

# Warrington and Halton Hospitals NHS Foundation Trust

RWW

## Community health services for adults

### 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)
RWWX1	Bath Street Health and Wellbeing Centre	Warrington and Halton Hospitals NHS Foundation Trust.	WA1 1UG







This report describes our judgement of the quality of care provided within this core service by Warrington and Halton Hospitals NHS Foundation Trust. 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 Warrington and Halton Hospitals NHS Foundation Trust and these are brought together to inform our overall judgement of Warrington and Halton Hospitals NHS Foundation Trust

# 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?		Requires improvement	

# Summary of findings

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# Summary of findings

## Overall summary

Staff reported incidents via the electronic reporting system used within the trust, and learning from incidents was shared via team meetings. Incidents were investigated where appropriate. However, staff told us that they didn't always receive feedback about the final outcome of these investigations. Staff followed good practice guidance in relation to the control and prevention of infection. The clinical rooms were clean and well organised. Equipment was clean and well maintained. There were systems in place for the safe procurement, administration and disposal of medicines. However, systems for monitoring and recording stock levels were not robust.

All staff had received training in the safeguarding of both adults and children. Staff were aware of their role and responsibilities and knew how to raise matters of concern appropriately. Fraser guidelines were used in line with best practice for assessing and obtaining consent from children and young people. Staff had access to online training and education including the latest guidance (e.g. NICE guidelines) to ensure practice was evidence based. Staff were able to describe the new post exposure prophylaxis information and were up to date about trends in genitourinary medicine (GUM) care.

Patients were treated with dignity and respect. Staff were sensitive to the nature of the services provided and the needs of anxious patients. If patients required further emotional support, staff would signpost them to the relevant advisory and support services. A sexual health advisor was employed 22 hours a week to provide information, advice and counselling to patients diagnosed with a sexually transmitted infection (STI). The trust did not undertake under age or social termination of pregnancy. As a result concerns had been raised about

the timely access to these services. To address this issue a pathway for under age/social termination of pregnancy had been developed and the process in these circumstances was to refer the patient to the British Pregnancy Advisory Service.

The clinic did not have the 'You're Welcome' status for younger people. However, the clinic aimed to provide a young-person friendly environment by offering appropriate information and advice to help young people make informed, safe choices about their sexual health. There was accessible information on a range of sexual health issues.

There was evidence of good local leadership. Staff told us they received excellent support from the divisional management team and matron. Staff were patient focused and the culture of the service centred on the needs and experience of patients in a very positive way. However, staff did not feel involved and valued, particularly in light of the recent retendering process. Staff were uncertain as to the future of the service and what this meant for their roles and responsibilities.

There was limited evidence of trust oversight of the service provided at Bath Street. Although the service sat within the women's, children's and clinical support services division, it was not clear what systems were in place for the day-to-day quality measurement and governance of this service. Although the service contributed to trust-wide audits and health and safety inspections, staff told us that since the clinic had moved to Bath Street Health and Wellbeing Centre they did not receive feedback about the findings and outcomes from these audits. This meant the potential for learning and improvement was limited.

# Summary of findings

## Background to the service

Warrington and Halton Hospitals NHS Foundation Trust operates a genitourinary medicine (GUM) service from Bath Street Health and Wellbeing Centre, alongside a contraception service carried out by a community healthcare services provider. HIV post-exposure prophylaxis treatment is available at this service (provided by Warrington and Halton). Bath Street Health and Wellbeing Centre is a new facility and the team moved there from Warrington Hospital in 2013. The clinic facilities are used by both teams and the reception is covered by one receptionist from each service.

From 1 January 2014 to 31 December 2014 the service held 3,742 appointments for new patients and 2,702 follow-up appointments.

The Warrington and Halton sexual health service had recently gone out to tender (two tenders as there are two local authorities). The tender for Warrington services had been won by a local community healthcare services provider and the existing Warrington service was due to integrate with the provider from 16 April 2015.

The sexual health clinic is situated on the first floor. The clinic comprises of a reception area, five clinical consulting rooms, patient toilet (with specimen hatch), laboratory, storage and office space. There is a seating area (16 places) located across from the reception which is screened off from the adjacent waiting area for the co-located GP practice.

## Our inspection team

Our inspection team was led by:

**Chair:** Andy Welch, Medical Director and Consultant ENT Surgeon

**Team Leader:** Ann Ford, Care Quality Commission

The team included CQC inspectors and a variety of specialists: a CQC inspector and an advanced nurse practitioner/senior clinical nurse, with a responsibility for sexual health including contraception & LARC (specialist professional advisor).

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of Warrington and Halton Hospitals NHS Foundation Trust.

## 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 trust and the services it provides and asked other organisations to share what they knew.

We carried out an announced visit on 29 January 2015. During the visit we spoke with staff who worked within the service. Due to the nature of the service provided, we were unable to talk with people who use services. We observed how people were being cared for and reviewed care or treatment records of people who use services. We also reviewed other relevant records held by the trust to monitor the quality of the service provided.

# Summary of findings

## What people who use the provider say

Due to the nature of services provided it is often difficult to obtain patient feedback for this type of service. As such the usual mechanisms for obtaining patient feedback are ineffective, for example the NHS Family and Friends Test. Similarly, we were unable to speak with people who used the service during our inspection.

Patient satisfaction surveys were undertaken by the joint provider in relation to both the contraception service and the GUM clinic. Patient feedback from the 2014 survey was overall very positive.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

- The trust should improve its communication with staff working in the service so they are involved and informed about the plans for the future of this service.
- The trust should take appropriate action to provide staff at the service with feedback from incident investigations and audit findings, so that opportunities for learning and service development are not lost.
- The trust should take appropriate action to ensure all staff receive an annual appraisal.

## Warrington and Halton Hospitals NHS Foundation Trust

# Community health services for adults

### Detailed findings from this inspection

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Staff reported incidents via the electronic reporting system used within the trust and learning from incidents was shared via team meetings. Incidents were investigated where appropriate however, staff told us that they didn't always receive feedback about the final outcome of these investigations. All staff had received training in the safeguarding of both adults and children. Staff were aware of their role and responsibilities and knew how to raise matters of concern appropriately. Specific screening forms were completed for patients who were under 18 year old which contained specific triggers in relation to identifying possible abuse, coercion and the breaches of the Fraser guidance.

Staff followed good practice guidance in relation to the control and prevention of infection. There were ample supplies of hand washing facilities and personal protective equipment such as gloves and aprons. The clinical rooms were clean and well organised

Equipment was clean and well maintained.

There were systems in place for the safe procurement, administration and disposal of medicines. However, systems for monitoring and recording stock levels were not robust. It was not possible to establish if anything might be missing as the stock levels were not documented.

### Incident reporting, learning and improvement

- Staff reported incidents via the electronic reporting system used within the trust.
- Incidents were investigated where appropriate however, staff told us that they didn't always receive feedback about the final outcome of these investigations.
- When feedback was provided there was evidence of shared learning from incidents via staff team meetings to reduce the risk of reoccurrence. For example, safety goggles were always used for phlebotomy following an incident that could have led to possible eye contamination from a HIV positive patient.



# Are services safe?

- Safety alerts were disseminated to staff via team meetings and on a one to one basis due to there only being a small team.

## Safeguarding

- All staff had received training in the safeguarding of both adults and children.
- Staff were aware of their role and responsibilities and knew how to raise matters of abuse and neglect appropriately.
- Relevant safeguarding policies and procedures were available for staff to refer to via the intranet.
- Staff described the involvement of the safeguarding team in the management of patients under 18 years of age. Areas of concern or issues were discussed within the multidisciplinary team, and the appropriate action was taken to promote and secure the safety of the young person.
- The senior nurse maintained robust links within the relevant local health and social care services, knowing who to contact and in what context. If a cross service concern was highlighted within either the Genito Urinary Medicine (GUM) clinic or contraception service it was also discussed in house to identify appropriate action and opportunities for learning.

## Medicines management

- There were systems in place for the safe procurement, administration and disposal of medicines. None of the staff were nurse prescribers so where required, medicines were given via a patient group direction (PGD) (an agreed medication provided on a patient-specific basis where this offers an advantage for patient care without compromising safety).
- However, systems for monitoring and recording stock levels were not robust. It was not possible to establish if anything might be missing as the stock levels were not documented. Batch numbers and expiry dates were recorded by the nursing staff, using a paper based diary system.
- Post exposure prophylactic (PEP) packs were kept locked away and accounted for in an appropriate manner.
- Medicines were stored appropriately and fridges temperatures were regularly checked and recorded. Liquid N2O store was in a locked cage outside the building. We were shown the appropriate personal protective equipment for managing the product.

## Safety of equipment

- Appropriate clean and well maintained equipment was available in all clinic rooms and throughout the service.

## Records and management

- The GUM service used paper records. Patient records were stored securely and with due regard to privacy and confidentiality.
- The IT system in use was a clinical management system designed for discreet management of sexual health, contraceptive and reproductive health services. However, staff reported the IT system in the GUM clinic was cumbersome and ineffective as it required a remote connection to the trust servers, necessitating three log in processes.
- Records were completed in a timely way and were dated, signed and legible.

## Cleanliness, infection control and hygiene

- Staff followed good practice guidance in relation to the control and prevention of infection.
- There were ample supplies of hand washing facilities and personal protective equipment such as gloves and aprons. The clinical rooms were clean and well stocked.
- The cleaning of the department was the responsibility of another provider. However the centre was very clean at the time of our inspection.
- Silver metal trolleys had green 'I am clean' stickers to indicate that they had been cleaned although the details of when and by who was not always completed.

## Mandatory training

- All staff had received appropriate mandatory training. Compliance was monitored via a local staff training database.

## Assessing and responding to patient risk

- Specific screening forms were completed for patients who were under 18 year old which contained specific triggers in relation to identifying possible abuse, coercion and the Fraser guidelines. These would then be flagged automatically by the electronic records systems. Staff told us all young people were fast tracked to ensure they were seen promptly and were not turned away in clinic.
- Resuscitation equipment was available and had been appropriately checked and signed daily.

# Are services safe?

## Staffing levels and caseload

- The service was staffed by two consultants (who covered both the Halton and Warrington service) and band 6 and 7 nursing staff.
- There were no fulltime nursing / support staff so the existing staff needed to be flexible to cover for sickness or absence.
- The service had a part-time sexual health adviser in post (22hrs). Sexual health advisers provide information, advice and counselling to patients diagnosed with a sexually transmitted infection (STI). They play a key role in helping the patient understand and manage their condition.
- Partner notification (PN, also known as contact tracing) is the process of providing access to specific forms of healthcare, support and advice to sexual contacts who may have been at risk of infection. Partner notification was undertaken by the appropriately trained nursing staff.

## Managing anticipated risks

- It was not clear how potential risks to the delivery of the service such as adverse weather conditions or disruption to staffing were taken into account when planning services. Staff flexed their hours to cover any staffing issues. However, this was based on staff goodwill as none were employed on a full time basis.
- At local level there was limited evidence the impact on safety that changes to the service would have following retendering had been assessed and monitored. At the time of our inspection there had been an informal meeting with staff about the changes due in April 2015 to establish how a safe and continuous service would be provided. A formal consultation was due in February 2015.

# 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

Staff had access to online training and education including the latest guidance (e.g. NICE guidelines) to ensure practice was evidence based. Staff were able to describe the new post exposure prophylaxis information and were up to date about trends in GUM care. Staff were confident and competent in seeking informed consent from patients. Staff were able to explain benefits and risks in a way that patients understood. Due to the nature of services provided, consent was in the main, provided verbally and implied by agreeing to screening and tests. Fraser guidelines were used in line with best practice for assessing and obtaining consent from children and young people.

The trust did not undertake under age or social termination of pregnancy. As a result concerns had been raised about the timely access to these services and staff told us the issued had been flagged with the trust for some time. To address this issue a pathway for under age/ social termination of pregnancy had been developed and the process in these circumstances was to refer the patient to the British Pregnancy Advisory Service.

## Evidence based care and treatment

- The trust did not undertake under age or social termination of pregnancy. As a result concerns had been raised about the timely access to these services and staff told us the issued had been flagged with the trust for some time. To address this issue a pathway for under age/ social termination of pregnancy had been developed and the process in these circumstances was to refer the patient to the British Pregnancy Advisory Service.
- Staff had access to online training and education including the latest guidance (e.g. NICE guidelines) to ensure practice was evidence based. Staff were able to describe the new post exposure prophylaxis information and were up to date about trends in GUM care.

## Approach to monitoring quality and people's outcomes and outcomes of care and treatment

- The service participated in national audits for HIV, gonorrhoea and chlamydia.

- We saw no evidence of any audits of inadequate cervical smears. Cervical smear audits would usually be undertaken by the lead nurse and consultant in collaboration with the cervical smear management service. Staff acknowledged that smears could be inadequate but there was no robust system in place to monitor this area.

## Competent staff

- Staff were dual trained and competent in both GUM and contraception.
- Staff had access to the sexually transmitted infection foundation (STIF) portfolio of training and staff had started but not yet completed the STIF intermediate competencies. Completion of the competencies was challenging because there were not enough staff to allow nurses to be supernumerary in order to complete training. Completion of this training would enable staff to see more patients and would potentially improve patient outcomes in terms of timely access to screening and treatment.
- Staff had received their cervical smear training updates. We also saw that staff had attended STI, HIV, contraception courses as well as the 2/7 STIF foundation course.
- Records showed that 55% of staff had received an appraisal in the last 12 months. There was evidence of online monitoring of mandatory training and records showed good levels of compliance. However, staff felt there were limited role specific training opportunities provided for them.

## Multi-disciplinary working and coordination of care pathways

- HIV in-patient beds were available at another local hospital. The inter service arrangements worked well and patients reported that they were satisfied with service provided.
- Staff identified concerns regarding the recent integration of the service following the retendering process. An example was described where a young patient was turned away by the partner provider (contraception service) when the trust staff (GUM clinic)

## Are services effective?

had the skills, competencies and time to see that person. Staff raised this with the contraception service at the time and it was agreed that going forward, the two services would check each other's capacity before turning any patients away.

- Staff described good working relationships with the lab service who attended site for specific medical clinics.

### Referral, transfer, discharge and transition

- Patients could self refer to the clinic by calling the clinic directly and booking an appointment, they did not have to be referred by a GP. The clinic did not offer a walk in service, clinics were bookable appointments only. However, on occasion, if a patient did walk in and the clinic had capacity, they would be seen.
- Due to the nature of services provided, patients were regularly discharged but this was not usually a formal process. For example, if a patient was asymptomatic

they would be discharged at the first visit without any formal process. Where ongoing issues were identified, patients were referred to services such as gynaecology appropriately.

### Availability of information

- Staff were able to give patients current and accurate information and advice about sexual health matters.
- There were a suitable range of written leaflets for patients available in the centre.

### Consent

- Staff were confident and competent in seeking informed consent from patients. Staff were able to explain benefits and risks in a way that patients understood. Due to the nature of services provided, consent was in the main, provided verbally and implied by agreeing to screening and tests.
- Fraser guidelines were used in line with best practice for assessing and obtaining consent from children and young people.

## Are services caring?

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

### Summary

Patients were treated with dignity and respect. Staff were sensitive to the nature of the services provided and the needs of anxious patients. If patients required further emotional support, staff would signpost them to the relevant advisory and support services. A sexual health advisor was employed 22 hours a week to provide information, advice and counselling to patients diagnosed with a sexually transmitted infection (STI).

Patient satisfaction surveys were undertaken by the joint provider in relation to both the contraception service and the GUM clinic. Patient feedback from the 2014 survey was overall very positive.

### Dignity, respect and compassionate care

- Patients were treated with dignity and respect.
- There were arrangements in place to provide patients with a chaperone during appointments that required an intimate examination, or when requested.
- Staff provided services in a compassionate and non-judgemental way. Patients' confidentiality and rights to privacy were respected and promoted.

- Patient satisfaction surveys were undertaken by the joint provider in relation to both the contraception service and the GUM clinic. Patient feedback from the 2014 survey was overall very positive.

### Patient understanding and involvement

- Staff provided information to patients about their care and treatment in a way patients could understand. Staff listened to patients and responded positively to questions and requests for information. Where necessary staff signposted patients to other available advice and support services. For example, they provided help and advice following sexual assault.

### Emotional support

- Staff were sensitive to the nature of the services provided and the needs of anxious patients. If patients required further emotional support, staff would signpost them to the relevant advisory and support services.

### Promotion of self-care

- Staff provided patients with patient information leaflets to promote health and well-being. A sexual health advisor was employed 22 hours a week to provide information, advice and counselling to patients diagnosed with a sexually transmitted infection (STI).



# Are services responsive to people's needs?

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

## Summary

The services provided took account of the needs and wishes of a diverse group of patients. For example, in relation to age, sexual orientation, pregnancy and religious beliefs. The service had access to interpreters for patients whose first language was not English, the service could also access British Sign Language interpreters for people who were deaf

Reasonable adjustments had been made so that disabled people could access the service. For example, the clinic had lift access, wide access doors into clinic rooms and access to a disabled toilet within a reasonable distance from all clinic rooms. The clinic did not have the 'You're Welcome' status for younger people. However, the clinic aimed to provide a young-person friendly environment by offering appropriate information and advice to help young people make informed, safe choices about their sexual health. There was accessible information on a range of sexual health issues.

HIV in-patient beds were available at another local hospital and two clinics had two sessions a month that were focused on HIV post exposure prophylaxis. There was a cohort of some 50-60 HIV patients in the Warrington area. Home delivery for treatments was available for these patients. There was a dedicated member of staff responsible for working with people in hard to reach groups, prison work and the sex industry.

There were low numbers of complaints for the service. However staff responded positively when patients raised matters of concern and used complaints to make improvements in the department.

## Planning and delivering services which meet people's needs

- The clinic did not have the 'You're Welcome' status for younger people. The You're Welcome quality criteria provide a set of non-mandatory standards for delivering young person-friendly health services for 14-19 year-olds in England. However, the clinic aimed to provide a young-person friendly environment by offering

appropriate information and advice to help young people make informed, safe choices about their sexual health. There was accessible and age appropriate information on a range of sexual health issues.

- On the day of our visit there was no lab service on site. This meant that if a symptomatic patient attended the clinic, they would be seen and a history completed but would have to come back for their lab results at the next session. None of the staff in the service were able to work independently in the lab, preparing or looking at their own microscopy slides. However, the trust had invested £12,000 to provide an onsite laboratory service at Bath Street. This was staffed at peak clinic times by a member of the Warrington Hospital Microbiology Team.

## Equality and diversity

- The services provided took account of the needs of different people. For example, in relation to age, sexual orientation, pregnancy, religious beliefs.
- Reasonable adjustments had been made so that disabled people could access the service. For example, the clinic had lift access, wide access doors into clinic rooms and access to a disabled toilet within a reasonable distance from all clinic rooms.

## Meeting the needs of people in vulnerable circumstances

- HIV in-patient beds were available at another local hospital and two clinics had two sessions a month that were focused on HIV post exposure prophylaxis. There was a cohort of some 50-60 HIV patients in the Warrington area. Home delivery for treatments was available for these patients.
- There was a dedicated member of staff responsible for working with people in hard to reach groups, prison work and the sex industry.
- The electronic incident reporting form included a mandatory field for disability. Any incidents reported involving a patient with learning disabilities would be flagged to the trust's patient experience matron to identify any possible trends. These were reported to the quarterly safeguarding steering group. No incidents of this nature had been reported by the service in the last 12 months.

# Are services responsive to people's needs?

## Access to the right care at the right time

- Records showed that from April 2014 to January 2014 91% of patients had access to a GUM clinic within 48 hours of contacting the service and 89% of patients were seen within 48 hours of contacting the GUM service (data included both the service at Bath Street and Halton Hospital).
- There were some issues with the phone access to the service. There was routinely only one receptionist covering the main reception desk who if busy, could not answer the phone. This meant people had to leave a voice message and staff would need to call them back. It was not clear what action was being taken to address this issue.
- The clinic did not offer centralised calling or a texting service to remind patients when their appointment was due. Data provided by the trust for 01 January 2014 to

01 December 2014 showed there had been 1672 'did not attend' (DNA) incidents. Although the data did not make it clear how many appointments there had been in total. However, DNA rates at the clinic were not highlighted as a concern.

## Complaints handling (for this service) and learning from feedback

- There were low numbers of complaints for the service. However staff responded positively when patients raised matters of concern and used complaints to make improvements in the department.
- Information about how to make a complaint was displayed in the clinic and patients had access to leaflets that provided information about how to make a complaint along with the contact details for the Patient Advice and Liaison Service (PALS)



# 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.

## Summary

There was limited evidence of trust oversight of the service provided at Bath Street. Although the service sat within the women's, children's and clinical support services division, it was not clear what systems were in place for the day-to-day quality measurement and governance of this service.

There was evidence of good local leadership. Staff told us they received excellent support from the divisional management team and matron. Staff were patient focused and the culture of the service centred on the needs and experience of patients in a very positive way. However, staff did not feel included and valued particularly in light of the recent retendering process. Staff were uncertain as to the future of the service and what this meant for their roles and responsibilities.

The service contributed to trust wide audits and health and safety inspections. Staff told us that since the clinic had moved to Bath Street Health and Wellbeing Centre they did not receive robust feedback about the findings and outcomes from these audits. This meant the potential for learning and improvement was limited.

## Service vision and strategy

- Staff understood the organisational vision and values. However, we spoke with senior staff about merging of the service with another provider in April 2015 and the effect the uncertainties were having on staff morale. Staff felt they had not received feedback on why their tender bid had been unsuccessful. However, the trust told us that an informal meeting was held on the 10th December 2014 for all GUM staff to advise them of the tendering outcome.

## Governance, risk management and quality measurement

- The service contributed to trust wide audits and health and safety inspections. Staff told us that since the clinic had moved to Bath Street Health and Wellbeing Centre they did not receive robust feedback about the findings and outcomes from these audits. This meant the potential for learning and improvement was limited.

- A risk register was maintained at divisional level. Violence and abuse was a recognised local risk. Staff, especially reception staff, were vulnerable to abuse from patients and members of the public. We were told that in light of an incident, no lone working was undertaken in reception. Panic buttons were situated in each room and in reception. However, the reception alarm could not be heard within the clinic rooms but only by the adjacent medical centre.
- There was limited evidence of trust oversight of the service provided at Bath Street. Although the service sat within the women's, children's and clinical support services division, it was not clear what systems were in place for the day-to-day quality measurement and governance of this service.

## Leadership of this service

- There was evidence of good local leadership. Staff received excellent support from the divisional management team and matron.
- Staff told us the trust board and executive team were not visible and had not visited the service since the move to the new facility. However, staff did confirm that they received regular trust updates via the e-bulletin newsletter.
- Staff felt remote from the trust and that communication from and the visibility of executive and non-executive directors could be improved.

## Culture within this service

- Staff told us they did not feel involved and valued particularly in light of the recent retendering process. Staff were uncertain as to the future of the service and their roles and responsibilities.
- Staff were patient focused and the culture of the service centred on the needs and experience of patients in a very positive way.

## Public and staff engagement

- Due to the nature of services provided it is often difficult to obtain patient feedback for this type of service. As such the usual mechanisms for obtaining patient feedback are ineffective.



## Are services well-led?

- Patient satisfaction surveys were undertaken by the joint provider in relation to both the contraception service and the GUM clinic. Patient feedback from the 2014 survey was overall very positive.
- At the time of our inspection there had been an informal meeting with staff about the changes due in April 2015 to establish how a safe and continuous service would be provided. A formal consultation was due in February 2015.
- We did not see evidence that members of the public had been involved in any consultations regarding the changes to the service. However, as previously mentioned, engagement of patients in relation to this service type can be difficult.

### **Innovation, improvement and sustainability**

- Following the recent re-tendering process, staff told us the model used by the successful provider was different to that used by Warrington and Halton staff and staff had concerns about integration and service continuity.