






# Central London Community Healthcare NHS Trust

## Inspection report

Central London Community Healthcare NHS Trust  
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## Ratings

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Our findings

## Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Overall summary

### What we found

#### Overall trust

Central London Community Healthcare (CLCH) NHS Trust was established 1 November 2010. It is one of only two NHS trusts in London that specialises in delivering out-of-hospital community-based NHS services. CLCH provides community and inpatient services to over 2.8 million people across London and Hertfordshire. CLCH delivers integrated sexual health services along with a sexual health charity, pathology services and online sexual health service.

We last inspected the sexual health services in 2015 as part of the children and young person core service inspection. It has not been rated before as a community health service.

As part of this inspection we visited Falcon Road and Patrick Doody Clinics in the South West London service. We also visited the Hertfordshire service's Watford clinic and interviewed staff from the Stevenage clinic.

We completed this inspection to review how the trust had implemented improvements following an incident regarding Intrauterine device (IUD) removal that led to a perforated bowel in 2021. We found that the service implemented improvements and staff were very aware of learning arising from the incident. We rated this core service as good for each key question and overall.

#### Overall summary

This core service has not previously been rated. We rated it as good because:

- This was a comprehensive inspection of sexual health services in Central London Community Healthcare NHS Trust. We completed this inspection to review how the trust had implemented improvements following an incident involving an intrauterine device (IUD) removal that led to a perforated bowel in 2021. We found that the service had implemented improvements and staff were very aware of learning arising from the incident.

# Our findings

- The mandatory training was comprehensive and met the needs of patients and staff. Staff completed mandatory training in key skills. Staff had training in and understood how to protect patients from abuse. Staff completed required competencies. Clinical staff we spoke with had a good understanding of their role and professional responsibilities.
- Patients gave overwhelmingly positive feedback about their interactions with staff. During the inspection we observed staff in clinics, and they demonstrated exceptional compassion and kindness towards patients. They articulated the treatment patients needed well with a clear and very detailed understanding of the individual needs of patients. Staff treated patients with consideration and respected their privacy and dignity.
- Staff felt the trust recognised the efforts they made to contribute to services with staff awards.
- Patient records were comprehensive. Patient notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way. For example, we saw staff consistently recorded evidence of risk management plans and safeguarding concerns.
- We saw positive developments in the service such as ‘Chat to Pat’ and text message advice line. There was a focus on continuous learning and improvement through projects including addressing issues raised by patients. Staff used quality improvement methods very effectively to make improvements in care and the quality of service provided to patients.

However:

- Staff expressed concern about the culture in the South West London service. Some staff felt that they did not feel safe to raise concerns about senior clinical leadership without retribution. Some staff did not feel respected, supported, and valued. Concerns were raised but not limited to bullying, racism, homophobia, and cronyism. An external investigation had been commissioned and the report of findings and recommendations was due at the end of November 2023.
- Some patients felt that communication could be improved especially about how long they would be waiting when they attended the walk in clinics. Some patients said they were waiting over the recommended 40 minutes to see a clinician. The trust had a project underway to address keeping patients updated on waiting times when attending clinic appointments.
- Some patients we spoke to expressed concern about missing test results. There had been incidents reported of the processing of laboratory requests not being completed; lost samples; not receiving test results and delayed results. The trust had added the outsourced laboratory diagnostic service to their risk register for close monitoring. The service had introduced a sexual health sample and results standard operating procedure to strengthen this processes.
- Staff in Hertfordshire and South West London services felt that communication from senior leadership needed improvement. Some staff felt there was no meaningful engagement with staff, especially when introducing changes or processes in the sexual health service.
- Some staff felt they could not easily access the trust’s sub-contracted human resources (HR) department and get timely responses to issues which needed to be addressed. This included errors with on boarding processes and payroll queries not being sorted. Some staff we spoke to felt this had affected the recruitment of health advisor assistants and medical staff in the Watford team, which in turn placed additional pressure on the team.

## What people who use the service say

# Our findings

We spoke with 18 patients and received 5 comments cards from patients that had used sexual health services.

Patients we spoke to stated that they found that the service provided quick results, staff were nice, caring, and professional. The staff made people feel at ease throughout the whole process. The reception staff were said to be particularly caring and understanding. Patients felt happy that they could get same day appointments and easily contact the clinics when they needed to. Staff listened very well and took the time to understand the problem. However, some felt there were times when it is difficult to get through to someone as phone lines were busy. Some felt that communication could be improved. At times results were missing and 6 of 18 patients said there were long waiting times for an appointment.

## Use of resources

Our inspection teams comprised of 3 CQC inspectors; 1 CQC senior sector specialist; 1 specialist advisor with expertise in sexual health and 1 expert by experience.

To fully understand the experience of people who use services, we asked the following questions of this provider:

Is it safe?

Is it responsive?

Is it caring?

Is it effective?

Is it well led?

Before the inspection visit, we reviewed information that we held about the core service.

During the inspection visit, the inspection team:

- spoke with 21 staff members including the clinical service manager, health advisors, health advisor assistants administrative staff, administration lead, medical secretary, consultants, and safeguarding lead.
- spoke to 18 patients who used the service
- received 5 feedback cards from patients who used the service
- received 1 written feedback from nursing staff
- conducted a tour of the service environments
- reviewed 11 incident records
- reviewed 35 patient care records
- observed 1 team meeting
- observed 2 clinic appointments
- looked at a range of policies, procedures and documents related to the services we visited.

# Our findings

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### SHOULD

- The trust should ensure that it continues to address the concerns raised by staff around bullying, harassment, abuse and discrimination from some colleagues and team leaders in the South West London service. They should also work to improve engagement between front line staff and senior leaders.
- The trust should ensure HR procedures enable teams to recruit staff and respond to staff queries in a timely manner.
- The trust should continue their work to ensure patients using all their clinics are kept updated on how long they will need to wait.
- The trust should continue to ensure that patients receive accurate and timely test results from the laboratories contracted to deliver this service.

## Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Feb 2024	Good ↔ Feb 2024	Good ↔ Feb 2024	Good ↔ Feb 2024	Good ↔ Feb 2024	Good Jun 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good	Good	Good	Good	Good	Good
Overall trust	Good →← Feb 2024	Good →← Feb 2024	Good →← Feb 2024	Good →← Feb 2024	Good →← Feb 2024	Good Jun 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Requires improvement Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020
Community health services for adults	Requires improvement Dec 2022	Good Feb 2018	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Dec 2022
Community health inpatient services	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community urgent care service	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Community end of life care	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community dental services	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Community health sexual health services	Good Feb 2024	Good Feb 2024	Good Feb 2024	Good Feb 2024	Good Feb 2024	Good Feb 2024
Overall	Good	Good	Good	Good	Good	Good

Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health sexual health services

Good 

## Is the service safe?

Good 

Safe has not previously been rated. We rated it as Good.

### Mandatory Training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed mandatory training in key skills. Training records confirmed that staff were up-to-date with training. The completion rate for mandatory training was 99.47% in Hertfordshire and 96.73% in South West London service was 96.73% which was above the trust target of 95%. Mandatory training subjects included preventing radicalisation, NHS conflict resolution, fire safety and equality and diversity and human rights.

Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff understood how to protect adults, children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff received training in safeguarding adults and children. At the time of inspection, clinical staff demonstrated 100% compliance with safeguarding children and young people level 3, children vulnerable to abuse and exploitation, looked after children, safeguarding adults' level two and three. Administrative staff also completed safeguarding training and attended safeguarding supervision at 100% completion rate. Staff we spoke to demonstrated effective understanding of their responsibilities in relation to safeguarding and were confident in making safeguarding referrals.

The service had separate safeguarding policies that covered young people and adults. The service had a draft Safeguarding Standard Operating Procedure (SOP) for children under 13 presenting to the service without a parent or parental consent. CLCH sexual health services are not commissioned to see children under 13 years. Some staff told us that they were waiting to hear whether the SOP had been ratified. The trust stated that this was due to be ratified in November 2023.

The provider had a designated safeguarding officer who provided safeguarding support and guidance to staff. The safeguarding officer monitored all safeguarding referrals via a safeguarding case management risk log.

The service used an alert system during the registration process to flag up patients at risk of abuse or exploitation.



# Community health sexual health services

Clinical staff had access to monthly safeguarding supervision which was delivered by the service's dedicated safeguarding advisor/named nurse. Staff told us this was a safe, open forum to be able to discuss clinical issues, areas for development and seek support and guidance. Administration staff could attend the meetings to discuss any concerns. Staff had additional support from a Professional Nurse Advocate (PNA) to reflect on safeguarding cases.

Information about safeguarding was shared with others who needed to know, in a timely way. Staff recorded safeguarding concerns clearly and concisely. Staff could consistently and readily access pertinent patient information in a timely way.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up to date and demonstrated that the environment was regularly cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff kept equipment and the premises visibly clean.

Staff followed infection control procedures to keep children and young people safe. All staff had undertaken infection control training level 1 and 2. The examination couch and equipment were cleaned in between appointments. Disposable gloves, aprons, masks and sanitizing liquid gel was available in the clinic room. Staff kept cleaning records for each examination room used.

The lead infection control nurse completed audits to ensure that appropriate standards of cleanliness and infection control. Staff completed infection prevention and control environmental audits with action plans included. Watford clinic had the most recent audit in October 2023, the South West London service's clinics last audit was in March 2023.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**

The service had enough suitable equipment to help staff to care safely for patients. Staff carried out routine safety checks of specialist equipment. All medical devices and equipment had been routinely tested and calibrated. However, one blood pressure machine in Falcon Road clinic had a due date of January 2022; this was promptly removed from the clinic room staff during the inspection.

Staff had access to alarms in reception and in clinic rooms in the event of an emergency.

Staff carried out daily safety checks of specialist equipment and kept records.

The service had suitable facilities to meet the needs of patients' families. Step free access to clinics. Staff made arrangements for autistic people who needed a quiet waiting area.

# Community health sexual health services

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Staff did regular risk assessments of the care environment and recorded these. Weekly fire tests and fire drills had been carried out.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

We reviewed 35 records in the service.

The service had comprehensive and effective risk management arrangements in place.

Patient records were comprehensive. Patient notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way. For example, we saw staff consistently recorded evidence of risk assessments and risk management.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff documented discussion of pain relief and options available for patients.

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with others with the patient's consent. Staff followed national guidelines on discussing and sharing information with a patient's sexual partners.

Staff knew about and dealt with any specific risk issues. Staff clearly recorded risks regarding domestic violence or unhealthy relationships, and blood borne virus risks. Records flagged any child protection concerns and past child sexual exploitation.

**Clinical staff we spoke with had a good understanding of their role and professional responsibilities and acted without delay where they believed that there were risks to patients' safety by raising and escalating concerns and supporting each other.**

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, staff felt they could not obtain timely responses from the human resources department when needed.**

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe.

# Community health sexual health services

The staff vacancy rate in Hertfordshire in October 2023 was 10.7% and, in the South West London service 13.0%. The service had ongoing recruitment process in place. The service had staff on long term sickness absence. Some staff we spoke to felt there were insufficient numbers of health advisor assistants in the Watford clinic to support clinics.

The staff turnover rate in Hertfordshire in October 2023 was 8.4% and London South West Sexual Health was 9.8% This was below that Trust turnover target of 10%. These were rolling 12 month turnover rates.

Staff we spoke to felt human resource (HR) processes needed improvement. Staff felt they could not get hold of the HR department for timely responses. Staff said they could not get a response, or these were often delayed; had errors with on boarding process and payroll queries were not always addressed. For example, staff told us there had been interest in some of the roles advertised in Hertfordshire clinics, but HR responses had been slow and that has caused people not to pursue their interest in a role. We shared these concerns with senior managers during the inspection. Some managers felt there were no issues relating to the concerns staff raised and some stated that HR may have struggled due to a high turnover of HR staff meaning there could not be consistent support.

## Medical staffing

The service had enough medical staff to keep patients safe.

The service had a good skill mix of medical staff and reviewed this regularly. The service had consultants with the necessary range of knowledge and experience to provide care and treatment to patients. For example, the Stevenage team had a contraception lead who provided additional training in contraception.

Some staff we spoke to felt that there has not been sufficient recruitment to fill gaps when doctors had left the service, or the number of clinical sessions provided had been reduced. At times doctors needed to cover for less experienced doctors from other locations in Hertfordshire placing adding pressure on the medical team. South West London service medical staff vacancy rate was 0.9 whole time equivalent (WTE) and Hertfordshire was 0.1 WTE.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

We reviewed records for 35 patients. The service used electronic records. Patient records were comprehensive; notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way.

Staff kept records were clear, up-to-date, stored securely and easily available to all staff providing care. Records were stored securely.

Records were accurate, holistic and contained full details of patient appointments. All records we reviewed during the inspection included full assessments. Staff always recorded details of the chaperones during patient appointments.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed best practice when storing, dispensing, and recording the use of medicines in line with national guidance. Staff regularly reviewed the effects of medicines on each patient's physical health.

# Community health sexual health services

Staff completed medicines records accurately and kept them up-to-date.

The team safely stored and stocked emergency medicines. Review of stock medicines showed that medicines held on the premises were within the expiry date and the trust pharmacist supported staff to ensure that medicines were stored securely and audited. Staff undertook a safe and secure handling of medicines audit.

South West London service teams had 3 non-medical prescribers (NMPs) and in Hertfordshire there were 6 NMPs who had access to specific supervision for their role. They attended the non-medical prescriber forum. The forum discussed various topics such as medicines optimisation group updates, alerts from the central alerting system (CAS), lessons from incidents, learning from FP10 prescription audits that looked at prescriptions and other learning to improve practice. Staff had updates through a medicines management newsletter. NMPs had access to dedicated learning annually.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

There had been 3 serious incidents in the past 12 months. These 3 incidents were in Hertfordshire: when an intrauterine device (IUD) was removed from a patient it was found that further IUD had not been removed by the service; a suspected uterine perforation when fitting intrauterine system (IUS) and an error made in processing contributed to a delay in the diagnosis and treatment of syphilis.

Staff were very aware of learning arising from the incident regarding IUD removal that led to a perforated bowel in 2021. The service implemented improvements such as an IUD fitter's forum to ensure staff remained up to date and shared best practice; quarterly records audit of IUD cases and staff competencies based on Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit (FSRH) Standards and Guidance were up to date.

The Hatfield clinic in Hertfordshire conducted a syphilis audit to identify any missing cases. There were no cases of missed diagnosis found.

The service used an electronic incident reporting system. We reviewed 11 incident records. Most incidents we reviewed concerned the laboratory diagnostic service used by the sexual health service. These concerns included lab processing requests not being completed; lost samples; not receiving test results and delayed results. Some patients we spoke to expressed concern about missing results. Some staff told us that senior leadership were not initially engaged with them about their concerns about the laboratory diagnostic service and the added pressure to workloads from chasing results. The trust was closely monitoring and meeting regularly with the subcontracted diagnostic service.

Senior staff reviewed incident reports for themes, discussed them at heads of department meetings and shared in individual team meetings every month. The trust had added concerns with the performance of the laboratory diagnostic service to their risk register for close monitoring. The service had introduced a sexual health sample and results standard operating procedure to strengthen sample and results management this process.

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Teams also held a safety huddle twice a day where incidents could be shared. The service displayed incident learning summaries called 7 minutes learning for quick updates.

# Community health sexual health services

When things went wrong, staff apologised and gave patients honest information about what had happened and suitable support. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. When incidents had occurred that affected patients, the service had been open and transparent with patients, and taken the necessary action in response.

## Is the service effective?

Good 

**Effective has not previously been rated. We rated it as Good.**

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.**

Sexual health clinics provided routine contraception and sexual health testing, treatment and advice. Another NHS sexual health service provided the HIV service and staff could refer to online contraception, STI testing, diagnosis and treatment.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

**Staff were clear about what they could and could not do to help patients with sexual health issues and there were clear eligibility criteria. Patients could complete online self-referral form or contact the single point of access (SPA) for advice.**

**Treatment pathways were based on clinical guidelines and policies and procedures on national good practice and recommendations such as those provided by the National Institute for Health and Care Excellence (NICE) guidelines, British Association of Sexual Health and HIV (BASHH) and the FSRH.**

All clinical staff had training, clinical supervision and appraisal to ensure that they were confident and had the right skill set to treat patients with sexual health issues.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

Staff discussed pain relief options for those receiving long-acting reversible contraception in accordance with NICE guidelines and FSRH Clinical Guideline: Intrauterine contraception (March 2023).

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time to support the delivery of sexual health care. The service produced performance reports, which were reported to service commissioners.

# Community health sexual health services

The service had an audit schedule to improve service delivery. The clinical governance lead led on audits which included infection and prevention control, environmental audit, record audits, medicines audit and IUD records audit.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified, and had the right specialist skills and knowledge to meet the needs of patients with the range of specialist skills required to meet the needs of patients. The team staffed with health advisors, healthcare assistants, nurses, consultants, and psychosexual therapists.

Managers made sure staff received any specialist training for their role. Training records we reviewed showed staff received a range of relevant training for their role including IUD fitting, contraception, Subdermal Contraceptive Implant (SDI) fitter/remover, British Association of Sexual Health and HIV (BASHH) advanced sexually transmitted infection foundation (STIF) course and microscopy.

Managers gave all new staff a full induction tailored to their role before they started work. The induction included a corporate induction, a sexual and reproductive health specific induction, health and wellbeing resource package, mandatory and role-specific training, and competencies in key areas.

Managers supported staff to develop through yearly, constructive appraisals of their work. The completion rate for appraisals was 87.4% in the Hertfordshire service and 88.4% in the South West London service. Staff had access to group supervision.

A clinical manager in Hertfordshire had completed training and development review with an action plan to upskill staff with additional training. A review date for the development review was set for December 2023. For example, gaps in genitourinary medicine (GUM) knowledge were identified for health advisors, and they were encouraged to complete Society of Sexual Health Advisors (SSHA) competencies and motivational interviewing.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed 2 months of nurses' meetings minutes that included discussions on a range of topics including staffing, training, incidents, audit outcomes, new equipment, and laboratory results concerns. However, meetings in Falcon Road clinic did not have a standard agenda.

The clinical educators supported the learning and development needs of staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Managers provided all staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. We reviewed both appraisal and supervision records and all staff had received an annual appraisal and supervision.

# Community health sexual health services

Feedback from staff during the inspection was universally positive about the input of health care advisors delivering care across the sexual health service. A health care advisor in the Stevenage team had been nominated as staff member of the year for their work.

## Multidisciplinary working

**All staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

During our inspection we spoke with staff from different teams. Staff we spoke to described good peer support working relationships across teams.

Patients had their care pathway reviewed by relevant consultants.

Staff made referrals to other agencies when necessary. Staff worked closely with sexual health charities locally and nationally.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Staff had completed making every contact count (MECC) training Level 1 and Level 2. MECC is a public health training helps with understanding factors that impact on a person's health and wellbeing and supports people to make healthier choices.

Staff in South West London service had been recognised by the trust and given an internal award for promoting public health and tackling inequalities. For example, providing reusable sanitary ware for people who are homeless.

Teams had effective working relationships with teams outside the organisation for example, local authority social services and GPs, Healthwatch to help reduce health inequalities.

Health advisors worked closely with other local healthcare providers to offer advice and guidance to at risk groups of people that needed sexual health treatment.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff obtained consent from patients before carrying out any treatment. Staff were clear about consent and their responsibilities in relation to capacity and consent. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

# Community health sexual health services

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

## Is the service caring?

Good 

**Good has not previously been rated. We rated it as Good.**

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

There was a strong, visible person-centred culture. Patient feedback about their care, treatment and support from staff was positive. Patients gave overwhelmingly positive feedback about their interactions with staff. They told us that staff were caring, respectful and supportive. All the staff we met showed real commitment in exploring ways to meet patient needs within the service. Staff talked about valuing people, respecting their rights to make decisions, and being inclusive.

During the inspection we observed staff during clinics, and they demonstrated exceptional compassion and kindness towards patients. They clearly articulated the treatment patients were receiving with a very detailed understanding of the individual needs of patients. Staff treated patients with respect for their privacy and dignity.

Patients we spoke to felt reception staff were welcoming, caring, and understanding, giving updates on their appointments as needed to ease anxiety about waiting.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Staff displayed a great deal of passion for their work.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they related to care needs.

### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients felt that staff were sensitive when communicating difficult news about their health and providing follow-up support.



# Community health sexual health services

## Understanding and involvement of patients and those close to them

**Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. However, some patients felt that communication could be improved, at times results were missing and there were long waiting times when attending an appointment.**

Some patients felt that communication could be improved, and there were long waiting times when attending an appointment. The target for waiting times for an appointment were 40 minutes, patient gave examples of waiting for over 90 minutes to be seen. We shared patients concerns about appointment waiting times with the leadership during the inspection. We were informed that informing patients of waiting times had been identified as development area and a project on improving communication aids in reception areas to inform patient of waiting times was being led by one of the clinic leads. Waiting times varied depending on staffing and time it took to attend to each patient needs.

Some patients told us that at times at times test results were missing. Staff were also making additional checks on results due to problems with a laboratory contracted to provide results. However, some patients we spoke to stated that they found that the service provided quick results, and staff were nice, caring, and professional. They said staff made people feel at ease throughout the whole process. The reception staff were particularly caring and understanding. Patients felt happy that they could get same day appointments and easily contact the clinics when they need to. Staff listen very well and take the time to understand the problem.

Patients told us they were fully involved in the process of planning their treatment. Staff always took steps to make sure that patients were supported to communicate their individual needs and preferences effectively. Their views were reflected in care records.

Staff talked with patients in a way they could understand, using communication aids where necessary. Staff identified whether patients had any accessibility needs at first contact. Staff had access to and used interpreting services including British Sign Language interpreters (BSL). Staff had successfully led a project for provision of a specialised clinic with sign language interpreters led by a clinician proficient in BSL.

Patients and their families could give feedback on the service. For example, patients had raised complaints about how dirty toilets in the Falcon Road clinic were during busy periods. The service responded by adding additional cleaning sessions during the busy periods to keep toilets clean.

Staff talked with patients and partners, and carers in a way they could understand.

Patients had the opportunity to complete friends and family tests at every visit. This was an ongoing process.

## Is the service responsive?

Good 

Responsive has not previously been rated. We rated responsive as good.

## Service planning and delivery to meet the needs of the local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

# Community health sexual health services

Facilities and premises were appropriate for the services being delivered.

The service provided a range of sexual health and contraception services. They provided health promotion materials to the local community LGBT+ Pride initiatives. Outreach services were contracted to a voluntary sector organisation. This included engaging with young people, older people, the LGBT+ community, and men who have sex with men. The Hertfordshire sexual health services service ran a clinic specifically focused on the sexual health and wellbeing of the LGBT+ community called Clinic U on alternate Thursdays from Stevenage and Watford clinics.

The service had systems to help care for patients in need of additional support or specialist intervention. The service referred patients to another trust for ongoing HIV treatment and support.

Staff also provided information about online sexual and reproductive health services for sexual transmitted infection (STI) testing, diagnosis and treatment, oral contraception, emergency contraception and specialist remote clinical support. The service provided remote clinical support by text or phone.

Managers monitored and took action to minimise missed appointments. Staff made contact with patients who did not attend appointments. Staff monitored when patients needed to make follow up appointments and proactively contacted patients when needed.

Staff ran a results line. The South West London service results line was opened for 3 hours Monday to Friday. The results line also offered support and sign posting to other services.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The South West London service were developing deaf and hard to hear clinics for those with hearing impairments, which were due to commence in February 2024. Staff who worked to set up and run this clinic were recognised with an award by the trust.

The service had displayed information leaflets in English language only in all locations. There were no leaflets available for patients that did not speak English in the diverse communities they served. Staff told us they could access leaflets in other languages if needed. The trust website had links to easy read information on sexual health on their website.

The service was restarting patient representatives' meetings so that patients could feedback and discuss how the service could better meet the needs of local people.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff and patients could access a telephone interpreting service when necessary, and interpreting service for patients who used BSL.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

Clinics offered STI testing and treatment; contraception and signposting to services that offered relationship, domestic violence and sexual assault support.

# Community health sexual health services

Clinics offered walk-in services. The South West London service sexual health service held walk in clinics at Falcon Road clinic. Hertfordshire held walk-in clinics at the Watford and Stevenage clinics. Walk-in in slots were dependent on the number of appointment slots, skill mix and workforce. Patients that were turned away from a walk-in clinic in Hertfordshire were initially asked to self-triage so that staff could identify their reason for attendance.

All services kept turn away data for patient who had been turned away from the service when the walk in service had reached capacity. Managers used turn away data to monitor and improve access to the service. For example, Hertfordshire planned to increase the capacity of walk-in services from 4 December 2023 in Watford, Stevenage and Hatfield.

In Hertfordshire, patients could use the sexual health online screening service to book an STI testing or treatment appointment. In Hertfordshire, all new implant and IUD procedures had an initial telephone consultation with a member of staff. In South West London, all new implant and IUD procedures were completed through an online triage process.

The service had high risk criteria for those that contacted the service. The criteria included patients who were under 18, had experienced sexual assault, pregnancy, and post exposure prophylaxis (PEP). If any patients who were deemed high risk were identified, staff made an appointment. Patients who did not meet that criteria were provided with other options for booking an appointment or accessing other primary care services.

The Hertfordshire service ran a young person walk in for people 21 years old and under.

The service had introduced a chat bot called 'Chat to Pat'. The chat bot was an artificial intelligence programme that simulates human conversations to answer queries. Patients could access sexual health information at any time and book appointments online. The chat bot were routinely promoted on the trust's social media page. The service also offered a text message advice line for people under 21 in Hertfordshire. Staff could respond to text message queries that had been made by patients.

When patients had their appointments cancelled for any reason, managers made sure they were rearranged as soon as possible.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients we spoke to knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. Staff provided patients with complaints leaflets. Patients could leave complaints in suggestion boxes in reception. The information displayed in clinics included details of the parliamentary and health ombudsman and local advocacy services.

Staff at the Watford clinic in Hertfordshire actively sought feedback. We reviewed 9 feedback forms received for the month of September 2023. All spoke of the kindness and professionalism of staff at the Watford clinic in Hertfordshire.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

# Community health sexual health services

Managers shared feedback from complaints with staff and learning was used to improve the service. Patients had complained about waiting times from the walk-in clinics. Managers had started a quality improvement (QI) project to improve waiting areas.

## Is the service well-led?

Good 

Well-Led has not previously been rated. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. However, staff felt communication from senior leadership needed improvement.**

Managers had the skills, knowledge and experience to perform their roles.

Managers had a good understanding of the services they managed. They could explain clearly how the teams worked to provide high quality care. Managers we spoke to gave a review of the teams strengths, examples of improvements that had been made, and concerns that arisen in the past 12 months.

Managers discussed development opportunities that were available for staff in appraisals and supervision. An organisational development programme in South West London service had been implemented following staff listening events and staff survey results.

Staff we spoke to in Hertfordshire and South West London services felt that communication from senior leadership needed improvement. Staff felt there was little meaningful engagement with staff when concerns arose and when introducing changes or processes in the sexual health service.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

The vision of the trust was to provide great care closer to home. Teams attended outreach events to highlight to local communities the existence of the service. For example, staff met in equality and diversity liaison meetings monthly to explore ways to provide access for refugees and encourage engagement. Managers and staff understood the vision and strategy and knew how to apply them and monitor progress.

### Culture

**Staff did not always feel respected, supported, and valued. Some staff in the South West London service felt that they could not always raise concerns without fear of retribution. Patients felt there was an open culture and they could contact the service without fear. The service promoted equality and diversity in daily work and provided opportunities for career development.**

# Community health sexual health services

Systems were not embedded to ensure the desired culture in the South West London service. Most staff we spoke to raised concerns about the culture in South West London service; including those that did not believe they were directly affected by the concerns raised. Some staff we spoke to in the South West London service did not feel safe to raise concerns about the senior clinical leadership. Staff had raised an anonymous complaint in 2022. Some staff felt raising concerns could result in disciplinary processes or micromanagement which could be difficult to challenge fairly through trust HR processes. Some staff told us that concerns were raised about the clinical leadership included but were not limited to bullying, racism, homophobia, and cronyism. Some staff gave examples where they felt they witnessed and/or were subjected to inappropriate comments from senior clinical nursing leadership about their physical appearance. Some staff from ethnic minority groups felt often overlooked and dismissed; workplace adjustment and flexible working arrangement requests based on physical health and disabilities were reported to be denied as staff were perceived as not understanding HR processes and desiring long weekends. Some staff felt that managers did not always value the experience and qualifications of some staff held in South West London service, preferring less experienced white colleagues. Some staff felt that clinical nursing leadership was difficult to challenge as they felt an effort was being made internally by senior leadership in the Trust to safeguard the reputation of senior clinical leadership team at the expense of staff wellbeing. Some staff were unsure if these concerns had been shared with the trust board and committees.

We raised concerns during the inspection with the directors of the service. We were informed that there had been staff listening sessions in March and April 2023 following reports about discrimination and unequal treatment in the service. An external investigation had been commissioned by the directors, and a report of findings and recommendations was due at the end of November 2023. We were informed during the inspection that these concerns raised by staff may be shared with a trust board committee after the external investigation has been concluded but this had not yet been confirmed. Senior leaders felt that there may be a lack of understanding of HR processes by some staff regarding flexible working arrangements therefore perceiving situations differently.

There had been additional training put in place for managers to access such as human resources business partners teams providing learning sessions to promote and educate managers on the different options for flexible working. Part of the response to the concerns raised by staff was a weekly meeting where staff discussed a topic of their choice. We observed one meeting where staff chose respect and culture and discussed a case study. Managers reported that a team charter was to be introduced but staff fed back that they had not heard about the team charter before. Additional training for staff was made available such as psychological safety and active bystander.

However, some staff said leaders were visible, friendly, and approachable. The trust had received an award in 2023 from a LGBTQ charity as a leading LGBTQ employer. Patients felt there was an open culture, and they could contact the service without fear. Staff felt the trust recognised the efforts they made in contribution to services with awards.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The provider had structures, systems and processes in place to provide assurance and deliver the provider's key programmes.

There was a clear framework of what must be discussed at team or directorate level to ensure that essential information, such as learning from incidents, compliments, staff training and complaints, was shared and discussed.

# Community health sexual health services

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The outcome of these audits was shared with staff during team meetings and at a business meeting. Any concerns identified from audits were also shared in supervision with staff.

Managers maintained management information, which showed trends and risks in the service.

Senior leaders discuss vacancies and recruitment in monthly recruitment and retention meetings with divisional leads. This was fed back to the trust Clinical Workforce Group. The trust had implemented initiatives to reduce the staff turnover rate for example, a monthly programme of meet the directors for new starters; exit interviews being undertaken for leavers to identify any themes; stay conversations every 6 months and career clinics led by the divisional director of nursing and therapies or deputy chief nurse.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The service had a risk register that included specific risks that affected the service. Actions and mitigation to address these risks was included in the risk register, and these were regularly reviewed. Risks were subdivided by categories, each risk was given a description and rated with a weighted score and owned by a member of staff. Each risk had clear mitigating actions and contingency measures in place.

The laboratory diagnostic services contracted by the trust were being monitored on the risk register due to sample and result errors that led to some delays to patient treatment and patient partner notification. The trust had served an improvement notice to the laboratory company. Regular higher level meetings between the laboratory diagnostic services were now taking place to review the remedial plan that had been put in place. The trust was engaging staff for feedback on the performance of the laboratory diagnostic service.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and make improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Staff had access to the equipment and information technology needed to do their work. The sexual health service used systems to collect data from teams were not over-burdensome for frontline staff. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

Information governance systems and staff training included confidentiality of patient records.

The team managers had access to information to support them with their management role. For example, training data, staffing, complaints, and incidents. We reviewed team meeting minutes that showed that staff were discussing key performance indicators in their team meetings.

# Community health sexual health services

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Patients had opportunities to give feedback on the service they received. Feedback was overwhelmingly positive for all locations.

Staff completed a staff survey. The staff survey action plan was a standing item on each directorate's workforce committee agenda and teams were encouraged to include it in their team meetings.

Senior leadership shared a divisional newsletter. Contents of the newsletter included learning and development opportunities, Healthwatch Hertfordshire survey results and transformation updates.

Staff we spoke to felt that the trust was good at recognising good work.

The service worked closely with Healthwatch Hertfordshire to engage residents. The chief executive of Healthwatch told us Healthwatch conducted a survey of Hertfordshire residents aged 18 and over in partnership with Hertfordshire County Council; to explore people's knowledge and awareness of STIs, access to tests and treatments. The information from the survey was used to enhance local sexual health provision to ensure all residents could access testing and treatment as needed. We were told that the survey questions were shared with the trust who were very supportive of the work, and keen to act on the feedback received.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

NHS trusts are able to participate in a number of accreditation schemes whereby the services they provide are reviewed and a decision is made whether or not to award the service with an accreditation. A service will be accredited if they are able to demonstrate that they meet a certain standard of best practice in the given area. An accreditation usually carries an end date (or review date) whereby the service will need to be re-assessed to continue to be accredited.

No accreditations were awarded for the sexual health service at the time of the inspection.

Staff used quality improvement (QI) methods very effectively to make improvements in care and the quality of service provided to patients and carers.

A team consultant led a QI project called 'why do women have coils removed?'; 'genital warts and treatments – developing a flow chart'; 'Are we vaccinating for Hep B appropriately?'; QI projects were presented at team meetings. QI project resulted in a presentation at a British Association of Sexual Health and HIV (BASHH) conference.

The trust reported that South West London service team consultant led on QI projects undertaken by all grades of staff.