Unannounced Inspection Report
18 & 19 October 2018

Royal Belfast Hospital for Sick Children
Belfast Health and Social Care Trust

Type of Service: Outpatients Department
Address: 274 Grosvenor Road, Belfast, BT12 6BA
Tel No: 028 9024 0503

Membership of the Inspection Team

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Abbreviations

GMC	General Medical Council
IPC	Infection Prevention and Control
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
QUIS	Quality of Interaction Schedule
RBHSC	Royal Belfast Hospital for Sick Children
ED	Emergency Department
NSPCC	National Society for the Prevention of Child Cruelty
OPD	Outpatient Department
BHSCT	Belfast Health and Social Care Trust
CSE	Child sexual exploitation
ANTT	Aseptic non-touch technique

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

Profile of service

The Royal Belfast Hospital for Sick Children (RBHSC) is dedicated specifically to the care of children. The hospital provides general paediatric care as well as providing paediatric regional specialties for children throughout Northern Ireland.

The hospital's Outpatients Department is located on the ground floor of the main hospital building and comprises of a reception, waiting areas, a blood room and consultation rooms. The department is separated into Wings A and B, each designated for the treatment of patients with a range of different conditions.

3.0 Service details

Responsible person: Mr Martin Dillon (BHSCT)	**Department Manager:** Leigh Fitzsimmons
Person in charge at the time of inspection: Leigh Fitzsimmons, Outpatient Department Manager	

4.0 Inspection summary

An unannounced inspection to Wings A and B of the Outpatients Department in RBHSC took place over a period of two days from Thursday 18 October to Friday 19 October 2018.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

For the purposes of this inspection, an outpatient service was considered as one which enables patients to see a consultant and/ or associated health professionals for assessment or review in relation to a specific condition, but where patients are not admitted into hospital.

The inspection was completed as part of Phase 3 of Regulation and Quality Improvement Authority's (RQIA's) Hospital Inspection Programme. It was one of five unannounced inspections carried out in the Belfast Trust during October 2018. Inspections were undertaken across 60 specialities and 5 hospital outpatient departments. The other sites inspected were: Belfast City Hospital, Mater Infirmorum Hospital, Musgrave Park Hospital and Royal Victoria Hospital. Reports of these inspections are available on our website https://www.rqia.org.uk

These inspections also formed part of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties. This review was announced by the Department of Health in May 2018 following the announcement of a recall of patients under the care of a Consultant Neurologist in Belfast Trust.

We employed a multidisciplinary inspection methodology during this inspection. A Lay Assessor supported the inspection in respect of patient feedback. Our Lay assessor engaged directly with patients (children in the presence of a guardian) and their relatives to gather feedback on their experiences in relation to their outpatient appointment.

Our multidisciplinary inspection team examined a number of aspects of the department, from front-line care and practices, to management and oversight of governance across the organisation. We met with various staff groups, spoke with patients and their relatives, observed care practice and reviewed relevant records and documentation used to support the governance and assurance systems.

We identified good front line care within the Outpatients Department in RBHSC.

Patients and their relatives advised us they were happy with their care and spoke positively regarding their experiences and interactions with all staff. We observed staff treating patients and their relatives with dignity, staff were respectful of patients' right to privacy and to make informed choices.

We found that staffing levels and morale in the department were good with evidence of good multidisciplinary team working and open communication between staff. Overall staff feedback was positive; they told us that they were happy, well supported and that there were good working relationships throughout the hospital.

We undertook a review of the current arrangements for governance and managerial oversight within the Outpatients Department in RBHSC. We identified concerns in relation to the oversight or assurance arrangements for specialist nurses, the organisation of electrocardiograms (ECGs) and the follow up of scan results, and use of tissue viability services.

We also identified concerns in relation to child safeguarding training for medical staff and the availability and display of safeguarding information for staff, patients and relatives.

4.1 Inspection outcome

Total number of areas for improvement	5

Five areas for improvement were identified, these related to:

- governance arrangements for specialist nurses;
- organisation of ECGs and the follow up scan results;
- Safeguarding;
- availability and display of safeguarding information for staff, patients and relatives; and
- engagement with tissue viability services and completion of wound care documentation.

This report sets out findings which are specific to our inspection of the Outpatients Department in RBHSC. Recommendations relating to wider issues across the Trust's outpatients services will be presented in the report of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties.

On 28 January 2019, we provided local feedback to Ms Duffin, Service Manager, Ms McCormick, Acting Manager, Outpatients Department in RBHSC and a number of representatives from the management team regarding the inspection findings. During the meeting we discussed the Outpatients Department in RBHSC strengths and the areas identified for improvement identified during our inspection.

The areas for improvement arising from this inspection are detailed in the Quality Improvement Plan (QIP). The timescales for completion of these actions commence from the date of our inspection.

4.2 Enforcement action taken following our inspection

We were concerned about the safeguarding arrangements within the Outpatients Department's within the Belfast Trust.

We identified concerns relating to staff knowledge, awareness and understanding of safeguarding issues within outpatient departments/services and the ability of staff to recognise such issues and respond appropriately to ensure vulnerable patients and service users are protected.

This issue was escalated by RQIA's Director of Improvement/Medical Director directly to the Trust's Chief Executive and relevant Executive Directors and three escalation/update meetings were held with the Trust (13 March, 25 July, and 3 September 2019) to discuss implementation of a targeted action plan to address these findings.

Following these meetings, and on review of additional evidence submitted by the Trust, RQIA determined that the Trust has carried out significant work to address our concerns relating to safeguarding within the outpatients department setting. The effectiveness and impact of these actions in relation to Safeguarding will be kept under review, with a progress meeting between RQIA and the Trust planned for March 2020.

5.0 How we inspect

The RQIA inspects quality of care under four domains:

- Is the Service Well- Led?
  Under this domain we look for evidence that the ward or department is managed and organised in such a way that patients and staff feel safe, secure and supported;
- Is Care Safe?
  Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- Is Care Effective?
  Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- Is Care Compassionate?
  Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of the above domains and depending on the findings of our inspection, we may recommend a number of actions for improvement that will form the basis of a QIP. Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to address issues and/or challenges we have identified during inspection.

The standards we use to assess the quality of care during our inspections can be found on our website[1]. We assess these standards through examining a set of core indicators. Together these core indicators make up our inspection framework, and this framework enables us to reach a rounded conclusion about the ward or unit or service we are inspecting.

During inspections the views of, and feedback received from, patients and service users is central to helping our inspection team build a picture of the care experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experiences with us. Our inspection team also observed communication between staff and patients, staff and relatives/family members, and staff and visitors. Members of our inspection team use the Quality of Interaction Schedule (QUIS) observation tool to carry out observation. This tool allows for the systematic recording of interactions to enable assessment of the overall quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and across all disciplines in the areas or services we inspect. We use information and learning arising through these discussions to inform the overall outcome of the inspection and the report produced following our visit.

[1] https://www.rqia.org.uk/guidance/legislation-and-standards/standards/

6.0 The inspection

6.1 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

During this inspection we examined if the Outpatients Department in RBHSC was managed and organised in a way that patients and staff are safe, secure and supported. The Belfast Trust organisational leadership, management and governance is addressed in RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties report.

6.1.1 Departmental oversight and management

We reviewed a sample of records and minutes of meetings and discussed the outpatient department's governance arrangements and managerial oversight with a number of staff. This included meeting with the outpatient manager and the service manager for the department. We found evidence of professional leadership and support provided by the managers.

The managers were able to describe sufficiently effective governing systems to monitor quality, identify emerging risks and assure themselves that high quality care and treatment was being provided. We found evidence of audits in respect of hand hygiene, environmental cleanliness, mattresses and adherence to the Trusts dress code policy.

There was evidence of staff attending a daily safety brief and monthly staff meetings, during which learning is shared. Schwartz debrief meetings were also held. We found that the safety brief included discussion on a range of key issues including infection prevention and control (IPC), complaints and incidents.

Specialist nurses were observed practicing autonomously; there was no evidence of system level oversight or assurance arrangements for specialist nurses. The safety and quality of care delivered by these professionals was the responsibility of individual line managers rather than the nurse in charge of the department. However, the outpatients' manager outlined how they would address concerns directly with their line manager.

6.1.2 Organisation

We examined pathways and process for the assessment and treatment of patients within the department. We were informed of new service models to deliver outpatient services in place (e.g. remote video observations where asthma nurses gave real time feedback to patients' on their inhaler technique and in the orthopaedic clinic health care assistants review patient records and pre-order patient x-rays and blood tests in advance of the patient attend the clinic). The aim of these was to improve efficiency and reduce waiting times for patients accessing the services and staff stated this had a positive effect on patients. We observed that the clinics were organised and functioning efficiently.

A review of the incident reporting system evidenced there were very few reported incidents. A trend analysis identified issues related to medical records not arriving on time to clinics and slips, trips and falls.

6.1.3 Staffing

We reviewed staffing arrangements in the department and found there was a multi-professional team appropriate to support the delivery of patient care. We found that there were appropriate medical staffing levels throughout the department and junior medical staff reported having a good induction and training in the department.

We found that staffing levels and morale throughout the department was good, with evidence of multidisciplinary working and good communication between staff. Staff told us that they were happy, felt supported and engaged, and that there were good working relationships throughout the department.

We observed nursing staff delivering care to patients and determined that the team was sufficiently experienced and skilled to carry out their role. We found that senior nursing staff were highly visible and approachable within the department. We observed staff working well together and noticed good communication between staff in respect of information sharing and care delivered. We evidenced an effective morning safety brief and regular team meetings.

A review of staff rotas and discussion with the manager evidenced a full complement of nursing staff in post ensuring the effective and consistent delivery of care. Some staff considered that nursing staffing numbers had not kept pace with increased workload and complexity of patients. We identified one situation were forward planning in respect of a retirement had not been effectively managed and had left a deficit in knowledge in one specialist area. Forward planning to ensure effective transition of knowledge and skills should always be factored into changes in staffing in order to support delivery of care.

We reviewed records relating to supervision and appraisal of staff working in the department. We found these were up to date. We were told of a system in place whereby a link nurse was identified to provide expert advice as part of ongoing support for staff in the areas of IPC and manual handling. Managers reported that training was available to meet the needs of staff and there was a monitoring system in the department to evaluate staffs' compliance with mandatory training requirements. The records indicated staff training was in line with mandatory requirements.

Areas of good practice - Is the service well Led?

We identified areas of good practices in relation to the management and organisation of the department in a way that ensured patients and staff felt safe, secure and supported. We noted good practice in relation to staff communication, appraisal and training, incident reporting and assessment and treatment of patients.

Areas for improvement – Is the service well led?

We identified an area for improvement in relation to the monitoring and oversight arrangements for specialist nurses.

Number of areas for improvement	1

6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

6.2.1 Environmental cleanliness and facilities

We observed and were impressed with the overall cleaning and maintenance of the environment. The department was clean, clutter free and in good decorative order. We found the environment was accessible and easily accommodating for wheelchair access. We noted toys available which could be used to provide distractions for children while waiting for their appointments and improve their experience of care.

We observed inadequate signage and families frequently asking directions. We were pleased to learn of plans to improve signage throughout the children's hospital in order to promote a more positive patient experience.

6.2.2 Infection prevention and control (IPC)

We observed working practices to ensure staff minimised the risk of infection. We observed excellent standards in hand hygiene and in aseptic non-touch technique (ANTT) in respect of venepuncture. We also observed good compliance with the Trust's uniform policy.

We confirmed staff had undertaken IPC training commensurate with their role. Staff who spoke with us had an excellent knowledge on matters relating to IPC and good compliance with best practice was evident.

Performance indicators for audits relating to best practice for hand hygiene and environmental cleanliness were displayed in the department.

We found that the manual decontamination of probes in the department was recorded on the department risk register as ideally this would be completed in a central sterile services department and we understand that the Trust is represented on a regional decontamination group where work is ongoing to resolve this issue.

We observed the dirty utility room (used to store samples) was open and accessible to the public, presenting a risk of access and contamination. We welcome plans to install a key code lock on the door of the dirty utility room to ensure access by staff only.

6.2.3 Patient safety

We observed department staff practice and reviewed policies and procedures to ensure the delivery of care is safe and effective practice. Staff within the department were knowledgeable and able to access policies and procedures to support patient care.

We spoke to staff and reviewed patient records which evidenced good knowledge and practice in obtaining consent from children. Some staff indicated they would welcome further training to deal with situations where older children with capacity withdraw consent.

We found that there is no effective system in place across the department for organising patient ECGs and for following up patient fracture clinic scan results. Currently both these are dependent on staff /parents remembering to follow up. This may create a risk that patients do not get an ECG carried out and that appropriate follow up of a patient scan does not happen.

6.2.4 Medicines management

We reviewed arrangements for the management of medicines within the department to ensure medicines are safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines.

Systems were in place to manage and oversee ordering and stock control, to ensure adequate supplies were available and to prevent wastage. Whilst there was no dedicated pharmacist support to the department we were pleased to note that on-site pharmacy staff provided support as necessary.

We observed that whilst ordering of medicines was undertaken effectively stock receipts were discarded and staff were unable to prove receipt of medication or identify stock errors. We found medicine cupboard keys stored unsecure in another department and medicine prescription pads stored unlocked in treatment rooms overnight. We were encouraged to note that these issues were immediately addressed and a new system put in place during our inspection.

6.2.5 Safeguarding

We reviewed arrangements for safeguarding of children in accordance with the current regional guidelines. We confirmed policies and procedures were available in relation to safeguarding and protection of children at risk of harm.

We spoke to medical and nursing staff who demonstrated an understanding of the term ‘Child Protection’ and knew that this was integral to their role, however, staff did not appear to understand safeguarding in its wider context. They did not appear to understand the important role they have with regard to recognising early warning signs/signals for safeguarding concerns, for example, scenarios around domestic violence or control and coercion. Staff did not demonstrate the application of an investigative/questioning approach to signs of potential safeguarding concerns. Staff indicated that unless a safeguarding issue was highlighted by a GP or Emergency Department (ED) Practitioner they would not know if there were potential concerns and they are unable to check a particular child’s electronic care records (due to pressures of time) within the department.

Staff we spoke to consistently evidenced that they were unsure of the onward referral pathway should they or colleagues identify a safeguarding concern. Some staff mentioned reporting the safeguarding concern to the outpatient manager, while others indicated they would escalate to a social worker. Staff told us that whilst any safeguarding incident (up to the time of referral) would be recorded in the patients’ records, they had no way of knowing of any issues raised after the referral was made. Staff we spoke to were unable to identify a designated safeguarding nurse and were broadly unaware of the existence of the nurse safeguarding team based at a satellite site. Staff did name a Paediatric Consultant as the Safeguarding Lead.

All nursing and junior medical staff and some consultants we spoke to had received training in safeguarding but were unable to demonstrate training to at least Level 2, which is advised as the minimum mandatory requirement in the Trust for staff who have direct contact with children. On discussion with staff, training appeared to be focused on narrow parameters of child protection rather than safeguarding in its wider sense to include child sexual exploitation (CSE). No administration staff were trained in child safeguarding.

We requested figures in relation to safeguarding training for Paediatric Consultants, these were unable to be provided.

We saw no information posters about safeguarding and only two posters advertising the National Society for the Prevention of Child Cruelty (NSPCC) displayed in the outpatients department. Such information is essential to assist and signpost patients, their relatives/carers and serves as an aide memoire for staff.

We evidenced the Trust's corporate risk register (July 2018) identifies a risk in relation to children being treated in areas were clinical teams do not have the necessary training. This risk has been on the risk register for a considerable time (created May 2010) and in the main pertains to inpatients and the ED – outpatients is not mentioned.

Due to our concerns in relation to safeguarding we escalated these matters to the Trust's Chief Executive and relevant Director for action.

Areas of good practice - Is care safe?

We identified areas of good practice in relation to cleaning and maintenance, and staff knowledge on IPC and on policies and procedures to support patient care.

Areas for improvement - Is care safe?

We identified areas for improvement in relation to the display and availability of information relating to safeguarding in the department for both staff and patients, staff knowledge and medical staff compliance with safeguarding training and the organisation of ECGs and the follow up scan results.

Number of areas for improvement	3

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

6.3.1 Meeting patients' individual needs

During this inspection we observed the care and treatment provided to patients to ensure that their individual care needs were met. We observed staff responding to patients in a compassionate and timely manner. Many areas of good practice were identified with respect to care delivered. We spoke to children (in the presence of their carer) and relatives who were complimentary of the quality of care and services received.

We observed staff have prompt access to allied health professionals and play therapists occupational therapists in the department. Specialist equipment was available on site.

We identified that within the department nappies were available for small babies; however there were no nappies or spare clothes available for older children who may experience an unforeseen situation were fresh clothing is required. The provision of these items, for use in exceptional circumstances should be considered by the Trust in order to promote a positive experience for those visiting the department.

6.3.2 Record keeping

We reviewed clinical records and other documentation to ensure record keeping was completed in line with best practice standards. In respect of medical records we identified good record keeping practices, although a small number did not include the doctors General Medical Council (GMC) number and there was legibility issues.

We reviewed nursing care records and they were found to be generally well completed in line with best practice and professional guidelines. We found evidence in patient records of parents being involved in decisions about care.

On review of patient records in the plastic surgery clinic we noticed that wound charts were not used routinely, as would have been expected to assist with monitoring the progress and effectiveness of treatment for wounds. We also noted that there was not an established link with specialist tissue viability nurses (who would be able to provide expert advice in relation to wound healing) and we were unable to evidence when a patient had been referred to specialist tissue viability services for wound treatment advice.

6.3.3 Communication

We reviewed the systems and processes supporting effective communication within the department and found examples of good multidisciplinary working, effective lines of communication and supportive structures in place.

We confirmed that nursing and care staff attend a daily safety brief at the beginning of each shift and that a written record is retained to evidence the content and format of the safety brief.

Relatives and carers indicated that their interactions with all grades of staff were positive and they received the necessary information in relation to the patients care and treatment.

6.3.4 Nutrition and hydration

We reviewed the arrangements to ensure patients had access to appropriate food and water and their nutritional needs met. We noted the presence of a vending machine, on-site shop and canteen to meet refreshments needs. We were told that families often bring their own food if they anticipate they will be in the department for a lengthy period of time. While infant formula was not available in the department staff could access this from the ED as required.

Areas of Good Practice- Is Care Effective?

We identified areas of good practice in relation to delivery of care the communication between patients, relative/carers and staff.

Areas for Improvement - Is Care Effective?

We identified an area for improvement in relation to engagement with tissue viability services and completion of wound care documentation.

Number of areas for improvement	1

6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

6.4.1 Person-centred care

We spoke to children (in the presence of their carer) and relatives, observed care delivery, looked at care records and met with various grades of staff to understand how the outpatients department ensures that patients receive person centred care. We observed staff at all levels treated patients with compassion, dignity and respect whilst delivering care and treatment. Conversations were discreet and could not be overheard. Patient details and records were stored appropriately so that confidential and private information was not compromised and privacy was maintained.

During the inspection we observed how staff engaged with patients and relatives to promote high quality care and a positive patient experience. We observed compassionate interactions between staff and patients in all clinics and were particularly impressed with the interaction between play therapists and children in distraction therapy. We heard many examples of excellent communication from staff who gave information to patients and advice to relatives in a way that was easily understood.

We found staff had access to the interpreting services and staff described how they supported patients with a hearing impairment which involved providing a quiet environment. All staff within the department received basic training in Makaton signing in order to support communication with those who cannot communicate effectively by speaking. We observed and are encouraged to see the Makaton 'sign of the week' initiative to promote staff learning.

We noted the display of general information and notice boards, although there were no information leaflets available in different languages and formats. The Trust should review the arrangements for the accessibility of information in languages and formats other than English.

We observed that in order to understand the needs of patients and improve the experience of relatives attending the department, the 'What Matters to Me' and 'You said, We did' initiative has been introduced. Through these initiatives relatives are asked what is important to them when attending the department and the Trust responds advising of how they have addressed it. We observed a notice board in the department displaying some parent comments and Trust actions.

6.4.2 Patient and staff views

During our inspection, we spoke with patients (children in the presence of their carer) and relatives, distributed questionnaires to relatives and encouraged them to complete questionnaires during the inspection. Patients also had access to an electronic questionnaire for completion and return to RQIA. We spoke to patients (children in the presence of their carer) and relatives to obtain feedback about their experience of attending the outpatients department. Those we spoke to during our inspection reported feeling content and positive about their experience. Relatives commented on difficulty accessing car parking.

Areas of good practice - Is care compassionate?

We identified areas for good practice in relation to patient privacy, dignity and respect, interaction with staff and confidentiality of records.

Areas for improvement – Is care compassionate?

We did not identify any areas for improvement during this inspection in relation to compassionate care.

Number of areas for improvement	0

7.0 Quality improvement plan (QIP)

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Duffin, Service Manager, Ms McCormick, Acting Manager, Outpatients Department in RBHSC and a number of representatives from the management team as part of the inspection process. The timescales for implementation of these improvements commence from the date of this inspection.

The Trust should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further action. It is the responsibility of the Trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified and action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The Trust should confirm that these actions have been completed and return the completed QIP to BSU.Admin@rqia.org.uk for assessment by the inspector by **5 March 2020**.

Quality Improvement Plan	
The Trust must ensure the following findings are addressed:	
Departmental oversight and management	
Area for Improvement 1 **Ref**: Standard 4.3 (b) **Stated:** First **To be completed by:** 5 March 2020	The Trust must strengthen arrangements for oversight and monitoring of specialist nurses in Royal Belfast Hospital for Sick Children, Outpatients Department. **Ref:** 6.1.1
	Response by the Trust detailing the actions taken: Within Child Health Division, Specialist nurses all report directly to a Children`s nurse (8A) as their line manager and then under the overall management of a Service Manager. As well as this there is a professional line of accountability to the Divisional Nurse for Child Health who as well as providing professional advice to individual nurses as required, also oversees any potential issues with practice highlighted through complaints, incident forms etc. The Divisional nurse meets with the Specialist Nurses as a group on a quarterly basis as part of the governance arrangements.

<table>
<tr><th colspan="2">Patient safety</th></tr>
<tr><td>Area for Improvement 2

Ref: Standard 5.3.1 (f)

Stated: First

To be completed by:

5 March 2020</td><td>The Trust must ensure an effective system for the organisation and follow up of ECGs and for the follow up of patient fracture clinic scan results.

Ref: 6.2.3</td></tr>
<tr><td></td><td>Response by the Trust detailing the actions taken:
1. ECG Service - Out-patient nurses accept referrals from doctors in clinic. The ECG is now done on the same day. The ECG is given to the referring clinician for interpretation and communication of results to the parent/carer/young person.
2. Follow-up of Out-patient fracture scan result
i. All fracture patient x-rays are reviewed during the patient's consultation in out-patients. A clinical decision is then made and shared with parent/carer/young person.
ii. MRI scans- A clinician held record is maintained of all patients booked for MRI. Parents are requested to inform the Consultant secretary of the date of the scan. A clinic review is then made for 2 weeks after the scan date.
iii. The orthopaedic team are currently exploring potential eHealth solutions to results follow-up, with the regional ECR working group. This included discussions around the development of electronic alerts for clinicians regarding abnormal results.</td></tr>
<tr><th colspan="2">Safeguarding</th></tr>
<tr><td>Area for Improvement 3

Ref: Standard 5.3.1 (c)

Stated: First

To be completed by:

5 March 2020</td><td>The Trust must implement a system to provide assurance that staff have the appropriate knowledge, skills and training in Safeguarding. Actions should include:
• updating the Trust Safeguarding training programme (to include all staff grades); and
• introducing audit and reporting mechanisms to ensure adherence to the Trusts Safeguarding training programmes and to assess staff knowledge in relation to the effectiveness of that training (at all grades).

Ref: 6.2.5</td></tr>
<tr><td></td><td>Response by the Trust detailing the actions taken:
The Safeguarding Specialist Nursing (SSN) team and the Lead Safeguarding Doctor regularly update the Safeguarding programme. They deliver this mandatory training for all staffing groups. A live register of staff compliance with training is maintained and shared with the Director. The SSN team and Lead doctor work closely with front line staff and are available to assist staff with their daily safeguarding responsibilities. The Trust Safeguarding policies and procedures document is available for staff in the Trust Hub.</td></tr>
</table>

Area for Improvement 4 **Ref**: Standard 6.3.2 (b) **Stated:** First **To be completed by:** 5 March 2020	The Trust must ensure that the relevant information on Child Safeguarding is available and displayed for staff, patients and relatives. **Ref:** 6.2.5
	Response by the Trust detailing the actions taken: The safeguarding team have worked with the Outpatient Department Sister to maintain up to date Child safeguarding information for staff, patients and carers. Posters are displayed around the department. Policy & Procedures documentation is also easily available for review by staff.
Record keeping	
Area for Improvement 5 **Ref**: Standard 5.3.1 (a, f) **Stated:** First **To be completed by:** 5 March 2020	The Trust must ensure effective engagement with tissue viability services and completion of wound care documentation for effective delivery of patient care within plastic surgery clinics. **Ref:** 6.3.2
	Response by the Trust detailing the actions taken: The Children's Outpatient Department link in with the Tissue Viability Service as and when required when the Paediatric Plastics Clinics are running. All members of the multi-disciplinary team contact the Tissue Viability service via telephone during clinics and consultations and respond to queries promptly. They also attend clinics to see a patient if required for dressings and advice / education and follow up plastics patients until they are discharged in consultation with the Plastic Surgeon Team. The Tissue Viability Nurses also carry out in-service training to members of health care professionals within the Children's Outpatient Department. The department is currently piloting the Holistic Open Wound Assessment Chart with dressing changes to enhance effective delivery of patient care within plastic surgery clinics.

The Regulation and Quality Improvement Authority

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