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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Victoria Hospital
NHS Fife

31 July – 2 August 2023

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland [Quality Assurance Framework](#). Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety briefings
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with managers to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

Victoria Hospital, Kirkcaldy, provides the majority of NHS Fife's acute services, including an accident and emergency service. It contains approximately 534 staffed beds and has a full range of healthcare specialities.

About this inspection

We carried out an unannounced inspection to Victoria Hospital, NHS Fife on Monday 31 July to Wednesday 2 August 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

- admissions unit 1
- admissions unit 2
- children's ward
- critical care
- emergency department
- national treatment centre ward
- renal dialysis unit
- ward 5
- ward 6
- ward 9
- ward 22
- ward 24
- ward 31
- ward 32
- ward 41
- ward 42
- ward 43
- ward 51
- ward 52

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Fife to provide evidence of its policies and procedures relevant to this inspection. The purpose of this was to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

We held a number of discussion sessions with key members of NHS Fife staff to discuss the evidence provided and serious concerns raised from the findings of the inspection.

On Monday 14 August 2023, we carried out an unannounced follow-up visit to Victoria Hospital to ensure concerns we raised had been addressed.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Fife and in particular all staff at Victoria Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section ‘What we found during this inspection’.

During this inspection staff we spoke with told us they felt supported and listened to by senior managers. Hospital safety briefings were well organised with good multidisciplinary team representation.

We observed that staff were responsive to patients’ needs. Patients and visitors were complimentary about staff and the care they provided.

Throughout the inspection we observed professional, friendly and respectful interactions between patients and staff and between colleagues.

However, we were required to raise serious concerns about the condition of the healthcare built environment within the older building of the hospital known as the ‘phase 1 block’. We observed phase 1 was in a very poor condition. We also had concerns about the oversight, communication and escalation process in relation to the condition of the environment. To follow up on these concerns we carried out a return visit on Monday 14 August and also held a number of discussion sessions with NHS Fife senior managers. We raised further serious concerns relating to the planned preventative maintenance system to ensure the environment remains safe, fit for purpose and includes testing of safety equipment such as fire doors, smoke dampers and ventilation and water safety testing.

Other areas of improvement identified include the systems in place to ensure staff act on patients’ early warning scores to carry out further vital observations, hand hygiene, the safe storage of cleaning products, and patient dignity when supporting patient flow through the hospital.

Throughout the inspection visits and discussions, NHS Fife staff teams and senior managers have been open and responsive to the inspection findings and the concerns raised with them.

What action we expect the NHS board to take after our inspection

This inspection resulted in four areas of good practice, two recommendations and nine requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Fife to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org

Areas of good practice

The unannounced inspection to Victoria Hospital resulted in four areas of good practice.

Domain 2

- 1 Hospital safety briefings were structured, inclusive and informative (see page 13).

Domain 4.1

- 2 Adults with Incapacity care plans were clear, detailed and completed appropriately (see page 18).

Domain 4.3

- 3 Staff safety huddles were inclusive of all departments and gave a whole site overview in real time (see page 22).

Domain 6

- 4 Staff take time to reassure patients and carers (see page 24).

Recommendations

The unannounced inspection to Victoria Hospital resulted in two recommendations.

Domain 2

- 1** NHS Fife should consider including healthcare built environment risks as an item on their senior charge nurse one-to-one discussion template (see page 14).

Domain 4.3

- 2** NHS Fife should consider patient dependency and complexity, and staff skill mix, to support staff to understand and apply Professional Judgement, when declaring “safe to start” (see page 22).

Requirements

The unannounced inspection to Victoria Hospital resulted in nine requirements.

Domain 2

- 1** NHS Fife must take steps to improve the governance, reporting and escalation of critical systems within the built environment. This includes but is not limited to (see page 14):
 - a. A more robust system to ensure oversight of the planned preventative maintenance system, ensuring any non-compliance that may impact on patient and staff safety is identified and actioned at the earliest opportunity.
 - b. Systems in place to monitor, manage and maintain the healthcare built environment to ensure effective communication of risks associated with the environment.
 - c. Attendance of required staff, or their deputy, at key committees in the NHS board governance structure.
 - d. A review of the system currently in place for flushing of water outlets to ensure a robust and effective process.

This will support compliance with:

The National Infection Prevention and Control Manual, the Vale of Leven Hospital Inquiry Report (2014) Recommendation 59, Infection Prevention and Control Standards (2022) criteria 4.2 and 8.2.

Health and Social Care Standards (2017) Criterion 2.6.

Domain 4.1

- 2** NHS Fife must ensure all sharps boxes' temporary closure lids are in place and hazardous cleaning products are securely stored (see page 19).

This will support compliance with: National Infection Prevention and Control Manual (2023) and Control of Substances Hazardous to Health (COSHH) Regulations (2002).

- 3** NHS Fife must ensure accurate assessment and recording of patients' care needs (see page 19).

This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24 and relevant codes of practice of regulated healthcare professions.

- 4** NHS Fife must ensure there are effective systems in place to monitor and act on patients' early warning scores, ensuring staff carry out vital observations when required (see page 19).

This will support compliance with: Health and Social Care Standards (2017) Criterion 4.1 and relevant codes of practice of regulated healthcare professions.

- 5** NHS Fife must ensure that all staff and volunteers perform hand hygiene at the correct times (see page 19).

This will support compliance with: National Infection Prevention and Control Manual (2023)

- 6** NHS Fife must ensure the healthcare built environment is effectively maintained to ensure a safe and clean environment where risks to patient and staff safety are effectively identified and mitigated. This includes but is not limited to (see page 19):

a. Effective escalation and mitigation of infection prevention and control audit results.

b. Ensuring the results of routine monitoring activities are accurate and support effective recognition of action to address damage to the healthcare built environment.

c. Compliance with national HAI-SCRIBE guidance when carrying out construction and refurbishment work.

This will support compliance with: Infection Prevention and Control Standards, Criterion 8.1.

7 NHS Fife must review current domestic services arrangements to ensure sufficient resources are in place including during weekends to meet the cleaning requirements (see page 19).

This will support compliance with: NHS Scotland national cleaning services specification (SHFN 01-02) | National Services Scotland.

Domain 4.3

8 NHS Fife must ensure implementation of effective workforce rostering, including real time staffing, to support the delivery of safe and effective high quality healthcare (see page 23).

This will support compliance with: Preparation for the Health and Care (Staffing) (Scotland) Act 2019.

Domain 6

9 NHS Fife must ensure the dignity of patients is maintained, especially at the times of high capacity when the “push” model is in use (see page 24).

This will support compliance with: Health and Social Care Standards Criterion 6.3.

What we found during this inspection

Domain 1 – Clear vision and purpose

- Quality indicator 1.5 – Key performance indicators

The emergency department at the Victoria Hospital, despite being busy and over capacity, was calm with staff delivering a good standard of care to patients. Inspectors observed the national treatment centre pathways and flow navigation centre, which were designed to reduce the impact on other services and departments and to ensure the right care is being provided by the right person, in the right place, at the right time.

NHS Fife, like much of NHS Scotland had been experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department.

NHS Fife has an Operations Pressure Escalation Levels Framework (OPEL) which details a five-level stepped response to be utilised at times of increased demand and capacity. On the days of our inspection, the hospital was operating at OPEL level 2 – Moderate pressure with some areas under pressure. From the evidence provided we observed that the majority of the triggers for OPEL level 2 were met with a few remaining triggers moving into the next level of escalation. To accommodate the increase in demand an additional “surge” ward had been opened to increase site capacity. We were told by senior managers that the additional surge ward was being utilised as a discharge ward and did not have a long term or permanent funded establishment of staff. This indicates that the ward was intended to be short term and relied on supplementary staffing.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department or other admissions units before admission, discharge or treatment.

For the week ending 6 August 2023 across NHS Scotland, 66.4% of patients were seen within the 4 hour target. Within Victoria Hospital, this was 67.2%. On the day we inspected the emergency department, 89.7% of patients were seen within the 4 hour target. The longest patient wait was 4 hours 20 minutes and the longest time to first assessment was 1 hour 30 minutes. The average length of stay in the admissions unit was 17 hours 30 minutes. We observed the emergency department although busy and over capacity, was calm with staff delivering a good standard of care to patients. Further information can be found in the NHS Performs weekly update of emergency department activity and waiting time statistics [A&E activity - Data and intelligence - Public Health Scotland](#)

During discussions with senior managers we were told that NHS Fife had developed a flow navigation centre staffed by advanced nurse practitioners. This was to reduce inappropriate emergency department admissions and ensure patients were receiving the right care in the right place. Patients referred through the flow navigation centre may be offered a scheduled arrival time at an alternative service, such as the minor injury unit, the medical or surgical admission unit or the rapid triage unit. We observed this working well in both admission unit 1 and 2 where patients were being referred through this route.

We inspected the national treatment centre. This is a newly opened treatment centre supporting planned orthopaedic treatment and surgeries. Senior staff we spoke with explained that pathways used in the national treatment centre ensured that patients have access to support and advice for an additional six weeks following treatment or surgery. This reduces the impact on other services such as general practice and the emergency department and supports the right care being provided by the right person, in the right place, at the right time.

Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

Staff felt supported and listened to by senior managers. Hospital safety briefings were well organised and inclusive. However, a lack of oversight of the estates process and management systems resulted in serious concerns about the condition of the environment. Concerns were also raised about some essential planned preventative maintenance not carried out in older parts of the hospital.

Staff we spoke with told us they felt well supported. We observed good multidisciplinary communication and working practices that supported good teamwork. Senior staff were visible on the wards. Student nurses we spoke with described a positive experience within the hospital with many having accepted staff nurse posts within the hospital on completion of their training.

Hospital safety briefings were well organised and supported by senior managers. The safety briefings included the status of ward and department capacity, patient flow, outstanding staffing risks and review of deteriorating patients. Information was collated prior to the briefings and presented in a consistent way to inform managers of the risks, staffing and capacity status. Regular flow and capacity meetings supported the placement of patients and additional meetings were scheduled when capacity was under pressure. During our inspection, these additional meetings were not required as there was sufficient capacity to meet the demand.

During our inspection of admissions unit 1, senior staff told inspectors about an increase in the number of cardiac arrests in the unit. We discussed this with senior

managers who were able to provide evidence which showed an increase of 71.5%, from 7 cases in the previous year, compared to 12 cases in the year to date. We were told that work is being carried out to review each incident and share any learning, this includes a multidisciplinary audit process following all resuscitation attempts. All audit forms are reviewed by a multidisciplinary CPR review panel. The panel follow a process to decide if management of the patient's care was appropriate. If the care raised concerns a referral to their "Emergency Bleep Meeting" for further review is made or if serious concerns are raised a Serious Adverse Event Review is commissioned. Following the review processes, learning is shared throughout NHS Fife. For example, an improvement plan was developed for additional staff training in resuscitation and recognising the deteriorating patient. This is part of a wider strategy to reduce cardiac arrests in NHS Fife. Some other improvement actions within this plan include improvement in compliance with patients' vital observations. This will be discussed further later in this report.

We observed the healthcare built environment within the older building known as phase 1 of the hospital was in a very poor condition. One ward in particular raised serious concerns for inspectors which we raised immediately with senior managers. In reviewing evidence and during discussions with senior managers, a number of points were identified that indicated there was a lack of oversight of this area and a failure of systems and processes relating the built environment. Senior Managers we spoke with told us this was due to their focus being on the higher pressured areas of the hospital campus. In addition, the planned refurbishment of phase 1 had resulted in staff and managers being resigned to the poor condition of the environment until refurbishment had been completed. This will be discussed in more detail later in the report. A requirement has been given to support improvement in this area.

Following review of evidence provided, and during our return visit to Victoria Hospital, we identified further concerns about the completion, oversight and governance of planned preventative maintenance of the healthcare built environment within phase 1.

Planned preventative maintenance is a schedule of jobs to ensure equipment remains safe, fit for purpose and includes testing of safety equipment such as fire doors, smoke dampers and the ventilation plant. The planned preventative maintenance records for phase 1 demonstrated that 60 statutory jobs had not been completed, some of them on more than one consecutive occasion. We raised serious concerns with senior managers who reviewed our findings and identified 12 of these as critical tasks for immediate action.

Senior hospital and executive managers took immediate action to identify the extent of the issues raised, both at the Victoria Hospital and across the wider NHS Fife

estate. They were able to provide evidence that water management tasks had been completed and were recorded in a separate electronic system. They provided an action plan to address the outstanding essential works. This included all fire door checks to be completed immediately, additional training for staff on the use of the electronic systems and an evaluation of all planned preventative maintenance systems across NHS Fife to ensure any lessons learned from these concerns would be addressed and actioned across the NHS board. A requirement has been given to support improvement in this area.

We reviewed further evidence from the organisation's governance structures. These included infection control committee minutes and other committees relating to the built environment. We noted that some key managers had not attended the ventilation safety group for several meetings. Within the quarterly water safety group meetings, updates on water flushing could not be provided at two meetings because the required person was not in attendance at the meeting. We identified within evidence requested that for one of the high-risk areas of the hospital, where water flushing should be carried out daily, there were frequent gaps resulting in the water not being flushed 30% of the month. Senior managers explained this task had become single person dependent and they were considering other solutions to ensure a more effective system. A requirement has been given to support improvement in this area.

We were provided with evidence of the discussion template used by clinical nurse managers during one-to-one meetings with senior charge nurses to oversee and support ward management. This covers a range of business and quality indicators. An example of these is a review of staff training achieved. However, the discussion template does not specifically include concerns or issues with the healthcare built environment.

Throughout the inspection and during the several meetings we had with senior managers to raise our concerns, and seek further assurance, we found NHS Fife senior executive managers were open, transparent, cooperative and responsive.

Area of good practice

Domain 2

1 Hospital safety briefings were structured, inclusive and informative.

Recommendation

Domain 2

- 1 NHS Fife should consider including healthcare built environment risks as an item on their senior charge nurse one-to-one discussion template.

Requirement

Domain 2

- 1 NHS Fife must take steps to improve the governance, reporting and escalation of critical systems within the built environment. This includes but is not limited to:
 - a. A more robust system to ensure oversight of the planned preventative maintenance system, ensuring any non-compliance that may impact on patient and staff safety is identified and actioned at the earliest opportunity.
 - b. Systems in place to monitor, manage and maintain the healthcare built environment to ensure effective communication of risks associated with the environment.
 - c. Attendance of required staff, or their deputy, at key committees in the NHS board governance structure.
 - d. A review of the system currently in place for flushing of water outlets to ensure a robust and effective process.

Domain 4 – Quality improvement

- Quality indicator 4.1 – Pathways, procedures and policies

The majority of wards were calm and well organised, and we observed good teamwork and leadership. All Adults with Incapacity care plans were complete and detailed. However, some other documentation was not always completed accurately or consistently. In addition, inspectors raised serious concerns about the environment within one ward area which resulted in NHS Fife taking the decision to move patients to another ward within the hospital.

The majority of wards were calm and well organised with good leadership. Senior charge nurses or the nurse in charge could be easily identified and were approachable. One ward appeared less calm and organised. We brought this to the

attention of senior hospital managers who were already aware of the challenges on that ward and they told us that additional support was in place for the ward leadership team, for example additional meetings between the senior charge nurse and the clinical nurse manager.

We observed that patients in all areas inspected appeared well cared for and staff were responsive to patients' needs. Patients and visitors were complimentary about staff and the care they provided.

Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs they may have, such as pressure area relief and the provision of fluid and nutrition. Inspectors found variation in the completion of these in a number of wards. Inspectors found documentation not being completed within recommended time frames, risk assessments not fully completed and in some instances contradictory information. For example, a patient with a urinary catheter in place did not have this recorded within the care rounding, and another patient with pressure damage which again was not recorded. However, other patient care documentation did highlight these care needs. Effective record keeping is a requirement of all registrants and is essential to providing individualised person-centred care. Any inconsistencies in recording could result in missed opportunities to carry out fundamentals of patient care and may increase the risk of an adverse patient outcome. A requirement has been given to support improvement in this area.

Staff use an early warning score system and an electronic recording system to record clinical observations and alert staff to patients whose condition may be at risk of deterioration. During hospital safety briefings we observed high scores were reviewed to ensure patient care plans provide the correct level of care. However, during our inspection we observed some instances where patients' early warnings scores were not acted upon in a timely manner. This included patients within the admission unit with a high warning score having a delay of over an hour before the observations were next recorded. We were told by staff that observations had been carried out but not recorded in a timely way due to the lack of availability of handheld electronic devices used to record patient observations. Senior hospital managers told us that a trial is underway for observation machines that directly transfer the information to the recording system. NHS Fife told us they have already recognised the need to improve the recording of patient vital observations and early warning scores and had recently commenced improvement work. A requirement has been given to support improvement in this area.

NHS Fife has developed a standardised document for vulnerable adults containing Adults with Incapacity care plans, section 47 certificates, and enhanced supervision care plans for patients who are at risk of falling or who may be confused. The document can also be used to record discussions with relatives and carers and is kept

within the main patient care record. These documents were clear, detailed and completed appropriately. This is an area of good practice.

We observed patient mealtimes which were well organised, with mealtime coordinators taking a lead in most areas. The majority of wards offered patients the opportunity of hand hygiene before their meal was served.

Standard infection control precautions should be used by all staff at all times, to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Hand hygiene is important to prevent the transmission of infection. We observed mixed compliance with hand hygiene. In some areas this was carried out well by the majority of staff. In other areas opportunities were missed by some medical and nursing staff and many opportunities were missed by ward-based volunteers in one area inspected. This was brought to the attention of the senior charge nurse at the time. Volunteers are managed by a volunteer coordinator and we were told by senior hospital managers that they receive induction training including infection prevention and control. However, the volunteers inspectors spoke with did not recall receiving any hand hygiene training. A requirement has been given to support improvement in this area.

We observed that some clinical hand wash basins within the older parts of the hospital were not compliant with current guidance. We were provided with evidence that this is recorded within NHS Fife's risk register. We were advised that the non-complaint basins will be replaced during the refurbishment of these areas.

Personal protective equipment such as gloves and aprons were readily available and at the point of care. Inspectors observed appropriate use of personal protective equipment.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Inspectors observed that linen and waste were managed appropriately. However, in one ward sharps bins were not stored correctly, with the majority stored without the temporary closure secured in place.

We observed that cleaning products were not always stored securely and could therefore be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We raised this concern at the time of inspection. A requirement has been given to support improvement in this area.

The healthcare built environment in phase 1 was generally poor. This included damaged wooden surfaces, flooring and walls. As already discussed, one ward was significantly worse than other areas. Within this ward we observed plastic coverings on doors were badly broken and sharp with potential to injure patients or staff. We also observed damaged wooden surfaces throughout the ward. A leak from a water pipe in a patient toilet had soaked through the wall leaving broken and wet plaster, creating holes in the wall and had been leaking into the service shaft behind. The kitchen work surface was badly damaged with exposed black damp patches on the wooden surface. Ward staff had locked the toilet and could provide evidence that they had reported the damaged environment issues on a number of occasions on the estates reporting system.

We raised serious concerns about the environment with senior hospital managers who were not aware of the level of disrepair within the ward. We returned to the area during the initial inspection with senior hospital managers and found that initial remedial work had begun, however inadequate precautions had been used to manage built environment infection risks to patients on the ward. The current HAI-SCRIBE guidance which highlights the processes for identifying, eliminating, or managing built environment infection control risks during construction and refurbishment works in the healthcare environment, had not been applied. The appropriate risk assessment documentation had not been carried out in line with guidance. We informed senior hospital managers of our serious concerns and they responded quickly to assess the risks and took immediate action.

Actions included stopping the remedial work, stopping further patient admissions, moving inpatients to another ward and reviewing further steps to be taken. A comprehensive action plan was provided detailing further actions to move services and bring forward refurbishment plans for the ward. A requirement has been given to support improvement in this area.

Evidence provided included infection control audits of this ward area from the months prior to our inspection, these had correctly identified issues within the environment in this ward. The audit and re-audit results were widely shared with the clinical team and senior hospital managers. However, there was no evidence of any escalation process in place when improvement actions were not taken. As already discussed within this report, multiple system failures resulted in the deterioration and lack of remedial action to address the damaged environment in this ward. A requirement has been given to support improvement in this area.

The domestic and estates services use the facilities monitoring tool to audit the healthcare built environment. The high scores for June 2023 did not reflect our observations during the inspection and appeared higher than the conditions

observed in the older buildings within the hospital. A requirement has been given to support improvement in this area.

The majority of areas inspected were cleaned to a high standard. In two ward areas domestic staff and patients highlighted to inspectors that the domestic cleaning had not been carried out in some patients' rooms over the weekend. This resulted in the weekday domestic staff having to address this. A requirement has been given to support improvement in this area.

We observed the entrance door to one ward was locked and did not allow patients and visitors to leave the ward freely without asking for staff assistance. Senior managers told us this had been as a result of the ward changing its purpose, it had previously been a maternity ward. On our return visit on 14 August 2023 we observed a press to exit button had been fitted.

During our inspection of the newer parts of the hospital, we observed several ward areas had recently had baths removed as these were no longer used. However, in the majority of these the drain waste pipe had not been removed or sealed. We raised this with senior managers who were not aware the drains remained unsealed. During our return visit we identified that two of these drains remained unsealed. We raised this as a serious concern with senior managers, who have since provided evidence that all of the open drain waste pipes have now been removed and sealed. A requirement has been given to support improvement in this area.

Area of good practice

Domain 4.1

- | | |
|----------|-------------------------------------------------------------------------------------|
| 2 | Adults with Incapacity care plans were clear, detailed and completed appropriately. |
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Requirements

Domain 4.1	
2	NHS Fife must ensure all sharps boxes' temporary closure lids are in place and hazardous cleaning products are securely stored.
3	NHS Fife must ensure accurate assessment and recording of patients' care needs.
4	NHS Fife must ensure there are effective systems in place to monitor and act on patients' early warning scores, ensuring staff carry out vital observations when required.
5	NHS Fife must ensure that all staff and volunteers perform hand hygiene at the correct times.
6	<p>NHS Fife must ensure the healthcare built environment is effectively maintained to ensure a safe and clean environment where risks to patient and staff safety are effectively identified and mitigated. This includes but is not limited to:</p> <ul style="list-style-type: none">a. Effective escalation and mitigation of infection prevention and control audit results.b. Ensuring the results of routine monitoring activities are accurate and support effective recognition of action to address damage to the healthcare built environment.c. Compliance with national HAI-SCRIBE guidance when carrying out construction and refurbishment work.
7	NHS Fife must review current domestic services arrangements to ensure sufficient resources are in place including during weekends to meet the cleaning requirements.

Domain 4.3 – Workforce planning

- Quality indicator 4.3 – Workforce planning

Staff we spoke with described having senior leadership support in place. The leadership was supportive and responsive when nurses were raising issues that needed addressed. Site safety huddles were inclusive of all departments and gave a whole site overview in real time. There were concerns raised by staff around effective rostering, including nursing skill mix and supplementary staffing which staff and inspectors reported as having an impact on the safe delivery of care.

NHS Scotland continues to experience significant workforce pressures compounded by staffing vacancies, recruitment challenges and staff absence. At the time of our inspection, we noted that there were high levels of vacancies for Registered Nursing, particularly band 5 staffing nurses. We consider high vacancy levels as greater than 10%.

We noted that there had been a skill mix review of the registered nursing workforce and NHS Fife had increased the number of senior registered nurses which reduced the vacancy gap. Although this data is for NHS Fife overall, senior leadership confirmed that this was reflective of the workforce situation at Victoria Hospital.

We were told that as a result of vacancies, absences and additional wards to support hospital capacity, many wards were working with lower numbers of registered nurses than they required. Staff told inspectors that poor skill mix and high use of agency nurses contributed to gaps in record keeping, an issue previously highlighted within this report.

NHS Fife has an annual workforce plan in place. This identifies the workforce, staffing risks and their plan to address these. The staffing risk register highlights vacancies and areas of pressure within the workforce and actions taken to mitigate these areas of risk. We were told of the governance processes and meetings held with senior managers to support this work.

One such action is to maximise the existing workforce across NHS Fife, similar to other health boards across NHS Scotland, who have introduced a Band 4 Trainee Assistant Practitioner role. This involves additional training and development of existing healthcare support workers to work alongside the registered nurses to support the safe delivery of care. The assistant practitioner's role supports the registered nurses in the assessment, planning, delivery and evaluation of care. As a recently started trainee role, we were not able to observe or evaluate the contribution of the assistant practitioner role in clinical practice during this inspection.

As a result of the high level of registered nurse vacancies and other workforce pressures, there is a high reliance on supplementary staff, particularly agency

nursing. Supplementary staffing includes substantive staff working additional hours, the nurse bank or external agencies.

Not having the appropriate staffing level or skill mix can have an adverse impact on the safe delivery of care, particularly if staff are unfamiliar with the NHS board, or the clinical area and do not have the necessary skills, knowledge and experience.

Staff having less or limited experience of the specialty they are working in was identified as a theme during our inspection. Staff told us about the challenges they felt in some areas where they considered there was inappropriate skill mix of newly qualified nurses and supplementary staffing, in particularly agency nurses. Staff reported that leadership was supportive and responsive when nurses were raising staffing issues that needed addressed. The use of effective rostering, including real time staffing is recommended to ensure that ward areas have the right staffing levels, experience and skill mix in place to support the safe delivery of high quality healthcare. Senior leaders in NHS Fife recognised this as a risk and this is monitored through safety and quality assurance data and monthly review meetings with senior charge nurses which forms part of overall governance systems. NHS Fife will be implementing the national roster system which will support effective roster management and management of real time staffing. A requirement has been given to support improvement in this area.

The NHS board has recruitment initiatives in place in an attempt to mitigate staffing risks. These initiatives include recruitment of international staff, employment of newly qualified staff and rapid recruitment to reduce time waiting for successful candidates to start in post. This has increased the workforce by approximately 30 (WTE) full time registered nurses over a 12-month period. Senior leaders assured us that they continue to consider creative recruitment opportunities and optimise data from exit interviews to promote retention within the nursing workforce.

NHS Fife completes staffing level tools annually which assists NHS boards to support workforce planning. Staffing level tools are mandated and NHS boards are required to report on these following the Health and Care (Staffing) Act 2019 enactment in April 2023. We were told that workforce reviews were carried out when the clinical areas had a change of purpose or demand, this includes the staffing level tool run which were reviewed at executive level as part of the board's governance processes.

The Victoria Hospital has a daily process in place to review flow, capacity, staffing and patient safety on site. The data and intelligence gathered feeds into the overall site safety scoring system. However, we did not see evidence of dependency or complexity data that would support staff with Professional Judgement decisions included within this. Professional Judgement is when clinical staff use their expertise to assess patient needs and staffing requirement. At the time of our inspection, the majority of wards and departments stated that they were "safe to start". However, inspectors were told by staff of the concerns around staffing levels, skill mix and high agency usage which the nursing teams told inspectors was impacting on the delivery

of aspects of care, such as record keeping. A recommendation has been given for consideration.

As highlighted previously, NHS Fife has an Operations Pressure Escalation Levels Framework (OPEL) which includes their own NHS Fife Nursing Staff tool. The nursing staff tool component of OPEL is used to record real time staffing and support appropriate assessment, planning and escalation to enable efficient and effective allocation of staff to meet the safe delivery of patient care.

The guidance includes the mitigations and escalations that should be implemented to maintain safe delivery of care. Managers are able to mitigate staffing risks using resources available and their professional judgement. These mitigations and escalations are recorded and fed back to staff verbally or they can access the electronic report via their internal intranet.

If severe and recurrent risks are identified these are highlighted at monthly directorate reviews for all clinical teams, and actions and mitigations planned are recorded and reviewed on a monthly basis. Directorate performance reviews take place regularly where quality data is reviewed alongside workforce data to enable early intervention where required. This is then discussed at the clinical governance meeting to ensure governance and learning. Managers were able to provide us with an example where the quality data collected had been analysed and an improvement project put in place to optimise patient safety within a clinical area.

Staff wellbeing was seen as a priority and this was observed in practice. There are NHS Fife wide resources as well as local initiatives including peer support and wellbeing champions. A member of staff commented that they felt that the safety huddle was very supportive and there was a focus on wellbeing.

Area of good practice

Domain 4.3

- | | |
|----------|-----------------------------------------------------------------------------------------------------|
| 3 | Staff safety huddles were inclusive of all departments and gave a whole site overview in real time. |
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Recommendation

Domain 4.3

- | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | NHS Fife should consider patient dependency and complexity, and staff skill mix, to support staff to understand and apply Professional Judgement, when declaring “safe to start”. |
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Requirement

Domain 4.3

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|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 | NHS Fife must ensure implementation of effective workforce rostering, including real time staffing, to support the delivery of safe and effective high quality healthcare. |
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Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

All staff interactions with patients and between staff were professional, friendly and respectful. Patients and carers spoke positively about the care they received. However, the push model should be reviewed to support consistent practice, with a clearer focus on patient dignity.

The majority of patients and relatives we spoke with were positive about the care they or their family were receiving. A carer we spoke with felt staff had communicated well with them and had considered their needs as the main carer and as a family member. We observed staff taking the time to support the family's involvement in care to prepare for discharge and communicate with community care staff. However, some patients did feedback to inspectors some concerns described earlier in the report and some further examples are described below.

Some staff we spoke with described the system in place to support patient flow through the hospital when the emergency department or admissions units are at full capacity. The "push model" was designed to support people to be cared for in the right place at the right time and ensure there is capacity in the emergency department and admission units. This was achieved by wards receiving their patient in advance of a bed being released by an expected discharge. However, some staff told us this can impact on patient dignity. For example, when a patient who was not yet within a dedicated bed space required help with personal care, the privacy curtains for all the other patients within the bay had to be pulled to provide privacy for this patient. A patient we spoke with told us they were unhappy about not having a bed to go into when they arrived on a ward, and having to sit in an armchair in the middle of a patient bay until a bed became available. We discussed this with senior hospital managers, they told us that this should not happen if the protocol is followed. Only patients who have been assessed as appropriate using the push protocol should be moved to the ward to wait for a bed. A requirement has been given to support improvement in this area.

We observed that most patients in the emergency department were being kept informed of their care management. In one instance we observed a patient who had

specific needs being fast tracked through the department. This was done because being kept in an ambulance was causing the patient distress. We also observed that the staff in the department were taking their lead from the patient's carer in communicating with the patient, to alleviate any anxieties and to help the patient to communicate their care needs. The patients and relatives that we spoke with in the emergency department were positive about the care that the patients were receiving and being kept up to date with their care management.

However, one concern was raised about the length of time a patient spent in the waiting room of the emergency department overnight with limited access to food and drinks. The patient did confirm staff had kept them updated and that there had been emergency situations with other patients within the department that had caused the delay. We brought this to the attention of senior hospital managers at the time of our inspection and they planned to review the patient's journey.

In the intensive care unit we observed nursing staff taking their time to reassure the patients family by explaining what each piece of equipment did, how it was helping the patient and further reassuring them that although there would be noises and lights from the machines, the patient would be receiving one to one care and the nurse would be on hand to support the patient.

Area of good practice

Domain 6

4 Staff take time to reassure patients and carers.

Requirement

Domain 6

9 NHS Fife must ensure the dignity of patients is maintained, especially at the times of high capacity when the "push" model is in use.

Appendix 1 – List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards \(Healthcare Improvement Scotland, 2022\)](#)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, June 2023)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government: November 2022](#)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [The Quality Assurance System \(healthcareimprovementscotland.org\)](#) (Healthcare Improvement Scotland, September 2022)
- [Staff governance covid-19 guidance for staff and managers](#) (NHS Scotland, January 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

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