

University Hospitals Bristol NHS Foundation Trust Central Health Clinic

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Good



Outpatients

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an inspection of the Central Health Clinic on 10 September 2014. This was part of a planned inspection of the University Hospitals Bristol NHS Foundation Trust. The Central Health Clinic operates a number of smaller clinics located within the community. These clinics operate in the same way as the Central Health Clinic and are staffed by a core team, therefore we did not inspect the smaller satellite clinics.

We found the service provided a good quality of care to people who used it.

Our key findings were as follows:

- Safeguarding procedures were in place and staff were knowledgeable regarding their responsibilities for safeguarding children and adults.
- The department was clean and tidy and infection control policies and procedures were in place and followed to ensure the safety of people who visited the department and staff who worked there.
- Care and treatment were provided in line with regional and national guidelines.
- Feedback from people who used the service was sought and the outcomes audited. Action had been taken in response to suggestions made by people who used the service.
- People's privacy, dignity and confidentiality were respected at all times.
- People who attended the service were positive in their comments about their care and treatment and all said that they would recommend the service to their friends.
- Services were available to people over six days each week and clinics were led by trained and competent staff.
- The department had a clear vision and strategy and staff were positive and proud regarding their work.
- Staff worked as part of an integrated multidisciplinary team, which had positive outcomes for patients.
- Risk management systems were in operation and identified risks were escalated appropriately within the trust.

We saw several areas of outstanding practice, including the following:

- The staff worked well as a multidisciplinary team, both internally (within the department) and with external partners and organisations, for example with Barnardo's on a project working to combat child sex exploitation and with the police in the sexual referral centre.
- The Bristol Central Health Clinic provided an integrated sexual health service that ensured easy access to services where the majority of sexual health and contraceptive needs could be met in one clinic, by health professionals who worked together collaboratively.
- The service had responded to the needs of people in the local communities for accessible clinics by providing extended opening times, a variety of locations, walk-in clinics and a facility for people to book appointments by texting from their mobile telephones.

However, there were also areas of practice where the trust needs to make improvements. The provider should:

- Ensure that patients' electronic records are consistently completed appropriately to provide full and detailed information regarding the person's care and treatment.
- Ensure that regular formal supervision and clinical supervision for staff take place in a planned way.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Why have we given this rating?

Safeguarding procedures were in place and staff were knowledgeable regarding their responsibilities for safeguarding children and adults.

The department was clean and tidy and infection control policies and procedures were in place and followed to ensure the safety of people who visited the department and staff who worked there.

Care and treatment were provided in line with regional and national guidelines.

Feedback from people who used the service was sought and the outcomes audited. Action had been taken in response to suggestions made by people who used the service.

People's privacy, dignity and confidentiality were respected at all times.

People who attended the service were positive in their comments about their care and treatment and all said that they would recommend the service to their friends. Services were available to people over six days each week and clinics were led by trained and competent staff.

The department had a clear vision and strategy and staff were positive and proud regarding their work.

Staff worked as part of an integrated multidisciplinary team, which had positive outcomes for patients.

Risk management systems were in operation and identified risks were escalated appropriately within the trust.

Good 

Central Health Clinic

Detailed findings

Services we looked at

Outpatients

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Detailed findings

Background to Central Health Clinic

The Central Health Clinic is located in Bristol City Centre and is run by the University Hospitals Bristol NHS Foundation Trust. An integrated sexual health service is provided from the Central Health Clinic and in a variety of community settings throughout the city.

The Central Health Clinic is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely at community clinics located in the local area
- Diagnostic and screening services

- Family planning
- Termination of pregnancy
- Treatment of disease, disorder or injury.

We inspected the Central Health Clinic and spoke with a number of staff who worked in the clinic as well as within the community clinics. We did not carry out inspections of the health clinics located within the wider community. This inspection was part of the trust-wide inspection of the University Hospitals Bristol NHS Foundation Trust.

Our inspection team

Our inspection team was led by:

Chair: Michael Wilson, Surrey and Sussex NHS Healthcare Trust

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team inspecting the Central Health Clinic was comprised of a CQC inspector and a specialist adviser who was a consultant in sexual health.

How we carried out this inspection

To carry out this inspection we requested documentation and data from the trust regarding the service provided. We held listening events in Bristol on 3 September 2014 where people who used the service were welcome to share their experiences with us.

We carried out an announced inspection on 10 September 2014.

During our announced inspection, we spoke with five people who were attending the clinic for care and/or treatment and 16 members of staff to seek their views.

We spent time observing how the service operated and reviewed care documentation, policies, procedures and audit data completed by the service.

Facts and data about Central Health Clinic

- Services were available to people over six days each week and clinics were held in community settings throughout the city.
- Completed surveys by people who used the service showed 100% satisfaction with the cleanliness of the waiting areas.
- We saw data providing evidence that an average of 65.15% of teenagers who attended the pregnancy advisory service met with the outreach nurses.
- Audits of completed patient satisfaction surveys showed that people were satisfied with the care they had received and would recommend the service to their friends.
- The pregnancy advisory service provided treatment within the national target of seven days from initial consultation, with most people being seen after an average wait of five days.

Detailed findings

Our ratings for this hospital







Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both accident and emergency and outpatients.

Outpatients

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

The Central Health Clinic is located in Bristol City Centre and is run by the University Hospitals Bristol NHS Foundation Trust. An integrated sexual health service is provided from the Central Health Clinic and in a variety of community settings throughout the city. The Central Health Clinic is registered to provide the following regulated activities: transport services; triage and medical advice provided remotely; diagnostic and screening services; family planning; termination of pregnancy; and treatment of disease, disorder or illness.

The Central Health Clinic is accessible by public transport and provides limited parking for people arriving by car. There were 11 consulting rooms, three rooms for discussion and a quiet room for people who required space to process information.

The services offered by the Bristol Central Health Clinic and from its 15 community-based clinics were as follows:

- Tests for sexually transmitted infections
- Standard tests for chlamydia and gonorrhoea
- Treatment for common sexually transmitted diseases including the initial treatment of genital warts
- Advice regarding tests for HIV, syphilis and hepatitis – the tests for these infections were carried out at the Bristol Central Sexual Health Clinic but not in all of the community clinics
- Contraception, including emergency contraception, implants, contraceptive pills and injections, implants and intrauterine devices
- Pregnancy tests

- Cervical smears
- Help with issues such as sexual difficulties, reproductive health, and period or menopause problems
- Referral to other services when appropriate.

The following services were provided in Bristol Central Health Clinic only:

- Support and/or treatment for men with discharge, testicular pain, urinary problems and chronic non-specific urethritis
- Sexual health advice (in person or over the phone)
- Provision of results by collection in person
- Post-exposure prophylaxis following sexual exposure to HIV
- Management of persistent problems
- Management of recurrent vaginal discharge
- A range of treatment for genital warts
- Hepatitis A and B vaccinations for those who have or will be at risk.

Specialist advice was also available for the following:

- Men who have sex with men
- Women who have sex with women
- Men and women who sell sex
- People who have been sexually assaulted (medical advice only)
- Contraception for people with other medical conditions
- Ongoing sexual and reproductive health problems.

People who used the service were able to self-refer or could be referred by their GP or another health professional.

Outpatients

There was a single point of access telephone number where advice was given on the availability of appointments, clinics and times of opening and walk-in clinics.

During this inspection, we visited the Bristol Central Health Clinic and spoke with five patients and 16 members of staff to seek their views of the services delivered. We also reviewed patient records and documentation and toured the premises. This was part of a planned inspection of the provider, University Hospitals Bristol NHS Foundation Trust.

Summary of findings

The Bristol Central Health Clinic provides a safe, effective, caring, responsive and well-led service. We found the following:

- Safeguarding procedures were in place and staff were knowledgeable regarding their responsibilities for safeguarding children and adults.
- The department was clean and tidy and infection control policies and procedures were in place and followed to ensure the safety of people who visited the department and staff who worked there.
- Care and treatment were provided in line with regional and national guidelines.
- Feedback from people who used the service was sought and the outcomes audited. Action had been taken in response to suggestions made by people who used the service.
- People's privacy, dignity and confidentiality were respected at all times.
- People who attended the service were positive in their comments about their care and treatment and all said that they would recommend the service to their friends.
- Services were available to people over six days each week and clinics were led by trained and competent staff.
- The department had a clear vision and strategy and staff were positive and proud regarding their work.
- Staff worked as part of an integrated multidisciplinary team, which had positive outcomes for patients.
- Risk management systems were in operation and identified risks were escalated appropriately within the trust.

Outpatients

Are outpatient services safe?

Good



The Bristol Central Health Clinic provided a safe service to people who attended the clinic. Staff were aware of how to report incidents, were confident about doing so, and informed us that they received feedback and that appropriate action was taken consistently. Safeguarding procedures were in place and staff were knowledgeable regarding their responsibilities for safeguarding children and adults.

The department was clean and tidy and infection control policies and procedures were in place and followed to ensure the safety of people who visited the department and staff who worked there.

Incidents

- Staff reported incidents through an electronic system used by the whole trust. We spoke with staff regarding the reporting of incidents and all staff were knowledgeable about issues they would report and how to complete the electronic reporting system.
- All staff were confident that they would receive feedback following the reporting of an incident, or had previously done so, and that action would be taken by senior staff to address the issue raised.

Cleanliness, infection control and hygiene

- The department was observed to be clean and free from clutter during our inspection.
- Cleaning schedules were in operation for both the environment and the equipment.
- Staff were provided with guidance on promoting the control of infection within policies and procedures. Training for staff regarding infection control was mandatory and updated every three years. Staff told us this, and the training matrix confirmed that training was up to date.
- We observed supplies of antibacterial hand gel throughout the department and saw staff using it regularly. Protective personal equipment (for example, disposable gloves and aprons) was available and used regularly.
- Completed surveys by people who used the service showed 100% satisfaction with the cleanliness of the waiting areas.

Environment and equipment

- Staff were protected from the risk of violence and aggression in the workplace by the provision of training on how to de-escalate certain situations and how to deal with aggression. This was provided during mandatory training. All staff carried personal alarms; we were shown these by the staff we spoke with. Staff were knowledgeable about the operation of the alarms. Call points to summon assistance were located throughout the department.
- The Central Health Clinic had identified that some equipment needed to be replaced to ensure the control of infection. For example, new chairs had been ordered for the waiting rooms and curtains in consulting rooms were to be replaced with disposable curtains.

Medicines

- Staff were provided with clear guidance regarding the trust's policies and procedures relating to medication.
- The medical staff and nurse practitioners prescribed medication for patients attending the clinics, with records maintained of the prescribed medication.
- Guidelines were in place regarding patient group directions to enable specified and trained healthcare professionals to supply and/or administer specific medicines directly to a patient without the need for a prescription, for example for the purposes of contraception.
- Clinical protocols were in place regarding the rare occasions when verbal orders of medication were made. This was to ensure the protection of both people who used the service and the staff.
- Additional and role-specific training had been provided to the appropriate staff regarding the use of certain medication, for example contraceptives and antibiotics.
- We saw that medication within the department was stored securely and appropriately. Medication that required cold storage was contained in refrigerators allocated for that purpose only and their temperatures were recorded regularly. This ensured that the medicine was stored at the correct temperature.
- Records provided an audit trail of the medication received into the department and its administration.
- The Central Health Clinic had introduced a new electronic system that recorded the prescriptions

Outpatients

provided for people attending the clinic. This system included a provision to record batch numbers of dispensed creams. However, this information had not been completed consistently.

Records

- Paper records were maintained and were stored in a secure area to ensure the person's confidentiality. Each person completed a form on arrival at the Central Health Clinic confirming their personal details and medical history.
- For people who had made an appointment and had attended the clinic previously, any relevant paperwork was prepared the day before the clinic appointment. This ensured that staff were fully informed prior to the appointment.
- A new electronic patient record system had been introduced in the two months prior to our inspection. Staff appeared confident in using the system but were in the process of learning all of its functionality. This record system was separate to the one used by the rest of the trust to ensure patient confidentiality.
- We identified inconsistencies in the completion of the electronic patient records. We reviewed five sets of electronic records from people who had attended the clinic on the day of our inspection and found that their electronic records had gaps in some areas. When we spoke with staff and four of the people who used the service, we were advised that care and treatment had been offered or provided but the record had not been completed fully: for example, no record had been made for one person to show that an HIV test had been offered and refused. We saw that the records did not consistently evidence that a chaperone had been offered and refused by the person, or that a chaperone had been accepted and was present during an intimate examination. Information relating to people's medical history and the outcomes of previous tests had not been recorded consistently. Staff told us that the person would have been asked this information and that information from previous visits could be found in paper records. We observed a number of abbreviations were used within the patient records but there was no key to identify the meaning of such abbreviations. This could potentially lead to misunderstandings by staff.

- Records were completed regarding the treatment or diagnostic tests provided on the day to each person and a forward plan of care detailed. For example, this noted whether the person was required to re-attend for further treatment or follow-up care.
- Appropriate documentation was completed by staff, in line with the Abortion Act 1967, prior to early medical terminations of pregnancy being carried out. A training session had been provided for staff in March 2014 that had outlined the legal requirements and required documentation. Additional guidance was available to staff; this had been produced by the University Hospitals Bristol NHS Foundation Trust together with a patient information leaflet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent was always sought verbally prior to any treatment or diagnostic test. This was confirmed by patients and staff.
- For specific procedures, written consent was obtained and held on the individual's records.

Safeguarding

- Staff were required to complete training in the safeguarding of adults and children. The level of this training was determined according to their job role. We saw from the training matrix that one member of staff had not completed the appropriate training, but all other staff were up to date with their training.
- Staff we spoke with were all confident and knowledgeable about the action they would take should they witness or suspect any abuse or child protection issue. We were provided with an example from a member of staff relating to occasions when they had made safeguarding referrals about a young person and about a parent who attended the clinic with young children.
- The staff at the Central Health Clinic worked collaboratively with Barnardo's against sexual exploitation (BASE) to ensure that children and young people attending the clinic were safeguarded against abuse.
- The service protected vulnerable people and children and young people through easily identifiable documentation that visually identified whether they were at a higher risk. The documentation also included additional prompts for staff to be aware of.

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Mandatory training

- All new staff were provided with an induction training package; this was carried out initially at the trust and continued into the clinic. Once staff commenced their duties at the clinic, they had the opportunity to work as a supernumerary, shadowing an experienced member of staff. Following this period of induction, any additional training required was identified and planned.
- The Central Health Clinic staff were subject to the trust's mandatory/essential training. Mandatory training began during staff members' induction and continued throughout their employment with the trust. Updates were provided to staff at an interval of between one and three years, depending on the specific training required.
- Staff had access to the trust's electronic matrix detailing when individual staff members' training needed to be updated. The training matrix for staff who worked at the Central Health Clinic was provided to us following the inspection. We saw that training was up to date, or dates were booked for staff to attend future training.
- We were told that the responsibility lay with the individual staff member to ensure they were up to date with their essential training. The manager of the unit clarified that they received notification should any member of staff not update their training.
- During our conversations with staff, they demonstrated an awareness of the required mandatory training and how the training was delivered (for example, face to face or electronically).

Assessing and responding to patient risk

- A resuscitation trolley was available in the department. This provided staff with equipment to carry out basic life support. We were told that basic life support and resuscitation training was mandatory for all staff. However, the training matrix with which we were provided showed that 11 members of staff needed to complete this or update their training. Staff told us that, should a patient collapse, they would initially alert an onsite doctor and then call 999 to summon emergency medical attention.
- The Central Health Clinic had developed pathways for ensuring that patients who required further treatment were referred promptly; for example, in an urgent situation the staff referred the person to the accident and emergency department at Bristol Royal Infirmary. We were told that staff made a verbal handover or referral prior to arranging for the patient to attend

Bristol Royal Infirmary; the patient would travel there either using their own transport or, if necessary, by ambulance. Gynaecology referrals were made in writing to the appropriate department at the hospital.

- We observed that a care pathway was in place for people attending the pregnancy advisory service who may require further care: for example, those who might present with an ectopic pregnancy that would require prompt treatment at St Michael's Hospital.
- People who were under the age of 18 and did not attend for booked appointments with the pregnancy advisory service were followed up by the outreach workers to ensure their wellbeing.

Nursing staffing

- The Central Health Clinic had identified that an additional band 7 member of staff was required. This request was currently under discussion with the trust.
- The staffing rota was managed by the lead nurse for the clinic. A total of 32 nurses were employed and these were supported by 10 bank staff. The service was covered by the permanent staff and no agency staff had been used in the past year.
- On rare occasions, due to sickness or leave, clinics had been cancelled.
- Staff were provided with training to enable them to work within the Central Health Clinic or in community clinics. This enabled the service to cover for sickness or annual leave when necessary.

Medical staffing

- Medical cover was in place at the Central Health Clinic at all times when the clinic was open. The medical cover was provided by either a consultant or a senior registrar.
- A number of the community clinics were nurse-led and therefore did not always have access to on-site medical cover. However, we were told that guidance and support were always available by telephone.
- The Central Health Clinic provided elemental teaching in sexual health as part of the University of Bristol undergraduate curriculum and therefore trainees spent time at the clinic observing the medical staff.
- The Central Health Clinic provided placements for middle grade trainee doctors as part of their specialist training. An induction training programme was provided to doctors at the start of their placement. Further training and support was provided by senior medical staff to ensure that the trainee gained competencies and skills during their placement.

Outpatients

Major incident awareness and training

- The Central Health Clinic was not included in the trust's major incident planning.
- Risk assessments had been completed by senior staff at the Central Health Clinic regarding potential risks to their service that would have a major effect on the running of the clinics, for example in the case of electricity failure. Consideration had been given to how the service would continue during such events.

Are outpatient services effective?

Not sufficient evidence to rate

Services provided by the Bristol Central Health Clinic were effective. Care and treatment were provided in line with regional and national guidelines. Feedback from people who used the service was sought and the outcomes audited. Action had been taken in response to suggestions made by people who used the service. Services were available to people over six days each week and clinics were led by trained and competent staff.

Evidence-based care and treatment

- A south-west regional group had been set up and was attended by commissioners, providers and representatives from the public health sector, academia and the voluntary sector. Staff members from the Central Health Clinic had initiated and attended these meetings, during which discussions were held regarding national standards and guidance on good services.
- Staff were provided with relevant and updated information from NICE guidelines. For example, we saw that recent guidance had been provided to staff regarding the use of specific intrauterine devices.
- Divisional guidelines were updated in line with NICE guidelines, for example on the treatment of genital warts and cervical screening.
- Department of Health guidance was accessed and incorporated into the Central Health Clinic's policies, procedures and protocols.
- Policies, procedures and protocols were developed by the trust and were available to all staff electronically. Staff confirmed that they were accessible. Staff were required to sign a document to demonstrate that they had read and understood the policies and procedures that were relevant to their role.

- The Central Health Clinic participated in national, regional and local audits. We saw documentation that identified its involvement in audits relating to herpes prevalence, epididymitis, emergency intrauterine devices and emergency contraception.
- An audit had been undertaken to analyse the teenage pregnancy database maintained by the outreach nurses who worked within the Pregnancy Advisory Service (PAS). The results from the most recent audit were provided to us and showed that everyone who used the service was followed up within 10 days of their delivery or termination by the PAS outreach nurses. Teenagers attending the PAS were not always seen by one of the outreach nurses prior to their termination due to annual leave or sickness or if the teenager attended on a non-working day (Friday). The most recent data with which we were provided was for 2013 and showed that on average 65.15% of teenagers met with the outreach nurses.

Pain relief

- We observed that during the initial telephone referral the person's pain was assessed to assist in establishing the urgency of an appointment.
- During the face-to-face assessment at the clinic, the person's pain was again assessed and advice given regarding analgesia.

Patient outcomes

- The service carried out an annual survey. The results from the most recent survey were provided to us and showed that people were satisfied with their care and would recommend the service to a friend.
- The PAS requested that every person completed a quality monitoring survey. We were provided with the results of the 183 surveys completed between April and June 2014; these showed high levels of satisfaction with the service provided.
- An audit of the wait between people attending the PAS and receiving treatment showed an average wait of five days. This was within the target of 10 days.
- The audit of the database showed that the service was effective, as a higher proportion of young people used contraception following contact with the outreach nurses.

Competent staff

- The Central Health Clinic had formed close links with the University of West England, which had previously

Outpatients

provided a foundation degree in sexually transmitted infections. A number of staff had gained this qualification but this programme was no longer available. Subsequently, partnership working had taken place with Northumbria University and all nurses from the Central Health Clinic were currently undertaking, or due to undertake, an accredited sexual health module with Northumbria. Staff made positive comments regarding the quality and usefulness of this module.

- Annual appraisals took place for staff, with records maintained to show the content of the appraisal. The trust target for staff appraisals was 85%. We saw records which demonstrated that the Central Health Clinic had completed 91.5% of its staff appraisals. The clinic employed 32 staff and five appraisals had not been completed; however, dates had been booked for these to take place.
- Training needs were discussed with each member of staff during their annual appraisal. Staff we spoke with told us that they were able to discuss training needs outside their appraisal with their line manager and were supported to attend role-specific training they were interested in completing.
- Formal supervision took place between the senior nurse and band 7 trained nurses on a monthly basis. However, we were not provided with evidence to show that formal supervision took place for other grades of staff. Staff we spoke with informed us that they met with their line managers regularly and could ask for assistance or support at any time, but they did not have formal supervision.
- Clinical supervision was in place for trained nurses and consisted of working with their colleagues and discussing competencies and practices.
- Additional role-specific training was available for staff. We were provided with written evidence demonstrating the additional training that had been completed by staff members. This included training in the insertion of intrauterine devices and implants and cervical smear tests.
- Student placements were available at the Central Health Clinic. A student induction and learning pack had been developed and provided clear instruction for students regarding their role, with particular emphasis placed on confidentiality, consent of patients and

safeguarding. A learning objective plan was included and provision made for experiences (such as chaperoning and the observation of clinical procedures) to be signed off when they had been completed.

Multidisciplinary working

- Staff worked as part of an integrated sexual health team providing people with easy access to services through a single access point.
- Marie Stopes International provided a central booking service for patients who required a termination of pregnancy. The PAS was based within the Central Health Clinic and appointments were made for this service.
- Nurses from the Central Health Clinic worked closely with Barnardo's against sexual exploitation (BASE) and provided an integrated sexual health and contraception outreach clinic within the BASE project site. BASE worked with vulnerable young people who were at risk of sexual exploitation and/or entry into sex work.
- The PAS liaised and worked closely with Child and Adolescent Mental Health Services (CAMHS), school nurses, specialist midwives for teenagers, looked-after children and counselling services.
- An outreach service was provided to a charitable organisation in Bristol that worked with women engaged in street-based commercial sex work.
- Close links had been made with the health trust in Bristol that provided treatment and care to people who were HIV positive. A nurse practitioner worked within both health trusts to provide consistency of care.
- A weekly consultant-led sexual health clinic was provided in a local male prison.
- The Bridge sexual assault referral centre was one of the first to open in south-west England and was located within the Central Health Clinic. This service provided a sexual assault support service to residents within the Bristol and Somerset areas. The service was staffed by multidisciplinary workers who provided counselling, forensic medical examinations and support, as well as follow-up care and referrals to other services.

Seven-day services

- Services were available to people at varying times and on various days across Bristol. Clinics were open every day except Sunday.
- Consultant cover was provided across the six days but intrauterine devices could not be fitted on a Saturday due to reduced clinic time.

Outpatients

Are outpatient services caring?

Good



The Central Health Clinic provided a caring service to people. People's privacy, dignity and confidentiality were respected at all times.

People who attended the service were positive in their comments about their care and treatment and all said that they would recommend the service to their friends.

Compassionate care

- The privacy and dignity of people who used the service were respected at all times. We saw that staff could lock the doors and draw curtains during intimate examinations in all of the consulting rooms.
- Chaperones were made available to support people during examinations and we saw notices in waiting areas that informed patients about this service. Staff and patients we spoke with confirmed that chaperoning took place regularly.
- We observed staff speaking with patients on the telephone and face to face within the department. We saw that they were consistently polite and respectful during their conversations. We spent time in the waiting area in front of the reception desk and found that the reception staff were discreet. We saw that people attending the clinic were asked to complete a form on arrival; this meant they did not have to give any personal information orally, which may have led to other people overhearing.
- Patients we spoke with were positive regarding their treatment. They told us that "I was not judged and felt comfortable with the nurse", the nurse and doctor on duty "provide holistic care of their patient – I was reassured they saw me as who I am", and "I [am] confident my confidentiality is respected and I like that the door is always locked to make sure no one can come in during my consultation".

Patient understanding and involvement

- The Central Health Clinic had developed a telephone advice service that enabled people to speak with a member of staff regarding their condition or any

identified symptoms and receive advice and guidance on the action to take. One person we spoke with made positive comments about the helpfulness of this service.

- There was a single telephone number for appointments. We observed the staff who were responsible on the day of our inspection for responding to these telephone calls. The staff obtained relevant details from the person and provided information and guidance regarding the availability of clinics and appointments. This ensured that people who needed to be seen urgently were provided with an appointment at the earliest opportunity. We heard the staff explain the process of attending the clinics and how the walk-in clinics operated.
- Patients we spoke with, following their appointment, told us that they had been provided with sufficient information to make informed choices regarding their treatment and/or any investigations that were carried out.

Emotional support

- The medical and nursing staff on duty during our inspection clearly identified that part of their role was to provide emotional support to people attending the clinics. We saw records completed by staff that demonstrated where such emotional support had been provided. Patients we spoke with confirmed that they were able to speak to the staff regarding their condition and treatment, they were not judged, and they were provided with support to make decisions. One patient told us that "the nurse was really helpful and lovely to talk to; I could tell them things I wouldn't talk about to anyone else".
- The service for people who had been sexually assaulted provided practical and emotional support to help people who attended.
- Nurse specialists, for example a pregnancy advisory specialist nurse, were employed by the trust to support staff and patients with specific care needs. An HIV nurse specialist worked one day a week in the department.

Outpatients

Are outpatient services responsive?

Good



The Bristol Central Health Clinic provided a responsive service for people who attended the clinic. The service was accessible to people and clinics were located in various locations and were open at different times. Systems for both making appointments and attending walk-in clinics were in operation.

Information was provided to people regarding conditions, treatment and support groups. People had reported and confirmed to us that the waiting time to see a clinician was often lengthy. The clinic was reviewing and changing its systems to address this.

Service planning and delivery to meet the needs of local people

- A single referral line provided information that enabled people to establish the most appropriate clinic to attend based on urgency and their requirements. We observed staff responding to telephone calls and saw that they were positive, friendly, compassionate, respectful and polite.
- Community clinics were located around the city to provide easy access for people.
- Feedback from people who used the service was encouraged through the use of comment cards. Changes to the service had been effected as a result of this feedback. For example, in the past, negative results from tests were not communicated to people. However, the service had responded to people's comments and all results were now texted to people when requested. Staff and people we spoke with who used the service confirmed that this was useful and saved time.
- Staff informed us of an innovative plan for a self-booking-in scheme to avoid waiting and queuing times. However, although there was space for this system to be set up in the Bristol Central Health Clinic, it had not been agreed with the trust.
- Posters were visible in the Central Health Clinic requesting people who attended the service to volunteer to join a focus group. It was planned that the

focus group initiative would drive improvements identified by people who attended the service. A number of people had expressed an interest in this project and a date was to be set for the first meeting.

Access and flow

- Walk-in clinics were available. People could either sit and wait for their appointment or reception staff provided them with a ticket so that they could leave and return at an estimated time when they would be seen. This avoided people waiting for long periods of time. People we spoke with were positive about this service.
- People attending clinics were triaged by reception staff to determine the complexity of the required treatment. This ensured that they were attended by staff who were appropriately qualified to carry out the test or treatment, for example if they required screening, an intrauterine device or test results.
- Feedback from people who used the service frequently identified lengthy waiting times. The people we spoke with on the day of our inspection told us that, although they had experienced a wait to see a doctor and/or nurse, they were satisfied with the length of time this took.
- People were able to send a text the day before they required an appointment to book a time. Those we spoke with were positive about the efficiency and confidentiality of this service.
- Text reminders were sent to people to remind them of booked appointments. This had reduced the number of people who did not attend and therefore enabled more people to be seen in the clinics.
- Waiting times were raised as a concern by all grades of staff we spoke with.

Meeting people's individual needs

- Translation services were available for people whose first language was not English. Information regarding this service was included on the back of the patient information leaflet.
- Young people had access to specific clinics that were staffed by appropriately trained and competent staff.
- Outreach workers were available to support young people who were under the age of 18 and attended the pregnancy advisory clinic. Part of their role was to provide guidance and support for starting or restarting an appropriate method of contraception. Ongoing support was provided to young people for up to six months after a termination of pregnancy.

Outpatients

- Outreach workers provided treatment and support to street workers at a specific clinic.
- The Central Health Clinic provided services specifically for gay men. Health advisers had provided outreach services in the community, for example in saunas for gay men operating in Bristol and through known public houses frequented by gay men. This provided access for people who otherwise may not have known about the services provided.
- Information leaflets were readily available throughout the clinics for people to take away with them. The leaflets provided information on conditions and treatments, including thrush, emergency contraception, HIV, syphilis, chlamydia and gonorrhoea.
- A psychosexual therapy service was available by appointment at the Central Health Clinic.
- A pregnancy advisory clinic was run at the Central Health Clinic. Bookings were made by Marie Stopes International for people to be seen at the clinic by trained, competent nurses and medical staff. The national target of treatment time within seven days was being met at the time of our inspection.
- Separate male and female waiting areas were in operation should people choose to use these. At reception a joint waiting room was available for males and females to use if they attended together.
- Information was available regarding support groups, for example the Terrence Higgins Trust, which works in communities to promote better sexual health, particularly among those groups at risk of contracting HIV and other sexually transmitted infections, and provides support for people who test positive for HIV.

Learning from complaints and concerns

- The Central Health Clinic had an identified member of staff who had responsibility for coordinating complaints investigations and associated complaints records within the department.
- People we spoke with who had attended the Central Health Clinic said that they had had no reason to complain but were confident that they would be able to speak with staff members should they have a concern in the future. A patient information leaflet was available for people attending the Central Health Clinic but it did not include information on how to make a complaint.
- Any complaints received directly to the Central Health Clinic were shared with the complaints facilitator for the

medicine division within the trust. A complaints log and records detailing each complaint and subsequent investigation and outcome were maintained electronically.

- We were shown written feedback that had been provided to people who used the service and had made a complaint.
- We saw learning that was implemented following a complaint and changes made to the practices within the Central Health Clinic. For example, the laboratory had raised an issue about being unable to carry out a diagnostic test as the clinic staff had omitted to record the person's clinical information on the sample. Additional checks had been put into place to ensure that samples were labelled correctly and that tests were followed up within two weeks to ensure the results had been returned and the person advised of the outcome.
- Informal complaints had been received by the Central Health Clinic, for example when people had raised concerns regarding the waiting time for appointments.

Are outpatient services well-led?

Good



The Bristol Central Health Clinic was well led both locally and at a divisional level. The department had a clear vision and strategy and staff were positive and proud regarding their work. Staff worked as part of an integrated multidisciplinary team, which had positive outcomes for patients.

Risk management systems were in operation and identified risks were escalated appropriately within the trust.

Vision and strategy for this service

- The vision of this service was to provide an integrated sexual health service that was accessible to all members of the community who required the service.
- Staff were positive regarding the service and all were proud to work there.
- Annual appraisals took place for every member of staff and we were told that discussions took place regarding behavioural and developmental objectives that had been based on the trust's vision and strategy.

Outpatients

Governance, risk management and quality measurement

- Regular governance meetings took place six times a year at which the operation of the Central Health Clinic was reviewed. A quarterly newsletter was produced and distributed to all staff regarding the issues discussed and outcomes from this meeting.
- Local risk registers were in place and accessible by staff who worked in the Central Health Clinic. Risks identified on the departmental risk register included the lack of backup should the electricity fail, the use of liquid nitrogen, lone working, and the lack of a replacement ultrasound machine for the Pregnancy Advisory Service (PAS), which meant that the service could not run if the ultrasound machine failed. The risk register detailed action staff were to take to reduce the potential risks identified.
- The departmental risk register informed the divisional and, according to the level of risk, the trust risk register. The divisional director ensured that risks relating to patient quality and safety were raised at trust board meetings.
- Quality and patient safety governance meetings were held each month, at trust level, with lead nurses encouraged to attend.
- The sexual assault referral centre, PAS and Central Health Clinic had separate governance and staff meetings. The multidisciplinary team working meant that all services liaised on the outcomes from their meetings that affected or included other services.

Leadership of service

- Staff were positive about the leadership of the Central Health Clinic. We were informed that the matron, lead nurse and medical lead were available and approachable.
- We heard that there was discord between the Central Health Clinic and the leadership of the trust board. Many staff attributed this to geographical distance, while others were unable to recall any visits from any of the executive team. We were told that the deputy director of the medical division visited the clinic on occasion and we met this person during our inspection.
- Quarterly management meetings were held and attended by the divisional manager, finance manager, general manager, commissioning manager and specialty manager. Feedback was provided to staff at the Central Health Clinic.

- The sexual health management group held monthly meetings. We saw from minutes of the meeting that issues discussed were recorded and actions identified. Following the meeting the risk register was updated where necessary.

Culture within the service

- We observed and were told that the staff worked well as an integrated multidisciplinary team, providing a good service to people who attended the clinics.
- Positive comments were made about colleagues by staff we spoke with and they said that they had a sense of pride about working at the Central Health Clinic. Staff told us that they felt valued by their colleagues.
- Staff were able to inform us about the importance that was placed on maintaining the confidentiality and privacy of each and every person provided with a service.

Public and staff engagement

- Comment cards were available throughout the Central Health Clinic for people to give their views of the service. There was a display board in the clinic that identified previous comments made and any action taken in response; issues included how feedback on test results was provided to people.
- Quality monitoring surveys were completed and the results audited and actioned.
- Staff received regular weekly communications from the trust by email. This included a message from the chief executive and details of any current issues within the trust. All staff were aware of this system and told us that it was useful to make them aware of developments within the trust.
- Staff told us that important information was provided to them within their monthly payslips, for example details of the new signage system in the Bristol Royal Infirmary.
- Feedback from divisional meetings was provided to staff to ensure that they were all aware of issues discussed.
- Regular staff meetings took place within services such as the PAS and sexual health services. A service development group was in operation and improvements to the service had been originated in these meetings. Examples included improving the timeliness of people's access to the service by developing pathways for training healthcare assistants so that they could assess asymptomatic people attending the clinic.

Outpatients

- 'Mystery shoppers' working for external organisations attended young people's clinics. The experiences of the mystery shoppers were collated and feedback given to the trust. Issues raised related to the environment and the treatment experienced during visits to the clinic. We saw written evidence of this feedback and the action the trust had taken in response. For example, an increased number of confidentiality posters had been displayed and magazines provided in reception areas.
- The Central Health Clinic was involved in the revision of information provided in the quarterly report used by commissioners to monitor the provision of high-quality sexual health services in the local area.
- 'Recognising Success' awards were held by the trust annually to reflect and reward staff and departments for innovative and/or effective practice. The team at the Central Health Clinic had been shortlisted for an award following its success in becoming an integrated sexual health service and for the associated positive and effective multidisciplinary team working.

Innovation, improvement and sustainability

- Accredited integrated nurse training had been developed together with Northumbria University. This training was accessible to nurses across the South West.
- The Bristol Central Health Clinic was involved in ongoing research. Examples of research included: the evaluation of a new diagnostic test for a specific sexually transmitted disease and the evaluation of a centralised system for partner notification of sexually transmitted disease within the community.
- Regular staff meetings took place within services such as the PAS and sexual health services. A service development group was in operation and improvements to the service had been originated in these meetings. Examples included: improving the timeliness of people's access to the service by developing pathways for training healthcare assistants so that they could assess asymptomatic people attending the clinic.

Outstanding practice and areas for improvement

Outstanding practice

- The staff worked well as a multidisciplinary team, both internally (within the department) and with external partners and organisations, for example with Barnardo's on a project working to combat child sex exploitation and with the police in the sexual referral centre.
- The Bristol Central Health Clinic provided an integrated sexual health service that ensured easy access to services where the majority of sexual health and contraceptive needs could be met in one clinic, by health professionals who worked together collaboratively.
- The service had responded to the needs of people in the local communities for accessible clinics by providing extended opening times, a variety of locations, walk-in clinics and a facility for people to book appointments by texting from their mobile telephones.

Areas for improvement

Action the hospital SHOULD take to improve

Electronic patient records should be completed consistently and appropriately to provide full and detailed information regarding the person's care and treatment.

The Central Health Clinic should ensure that regular formal supervision and clinical supervision take place in a planned way.