University Hospitals Bristol and Weston NHS Foundation Trust

Central Health Clinic

Inspection report

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Overall summary

Background

The SARC is commissioned by NHS England to provide support services for people who have experienced both recent and non-recent sexual abuse or assault. The service is commissioned 24 hours a day, seven days a week, to provide support to adults as well as children.

The Bridge accepts police referrals for children of all ages (0 to 17), and non-police referrals (including self referrals) for children aged 13 to 17. The Bridge SARC also offers advice relating to sexual assault to other agencies including; Social Services, genito-urinary medicine, sexual health services, General Practice, A&E departments and the Police.

University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The service is provided by The Bridge SARC at; Central Health Clinic, Tower Hill, Bristol. Most policies and procedures are managed by the Trust with additional oversight by the SARC manager.

Referral pathways are in place to other important services which are provided externally to the Trust, such as independent sexual violence advisors, as well as mental health services, social services and general practitioners.

The Bridge SARC is located on the second floor of a building that is accessible for wheelchair users via a lift. There is a Trust service level agreement in place that means urgent attention will be paid to any problems associated with the lift. There is new signage on the ground floor of the building which directs patients to the SARC without them needing to report to the reception area at the Central Health Clinic, thus helping them to maintain personal privacy. There are two forensic medical examination rooms, one specifically for adults and one for children and young people. The paediatric examination room was decorated for children and young people.

Summary of findings

Services at the SARC are provided by a team of staff, including clinical and non-clinical managers, forensic medical examiners who are members of the Faculty of Forensic and Legal Medicine (FFLM), forensic nurse examiners, crisis support workers and administration staff.

During the inspection we spoke with staff, including; leaders, forensic medical examiners, forensic nurse examiners, crisis support workers, a SARC matron, and a safeguarding and a sexual health liaison nurse.

We examined policies and procedures as well as other records regarding how the service is managed.

Throughout this report we have used the term 'patients' to describe people who use the service, including children aged between 13 and 17, to reflect our inspection of the clinical aspects of the SARC.

Our key findings were:

- The service had thorough staff recruitment procedures.
- The service had suitable safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met clients' needs.
- The service had a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and clients for feedback about the services they provided.
- The service had a system in place to deal with complaints positively and efficiently.
- The Trust had processes in place to manage risk and these had always been followed.
- Systems to maintain oversight of services provided were effective.
- Contemporaneous records of care were seen to be comprehensive.

There was one area where the provider could make improvements. They should:

- Consider ways to ensure all policies are reviewed in a timely manner and contain references to the most up-to-date information.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

Safety systems and processes (including Staff recruitment, Equipment and premisis)

We found that there were up to date policies for safeguarding adults and children. These clearly described important subjects, such as what level of training was required of staff and how often it should be refreshed, what their roles and responsibilities were and how staff might identify a wide range of patient risks and vulnerabilities. However, we did find that the infection control policy and clinical standards policies were out of date. The Trust was already aware of this and work was onoing to update those policies accordingly. Although those policies were seen to be out of date, we did see that their content was still relevant to current practices at the SARC.

Best practice guidance was seen to be followed in relation to staff undertaking safeguarding training for both adults and children. In records examined we saw that staff were trained to at least level three safeguarding adults and children.

We sampled recruitment checks that had been undertaken for staff who worked at the Bridge SARC, and found that staff had been recruited safely. Enhanced disclosure and barring service checks had been completed in all records that we reviewed. Recruitment arrangements were processed through an electronic system managed by the Trust. The system did not allow progression until specific checks had been completed.

The general environment at the SARC was found to be fit for use and well maintained. Leaders had identified areas where the environment would not meet standards required to attain accreditation with The United Kingdom Accreditation Serivce (UKAS) and they had implemented a project plan to make the improvements that were needed.

A range of appropriate equipment was available for staff to use in their interactions with patients. Leaders kept a register to make sure that equipment had been appropriately and professionally serviced. Portable Appliance Testing (PAT) had been completed annually at the SARC and we examined PAT check dated stickers on equipment used along with service logs which were seen to be in date.

Forensic medical equipment and medicines used were seen to be in date and appropriate for use. All medicines were stored in locked cabinets, including temperature controlled fridges where required. Only staff trained in the use of medicines were permitted access to those locked cabinets and fridges.

The provider had systems in place to make sure that the forensic examination suites were cleaned after use. Records examined indicated that this had been done immediately after the suites had been used, and that monthly ‘deep cleans’ had also been undertaken. We examined evidence that demonstrated that the cleaning of both the adult and paediatric examination suites met the standards as set out by the FFLM.

Emergency equipment, including paediatric and adult specific equipment, was available for staff to use, and records examined indicated that these were regularly checked.

Risks to clients

Specific patient vulnerabilities, such as poor mental health, self-harm, substance misuse and learning disabilities, were assessed at the point of triage and throughout the patient journey through the SARC. Records examined showed that identified vulnerabilities had been clearly documented within patient records.

Ligature risks identified in the Trusts risk assessments resulted in a policy for staff members to follow when, for example, a young person was taking a shower. This included staff maintaining voice contact with the patient while in the shower. During our inspection we found no potential ligature points that the Trust had not already identified.

Are services safe?

We examined six paediatric records and six adult records during our inspection. In all records examined, we noted that safeguarding concerns had been explored, and where identified, referrals to local authority safeguarding teams had been made in a timely manner. Safeguarding referrals were seen to be of a good standard and they further demonstrated that staff had worked closely with other professionals, such as GPs and the police, in managing risk.

Records indicated that patients' physical health had been managed appropriately. For example, assessments had been completed when needed for emergency contraception as well as Post-Exposure Prophylaxis after Sexual Exposure (PEPSE) medication. Patient sexual health was also seen to be explored within records examined. The SARC was co-located with the Trust's sexual health service, and so staff had immediate access to advice and support should it be required during normal office hours. We also saw that, where appropriate, women were asked about routine cervical screening so that arrangements for this to take place could be made while at the SARC should they be required.

Staff knew how to manage emergencies and had received training in basic life support. In addition to this, staff also had access to an automated external defibrillator (a portable electronic device that diagnoses and treats life-threatening cardiac arrythmias) and they were trained in its safe use. We examined evidence that demonstrated that the machine was regularly checked and serviced.

Information to deliver safe care and treatment

Staff at The Bridge SARC worked closely with other agencies, such as the police, to make sure that all information needed to keep patients safe was shared appropriately. This included for example, where the risk of Child Sexual Exploitation (CSE) was identified. Staff would attend multi-agency meetings where such risk was identified to ensure that a wide range of information was available to partners to aid their decision making processes to keep children and young people safe.

Staff used a combination of paper and electronic records when documenting care and treatment. Records that we sampled were of a good quality, clearly documenting the patients journey through the SARC, including any telephone contact prior to attendance.

Staff had received training in the use of colposcopes (a piece of equipment used for making records of intimate images during examinations, including high quality photographs and videos). Procedures were in place to make sure that images taken were stored securely on site.

Safe and appropriate use of medicines

Records indicated that administered medicines had either been prescribed by the examining forensic medical examiner or had been administered by a forensic nurse examiner following a Patient Group Direction (PGD). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentations for treatment.

All PGDs had been issued in line with Trust policy, were in date and had been signed by all forensic nurse examiners who had the responsibility of administering specific medication.

Patient records examined indicated that screening had been undertaken appropriately and that medicines had been administered in line with Trust policies.

Temperature sensitive medicines, such as PEPSE medications, were seen to be stored safely and appropriately. Records indicated that the temperature of fridges used to store medicines had been monitored daily, including weekends when staff attended the SARC. Although there was no method to remotely monitor fridge and freezer temperatures, we did examine evidence of staff maintaining those checks on a regular basis, including weekends.

Track record on safety

Records indicated that there had been a low number of reported incidents recorded for The Bridge SARC between 1st January 2023 and the time of our inspection. No recorded incidents had been made regarding harm to patients.

Are services safe?

Lessons learned and improvements

Leaders at The Bridge SARC were proactive in ensuring that lessons were learned, both at the SARC and from national events. Staff we spoke with were competent in explaining how they would report an incident, both clinical and non-clinical.

Where incidents were reported and subsequently investigated, we saw that SARC managers recorded the nature of the incident and the results of their investigations. Further to this, we also saw that, where appropriate, staff were provided with additional training, support and guidance so as to reduce the risk of similar incidents happening again.

Documentation examined, including specific risk assessments, demonstrated that leaders and staff at the SARC worked proactively to reduce any potential risks to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patient pathways had been developed to support staff in their daily interactions with patients and we saw that those pathways reflected up to date legislation and guidance, such as those from the National Institute of Clinical Excellence (NICE) and FFLM guidance.

Patient surveys and continued contact with them after visiting the SARC, ensured that needs assessed at the time of their visit were reflective of what those patients required at the time and on leaving the SARC and that their needs were met after their visit.

Staff at The Bridge SARC were provided with up-to-date guidance that had been issued by various organisations including the FFLM and British Association For Sexual Health and HIV. This meant that they worked with patients in a way that met with national guidance.

Monitoring care and treatment

Patient records were routinely reviewed by leaders at the SARC so that trends could be identified, along with ensuring that the quality of patient records were of the highest possible standard. We examined records of such audits that evidenced this practice.

Quarterly reporting to the Trust and commissioners was seen to be undertaken, and we reviewed records which indicated that those reports contained information pertaining to how the SARC measured its own compliance with indicators set by commissioners.

Records examined for 2022 and 2023 indicated that most of the requirements had been met, especially in relation to patient safety. We saw that out-of-hours staffing had been identified as an issue prior to our inspection, but that recent recruitment and adaptations of working practices had rectified this.

Effective staffing

We saw that, at the time of our inspection, there was a wide range of professionals working at The Bridge SARC. Paediatricians, forensic nurse examiners and crisis workers all complimented each other by bring a wide range of skills to the SARC.

Staffing rotas examined indicated that there were sufficient numbers of suitably trained staff on duty or on call to meet the needs of patients attending for forensic examination or care and support.

We examined evidence of training provided to newly employed staff at The Bridge SARC. This included a carefully planned, step by step mentoring system that ensured that all new staff had experienced specific training to fit their role, including forensic examination processes and an understanding of pathways in place to keep patients safe. Staff had to demonstrate by the process that they were competent in each stage before being signed off as able to work with patients unsupervised.

On completion of their probationary period, all staff members were required to remain up-to-date with mandatory training, including safeguarding adults and children. Training records were maintained centrally by the Trust with close oversight by the SARC manager to ensure that mandatory training was undertaken in a timely way.

Staff were supported by leaders at the SARC to also undertake specific non-mandatory training that they thought might benefit career progression or special interests in relation to the patient demographic of Avon and Somerset.

Are services effective?

(for example, treatment is effective)

Staff took part in both clinical and safeguarding supervision, and this was considered an important part of working processes at the SARC. Staff had to access mandatory supervision as well as taking part in additional supervision as and when required. Leaders at the SARC monitored staff supervision processes to ensure that staff took part, so as to better understand both staff and patient needs.

Co-ordinating care and treatment

Staff at The Bridge SARC took an active part in working closely with multi-agency partners to ensure that their patients were safe. This included, for example, making sure that, with appropriate consents being obtained, GPs were made aware of important information after forensic examination.

The SARC was co-located in a building with sexual health services, and we examined evidence that demonstrated that staff had liaised directly with sexual health staff to obtain guidance and so provide better care and support to their patients in a timely way.

Where safeguarding referrals had to be made to both children's and adults social care, we saw that specific pathways were in place for staff to follow so as to make a detailed and informative referral. Referrals seen were comprehensive therefore better helping social care staff in their decision making processes.

Although staff would routinely make referrals to social services, we heard that they were not routinely informed of the outcomes of those referrals. In those instances we saw that staff would contact social services staff to, where possible, obtain that information so that Bridge staff might be better informed should those patients attend the SARC at a later date.

Staff at the SARC worked closely with police partners at the point of referral and at patient handover at the SARC to ensure that they were in receipt of as much information as was possible. This helped staff to be better positioned to provide individualised care and support that better met their patient's needs.

Consent to care and treatment

All staff we spoke with at The Bridge SARC were both competent and confident in describing their understanding and the importance of patient consent. In all records examined we saw that patient consent was discussed at the earliest opportunity and further that it was re-visited throughout the patient's journey through the SARC, ensuring that, at all times, consent remained relevant, in place and could be withdrawn at any time.

Policies examined clearly demonstrated to staff how they should obtain patient consent and ensure that it was relevant to the procedures that the patient underwent, including for example; consent to medical images being taken for evidence reasons and for information to be shared with the patient's GP or other professionals.

In all records examined we saw that consent was obtained and monitored via policies that conformed with guidance as set out by professionals bodies such as the FFLM and General Medical Council (GMC).

Are services caring?

Our findings

Kindness, respect and compassion

Before our inspection, we left comment cards for patients to complete at the SARC. We received two completed comment cards, one from an adult and one from a child. Both were complimentary of the services they had received at the SARC and of the staff providing those services.

We also examined feedback comments routinely obtained by SARC staff during their interactions with patients. We noted that during the last 12 months most feedback was of a positive nature, especially in relation to the caring way that staff treated patients.

All staff who we met with during the inspection spoke with passion about their work with patients who attended the SARC following sexual assault. Individualised, tailored care for each patient was well described by all staff that we spoke with.

Where possible, staff obtained as much advance information from multi-agnecy partners such as the police before meeting with patients, so that strategies could be put in place to better meet their needs, such as when a patient had special educational needs and/or disabilities.

Involving people in decisions about care and treatment

Staff at the SARC routinely sought feedback from patients in relation to the type of care and support they required. For example, The Avon and Somerset Trauma Pathfinder project had been commissioned to improve therapeutic provision for adults living across the area who had been raped or sexually assaulted at any time in their lives. We saw that patients who had used services at The Bridge SARC had been involved in service development from the very start and that they were continually asked about how the project could be further developed to provide support following on from sexual assault.

The Bridge SARC website clearly indicated to patients what they could expect when visiting the SARC. We saw that it advised people how they would be fully involved in making their own informed decision during their time at the SARC and what form care and support could take, including for example, patients being able to bring a friend or family member along to support them if required.

Staff were able to describe to us the multi-cultural diversity of the local catchment area and how important it was that the SARC provided a fair and equitable service to all members of those different communities. Interpretors were available when required and patients religious beliefs and needs were catered to as much as possible.

Privacy and dignity

Patient records were both paper and electronic. Paper records were secured in locked cabinets and only staff with sufficient training were allowed access to electronic records. Leaders at the SARC continually monitored records security, therefore protecting patient privacy.

Recently introduced new signage at the entrance to the building clearly directed patients to the second floor where the SARC was located. This meant that patients did not have to approach reception staff on the ground floor.

At all times during their time at the SARC patients were kept informed of what was going to happen and records examined demonstrated that they were asked if they felt comfortable with the process.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

In all records examined, we saw that patients attending the Bridge SARC underwent comprehensive analysis of need which was clearly documented, both from telephone consultations and face-to-face meetings. Discussions held with patients were written in detail, along with decisions undertaken with them and appropriate consents obtained where required.

When children attended the SARC they were offered 'comfort quilts' to take away with them should they so desire. We examined positive feedback from children who had received them expressing how much they enjoyed them.

Toys provided in the paediatric post examination room were of good quality, and being easy to keep clean. Staff always kept in mind FSR guidance in maintaining forensic need carefully balanced with patient comfort and personal choices.

A wide range of onward support services were available for staff to refer patients onto, including counselling services and sexuall health advice and support.

Patient surveys had indicated that some people wanted to see a board with staff photographs and roles and responsibilities on arrival at the SARC. We saw that this was now provided with all staff identified, both male and female.

Taking account of particular needs and choices

Staff informed us that patients had, where possible, been offered the opportunity to choose the gender of clinician. However, it remained that the majority of staff at the SARC were female, although by way of positive recruitment, more males were now employed at the SARC so that, where possible and especially by appointment, male members of staff could be offered at patient request.

The Bridge SARC employed a readily accessible website that includes a range of information regarding the servies that they provide. A video also clearly explains processes at the SARC which was particularly useful to some patients. The website also explains how patients can self-refer into the service or even 'just turn up at the door' during normal office hours to receive advice and support.

Welfare packs were available for patients to use following examinations if required. These included a range of products such as shower gel, soap, toothbrushes and toothpaste. Age and gender appropriate new clothing could also be provided if necessary.

Records examined indicated that patient choices in relation to when they preferred to attend the SARC were listened to and complied with where possible. This was particularly important when considering the needs and preferences of children and young people.

In records examined we saw that documentation used was colour co-ordinated according to specific age groups, with one colour for paediatric consultations, one for young people and another colour for adults. We also saw that the information and format contained within those different documents was aimed at those specific age groups, in line with FFLM guidance.

The Bridge SARC had also implemented non-fatal strangulation proforma documentation for staff to complete where appropriate. The documentation included signs and symptoms of strangulation to better assist staff in identifying non-fatal strangulation and so report it accordingly and better support patients who had suffered such assault.

Are services responsive to people's needs?

A self help booklet had been developed in association with people who had used services at the SARC. The booklet outlined what services the Bridge SARC could provide and was aimed at both females and males of all age groups. It explained what rape and sexual assault was, what the possible signs and symptoms of such assault were, rections to experiencing rape or sexual assault and useful organisations and resources that patients might wish to access.

Timely access to services

The Bridge SARC was open 24 hours a day, seven days a week for advice, walk in examinations and referrals for both adults and children. Forensic examinations could be undertaken at any time, although examinations outside of core hours were by pre-arranged appointment.

The FFLM provide up-to-date guidance for SARCs to follow in relation to forensic examinations. In all records examined at the SARC we saw that patients were seen within timelines as set out within that guidance, helping to ensure that evidence obtained from examinations had been secured in a timely way.

We examined pathways into the service and saw that these had been shared with multi-agency partners so that, for example, GPs and police officers would know how to help the victim of sexual assault obtain care and support from staff at the SARC. Pathways seen provided clear and appropriately detailed guidance on how to enter into the service, including for those patients self-referring.

Listening and learning from concerns and complaints

We examined policies and procedures for both staff and patients alike to follow should they wish to complain about any aspect of the service. We saw that, when a complaint was made then this was appropriately investigated and a timely, detailed response sent to the complainant. We also saw that complaints were discussed at team meetings where appropriate, so that learning could be shared amongst staff members. At the time of our inspection there had been no complaints about SARC services within the previous six months.

Information leaflets were made available to patients attending the SARC about how to make a complaint should they need to. We saw that those leaflets clearly indicated how a complaint would be processed and what a complainant could expect in the way of a timely reply.

Are services well-led?

Our findings

Leadership capacity and capability

There was a clear leadership structure in place at The Bridge SARC. Operational and clinical managers held responsibility for ensuring that oversight of service provision was maintained at all times, ensuring that patients were kept safe and were provided with the best care and support possible whilst maintaining forensic responsibilities.

Leaders worked closely with multi-agnecy partners to better understand both local and national needs. They reached out to other leaders from different agencies to better educate them as to what services the SARC might offer to people across the local area. This had resulted in an increase in the number of people requesting information about the SARCs service offer and the number of patients receiving care and support there.

Commissioners we spoke with prior to undertaking the inspection of the SARC told us that The Bridge was a centre of excellence, respected by organisations even outside of the local area. The Bridge SARC leadership teams arranged training for those partners, including for example the ambulance service.

Leaders we spoke with were aware of challenges such as an increase in the number of patients receiving care and support at the SARC, but were passionate about their commitment to ensure that the best possible service would continue to be offered to meet the needs of the local population.

Vision and strategy

The Trust had well documented vision and values and we saw that FFLM accreditation was part of the SARCs ongoing vision and strategy.

Staffing had been already identified as requiring a long term strategy, and we saw that this was now in place with new staff already been employed and trained according to the SARCs mentoring protocol.

Culture

Leaders at the SARC and staff who worked there demonstrated a clear commitment to providing the best possible service to as wide a range of people across the Bristol area. Staff were aware of their responsibilities in relation to duty of candour processes and associated legislation. The duty of candour legislation ensures that providers are open and transparent with people who use their services, setting out specific requirements providers must follow when things go wrong with care and treatment.

Staff we spoke with at all levels told us that there was a genuinely open and transparent supportive culture within the service. All staff spoken with told us that leaders kept them informed of changes within the service and further that they demonstrated a passion for supporting staff in their day-to-day interactions with patients.

Governance and management

Clear and readily understood governance structures were in place at the SARC and these provided frameworks that enabled leaders to maintain oversight of services provided and trends within the SARC, such as the reasons for increased patient footfall at the service.

There were a wide range of policies in place that supported both staff members and leaders in their specific roles. We saw that most policies in use at the SARC were in date and relevant to specific roles and responsibilities.

Are services well-led?

We saw that leaders had undertaken an analysis of needs in relation to 16 year old patients and under attending the service. This highlighted a preference of this particular age group to attend the SARC at specific times of the day. In response to this, adjustments were made to staffing rotas to ensure that there were alays sufficient staff on duty or on call to meet the needs of this particular age group.

Processes for managing risks, issues and performance

The service was provided on the second floor of a shared building which had some limitations due to it's age. Work was ongoing with the Trust's estates department in relation to making changes to the fabric of the building and consideration had been given to moving to a new, purpose built building but, in discussions with patients, this was not considered a viable option as patients stated that they liked the easy access to the present SARC location on foot, by car and when using public transport.

Risks were continually monitored at the SARC, and we saw that most policies were up-to-date and relevant to what they were intended for. Where risks were identified, such as potential ligature points in both the adult and paediatric examination rooms, policies were put in place for staff to follow to help mitigate those risks.

Leaders at the SARC had a good understanding of issues that the service faced, including an increased workload as the service was better promoted. Conversations between commissioners, leaders and staff members were routinely undertaken to help manage those risks and identify any new issues in a timely and safe way.

Appropriate and accurate information

The service collated a wide range of information pertaining to, for example, the number and demographic of patients using the service, reports on general performance, staff training and the timeliness of access to services by patients.

Systems in place ensured that only the right information was shared with multi-agency partners and then only with appropriate consents being obtained. Where possible, safeguarding referrals were only made with patient consent, but this could be overridden should the nature of the concern be considered of sufficient importance.

Engagement with clients, the public, staff and external partners

Staff at the SARC continually engaged with external stakeholders, including the police, social services and other voluntary sector support agencies. This was not only so as to maintain strong multi-agency relationships, but also to better promote the SARC and the services that it could provide to the wide and culturally diverse area that it served.

Obtaining patient feedback was considered an important part of the work that practitioners undertook at the SARC. This included, for example, engaging with patients who had visited the SARC to co-produce changes to the way that services were provided. For example, patients told staff that they would like to be offered better aftercare and support on leaving the SARC and this had led to staff now offering a number of telephone contacts after the patients visit to better ensure that those patients remained safe and could be directed to the support agencies that might better meet their individual needs.

We were also informed about several training courses that had been delivered to staff who were employed by other partners and stakeholders, to support them in providing better care to patients who had suffered sexual abuse or assault.

The trust had provided opportunities for patients, families and carers to leave feedback about the care that they had received. Although feedback that we reviewed was positive about the service, this also provided an opportunity for leaders to make further improvements to the service if needed.

Continuous improvement and innovation

Are services well-led?

The Bridge SARC had won a number of awards following continued work in the community including; The Chief Constable's Angela Yeoman Award, The High Sheriff of Bristol's Criminal Justice Team Award and the crisis worker teams nomination and subsequent shortlisting for UHBW's Non-Clinical Team of the Year Award. The SARCs paediatric clinical lead was also awarded a national clinical impact award.

Managers and clinicians at the SARC routinely undertook several audits which covered key areas including; the quality of the completion of patient records, safeguarding referrals made and the administration and recording of medicines. Where required, managers would support staff by way of further training or advice and guidance.

The Trust maintained an electronic reporting system pertaining to all reported incidents, concerns and complaints. Leaders at the SARC took learning from other SARCs across the Country but were also provideding training to practitioners in similar fields from other services, including those outside of the local area.

Patient experience was considered an important part of continued service improvement. For example, patients told leaders at the SARC by way of audit that signage on entry to the shared building could be improved. As a result of this we examined new signage recently put in place that better directed patients to the SARC without the need to approach reception staff to ask for directions, thus maintaining their anonymity as to the reas for their visit.