S= suspended

A= agreed

C= changed



NQAG Meeting Record Tool

D / (WOLD	26 May 2016				
Date of NQAG	O contract Object on NILIO E constation Tract				
NHS Trust/Provider	Countess of Chester NHS Foundation Trust				
NHS Trust/Provider	Ellesmere Port Hospital				
	February 2016				
Dates of Inspection					
	A Ford				
HI for Inspection					
Incorption Manager for Incorption	B Lees				
Inspection Manager for Inspection	E Armistead				
NQAG Chair	E Armistead				
NQAG CITAII	S Peel				
Voting Attendees	M Campbell				
Totalig Attoriates	·				
	Quorate				
Quoracy					
	M Pitteway				
	S Painter (QUDO)				
Additional Attendees	S Wilkinson (recorder)				
	C Williams				
	J Hughes				
	H Cain				
	D Lindley The 680 bedded Countess of Chester Hospital provides a full range of acute plus some specialist				
Introduction to the Service	services. It serves a population of 412,000 across a quite wealthy demograph in Chester, Ellesmere				
introduction to the oct vice	Port, Neston and Flintshire. Each year they treat around 425,000 patients.				
	We inspected the core services and rated the hospital as RI overall.				
	WE found the Trust to be open and honest.				

		charts. We also spoke with 44 members of staff.					
Domain	Pre Rating	Challenge/Discussion	Actions	High Level Ratings Indicators	Ratings decision		New Rating
S	RI	 Nurse staffing levels below Royal College of Nursing guidelines. There had been 8 incidents related to staffing – 2 with direct impact on pt care nurse staffing levels on the neonatal unit did not meet BAPM standards and the neonatal unit had been closed to admissions 7 times. Nurse staffing was recorded as a risk on the divisional risk register (there were 4 Band 5 vacancies on the risk register and had filled 2 by the time of inspection) They had trialled an acuity tool but it was not in place by the time of the inspection They were below average for Consultants There were 22 overnight beds and three trained staff. They used bank staff if overfilled @ night time Patient's medical records were not securely stored on the children's unit. Emergency resuscitation equipment was in place but checks of the oxygen, suction and the defibrillator were not 	Medical Staff mentioned twice in the report? Please check final report to ensure it is not duplicated	Panel queried whether there had been any discussion about possible IA rating – the inspector said the lack of APLS at night was the main issue but mitigating factors included Patient flow policy and the fact the Trust had carried out a business review in December which flagged up what was missing and they had done a business case to address the points – they knew where	A	C S	