

8 managers
1 staff = 9

Note taking template for acute hospital inspection

Name of location:	Countess of Chester.				
Date:	17/2/16				
Time (if applicable):	2pm				
Method: <small>(cross through/circle as appropriate):</small>	<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Focus group	<input type="checkbox"/> Observation		
	Listening event Other (write in here):				
Name of recorder:	Heena CAN				
CQC Inspection Team attendees:	Ben ODENLA SPA May POTTEL SPA Heena CAN Inspector. <div style="text-align: right;"> Ann Moran PCCS WOOD <div style="border: 1px solid black; padding: 2px;">Nurse Y</div> NNU </div>				
Attendees:	Steve Bradley PCCS Medical Lead. Service Leads meeting Ravi Agarwal Consultant Radiologist. Ann Murphy Lead Nurse for Children's Services. Sarah Jackson Manager for CUP Complex Care Team Gill Moe Divisional Support Manager Urgent Care Martin Moe PCCS.				
Summary <small>Please summarise key points from your notes below.</small>	Karen Tolsoned MRM Director for Urgent Care. Karen Reece Divisional nurse for Urgent Care. Eirian Powell Technical Unit manager. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Hospital @ Home Integrated care mortality & morbidity meetings Governance safeguarding (child deaths review) or call center NED representative </td> <td style="width: 50%; border: none;"> Triage risk / complexity Conflict resolution patient engagement Chronic prescriptions. </td> </tr> </table>			Hospital @ Home Integrated care mortality & morbidity meetings Governance safeguarding (child deaths review) or call center NED representative	Triage risk / complexity Conflict resolution patient engagement Chronic prescriptions.
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<small>In the Key question score column enter the codes S, E, C, R or W with the KLOE number to map key messages to one of the five domains with "+" for a positive comment, or a "-" for a negative comment.</small>			Key question score		

NNU - staffing
 appraisal
 mandatory training
 major incident policy

staffing for today nnu / PCCS wood

Gen
 Recd: looked @ how changed in patient source
 work in primary care
 reduce no who are presented / treated appropriately
 reduce length of stay / reduce rates of readmission

Recd the home source ↓ length stay / readmissions.

Potential for GP to access the H source directly.
 criteria / eligibility

GP's clinical responsibility / reduce complexity.
 Comm Recd
 public - and work in GP in community.

Recd outpatients - specialist interests
 links in tertiary services in the community
 reduce follow ups / RTT.

AM

integrated service
 HEH / integrated care packages / comm recd, mus service.

NNU
 central

Wider strategic regional partnership
 various services plus primary care.

only death in region that could be avoided prior to transfer.

Positive feedback from Derby training program.

mortality + morbidity meeting
 regional

X5 from NNU 1st year X 4 1st year. - 10 OKS / 1000 hrs

interregional mortality x 2 1st year. (step a costs to be disclosed).

X2 Recd mortality meetings. - not feeling small.

majority range services not meeting.

quality care plan from SCR.

questing + message
 cases reviewed regional network / peer review

managing

Governance meeting - Recd / interregional / ok / gov / governance board

Complaints
 peer
 review
 meeting
 only 6/12
 completion
 increase
 - project
 cost
 + learning.

6 m
 6/12.

not happened
 as fear
 as linked
 but not
 on track.

SCR agenda / valid / guidelines / nice guidelines

starting review corporately every 6/12,
asked in relation to these presentations.
RCPCH focusing the future for standards for medical staff.

OUTPAT

6-8 consultants ↑ 8-8
7 middle grade
9 SHO TIE. (SCP | 3SPCC | x1 FY2
Felling down consultant x 2 rounds per day (1 supernumerary).
Renew 14hrs
Recd in hospital 12hrs 7-17 allowed

WORK APPROVED

12hrs | 7days resident
every pt reviewed 14hrs.
Consultant 1ca weekend 1ward x 2 day.

ROLES

long term sickness, register work in phoned room
cancel register clinic streams and app + F&P in clinic
used every locums - not always guarantee of quality.

know share 1 pass 2 goes forward
register.

overnight x1 reg
x1 SHO.

AND x4 help covering SHO
SHOs.

call for recruit SHO | reg.

sickness unanticipated
legis.

NSO e board level - a named exec for C&P at present.
not

Feed up to board - within direct good times 11c director
measurement.

director leads T to other executive level.