in the patient health records. All 10 PVCs had the care bundle documentation completed appropriately in line with the NHS board’s policy. All but one dressing had been dated and timed at the insertion site.

We also reviewed one central venous catheter (CVC). This type of catheter is placed into the patient’s neck, chest or groin to give them medication or fluids or to take blood. This had also been dated and timed at the insertion site and the care bundle documentation had been completed appropriately.

We saw posters displayed in the wards and departments inspected reminding staff to sign and date the PVC dressing and check if the PVC devices are still required.

Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to:

‘demonstrate compliance with the requirements of Chief Executive Letter (CEL) 08(2013) and the Health Protection Scotland and NHS National Services Scotland joint document Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water (2013). This will provide assurance that there is an effective water management system in place.’

This national guidance states NHS boards must ensure that:

- all high risk units, where patients may be at an increased risk of Pseudomonas aeruginosa and related infections, are identified and control measures are put in place, and
- all taps in all clinical areas in high risk units are flushed daily (running the water for an identified period of time), and a record kept that this has been done.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that an interim standard operating procedure for minimising the risk of Pseudomonas aeruginosa infection from water had been developed. We acknowledge that the interim standard operating procedure meets the practical application of the requirements of CEL 08(2013). This details what staff should do at ward level to control the risk presented by Pseudomonas aeruginosa. However, this does not take account of how the organisational management and critical control points of CEL 08(2013) are to be integrated into the NHS board’s overarching water safety policy. We noted that the NHS board’s water safety policy is a draft document and relates primarily to the management of Legionella. From further discussion with the NHS board after the inspection to clarify its position with progress made, we were told that significant work is under way. NHS Greater Glasgow and Clyde expects to be compliant with CEL 08(2013) and its associated guidance by March 2014. We were told that this will include full integration of CEL 08(2013) into the NHS board’s water safety policy. We will follow this up at future inspections to NHS Greater Glasgow and Clyde.

During the inspection, we received a draft risk assessment identifying the intensive therapy unit as the only high risk area within Victoria Infirmary. This means that this is the only area in the hospital where the standard operating procedure for Pseudomonas aeruginosa applies. Due to clinical need in the intensive therapy unit, we were unable to gain access to the unit during our inspection. As a result, we were unable to review how the interim...
standard operating procedure is being used in practice. We will follow up on progress with this at future inspections to NHS Greater Glasgow and Clyde hospitals.

Cleaning
Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to ensure:

‘compliance with the NHSScotland National Cleaning Services Specification (2009) to maintain the healthcare environment in a manner which reduces the risk and spread of infection.’

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that domestic staff had been retrained in dust control with a particular emphasis placed on attention to detail. Domestic supervisors had also been retrained in monitoring the quality of the standard of cleaning. A revised programme of cleanliness quality monitoring has been implemented, and the domestic manager reports and reviews results every week. This will help to make sure the standard of cleaning remains consistently high.

During this unannounced follow-up inspection, we found good standards of cleaning across all the wards and departments inspected. This included hard to reach areas such as underneath beds and curtain rails. Nursing staff told us that they were satisfied with the standard of cleaning on their wards.

In particular, we found a marked improvement in the standard of cleaning in ward South 2. It is clear that the extra measures put in place since our last inspection have had a positive effect on making sure the ward environment is safe and clean.

Some patients we spoke with during our inspection told us that their previous perceptions about the reputation of the hospital had been negative. As a result of their current stay in hospital, they told us their perceptions had now changed. All patients spoke positively and were complimentary of their care and cleanliness of their wards.

Following the previous inspection in July 2013, NHS Greater Glasgow and Clyde was required to ensure:

‘that staff understand and fully implement the standard operating procedure for the cleaning of patient equipment. This will provide assurance that patient equipment is clean and ready for use.’

This had also been a requirement in our previous inspections to Victoria Infirmary in November 2010 and February 2012. Nursing staff are responsible for cleaning patient equipment.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that implementation of the standard operation procedure for cleaning patient equipment had been reinforced with ward staff through the senior charge nurses.

We looked at a variety of patient equipment across all the wards and departments inspected. This included bed frames, bed rails, drip stands, blood pressure cuffs, ear thermometers, commodes, raised toilet seats and hoists. We found that all patient equipment inspected was clean and ready for use.
Staff were aware of and understood how to use the bed space cleaning checklist which is part of the standard operating procedure. This details actions, including cleaning and inspecting both the internal and external parts of the mattress, to be carried out when a patient is discharged to make the bed space ready for the next patient. We inspected 12 mattresses and all were clean and fit for use. However, although we had no concerns about the cleanliness of the HDU, we found gaps in the records kept for each bed space.

On ward South 2, we saw evidence that all bay areas and single rooms are deep cleaned at least once a week or when a patient is discharged. The senior charge nurse also completes a weekly quality assurance bed space checklist to make sure that all patient equipment within each bed space is clean and ready for use.
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 have been priority rated (see table below). Compliance is expected within the highlighted timescale.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINOR</td>
<td>9 months</td>
</tr>
<tr>
<td>LOW</td>
<td>6 months</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>3 months</td>
</tr>
<tr>
<td>HIGH</td>
<td>1 month</td>
</tr>
</tbody>
</table>

**Governance and compliance**

**Requirements**
None

**Recommendations**
None
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 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 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 inspection tools can be found at [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).
Appendix 3 – Inspection process flow chart

How we inspect hospitals and services:
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 infirmary, NHS Greater Glasgow and Clyde was conducted on Wednesday 27 November 2013.

The inspection team was made up of the following members:

**Aidan McCrory**
Inspector (Lead)

**Anna Martin**
Inspector

**Allison Wilson**
Inspector

**Marguerite Robertson**
Public Partner

Supported by:

**Jan Nicolson**
Project Officer

Observed by:

**Michael Macmillan**
Public Partner
### Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
</tr>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
</tr>
<tr>
<td>CVC</td>
<td>central venous catheter</td>
</tr>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HDU</td>
<td>high dependency unit</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PVC</td>
<td>peripheral vascular catheter</td>
</tr>
</tbody>
</table>