

Virgin Care Stockton LLP

Lawson Street Health Centre

Quality Report

Sexual Health Teesside
Lawson Street, Stockton-on-Tees
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Date of inspection visit: 28 February 2017 - 01 March
2017, 13 March 2017
Date of publication: 18/09/2017

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

Ratings

Overall rating for this hospital

Good



Sexual health services

Good



Summary of findings

Our judgements about each of the main services

Service

Sexual health services

Rating

Good



Why have we given this rating?

We carried out an announced inspection of the service on 28 February 2017 to 1 March 2017 and an unannounced inspection on 13 March 2017 and we found that services were safe, effective, caring, responsive and well-led.

There were systems and processes in place to protect people from avoidable harm including incident reporting and safeguarding adults and children. Staff were up to date with most training modules. Care was provided in line with national best practice guidelines. Staff were competent in their roles and had a good understanding of consent.

Staff treated patients with compassion, dignity, and respect. Managers planned and delivered services to meet the needs of the local community. Staff considered the needs of individual patients and those living in vulnerable circumstances.

There was good local leadership backed by strong regional management with oversight of local risks and performance measurement. Managers were approachable, available, and supported staff within the service.

However,

Electronic records could not be accessed from all of the outreach centres but managers were sourcing laptops to enable staff at all sites to update electronic patient records and allow records. Work was ongoing to merge records where some patients had more than one record.

There was not a strong or clear process to ensure daily room cleaning took place and there were no regular audits of infection prevention and control measures such as hand hygiene and environmental cleanliness.

Nursing staff had not all received training updates regarding medicines management. There had been some long-term absence of senior staff and not all staff felt engaged in decision making or planning of the service.

Lawson Street Health Centre

Detailed findings

Services we looked at

Sexual health services

Detailed findings

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Our inspection team

The Teesside sexual health service inspection team was led by:

Jill Bullimore CQC Inspector

The team consisted of another CQC inspector and a specialist advisor.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 28 February 2017 and 01 March 2017 and an unannounced inspection on 13 March 2017. During the visit, we spoke with 11 staff who worked within the service including nurses, doctors, managers, healthcare assistants and administrative staff. We observed how people were cared for and talked with 3 people who used services and reviewed care and treatment records of people who use services.

Facts and data about Lawson Street Health Centre

Lawson Street Health Centre Tees Sexual Health Service was provided by Virgin Care (Stockton LLP) Ltd at the time of inspection. Services were provided on a hub and spoke model with hubs at North Ormesby Health Village in Middlesbrough, Redcar Primary Care Hospital, Lawson Street Health Centre in Stockton and One Life in Hartlepool. Spokes from each of these sites were provided within other centres such as health centres, GP surgeries and local colleges. The service had an outreach programme that worked with 'hard to reach' people to

make sexual health services more accessible to them. The service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week.

Teesside Sexual Health Service (Lawson Street Health Centre) had been registered with CQC since 10 April 2013.

There had been one previous inspection at this service, which was carried out on 13 September 2013 (inspection report published 8 October 2013). This inspection found the provider to be meeting all of the standards inspected.

The service was commissioned by Tees Valley Public Health Shared Service on behalf of: Hartlepool Borough

Detailed findings

Council; Middlesbrough Borough Council; Redcar & Cleveland Borough Council; Stockton on Tees Borough Council; Hartlepool & Stockton CCG; South Tees CCG and NHS England to provide the following regulated activities to adults and young people over the age of 13 years.

- Transport services, triage and medical advice provided remotely
- Family planning services
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.







There were 52 staff employed by the service this included a consultant, an associate specialist and two other doctors, registered nurses, healthcare assistants and administrative staff. There were 1.84 administration vacancies at the time of the inspection.

There was a service manager and a clinical manager responsible for the service across Teesside. The service manager was the CQC registered manager. More senior management support was available from the regional operations manager and the business unit head. Professional nursing support was available from the regional nurse and governance lead.

The consultant acted as clinical lead for the genito-urinary medicine service and the associate specialist was responsible for the family planning and contraception service. Support was available from the regional clinical lead. Medicines management was led by the Virgin Care national lead pharmacist, with regional and local pharmacist support on site two days per week.

The associate specialist was the named safeguarding lead for the Teesside service.

Sexual health services

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

Lawson Street Health Centre Tees Sexual Health Service was provided by Virgin Care (Stockton LLP) Ltd at the time of inspection. However following our inspection, the service transferred to Virgin Care Services Limited in May 2017. Services were provided on a hub and spoke model with hubs at North Ormesby Health Village in Middlesbrough, Redcar Primary Care Hospital, Lawson Street Health Centre in Stockton and One Life in Hartlepool. Spokes from each of these sites were provided within other centres such as health centres, GP surgeries and local colleges. The service had an outreach programme that worked with 'hard to reach' people to make sexual health services more accessible to them. The service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week.

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Sexual health services

Summary of findings

Overall rating for this core service: Good

Teesside Sexual Health Service (Lawson Street Health Centre) provides family planning and sexual health services from a number of sites situated throughout Teesside using a 'Hub and Spoke' model. There are four hubs, one in each local authority area and several spokes across Teesside.

The hubs are situated in North Ormesby Health Village in Middlesbrough, Redcar Primary Care Hospital, Lawson Street Health Centre in Stockton and the One Life Centre in Hartlepool. The service has an outreach programme that works with 'hard to reach' people to make sexual health services more accessible to them.

We carried out an announced inspection of the service on 28 February 2017 to 1 March 2017 and an unannounced inspection on 13 March 2017 and we found that services were safe, effective, caring, responsive and well-led.

- The service had systems and processes in place to protect people from avoidable harm. There were systems for incident reporting and staff knew how to use these. Learning from incidents was shared to prevent reoccurrence.
- Staff we spoke with demonstrated a good understanding of safeguarding adults and children and knew what actions they needed to take in cases where they had concerns or suspected abuse. Staff were up to date with mandatory training and safeguarding adults training was at the appropriate level for this type of service. At the time of the inspection, Child Protection (Virgin Care Safeguarding Children module) level three training compliance had been low but follow-up information for April 2017 showed 100% compliance.
- We found that care was provided in line with national best practice guidelines, patient assessments were thorough and staff followed pathway guidance. Staff were competent in their roles and had a good understanding of consent.

- Staff treated patients attending for consultation and procedures with compassion, dignity, and respect. We found examples of where staff had gone out of their way to support patients in difficult situations.
- We found that managers planned and delivered services in a way that ensured they met the needs of the local community. The service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week. Staff considered the needs of individual patients and those living in vulnerable circumstances.
- There was a clear vision and strategy for this service and there was good local leadership backed by strong regional management. Managers were approachable, available, and supported staff within the service.
- There was a committee and meeting structure that facilitated effective governance, risk and quality management. The governance structure enabled oversight of local risks and allowed for performance measurement.

However, there were areas where the provider should make some improvements. These were:

- Electronic records could not be accessed from all of the outreach centres and there was evidence of delayed and incomplete transcription of patient information to the electronic patient record. Managers were in the process of sourcing laptops to be used at outreach clinics, which would enable access to electronic patient records or allow records to be uploaded to the IT system.
- There were some issues with the online booking system; this led to some patients having two or more records on the electronic system. Managers and administrative staff were aware of this issue and work was ongoing to merge the records.
- There was not a robust process in place to ensure daily room cleaning took place and there were no regular audits of infection prevention and control measures such as hand hygiene and environmental cleanliness.
- Nursing staff had not received training updates regarding medicines management in line with Virgin Care policy.

Sexual health services

- Because of some long-term absence of senior staff, not all staff felt engaged in decision making or planning regarding the service they delivered.

Are sexual health services safe?

Good



Summary

By safe, we mean people are protected from abuse and avoidable harm.

- There was a culture of reporting and learning from incidents within this service.
- Staff we spoke with demonstrated a good understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse.
- Staff were up to date with mandatory training and trained to level three children's safeguarding.
- Medicines were stored and administered safely.
- Staffing was sufficient and appropriate to meet the needs of patients in their care.
- Pathway documents and clinical risk assessments were completed fully.

However;

- Electronic records could not be accessed from all of the outreach centres and there was evidence of delayed and incomplete transcription of patient information to the electronic patient record.
- There were some issues with the online booking system; this led to some patients having two or more records on the electronic system. Managers and administrative staff were aware of this issue and work was ongoing to merge the records.
- There was not a robust process in place to ensure daily room cleaning took place and there were no regular audits of infection prevention and control measures such as hand hygiene and environmental cleanliness.
- Nursing staff had not received the training updates regarding medicines management.

Safety performance

Incident reporting, learning and improvement

- Incidents were reported and investigated, staff we spoke to were aware of their responsibilities in relation to incident reporting and notification.

Sexual health services

- Staff told us they would always report incidents and did receive feedback through hub meetings but felt this was sometimes disjointed and they did not necessarily receive feedback as the reporter.
- There were no serious incidents or never events at the service in the 12 months before the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The service reported 57 incidents from April 2016 to August 2016, 51 of these had been investigated and closed and six were subject to ongoing investigation. Thirteen of these were in relation to clinical care. Two of the incidents were rated as low severity and eight medium. Impact was rated as insignificant or minor in eight of the incidents and two were rated as moderate impact.
- Managers told us that information from serious incident investigations, elsewhere in the organisation, was cascaded out to them for dissemination to their staff. Staff told us they received this information at hub meetings. We saw minutes of some meetings that confirmed this.
- The Teesside team had received incident management training.
- Staff we spoke with understood the principles of “Being Open” and “Duty of Candour” under the Health and Social Care Act (Regulated Activities Regulations) 2014. 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 them with reasonable support. We did not see any examples of severe incidents where the Duty of Candour regulation would be triggered.
- Staff told us of occasions when they had identified young people at risk of harm and had referred them to the local authority children’s safeguarding team. Staff told us that they often spoke with the team for advice and support with safeguarding concerns.
- Staff told us they routinely asked patients about domestic abuse, we observed this happened in clinical consultations and saw this was a mandatory field in the electronic record. Staff told us that they would give information, helpline numbers or signpost patients to other agencies for specialist counselling or support in all cases and offer to make referrals where appropriate. Data showed that from April 2015 to March 2016 the service had received disclosures from 337 women and 24 men. Of these 40 (11%) patients accepted a referral to another agency such as police or another support service.
- The associate specialist was the local designated safeguarding lead and was trained to level 3. Staff knew they could also obtain advice and support from the regional or national safeguarding leads in the absence of their local lead.
- Training data showed that compliance with children and adult safeguarding training level two was 100% and 98% respectively. Level three children safeguarding compliance was 20% in February 2017. However, we were assured that plans were in place for relevant staff to be trained. Updated information for April 2017 showed that 100% of relevant staff had undertaken level 3 training following our inspection.
- The children’s safeguarding training was provided face to face by an external Local Children’s Safeguarding Board LSCB approved trainer. Staff told us that safeguarding training included; Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), domestic abuse and, PREVENT. Staff also had access to online safeguarding training.
- We saw that staff had easily accessible local safeguarding policies and contact details for local safeguarding teams. The staff had good links with the LCSB and could contact their local designated doctors and nurse when needed.
- The organisation had policies and procedures for staff to follow if cases of female genital mutilation or sexual exploitation were discovered.
- The 2016 annual Virgin Care Domestic Abuse audit did not raise any concerns for the service. In line with a

Safeguarding

- CQC received no safeguarding alerts or concerns relating to Lawson Street Health Centre in the last 12 months, as at 8 December 2016.
- Good systems were in place to safeguard vulnerable adults and children and young people. Staff we spoke with were all aware of their responsibilities and told us there were protocols in place for them to follow when needed.

Sexual health services

Commissioning for Quality and Innovation (CQUIN) target set by Tees Valley Public Health Shared Service, the service recorded patient disclosures of domestic abuse and how and where onward referrals were made.

- Staff told us and we observed that they carried out safeguarding risk assessments for all patients under 18 years using 'Spotting The Signs' and when there was any suspicion of abuse of older adults. We saw that this risk assessment was completed for all relevant patients in the records we looked at.
- Nursing staff told us they received children's safeguarding supervision.
- Organisational policy was that if a 12-year-old girl used the service then staff would automatically make a safeguarding referral in line with the Sexual Offences Act 2003.
- Staff told us of local support agencies where they could refer patients who were being abused or if they had been raped. These included the local Sexual Assault Referral Centre (SARC).

Medicines

- There was a medicine management policy in place and staff had access to pharmacy support from within the organisation. The consultant provided local medicines advice and support.
- The service dispensed prescriptions for contraceptives and a limited number of antibiotics. Nurses dispensed these using patient group directions (PGDs). There was a process in place to ensure nurses were competent for each medication and the lead nurse signed this off. Nurses told us the PGDs were very clear and easy to follow.
- We found that registered nursing staff had received training regarding medicines management and the policy stated that this needed to be refreshed every three years. However, we found no evidence to show staff at this location had received the required updates.
- The service carried out regular medicines management audits and where non-compliance was identified, action plans were in place to address this. The Medicines Management Audit, carried out in June 2016 had identified 22 actions for the service, the majority of which had been completed and closed at the time of the inspection.
- We checked medication cabinets, which were clean, tidy and well organised.

- We found that staff checked drug stocks regularly and ordered replacement stock. Records regarding stock checks, ordering and destruction were kept appropriately.
- Medicines were stored safely and securely.
- Medicines for spoke sites were ordered through the parent hub and supplied, and delivered to the hub before being transported to the spoke sites by a registered nurse. There was safe, secure storage for medicines at the spoke we visited. Bags for transport were not lockable although staff told us they were not left unattended.
- Staff recorded fridge temperatures in line with good practice medication guidelines. Recordings were all within recommended range. Staff knew what to do if readings went out of range.

Environment and equipment

- The premises we visited were in a good state of repair and the suites of rooms were appropriate for the needs of the services provided.
- Staff at Tithebarn house (one of the spoke sites) had some concern regarding the consultation room being out of the way in relation to the reception area. There was a phone in the room if staff needed to call for help, but no other call or alarm system was evident.
- Staff told us and we saw that there were processes in place with the landlord to ensure any issues with the building maintenance and repairs were dealt with in a timely manner.
- Electrical safety testing of equipment was evident.
- Staff told us that stock was rotated and all stock we checked was in date and stored in an appropriate manner.
- We saw that resuscitation equipment and medicines were checked daily when the unit was open with two exceptions during February 2017.
- We saw that every clinic had an anaphylaxis box.
- Staff told us that they had all the equipment they needed to deliver their services.

Quality of records

- Patient records were a combination of electronic and paper based. Staff had access to the electronic patient record system from the hubs and some of the outreach sites and could enter information contemporaneously.

Sexual health services

- From outreach centres or in the community where the IT system was unavailable, patient information and assessments were entered onto a paper record.
- Staff told us that they transferred patient information to the electronic system on return to the main site. However, they told us that the only information transcribed was patient details, treatment codes and any safeguarding concerns. This meant that the full patient record might not be available if a patient attended a different centre for a subsequent appointment.
- We found that transcribing was not always undertaken in a timely manner. We looked at the time taken to enter information from seven outreach clinics in the previous four weeks onto the IT system and found that; the information from one clinic had been entered in two working days; one clinic was at five working days, three at ten working days and one at 11 working days. Two of the clinics' information had not been entered as yet one was at five days and the other was at 10 days. Nurses told us they did not have allocated administration time for this task and it was sometimes difficult to keep up, as they tended to go from one clinic straight to another, or they were off duty following an evening clinic and straight into another clinic the next morning. This issue was on the service risk register and managers were hoping to purchase laptop computers or tablets. Managers had not been aware of the transcribing delays, as this was not monitored at the time of inspection.
- Patient information and records were stored safely and securely in line with the Data Protection Act.
- Patient records included speciality pathways and risk assessments for sexual health and safeguarding for patients under 18 years of age.
- We looked at seven sets of electronic records and found them to be up to date and complete. We found that risk assessments, including 'Spotting the Signs' (the Virgin Care risk assessment) for under 18s, were completed and saw that referrals had been made to other services where relevant.
- Staff told us that they entered the 'spotting the signs' risk assessments and any other safeguarding information for vulnerable patients and those under 18 years, onto the electronic system following a consultation at an outreach centre.
- Staff told us that there were some issues with the new online booking of appointments through the virtual

hub. The online system was generating a new unique identification (ID) number for each patient that booked online. This meant that patients who had already attended the service could have two or more IDs and patient records. However, managers and administrative staff were aware of the issue and work was ongoing to merge the records.

Cleanliness, infection control and hygiene

- The consulting rooms, waiting areas and other clinical rooms were visibly clean and tidy.
- Cleaning schedules and standard operating procedures were available for each individual room or area.
- Facilities for hand hygiene were provided and soap dispensers we reviewed were in good working order. We observed staff washing hands and using gel appropriately. We did not see any completed hand hygiene audits.
- Disposable curtains were in use in the clinical areas and were marked with the date of last change.
- Personal protective clothing was available in all areas we visited and biohazard spill kits were available if needed.
- We saw waste was appropriately segregated and disposed of and sharps bins were used correctly.
- The environmental audit carried out in November 2016 showed that not all staff were up to date with infection prevention and control training. However, training data from February 2017 showed that 89% of staff were compliant with IPC mandatory training.
- We found some gaps in daily cleaning records at a number of sites and in a number of rooms; for example at Lawson Street clinic in one room there were 10 gaps in daily cleaning records (out of 20 possible occasions) during February 2017 and 10 during January 2017. Weekly cleaning records were however all completed. When we spoke to HCAs about this, they told us it was because they were named as the individuals responsible for cleaning but when they were off duty or on leave, other staff forgot to do this.

Mandatory training

- All staff received mandatory training, which included; anaphylaxis and basic life support, customer care, infection prevention and control, health and safety, fire safety, information governance, equality and diversity, moving and handling, safeguarding adults, and safeguarding children.

Sexual health services

- There was a programme of training available for staff to access updates when required.
- Staff we spoke with told us they were up to date with their mandatory training.
- Training data from August 2016 showed that there were some modules where compliance was poor. These included child protection (children's safeguarding) training at level three 20%; deprivation of liberty safeguards 68%, equality and diversity 68% and manual handling 78%. However, managers told us there were plans in place for staff to complete training. Updated data following the inspection showed that by April 2017 100% of relevant staff had completed child protection, level 3 training. We saw there was progress on completion of other modules: manual handling had increased to 94%, equality and diversity had increased to 92% and deprivation of liberty safeguards showed a slight improvement at 70%.
- Training was provided through a combination of online courses and updates and face to face from external trainers.
- Managers told us access to IT systems had been problematic and this had caused issues with accessing on line training.
- National patient safety alerts were cascaded throughout the organisation to managers to ensure these were acted upon promptly. Nurses told us they received these by email and took action accordingly.
- The nurses we observed took detailed and thorough clinical histories and completed appropriate risk assessments. We observed and found in records that brief interventions were offered for risk taking behaviours such as smoking and alcohol.
- Staff told us that patients were triaged to ensure they were seen by the most appropriate professional and in a timely way. For example, if a patient walked in for emergency contraception then they would be added onto the clinic and asked to wait. Patients requiring less urgent contraception or screening would be offered the opportunity to wait if capacity allowed or asked to book an appointment if they preferred.

Staffing levels and caseload

- We found that nurses undertook risk assessments during their consultations. Staff told us all women attending for an appointment were asked about domestic abuse as part of their assessment. Other risk assessments included spotting the signs for patients under 18 years and all patients were asked about risk taking behaviour such as smoking, drugs, alcohol and unprotected sex.
- We found risk assessments were completed fully in the records we looked at.
- There was a referral pathway in place for the emergency transfer of patients.
- All staff had undergone anaphylaxis training in the last six months.
- Nursing staff told us that if they needed any clinical advice regarding a patient they were able to speak to doctors directly or by telephone. They told us that doctors responded quickly and were approachable and supportive.
- The sexual health service employed 52 staff, which included; four medical staff, 12.06 whole time equivalent (WTE) registered nurses, 3.56 WTE healthcare assistants and administrative staff.
- The medical staff were directly employed by the service. These included a consultant clinical lead, an associate specialist and two other doctors. The consultant was the clinical lead for genito-urinary medicine and the associate specialist led on contraception and sexual health.
- There were 1.84 FTE administration vacancies at the time of the inspection.
- The service occasionally used agency staff to cover staff absence. Data provided for September to November 2016 showed ten shifts were filled by agency workers.
- Healthcare assistants were employed to undertake roles as health educators, chaperones, and assistants to take blood samples and to see asymptomatic patients who attended the clinics for screening.
- Staff told us there were usually enough of them to cover the service. Cover could be difficult when people were on annual leave and there was sickness but they told us this was generally covered by people working extra hours or changing their hours to suit the service need.

Managing anticipated risks

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- The service's current contract had been renewed in August 2016. Recruitment (which was identified as a risk) had started for vacancies held over the contract negotiating period.
- Staff told us there were always two members of staff working at the outreach centres and usually call bells were available in the clinical rooms to summon assistance if needed.
- However, at one of the outreach centres, we found that the nurse was isolated from the main staffed areas of the building and there was no buzzer or alarm in the room. They explained help could be obtained by calling or phoning from the room but personal safety could be compromised. The nurse told us they could request a personal alarm.
- There were processes in place to reduce the risk of any lapses in staff registration, Disclosure and Barring Service checks or indemnity cover.
- The service had undertaken a confidentiality audit during February 2017, which included safe and secure storage of records and IT. The service scored well in all sections and there were no areas of non-compliance identified.
- We found liquid nitrogen was stored in locked rooms that had been risk assessed and had ventilation and alarm systems. Staff had received training regarding safe storage and handling.

Major incident awareness and training (only include at service level if variation or specific concerns)

- There were local contingency plans in place, such as fire or loss of utilities. Fire plans were seen in clinical areas.

Are Sexual health services effective?

Good



Summary

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.

- Care was provided in line with national best practice guidelines.
- Patient assessments were thorough and staff followed pathway guidance.

- In the records we looked at, staff recorded discussions to show they adhered to Fraser guidelines in respect of children and young people and patients gave their consent in writing.
- There were good links with local safeguarding teams, the local NHS hospital and other agencies.
- Staff were competent to undertake their roles.

Evidence based care and treatment

- The sexual health service policies and procedures were developed corporately (nationally or locally) and took account of current, relevant, evidence-based best practice such as National Institute for Health and Care Excellence (NICE) guidance. Staff could easily access these through the staff intranet.
- We found there was a process in place within the wider organisation to review new guidance and consider whether this was applicable to the service. This information was shared through the clinical governance committee structure and meetings.
- We observed staff adhering to policies and procedures, for example, with regard to consultation and treatment and infection, prevention and control.
- We found that the service provided brief interventions regarding smoking, alcohol, drugs and self-harm.
- Staff told us they received information through team meetings and the corporate newsletter, which highlighted new NICE guidance, national patient safety agency (NPSA) alerts and updated corporate policies.

Pain relief

- Staff told us that cryotherapy (a treatment to remove warts by freezing to destroy the virus) was performed under local anaesthetic and patients were given advice regarding pain relief for any post treatment soreness.

Nutrition and hydration

- The service provided water for patients in the waiting areas.

Patient outcomes

- The service followed a national audit programme showing what audits were required. Clinicians followed this and carried out their own audits following their specialist interests and used the results and learning to populate appraisals. Audits included a quarterly report on outcomes of cervical smear testing - looking at how many positive diagnoses were identified; an audit with

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the associate specialist on the number of contraceptive implants fitted and the continuity rate and fitting of emergency coils. National guidance states this should be first line treatment for emergency contraception as it is the most effective method, but not all patients wanted it.

- Other audits completed were recording of physical examination for men with erectile dysfunction. It had been noted not all staff were recording a physical examination of the patient. Staff changed the record template to ensure this was included in records for all patients and an audit of women who had previously reported suffering from domestic violence. It had been noted that repeat attenders did not always tell staff about this. This was incorporated into the CASH template for all attendances.
- An audit of women seeking emergency fitting of an IUC against Faculty of Sexual and Reproductive Healthcare (FSRH) clinical standards from January 2016 to December 2016 showed that performance exceeded the target of 97%. This was for the proportion of sexually active women offered STI screening; the proportion of women who had a pelvic assessment either by bimanual examination or ultrasound scan before insertion of IUC; and a trained assistant being present during insertion of IUC.
- The service had a local annual audit plan covering topics such as medicines management, LARC, health and safety, safeguarding, national screening and onward referral.
- Outcome measurements to be used by the service in the new contract period included; reduction in teenage conception rates, reduction in unwanted pregnancies in the 15-24 age group, prevention of STIs in young people, reduction of HIV infection, transmission and late diagnosis and ensuring people with HIV are supported and enabled to live well.
- As part of their commissioning contract, the service measured timeliness of onward referrals, timeliness of results, timeliness of initiating STI treatment and patients offered and accepting screening. Data provided to us showed that achievement was maintained at 100%.
- Public Health England data (2015) showed that chlamydia detection rates across the Teesside sexual health service for the 15-24 year old population were worse than the target rate of 2,300 per 100,000. Three out of the four hubs also showed a worse detection rate

than the England average (1,861) and the North East average (1794). The Hartlepool service detection rate was better than the England and North East averages. The service had a strategy in place to provide a “right place, right time, focussed approach” to meet the needs of the local population. This included roll out of postal kits, working with local health partners, building on partner notification performance and targeting outreach and marketing work.

- The most recent data for HIV screening showed 100% of patients in level two and level three services were offered HIV screening. Of these patients, 62% patients accepted screening, and there was higher uptake among high-risk groups.
- The uptake of LARC in the Teesside service had ranged from 35% to 50% in the previous 12 months and exceeded the target of 30%.
- The service provided data for the National Enhanced data set regarding FGM.
- The service participated in national British Association for Sexual Health and HIV (BASHH), Syphilis and HIV audits. Staff attended local and national meetings and told us they were proud of working in line with BASHH audit recommendations.
- Cervical screening data from April 2015 to March 2016 showed the rate of inadequate samples was 1.6% and adequate samples were 91% with the remainder being borderline. This audit had a green rating (as they had expected) within the service. The method of audit enabled the service manager to identify individuals who were not performing as expected and to be able to provide further training or supervision of needed.

Competent staff

- Registered nurses were dual trained in sexual health and contraception to be able to provide integrated sexual health as a ‘one-stop shop’.
- Training included the FSRH’s ‘electronic Knowledge Assessment’ (eKA), which assesses a candidate's theoretical clinical knowledge. The assessment involved a self-assessment of knowledge and skills, which was then confirmed and signed off by the line manager.
- Staff told us they felt they had adequate training to undertake their roles. For example, they had received training in the fitting and removal of implants and had been assessed as competent before being able to do this unsupervised. Nurses were trained in microscopy so

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they could identify pus cells from patient test samples. This meant staff could initiate treatment immediately for sexually transmitted infections. Nurses had received training regarding taking cervical smears.

- HCAs had received additional in-house training regarding taking blood, chaperoning and screening for asymptomatic patients.
- Receptionists had received chaperone training so they could fulfil this function if needed.
- The nursing staff we spoke with were aware of revalidation requirements and RNs told us they attended a regular clinical supervision group.
- Nurses told us that medical staff provided clinical education talks and updates for them at some of the supervision sessions or at team meetings.
- We saw from personnel records that staff worked a 12-week probationary period during which time training was given and competence was assessed.
- Records indicated that clinical supervision was to be introduced for HCAs following discussion at appraisal.
- Data indicated that 93.1% of non-medical staff had received an appraisal in the last 12 months and 100% of doctors had been revalidated.
- The regional clinical lead was responsible for the supervision, appraisal and dealing with concerns relating to the practice of medical staff. Personnel records confirmed that all staff appraisals and doctors revalidation were up to date and, doctors had protected time for continuing professional development.
- The service employed trained counsellors as health advisors to provide counselling for patients who may have suffered abuse and to work with patients who had psychosexual problems.
- One of the counsellors told us they were registered with the British Association for Counselling & Psychotherapy (BACP). BACP is a professional body that sets standards for therapeutic practice. They told us they received counselling supervision from colleagues outside of this service to maintain their registration.
- The health advisors were involved with 'Results Management' and informing patients of positive STI results and had received training to do this.
- The service offered placements to nursing students from local universities.

Multi-disciplinary working and coordinated care pathways

- We found that staff working within the service worked well together and valued each other's role and expertise. Nurses told us doctors were easy to contact if they needed clinical advice or support.
- There were local agreements and referral pathways in place with safeguarding teams, school nurses, the local hospital and the local Sexual Assault Referral Centre (SARC).
- There were service level agreements in place with other providers for laboratory services such as blood tests and sexually transmitted screening and testing and with an independent company who provided the 24-hour call line.
- The service had an agreement in place with the local trust to provide scanning for displaced implants.
- Staff told us that they had close links with other agencies and services such as the local multi-agency safeguarding teams, local school nursing team, youth services and a number of other agencies who offered outreach and community support for hard to reach groups.
- One of the health advisors was a regular and active member of the local multi-agency child exploitation (MACE) group. Staff worked with ARCH the local rape and sexual abuse counselling service and Barnardo's Sexual Exploitation Children's Outreach Service (SECOS) regarding training and awareness raising and worked in partnership with other agencies and services to provide services to hard to reach groups.
- Staff told us about events they had been involved with delivered in partnership with children's centres and voluntary agencies. The service also worked with local pharmacies and GPs to promote sexual health education messages and chlamydia screening.
- Managers told us that the service delivered training to local GPs and school nurses regarding genito-urinary medicine and contraception.

Referral, transfer, discharge and transition

- The service had pathways, in place, for onward referral to secondary care for gynaecology problems, for termination of pregnancy services, sexual dysfunction and HIV treatment and follow up.
- The service was achieving targets regarding timeliness of onward referral.

Access to information

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- Staff told us they could easily access guidelines, policies through the service intranet. The intranet also provided news updates and announcements, a colleague directory, support services and frequently asked questions.
- Staff were able to access diagnostic tests and blood results in a timely manner.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff had not received specific training regarding informed consent although they told us this was an element of adult and children safeguarding training.
- Staff told us and we saw in patient records that consent was mainly verbal and recorded with a tick box.
- We observed that staff asked for permission before carrying out tests.
- Staff we spoke to were aware of Fraser guidelines to obtain consent from young people regarding contraception. Staff told us they completed a form within the electronic record when assessing Gillick competence for patients under 16 years.
- There was access to guidance and policies for staff to refer to concerning Mental Capacity Act (MCA). Staff we spoke with told us they had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) which was delivered as part of protection of vulnerable adults training.

Are Sexual health services caring?

Good



By caring, we mean that staff involved and treated people with compassion, kindness, dignity and respect.

- Staff treated patients attending for consultation and procedures with compassion, dignity, and respect.
- Staff focused on the needs of each patient as an individual and responded quickly to their needs.
- Staff established and respected each patient's preference for sharing information and reviewed this throughout their care.
- The 'Friends and Family Test' in December 2016 showed 97% of patients were likely or very likely to recommend the service.
- We found examples of where staff had supported patients in difficult situations.

Compassionate care

- We observed consultations and staff interactions with patients throughout our inspection and we saw how they involved and treated patients with compassion, kindness, dignity and respect.
- We observed professional, caring, and sensitive interactions between staff and patients in public areas, before, during and after consultations.
- Staff told us that patients' preferences for sharing information were established, respected and reviewed throughout their care. Staff told us that they always established a method of contact with the patient for test results to ensure confidentiality was maintained.
- We observed staff asking patients if they could share information with the patient's GP.
- Staff told us younger patients were encouraged to involve their parents or family members and their wishes were respected.
- We saw that staff introduced themselves to patients.
- We found that patient comments and concerns were collected and acted upon in a timely way. The service used the Friends and Family Test, feedback left on the website and surveys to establish patient's views. Feedback from December 2016 showed that 97% of patients were likely to recommend the service to friends or family.
- We found that patient feedback had resulted in the service taking a number of 'you said we did actions'. We saw evidence of changes put in place during the inspection. For example, cold-water dispensers were available in reception areas and advice on emergency contraception was provided on the service website.
- Staff told us that the 'Virtual Hub' online appointment system and out of hours telephone advice and appointment line had been introduced nationally because of patients requesting a 24 hour, seven day appointment and advice service.
- There was a concern from staff at the North Ormesby hub when they were managing the call centre line. This was because the telephone was at the main desk and patients could stand very close when the receptionist was handling an incoming call. Staff told us they had previously had a separate office but this had been lost during a recent reconfiguration. Managers told us there

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were plans to recruit to a vacant post for a dedicated call handler who would be based in a private office, which would mean the hub, administrators no longer had to handle incoming calls.

- We observed a patient having tests performed was offered and accepted a chaperone.
- We heard nurses encouraging patients to inform them of discomfort during procedures.

Understanding and involvement of patients and those close to them

- We observed explanations were given in a way the patients could understand and that the nurse checked their understanding of the information given.
- We heard staff giving step-by-step information during tests and procedures to ensure the patient knew what was happening at all times.
- Staff told patients what tests they were having, why they were necessary and when and how test results would be given.
- The service offered a full range of sexual health care and staff told us they offered patients treatment for and encouraged uptake of services such as contraception and testing for STIs.

Emotional support

- We saw that staff were empathetic and listened actively to patients.
- The service kept an up to date list of advocacy, counselling and support services where they could signpost or refer patients who needed specialist advice, counselling or support.
- We found that staff had a system in place to support patients with partner notification, where needed.
- Staff told us they would support any woman who wanted to access termination of pregnancy services.
- The service employed trained counsellors as health advisors to provide counselling for patients who may have suffered abuse and to work with patients who had psychosexual problems.

Are Sexual health services responsive?

Good



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

- We found that managers planned and delivered services in a way that ensured they met the needs of the local community.
- The service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week.
- Staff could arrange referral to appropriate providers for patients with additional medical needs, or if the service could not meet their needs.
- The service had an effective complaints procedure and shared learning from complaints.
- Interpreting and counselling services were offered and the centre was accessible for those with disabilities.

Planning and delivering services which meet people's needs

- The service was commissioned by seven separate organisations, with the contract managed by the Tees Valley Public Health Shared Service, to provide contraceptive and sexual health services to adults and young people over the age of 13 years.
- The service also provided services for out of area patients as required and there was a process in place for recharging CCGs or other commissioners where necessary.
- The service was provided on a hub and spoke model with outreach services to local colleges and communities to make the service as accessible as possible to people living in vulnerable circumstances and who might find it difficult to access mainstream services.
- We found that the sexual health outreach nurse and sexual health team worked closely with local community groups and other agencies to plan services to meet the needs of local people.
- The service managers had a good understanding of the health needs of the local population and targeted their services to best meet those needs and improve uptake of services by those most vulnerable.
- Facilities were modern and suitable for their use, with good accessibility and adequate space to provide privacy and dignity.
- Service level agreements were in place with; local laboratories for screening and blood testing, a local NHS trust to provide scanning for implants and with a

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number of independent organisations to ensure patients could access other community support services including counselling and access to termination of pregnancy services.

- Planned appointment times were designed with people's needs in mind. For example, patients under 18 years were allotted longer appointment slots to allow for risk assessments to be completed and safeguarding needs to be considered.

Equality and diversity

- We found that managers and staff were committed to responding to the diverse needs of their service users irrespective of race, disability, age, gender, religious belief, sexual orientation or socio-economic background.
- The service had an Equality and Diversity Policy and a draft Diversity Inclusion Strategy and an action plan had been drawn up focusing on a culture of diversity and inclusion.

Meeting the needs of people in vulnerable circumstances

- The facilities were accessible to wheelchairs users via a lift. Disabled toilets were provided.
- A professional interpreting service was available to enable staff to communicate with patients for whom English was not their first language.
- The service used accessibility cards for patients who had difficulty reading and writing and for those whose first language was not English.
- The virtual hub for patients was accessible by computer, tablet or mobile phone and had been designed with the needs of vulnerable people in mind. Sexual health and wellbeing information was available in different formats, easy to read information, videos and a web screen reader to aid accessibility. There were signposts to other more detailed information sources.
- Asymptomatic patients could book their own appointments online or take up the offer of self-testing for chlamydia, gonorrhoea, HIV and syphilis by requesting a postal kit. Patients would then be advised to attend local services as a follow up after receipt of their results if required.
- Patients could choose whether they had their friend or partner accompany them for their consultation and examination.

- Patients could request a chaperone to be present during consultations and examinations and there were signs on display to inform patients that this was available. Receptionists had received chaperone training so they could fulfil this function if needed.
- There were a range of patient information leaflets regarding contraception and sexual health. Staff told us they sign posted patients to an online service that provided sexual health leaflets in other languages.
- Staff told us that they always asked women attending the service for contraception whether they were suffering from domestic abuse. If any service user disclosed sexual violence or domestic abuse staff told us they would refer into other support services as appropriate. Staff had access to a list of local safeguarding and support organisations where they could refer patients for help and support.
- Patients could request that clinic staff made anonymous contact calls on their behalf if sexually transmitted infection test results were positive.
- Longer appointment times were given to new patients, symptomatic patients and patients under 18 years to ensure there was adequate time to give full explanations and reassurance to those needing it most and to carry out full risk assessments where needed.
- The service worked closely with advocates and community workers to ensure vulnerable clients could access services.

Access to the right care at the right time

- The service was provided on a hub and spoke model from Lawson Street Health Centre. There were three other main centres at Middlesbrough, Hartlepool and Redcar.
- Targeted community outreach services were also provided to make the service more accessible to vulnerable and minority groups who may have found it difficult to access mainstream services.
- We found there was a marketing plan and chlamydia strategy to ensure the service contributed to local health events, conferences and media campaigns to provide visible and accessible services to the local communities.
- There was a national 24-hour advice line for patients to access information about sexual health services and local information.

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- Approximately 18,000 patients accessed the service between August 2016 and January 2017. The service estimated that 40% of these were new and 60% were follow-up appointments.
- From August to October 2016, 4,901 patients accessing the service had tests carried out for sexually transmitted infections (STI). The service dashboard showing key performance indicators (KPI) for contractual agreements showed that the service consistently met its target of 100% for STI testing.
- During September and October 2016, 114 patients accessing the service were under 18 years, and had STI tests carried out.
- Patients could access the service through booked appointments or by attending a walk-in clinic.
- Patients could book an appointment online or by telephoning the service. The telephone service was 24 hours 5 days a week with the service line diverting to an out hours provider who could access the booking system. The service collected data on how many patients booked on line and this averaged around 7% of all bookings.
- Walk in clinics were available across the service several times a week and 21 clinics were offered across the service each month. Staff told us that they triaged patients who attended a clinic without an appointment and any urgent cases were asked to wait and would be seen as soon as possible. For non-urgent cases; a patient could wait if there was capacity within that clinic, attend a walk-in clinic at another time or location or they could arrange an appointment for any clinic location within the service.
- We observed patients were informed of waiting times within clinics and when walk in clinics were busy patients were offered alternative access via a different walk in time or a booked appointment.
- Staff told us that generally they could accommodate patient appointments within a reasonable time but did not feel the current system was as effective as it could be. They told us appointment slots were not always available to them on the IT booking system when patients attended the service without an appointment. This meant staff often had to call or text patients back with appointments when they became available.
- At one of the outreach centres, we observed a patient requested an appointment to have an intrauterine device fitted (IUD) and the administrator was unable to offer her an appointment immediately due to all

available slots for that service being fully booked. The staff member registered the patient and discussed with them which clinics they could attend and at what time. The staff member told the patient they would receive a text with the earliest possible appointment but the service may not be able to accommodate their preference for location or time.

- The service monitored a number of targets to ensure patients were offered appointments within 48 hours of request. However, staff told us that patients might have to wait up to 4 weeks for an IUD fitting due to the need to have a doctor on site when this procedure was performed.

Referral, Assessment and Admission Times

- Lawson Street Health Centre stated the following regarding days from referral to assessment and onset of treatment: “Our service operates to local performance indicators and access performance indicators relating to BASHH guidance”. They provided quarterly monitoring information regarding key performance indicators (KPIs) and almost all performance indicators met 100% compliance. These included STI testing targets and turnaround times, uptake of short and long-term contraception, and HIV testing and treatment offered and accepted. The service measured these targets across gender, age and ethnicity categories.
- However, staff told us that sometimes access to appointments did not always meet patient needs for example medical staff travelled to outreach centres so were not always available.
- The service had referral pathways into relevant services and monitored timeliness of onward referrals.

Learning from complaints and concerns

- The service had received seven complaints from October 2015 to September 2016.
- Six complaints were about clinical care and treatment and one was about poor communication. The service provided information on how these complaints were managed and action plans.
- There were posters and leaflets on display in the waiting area advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with.

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Information included; expectations about timescales, and how to escalate complaints to the Independent Healthcare Advisory Service (IHAS) if they were dissatisfied with their response.

- Staff told us they heard about complaints outcomes and any wider learning through hub meetings.

Are Sexual health services well-led?

Good



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.

- Senior regional managers had a clear vision and strategy for this service and there was strong local leadership of the service.
- Managers were approachable, available, and supported staff within the service.
- There was a committee and meeting structure that facilitated effective governance, risk and quality management. The governance structure enabled oversight of local risks and allowed for performance measurement.

However,

- At the time of our inspection, two members of the management team had recently returned from long-term leave. Nursing staff told us they had missed input, support and clear management during that time. Senior managers told us one of their new priorities was to ensure effective succession planning to prevent gaps in leadership of the service in future.
- The response rate and some responses from the latest staff survey had been poor but managers had commenced actions to improve staff morale and make positive changes.

Leadership of this service

- The registered manager was the service manager for Teesside sexual health services this role was supported by a clinical (nurse) manager. More senior management support was available from the regional operations manager and the business unit head. Senior professional nursing support was available from the regional nurse (who was also the governance lead).

- Staff told us that leaders were visible and approachable, recognised the value of education and supported them with professional development.
- Clinical staff said they valued their autonomy and felt they had the support of colleagues and the lead nurse for advice and support when needed. Although at the time of our inspection, two members of the management team had recently returned from long-term leave and nursing staff told us they had missed input, support and clear management during that time. Senior managers told us one of their new priorities was to ensure effective succession planning to prevent gaps in leadership of the service in future.
- Administrative staff did not raise any issues regarding management or support. However, nursing staff told us they felt they could not always approach their senior manager with clinical questions although they said the regional operations manager made themselves available to support staff.
- The registered manager was supported in their role through quarterly service manager meetings and two update days a year where topical issues were discussed. These looked at meeting regulations, quality assurance, and incident categorisation and reporting.
- The service had regional and national clinical leads. Local clinical leadership was shared by two medical staff, each taking a lead role for genito-urinary medicine (GUM) and contraception. The service had a national lead pharmacist who provided medicines information and management. Staff told us all national and regional leads were supportive and passed on information readily.
- A responsible officer within Virgin Care Services was accountable for supervision and revalidation of medical staff and the regional clinical lead was appraisal lead for this service.

Service vision and strategy

- The values of the service were to “Think, care and Do.” We found that staff and managers were aware of these values and demonstrated them in the way they treated patients and the way managers involved their staff to be engaged and innovative in delivering and improving their services.
- There was a clear local strategy regarding the new contract and commissioned services with clear objectives and outcome measures.

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- It was evident that there were well-developed relationships with commissioners and stakeholders regarding the planning and delivery of the services needed for the local population.
- The service vision and mission were an integral part of staff performance and development reviews. We saw staff displayed the values of the organisation by their behaviour and attitude to patients throughout our inspection.

Governance, risk management and quality measurement

- There was a clear governance structure within the organisation, which included a Quality and Safety Committee, Care Effectiveness and Safeguarding Group for the business unit. The unit group reported into the Virgin Care Clinical Governance Committee, which reported to the Virgin Care Executive Team and Board.
- The business unit group also linked with the Virgin Care Committees for: infection, prevention and control; research governance; medicines management; and safeguarding adults and children.
- Clinical governance was monitored using a red, amber, green (RAG) scorecard. The Teesside Sexual Health Service was green (good) for most quality measures from August 2015 to September 2016. The exceptions were regarding a lack of updates to action plans for medicines management and infection control. Both of these categories were rated amber and the service manager provided evidence to show there were plans in place to address these and where some actions had been completed.
- The quality measures (metrics) included indicators relating to governance, safeguarding, medicines, infection control, incidents, training, review of the risk register, and clinical audits.
- The role of the business unit clinical governance committee was to look at audit performance; cascade information from other regional and national groups; and to look at incidents and complaints. Managers told us that all staff were invited to attend these meetings, depending on availability. Staff confirmed these meetings took place but there had been some meetings missed due to the absence of the nurse lead.
- We saw from minutes and notes of local clinical governance meetings that, incidents and safety alerts, complaints and patient experience were discussed in these forums, as were proposed changes to services, clinical and policy updates, training requirements and compliance, medicines management, infection prevention and control, safeguarding and scorecard performance.
- Risks for the Teesside Sexual Health Service were included on the risk register for business unit five. Of the top five highest risks, three were associated with IT systems and lack of IT access when delivering services from spokes and outreach sites. This caused the potential risk of not identifying children at risk of child sexual exploitation (CSE) and inability to access history of patients attending the outreach clinics. The third IT risk was in relation to the current system, which was not easy to navigate. The other top risks were regarding access to safeguarding support and advice and recruitment. The risk register outlined actions that were in place to reduce the identified risks. We saw that these risks had last been reviewed in September 2016. However, risks were a regular agenda item and were reviewed by management at monthly clinical governance meetings.
- The service had a number of service level agreements with contractors and other providers, which included; pathology services, landlords, medical gases, liquid nitrogen and the out of hours' call-centre. We found there were processes in place to monitor contracts and hold suppliers to account for the elements of service delivered. The Business Unit Head told us that following some adverse publicity about one of their providers they had made some additional checks on the level of training of the people providing the sub-contracted service. They also told us that they had previously tested this service using 'mystery shoppers.'
- The registered manager measured the performance and quality of outcomes through a number of key performance indicators and a programme of audits. Performance was communicated to the regional management team and staff at the service.
- The registered manager had a system in place to check nurses maintained their registration with the Nursing, and Midwifery Council and that medical staff had active GMC registration. All nursing staff had active registration with the NMC.
- Personnel records and other data showed that staff in this service had active GMC or NMC registration and indemnity insurance, where relevant, and all staff had DBS checks within the last 3 years.

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- Staff carried out quality assurance checks for microscopy and pregnancy test results.

Culture within this service

- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the service.
- Staff told us the service had an open culture and felt they could approach managers if they felt the need to seek advice and support. They told us they would be comfortable to raise concerns with them and that they would be taken seriously.
- Nursing staff and managers, we spoke with, all liked working for the organisation.
- Staff described a culture that encouraged teamwork, generation of ideas, professional development and valued the contribution of staff at all levels. They told us that all staff worked hard to provide a good service. However, the protracted absence of some key managers had caused some lack of focus and local engagement. Some staff felt they missed their support and proactive management styles.
- Staff we spoke with told us that learning from incidents, safeguarding and daily practice was shared locally within the team, regionally at governance meetings and nationally via communications from clinical leads, emails and the service website.

Public engagement

- The service encouraged patients to leave comments about their care and had taken action to improve based on patient feedback, for example, school pupils had asked to be better informed of sexual health services available in the area. The service had provided up to date information for school nurses to pass on to schools.
- Managers collated patient feedback comments cards and discussed results with the staff team. This was presented as a “You said – We did” page showing comments received the previous year and examples of how the service had addressed these.
- The most recent results from the Friends and Family Test for the service showed 97% of patients were likely or extremely likely to recommend the service.
- The service collected and collated information at a national level and had produced some engagement

materials on the website and a poster in the waiting room to encourage service users including vulnerable groups to take part in planning and evaluating the service.

- The service engaged with the public through regular sexual health awareness raising and marketing, by delivering sessions to students, at local support groups, in the workplace and through its outreach team.
- Service users were involved in user design groups and user testing group, for the virtual hub. The service did this by working with schools and third parties representing Black and Ethnic Minority (BME) groups and the Lesbian, Gay, Bi-sexual and Transsexual community (LGBT).

Staff engagement

- Staff told us they generally felt valued as members of the team and communication systems between the organisation and staff were in place. However, lack of allocated time for administration or self-management meant that accessing communications such as those by email was hindered.
- Clinical staff told us they felt they did not always have the opportunity to input into the way services were delivered or managed locally. For example, they felt that the service delivery could be improved through more input from operational staff in the way clinics were organised. However, they did feel that they were kept up to date and well informed about service plans and changes in commissioned services.
- Staff also felt they could be more involved with rostering (including holiday management) and told us the response to requests for leave could take a long time and that there was no directly accessible system for making off-duty requests. Lack of visibility of other team member requests made it difficult to know when was a good time to ask for annual leave to fit requests around those of other colleagues.
- Virgin Care Services Ltd carried out a bi-annual staff survey and managers told us that the results were fed into local and national action planning and improvements.
- The most recent Teesside sexual health, staff survey results in relation to leads being off sick were more negative than the whole of the east Region and only 24% of staff responded to the latest survey. This was the lowest response rate for the region. The best scores for this service (4.08 out of 5) were in response to questions

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on recommendation of the service to friends and family for care and treatment and knowing who to go to for support at work. The lowest scores (2.67 out of 5) were about having the right tools to do the job and receiving feedback and recognition for doing good work. Regional managers had noted an overall reduction in staff satisfaction across the region and had addressed staff requests for better tools to do the job. We saw they had devised an action plan to improve IT systems, staff morale and engagement.

- We found that managers took staff feedback seriously and took action to make positive changes and improvements.
- Both managers who had been absent had returned to work at the time of the inspection and told us they had received good support from staff and management and were keen to make improvements for staff within the service
- The organisation provided staff with an 'On-boarding programme' and arrivals pack as part of the induction process.
- The staff intranet provided information about support services, news stories and important announcements.
- Staff told us they could access a 'Feel the difference fund' to improve the service they delivered. Staff explained that the service manager could agree projects and ideas costing less than £100. Any costs greater than this would be considered by a panel and the best ideas would be awarded funds.
- Staff were proud of their team, they felt that their teams worked well together, they were proud of work they did and the service they provided.
- Staff told us positive feedback was shared with them on an individual basis when patients had named them as having provided good care.
- We found the service had a "Quality Mark" through Skills for Health for its training provided by The Learning

Enterprise (which we were told is also City & Guilds accredited), offered apprenticeships and training and talent management was evident. We spoke with staff who had progressed professionally within the service.

- The corporate organisation produced a newsletter 'Something for the weekend' which highlighted important events and reminders for staff and managers and celebrated feedback for staff who had made a difference to patients or helped other staff. Staff could also leave positive feedback and acknowledge colleagues through the staff intranet.
- Managers and staff told us they received email communications about important announcements, alerts and training such as webinars by email.
- Managers told us that Virgin Care Ltd was planning to develop an internal social networking site for employed staff to communicate and share ideas and learning.
- Staff told us they were rewarded for good practice through 'Stars of Year Awards'.
- The organisation had implemented initiatives to help staff look after their own well-being. These included monthly campaign packs focusing on a health issue, an online platform to help staff manage their mental and physical well-being and support for staff who are 'carers'.
- Although there had been some long term sickness the overall sickness rate at the time of our inspection was 5.24%.
- The staff turnover rate was 13.46% with seven leavers within the previous 12 months.

Innovation, improvement and sustainability

- Work was ongoing to fully implement and improve the online 'Virtual Hub', there were plans to improve queue management and accessibility of appointments.
- Following long-term absence of key staff the service had recognised a need for effective succession planning and were beginning the process to ensure key skills were identified and staff supported to progress and provide cover and support to the team to prevent the recurrence of recent problems.

Outstanding practice and areas for improvement

Outstanding practice

This service had a well-developed, proactive and responsive service for HIV and psychosexual counselling and multidisciplinary working relationships and they should be commended this and for their active work with the multi-agency child exploitation (MACE) group.

Areas for improvement

Action the hospital SHOULD take to improve

- Consider reviewing the process for transcription of outreach records onto the electronic system and continue to merge patient records where the online booking system has created duplicates to ensure the standard of one patient record is achieved. Consider allocating nurses sufficient time to ensure transcription of full records, from outreach centres, can be carried out.
- Consider making improvements regarding infection prevention and control in the areas of; the process for allocation of cleaning responsibilities to ensure daily room cleaning schedules are adhered to and hand hygiene and environmental audits.
- Continue to develop a succession plan to ensure all staff and systems are supported when key staff are absent from work.
- Ensure staff are able to access training updates regarding medicines management.