Derbyshire Community Health Services NHS Foundation Trust

RY8

Community health sexual health services

Quality Report

Derbyshire Community Health Services NHS
Foundation Trust
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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)
RY8Y8	Cavendish Hospital	Integrated Sexual Health Services, GUM Service, Sexual Health Services	SK17 6TE
RY8Y3	St Oswalds Hospital	Integrated Sexual Health Services Sexual Health Services	DE6 1DR

This report describes our judgement of the quality of care provided within this core service by Derbyshire Community Health Services 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 Derbyshire Community Health Services NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire Community Health Services NHS Foundation Trust.

Summary of findings

Ratings

Overall rating for the service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Overall we rated integrated sexual health services at this trust as requiring improvement.

Safety was rated as requires improvement. Staff did not have a full understanding of the systems and processes in place to identify and respond appropriately to the results of patients who had sexually transmitted infection screening. Staff understood and fulfilled their responsibilities to raise incidents however, internal governance processing of incidents was complicated, feedback and shared learning was not apparent and some staff were not aware of how to access the electronic system to report incidents. The service had failed to meet local targets for staff mandatory training.

We rated the effectiveness of this service as good. Services were provided in line with current best practice, with guidelines available to staff. Staff understood guidelines around consent. Most staff received appraisal.

The care provided to patients in sexual health services was good. Patients told us staff were friendly and sensitive to their needs. Young people felt included and valued as an individual. We observed receptionists talking to patients in a respectful way. Patients told us nursing staff and doctors explained clearly what options were available to them.

We found the responsiveness of sexual health services required improvement. There were no effective processes in place to manage or monitor the number of people who did not attend or did not wait to be seen. A Central Booking Service (CBS) did not have processes in place to audit flow, demand or record numbers of missed calls. There was reduced availability of emergency treatment and delays of treatment due to demand. Sharing and learning from complaints was not evident for all staff.

The leadership of sexual health services required improvement. Following the integration of the sexual health service with two local acute trusts governance systems and processes did not operate effectively, some systems to monitor performance and safety issues were not in place. Staff attendance at team and locality meetings was low. There was a lack of unity and identity of the service.

In order to make our judgement we visited 12 locations across Derby and Derbyshire. We spoke with 52 staff including consultants, specialist nurses, health care assistants, managers, administration and support staff. We observed how staff of all levels interacted with patients during various types of clinics. We spoke with 11 patients and one carer about their experiences. We examined 14 sets of patient records.

Summary of findings

Background to the service

In 2015 Derbyshire Community Health Service (DCHS) was successful in its bid to become lead provider of Integrated Sexual Health Services (ISHS) working in partnership with two local acute trusts. The new service model requires DCHS to manage services across the county whilst each acute trust continues to employ its own staff.

Sexual health services have two contracts, one with Derbyshire County Council and one with Derby City Council tendering on the local population. The geographical area covers Derby City and Derbyshire County and offers an integrated sexual health service providing a 'one stop shop' experience. Patients access all their sexual health needs either through a pre bookable appointment, drop in or book appointments via a single telephone booking line. The sexual health services are co-located with human immunodeficiency virus **(**HIV) services in both Chesterfield and Derby. Each geographical area has one main hub from which services are provided and managed. In addition there are smaller spoke or remote clinics based in health centres, doctors' surgeries and other locations in the community to provide easier access for a greater number of people.

DCHS has a hub in Chesterfield, a further one in Derby and a number of spoke clinics located across Derby and Derbyshire. These remote clinics are located to serve all areas with a population of 10,000 within a 30 minute travelling time. The service delivery model bases its wide geographical delivery around level one, two and three care. Level one includes sexual history taking, chlamydia screening, signposting to appropriate sexual health services and sexual health promotion. Level two incorporates level one services plus sexually transmitted infection (STI) testing and management. Level three incorporates level one and two services plus more complex STI management and is consultant led.

Local management teams for the Integrated Sexual Health Service (ISHS) support the north and south areas and a sexual health promotion manager covers both localities. The matron, a general manager and a clinical lead have oversight of the service.

ISHS encompasses all aspects of sexual development, psychological wellbeing and physical wellbeing throughout a person's life. This includes contraceptive services and the prevention, detection and treatment of sexually transmitted infection services provided by the trust and also targets young people aged 25 years and below.

The services at the hubs are accessible six days a week operating from 8am to 8pm in Chesterfield and 9am to 8pm in Derby during the week and during defined times on a Saturday. Appointment slots are available all day and are a mix of bookable and drop in appointments. The health promotion team works seven days a week delivering C Card (a community condom distribution service), chlamydia screening and HIV (human immunodeficiency virus) prevention services.

Our inspection team

Our inspection team was led by: Carolyn Jenkinson, Head of Hospital Inspection

Chair: Elaine Jeffers

Team Leader: Carolyn Jenkinson, Care Quality Commission

The team included CQC inspectors, inspection managers, pharmacy inspectors, an inspection planner and a variety of specialists including:

Clinical Project Manager, Non-Executive Director, Community Children's Nurses, Community Health Visitors, Dentist, Dietitian, Occupational Therapists, Physiotherapists, Paramedic, Nurse Consultants, District Nurses, Palliative Care Director, GP, Learning Disability Nurses, Specialist Nurses and a Mental Health Act Reviewer.

Summary of findings

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

We inspected this service in May 2016 as part of the comprehensive inspection programme.

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 service provider and asked other organisations to share what they knew.

We carried out an unannounced visit from 23 to 25 May 2016.

What people who use the provider say

Patients we spoke with were very positive about the care they received.

Friends and Family Test data for integrated sexual health services between September 2015 and February 2016 showed 91% to 92% of patients would recommend the service to their friends and family.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve.

- The trust must ensure incidents in Integrated Sexual Health Services (ISHS) are reported and investigated in a timely and consistent way.
- The trust must ensure learning from incidents and complaints is shared with all staff in ISHS.
- The trust must ensure that all staff working within Derbyshire Community Health Services ISHS follow the same guidance, policies and procedures in all areas.
- The trust must work towards national guidance for service provision, including return postal addresses for undelivered mail, management and follow up for patients who did not wait to be seen or did not attend appointments and monitoring of calls that are unanswered on the central booking service.

Action the provider SHOULD take to improve.

- The trust should consider maintaining the improved results system to ensure people are not at risk of harm because of results backlogs and that staff are aware of the process and their individual responsibilities within it.
- The trust should consider how to ensure staff receive level three children's safeguarding training when they return to work.

Summary of findings

- The trust should consider a consistent use of patient group directives (PGDs) in ISHS.
- The trust should review the process for staff to follow for out of range fridge temperatures in ISHS.
- The trust should consider the use of training and drills to improve understanding of major incident preparedness in ISHS.
- The trust should consider initiatives to improve the uptake of clinical supervision in ISHS.
- The trust should review audit numbers, analysis and action planning to monitor and improve patient outcomes in ISHS.
- The trust should consider an answering machine outside of opening times giving information about services including emergency contraception.
- The trust should encourage visibility of and support from managers in both the north and the south regions.
- The trust should consider how to ensure appointments offered to patients are local to them.
- The trust should consider how to improve the identity of the service with a unified workforce.

Derbyshire Community Health Services NHS Foundation Trust

Community health sexual health services

Detailed findings from this inspection

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse

We have rated this provider as requires improvement for safe because there was limited assurance about safety.

- Staff did not always receive feedback and shared learning from incidents and some staff said they could not access the Derbyshire Community Health Service (DCHS) site, reporting on their own respective systems instead. We were not assured incidents were reported correctly, processed accurately, discussed and learning shared widely.
- The service had failed to meet its targets for staff mandatory training.
- Inconsistency of Patient Group Directives (PGD's) between commissioned providers meant patients could receive variances in treatment and delivery of service.
- Comprehensive emergency lifesaving equipment was available in the hub locations. The presence of the equipment in a community setting, could lead to confusion for staff not adequately trained to use some of the equipment and mislead them regarding the trust's expectations of resuscitation.
- The monitoring of FP10 prescription pads was inconsistent and did not relate to DCHS policy guidance. Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) stated there should be an audit trail for numbered prescriptions.
- We were not assured staff had full understanding of the systems and processes in place to identify and respond appropriately to the results of patients who had sexually transmitted infection screening.
- Medicines fridge temperature monitoring was inconsistent with no documented evidence of any action taken when fridge temperatures were recorded as out of range. Staff we spoke with did not know the process to follow with out of range temperatures.
- Escalation policies were in place in the event of fire, water emergencies and computer failure. Some staff we spoke with were not aware of these policies and they had not been regularly practised.

However, we found:

Requires improvement

Are services safe?

- Premises were clean and tidy, infection prevention and control measures were in place.
- Risk based assessments were undertaken and available for staff to reference.
- Safeguarding was embedded in daily working.
- Records were clear and concise and always available.

Incident reporting, learning and improvement

- The trust had an electronic incident reporting system, which was available to staff in all the main hubs of the sexual health services and many of the remote locations.
- Most staff understood how to use the system and many staff we spoke with described how to report an incident. The trust had delivered changes in training to ensure all staff could access the trust's incident reporting system. However, some staff told us they had been reporting on their own employer's respective systems due to not being able to access the DCHS site. Managers were made aware of this and ensured all staff had DCHS access. They had also made changes to ensure incidents were reported accurately. However, at the time of our inspection we could not be assured incidents were being reported on one system.
- Managers told us information about incidents was cascaded to individuals for learning. Minutes of senior management meetings demonstrated discussions about the process of reporting incidents. Copies of team and locality meeting minutes from October 2015 to April 2016 did not demonstrate shared learning or discussion of incidents in the service.
- Staff told us they received acknowledgement of receipt of a reported incident but did not always receive feedback of incidents. In the south of the county staff could identify the top four categories of reported incidents including results, staffing, incorrect or delayed diagnosis and safeguarding. Staff from the north of the county could not identify these. We were not assured incidents were discussed or shared widely.
- Between January 2015 and December 2015, there were no never events reported for this service.
- The trust had reported one serious incident relating to sexual health services in the last two years. There was evidence of root cause analysis, an independent investigation and lessons learnt with outcomes of recommendations and an action plan for the service.
- According to patient safety data provided by the trust a total of 97 incidents were reported between January 2015 and December 2015, 35 of which were reported to the National Reporting and Learning System (NRLS) and Strategic Executive and Information System (STEIS).
- Staff told us there had been a change in responsibility for reporting incidents. As a learning opportunity, the staff responsible for the incident completed the report. Due to this we witnessed a greater understanding of incidents was required prior to reporting. Due to the changes and inconsistent process, we could not gain assurance staff captured and reported incidents.
- The Duty of Candour is a regulatory duty requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology. All staff we spoke with could demonstrate an awareness of the Duty of Candour. We observed a member of staff discussing an incorrect result with a patient and apologising for the error.
- The electronic incident reporting system was set up to trigger key Duty of Candour questions. It monitored how effectively staff completed the required steps. The Patient Safety Team measured, monitored and presented progress reports about this at monthly Governance Group meetings.
- Between April 2015 and March 2016 the integrated sexual health service collected and submitted data to Public Health England in line with the mandatory obligation required by the government. This included the Sexual and Reproductive Health Activity (SRHAD) and Genito-Urinary Medicine (GUMCADv2) data sets.

Safeguarding

- The trust had a safeguarding adults and children's team. There was a named safeguarding lead for the sexual health service. There were also sexual health nurses who had dedicated time allocated to safeguarding duties.
- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young people: roles and competences for health care staff, Intercollegiate Document sets out non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers should be trained to level two in child safeguarding. It

also states all clinical and non- clinical staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to level three in safeguarding. The staff group Sexual Health Staff require level three children's safeguarding. We found as of May 2016, out of 70 staff 63 had completed level three child safeguarding training, this meant all available staff currently working in sexual health services were trained to the required level three children's safeguarding training to ensure they were able to protect vulnerable children and young people. Plans were in place to train the remaining seven staff on their return to work.

- Staff told us they received training in child sexual exploitation (CSE), female genital mutilation (FGM) and domestic abuse as part of their level three safeguarding children's training. A number of staff described having received training on identifying child sexual exploitation (CSE) and how to escalate concerns and support patients.
- The electronic patient record contained questions related to child sexual exploitation and guidelines were available for staff to follow. There was an alert system which could be activated on the notes to enable safeguarding information to be shared to each practitioner accessing the notes.
- There was a safeguarding children's policy and sexual health services operated within the Derby and Derbyshire Safeguarding Children's Board (DSCB) framework.
- Between April 2015 and December 2015 there were approximately 1550 patients aged 16 years and younger attending the sexual health service. Hot spots of patient attendance and trends of child sexual exploitation were recorded and circulated to staff.
- We saw information for staff displayed in treatment rooms with guidance on safeguarding and details of how to contact the safeguarding lead. Staff at all locations we visited understood their responsibilities in relation to safeguarding both adults and children from abuse.
- Derby City staff told us they accessed safeguarding supervision six times per year, other staff told us they attended two or three times per year. In January 2016, the safeguarding governance group recommended the Derby City model of supervision to be available for all staff to attend six times per year. We saw a list of seven safeguarding supervision sessions available for staff to attend this year.
- The service had clear arrangements for dealing with vulnerable patients under the age of 13 years, which included making an automatic referral to safeguarding for a patient under this age. Staff described their actions in relation to a patient under the age of 13 years. We saw the procedures to follow which provided immediate protection for the child and on-going support.

Medicines

- The majority of medication administered was subject to Patient Group Directives (PGDs). PGDs outline the drugs which were commonly prescribed to patients who have identified conditions. PGD's allow nursing staff to provide medication which would normally require a doctor or nurse prescriber to write a prescription. Staff accessed PGDs electronically via the trust's intranet site. There was a competency framework denoting which staff could dispense from which PGDs. Staff from the acute trust in the south told us they accessed PGDs from their trust's site, which had differences to the DCHS approved list. These meant patients could receive variances in treatment and delivery of service.
- In some locations, nurses who had received additional training were able to prescribe drugs for patients.
- There was a medicines management and ordering, recording and security of FP10 prescriptions' policy accessible on the staff intranet.
- We saw systems were in place for the safe storage, administration and dispensing of drugs. In the south of the county, expiry dates were highlighted on all medications to improve the process. The medications we checked were within their expiry dates.
- Temperature sensitive drugs were stored appropriately and records maintained to monitor refrigeration equipment operated correctly. However, out of five fridges checked two fridge temperature recordings had inconsistent readings, some of which were out of the recommended range. For example, in February 2016 the fridge temperature was checked on eight occasions, four out of the eight checks demonstrated the fridge temperature being out of range. However, there was no documented evidence of any action taken. In April 2016, the fridge temperature was checked on 16 occasions, seven out of the 16 checks demonstrated the fridge

temperature as out of range. There was no documented evidence of any action taken. We reported this to the nurse in charge and appropriate measures were actioned. Staff we spoke with did not know the process to follow with out of range temperatures.

- FP10 prescription pads (a hand written prescription form) were stored securely with a process in place for tracking their use, however; the tracking process was not in accordance to trust policy. We found tracking was incomplete in two out of the twelve locations visited where 75% and 10% of prescriptions were unaccounted for. In one location, records were complete, although a notebook was used to track prescription numbers rather than the process outlined in the trust policy. Faculty of Sexual and Reproductive Healthcare (FSRH) service standards for sexual and reproductive healthcare state there should be an audit trail for numbered prescriptions.
- Shock boxes containing emergency drugs and airway equipment were available in all remote clinics. This was to treat anaphylaxis (an extreme and severe allergic reaction) or vasa vagal response (a faint resulting from treatment) following coil insertion or removal. All drugs were secure, in date and equipment packaged appropriately.
- Oxygen cylinders were available, in date and stored appropriately at all of the locations we visited.

Environment and equipment

- Sexual health services operated from a variety of locations which ranged from purpose built health centres, to rooms in colleges. All of the sites we visited were maintained to ensure the safety of patients, visitors and staff. However, one venue could not offer clinical procedures due to carpeted flooring. Refurbishment was underway in the southern hub site causing minimal disruption to the clinical environment.
- DCHS maintained the majority of equipment and electrical items were safety tested.
- Clinical waste bins were clearly labelled and waste segregated in line with best practice. Waste disposal notices highlighted appropriate disposal of waste. All bins were hands free pedal activated bins.
- Bariatric equipment was not available for heavier patients, however, couches in the hub locations supported up to 225kg (35 stone).
- Comprehensive emergency lifesaving equipment was available in the hub locations; however, staff were not trained to use some of the equipment. Managers assured us it was not the expectation for staff to use equipment they had not been trained for, which included cannulation and laryngeal masks (a tube that is inserted through the patient's mouth, down the windpipe which forms an airtight seal). FSRH service standards for sexual and reproductive healthcare state basic resuscitation equipment for managing the airway and administering drugs should be available and accessible in clinics, recommended emergency equipment should include a selection of needles and syringes, oxygen facemask with reservoir and tubing, a selection of different size airways and a portable ventilation mask with one-way valve. The presence of the comprehensive equipment could lead to confusion for staff regarding the trusts expectations. Daily checks of the resuscitation trolley in the hubs to ensure items were in date and ready for use in an emergency were consistent.
- In October 2015 an electronic results system was introduced in the south region. Staff told us and we saw that due to the complexities of the system they did not feel confident in using it. Staff told us they received training which included a general overview and allocation of passwords. The unfamiliarity with the system caused confusion over results management.
- Windows had frosted glass or window coverings in the consulting rooms.
- Waiting areas were predominantly a mix of females and males. Previously the south hub clinic segregated sexes but due to current refurbishment single sex waiting areas were not available.
- A water fountain was available in both hubs.
- Disabled toilets were available and accessible. A toilet with a specimen hatch through to the testing area was available promoting privacy for the patient.
- Remote clinics did not have panic buttons, however, staff attended the clinics in twos or more and were aware of the lone worker standard operating procedure.

Quality of records

- We looked at fourteen patient records. The records were accurate, clear and reflected individual needs. The allocation of a unique reference number to the patient enabled confidential delivery of services. Between 1 January 2016 and 22 February 2016, staff performed a record keeping audit on the electronic records, as a pilot for a new audit. Outcomes predominantly reflected

good standards of record keeping. We saw evidence of learning points around the recording of historical prescription of emergency contraception; however, there was no evidence of action plans within the audit.
- Electronic records were accessible through password-protected systems. Paper records relating to patients were kept in locked cabinets or locked offices separately from other hospital records. We saw evidence of staff using old paper records to confirm historic family planning treatment for a patient.
- We saw paper notes being prepared for transit contained in a locked case to go to the hub for archiving. An archiving policy was available.
- At the remote sites we visited there was provision for secure record keeping. We observed all records were stored in a secure fire proofed cabinet which was locked and only accessible by clinic staff.
- All staff had a secure email account to enable secure sending of electronic confidential data.

Cleanliness, infection control and hygiene

- All locations we visited were visibly clean. We saw evidence of cleaning schedules and observed staff cleaning the area with cleaning wipes before, during and after clinics. Environmental cleaning audits for 2014 to 2015 demonstrated between 99 and 100% compliance and between April and September 2015 audits demonstrated 97 to 100% compliance.
- Staff understood the importance of cleanliness in preventing the spread of infection. Personal protective equipment (PPE) such as disposable gloves and aprons were available in all locations. We observed the appropriate use of PPE however, the trust did not audit this, and they explained they expected staff to challenge each other to address poor practice.
- Hand washing facilities were available in all examination and treatment rooms. Alcohol gel dispensers were visible and staff were observed using these in all locations.
- We observed all staff complying with the bare below the elbows policy.
- Hand hygiene audits were completed regularly throughout the service. We saw the completed audit forms for one location we visited. They showed for November 2015, February and March 2016 100% staff compliance.
- Most remote clinics were located within larger buildings where cleaning services were managed by the host organisations. Day to day management of spillages and general tidiness was the responsibility of the trust staff.

Mandatory training

- The trust identified twelve areas of mandatory training; these included basic life support, infection prevention and control, complaints management, manual handling, fire safety and information governance. Information provided by the trust for sexual health service staff demonstrated compliance for April 2016 was 87%. This meant the trust had not met their target of 95%.
- The trust had developed online YouTube videos, these included sign language and translation services, and covered several aspects of mandatory training.
- We saw evidence of monitoring of staff competencies through the electronic staffing system.
- Sexual health service data demonstrated 72% of staff had received training around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was less than the trust target of 95%. Extra training sessions had been provided to give staff an improved awareness around MCA and DoLS.

Assessing and responding to patient risk

- Integrated sexual health services meant female and male patients could access clinics for advice, guidance and treatment for all sexual health issues from contraceptive services to treatment of sexually transmitted diseases.
- We saw a triage form for female, male and transgender patients to allocate the patient to the appropriate health professional for asymptomatic (without symptoms) and symptomatic treatment.
- We observed a member of staff using a risk based patient assessment tool embedded in the electronic template.
- There was a cervical shock, anaphylaxis and resuscitation algorithm displayed in clinic rooms which staff knew how to access.
- Staff were not able to demonstrate an effective system and process in place to identify and respond appropriately to the results of patients who had undergone sexually transmitted infection (STI) screening. There were different systems in place within the service, an electronic system in the south and a

paper based system in the north. These systems were due to be joined to one electronic system in the summer of 2016. We saw three envelopes dated February 2016, March 2016 and April 2016 containing tracking sheets related to tests or swabs taken from patients. These tests included chlamydia, syphilis, gonorrhoea, HIV (human immunodeficiency virus), urine samples, pharyngeal and rectal swabs.

- In the north there were approximately 640 results not closed down in the February 2016 envelope and 854 results from October 2015 to May 2016 on the electronic system in the south. Staff told us 'not closed down' meant the patient's episode of care had not been fully completed, there were actions still required, or a text had been sent. Staff told us there was no way of knowing if all patients had been notified of their result (positive or negative) until a member of staff opened each individual record. This was despite a procedure in use for recording results.Staff explained they were allocated time to check results, however it was difficult to clear the backlog and they would often be asked to leave allocated result action time to work clinically.
- British Association for Sexual Health and HIV (BASHH)Service Standards for comprehensive sexual health services state people receiving tests relating to STIs (sexually transmitted infections), should get their results, negative or positive, within 10 working days of having the test taken. We escalated our concerns to the trust's senior management team at the time of our inspection who assured us they would look into the concerns we raised. On our unannounced visit we did not see any improvement in the process and found there were further results requiring action. Subsequently, we met with senior managers from the trust who provided assurance that at that time, patients had received their results, confirming patient safety.However, we could not be assured staff had full understanding of the process and their individual responsibilities within it.
- Patients were at risk of harm because they may not always receive adequate care and treatment in a timely manner. BASHH service standards for comprehensive sexual health services state people should receive treatment in as short a timescale as possible. If a service is unable to provide treatment, care pathways should be in place to refer people to another service for ongoing management. Due to the lack of staff understanding we could not be assured this would be the case.
- Staff told us the new model of working to be implemented in September 2016 would increase the time and number of staff used to address results management.
- At risk and hard to reach groups such as substance misuse patients and young people were targeted through liaison with voluntary services and other bodies with the sexual health promotion team. Together they provided testing and information in community settings and encouraged engagement of these people with clinic services.
- We saw an example of a member of staff taking the opportunity to chlamydia test a group of young people who were visiting the clinic to support their friend and staff speaking with students in a local college around the importance of sexual health.
- Integrated Sexual Health Services (ISHS) delivered services such as the C-Card (a community condom distribution service) for people younger than 19 years of age.

Staffing levels and caseload

- Nurses providing clinics understood which were the busiest requiring more staff. Plans were in place to increase the size of some of these clinics however, this was reliant on staff availability.
- ISHS staff covered the majority of sickness and vacancies in most areas by working additional hours. Bank staff employed by the trust filled the remainder.
- Evidence provided by the trust demonstrated five shifts filled by agency or bank staff for sexual health services for the period 1 December 2015 to 29 February 2016.
- Currently there were no vacancies in the ISHS team. At the time of the inspection, medical staffing met the preferred staffing levels.
- Staffing figures provided by the trust demonstrated staffing was above the planned level.

Managing anticipated risks

- Staff told us they did not carry out emergency drills, however, following an emergency in a remote clinic there had been a debrief session to highlight lessons learned.
- Protocols existed at each location in respect of staff and patient safety which included lone worker risk assessment, questions to consider when lone working and chaperone systems.

Requires improvement

Are services safe?

Major incident awareness and training

- We saw a business continuity plan dated April 2016. This included risks such as loss of mains power, lighting, information technology and water failure, violence and aggression. It outlined immediate actions and responsibilities.
- Escalation policies were in place in the event of fire, water emergencies and computer failure. Staff we spoke with were not aware of these policies.

Good

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.

We have rated this service as good for effective.

- A comprehensive Derbyshire Integrated Sexual Health handbook contained British Association for Sexual Health (BASHH) standards and current evidence based practice.
- Staff followed the Faculty of sexual and Reproductive Healthcare standards when fitting coils.
- We reviewed four guidelines, they were all up-to-date, referenced and version controlled.
- Staff sought consent from patients prior to treatment and had a good knowledge of the importance of assessing Fraser Guidelines.
- The service had direct referral into the Child and Adolescent Mental Health Service (CAMHS) via a referral form on the electronic patient record system.
- Comprehensive induction packs were provided to all new staff.
- Although the trust was not meeting their own target of 95% for staff appraisals, the completion rates at the time of our inspection were 88% and improving.

However, we also found:

- Clinical supervision was poorly attended, data demonstrated from April 2015 to April 2016, 17 out of 25 nurses and three out of 14 doctors attended the recommended three sessions of clinical supervision.
- Audit plans for 2015 and 2016 demonstrated a low number of audits being completed due to challenges of the implementation phase of the integrated service. Patient outcomes were not clear and action planning for improvement was not evident.
- The southern acute trust staff accessed their respective policies and protocols, which meant there was a risk of inconsistent approach to delivery of the service.
- Undelivered clinic letters to patients did not have a return of postal address. Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) service standards for sexual and reproductive healthcare state there should be a mechanism for returning undelivered patients letters without opening them. There was not a mechanism for returning undelivered patients' letters.

Evidence based care and treatment

- The Department of Health published the Integrated Sexual Health Services National Service Specification in June 2013. This brought together contraceptive and family planning services to provide services for screening and treatment of sexually transmitted infections. The trust model of integration followed the guidance set out in the document. This was demonstrated by the hub and spoke model of clinics and the open access walk-in and appointment clinics.
- We saw guidance from the British Association for Sexual Health and HIV (BASHH) in practice to ensure pathways of care met people's needs.
- Staff follow the Faculty of Sexual and Reproductive Healthcare service standards when fitting coils.
- We reviewed four guidelines, they were all up-to-date, referenced and version controlled.
- A comprehensive Derbyshire Integrated Sexual Health Services (ISHS) handbook contained guidance including termination of pregnancy, screening policy, HIV (human immunodeficiency virus) and PEP (post exposure prophylaxis) treatment. The handbook complied with BASHH standards and current evidence based practice.
- Following the integration of the service all policies, procedures and patient group directives (PGDs) were unified to DCHS, however, the southern acute hospital staff referred to their own as stated in their contracts of employment. Managers told us they were aware and were aiming to align practice. The service did not have a time frame for the alignment of staff, but considered it a priority.

Patient outcomes

- Audit plans for 2015 and 2016 demonstrated a low number of audits were completed. The trust explained this was due to the challenge of the implementation phase of the integrated service. The completed audits included BASHH national audit on the management of 13 to 15 year old children attending sexual health services and three local audits including a documentation and emergency contraception record keeping audit. It was not clear from these audits

whether the outcomes for patients were good or not. The audit for emergency contraception for March 2016 demonstrated points to review but no action plan for improvement was evident.
- The audit plan for 2016 to 2017 proposed nine audits including consent to treatment, sexual history taking within the contraception service and chlamydia screening against service standards.
- The integrated sexual health service collected and submitted data to Public Health England in line with the mandatory obligation required by the government. This included the Sexual and Reproductive Health Activity (SRHAD) and Genito-Urinary Medicine (GUMCADv2) data sets.
- The service had a clinical lead taking responsibility for audit.

Competent staff

- The trust offered clinical supervision three times per year. Data provided by the trust for April 2015 to April 2016 indicated attendance at these sessions was poor, 17 out of 25 nurses and three out of 14 doctors received the recommended three sessions of clinical supervision.
- Data supplied by the trust for March 2016 demonstrated out of 106 staff, 90 staff had received appraisals in the last 12 months. This was 75%, which was worse than the trust target of 95%. Subsequent data for May 2016 demonstrated, 88% compliance indicating animproving picture.
- Between July 2015 and 25 April 2016, the trust employed 28 new members of staff. These equated to 19 whole time equivalent positions. Comprehensive induction packs were provided for all new staff. The packs included competency questions for nursing staff. Role specific induction was provided for administrative staff and Health Care Assistants (HCAs).
- Non-medical prescribers (nurses prescribing medicines) received detailed training resources to demonstrate and update competencies. Easy to access, up to date guidelines were available for medicine management and prescribing.
- Prior to the integration of the service, staff had specialised in either contraceptive services or genitourinary medicine (GUM). This meant staff had to retrain in order to be able to deliver advice, guidance and treatment across all aspects of sexual health. Trust data highlighted that eight members of staff held the dual qualification.
- Staff and managers highlighted that the training target of 80% of staff to be dual trained within 18 months had been too ambitious. This was due to the demands of training staff for the dual role whilst providing a service. Eight members of staff had achieved a dual qualification. We saw evidence of staff competences aligning with the Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) standard of fitting 12 coils within 12 months.
- Staff had awareness of their role and boundaries within the service. HCAs described their roles as having administrative and clinical responsibilities and felt prepared for the care they provided, however, some staff wanted further development and wished to expand their skill set.

Multi-disciplinary working and coordinated care pathways

- Co-ordinated care pathways were in place and included HIV (human immunodeficiency virus) pathway and abnormal vaginal bleeding. Referral facilities were available for Termination of Pregnancy (TOP), Child and Adolescent Mental Health Services (CAMHS) and sexual assault clients.
- As a result of multi-disciplinary working staff gave examples of pathways of care developed for vulnerable patients. One case involved a member of staff working with family nurse partnership practitioners.
- Staff had referral processes in place to request scans or x-rays and were aware of how to refer to other relevant organisations.
- The service demonstrated effective relationships with multi-agency teams within local authority funded services for young people.
- We saw staff working with school nurses to improve availability of sexual health services and increase clinic attendances.
- GPs were not informed of a patient's attendance unless the patient had an initial referral by letter or consent was given.
- Systems were in place to identify and assess risks to young people who attended clinics. Health advisors were involved when young people engaged with the service and staff worked with social services to plan pathways of care for vulnerable young people.

Referral, transfer, discharge and transition

Good

Are services effective?

- Standard referral letters were available for patients who required follow-up services such as TOP, ultrasound scan (USS) or safeguarding.
- The Integrated Sexual Health Service (ISHS) could make internal referrals for psychosexual counselling.
- Staff followed the Derbyshire Safeguarding Children's Board (DSCB) policy related to information sharing.
- The service had direct referral into the Child and Adolescent Mental Health Service (CAMHS) via a referral form on the 'inform' patient record system. Staff we spoke with were familiar with the service.

Access to information

- Staff had access to patient information through the electronic patient record system. They also accessed trust policies and procedures through the trust intranet system. We observed staff accessing this for protocols, guidelines and PGDs. However, staff from the southern acute trust accessed their own respective guidance. This did not offer a consistent approach to delivery of the service.
- Within most of the remote clinics staff could access patient records via secure portable devices. If devices were not available detailed patient testing was not performed.
- We observed staff being able to locate and access local guidance, which offered protocols for history taking, contact tracing and chlamydia screening.
- At the time of our visit, the sexual health information on a website hosted by a different organisation was not showing up to date clinic information. We informed the trust who addressed this by removing the out of date web page. This left relevant up to date internet information available to the public.
- Undelivered clinic letters to patients did not have a return of postal address. Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) service standards for sexual and reproductive healthcare state there should be a mechanism for returning undelivered patients letters without opening them. The trust did not have a mechanism for returning undelivered patients' letters.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge and Fraser guidance is used for children under 16 years who are considered to be competent to receive contraceptive advice without parental knowledge or consent. Both sets of guidance were embedded in the electronic records system to remind and prompt staff. Staff demonstrated knowledge of the guidance to ensure young people less than 16 years who declined to involve their parents or guardians in their treatment, had sufficient maturity and understanding to enable them to provide full consent.
- Local guidance was available regarding best interest decisions and assessing mental capacity.
- We saw evidence of written consent in patient notes.
- Patients told us they had been asked for verbal consent before any treatment or care had been provided.
- If it was in the patient's interest for another health care professional to be informed then his or her consent to disclosure would be sought.

Good

Are services caring?

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

We have rated this provider as good for caring. This is because we found people were supported, treated with dignity and respect and were involved as partners in their care.

- Patients we spoke with were all complimentary about the staff and told us staff were friendly and sensitive to their needs.
- Young people told us they felt included and valued as an individual. We saw evidence of staff approaching youngsters in a friendly yet professional manner to discuss sexual health promotion.
- We observed receptionists talking to patients in a respectful way.
- Friends and Family Test (FFT) results demonstrated between September 2015 and February 2016, 91% to 92% would recommend the trust's services to their friends and families.
- Patients told us nursing staff and doctors explained clearly what options were available to them.

However, we also found:

- In some locations the reception desk was open which compromised confidentiality. Patients giving their details to the reception staff could be overheard.
- There was a potential for patients' confidentiality to be breached because clinic letters did not have a return of postal address

Compassionate care

- All patients checked in to the reception desk. We observed receptionists talking with patients in a respectful way and taking care to prevent other patients overhearing conversations. London Road clinic had a designated zone for patients to stand back to encourage privacy, with glass partitions to improve confidentiality. However, in some locations the reception desk was open which compromised confidentiality. Patients giving their details to the reception staff could be overheard. In one peripheral clinic sound travelled from the office to the waiting area where staff could be overheard. Data from the trust demonstrated patient complaints relating to this. As a result of this staff closed the door when speaking with patients.
- Undelivered patient clinic letters did not have a return postal address, which meant the envelope would need opening to return to the sender. This couldcompromise a patient's confidentiality. FSRH service standards for sexual and reproductive healthcare state there should be a mechanism for returning undelivered patients letters without opening them.
- We saw evidence of staff using private areas to have conversations with patients.
- When asked, staff felt they were caring, friendly and compassionate to the needs of the patients. We saw staff accommodating patients' needs and seeing patients without appointments. This was more apparent in remote peripheral clinics.
- Many patients declined to speak with us during the inspection; however those who did were all complimentary and told us staff were friendly and sensitive to their needs.
- Sexual health staff working with young people, hard to reach and vulnerable groups appeared approachable and treated people with respect, even when behaviour was challenging. During difficult conversations staff maintained confidentiality. Young people told us they felt included and valued as an individual.
- We saw evidence of staff approaching youngsters in a friendly yet professional manner to discuss sexual health promotion.
- Health Care Assistants (HCAs) took on the allocated role of chaperone duties, guidance for this role was available in the HCA handbook. Some clinics displayed notices informing patients to the accessibility of chaperones. Staff asked patients if they required a chaperone and a patient's response was recorded in the notes.

Understanding and involvement of patients and those close to them

- Between September 2015 and February 2016, FFT results demonstrated that between 91% to 92% of patients would recommend the trust's services to their friends and families.
- The majority of patients we spoke with had attended clinics on their own, either for contraceptive advice or for screening services or advice regarding infection.

Good

Are services caring?

Patients told us nursing staff and doctors explained clearly what options were available to them. We witnessed staff involving a partner in sexual health discussions.

Emotional support

- A psychosexual counselling service was available in the north of the county. This service offered support for patients with sexual concerns. This service was one day per week with a waiting time of two months.
- The team offered emotional support and advice to young people, helping them to make safe sexual health choices. We observed a consultation where a member of staff was supportive and receptive to the patient's needs.
- Staff requested support and advice from the adolescent mental health services when required for patients.
- Patients told us staff were friendly, welcoming and approachable. A patient told us emotional support was genuine and compassionate.

Requires improvement

Are services responsive to people's needs?

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

We have rated this provider as requires improvement for responsive. This is because services do not always meet people's needs.

- There were no effective processes in place to manage or monitor numbers of people who did not attend appointments.
- There were no effective processes in place to manage or follow up people who did not wait to be seen.
- A central booking service (CBS) was accessible from 8am and 8pm Monday to Friday and 1pm until 4pm on a Saturday. We did not see evidence of processes in place to audit flow, demand or missed calls. Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) stated service providers should have a mechanism to monitor missed phone calls 9am to 5pm.
- The CBS had an answering machine outside opening hours giving information on opening times only. Faculty of Sexual and Reproductive Healthcare: Service Standards for Sexual and Reproductive Healthcare (FSRH) state an answering machine outside of opening hours should give information on opening times and services including emergency contraception.
- Waiting times were not on display for individual clinics.
- We observed patients requesting coil fittings being referred to other clinics, resulting in a delay of three weeks before the next available appointment.
- Clinic lists filled quickly which reduced availability for emergency treatments such as coil or implant problems and emergency oral contraception.
- The first available appointment for patients presenting at one hub with symptoms was seven days. This did not meet with British Association for Sexual Health (BASHH) service standards for comprehensive sexual health services which states all providers of services commissioned to manage sexually transmitted infections should provide rapid access (within two days of contacting the service).
- Sharing and learning from complaints was not evident from staff we spoke with.

However, we also found:

- Staff received training on equality and diversity. The trust had an equality and diversity policy which staff could access via the trust intranet.
- An initial interpreter system and face to face interpreters were available if required. Information leaflets were available in English and in the eight most common languages.
- The team had produced easy to read literature and diagrams on subjects including having a smear and the contraceptive pill to support people less able to understand standard literature and guidance.
- We observed flexible clinic closing times and clinics running in response to identified needs of the community.
- There was a triage system consisting of the patient completing a form on arrival to streamline flow.

Planning and delivering services which meet people's needs

- Services were designed and delivered to local communities by the use of a hub and spoke service model. The hubs acted as a base for staff and the spokes were remote clinics based within buildings run by other organisations or health providers.
- Services included contraceptive, family planning services and services for screening and treatment of sexually transmitted infections side by side. Due to local commissioning,psychosexual counselling was offered in the north of the county, and vasectomy clinics predominantly in the north with one clinic being offered in the south.Clinics for the management of heavy bleeding, offered coil fitting and contraception management in the north and contraception management in the south, in line with commissioning arrangements.
- The service worked with commissioners to plan and develop services. At the time of our inspection the service in the north received payment by results and the south delivered a block contract (an annual fee paid by commissioners in return for providing a defined range of services).
- The trust recognised the challenges due to the integration of the service; this was added to the risk register in October 2015. We saw minutes of monthly

integrated sexual health shared governance meetings with agenda items of staffing, risks to the service and safeguarding. There was a service improvement plan currently under review.

Equality and diversity

- Staff received training on equality and diversity as part of their mandatory training, which meant 87% of staff had received training. The trust had an equality and diversity policy which staff could access on the trust intranet. You Tube videos were also made providing an introduction to equality and diversity.
- An initial interpreter system and face to face interpreters were available if required. Information leaflets were available in the eight most common languages.
- There was availability of British Sign language interpreters and an audible hearing loop available in some clinics.
- Advice lines were advertised in waiting rooms to support people to seek help and support.
- Staff understood the diverse clientele who used services. Patients from diverse nationalities and of all sexual persuasions accessed the service.

Meeting the needs of people in vulnerable circumstances

- There were separate young people clinics, which offered services to patients under 25 years, and staff would direct these patients to these clinics. Patients under 18 years were automatically flagged on the electronic record system to alert staff.
- The sexual health team had produced easy to read literature and diagrams on subjects including having a smear and the contraceptive pill to support people less able to understand standard literature and guidance. A Friends and Family Test (FFT) feedback form was also available in easy to read, pictorial format.
- The service offered a number of extended appointment times for people with learning disabilities to allow more time for discussion and explanations.
- Staff referred patients requiring Termination of Pregnancy (TOP) to local TOP services. If it was a young person staff would call the TOP service to confirm they attended, however, there was no formal process to check this, and no process if young people failed to attend.
- Peripheral sexual health clinics provided walk-in services for younger people, aged 12 to 25. Support workers and occasionally a nurse attended colleges to discuss sexual health matters with young sexually active people. This included discussing the use of the C-Card scheme (a community condom distribution service).
- Sexual health nurses offered cervical smears routinely to patients who attended the substance misuse service.

Access to the right care at the right time

- The Department of Health Integrated Sexual Health Services, National Service Specification states 98% of patients should have an offer of an appointment within 48-hours (two days) of contacting the provider Data received from the trust demonstrated the average waiting time for an appointment within the Integrated Sexual Health Service (ISHS) was 1.6 days, this was in accordance with public health service guidance. However, the average time between referral received and appointment date was 10.6 days. This meant the appointments offered did not always meet people's needs where people were expected to travel distances to access appointments which were not available locally.
- The service collected information on patients who did not wait to be seen across the service. Between November 2015 and March 2016, 78 patients attended a clinic but did not wait to be seen. The service did not have a policy to follow up these patients.
- The trust was in the process of developing a Did Not Attend (DNA) management policy for ISHS's. Trust data indicated a 20% DNA rate experienced by the service. A presentation by the trust in 2013 highlighted 20% as a higher than desired DNA rate. We saw actions highlighted to manage appointments which could directly impact on reducing DNAs such as a text reminder system. At the time of our visit, this process and policy was not in use. At one clinic 11 patients were booked in but five did not attend. Staff did not appear to record this data.
- A central booking service (CBS) was accessible from 8am to 8pm, Monday to Friday and 1pm until 4pm on a Saturday. Call handlers were health care assistants and administration staff. Guidance and flow charts were available to staff for the management of calls and routine or emergency booking list guidance. Call handlers consulted with a clinician or nurse for anything out of this guidance.
- We observed the CBS to be constantly in use. We did not see evidence of processes in place to manage audit

flow, demand or missed calls. FSRH service standards for sexual and reproductive healthcare state service providers should have a mechanism to monitor missed phone calls 9am to 5pm. Patients reported spending long periods waiting to have their call answered or abandoning calls and attending a walk in service. This was a theme recorded on the service complaints register.

- The CBS had an answering machine outside of opening hours which gave information on opening times only. FSRH service standards for sexual and reproductive healthcare state an answering machine outside of opening hours should give information on opening times and services including emergency contraception. Managers told us the CBS was not delivering the service required and was currently under review.
- Staff told us there was an increase in demand for the fitting of coils and implants. We observed patients who requested coil fittings were referred to other clinics resulting in a delay of three weeks before the next available appointment.
- Current waiting times were not displayed for individual clinics however, reception staff advised patients at the time of booking. Notices did explain that waits could be up to three hours.
- We observed flexible clinic closing times and clinics running in response to identified needs of the community.
- The service offered a mixture of walk in and booked appointments in the hubs on the premise of a sit and wait process. Patients self-referred, or were referred by their doctor, or other health professionals such as school nurses, or could be the recipient of a contact slip. Clinic lists filled quickly which reduced availability for emergency treatments such as coil or implant problems and emergency oral contraception. We saw a patient requesting emergency oral contraception advised to call another clinic for treatment due to a lack of availability of emergency appointments.
- The first available appointment for patients presenting at one hub with symptoms was seven days. This did not meet with British Association for Sexual Health (BASHH) service standards for comprehensive sexual health services which states all providers of services commissioned to manage sexually transmitted infections should provide rapid access (within two days of contacting the service).
- There was a triage system that consisted of the patient completing a form on arrival; this streamlined the flow of asymptomatic and symptomatic patients.
- Peripheral clinics offered a walk in service to accommodate the local population.

Learning from complaints and concerns

- The trusts Eight Caring Always promises were displayed at all sites, and were used as the basis of every response to a complaint. Some staff demonstrated awareness of this initiative but this was inconsistent.
- Between 20 April 2015 and 21 September 2015, sexual health services received a total of six complaints. All the complaints were either upheld or partially up-held by the trust.
- Complaints management was included as part of mandatory training. This meant 87% of staff had received training in complaints management.
- Staff told us they welcomed feedback from complaints to allow them to develop and improve the service however staff did not feel a part of this. On reviewing locality meeting minutes learning from complaints was not evident, however, these featured on the senior staff meeting minutes but it was unclear how this information was communicated to all staff.
- Staff understood how to support people who wished to make complaints. All staff described the desire to provide patients with the best experience they could. Staff gave out feedback forms to patients to comment on the service. Staff told us they would attempt to resolve complaints locally but would refer to a manager and the patient experience team for guidance and support.
- Information was displayed in the clinics about how patients and their representatives could complain.

Requires improvement

Are services well-led?

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

We have rated this service as requiring improvement for well led. This is because we found leadership, governance and culture did not always support the delivery of high quality person-centred care.

- Governance systems and processes did not operate effectively, some systems to monitor performance and safety issues were not in place.
- Following the integration of the service staff raised concerns about the visibility of managers within the service area. Some staff told us following the integration they did not know who their manager was.
- Attendance at team and locality meetings was low.
- There was inaccurate internal coding of clinical activity leading to a potential under or over payment to the service.
- There was a lack of unity and identity of the service.

However, we also found that:

- Staff were aware of and understood the trust-wide vision
- We saw effective public engagement.

Service vision and strategy

- The trust vision and strategy was visible at all locations we visited. Staff knew about the trust vision and values and all staff we spoke with could tell us about the Derbyshire Community Health Service (DCHS) way. Staff gave examples of how the DCHS way influenced their role, for example putting patients first and improving communication to provide a quality service.
- Staff we spoke with had an awareness of the service aim to provide an integrated one stop service to all areas of Derbyshire and Derby City.
- We saw evidence of workforce modelling prior to the development of a new model of service provision. The new model was to involve staff in the implementation, which was due to commence in August 2016.
- The trust told us there was not a non-executive director with responsibility for sexual health services.

Governance, risk management and quality measurement

- Despite the management of results featuring on the risk register, on initial inspection, the service did not appear to have a long term aim to prevent a further backlog. The pressures of developing the integrated service and combining three staff groups (from different trusts) appeared to make risk management disjointed with minimal staff involvement.
- Managers told us they were aware of the results backlog and were addressing it with dedicated hours for results management, new staff and training. However, staff told us the allocated time for results management was used for clinical duties.
- Further contact from the trust provided a sample audit and action plans to confirm that there was not a backlog, the situation would be monitored with improved staffing levels and increased time allocated to results management.
- During discussions with senior managers they told us the management of local level risks across the service was with the clinical lead for the service.
- Managers attended divisional governance meetings every monthand held Integrated Sexual Health Governance group meetings attended by senior staff from the southern acute trust, Derby Community Health Service (DCHS) clinical leads, managers and specialists. Copies of the meeting minutes demonstrated details of a clinical audit plan, risks for the service and safeguarding. Staff we spoke with knew of governance arrangements but had minimal involvement. One staff member told us how she was part of the shared governance meetings but could not commit to regular attendance due to work commitments but enjoyed her experience.
- Prior to our inspection, we reviewed incident data provided by the trust, which demonstrated inconsistencies in the number of incidents reported. We asked the trust who described several processes and reviews of internal incident management. The current internal incident management did not give assurance of accurate reporting related to all incidents. Shared learning was not evident to all staff.
- There was inaccurate internal coding of clinical activity leading to a potential of under or overpayment. We

Requires improvement

Are services well-led?

reviewed four patient records two of which coded incorrectly resulting in a potential incorrect payment or no payment at all. Staff told us coding was complicated and had not received training, only a few staff knew how to code correctly.

- Whilst there were systems in place which assisted managers to monitor the quality of service provided, we saw there were areas where governance was lacking. There were a number of concerns identified service managers were not aware of or not taking action to mitigate risks. For example non-medical staff appraisals were below the trust target of 95% and low attendance of the trusts recommended three annual clinical supervision sessions.

Leadership of this service

- Having identified a lack of inclusiveness and unity a year after commencing integration, leaders had implemented Getting it Right meetings to increase staff engagement. Staff told us this resulted in daily staff huddles to help with allocation of roles and plan the work load for the day. We saw evidence of this from a daily huddle sheet displayed in the staff room.
- The newly appointed clinical lead for integrated sexual health services had been proactive in developing changes in the service. In only one month, they had developed an understanding of the demands through staff engagement.
- Following the integration of the service respective employers managed their own staff, which led to complicated management of staff groups.
- Communication to the wider workforce regarding staff recruitment and retention took the form of a standing item on the team meeting agenda. However, from January 2016 to April 2016 between four and five members of staff out of 108 attended this meeting. The mechanism for sharing the information from this meeting was not robust. Staff we spoke with told us they were aware of people leaving but unaware of recruitment.
- Managers felt supported by the executive team and their own management team.
- Clinical staff raised concerns about the visibility of managers within the service area. Some staff told us following the integration they did not know who their manager was. In one locality, there was a lack of understanding of the day-to-day running of the service and who took responsibility of this. This was evident when medical staff sickness was not addressed until the time of the first appointment.
- Staff spoke of raising concerns and changes happening as a result. An example of this was the allocation of extended appointment times for complex cases.
- Managers told us they are aware of the results backlog and when requested provided a breakdown of a percentage of the results. Action plans were developed for long term management of results. The medical director assured us there was no risk to the patients.
- There was leadership training for all staff with line management responsibilities with on-going dates for training advertised.
- Staff in the south knew the matron of the service, however, in the north some staff were not aware of the function of this role.

Culture within this service

- All staff were committed to providing a great service for patients despite the continuing challenges of the integrated service model. Staff knew the vision of a one stop shop was the best service and continued to work towards achieving this.
- Staff took pride in their work and were proud of their colleagues and teams.
- The teamwork across all areas of the service was good. All staff worked together and helped each other. We saw staff working on phased return from maternity leave being supported in remote clinics by colleagues. Support staff worked together to provide signpost clinics in the absence of qualified staff.
- There was a lack of unity and identity of the service which was re-enforced by staff wearing uniforms from their respective employers. Some managers referred to staff as the GUM (genito urinary medicine), this group of staff were employed by the acute trusts. Despite the challenges of staff from several trusts working side by side in different uniforms staff gave the impression of one service.
- Staff understood and took responsibility for each other. Staff we spoke with had an awareness of the trust lone worker standard operating procedure. For example, working in numbers of two or more when attending peripheral clinics.

Public engagement

Requires improvement

Are services well-led?

- The trust sought feedback from patients using the compliments, comments, concerns and complaints form. We saw these displayed in public areas.
- We saw evidence of service user engagement questionnaires. Detailed feedback was reported between November 2015 and December 2015. The service made changes following the feedback, which included the design of the web page, promoting service delivery of clinics and increasing accessibility for people with learning disabilities.
- The service was proud of the patient involvement in the development of their website. The user group had been active in the development of the informative interactive site.
- The trust had a Patient Engagement and Experience Group (PEEG) who had a standing item on the agenda of the Quality Service committee. Some of the topics discussed were complaints regarding wheelchair services, learning lessons and shared learning. There was no specific mention of the involvement of sexual health services patient groups.

Staff engagement

- Staff received a weekly blog from the Chief Executive and most staff told us of a staff forum to voice their views. Staff told us of a weekly email sent by a senior manager to up-date them. We saw evidence of this which included patient experience information, the Derbyshire five year plan, staff recognition and a governance bulletin. Staff spoke positively of this, however, felt this challenging to read due to the large amount of information contained within it.
- We saw evidence of a monthly sexual health team forum meeting discussing improving the flow of communication. There was poor representation from the wider workforce; four out of six attendees were managers.
- The trust had a staff health, wellbeing and safety group which some staff knew about.
- The trust staff surveys for sexual health services demonstrated in August 2015 less than 70% of staff felt involved in what happens in their team, department or the trust.
- Some staff we spoke with had an awareness of the Quality People Committee whose objective was to ensure recruitment of quality people by the trust.
- Patient feedback from friends and family was communicated to staff via email and hand written cards. This highlighted positive feedback and areas for improvement.
- We saw evidence from minutes of a locality meeting in which staff discussed subjects such as mandatory and essential learning, sample labelling, results management and daily handovers. Managers told us staff received payment to attend in their own time. There was poor attendance evidenced, some staff told us they were unable to attend these meetings due to clinical duties and the time of the meetings.
- During the service transition staff did not feel engaged, supported, able to voice their opinions or listened to. The leadership team acknowledged this and arranged an integrated sexual health team event. Following this the culture appeared to improve, staff we spoke with told us it was a really positive day and appreciated the honesty and candid approach of the leadership team. However, some staff told us they felt undervalued and not listened to by management and felt they were 'plugging the gaps at the moment'.
- Managers told us how proud they were of the staff and the way they had developed their roles.
- Staff spoke positively of the recent appointment of a medical clinical lead within the service.
- Staff told us of learning from another trust where they shared their experiences of becoming an integrated service which staff found helpful and reassuring.
- DCHS had a Compassion and Culture Plan 2015 to 2016 in relation to supporting staff. The trust states that where staff feel supported and well engaged and where the culture of an organisation gives priority to explicit values, patients are more likely to report their care was delivered with compassion.

Innovation, improvement and sustainability

- The trust were revising their service model to promote sustainability of the service.
- The sexual health service was provided within clearly defined commissioning requirements resulting in a reduced opportunity for innovation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1) Systems or processes must be established and operated effectively How the regulation was not being met: Not all staff working within integrated sexual health services (ISHS) followed the same guidance, policies and procedures in all areas. Regulation 17(2)(a)(f) Systems or processes must enable the provider to assess, monitor and improve the quality and safety of services provided How the regulation was not being met: Incidents in integrated sexual health services (ISHS) were not always reported and investigated in a timely and consistent way. The provider did not ensure learning from incidents and complaints was shared with all staff in integrated sexual health services (ISHS). The provider did not manage or follow up patients who did not wait to be seen or did not attend, monitor unanswered calls on the central booking service or provide return postal addresses for undelivered mail.