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>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Summary of inspection</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Key findings</td>
<td>8</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Requirements and recommendations</td>
<td>14</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Inspection process</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Inspection process flow chart</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Details of inspection</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Glossary of abbreviations</td>
<td>20</td>
</tr>
</tbody>
</table>
1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake at least one announced and one unannounced inspection to all acute hospitals across NHSScotland 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, inspect 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
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

We will not:

- assess the fitness to practice 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**  
Elliott House  
8–10 Hillside Crescent  
Edinburgh  
EH7 5EA

**Telephone:** 0131 623 4300  
**Email:** safeandclean.his@nhs.net
2 Summary of inspection

Belford Hospital, Fort William, contains 47 inpatient beds and provides a wide range of healthcare specialties. This includes consultant-led general medical and general surgical services. The accident and emergency department is one of the busiest mountain trauma units in Europe.

We carried out an announced inspection to Belford Hospital on Tuesday 19 and Wednesday 20 July 2011.

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

- accident and emergency (A&E)
- combined assessment unit
- combined stepdown/acute rehabilitation ward
- day case unit
- high dependency unit
- maternity unit
- renal unit, and
- X-ray department.

The inspection team was made up of three 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. One inspector was an associate inspector (Patient focus), and a key part of their role is to talk to patients and listen to what is important to them. Membership of the inspection team visiting Belford Hospital can be found in Appendix 4.

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

- the hospital was clean, and
- action plans from ward level environmental audits are reviewed at lead nurse monthly meetings. This encourages continual review of the action plans and demonstrates close liaison between the senior charge nurses and hospital management.

However, we did find that further improvement is required in the following areas.

- National initiatives relating to best practice for antimicrobial prescribing should be commenced.
- A more structured process should be put in place for domestic staff to report to the senior charge nurse when they have been unable to carry out all their required cleaning duties.

This inspection resulted in two requirements and three recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.
NHS Highland must address the requirements and the necessary improvements made, as a matter of priority.

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

We would like to thank NHS Highland and in particular all staff at Belford Hospital for their assistance during the inspection.
3 Key findings

3.1 Governance and compliance

Roles and responsibilities
The infection control nurse for Mid Highland community health partnership (CHP) provides infection control advice for Belford Hospital. She is line managed by the Mid Highland CHP clinical services manager. However, there is professional input from both the senior infection control nurse and the CHP lead nurse (who is responsible for infection control within the CHP area). Professional support for the CHP lead nurse is provided by the interim infection control manager. The senior infection control nurse is line managed by the interim infection control manager. The interim infection control manager reports to the nurse director who is the HAI executive lead.

The interim infection control manager is responsible for the management process in relation to infection prevention, and for providing strategic leadership on HAI prevention and control issues across NHS Highland. The NHS board updated its infection control structures in July 2011. This indicated ‘key relationships’ between the infection control manager and the infection control lead clinician, antimicrobial prescribing lead clinician and lead pharmacist, decontamination lead, and catering and domestic managers.

Key members of the infection control team attend the Mid Highland CHP control of infection group. This group in turns links into the NHS board’s control of infection committee via the infection control improvement group.

Audit and surveillance
NHS Highland continues to comply with the requirements of mandatory surveillance for *Clostridium difficile* infection (CDI), surgical site infections and *Staphylococcus aureus* bacteraemias (SABs) as described within Health Department Letter (HDL) (2006)38.

Charts detailing audit and surveillance information such as infection rates and hand hygiene results are displayed in ward areas. It was evident to the inspection team that regular audit activity takes place. This includes annual infection control audits, monthly environmental audits undertaken by senior charge nurses, hand hygiene audits and toilet aid audits (which include commodes).

The inspection team commended the system in place to review action plans from ward level environmental audits at lead nurse monthly meetings. This encourages continual review of the action plans and demonstrates close liaison between the senior charge nurses and hospital management. Issues can be escalated as required and hospital-wide trends can be identified and actioned.

Mattress checks are included as part of the bed space checklist after a patient is discharged. There was also documented evidence of monthly mattress audits when mattresses are unzipped and checked that they are intact, clean and fit for purpose. NHS Highland has reported that a standard operating procedure for mattress checking is being updated and a mattress tagging system is being piloted in Raigmore Hospital, Inverness. The NHS board recognises the need for further consideration of how this will be applied to Belford Hospital where there is less movement of beds across the hospital.
Policies and procedures
An infection control manual is available to staff on the NHS board intranet and in paper copy in clinical areas. NHS Highland reported that it is involved in a pilot with Health Protection Scotland to create a standardised infection control manual for NHSScotland. The inspection team noted that a number of NHS board policies were under review and had been removed from the folders. Access to these policies was restricted to the intranet. NHS Highland assured the inspection team that these policies had been reviewed. The NHS board reported that, following advice from Health Protection Scotland, it had not felt it necessary to amend the review date of these policies due to the ongoing involvement with the wider national pilot exercise. The policies now contain a footnote stating that they are still currently valid and are fit for purpose.

- **Recommendation a:** NHS Highland should assign the out-of-date infection control policies a short-term review date to ensure that they remain current and give clear guidance to all staff accessing the policies.

During the inspection, there was good compliance by staff with standard infection control precautions in all the wards and departments inspected. Additionally, all staff observed were adhering to the NHSScotland dress code in accordance with Chief Executive Letter (CEL) 53(2008) and CEL 42(2010).

We surveyed 11 patients across the wards and departments inspected about hand washing practice. 91% stated that ward staff always wash their hands. 91% said that patients were always offered the opportunity to clean their hands.

Antimicrobial prescribing
NHS Highland has a multidisciplinary antimicrobial management team which meets every 2 months. The team regularly reports to the NHS board’s control of infection committee. There is representation from Mid Highland CHP on the antimicrobial management team.

NHS Highland takes part in the national HAI and antimicrobial prescribing prevalence annual survey. However, there was awareness from the NHS board of other national initiatives that are yet to be implemented in Belford Hospital. This includes auditing 20 patient admissions each month to ensure that the NHS board’s antimicrobial prescribing policy is being complied with in line with national CDI targets. Additionally, Belford Hospital is required to commence auditing the use of antibiotic surgical prophylaxis. This aims to reduce rates of surgical site infections and HAIs. This is in line with guidance from the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Antimicrobial Prescribing Group (SAPG) recommendations.

- **Requirement 1:** NHS Highland must commence national initiatives relating to best practice for antimicrobial prescribing in Belford Hospital. This includes auditing 20 patient admissions each month and auditing the use of antibiotic surgical prophylaxis.
Ensuring your hospital is safe and clean

Risk assessment and patient management
Staff demonstrated to the inspection team good awareness of isolation practice. This included how patients were managed to ensure appropriate infection control measures were in place. For example, due to the lack of en suite facilities in some wards, staff were clear on when to use dedicated commodes for patients in isolation.

Nursing staff could clearly explain use of the peripheral vascular catheter (PVC) care bundles which are used in Belford Hospital to reduce the risk of device-related blood stream infections.

Ward staff responded positively about communication with the estates department. Estates and maintenance requests are logged through an estates ‘hotline’. Jobs are risk rated, linked to the NHSScotland National Cleaning Services Specification (2009). Infection control and HAI issues are also considered as part of this risk rating process. The system is being further improved to ensure that the relevant senior charge nurse is always notified by email of any issues that are reported.

The NHS board reported that the Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI-SCRIBE) documentation is not always used for all agreed programmes of estates work. However, the inspection team was informed that the principles of HAI-SCRIBE are always followed. The use of HAI-SCRIBE is in accordance with Scottish Health Facilities Note (SHFN) 30: version 3 – Infection control in the built environment: Design and planning (2007). The documentation should be used to highlight and reduce any infection control hazards during new build and refurbishment of healthcare facilities. It should also be applied to the ongoing maintenance of existing healthcare facilities.

- **Requirement 2:** NHS Highland must ensure clarity on when HAI-SCRIBE should be followed for refurbishment or ongoing maintenance of existing healthcare facilities, as well as during new build work. This will ensure that all the appropriate controls are in place to reduce the risk of infection control hazards.

Cleaning
The inspection team considered the standard of cleaning of the healthcare environment and patient equipment to be very good. The hospital building is well maintained which facilitates cleaning of the hospital. It was clear to the inspection team that staff were proud of the hospital. Results from the HEI survey indicated that 73% of patients thought the wards were always clean. 73% of patients surveyed thought that the equipment used for care was always clean and in good repair.

NHS Highland is developing standardised cleaning schedules for both patient equipment and the healthcare environment. These are due to be rolled out in September 2011. The NHS board expects that the documentation and principles will be similar across each ward and department. However, the schedules will allow for local differences for the cleaning of patient equipment.

The inspection team considered that the current exception reporting system used by domestic services does not appear to be robust. This relies on informal exchanges of information, such as the use of notes or through discussions, to report when they have been unable to carry out all their duties on each shift.
Recommendation b: NHS Highland should implement a more structured process for domestic staff to report to the senior charge nurse when they have been unable to carry out all their cleaning duties.

The inspection team also examined four bed mattresses and four trolley mattresses during the inspection, all of which were clean and intact.

Nine commodes were examined by the inspection team across the wards and departments inspected, with one found to be dirty. Indicator tags are used to provide assurance that patient equipment is clean and ready for use (see Image 1).

Image 1: Indicator tag on commode (stepdown/acute rehabilitation ward)

The inspection team observed the full range of colour coded equipment in use, in line with the Health Facilities Scotland national colour coding scheme for hospital cleaning materials and equipment. There was good awareness by domestic staff of the colour coding scheme and the use of personal protective equipment.

Procurement
The inspection team was assured that the infection control team in NHS Highland is involved in the procurement process. The NHS board’s procurement committee currently has representation from Raigmore Hospital only. Membership is being expanded to ensure an NHS board-wide approach.

Ward staff were able to explain the process for involving the infection control team in the procurement of items for use within the healthcare environment.

3.2 Communication and public involvement

Communication with staff
There was good awareness of the infection control team in Belford Hospital.

There was evidence of regular communication between local management, infection control, nursing staff, estates and hotel services. Additionally, the process for discussing environmental audit action plans at the monthly lead nurse meetings ensures that issues are reviewed at hospital level and can be escalated as necessary.
Communication with the public

Across the wards and departments inspected, a wide variety of patient information leaflets on infections were available. 80% of patients surveyed said they had received information about preventing infections. The inspection team noted an informative infection control noticeboard in the A&E reception area. However, the locally produced patient information leaflets displayed in A&E were out of date. These had not been replaced with the up-to-date information available in wards and departments.

■ Recommendation c: NHS Highland should ensure that all locally produced patient information displayed in A&E is kept up to date and consistent with information available in wards and departments.

Several examples of locally produced infection control posters were also on display.

Public involvement

There is public partner representation on both the NHS board’s control of infection committee and antimicrobial management team. The Mid Highland CHP control of infection group is currently seeking a new public partner representative.

There are plans to establish a public partnership forum group in Mid Highland CHP. Belford Patients’ Council, which meets every 2 months, appears highly committed and involved in hospital-wide issues. This includes involvement in cleaning monitoring and hand hygiene audits. They are also consulted on draft patient information leaflets prior to circulation. The infection control nurse attends the Patients’ Council meetings on a regular basis to provide updates on infection control matters or hand hygiene training.

It was reported that there are plans to issue an information leaflet about the Belford Patients’ Council to all GP surgeries in the area. This will raise further awareness and widen public involvement.

All six patients spoken to by the inspection team spoke highly of the ward staff and the infection control practices observed.

3.3 Education and development

Strategy

The NHS board reported that the draft mandatory and continuing education strategy is to be formally approved at the infection control committee by the end of July 2011. Each CHP across NHS Highland will then have its own infection control education plan. The infection control manager is the designated lead for HAI education in NHS Highland.

The staff core competencies in infection prevention and control policy was approved and issued in February 2011. This includes information on mandatory induction and continuing professional development. The policy states that the exact requirements of ongoing HAI education and training will be determined locally but must include standard infection control precautions. Additionally, the policy states that all staff working within clinical areas must have HAI and infection control related topics within their objectives. Staff attendance records are to be held at ward level.

Mandatory training for nursing and midwifery staff covers CDI, meticillin resistant Staphylococcus aureus (MRSA), hand hygiene and norovirus. Training is provided on a
rolling programme with various methods and types of delivery to try and capture as many staff as possible.

The infection control nurse inputs into medical staff induction as well as carrying out informal education. A medical consultant has been nominated to take the lead in infection control training and education for junior medical staff.

Multidisciplinary ‘board rounds’ are carried out at Belford Hospital on a daily basis to discuss each patient currently in hospital. The board rounds include medical, surgical and nursing staff, allied health professionals and the infection control nurse. They can also be used as an opportunity to provide additional training and education in infection control.

The NHS board reported that an e-learning system has recently been purchased and should be implemented by December 2011. This will include modules on standard infection control precautions and hand hygiene, and will be easily accessible for all staff. Nursing staff confirmed that they are currently accessing NHS Education for Scotland online training modules on infection control. Medical staff confirmed that they have access to e-learning from appropriate professional bodies.

Assurance
All staff spoken to during the inspection had received training in topics which covered standard infection control precautions.
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 NHS QIS HAI standards published in March 2008. These are the standards which every patient in hospital has the right to expect. A requirement means the hospital has not met the NHS QIS HAI standards and the HEI is concerned about the impact this has on patients using the hospital. 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 should follow to improve standards of care.

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<tr>
<td>Requirements</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
<th>NHS Highland should:</th>
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<tbody>
<tr>
<td><strong>a</strong></td>
<td>assign the out-of-date infection control policies a short-term review date to ensure that they remain current and give clear guidance to all staff accessing the policies (see page 9).</td>
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<tr>
<td><strong>b</strong></td>
<td>implement a more structured process for domestic staff to report to the senior charge nurse when they have been unable to carry out all their cleaning duties (see page 11).</td>
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### Communication and public involvement

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
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<td>None</td>
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**Recommendations**

**NHS Highland should:**

- Ensure that all locally produced patient information displayed in A&E is kept up to date and consistent with information displayed throughout the other wards and departments (see page 12).

### Education and development

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<th>Requirements</th>
<th>HAI standard criterion</th>
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**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 6 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 audit tools can be found at [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).
Appendix 3 – Inspection process flow chart
Appendix 4 – Details of inspection

The inspection to Belford Hospital, NHS Highland was conducted on Tuesday 19 and Wednesday 20 July 2011.

The inspection team consisted of the following members:

**Alastair McGown**
Regional Inspector

**Suzanne Clark**
Associate Inspector (Patient focus)

**Ian Smith**
Associate Inspector

Supported by:

**Jan Nicolson**
Project Officer
## Appendix 5 – Glossary of abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
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<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<td>CEL</td>
<td>Chief Executive Letter</td>
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<td>CHP</td>
<td>community health partnership</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>HPS</td>
<td>Health Protection Scotland</td>
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<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<td>PVC</td>
<td>peripheral vascular catheter</td>
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