### Overview of the service:

Hinchingbrooke Health Care NHS Trust provides health care for the people of Huntingdonshire and surrounding areas. It is situated just outside the market town of Huntingdon, close to Hinchingbrooke Park and with access from main roads, including the A14 and the A1. The site is serviced by public transport, and there are pay and display car parks for staff, visitors and patients.

Hinchingbrooke Hospital is a modern purpose-built building opened in 1983, with a newly built...
out-patient department (the Treatment Centre). The hospital has 254 beds, including 24 specifically for day cases, alongside 23 cabins located in the Treatment Centre.

A wide range of specialties is provided, many in conjunction with Addenbrooke's Hospital in Cambridge and Peterborough hospitals. The main purchaser of the Trust's services is Cambridgeshire Primary Care Trust (PCT) (96%), with the remaining 4% coming from a range of PCTs across Peterborough, Bedfordshire, Northamptonshire, Norfolk, Lincolnshire and Suffolk.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that Hinchingbrooke Hospital Accident and Emergency department was meeting all the essential standards of quality and safety we reviewed.

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

Why we carried out this review

We carried out this review as part of a national programme for locations providing emergency and minor injury care. We looked at outcomes in relation to:
- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Cooperating with other providers
- Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 December 2010, observed how people were being cared for, talked with people who use services, and talked to staff.

What people told us

People told us they were seen quickly when they first arrived at the department and did not have to wait long for treatment. They are kept informed of plans regarding their treatment in the department and after they leave. Referrals are either made by the hospital staff or people are given information to pass on to their own doctors. One person told us there had been good communication from staff regarding the course of treatment and what the person should do. Another person said their injury had occurred previously in another part of the country and they were unsure if the
department would see them, however, they were made to feel welcome and did receive the required treatment.

Staff members give pain killers quickly and make sure people are as comfortable as possible. The relative of one person told us the person had been in pain when they came in and had been assessed and given painkillers within half an hour of arriving.

People are offered something to eat if they are in department for a long time and are able to eat.

Comments we heard about the Accident and Emergency department and staff working there were:
"nursing staff were really, really pleasant and were courteous"
"they've all been thoughtful and kind"
"very kind"
"very considerate"
"treated very well"
and one person who has visited the department many times in the last few years said, "it's been superb and has improved".

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

**Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**
Staff within the Accident and Emergency department respect people's privacy and dignity and steps have been taken to ensure that these are not accidently put at risk. People have access to information about services in their own language and staff make sure conditions and treatment are explained, and people are able to question these. This means that people are involved in their care and are able to make decisions about it.

- Overall, we found that the Accident and Emergency department, Hinchingbrooke Hospital was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**
The Accident and Emergency department assesses and treats people's health needs quickly, which means people are not waiting too long for treatment. People are given information about their health conditions and what they need to do, they're kept informed of test results and decisions about treatment are discussed with them. This means people are able to have a say in how they are treated.

- Overall, we found that Accident and Emergency department, Hinchingbrooke Hospital was meeting this essential standard.
**Outcome 5: Food and drink should meet people’s individual dietary needs**
Although the Accident and Emergency department does not receive a direct service to be able to meet people’s nutritional needs, they are able to obtain meals and drinks for people. This means that people have their nutritional needs met while visiting the department.

- Overall, we found that Accident and Emergency department, Hinchingbrooke Hospital was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**
The Accident and Emergency department works closely with other specialist teams in the hospital, and services in the community to make sure people receive the care and treatment they need. They work with other services to resolve issues that create delays. People who use the department are kept informed of any contact staff have with other services or specialist teams. This means they know what plans are in place to meet their health needs.

- Overall, we found that Accident and Emergency department, Hinchingbrooke Hospital was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**
There are enough nursing, medical and administrative staff working in the department to make sure people are cared for. There are plans in place to respond to unexpected staffing problems, which means that the department can meet changing circumstances.

- Overall, we found that Accident and Emergency department, Hinchingbrooke Hospital was meeting this essential standard.
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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety.*
Outcome 1: 
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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Three of the five people who were using the Accident and Emergency department, and the relative of another person, during our visit 31 December 2010 said that they or their relative had been seen quickly and had not had to wait.

All three people said they had been involved in their care and treatment; staff members explained what they were going to do and they had opportunities to ask questions. One person told us there had been good communication from staff regarding the course of treatment and what the person should do. Another person said their injury had occurred previously in another part of the country and they were unsure if the department would see them, however, they were made to feel welcome and were treated.

The relative of a person using the department added that, "nursing staff were really, really pleasant and were courteous". They all spoke to the person first and that, "they've all been thoughtful and kind". We watched staff speak with people and their relatives; they were polite and spent time explaining things. Staff members
spoke or made their presence known and asked to go in before entering bays with curtains drawn.

**Other evidence**
The Accident and Emergency department's head nurse was able to show us around the department and explained different areas and working practices. The Trust introduced 15 minute initial assessments within the last year and a nurse is available in reception to do this, or 'triage', when people come in. This means people have their health needs assessed within 15 minutes of arriving at the department. A room is available for people who want to discuss their symptoms in private.

Staff are able to use an interpreter service for people whose first language is not English. As this is the same service used by the local police and ambulance service, this makes sure that there is continuity for the person as the move from one service to another changes. The clinical assessment has also been written and translated into the fifteen languages most commonly spoken in the area.

All bays in the Accident and Emergency department have a double curtain rail with curtains of different lengths. There is enough space between the curtain for a person to stand and the curtains can be opened from either end. This means that staff do not expose people when opening curtains and people can sit on chairs without being seen, but if people are on the floor they can be seen. Both resuscitation bays also have two curtains and a sliding door that can be fully closed to maintain privacy and dignity.

**Our judgement**
We judged that Hinchingbrooke Hospital Accident and Emergency department was compliant with this essential outcome.

Staff within the Accident and Emergency department respect people's privacy and dignity and steps have been taken to ensure that these are not accidentally put at risk. People have access to information about services in their own language and staff make sure conditions and treatment are explained, and people are able to question these. This means that people are involved in their care and are able to make decisions about it.
Outcome 4: 
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

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| **What people who use the service experienced and told us**
Three of the five people who were using the Accident and Emergency department, and the relative of another person, during our visit said they had been seen by a nurse as soon as they arrived at the department for an initial assessment. One person said they had been sent straight to x-ray by the nurse. When they returned to the department they were again seen straight away and treated quickly. Another person and the relative of a person using the service told us they had been given results of tests and investigations as soon as they had been available. None of the people we talked with had waited to be seen and everyone had been treated and discharged within four hours.

One person commented on how their pain was managed while they were in the department and they advised us that they had been given painkillers before they had any treatment. The relative of the person told us they had been in pain when they came in and had been assessed and given painkillers within half an hour of arriving.

All three people said they had been involved in their care and treatment; staff members explained what they were going to do and they had opportunities to ask questions. They advised that they had been given information about their medical problems and what they needed to do to reduce the risk of problems after leaving |
the department. Information was given to one person to take with them to their own
GP and hospital as they didn’t live locally. The other two people said they had been
told the hospital would send the information to their GPs.

Other evidence
The Trust have introduced 15 minute initial assessments within the last year, so that
people are seen within 15 minutes of arriving at the department. A nurse is
available in reception to do this, or ‘triage’, when people come in. The head nurse
told us targets for this 15 minute assessment have been met, and everyone we
spoke with confirmed this. We were also advised that the Trust has a 98-99%
success in meeting the four hour wait target to discharge or transfer people.

Care records in the Accident and Emergency department are kept on computer
rather than in paper form. We looked at how staff manage people's pain and how
this is assessed. Staff in the department have access to a 1-10 pain scale (with 1
being no pain and 10 being the worst pain) so that people can clearly make their
experience known to staff. In addition a face chart is available for children to go with
the number pain scale. Evidence was clear that pain is assessed and staff give pain
killers quickly. Nurses have training so that they can prescribe and given pain
killers, to reduce any wait for a doctor to have to prescribe such medication.

Our judgement
We judged that Hinchingbrooke Hospital Accident and Emergency department was
compliant with this essential outcome.

The Accident and Emergency department assesses and treats people's health
needs quickly, which means people are not waiting too long for treatment. People
are given information about their health conditions and what they need to do, they're
kept informed of test results and decisions about treatment are discussed with them.
This means people are able to have a say in how they are treated.
Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Three of the five people who were using the Accident and Emergency department during our visit said that drinks were available. One person, who had been in the department for a longer time and close to lunch time had been offered lunch, but had declined this. We spoke with a relative of someone using the department, who told us the person could not eat or drink anything. They had been told about this and the reason why.

Other evidence
Food in the hospital is freshly prepared on site, although meals are not delivered by the kitchen to the Accident and Emergency department. However, if people are able to eat while they are in the department meals can be obtained through the Medical Assessment Unit, located next door or directly from the kitchen. The head nurse told us meals, such those for specific dietary requirements, or to meet cultural needs, such as halal are available and obtained in this way. The kitchen is also able to make up lunch boxes for children if this is required.

Our judgement
We judged that Hinchingbrooke Hospital Accident and Emergency department was compliant with this essential outcome.

Although the Accident and Emergency department does not receive a direct service to be able to meet people’s nutritional needs, they are able to obtain meals and
drinks for people. This means that people have their nutritional needs met while visiting the department.
Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

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| **What people who use the service experienced and told us**
Three people said they had been given information about their medical problems and what they needed to do to reduce the risk of problems after leaving the department. Information was given to one person to take with them to their own GP and hospital as they didn’t live locally. The other two people said they had been told the hospital would send the information direct to their GPs. One person told us the hospital was making a referral to a specialist about their condition.

The relative we spoke to said staff in the department had referred the person to another team in the hospital. The person had been seen by this team and admission was being arranged for further tests and investigations. The relative also told us they had visited the department with a child in the recent past. On that occasion, investigation and treatment by the Accident and Emergency department had been quick, but there had been a delay while a bed was made available on the children’s ward.

**Other evidence**
Not all specialist services are available at Hinchingbrooke Hospital, although there are good relationships with other hospitals and consultants who do provide these services. The department has only one paediatric trained staff member, but has a good relationship with the paediatric ward and the nursing and medical staff there. There is is similar relationship with the mental health ward in the hospital, although
medical staff are shared with Peterborough hospitals.

Agreements have been obtained with specialists services in other hospitals and the head nurse said the department is able to obtain advice from them before a referral is made. For example, neurology is not available and people are referred to Addenbrookes Hospital in Cambridge for this service.

The department also has working relationships with other emergency services and health and social care assessors. The local police headquarters are situated very close to the hospital and the department is able to call them for a quick response when needed. Urgent Care Cambridge is the out of hours GP service used in this part of Cambridgeshire and they have a base next to the Accident and Emergency department at Hinchingbrooke Hospital. This means that people who attend the Accident and Emergency, but don't need emergency care, can be re-directed quickly and easily to the GP service.

We were told that any delays in Accident and Emergency are usually as a result of waiting for other teams or services. For example, people waiting for transport out of normal working hours. Action has been taken to reduce delays in some areas. The head nurse told us of an arrangement the department has with the Intermediate Care Team and the Medical Assessment Unit for people with social care needs. If it is too late in the day for the person to return home or to have their needs assessed, they can stay overnight in the Medical Assessment Unit. Their social care needs can be assessed the next day by staff from the Intermediate Care Team if a social worker assessment is not available. The head nurse advised staffing of the X-ray department reduces after 5pm, which is often the time that the demand for x-rays from the Accident and Emergency department increases. Accident and Emergency nursing staff are trained to request x-rays for people when they see them in reception, this quick referral contributes to reducing the overall waiting time for people needing an x-ray.

Our judgement
We judged that Hinchingbrooke Hospital Accident and Emergency department was compliant with this essential outcome.

The Accident and Emergency department works closely with other specialist teams in the hospital, and services in the community to make sure people receive the care and treatment they need. They work with other services to resolve issues that create delays. People who use the department are kept informed of any contact staff have with other services or specialist teams. This means they know what plans are in place to meet their health needs.
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

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Our findings

What people who use the service experienced and told us

Three of the five people who were using the Accident and Emergency department, and the relative of another person, said they had been seen by a nurse as soon as they arrived at the department for an initial assessment. None of the people we talked to had waited to be seen and everyone had been treated and discharged within four hours.

The three people we spoke to said staff are "very kind", "very considerate" and they had been "treated very well". One person who has visited the department many times in the last few years said, "it's been superb and has improved". The relative of a person using the department also said, "nursing staff were really, really pleasant and were courteous". They all spoke to the person first and that, "they've all been thoughtful and kind".

The relative said they had also recently visited the department with a child. The child's injury had been dealt with quickly by staff, who knew what they were doing.

Other evidence

The Accident and Emergency department has medical and nursing staff on duty 24 hours a day. This is a mix of medical and nursing staff supported by health care assistants and administration staff. We were advised that there are vacancies at consultant and senior medical level, although the senior medical staff vacancies are
due to be filled by February 2011. The vacant consultant position is being covered by consultants from other hospitals in the county, who continue to provide training and guidance.

There are various strategies in place for events involving lack of staff in the department. Senior nursing staff are called in first, bank staff including including staff experienced in emergency care are used. Staff living closest to the hospital can be called in to assist in a situation where there are inadequate staff to properly care for people attending the department.

The department has ten administration staff, who cover shifts between 8am and midnight, 7 days a week. There is an administrator working in the 'majors' section of the department, which means that relatives of seriously unwell people don't have to leave them in order to complete paperwork.

The trust reports incidents and events as required by regulations to the National Patient Safety Agency and in turn the agency tells us of these reports. We have only received information about one event that may be related to low staffing levels in the Accident and Emergency department since April 2010.

Nursing staff told us that staffing levels are usually high enough to meet patient care needs. One nurse we spoke to said the department is usually well staffed but holiday periods can be difficult, especially when there is also staff sickness. However, all the staff we spoke to said that managers in the department and within the Trust are approachable and supportive, and that they can raise issues or concerns they have.

**Our judgement**
We judged that Hinchingbrooke Hospital Accident and Emergency department was compliant with this essential outcome.

There are enough nursing, medical and administrative staff working in the department to make sure people are cared for. There are plans in place to respond to unexpected staffing problems, which mean that the department can meet changing circumstances.
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.

When making our judgements about whether services are meeting essential standards, we 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 or compliance actions, or take enforcement action:

**Improvement actions:** 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.

**Compliance actions:** 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.

**Enforcement action:** 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.
Information for the reader

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