Review of compliance

North Bristol NHS Trust Frenchay Hospital	
Region:	South West
Location address:	Beckspool Road Frenchay Bristol BS16 1ND
Type of service:	Acute services with overnight beds Diagnostic and/or screening service
Date of Publication:	June 2012
Overview of the service:	Frenchay Hospital provides acute medical and surgical healthcare services and community healthcare to people in Bristol, South Gloucestershire and North Somerset. They support both adults and children at Frenchay Hospital. There are two specialist children services, a brain injury unit, an emergency department and 26 wards on the site including

	coronary and intensive care. The hospital is a major trauma centre and a specialist regional centre for neurosciences and plastics and burns.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Frenchay Hospital was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 May 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We carried out this focused review of the Emergency Department (ED) and the two assessment wards (105 and 107) because concerns had been raised with us about difficulties with patient flow in and out of the department. The main issues of concern were that patients were being kept waiting in ambulances outside of the ED, that patients were waiting longer than they should in waiting areas, and that hospital beds were not available when patients needed to be admitted to wards.

We spent time with nursing and clinical staff in the ED and visited both wards and spoke to staff and patients. We were told nursing and medical staff treated people with respect and staff included them in the decision making process. Comments included, "We are waiting to see what the X-ray results are and then the doctor will come back and tell us what happens next", "I have been waiting for a while but you expect to wait in A&E. The staff are all very helpful" and "The staff are always cheerful and helpful even though it is very busy in here".

Trust staff reported that there had been recent occasions when the department had experienced exceptional surges in demand. Appropriate escalation measures were taken when there were higher than normal numbers of patients visiting the department. We were assured that all patients had received the care, treatment and support that they had needed and the Trust had not received any concerns as a result of these situations.

We found that ED provided care and treatment to a significant number of people who could have been seen by healthcare professionals from other services, for example minor injuries units or walk in centres. Despite this the care delivered by ED staff was professional and appropriate.

We found that all staff we spoke with were committed to their jobs, were hard working and competent. The Trust had protocols in place to deal with fluctuating demand for the services the department provided and these measures had been instigated when needed.

What we found about the standards we reviewed and how well Frenchay Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and views were taken into account in the way the service was provided and delivered in relation to their care.
The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.
The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs.
The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We spoke to people in ED and on wards 105 and 107 the medical assessment wards. We were told that nursing and medical staff treated them with respect and staff included them in the decision making process. Comments included, "We are waiting to see what the X-ray results are and then the doctor will come back and tell us what happens next", "I have been waiting for a while but you expect to wait in A&E. The staff are all very helpful" and "The staff are always cheerful and helpful even though it is very busy in here".

Patients that we spoke with on the assessment wards said they were kept informed about what was happening and why. Comments included, "I have seen a member of staff regularly and this has relieved any anxieties I may have", "I am confident that they are doing what's in my best interests, I am relieved to be here and I feel safe now" and "I have been treated well by all staff, I have completed a feedback survey and I have said that I am quite satisfied".

Staff told us about the triage arrangements that were in place for patients who visit ED. Some were seen in the 'see and treat' area, whilst others were seen in the cubicle areas. Patients who arrived at ED by ambulance were taken directly to the resuscitation area or cubicles for ongoing treatment and care.

Information about all of the patients in the department was displayed on large electronic screens in various areas. Some of the screens were visible to waiting patients. Staff told us that they were careful about what was recorded on the screens in order to respect personal information. An example of this was where one patient who visited the department for treatment and was under the influence of alcohol, it was recorded on the screen that this person was "unwell".

Staff told us they advised patients of expected waiting times and we saw them being responded to appropriately when they were asking for an update on when they would be seen. The provider may find it useful to note that there were no visible signs in the waiting area whereby patients could be informed of expected waiting times.

Other evidence
All cubicles and resuscitation areas had curtains or screens around them. Notices reminding staff about privacy and dignity were displayed.

The North Bristol NHS Trust used a 'patient panel' to inform them on a number of projects and routine governance arrangements. This included patient information leaflets, essence of care audits and ward feedback cards.

Our judgement
People's privacy, dignity and views were taken into account in the way the service was provided and delivered in relation to their care.
The provider was meeting this standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Patients and relatives we spoke with in ED were satisfied with the care they were receiving. Some patients were too poorly to speak with us but others made the following comments, "I can not complain about the way I am being looked after", "I have been waiting a while but it is very busy here so I don't expect anything less".

We heard patients being informed by nursing and medical staff about what was going to happen. One person in the waiting area became unwell and was supported by nursing staff and taken to the cubicle area so they could lie down. We saw equipment available in the reception area for patients to use if they became unwell suddenly for example vomiting

Staff told us there was a maximum four hour target time for patients to be in the department and that this target was generally met except at peak times when this may be breached. All staff spoken with throughout the inspection demonstrated their commitment to ensure that all patients got the most appropriate care within these timescales.

We spoke with staff about the patients they were looking after. Staff demonstrated an excellent awareness of each patient's health status and care needs. They were able to tell us what the plan of care was for each patient and what was to happen next. We were able to speak with highly skilled staff including receptionists, health care assistants, emergency care practitioners, nurses and clinical staff. All demonstrated their competency and skills.

Patients and relatives were very positive about the care and treatment they were receiving the assessment wards. Comments included, "Our relative has been very pleased with all the staff", "I came in to ED at 8pm last night the treatment from doctors and nurses was excellent, I had to wait four hours for a bed to become available on this ward but I know its difficult to accommodate us all, I am just grateful for all the care I have received and to be in safe hands" and "I had to wait quite a while for a bed, but I was offered food and drink and the staff kept coming to see me and update me of the situation".

Other evidence

We looked at the facilities available in the ED where there were seven resuscitation cubicles and nine major cubicles. The ambulance service had installed electronic 'arrival screens' in the department and estimated time of arrival of patients to the ED by ambulance, were therefore notified to ED staff. When patients arrived the ambulance personnel were responsible for updating these screens.

An ED Initial Assessment Nurse (IAN) received the patient and completed the handover process with the ambulance staff. There were some issues being worked through with regard to the electronic records being completed correctly but this was not the responsibility of the ED staff.

Patients who visited ED independently were seen in the 'See and Treat' section. In this part of the department there were up to eight treatment areas available. Some people would be taken directly through to one of the cubicles after assessment dependent on their condition.

After patients had been clerked in by the receptionist they were seen by the triage nurse who made an assessment of their health status and symptoms. Some blood tests or X-rays were ordered at this point. Patients were then advised what would happen next.

Those patients who were not yet well enough to go home but did not need to be admitted to the main wards were transferred to the clinical decision unit within the department for ongoing care and treatment. Patients remained in this unit for a further couple of hours or overnight depending upon their specific healthcare needs. Within this unit there was a team of nurses, occupational therapists, physiotherapists and admin staff (called the REACT team). The purpose of the team was to reduce inappropriate hospital admissions by providing safe alternatives.

Whilst we were in ED we noted that there were periods of time throughout the day when there were significant surges in demand. At one point during the lunch time period eight new patients walked into the department within ten minutes of each other.. We noted that reception staff advised some of these people that they could be treated at other healthcare services including their GP, walk in centres and minor injuries units. We were told that patients would not be turned away by reception staff however they may be referred to alternative more appropriate healthcare services following triage.

The Trust already had a number of initiatives in place in order to improve patient flow both in and out of ED. Examples of initiatives included various referral processes to other disciplines in order to prevent hospital admission. The Trust had appointed a

'turnaround director' to work with the medical directorate. The Emergency Care Intensive Support Team (ECIST) had reviewed the emergency department action plan. This review had focussed on the length of stay and use of alternative clinical pathways to reduce emergency admissions.

The Trust had conducted a survey with the ambulance service in March 2012 to gain data about what type of patients were attending the department. The results showed that a large percentage of patients had not seen other healthcare professionals for example their own GP prior to going to ED. They had also either called for an ambulance themselves or a relative/friend called the ambulance for them.

There were arrangements in place to deal with fluctuations in demand for care and treatment in both the ED and the assessment wards. The department had escalation plans in place and staff spoke about the triggers that would instigate actions by the Trust and the ambulance services.

The Local Involvement Network (LINk) conducted an 'enter and view' visit to ED in February 2012. They did this visit because of concerns raised about patient delays, ambulance handover waits and the potential impact on patient care. LINks were told that on average 70 ambulances per day delivered patients to the ED and found the staff were efficient and effective.

There were some concerns about patient handover times. We discussed this with the ED matron who confirmed that the percentage of handover times that did not meet clinical quality indicators were incorrect because of gaps between recorded and actual handover times. We saw the validation audits completed to explain these differences. There was ongoing work with the ambulance service to resolve these issues.

Staff in the assessments wards explained to us about working in partnership with ED to improve patient flow between departments. All staff were enrolled in a new initiative to understand how ED and the assessment wards worked. This meant that all staff were rotating between departments every six months. Staff told us this was to improve work streams, staff development and provided staff with a greater understanding of processes within in each department.

Once patients were moved to the assessment wards they told us that they were seen by hospital staff 'quickly' and 'efficiently'. Patients were referred and assessed on admission by various health care professionals including consultants, doctors, physiotherapists and occupational therapists. This was so that patient's needs were indentified quickly so that treatment could be delivered swiftly and they could be moved to wards that specialised in those needs.

In some cases it was not always possible to move patients to wards in a timely manner. We found that this was due to various reasons based on supply and demand for care and treatment - a shortage of beds, emergency admissions and the added management, coordination and available resources required to move patients to specialist wards at Southmead Hospital. We attended a bed management meeting during our visit. These were held twice a day with hospital staff at Frenchay and Southmead sites. It was the responsibility of these staff to speak with all wards throughout the day to monitor hospital discharges and subsequent availability of beds. At the meetings staff worked diligently to make every effort to accommodate all patients

waiting for beds.

Our judgement
People experienced care, treatment and support that met their needs and protected their rights.
The provider was meeting this standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Patients in ED told us "The staff are very busy", "There seems to be a lot of staff about but we are all just waiting around" and "The staff know what they are doing. They have been very kind to me and I appreciate that. I feel that I am in safe hands"
.Patients in the assessment wards were asked about the availability of staff and how confident they felt that staff had the right skills. Comments included," The care I have received has been impeccable. The nurses do not stop and it amazes me how they keep going".
Several patients made comments about how the staff 'never stop' and that although they felt 'well cared for and safe' they felt that staff were stretched too much. One relative we spoke with felt that a patient who had dementia was not monitored closely enough and was prone to falls. They expressed concerns about this and that observations charts were not being completed. We fed this back to the ward sister.

Other evidence
Staffing numbers throughout ED were varied throughout the day and were based upon predicted busier times. Throughout the morning period there was a staggered increase in the number of reception, nursing and clinical staff. Staff reported there was only two reception staff for a period during the day we visited when there was meant to be three. They intimated that this happened often but just meant they worked harder.

On the assessment wards there were many occasions where staffing levels were at the lower level to those they had been bench marked for. Staff that should be supernumerary often had to be counted in the rota, breaks were missed and staff were

asked to extend their shifts. These comments from staff were given in a constructive professional way. Comments received from staff were constructive. It was clear that staff working for the trust were very proud of the services they provided and to be part of the trust itself. The provider may find it useful to note that prolonged staff shortages could potentially impact upon patient care.

In our feedback meeting we were assured by both the clinical matron and other senior Trust staff that recruitment of additional staff for both assessment wards was already underway.

Our judgement
There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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