

OP All 2.000 of SP
Sheet 2

Note taking template for acute hospital inspections

Name of provider:	cantess of creser		
Name of location:	cancer unit		
Date:	18/2/16		
Time (if applicable):	9.45		
Method: (cross through/circle as appropriate):	<input checked="" type="checkbox"/> Interview <input type="checkbox"/> Focus group <input type="checkbox"/> Observation <input type="checkbox"/> Listening event Other (write in here):.....		
Name of recorder:	Heen can		
Relevant core service (cross through/circle as appropriate):	Urgent and emergency services	Medical care including older people	Critical Care
	Surgery	Outpatients	Maternity and family planning
	Other core service (write in below)		<input checked="" type="checkbox"/> Children & young people
			End of life care
CQC Inspection Team attendees:	Heen can - Inspectors Julie Hedges		
Attendees:	Vicki Higgins - specialise children community nurse with lead for oncology + palliative care Heen Cantess - Diabetes specialise nurse		
Summary Please summarise key points from your notes below.	EOL PCC Strategy Diabetes service not reassessed		

Notes (please include supporting information)	
<p>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.</p> <p>Where a comment is neutral do not enter a modifier. E.g. "S6+" for a positive comment on staffing in relation to safety, or "E2" for a neutral observation of effectiveness in relation to multi-disciplinary staffing.</p> <p>You may want to do this after the interview / focus group.</p>	<p>Key question score</p>
<p>9.45 What does children's Ed fit in to trust strategy?</p> <p>Doesn't link in with Ed service</p> <p>links with specialise palliative care team in setting palliative care group for non-well</p> <p>no link to Board</p> <p>If have any issues eg: money issues times</p> <p>more children cases in community, more issues report.</p> <p>more children don't go to nursery levels to be looked after if known</p> <p>not aware of any issues, child death rate on board.</p> <p>JH - rigid time slots in nursery</p> <p>morning 2-4pm</p> <p>30 mins</p> <p>listen children long dependent on how questions done</p> <p>clinical management experience - time in the nursery here</p> <p>trying to develop outcome with children</p> <p>feedback time for child/family on word if possible.</p> <p>potential for visiting the nursery.</p> <p>Ed pathway - more of a practical guide for children who die on ward</p> <p>Follow Army community guidance</p> <p style="text-align: right;">spiritual / emotional / psychological / bereavement / counselling</p>	

Symptom management
work doc - checklist

checklist now in place care of the child

Pathway - taking doc for checklist.

09.50.

then criteria children's diabetes specialist nurse.

8 in 7/12

newly diagnosed has been challenging ill out consistent

youngest 17/12 - 14yr.

admitted to assess unit → diagnosed formally - start contact with

received per year.
- education
reading pack for
start on ward.

→ admitted on to ward
usually stay x 1 week
depends on condition

- then needs
ferry to
home/ school

- have when
complete the
sub unit &
a few labors.

Daily phone calls

Home visits weekly / fortnightly for a couple of months

developing education pack & project

Sub group
education for north west region.

education following on for all age groups.

Discussion

MDT Consider
x 1/4 wte nurse.

x 4 times month
2 up to 13yrs
x 1 nurse 13-16
Traction 16-19yrs.

Ward out of 11yrs

If under 15yr on full time educ

If at more approx go to adult ward

only one in 4/12 admitted in DLA. - look for data.

once - all ops visit.