# Review of compliance

**Northern Lincolnshire and Goole Hospitals NHS Foundation Trust**  
**Diana Princess of Wales Hospital**

<table>
<thead>
<tr>
<th>Region:</th>
<th>Yorkshire and Humberside</th>
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</table>
| Location address:| Diana Princess of Wales Hospital  
|                  | Scartho Road  
|                  | Grimsby  
|                  | Lincolnshire  
|                  | DN33 |
| Type of service: | Acute service |
| Regulated activities provided: | Treatment of disease, disorder or injury  
| | Surgical procedures  
| | Diagnostic or screening procedures  
| | Maternity and midwifery services  
| | Termination of pregnancies  
| | Nursing care  
| | Family planning |
| Type of review:  | Responsive review |
| **Date of site visit (where applicable):** | 26/05/2010 - 27/05/2010 |
| **Name of site(s) visited (where applicable):** | Diana Princess of Wales Hospital |
| **Date of publication:** | Draft 09/06/2010 |
Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>The general public</td>
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Care Quality Commission

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Introduction to our 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 that 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. This is called Guidance about compliance: Essential standards of quality and safety.

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

When we make our judgements about whether services are meeting essential standards, we will decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions, compliance actions or take enforcement action:

<table>
<thead>
<tr>
<th>Improvement actions</th>
<th>These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance actions</td>
<td>These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards, but people are not at immediate risk of serious harm, 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.</td>
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<tr>
<td>Enforcement actions</td>
<td>These are actions we take using the criminal and/or civil procedures in the Health and Adult 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.</td>
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How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX: The outcome number and title</td>
<td>Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance</td>
</tr>
</tbody>
</table>

Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

**Outcome XX (number): Outcome title**

Details of the outcome, taken from our *Guidance about compliance: Essential standards of quality and safety*.

**What we found for the Outcome**

**Our judgement**

Our judgement about whether the <service/provider> meets the outcome described in the *Guidance about compliance: Essential standards of quality and safety*, or whether there are minor, moderate, or major concerns in relation to compliance.

**Our findings**

A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.
Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
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<tr>
<td>4: Care and welfare of people who use services</td>
<td>Compliant</td>
</tr>
<tr>
<td>16: Assessing and monitoring the quality of service provision</td>
<td>Compliant</td>
</tr>
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Summary of key findings:

- The trust has ensured that a senior clinician sees all ambulance patients as soon as possible after arrival in the emergency department. A target has been set for the patient to be seen for triage within fifteen minutes of arrival.
- The trust has demonstrated systems to regularly assess and monitor the quality of services provided by the accident and emergency department. Risks relating to the health, welfare and safety of patients are identified, assessed and managed.
What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the Guidance about compliance: Essential standards of quality and safety.

Outcome 4:
Care and welfare of people who use services

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

This is because providers who comply with the regulations will:
- Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:
  o assessing the needs of people who use services
  o planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
  o taking account of published research and guidance
  o making reasonable adjustments to reflect people’s needs, values and diversity
  o having arrangements for dealing with foreseeable emergencies.
What we found for Outcome 4

Our judgement

The provider is compliant with Outcome 4: Care and welfare of people who use services

Our findings

During the site visit of 26th May 2010 it was observed that a nurse is allocated triage responsibility on each shift.

The trust has developed a protocol for handover between ambulance and accident and emergency staff (Handover protocol ambulance service and emergency care centre, May 2010). This sets out the pathway of arrival and assessment in the department.

The trust has worked closely with their partner ambulance trust and has developed a handover audit process. Initial results from this 24 hour audit indicate that the handover of patients who arrive by ambulance was achieved within fifteen minutes in 68% of cases (Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Diana Princess of Wales Hospital, quality evaluation and audit department findings: assessment of accident and emergency/ambulance handover times 2010).

The trust board is aware that audit of the 15 minute triage target for accident and emergency patients is taking place.

The trust has recognised that the layout of the accident and emergency department presents challenges to the triage process. At the ambulance entrance there is a four-bay resuscitation room. There is no dedicated triage area. However, when the resuscitation room is not in use, this area is used for triage. Following feedback from the local involvement network (Links), the hospital has now secured funding to convert two offices opposite the resuscitation bay to a three-bay triage area. This should reduce the incidence of patients waiting on trolleys in the corridor (North East Lincolnshire local involvement network, enter and view visit, Diana Princess of Wales Hospital emergency care centre, 14 May 2010).
Outcome 16: Assessing and monitoring the quality of service provision

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

This is because providers who comply with the regulations will:
- Monitor the quality of service that people receive.
- Identify, monitor and manage risks to people who use, work in or visit the service.
- Get professional advice about how to run the service safely, where they do not have the knowledge themselves.
- Take account of:
  - comments and complaints
  - investigations into poor practice
  - records held by the service
  - advice from and reports by the Care Quality Commission.
- Improve the service by learning from adverse events, incidents, errors and near misses that happen, the outcome from comments and complaints, and the advice of other expert bodies where this information shows the service is not fully compliant.
- Have arrangements that say who can make decisions that affect the health, welfare and safety of people who use the service.
## What we found for Outcome 16

### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

### Our findings

One of the trusts’ non-executive directors chairs the governance committee. As a non-executive director his role is to improve scrutiny and provide independent challenge to risks identified. Formal escalation of risk to the board is through the trust governance committee. Plans are in place for the trust board to scrutinise the top 10 risks identified for each department.

The accident and emergency department now participates in governance meetings which report to the trust governance committee quarterly. In addition the clinical director of the accident and emergency department now sits on the trust governance committee. Several nursing staff reported improvements in incident reporting and this was supported by accident and emergency department managers.

There is a new trust assurance framework in place incorporating ward level input. The framework enables monitoring and audit to be undertaken at ward level.