

# Unannounced **Follow-up** Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Victoria Hospital

NHS Fife

3–5 December 2024

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Healthcare Improvement Scotland Unannounced **Follow-up** Inspection Report (Victoria Hospital, NHS Fife):  
03 – 05 December 2024



# 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 huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management 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.

## Our Approach

We carried out an unannounced inspection of Victoria Hospital, NHS Fife on Monday 31 July to Wednesday 2 August 2023. On Monday 14 August, we carried out an unannounced return visit to establish if significant concerns raised in relation to the maintenance of the hospital environment had been addressed. A total of nine requirements were made to the NHS board which are listed below:

### August 2023 inspection requirements

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.
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. 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
  - 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.
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.
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.

To address these requirements, and in line with our safe delivery of care methodology, NHS Fife submitted an improvement plan detailing the actions it intended to take in response to the concerns we identified.

We returned to carry out an unannounced follow-up inspection of Victoria Hospital in December 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within NHS Fife's improvement action plan and the serious patient safety concerns raised through our formal escalation process.

## About the hospital we inspected

Victoria Hospital in Kirkaldy is the main acute hospital within NHS Fife. The hospital has 534 staffed beds. The hospital provides a range of outpatient, inpatient and day services such as emergency care, renal services, critical care, haematology and women and children's services.

During our **previous inspection** 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, and
- ward 52.

To provide assurance of improvement within these areas and across the range of specialties during this follow-up inspection, we inspected the following areas in line with our safe delivery of care acute hospital methodology.

- admissions unit 1
- children's ward
- day intervention unit
- emergency department
- ward 31
- ward 32
- ward 34
- ward 41

- intensive care unit
- renal day unit
- ward 5
- ward 6
- ward 9
- ward 22
- ward 42
- ward 44
- ward 51
- ward 52 and,
- ward 53.

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 is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Wednesday 8 January 2025 we held a virtual discussion session with key members of NHS Fife staff to discuss the evidence provided and the findings of the inspection.

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 particularly 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 our safe delivery of care inspection in August 2023, we raised a number of concerns with NHS Fife relating to the maintenance of the healthcare environment and processes surrounding this. Following this, NHS Fife provided assurance of the urgent actions taken to address our concerns and meet national standards. Our inspection findings resulted in nine requirements. During this follow-up inspection we have been assured that progress has been made by NHS Fife with all requirements relating to maintenance of the healthcare environment being met or partially met. However, further improvement is required in relation to hand hygiene, patient documentation and the safe storage of cleaning products.

We acknowledge that ongoing improvement work is being undertaken by NHS Fife to meet the remaining requirements. However, further areas for improvement have been identified during this follow-up inspection. These include the safe storage of cleaning products, safe management of waste and fire training compliance. We also observed that patient dignity may be impacted in some wards within the older part of the hospital due to a reduced availability of shower facilities.

At the time of this follow-up inspection, Victoria Hospital was experiencing a range of pressures, including increased patient numbers, reduced staff availability and high acuity of patients. This resulted in NHS Fife implementing the use of additional beds within clinical areas.

We observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it. Despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.

The majority of staff we spoke with described Victoria Hospital as a good place to work with a supportive and visible senior management team.

We observed that the hospital wide safety huddles and smaller directorate focused huddles followed a structured format and were open and transparent, and promoted a culture of psychological safety where staff felt able to raise any concerns.

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

This follow-up inspection resulted in nine areas of good practice, one recommendation and 13 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: <http://www.healthcareimprovementscotland.scot>

## Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Victoria Hospital resulted in nine areas of good practice.

### Domain 1

- |   |   |
|---|---|
| 1 | Collaborative working was seen within the emergency department between hospital staff and Scottish Ambulance Service to ensure safe patient care (see page 20). |
|---|---|

### Domain 2

- |   |   |
|---|---|
| 2 | Wide range of training and development opportunities for staff (see page 26).   |
| 3 | Safety huddles were structured, inclusive and informative (see page 26).  |
| 4 | Timely escalation to request additional supplementary staff based on acuity and dependency (see page 26).                 |
| 5 | Students reported positive practice and learning environments and support from staff within clinical areas (see page 26). |

### Domain 4.1

- |   |   |
|---|---|
| 6 | Adults with Incapacity care plans were clear, detailed and completed appropriately (see page 35). |
| 7 | Positive interactions between patients and staff (see page 35).                                   |
| 8 | Development and training opportunities for staff within the emergency department (see page 35).   |



## Domain 4.3

- 9 Visible senior leadership seen throughout the hospital (see page 38).

### New recommendation from this follow-up inspection

1. The unannounced inspection to Victoria Hospital resulted in one recommendation.

## Domain 4.1

- 1 NHS Fife should ensure patients are assisted with hand hygiene prior to mealtimes (see page 35).

### New requirements from this follow-up inspection

The unannounced inspection to Victoria Hospital resulted in 13 requirements.

## Domain 1

- 1 NHS Fife must ensure all relevant staff are provided with and complete the necessary paediatric immediate life support training to safely carry out their roles (see page 20).  
  
This will support compliance with: The Code: professional standards of practice and behaviour for nurses' midwives and nursing associates (2018), relevant codes of practice of regulated healthcare professions and the Health and Care (Staffing) (Scotland) Act (2019).
- 2 NHS Fife must ensure all relevant staff fire training is up to date and recorded appropriately, all portable electrical equipment is tested to ensure safe to use within hospital setting and all fire exits are not obstructed (see page 20).  
  
This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).
- 3 NHS Fife must ensure all fire evacuation plans are updated to take into account the use of additional beds within clinical areas (see page 20).  
  
This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).
- 4 NHS Fife must ensure the safe storage of patient belongings to ensure evacuation routes are not obstructed (see page 21).  
  
This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006), Health and Social Care

	Standards (2017) criteria 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1.
<b>5</b>	<p>NHS Fife must ensure staff follow risk assessments and selection criteria guidance for placement of patients within additional surge beds (see page 21).</p> <p>This will support compliance with: Health and Social Care Standards (2017) criteria 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1.</p>

## Domain 4.1

<b>6</b>	<p>NHS Fife must ensure boarding policies are followed and clear documentation is in place when deviations are made and all staff are aware of policies procedures in place to support safe selection of and appropriate patient placement (see page 35).</p> <p>This will support compliance with: Health and Social Care Standards (2017) criteria 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1.</p>
<b>7</b>	<p>NHS Fife must ensure staff follow policies and procedures for the safe care of vascular access devices (see page 35).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023) criteria 2.4 and 4.2; Health and Social Care Standards (2017) Criterion 1.24; and relevant codes of practice of regulated healthcare professions.</p>
<b>8</b>	<p>NHS Fife must ensure staff comply with safe management of linen policies (see page 35).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
<b>9</b>	<p>NHS Fife staff including nurses, domestic and estates must ensure the appropriate monitoring and cleaning of vents and escalate any concerns in relation to this (see page 36).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
<b>10</b>	<p>NHS Fife must ensure all patient care equipment is in a good state of repair, including trolley mattresses within the emergency department, and is decontaminated following use and stored safely (see page 36).</p>

	This will support compliance with: National Infection Prevention and Control Manual (2023).
<b>11</b>	NHS Fife must ensure alcohol based hand rub is available for use by staff and visitors (see page 36).  This will support compliance with: National Infection Prevention and Control Manual (2023).

### Domain 4.3

- 12** NHS Fife must ensure that there are suitable arrangements for real-time staffing assessment and escalation of risk for all clinical professions (see page 39).  
  
This will support their compliance with: Health and Care (Staffing) (Scotland) Act (2019).

### Domain 6

- 13** NHS Fife must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for all patients (see page 41).  
  
This will support compliance with: Quality Assurance Framework (2022) indicators 6.1 and 6.4 and Health and Social Care Standards (2017) criteria 1.4, 1.19 and 5.2

# What we found during this follow-up inspection

## Domain 1 – Clear vision and purpose

### Quality indicator 1.5 – Key performance indicators

**Despite increased hospital capacity the areas we inspected were calm and well led, with hospital teams working together to provide responsive, compassionate care. Patients and families spoke highly of the care received and staff stated they would recommend Victoria Hospital as a good place to work.**

NHS Fife continues to use an Operations Pressure Escalation Levels Framework (OPEL) which details a five level stepped response to be utilised at times of increased demand and capacity. During our inspection, the hospital was operating between OPEL level 5 - extreme pressure with risk of service failure, with extensive support required and all available escalation actions in place, and OPEL level 4 - critical pressure with significant deterioration in performance and quality.

During this follow-up inspection NHS Fife, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department. At the time of inspection Victoria Hospital was operating at over 94% capacity. The British Medical Association and the Royal College of Emergency Medicine describe a safe bed occupancy level of less than 85%. This capacity has resulted in NHS Fife implementing the use of additional beds to improve patient flow, reduce overcrowding in the emergency department and admission units and prevent delays in patients moving from ambulances to hospital care.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or transfer for other treatment. Across NHS Scotland for the week ending 24 November 2024, 69.2% of patients were seen within the four hour target with 65.3% of patients seen within the four hour target at Victoria Hospital. Further information can be found [here](#).

During our onsite inspection, inspectors visited the emergency department within Victoria Hospital. Although the department was busy and under pressure, staff were calm and the department was well organised with care being coordinated safely. Staff were seen to be working hard to ensure patient safety.

On the first day of our inspection we observed that the longest time to first assessment by a clinician was 90 minutes. We observed one patient who had been receiving care in the department for over 10 hours whilst awaiting availability of an inpatient bed. We observed that the time to triage was one hour and 48 minutes. Triage is an essential part of emergency care. On a patient's arrival to the emergency

department, the individual responsible for triage assesses the patient's needs and assigns the priority of treatment required. There is no standardised triage system in Scotland. However, the Royal College of Emergency Medicine advises that triage should occur within 15 minutes of presentation. More information can be found at [initial assessment of emergency department patients - Royal College of Emergency Medicine](#). As part of this inspection, we asked NHS Fife to provide us with any incident reports submitted by staff for the three months prior to this inspection in relation to patient safety. We can see from these that there have been no incident reports submitted with reference to delay in emergency department triage times.

We spoke with staff who advised inspectors of improvement work being carried out in relation to the triage of patients. Inspectors were told that there is a plan to move to the Manchester Triage System in January 2025. The Manchester Triage System is a clinical risk management tool used to enable staff to treat patients in order of clinical priority.

Emergency department staff told inspectors that, where able, two members of staff are allocated to triage. However, due to staff shortages this is not always possible. We asked senior nursing staff in the department what processes are in place when triage demand increases resulting in delays. We were advised that where possible support would be provided by nursing staff working within the minors area of the department. Patients treated within this area can include those attending with injuries such as broken bones and sprains and minor illnesses such as urinary tract infections and abdominal pain. We were also advised that if support could not be provided, or if additional support was required, that the clinical nurse manager and flow coordinator (emergency department nurse in charge) would assist to enable patients to be triaged safely and within a timely manner.

We were advised by staff that if there are delays in triage, patients will be triaged in order of potential clinical need. For example, patients who have chest pain, sepsis and other conditions which may require additional close continual monitoring will be prioritised for triage. Additionally, patients' emergency department cards will be taken to the triage nurse to ensure they have full oversight of patients. The emergency department reception staff will notify the triage nurse of any concerns with patients within the waiting room. Whilst in the department, inspectors observed the triage nurse entering into the waiting room to call patients, meaning they will be able to see the waiting room, providing a visual oversight of patients waiting.

On the first day of our inspection there were no ambulances waiting to handover patients to the care of the hospital at the emergency department. On day two of our inspection there were three ambulances waiting, with an average waiting time of one hour and 20 minutes. Wait times increased slightly on day three with five ambulances waiting and an average time to hand over care of one hour and 30 minutes. Staff told us that when patients remain in ambulances it is the responsibility of the Scottish Ambulance Service to monitor the patient and escalate any deterioration in patient

condition. From evidence submitted we observed there were no reported incidents relating to patients being required to wait within ambulances due to lack of capacity within the emergency department.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and reduce delays in emergency departments and acute admission units. Further information can be found at [emergency department signposting/redirection](#).

As part of evidence requested, we asked NHS Fife for its redirection policy. We can see from this that patients are assessed by a triage nurse and decisions made regarding appropriateness for redirection. The patient is then assessed by a senior medical decision maker. During daytime hours there is an assigned emergency department consultant for triage and redirection, and overnight the duty registrar is responsible. We observed in the redirection guidance that a defined group of patients can be identified and considered for signposting/redirection using specified criteria. These include any patients with an illness or condition normally treated by their primary care team, patients who have already seen their primary care team or have an ongoing treatment plan in place with no acute deterioration in condition, and patients who are presenting with a condition that they have had for seven or more days including trauma unless obvious deformity. Redirection guidance for Victoria Hospital includes, but is not exhaustive of, pharmacy first, primary care, out of hours general practitioner and self-care advice.

If a patient has been redirected the medical staff responsible should complete the patients notes and issue a discharge letter from the electronic patient management system with appropriate redirection coding and reasons applied. This allows complete data collection for audit and clinical governance processes.

In order to ensure continued improvement and patient safety, the redirection process is reviewed as part of monthly clinical governance structure for any adverse events and reattendances. Additionally, any complaints or reported incidents will be investigated to ensure oversight and appropriate feedback as part of governance structures. In evidence provided by NHS Fife we did not see any patient safety incidents in relation to reattendance at the emergency department following redirection.

There are two admissions units within Victoria Hospital. Admissions Unit 1 takes any medical referrals from general practitioners and Admissions Unit 2 takes any surgical referrals. Any patients being referred by general practitioners with a specialist concern such as orthopedics will be assessed in the emergency department. The duty consultant within the emergency department takes specialty referral phone calls, reviews patients and refers onwards where appropriate.

Within the emergency department resuscitation area there are eight cubicles and three enclosed rooms which are suitable for carrying out aerosol generating procedures or isolation of suspected or confirmed infection. Aerosol generating procedures are defined as any medical and patient care procedure that results in the production of airborne particles. In patients with respiratory illnesses such as influenza and tuberculosis, these procedures may enhance the spread of infection. Therefore, enhanced infection prevention and control precautions are required such as isolation and utilisation of additional personal protective equipment such as specialist masks, gowns and visors.

The resuscitation area within the emergency department is used for patients who have a higher level of clinical dependency and therefore require a higher level of monitoring, nursing and medical care.

Additionally, within the department there is an emergency observation unit which has six cubicles. This unit cares for patients who require observation for up to 24 hours such as those with a head injury who do not have anyone at home to observe them. The unit is staffed by emergency department staff, with one registered nurse and one healthcare support worker. Staff advised inspectors that there are no formal individual patient risk assessment or selection criteria procedures in place for the unit. Senior managers told us risk assessment and selection criteria is based on professional judgment and utilisation of the guidelines for admissions to the emergency medicine observation unit. We observed that the guideline was overdue its review date of October 2023. However, NHS Fife advised us that this is now currently under review.

Inspectors visited the rapid triage unit which is adjacent to the emergency department. This is an advanced care practitioner led unit and patients are referred directly by general practitioners for investigation and treatment. Patients are then either discharged home or referred onwards such as admission to the hospital, the hospital at home service or ambulatory care. Staff advised that there had been a recent pilot where emergency department patients who were assessed as not requiring emergency department care or treatment were referred to the rapid triage unit. Emergency department staff spoke positively of this pilot and felt this alleviated pressure and demand on the emergency department.

In evidence submitted by NHS Fife we were able to see that during the pilot period, less than 50% of patients who attended the rapid triage unit were admitted to a ward within the hospital and 46% of patients were discharged home following treatment. From this evidence we observed some patients are referred on to other services such as ambulatory care, where patients can return for treatment and monitoring, hospital at home service and hospice.

The emergency department at Victoria Hospital also cares for paediatric patients. There is a dedicated paediatric assessment bay within the resuscitation area with age



specific emergency trolleys with drug doses and all items required in an emergency situation. Equipment is easily retrievable and accessible in the event of a paediatric emergency.

The department has recently recruited two registered children's nurses and we were advised by senior nursing staff within the department that nursing and medical staff from the children's ward will attend the department for acutely ill paediatric patients. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has paediatric advanced life support (or equivalent) training. This also states that all patients should have a paediatric early warning score recorded on arrival and that any infant or child with a score above four should receive a medical review within fifteen minutes. The paediatric early warning score is a system that measures physiological parameters such as heart rate, respiratory rate and blood pressure as well as recording staff or carer concerns. In evidence provided by NHS Fife we were told that only 17% of nursing staff within the emergency department hold a current certificate in paediatric immediate life support.

In further evidence received we were told that NHS Fife currently provides 18 paediatric immediate life support training places per year. However, these places are for staff working across the hospital and not just for the emergency department team. NHS Fife have explained that the clinical educator based in the emergency department provides an 'in house' paediatric emergency medicine study day relating to the care of paediatric patients, with 34% of staff having completed this training. Due to the low number of staff having a current in date certificate for paediatric immediate life support, a new requirement has been given to support improvement in this area.

We asked NHS Fife for further evidence in relation to the availability of medical staff with in date advanced paediatric life support training. NHS Fife provided evidence stating that within the emergency department there is always a senior doctor who has an in date advanced paediatric life support certificate. Additionally, NHS Fife told us that they have five paediatric emergency medicine consultants who work within the department.

NHS Fife provided evidence which shows within the children's ward, there is always at least one middle grade doctor who has an in date advanced paediatric life support and neonatal life support certificate. We can also see from this evidence that paediatric basic life support training is mandatory within the paediatric unit with 87% training compliance currently. NHS Fife advised that the paediatric team deliver weekly multidisciplinary simulation training sessions for doctors and nursing staff in how to care for a deteriorating child.



We also asked NHS Fife how a critically unwell child, who requires intensive care input is monitored. NHS Fife told us that a critically unwell child would be transferred by ScotSTAR (Scottish Specialist Transport & Retrieval) to either the Royal Hospital for Sick Children in Glasgow or the Royal Hospital for Children in Edinburgh. ScotSTAR is a national service for safe and effective transport and retrieval of critically ill children and adults throughout Scotland. Whilst awaiting transfer, children would be managed within the children's ward or within an anaesthetics room under the monitoring and care of anaesthetist, intensive care staff, paediatric consultant and paediatric nurses.

We observed that all patients in the emergency department were being cared for in designated cubicles. Staff told us that patients are not cared for in corridor spaces and if there is no available capacity within the department that patients will remain in ambulances under the care of the Scottish Ambulance Service. Senior nursing staff within the department described good working relationships and teamwork with Scottish Ambulance Service colleagues. Effective working relationships between NHS Fife staff and Scottish Ambulance Service staff was evident through their attendance at hospital safety huddles.

If ambulance staff are unable to transfer a patient into the emergency department, they will provide the patients details and a handover to the nurse in charge of the resuscitation area and the patient is booked in as 'pre hospital' to enable oversight. Where concerns around patient condition are raised the emergency department nurse in charge and consultant will review the patient in the ambulance if required. Emergency department staff advised if there is no capacity in the department and a paediatric patient has been brought in by ambulance that they will be admitted directly to the children's ward.

On discussion with emergency department staff, they advised if six or more ambulances are waiting with no capacity in the department, senior discussions take place with Scottish Ambulance Service and the hospital ambulance liaison officer. The role of the hospital ambulance liaison officer is to facilitate safe, effective and efficient handover between ambulance crews and the emergency department to ensure timely ambulance handover of patients and reduce delays. At times of extreme pressure the consultant for the emergency department, the hospital ambulance liaison officer and Scottish Ambulance Service may make the decision to cohort two ambulance patients with one ambulance crew to enable the other ambulances to be available for further calls. Patients who are cohorted are placed within the corridor outside the emergency department. During the period of time patients are cohorted, colleagues from Scottish Ambulance Service are responsible for all care needs. However, where required, they can obtain support from emergency department staff. From evidence received from NHS Fife we were able to see individual action cards for use where ambulance cohorting is required. There are action cards for the clinical coordinator, capacity team, emergency department team and Scottish Ambulance Service colleagues. The decision to cohort is made collaboratively by the hospital ambulance

liaison officer or team leader from Scottish Ambulance Service and the emergency department consultant.

Evidence received details patients who would be unsuitable for cohorting such as those on oxygen therapy, high falls risk, high risk of absconding, any patient on end of life pathway and any patient with a confirmed or suspected infection.

The key messages from the evidence provided is that in times of extreme pressure where ambulance cohorting is necessary, the requirement for continual clear communication between everyone involved is essential.

During our inspection we were advised of the Actions for Clinical Capacity Escalation and Site Safety (ACCESS) model which is implemented when trigger points are reached. Triggers include where one ambulance is waiting with no capacity in the emergency department or within the admissions unit, ambulance cohorting being implemented and, increased demand and attendance is expected. For the model to run smoothly wards are notified of implementation and aware that they must create capacity within 30 minutes. We were told staff within the assessment units will assess patients who are suitable to be transferred to specialty wards following consultant review. The clinical coordinator remains fully informed of the patients being moved under the model. Inspectors were able to see this process through attendance at a variety of safety huddles during the onsite inspection. Clinical coordinators remain informed through attendance at safety and capacity huddles and visiting clinical areas to assist with decision making and to support staff.

The nurse in charge of the ward area will identify patients suitable to sit out of their bed/bed space. From the ACCESS process information provided we can see that this should be done based on the following basis and preferably in this order; confirmed discharges, potential discharges and transfers where patients are being moved to another hospital or care provider that day. Inspectors did not have the opportunity to observe this process whilst on inspection. The nurse in charge is responsible for carrying out a risk assessment of the patient deemed suitable to sit out of the bed space and the patient suitable to be transferred under the ACCESS model.

There are always a minimum of two clinical coordinators on duty within Victoria Hospital. During the day there are two with medical directorate responsibility and one with surgical directorate responsibility. Overnight there are two clinical coordinators who share whole site responsibility. The clinical coordinator is a band 7 registered nurse who has extensive experience within the clinical area as well as experience of working at senior management level. The clinical coordinators will monitor the hospital continually and identify areas of increased pressure and demand and where trigger points are met, they will activate the ACCESS model. Overnight, in addition to monitoring hospital capacity and emergency department performance and attendance, the clinical coordinator will be responsible for dealing with any staffing

issues and any other logistical issues prior to escalation to the on call manager. Staff advised inspectors that they felt supported if they escalated capacity concerns.

As part of this follow-up inspection, we asked NHS Fife to provide evidence of any incidents or adverse events reported by staff through the incident reporting system in relation to patient safety within the emergency department, and inpatient wards within Victoria Hospital for the three months prior to our inspection. From the evidence provided the most common subcategories were patient falls, unwanted behaviours and physical assault. From the data there were no common themes identified in relation to falls such as particular wards being outliers.

Many of the incidents relating to physical assault were from the emergency department and wards which care for older people. This can be due to increased cognitive impairment combined with acute illness. We asked NHS Fife for compliance figures for violence and aggression training for staff within the medicine of the elderly wards and the emergency department. Within the two medicine for the elderly wards there are 85 - 91% of staff trained and within the emergency department there are 93% of staff trained in management of violence and aggression.

Initiatives have been put in place as a result of improvement work relating to falls. These include early identification of patients who may be at risk of falls and the use of appropriate patient footwear to reduce falls.

We asked NHS Fife for its fire evacuation assessments for all areas. From this we observed that there were numerous areas highlighted as non-compliant with fire regulations. These included replacement of doors to fire doors within some wards within phase three of the hospital, maintenance and testing of portable appliances and the monitoring of staff training. These findings from the fire risk assessments were highlighted to senior managers during the virtual discussion who advised they will investigate these concerns and issues highlighted. Senior managers told us fire doors have now been replaced within the phase three part of the hospital. Additional reminders have been sent to staff to highlight importance of fire safety training compliance and communications have been provided relating to the testing of portable appliances.

The majority of corridors and fire doors we observed were unobstructed. However, in one area there was a piece of equipment being stored in an area that was clearly labelled to be kept clear. We raised this with senior staff for the area who advised there would be a risk assessment in place for this particular piece of equipment. NHS Fife provided us with hospital wide fire risk assessments. However, these did not include an assessment for this area. Whilst this was the only fire exit that was observed to have been obstructed during our onsite inspection, staff should ensure all fire exits are clear from obstruction. A new requirement has been given to support improvement in this area.

In phase one of the hospital inspectors found additional beds had been placed in two wards to increase capacity. However, the additional bed spaces did not have access to a patient bedside locker, which resulted in patients' belongings being placed on the floor. In addition, the fire evacuation plan had not been updated to reflect the additional ward capacity. A new requirement has been given to support improvement in this area.

We observed several incidents in relation to the use of the additional beds. Incidents reported include inappropriate placement of patients, such as those awaiting further investigations and neurology review. The NHS Fife boarding policy states that patients transferred to these beds should not be awaiting review or undergoing any diagnostic testing. We also saw in incident reports that patients had been transferred to additional beds prior to screening results being available. This means patients who are positive for respiratory illnesses such as COVID-19 and Influenza A had been placed within multibedded rooms placing additional patients and staff at risk.

From evidence received we observed there had been no infection outbreaks recorded within these wards. We asked NHS Fife for any learning and actions following these incidents. Senior managers advised us staff caring for these patients had used personal protective equipment such as gloves, aprons and fluid resistant surgical masks in line with the national infection prevention and control manual. The rooms were cleaned in line with national guidance following isolation of the patients. Patients within the multibedded rooms had been monitored and no onward transmission of infection was identified. However, as risk assessments and selection criteria guidance for placement of patients within additional surge beds had not been followed a new requirement has been given to support improvement in this area.

## Area of good practice

### Domain 1

- 1 Collaborative working was seen within the emergency department between hospital staff and Scottish Ambulance Service to ensure safe patient care.

## Requirements

### Domain 1

- 1 NHS Fife must ensure all relevant staff are provided with and complete the necessary paediatric immediate life support training to safely carry out their roles.
- 2 NHS Fife must ensure all relevant staff fire training is up to date and recorded appropriately, all portable electrical equipment is tested to ensure safe to use within hospital setting and all fire exits are not obstructed.
- 3 NHS Fife must ensure all fire evacuation plans are updated to take into account the use of additional beds within clinical areas.

4	NHS Fife must ensure the safe storage of patient belongings to ensure evacuation routes are not obstructed.
5	NHS Fife must ensure staff follow risk assessments and selection criteria guidance for placement of patients within additional surge beds.

## Domain 2 – Leadership and culture

### Quality indicator 2.1 – Shared values

**Staff we spoke with reported feeling supported and listened to by senior managers. Senior managers were visible within the hospital and hospital safety briefings and huddles were well organised, with good multidisciplinary team representation.**

Similarly to our previous inspection in August 2023, staff we spoke with informed us they were well supported by senior managers and we observed good multidisciplinary communication and working practices. Student nurses we spoke with described a positive learning experience within the hospital with many hopeful of obtaining staff nurse posts within the hospital on completion of their training. Additionally, staff reported cohesive working across wards, stating support is available from other clinical areas to support the safe delivery of care.

During our previous inspection in August 2023, we highlighted a lack of oversight of the estates process and management systems resulting in serious concerns about the condition of the environment, and some essential planned preventative maintenance not being undertaken in older parts of the hospital. 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. In addition, we raised serious concerns relating to the high number of incomplete statutory jobs, some of which were identified on more than one consecutive occasion, for example water management tasks and fire door checks. Senior managers reviewed our findings and identified 12 of these as critical tasks for immediate action.

Additionally, on reviewing NHS Fife's governance structures we noted that some key managers had not attended the ventilation safety group for several meetings.

Due to concerns relating to reporting and escalation of critical systems within the healthcare built environment and the governance structures we made a number of requirements as detailed on page four.

It is important that the healthcare built environment is maintained to a high standard to ensure patient and staff safety and allow for effective decontamination. Our previous inspection also highlighted the very poor condition of the healthcare built environment within the older part of Victoria Hospital known as phase one. One ward

in particular raised serious concerns for inspectors which we raised at that time with senior managers.

During this follow-up inspection we found this area to be significantly improved and a full refurbishment had been carried out. The ward was clean, bright and spacious with additional storage space for equipment and there were no concerns raised around the maintenance of the environment. NHS Fife has successfully improved this ward for both staff and patients.

During our previous inspection we identified that whilst infection prevention and control audit and re-audit results were widely shared with the clinical team and senior hospital managers, there was no evidence of any escalation process in place when improvement actions were not taken. A requirement was given to support improvement in this area. During this follow-up inspection we were provided with evidence of infection control audits from a variety of wards across the hospital. These audits identified concerns with the cleanliness of the environment and had corresponding action plans providing updates on any issues raised. A new system is in place providing additional monitoring of the environment, supporting the infection prevention and control team to remain updated of improvements following the auditing process. This also enables any urgent concerns to be escalated to senior managers and any ongoing concerns to be raised at the pan infection control group.

During this follow-up inspection inspectors observed a buildup of dust within ceiling air vents in several wards. From the evidence provided this appears to be an ongoing theme across the hospital. We were advised that following the completion of the audits the clinical area formulates an improvement action plan. However, there was no evidence provided of any follow-up process that would ensure the issues were fully resolved. We discussed this during our virtual discussion with NHS Fife who advised they would assess the current process for vent cleaning and increase frequency where required. A new requirement has been given to support improvement within this area.

We can see in evidence provided during this follow-up inspection that the dermatology department is recorded in NHS Fife's risk register in relation to a lack of a clean or dirty utility room. During the virtual discussion senior managers explained that this department is within the phase one building which is the older part of the hospital where there are challenges with the fabric of the building. Senior managers advised that this area is a top priority to be relocated when space becomes available although this is not currently possible. Staff explained mitigations in place including regular visits from the infection prevention and control team and additional waste uplifts depending on clinic activity. During the previous inspection, a requirement was given in relation to the maintenance of the healthcare environment within phase one of the hospital. Due to significant improvement within some areas within phase one of the hospital this requirement has been partially met. However, due to ongoing concerns with the challenges of the older estate within phase one and wider ongoing



maintenance issues identified relating to the ceiling air vents, this requirement will be carried forward with a new area of focus to support improvement in this area.

Within one ward we observed evidence of a small amount of mould in the kitchen, at the hot water output pipe and in between the work tops and sink, in the showers and on the bottom of the shower curtains. This was highlighted to the nurse in charge at the time of the inspection and inspectors were advised this would be actioned as a matter of urgency.

During this follow-up inspection we met with estates staff who discussed improvements made within the estates team, including increased training for all staff in relation to the electronic system for estates maintenance requests. Senior managers advised this has led to a reduction in requests being cancelled and fewer jobs remaining outstanding for a prolonged period. We found that in the period from August 2023 - August 2024 there were no statutory jobs outstanding and four requests cancelled without any follow-up. This is an improvement from the previous year August 2022 - August 2023, which showed 39 jobs cancelled and 148 outstanding. Whilst on inspection we were not made aware of any outstanding tasks awaiting action by estates. Ward staff advised work is carried out in a timely manner and that the estates teams are responsive to requests.

We met with members of the infection prevention and control team who informed us of a new pan NHS Fife infection prevention and control group meeting which reviews infection control data across the NHS board and will implement and monitor improvements. This is attended by members from the infection prevention and control team, acute and partnership colleagues and estates staff. The aim is to allow an open forum for discussion of all concerns and achievements relating to infection prevention and control, any quality improvement work and provide updates on data and audit findings. The group reports directly to the board infection control committee. We were also advised that the ventilation safety group had been placed on hold. There had been no ventilation safety group between December 2023 and November 2024. However, this was due to restart the following day, with bimonthly meetings in place. An updated terms of reference and renewed membership for the group was provided in the evidence received

During our previous inspection in August 2023, we identified gaps within the water flushing records within one high risk area. During this follow-up inspection inspectors spoke with staff in relation to water flushing and were able to observe evidence on the wards showing that water flushing is carried out consistently and signed off. The minutes of the water safety group meetings showed attendance from key members of staff within NHS Fife, including estates manager, infection prevention and control, health and safety advisor as well as clinical staff had improved.

During this follow-up inspection we found that the hospital environment, particularly within phase one of the hospital was greatly improved. The environment had been refurbished and appeared to be well maintained.

As a result of these improvements this requirement has been met.

Additionally, during the previous inspection a recommendation was given in relation to senior charge nurse awareness of completion of the HAISCRIBE document. HAISCRIBE guidance highlights the processes for identifying, eliminating or managing built environment infection control risks during construction and refurbishment of the built environment.

During discussions with senior charge nurses, we were assured that they now have awareness of this process and the requirement for the documentation of risks and mitigations relating to healthcare built environment. During our virtual discussion with senior managers, we observed that the topic of HAISCRIBE has been added to the senior charge nurse one-to-one document. This recommendation has been met.

Staff shared with us details of several staff wellbeing, and education activities which they believe has resulted in greater staff retention and improved recruitment. An example of this is the increased recognition of deteriorating patients and the completion of associated documentation. Staff felt this had empowered them to raise any concerns, leading to better patient outcomes and a feeling of being valued at work. Staff advised inspectors that they would recommend Victoria Hospital as a good place to work. Within one ward we heard that there was a practice education facilitator based in the department, ensuring staff have access to training and support required to carry out their role safely.

Wellbeing initiatives included peer support and chaplaincy service. Within the intensive care unit, the team described excellent support from the chaplaincy team as this can be an extremely emotionally challenging environment to work in.

In one ward area the clinical nurse manager was observed delivering care. We were advised that support is provided at times of increased demand and to allow staff to access protected learning time.

In the weekend prior to our inspection, a number of wards had recently been relocated within phase three of the hospital in an aim to create a more cohesive flow of patients throughout the hospital. Frailty assessment and medicine for the elderly wards were relocated to the same floor. Staff told inspectors about 'Go Live' meetings to support the teams and answer any questions and alleviate any possible areas of stress and concern relating to the movement of patients and wards. Attendance at these meetings included senior managers, registered nurses and healthcare support workers. Inspectors visited these wards and although some equipment was not yet stored appropriately due to staff providing patient care, the wards appeared to be functioning safely, fire exits were clear and patients and staff appeared happy with



moves. Staff advised inspectors that the moves would ensure a clear flow of patients throughout the specialty and a cohesive patient journey from frailty and medicine for the elderly.

We observed good representation from all departments and disciplines at the hospital wide morning safety huddle. Discussions at the safety huddles included emergency department performance, current capacity within the hospital, cancellation of procedures and any patient and staff safety concerns. Within Victoria Hospital all patient observations are recorded on an online system which then raises flags to indicate to staff further action required such as repetition of observations and escalation to medical staff. During the hospital huddles any patients with an elevated early warning score were discussed to ensure awareness of potential for deterioration and to ensure appropriate treatment plans are in place.

In addition to the hospital wide morning safety huddle, there are also smaller huddles held at set times throughout the day. These cover the front door and admission areas of the hospital. The purpose of these huddles is to support the development of a plan for the day ahead and overnight. These huddles appeared to be patient focused, with discussions held regarding any potential workforce issues unable to be resolved locally through routine escalation processes. This will be discussed further within domain 4.3. Additional safety huddles are held within the emergency department throughout the day. These involve nursing staff, clinicians, flow coordinator and clinical nurse manager. Any new concerns will be highlighted at the emergency department huddle including patient related concerns, staffing, health and safety and any equipment concerns. Inspectors observed a high level patient-centred approach throughout the huddle.

In addition to the hospital safety huddle there are ward based safety briefs in place at handovers. Topics discussed include any patient safety concerns such as falls and any patients with do not attempt resuscitation orders in place, as well as any staff safety concerns such as staff shortages. Any mitigations are recorded in relation to this. Staff advised inspectors they find this very useful as it allows for onward communication from the site wide huddle of any relevant information. This also gives all staff awareness of the ward as a whole.

We observed a multidisciplinary team meeting in one area. Representation included but was not exhaustive of medical staff, allied health professionals and nursing staff. Patients' estimated date of discharge and plan of care was discussed including referrals for packages of care and any risk assessments that required updating.

During our inspection there was good visibility of clinical nurse managers and members of the senior management team. Several senior charge nurses described a very supportive senior leadership team, with one describing the culture as being very different from approximately five years ago, describing the culture five years ago as unsupportive. Additionally, inspectors spoke with several student nurses within

different wards who all described a very supportive placement and learning environment. Student nurses reported good support from all members of the teams and have good access to their mentors. Due to the wards being extremely busy, students were able to gain extensive learning experience under supervision.

Within the intensive care unit inspectors spoke with a newly qualified nurse. The nurse has been in role for approximately six weeks and told us they felt extremely well supported. On commencing a role in intensive care, nursing staff have one week of classroom work with a clinical educator to understand the role, followed by six weeks supernumerary time. Staff feel this is extremely beneficial as working within the intensive care unit can be an intimidating place for staff. However, the education and support provided means staff build confidence to carry out the role safely. In addition to the classroom time and supernumerary time, new staff within the intensive care unit have a competency booklet to complete over a number of months to consolidate their learning.

## Areas of good practice

Domain 2	
2	Wide range of training and development opportunities for staff.
3	Safety huddles were structured, inclusive and informative.
4	Timely escalation to request additional supplementary staff based on acuity and dependency.
5	Students reported positive practice and learning environments and support from staff within clinical areas.

## Domain 4.1 – Pathways, procedures and policies

### Quality 4.1 – Pathways, procedures and policies

**The majority of wards inspected were calm and well organised and patients appeared to be well cared for. The hospital environment appeared to be greatly improved since the previous inspection in August 2023. However, there were some inconsistencies with the completion of patient care documentation. Inspectors found in all areas visited, staff were responsive to patients needs and in the majority of areas call bells were answered promptly. In one area we observed staff responding quickly and appropriately to an emergency call bell.**

Like many other hospitals within NHS Scotland, Victoria Hospital has been required to utilise additional beds, in order to alleviate pressure within the emergency department and receiving units. Within Victoria Hospital additional beds are placed within multi-bed areas which increases capacity on some occasions from two to four bed spaces. Senior managers from NHS Fife advised that additional beds are never placed within ward corridors.

While Healthcare Improvement Scotland does not support the use of contingency beds and beds within non-standard care areas such as treatment rooms and corridors, we acknowledge that due to increased capacity and emergency admissions, this may be required to ensure patients receive the care they require. Where there is a requirement for the use of contingency beds NHS boards must ensure patient safety and dignity is maintained for both the patient within the contingency bed and also for the patients within the surrounding beds. Additionally, boards must ensure appropriate placement mechanisms are in place such as a risk assessment or selection criteria.

Inspectors visited the day intervention unit which had utilised the space with 11 inpatients overnight. This unit is routinely used for patients attending for procedures as an outpatient, such as colonoscopies and endoscopies. However, due to increased capacity demands patients were cared for in the unit overnight.

As this area is not routinely run as a 24 hour unit, inspectors were told this area is staffed with bank staff and agency staff. During our virtual discussion with NHS Fife, we asked senior managers how they are assured the correct staff with the correct skills are in place to care for patients. Senior managers advised of the process for staffing the day intervention unit out of hours, describing a process whereby staff are booked through bank system and then a skill mix is carried out with substantive staff from across Victoria Hospital to ensure safe patient care.

Senior managers advised that there will always be at least one member of staff on duty within the day intervention unit who is familiar with working within Victoria Hospital and aware of the processes and procedures. Additional support is also available from clinical coordinators and hospital at night staff.

Inspectors were told that staff from the day intervention unit do, on occasion, have to work after their expected finish time until staff are provided to cover the area if it is to remain open overnight. However, this is infrequent, and staff receive time back in form of time owed in lieu. On the first day of the inspection there were 11 patients admitted to the day intervention unit overnight. However, plans were in place to transfer or discharge these patients by the end of the day.

On the first day of our inspection, as a result of patients remaining in the unit overnight, one day surgery list and one endoscopy list had to be cancelled with a further scope list transferred to Queen Margaret Hospital in Dunfermline to accommodate inpatients. This may have a detrimental effect on patients due to additional travelling following preparation for procedures such as colonoscopies. Staff state this happens more frequently during the winter months. We discussed this with senior managers who advised that although the decision to cancel or relocate services was not ideal, the clinical need and acuity of patients within Victoria Hospital was continually considered and reflected in decision making.

From incident reports provided we observed one incident where a patient with loose stools, with an unknown infection was placed overnight within the day intervention unit. Due to the layout of this unit, one large open room with no side room availability, this caused an increased risk of exposure to infection for other patients also placed here. This is not in line with national guidance. From evidence we did not see any outbreaks reported within this area. We discussed this incident with the board who advised enhanced cleaning was implemented around the patient's bedspace and there was a dedicated toilet assigned to them which was also cleaned following each use. The patient was discharged within 12 hours and appropriate cleaning was carried out. Additionally, the boarding policy was recirculated to staff to ensure familiarisation of the policy.

Due to a requirement for increased capacity within Victoria Hospital there are additional beds in use in a number of wards and clinical areas. Within two wards within the phase one part of the hospital, these beds are placed within a multi-bedded room, transforming the room from a two bedded bay to a three or four bedded bay. Within these additional beds patients have access to a call bell and privacy curtains are in place around the bed space. As part of our evidence request, we asked NHS Fife for the risk assessment/selection criteria for the use of these additional beds.

We were provided with the NHS Fife boarding policy standard operating procedure. This details patients who should be excluded from boarding within different specialties, such as those with significant risk of stress and distress due to delirium or dementia, patients with significant cognitive impairment or learning disability, any patients with a suspected or confirmed infection and any patients with haemodialysis access.

Additionally, there is a risk assessment sticker which should be completed and signed by the nurse in charge and placed within the patient notes. This has patient details but also details reason for the patient boarding out with specialty. This requires the person completing the risk assessment to assess if the criteria for boarding out with specialty is met, and if not, this is documented in the notes. It was acknowledged by senior managers that due to increasing capacity requirements and patient acuity, some patients may be boarded out with the guidance within this policy. When this happens, there is an 'out with policy' sticker which should be placed in the patients notes and signed by the nurse in charge. If a patient is boarded out with the boarding policy, discussions should also be held with the clinician responsible for the patient's care and the outcome documented in the patient records.

We had the opportunity to speak with some registered staff who reported that there was frequently patients allocated who required a high level of nursing input, for example patients who required intravenous drug administration and blood transfusions. At times staff feel that staffing numbers do not reflect the acuity of the patients. Patients should be allocated to these wards according to the boarding policy and where this criteria is not met, the boarding out with policy sticker should be used.

On discussion with inspectors, staff were not aware of the use of the sticker for these patients. A new requirement has been given to support improvement in this area.

When a patient is cared for in an area out with their specialty, provisions should be made for their ongoing care such as physiotherapy and occupational therapy. Senior managers from Victoria Hospital advised there are a specific team of medical staff who are responsible for this group of patients. This alleviates additional workload on the medical staff within the ward and can also expedite patient discharges. Although inspectors did not witness these reviews, staff, including ward staff, clinical coordinators and clinical nurse managers report that this process works well meaning there is less confusion around who should be reviewing these patients. Additionally, patients continue to have access to physiotherapy and occupational therapy as per their care plan.

Whilst onsite some staff raised concerns that if a boarded patient deteriorates ward staff can face challenges and delays in having the patient reviewed by the appropriate clinical team and transferred back to an area able to better deal with high level of acuity. From incident reports received we observed there had been no reported incidents relating to patients deteriorating while being cared for on another ward out with their specialty.

During our virtual discussion with senior managers we asked about two occasions we were made aware of when patients have deteriorated within in an additional bed space and space restrictions resulted in a possible delay to treatment and access to equipment. Senior managers advised us that these incidents were reviewed and investigated, and changes made such as the placement of emergency equipment. Regular reminders are also given to ward staff during safety brief discussions and walk arounds are carried out by the senior charge nurse to ensure clear access is maintained.

A significant adverse event review (SAER) is a process which is followed to investigate an adverse event which has occurred within the healthcare setting. This could be defined as an event that could have, or did result in harm to an individual or group of people.

We were advised that although no SAER was carried out in relation to these incidents, a local adverse event review was carried out and learning shared amongst all staff on the ward as well as those covering the hospital emergency team. Additionally, we were told that where a patient appears to be deteriorating this is reviewed and flagged at hospital huddles. Plans are then implemented to ensure the patient is moved to a more appropriate place of care and ensure that medical reviews are being carried out in a timely manner.

We observed several mealtimes within some of the wards inspected. Mealtimes appeared to be well organised and coordinated with a number of staff assisting to distribute meals in a timely manner. During mealtimes, the catering team reported

kitchens are fast to respond if requiring additional or alternative meal options. Patients also described being satisfied with meals and meal choices and being able to access alternatives if they disliked the initial choice. Although mealtimes were well organised, inspectors did not observe patients being offered hand hygiene prior to meals. A new recommendation has been given to support improvement in this area.

Inspectors were informed that patients placed within the day intervention unit overnight do not have access to a hot meal, only soup is provided. We asked NHS Fife what provisions, if any, are in place to ensure patients nutritional needs are met when they are bedded within the day intervention unit. A memorandum was provided which has been re-circulated hospital wide to provide details of meal ordering for patients bedded within this unit. In addition, the kitchen within the day intervention unit is equipped with a toaster, fridge and equipment for making hot and cold beverages should patients require food fluid or nutrition out with mealtimes.

During the previous inspection we reviewed patient care documentation and found good and consistent completion of Adults with Incapacity section 47 certificates, and enhanced supervision care plans for patients who are at risk of falling or who may be confused. This was found to also be the case during this follow-up inspection and all associated documentation was consistently completed and clear.

During our previous inspection we found inconsistencies with the completion of patient care documentation. Variation was found with completion of documents such as care and comfort rounding and assessment and recording of fluid and nutrition. 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.

During this follow-up inspection inspectors found that although some improvements had been made, there continues to be inconsistency in the completion of daily care plans and assessment of patient care needs, with some care plans not completed at all. Additionally, one patient had a grade 3 pressure ulcer and the patients' skin care documentation did not have this recorded which may lead to staff being unaware of the importance of positional changes due to current damage, and the patient could be at risk of further skin deterioration. 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. Due to the inconsistencies which remain and further improvements required, this requirement has not been met.

Inspectors observed staff talking with and interacting positively with patients whilst updating notes and care plans. Patients were able to discuss care needs with staff and timely updates were recorded. This has been identified as an area of good practice.



Inspectors observed staff accessing and caring for peripheral venous catheters and administering intravenous medications and fluid. Peripheral venous catheters are designed for short term use such as intravenous fluids and medications. On multiple occasions staff were observed to access cannula ports and connect intravenous lines without cleaning the access port. Peripheral venous catheters can be a source of infection for patients and can cause serious complications. As detailed in NHS Fife's procedure for care, maintenance and removal of vascular access devices, all ports should be decontaminated prior to access using 70% isopropyl alcohol swab. Additionally, several dressings used to secure peripheral venous catheters were not dated, meaning staff would be unable to ascertain the length of time the device had been in place. NHS Fife's procedure for care, maintenance and removal of vascular access devices also states a semipermeable dressing should be applied to secure the device with an indication of the date of insertion. A new requirement has been given to support improvement in this area.

Within the majority of wards, inspectors observed each patient had a bedside locker on the wall which stores any medicines they have brought into hospital. Any additional medicines will be supplied by the wards own stock which is stored centrally. Each bedside locker was locked and medicines were stored securely. All patient bedside tables were free from any medication. Additionally, all preparation room doors were locked, requiring swipe access and all of the cupboards within the room were locked and in a good state of repair.

Currently Victoria Hospital uses prescription charts and has not yet moved over to an electronic medication administration system. Within one area we observed that all prescription charts are checked by a ward pharmacist. However, on some occasions the medicines within the 'as required' part of the chart did not have an indication for use recorded. It was also observed that several charts did not have patient weights recorded which may support the prescribing of safe dosing of certain medicines. However, this may have been recorded elsewhere in the other documentation, which inspectors did not observe. It would be good practice to have this information easily accessible within the patient record.

Within the emergency department inspectors asked how staff ensure patients receive medication, including time critical medication, in a timely manner. The nurse in charge explained that admission paperwork has a care rounding checklist attached which includes the checking of drug prescription chart and routine medication. Staff told inspectors patient care rounding is carried out regularly within the emergency department and staff are prompted to check patient prescription charts and ascertain if patients require any analgesia. Inspectors did not have the opportunity to observe any documentation whilst in the emergency department.

Staff use an early warning score system and within the majority of ward areas an electronic recording system is used 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. During our previous inspection in August 2023 we observed some instances where patients' early warnings scores were not acted upon in a timely manner.

During this follow-up inspection observations were completed in a timely manner and followed up with medical review or repeated where indicated. Staff within the emergency department explained the process for monitoring patient observations, recording them on paper documentation and escalating any concerns to medical staff or the nurse in charge. The process varies between wards. In one ward visited the nurse in charge has a phone which is linked to the observation system and where a patient triggers identifying that they require review, a notification is sent to the phone. Medical staff are also notified. Within another area staff were using a sticker on patient's notes to inform medical staff of review requirements. This requirement has been met.

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.

Similarly to our previous inspection in August 2023, we observed mixed compliance with hand hygiene. Inspectors found that in some areas this was carried out well by the majority of staff. However, in other areas opportunities were missed by some staff, including nursing, medical and allied health professionals. This requirement has not been met and will be carried forward.

Additionally, within some wards visited inspectors found alcohol-based hand rub dispensers were empty which can hinder staff from carrying out appropriate hand hygiene. A new requirement has been made to ensure alcohol-based hand rub dispensers are checked on a regular basis to enable effective hand hygiene practices for staff and visitors.

Inspectors observed several patients throughout the hospital with transmission based precautions in place and in isolation due to infection control concerns. Inspectors observed personal protective equipment was available at the point of use and staff entering rooms with transmission based precautions in place, donning and doffing personal protective equipment correctly as required.

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 waste was managed appropriately. However, within one ward multiple members of staff were observed carrying used linen in their



arms as opposed to placing it within appropriate receptacle to transport. A new requirement has been given to support improvement in this area. Due to sharps bins being stored incorrectly without temporary closures in place and cleaning products not securely stored during our previous inspection, a requirement was given. During this inspection sharps bins were still not stored correctly in several wards we visited, with several boxes stored without the temporary closure lid secured in place or completion of identification labels. Additionally, inspectors found cleaning products were not always securely stored meaning they could 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. This requirement has not been met and will be carried forward.

Whilst in the emergency department inspectors found numerous mattresses which were damaged and required to be replaced. This was highlighted to the nurse in charge who advised awareness and monitoring through their mattress audit system but reported delays in replacing them due to a supply issue. Inspectors were advised this had been escalated to senior management and new mattresses had been ordered. A new requirement has been given to support improvement in this area.

Items of equipment used within the healthcare environment such as moving and handling equipment and observation machines can be a mode for transmission of infection, so it is essential that patient care equipment is free of damage and cleaned following use and stored safely. Within several areas inspectors found equipment, including a commode, was contaminated with bodily fluids, although there was a sticker placed on the item stating it had been cleaned and ready for use. Items also found to be contaminated with blood and bodily fluids were pat slides and damage to patient moving and handling equipment. Additionally, inspectors found electronic tablets used to record patient observations and other risk assessments had a visible buildup of dirt around the edges. A new requirement has been given to support improvement in this area. During the previous inspection it was identified there were gaps in domestic availability within some areas of the hospital during the weekends.

During this follow-up inspection, inspectors reported that on several wards multiple patients commented on the cleanliness of the wards and how frequently their rooms were cleaned. Domestic service staff reported no concerns with availability of cleaning products or equipment or with having enough time to carry out their tasks. Discussions with ward based staff also found no concerns in relation to the cleanliness of the environment and reported consistent availability of domestic staff at weekends. This requirement has been met.

Within Victoria Hospital inspectors found several areas of quality improvement initiatives. This included wall charts displayed, informing of areas of good practice and improvements from cardiac arrests. These improvements were hospital wide and include timely recognition of deteriorating patients, evidence of senior reviews and completion of timely observations.

Other improvements in relation to cardiac arrests included the use of a structured response sticker which ensures a consistent approach when a patient has an early warning score of three or above and ensures an appropriate plan is put in place for the patient. We also observed improved fluid balance chart documentation and implementation of patient treatment escalation plans. A treatment escalation plan is used to record information discussed between patients and healthcare professionals. The plan creates a personalised recommendation for clinical care in emergency situations where a patient is not able to make decisions or express their wishes. This plan can ensure patient wishes are met and invasive treatment is not commenced against patient wishes or against best outcomes for patients.

Within the emergency department inspectors observed one area of quality improvement which was the implementation of paediatric resuscitation stations. As mentioned earlier in the report, there are trolleys and guidance marked out in accordance with the age requiring resus in an aim to save time and support competencies.

Evidence received from NHS Fife details an extensive number of learning opportunities for staff in relation to infection prevention and control. These resources are aimed at all staff, including for newly qualified nurses, healthcare support workers and student nurses. Topics include hand hygiene, glove and personal protective equipment use, healthcare built environment and water safety. Additionally, an infection prevention and control message of the month is sent out to all NHS Fife staff, with a standard infection control precaution focus such as patient placement. Education and training are then delivered on this.

Victoria Hospital has recently reintroduced the link practitioner for infection prevention and control competency framework. Although this is in the early stages of being reintroduced this aims to have an individual from each clinical area who is seen as the advocate on the topic for the area. The link practitioner will receive additional education to share learning to colleagues on the importance of infection prevention and control practices. NHS Fife has received feedback from staff in relation to this, who report an increased feeling of empowerment to challenge poor compliance with the national infection prevention and control manual and promote good infection control practices across all staff groups.

We asked NHS Fife for information in relation to training opportunities for staff within the emergency department. Evidence provided shows a full, comprehensive list of training available to staff. Topics and courses such as 'anything and everything training' where scenarios are looked at which are not frequently seen within the emergency department, trauma in the emergency department and paediatrics in emergency medicine to build staff confidence when dealing with child presentations at the department. Senior managers from NHS Fife advised that senior band 5 nurses are also supported to coordinate within the department. First of all, shadowing colleagues

in order to gain leadership skills and understanding of wider systems then unsupervised with the support of band 6 and 7 nurses.

During our onsite follow-up inspection, we had the opportunity to visit the discharge hub. Staff from the discharge hub link in with the hospital huddles to assist and facilitate patient discharges and onward transfers to other hospitals within NHS Fife such as community hospitals. The discharge hub is situated within the hospital and includes the hospital at home team who can provide a short term focused service within the patient's home. Services provided by hospital at home include regular review by medical and nursing staff, blood sampling and monitoring and administration of intravenous medications such as intravenous antibiotics or intravenous fluids.

Other teams within the discharge hub include social work, colleagues from health and social care partnership and carers support. Additional support is available for veterans within NHS Fife which can include additional financial support. There is also a patient flow coordinator who ensures safe patient flow out of hospital. Discussions with the clinical nurse manager and staff within the discharge hub found cohesive working between services to ensure patients have a safe exit from hospital.

## Areas of good practice

Domain 4.1	
6	Adults with Incapacity care plans were clear, detailed and completed appropriately.
7	Positive interactions between patients and staff.
8	Development and training opportunities for staff within the emergency department.

## Recommendation

Domain 4.1	
1	NHS Fife should ensure patients are assisted with hand hygiene prior to mealtimes.

## Requirements

Domain 4.1	
6	NHS Fife must ensure boarding policies are followed and clear documentation is in place when deviations are made and all staff are aware of policies procedures in place to support safe selection of and appropriate patient placement.
7	NHS Fife must ensure staff follow policies and procedures for the safe care of vascular access devices.
8	NHS Fife must ensure staff comply with safe management of linen policies.

9	NHS Fife staff including nurses, domestic and estates must ensure the appropriate monitoring and cleaning of vents and escalate any concerns in relation to this.
10	NHS Fife must ensure all patient care equipment is in a good state of repair, including trolley mattresses within the emergency department, and is decontaminated following use and stored safely.
11	NHS Fife must ensure alcohol-based hand rub is available for use by staff and visitors.

## Domain 4.3 – Workforce planning

### Quality 4.3 – Workforce planning

**Staff we spoke with described having good senior leadership support in place. Staff reported that the leadership was supportive and responsive when staff were raising concerns. Site safety huddles were inclusive of all departments and gave a whole site overview in real time.**

Staff we spoke with described having senior leadership support in place and staff felt confident to escalate any concerns such as staffing shortages. Site safety huddles were inclusive of all departments and gave a whole site overview in real time.

NHS Scotland continues to experience significant workforce pressures compounded by staffing vacancies, recruitment challenges and staff absence. During our previous inspection, we noted that there were high levels of vacancies for registered nurses, particularly band 5 staff nurses. From evidence received during the follow-up inspection we can see that the vacancy rate for band 5 registered nurses is 6%. The vacancy rate for band 6 registered nurses is 1.8%. We consider high vacancy levels as greater than 10%.

Staff we spoke with explained that when they are short staffed and assistance is requested in the form of deployment of staff from other wards, this is given on the majority of occasions. On the occasions that this is not possible, staff advised they can contact the clinical nurse manager or the clinical coordinator for additional support. During our previous 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 particular agency nurses.

Since the previous inspection NHS Fife has implemented the national electronic roster system which will support effective roster management and management of real time staffing and risk escalation. NHS Fife have also updated their rostering policy for both nursing and midwifery in order to address and capture acuity and ensure patient safety is maintained. This requirement has been met.

Senior managers advised us of support available for staff who are moved from their regular clinical areas, including orientation shifts for staff who are regularly moved such as those from intensive care. This is currently in the early stages of implementation. It is hoped that these shifts will alleviate any stress and anxiety felt by staff when they are required to redeploy to another area to work.

During our virtual staffing discussion with NHS Fife, we heard how all documentation relating to staffing levels, huddle templates and outputs are live documents and are held within a Microsoft Teams channel. This ensures all staff have access to the documents to update or amend in real time. Additionally, this allows staff to document and amend any professional judgement decisions or conversations which may occur.

We discussed the use of supplementary staff within Victoria Hospital. NHS Fife have created a supplementary staffing dashboard in order to maintain a comprehensive overview of the use of supplementary staff. We heard how this provides detail in relation to expenditure and highlights areas of high usage which in turn may inform the requirement of additional substantive staff for the clinical area. The dashboard provides information on staff currently in post and those on leave including long and short term sickness and maternity leave.

During this follow-up inspection we attended the site safety and capacity huddles during which staffing was discussed. On the first day of the follow-up inspection the staffing Operations Pressure Escalation Level framework was red, from evidence we observed mitigations being implemented to ensure wards were safe. Additional evidence, including the staffing documentation from NHS Fife, show reasons and mitigations to support staffing decisions such as reasons for poor skill mix due to sickness absence and details deployment of staff between areas detailing who is required to move from where. 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.

During our staffing discussion senior managers advised that there were variations between recording of real-time staffing risk for non-nursing staffing groups such as medical and allied health professionals. We heard how some teams use an Operations Pressure Escalation Level Framework scoring system whereas others do not. Senior managers advised this is why they make it a priority to check in with these groups during the site capacity huddle to ensure they are safe to start. Due to this, a requirement has been given to ensure a robust system is in place to consistently assess and capture real time staffing risk across all professions to ensure clear management oversight. This should include clear escalation, mitigation and communication processes and will support legislative requirements relating to the Health and Care (Staffing) (Scotland) Act 2019.

During our virtual discussion with senior managers from NHS Fife, we asked how they ensure that senior charge nurses have the appropriate time to lead. Through evidence received we were able to see the current quality assurance and operational senior charge nurse one to one template. The template is in line with the excellence in care framework and links to the data from the central care assurance and improvement resource dashboard. The care assurance and improvement resource dashboard is a central data repository and data visualisation dashboard created by NHS National Services Scotland to support the aims of Excellence in Care. The dashboard stores data centrally, submitted on a monthly basis by health boards and provides benchmarks and measurement in relation to Excellence in Care targets.

The quality assurance and operational senior charge nurse one to one template also provides a mechanism to record workforce concerns, training and education requirements, supplementary staffing use and predicted absence rates to inform discussion. There is also an opportunity to discuss if protected learning time and supervisory time had been achieved and any barriers to this.

Nursing staff reported that senior leadership are supportive and responsive when nurses were raising staffing issues that needed addressed.

We asked staff within Victoria Hospital if they would record staff shortages on the incident reporting system. Staff advised that they would raise incident reports if a patient comes to harm. Staff described not having the time to complete incident reports if the only concern was staffing and there had been no detrimental effect on patient care. This is because it takes too long and staff want to get home from their shift. Staff described feeling that they can escalate staffing concerns to their immediate line manager and feel that concerns are on the whole listened too and assistance is provided to ensure wards are safe.

NHS Fife advised that it is in the process of implementing an electronic staffing system which reports real time staffing requirements based on roster demand or patient care needs. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients’ needs. This enables informed decisions to be made when deploying staff to help mitigate risk. This system takes into account the acuity of the patients versus available staffing numbers. It also allows for professional judgement to be made in terms of required staffing.

Area of good practice

Domain 4.3	
9	Visible senior leadership seen throughout the hospital.

## Requirement

### Domain 4.3

- 12** NHS Fife must ensure that there are suitable arrangements for real-time staffing assessment and escalation of risk for all clinical professions.

### Domain 6 – Dignity and respect

#### Quality 6.1 – Dignity and respect

**During the onsite inspection all interactions observed between patients and staff were professional and caring, with staff working hard to treat patients with dignity and respect. Staff appeared to treat colleagues with respect and patients spoke highly of the care received at Victoria Hospital. Patients were highly complementary about care received and all appeared appropriately dressed and comfortable with call bells easily accessible.**

All patients inspectors spoke with provided positive feedback in relation to care received and staffing interactions. Some patients did note that there can be long waits for beds. However, patients reported they have been made to feel welcome, well cared for and staff have remained positive and responsive to their needs. Inspectors found patients requiring assistance with personal care throughout the hospital with curtains drawn appropriately to maintain patient privacy and dignity.

As previously discussed, patients were being cared for overnight within the day intervention unit. Inspectors spoke with staff who advised there are no shower facilities for inpatients. From evidence provided and discussions with senior managers we understand that patients placed within these beds are there for a short period of time of up to 12 hours and patients are provided with a basin at their bedside. Additionally, we asked NHS Fife if there had been any complaints relating to this and we were advised that there had not been, advising staff communicate with patients openly to ensure any concerns are addressed.

There are two wards in the hospital where patients are boarded into additional beds and the multi bedded rooms do not have a shower within them. However, patients have access to showers which are situated within the main ward corridors. These wards are supported discharge wards. It was explained to inspectors that when patients have completed their course of treatment and are deemed medically fit for discharge they can be transferred to these wards whilst awaiting discharge from hospital.

Senior managers advised inspectors that whilst in these wards patients can continue to undergo assessments for care packages, await adaptations or social circumstances to be addressed to allow the patient to return home or to another care facility.



From evidence received we saw that in order to continue with discharge planning, Patients will continue to receive physiotherapy and occupational therapy input during their stay within the supported discharge wards. This will ensure the appropriate input to support safe discharge from hospital.

Some staff reported challenges to patients being able to receive physiotherapy due to the challenges of space within these wards. In turn, this can lead to delays to discharge. During our virtual discussion with senior managers, we were advised that in order to facilitate safe discharges and ensure patients receive therapy as needed, the rapid assessment area can be used.

The rapid assessment area is predominantly used by outpatients attending for physiotherapy and occupational therapy appointments. Within the rapid assessment area patients are assessed for mobility aids such as walking frames, and can be assessed carrying out tasks such as walking up and down stairs. However, occupational and physiotherapists have access to this area.

During the previous inspection some staff raised concerns relating to patient privacy and dignity within wards and rooms where additional patients had been placed and a requirement was given for this.

Staff advised the average length of stay in the supported discharge wards was four or five days but could be up to four weeks depending on requirements awaited to ensure safe discharge of patients. Within the supported discharge wards patients are required to leave the bedrooms and utilise showers within the main ward corridor. Staff reported on many occasions patients require assistance and due to the number of showers within the ward it is not possible to offer every patient a shower on a daily basis. No showers are available in patient side rooms and staff reported toilets within side rooms can only be utilised to accommodate patients who require the assistance of one nurse due to lack of space. Patients may be cared for in side rooms due to being at risk of, or having, an infection. Staff told inspectors that this may impact on patients in side rooms being offered daily showers due to the shower requiring appropriate cleaning after use if there is an infection risk.

Whilst we observed that patient privacy curtains were used to maintain privacy and dignity in ward areas that had additional beds, a lack of available shower facilities may have an impact on patient choice, dignity and fundamentals of care. Whilst we recognise the effort made to promote patient dignity, this requirement will be carried forward with a new area of focus to support improvement in this area.

In one of the surgical wards inspectors were shown the newly opened paracentesis room. Paracentesis is a procedure where patients undergo removal and sampling of fluid from the peritoneal cavity within the abdomen. This is carried out through needle aspiration, a sheath is then left in place to allow fluid drainage. This procedure can take around six hours and on many occasions patients are required to remain in hospital overnight, often due to delays with bed availability. It was acknowledged that



some of the patients receiving this procedure are nearing end of life and many of them do not want to spend unnecessary time in hospital. This room was designed to accommodate patients attending for the procedure, allowing bed availability on their arrival ensuring the procedure is carried out in a timely manner allowing them discharge home the same day provided no complications are identified. Inspectors found the room was welcoming and appropriately decorated to ensure patients are relaxed and have as pleasant as possible an experience.

**Requirement**

Domain 6	
13	NHS Fife must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for all patients.

# 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, September 2024)
- [Ageing and frailty standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, November 2024)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (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](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, January 2024)
- [Healthcare Improvement Scotland and Scottish Government: operating framework](#) (Healthcare Improvement Scotland, 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 and framework – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, September 2022)
- [Staff governance COVID-19 guidance for staff and managers](#) (NHS Scotland, August 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

## Appendix 2 - List of all requirements

Outstanding requirements to be addressed from August 2023 inspection	
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.
5.	NHS Fife must ensure that all staff and volunteers perform hand hygiene at the correct times.

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