

Countess of Chester Hospital NHS Foundation  
Trust

## **Inspection of acute NHS trusts**

Inspection team briefing pack

Tuesday 16 – Thursday 18 February 2016

(Tuesday 16 – Friday 19 February 2016 for CQC Inspectors)

## Agenda for the inspection briefing session

### Overview

The Inspection briefing session is an important preparatory step to ensure all members of the inspection team have the necessary information and tools to complete the inspection in a consistent and robust manner.

### Date

Wednesday 10 February at 14:00

### Location

Teleconference: dial 08  or 02  from a mobile and follow the instructions entering ID  at the system prompt.

### Agenda items

1. **Introductions.**
2. **Briefing on the background to the inspection process and why the trust has been selected (Inspection Chair).**
3. **Reminder of the principles of the inspection process (Inspection Chair)**
  - We put people who use services at the centre of our work.
  - We are independent, rigorous, fair and consistent.
  - We have an open and accessible culture.
  - We work in partnership across the health and social care system.
  - We are committed to being a high performing organisation and apply the same standards of continuous improvement to ourselves that we expect of others.
  - We promote equality, diversity and human rights.
4. **Information from stakeholders (CQC Head of Hospital Inspections).**
5. **Discussion of the key areas of focus identified (All)**

Key lines of enquiry (KLOEs) included in the inspection briefing pack. Supporting documentation:

  - Trust data pack
  - Ratings grid
  - Trust submission
  - KLOEs.

All surgical disciplines should be included when they are provided, for example, trauma and orthopaedics, urology, ENT, cardiac surgery, vascular, ophthalmic surgery, neurosurgery and general surgery etc. Interventional radiology should be included regardless of whether these procedures might be carried out outside the theatre department.

Surgery for children is covered under the core service for children and young people, and some specialist surgery, including caesarean section, is included under maternity and gynaecology.

### **Critical care**

This includes areas where patients receive more intensive monitoring and treatment for life threatening conditions. Such areas are usually described as high dependency units (level 2), intensive care units (level 3) or by the umbrella term, critical care units. Outreach services provided in other areas of a hospital must be included.

### **Maternity and gynaecology**

This includes all services provided to women that relate to gynaecology and pregnancy (including the planning and/or prevention of). Therefore ante and post-natal services are included, as well as labour wards, and theatres providing obstetric and gynaecology related surgery. Termination of pregnancy is included within the scope of this core service.

Some of these services will be provided by the hospital in the community setting and therefore we will consider the pathways being provided between the two settings.

If a new born baby requires treatment in a special care baby unit (SCBU) or neonatal unit where the care is delivered by a paediatrician, this will be included under the core service for children and young people.

### **Services for children and young people**

This includes all services provided for children up to the age of 18. This includes inpatient wards, surgery, outpatients and end of life care along with the interface with maternity services. However, it does not include care provided in the emergency department, which is covered under the urgent and emergency core service.

### **End of life care**

End of life care encompasses all care given to patients who are approaching the end of their life and following death, and may be delivered on any ward or within any service of a trust. It includes aspects of basic nursing care, specialist palliative care, bereavement support and mortuary services.

End of life care that relates to terminations of pregnancy, miscarriages and stillbirths at any stage of a pregnancy are inspected under maternity services.

# Key lines of enquiry (KLOE)

## Overview

A standard set of mandatory KLOEs have been developed for use in inspections to ensure consistency, vital for reaching a credible comparative rating which can be robustly defended.

## Standard key lines of enquiry

### Safe

**By safe, we mean people are protected from abuse\* and avoidable harm.**

\*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

	Key line of enquiry	Prompts
S1	What is the <b>track record</b> on safety?	<ol style="list-style-type: none"> <li>1. What is the safety performance over time, based on internal and external information?</li> <li>2. How does safety performance compare to other similar services?</li> <li>3. Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally?</li> <li>4. Have safety goals been set? How well is performance against them monitored using information from a range of sources?</li> </ol>
S2	Are <b>lessons learned</b>	<ol style="list-style-type: none"> <li>1. Are people who use services told when they are affected by something that goes wrong, given an</li> </ol>

Our aim should be to provide clear and comprehensive advice and information tailored to support individual needs, underlining the point that we cannot intervene with their formal complaint about a provider. We want to encourage and support people to share their information and get resolution within the complaints system.

If you have immediate concerns about patient safety including patients currently receiving treatment at the trust please follow the escalation process included below.

## Escalation procedures

### Overview of the escalation process

The CQC's usual escalation procedures apply during this inspection.

While following the KLOE during the inspection, we may become aware of issues of concern relating to any of the key questions or services provided by the trust. These issues may or may not be within the scope of the inspection (e.g. safeguarding), All such issues must be escalated to the Head of Hospital Inspections for review.

**If we become aware of a system, process or an event in an organisation that we believe represents an issue of concern, and might result, or has resulted, in harm to patient(s) and it is not being addressed within the organisation in the prescribed way or once brought to the attention of the organisation there is a failure to respond CQC must make decisions about the regulatory breach, impact on people and action we need to take using our judgement framework and enforcement policy**

This document shows how an Inspection team member who becomes aware of an issue as described above should respond

CQC inspection team members have a responsibility to support the CQC Head of Hospital Inspections should issues require escalation.

### Types of issues requiring escalation

There are different issues of concern you may encounter on the visits:

- a patient in immediate danger, this should be reported without delay to the most appropriate senior person in attendance.
- a patient reports a previous poor experience at the trust. This should be directed through the normal complaints procedure and details taken for corroboration with other evidence the inspection team identifies
- where there is an unsafe practice or procedure you must report to this to the Head of Hospital Inspections
- where there is a systemic problem. this should be recorded and reported as part of the evidence gathering process