Announced Inspection Report

Glenrothes Hospital | NHS Fife
29–30 April 2014
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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
2 Summary of inspection

Glenrothes Hospital opened in October 1981 and is a community hospital which has over 60 beds and has 20 day hospital places per day. The hospital provides a wide range of services including speech and language therapy, occupational therapy, physiotherapy, dietetics, district nurses, health visitors, podiatry, hospital pharmacy and X-ray services.

We carried out an announced inspection to Glenrothes Hospital on Tuesday 29 and Wednesday 30 April 2014. This is the first inspection that the HEI has undertaken at this hospital.

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

- day hospital
- outpatient clinical rooms
- ward 1
- ward 2
- ward 3, and
- X-ray department.

The inspection team was made up of two inspectors, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Glenrothes Hospital can be found in Appendix 4.

During our inspection, we carried out patient interviews and used patient questionnaires. We spoke with six patients during the inspection. We received completed questionnaires from 40 patients.

Overall, we found evidence that NHS Fife is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- the standard of cleanliness was good in most areas
- all staff groups were clear about their role when prescribing antibiotics to patients in the hospital, and
- staff were complying with standard infection control precautions.

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

- the environmental cleanliness in the clinical rooms of the outpatient department.

What action we expect NHS boards to take after our inspection

This inspection resulted in one requirement and four recommendations. The requirement is linked to compliance with the NHS QIS HAI standards. A full list of the requirement and recommendations can be found in Appendix 1.
NHS Fife must address the requirement 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 Glenrothes Hospital for their assistance during the inspection.
3 Key findings

3.1 Governance and compliance

Roles and responsibilities
All staff we spoke with were knowledgeable and confident when describing their role and responsibility for infection prevention and control. This included senior charge nurses and domestic staff. We found evidence of a good working relationship between domestic staff and ward staff. Senior charge nurses told us they felt sufficiently supported to influence domestic cleaning within their ward areas.

Ward staff told us they had a good and effective working relationship with the infection control team. The senior charge nurses spoken with described how they would contact the infection control team for support and advice. On ward 2, we were told that the infection control link nurse goes to the Glenrothes and north east Fife infection control link nurse group. This group discusses current infection control issues and the link nurse communicates this information back to all ward staff.

Audit and surveillance
NHS Fife complies with the requirements of mandatory surveillance for \textit{Clostridium difficile} infection (CDI) and \textit{Staphylococcus aureus} bacteraemias (SABs), as described within Chief Executive Letter (CEL) (2009)\textsuperscript{11}.

We found surveillance results displayed in all the wards inspected, including CDI and SABs. Senior charge nurses spoken with had a good awareness of HAI surveillance data relating to their own wards. We found wards had clear and understandable posters for staff, patients and visitors that detailed the number of days since the last CDI or SAB infection. For example, on ward 3 there had been no SAB infections since surveillance started in 2006.

The \textit{National Infection Prevention and Control Manual for NHSScotland} details 10 standard infection control precautions (SICPs). These SICPs include hand hygiene, safe management of linen and safe disposal of waste. SICPs are the minimum precautions that all healthcare staff should take when caring for patients. NHS boards are required to measure their compliance against the 10 SICPs.

We were told that NHS Fife is introducing SICPs monitoring by the end of May 2014. NHS Fife will use audit tools developed by the national infection control nurse network which all NHS boards are represented at. We were told that each ward will carry out the same SICPs audit each month. This will allow Glenrothes Hospital to audit all 10 SICPs each year. Audit results will be recorded onto LanQuip when the system becomes available. LanQuip is a national online system that collects and manages data.

The infection control team told us that wards currently carry out a 6-monthly programme of audits. We found that the current audits cover some SICPs, but primarily focus on environmental cleanliness. However, these audits do include mattress and staff dress code audits. For example, on ward 1, we saw a 12-month HAI audit planner showing the type, frequency and location of audits carried out by nursing and domestic staff. The audit planner included general environment audits, but additional audits are carried out twice a year, for example:

- peripheral vascular catheters (PVCs)
- use of personal protective equipment, such as aprons and gloves
• cough etiquette, and
• staff compliance with hand hygiene.

Once an audit is completed, the senior charge nurse is responsible for developing an action plan that addresses any areas of non-compliance. We saw examples of action plans on all the wards inspected. We also found an HAI process map on one of the wards, used by staff as guidance for the audit process.

If ward audit scores are 85% or lower, the infection control nurse will carry out a re-audit of the ward and provide any necessary advice or support.

During the inspection, we found some ward staff were not aware of how the infection control team audits corresponded with their own ward-based audits. For example, we found some ward audits had not been done. We were told that audits had not been done as the infection control team had already done an audit on their ward recently.

During discussions with the infection control team, they told us they carry out annual audits of ward and departments. These audits involve the infection control team using the same audit tool used by the ward staff. This system helps provide assurance to the infection control team that the ward audits carried out by the ward staff are being done accurately and are being interpreted appropriately. If the audit results from the ward and infection control team are very different, the infection control team will discuss the results with the ward staff and re-audit the ward in 3 months.

■ Recommendation a: NHS Fife should ensure that all staff involved in the audit process understand their role and responsibility for implementing the NHS Fife HAI audit planner.

NHS Fife uses the Facilities Management Tool (FMT) to carry out monthly monitoring. This is a national system used to collect data and monitor the cleanliness of the hospital environment. A domestic supervisor from another area within NHS Fife carries out peer quality indicator audits. This helps with consistency of the interpretation of the audits throughout NHS Fife. The peer quality indicator audit team also includes a member of the public. Hotel services staff carry out additional quality assurance audits to ensure audits are done accurately and interpreted appropriately.

Policies and procedures
All staff can access the infection prevention and control manual on the NHS board’s intranet site. Staff spoken with during the inspection had a good awareness of how to access the manual. The manual includes information on the most up-to-date SICPs.

During the inspection, we noted good compliance with the national dress code policy, with all staff groups adhering to CEL 42(2010).
Overall, we observed good compliance with SICPs. In all the wards inspected, we saw:

- staff of all disciplines taking the opportunity to wash their hands appropriately
- good staff compliance with the management of sharps
- good staff compliance with the management and segregation of waste
- staff using personal protective equipment appropriately, and
- staff storing and handling linen appropriately.

We asked seven members of nursing staff how they would clean up both a wet and dry blood spillage. Many of the staff said they rarely had to deal with blood spillages. All but one member of staff we spoke with were able to explain the correct procedures about:

- when they would perform hand hygiene
- the need for personal protective equipment
- the correct method of disinfection, and
- the management of clinical waste.

A chlorine-releasing disinfectant/detergent should be used to clean blood contamination. Six of the seven members of staff spoken with knew the correct dilution ratio. We also saw posters in the sluice rooms that staff can refer to for guidance on the correct dilution rates.

**Antimicrobial prescribing**

During the inspection, we spoke with one doctor about their role when prescribing antibiotics to patients in the hospital. He showed a good understanding of the need to comply with the local antimicrobial prescribing policy and described how he would apply this in practice on the wards. The doctor told us that any antibiotic prescribing decisions would be recorded in the patient healthcare records.

We also spoke with the senior clinical pharmacist for Glenrothes Hospital. They told us that currently only oral antibiotics are being prescribed at the hospital. The senior clinical pharmacist also told us that any patients at Glenrothes Hospital needing intravenous antibiotic treatment would usually be transferred to an acute hospital. However, staff on ward 3 are being trained to administer intravenous antibiotics as well as how to insert PVCs. The hospital aims to have staff on all wards who are trained in both the administration of intravenous antibiotics and the insertion of PVCs.

During discussions with both the doctor and the senior clinical pharmacist, we were told that the local antibiotic prescribing protocol is used when deciding which antibiotic to prescribe for patients. Staff would record any information, such as stop dates, onto the drug prescription chart. This should ensure that the antibiotics would not be given for longer than the prescribed course.

All staff spoken with told us that, where possible, patient specimens are obtained before beginning antibiotic treatment. This allows staff to check that the appropriate antibiotic has been prescribed for the patient.

**Risk assessment and patient management**

Senior charge nurses said they would always try to isolate a patient for infection control reasons by using a single side room. However, this may not always be possible because of
the availability of such rooms. Staff would then contact the infection control team for advice on where to place the patient. This advice would be recorded in the patient’s healthcare record. We were also told that staff would make sure the patient would have patient equipment isolated for their own use.

Alcohol hand rub dispensers were available at ward entrances, end of beds and corridors. We noted that ward 3 did not meet the minimum ratio of clinical wash hand basins to patient beds. There should be one clinical wash hand basin for every four patient beds. We noted that the six-bedded bay area had one clinical wash hand basin. At the time of the inspection, there were only four patients in the bay area. The head of estates for Glenrothes Hospital told us the issue of the sinks was on their risk register. However, the entry in the risk register related to the sinks not being compliant with national standards and did not include reference to the sink to bed ratio.

**Recommendation b:** NHS Fife should undertake a risk assessment of the provision of clinical wash hand basins to assess compliance with current bed to sink ratio guidance. This will ensure that any necessary control measures can be identified and implemented.

**Cleaning**

We found that the standard of environmental cleaning was good across all the wards, day hospital and X-ray department. We saw evidence of domestic cleaning schedules signed off by the senior charge nurse. The domestic supervisor also signs off the cleaning schedules once a week.

We found some cleaning issues in the two outpatient clinical rooms. These rooms are used by visiting consultants, external clinics and for out-of-hours primary care emergency services. We found dust on:

- the undercarriage of both patient examination couches
- two sharps trays
- the tops and fronts of some cupboards
- a trolley, used to store dressings
- curtain rails
- a filing cabinet, and
- the cable trunking.

We also saw spots of dried blood on the computer monitor stand.

Discussions with nursing staff and the domestic supervisor showed that there was a lack of clarity with who was responsible for ensuring environmental and equipment cleanliness within the clinical examination rooms in the outpatient department.

**Requirement 1:** NHS Fife must ensure that responsibility for environmental and equipment cleanliness within the outpatient department is clearly identified. This will ensure that the cleanliness of the environment and patient equipment is maintained and monitored.
We found the day hospital storage rooms, one of which was shared with the outpatient department, were very full. These rooms are used for a variety of items such as patient equipment, linen and craft items.

Recommendation c: NHS Fife should review the provision of storage for the day hospital and outpatient department to allow access to equipment within the store room.

Across the wards and departments visited, we inspected a variety of patient equipment, such as bed frames, intravenous drip stands, chairs and commodes. We found the majority of equipment was clean, with only a small number of exceptions. These were raised with the senior charge nurse at the time of our inspection.

The wards inspected use cleaning schedules for patient equipment, which nursing staff are responsible for, and we found these completed.

We also checked a total of seven mattresses. All seven mattresses were clean. Ward staff are responsible for doing weekly mattress checks to monitor cleanliness and damage. Mattresses are also checked when the patient is discharged from the hospital. The check involves checking the mattress cover for signs of damage and unzipping and checking the inside of the mattress. This is then recorded in the bed space discharge checklist.

During the inspection, we interviewed six patients. They all commented positively on the cleanliness of the wards. Of the patients asked to complete our survey, 75% stated that their ward was 'always' clean. The other respondents stated that their ward was 'mostly clean'.

3.2 Communication and public involvement

Communication with staff

We were told by senior charge nurses that the morning ‘hand over’ meetings or the daily safety brief meetings are used to discuss any infection control concerns on the ward. We noted ward 3 uses a safety briefing board to share infection control information. We also saw audit results displayed in the ward for sharing with all staff.

All of the staff spoken with said there was a good working relationship between staff groups, such as the estates staff, domestic cleaning teams and the infection control team. Ward staff told us that the infection control nurses carry out regular informal visits to the wards.

Staff spoken with were clear about how to report repair and maintenance work to the estates department. Ward staff report day to day maintenance jobs using an online reporting system. Ward staff then receive a job number relating to their request. At this stage, the estates department risk assesses each job in relation to urgency and any HAI issues. The estates department also uses a specific HAI defect code to monitor these particular jobs.

In addition to reported jobs, the estates department monitors any backlog of estate jobs. All outstanding jobs are reviewed and risk assessed, and relevant resources are identified. NHS Fife also has a planned, preventative maintenance programme specifically for HAI-related estate jobs.

We were told that once a job is completed, the job is then signed off by the estates worker. This is a relatively new system.
The Health Facilities Scotland system aims to assess and manage the infection risk in the built healthcare environment. This tool is called Healthcare Associated Infection system for controlling risk in the built environment (HAI-SCRIBE). NHS Fife uses HAI-SCRIBE when undertaking larger refurbishments of wards and departments. There were no works involving HAI-SCRIBE in progress at Glenrothes Hospital at the time of the inspection.

Overall, ward staff told us there were no problems communicating with the estates department and they were happy with the service they received.

**Communication with the public**

During the inspection, we interviewed six patients. All patients commented positively on the cleanliness of the wards. Some comments from patients include:

- ‘staff are great’
- ‘some nurses are first class’, and
- ‘[staff] are perfect, more than helpful’.

Throughout the hospital we saw a range of posters, signs and guidance for staff, patients and visitors on infection control and hand hygiene. Most patients spoken with said they had got infection control information from staff either verbally or as a leaflet. All the wards inspected had a good supply of leaflets available to patients and visitors.

**3.3 Education and development**

**Assurance**

NHS Fife staff have to complete in-house, mandatory core training every 3 years. This training covers a variety of topics including infection control. All nursing staff are required to complete annual update training on infection control. All staff spoken with had received training in the last year. Annual training may include a variety of topics such as catheter care, hand hygiene and HAI drop-in sessions.

Domestic staff have infection control training as part of their induction process and will soon be part of the 3-year in-house, mandatory core training. We were told that domestic staff also have refresher training that includes HAI. We noted from training records that some staff had not had refresher training for a number of years. We also noted that the domestic training matrix did not include information on HAI refresher training.

- **Recommendation d:** NHS Fife should consider defining the frequency of HAI refresher training within the domestic training matrix. This ensures that all domestic staff receive regular updates on infection control.
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>Indicative timescale</th>
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<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>
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<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
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<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
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<tr>
<td>5</td>
<td>Within 9 months of report publication date</td>
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<tr>
<td>6</td>
<td>Within 12 months of report publication date</td>
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<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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<tr>
<td>1</td>
<td>ensure that responsibility for environmental and equipment cleanliness within the outpatient department is clearly identified. This will ensure that the cleanliness of the environment and patient equipment is maintained and monitored (see page 11).</td>
<td>4a</td>
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**Recommendations**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>NHS Fife should:</th>
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<tbody>
<tr>
<td>a</td>
<td>ensure that all staff involved in the audit process understand their role and responsibility for implementing the NHS Fife HAI audit planner (see page 9).</td>
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<tr>
<td>b</td>
<td>undertake a risk assessment of the provision of clinical wash hand basins to assess compliance with current bed to sink ratio guidance. This will ensure that any necessary control measures can be identified and implemented (see page 11).</td>
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### Recommendations

**NHS Fife should:**

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<td><strong>c</strong></td>
<td>review the provision of storage for the day hospital and outpatient department to allow access to equipment within the store room (see page 12).</td>
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### Communication and public involvement

<table>
<thead>
<tr>
<th>Requirement</th>
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<table>
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<tr>
<th>Recommendation</th>
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<tr>
<td>None</td>
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### Education and development

<table>
<thead>
<tr>
<th>Requirement</th>
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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>d</strong> consider defining the frequency of HAI refresher training within the domestic training matrix. This ensures that all domestic staff receive regular updates on infection control (see page 13).</td>
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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

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](http://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 Glenrothes Hospital, NHS Fife was conducted on Tuesday 29 and Wednesday 30 April 2014.

The inspection team was made up of the following members:

Jacqueline Jowett
Inspector (lead)

Alastair McGown
Senior Inspector

Supported by:

Orlagh Sheils
Project Officer
## Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
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<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<td>FMT</td>
<td>Facilities Management Tool</td>
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<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
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<tr>
<td><strong>HAI-SCRIBE</strong></td>
<td>Healthcare Associated Infection system for controlling risk in the built environment</td>
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<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<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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<tr>
<td>SICPs</td>
<td>standard infection control precautions</td>
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