

# Review of compliance

North Bristol NHS Trust Frenchay Hospital	
<b>Region:</b>	South West
<b>Location address:</b>	Beckspool Road Frenchay Bristol BS16 1ND
<b>Type of service:</b>	Acute services with overnight beds Diagnostic and/or screening service
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	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

	<p>care. The hospital is a major trauma centre and a specialist regional centre for neurosciences and plastics and burns.</p>
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# 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 to check whether Frenchay Hospital had taken action in relation to:

Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

### What people told us

We did not speak to patients as part of this review. We asked the trust to send us information to tell us what improvements they have made with management of patient records since we visited in March 2011.

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

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People were protected from the risks of unsafe or inappropriate care and treatment. 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 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- \* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- \* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We did not involve patients in the review of this outcome.

##### Other evidence

When we visited Frenchay Hospital in March 2011 we found that there were moderate concerns in respect of the way in which patient records were stored. We also had concerns because of the lack of consistency of information recorded about patients when they were admitted to hospital.

In order to ensure that accurate records were kept in relation to the care and treatment provided, ward managers were responsible for ensuring that admission and nursing documentation was completed in full. This included completion of the sections in respect of patient's personal preferences. The Trust had used a nursing quality assessment tool and surveyed results as part of their national quality audit process. The results were reported to the Patient Experience Committee and also to the Board on a quarterly basis.

The Trust had clear policies in place to ensure that patients were protected against the risks of unsafe or inappropriate care and treatment, arising from a lack of proper information being recorded. Guidance and training was made available for staff. The Trust had a record keeping standards and procedures policy that all staff were required to comply with.

The Trust told us about their information governance procedures and the range of specific policies to address all aspects of information governance (IG). On an annual basis the Trust assessed their performance against the IG toolkit, and the outcome was published in the Trusts Quality Accounts, and made available on the Trust website.

The Trust told us about their range of policies which set out the standards and procedures to be adhered to by all staff for the security of records. These included the policy for the use of electronic communications, code of conduct in respect of confidentiality, and the data protection policy. All staff (including non clinical staff such as porters and receptionists) who handled patient records were being regularly reminded about the importance of safe record keeping. Any breaches in policy were being reported as incidents to the Caldicott Guardian, and these were monitored by the Patient Records Committee.

The Trust had identified that in order to ensure the security of records in transit between wards and departments, there was a need for further training. A rolling programme of training was implemented on 31st March 2012 via a training course and e-learning. Each member of staff who completed the training was provided with a personal documented training record. The training covered data protection and confidentiality, freedom of information, IT Security and records management.

The medical records department worked to clear operational standards set to ensure the timely delivery of patient records. This included appropriate standards for routine clinics as well as urgent care. Emergency/urgent record requests were delivered within 2 hours, and booked admissions were delivered one working day before clinic/admission. The Trust told us they had a comprehensive tracking and tracing system in place, so they could locate records wherever they were in the Trust. There were clear policies and guidelines in place for all staff who handled records to ensure they can be tracked and traced as quickly as possible if the record was required urgently for patient treatment or care. These measures ensured that the Trust was able to locate records promptly when required.

The Trust declared that there was further work to be done to ensure that both paper and electronic records were kept securely in both the ward environment and when records were in transit between departments. The Trust already had an action plan in place and an on-going programme of training for non clinical staff.

In March 2011 we were told about the new central electronic records system (Cerner) that was being introduced to the trust in the autumn of 2011. Cerner Millennium went live at Frenchay Hospital on 9 December 2011. The implementation was large and complex, and had involved over 6,500 staff being retrained. Transition was expected to have taken place over an eight week period; however the trust experienced unexpected problems after implementation with outpatient appointments. This caused some disruption and frustration for patients and staff, and increased work loads.

The trusts Information Management & Technology (IM&T) Team, supported by BT and Cerner, worked to sort out initial issues. Patients who had been referred to the hospital for out-patient appointments were contacted by phone or letter to advise them of their current appointment slot. Urgent referrals including all cancer two week waits were prioritised to ensure they were unaffected. The trust told us that by 24 January 2012, 60% of outpatient activity was being successfully processed via Cerner. Their planned

target was 90% of areas would be using Cerner by the end of January and all outpatient clinics would be using Cerner by early February. The 90% target was not achieved until 3 February, and by 2 March Cerner was successfully used in 100% of outpatient clinics. In the meantime, the trust had a range of measures in place to manage patient flow. Examples included additional fax lines for GP referrals and local management arrangements within departments.

Whilst the trust experienced difficulties, regular updates were posted on their website. An external consultancy organisation was commissioned to undertake an independent review of the Cerner system. The results were reported at the public session of the trust's Board Meeting in July 2012. Senior IM&T management arrangements were reviewed and a new IT Management Board was established.

**Our judgement**

People were protected from the risks of unsafe or inappropriate care and treatment. 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

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