

Services for children and young people

- The trust had implemented electronic prescription charts. Of the seven prescription charts reviewed all were signed, dated and had allergies and the age of the child documented. Six of the seven had the weight of the child recorded and the one record where it was appropriate, had a documented reason for not giving medication.
- Processes were in place to ensure the safe issue of medicines at the point of a patients discharge.

Records

- The trust used a combination of paper and electronic records. Nursing records and prescription charts were electronic, medical notes remained in paper format.
- We reviewed nine sets of records on the children's unit, which were generally completed to a good standard. Eight records were signed and dated, all had a plan of care, an assessment of pain was recorded if appropriate, however only two records had evidence that nutritional needs had been addressed.
- Medical records for patients for patients due to be admitted or that had been discharged were placed in a storeroom opposite the ward reception desk on the children's unit. This was not locked despite having a keypad lock and was therefore accessible to patients and visitors.
- Records of inpatients were stored in an unlocked trolley behind the ward reception desk. This was also accessible to patients and visitors particularly between the hours of 6pm and 8am when the reception desk was not staffed.

Safeguarding

- A safeguarding screen was part of the admission process using the electronic patient record. These ensured enquiries were made about any allergies or involvement in drug trials as well as child protection issues including contact with children's services or social worker involvement.
- Safeguarding policies and procedures were in place across the trust and these were available electronically for staff to refer to.
- Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately. Safeguarding training formed part of the trusts

mandatory training programme and the children's unit organised three study days a year to enable staff to attend an annual update. This was reported to include topics such as Female Genital Mutilation.

- The trust target for safeguarding training was 80%. Data provided by the trust for the children's unit indicated 100% of administrative and clerical staff and 60% of estates and ancillary staff had completed level 1 training. Nursing and midwifery registered staff, medical and dental staff and additional clinical services required level 3 training and attendance rates were 88.3% for nurses, 93.8% for medical staff and 94.8% for clinical services staff. Some medical and dental staff also required Level 4 and 5 training and attendance for this was 100%.
- The trust safeguarding adults training target was 80%. Level 1 training was required by staff in additional clinical services, administrative and clerical staff, estates, and ancillary staff. However only additional clinical services staff achieved this with an attendance rate of 82.9%. The lowest attendance rate was by administrative and clerical staff at 50%. Medical and dental staff, nursing, and midwifery registered staff required level two training and attendance rates were 59% and 79% respectively.
- A named midwife for safeguarding children and a safeguarding lead doctor were identified within the trust.
- Serious case reviews (SCR) were discussed at a safeguarding peer review meeting and given to staff in the daily safety brief, ward meeting or by group email. A serious case review takes place after a child dies or is seriously injured and abuse or neglect are thought to be involved.
- Electronic and paper referrals were made to paediatric liaison and details of primary care professionals were obtained as part of the admission process. This ensured communication with community health professionals who were involved with the child, enabled information regarding current safeguarding concerns to be shared and ensured continuity of care between hospital and community.
- Qualitative information was provided to the Local Safeguarding Children's Board (LSCB) quarterly regarding the number of attendances at A&E for under