

Virgin Care Services Limited

1-351584301 / SPL1-3051573745

Community health (sexual health services)

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-677085054	North East Lincolnshire Sexual Health Service; (Stirling Medical Centre) Stirling Street, Grimsby, North East Lincolnshire DN31 3AE		
1-2395948215	Bury Sexual Health Service (Townside Primary Care Centre)		
1-2395947967	Nye Bevan House		
Oldham Integrated Care Centre, Oldham	1-2086060515		

This report describes our judgement of the quality of care provided within this core service by Virgin Care Services Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Virgin Care Services Limited and these are brought together to inform our overall judgement of Virgin Care Services Limited.

Summary of findings

Ratings

Overall rating for the service	Good	●
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Good	●
Are services responsive?	Good	●
Are services well-led?	Outstanding	★

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
Good practice	7
Areas for improvement	8

Detailed findings from this inspection

The five questions we ask about core services and what we found	9
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Summary of findings

Overall summary

Overall rating for this core service Good I

We inspected the North East Lincolnshire Sexual Health Service on 21 February 2017 and Nye Bevan House, Oldham Integrated Care Centre and Townside primary care centre on 15 and 16 March 2017. We found that services were safe, effective, caring, responsive and well-led.

- The services all had systems and processes in place to protect people from avoidable harm. There were systems for incident reporting. Staff knew how to use these and learning was shared to prevent reoccurrence.
- Staff we spoke with demonstrated a good understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse. Staff were all up to date with mandatory training and safeguarding training was at the appropriate level for this type of service.
- We found that care was provided in line with national best practice guidelines, patient assessments were thorough and staff followed pathway guidance. Staff were competent in their roles and had a good understanding of consent.
- Staff treated patients attending for consultation and procedures with compassion, dignity, and respect. We found examples of where staff had gone out of their way to support patients in difficult situations.
- We found that managers planned and delivered services in a way that ensured they met the needs of the local community. The service was accessible for the booking of appointments and advice and support on line 24 hours, seven days a week and for advice and support via telephone 24 hours, five days a week (12am Monday to Friday at midnight and Saturday 9am to 5pm).

- Staff considered the needs of individual patients and those living in vulnerable circumstances.
- There was a clear vision and strategy for this service and there was strong local leadership of the service. Managers were approachable, available, and supported staff within the service.
- There was a committee and meeting structure that facilitated effective governance, risk and quality management. The governance structure enabled oversight of local risks and allowed for performance measurement.

There were areas where the provider should make some improvements, to help the service improve. These were:

- Electronic records could not be accessed from all of the outreach centres, paper records were in use and only part of the record was transcribed onto the electronic system. The managers had identified this as a risk and were in the process of sourcing laptop computers or tablets to overcome this issue.
- There were some issues with the online booking system; this had led to some patients having two or more records on the electronic system. Merging of records being an issue was identified on implementing the Virtual Hub and a report was generated daily to identify any records which needed to be merged to ensure there were no duplicates and the merge took place before the patient accessed the service. There was a full SOP and process in place to ensure all staff were aware of this process and ensure that this work was carried out. The service could clearly identify if a record was not merged and this was actioned daily. There was no backlog for merging.

Summary of findings

Background to the service

Information about the service

The North East Lincolnshire Sexual Health Service was part of business unit five of Virgin Care Services Ltd. Services were provided on a hub and spoke model from Stirling Health Centre and Birkwood medical centre. Level three services were offered from the hub at Stirling Health Centre and level two services from Birkwood. There were two outreach locations at Grimsby Institute of Higher Education and Franklin sixth Form College. Targeted community outreach were also provided to make the service more accessible to vulnerable, high risk and minority groups who find it difficult to access mainstream services.

At Nye Bevan House and Townside Primary Care Centre, the provider offered free and confidential sexual health services to people from Oldham, Rochdale and Bury including information and advice on all types of contraception and STI testing and treatment.

Virgin Care Services (North East Lincolnshire Sexual Health Service) has been registered with CQC since 4 April 2013. There has been one inspection at this location, carried out on 15 November 2013.

This inspection found the provider to be meeting all of the standards inspected. Virgin Care Services (Bury and Oldham Sexual Health Service) has been registered with CQC since 20 April 2014.

Rochdale Sexual Health registered at Nye Bevan House transferred to Virgin Care Services on 1 January 2016.

Bury Sexual Health working from Townside Primary Care Centre transferred to Virgin Care Services Limited on 29 February 2016.

Virgin Care Oldham have been registered and delivering services since 1 April 2010 and were formerly formally registered under Virgin Care Blackpool LLP. Oldham Integrated Care Centre was last inspected in November 2013 and judged to be fully compliant.

The services were commissioned as both level two and three services to provide the following regulated activities to adults and young people aged of 13 years and over.

- Family planning services
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

North East Lincolnshire sexual health also provides the following regulated activity

- Transport services, triage and medical advice provided remotely

Rochdale, Oldham and Bury have been commissioned to deliver an 'all age' Contraception and Sexual Health service and a Young Persons support service to patients under the age of 21.

The registered manager for North East Lincolnshire was also the lead nurse within the service and the Registered Manager for Oldham, Rochdale and Bury was the Senior Operations Manager who is not a registered nurse. In addition there was a senior Band 7 Nurse lead and a service manager within each service across, Oldham, Rochdale and Bury.

More senior management support was available from the Regional Operations Manager and the Business Unit Head. Professional nursing support was available from the Regional Nurse / Governance Lead.

One of the service consultants acted as clinical lead for the service and support was available from the regional clinical lead.

The registered manager for North east Lincolnshire sexual health service was the named safeguarding lead and lead for medicines management The Clinical Lead, and Consultant was the safeguarding and medicines lead across Oldham, Rochdale and Bury

Summary of findings

Our inspection team

The Virgin Care Services Limited inspection team was led by: Terri Salt, Inspection Manager, Care Quality Commission.

There were two inspectors for the North East Lincolnshire Sexual Health Service and two for the Yorkshire services. We had a specialist advisor in sexual health services and a safeguarding advisor as part of the wider inspection team.

Oldham, Rochdale and Bury sexual health where inspected by four inspectors and one SpA covering three locations.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme. This core service inspection forms part of the wider comprehensive inspection of Virgin Care Services Limited.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

'Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. We visited four locations from which sexual health services were provided during March 2017. During the visits, we spoke with a range of staff (23) who worked within the service, such as nurses, doctors, managers, healthcare assistants and administrative staff. We observed how people were being cared for and talked with 14 people who use services and reviewed care or treatment records of people who use services.

Good practice

Virgin Care North East Lincolnshire Sexual Health Service:

- The service had initiated local multidisciplinary team working to produce information sharing and care / referral pathways regarding unaccompanied asylum seeking children (UASC) and FGM to learn from their experience and ensure there was a holistic multi-disciplinary approach to caring for these children in the future.

- The service worked in partnership with a local authority outreach worker who ensured very vulnerable patients could access services and treatment at times to meet their specific individual needs.
- Staff delivered sexual health education to a variety of groups including; a young mother's group, and had also attended a group for people with a learning disability to help the group mentor answer any questions relating to sexual health.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

- Review the process for transcription of outreach records onto the electronic system. Consider allocating nurses sufficient time to enable this.

We acknowledge that the outreach records are fully scanned on to the system when the clinicians return to

the hub, if no laptop is available to access the electronic records. There is a full merge SOP and process in place to ensure that this process is completed and that there is no impact on patient care or quality of records. One standard record is achieved before the patient in advance of the patient presenting in clinic. A report daily shows all new duplicates so that these can be immediately rectified.

Virgin Care Services Limited

Community health (sexual health services)

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

By safe, we mean people are protected from abuse and avoidable harm.

- There was a culture of reporting and learning from incidents within this service.
- Staff we spoke with demonstrated a good understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse.
- Staff were all up to date with mandatory training and trained to level three children's safeguarding.
- Medicines were stored and administered safely.
- Staffing was sufficient and appropriate to meet the needs of patients in their care.
- Pathway documents and clinical risk assessments were completed fully

Detailed findings

Incident reporting, learning and improvement

- The provider had a national policy, which guided staff on how to report any incidents or concerns. This was

available on the provider's intranet system. The Intranet (Jam) contained documented resources, such as near misses, completing incident and how to report an incident.

- The total number of Serious Incidents reported across all VCSL (including prison services) during the period October 2016 to October 2017 was 98.
- The provider monitored the number and grade of incidents through the Quality and Safety system Tableau.
- Incidents in the sexual health services were robustly investigated; once the incident had been reported, it was sent to the clinic manager and governance team to review. If a safeguarding incident was reported it would also go to the safeguarding team.
- There were no reported serious incidents or never events at the service in the 12 months before the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Are services safe?

- One of the indicators on the Clinical Governance Scorecard was whether the service team had a member of staff trained to investigate incidents.
- A system and process for reporting of incidents was in place. Staff understood the mechanism of reporting incidents both at junior and senior level. The incident reporting form was accessible for all staff via an electronic online system. Once reported, managers reviewed and investigated all incidents.
- In all business units the clinical lead and clinical governance lead read every incident report personally.
- The chief pharmacist read all medicine related incident reports personally. This enabled them to see any cross organisation themes or risks that might affect different areas of the organisation. Where a concern was raised, they instigated a 'deep dive' review looking at potential impact across VCSL.
- All incident related data was scrutinised on a monthly basis and triangulated with complaints, safeguarding and feedback to identify where teams might require additional support.
- Managers told us that information from serious incident investigations, elsewhere in the organisation, were cascaded out to them for dissemination to their staff. Staff told us they received this information by email.
- Managers told us they had received incident investigation training.
- The manager told us they had received training regarding investigation of serious incidents and support was available from the corporate legal team if she needed to do this.
- The NE Lincolnshire service reported 18 incidents from April 2016 to December 2016. There were no particular themes among the incident within those reported.
- The Bury, Rochdale and Oldham services reported 22 incidents across all services in January and February 2017. None of the incidents were reported having major impact or of high severity.
- Whilst low numbers of incidence can suggest that incidents are not identified or reported in accordance with the provider policy, low number of incidence is the norm for sexual health services.

Duty of candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation which was introduced in November 2014. The Duty of Candour legislation requires the provider to be open

and transparent with a patient when things go wrong in relation to their care and/or the patient suffers harm or could suffer harm which falls into defined thresholds. Guidance was available to staff regarding Duty of Candour, this was accessible on the intranet.

- Staff we spoke with understood the principles of "being open" and "Duty of Candour".

Safeguarding

- Virgin Care Services Limited (VCSL) had a Safeguarding Policy to protect vulnerable adults, children and young people. The current adult and child safeguarding policies were in date and referenced national guidance. The policies were designed to support and guide staff if and when they were concerned about the welfare of a child, young person or adult who visited the clinic.
- There was a national Safeguarding Adults and Children Governance Group that was informed by the Business Unit Integrated Governance Committee. We saw safeguarding was a standing item on the business unit integrated governance team meeting. All safeguarding risks were entered on a risk register and escalated to the national clinical governance committee.
- This policy was available to staff via the intranet and a paper copy of the escalation process was available in each consulting room.
- Staff used assessment processes, which were based on British Association for Sexual Health and HIV (BASHH), guidelines for assessment, which prompted staff to discuss and record safeguarding issues.
- There were no safeguarding alerts or concerns about this provider from December 2015 to December 2016.
- Good systems were in place to safeguard vulnerable adults and children and young people. Staff we spoke with were all aware of their responsibilities and demonstrated experience of using safeguarding pathways appropriately.
- VCSL had designed specific national screening tools for young people and vulnerable adults. Each electronic pro-forma had a section specifically for safeguarding. In this section, a summary of the concern was noted this included identification of the concern, assessed level of risk of harm, attitude and body language of the patient and any special circumstances for example: if the patient was under 13 years old or had mental health problems.
- There were 52 safeguarding pro-formas completed for the period January 2016 to February 2017 across all

Are services safe?

sites. At the time of the inspection we were given examples of where staff had identified and acted appropriately. The pro-formas showed the number of referrals for children and young people, adults and for Female Genital Mutilation.

- The NE Lincolnshire service had made 22 safeguarding referrals from April 2016 to December 2016.
- The registered manager for North East Lincolnshire sexual health was the local designated safeguarding lead and was trained to level 4 and the safeguarding lead for Oldham, Rochdale and Bury sexual health services was the Clinical Lead/Consultant. Both safeguarding Leads were supported, by VCSL national safeguarding leads for children and for adults.
- Staff knew they could also obtain advice and support from the specialist nurse for 'Hard to Reach' patients and the Regional or National safeguarding leads in the absence of their local lead.
- We saw that staff had easily accessible local safeguarding policies and contact details for local safeguarding teams. The staff had good links with the Local Children's Safeguarding Board (LCSB) and could contact their local designated doctors and nurse when needed.
- All staff at North East Lincolnshire sexual health had undertaken training regarding protection of vulnerable adults and children's safeguarding training at level three. The children's safeguarding training was provided face to face by the local safeguarding children board (LSCB). Staff told us that safeguarding training included; Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), domestic abuse and, PREVENT. Staff also had access to online safeguarding training. All staff at Oldham, Rochdale and Bury Sexual Health had also undertaken training regarding protection of vulnerable adults and children's safeguarding training at level three. The safeguarding training was provided face to face by the Lead Designated Nurse Safeguarding, for Rochdale Clinical Commissioning Group (CCG).
- The organisation had policies and procedures for staff to follow if cases of female genital mutilation or sexual exploitation were discovered and staff were clear what actions they needed to take in this situation.
- The service had undertaken a self-assessment against local LSCB standards. We saw evidence that the service had taken account of the comments and recommendations made by the reviewer and developed ideas for improvement and further assurance.
- The 2016 annual Virgin Care Safeguarding Audit did not raise any concerns for the service.
- Staff told us and we observed that they carried out safeguarding risk assessments for all patients under 18 years using 'Spotting The Signs' and when there was any suspicion of abuse of older adults. An audit of Spotting the Signs in October 2016 had shown 100% compliance with the tool.
- Assessment of young people under the age of 16 of age was completed in accordance with Fraser Guidelines. All staff were aware of Fraser guidelines and why it was used during consultation. This is a national protocol for assessing the maturity of a young person to make decisions and understand the implications of their contraceptive choices. The staff were also aware of their responsibility to contact the police for any child who had sex under the age of 13 and in Bury we saw two case record examples of how this done.
- The registered manager kept a log of safeguarding discussions and referrals and undertook a monthly review of cases referred to ensure they had been followed up to comply with LSCB policies. Findings from the monthly audit/ review of the log were fed back to staff at team meetings and the monthly Clinical Governance meetings. This ensured staff were able to reflect and learn from their decisions regarding whether a case had been referred on or not and whether they felt the correct decision had been made.
- An audit of records from May 2016 to June 2016 showed that all clinicians had been trained to level 3. There were no notes that indicated any lapses in judgement or practice and patients had been managed appropriately, all records indicated compliance with spotting the signs demonstrating appropriate assessment for CSE and safeguarding concerns, name and age of partner was recorded in all cases. The data had also been analysed to ensure young people were not accessing multiple locations.
- Staff told us that monthly peer reviews of records also considered whether under 16s had been assessed under Fraser guidance.
- We found that nursing staff received children's safeguarding supervision.
- For patients aged under 18, the safeguarding risk assessment was completed and decisions were made or

Are services safe?

further action was taken on the outcome of the assessment. We saw that this risk assessment was completed for all relevant patients in the records we looked at.

- Organisational policy was that if a 12-year-old girl used the service then staff would automatically make a safeguarding referral in line with the Sexual Offences Act 2003.
- Staff told us of local support agencies where they could refer patients who were being abused or if they had been raped. These included the local Sexual Assault Referral Centre (SARC).
- Staff told us that they always asked women attending the service for contraception whether they were suffering from domestic abuse. If any service user disclosed sexual violence or domestic abuse staff told us they would refer into other support services as appropriate. Staff had access to a list of local safeguarding and support organisations where they could refer patients for help and support

Medicines

- There was a medicine management policy in place and staff had access to pharmacy support from within the organisation.
- VCSL had a Chief Pharmacist who had overall responsibility for the oversight of medicines managed by operational staff. They were supported at national level by two deputies with differing remits.
- The National Quality Pharmacist was responsible for medicines management policies, education and competency, and medicines management practice.
- The National Development Pharmacist was responsible for procurement and relationships with preferred providers, for mobilisation of new services where there was medicines optimisation with a 100 day plan from the time services were acquired.
- The development pharmacist was working to reduce the number of preferred providers from 60 to less than five to streamline medicines provision across the organisation.
- Each business unit had a designated lead pharmacist that was responsible for the safe handling of medicines in their region. They were line managed by the Chief Pharmacist.
- Each business unit had a Medicines Management Group that was operationally based and had representatives

from all staff groups. This group escalated concerns to the business unit clinical governance meetings which had a direct link to the Medicines Optimisation Committee.

- An Annual Medicines Management Audit was undertaken with over 250 questions about how the services were providing medicines within their team. Any outlier teams identified through the audit triggered a review at business unit level and also as the national Medicines Management Committee.
- Staff across services had access to guidance and information on the safe management of medicines within policies and procedures documentation on the intranet.
- The VCSL standard operating procedure (SOP) for the supply of pre-pack medicines was in date.
- The medicines management policy took account of best practice as outlined in the Faculty of Sexual and Reproductive Healthcare (FSRH). Staff completed a clinical proforma, which reviewed the patient's current medication; this was to ensure that there were no contraindications with the new medication prescribed.
- Prior to medication being dispensed, staff explained and discussed the way the medication worked and how it should be taken. When medication was dispensed, a label was placed on the medication box, which included address, date, name of young person the medication was for, and 'keep out of the reach of children', which reflected best practice guidelines from the Faculty of Sexual and Reproductive Healthcare (FSRH) Service Standards for Sexual and Reproductive Health and the Nursing and Midwifery Council Standards for Medicine Management.
- There were two nurse independent prescribers within the NE Lincolnshire service. The manager told us that nurse prescribing practice was peer reviewed within the service.
- The services used Patient Group Directives (PGDs) to enable nurses to dispense medication. A patient group direction allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predefined group of patients, without them having to see a doctor. We reviewed PGDs at all sites; they had been signed off for use by the appropriate commissioner, and signed up to, by both the nurse and supervisor.

Are services safe?

- At all sites, nurses administered contraception and antibiotics under Patient Group Directions (PGDs). There was a process in place to ensure nurses were signed off as being competent for each medication and this was signed off by the lead nurse.
- We reviewed 16 PGD files and found that the PGDs for different medication were in date and signed as per National Institute for Clinical Excellence (NICE) guidelines.
- If patients required access to non-stock drugs, the nurses had a process in place where an outpatient prescription could be used to enable the patient to collect the required medication from the hospital pharmacy.
- We found that staff had received training regarding medicines management and that this needed to be refreshed every three years.
- We checked medication cabinets, which were clean, tidy and well organised. We saw that nursing staff checked drug stocks regularly and stored them safely and securely.
- Staff recorded fridge temperatures in line with good practice medication guidelines. Recordings were all within recommended range.
- There was a standard operating procedure in place for the transport of medicines to outreach centres.
- Staff carried out regular stock checks to inform ordering and replacement of stock.
- The Medicines Safety Audit 2016 showed the service to be compliant with all aspects of medicines management.
- Ordering of medication was done by authorised persons; the clinics had an internal formulary that stipulated the maximum ordering levels to ensure that orders were appropriate to the service delivered.
- We found liquid nitrogen was stored and handled safely and correctly. Staff had received training regarding this.
- We saw there were maintenance contracts for equipment and electrical safety testing of equipment was evident.
- Electronic appliance testing was carried out annually across services to ensure the electrical equipment was safe to use. Stickers were placed on equipment once tested, such as blood pressure monitoring equipment and computer equipment.
- All scales in consulting rooms had been recently calibrated.
- Staff told us that stock was rotated and all stock we checked was in date and stored in an appropriate manner.
- We saw that resuscitation equipment and drugs were checked daily when the unit was open. An audit of resuscitation equipment in August 2016 showed the service to be 100% compliant and that the service had undertaken an emergency drill in the last 12 months.
- We saw that every clinic had an anaphylaxis box.
- Staff told us that they had all the equipment they needed to deliver their services.
- We found that a hand hygiene environmental audit May 2016 was 100% compliant.
- At all sites, fire escape routes were clearly visible.

Quality of records

- In NE Lincolnshire, patient records were a combination of electronic and paper based. Where services were provided from healthcare premises, the staff had access to the patient record system and could enter information contemporaneously.
- Where staff were delivering services from outreach centres or in the community, patient information and assessments were entered onto a paper record. Staff told us that the nurses entered the patient details and reason for contact / treatment codes onto the electronic system when they returned to base. However, it was apparent that the full record was not entered onto the electronic record system.
- In Bury and Oldham, the services used an electronic patient records system specifically developed for sexual health services. Staff chose the most appropriate pro-forma and embedded it within the record. For example staff completed the young people's pro-forma for those under the age of 18.

Environment and equipment

- We saw the premises the services were provided from were in a good state of repair and the suite of rooms were appropriate for the needs of the services provided.
- Staff told us and we saw that there were processes in place with the landlord to ensure any issues with the building maintenance and repairs were dealt with in a timely manner.

Are services safe?

- Records were kept securely at all times to ensure the confidentiality of patients who accessed the service. All staff had login details assigned to them and could only access the system through the use of passwords.
- Patient information and records were stored safely and securely in line with the Data Protection Act.
- Patient records included speciality pathways and risk assessments for sexual health and safeguarding for patients under 18 years of age.
- We looked at seven sets of electronic records in NE Lincolnshire and found them to be up to date and complete. We found that risk assessments, including spotting the signs for under 18s, were completed and saw that referrals had been made to other services where relevant.
- We looked at 25 sets of clinical records across the Bury, Rochdale and Oldham services. We reviewed six sets of electronic records in Bury during the inspection and all six patients had been flagged as having safeguarding concerns. We reviewed six sets of electronic records at Oldham where one was flagged as having safeguarding concerns. All 13 records reviewed in Rochdale were appropriately completed, of these nine were safeguarding records.
- All the safeguarding records we saw were complete, legible and included input from other professionals such as social workers and local authority safeguarding teams.
- Facilities for hand hygiene were provided and soap dispensers we reviewed were in good working order. Hand gel dispensers were readily available throughout clinical areas; above sinks the 'five moments of hand hygiene' were displayed
- We observed staff washing their hands and using alcohol gel prior to and post procedures during consultations. For example, we saw members of staff wash their hands and using alcohol hand sanitiser in accordance with the World Health Organisation (WHO) 'five moments of hand hygiene'.
- Appropriate personal protective equipment such as gloves and aprons were available in all consulting rooms.
- Disposable curtains were in use in the clinical areas and were marked with the date of last change. However, we saw at Birkwood that the curtains in the clinical room had not been changed for over two years. Staff told us they had raised this with the practice manager but there had not been any action taken.
- We observed staff using aseptic techniques when inserting an implant, staff used non-touch technique to avoid any cross infection. This was in line with NICE guidance (QS49).
- Personal protective clothing was available in all areas we visited and biohazard spill kits were available if needed.
- There were systems and procedures in place for the disposal of clinical waste across all sites. Waste was contained in colour coded bags in accordance to the waste policy. There was a service level agreement with a waste disposal company for the removal of hazardous waste. At the end of the day, clinical waste bins were emptied and bags were tied up and left outside the room for collection. Each bag had a label on it indicating the room number. This was in accordance with HTM 07-01, Control of Substances Hazardous to Health and the Health and Safety at work regulations.
- Sharps bins were in use within the clinic to ensure the safe disposal of sharp instruments, such as needles. In treatment rooms we observed, sharps containers were labelled appropriately and stored closed when not in use and attached to the walls.
- We saw that progress was being made against the action plan following the Infection Control Audit (May 2016)
- There was a named nurse identified as lead for infection control.

Cleanliness, infection control and hygiene

- There was a VCSL Infection Control Committee which fed into the Clinical Quality Review meeting, who had overarching infection control and prevention responsibility.
- The infection control committee fed into infection control forum that was responsible for the day-to-day operations of infection control and prevention.
- VCSL produced monthly infection control and prevention (ICP) newsletters for staff. These provided information and details of who to contact if staff required support or advice relating to ICP.
- The consulting rooms, waiting areas and other clinical rooms were visibly clean and tidy.
- Cleaning schedules and standard operating procedures were available for each individual room or area.

Are services safe?

- Staff were provided with infection control prevention (ICP) training; this was part of their mandatory training. All staff in the NE Lincolnshire area were up to date with infection prevention and control training. Data supplied by VCSL demonstrated that approximately 95% of staff across Rochdale, Bury and Oldham had ICP training. Training had recently lapsed for the five staff members who were not compliant.
- The manager told us the local landlord was responsible for water testing and provided the service with evidence of compliance with safety standards.

Mandatory training

- All staff received mandatory training, which included; anaphylaxis and basic life support, customer care, infection prevention and control, health and safety, fire safety, information governance, equality and diversity, moving and handling, safeguarding adults, and safeguarding children.
- There was a programme of training available for staff to access updates when required.
- All staff told us they were up to date with their mandatory training.
- Training data indicated that 100% of staff across all Lincolnshire Sexual Health Service were up to date with mandatory training requirements.
- Training was provided through a combination of online courses and updates and face to face from external trainers.

Assessing and responding to patient risk

- We found that nurses undertook risk assessments during their consultations. Staff told us all women attending for an appointment were asked about domestic abuse as part of their assessment. Other risk assessments included Spotting the Signs for patients under 18 years and all patients were asked about risk taking behaviour such as smoking, drugs, alcohol and unprotected sex.
- We found risk assessments were completed fully in the records we looked at.
- The services had identified first aiders, fire marshals and North East Lincolnshire sexual health also had a safety lead who was Institution of Occupational Safety and Health (IOSH) trained.
- There was a referral pathway in place for the emergency transfer of patients who suffered cervical shock.

- Staff in all teams had access to emergency equipment within the main clinics which contained oxygen and a face mask, a defibrillator and a first aid kit, should a person become unwell at the clinic.
- Anaphylaxis kits containing adrenaline were available and located on the resuscitation trolley, should a patient suffer an anaphylaxis reaction for example an allergy to the implant inserted.
- All staff across services were required to complete basic life support training each year as part of the mandatory training, data provided showed that the service was 100% compliant with this training at the time of our inspection.
- Staff told us they undertook resuscitation drills twice a year.
- All staff had undergone anaphylaxis training in the last six months.
- Nursing staff told us that if they needed any clinical advice regarding a patient they were able to speak to doctors directly or by telephone. They told us that doctors responded quickly and were approachable and supportive.
- Patients undergoing treatment for HIV had routine blood tests as part of their pathway to ensure the treatment was not causing toxicity or liver damage.
- The service manager received and cascaded national patient safety alerts and ensured these were acted upon promptly. An example of an alert raised and acted upon was in relation to an intra uterine device (IUD). The manager told us that safety alerts needed to be responded to and this was monitored through Virgin Care Services at a corporate level.
- The nurses we observed took detailed and thorough clinical histories and completed appropriate risk assessments. We observed and found in records that brief interventions were offered for risk taking behaviours such as smoking and alcohol.
- Staff told us that patients were triaged to ensure they were seen by the most appropriate professional. We observed that a patient who had attended for screening was advised they would be brought back to a consultant clinic for their test results. This was due to their complicated medical history and potentially a need for medical examination.
- There were no medical emergency incidents reported by the services during the past 12 months.

Staffing levels and caseload

Are services safe?

- A capacity tool was used to assess the needs of the service both in terms of staff numbers and also skill mix. The service worked on both an open access and appointment system for patients and the registered manager had reviewed yearly data to assess the number of staff required. We therefore found that staffing levels and skill mix matched the needs of patients.
- The NE Lincolnshire sexual health service employed 20 staff, which included two consultants, registered nurses, healthcare assistants and administrative staff.
- In the Rochdale, Bury and Oldham services VCSL had across the services 50 substantive staff members in February 2017. These included three consultants, registered nurses, healthcare assistants and administrative staff. At the time of inspection: Oldham had 19 substantive employees, Bury had 16 substantive employees and Rochdale Sexual Health had 15 substantive employees
- Consultants were directly employed by the service as the clinical leads for genito-urinary medicine and contraception and sexual health. They led on clinical audits and contributed to planning the service alongside the senior management team.
- North East Lincolnshire sexual health had no vacancies at the time of the inspection. The service had not needed to use any agency staff in the 12 months prior to this inspection.
- Oldham Rochdale and Bury sexual health services at the time of inspection had collectively 11 vacancies covering a range of skills. The service was able to show us the workforce strategy that was in place, including the short term and long term plan to ensure vacancies were managed efficiently and effectively and recruitment was successful. The strategy was also able to demonstrate how the services ensured safe staffing levels throughout this process.
- Bury sexual health had a regular agency nurse who was supporting an additional outreach location in Bury. The service had not needed to use any other agency staff in the 12 months prior to this inspection.
- In each business unit, all of the staff worked as one team to provide the service from the main hubs and cover the outreach clinics.
- Healthcare assistants were employed to undertake roles as health educators, chaperones / assistants, to take blood samples and to see asymptomatic patients who attended the clinics for screening.
- Staff told us there were usually enough of them to cover the service. Cover could be difficult when people were on annual leave and there was sickness but they told us this was generally covered by people working extra hours or changing their hours to suit the service need.

Managing anticipated risks

- A lone working policy was in place and staff were aware of it and were able to explain what they would do if working alone.
- The service manager in NE Lincolnshire had no staffing shortages at the time of the inspection but was aware of potential changes to the workforce and was actively planning to fill any potential future vacancies.
- Staff told us there were always two members of staff working at the Birkwood site and call bells were available in the clinical rooms to summon assistance if needed.
- There were processes in place to reduce the risk of any lapses in staff registration, Disclosure and Barring Service checks or Indemnity cover.
- Managers told us that the outreach workers generally worked with staff from other services and that they had personal alarms.
- The service had undertaken a Confidentiality Audit during September 2016, which included safe and secure storage of records and IT. The service had taken action to address any areas of non-compliance.

Major incident awareness and training (only include at service level if variation or specific concerns)

- There were local contingency plans in place, such as flood, fire or loss of utilities. Fire plans were visible in clinical areas. Staff told us of the measures they had taken during recent floods, in particular regarding staff safety.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Care was provided in line with national best practice guidelines.
- Patient assessments were thorough and staff followed pathway guidance.
- In the records we looked at, staff recorded discussions to show they adhered to Fraser guidelines in respect of children and young people and patients gave their consent in writing.
- There were good links with local safeguarding teams, the local NHS hospital and other agencies.
- Staff were competent to undertake their roles.
- Electronic records could not be accessed from all of the outreach centres. The managers had identified this as a risk and were in the process of sourcing laptop computers or tablets to overcome this issue.

Detailed findings

Evidence based care and treatment

- All services followed British Association for Sexual Health and HIV (BASHH) guidance. The guidance was developed on a national basis to promote excellence in the treatment of sexual health and human immunodeficiency virus (HIV).
- We saw that staff used the Faculty of Sexual and Reproductive Health (FSRH) clinical guidelines. These are accredited by National Institute for Clinical Excellence (NICE). The FSRH is a national specialist committee, which develops training and provides training resources for sexual health services. We found that the service adhered to FSHR standards, accessed training for staff and attended events where suitable.
- VCSL had developed a national best practice document in July 2015 to support sexual health services. The document included professional standards, service delivery standards and common clinical issues. The framework set out is used by staff to support their clinical practice.

- Good practice was shared across the service through documented service meetings and supplemented by clinical teams meetings. Staff also received a provider newsletter which contained updates of any amended or updated clinical and policy guidelines. Additionally, staff were updated via the intranet.
- The team were actively linked with both regional and national networks.
- The sexual health service policies and procedures were developed corporately (nationally or locally) and took account of current, relevant, evidence-based best practice such as National Institute for Health and Care Excellence (NICE) guidance. Staff could easily access these through the staff intranet.
- We observed staff adhering to policies and procedures, for example, with regard to consultation and treatment and infection, prevention and control.
- We found that the service provided brief interventions regarding smoking, alcohol, drugs and self-harm.
- Staff told us they received information through team meetings and the corporate newsletter, which highlighted new NICE guidance, national patient safety agency (NPSA) alerts and updated corporate policies.
- Data across the service was submitted to the Sexual and Reproductive Health Activity Data Set (SRHAD). The SRHAD consists of anonymised patient-level data which is submitted on a quarterly basis and collected on behalf of Public Health. Virgin care did provide screening services for human immunodeficiency Virus (HIV); this data was submitted to the HIV and Aids reporting services (HARS).

Pain relief

- Staff told us that cryosurgery was performed under local anaesthetic and patients were given advice regarding pain relief for any post treatment soreness.
- Patients were given information and advice on how to manage their pain symptoms before and after procedures such as intrauterine device (IUD) insertion and removal.

Nutrition and hydration

Are services effective?

- Water was available for patients in the waiting areas and staff told us they could make patients a hot drink if needed, for example for very nervous patients or following treatment.
- Staff offered advice and information to patients on lifestyle and healthy eating as part of their routine consultations. Patients requesting implants or IUD's underwent body mass index (BMI) assessments and were given advice on managing their weight.

Patient outcomes

- The national reporting suite was an online reporting tool, which was used across all Virgin Sexual Health Care locations. This tool allowed senior managers from the Rochdale, Oldham and Bury to benchmark their performance against other locations. This report was reviewed on a quarterly basis by the executive team.
- The service had an annual audit plan covering topics such as medicines management, LARC, health and safety, safeguarding, national screening and onward referral.
- Outcome measurements used by the service included; increasing the number of positive partners through the service for treatment, reduction in teenage conception rates, an increase in Chlamydia detection rates and screening of the 15-24 year old population. The service also monitored results management, treatment of patient within two weeks and treatment of partner(s) within four weeks.
- The Public Health England Partner notification audit 2016 showed that the North East Lincolnshire service achieved or exceeded all standards.
- The overall positivity rate for Chlamydia, from April 2016 to September 2016 was 10.72%
- The most recent data for HIV screening showed that 100% of patients in level 2 and level 3 services were offered HIV screening. Of these patients, 69% patients accepted screening, exceeding the local target of 60%.
- The service monitored the uptake and removal of Long Acting Reversible Contraception (LARC) implants and had noticed an increased rate of removal within one year. The rate in 2014/15 was 26% (the expected rate was around 20% removed due to side effects). The service had looked closely at reasons for removal, the counselling given before implant fitting and the methods used to control side effects. Actions taken to improve the premature removal of implants included; a redesigned consent form to ensure all possible side effects were covered in consultation and counselling and that patients were made aware that there was an expectation that an implant was retained for at least 12 months unless side effects indicated removal. Patients were also given a pre-counselling session before fitting to ensure they fully understood the side-effects and expectations that this was a long term contraceptive method (1-3 years). The actions resulted in a significant decrease in the rate of early removal; ranging from 17% to 3% from June 2016 to December 2016.
- Staff told us they second checked microscopy slides and participated in quality assurance checks regarding pregnancy testing.
- The service provided data for the National Enhanced data set regarding FGM.
- The service participated in national BASHH, Syphilis and HIV audits (HIV comparable with other units, awareness raising after first HIV audit and improved results following a second audit.
- Staff told us that Virgin Care requested that each region participated in two bespoke clinical audits. At the time of the inspection visits, all locations were participating in the HIV lost to care, Hepatitis C/B, intra-uterine device (IUD) removal and under 13's management . These were set to be completed in March 2017.
- We reviewed the clinical audit programme for all sites; they identified the audit title, when the audit was due and the progress of the audit. At the time of the inspection the service had planned audits that included medicines management, peer review, records and an environmental audit.
- Staff were aware of current audits and the action plan that had been formulated to improve the service. For example staff told us the HIV audit was carried out to monitor current practice against BHIVA monitoring guidelines 2016. New guidelines stated that viral load testing need to be done at least once in six months or once in 12months if the patient was on protease inhibitors. Staff told us an action plan had been put in place to capture HIV patients, this included using the electronic system to date follow up appointments to capture this group of patients.
- The service monitored the uptake of contraception and if staff promoted it through discussion. None of the clinics reached the 100% target of ensuring all

Are services effective?

consultations with heterosexual and bisexual patients included a discussion about contraception at first visit during the reporting period of September 2016 – January 2017.

- The new free postal testing for sexually transmitted diseases, such as Chlamydia, Gonorrhoea, HIV and Syphilis enabled patients to access services without attending clinic for initial screening. It was clear that the service significantly enhanced access to screening services and, as a consequence, treatment.

Technology and telemedicine

- Information about the service was readily available on the provider's website, this included material on services provided such as; sexual health, contraception and other relevant organisations.
- The website contained links to external organisations for those who needed more information.
- Patients were able to use the system to book appointments; they were taken through a virtual triage to identify the reason for the appointment and then matched to the appropriate clinician. The provider reported that 17% of all bookable appointments were made online in January 2017.
- At the time of the inspection, the online system did not offer online bookings for follow up cap, diaphragm fittings, vaginal rings, pregnancy tests or HIV appointments.
- Patients were able to apply for free postal testing for sexually transmitted diseases such as Chlamydia, Gonorrhoea, HIV and Syphilis. The kits were available by online application.

Competent staff

- The service had an extensive induction process in place for new staff; staff received an induction passport, which contained information about the provider's values and vision. They received an arrivals red book that had a step by step guide to getting started. For example it contained numbers for payroll and IT support and an explanation to questions, such as: "what to wear?" Staff received a safety booklet, wellness booklet and arrivals the Virgin Care Way.
- All registered nurses in North East Lincolnshire sexual health were dual trained in sexual health and contraception to be able to provide integrated sexual health as a 'one-stop shop'. Oldham, Rochdale and Bury, were working towards an 80% dual trained workforce

with a predicted completion date three years after the transfer of the service to VCSL. At the time of the inspection, in year 2 of the contract, Oldham workforce where 86% dual trained,

- Rochdale workforce where 67% dual trained and Bury workforce where 71% dual trained. Training included the Faculty of Sexual and Reproductive Healthcare's (FSRH) electronic Knowledge Assessment (eKA) which assesses a candidate's theoretical clinical knowledge. The assessment involved a self-assessment of knowledge and skills, which was then confirmed and signed off by the line manager.
- Staff involved with 'Results Management' had received training to do this.
- The senior nurses were also on a rolling programme to undertake a partner notification course.
- Some of the administration staff had completed a Diploma in Healthcare and received training in sexual health and contraception, to enable them to take on healthcare assistant duties. Staff who had done this told us it increased their role and had led to more variability and job satisfaction. Managers told us this helped develop talent and had helped with skill mix and staff utilisation.
- Staff had received training in the fitting and removal of implants and had been assessed as competent before being able to do this unsupervised.
- The nurses were trained in microscopy so they could identify pus cells from patient test samples; this meant treatment could be initiated immediately for sexually transmitted infections.
- The nursing staff we spoke with were aware of revalidation requirements and RNs told us they attended regular clinical supervision.
- A HCA told us they attended monthly group supervision.
- All members of staff had received an appraisal in the last 12 months.
- The regional clinical lead was responsible for the supervision, appraisal and dealing with concerns relating to the practice of medical staff
- Personnel records indicated that both Doctors appraisals and revalidation were up to date and, they had protected time for continuing professional development.
- Doctors told us they were supported with professional development and they did this through attending conferences and network events. One consultant told us they attended meetings that were attended by

Are services effective?

multidisciplinary team members where complex cases were discussed. Attendance would include pharmacists, virologists, social workers and others, which facilitated a holistic discussion of cases and enabled reflection on treatments and actions taken. This provided opportunities for learning and consideration of other options for future patients.

- The Oldham Clinic offered a smoking cessation and alcohol brief intervention service as staff was trained to deliver this. This service offered in Rochdale or Bury, was online intervention via the virtual hub health and wellbeing section as staff were working towards training to promote both interventions face to face. During consultation the services provided pocket size cards to patients for drug and alcohol services, smoking cessation services and the virtual hub to promote the on-line service.
- The service offered placements to nursing students from Hull and Lincoln universities. This enabled staff to access free training from the universities, which included mentorship training and updates.
- The service was supporting a full-time business administration apprentice.

Multi-disciplinary working and coordinated care pathways

- There were local agreements and referral pathways in place with safeguarding teams, school nurses, the local hospital and the local Sexual Assault Referral Centre (SARC).
- Staff reported strong links with the Local Safeguarding Children's Board (LSCB) and charities, such as sunrise, when referring young people. Sunrise is the team responsible for tackling child sexual exploitation (CSE) in the Borough of Rochdale.
- There were service level agreements in place with other providers for laboratory services such as blood tests and sexually transmitted screening and testing and with an independent company who provided the 24-hour call line.
- Staff told us that they had close links with other agencies and services such as the local multi-agency safeguarding teams, local school nursing team, youth services and a number of other agencies who offered outreach and community support for hard to reach groups.
- There were referral pathways to a number of local services that were used to support patient needs. For

example, staff referred patients to St Georges House Trust for HIV wellbeing support. St Georges House Trust is a Manchester based organisation, which supports people living with HIV.

- There were pathways for onward referral to secondary care for gynaecology problems, sexual dysfunction For example, some women were referred to termination of pregnancy clinics and patients were referred to drug and alcohol services.
- HIV treatment and follow up was referred to secondary care in North East Lincolnshire, but in greater Manchester, Oldham, Rochdale and Bury were also the provider of HIV treatment and this was managed within their current service.
- Staff told us about events they had been involved with delivered in partnership with children's centres and voluntary agencies. The service also worked with local pharmacies and GPs to promote sexual health education messages and chlamydia screening.
- The service had initiated local multidisciplinary teams working to produce information sharing and care / referral pathways regarding unaccompanied asylum seeking children (UASC) and FGM to learn from their experience and ensure there was a holistic multi-disciplinary approach to caring for these children in the future.
- Staff told us that the service delivered training to local GPs and school nurses regarding genito-urinary medicine and contraception. The service provided master-classes and engaged in the local implant-fitting forum.
- Staff participated in local multi-agency working groups relating to child sexual exploitation.
- VCSL worked with Brook to provide young people with sexual health education across youth centres, colleges and schools.

Referral, transfer, discharge and transition

- There were pathways for onward referral to secondary care for gynaecology problems, sexual dysfunction and HIV treatment and follow up. For example, some women were referred to termination of pregnancy clinics and patients were referred to drug and alcohol services.
- Any onward referrals to external providers were made via a dictated letter and saved on the patient's electronic record.

Access to information

Are services effective?

- Patient notes were mostly electronic however, staff needed to use paper records in some outreach clinics.
- Staff told us that they transferred patient information to the electronic system on return to the main site. However, they told us that the only information transcribed was patient details, treatment codes and any safeguarding concerns. This meant that the full patient record might not be available if a patient attended a different centre for a subsequent appointment. The managers were hoping to overcome this issue by purchasing laptop computers or tablets for staff working at outreach centres. This issue was on the service risk register.
- There was full system access at the Birkwood Health Centre.
- Staff at all sites were able to access diagnostic tests/blood results in a timely manner. This meant patients received a prompt diagnosis and treatment if required.
- Staff told us they could easily access guidelines, policies through the service intranet. The intranet also provided news updates and announcements, a colleague directory, support services and frequently asked questions (FAQS).
- Staff were able to access diagnostic tests/blood results in a timely manner.
- Staff told us that there were some issues with the new online booking of appointments through the virtual hub. The online system was generating a new unique identification (ID) number for each patient that booked online. This meant that patients who had already attended the service could have two or more IDs and patient records. However, administrative staff told us they were aware of the issue and were able to identify duplicates and were merging them each time the patient attended a clinic.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff had not received specific training regarding informed consent although they told us this was covered in adult and children safeguarding training.
- VCSL's annual information governance training also includes a module on consent
- Staff told us that consent was mainly verbal and they recorded this in the patient record. Doctors told us there were some occasions when they used formal written consent, such as when prescribing drugs for unlicensed purposes. Examples included prescribing long acting penicillin for the treatment of Syphilis, treatment of Herpes in pregnant women and de-sensitisation for pregnant women with Syphilis and allergic to penicillin.
- We observed staff asked patients for their permission before carrying out tests.
- Staff we spoke to were aware of Fraser guidelines to obtain consent from young people regarding treatment such as contraception. Staff told us they completed a form within the electronic record when assessing Gillick competence for patients under 16 years.
- Staff told us younger patients were encouraged to involve their parents or family members and their wishes were respected.
- There was access to guidance and policies for staff to refer to concerning Mental Capacity Act 2005 (MCA). Staff we spoke with told us they had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) which was delivered as a separate module to the training about the protection of vulnerable adults.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

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- Staff treated patients attending for consultation and procedures with compassion, dignity, and respect.
- A Chaperone policy was in place and signs were displayed in consulting rooms advising patients of this service.
- Staff focused on the needs of each patient as an individual and responded quickly to their needs.
- Staff established and respected each patient's preference for sharing information and reviewed this throughout their care.
- We observed staff offering emotional support and listening to patients' concerns and patients we spoke to felt supported by staff.
- Patients attending the clinics had access to information relating to different support groups for example counselling services, sunrise charity and St Georges Trust. This information was also displayed in patient waiting areas.
- One hundred percent of patients were likely or very likely to recommend the service in the 'Friends and Family Test' in December 2016.
- We found examples where staff had gone out of their way to support patients in difficult situations.

Detailed findings

Compassionate care

- We observed consultations and staff interactions with patients throughout our inspection and we saw how they involved and treated patients with compassion, kindness, dignity and respect.
- We observed professional, caring, and sensitive interactions between staff and patients in public areas, before, during and after consultations.
- Staff maintained patients' dignity and confidentiality as much as possible, for example, we saw reception staff using prompt cards for patients to point out their reason for attending rather than stating this verbally in the reception area.

- Staff told us that patients' preferences for sharing information were established, respected and reviewed throughout their care. Staff told us that they always established a method of contact with the patient for test results to ensure confidentiality was maintained.
- We observed staff asking patients if they could share information with the patient's GP.
- We saw that staff introduced themselves to patients.
- Patient comments and concerns were collected and acted upon in a timely way. The service used the Friends and Family Test, feedback left on the website and surveys to establish patient's views. Feedback for NE Lincolnshire from December 2016 showed that 90% of patients were very likely to recommend the service to friends or family and 10% were likely to recommend.
- Staff worked hard to ensure patients were offered an efficient service; they were dedicated and committed to delivering a service that supported the local population. Whilst inspecting the Rochdale service, seven patients at the Rochdale clinic told us they were happy with the service they had received; two of the patients had returned to the clinic and felt that staff went the extra mile. Three patients at the Oldham site also told us they were happy with the service provided and found staff helpful and supportive.
- In North east Lincolnshire, a survey, of 143 patients, undertaken from June 2016 to August 2016 showed that 90% of patients said it was easy to find information about the service and opening times, 88% said they were happy with the availability of appointments and walk-in offered, 77% found the receptionists were friendly and welcoming (23% did not respond to this question) and 92% were happy with the location of the service.
- We observed a patient who was having tests performed was offered and accepted a chaperone.
- We heard nurses encouraging patients to inform them of discomfort during procedures.
- Staff survey responses for this team scored an average of 9/10 for providing very good care to patients here.
- We found that patient feedback had resulted in the service taking a number of 'you said we did actions'

Understanding and involvement of patients and those close to them

Are services caring?

- We observed explanations were given in a way the patients could understand and that the nurse checked their understanding of the information given.
- We heard staff giving step-by-step information during tests and procedures to ensure the patient knew what was happening at all times.
- Staff told patients what tests they were having, why they were necessary and when and how test results would be given.
- Staff adapted their style of practice to suit the needs of the patients, for example we saw staff respond differently to the needs of a young person and the needs of a patient who regularly attend for contraception.
- The service offered a full range of sexual health care and staff told us they offered patients treatment for and encouraged uptake of services such as contraception and testing for STIs.

Emotional support

- We saw that staff were empathetic and listened actively to patients.
- The service kept an up to date list of advocacy, counselling and support services where staff could signpost or refer patients who needed specialist advice, counselling or support.
- We found that staff had a system in place to support patients with partner notification, where needed.
- Staff told us they would support any woman who wanted to access termination of pregnancy services.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

By responsive, we mean that services are organised so that they meet people's needs.

- We found that managers planned and delivered services in a way that ensured they met the needs of the local community.
- The service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week.
- Staff could arrange referral to appropriate providers for patients with additional medical needs, or if the service could not meet their needs.
- The service had an effective complaints procedure and shared learning from complaints.
- Interpreting and counselling services were offered to all patients and the centre was accessible for those with disabilities.

Detailed findings

Planning and delivering services which meet people's needs

- There was a clear corporate business plan and model for how the provider wanted the service to grow and develop moving forward.
- Some support services were centralised and benefitted from the resources of the wider Virgin Holdings parent company. There remained, however a view that some services were best kept at local level with national support. This included business unit based human resources staff and IT engineers and finance staff.
- The North East Lincolnshire service was commissioned by the local authority to provide contraceptive and sexual health services to adults and young people over the age of 13 years. The Yorkshire services were commissioned by the CCG and worked with the Brook Advisory service to provide services for young people.
- The service also provided services for out of area patients as required and there was a process in place for recharging CCGs or CCs where necessary. Services were commissioned to deliver all contraception and sexual health services to out of area patients.
- Staff worked to deliver the Virgin Care strategy to ensure service delivery was appropriately implemented and coordinated to meet the needs of their local population.

Staff attended meetings held by external organisations to increase their knowledge and form links to help support their patients. For example the safeguarding champion at Rochdale attended Sunrise meetings to learn more about child sexual exploitation. Sunrise is an organisation that tackling child sexual exploitation in the Borough of Rochdale.

- The care provided to patients was planned and delivered in partnership with commissioners. Information on key performance indicators was sent to commissioners on a regular basis to inform them if care was delivered in a timely and appropriate way. We were given examples where the service had worked with the local commissioners to increase the service offered to patients. For example the local senior management worked with Rochdale CCG to develop the safeguarding standard operation policy for staff
- The service was provided on a hub and spoke model with outreach services to local colleges and communities to make the service as accessible as possible to people living in vulnerable circumstances and who might find it difficult to access mainstream services.
- We found that the sexual health outreach nurse and sexual health team worked closely with local community groups and other agencies to plan services to meet the needs of local people.
- The Yorkshire services were available five days a week, between Monday to Friday and every other Saturday. In August 2016, opening hours were extended over two days to accommodate people who could not get to the clinic during normal working hours.
- The service managers had a good understanding of the health needs of the local population and targeted their services to best meet those needs and improve uptake of services by those most vulnerable.
- Facilities were modern and suitable for their use with good accessibility and adequate space to facilitate privacy and dignity. A television was in the waiting area for the benefit of patients who were waiting for their appointment. Toilets and baby changing facilities were located adjacent to the waiting room and there was access to a drinking water machine in the waiting area.

Are services responsive to people's needs?

- Service level agreements were in place with local laboratories for screening and blood testing.
- Planned appointment times were designed with people's needs in mind. For example, patients under 18 years were allotted longer appointment slots to allow for risk assessments to be completed and safeguarding needs to be considered.
- The service worked with 'Positive Health' to provide training and raise awareness for to help make the service more accessible to gay men. Managers told us that one of the aims of the improved website/ virtual hub was to make accessing the service easier for anyone who may feel stigmatised because of their sexual orientation.
- The 'Virtual Hub' online appointment system and out of hours telephone advice and appointment line had been introduced because of patients requesting a 24 hour, seven day appointment and advice service.
- Asymptomatic patients could book their own appointments online or take up the offer of self-testing for Chlamydia, Gonorrhoea, HIV and Syphilis by requesting a postal kit. Patients were asked to attend the local services to receive results.
- The Virgin Care website, which provided information on a range of topics, including termination of pregnancy, staying safe on line and contraception was available to patients. If patient's required urgent or emergency information or care, there was a range of services listed with details how to contact the service. The service provided information on symptoms of sexually transmitted diseases on its website, so that individuals could make informed choices about the symptoms they had.

Equality and diversity

- Staff had access to an Equality and Diversity policy, which set out key principles for promoting equal opportunities and valuing diversity across the service. Virgin care supported the needs of their patients irrespective of race, disability, age, gender, religious belief and socio-economic background. They informed staff how best to support vulnerable people with specific impairments, such as those with visual and hearing impairments or learning disabilities. We found that managers and staff were committed to responding to the diverse needs of their service users.
- The services were committed to meeting the NHS Accessible Information Standards so that patients with a

disability, impairment or sensory loss and needing extra support when accessing information. This included offering easy read documents; advocacy; braille documents; British sign language interpreters; large print leaflets and corresponding by email. There were patient posters explaining what could be offered to support them and a commitment to record the patient's needs on their file and share this information with other providers where necessary.

- Data on ethnicity and service user groups was provided to commissioners, the Yorkshire business unit reported between October 2016 to January 2017 that more than 10% of attendees were Asian or British Asian and less than 10% were Black or British Black. The areas covered by the clinics had substantial South Asian populations; however, we saw no literature on walls or in leaflet format to support these groups of individuals.
- Whilst on inspection in Oldham and Rochdale, we only found information leaflets in English in the patient waiting areas. Subsequent to a conversation with staff members, the registered manager produced the NHS breast screening leaflet in two other languages. These leaflets were not in any public area or accessible to patients, but the service does have leaflets in other languages that are provided to patients upon diagnosis from the clinician to ensure the patient receives the right information.
- The centre was accessible to wheelchairs users via a lift. Disabled toilets were provided.
- A professional interpreting service was available to enable staff to communicate with patients for those whose first language was not English.
- The service used accessibility cards for patients who had difficulty reading and writing and for whom English was not their first language.
- To develop their online services and reach out to hard to reach groups, the organisation provider worked alongside sex workers, LGBT, BME and young people representatives, to develop their online website called the 'virtual hub'. The organisation provider worked with partners, such as Relate and the LGBT foundation to develop a simple but informative online hub that included bit sized information and links to in depth information for those who wanted it.

Meeting the needs of people in vulnerable circumstances

Are services responsive to people's needs?

- The virtual hub for patients was accessible by computer, tablet or mobile phone and had been designed with the needs of vulnerable people in mind. Sexual health and wellbeing information was available in different formats, easy to read information, videos and a web screen reader to aid accessibility. There were signposts to other more detailed information sources.
- Patients could choose whether they had their friend or partner accompany them for their consultation and examination.
- Patients could request a chaperone to be present during consultations and examinations and there were signs on display to inform patients that this was available. Receptionists had received chaperone training so they could fulfil this function if needed.
- There were a range of patient information leaflets regarding contraception and sexual health. Staff told us they sign posted patients to an online service that provided sexual health leaflets in other languages.
- Patients could request that clinic staff made anonymous contact calls on their behalf if sexually transmitted infection test results were positive.
- One of the HCAs told us she delivered sexual health education to a variety of groups including; a young mother's group, and had also attended a group for people with a learning disability to help the group mentor answer any questions relating to sexual health.
- The service worked closely with advocates and community workers to ensure street workers could easily access services. The service was aware of the 'Ugly Mug' scheme which was a multi-agency scheme to protect vulnerable women from aggressive, suspicious or predatory males and staff told us they would report or support women to report any concerns.
- Patients could book an appointment online or by telephoning the service. The telephone service was 24 hours 5 days a week (12am Monday to midnight Friday and 9am to 5pm Saturday) with the service line diverting to an out hours provider who could access the booking system.
- An audit of patients who did not attend for their appointments (DNA) in September 2016 showed that 94 patients DNA during the month. This was within the target set by the provider. The service actively sought reasons for patients not attending from this cohort of patients. Of the patients who the service was able to contact, the most common reason given was that the patient had forgotten or had been unable to attend the given appointment. (This was despite a text reminder from the service in the majority of cases). A number of people who DNA stated that they had attended a walk in appointment instead.
- The services monitored a number of targets to ensure patients were offered and attended appointments within 48 hours. The service consistently met the 100% target for appoints offered within 48 hours. From April 2016 to September, the services had missed its 85% target on two occasions (two patients) for attending the service within 48 hours.
- The services had an open access policy, which meant that the vast majority of visits were unscheduled. The service worked to ensure that waiting times for patients attending for booked appointments are kept to a minimum, all locations met the service target of 65%. However, over 20% attending booked appointments waited more than 20 minutes.
- We observed reception staff informing patients of waiting times during an evening walk in clinic. Staff used the booking system to see the status for each member of staff and to estimate how many patients were waiting to be seen. Most patients were prepared to wait but some chose to make a scheduled appointment for another day. Staff told us they did not turn away patients from walk in clinics but would work until all those waiting had been seen.
- The service was provided on a hub and spoke model from Stirling Health Centre and Birkwood medical centre. There were two outreach locations at Grimsby Institute of Higher Education and Franklin sixth Form

Access to the right care at the right time

- From April 2016 to September 2016, 4,926 patients accessed this service.
- Four hundred and twenty eight patients accessing the service during this time were between 16 and 18 years, 124 patients were under 16 years and one patient under 13 years had accessed the service during this time.
- Patients could access the service through booked appointments or by attending a walk-in clinic. The services achieved their service target; 90% of patients were seen within 48 hours of them contacting the service (unless the patient chose a later appointment slot) for the same reporting period.

Are services responsive to people's needs?

College. Targeted community outreach services were also provided to make the service more accessible to vulnerable and minority groups who may find it difficult to access mainstream services.

- We found there was a marketing plan and Chlamydia strategy to ensure the service contributed to local health events, conferences and media campaigns to provide visible and accessible services to the local communities.
- There was a national 24-hour advice line for patients to access information about sexual health services and local information.

Learning from complaints and concerns

- The Complaints Policy stated complaints should be acknowledged within three working days and fully investigated. The complainant should be kept informed throughout the process and a time frame given.
- All complaints received were sent to the Customer Service Team (CST), who provided central support and sent an acknowledgement letter and confirmed a response date. The complaint was then forwarded to the service manager to begin any necessary investigation.
- An open and transparent response that addressed all the points raised was encouraged with staff being supported to offer face to face meetings whenever possible.
- The clinical lead for each business unit was responsible for oversight of all complaints and in business unit 5,

covering North East Lincolnshire, and telephoned complainants personally. The clinical lead for Oldham, Rochdale and Bury would contact patients personally, if the complaint was of a significant nature, or patient had extremely poor satisfaction, otherwise the service manager/nurse lead would manage communication with the patient.

- The CST also monitored social media and feedback sites for any new comments and responded to these as they would more formal complaints and comments.
- The North East Lincolnshire service had received no complaints in the 12 months leading up to the inspection. Oldham, Rochdale and Bury services, (two of which had transferred to VCSL within the last year), had received collectively 6 complaints from January 2016 – December 2016, which equated to 0.01%.
- Complaints were managed in-line with VCSL organisational policy.
- There were posters and leaflets on display in the waiting area advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. Information about making complaints and providing feedback was also available on the Virgin Care website.
- When complainants were not satisfied with the way how the complaint had been handled, they were advised to take the complaint to the independent Parliamentary and Health Service Ombudsman. Staff at Rochdale told us that this has never happened.



Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated the well-led domain as outstanding. This was because

- The local and corporate leadership used their very robust assurance framework to drive and improve the delivery of high quality services. The Interim Service Reviews provided a very clear picture of individual service's performance and was benchmarked over time and with other similar services.
- The leaders had an very explicit shared purpose, showed high levels of motivation, respect and support for staff of all grades and actively encouraged services to take responsibility for the services they delivered.
- Senior managers had a clear vision and strategy for this service and there was strong local leadership of the service. Managers were approachable, available, and supported staff within the service. We saw staff and managers shared the same vision and strategy. The organisation was pro-active in celebrating staff achievements.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. There was a clear governance structure and assurance framework with effective and clear communication to and from the executive team.
- There were very robust systems in place for providing assurance to the Board about the safety and quality of the services provided. Data collated as part of the assurance and governance framework was used to drive service improvements. The governance structure was comprehensive but not unduly complex and encouraged operational staff to take responsibility for the services they delivered.
- The service had a proactive approach to staff engagement and there were opportunities for staff to take on more responsibility, to be involved in service development and have their ideas funded. Good practice was recognised and rewarded. There was good staff morale and staff felt supported. Staff were unanimously positive about working for VCSL and the support they received to deliver a service they were proud of
- Leaders exuded a strong sense of shared purpose, strove to deliver and motivated staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. Staff felt supported by their line managers and felt confident to raise concerns with them. There was a strong visible local and national leadership who, together with the staff, were committed to improving patient care.
- The leadership drove and supported continuous improvement and staff were accountable for delivering change. Safe innovation was encouraged and celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. Staff felt empowered to make positive changes.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

Detailed findings

Leadership of this service

- The executive team were approachable and accessible. Their contact details were known and staff were encouraged to raise concerns direct with members of the executive, if they felt they were not getting sufficient or appropriate responses at a local level.
- The executive team knew their services well and were able to describe examples of good practice, learning and incidents from across their services which were correlated with what operational staff told us. They talked about individual named members of staff, knew the buildings and could tell us about any particular challenges services and individual staff members were facing. They spoke with genuine warmth and respect for the staff and were clearly proud of the achievements of teams from across the country.
- The executive team made regular floor visits and all services had been visited over each year. Some executive members worked alongside teams where governance systems had raised concerns. The Chief Nurse had recently spent time with one team where an



Are services well-led?

incident report raised concerns about the quality of pressure area care being provided. The Chief Pharmacist oversaw 'Deep Dives' where a potential cross service risk was identified.

- Business unit managers and clinical leads also spent time with the teams that reported to them. Over the year they visited all services and also provided a regular drop in session when they were available to meet with staff. Their mobile phone number was included on the business nit newsletter, so staff could call them directly.
- The registered manager was the service manager for North East Lincolnshire and North Lincolnshire sexual health services and was the lead nurse for the service. This role was supported by / reported to a Senior Operations Manager at a local level. More senior management support was available from the Regional Operations Manager and the Business Unit Head. Senior professional nursing support was available from the Regional Nurse / Governance Lead.
- One of the service consultants acted as clinical lead for the service and support was available from the regional clinical lead.
- There was an administration manager responsible for the administration team and the chlamydia screening team.
- Staff told us that leaders were visible and approachable, recognised the value of education and supported them with professional development.
- The registered manager was supported in her role through quarterly service manager meetings and two update days a year where topical issues were discussed; previously these had looked at, meeting regulations, quality assurance and incident categorisation and reporting.
- A responsible officer within VCSL was accountable for supervision and revalidation of medical staff and the regional clinical lead was appraisal lead for this service.
- The staff we spoke with told us they felt well supported by managers, the lead nurse and senior operations manager were available on a daily basis and staff felt able to approach them at any time.

Service vision and strategy

- VCSL had very clear strategies and an explicit service vision supported by Virgin Care Values. There were clear shared goals that were known to staff.

- The Virgin Care Values were, "Think, Care, Do". The values formed part of every staff member's appraisal, were included in the welcome packs for staff and were on display throughout services.
- The provider had a Nursing Strategy that was under review at the time of the inspection visits. It had been identified that whilst nurses formed the majority of frontline professional staff, there were therapists and other staff groups who needed to be included. Going forward the Nursing Strategy was to become the Health and Care Strategy; the organisational values were being mapped to the professional Codes of Conduct which formed the basis of the strategy document.
- Each service also had their own Service Vision that was owned by staff. For example, following a Community Nursing innovation Programme in 2015, the vision for community nursing in Surrey was agreed as, "To create a resilient, sustainable and innovative 21st century community nursing service that provides the best care and is highly respected by patients, carers, professional partners and the public.
- The Quality Strategy focussed on implementing and operating quality systems that supported a culture of empowerment, quality management, shared learning and continuous improvement.
- Within the strategy and assurance framework were clear accountabilities, structures and systems for reporting and monitoring. Clinical leaders worked alongside and in partnership with managers.
- There was an organisational belief that clinicians in operational roles were best placed to improve services and this led to there being a relatively small executive team and few central support roles.
- The service managers were knowledgeable about the organisation strategy and understood how this affected local provision of services.
- There was a clear local strategy regarding providing, marketing and targeting the services to where they were most needed.
- It was evident that there were good relationships commissioners and stakeholders regarding the planning and delivery of the services needed for the local population.
- The services vision and mission were an integral part of staff performance and development reviews. We saw staff displayed the values of the organisation by their behaviour and attitude to patients throughout our inspection.



Are services well-led?

- The services had been working with the Clinical Commissioning Group to implement a transformational plan. This had been developed to drive efficiencies in the service whilst ensuring the best quality of care for patients. The plan included nurse upskilling to deliver lower level interventions and the use of telehealth.

Governance, risk management and quality measurement

- Virgin Care Services Limited had a very clear governance structure that fed up to Virgin Healthcare Holdings Limited, the parent company through their monthly meetings.
- The VCSL Executive team led the services provided and received assurance both from the Virgin Care Clinical Governance Committee and directly from the Health and Safety Committee and Information Governance Committee.
- At VCSL Clinical Governance Committee meetings, the executive team shared learning, monitored KPIs and the clinical strategy with each business unit (regional) director and clinical lead.
- The VCSL Clinical Governance meetings were chaired by the medical director.
- Reporting directly into the VCSL Clinical Governance Committee were four sub committees – Infection prevention and control, research governance, medicines management and safeguarding adults and children. The sub committees each had representation from each business unit and were multidisciplinary to enable concerns and ideas to be considered from a wider perspective.
- Sitting under the VCSL Clinical Governance Committee and with information passing in both directions were the Business Unit Clinical Governance Committees (Clinical Quality and Risk; Integrated Governance Committees). These business unit meetings were chaired by the clinical leads for the business unity.
- Providing arm's length, higher level challenge and assurance was a Quality Committee that provided additional organisational assurance on clinical governance, quality and safeguarding. This group received reports from the VCSL Clinical Governance Committee and also the Health and Safety and Information Governance Committees. The role of this group was to provide 'Blue Sky' thinking, to consider innovative ideas and to ask strategic questions that arose from the assurance reports.
- The business unit group also linked with the Virgin Care Committees for: Infection, Prevention and Control; Research Governance; Medicines Management; and Safeguarding Adults and Children.
- Clinical governance was monitored using a red, amber, green (RAG) scorecard. The North East Lincolnshire Sexual Health Service was green (good) for all quality measures for August and September 2016.
- The quality measures (metrics) included; indicators relating to governance, safeguarding, medicines, infection control, incidents, training, review of the risk register and clinical audits.
- The role of the business unit clinical governance committee was to; look at audit performance; cascade information from other regional and national groups; and to look at incidents and complaints. Managers told us that all staff were invited to attend these meetings, depending on availability.
- We saw from minutes and notes of local clinical governance meetings that, incidents and safety alerts, complaints and patient experience were discussed in these forums, as were proposed changes to services, clinical and policy updates, training requirements / compliance, medicines management, infection prevention and control, safeguarding and scorecard performance.
- We saw that risks for the North East Lincolnshire Sexual Health Service were included on the risk register for business unit five. The risks for the unit were; 'No IPADs available for outreach workers therefore using paper records in the community'; 'no shared IT drives for NE Lincolnshire staff' and 'a risk of failing results management and partner notification targets not being met'.
- The risk register outlined actions that were in place to reduce the identified risks.
- The service had a number of service level agreements with contractors and other providers, which included; pathology services, landlords, medical gases/ liquid nitrogen and the out of hours call-centre. We found there were processes in place to monitor contracts and hold suppliers to account for the elements of service delivered. Managers told us that following some adverse publicity about one of their providers they had made some additional checks on the level of training of the people providing the sub-contracted service. The managers also told us that they had previously tested this service by 'mystery shoppers.'



Are services well-led?

- The registered manager measured the performance and quality of outcomes through a number of key performance indicators and a programme of audits. Performance was communicated to the regional management team and staff at the service.
- The registered manager had a system in place to check nurses maintained their registration with the Nursing, and Midwifery Council and that medical staff had active GMC registration. All nursing staff had active registration with the NMC.
- We saw evidence that the medical staff in this service had active GMC registration, indemnity insurance and DBS checks within the last 3 years.
- Staff carried out quality assurance checks for microscopy and pregnancy test results.
- The service collected and collated information at a national level and engaged with service users including vulnerable groups.
- The service engaged with the public through regular sexual health awareness raising and marketing, by delivering sessions to students, at the YMCA, in the workplace and on the radio.
- Service users were involved in user design groups and user testing group, for the virtual hub. The service did this by working with schools and third parties representing Black and Ethnic Minority (BME) groups and the Lesbian, Gay, Bi-sexual and Transsexual community (LGBT).
- There was a poster in the waiting room to encourage patients to participate in a patient participant group.

Culture within this service

- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the service.
- Staff told us the service had an open culture and felt they could approach managers if they felt the need to seek advice and support. They told us they would be comfortable to raise concerns with them and that they would be taken seriously.
- Nursing staff and managers, we spoke with, all liked working for the organisation.
- Staff described a culture that encouraged teamwork, generation of ideas, professional development and valued the contribution of staff at all levels. They told us that all staff worked hard to provide a good service.
- Staff we spoke with told us that learning from incidents, safeguarding and daily practice was shared locally within the team.

Public engagement

- The service encouraged patients to leave comments on cards and through questionnaires. We saw very positive comments from patients and only one negative comment.
- Managers collated patient feedback comments cards and discussed results with the staff team. We saw a “You said – We did” board displaying comments received and examples of how the service had addressed these.
- The most recent results from the Friends and Family Test for the service showed 100% of patients were likely or extremely likely to recommend the service.

Staff engagement

- Staff told us they were valued as members of the team and their ideas were listened to.
- VCSL carried out a bi-annual staff survey and managers told us that the results were fed into local and national action planning / improvements.
- The North East Lincolnshire staff survey results were more positive, in general, than the whole of the East Region. The staff overall in this service gave an average score of 6.4/10 for recommending the service as a place to work. However, 7.9/10 was given for being encouraged to come with ideas for improvement. The service manager had developed a clear action plan and was making progress to ensure staff felt more involved and happier with their work experience. We found that managers took staff feedback very seriously and took action to make positive changes / improvements.
- The organisation provided staff with an ‘on-boarding programme’ and arrivals pack.
- The staff intranet provided information about support services, news stories and important announcements.
- Staff told us they could access a ‘Feel the difference fund’ to improve the service they delivered. This was a national fund available to all services within the Virgin Care group and staff told us they had been successful in obtaining funds to make improvements for patients.
- Staff were proud of their team, the work they did and the service they provided.
- We found the service had an Investing in people award, offered apprenticeships and training and talent management was evident.



Are services well-led?

- The corporate organisation produced a newsletter 'Something for the weekend' which highlighted important events and reminders for staff and managers and celebrated feedback for staff who had made a difference to patients or helped other staff. Staff could also leave positive feedback and acknowledge colleagues through the staff intranet.
- Managers and staff told us they received email communications about important announcements, alerts and training such as webinars by email.
- Managers told us that Virgin Care Ltd was planning to develop an internal social networking site for employed staff to communicate and share ideas and learning.
- Staff told us they were rewarded for good practice through 'Stars of Year Awards'
- The organisation had implemented initiatives to help staff look after their own well-being. These included monthly campaign packs focusing on a health issue, an online platform to help staff manage their mental and physical well-being and support for staff who are 'carers'.

Innovation, improvement and sustainability

- Work was ongoing to fully implement and improve the online 'Virtual Hub', there were plans to improve queue management and accessibility of appointments.