Announced Inspection Report

Victoria Hospital
NHS Fife
28 and 29 June 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 announced and unannounced inspections to each acute hospital in NHSScotland at least once 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, check 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, and
- publish reports on our inspection findings which will be available to the public in a range of formats on request.
2 Methodology

The inspection process has two key parts: local self-assessment followed by external on-site 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.

The inspection team assesses performance both by considering the self-assessment data and visiting acute hospitals within the NHS board to validate this information and discuss related issues. The inspection team uses audit tools to assist in the assessment of the physical environment by noting compliance against a further eight 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, and
- clinical practice.

The complete inspection process is described in detail in the flow chart in Appendix 2.

Each inspection team is led by an experienced inspector, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached. Membership of the inspection team visiting Victoria Hospital can be found in Appendix 3.

Further information about HEI, its inspection visits, and methodology and audit tools used can be found at http://www.nhshealthquality.org/nhsqis/6710.140.1366.html.
Overview of inspection visit

Inspection visit to Victoria Hospital, NHS Fife

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 (A&E) department, maternity and children’s services, and specialist surgery and medical wards.

We carried out an announced inspection visit to Victoria Hospital on Monday 28 and Tuesday 29 June 2010. We assessed the hospital against the NHS QIS HAI standards and inspected the following areas:

- A&E department
- ward 5 (paediatrics)
- ward 7 (infectious diseases)
- ward 9 (urology)
- ward 10 (orthopaedics)
- ward 14 (acute admissions medical unit), and
- ward 16 (respiratory).

On the day of the inspection, NHS Fife was able to demonstrate that they are making good progress against the NHS QIS standards to protect patients, staff and visitors from the risks of acquiring an HAI. In particular:

- clinical equipment and patient bed spaces and bays were clean in all wards inspected,
- there is clear strategic leadership and delegation of responsibilities, and
- there are good risk assessment and patient management processes in place to minimise the risk of infection.

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

- the lines of accountability of the infection control team and the responsibilities of the infection control manager needs to be reviewed as arrangements in NHS Fife do not meet the requirements of Health Department Letter (HDL) (2005)8.

Overall, the inspection visit to Victoria Hospital resulted in three requirements and one recommendation. These are linked to compliance with the NHS QIS HAI standards. NHS Fife must address the requirements, with any necessary improvements made as a matter of priority.

An improvement action plan has been developed by the NHS board and is available to view on the NHS QIS website [http://www.nhshealthquality.org/nhsqis/7869.html](http://www.nhshealthquality.org/nhsqis/7869.html).
4 Key findings

Governance/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. These documents detail the infection control structure, NHS board, group and individual responsibilities. During the inspection, staff clearly described their own individual areas of responsibility to the inspection team. Strategic arrangements and operational responsibilities are in place through single system working across the acute (hospital) division, and NHS Fife's three community health partnerships. 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.

The action plan produced by NHS Fife following the inspection to Queen Margaret Hospital, Dunfermline, in January 2010 stated that ‘an in-depth review of accountabilities and responsibilities’ was to be completed by June 2010. As part of this review, the infection control team dimensions and organisational charts have been updated and standardised to better reflect the accountability and reporting arrangements for NHS Fife.

NHS Fife was able to demonstrate good communication links, delegation of responsibilities and clear strategic leadership; however, the arrangements in NHS Fife are still not in line with the requirements of HDL(2005)8. The infection control team includes four infection control doctors and a nurse consultant infection control. All appear to have regular and good communication links; however, the infection control manager does not have direct responsibility for the co-ordination of their activities in relation to the prevention and control of infection. 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 must 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. This will ensure that NHS Fife is compliant with criterion 1a.2 of the NHS QIS HAI standards.

Audit and surveillance

NHS Fife complies with the requirements of mandatory surveillance for Clostridium difficile infection (CDI), surgical site infections and Staphylococcus aureus bacteraemias (SABs) as described within HDL(2006)38. Detailed information on infection rates and compliance with hand hygiene audits is available on the wards, with more public-friendly information displayed at the entrance to wards.

A range of audits take place which include environmental audits, and ward and department equipment audits, for example commode audits. Specific audits on
standard infection control precautions also take place, for example hand hygiene, linen management, sharps management and clinical waste. Audit results are fed back to wards and action plans are developed. Monthly executive team safety walkabouts are also undertaken in conjunction with the members of the infection control team.

Work is also under way to audit the healthcare record specifically in relation to HAI risk assessment.

Policies and procedures

NHS Fife’s infection control manual is accessed by staff as a hard copy and is also available electronically on the NHS board’s intranet. However, during the inspection to Victoria Hospital, it was apparent to the inspection team that the infection control manual is not effectively updated in all wards. A list is placed at the front of each manual to indicate when policies are due for review. However, the inspection team was not assured that this system is working effectively. NHS Fife reported that the infection control manual will only be available on the NHS board’s intranet from August 2010. NHS Fife must ensure that staff have access to an up-to-date infection control manual which employs an effective version control system. This should clearly show when a policy was last updated and specify future review, as required by criterion 3a.1 of the NHS QIS HAI standards.

The infection control annual rolling programme of work (2010–2011) provides information on priorities for NHS Fife to minimise the spread of infection. This is based on compliance with national and local requirements and the management of HAI. Progress against the work programme is reported on a regular basis to the NHS Fife Board through the infection control committee.

NHS Fife needs a more consistent approach in relation to waste management (see Image 1). Clinical waste bins were inappropriately positioned. Additionally, in ward 10, there was unclear labelling on bins, inconsistent styles of bins in use and some in a poor state of repair. The inspection team did observe new plastic domestic and clinical waste bins, for example in A&E and the education centre.

![Image 1: Examples of some bins in use in wards 10 and 16](image_url)
In ward 16, two sharps bins were found which were not appropriately dated and signed. This is not in line with standard infection control precautions. In ward 14, the inspection team observed one sharps bin which had not been correctly used, resulting in discarded sharps placed on top of the sharps box. The used needles were attached to the syringe and had been re-sheathed which contravenes NHS Fife policy (see Image 2).

Image 2: Discarded sharps on top of sharps bin

NHS Fife must address the issues noted above to ensure adherence to the standard infection control precautions. This will ensure that NHS Fife is compliant with criterion 3a.3 of the NHS QIS HAI standards.

**Antimicrobial prescribing**

NHS Fife has had antimicrobial prescribing policies in place since 2005, which cover both primary and secondary care. These are available as paper copies and are on NHS Fife’s intranet and the internet. The inspection team noted posters displayed in wards highlighting good antimicrobial practice for prescribers. A pocket-sized guide for prescribers was first issued in August 2009 and a revised version is to be issued in August 2010. This contains specific reference to the prescribing of high-risk antibiotics commonly associated with CDI.

NHS Fife has a well-established antimicrobial management team (AMT) which includes a public representative. Minutes of the team meetings are shared with the infection control committee. Progress against the AMT work programme is monitored by both the area drug and therapeutics committee and the infection control committee.

NHS Fife has made significant progress in delivering antimicrobial prescribing education to all relevant staff groups. All new medical staff are provided with antimicrobial prescribing training as part of the mandatory induction process. A training programme for all nurse prescribers and those who administer antibiotics is planned. Additionally, regular updates will be provided to ensure that the most up-to-date policies and procedures are followed.
Risk assessment and patient management

Risk assessment and the management of patients is working well in NHS Fife. Specific risk assessments and care plans are in use. This includes screening programmes for meticillin resistant *Staphylococcus aureus* (MRSA) and CDI care plans for symptomatic patients. Work is under way to adapt an established infection predictor risk assessment tool for local use prior to piloting. This tool identifies patients who may be at increased risk of acquiring an HAI whilst in hospital. Appropriate actions can then be taken to minimise the risk to patients.

NHS Fife also has a bed management and boarding policy to help prevent inappropriate patient movement within wards, between different wards and across the hospitals. This policy ensures the bed management team liaise with the infection control team and ward nurses.

The inspection team found examples of a risk-based approach being taken in relation to HAI. For example, the surgical day case list in ward 9 is well managed to ensure that patients with known infections are scheduled at the end of the surgical theatre list. This reduces the risk of cross infection to other patients.

In the paediatric ambulatory care unit attached to ward 5, a room with a damaged floor had been closed off until repair work has been undertaken. The damage to the floor has made it impossible to clean (see Image 3). The signage and room closure was a result of a risk assessment and will ensure that staff do not admit a patient to the room.

![Image 3: Closed off room in paediatric ambulatory care unit](image_url)

NHS Fife is involved in a pilot exercise to improve IT links between the hospital patient administration system (OASIS) and the ICNet infection control system. This will flag up a patient’s history of current and previous infections, including MRSA and tuberculosis. This was piloted in the acute medical admissions unit and A&E between January–April 2010 and will be extended to include planned admissions in the summer of 2010. These alert flags will help to reinforce the need for patient isolation until an appropriate risk assessment can take place.
Cleaning

On the day of the inspection, the A&E department and wards 5, 7, 9 and 14 were found to be clean. In wards 10 and 16, clinical equipment was clean and the patient bed spaces and bays were clean and clutter free. Patients interviewed did not have any complaints about the standards of cleaning. However, the inspection team noted the following in wards 10 and 16.

- Plastic washbowls used at the bedside to wash patients were stored in the dirty sluice area. These bowls were stained and not dried effectively.
- An old and dirty handheld bell was being shared between two cubicles in a communal shower and toilet area in ward 10 for patients to call for nursing staff (see Image 4).
- The kitchen and sluice area on ward 10 was found to be dirty and required immediate cleaning. This was addressed by ward staff during the inspection.
- The treatment room, storage cupboards and the dirty utility room on ward 16 were cluttered with items on the floor, which makes cleaning difficult.
- Hazardous cleaning products in the dirty utility room in ward 16 were not in locked cupboards.
- Trolleys used for clinical procedures and dusting duties in ward 16 were stained and rusty.
- Maintenance issues in ward 16 made it impossible to clean areas in some patient bathrooms and toilets. Male toilet areas were of particular concern to the inspection team. Additionally, these issues did not appear on recent environmental audits or in risk assessments for the ward.

Although cleaning schedules were evident in Victoria Hospital, there remains a lack of consistency of approach to cleaning across the hospital. The use of indicator tape to provide visible evidence that equipment is clean is being piloted in ward 16; however, similar systems are not in place in other wards inspected. The inspection team recommends that NHS Fife continues to roll out their corporate cleaning schedules and that these are consistently implemented.

![Image 4: Bell used in communal shower area in ward 10](image-url)
Procurement

NHS Fife involves the infection control team in the procurement of equipment and consumables through the equipment management group. Equipment requisition forms used by NHS Fife explicitly ask if advice has been sought from the infection control team about the suitability of items for use and cleaning practices. NHS Fife works closely with NHS National Procurement to ensure the effective application of national procurement policy and practices within the NHS board.

Requirements:

1  **Criterion 1a.2 of the NHS QIS HAI standards**
NHS Fife must further 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.

2  **Criterion 3a.1 of the NHS QIS HAI standards**
NHS Fife must ensure that staff have access to an up-to-date infection control manual which employs an effective version control system. This should clearly show when a policy was last updated and specify future review.

3  **Criterion 3a.3 of the NHS QIS HAI standards**
NHS Fife must ensure full implementation of its policies regarding waste management and sharps disposal and ensure that compliance is monitored.

Recommendation:

4  It is recommended that NHS Fife continues to roll out their corporate cleaning schedules and that these are consistently implemented.

Communication/Public involvement

Effective communication

NHS Fife implemented an infection control communications strategy in May 2010. This details all internal and external communication activities, how frequently this will happen and who is responsible. The communications strategy aims to raise awareness of infection control issues to staff and the public, as well as highlighting any particular publicity awareness schemes that may be running.

HAI information

A comprehensive range of HAI information leaflets are displayed in public areas and in wards and clinics. This includes Health Protection Scotland leaflets as well as some locally produced leaflets. Infection control banner stands, posters and motion activated electronic signs are in place in the main entrances and throughout the hospital.

Involving the public in infection prevention and control activities

NHS Fife’s patients’ forum is well established and members are actively involved in infection control activities. For example, there are public representatives on the
infection control committee and the antimicrobial management team. Additionally, public representatives are involved in cleaning and hand hygiene audits and the review of infection control patient information leaflets.

The patients’ forum has received regular briefings on infection control issues, such as MRSA screening and progress with the action plan following the HEI inspection to Queen Margaret Hospital. A further briefing on progress with the national hand hygiene programme is planned for August 2010.

**Requirements:**

None

**Recommendations:**

None

**Education and development**

**Strategy**

NHS Fife has an HAI training and development strategy which is linked to national and local objectives. Additionally, there is an HAI education prospectus (2010–2011) which aims to provide a structured continuing education programme to support the HAI training and development strategy. This enables staff to select their infection control training needs for the coming year, in line with their personal development plans (PDPs).

The HAI education lead (senior infection control nurse) carried out a local training needs analysis to identify basic HAI education and training requirements for each staff group as well as optional training requirements. As a result, specific training needs were identified for portering staff on hand hygiene, personal protective equipment and needlestick injuries. Additionally, a gap in training was identified for bank and agency staff (staff the NHS board contract to work flexibly to cover staff shortages). Typically, bank staff attend induction training, but do not necessarily attend annual update training. A support pack for this staff group is now being developed with the practice development group.

Mandatory training is offered in a number of HAI-related subjects, including induction training in HAI for all staff, and decontamination procedures and practices training for selected staff. Staff also undertake annual mandatory update training, which has an infection control component. This commitment to undertaking mandatory update training is in line with criterion 5a.1 of the NHS QIS HAI standards.

Mandatory training is also held specifically for medical staff (consultants, associate specialists and specialty doctors). This includes a session on HAI and antibiotic prescribing. This training has recently been amended to reflect the work of the Scottish Patient Safety Programme and peripheral vascular catheter (PVC) care bundle management. Attendance at this training is compulsory and a letter of certification of attendance should be evidenced at the medical staff appraisal. During the inspection, NHS Fife was able to produce the number of staff who had attended
this training over the course of the previous year. For those staff who failed to attend, a reminder letter was issued and their names added to the next round of mandatory training which commences in September 2010. The doctors’ online training scheme (DOTS) also provides access to online HAI training.

Good communication was evident across the infection control team as well as with the practice development group in relation to the infection control education and development agenda. NHS Fife reported that it is considering methods of delivering teaching sessions to mixed staff groups to help staff gain an understanding of other staff’s roles and responsibilities in relation to infection control.

**Assurance**

All staff members have a PDP, which includes specific objectives on HAI. This is in line with criteria 5a.3 of the NHS QIS HAI standards. Staff appraisal systems are in place and NHS Fife assured the inspection team that the number of staff attending training sessions could be identified from the NHS Knowledge and Skills Framework (KSF) and doctors’ appraisal systems.

NHS Fife has developed an HAI training evaluation impact tool. This is completed by the course attendee and line manager to evaluate the impact of HAI training, and changes in practice and quality of care following training. This information is then incorporated into the staff member’s PDP. Information is also fed back to the HAI education lead who collates the information as part of an annual education report. Information is also shared with the infection control nurses if further training needs have been identified. The inspection team considered this to be a good process in principle, but needs assurance that this is consistently applied to all training sessions and all staff groups.

**Requirements:**

None

**Recommendations:**

None

All requirements and recommendations in this report are linked to compliance with the NHS QIS HAI standards.

It is expected that all requirements and recommendations are addressed and the necessary improvements made as a matter of priority by NHS Fife.

The HEI team would like to thank NHS Fife and in particular all staff at Victoria Hospital for their assistance during the announced inspection visit.
## Appendix 1 – Glossary of abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
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<td>AMT</td>
<td>antimicrobial management team</td>
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<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<tr>
<td>DOTS</td>
<td>doctors’ online training scheme</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>KSF</td>
<td>Knowledge and Skills Framework</td>
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<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PDP</td>
<td>personal development plan</td>
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<td>PVC</td>
<td>peripheral vascular catheter</td>
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<tr>
<td>SABs</td>
<td><em>Staphylococcus aureus</em> bacteraemias</td>
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Appendix 2 – Inspection process

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 for walk around and general inspection
- Inspections of selected wards
- Group discussion with NHS board and senior hospital staff on key issues
- Feedback with senior team, infection control team and other relevant staff

After inspection visit
- Draft report produced and sent to inspection team for comment
- Report published
Appendix 3 – Details of inspection visit

The inspection visit to Victoria Hospital, NHS Fife was conducted on Monday 28 and Tuesday 29 June 2010.

The inspection team consisted of the following members:

Kevin Freeman
Regional Inspector

Brian Auld
Associate Inspector

Suzanne Clark
Associate Inspector (Patient focus)

Joanne Odgers
Associate Inspector

Supported by:

Jan Nicolson
Project Officer

Observed by:

Beryl Hogg
Associate Inspector (Locum)
If you have any comments about HEI inspections, please email safeandclean.qis@nhs.net

We can also provide this information:

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

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA
Phone: 0131 623 4300
Textphone: 0131 623 4383

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP
Phone: 0141 225 6999
Textphone: 0141 241 6316

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