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: *(cross through/circle as appropriate)*:	Interview (circled) Focus group Observation Listening event Other (write in here): ....
Name of recorder:	Helen Cain

CQC Inspection Team attendees:	Ben Odeka SPA Mary Potter SPA Helen Cain Inspector. Ann Moran Paeds ward Nurse Y NNU
Attendees:	Steve Brearey Paed neonatal lead. 1 Service leads meeting Ravi Jayaram Consultant Paediatrician. Ann Murphy Lead nurse for Children's Services. Sarah Jackson manager for CYP Complex Care Team Gill Moat Divisional Support Manager Urgent Care Miriam manager Paeds.
Summary *Please summarise key points from your notes below.*	Karen Townsend ... Director for Urgent Care. Karen Reece Divisional nurse for Urgent care. Eirian Powell neonatal unit manager. Hospital @ Home Integrated care mortality + morbidity meetings Governance safeguarding / child deaths review on call rota NED representative Trecare pts / competency Conflict resolution parent engagement Electronic prescriptions.
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.	**Key question score**

NNU - staffing
appraisal
mandatory training
major incident policy

staffing for today NNU / Paeds ward

Gen
Paeds: looked @ how delivered inpatient service

Ran   work w Primary Care
    reduce no who are presented / treated appropriately
    reduce length of stay / reduce rates of readmission

Paed H@ Home service ↓ length stay / readmissions.

Potential for GP to access H@H service directly.
  criteria / eligibility

GP's clinical responsibility / now with consultants.
        comm Paeds
pilot - ANP work w GP in community.

Paed outpatients - specialist interests
    links w tertiary services w Alder Hey
    reduce follow ups / R77

AM
  integrated service
    H@H / integrated care pathways / comm Paeds, nurse service.

NNU
consult   wider Cheshire neonatal partnership
    national screening pulse oximetry pilot.

  only COCH in region treat cools babies prior to transfer.

  Positive feedback from Deanery trainees / teaching.

Mortality + morbidity Meetings
    perinatal
  X5 from NNU last year X 4 this year. - w O&G / midwives

  neonatal mortality x 2 last year. (dep on cases to be discussed).

  X2 Paed mortality meetings. - nos fairly small.
  majority teenage suicides last meeting.
  awaiting case plan from SCR.

        Cheshire + Merseyside
  Cases reviewed neonatal network. / peer review

    monthly
  Governance meeting - Paed / neonates / obs / gyn governance board

Consultants peer review meeting day 6/12
consultants increase + precede case + learning.

6 in 6/12.

not reported as freely as liked but picked on track.

Set agenda / trend / guidelines / NICE guidance

Minutes disseminated
specific incidents
cascaded down by email.

individual
Feed back face to face wherever possible

Monthly incident review meeting — neo
— paed

page 3/4
send learning issues

sharing boards
Actions plan → training days

AM
Actions already — email

named COOP Paediatrician — Chaos / issue details.
community Paed sits in LSCB
COOP reviews feeds into M+ Mort.

multi-agency district within 1/52 after discharge

Risk register — staffing (lack thereof)
approved business case × 2 Paed consultants
one paying in addicts.
Environment lack of children's
night.

NNU — business case ongoing — staffing
not achieving standards.

Environment

pseudomonas.

vacancies childrens unit 15/12/15
concern 29/1/16

Paeds consultant out last year.

Pseudo may 2015 — managing locally.
ongoing now. washing / feeding pack.

staffing review corporately every 6/12.

asked in relation to these presentation.

RCPCH recognise the future for standards for medical staff.

outlier

6·8 consultant ↑ 8·8

7 middle grade

9 SHO tier. (SCP / 3 SpTs / x1 F year 2 F1 supernumerary).

Falling down Consultant x 2 rounds per day

review 14 hrs

Rcd in hospital 12 hrs 7/7 a week

WLF approved

12 hrs / 7 days resident

every pt reviewed 14 hrs.

Consultant led review / ward x 2 day.

Rota

long term sickness, registrar took on phased return

Cancel registrar clinic ensure we appt + F/UP in clinic

Used agency locums - not always surance of quality.

know short 1 pass 2 going forward registrar.

overnight x1 reg
x1 SHO.

ANP x4 help covering SHO shifts.

ask for recruit SHO / Reg.

sickness unanticipated leave.

not
NED @ board level - a named exec for CYP at present.

Feed up to board - we've direct good links ie clinical management.

divisional leads ↑ to accountable level.