

# SANDYFORD

## **Annual Report and Clinical Governance Report 2007 to 2008**

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**Thanks to...**

**Contact Information**

# Introduction

*Sandyford's Annual Report and Clinical Governance Report for 2007 – 2008* reviews the work and impact of NHS Greater Glasgow and Clyde's specialist sexual health service. Importantly, it brings together information that until now has been published separately - the Clinical Governance Report which was aimed at professional groups and individuals, and the Annual Report that was targeted at the public and service users. As part of continued streamlining of the work of Sandyford, this integrated report has been produced for organisations and agencies, with a summary version for the public and service users.

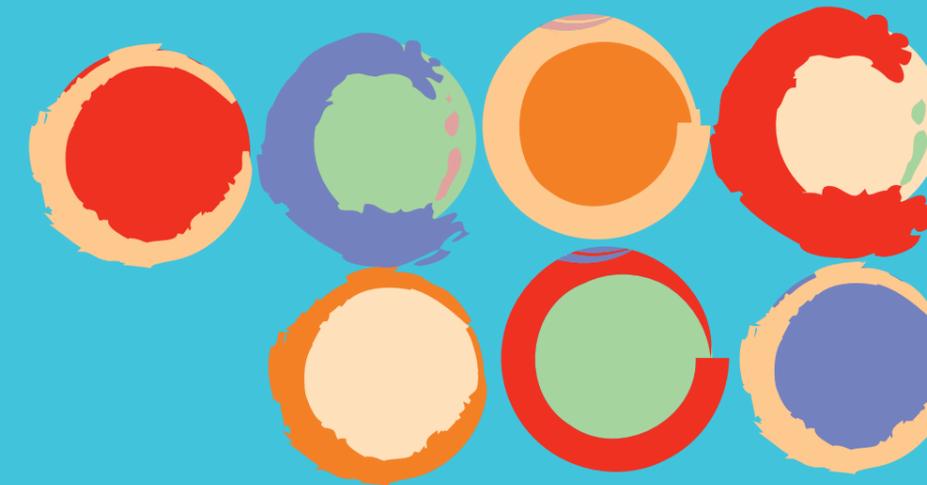
Sandyford was formed in 2000 to develop a new approach to sexual, reproductive and emotional health care for Glasgow. Prior to that, its component services – Family Planning and Reproductive Health, Genitourinary Medicine and the Centre for Women's Health – were configured, operated and managed separately. Sandyford's integrated services are now delivered from a main site in Glasgow city centre and in community locations across Greater Glasgow and Clyde. As the report shows, contacts are now around 123,994 annually across all Sandyford's services.

Sandyford adopts a comprehensive approach to determinants of sexual ill health and provides a wide range of access points into services and to external referrals. Family planning and genitourinary medicine - advice, diagnosis and treatment for all sexual health issues for men and women and young people - is Sandyford's core activity and constitutes the vast majority of

attendances. Improving access and encouraging more, particularly male, attendees is a key priority and has been aided through the Hub model – the successful delivery model for Sandyford community services. This approach began in 2002, when, after public consultation, it was clear that an outreach model was needed to build on family planning services previously aimed at women. As will be further described a Hub is an integrated community clinic that provides a sexual, reproductive and emotional health service in accessible sites distant from the main Sandyford clinic, developed in partnership with CH(C)Ps Community Health Partnerships.

The Report conveys a very successful year for Sandyford, as service improvement has responded to, and been shaped by, a shifting local, regional and national political environment. Scotland has increasingly become the home for new populations – many of whom use Sandyford services. This has required flexibility in adapting to changing demands, aided by the strong partnership working that has always underpinned the work of Sandyford and is a key feature of NHS Greater Glasgow and Clyde. This report will begin by reviewing and describing the work of 2007 – 2008, as set out within the service's Development Plan 2007 – 2010, before considering in more detail how this work links to governance and quality assurance. It is important to note that, for staffing reasons, an Annual Report was not produced last year, although a Clinical Governance Report was, and this report therefore includes information concerning events and activities of 2006.

## Section One Service Developments



Sandyford's planned activity for 2007 – 2008 was set out in the first Development Plan for NHS Greater Glasgow and Clyde's specialist sexual health services. Although Sandyford is the service provider for specialist sexual health services in the Board and has significant responsibilities in clinical governance and support of acute and primary care activity, it has an increasingly close working relationship with NHS Greater Glasgow and Clyde health improvement team for sexual health. This specialist team was formed in 2006 from the sexual health Health Promotion teams of NHS Greater Glasgow and NHS Argyll and Clyde and is based within Sandyford. Like Sandyford, it is hosted within West Community Health and Care Partnership. The team facilitates and supports sexual health improvement in the NHS and with partner agencies across the Board area using a range of approaches.

The first Development Plan set out a comprehensive agenda for sexual health for 2007 – 2010. It aimed to consolidate existing sexual health services in Greater Glasgow; to respond to the integration of Clyde into NHS Greater Glasgow through needs assessment, service development and appropriate management structures, and to address identified gaps in service delivery particularly concerning the needs of specific population groups and geographical communities. It was organised around a set of objectives:

- Modernise and integrate sexual health services in Greater Glasgow and Clyde
- Sexual health improvement<sup>1</sup>
- Develop Sandyford Phase 2 with roll out of Hubs across Greater Glasgow and Clyde
- Establish Archway Glasgow Sexual Assault Referral Centre (SARC) Service at Sandyford

<sup>1</sup>As these are mainly the responsibility of the Sexual Health: Health Improvement Team, they are not covered in this report.

<sup>2</sup>Some of this activity is linked to other actions throughout the first section, so appears at earlier points.

- Continue development and improve accessibility of Steve Retson Project for men who have sex with men
- Further roll out of TOPAR service
- Continued development of Homeless Sexual Health Service
- Enhance provision of Base 75 service for women involved in prostitution
- Ensure Counselling Services at Sandyford provide best range of emotional support
- Continue to develop The Place - providing quality accessible sexual health services for young people
- Ensure effective marketing and promotion of Sandyford services and that patients and professionals receive the best sexual health information possible
- Enhance opportunities for organisational and workforce development
- Formalise performance management system in line with NHS Greater Glasgow and Clyde
- Develop and sustain partnerships with external organisations and service users, appropriate to the new context in which Sandyford services are being delivered<sup>2</sup>

The following section summarises the work undertaken towards these objectives. As one of the key principles of Sandyford is to carry out ongoing consultations with current and potential service users, and to design and implement mechanisms for involving service users in the development and delivery of services, reports on user involvement work appear throughout this first section and other parts of the report. The section also features some of the partnership work undertaken by Sandyford in relation to HIV positive clients in Greater Glasgow and Clyde.

## Modernising sexual health services in Greater Glasgow and Clyde

### Background

As already stated, Sandyford has been rolling-out integrated sexual and reproductive health services in community sites since 2002, after launching the Glasgow city centre service in 2000. Between 2002 and 2006, before the period that this report covers, a Sandyford Hub was set up in each Glasgow Community Health and Care Partnership, apart from South West as described below. As this report shows, these services have attracted both men and women through offering a comprehensive delivery model. In 2006, through the abolition of NHS Argyll and Clyde, NHS Greater Glasgow took on the delivery and management of sexual and reproductive health services to the Clyde population. For Sandyford this meant a broader geography for continuing service improvement and equity of access, as well as incorporating a staff group that had varying degrees of involvement with, and awareness of, the Sandyford model of working.

### Activity

Sandyford had a number of tasks to deliver in relation to Clyde. First, work was required to integrate Family Planning and genitourinary medicine services and to review community clinic provision to establish Sandyford Hubs. During 2006 and 2007, new Hubs were developed in Inverclyde (in Greenock) and in East Renfrewshire (in Barrhead) to offer integrated reproductive and sexual health services to women, men and young people. The final Hubs in the Clyde area are to open in 2008 and 2009.





Sandyford Renfrewshire will open in Summer 2008 after a major refurbishment of the Russell Institute in Paisley town centre. This development has been a shared commitment between Sandyford and Renfrewshire CHP and set within a formal public consultation process because of the need to reconfigure some of the smaller local clinics in Renfrewshire into Satellites to support the Hub. The expanded Satellite

services in Johnstone and Renfrew will open in Autumn 2008. Hubs are also being planned for West Dunbartonshire in September 2008, in part of Vale of Leven Hospital, and for East Dunbartonshire in April 2009 within the new civic realm development at Kirkintilloch. This means that access to an integrated Sandyford Hub will then be available for the population throughout Greater Glasgow and Clyde. The planning, design and location of all of these new services have required extensive collaboration with Community Health Partnerships and to help achieve this, members of the Sandyford Management team attend Clyde local sexual health planning and implementation groups and work closely with colleagues at all levels.



Secondly, Sandyford's workforce now includes colleagues from NHS Argyll and Clyde, as the Board's dissolution meant that all staff became part of NHS Greater Glasgow. From 2006, Sandyford took over responsibility for family planning and genitourinary medicine staff who had been previously employed by the neighbouring Health Board. This has required extensive staff governance, personnel work, training and new arrangements facilitated by a Sandyford team including senior managers and nursing and medical staff who came over from Clyde. Nursing, medical and administrative staff now work across NHS Greater Glasgow and Clyde within Sandyford's services, and continuing efforts are taking place to create a seamless service and integrated team. This will allow the delivery of the final part of this objective - to produce an integrated sexual health strategy for Greater Glasgow and Clyde - that is part of the Sexual Health Development Plan for Sexual Health 2008-2009.

## User involvement

As part of the development of Sandyford local services, Sandyford's Community Access Coordinator interviewed 35 existing users of Renfrewshire community clinics to obtain views on current services and potential re-designs. The results informed proposals for the service redesign in Renfrewshire as did a subsequent formal consultation of both existing and potential service users.

## Rolling out Sandyford Hubs across Greater Glasgow and Clyde

### Background

As earlier described, Sandyford has been improving sexual health services throughout the community since 2002 in a programme termed Sandyford Phase 2. The first Hubs were located within the five Community Health Care Partnerships in Glasgow city. The last year saw an ambitious service improvement programme across Greater Glasgow and Clyde to provide better sexual health services for the whole population.

<p><b>SANDYFORD EAST</b> Parkhead Health Centre 101 Salamanca Street, Glasgow G31 5BA t. 0141 232 7413</p>	<p><b>SANDYFORD SOUTHWEST</b> Pollok Health Centre 21 Cowglen Road, Glasgow G53 3EQ t. 0141 531 6807</p>
<p><b>SANDYFORD EAST RENFREWSHIRE</b> Barrhead Health Centre 201 Main Street, Barrhead East Renfrewshire G78 1SA t. 0141 314 0885</p>	<p><b>SANDYFORD INVERCLYDE</b> Block 1 and 2, Residential Complex Inverclyde Royal Hospital, Larkfield Road Greenock PA16 OXN t. 01475 504 978</p>
<p><b>SANDYFORD NORTH</b> Springburn Health Centre 200 Springburn Way, Glasgow G21 1TR t. 0141 531 6703</p>	<p><b>SANDYFORD SOUTHEAST</b> Community Wing, Govanhill Health Centre 233 Calder Street, Glasgow G42 7DR t. 0141 531 8349</p>
<p><b>SANDYFORD RENFREWSHIRE</b> The Russell Institute, Causeyside Street, Paisley PA1 1UR t. 0141 314 0726</p>	<p><b>SANDYFORD WEST DUNBARTONSHIRE</b> Location to be confirmed</p>

## Activity

The Hub development programme in Glasgow City has been completed, with the opening of Sandyford South West at the new civic realm development at Pollok in September 2007. As stated in relation to the first Objective, the final Hubs in the wider Glasgow area and in Clyde will open in the next few years. All the smaller community Satellites have been connected to the Sandyford clinical information system (Clinic Pro 2) in the last year, meaning that client information is available across all sites, providing integrated care and better choice for clients. Discussion has also taken place with NHS Lanarkshire in relation to family planning clinics in Rutherglen and Cambuslang, previously part of NHS Greater Glasgow, and further service developments will be informed by Lanarkshire sexual health developments.

## User involvement

The How was it for you? process (a basic core of questions with additional project/ service specific questions added in consultation with key staff) has been used in a range of Sandyford community services. For example, at Sandyford Inverclyde, seventy-seven people completed a questionnaire to establish how they felt about the service and to identify areas for improvement. Sandyford Inverclyde was highly praised - with 98.6% of respondents saying they were satisfied or very satisfied with the service and 100% that they would use the service again. As a result of feedback, Sandyford Inverclyde implemented some changes such as ensuring greater levels of privacy for people phoning and visiting the service.

To establish views of service users at Sandyford North following its first six months of operation, a similar process was carried out in November and December 2007. In this period, 69 people filled in a self-completion questionnaire. Of those who responded to the question 'During your visit to Sandyford North, how satisfied were you with the service you received?' all but one were satisfied or very satisfied with the service at Sandyford North.

Service users at Sandyford South East were invited over a 3-month period to complete an anonymous Equality Monitoring Form to establish the gender, ethnicity and sexual orientation of people accessing services. The study was to test out anecdotal feedback that particular gender and ethnic groups were attending certain clinics based on the gender of staff available; to provide useful feedback to Sandyford South East about how it was attracting men and women, people from a minority ethnic background and people who are lesbian, gay or bisexual (LGB); and to support work being carried out by South East CHCP.

In total 181 people completed the Equality Monitoring Forms. Of these, 102 people (56.3%) identified as female, 78 (43.1%) as male, with one person not completing this question. The fact that over 40% of respondents were men is significant considering that Sandyford South East was ostensibly a women-only service until it became a Hub. Sandyford South East is also attracting people from Black and Minority Ethnic communities, as 35 people (19.3%) identified as non-white. The Hub is also attracting a significant number of gay and bisexual men - with 19 men (10.5%) identifying as gay or bisexual. However, only one lesbian completed a form, suggesting that lesbians may be choosing not to attend the South East Hub for some reason.

## Establishing Archway Glasgow Sexual Assault Referral Centre (SARC)

### Background

Archway Glasgow (Glasgow's integrated sexual assault and referral centre) was funded as a three year pilot by the Scottish

Government from April 2006 to the end of March 2009 and hosted in Sandyford. This was predicated

on the delivery of agreed outcomes and commitment by local funders to continue funding post-pilot. Archway is an example of Sandyford working in partnership with non-health organisations, in this case local authorities, police and the voluntary sector, in a project which crosses organisational and sector boundaries to provide a comprehensive and sensitive service for users.

Archway Glasgow provides forensic medical examination, health, counselling and support for those reporting recent rape or sexual assault, is housed in Sandyford and managed as an integrated part of Sandyford's services. Although funding was available from 2006, due to delays in establishing a very complex service that also required capital works, the ambition was to open in 2007 – 2008.



## Archway Glasgow: Progress Report to 31 March 2008

	April 2007	May	June	July	Aug	Sept	Oct*	Nov	Dec	Jan 2008	Feb	Mar	Total
Monthly cases	8	11	12	22	16	24	19	20	15	19	13	23	202 (inc adol)
Female	7	10	10	21	16	24	18	18	15	19	12	22	192
Male	1	1	2	1	-	-	1	2	-	-	1	1	10
Adolescents	-	2 (F)	-	-	-	4 (F)	2	4	5	2	1	6	19 (F)
Cases – office hours	3	7	6	14	9	10	11	13	6	4	5	4	92
Cases – out of hours	5	4	6	8	7	14	8	7	9	15	8	19	110
Forensic Exam (including non police engagement)	7	10	10	13	13	21	16	17	13	17	10	20	167
Cases seen by Police that fit Archway criteria	4	9	13	11	5	9	6	9	3	8	1	1	77
Police engagement cases	5	9	8	9	11	18	13	14	11	16	8	20	142
Non Police Engagement (at first point of contact)	4	2	4	12	5	6	6	6	4	3	5	3	60
Phone calls that didn't engage	4	7	5	6	3	4	3	5	2	4	2	3	43

Apr – Sept 07 opening hours were Mon to Thur 9am-5pm, Fri, Sat, Sun 24 hr

\*Became 24/7 on 12th Oct 07

### Activity

When the Archway manager and lead nurse were appointed in October 2006, the final stages of planning Archway Glasgow and completing building works took place. Archway Glasgow opened in April 2007, initially as a day-time and weekend service, with a Ministerial launch in December 2007. From April onwards, clients began to use the service, and more sessional doctors and nurses were recruited to ensure that a 24/7 service could start in October 2007. Recruitment has continued during the year, supported by training, to ensure that there is enough staff to cover the demands of a 24/7 service. A media and communication strategy ensured that public information leaflets were disseminated to partner agencies and to other public sites, with the main publicity linked to the official launch in December 2007 that attracted much media attention as Elish Angiolini (Lord Advocate) and Stewart Maxwell (Minister for Communities) launched Archway on behalf of the Scottish Government.

Strategic activity in 2007 – 2008, led by senior managers from Sandyford, has focused on ensuring funding for Archway after the initial funding period concludes at the end of March 2009. Local partners - Strathclyde Police, NHS Greater Glasgow and Clyde, and Glasgow City Council - are committed to funding beyond 2009 and a process is being established through a senior officer group formed in November 2007.

### User involvement

Young people were involved in discussions with youth workers from The Place to help inform the development of the young people's leaflet for the Archway service. Archway service users are informing the continued delivery of the service through an independent evaluation, being carried out by the Child and Women Abuse Studies Unit at London Metropolitan University under the direction of Professor Liz Kelly. This is undertaking an extensive review of the work and impact of Archway through methodologies including client feedback, and has gained NHS ethical approval including for interviewing under-16s.

## Continuing to develop Steve Retson Project for men who have sex with men

### Background

Steve Retson Project (SRP) is Sandyford's sexual health and counselling service for men who have sex with men, with its origins in 1980s gay community activism regarding HIV and AIDS. SRP provides 3 clinical evening sessions per week, two in Sandyford and one at Glasgow's LGBT Centre and in the last year, made great strides towards becoming a specialist Hub. Like the geographical Hubs, it sits within the larger Sandyford service, reporting into a wide range of management and governance groups.

### Activity

In April 2007, SRP moved its Thursday night session to the new LGBT centre in Bell Street, in an expanded suite of rooms that is allowing new developments to be considered. The new LGBT Centre has attracted new clients into SRP, and the presence of Gay Men's Health in the LGBT Centre has facilitated successful joint working and the development of outreach work. Gay Men's Health has recruited volunteers to promote and advocate for Sandyford's services amongst gay men who do not access sexual health services, with Sandyford and others providing training. Although recruitment took longer than intended, the process of volunteers linking gay men into Sandyford community Hubs is currently being explored.

As stated, SRP management arrangements have been amended during 2007 – 2008 to ensure better links to Sandyford’s management and governance structures as a Hub. The SRP Stakeholder Group, that had overseen the work of the Project for a number of years, ceased in Summer 2007, and other methods of engagement with gay men are developing as set out below.

## User involvement

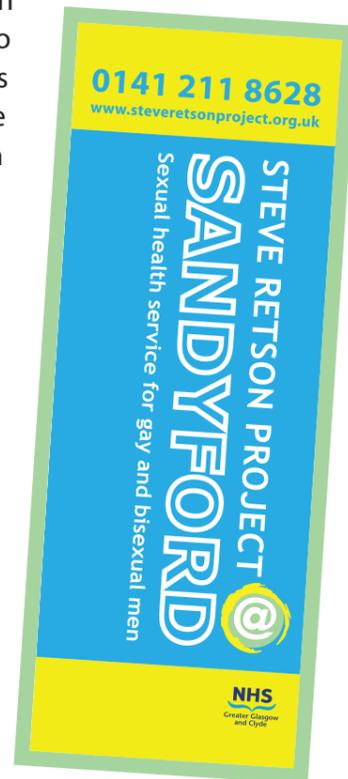
Sandyford has been working with the Sexual Health Improvement Team, via the Gay Men’s Involvement Project (GMIP), to improve consultation with gay men in planning and policy decisions concerning services, resources and information aimed at improving gay men’s sexual health. This has been achieved by training a pool of gay men as workers who act as a sounding board in the gay community to ensure that all initiatives are relevant and appropriate. In this, their second, year, the group’s work included:

- The group visited the Steve Retson Project (SRP) and met staff from all disciplines working in the project. They created a fictional gay man to be treated as a real person by staff during the visit. Following the visit the group met with Sandyford’s Senior Sexual Health Adviser and provided written feedback from their visit. This included some suggestions for things that would make it easier for gay men using the service. One follow on action from this was a review of signage at Sandyford.
- The group also fed back to Sandyford on a range of topics including gay reading materials at Sandyford, the C-Card scheme, the Sandyford library and website.

## Further rolling out TOPAR service

### Background

Around 2000 terminations of pregnancy (TOP) are carried out each year in Glasgow. Previously all women presenting to their GP or to Sandyford with an unintended pregnancy were referred to a hospital-based TOP clinic for assessment, prior to the procedure being organised. Waiting time to be seen at hospital clinics can be up to 3 weeks. Previous work with this client group has shown that women are distressed by waiting times and by having to deal with numerous different services. In early 2005 a pilot medical TOP service was established between Sandyford and the gynaecology ward at the Southern

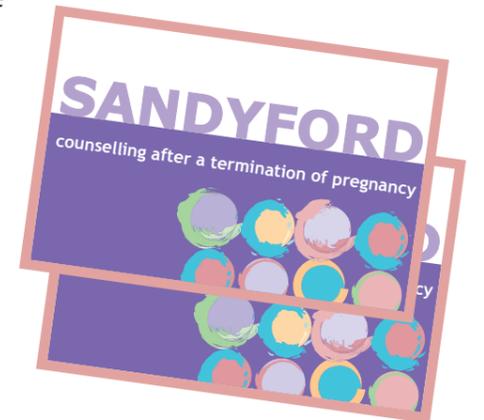


General Hospital. This initial pilot applied only to medical TOP at less than 9 weeks gestation. The full TOP assessment was carried out at Sandyford, with the first part of the medical procedure soon after, while a hospital bed was booked for admission for the second part.

Initial evaluation showed that the whole process often took less than a week and that there were high levels of satisfaction with the service. Sexual Health Strategy monies were used to extend the service across Greater Glasgow with an extension of gestational limits to match the medical TOP units. Funding has supported the appointment of a WTE G grade nurse and a 0.5WTE staff grade doctor.

## Activity

In the last year, TOPAR has continued to improve women’s access to termination services. For example, an audit of waiting times for consultation and from consultation to admission found that TOPAR appointments are available in less than 5 working days - the RCOG gold standard. The time from consultation to medical abortion averages at 6 days (range 0-21 days) and from consultation to surgical abortion of 10 days (range 1-25 days). Some clients delay admission for personal reasons and this inevitably affects figures. The impact of TOPAR on waiting time and referrals to hospital clinics has also been audited and indicates that pre-TOPAR, Sandyford referred around 70 women monthly to hospital TOP clinics in Glasgow. Since TOPAR, a total of 72 were referred for the whole of 2007, with hospital appointments now occurring in less than 10 days.



To ensure access for women across the Health Board area, TOPAR has now been established in each Glasgow Sandyford hub. To improve the uptake of LARC (long acting reversible contraception) post-TOP and to establish fast track implanon service for TOP clients, the TOPAR lead nurse has completed the nurse prescriber course and Implanon training. There is now a dedicated fast track contraception clinic for post TOP clients, offering LARC methods, and follow-up for clients felt to be vulnerable.

## User involvement

To gather views from service users about the TOPAR model, work was planned during this year that will be taken forward in 2008 – 2009. This will involve women using the service filling in a self-completion questionnaire about their experiences of using the service and feelings and reflections on the whole process.

## Continuing to develop Homeless Sexual Health Service

### Background

The Homeless Sexual Health Service began in 2005 and mainly operates at the Homeless Health Centre in Hunter Street. Staffed by Sandyford it has strong partnership links with other services at Hunter Street including health and Social Work. The service aims to address high levels of un-met need by providing facilitated in-reach and outreach services with a full clinical service at Hunter Street and fast track appointment to Sandyford, including STI screening and treatment, BBV screening, contraception and reproductive health advice. Given the complex needs of the client group, partnership is an essential part of design of the service and cross referral to and from the families team, physical health team and counselling service is common, as well as with external organisations such as SAY Women, Blue Triangle, the Simon Community and various hostels throughout the city.

### Activity

In the last year, there has been improved uptake by male clients using targeted outreach and by partnership working with other homeless services accessed by men. Evidence shows that 80% of male homeless clients have accessed STI screening, confirming good uptake of services when contact made. Audit has also shown that of those clients wishing contraception, uptake of LARC has increased from 64% to 76%. Chlamydia testing was carried out in over 65% of homeless GU attendances – 15% of tests were positive, suggesting appropriate targeting. These outcomes indicate that the team has been providing appropriate sexual and reproductive health to the homeless population in Glasgow.

### User involvement

To build on the self-completion questionnaires and report of 2006, follow up interviews were undertaken in December 2007 and January 2008 of Sandyford Homeless Sexual Health service users. Concerns about literacy skills and people's unwillingness to complete questionnaires on their own in the previous years feedback scheme, led to these interviews being arranged face-to-face to get a more in-depth response. This involved spending time at the Homeless Service each week to meet with any service users who were comfortable with being interviewed. Over six separate days, ten people agreed to be interviewed and expressed extremely positive views towards the service and its accessibility.

## Enhancing Base 75 service for women involved in prostitution

### Background

Base 75 is a specialist hub for women involved in prostitution in Glasgow city centre run in partnership with Glasgow City Council. A clinical service - encompassing sexual and reproductive health and general medical services particularly related to drug and alcohol use - is provided on site, with additional services offered by Social Work and other agencies including Addictions. Much of the work involves partnership working to better address the complex issues that many of the clients experience. In June 2006 the service changed to primarily daytime provision to reflect the changing patterns of prostitution in the city and in response to decreasing attendance at drop in services.

### Activity

In the last year, there have been a number of developments for Base 75. A pilot project between Base 75 and addictions, to better identify ways of integrating sexual health and addictions practice and information-gathering, concluded and has influenced the development of integrated work with Glasgow City Council's Intervention Team increasing support for women to exit prostitution. Sexual health services offered to the homeless population, many of whom are involved in, or vulnerable to involvement in, prostitution have also been redesigned. Some of the services offered in Hunter Street (the main NHSGG health centre for homeless people) were relocated on a pilot basis to hostels in 2007 to better reach this population.

There have been other achievements in service provision. For example, an increased number of women have taken up LARC and plans are developing concerning the role of Sandyford Hubs in identifying women involved in prostitution, including linking them to organisations that can help them to exit.

## Ensuring that Sandyford Counselling Services provide best range of emotional support

### Background

In the last few years, counselling has become an increasingly important aspect of Sandyford and demands on the service have confirmed the need for further standardisation to ensure that all clients access quality services. In the last year much has been done to address inequities in service delivery and to integrate the services under one management structure.

## Activity

Counselling is now offered in all Sandyford Hubs, as well as the main site, with counsellors working as part of multi-disciplinary teams. Work has been done to reduce waiting times for all counselling services to under 18 weeks. However, demand for counselling in Hubs is increasing, despite the use of a time-limited model. To deal with this, the counselling service has introduced, CORE (Clinical Outcomes Routine Evaluation) assessment system to determine if counselling is appropriate or whether the client would benefit from a package of care (with psychiatric input) or referral to a community mental health team. Times for accessing eating disorder services are longer but managed via an action plan which includes assessment, time limited counselling and one-off interventions. Waiting times for specialist services like Sappho (for lesbians and bisexual women) and Thrive (counselling for men who were sexually abused as children) are being addressed, and there are plans in place for a system where clients will opt into counselling rather than automatically be put onto a waiting list.



The last year has seen other new opportunities. New funding for the Thrive service been secured from the Scottish Government (to replace previous funding through the Suicide Prevention Strategy and to allow some new developments) but needs to be made sustainable in the next year. The last year has also seen the increased provision of generic counselling and one-off, listening ear, services for men within all Hubs, with extra funding to support further developments in Sandyford East.

New approaches have also been progressed in the last year. A student Art Therapist is on placement for two days a week with the aim to have a full-time post in 2008 – 2009. Group therapy has also been expanded: Thrive have a weekly group for men who have had long term counselling, and there is a Cognitive Behavioural Therapy Group for women prior to accessing counselling within the generic service. There is also a Pre-Therapy Group for women with anxiety and a pre-therapy group for women who have been sexually abused is being piloted and evaluated.

## Continuing to develop The Place for young people

### Background

The Place is a one stop shop for young people, providing information and support to make informed choices about their own health and wellbeing. Full sexual health clinical services are combined with C-Card, Counselling, Information and groupwork with specially trained staff. Youth Workers from Culture and Sport Glasgow also work at The Place. The Place operates on four late afternoons a week as well as on Saturdays in the main Sandyford site. The Place also operates at various locations in the city, including the Hub developments and the last year has seen continued development across the Clyde area.



### Activity

The roll out of young people's services within Hubs across Greater Glasgow and Clyde has continued, ensuring consistency of provision and involving partnership working with local statutory and voluntary agencies. Efforts have been made to make links with local youth health services across Clyde to raise the profile of The Place and to streamline referral pathways. There are well established links with partners in Inverclyde and in East Renfrewshire and these are being developed in Renfrewshire. Marketing for The Place, within the Sandyford 'brand', has happened in line with developments.

There has been much work to increase the profile and uptake of Place services amongst black and minority ethnic communities by delivering culturally sensitive awareness-raising to professionals and young people within those groups. These include the Chinese community, via the San Jai project, as well as information workshops for young Slovakian people at Sandyford Southeast Youth Health Service. Work is also continuing towards gaining the LGBT Charter Mark to encourage young LGBT people to access the service.



## User involvement

The links between alcohol and sexual activity amongst young people are well known and The Place has developed and piloted an alcohol screening tool to identify young people who are consuming high levels of alcohol. This work gained ethical, research and development approval and is going to lead to a training programme on alcohol issues for all Place staff.

## Ensuring effective marketing and promotion of Sandyford services

### Background

Public information and publicity are crucial to informing the public and professionals about sexual health services and about sexual health issues, and the last year has seen progress in both these areas, including in better co-ordinating the activities of various parts of the NHS system.

### Activity

The Sandyford 'brand' has become the known name and identity for specialist sexual health services across Greater Glasgow and Clyde, and the Sandyford logo has been used for all the Hub developments, with different colour schemes. New information resources have been created by Sandyford's Library and Information Services, including a unique on-line database of reproductive and sexual health leaflets in a growing range of community languages.

Patient information resources have been reviewed and standardised in format, and are displayed throughout Sandyford Central and in all Hubs. Library resources have been increased in a number of key emotional health areas including self harm, eating disorders and depression, and can be borrowed by anyone using any Sandyford service or the Glasgow City Council library service, via the inter-library loan scheme. Meetings have also taken place with Library Service Managers in the former Clyde area, with continuing collaborative working planned, so that the Clyde population can also benefit from Sandyford library resources.

The new NHSGGC-wide Sexual Health Media and Communications Group, with membership from Sandyford and the Sexual Health Improvement team, and colleagues from NHSGGC's corporate communication team, was established in 2007. The group is linked into the main NHS Greater Glasgow and Clyde strategic



planning body for sexual health, with the aim to develop proactive and reactive media work, as well as to ensure the better production, co-ordination and dissemination of public information.

## Enhancing opportunities for organisational and workforce development

### Background

The last year has seen much activity in developing Sandyford's workforce through training and development, linked to the pay modernisation agenda and the needs of the service. This has affected all staff in the service - doctors through Modernising Medical Careers (MMC) and the rest of the staff through Agenda for Change - and complies with new pay arrangements as well as ensuring that all staff get access to the level of training that they need to work within Sandyford's integrated delivery model.

### Activity

Like all sexual health services in Scotland, Sandyford needs the right number of trained medical staff to meet the needs of *Respect and Responsibility*<sup>3</sup> but although there has been national agreement to increase the number of doctors training for both Certificate of Completion in Training in Genitourinary Medicine and Sexual and Reproductive Health, this has not been implemented yet due to problems with implementing MMC at local Deaneries.

Training and development activity for Sandyford nurses has progressed well in the last year. A nurse leadership programme for Sandyford Hub Lead Nurses across Glasgow and Clyde began in October 2007 and includes the Lead Nurses for the Sexual Health Homeless Service, Base 75, SRP and Archway as well as all those responsible for the community-based Hub services. A competency framework for Sandyford specialist nurses has also been established, with further leadership work to include all other nurses working in Sandyford services.

Sandyford, along with the rest of NHS, has been completing the Knowledge Skills Framework (KSF) for staff covered by Agenda for Change. All staff and managers are encouraged to attend training to complete their own and their staff group's KSF, and a significant number have done so in the last year, supported by an internal monitoring process. This links to individual Personal Development Plans (PDP) and the process of completing PDP after training and alongside KSFs has begun. A new Learning and Education Plan for Sandyford has been developed through multi-disciplinary working in a short-life Sandyford Learning and Education Group and this is discussed later in the report.

<sup>3</sup>*Respect and Responsibility* is Scotland's sexual health strategy, published in 2005.

## Formalising performance management in line with NHS Greater Glasgow and Clyde

### Background

The continued delivery of *Respect and Responsibility* across the expanded Greater Glasgow and Clyde area, with a range of partners and requirements, has meant that clear and manageable systems of performance management need to be in place. The last year has seen the refinement of systems across the Board to ensure clearer monitoring and reporting in which Sandyford plays a major role.

### Outcomes

In 2007 – 2008, a reporting cycle has been agreed between Sandyford and the Head of Performance at NHSGG&C concerning Key Clinical Indicators, derived from *Respect and Responsibility*, with Sandyford providing information and support to the overall process. This has involved the inclusion of data from external sources such as ISD into NHSGGC's performance management structures of the Key Clinical Indicators within Community Health and Care Partnerships. Work is now taking place to ensure that NHS QIS Sexual Health Standards due in 2009 are also fully addressed and incorporated into this system. KCI outcomes for 2007 - 2008 appears as an appendix to this report.

## Developing sustainable partnerships with external organisations and service users

### Background

From its inception, Sandyford has allocated significant resources to user involvement and public participation in the design, delivery and outcomes of services. Activity each year is proactive and reactive to ensure that user views are incorporated into any thinking and action concerning services, and to be able to respond to the demands of new communities or new client groups.



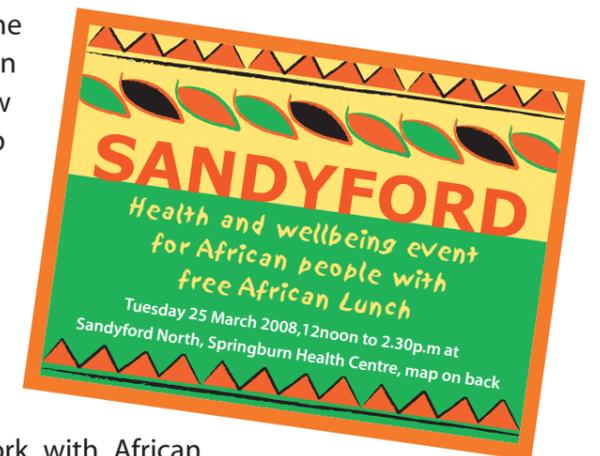
### Activity – user involvement

Much work has been described earlier in this section, but the following has also been undertaken during 2007 – 2008, covering a wide range of equality and

diversity groups. Work with the LGBT community has continued, with an LGBT audit of Sandyford services being carried out, including focus group work to discuss how Sandyford responds to LGBT needs, a wider LGBT audit that included a staff questionnaire and a mystery shopper exercise.

Following on from previous work, the Health Board's African Sexual Health Steering Group continued to take forward

the three-year strategy focussed on the sexual health and service needs of African communities living in Greater Glasgow and Clyde. Sandyford is part of this group and actions within the plan included a successful open day at Sandyford North in March 2008. The event aimed to promote Sandyford generally and specifically Sandyford North, which is situated in an area with a large African population. It also aimed to promote



C card, HIV testing and to increase work with African people. Enough attendees volunteered to participate in user feed back work allowing a C Card evaluation to be planned for 2008/2009 in North Glasgow. Sandyford services were promoted on the Radio Awaz programme 'Africa Live' which has led to an invitation to work with the programme to promote positive sexual health and sexual health services to African people. Sandyford has also met with the Editor of the African Observer and will be contributing to the publication.

Work to improve access for people with learning disabilities has continued. The Community Access Coordinator represents Sandyford on the Glasgow Learning Disability Partnership – Relationships and Sexual Wellbeing Implementation Group, and partners have been updated on developments at Sandyford including the Hubs. Sandyford purchased new learning disability resources in partnership with the Learning Disability Partnership and the Sexual Health Improvement Team. These resources were launched at a training event for Sandyford lead nurses and CHCP learning disability staff. Funding has been identified to purchase further resources in 2008 - 2009 for Renfrewshire, East Renfrewshire and West Dunbartonshire hubs. Work is being planned to develop friendly-format information and forms for Sandyford clients with learning disability and/or low levels of literacy.

For young people with disabilities, other work has continued. Sandyford is represented on the national steering group of the In Touch project - a three-year national UK initiative led by Leonard Cheshire Disability, on young disabled

people and sexual health. NHS Greater Glasgow and Clyde is one of three UK areas to participate in the project which has seven main areas of activity. These include research into existing services and provision and the views and needs of young disabled people, influencing local services to use these viewpoints, developing materials and resources with young disabled people, building a toolkit of best practice and disseminating findings with Primary Care Trusts and Strategic Health Authorities in England to achieve lasting change

In terms of people who are deaf or have a hearing impairment, Sandyford has continued to work with Deaf Connections to plan actions for 2008 - 2009. These include sign language and deaf awareness training for Sandyford staff, presentations to Deaf Connections staff on Sandyford services and C Card, and information about Sandyford to be available in sign language on the Deaf Connections website

In term of C Card, a questionnaire for young people has been developed in partnership with North Glasgow CHCP. The questionnaire was disseminated at various locations throughout North Glasgow (including Sandyford North) and targeted at both C card users and potential C card users. A report on the findings of the questionnaire is pending.

Sandyford continued to undertake user involvement work with transgender service users and volunteers, and partnership working through membership of the Health Board Trans Policy Development Group. Work included supporting the Transgender Support Group which has elected to become a Trans Women support group, meeting twice monthly, and facilitated by two volunteers. The group was given a mobile phone by the Scottish Trans Alliance (STA) and now offers support to trans people outwith the group times. The Scottish Trans Alliance's 'Survey of the Service Provision Experiences of People in Scotland with a Trans or Intersex Background or Identity' used Sandyford as one of the service user access points for dissemination of the questionnaire. The STA in conjunction with NHS Health Scotland produced an updated version of the national booklet 'Gender identity – An information booklet for trans people in Scotland and their families and friends'. Sandyford contributed information on services and support to this booklet, and staff and service users were consulted on the content.

Access to Sandyford by service users from a range of minority ethnic backgrounds is often facilitated by the use of interpreters, and a short report on the uptake of interpreters in the last year appears in the appendices.

## Supporting HIV positive clients

Some Sandyford clinicians look after people with HIV in partnership with other clinicians at the Brownlee Centre at Gartnavel Royal Hospital. Below is a brief report:

### HIV cohort in Greater Glasgow and Clyde

1 April 2007 to 31 March 2008

There are nearly 1000 known HIV positive people in Greater Glasgow and Clyde. All HIV clinical care in NHSGG&C is centralised at the Brownlee Centre at Gartnavel General Hospital. A number of Sandyford staff have substantial clinical commitments to the Brownlee, including 2 GUM consultants (approx 0.4 wte), 4 GU Medicine Higher Medical Trainees (1.25 wte) and a Sexual Health Adviser (0.6 wte). The HIV cohort at the Brownlee is medically managed by separate GUM and ID leadership with each consultant having a personal cohort of 150-200 patients. A wide range of enhanced services are available at the Brownlee, including specialist nursing, dietician, pharmacist, occupational therapy, physiotherapy, counselling and a liaison psychiatrist. The co-location of virology facilitates close involvement with consultant and other staff, including a monthly telephone conference across Scotland with expert UK virology input for management of difficult resistance cases.

Sandyford provides core sexual health services to the HIV + cohort, including on-site STI screening (with a new session for the sexual health adviser for STI testing), and easy liaison into reproductive health and TOPAR clinics where needed. Sandyford runs a specific clinic for HIV+ MSM with sexual difficulties. There is a very active HIV research programme with participation in major international multicentre trials. In addition those attached to Sandyford for sexual health undergraduate and postgraduate teaching attend the Brownlee for specific HIV clinical exposure. HIV-specific educational sessions are held on most Thursdays with a joint GUM/ID HIV teaching meeting once per month.

The Sandyford GUM consultants do not undertake in-patient care, but the GUM medical trainees participate in the Infectious Diseases middle-grade rota for the final 2 years of their training. The Sandyford Clinic Pro 2 computer system is available from the Brownlee to selected Sandyford staff which facilitates co-management, with clients able to be booked directly into Sandyford clinics from the Brownlee and clinical history recorded. This is of particular importance in completing partner notification work for HIV.

Clients found to be HIV positive in any of the Sandyford services are offered to transfer care to the Brownlee, usually under the care of a Sandyford GUM consultant, but they can choose to be looked after by any of the HIV consultants

or indeed transfer to a unit outside of NHSGG&C for confidentiality. Their first visit is usually to a nurse-led session of orientation, often involving the Brownlee-based Sandyford sexual health adviser. Medical review follows once baseline blood results available. Clinical governance at the Brownlee is the responsibility of the North Glasgow University Hospitals Division. GUM is represented on the Brownlee management group.

### Key points from the Brownlee unit's HIV annual report are:

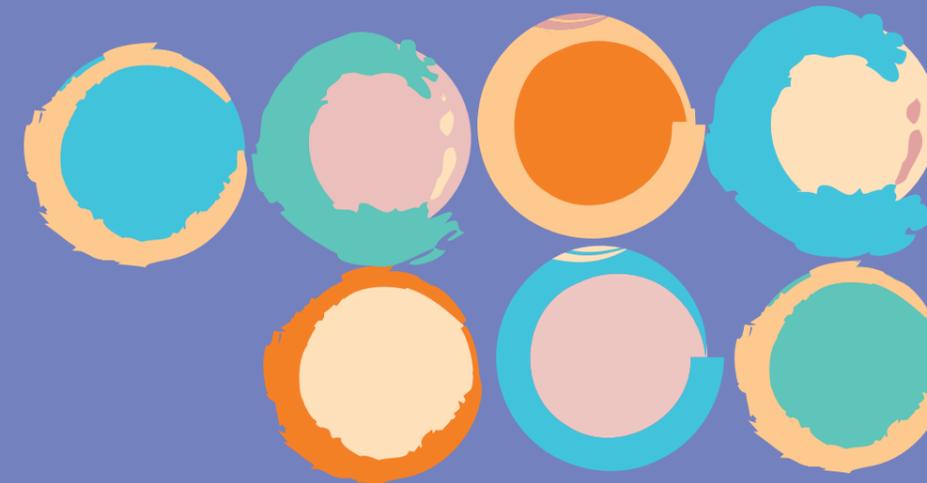
- The total cohort of HIV positive patients has risen by 15.4% to 923 patients with a 19.7% rise in numbers taking antiretrovirals to 685. The GU Medicine cohort rose by 53 (18.2%) and the ID cohort by 70 (13.8%).
- The number of patients transferring care elsewhere has decreased by 53% this reporting year (15 vs 32 for 06/07).
- Twelve women were diagnosed through routine antenatal testing, five at the PRMH (Princess Royal Maternity Hospital), two from QMH (Queen Mothers Hospital) and a further four from other centres in Scotland.
- Increase in median CD4 count for newly-diagnosed ID patients at 252 cells/mcl (higher than in 06/07 of 172 cells/mcl); suggesting earlier diagnosis. Overall 25.9% of newly diagnosed patients had CD4<200 cells/mcl which is a reduction in comparison to the 39% in 06/07.
- No change in number of AIDS events (26 vs 28).
- An increase in number of Inpatients (100 vs 86).
- Significant decrease in the number of deaths this reporting year compared to last (4 vs 11 for 06/07).
- A significant rise in proportion on antiretroviral therapy to 74.2% which exacerbates further antiretroviral drug cost pressure.
- A significant rise in new patients from S Africa and Zimbabwe (totalling 33 new patients).
- Antiretroviral therapy remains successful as 86.8% treated patients have undetectable HIV viral load.

It is critical to note that the consistent rise in the cohort numbers has forced the unit to become even more efficient, with nurse-led clinics, home delivery of medication and increasing the routine check-up interval for those controlled on therapy from 3 to 4 months. In 2008/9 we hope to increase medical clinic space in the Brownlee as the Hepatitis C workload moves to refurbished premises elsewhere in Gartnavel.

*Further details are available from Dr Andy Winter at Sandyford – [andrew.winter@ggc.scot.nhs.uk](mailto:andrew.winter@ggc.scot.nhs.uk)*

## Section Two

### Sandyford IT, Service Activity and Waiting Times



As already described, Sandyford provides a wide range of specialist sexual, reproductive and emotional health services from a variety of sites across Greater Glasgow and Clyde. The expansion of the range and number of services has inevitably meant that the volume of service users has increased since Sandyford first became an integrated service in 2001.

There are clearly other influences on who uses specialist sexual health services like Sandyford, and why. These include changes in sexual practice and behaviours, new or changing population groups within the geographical area and their particular health needs, advances in diagnosis and treatment and any epidemiological issues that impact upon the wider population. In this case, the deliberate branding and naming of specialist sexual health services across Greater Glasgow and Clyde has created Sandyford brand awareness and provided a focal point for potential service users.

The following section contains details of service usage across Sandyford's clinical services as well as waiting times in relation to agreed standards. It also provides examples of how some parts of the system, like the counselling service, are developing creative solutions to support clients and meet their needs as quickly as possible.

Sandyford's IT Department is central to all governance systems, ensuring the smooth running of all Sandyford's services through the patient management systems and clinical data infrastructure, as well as supporting all aspects of staff IT access across all sites. Their work, and developments in 2007 – 2008, are highlighted at the start of the section.

## Sandyford IT

### Sandyford Information Services support the following core functions of the service:

- Clinic Pro 2 electronic records system running across nearly all Sandyford sites, including server, network and application maintenance
- Maintenance of electronic clinic timetable
- Machine import of laboratory results
- Preparation of electronic results for uploading for texting/automated telephone results
- Resolution of duplicates, errors and updating user-selectable options
- First-line user desktop support for our complex PC network with over 250 desktops across 17 sites

- Clinical, audit and managerial information needs
- Multiple in-house electronic databases (eg C-card, CORE assessment tool)
- Strategic planning and development of new information IT solutions

### Key achievements in 2007- 2008 include:

- Complete paperlight practice on the core GUM floor by 1 May 2007
- Extension of networking and paperless practice to new Sandyford hubs including shared council premises
- Introduction of SCCRS (national electronic cervical screening system), including staff training, application and desktop setup
- Business case approval and implementation work towards replacing textbased results system with sophisticated auto-telephone service (Telephonetics VIP Result Solution)
- Considerable involvement in national NaSH project to replace existing clinical management system by Nov 2008
- Overhaul of all server hardware with new much faster kit greatly improving resilience and reducing down time

## Service Activity

The table below only highlights the main service activities which took place in Sandyford. Overall attendances at all Sandyford services totalled 122,080.

Service Statistics for Sandyford Locations	
Tests and attendances from 1/04/07 – 31/03/08	Total
Chlamydia tests	31,863
Positive results for Chlamydia (under 25 years)	2,079
Cytology tests	6,783
HIV Tests	15,209
Contraceptive implant insertions	3,780
Contraceptive IUD IUS insertions	3,094
Syphilis tests	15,835
TOPAR referrals	991
Vasectomy operations	1,178
Counselling attendances	4,225

## Waiting Times

### Sexual and reproductive health

Core reproductive and sexual health services (Family Planning and Genito-urinary Services) are offered every weekday morning without appointments. Clients therefore have open access to core services within 24 hours every weekday at the central service with access on 3 or 4 days a week in Hub settings. On a monthly basis, two-thirds of Sandyford clients are seen within the open access, drop-in services (rather than afternoon and evening appointment times).

Emergency services are available every Saturday morning with youth clinics on Saturday afternoons. Sandyford has trained many pharmacists across Greater Glasgow and Clyde to supply emergency contraception in pharmacies open on Sundays and out of hours to improve access to when clinical services are closed.

The waiting times in Hub settings and Clyde are not reflected in the reports for this year but separate quarterly reports of Hub activity are produced.

The maximum waiting time for services is recorded. Core FP and Reproductive Health specialist services (including gynaecology, colposcopy vasectomy and sexual problems services) have been within the agreed maximum waiting times where adjustment has been made for an individual client's choice to defer waiting times to defer an appointment, even though a selection of earlier appointments were available on that date or the type of appointment requested necessitates a timed interval.

The additional columns indicate the first available appointment available for a service, as checked on the day the report is run and the average wait. For those wishing to access a particular Sandyford service the average waiting times appears to give a truer reflection of the waiting time to the next appointment.

The maximum waiting times for Genito-urinary Medicine Male and Female appointments have consistently been outwith the agreed waiting times though there are appointments available within one week released at short notice or because of cancellations. The majority of clients access GU for a new episode of care through the drop in morning service (available 5 mornings a week). The default rate is high from appointment clinics. These factors have been reviewed in service redesign and phased changes were implemented from Autumn 2007 to increase the number of appointments offered within a shorter time scale and decrease the number of wasted appointments through DNA. This involves staggered staff shifts and start times and text reminders of appointment dates.

Specialist services added additional clinics in October and November to reduce the waiting times.

Vasectomy services increased the contracted number of counselling and operation sessions with additional staff resource and kept the average and first available appointments within the agreed waiting time until November 2007. Further training of additional staff to replace surgeons who had left, and the addition of extra Saturday clinics has again brought down the waiting time within the agreed limits. Colposcopy waiting times were kept within the nationally agreed standards as additional clinics were added in January and February whilst there was an additional staff member to offer the service.

### Counselling waiting times

The counselling waiting list was significantly reduced in the latter part of 2006/07 with a number of short term and longer term initiatives. However, it has steadily risen from Sept 2007. Delivering counselling at each Hub has brought counselling into the community and most of the clients who attend would not have come to Sandyford Central. It has, however, meant a reduction in counselling sessions available at Sandyford Central as there has not been additional staff.

There have been increased numbers of new referrals for generic counselling. For example in September 2007 – January 2008 there were 71 new referrals compared with 12 in the same time in the previous year. A significant number come from GPs, but improved links with Community Mental Health Teams have led to more referrals from these areas. In each case, a full referral is being requested to avoid keeping a client on a waiting list who might not be suitable for Sandyford's service.

There are some specific issues for specialist counselling services within Sandyford. For example, time limited counselling has been introduced to help manage the eating disorders waiting list. However, continued demand for appointments needs to be balanced with ensuring capacity for urgent one-off sessions for new clients. Further management will include a review of the effectiveness of a weekly eating disorders drop-in group for clients.

The Sappho counselling service for lesbian and bisexual women provides 12 counselling appointments per week. The introduction of both assessment and time limited counselling will impact on this waiting list. All current clients will be contacted to ask if they still wish to have counselling.

Sandyford provides cognitive behavioural therapy (CBT) within a counselling (rather than psychiatric nursing) context. There are four therapists within Sandyford offering CBT - NICE Guidelines support the use of CBT or EMDR<sup>4</sup> to those suffering trauma and flashbacks. The majority of referrals to CBT are for trauma or PTSD (post traumatic stress disorder). There is no longer a counsellor trained in EMDR with significant hours at Sandyford, so CBT becomes the preferred option for anyone suffering symptoms such as flashbacks. Steps towards managing the lists will include ensuring that CBT therapists are engaged in one to one therapy, as well as offering pre-therapy to clients on the CBT waiting list. This latter intervention is proven to reduce the length of time a client is in counselling. Further management would include training other counsellors in CBT which can be effective in a range of issues besides trauma, including panic, anxiety and depression.

Overall, a more rigorous assessment process introduced in March 2008 will enable a more appropriate referral pathway for clients or potential clients. It will be preceded by an "Opt-In" system, so that clients who should be referred elsewhere or given priority can be identified earlier. All clients will be offered support from first point of contact within 18 weeks. These interventions include:

1. Pre Therapy Group
2. Bibliotherapy
3. Thought Record Sessions
4. Art Therapy
5. Telephone Support
6. A limit of 3 Listening Ear sessions

A further review of the Counselling service and the management of waiting lists is planned in July 2008.

<sup>4</sup>Eye Movement Desensitization and Processing is a technique to resolve historical memories of abuse and trauma increasingly used within therapy and counselling.

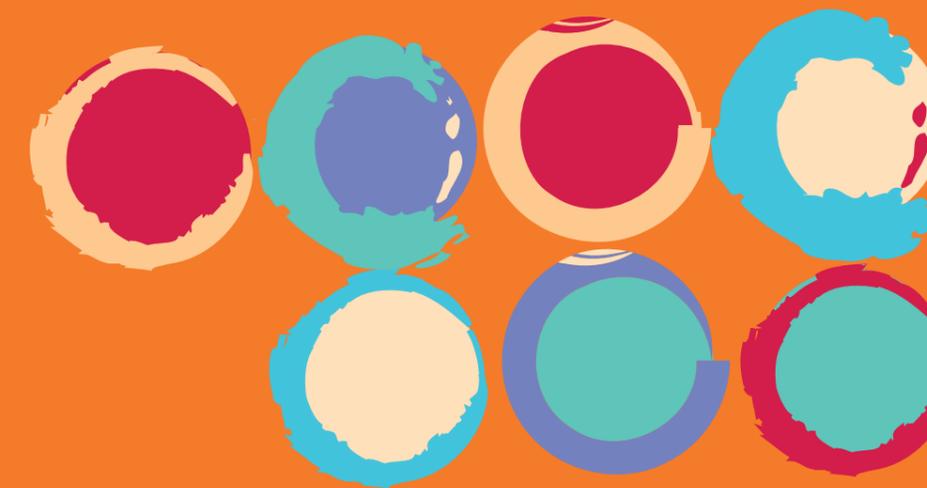
Sandyford Waiting Times 2007 - 2008													
Maximum number of weeks wait for appointment													
	Agreed Waiting Time	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008
<b>Sexual and reproductive health</b>	2	2	2	2	2	2	2	2	2	1	1	2	2
Specialist clinics:													
· Menopause	12	2	2	3	6	3	3	2	2	2	2	2	2
· Colposcopy	8	7	4	4	6	3	5	6	7	8	7	5	9
· Gynaecology	12	5	6	5	7	5	6	5	6	6	5	4	4
· Psychosexual counselling	12	11	11	9	7	9	8	7	7	8	12	7	8
· Vasectomy operations	12	4	4	10	7	10	2	7	14	16	12	14	11
· Vasectomy counselling	24	3	3	2	3	4	5	5	5	6	1	4	3
<b>Genitourinary Medicine</b>													
Genitourinary Medicine Male	2	4	3	4	3	3	3	3	3	2	2	2	2
Genitourinary Medicine Female	2	4	3	3	5	4	4	4	4	4	3	3	3
Steve Retson Project Clinical	2	1			2	1	2	2	2	3	2	2	2
Steve Retson Project Counselling	24	2			2	2	1	1	2	3	2	2	2
Number of individuals on the waiting list													
<b>Counselling services</b>													
Eating Disorder	24	51	55	60	63	56	48	42	30	33	39	47	40
Generic Counselling	24	46	10	52	50	53	60	80	87	116	106	116	134
Sappho Counselling	24	14	14	14	15	14	14	13	15	15	17	15	16
Cognitive Behavioural Therapy		9	13	15	17	17	24	32	46	57	54	60	59

## Summary

Section Two has set out in more detail the use of Sandyford's services, including how quickly clients obtain access. This indicates that Sandyford is performing well overall and where there are overt pressure points, in counselling and other specialist services for example, creative management responses are being applied. As already stated, this section has also highlighted the work of the IT Department in Sandyford that is responsible for supporting all patient and management information systems across the service.

# Section Three

## Clinical guidelines, quality assurance programmes and standards



The Annual Report and Governance Report has already outlined Sandyford's services, described noteworthy developments of 2007 - 2008 and given details of activity and usage. Quality is at the heart of Sandyford's model of delivery and the following short section describes various pieces of ongoing activity that ensure that all clients receive a safe and effective clinical service from Sandyford.

## Clinical effectiveness group

The clinical effectiveness group made up of clinicians throughout the service meet quarterly to review protocols with particular reference to published evidence. The following list from various bodies has been referred to in updated policies and procedures.

### Faculty of Sexual and Reproductive Health Care

(formerly the Faculty of Family Planning and Reproductive Health Care):

- Oral contraceptive use and cancer risk (September 2007)
- Female barrier methods (September 2007)
- Intra-uterine contraception (November 2007)

### Royal College of Obstetricians and Gynaecologists

- Management of genital herpes during pregnancy (September 2007)
- Long term consequences of polycystic ovarian syndrome (December 2007)
- Management of pre-menstrual syndrome (December 2007)
- Standards for Gynaecology, report of a working party (February 2008)

### British Association for Sexual Health and HIV

- Management of non-gonococcal urethritis (revised 2007)
- Management of genital herpes (revised 2007)
- Management of chancroid (revised 2007)
- Management of warts (revised 2007)
- Management of molluscum contagiosum (revised February 2008)
- Management of pediculosis pubis (revised February 2008)
- Management of scabies (revised February 2008)

## Guidelines and revisions pending

- UK national guideline for management of vulvovaginal candidiasis (BASHH, January 2008. Open for consultation until 24 April 2008)
- UK national guideline for management of prostatitis (BASHH, January 2008. Open for consultation until 19 April 2008)
- UK national guideline for management of balanitis (BASHH, January 2008. Open for consultation until 4 April 2008)
- Management of adult victims of sexual assault (under revision)
- Scottish Intercollegiate Guidelines Network, Management of genital chlamydia trachomatis infection (autumn 2008)

## Accreditations

Sandyford ensures that services, including those that support clients, are excellent and fulfill required standards. In the last year the following accreditations and recognitions were achieved:

- Clinical Pathology accreditation (CPA) remains active with our next inspection due April 2009\*
- EPASS (Educational Providers Accreditation Scheme Scotland) Training For GPs - As an EPASS Provider all the educational events held within our period accreditation are now EPASS accredited until March 2009.
- Consultant posts form part of Deanery-approved higher medical training schemes in Genitourinary (Sexual Health and HIV) Medicine and Sexual and Reproductive Health sub-specialist training for Obstetrics and Gynaecology.

## Sandyford Laboratory – achieving standards

The laboratory is an area of Sandyford work that has effectively incorporated and progressed standards. National Standard Methods are developed, reviewed and updated by a peer review, evidence-based consensus process involving wide consultation. The resulting documents reflect the majority agreement of contributors. Standard Operating Procedures (SOPs) and guidelines that reflect such broad consensus promote practices of high quality, helping to assure the comparability of diagnostic information obtained in different laboratories and provide a reference point for method development.

The format of the SOP is designed to meet the standards of accrediting bodies such as CPA UK Ltd. These core SOPs are published by the Centre for Infections, Colindale London (formerly the Health Protection Agency) and are reviewed on

a three yearly cycle. The Microbiology Compliance Manager for Glasgow sits on the National Standard Methods Working Group.

The Microbiology Satellite Laboratory's (Sandyford) Standard Operating Procedure (SOP) is a 51 page controlled document which describes the standard operating procedure for the investigation of genital tract associated specimens. It was written by the Senior Biomedical Scientist (Mark Mason) at the Microbiology Satellite Laboratory Sandyford and authorised by the Microbiology Department, Glasgow Royal Infirmary. A master copy is held electronically on the Q-pulse software system at Glasgow Royal Infirmary which helps to control review / revision history for archive purposes. This is administrated by the Compliance Manager who issues printed copies to Sandyford laboratory and the Director of Sandyford.

The contents of the SOP are indexed and include technical information referring to genital infections, culture plates, direct microscopy reporting and darkground microscopy. Other sections include specimen transport and storage and safety/COSHH risk assessments. Information technology links to other laboratories are described and also using the Sandyford Clinic Pro2 system. Final sections include a contact list and audits which are carried out in the laboratory. Recent additions to the SOP include a section about Sandyford Hub clinics.

## Infection Control

### Infection Control Audit

The Infection Control Audit tool was devised in April 2003 and reviewed and updated in May 2004. The aim of the tool is to assist with ensuring that the Clinical Standards Board for Scotland's standards for healthcare associated infection are met and to ensure a high standard of infection control.

The audit tool was developed by the then NHS Greater Glasgow Primary Care Trust infection control nurses. It defines acceptable standards for a managed environment which minimizes the risk of infection to patients and staff. The Sandyford has used this audit tool since May 2003 and is now being used in Sandyford services throughout NHS Greater Glasgow and Clyde.

The audit is completed in 19 sections to audit infection control standards with re-audit timeframe being dependent on the previous audit scores. Standards of cleanliness, following infection control guidelines and clinical practice have improved since the introduction of the audit. In most areas the audit is carried out annually indicating acceptable scores in the previous audits.

Alongside the Infection control audit is the cleaning services audit developed to comply with the NHS Scotland National Framework for Cleaning Services Specification. This audit is carried out by the Hotel Services Staff who work closely with Sandyford to monitor standards of cleanliness.

The cleaning standards framework will be amended to include the new recommendation for cleaning compliance targets as indicated by the recently published HAI Task Force 3 year Plan 2008-2011.

### Decontamination

Local Decontamination has now been discontinued in Sandyford. All re-usable instruments are sent to the Glasgow Central Decontamination Unit where a high standard of decontamination and monitoring is in place.

### Cleanliness Champions Programme

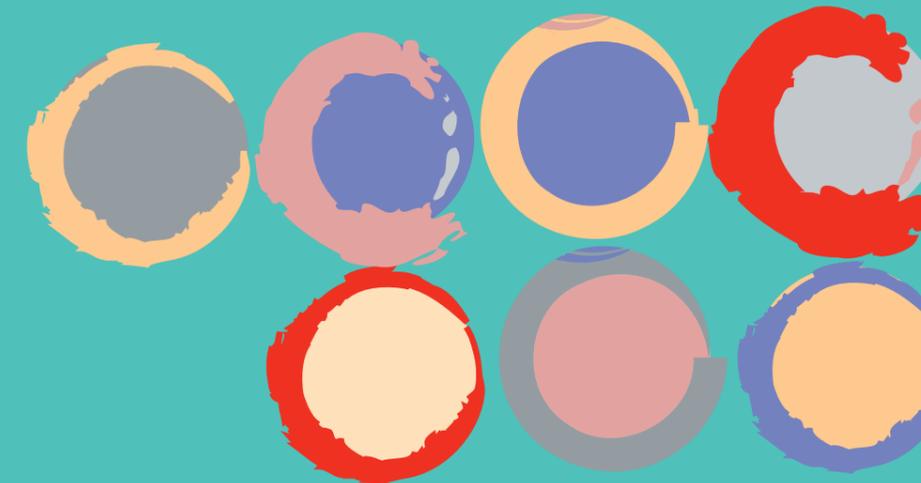
This is part of the Scottish Government action plan on healthcare associated infection through NHS Education for Scotland. The aim of the course is to promote and maintain a culture in which safety relating to infection control and prevention is of the highest importance. This course has been completed by all nurses in lead roles in Sandyford. There is no plan to extend this to other staff at present, but Sandyford will follow the guidelines from Health Protection Scotland on new hand hygiene campaign (a taskforce three year delivery plan 2008-2011) when this is available.

## Summary

This section has provided detailed information about the clinical standards and procedures within which Sandyford's work is set. It indicates the wide range of national and local governance structures that the service links to, reports to and influences, and indicates wide-ranging management and staff commitment to this area. Part of this high level of support for clinical excellence is generated by, and reinforced through, the thorough training programme that is available to all Sandyford staff as the next section will set out.

# Section Four

## Staff Governance, Training and Education



Learning and education is vital for all parts of the NHS, and central to providing quality care. Specialist sexual health services in the 21st century promote accessibility, so that clients can discuss their circumstances and experiences with staff, with better chances of the right diagnosis and treatment. This section describes work within Sandyford to meet this aspiration through providing comprehensive targeted and generic training, building on an existing clinically-oriented programme, to meet the needs of all staff.

## New vision for learning and education at Sandyford

Sandyford provides formal learning and supports flexible learning, including workplace learning, attending conferences and seminars, e-learning and 'shadowing' opportunities for its 300+ staff. There are however challenges in ensuring equity of access because of the variety of staff groups, their work patterns and the services' geography. To this end, Sandyford's first Learning and Education Plan was written in Autumn 2007 with a short-life multi-disciplinary Learning and Education Working Group set up to develop an Action Plan to be implemented from April 2008.

The multi-disciplinary team, with representation from senior management, medicine, nursing, counselling and administration, has undertaken information-gathering of all Sandyford staff. This has included attending and presenting at training events and large staff meetings as well as designing and carrying out an anonymous staff survey via Survey Monkey. This activity has produced a model that identifies three types of training for which Sandyford and staff have differing responsibilities :

1. Technical / academic / clinical training that is not the responsibility of Sandyford and enters the organisation through staff and the histories and training they bring.
2. Technical / academic / clinical training that is the responsibility of Sandyford as it relates to training aspects and ongoing support provided to staff from different disciplines to perform to the level required.
3. The specific set of knowledge, skills and competencies required by all staff to work within Sandyford to ensure that a quality and equitable and accessible service is delivered to all clients.

The work overall has indicated a genuine interest in, and appetite for, training amongst a wide range of staff. Although clinical staff access well organised in-house training, other staff groups feel less included and that training methods and current content are not as appropriate for them, or less known about. The

## Sandyford Core Skill Set – training diagram



Action Plan has therefore prioritised a Communication Strategy to ensure that staff and managers are fully aware of available training, as well as a Shadowing Scheme that gives staff the opportunity to shadow colleagues in other parts of the service to enhance knowledge. Client consent is a key consideration, as is agreement of all parties, based on clarity by the shadow of reasons for their request, and this is incorporated into the system.

Sandyford's new training model identifies a core set to be delivered to multi-disciplinary staff groups including clinicians, senior managers and administrative staff. This includes mandatory subjects like equality and diversity, child protection, fire, moving and handling and CPR, as well as service-specific knowledge about Sandyford's history pre-integration (as previously separate services), the national and local policy context, and future plans and developments. All of these were requested by staff across the system. A number of Sandyford staff, with colleagues from Health Improvement and others, are working on these modules, that will be delivered from Summer 2008 onwards. There is involvement from NHSGCC's Organisational Development, Learning and Education and Corporate Inequalities in the process, with the latter using some of the Sandyford work as a model for the wider NHSGG&C system.

All staff will have access to the new core training in the next year but it has been agreed that the priority groups are new starts and those who perhaps feel most excluded, namely administrative staff. In Sandyford, these include receptionists, coders, rota clerks, IT, secretaries, print room, switchboard, janitors, personal assistants and others, working across the whole Greater Glasgow and Clyde region. Some administrative staff have attended training on technical aspects relating to their work, as the second part of the model sets out, but not to other areas and certainly have not been exposed to multi-disciplinary training that moves into the more generic areas that the third part of the model describes.

A programme of meetings is being held to support administrative staff and identify any other learning requirements, as well as any barriers to full participation. These events are facilitated by managers responsible for administrative staff, with input from other specialist colleagues, and are held in an off-site venue with personal invitations for all administrative staff and certificates for attendance. Time is being paid for those who do not normally work on the day, and cover arrangements in place to maintain services and to ensure attendance. The hosted table model has worked exceedingly well at large staff meetings, especially for staff that feel less connected to training, and is being used in these meetings to allow for more democratic and open dialogue.

The meetings are now underway and already there is evidence of engagement and staff feeling included and valued. One secretary, who has worked in the organisation for a number of years said *'It never seemed before that managers were that interested in training for us, it was more about the doctors and nurses. It's great to get the chance to meet other members of staff that we may not have already met and find more about the clinics they work in.'*

It would be useful to comment further on some of the other training being undertaken by Sandyford staff and includes:

### **Risk Management**

Quarterly clinical governance sessions are part of the Tuesday in-house training programme. This is an opportunity to provide staff with a summary of reported adverse events and incident reporting (IR1) that goes to the health and safety department. Some adverse events generate the necessity from some of the staff to deliver a piece of training for example, going over new testing technology being used by the Sandyford where some staff still remain unfamiliar.

### **Staff peer support groups**

A number of clinicians have formalised peer support groups that offer staff time, space and support to discuss issues that are pertinent to this specific clinic activity. Examples of these peer support groups are young persons', termination of pregnancy and referral (TOPAR) group, non-medical prescribers group, nurse telephone helpline and the journal club.

### **Nurse Education**

NHS Education for Scotland published the competency booklet, A Route to Enhanced Competence in Sexual and Reproductive Health Nursing (post-registration and pre-specialist level). This has been an invaluable resource in training and supporting staff who are employed by the Sandyford in development posts. Existing staff who are in other posts also use the competency booklet to enhance the skills that they already possess in sexual health. It provides a supportive framework in their continued development.

The head of nursing and practice development nurse implemented an in-house training programme in October 2007 with the principal aim of supporting the specialist sexual health nurses in their leadership roles within the hubs. Training included familiarisation with the CHCPs, principles of good practice, encouraging relationship building and leadership skills. This programme is for the next 12 months.

### **Current training programme**

The tables on pages 46 and 47 sets out examples of training sessions provided for Sandyford staff in 2007 – 2008. This reveals the broad base of available training that incorporates a wide range of clinical and social aspects of care.

<b>April 2007</b>	<b>Speaker</b> (all from Sandyford, unless stated).
Launch of the 'Glasgow Protocol'. Update on new vulnerability procedures and social work referral process	Dr Pauline McGough, Moira Young
Aggression Management	David McConville, NHSGG&C
Suicide Awareness Club	Dougie Struthers, Blue Triangle
Specialist Sexual Health Advisers Conference Feedback	Chris Harbut, Gwyneth MacDonald
<b>May 2007</b>	<b>Speaker</b>
Lesbian & Bisexual Women's Attitudes to HPV	Dr Susan Carr
AIN/HPV Vaccine	Dr Richard Hillman, University of Sydney, Australia
Young Peoples Sexual Health Consultation Summary	Nicky Coia, Sexual Health: Health Improvement Team
SCCRS Training Self Directed Computer Based Package	
<b>June 2007</b>	<b>Speaker</b>
Mulanie Mission Hospital, Malawi	Rosie Cochrane, Aileen Speirs
Seroprevalance Study Update	Louise Shaw, Health Protection Scotland
Syphilis Update	Dr John Ewan
Modules of Care for Prostitution	Karen Johnston
Agenda for Change and KSF	Flo McGrehan, Gavin McFarlane, HR Advisor
<b>August 2007</b>	<b>Speaker</b>
PCC Missed Pills	Dr Tina Melville, Dr Tamsin Groom
LGBT Youth, Bell Street	Hugh Donnachie, LGBT Youth
Mandatory Infection Control Training	Alison Edwardson, Senior Infection Control Nurse
BV/NSU Syphilis	Dr Kirsty Abu-Rajab, Dr Andy Winter
HEP B Skin Complaints	Dr Andy Winter, Dr Gerry Gorman
Rape & Sexual Assault, Paisley Feedback	Dr Tamsin Groom, Dr Julie Cumming
IPM Seminar	Dr Susan Carr
NHS QIS Standards	Dr Rak Nandwani, Neil O'Shaughnessy, NHS QIS
Fertility Preservation	Dr Marco Gaudoin, Consultant Gynaecologist, SGH
<b>September 2007</b>	<b>Speaker</b>
Counselling Skills, Psychosexual Services	Tina Campbell, Dr Susan Carr
LGBT Assessment of Sandyford	Dr Susan Carr, Colin MacKillop, Ruth Henry, George Laird
HPV Study, Nurse Px Meeting, Implanon/Hep PGD	Dr Pauline McGough, Dr Fiona Fergie, Lorraine Forster
Visit to LGBT Centre Gay Men's Health, Gaydar,	Bruce Fraser, Gay Men's Health, George Sturgeon

<b>October 2007</b>	<b>Speaker</b>
HIV/PEPSE Gay Men's Health	Dr Rak Nandwani, Dr John Ewan
Being on the Inside, Experience of being Seconded to Scottish Government	Dr Rosie Ilett
TOPAR Services	Dr Audrey Brown
Warts & All	Dr John Ewan
Health Improvement	Nicky Coia, Sexual Health: Health Improvement Team
Community Access Strategy & Communication	Colin MacKillop, Ruth Henry
Alcohol Screening	Mark Charlton, Sexual Health: Health Improvement Team
<b>November 2007</b>	<b>Speaker</b>
Mycoplasma Genitalium	Eleri Davies, GRI
Local Results with T Pallidum PCR. Sandyford Lab Audit & Update	Mark Mason
Vasectomy Counselling	Dr Kay McAllister
<b>December 2007</b>	<b>Speaker</b>
Use of Hysterscope & other Gyn Equipment	Dr Kay McAllister
HIV Counselling – Risk Assessment	Martin Murchie
<b>January 2008</b>	<b>Speaker</b>
Appropriate Language and Boundaries	Gwyneth MacDonald
Vulval Problems Master Class	Dr Kay McAllister, Dr Susan Carr, Dr Andy Winter
<b>February 2008</b>	<b>Speaker</b>
HIV, Pregnancies and Babies	Dr Kirsty Abu-Rajab,
Epidemiology Update	Dr Andy Winter
*Lock Lecture	Professor Jonathan Zenilman, Chief Infections Diseases Division and John Hopkins, University of Baltimore, USA
<b>March 2008</b>	<b>Speaker</b>
Reflective practice and inequalities	Dr Rosie Ilett
Demonstration of On Line Translated Resources	Kate Henderson
Sexual Assault Male & Female	Dr Deborah Wardle, Gaynor Steele

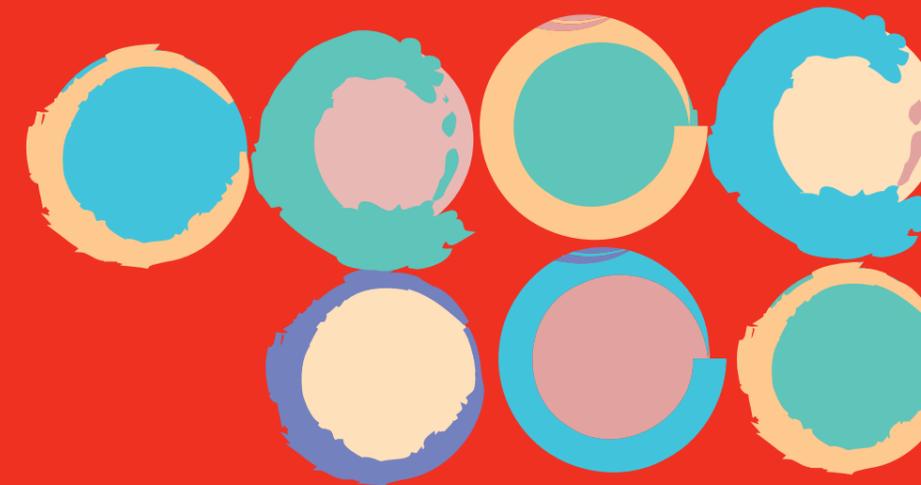
\*Lock Lecture is part of the Sexual Health & HIV Symposium held yearly. This year Professor Zenilman presented on sexual and reproductive services in the USA: lessons from a fragmented Health system.

## Summary

This section has set out the commitment made by Sandyford to learning and education for all staff and demonstrates the range of knowledge needed to deliver the services that Sandyford offers. The next Annual Report and Clinical Governance Report will build on the development work of this year and is expected to describe outcomes of the new Sandyford core training programme.

# Section Five

## Research and Publications



Sandyford and its staff has contributed to the professional knowledge base within sexual and reproductive health, public health and related subjects since its inception through publications, conference papers and presentations and supporting and undertaking research. This section sets out recent activity in this area and includes some examples in more detail. It will begin by highlighting key research activity, and then focus on publications.

Research			
Ethics submitted	Start Date	End Date	Title
	Jun-07	Jun-09	LGV-Net LGV Clinical, molecular and epidemiological research network
	1st Oct 06	1st Aug 08	Psychological morbidity and facial volume in HIV lipodystrophy: quantification of treatment outcome
√	May-05	Apr-07	The effects of high dose oestrogen treatment on circulating markers of antioxidant and cytokine function
	1995	ongoing	MRC HIV seroconversion study
√	29th May 07	End Oct 07	A Prospective, Randomized, Single Blind, Multicentre Study to compare the efficacy, safety and tolerability of CDB - 2914 with Levonorgestrel as Emergency Contraception within 120 hours of unprotected intercourse
√	May-07	Dec-07	The Impact of Recurrent Genital Chlamydia Trachomatis Infection on Individuals
√	Apr-07	Aug-07	Cause specific mortality and survival analysis of street sex workers attending a dedicated Glasgow based drop-in service
	Sep-06	Sep-07	The attitudes of Australian lesbian and bisexual women to HPV and the cervical cancer vaccine
√	2006	2007	Lesbian & Bisexual Women, cervical screening & HPV
Ethics submitted	Start Date	End Date	Title
√	7th Nov 07	31st Jan 08	*Alcohol brief intervention within young persons sexual health service 1/1
√	May 2008		A qualitative study of the knowledge, attitudes and behaviours of primary care staff to inform the design of combination syphilis & herpes simplex virus testing in patients with genital ulceration in the community.
√ 07/S0704/24	May 2008		Opportunistic Chlamydia screening in antenatal settings: investigation of acceptability to patients and professionals
	May 2007	ongoing	How do sexual health services in Britain meet the needs of ethnic minority men who have sex with men?
√	Summer 2007	ongoing	Evaluation of the work and impact of Archway Glasgow Undertaken by CWASU London Metropolitan University

## Case study: research

### Determining the effectiveness of brief intervention and screening at a young peoples' sexual health service. Study funded by the AERC (alcohol education research council).

Patricia Keogh Addictions Worker, Pauline McGough Consultant in Sexual & Reproductive Health, Sandyford, Glasgow

Duncan Macfarlane Clinical Audit Facilitator, Clinical Governance Support Unit, NHS Greater Glasgow and Clyde

#### Abstract

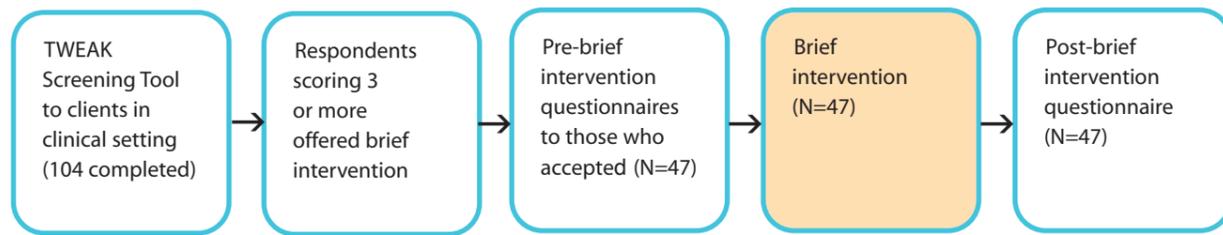
Sandyford offers an integrated sexual, reproductive and emotional health service across Greater Glasgow and Clyde. The Place clinic is a "one stop shop" for young people up to the age of 17. Alcohol use and its consequences is a major concern for the sexual health service. This study looks at how we integrate alcohol screening and brief intervention into the sexual health assessment we offer to young people and the practical and service implications involved in implementing routine screening and brief intervention alongside the day-to-day running of the young persons' clinic

In 2003 three hundred young people attending sexual health clinic completed a questionnaire about their alcohol use, highlighting a wide range of adverse events; unprotected and regretted sex were common. The results of the questionnaire identified a need and an opportunity to introduce alcohol education with a harm prevention strategy to the clinic. The report considers how this model of brief intervention and screening can be successfully implemented at the clinic.

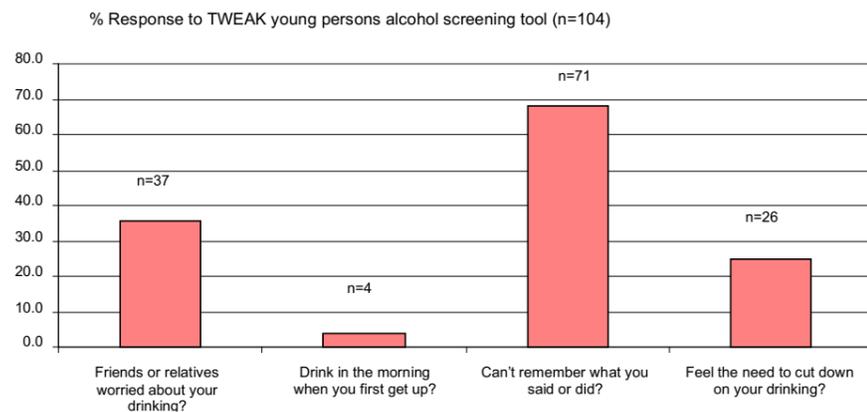
#### Before implementing the pilot:

- A validated alcohol screening tool appropriate to the client group was selected.
- Ethical approval from the local ethics and research and development department was obtained.
- The training needs of staff were identified.

## Screening and brief intervention pilot model



Throughout the three months of the pilot 472 young people attended the clinic, 104 completed TWEAK (screening tool) - Scores ranged from 0 to a high of 6, with a median of 3.



47 young people accepted the offer of a brief intervention, the model for the brief intervention consisted of six effective elements FRAMES - Feedback, Responsibility, Advice, Menu, Empathy and Self efficacy. The brief intervention was found to be useful by almost all who completed it.

While acknowledging some difficulties with the pilot and challenges in implementing alcohol screening to all young people attending our sexual health services, this pilot supports the idea that alcohol screening in this setting is feasible and would be acceptable and useful to young people. Sandyford will now examine how to make this a routine part of clinical practice for young people accessing our services.

Reference: Chan AWK; Pristach EA; Welte JW; Russell M. Use of the TWEAK test in screening for Alcoholism/heavy drinking in three populations. *Alcoholism: Clinical and Experimental Research* 17(6) 1188-1192 1993 (30refs).

FRAMES; Brief intervention model: Miller and Sanchez 1993

## Publications

Campbell.T. Book reviews: Hawton, K. et. al (2006) By their own hand: deliberate self harm and suicidal ideas in adolescents; Mudaly, N. + Goddard, C. (2006). The truth is no longer a lie. *Healthcare and counselling + Psychotherapy Journal*, (2007, April).

Currie AE, Winter AJ, Nandwani R. The re-emergence of syphilis in Scotland. *Scottish Medical Journal* 2008; 53: in press.

Fakoya A, Lamba H, Mackie N, Nandwani R, Brown A, Bernard EJ, Gilling-Smith C, Lacey C, Sherr L, Claydon P, Wallage S, Gazzard B. 2007 UK guidelines for the management of sexual and reproductive health of people living with HIV infection. Produced jointly by the British HIV Association, the British Association for Sexual Health & HIV and the Faculty of Family Planning & Reproductive Healthcare. *HIV Medicine* 2008; in press.

Groom TM, Nandwani R. Characteristics of men who pay for sex: a UK sexual health clinic survey. *Sexually Transmitted Infections* 2006; 82: 364-367.

McGough P, Bigrigg A. Effect of depot medroxyprogesterone acetate on bone density in a Scottish industrial city. *Eur J Contracept Reprod Health Care*. 2007 Sep;12(3):253-9.

McGough P, Thow C, Butt A, Lamont M, Bigrigg A. Recording what happens in the under-16 consultation. *J Fam Plann Reprod Health Care*. 2006 Apr;32(2):95-9.

Nandwani R on behalf of the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). 2006 United Kingdom National Guideline on the Sexual Health of People with HIV: Sexually Transmitted Infections. *International Journal of STD & AIDS* 2006; 17: 594-606.

Ross F, Wardle D, Currie A, Baguley S. HIV testing in Scotland. Are we meeting the standard? BASHH Scotland national audit 2004. *Int J STD AIDS*. 2006 Sep;17(9):627-8.

Sherrard J, Graham A, Nandwani R. The first four years of the foundation course on sexually transmitted infections. *Sexually Transmitted Infections* 2007; 83: 77-78.

Spence D, Melville C. Clinical review, *Vaginal Discharge*. *BMJ* 2007;335:1147-51.

Taylor A, Hutchinson SJ, Gilchrist G, Cameron S, Carr S, Goldberg DJ. Prevalence and determinants of hepatitis C virus infection among female drug injecting sex workers in Glasgow. *Harm Reduct J*. 2008 Mar 20;5:11.

Winter AJ, Sulaiman Z, Hawkins D; British Association for Sexual Health and HIV Clinical Governance Committee. BASHH Clinical Governance Committee guidance on the appropriate use of HIV point of care tests. *Int J STD AIDS*. 2006 Dec;17(12):802-5.

## Conference presentations

### Staff also attended and presented at the following conferences

'Sex, Drugs and Protocols' - Dilemmas for professionals working with sexually active young people at SACCH Annual Conference Friday 29th February 2008 Stirling R.I. Conference Centre Stirling - P.McGough.

Paediatrics in the Community Past, Present, and Future (Scottish Association Community Child Health) - P.McGough.

Naps and Menopause Matters Scottish Women's Health Symposium 23rd November 2007 Teenagers and Contraception - P.McGough.

RCOG/FSRH joint meeting - Current Choices, Manchester, 22nd November 2007 Depo-Provera and Bone Safety - P.McGough.

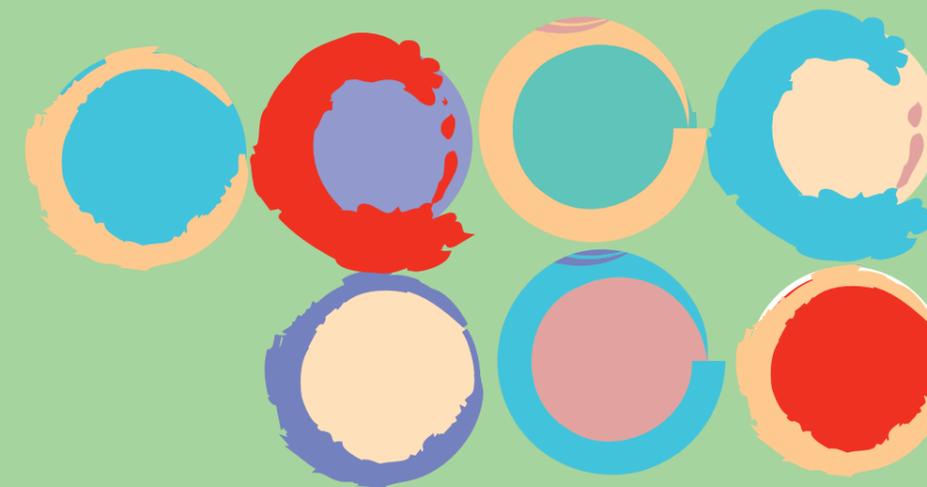
'Sexually Transmitted Infections' - Scottish Women's Health Symposium, Falkirk November 2007 - Kirsty Abu-Rajab.

## Summary

Section Five has described the publications and research generated by staff within Sandyford. This is a growing area, supported by the training and education offered within the service, and is expected to develop over the next period. It reiterates again the context of quality and excellence that is encouraged and supported across all staff groups, to ensure that patient care is of the optimum. In order to support client care and to learn from experience, the next section indicates how Sandyford responds when outcomes are not as planned.

# Section Six

## Risk Management and Responding to Problems



Sandyford maintains and improves quality by identifying and addressing problems through three main sources of feedback; Complaints System, Adverse Event Framework and User Surveys. The later has already been covered in earlier sections on user involvement. This section will include reports on received complaints and adverse events and conclude with a review of visits made to Sandyford by professional groups.

## Complaints

The NHS Complaints Procedure has been reviewed and the new national procedure has been in place from April 2005.

Complaints received help Sandyford to examine and, where necessary, improve services. Annually, Sandyford had over 122,000 client contacts. A small number (22) of formal complaints were received. Sandyford aim to learn from all feedback. All Sandyford staff receive training at their induction and are encouraged to deal with complaints sensitively. Our systematic approach to complaints, overseen by a senior manager, investigates and responds to users, explains the circumstances of the issues raised, and ensures that if deficiencies are identified, improvements follow. A full apology is always offered.

Support and feedback is given to staff involved in a complaint investigation, and a synopsis of adverse incidents and complaints is circulated to staff twice yearly and through designated staff meetings. General feedback on complaints is summarised in this annual clinical governance report. This report is publicly available in the Sandyford Library and on the Sandyford website [www.sandyford.org](http://www.sandyford.org)

Service users can access our complaints procedure through leaflets and poster displays. The publications – “How We Can Help You If You Are Unhappy With Our Services?” and “A Guide To Independent Review” – are available throughout Sandyford and given to complainants. The complaints procedure states guaranteed timescales for response and action. Our local resolution process is described in the user information folders and in the leaflets, “How To Complain”, widely available throughout the service.

As the chart on page 57 shows, the number of written complaints has stayed consistently low and all complaints were resolved within the nationally agreed standard for complaint resolution which is 20 working days.

A copy of the “Complaints” protocol is available on the Sandyford website [www.sandyford.org](http://www.sandyford.org)

Number of complaints received at Sandyford year on year comparison		
Year	Number of client visits	Number of complaints
April 2002 – March 2003	94,000	26
April 2003 – March 2004	90,000	27
April 2004 – March 2005	96,000	29
April 2005 – March 2006	99,000	26
April 2006 – March 2007	100,000	27
April 2007 – March 2008	122,080	22

Synopsis of complaints		
Complaint related to	Number of complaints	Action taken
Accessing Services, Advice & Results	15	Service Improvement
Clinical Issues	2	Reflective Practice
Communication	5	Reflective Practice

## Legal cases

A legal file is opened where a mandate is received via a solicitor requesting release of information from the client file. If the client has allowed full release of an entire copy of their record this is supplied. If only specific information is requested to be released by the client then only this information is given. This is usually a lengthy process and we are not informed of the progress of a legal case which can remain open for over a year.

Any individual members of staff involved would be supported, as with the management of any complaint, and be informed of progress. These cases also act as a reminder as to the need for correct, legible and complete record keeping.

2 new legal claims were initiated against the service in this year

- 1 related to vasectomy complications
- 1 related to a potential IUD complication

2 clients have requested information from case records with a view to initiating a potential claim against the service.

A total of 12 legal files were opened via solicitors' requests on the behalf of clients and with their mandated written consent for information; These were all in regard to information to support the clients with for example asylum status application or confirming attendance within counselling services.

## Reports on adverse events

Human vulnerability to error is one of the main challenges faced by all organisations that seek to improve safety and quality. The NHS is not immune to this. Sandyford has always viewed the reporting of adverse events as learning opportunities and as such staff are encouraged to report adverse incidents and near misses in a culture that is open without unnecessary blame but in the expectation of organisational change.

NHS Quality Improvement Scotland in their report, NHS Scotland Incident Reporting Culture (2007) indicated that there were a number of significant barriers to reporting that include lack of awareness of the need to report, difficulty in using reporting systems, lack of direct feedback to reporters and lack of perceived action following reporting.

Sandyford continues to raise awareness of reporting adverse events through clinical governance training events, making adverse event forms as accessible as possible throughout the organisation and encouraging staff locally to take ownership of the adverse event to minimise risk in the future. The clinical governance team in response to these adverse events attempts to feedback to staff clinical governance outcomes following the investigation.

Sandyford continues to take a systematic approach to recording and assessing adverse events as part of the clinical governance framework. Systems of reporting are continually reviewed and to date we have updated the adverse event form. This helps staff to identify what would be regarded as an adverse event and what is also regarded for an IR1 form to health and safety. Staff have been invited to comment on this form to ensure that all potential adverse events have been identified and can be added to the adverse event framework.

Adverse events reviewed by the clinical governance team were found to have been managed appropriately by staff at that time. Where certain adverse events highlighted that existing systems or processes were less than satisfactory changes were agreed and staff notified of the changes made.

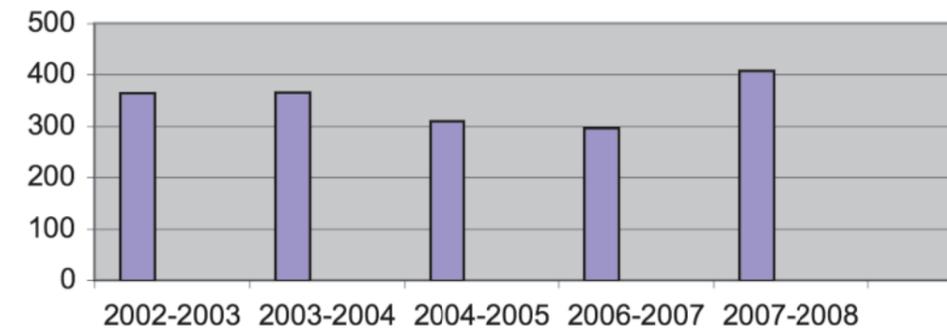
From April 2007 to March 2008 the total attendances to the Sandyford was 122,080 In that time the total number of adverse events reported were 407 (table 1). This is an increase of 37.5% from the previous year. However the

Sandyford saw an increase of 19% of clients accessing the service compared to last year. We actively promote and encourage staff to report adverse events and identify any aspect of the service that could be improved.

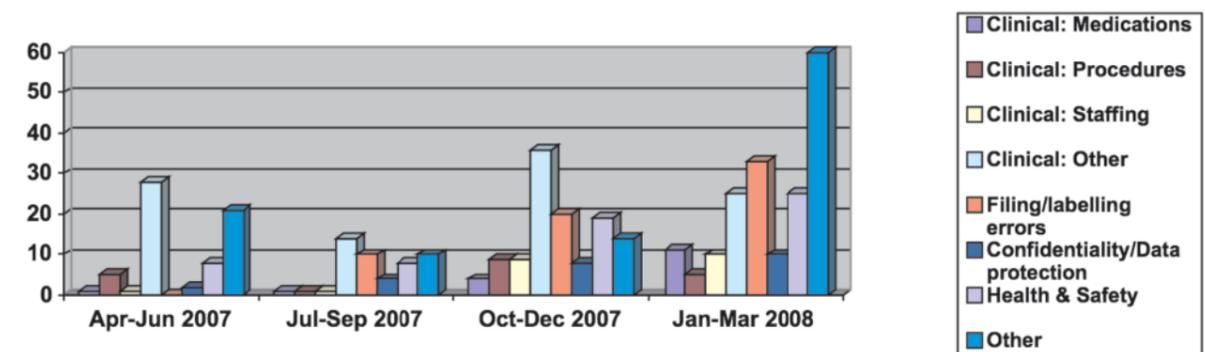
In addition to this increase in client numbers since the last clinical governance report there has been an increase in Sandyford clinical services throughout Greater Glasgow and Clyde and the adverse report procedure has been made accessible to these services.

Table 2 shows the total of adverse events from 2007-2008 with table 3 (on page 60) indicating total attendances for each quarter against the adverse events.

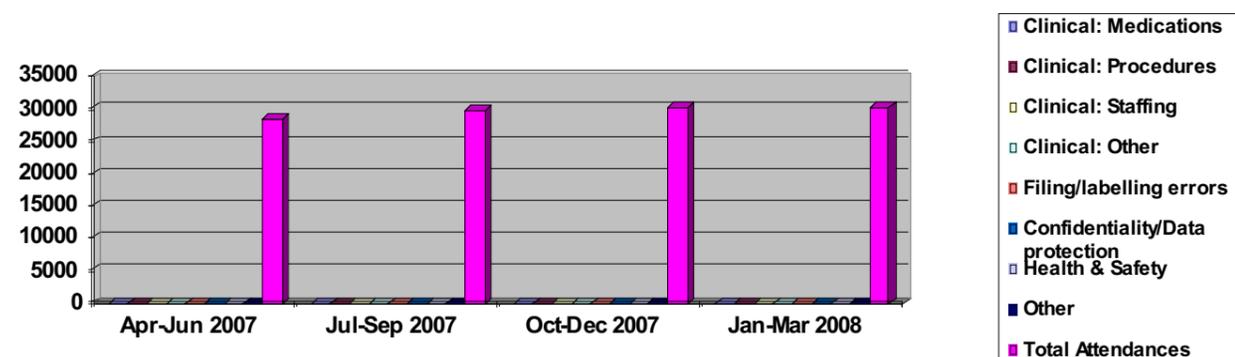
**Table 1: Record of Adverse Events**



**Table 2: Total of Adverse Events**



**Table 3: Total attendances for each quarter against the adverse events**



## Adverse events

A number of reports indicated client's fainting or experiencing a vaso-vagal attack following a procedure. Clinic policy is that all clients are advised to either sit on the examination couch or lie down in the case of venepuncture for example to minimise the risk of sustaining injury due to unpredictable events like vaso-vagal attacks.

There continues to be a huge volume of samples from Sandyford services arriving at the labs throughout Greater Glasgow and Clyde. Where a majority of them reach their destination and results are reported back a minority have not been processed due to labelling errors. This can be an inconvenience to clients who may have to re-attend the service for repeat testing. Emphasis is placed on staff to ensure that client's details are correct and that the samples are labelled correctly and tests put on the computer system.

There has been a slight increase in health and safety issues, a majority of which involves clients being verbally aggressive to staff either on the phone or face to face. This continues to be an area of concern. In the past management of aggression training was delivered to staff. It is now felt that this training should form part of the mandatory training for all staff at the Sandyford.

There has been an issue of inappropriately filled sharps boxes that raises the risk of needle stick injuries. This seems to be an ongoing issue across NHS organisations. The Sandyford rapidly responds to these events to always raise awareness of the potential risk of needle stick injury. January 2008 was the

month in which needle stick injury awareness was undertaken. This involved displaying a photograph of a sharps box with the needle protruding from it. This visual awareness has had a significant impact on staff which has seen a decrease in the number of reports being made to the clinical governance team.

There were three reports of needle stick injuries to the service which were managed appropriately. The Sandyford will continue to endeavour through training at induction and training throughout the year the need to follow proper procedures when dealing with sharps.

Notification of results until the beginning of May was in the form of texting clients. Increasingly clients were reporting not to have received a text of their negative results or some clients received numerous texts. Investigation of existing systems had shown that our systems were okay in the main however the external programme was not working correctly.

A new system of telephonetics was installed and went live mid-May that would address the problem of results not being received by clients. Here the client would phone the dedicated line and would receive their results. Not all results are available by this system and notification of these results are organised between clinician and client. This system is being monitored for any problems that may arise initially.

There seemed to be communication issues latterly at the Sandyford on existing systems. Here systems were not being utilised adequately (tests on system, recalls not being set up) and sometimes poor documentation. On investigation it is difficult to identify whether this is human error or a systems failure. Staff readily admit where some information has been omitted and change their practice but at times information put on the existing computer system (were in the main a paperlight organisation) has in effect disappeared.

Sexual and reproductive health services in Scotland are migrating over to a new computerised system, the National Sexual Health Database (NaSH) which the Sandyford has played a significant part in developing that will reduce the problems in the future.

## Sandyford professional visits

In the last year, Sandyford has continued to attract interest from professional groups and services, some of whom are based locally and some from further afield, as the table on page 62 demonstrates.

Professional visits to Sandyford 1 April 2007 – 31 March 2008				
Date of visit	Sandyford services visited	Organisation	Type of visit	No. in party
10 May 07	Sandyford Central	Cardonald College	The Place Young People	8
11 June 07	Sandyford Central	Clydebank Youth Group	The Place Young People	11
27 June 07	Sandyford Inverclyde	Sandyford Central	Tour of new Hub	2
10 July 07	Sandyford Inverclyde	NHS GGC Needle Exchange Co-ordinator	Tour of new Hub and networking	1
27 July 07	Sandyford Inverclyde	Staff, Greenock Health Centre	Hub visit	8
2 Aug 07	Sandyford Central	NCH San Jai Chinese Project	The Place Young People	15
21 Aug 07	Sandyford Central	Family Resilience Advocacy Service	Overview of Sandyford Central Services	2
2 Oct 07	Sandyford Central	Together for Change Project	Overview of Sandyford Central Services	6
30 Oct 07	Sandyford Central	Church of Scotland Mission & Discipleship	The Place Young People	15
6 Nov 07	Sandyford Central	NHS GGC Occ Therapist	Overview of Sandyford Central Services	1
6 Nov 07	Sandyford Central	Richmond Fellowship Scotland	Overview of Sandyford Central Services	2
6 Nov 07	Sandyford Central	NHS Lothian SH Services	Professional Developing Services	4
19 Nov 07	Sandyford Central	Getting Ahead Project	Overview of Sandyford Central Services	2
16 Jan 08	Sandyford Central	Abercorn School	The Place Young People and Overview of Sandyford Central Services 13	13
18 Jan 08	Sandyford Central	Anniesland College	The Place Young People and Overview of Sandyford Central Services 10	10
14 Feb 08	Sandyford Central	Kirkcaldy & Levenmouth CHCP	Professional Developing Services	1
14 Feb 08	Sandyford Central	NHS GGC Nutrition Services	Overview of Services 3 Sandyford Central	3
15 Feb 08	Sandyford Central	Northern Ireland Trust	Professional Developing Services	4
<b>Total Visits in 07/08</b>				<b>108</b>

In total 108 people visited Sandyford Services during the year from 1 April 2007 – 31 March 2008. Of the total, 72 came to get an overview of the services provided by The Place.

16 people were local visitors from partner organisations wanting to get an overview of the services provided by Sandyford Central. 11 people were local visitors to Sandyford Inverclyde to find out what is available from that hub. 9 of the visitors were colleagues from NHS organisations who are developing services within their own areas.

## Summary

This report has aimed to provide a comprehensive picture of activity and services provided by, and accessed within, Sandyford services across NHS Greater Glasgow and Clyde in 2007 - 2008. It has also given detailed information about the training and clinical governance structures that aim to ensure that all Sandyford staff are trained and supported, and that quality care is central. Content has shown that Sandyford is well used by tens of thousands of service users who benefit from the availability of a wide range of services - both in the main Sandyford site and in the many community settings.

As this is the first time that the report has been presented in this form, Sandyford would appreciate any comments you may have on the report and its contents. Please contact rhenry@nhs.net in the first instance.

# APPENDIX 1

## Performance indicators for NHSGG&C sexual health 2006 results

### Targeted screening for Chlamydia

This indicator aims to increase the total number of Chlamydia tests on men and women, especially targeting those under 25.

#### Clinical justification:

There is significant morbidity associated with sexually transmitted chlamydial infections that includes urethritis and cervicitis, and sequelae includes pelvic inflammatory disease (PID), ectopic pregnancy, tubal factor infertility, epididymitis, proctitis and reactive arthritis. Approximately 20% of women with chlamydial lower genital tract infection will develop PID, approximately 4% develop chronic pelvic pain, 3% infertility, and 2% adverse pregnancy outcome. The consequences of Chlamydia are more damaging to reproductive health in women than in men, so testing and treating both men and women is essential.

#### Indicator source:

This indicator is Key Clinical Indicator 1 from *Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005)*:

*The proportion of the population within each NHS Board having a chlamydia test and the proportion of those tests which are positive. The data will be analysed by gender and be age stratified.*

#### NHSGG&C measures and outcomes:

Greater Glasgow and Clyde uses the following measures to meet this indicator:

- Total number of tests on women (% positive)
- Total number of tests on men (% positive)
- Total number of tests on individuals aged < 25 (% positive)
- Rates per 1000 women aged 15 – 49 being tested
- Rates per 1000 men aged 15 – 49 being tested
- Rates per 1000 of population aged 15 – 29 being tested

## Number of Chlamydia tests performed and percentage of positive tests by sex and age\*, in NHSGG&C, 2006.

Sex and age	Men 15 - 24	Men 25 - 49	Women 15 - 24	Women 25 - 49
Total number of tests performed (% samples testing positive)	5696 (17)	7317 (9)	21,167 (12)	23,199 (3)

\* The laboratories in the former Argyll & Clyde NHS Board are located within Greater Glasgow and Clyde NHS Board.

### Comments

In NHS Greater Glasgow and Clyde, approximately 65 : 1000 men aged 15 – 24 and approximately 250 : 1000 women in the same age group were tested for Chlamydia in 2006. As the table above indicates, such targeted testing continues to identify positive Chlamydia results, although NHS Greater Glasgow and Clyde does not yet test as many young people as some other Health Boards in Scotland because of different approaches.

Overall, across all NHS board areas, there was little variation in the percentage of positive Chlamydia tests among women undertaken in 2006. For women aged 15 – 24, this ranged from 10% to 14% (median 12%) and, for those aged 25 - 49, it ranged from 2% to 4% (median 3%). Across all NHS board areas, the percentage of positive tests among men ranged from 16% to 24% (median 19%) among those aged 15 – 24 and 8% to 14% (median 10.5%) for those aged 25 - 49. NHS Greater Glasgow and Clyde falls midway in most of these measures.

It is noted that although activity within Greater Glasgow and Clyde continues to successfully identify and treat Chlamydia, especially amongst women, there is a need to increase testing amongst young men, where it can be seen that efforts are well placed in identifying positives but where there are still opportunities for further work.

## APPENDIX 2

### Performance indicators for NHSGG&C sexual health 2006 results

#### To improve access for men and women seeking non-reversible contraception

This indicator aims to ensure the availability of appropriate non-reversible contraceptive choices for men and women. The Clinical Services Subgroup of the NHSGG&C Sexual Health Planning and Implementation Group has recommended that this priority focuses on vasectomy only.

#### Clinical justification:

Non-reversible contraceptive choices – undertaken through surgery - have long been options offered to individuals who wish to make a more permanent contraceptive choice. The NHSGG&C SHPIG Clinical Services Subgroup decided to concentrate on vasectomy for the following reasons:

1. The availability of LARC for women provides an attractive, and less permanent, choice for women and their partners
2. Vasectomy for men requires less intrusive surgery than equivalent procedures for women and can be carried out under local, rather than general, anaesthetic
3. Vasectomy is more effective in preventing unwanted pregnancy than female sterilization, and is also regarded as being more reversible than the female equivalent. Female sterilisation is considered a permanent form of contraception

#### Indicator source:

This indicator is Key Clinical Indicator 2 from *Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005)*:

*The number of female sterilisation procedures and male vasectomies performed by each NHS Board per women and men of reproductive age and the waiting times for these procedures.*

## APPENDIX 3

### Performance indicators for NHSGG&C sexual health - February 2008

#### To improve quality of care for women seeking abortion and reduce wait and barriers to access

This indicator aims to provide timely and quality abortion services to minimise delays once women have decided to seek to terminate an unplanned pregnancy. The earlier a termination is performed, the less physical complications and psychological distress experienced (Royal College of Obstetricians and Gynaecologists, 2004).<sup>1</sup>

#### Indicator source:

This indicator source is Key Clinical Indicator 3 from *Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005)*:

*Percentage of termination of pregnancy procedures taking place at less than or equal to 9 weeks gestation per NHS Board.*

#### NHSGG&C measures and outcomes:

NHSGG&C has set its target at achieving 80% of terminations before 10 weeks by March 2008. In the year until December 31st 2006, ISD figures show that 73.4% of all terminations carried out in Greater Glasgow took place before 10 weeks gestation. Of these, 32.8% were surgical and 67.2% medical.

#### Comment

This indicates that waiting times for TOPs in NHSGG&C are almost in line with the agreed target. This is within the context of the availability of the TOPAR service within Sandyford that has reduced waiting times for women for both surgical and medical TOPs, so further improvement would be expected in the next year to support women wanting a TOP and to meet the target.

<sup>1</sup>Royal College of Obstetricians and Gynaecologists, 2004, The Care of Women Requesting Induced Abortion Guideline.

## APPENDIX 4

### Performance indicators for NHSGG&C sexual health - February 2008

#### To reduce unintended pregnancy through improved access and provision of long-acting reversible methods of contraception (LARC)

This indicator aims to reduce unintended pregnancy through improved access and provision of long-acting reversible methods of contraception. These methods of contraception are effective in preventing pregnancy over a long period and are highly suitable for use with clients with more chaotic lifestyles, such as those who are homeless or are drug users, or those who require methods that free them from unintended pregnancy concerns whilst travelling for example.

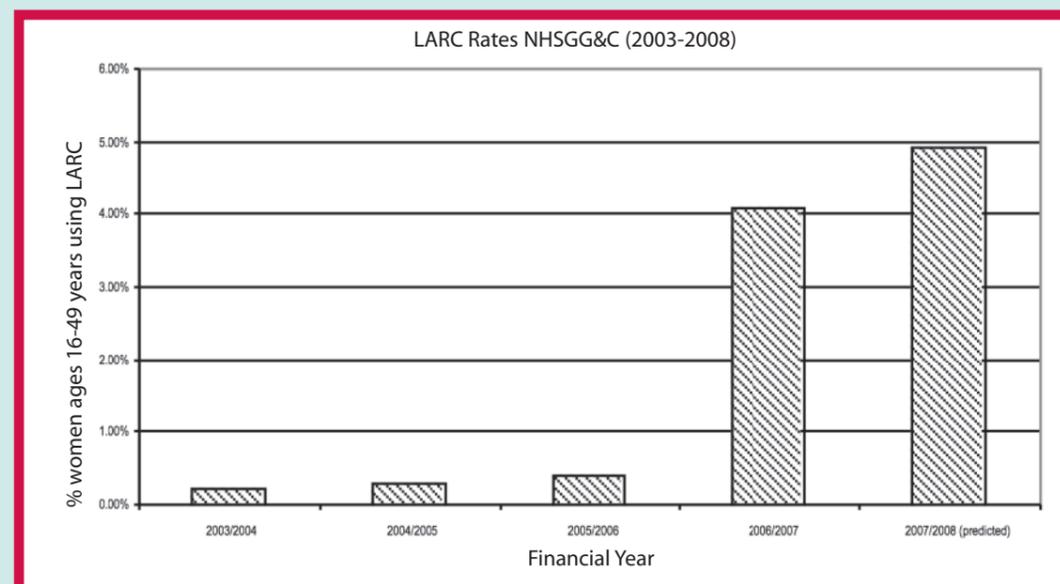
#### Indicator source:

This indicator source is Key Clinical Indicator 6 from *Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005)*:

*The proportion of women of reproductive age using long-acting reversible methods of contraception in each NHS Board. LARC includes IUD, IUS, implants and injections.*

#### NHSGG&C measures and outcomes:

NHSGG&C aims to increase the total number of women receiving LARC by 100% in the next 3 years. The first chart below shows the upward trend in the uptake of LARC in NHSGG&C in the last 4 years as an indicator of trends. The second chart shows the performance of each NHSGG&C CH(C)Ps in prescribing LARC.



CH(C)Ps	Number of females age 16 - 49 years	Number of prescriptions for LARC and IUD fittings	% of women 16 - 49yr receiving LARC Apr - Sept	% of women 16 - 49yr predicted to receive LARC in 2007 - 08
East Dunbartonshire	24,004	75	0.3%	0.6%
East Glasgow	31,991	146	0.5%	0.9%
East Renfrewshire	14,370	52	0.4%	0.7%
Inverclyde	19,900	103	0.5%	1.0%
North Glasgow	27,190	53	0.2%	0.4%
Renfrewshire	42,236	90	0.2%	0.4%
South East Glasgow	27,725	144	0.5%	1.0%
South Lanarkshire	13,880	163	1.2%	2.3%
South West Glasgow	29,413	94	0.3%	0.6%
West Dunbartonshire	11,019	165	1.5%	3.0%
West Glasgow	40,110	108	0.3%	0.5%

#### Comments

The best performing Community Health Partnerships were South Lanarkshire and West Dunbartonshire which have predicted annual LARC levels of 23 and 30 women per 1000 women aged 16-49 (Primary care prescribing only). The worst performing Community Health Partnerships were East Dunbartonshire and North Glasgow with respective LARC rates of 6 women and 4 women per 1000 women aged 16-49 (Primary care prescribing only). However, all CH(C)Ps have shown improvement when compared to data from 2006-07, with South East Glasgow showing a 118% increase in LARC prescribing in Primary Care.

This indicates that 41 in 1000 women (4.1%) aged 16-49 years in NHSGG&C used a long-acting reversible form of contraception (LARC) in 2006/07. Based on figures from the first half of the current financial year, and assuming that the level of prescribing remains constant in the second half of the year, it is estimated that approximately 49 in 1000 women (4.9%) will be using LARC by the end of March 2008. Although this is a small number of women, clearly activity is moving in the required direction.

## APPENDIX 5

### Community access to Sandyford: use of interpreters in 2007

Between 1st of April and 30th of September 2007 requests for interpreters within Sandyford services were analysed to assess the language requirements of service users over that period. The following was identified:

- There were at least 406 requests for interpreters to support client access (in the main Sandyford site and some of the community-based Hubs)
- The most common requests were for Slovakian (16.3%, n=66), Mandarin (11%, n=44) and Polish (10%, n=39)
- The majority of requests were from female service users (82.5% n= 330)
- Men constituted 17% of the requests (n=69)
- No gender was identified for 7 (1.4%) of those requesting interpreters
- In relation to female requests:
  - \* Just under 20% (19.6%, n=65) requested a Slovakian interpreter with the next biggest requests being for Mandarin (12.3%, n=32); Polish (9.7%, n=32); French (7.9%, n=26); Arabic (7.6%, n=25) and Turkish (7.3%, n=24)
  - \* Where the Sandyford service requested was recorded, the majority of women visited family planning (69.4%, n=209), with 14.9% (n=45) visiting GUM
- In relation to male requests:
  - \* Russian interpreters were requested most often by the men (13%, n=9), with the next most common requests being for Urdu (10% n=7), Farsi (10%, n=7) and Polish (9%, n=6)
  - \* Where the Sandyford service requested was recorded, the majority of men visited GUM (74.2%, n=46) with 10% (n=6) visiting Family Planning and 8.1% (n=5) attending for psychosexual reasons

This brief analysis indicates the range of clients using Sandyford who are able to access services more directly through the involvement of interpreters. Interpreters are employed by Glasgow City Council and Sandyford is currently working with Cardonald College (local further education college where some training for interpreters takes place) to input a sexual health component to the training. This would ensure an even better sexual health service for those whose first language is not English.

### Thanks to ...

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Most of all, thanks to all the staff within Sandyford for their enthusiasm and dedication to providing innovative sexual health care, and to all the service users who come to Sandyford to use it.

# SANDYFORD

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