Unannounced Follow-up Inspection Report

Victoria Hospital | NHS Fife
25–26 August 2015
The Healthcare Environment Inspectorate was established in April 2009 and is part of Health care Improvement Scotland. We inspect acute and community hospitals across NHSScotland.

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.

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[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
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1  About this report

This report sets out the findings from our unannounced follow-up inspection to Victoria Hospital, NHS Fife, from Tuesday 25 to Wednesday 26 August 2015.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 8. A full list of the requirements and recommendations can be found in Appendix 1 on page 15.

The inspection team was made up of four 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 agreed about the findings reached. A key part of the role of the public partner is to talk with patients about their experience of staying in hospital and listen to what is important to them. Membership of the inspection team visiting Victoria Hospital can be found in Appendix 3.

The flow chart in Appendix 2 summarises our inspection process. More information about the Healthcare Environment Inspectorate (HEI), our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org/HEI.aspx
2 Summary of inspection

About the hospital we inspected

Victoria Hospital is one of two main hospitals in NHS Fife and is located in Kirkcaldy. It contains approximately 640 staffed beds and provides a wide range of services to patients across the region, including accident and emergency, and minor injuries services.

About the previous inspection

We previously inspected Victoria Hospital in December 2014. That inspection resulted in seven requirements and two recommendations. As a result of that inspection, NHS Fife produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx

This follow-up report should be read along with the previous report dated December 2014. This inspection follows up on the requirements made at that inspection. We also detail in the key findings section of the report what the NHS board had done to follow up the recommendations from that inspection.

About this inspection

We carried out an unannounced follow-up inspection to Victoria Hospital from Tuesday 25 to Wednesday 26 August 2015. The purpose of the inspection was to:

- assess progress with the seven requirements and two recommendations made at the previous inspection in December 2014, and
- assess the hospital against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015).

The inspection also took account of the information supplied by NHS Fife in the 16-week improvement action plan submitted in April 2015. This plan details the action taken by the NHS board to address the requirements and recommendations we made at our previous inspection.

We inspected the following areas:

- accident and emergency
- receiving unit 2
- intensive care unit
- ward 5 (ear, nose and throat)
- ward 15 (care of the elderly/rehabilitation)
- ward 31 (orthopaedic - neck of femur)
- ward 32 (gynaecology), and
- ward 54 (surgical).
We carried out 19 patient interviews, including five patients in isolation. We received 47 completed patient questionnaires.

**Inspection findings**

Of the seven requirements made at the previous inspection in December 2014, the NHS board has:

- met six requirements, and
- not met one requirement.

<table>
<thead>
<tr>
<th>Previous requirements</th>
<th>Met / Partially met / Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife must:</td>
<td></td>
</tr>
<tr>
<td>ensure that all wards and units complete standard infection control precautions audits in line with the requirement in the <em>National Infection Prevention and Control Manual for NHSScotland</em> (2012).</td>
<td>Met</td>
</tr>
<tr>
<td>ensure that all staff decontaminate their hands at the appropriate times, in accordance with the World Health Organization’s (WHO) 5 moments for hand hygiene.</td>
<td>Not met</td>
</tr>
<tr>
<td>ensure that staff are able to decontaminate their hands at the point of patient care.</td>
<td>Met</td>
</tr>
<tr>
<td>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.</td>
<td>Met</td>
</tr>
<tr>
<td>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.</td>
<td>Met</td>
</tr>
<tr>
<td>ensure that all patient equipment is clean and ready for use.</td>
<td>Met</td>
</tr>
<tr>
<td>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.</td>
<td>Met</td>
</tr>
</tbody>
</table>

The requirement that remains outstanding has been aligned with the new Healthcare Improvement Scotland HAI standards published in February 2015. Any new requirements made during this inspection are linked to compliance with these standards.
What the hospital did well

- An enhanced domestic role had been introduced in the intensive care unit working solely in the patient environment.
- Staff knowledge about the safe management of blood spillages was good across the wards inspected.

What the hospital could do better

- Accurate data must be collected for standard infection control precautions audits which reflect staff practices.

What action we expect NHS Fife to take after our inspection

This inspection resulted in one new requirement. One requirement and one recommendation remain outstanding from the December 2014 inspection and will be carried forward. All requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards (2015). A full list of the requirements and recommendations can be found in Appendix 1.

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We would like to thank NHS Fife and in particular all staff and patients at Victoria Hospital for their assistance during the inspection.
3 Progress since last inspection

3.1 Governance and compliance

Audit and surveillance

Following the previous inspection in December 2014, NHS Fife was required to:

‘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 NHS Scotland (2012).’

NHS Fife should have actioned this requirement by May 2015.

NHS Fife told us in its 16-week improvement action plan that:

- standard infection control precautions audits were now carried out by senior charge nurses every month
- a ‘what now’ approach was to be introduced into the audit and feedback process to demonstrate action taken for any non-compliances
- audit results and action plans were reviewed by clinical nurse managers, and during ward audit or assurance walkrounds, and
- uptake and audit results would also be reported to the NHS board’s infection control committee.

During this follow-up inspection, we were told that nine standard infection control precautions are audited by senior charge nurses over a 6-month period. Two standard infection control precautions audits are carried out each month, one of which is hand hygiene compliance. Cough etiquette and respiratory hygiene are audited over the winter months by the infection prevention and control team. The senior charge nurse is responsible for developing an action plan for any audits scoring less than 95% compliance. We saw evidence of completed standard infection control precautions audits and associated action plans in all wards and departments inspected.

We were told that senior charge nurses access audit results electronically and discuss them with staff during ward safety briefs. We saw that audit results were also displayed on ward information noticeboards. The senior charge nurses told us they discuss audit result and action plans at their one-to-one meetings with their clinical nurse managers. Senior staff carry out assurance walkrounds and spot checks. They observe staff compliance with standard infection control precautions, look at ward environmental and equipment cleanliness, and ask patients for their views on these and other issues. Any non-compliance is highlighted to staff at the time.

We were told about the ‘Ask 5’ audit process. This involves asking five staff members each week about the standard infection control precaution being audited that month. This helps to raise awareness and reinforce education for that particular standard infection control precaution.

This requirement has been met.
Area for improvement
The personal protective equipment audit has a number of questions which require the auditor to choose a response from the following options:

- 0 to 2 staff correct
- 3 to 5 staff correct, or
- not applicable.

The auditor observes five members of staff for compliance with how they use personal protective equipment. Full compliance (100%) is recorded if three or more staff members use personal protective equipment correctly. As a result, false assurance may be taken from these results. For example, if only three people are compliant, the score for this should be 60%.

Requirement 1: NHS Fife must ensure that the data collected and recorded from audits on the use of personal protective equipment accurately reflects staff practices.

Policies and procedures
Following the previous inspection in December 2014, NHS Fife was required to:

‘ensure that all staff decontaminate their hands at the appropriate times, in accordance with the World Health Organization's 5 moments for hand hygiene.’

NHS Fife should have actioned this requirement by March 2015.

In its 16-week improvement action plan, NHS Fife told us the following.

- Hand hygiene audits were carried out every month by ward staff and the infection prevention and control team. Audit results and action plans were reviewed by clinical nurse managers. Results were also reported to the Scottish Patient Safety Programme.
- Hand hygiene training and education was being carried out. Training had also been incorporated into the junior doctors’ induction programme. A computerised hand hygiene training module had been used in the wards and departments we had highlighted during the last inspection.
- An escalation and improvement plan for continual non-compliance was also being developed.

During this follow-up inspection, we spoke with members of the senior management team about the actions taken to improve hand hygiene compliance within the hospital.

We were told that hand hygiene training was part of new staff members’ corporate induction. Staff must also attend a mandatory infection control update every 3 years. However, it was unclear whether this included any formal requirement for staff to receive dedicated hand hygiene training following induction. Senior staff told us that hand hygiene training is embedded in other training courses. We were also told the infection prevention and control team provide ‘pop up’ training sessions where poor compliance had been seen during ward and departmental visits.
Ensuring your hospital is safe and clean

We were provided with a secure operating procedure to manage hand hygiene audit results. This describes the background about the need to audit hand hygiene compliance and the process to be followed when gathering audit data. The procedure was implemented in May 2015. The WHO 5 moments for hand hygiene are used as the measurement of whether staff take the opportunity to decontaminate (clean) their hands. The document also includes a detailed improvement plan. As this is a new procedure, we will follow this up at future inspections.

We saw evidence of hand hygiene audits carried out in all wards and departments inspected. The results from these audits were also displayed on ward information noticeboards.

All patients we spoke with commented on seeing staff washing their hands or using the alcohol-based hand rubs. Patients also commented on seeing visitors using alcohol-based hand rub. Of the 47 people who responded to our survey during our inspection, 83% stated that ward staff always wash their hands.

During our last inspection, we highlighted two areas with poor hand hygiene compliance: the accident and emergency department and ward 15. During this follow-up inspection, we found generally good compliance with staff taking the opportunity for hand hygiene. However, we noted:

- clinical staff’s compliance was variable in the accident and emergency department and ward 15, and
- in ward 32, we saw catering staff moving between patients while carrying out duties without decontaminating their hands.

This requirement has not been met.

Following our previous inspection, NHS Fife was required to:

‘ensure that staff are able to decontaminate their hands at the point of patient care.’

NHS Fife should have actioned this requirement by March 2015.

NHS Fife told us in its 16-week improvement action plan that:

- alcohol-based hand rub was available at the point of patient care in all clinical areas, where appropriate, and
- risk assessments were carried out where the immediate availability of alcohol-based hand rub was not appropriate, for example due to patient safety concerns. In these instances, staff would be issued with their own personal-use alcohol-based hand rub.

During this follow-up inspection, we found that staff had facilities available to effectively decontaminate their hands at the point of care across the wards and departments inspected.

We saw evidence of the risk assessments used where alcohol-based hand rub had been removed and the additional measures put in place to allow staff to decontaminate their hands.

This requirement has been met.
Ensuring your hospital is safe and clean

Following the previous inspection in December 2014, NHS Fife was required to:

‘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.’

NHS Fife should have actioned this requirement by March 2015.

NHS Fife told us in its 16-week improvement action plan that:

- an awareness-raising campaign took place to highlight the location of information about the safe management of blood and body fluid spillages on the wards and departments
- guidance posters were displayed in all ward sluice rooms, and
- compliance was monitored through audits of standard infection control precautions.

During this follow-up inspection, we spoke with staff about safe management of blood and body spillages in all wards and departments inspected. The majority of staff we asked could explain the process they would follow, equipment they would use, precautions they would take and correct dilution strength of chlorine-releasing disinfectant and detergent.

We were shown NHS Fife’s blood and body fluid spillage policy on the staff intranet. Staff could also direct us to the guidance displayed on the wards describing the use of chlorine-releasing disinfectants and detergents, including dilution rates.

Compliance with the safe management of blood and body fluid spillages was monitored through the rolling programme of standard infection control precautions audits. We saw evidence of these audits during the inspection.

**This requirement has been met.**

Following the previous inspection in December 2014, we recommended that NHS Fife should:

‘ensure that all patient toiletries are for single patient use.’

NHS Fife told us in its 16-week improvement action plan that:

- patient toiletries were not shared by patients
- staff dispensed portions of toiletries into individual containers for single patient use
- patients and their families were also encouraged to bring in their own toiletries. These were labelled and kept in patient’s bedside lockers, and
- monitoring of this took place through management walkrounds and patient quality experience indicator (PQI) audits.

During this follow-up inspection, we found partially used toiletries available for use in two wards. This included skin cleansing foam, wipes and body wash. We brought this to the attention of the nurses in charge of these wards at the time of the inspection. We will follow this up at future inspections.
Cleaning
Following our previous inspection, NHS Fife was required to:

'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.'

NHS Fife should have actioned this requirement by March 2015.

NHS Fife told us in its 16-week improvement action plan that:

- the frequency of environmental cleaning in the accident and emergency department had increased in line with the NHSScotland National Cleaning Services Specification (2009)
- the number of domestic staff working in the accident and emergency department had increased
- monitoring the cleanliness of the accident and emergency department had increased, and
- cleaning of the pendant gantries in the intensive care unit was being reviewed with Health Protection Scotland and the manufacturers.

During this follow-up inspection, we saw that the standard of environmental cleanliness was good across all wards and departments inspected. We saw evidence of completed domestic cleaning schedules. We were told that domestic supervisors check these cleaning schedules and sign them off weekly.

A new ‘enhanced domestic’ role had been introduced in the intensive care unit, with a further member of staff due to start work in September 2015. The enhanced domestic is mainly responsible for cleaning bed spaces in the unit. Staff spoke positively about the introduction of this role, and we could see the positive impact on the environmental cleanliness in the unit.

All patients spoken with commented on how clean the wards were, including toilets and showers. Any patients who had seen spillages said they were dealt with promptly. Of the 47 people who responded to our survey during our inspection, 89% stated that they thought the wards were always clean.

One patient commenting on the level of cleanliness said, ‘Absolutely thorough, and I’m particular.’

This requirement has been met.

Following the previous inspection in December 2014, we recommended that NHS Fife should:

‘undertake a root cause analysis in the accident and emergency department to identify the reasons why standards of cleaning were inadequate and identify remedial action to ensure the department is safe and clean.’

NHS Fife told us in its 16-week improvement action plan that a root cause analysis was carried out and a supporting action plan was developed immediately following the December 2014 inspection. This covered both environmental and patient equipment cleanliness.
Progress against the action plan was being monitored by the emergency care directorate management.

We reviewed the root cause analysis. This identified:

- causes and contributory factors for the failings found at the time of the December 2014 inspection relating to environment, equipment and hand hygiene
- lessons learned, and
- recommendations.

During this follow-up inspection, we saw evidence in the accident and emergency department of actions taken following the root cause analysis. We noted that the frequency of environmental cleaning in the accident and emergency department had increased in line with the *NHSScotland National Cleaning Services Specification* (2009). We found that the standard of equipment and environmental cleanliness in the department had markedly improved.

Following the previous inspection in December 2014, NHS Fife was required to:

‘*ensure that all patient equipment is clean and ready for use.’*

NHS Fife should have actioned this requirement by March 2015.

In its 16-week improvement action plan, NHS Fife told us the following.

- Daily ‘spot checks’ of patient equipment were carried out.
- Daily bed-space cleaning checklists had been introduced in each ward.
- Patient equipment cleaning schedules had been reviewed and were reinforced to staff at shift handovers and daily safety briefs. These include a sign-off process to confirm routine patient equipment cleaning was carried out.
- Additional monitoring and assurance also took place through management walkrounds.

During this follow-up inspection, we found the standard of patient equipment cleanliness was generally good across all wards and departments inspected. Where we noted exceptions to this, these were raised with the nurse in charge of the ward or department at the time of the inspection.

In all of the wards and departments inspected, we saw evidence of completed bed space checklists. These are completed following a patient discharge, or every week.

Of the 47 people who responded to our survey during our inspection, 71% stated that the equipment used for care was always clean and in good repair.

*This requirement has been met.*
3.2 Communication and public involvement

Communication with the public

Following the previous inspection in December 2014, NHS Fife was required to:

‘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.’

NHS Fife should have actioned this requirement by May 2015.

NHS Fife told us in its 16-week improvement action plan that:

- laminated advice and HAI patient information leaflets were available at every bed space
- a check to make sure that leaflets were present had been included in the bed space checklist, and
- the availability of leaflets was also reviewed during management walkrounds.

During this follow-up inspection, we found a range of methods used to provide information to patients. This included laminated leaflets, individual leaflets provided on admission to hospital and patient information packs. Of the 47 people who responded to our survey during our inspection, 72% stated that they had received information about preventing infections. We found that information leaflets were available at information points on each ward and in waiting areas, but not always at every bed space. This meant that patients may need to be shown the information available on wards.

On wards 15, 31 and 54, some patients we spoke with told us they had not received any information about HAI and infection prevention and control. However, patient leaflets were attached to patient information boards behind the beds on these wards.

All five patients we spoke with in isolation knew why they were being cared for in isolation. They told us they had received advice on minimising the risk of cross-infection and had received leaflets on HAI. Their visitors had also been made aware of why their relative was in isolation and had also received advice on minimising the risk of cross-infection.

This requirement has been met.
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 is 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 made within the stated timescales.

- **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, unless an extension has been agreed in writing with the lead inspector.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within 1 week of report publication date</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>
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</table>

### Standard 1: Leadership in the prevention and control of infection

<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.5</td>
<td>4</td>
</tr>
</tbody>
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NHS Fife must ensure that the data collected and recorded from audits on the use of personal protective equipment accurately reflects staff practices (see page 9).

**Recommendations**

None


**Requirement and recommendation carried forward from December 2014 inspection**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
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<tbody>
<tr>
<td>NHS Fife must ensure that all staff decontaminate their hands at the appropriate times, in accordance with the World Health Organization’s (WHO) 5 moments for hand hygiene (see page 9).</td>
<td>6.11</td>
<td>1</td>
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</table>

**Recommendation**

NHS Fife should ensure that all patient toiletries are for single patient use (see page 11).
Appendix 2 – 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.

We review the self-assessment submission to help us prepare for on-site inspections.

**During inspection**

We arrive at the hospital or service and undertake physical inspection.

We use inspection tools to help us assess the physical environment and compliance with standard infection control precautions.

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 carry out further inspection of hospitals or services if we identify significant concerns.

**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.

More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org/HEI.aspx
Appendix 3 – Details of inspection

The inspection to Victoria Hospital, NHS Fife was conducted from Tuesday 25 to Wednesday 26 August 2015.

The inspection team was made up of the following members:

Jacqueline Jowett
Inspector (Lead)

Jennifer MacDonald
Inspector

Cheryl Newton
Inspector

Allison Wilson
Inspector

John Dally
Public Partner

Supported by:

Jan Nicolson
Project Officer

Observed by:

Kathleen Preston
Non-executive Board member, Healthcare Improvement Scotland (Tuesday 25 August only)
Appendix 4 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>PQI</td>
<td>patient quality experience indicator</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on the equality protected characteristics in line with the Equality Act 2010.

Please contact the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net to request a copy of:

- the equality impact assessment report, or
- this inspection report in other languages or formats.