

Bridgewater Community Healthcare NHS Foundation Trust

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Community health (sexual health services)

Quality Report

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Date of inspection visit: 31 May – 3 June 2016
Date of publication: 06/02/2017

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)
	Bevan House		

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We found the overall rating for Community Sexual Health Services as good because:

- We found good processes in place to reduce the risk of abuse and avoidable harm in the services and teams. The service showed us that training was on offer so that teams could identify concerns regarding adult abuse or child abuse.
- We found that good systems were in place to report and record concerns about patients who were treated by the service.
- We found a good incident reporting culture where staff were clear on what to report, who they should report to and where incidents were reflected on.
- In our interviews, staff generally felt that they did make a difference in people's lives and they saw themselves as effective in their jobs.
- The staff showed empathy and concern for people they treated and were caring and compassionate and treated patients with dignity and respect.
- All clinical and patient areas were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection.
- The staff including managers and clinicians told us that their services were safe and took pride in their own professionalism and ability to make decisions about risk
- Managers were visible in services and showed leadership.
- Managers and clinicians had put governance systems in place which managed risk effectively.
- There was an interpreter service available for patients whose first language was not English.

- Patients consented to treatment and were informed about their treatment and were actively involved in decisions about their care, which included choices about date of appointments.
- The service had flexible opening times to cater for its population and also good dispersal of satellite services for easy access.
- The service had created good multi-agency relationships which matched the holistic needs of patients.
- The service followed British Association for Sexual Health and HIV (BASHH) Guidance.
- Service provision includes genitourinary medicine (GUM), sexual and reproductive integrated health services.

However,

- The service had faced issues maintaining adequate staffing numbers.
- The Trafford Integrated Sexual Health Service was in the process of being tendered as part of a bigger tendering procurement exercise across Greater Manchester when we inspected the service. The new tender will incorporate Trafford, Tameside and Stockport. The Trafford Sexual health service had lost a number of its staff due to uncertainty regarding future employment. Vacant posts were being left vacant as part of the restructuring process for procurement. Managers had worked with staff collectively to identify how they could reduce the impact of staff reductions until the procurement process was completed. The re-commissioned service had a specification that significantly reduced the budget.

Summary of findings

Background to the service

Bridgwater Community NHS Trust provides sexual health community services across two boroughs which include Trafford and Warrington.

Public health outcomes are the main focus for its teams, particularly reducing teenage pregnancy, chlamydia screening and genitourinary medicine (GUM). However, specific reporting targets for services differ, dependant on commissioning area.

The two teams provide integrated genitourinary medicine (GUM) and sexual and reproductive health.

Trafford Integrated Sexual Health Service provides sexual health services to both adults and young people

In Warrington the Centre for Sexual Health is an integrated service. The centre also provides sexual health services to both adults and young people.

The services are open access and appointments are available from numerous community sites across the boroughs. The sites include one main clinic bases in each area, where core services are undertaken and satellite's services which provide access across differing communities and delivery sites such as youth cafes, college sites and GP practices.

The services provided included testing and treatment as well as information on sexual health. Each area provides advice on contraceptive methods, testing and treatment for sexually transmitted infection including HIV, free condoms and pregnancy tests and have referral clinics for psycho-sexual counselling.

The clinic services are supported by clinical outreach services which also provide sexual health promotion and training.

Our inspection team

The service was inspected by a Community Nurse and an Inspector.

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of Bridgwater Community NHS Trust

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 31st June 2016.

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?

Summary of findings

Good practice

- The service in Warrington used mystery shoppers to ensure they were delivering services that met individuals' needs. The young mystery shoppers were able to provide guidance on filling in the gaps in service provision.
- The service used relevant social media sites to promote its services. Teams used Facebook and had a twitter account which enabled it to provide information on service provision and interact with the public.

Areas for improvement

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

The provider **SHOULD**

- The service only had one registered trust compliment in the year before our inspection.
- The trust service had no standardised way of giving clinical supervision targets or rates. It should review clinical supervision rates in both its services with a view to standardising reporting.
- A clinical audit on Safe and Secure Handling of Medicines was conducted in June 2015, which was not completed by sexual health services. No date for a follow on audit or outcome of non compliance was evident. The service should engage in an audit on Safe and Secure Handling of Medicines providing an expected audit date and outcomes.
- The service should review open access policies in its clinics and assess the “ebb and flow” of patients in line with staffing needs. The review might assist in the time management of patients.

Bridgewater Community Healthcare NHS Foundation Trust

Community health (sexual health services)

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- We found good processes in place to reduce the risk of abuse and avoidable harm in the service and teams. The service showed us that training was on offer and compliance rates were high, which enabled teams to identify concerns regarding adult abuse or child abuse.
- Incidents were low and reported on a central basis. The service reported 36 incidents from January 2015 to December 2015. The incidents were not of a serious nature. The highest number of incidents related to medication and vaccines issues with a total of eight.
- The staff understood what incident reporting was and how to access the system.
- Incidents were proactively reported, lessons were learnt and documented.

- The service senior managers acknowledged that staffing had been problematic because of a forthcoming tender in Trafford but were working with staff to ensure safe staffing levels until procurement processes had been completed.
- We saw a positive staffing group who felt their teams work was safe.
- Medicines were appropriately managed.
- Clinic areas were visibly clean and equipment was well maintained.
- Infection control policies were in place and systems were in place to protect patients and staff.
- Records were clear and concise.
- Staff followed best practice guidance when assessing and responding to patients' needs.

However,

- Trafford was going through a procurement process and had a significantly high rate of staff turn over.

Are services safe?

- A clinical audit on safe and secure handling of medicines was conducted by the trust in June 2015. The service was listed as a participant but did not conduct the audit, providing a nil return. No date for a follow on audit of the service was registered.

Incident reporting, learning and improvement

- Staff used an electronic system to monitor incidents. The system is used by a number of healthcare trusts on a national basis. The system records incidents and feeds them into the trust management system.
- There were governance meetings that included discussion regarding incidents. Managers regularly met to review risks and incidents.
- Managers had produced a risk register which showed the level of risk and had put safety features in place to ensure the risk was reduced or eliminated.
- There were no never events or serious incidents logged in community sexual health services.
- Staff were aware of the incidents system, they were able to describe and demonstrate how to report incidents such as safeguarding using the system.
- Staff told us they felt able to tell managers about potential risk or concerns and were encouraged to report incidents or risks if and when one occurred.
- We found 36 reported Incidents from January 2015 to December 2015 and none were deemed as serious. We found the largest percentage of incidents eight related to medication errors. There was no pattern to the incidents which had occurred in this time period.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Duty of candour was understood by staff we spoke with and the trust had a policy which was accessible on its electronic hub.

Safeguarding

- There were trust wide safeguarding policies and procedures in place, which staff in the service adhered to and understood.
- Safeguarding was discussed as part of a wider governance structure within the service.

- Level three safeguarding children's training was a core requirement for the services staff.
- Training records show that as of 30 April 2016, Bridgewater's community sexual health services had 42 of its 44 staff compliant in their level three safeguarding children's training, which equates to a 95.65% completion rate. The trust target for compliance was 85%.
- The service was able to give examples of the types of safeguarding concerns they had faced, how they were reported and also showed us positive outcomes in the protection of adults and children.
- The staff told us they received feedback from safeguarding concerns from social care and other partners.
- The service evidenced a multi-agency approach to dealing with concerns including sharing information with other services i.e. multi agency panels and social care teams.
- Training levels were monitored by the trust and reported on its integrated performance reports.
- Arrangements were in place for assessing patient needs and providing individuals with support through access to early help within the local authority. The help reduced the likelihood of safeguarding concerns escalating.
- Staff used assessment processes which were based on BASHH (British Association for Sexual Health and HIV) for assessment, which prompted staff to discuss and record safeguarding issues. The guidance is developed on a national basis in conjunction with a wide range of experts to promote excellence in the treatment of sexual health and HIV.
- Staff had access to safeguarding supervision when required. Arrangements were in place to safeguard and refer victims of sexual assault in accordance with BASHH guidance.
- The services had a pathway in place for Child Sexual Exploitation (CSE) and sat on multi agency partnerships which targeted the issues.
- Arrangements were in place to safeguard and refer victims of Female Genital Mutilation (FGM) in accordance with BASHH guidance.
- The service undertook Partner Notification. Partner Notification is the process of providing access to treatment or information to the partners of patients who have been at risk of infection due to sexual contact with the patient.

Are services safe?

Medicines

- Medicines were stored correctly and locked up safely.
- The trust had a medicines and vaccines incidents register, which included recommendations for reducing the likelihood of further incidents.
- In the period April 2015 to April 2016, the service had 13 incidents, 8 were insignificant, 2 were minor and 3 were near misses. The 3 near misses were caused by lack of delivery of medication from pharmacy and did not cause immediate patient risk or harm.
- Standard Operating Procedures provide a guide to staff on patient treatment based on legal and national best practice. Standard Operating Procedures (SOP's) were available to be used by the sexual health team, i.e. a policy on safe and secure handling of medicines. The procedures were developed by the medicines management team.
- A clinical audit on safe and secure handling of medicines was conducted in June 2015; however it was not completed by sexual health services.

Environment and equipment

- The clinic rooms and reception area were clean and airy and well decorated and furnished.
- Decontamination processes and standard operating procedures were in place to ensure that if any areas were contaminated by blood spills or bodily fluids, staff could clean affected areas and make the area fit for purpose.
- Appropriate arrangements were in place for managing waste.
- The waiting area was spacious and enabled administrators and staff to have private discussion. The services also had confidential interview and clinic rooms which enabled staff and patients to have private discussion.
- All equipment conformed to the relevant safety standards and items were regularly serviced maintained and were clean.
- All needles and swabs and packs were within their usage date.
- All electronic equipment was sound and portable appliance testing (PAT) had been undertaken and items were clean.

Quality of records

- We saw that paper based notes were held securely and electronic notes were accessed by password.
- The service used specialised software for the assessment and treatment of genitourinary medicine (GUM) and sexual health patients, which followed British Association for Sexual Health and HIV (BASHH) Guidance.
- We examined four sets of electronic records. The intervention period in sexual health records are usually of a short duration, however the electronic notes were clear and concise and showed assessment information, case work and care planning processes were evident.
- The notes showed consent.
- The electronic record were based on a stand-alone system as required British Association for Sexual Health and HIV (BASHH) Guidance.

Cleanliness, infection control and hygiene

- We visited three treatment and clinic rooms and areas that we visited were visibly clean with furniture and, clinical equipment well maintained.
- There were sinks in the clinic rooms and hand gel was available in dispensing machines.
- Yellow sharps bins were stored appropriately and were labelled and closed when not in use.
- Decontamination processes and standard operating procedures were in place to ensure that if any areas were contaminated by blood spills or bodily fluids, staff could clean affected areas and make the area fit for purpose.
- The staff had access to appropriate personal protective equipment, such as gloves and aprons.
- Appropriate arrangements were in place for managing clinical waste and handling clinical specimens.
- There were trust-wide policies in place for infection control and hand hygiene which were in date at the time of the inspection.
- Staff told us how they could access trust policies from the intranet hub and were aware that policies existed on infection control.
- The trust has recently undertaken a yearly audit of infection, prevention and control measures in a number of its services. The last audit was published in February

Are services safe?

2016 and Trafford sexual health service was included in the process. Trafford sexual health service scored 84% compliance. The trust compliance target was 80% and over.

- The Trust had an infection, prevention and control group which fed into a trust wide Quality and Safety Committee which monitored audit scores.
- Mandatory training on infection control showed that the services teams were fully compliant at 100% against the trust target of 85%.

Mandatory training

- The staff undertook a wide range of courses which were both face to face and also by eLearning. Staff were required to complete a programme of training that included safeguarding, clinical mandatory eLearning, resuscitation, moving and handling, conflict resolution training, dementia awareness.
- The mandatory training compliance in the service was 97%. The trust target is 100%.
- Staff said they had access to mandatory training.
- The Faculty of Sexual and Reproductive Health clinical guidelines are accredited by NICE. The faculty is a national specialist committee which develops essential training for sexual health professionals, puts on events and provides training resources. We found that the service adhered to standards set by the faculty, accessed training for staff and attended events where appropriate.

Assessing and responding to patient risk

- Staff undertook risk assessment at triage and at full assessment. The questions were based on questions incorporated in British Association for Sexual Health and HIV guidelines.
- Staff told us they could seek medical advice from specialist nurses or if need be from doctors who were present in services but also told us that they could call an ambulance if patients deteriorated.
- Patients and staff had access to the team doctors in different clinics at different times of the day.
- The service worked closely with partners to help assess and respond to risk including the police and social care services as well as the council.
- The trust had produced a website which informed the public about all the sexual health services available in

its footprint and also in the North West. The website identified bases and satellite addresses as well as opening times. The website also provided advice and contact numbers.

- The staff in the service were able to use the electronic records system to flag alerts if a patient had specific risk or had a history of being abusive to staff. If they had concerns they were able to discuss issues with their manager so that contingency plans could be followed.
- The service had a business continuity plan which was developed by the services senior manager. We found there were systems and processes in place to maintain patient safety and delivery of services, if buildings had to close or were affected by a major incident.

Staffing levels and caseload

- We found the staffing levels of the service safe in both Trafford and Warrington; however some staffing pressure existed.
- As of April 2016, the community sexual health teams had 39 staff in its management line. Trafford had 18.68 whole time equivalent (WTE) and Warrington had 20.84 WTE.
- The turnover rate in the Trafford team was high at 22.74%, when compared with Warrington's at 4.11%. We were told by managers that this high rate existed because of staff job insecurity due to the Trafford tender process.
- The sickness rate in both teams were lower than the trust average at the time of inspection. Warrington was 4.11% compared to Trafford's which was 3.63%. The trust average rate was 4.92% of staff.
- Caseloads were unpredictable and visits could be requested at any time, which made it more difficult to plan.
- Staff were available during the week and worked flexibly on weekends when needed.
- Staff members and managers told us that they felt they had enough staff to have a functioning team and provide the level of care needed by patients. However there was some difficulty in covering some clinics in Trafford.
- Managers told us that they had tried to leave vacant posts empty as part of a restructuring process in Trafford which was linked to the trusts bid to procure sexual services across parts of Greater Manchester.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated the effectiveness as good because:

- Staff in the service had a personal development review (PDR) compliance of 93%.
- The service was actively engaged with regional and national networks such as the Greater Manchester sexual health network.
- The service made use of the internet and Facebook to provide information regarding sexual health issues to patients and carers.
- The service used nationally recommended guidance to help them ensure appropriate decisions were made regarding consent, particularly in young people.
- We saw evidence of clinical audit being undertaken across the directorate and in the service.
- We saw Key Performance Indicators (KPIs) being used in Warrington sexual health service and new KPIs being developed in Trafford as part of its new commissioning procurement process.
- The service provided both sexual and reproductive health.
- The service utilised British Association for Sexual Health and HIV (BASHH), guidance in conjunction with other national guidance in its teams.
- We found the service followed a number of standard operational procedures (SOPS).
- The teams showed evidence of good multi-disciplinary team working and had direct access to other specialist treatment services such as drug and alcohol teams and children's services.

However;

- We saw evidence of some staffing pressures and preparation for tendering.
- The trust had no standardised clinical supervision targets or rates of supervision in its sexual health teams.

Evidence based care and treatment

- The team were actively engaged with regional and national networks. Trafford sexual health services had membership of Greater Manchester Sexual Health

Network which in turn provided best practice information, events and a research library. Clinicians from Trafford also contributed to the network as speakers.

- The service followed British Association for Sexual Health and HIV (BASHH) guidance.
- The service had an extensive training matrix which was planned and monitored by the service manager. The training matrix focused on British Association for Sexual Health and HIV (BASHH) competencies
- The Faculty of Sexual and Reproductive Health clinical guidelines are accredited by the National Institute of Health and Care Excellence (NICE) The faculty is a national specialist committee which develops training, puts on events and provides training resources. We found that the service accessed training for staff and attended events where appropriate.
- Good practice was shared across services through documented service meetings, where the teams shared knowledge.
- We saw evidence of 14 clinical audits being undertaken across the trust at the time of inspection and one in the service. A partner notification audit was in the process of being completed in Trafford

Technology and telemedicine

- The service had a comprehensive internet site which provided detailed access information across its two teams.
- The service had a Facebook page and twitter page, which detailed upcoming clinics and health promotion events. Advice was also provided regarding sexual assault, domestic abuse and giving consent.

Patient outcomes

- The service monitored patient's outcomes and discussed KPIs at governance meetings.
- We saw evidence that there was a clear approach to monitoring, auditing and benchmarking the quality of the services and the outcomes for people receiving care and treatment.
- The service used a range of care pathways to ensure patients received appropriate care.

Are services effective?

- The sexual health teams offered a confidential service.
- Individual case notes were kept up to date to document the choice of contraception, plan of care and treatment choices.
- We found that Bridgewater Community Health NHS Trust undertook 14 Clinical audits between August 2015 to January 2016, across all its services. We saw evidence of 1 audit on partner notification (PN) and health advising which was being undertaken in Trafford Sexual Health Service.

Competent staff

- The service had access to a trust induction process for new staff.
- Staff in the service had a PDR compliance rate of 93% compared to the trust target for compliance which was 90% and over.
- The two doctors employed by the community sexual health services had up to date appraisals. Two additional associate doctors worked in the service but were not employed by the trust; both had completed appraisals on the sexual health element of their work.
- The Faculty of Sexual and Reproductive Health provide national training to professionals who work in the sexual health field and also training resource materials. We found that the service accessed the faculties training for its staff who also attended faculty events where appropriate.
- The service provided clinical supervision in its Warrington team but no supervision rates were available for the Trafford team. The Warrington teams nurses were 95% compliant with clinical supervision and its health care assistant staff were 100% compliant. Whilst the compliance rates were high, the trust had not standardised supervision across its services and teams, nor had it noted how many times supervision should be undertaken. It was therefore difficult to bench mark.
- Sexual health services had started to create strong links with the Parallel under 19s service in Bolton which had recently been transferred to the trust from another provider. The Parallel is commissioned to deliver a range of packages of care to young people including sexual health and genourinary medical provision. We found some outstanding practice at the Parallel, which is noted in Bridgewater's children's services present

inspection report. The Parallel had met sexual health services on a number of occasions and both services had started to liaise, sharing best practice and experience.

Multi-disciplinary working and coordinated care pathways

- The services teams had developed comprehensive care pathways with a large number of agencies.
- The service worked closely with organisations that supported young people's development i.e. schools colleges and youth services.
- The teams also provided support to organisations which worked with young people with additional needs, such as social care professionals and the local authority.
- Primary care GPs and their surgeries were supported, teams provided training and access routes into services for treatments such as chlamydia testing.
- Acute hospital gynaecological services also had pathways into services with access to training and referral pathways,
- The service had developed specific co-ordinated pathways for young people at risk of sexual exploitation with the local authority and victims of female genital mutilation with safeguarding services, police and health agencies.

Referral, transfer, discharge and transition

- Referrals were accepted from individuals, professionals, GPs and cares.
- The teams were open access and patients did not have to live in the teams boroughs to gain treatment, individuals from different boroughs could access the service and recharge arrangements were made where appropriate.
- The service had good links with primary care GPs and acute hospital gynaecological services.
- The teams were central in providing holistic packages of care to vulnerable groups including young people, victims of sexual assault and those at risk of child sexual exploitation. The service participated in local authority, referral and treatment pathways which were there to protect individuals from harm. The pathways were in conjunction with agencies such as the police, social care and health agencies.
- Sexual health outreach clinics provided training and advice and a gateway into treatment for differing communities and services.

Are services effective?

Access to information

- The information needed to deliver effective care and treatment was available in a timely and accessible way through the electronic recording system.
- All present patient documentation was electronically based including; care and risk assessments, care plans, case notes and test results.
- The electronic system followed British Association for Sexual Health and HIV (BASHH) guidance.
- The teams could access the trust's policies and procedures through an electronic hub.
- Staff could use a number of computer terminals to access the internet and emails.
- Previous paper files were either stored on site or archived for retrieval.

- The Trafford service had its own in house testing equipment so that test results could be recorded and given to patients on the same day

Consent

- The sexual health teams gained consent from each patient and this was documented on the records we reviewed. Staff used prompts regarding Gillick competence. This helped to ensure that children's capability to make their own decisions and understanding of the implications of their decisions could be assessed.
- The team offered a confidential service. Young people gave verbal consent to treatment and advice

Are services caring?

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

Summary

We rated caring as good because:

- We found that staff demonstrated a good understanding of people's needs particularly in terms of the social stigma attached to visits to sexual health services.
- Patients and staff responded to questionnaires about the service positively.
- The staff ensured patients maintained privacy and dignity and took extra time to support people who were anxious.
- Services were young people friendly and staff made a real effort to engage patients at appropriate venues and allowing peers to support patients whilst they were in clinic areas.
- Support materials were in place to help people with additional needs both in the services and online on websites.
- Staff sign posted people to other support services when appropriate dependant on need.

Compassionate care

- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patient's satisfaction with the healthcare they have received. For the months March 2015 to April 2016, Bridgwater had 476 responses to FFT for sexual health services. The surveys showed over 96 % of patients were extremely likely or likely to recommend its services in Warrington and Trafford.

- The staff we spoke with demonstrated a good understanding of people's personal, cultural, social and religious needs.
- The environment and physical positioning of services promoted dignity and respect of patients.
- The staff were clear that patients' privacy and dignity were key in provision of a good service.

Understanding and involvement of patients and those close to them

- The service allowed referral via carer, support worker or family; however consent had to be gained from the individual.
- The website and Facebook page enabled patient's carers and professionals to understand sexual health related issues and the availability of clinics.
- The service undertook partner notification. Partner notification provided access to treatment or information to the partners of patients who have been at risk of infection due to sexual contact with the patient.

Emotional support

- The service provided emotional support for young people and provided them with guidance to make relationship choices.
- The service also supported individuals in psycho-sexual counselling and referral to other support services including HIV support and counselling services i.e. rape crisis and abortion counselling.

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- We found the service covered a wide and varied geographical area and also found the staff knowledgeable about the sexual health issues faced by local people.
- Services had varied and flexible opening times and had extensive satellite services in appropriate places, which met the population's needs.
- Satisfaction surveys were undertaken and showed high rates of positive feedback in services from both patients and staff groups.
- The services took into consideration communication difficulties if patient's first language was not English and accessed interpreters.
- The staff said they had good working relationships with other service providers which helped facilitate services working to meet the needs of the local population.
- Staff worked closely with patients with additional needs who could not access mainstream sexual health provision and also worked closely with providers of none mainstream services to ensure these service users' needs were addressed.
- Sexual health promotion teams provided education and training.
- The service had a wide range of opening times across all its sites, which included health centres, colleges as well core service.

However;

- The service only had one registered trust compliment in the year before inspection.
- The service faced fluxes in attendances due to some of its services being open access this could impact on waiting times.
- The community sexual health services had differing commissioning contracts which made it difficult to make best use of collective resources. The service also faced a new procurement process in Trafford which had led to services "holding back" on new service provision until the procurement process was complete. The staff

were aware of the positives of creating new models to meet the community's needs but were also concerned about what this meant in terms of their own employment.

- The Chlamydia screening programme in Warrington Sexual Health was not meeting its targets; however the service had developed an action plan and placed good controls in place.

Planning and delivering services which meet people's needs

- Community sexual health services had a wide and varied geographical area to cover and staff understood the issues in their footprint.
- The service had extended and variable opening hours in different sites i.e. colleges youth cafes and treatment rooms Patients were able to access evening appointments and at weekends.
- We found that community sexual health services had a flexible wide range of choice of services in place to meet the needs of its population.
- Patients could access sexual health services directly and request visits and appointments.
- The sites included one main clinic bases in each area, where core services were undertaken and satellite's services which provided access across differing communities such as youth cafes, college sites and GP practices.
- The teams provided both sexual and reproductive health services.
- Commissioners had targeted a number of public health outcomes in their areas. The main focus for the service included reducing teenage pregnancy, chlamydia screening and GUM interventions.
- We found examples of multi-agency work with patients with complex needs. High risk patients were discussed and services were co-ordinated to meet individual need by combining care planning.
- The community sexual health services took into consideration communication difficulties if patient's first language was not English and accessed interpreters.
- Staff and patients were aware of the complaints process and complaints could be recorded appropriately and reviewed.

Are services responsive to people's needs?

- The services teams in Trafford faced a high level of uncertainty because of a new service model and possible transfer of staff to new organisations. However, despite this, it showed a positive approach to responding to patient need throughout its teams.
- Advice lines were advertised on websites to support people to seek help and support.
- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patient's satisfaction with the healthcare they have received. For the months March 2015 to April 2016, Bridgwater had 476 responses for its sexual health service and the survey showed over 96 % of patients were extremely likely or likely to recommend its services in Warrington and Trafford.
- The service worked closely with social care and education providers to address the needs of the local population e.g. training school nurses and social care staff.
- The teams provided outreach which worked with individuals and groups who could not access mainstream sexual health services.
- The service in Warrington used mystery shoppers to ensure they were delivering services that met individuals' needs. The young mystery shoppers were able to provide guidance on filling in the gaps in service provision.

Equality and diversity

- The clinical outreach team worked with individuals and groups who have historically found it difficult to access mainstream sexual health services.
- Satellite's services provided good access across differing communities.
- The Facebook and twitter pages for the sexual health service recognised diversity and provided information for diverse groups.
- Support materials were in place to help people with additional needs both in the services and online on websites.
- Staff had access to interpretation services and could also book translators.
- Reasonable adjustments were made to buildings so that people with disabilities could access and use services on an equal basis to others.

Meeting the needs of people in vulnerable circumstances

- The services provided outreach and took referrals for vulnerable individuals who could not access mainstream sexual health services.
- The service worked with partners to ensure condoms were reaching its most vulnerable young people.
- The service engaged in a number of multi-agency forums which worked together to protect vulnerable patients.
- Arrangements were in place to safeguard and refer victims of sexual assault in accordance with BASHH guidance.
- The services had a pathway in place for Child Sexual Exploitation (CSE) and sat on multi agency partnerships which targeted the issues.
- Arrangements were in place to safeguard and refer victims of Female Genital Mutilation (FGM) in accordance with BASHH guidance.
- The service undertook Partner Notification. Partner Notification is the process of providing access to treatment or information to the partners of patients who have been at risk of infection due to sexual contact with the patient.
- The team supported 'looked after children' where needed and supported them to make decisions about relationship choices, skills and knowledge.

Access to the right care at the right time

- Trafford received an 87% satisfaction rate for access and waiting times and 98% for communication and information in an internal survey. Warrington services received a 92% satisfaction rate for access and waiting times and 99% for communication and information. Overall satisfaction rates were 99% in each service.
- Patients had access to a range of clinics at different times. The services website detailed opening times and location of clinics.
- Services had a range of staff including Health Care Assistants, qualified nurses and clinicians who provided a wide range of services and high level of expertise.
- Patients had access to a range of clinics at different times. The website detailed when these clinics were available.
- Referral to specialist clinics was available and could be arranged with the assistance of staff.

Are services responsive to people's needs?

- The service clinics, to a large extent, were open access and sometimes provided at hubs, allowing patients to see individual teams on a face to face basis quickly.

Learning from complaints and concerns

- The trust had a comprehensive complaints policy.

- In the period January 2015 – December 2015 no formal complaints were made against the service.
- Staff were aware of the complaints procedure and how to signpost people to PALS.

Are services well-led?

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

Summary

We rated well-led as good because:

- The service regularly reviewed its work by evaluating what was good practice in differing parts of the service. Documentation showed that teams had started to work together to improve standards using the expertise across all its teams.
- We saw clear examples of multi-agency partnerships and positive relationships which were management led.
- We saw that managers and clinicians were knowledgeable and expert in their field.
- All staff within the service were aware of the governance arrangements within the team.
- The service participated in the risk register which was reviewed by the trust board.
- Staff within the service were collectively responsible for service provision. Staff knew each other's professional backgrounds and therefore knew who to contact for advice.

Service vision and strategy

- The team were all aware that their aim was to provide the best integrated sexual health care possible.
- Whilst the service did not have a designated vision, staff talked about providing quality care which was well governed and were proud of their specialism in sexual health and adherence to BASHH guidelines.
- Staff were aware of the trust's vision.

Governance, risk management and quality measurement

- Staff were aware of the governance arrangements within the team. Staff knew how information was shared and where to locate further advice.
- The service had team meetings which were documented. There were also monthly meetings which were attended by the service manager discussing incidents, the risk register and any matters arising.
- Service leaders shared information to staff in clinics via meetings.
- The service used mystery shoppers to assess how effective it was at delivering its services to patients.

- The service had a risk register which was reviewed by the trust board.
- Sexual health services had 17 risks on the trusts register as of 16 February 2016. All risks on the register were either moderate or minor. The moderate scores included issues such as one data breach and a medicines management issue.
- We saw evidence that risks had been reviewed by senior managers and assurances and control measures were in place.
- There were clear lines of accountability within the service.

Leadership of this service

- Staff told us they knew who to approach to seek advice and guidance.
- Service leaders were described as approachable and managers were passionate about their support for staff.
- Service leaders were aware of most of the current issues within the service. They were working closely with commissioners regarding the business plan and looking to address key performance indicators in line with the services increased demand.

Culture within this service

- Staff we spoke with felt valued and respected.
- The service was centred on the needs of local people and improving their sexual health understanding.

Public engagement

- The NHS Friends and Family Test (FFT) feedback was reported in localities as part of the trust's performance reports.
- The number of patients involved in the survey from community sexual health services was high with 476 people responding.
- We found 96.4% of individuals surveyed for The NHS Friends and Family Test responded that they would recommend the service.
- We found teams were encouraged to get patient feedback from patients from its leadership.

Are services well-led?

- The service in Warrington also used mystery shoppers who visited the service and provided feedback. This feedback was used alongside the annual survey and feed back to staff then service improvements could be considered.
- The service had a Facebook page which provided a range of information about clinics, information regarding sexual health and details of health promotion events.

Staff engagement

- Staff participated in team meetings and were encouraged to participate in service meetings.

- We saw evidence of planned team away days, i.e. in Warrington where the full staff team were meeting to address performance.

Innovation, improvement and sustainability

- At the time of our inspection, the service in Trafford is looking at developing a new service specification including procurement of a sexual health hub which includes two other boroughs in Greater Manchester.
- Service leaders in Trafford and Warrington were working closely with commissioners regarding the business plan and looking to address key performance indicators in line with the services increased demand.

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.

This section is primarily information for the provider

Enforcement actions

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.