

The Newcastle upon Tyne Hospitals NHS Foundation  
Trust

# Royal Victoria Infirmary

## Inspection report

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## Overall summary

### **Summary findings**

We carried out a focused inspection of healthcare services provided by The Newcastle upon Tyne Hospitals NHS Foundation Trust at the Royal Victoria Infirmary Paediatric Sexual Assault Referral Centre (SARC) on 1st December 2021.

The purpose of this inspection was to determine whether The Newcastle upon Tyne Hospitals NHS Foundation Trust was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008.

During this inspection we focused on compliance with the requirement notices issued on 21 October 2021 relating to:

Are services safe?

Are services well-led?

We found that the provider was compliant with Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We do not currently rate the services provided in sexual assault referral centres.

### **Background:**

The Newcastle upon Tyne Hospitals NHS Foundation Trust is jointly commissioned by NHS England and the police forces of Northumbria, Durham and Cleveland to provide acute forensic medical assessments for children and young

# Summary of findings

people up to their 16th birthday or 18th birthday for young people with learning disabilities. Acute forensic medical assessments are undertaken when a sexual assault has taken place within the last seven days. The service is provided at the Royal Victoria Infirmary Paediatric Sexual Assault Referral Centre (SARC) and is located within the Great North Children's Hospital.

The SARC is available 24 hours a day, 365 days a year for children and young people in Northumbria, Durham and Cleveland through a weekday clinic and out of hours rota.

The clinical team is overseen by a lead consultant paediatrician and a lead specialist nurse. The lead consultant paediatrician supports six consultant paediatricians who undertake medical forensic assessments. The lead specialist nurse supports two specialist nurses who conduct nursing assessments and carry out the crisis worker role for all children and young people attending the SARC. There is also a health care assistant and administration staff. Consultant paediatricians are members of the Royal College of Paediatrics and Child Health (RCPCH).

We last inspected the service in August 2021 and we issued requirement notices on 21 August 2021 in relation to Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this focused inspection we reviewed documents submitted by The Newcastle upon Tyne Hospitals NHS Foundation Trust to demonstrate how they have achieved compliance and seven case records.

At this inspection we found:

- The provider was compliant with Regulation 13(1) and Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Patients were protected from the risk of abuse and improper treatment. The provider had effective systems to enable staff to share allegations of abuse with children's social care.
- In all seven case records we reviewed information had been shared with children's social care using local safeguarding referral templates or the comprehensive medical report.
- The provider had effective systems to monitor the quality of the service and mitigate risks to children using the SARC. The provider introduced a robust audit process to review all cases and areas of improvement were quickly communicated to staff.
- Case records were legible.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services safe?**

No action



**Are services well-led?**

No action



# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

We found that the provider was compliant with Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **Safe systems and processes**

Patients were protected from the risk of abuse and improper treatment. The provider had effective systems to enable staff to share allegations of abuse with children's social care.

We reviewed seven patient case/care records and found safeguarding information had been shared with children's social care appropriately in all cases. This means that children's social care had the right information to help them identify, assess and respond to risks.

The provider used a comprehensive medical report to communicate medical, social and safeguarding information to local authorities in relation to children who were already supported by a children's social worker. An interim medical report, detailing medical findings was shared with police and social workers on the day of examination or the following day. As well as the interim medical report, the consultant paediatricians provided police and social workers with a verbal update of their medical findings and safeguarding information on the day the child or young person attended the SARC. The provider has strengthened this process to ensure that full details of the safeguarding information shared verbally is recorded in the case records.

The provider followed local safeguarding referral procedures for children who had no current involvement with children's social care. A written safeguarding referral was made on the day of examination and all safeguarding referrals that we reviewed documented a follow up call with children's social care to ensure appropriate action had been taken. The provider had developed a new examination proforma to clearly highlight safeguarding concerns and whether a child had a learning disability.

# Are services well-led?

## Our findings

We found that the provider was compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **Governance and management**

The provider had developed effective systems to monitor the quality of examination notes and information sharing with children's social care. Following our last inspection in August 2021, SARC leaders, clinical directors and the clinical governance and risk department had created a detailed action plan and a new standard operating procedure. This ensured children's social care received safeguarding information for patients who had attended the SARC and medical records were legible and contemporaneous.

The clinical governance and risk department conducted a continuous audit of all cases to ensure activities relating to each examination were carried out and that all follow-up actions, including safeguarding referrals were completed. We saw audits had correctly identified areas needing development, such as improving legibility and consistency in referrals to children's social care. This was monitored by the clinical governance and risk department and improvements were evident. All the case records we reviewed were legible.

Weekly leadership meetings were held to monitor the progress of the action plan. Staff were provided with individual feedback following audits and group learning was undertaken to share learning in areas such as legibility and safeguarding practice.