



SANDYFORD

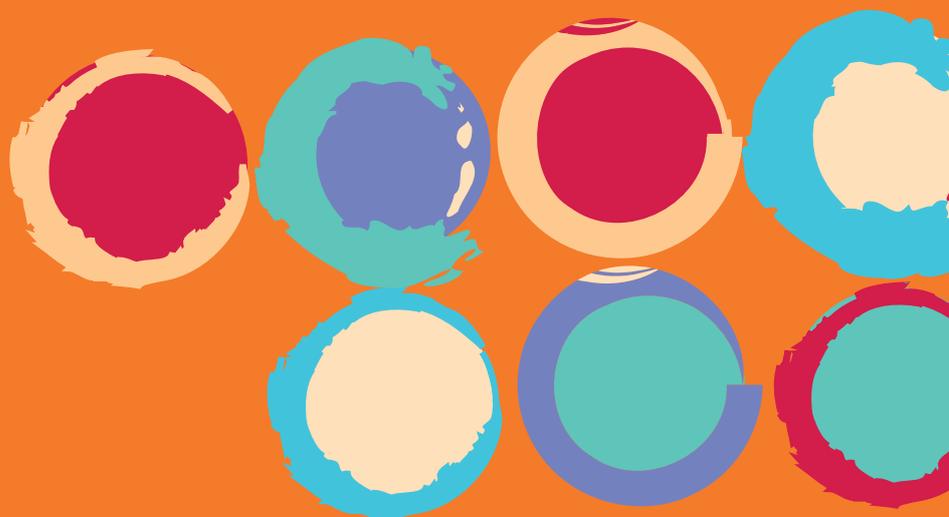
**Annual Report and
Clinical Governance Report
2008 to 2009**

Introduction

Sandyford – Glasgow’s integrated sexual, reproductive and emotional health service – opened its doors in 2000 and 8 years later, operates as one multi-faceted service across a range of sites throughout Greater Glasgow & Clyde. This report reflects the wide variety of work undertaken in Sandyford during the financial year of April 2008 – March 2009.

This year we have decided to produce a report which follows a similar format to last years well received Annual Report. The variety and inter-connectedness of Sandyford’s services demonstrate the success of integrating services.

We hope this will be interesting to read, and gives a picture of the many services and opportunities offered by Sandyford.



Contents

Fully hyperlinked for easy access.

Click on Content item to go to each page.

Use 'back to contents' link at bottom to return.

Section One Service Developments	5
Sandyford Hubs	6
Archway Glasgow Sexual Assault Referral Centre	7
Steve Retson Project	10
TOPAR	11
Homeless Sexual Health Service	12
Base 75	13
Sandyford Counselling and Support Services	14
Integrated Youth Priority Sevices - The Place	16
Ensuring effective marketing and promotion of Sandyford services	19
Formalising performance management in line with NHS GGC	19
Partnership Working	20
Report for HIV Services	22
Sandyford Nursing Update 2008-2009	23
User Involvement Work - Patient Forums and Public Involvement Organisations	24
Section Two Sandyford IT, Service Activity and Waiting Times	33
Sandyford IT	34
Service Activity	35
Waiting Times	35
Section Three Clinical Guidelines, Quality Assurance Programmes and Standards	41
Clinical Governance	42
Summary	43
Section Four Training and Education	45
Update on Training and Education at Sandyford	46
Summary	50
Section Five Research, Publications and the Clinical Effectiveness Unit (CEU) Faculty of Sexual and Reproductive Healthcare (FSRH) Report	51
Research	52
Publications	53
CEU and FSRH Report	54
Summary	55
Section Six Risk Management and Responding to Problems	57
Complaints	58
Legal Cases	59
Reports on adverse events	60
Adverse events in context	61
Summary	63
Contact Information	

Section One

Service Developments



Sandyford Hubs

Sandyford hubs are community clinics that offer integrated reproductive, sexual and emotional health services to women, men and young people in their local areas. These hubs were initiated in 2005 the first being in Glasgow South East and they have now been rolled out throughout NHSGGC.

This year has seen the opening of Sandyford Renfrewshire, based in Paisley and Sandyford West Dunbartonshire based in the Vale of Leven hospital.

The specialist sexual health nurses have been actively promoting Sandyford services within their local communities. This has involved inviting members of local groups to visit services, participate in service design and learn about how the experienced staff of the Hubs can make a positive impact on the sexual health and wellbeing of members of these local communities. Close partnership working with key staff within the CHCP/CHP supports access to services from vulnerable clients. Detail on the range of Hub activity is available from each specialist sexual health nurse.

SANDYFORD EAST

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101 Salamanca Street, Glasgow G31 5BA
t. 0141 232 7413

SANDYFORD SOUTHWEST

Pollok Health Centre
21 Cowglen Road, Glasgow G53 3EQ
t. 0141 531 6807

SANDYFORD NORTH

Springburn Health Centre
200 Springburn Way, Glasgow G21 1TR
t. 0141 531 6703

SANDYFORD EAST RENFREWSHIRE

Barrhead Health Centre
201 Main Street, Barrhead
East Renfrewshire G78 1SA
t. 0141 314 0885

SANDYFORD INVERCLYDE

Block 1 and 2, Residential Complex
Inverclyde Royal Hospital, Larkfield Road
Greenock PA16 OXN
t. 01475 504 978

SANDYFORD EAST DUNBARTONSHIRE

Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch, Glasgow G66 3BF
t. 0141 355 2367

SANDYFORD RENFREWSHIRE

The Russell Institute
Causeyside Street, Paisley PA1 1UR
t. 0141 314 0726

SANDYFORD SOUTHEAST

Community Wing, Govanhill Health Centre
233 Calder Street, Glasgow G42 7DR
t. 0141 531 8349

SANDYFORD WEST DUNBARTONSHIRE

Ground Floor, Old Maternity Block
Vale of Leven Hospital, Alexandria G83 0UA
t. 01389 818511

Archway Glasgow Sexual Assault Referral Centre

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. It is a service 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, it is based within Sandyford and is managed as an integrated part of Sandyford's services. Archway received a Wish Award for partnership working.

2008 - 2009

In 2008 Archway has become more established and it has also seen difficulties with the sad death of our manager May Deanie in August 2008. The service has been strongly supported by all partners during this period and we are proud that we have been able to maintain a full service.

Strategic activity in 2007 – 2008, led by senior managers from Sandyford, secured on going funding, which was agreed in November 2008 by Strathclyde Police, NHS Greater Glasgow and Clyde, and Glasgow City Council. A commissioned external evaluation is due to be published later in 2009 and further developments are planned for the forthcoming year.

Archway nursing staff are actively involved in the management of people who attend the service including follow up and referral to other agencies as required. Promoting this service for individuals who have been subject to rape or sexual assault has been through the provision of education and training sessions to a variety of professional groups including police and other health service providers.

Activity Advertising

At the launch of the Archway, briefing sheets, posters and leaflets were distributed to hundreds of statutory and voluntary agencies. There had been no advertising to the general public whilst the service became established leaving a gap in information provision. To build upon this 1st stage of advertising to general audiences, an advertising campaign provided the promotion of a more widespread and tailored message about the Archway service.

Adverts were placed on the Glasgow underground and a bus shelter poster campaign was run on at the start of 2009. A successful radio campaign was also launched to promote the service.

Many presentations showing the service have been given by Archway staff to many interested parties



Statistics

This financial year Archway has seen 186 cases, 162 female, 14 of whom were aged between 13 and 15 years and 10 men. 128 cases attended following disclosure to the police, leaving just under a third of cases attending without police involvement. 58% of cases were seen outside office hours.

All adolescents attending the Archway have police involvement according to an agreed protocol and is not going to court, and during the the court experience itself which can take over a year to reach this stage.

The full time support worker has helped provide a greater continuity of care for clients and conducted a vast amount of telephone support (over 1000 consultations this year), in addition to face to face support being taken up by over a third of clients.

The counsellors have also become increasingly busy, with 24 clients attending over the year, and taking up an average of 9 sessions each. The number of Archway counsellors has been increased and improving access to counselling across the NHS GG&C board area is planned for 2009.

It has been demonstrated that support and counselling need to be available outside the original three month window, and may be needed at particular times, such as when being notified that the case is or is not going to court, and during the court experience itself. It can take over a year to reach this stage.

It is the aim of Archway to maintain this more flexible approach by continuing to provide support and counselling services.

All young people attending Archway service are linked into the specialist consultant for the young person's sexual health service within Sandyford. Following discussion with the young person, information regarding their attendance at Archway is shared

with the child protection unit, social work and other agencies that may already be involved in the young persons care. These agencies may be contacted if the young person is in agreement and/or it is in their best interests.

Archway Glasgow Progress Report to 31 March 2009													
	April 2008	May	June	July	August	Sept	Oct	Nov	Dec	Jan 2009	Feb	Mar	TOTAL
MONTHLY CASES	17	15	12	17	18	16	11	13	21	20	15	11	186
Female	16	11	8	17	16	14	10	12	18	19	10	11	162
Male	-	1	4	-	-	1	1	1	1	-	1	-	10
Adolescents	1(F)	3(F)	-	-	2(F)	1(F)	-	-	2(F)	1(F)	4(F)	-	14
Cases – office hours	6	6	9	6	7	8	3	4	12	6	5	5	77
Cases – out of hours	11	9	3	11	11	8	8	9	9	14	10	6	109
Forensic Exam (including non police engagement)	13	15	5	15	15	14	9	10	16	19	13	10	154
Cases seen by Police that fit Archway criteria													
Police engagement cases	9	12	4	13	15	12	9	9	11	18	7	9	128
Non Police Engagement (at first point of contact)	8	3	8	4	3	4	2	4	10	2	8	2	58
Phone calls that didn't engage	5	5	2	2	4	6	4	2	5	2	3	3	43

User involvement

External evaluation from London Metropolitan University will give an extensive review of the work and impact of Archway through methodologies including client feedback. NHS ethical approval for interviewing service users and members of partner agencies was gained for this work.

Archway is very grateful to the 23 service users that were able to engage fully with the evaluation process. Over the coming year Archway will continue to examine how best to ensure the service meets the needs of the clients - many of which have vulnerabilities that are likely to have excluded them from taking part in the evaluation, and focus group work is planned to address this omission.

Plans for 2009

Archway Glasgow has now extended its remit and from April 2009 has been asked to provide forensic examinations and aftercare to clients reporting serious sexual assault to the police anywhere in the Strathclyde force area. This will be piloted and evaluated with regard to capacity and user acceptability.

Links to support services in other board areas need to be made, and service user evaluation needs to continue particularly as some clients may need to travel longer distances for our services.

The needs of vulnerable adults are of high priority. Work is ongoing to ensure that all agencies are able to work together to meet their needs.

Archway Staff have been invited to provide training to Strathclyde Police and this will be rolled out to all officers in the coming years.

Steve Retson Project

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, originating from the gay community's activism in the 1980's regarding social and political issues around HIV and AIDS. During this financial year, SRP provided three evening clinical sessions each week. It sits within the larger Sandyford service like the geographical hubs, reporting into a wide range of management and governance groups.

Activity

The SRP continues to be well used by the community it serves. In January 2009, due to issues within the LGBT centre that were out with control of the SRP, the Thursday evening clinical sessions were temporarily re-located to Sandyford Central. Unfortunately, due to the subsequent closure of the LGBT centre, the Thursday evening clinic will now stay at Sandyford Central while the SRP management group reviews the situation and seeks an alternative, appropriate community venue.

Partnership working with Gay Men's Health (GMH) continues with GMH volunteers continuing to promote, throughout the LGBT community, the services of SRP, and both Sandyford central and Sandyford hubs.

A satellite SRP clinic has been developed and funded by the public health protection unit. This satellite clinic will be based in the Pipeworks Sauna from

August 2009 providing near-patient HIV and Syphilis testing, and Gonorrhoea and Chlamydia NAAT testing to a community group who has been identified as not attending mainstream sexual health services. This clinic will be funded for a period of 12 months and will then be subject to evidential review.

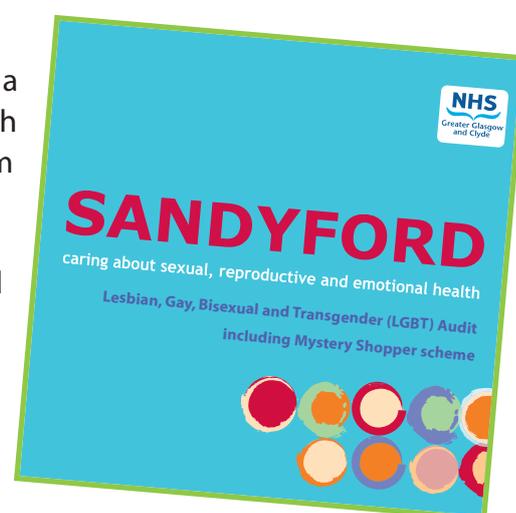
User Involvement

The service continues to maintain the founding, innovative use of 'host-helpers'. These volunteers are drawn from the community that this clinic serves, as a way of keeping the service grounded in the real lives of men who have sex with men.

The service has recently been awarded a WISH Award (2008) for its innovative partnership working. The SRP management team will continue to look at ways of sustaining further such developments.

The SRP clinical service has been subjected to a 'mystery shopper' evaluation: the results of which were most favourable. The full report is available from the Communication & Public Involvement Team.

The service has also been audited and evaluated against the LGBT Equality Charter, again, being given a very favourable rating.



TOPAR

Termination of Pregnancy and Referral

Background

Access to termination of pregnancy and referral services are coordinated by an experienced specialist sexual health nurse. The nursing team have undertaken additional training in ultrasound scanning to further improve access to services. The service lead nurse has developed strong partnership links with staff within hospital services and provides specialist advice and support to the wider Sandyford team.

Activity

In the last year 1984 TOPAR consultations have taken place in Sandyford Central and Sandyford Hubs. 929 clients were referred directly to hospital wards in Glasgow for Medical Termination of pregnancy (MTO). 451 clients were referred directly to day surgery units in Glasgow for Surgical Termination of Pregnancy (STOP).

Clients can have several attendances – e.g. when needing time to come to a decision regarding pregnancy options, returning for repeat ultrasound or scanning and administration of mifepristone, and returning for post-TOP scanning.

Some clients are referred to other agencies – e.g. to BPAS (British Pregnancy Advisory Services) and to local early pregnancy assessment services whilst other clients decide to continue with their pregnancy and are supported with this.

Waiting times for consultation and from consultation to admission remain within 5 days for a TOPAR appointment – the RCOG gold standard. The time from consultation to MTOP remains an average of 6 days and from consultation to STOP remains an average of 10 days.

The average gestation of clients for MTOP (at 12 weeks and under) was 7 weeks and 4 days on day of TOP.

The average gestation of patients for MTOP (at over 12 weeks) was 15 weeks on day of TOP. 14% of clients for MTOP were over 12 weeks gestation.

The average gestation of clients for STOP was 9 weeks and 1 day on day of TOP.

Development

Work was undertaken to develop a TOPAR service within the Sandyford Renfrewshire Hub. This service was piloted in March 2009 and now offers clients from Renfrewshire who live within the catchment area of the Royal Alexandra Hospital to be referred for direct admission for MTOP and STOP procedures.

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

Clients of Greater Glasgow Homeless Services have benefited from the expertise of a dedicated specialist sexual health nurse, providing clinical services and referral to these vulnerable clients. Good communication and close working with partner organisations has enabled improved access to sexual and reproductive health services for clients within Homeless hostels. The increase in service activity has included Long Acting Reversible Contraception (LARC) provision and cervical screening.

Base 75

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 Community Addictions Teams. 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. The Hepatitis B vaccination programme was rolled out to clients attending the Thursday afternoon methadone clinic, giving an opportunity to address wider sexual health issues with this small, mainly street involved, group of extremely vulnerable women.

Work continues between Base 75 and the addictions service, with the specialist sexual health nurse also working within the West Community Addictions Team in Drumchapel and Maryhill. This will continue to improve the integration of sexual health and addictions practice in this area. Work continues at strategic levels to improve information-gathering and sharing, with the aim of increasing support for women to exit prostitution via Glasgow City Council's Intervention Team.

There have been other achievements in service provision. For example, a service audit revealed that two thirds of individuals accepted screening for Chlamydia and that 11% of these were positive, much higher than previously documented. Nearly 90% of clients seen within the day time service are involved in indoor prostitution, which is usually associated with less drug use and less chaotic lifestyles. It is possible part of this shift reflects Council and Policing policy changes as vulnerable women

move from the streets in to flats. 35% of women seen were non UK nationals, which is less than previously recorded for day time service attendees.

All clients attending the daytime service are seen by a worker from TARA (Traffic Awareness Raising Alliance) and very close working continues between the clinical team and this service to support women who have been trafficked for sexual exploitation.

The majority of clients attending receive sexual health interventions with only 7% of clients attending solely for condoms showing that women wish to engage with the wider sexual health service available. 75% of all clients had seen a dedicated sexual health advisor, and 33% of women were using a Long Acting Reversible Contraception (LARC).

Sandyford Counselling and Support Services

Background

The service redesign of Counselling and Support Services has included further integration of the specialist counselling teams. In the last year the management structure has brought almost all the teams under the direction of the Counselling Services Manager. There is already one Team Leader in post who has responsibility for Thrive and Steve Retson Counselling. It is anticipated that two further Team Leaders will be appointed during 2009.

This is currently the largest NHS Counselling Service in Scotland, if not further afield. The service continues to develop good working relationships with the Primary Care Mental Health Teams and opportunities for partnership working enables the Sandyford model to be taken into communities and organisations. These developments in themselves enable increased access for all clients and streamlined referral pathways.

Activity

Pre-Therapy Groups

The number of clients attending pre-therapy groups has increased. The focus has been on coping with anxiety, panic attacks and self esteem issues. Following the pre-therapy groups (which has all used a Cognitive Behavioural Model), clients have all been offered individual counselling and most have spent less time in counselling with a very positive outcome.

Archway Counselling

The number of Archway clients accessing counselling following a period of contact with the Support Worker has increased. The aim is to keep the waiting list to 2 weeks for this particular group of clients. The Archway Support Worker works closely with

the Archway counsellors in assisting clients to make that transition from support to counselling. The Support Worker is able to work closely with two support Workers from Rape Crisis. Regular meetings are held at Rape Crisis for both counsellors, Support Workers and the Managers.

Trainee Placements

The Counselling services, in line with the rest of Sandyford has always accepted student counsellors on placement. This past year has brought an eclectic mix of students from the Centre for Therapy (CBT), Strathclyde University (Person Centred) and the College of Holistic Medicine (Integrative). Counsellors on trainee placements have much to bring to the counselling services and all benefit considerably from the opportunities to work with a multi-disciplinary team.

Links with our partners

Mental Health Teams

Developing partnerships with Yarrow View Primary Care Team has led to an Advice Clinic being hosted within Sandyford Counselling & Support Services each Monday afternoon. This is a mix of appointments and drop in for brief intervention for patients within the geographical boundary. The clinic is run by a Community Psychiatric Nurse. This year has also seen continuing partnership working with two other Primary Care Mental Health Teams: Pathways and Steps. This has enabled increasing access to counselling for clients and agreed fast tracking systems when appropriate.

The Compass Team are frequent visitors to Sandyford Counselling Services and makes use of our resources to offer assessments to potential clients followed by group work.

Gender Based Violence

Three of the midwives working with the Gender Based Violence Team are now supervised for their professional practice by qualified supervisors within Sandyford Counselling Services. They are given support and an opportunity to reflect upon their practice within the supportive context of supervision at Sandyford.

Growing Old Disgracefully

This year saw the last time for this group to meet at Sandyford. The group which is for ladies over the age of 60 is known as the "G.O.D. (Growing old disgracefully) Group". The ladies have met once a month in the group room within the counselling services for supportive discussion. It took a little adjusting for any new reception staff to know how to respond to someone coming to the front desk to ask for the "G.O.D. group".

Developments within Counselling

EMDR Training

E.M.D.R. (Eye Movement Desensitization and Reprocessing) is a proven and highly skilled intervention which is particularly useful for Post Traumatic Stress Disorder. Four counsellors have been trained in EMDR during the last year (two have had additional training in working with children and young people using EMDR).

Management of the Waiting Lists

Keeping waiting times low remains a challenge for the Counselling Services. In an attempt to address this, self assessment is being introduced. This will ask all potential clients to complete a self assessment form with questions aimed at gaining further information about their reasons for seeking counselling. It is hoped that this will enable clients to be seen more efficiently and more appropriately within the mental health system.

Counselling in the Hubs

Counselling is now established in the Sandyford Hubs and the uptake in appointments has been very positive. It has had very little impact on the waiting lists at Sandyford but is evidence of the need for counselling within the community.

Future Developments

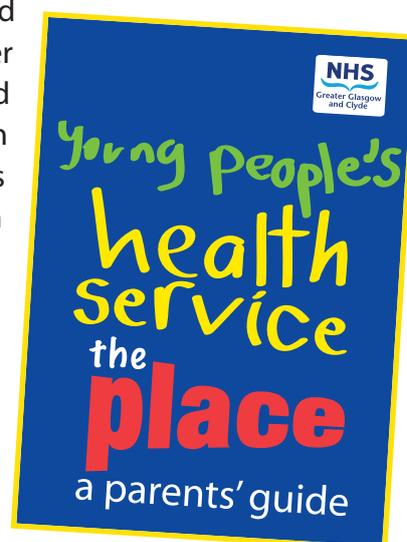
Additional funding has been secured for Thrive (service for men who have been sexually abused as children) and this will enable time limited Befriending, pre-therapy groups for Thrive clients and also a temporary counsellor post.

Integrated Youth Priority Services - The Place

Background

The Place has continued to expand along with the hub and satellite services. Each hub and satellite service has an after school youth priority service at least once a week. It is staffed by specialist sexual health staff, often working in partnership with local agencies. The service provides additional services such as smoking cessation, alcohol harm reduction and counselling services.

Staff within the 25 clinics are supported by a small team i.e. specialist sexual health nurse for young people, consultant doctors in sexual reproductive health, specialist young people's counsellor, outreach coordinator and alcohol and drugs counsellor. There has been an Award for the Brief Intervention Project.



Community outreach

There has been an increase in work with Supported Learning including Cardonald, Newhills and Hollybrook Schools. Newhills were directed to the Talk 2 project which resulted in parents taking part in a structured programme which in turn led to a continuation of the parent support group.

There has also been partnership working with Blue Triangle Housing in Glasgow, Renfrew and Paisley to increase sexual health awareness and promote both the Homeless and Place services.

The team have been involved in delivery of:

- Core Induction Modular Training for new Sandyford staff
- SHRE input on Sandyford services in secondary schools within the Glasgow East CHCP
- and for the first time, the Place has been invited to take part in Pride event in the Lesbian, Gay, Bisexual, Transgender Youth Zone

The outreach co-ordinator continues to support the Hub specialist sexual health nurses and the CH(C)P Partners as well as working directly with young people.



Alcohol and Drugs Counsellor

The Place has a full time alcohol and drugs counsellor who offers one to one counselling and support for young people affected by their own or others substance use as well as developing and leading health improvement activities with young people and training staff.

A recent alcohol screening and brief intervention pilot funded by the Alcohol Education and Research Council (AERC) was very well evaluated winning a NHSGGC "Ideas in Action" award in August 2008 and a national Wellbeing in Sexual Health Award in October 2008.

Alcohol Brief Intervention Clinic

The alcohol brief intervention clinic was introduced in October 2008, to users of the service who would benefit from alcohol education, information and support.

Rolling Out Brief Interventions

Following the success of the alcohol pilot in 2007/2008 The Place will roll out the screening and brief intervention model to widen young people's sexual health services across Greater Glasgow and Clyde.

In preparation for the roll out, training needs of clinic staff have been identified. In response training dates have been arranged to include alcohol awareness and alcohol screening and brief interventions. This approach will be evaluated.

ALCOLATOR / Website screening tool, alcohol calculator and BI link

Electronic screening will encourage young people to monitor their own drinking levels, safely and anonymously, without fear of being judged. The tool will be attached to the main Sandyford Web. It is simple to use, easily understood, and after completing the 'Alcolator' (AUDIT) a score will be awarded.

Depending on the individual score result and the young person's agreement, this will direct young people to an alcohol information self referral link. When this link is clicked it will be posted direct to the clinics alcohol and drug support worker. The worker will then offer a date for a brief intervention, providing information, on alcohol units, risks associated with binge drinking, sensible drinking, information on how to reduce the amount you are drinking. Personal safety information, and self help information in the form of unit calculators, diaries, information booklets.

The tool will be attached to the main Sandyford Website. This website development was funded by the AERC.

Young people sex and alcohol leaflet July 08

At the clinic staff manage the practical, physical and emotional effects of sexual risk taking amongst majority of its users. Problem drinking levels have risen sharply among young people. In response a small booklet the size of a mobile phone has been designed to help educate young people about alcohol and sex, explaining some of the risks and consequences associated with this mix.

The leaflet provides information on sexual health services across Greater Glasgow and Clyde and covers issues on:-

- Alcohol units
- Binge drinking
- Alcohol and health
- Where to get emergency contraception
- Safer sex
- How to keep safe when drinking.
- Mixing drink and drugs
- Getting home safely



Ensuring effective marketing and promotion of Sandyford services

The Sandyford brand continues to develop as a strong identifier for Sandyford services throughout NHSGGC and beyond.

The sexual health media and communication group whose aim is to co-ordinate the NHSGGC corporate approach to managing communications with the public, professionals and the media in relation to sexual and reproductive health information and services has been developing strategies that include new social media outlets e.g. podcasts.

Advertising campaigns in bus shelters and the Glasgow underground have successfully promoted services. There has also been a very successful radio campaign promoting Archway services.

Formalising performance management in line with NHS GGC

Report on NHS QIS Sexual Health Standards Background

Over the last few years, NHS QIS has been developing a set of quality standards for sexual and reproductive health care to support Respect and Responsibility. This process commenced in summer 2006 with the establishment of a project group with clinical and lay membership, and an advocacy group with non-statutory representation. A number of senior Sandyford clinicians were members of these groups and have been heavily involved in this process.

The project group recommended a need to develop service-level standards for sexual health that encompassed access, co-ordination, capacity, equity, choice and quality, alongside the need to support the development of sexual health managed clinical networks, key clinical indicators for sexual health and a cohesive approach to all quality work within sexual health services.

The group published a set of draft standards in summer 2007 that were circulated to a wide range of stakeholders in sexual and reproductive health, alongside other methods of public and professional consultation. This then led to publication of the final set of agreed standards in March 2008 that apply to all sexual health services provided by and secured by NHS Boards, with an associated process of self-assessment and NHS QIS visits expected to conclude by the end of 2010. The standards cover the following areas, each with a number of subsidiary standards:

1. Comprehensive provision of specialist sexual health services
2. Sexual health information provision

3. Services for young people
4. Partner notification
5. Sexual healthcare for people with HIV
6. Termination of pregnancy
7. Hepatitis B vaccination for men who have sex with men (MSM)
8. Intrauterine and implantable contraception
9. Appropriately trained sexual health service staff

NHS Greater Glasgow and Clyde's response

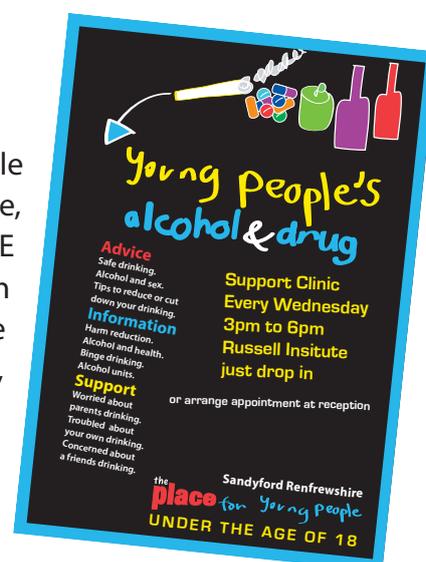
NHS Greater Glasgow and Clyde as the largest Scottish Board has needed a clear structure to ensure compliance with the Standards and to gather the information and evidence needed. Although the majority of the Standards apply to the work of specialist sexual health services, like Sandyford, a number cut across activity within primary care, acute settings and pharmacies, particularly in relation to the provision of contraception and termination of pregnancy.

Sandyford, as part of the NHSGGC Sexual Health Planning and Implementation Group, during the last year has contributed to the framing of the Standards, scoped out the range of information and evidence required and set up a process to support the Board's final report to NHS QIS in relation to the Standards that will be part of an expected visit in 2010. The collection and delivery of information to indicate compliance with each QIS Standard is overseen by a senior Sandyford clinician or manager, who is also responsible for generating appropriate new work where required to meet the Standard. This process has involved Sandyford staff working with colleagues from across NHSGGC, and is performance managed by Dr Rak Nandwani and Dr Rosie Ilett from Sandyford on behalf of NHSGGC.

Partnership Working

Raising alcohol awareness amongst young people in Renfrewshire

In 2008 the Specialist Sexual Health Nurse for Young People for Sandyford in the Clyde area linked with Paisley Police, Renfrewshire Council, the Royal Alexandria Hospital A&E Department, Strathclyde Fire and Rescue, and the Scottish Ambulance to develop a DVD entitled "Take a Drink". The DVD aims to teach young people about alcohol misuse, and originated from police consultations with young people in Paisley about the best way to get this message across.



The DVD was filmed in the Paisley area by PACE – a locally based theatre company - and follows a group of young people over the course of one night and the events they become involved in through drinking too much alcohol. These include violent crime, sexual health issues and the consequences of making wrong choices. The partner services regularly deal with the consequences of alcohol misuse and also appear in the film, making the DVD very real.

It is hoped that the resource will be used by organisations working towards improving the health and well being of young people and reduce antisocial behaviour within the community. The video was launched in October in Paisley where Sandyford staff attended and copies of the DVD were made available for Sandyford to use.

Sandyford Library and Information Services Partnership with Glasgow City Council

Sandyford Library and Information Services (SLIS) is a public lending library within an NHS setting, offering health and wellbeing information to members of the public (whether Sandyford clients or not), Sandyford staff, NHS staff, users of Culture and Sport public library service, local residents and workers and organisations from across the UK and worldwide.

SLIS has a long standing partnership agreement with Glasgow's public library service. Greater Glasgow Health Board and Glasgow City Council jointly applied for Modernising Government Funding to establish a library-based city-wide Health Information Service. In 2001 SLIS formed a partnership with Glasgow City Libraries to achieve this. This partnership has continued over the last eight years, including through the recent move of the city's public libraries from the City Council to Culture and Sport.

This has brought a range of benefits to users including free public internet access in Sandyford's main foyer waiting area, access to the stock of Glasgow's libraries including the Mitchell Library and the ability of people from all over the city to access the specialist resources of SLIS via the inter-library loans system.

Current developments include:

- regular joint meetings to improve link up of library and information services citywide.
- tour of facilities – senior staff from Sandyford and C&S visited the Hubs at Sandyford North and Sandyford SouthWest, and new libraries at Gorbals, the Bridge and Pollok Civic Realm to demonstrate the range of modern Council and Sandyford services available.
- Sandyford SouthWest and Pollok Civic Realm – plans to develop a wider health

information space within the new library at Pollok (which is in very close proximity to the Hub) are being discussed, with visits to similar projects planned. Opportunities for book borrowing at Sandyford SouthWest via the nearby library, and improved higher speed public internet access at the Hub are also being explored.

- Senior C&S staff available for consultation during the forthcoming process of planning the extension and modernisation of Sandyford Library, in the light of the recent successful new builds and refurbishments in various community libraries.
- Discussions are planned around ways of extending the Healthy Reading Scheme (currently covering a wide range of moderate Mental health issues), to include a wider range of topics, possibly Healthy Lifestyles.



Partnership with other local authorities

Meetings were held with senior library staff in Renfrewshire to open communication lines, promote Sandyford services and improve access to quality health information via the Hub at Sandyford Renfrewshire. Meetings with West Dunbartonshire and East Dunbartonshire Library Services are planned for a time closer to their hubs' opening dates. Previous links have been established with Inverclyde and East Renfrewshire public library services, in line with the programme of Sandyford Hub openings.

NHS partnerships

- Joint working opportunities continue to be explored at NHS collaborative group meetings, eg the Glasgow and Clyde Health in Libraries Group
- PERL - regular meetings with PERL and Sandyford colleagues to review the range of sexual health information leaflets on offer and to ensure QIS standards are met
- NHSGGC Library Network - SLIS continues to work closely with the Library Network

Report for HIV Services

This is a summary of the report for HIV services at the Brownlee – full report available on request from Sandyford.

In the full report data is presented on (i) overall cohort (ii) AIDS defining conditions and deaths (iii) new diagnoses and transfers and (iv) workload. Data for both services is combined and split by categorised - Infectious Disease and Genitourinary Medicine.

Key points we would highlight include:

- The total cohort has risen by 16.6% to 1076 patients with a 17.7% rise in numbers taking antiretrovirals to 806. The GU Medicine cohort rose by 68 (19.7%) and the ID cohort by 85 (14.7%).
- A record number of 192 new patients attending for care, a rise of 12.3% on last year. Transfers from other clinics has increased 57% this year (58 vs 37 for 07/08).
- Epidemiological and workload trends compared to 07/08.
- Increase in median CD4 count for newly-diagnosed GUM patients at 539 cells/mcl (higher than in 07/08 of 480 cells/mcl); suggesting earlier diagnosis.
- Increase in number of new patients presenting with an Aids Defining Illness with 69% of Aids diagnosed at diagnosis of HIV or within one month of diagnosis.
 - AIDS defining TB cases have more than doubled this year compared to last year (13 vs 6 for 07/08).
 - An increase in number of inpatient bed days, up by 23%.
 - Increase in the number of deaths this reporting year compared to last (12 vs 4 for 07/08).
 - Six women were diagnosed through routine antenatal testing, two at the PRMH, three from QMH and one from SGH.
 - A continued rise in new patients from S Africa and Zimbabwe (totalling 47 new patients)
- Antiretroviral therapy remains successful as 88% treated patients have undetectable (<40 copies) HIV viral load.

Sandyford Nursing Update 2008-2009

Respect and Responsibility 2005, the Scottish Government sexual health strategy document promotes nurses taking the lead in providing sexual and reproductive health services. The strategy aims to improve sexual health through reducing health inequalities and making services more accessible to vulnerable clients. Delivering for Health 2005 articulated a vision for nurse leadership at the forefront of initiatives designed to improve the patient journey and experience. Reduction of waiting times at services and a drive to improve access to services are pivotal with the recognition that nurses are appropriately placed to provide the leadership necessary to drive forward change and to influence culture change where needed.

Sandyford nurses have extended and expanded their role through education and training and the demonstration of competence through the utilisation of competency based workbooks. Appropriately skilled nurses undertake a range of clinical activity supported by independent nurse prescribing including vaccination, onward referral of clients and partner notification. Nurses are fully involved in

contraception planning and provision, including subdermal implant insertion and removal, promoting alternate long acting reversible contraception. Nurses have demonstrated competence in all aspects of client management with particular regard to showing sensitivity to the complexities of vulnerable individuals.

Nurses have demonstrated leadership skills in all aspects of clinic and client management with some undertaking further leadership competencies. An ongoing commitment to hand hygiene and infection control management has seen nurses undertaking training to support this acting as role models and champions with authority to challenge poor practice. Senior nurses continue to lead on all aspects of service development and provide guidance and support to the wider nursing team.

Tackling Health Inequalities

Nursing staff are at the forefront of service provision to the most vulnerable clients providing care within a variety of settings including Sandyford Hubs. All nurses within Sandyford services are aware of the importance of promoting equality within care provision and this is supported through induction and education sessions. Nursing staff promote sensitive enquiry in relation to gender based violence.

Base 75 S&RH services for women involved in prostitution continues to work in partnership with Glasgow City social work staff providing a range of services. Specialist sexual health nursing staff with a wide understanding of the negative health implications linked to sexual exploitation can provide a full range of clinical interventions to women. Meeting the particular needs of women working in a range of prostitution environments across the city has included working in partnership with TARA (trafficking awareness raising alliance).

The nursing team continue to contribute to a wide range of pre and post registration nursing and medical courses in addition to developing in house training to support service improvement. Ongoing professional development including presenting at local and national conferences further promotes and shares good practice and provides leadership opportunities.

User Involvement Work - Patient Forums and Public Involvement Organisations

A key principle 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 appropriate, sensitive and accessible services. This work is linked to efforts to explore and remove any barriers preventing people from accessing Sandyford services. This area of work is led by Sandyford's Community Access Coordinator.

Service User Questionnaire Feedback Project - 'How was it for you?'

Ongoing questionnaire process designed around a basic core of questions with additional project/service specific questions added in consultation with key staff.

How was it for you at Sandyford East?

To establish how the users of Sandyford East felt about the service and to identify any areas for improvement, a questionnaire survey was carried out. 51 people attending the hub completed a questionnaire.

100% of respondents said they would return to use the service again. None of the 51 people who completed forms attributed any negative quality to staff. *(Separate report available)* Sandyford East was highly praised in the feedback, with 92.2% of people responding saying they were satisfied or very satisfied with the service.



How was it for you at Sandyford East Renfrewshire?

To establish the views of service users at Sandyford East Renfrewshire, and to identify any areas for improvement, a questionnaire survey was carried out there. 49 people attending the hub completed a questionnaire.

Feedback was very positive. None of the 49 participants attributed any negative quality to any member of staff at Sandyford East Renfrewshire. Of the 47 people who responded to the question 'during your visit to Sandyford East Renfrewshire, how satisfied were you with the service you received?' 100% were satisfied with the service that they had received. *(Separate report available)*



How was it for you at the Sandyford TOPAR (Termination of Pregnancy and Referral) Service?

Due to the sensitivities involved in using this service, quite a lot of planning went into the process of planning this consultation. Previous attempts to get service user feedback had been unsuccessful. This project involved all TOPAR service users being given a self-completion questionnaire over several months (relating specifically to the Sandyford part of the process), and a freepost envelope in which to return the completed questionnaires to the Communication and Public Involvement Team. 25 women completed and returned questionnaires. The consultation highlighted

some areas where staff could respond to suggestions from service users e.g. some people felt they could have been better prepared emotionally for the experience. 96% of people consulted said they would definitely recommend the service to others who required support. (Separate report available).

Comment Card Scheme

Sandyford relaunched its Comment Card Scheme in early 2009, and purchased new comment card boxes so that all Sandyford hubs could be included. Feedback has already been received from Sandyford Renfrewshire.

Review of West Dunbartonshire Clinics

As part of the ongoing development of Sandyford local services, the Community Access Coordinator interviewed existing users of West Dunbartonshire community clinics to obtain their views on the proposed service re-design. Both the clinic at Dumbarton Health Centre, and the clinic at Vale of Leven Hospital were visited as part of the review. The process

involved face to face interviews with 17 women. 100% of respondents said they would be prepared to travel further to a Sandyford clinic that had more services on offer, and that was open more frequently, or that in fact the proposed hub would actually be closer to where they lived anyway. (Separate report available).



Work with Young People

Young People's Consultation at Sandyford East Renfrewshire

Eight young people, and four staff members were interviewed to gain feedback on the young people's drop-in service at Clarkston Clinic in East Renfrewshire. The feedback reassured that young people have a good relationship with staff at the service, and that they felt their needs were being well met. There was some stigma amongst young people about using the service for the first time, but thereafter, they appeared to have few concerns.

Work with African people

Following on from the previous years progress, the Health Board's African Sexual Health Steering Group continued to meet, and take forward the actions agreed as part of a three-year strategy focussed on the sexual health and service needs of African communities living in Greater Glasgow and Clyde.

A C Card Focus Group for African people was held in July 2008. Seven people attended. The focus group was facilitated by Sandyford, and Waverley Care African

Health Project. The discussion focussed on barriers to accessing condoms for African people, along with proposals for new methods for disseminating condoms within the community. (Separate report available).

A consultation was undertaken with service users and staff on draft versions of new 'Sexual Health Services', and 'HIV' leaflets proposed by NHS Greater Glasgow and Clyde. These had originally been planned to target African people as part of the health board's strategic approach to working with African communities around sexual health. However, they were later broadened out to target the wider population.

Work with people with a learning disability

The Community Access Coordinator represents Sandyford on the Glasgow Learning Disability Partnership – Sexual Health sub-group. Partners from the NHS, and the City Council were kept updated on developments at Sandyford, and Sandyford received regular feedback from key staff about any issues linked to accessibility for people with a learning disability. This led to the start of a review process at Sandyford about the availability of the Feeling Good model across all services. A new Learning Disability protocol is being developed by nursing staff, and will be launched in 2009/2010. This will be accompanied by staff training to support the protocol.

The Community Access Coordinator supported the South East CHCP Learning Disability 'Feel Good – Stay Safe' (Relationship Group) process by undertaking a consultation with relationship group staff and service users at Carlton Resource Centre. (Separate report available).

Sandyford purchased new learning disability resources for CHP staff from Renfrewshire, East Renfrewshire and West Dunbartonshire to use. All but one board CHP/CHCP now have these resources.

Supported 'Common Knowledge' (voluntary organisation working with people with a learning disability) in undertaking a photo shoot at Sandyford, building on previous partnership working. These photos were being used on website/information materials produced by Common Knowledge on sexual/reproductive health.

Vulval Pain Support Group

This group, only established in 2008, continued to meet monthly. It has grown under the facilitation of the Community Access Administrator, and has a database of 23 people who have been in contact about the group, 12 of whom have already attended.



Work with Disabled People

The Community Access Coordinator and Dr Tamsin Groom represent Sandyford on the national steering group of the In Touch project. This is a three-year national UK project led by Leonard Cheshire Disability (voluntary organisation) focussing on young disabled people and sexual health. NHS Greater Glasgow and Clyde is one of three locations in the UK to participate in the project. This year's progress included Sandyford supporting the development of a national questionnaire for use with young disabled people.

Sandyford continued to work with Glasgow Centre for Inclusive Living (GCIL) in planning work to better enable people with a disability to access services. A disability audit is planned for 2009. Work this year included linking with Glasgow City Council to have pot holes repaired in Sandyford Place. This was to make it easier for people with a disability who park outside Sandyford, to be able to get to the pavement smoothly, without fear of accidents.

Work with lesbian, gay, bisexual and transgender (LGBT) people

LGBT Audit

Work progressed on auditing Sandyford as an LGBT friendly service, and workplace. 12 LGBT people were recruited, trained, and participated in a Mystery Shopper Scheme, which involved visiting and assessing Sandyford services on set criteria. A resources audit and staff questionnaire made up the remaining two strands of the audit. The full report is available from the Communication & Public Involvement Team.

Work with transgender people

The Sandyford Transgender Women's Support Group continues to meet twice monthly, and is facilitated by two volunteers. The Community Access Coordinator supports the volunteers.

Work with gay men - Gay Men's Involvement Project

Partnership project with the Sexual Health Improvement Team. The Gay Men's Involvement Project (GMIP) aims to meet one of the key requirements of the NHS Greater Glasgow and Clyde 'Strategic Framework to improve gay men's sexual health' by providing a low cost sustainable mechanism by which to consult with gay men on planning and policy decisions, services, resources and information aimed at improving gay men's sexual health.

The project was initially set up for two years, received funding for an additional year, and reached the end of its funding period in March 2009. The group plan to continue in a voluntary capacity with the support of a facilitator funded by the

Health Improvement Team for Sexual Health. Sandyford will continue to be able to use the group as a feedback mechanism for gay men's services.

In their third year, examples of the work undertaken by the group included:

- Providing feedback on Sandyford as a service for gay men. They focussed on designing their 'ideal' service and went on to feed back some of their own personal experiences of accessing Sandyford services (separate report available).
- Two members of the group undertaking an oral and poster presentation on the achievements and approach of the project at the Gaycon Conference, October, 2008.
- Developing a brief for Gay Men's Health to design and develop pull-up banners for Steve Retson project, to engender a gay positive environment within the project, to provide information on Steve Retson, and to put in place a direction banner for the ground floor. The banners are a direct response to previous feedback from SRP service users, and will be delivered to the project in 2009.
- Follow up work with Sandyford library staff and C Card coordinator to build on previous recommendations from the project around gay men accessing these services.

Work with Deaf People

Work with Deaf Connections (voluntary organisation) in 2008/2009 included:

- The delivery of Sandyford specific sign language and deaf awareness training to ten admin and reception staff.
- Delivery of a half-day information session on Sandyford services to Deaf Connections staff.

Work with Women Involved in Prostitution

Consultation with users of Base 75 re the possibility of relocation of services to an alternative location. (More detailed feedback available separately).

Consultation with Sandyford Lead Nurses

The Community Access Coordinator led a consultation with eight lead nurses focussing on the Self-directed Learning Leadership Programme for Specialist Lead Nurses. (Separate report available)

Interpreting Work within Sandyford

Between the 1st of October, 2008 and the 31st of March, 2009 the number of requests for Interpreters within Sandyford Services were analysed to get a sense of the language requirements of service users over that period over six months there

were a total of 513 requests for interpreters (mainly from Sandyford Central, but with a significant number of requests from Sandyford North, Sandyford SouthEast, Sandyford SouthWest and Sandyford Renfrewshire).

The most common requests for specific languages were as follows:

Language	Number of requests	Percentage of total requests
Mandarin	72	14.4%
Polish	67	13.1%
Slovakian	63	12.3%
French	31	6%
Arabic	27	5.3%
Urdu	22	4.3%
Russian	21	4.1%
Romanian	19	3.7%
Turkish	17	3.3%
Farsi	16	3.1%
Swahili	15	2.9%
Cantonese	15	2.9%
Somali	14	2.7%
Kurdish	13	2.5%
Lingala (mainly spoken within the Democratic Republic of Congo, and the Republic of Congo).	13	2.5%
Portuguese	10	2%
Czech	9	1.8%
Bajuni (a Kenyan language)	5	1%
Chinese	5	1%
Punjabi	5	1%
Other languages requested at least once were Amharic, Azeri, Bengali, Eritrean, Georgian, Greek, Hindi, Hungarian, Kibajouni, Korean, Latvian, Lithuanian, Pushto, Spanish, Tamil, Tigrini and British Sign Language (BSL).		

- There were 400 requests for female interpreters (78%)
- There were 77 requests for male interpreters (15%)
- The remaining 36 requests did not record the gender of the interpreter requested

Sandyford Visits Professional Programme

In total 69 people visited Sandyford Services during the year from 1 April 2008 – 31 March 2009. Of the total...

- 25 people were local visitors from partner organisations wanting to get an overview of the services provided by Sandyford Central.
- 21 of the visitors were colleagues from NHS organisations/other health settings (mainly those who are developing integrated services within their own areas). Sandyford enjoyed visits from Northern Ireland Social Care Trust, Barts Hospital - London, NHS East and West Sussex, South Staffordshire SPCT, County Durham PCT, NHS Manchester, a doctor from New York, and Brook Advisory in Northern Ireland.
- 11 of the visitors came to get an overview of the services provided by The Place.
- 8 of the visitors were part of a church exchange from Malawi.
- 4 of the visitors were part of a fact-finding mission from community specialist services, attached to the University of San Francisco, focussing on HIV testing and support services.

Volunteer/Student Placement support

The Community Access Coordinator supported PFPI volunteer activity at Sandyford, and was responsible for supporting a student placement from Glasgow Caledonian University, who undertook a project working with African people in Glasgow. This was linked to activity taken forward by Waverley Care African Health Project.

Reactive Work

There is an increasing amount of reactive work, as Sandyford develops its reputation as both a model of good practice around PFPI (user involvement) work, and as a service that regularly consults with marginalized and hard to reach groups.

Examples include:

- Working with Social Work Department to ensure the views of LGBT people included in the development of a new Carer's Strategy.
- Providing information on the Sandyford experience to NHS Forth Valley on establishing local support for transgender people.

'Sexual and Reproductive Health/Genitourinary Medicine for Nurses' course at the University of the West of Scotland.

Two inputs delivered by the Community Access Co-ordinator on Patient Focus and Public Involvement at the Sandyford as part of this course

WISH Awards 2008

Sandyford received a WISH Award, 2008 for user involvement work in the area of 'addressing stigma and discrimination' and 'creative partnership working.'

PFPI Network

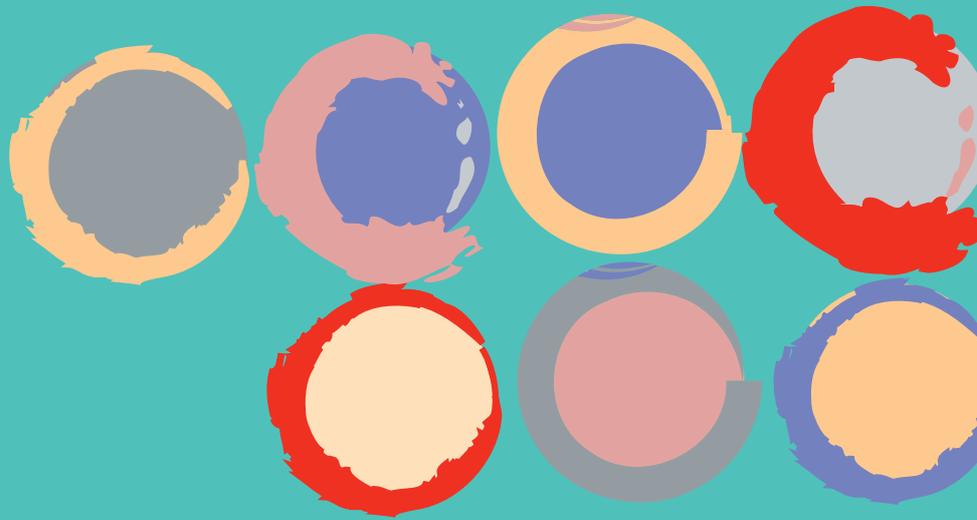
Attendance at PFPI Network 'Showcasing and Sharing' event in Glasgow.

Consultation with Specialist Sexual Health Nurses

The Community Access Coordinator led a consultation with eight specialist nurses focussing on the Self-directed Learning Leadership Programme for Specialist Nurses. (Separate report available)

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 2008 – 2009, are highlighted at the start of the section.

Sandyford IT

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

- New National Sexual Health System (NaSH) running across all Sandyford sites, including network and application maintenance.
- Electronic importing of laboratory results from Glasgow and Clyde.
- First-line user support for our complex PC network with over 250 desktops across 27 sites.
- Maintenance of electronic clinic lists.
- Bespoke and Periodical managerial information.
- Provision of strategic planning and development of new IT solutions.
- Management of multiple in-house bespoke solutions and databases.

Key Achievements in 2008 – 2009 include:

- National Sexual Health System (NaSH) implemented and operational at all Sandyford locations throughout Greater Glasgow and Clyde.
- Telephonetics VIP automated telephone results system implemented and operational, with a significant increase in results being picked up.
- Programme of work to re-create all safety and operational reporting within the new NaSH system.
- Electronic importing of Clyde results into NaSH system.

Service Activity

The table below only highlights the main service activities with took place in Sandyford overall attendances at all Sandyford services totalled 136,020.

Service Statistics for Sandyford Locations	
01/04/08 to 31/03/09	Total Count
Chlamydia tests	36569
Pos chlamydia under 25	2211
Cytology	8144
HIV	16951
Syphilis	17909
Contraceptive implant	4104
IUS/IUD	2927
Vasectomy ops	1510
Counseling attended	3737
01/04/08 to 31/03/09	Total Count
TOPAR referral	1252

Waiting Times

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, no appointment services (rather than afternoon and evening appointment times).

Emergency services are available every Saturday morning with Youth clinics on Saturday afternoons. Sandyford has trained pharmacists across Greater Glasgow and Clyde to allow the supply of emergency contraception by Patient Group Direction in Pharmacies open on Sundays and out of hours to improve access to emergency contraception when clinical services are closed.

The waiting times in Hub settings and Clyde are not reflected in the reports for this year but will be incorporated for 2008/2009.

Maximum Waiting Times

The maximum waiting time for services is recorded but 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.

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 following table shows average waiting times for the first half of the year. Due to change over to a new clinical IT system NaSH in Nov 2008 reporting tools were not available for the second half of the year. The system was regularly interrogated to ensure that the first available appointments for core and specialist services were monitored and action taken as necessary.

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 planned for Autumn 2009 – to increase the length of time that drop in services are available and offer a wider range of services and procedures as drop in service thus increasing access to services. This will involve staggered staff shifts and start times and text reminders of appointment dates.

Specialist services added additional clinics to reduce the waiting times where staff capacity allowed.

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. Colposcopy waiting times were kept within the nationally agreed standards.

See table opposite for Sandyford Waiting Times 2008 - 2009.

Sandyford Waiting Times 2008 - 2009

Average no of weeks wait for appointment

	Agreed Waiting Time	Apr 2008	May 2008	Jun 2008	Jul 2008	Aug 2008	Sept 2008
a) Routine FP	2	2	2	2	2	2	2
Specialist clinics:							
· Menopause	12	4	4	3	7	6	5
· Colposcopy	8	7	7	8	7	6	8
· Gynaecology	12	5	5	5	8	7	7
· Psychosexual counselling	12	7	9	7	7	6	7
· Vasectomy operations	12	11	10	11	10	8	8
· Vasectomy counselling	24	2	1	2	1	2	2
b) Genitourinary Medicine							
Genitourinary Medicine Male	2	2	2	3	2	3	3
Genitourinary Medicine Female	2	3	3	3	3	3	4
Steve Retson Project Clinical	2	2	2	1	2	2	3
Steve Retson Project Counselling	24	1	3	2	2	1	2
Number of individuals on the waiting list							
c) CWH (Counselling services)							
Eating Disorder	24	26	21	18	18	18	19
Generic Counselling	24	130	135	166	161	183	166
Sappho Counselling	24	14	15	13	13	15	14
Cognitive Behavioural Therapy	24	57	75	68	68	62	65

Sandyford Counselling and Support Services Waiting List Management

In October/November 2008, the waiting lists for counselling had increased to the point where demand heavily exceeded output. It was therefore necessary to put measures in place to manage current waiting lists by revising the referral process, Assessments, current caseloads and explore alternative ways of working within counselling.

It is important that as the largest counselling service in the NHS in Scotland, SCASS complies with The Matrix (Guidance for delivering evidence-based psychological therapies in Scotland 2008) and “works towards reducing waiting times for psychological therapies in anticipation of future referral to treatment targets”.

The aim is therefore to offer counselling within 18 weeks after Assessment. The impact of Improving Access to Psychological Therapies (IAPT) is under discussion across Scotland. At present it is uncertain how this will impact upon SCASS and what the implications might be. It does seem to make sense to offer some form of stepped care and thereby matched care for clients. This stepped care could ease the pressure of the waiting times because clients would be offered some form of “treatment”, whether this is self-help, Bibliotherapy, pre-Therapy groups, Art Therapy, Listening Ear etc.

Increased Demand for Counselling

Apart from the fact that counselling is increasingly more socially acceptable and campaigns promoting a more positive message about mental health.

Establishing counselling in the Hubs has had no impact on Sandyford Central waiting lists – in fact it has made counselling more attainable for clients living close to the Hubs who would not have accessed counselling at Sandyford Central. Whilst this is a very positive step, it has increased the demand.

Some of the Primary Care Mental Health Teams now have no counsellors in post as they pursue a stepped care model and have increased the number of Cognitive Behavioural Therapists. It has been both evidenced and well publicised that CBT is a highly effective intervention which is both brief and addresses distressing symptomatic presentations in clients. Here at Sandyford there are now 6 Cognitive Behavioural Therapists and management of the service continues to strive towards offering a range of modalities rather than favouring one over another. CBT is not suitable for all clients and as yet, there has been little research into the long term outcomes for clients who have received CBT.

During November, all counsellors met with the Counselling Manager for Case Management. A specific emphasis was placed on ensuring compliance with the

DNA & Cancellation policy. If any client has two DNAs at any time in their period of counselling, then the counselling is brought to an end. The same applies if a client cancels for three sessions in a row.

If a client fails to attend for Assessment, he/she is removed from the list. If a client fails to attend the first counselling appointment, the same applies.

Returning clients now have to wait 9 months before making contact with the counselling service with a view to further counselling - after their counselling has ended.

Assessment Week

In order to address the large number of clients on the Assessment Waiting list, the first week of December was dedicated to Assessments. 126 appointments were offered.

64 clients attended for Assessment. Some were referred onto Primary Care Mental Health Teams. A small number were not accepted for counselling because they were already in counselling elsewhere.

This confirmed the problematic nature of a system whereby potential clients can call and request counselling and are automatically placed on the Assessment waiting list.

The high DNA rate during Assessment Week enabled the decision to no longer accept referrals from outside agencies but rather to ask that potential clients self-refer. This approach has been in place for some of the Primary Care Mental Health Teams and it has reduced their waiting lists significantly, and in one case completely. The need to have a defined process to respond to self referrals was also identified.

The current Assessment Waiting List will be addressed by allocating specific appointments on a regular basis.

Revised Criteria

In December a small working group spent time reviewing the referral process and criteria. It was obvious that the Counselling & Support Service could no longer continue to offer counselling to anyone who requested the service or to continue to accept the many referrals which arrive on a daily basis (15-25 per week). In recognition of the context of sexual health, the decision was made to match psychological therapies with the services and clients issues within Sandyford.

Main Issues

Sexual abuse, Sexual assault, Rape, Sexuality issues, Domestic abuse, Menopause, Gender dysphoria, Psychosexual difficulties.

New procedures from January 2009 revised process for referrals

When a potential client contacts the service and requests counselling, an information pack is given/sent by post. The information pack explains the revised criteria and requests that if the client believes this is the appropriate service for them, to make contact and request an Assessment for Counselling. If the service is not the most appropriate, each information pack includes a leaflet detailing other supportive organisations. All clients (potential or otherwise) are still welcome to use the Listening Ear service which has a limit of three sessions.

Any written referrals are assessed against the revised criteria. If the client seems appropriate a letter is sent to the GP/Psychiatrist etc to request that the client is asked to self-refer. Any referrals which are not suitable are returned and the suggestion is made of referral to PCMHTs.

Counselling in the Hubs

Counselling is now well established in all the Hubs except Sandyford Renfrewshire but this should happen early in 2009 and has been dependent upon staff availability.

The waiting list at Sandyford South East was significantly higher than any other Hub and this seems in conflict with the partnership working with the PCMHTeam at Govanhill (STEPS Team). This is being addressed with changing the counsellor and this should have an immediate impact.

Pre-Therapy

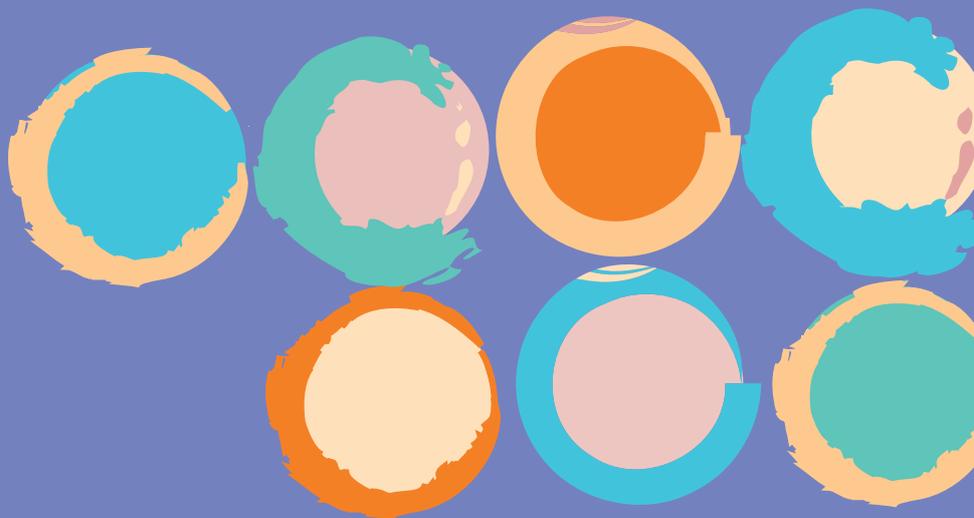
The model of pre-therapy has been very successful at Sandyford. As an intervention it has been recognised by many of our partner agencies. The purpose of pre-therapy is to address some of the symptoms within the context of a psycho-educational model. Groups have been offered within SCASS for symptoms such as anxiety, panic attacks and self-esteem. The benefit (apart from the obvious benefits to women of being in a supportive group setting) is that clients then need shorter periods of individual therapy to address the underlying issues which were the root cause of anxiety etc.

Conclusion

There is a regular review of the waiting times and the effectiveness of the steps taken to manage them. The waiting lists are monitored.

Section Three

Clinical Guidelines, Quality Assurance Programmes and Standards



Clinical Governance

Clinical governance is the system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services (NHS Quality Improvement Scotland 2005). One of the components of clinical governance is clinical effectiveness. Since the late 1980s clinical effectiveness has been used to improve the quality of treatments and services. It relies on the expertise, knowledge and skill of clinicians who work with patients, existing systems and the organisation as a whole and how it can be improved.

Clinical effectiveness asks the questions, How do we know we are doing things right? What evidence do we have for what we do?

Clinical Effectiveness Group

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

Faculty of Sexual and Reproductive Health Care

Progestogen-only Implants (January 2009)

Recommendation from the CEU: Antibiotic prophylaxis for intrauterine contraceptive use in women at risk of bacterial endocarditis (July 2008)

Royal College of Obstetricians and Gynaecologists

British Association for Sexual Health and HIV

Management of syphilis (2008)

Management of prostatitis (2008)

Management of viral hepatitis (2008)

Management of sexually-acquired reactive arthritis (2008)

Management of balanitis (2008)

Management of STIs in children (2009)

UK National Guidelines for HIV Testing (2008)

Accreditations

Sandyford ensures that services, including those that support clients, meet quality standards. In the last year the following accreditations were achieved:

- Clinical Pathology accreditation (CPA) remains active until 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 2010.
- Consultant posts form part of Deanery-approved higher medical training schemes in Genitourinary (Sexual Health & HIV) Medicine and Sexual & Reproductive sub-specialist training for Obstetrics & Gynaecology.

Infection Control

The aim of the infection control audit tool is to assist with ensuring that the Clinical Standards Board for Scotland's standards for health care associated infection are met and to ensure a high standard of infection control.

The tool, developed by NHS Greater Glasgow Primary Care Trust Infection Control nurses in 2003, defines acceptable standards for a managed environment which minimises the risk of infection to patients and staff.

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.

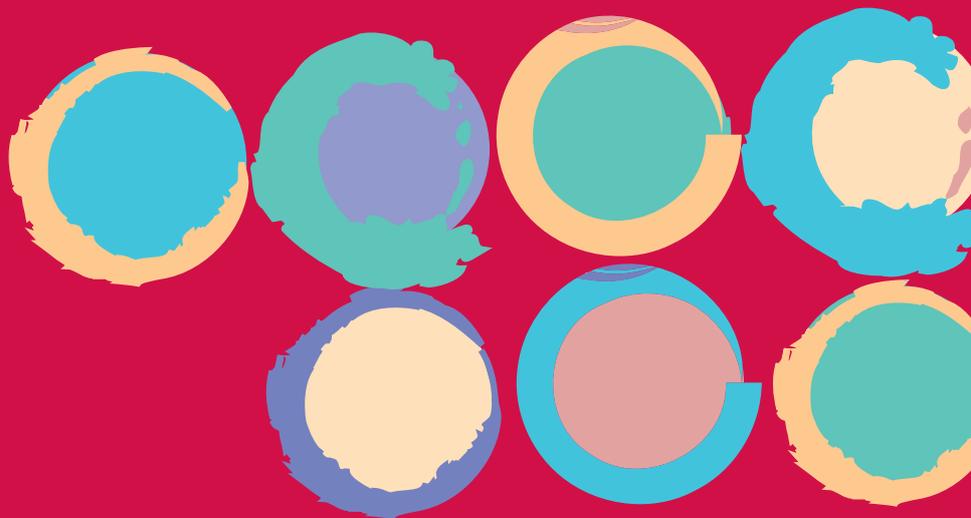
As well as the infection control audit there is also the cleaning services audit developed to comply with the NHS Scotland National Framework for Cleaning Services Specification. This audit is carried out by the hotel services staff who work closely with Sandyford to monitor standards of cleanliness. As part of the induction of new staff training in infection control is carried out. Regular sessions on infection control updates are arranged throughout the year for Sandyford staff and is mandatory for staff to attend annually.

Summary

This section has provided information on where the Sandyford seeks published evidence in ensuring clinical effectiveness. It indicates the wide range of national guidelines that are available which influences care and standards within the organisation. The following section details the training programme that is in place to support staff in delivering quality care to clients who attend the service.

Section Four

Training and Education



Update on Training and Education at Sandyford

Training

A new programme of Induction Training has been designed for all Sandyford staff in the Greater Clyde & Clyde NHS area. This forms part of Sandyfords core training programme as mentioned in the previous governance report.

This training is designed to give staff an opportunity to see where their post sits within the overall service delivery of Sandyford. As staff can be employed in only one location it also affords them the opportunity to meet other staff and engender a sense of inclusiveness among the staff group.

The programme consists of 2 modules the first of which contains an overview of the work of Sandyford, where it sits within the Sexual Health Strategy both nationally and locally, the work of the numerous services delivered by Sandyford, location of Sandyford services and management structures. The second module looks at Equality and Diversity and shows how Sandyford services meet the sexual, reproductive and emotional health needs of our clients in a manner that is inclusive and non-discriminatory.

During the training staff are asked to actively participate through a series of exercises, exchange experiences of working in Sandyford to inform their colleagues of the various disciplines which operate under the Sandyford banner. This programme will be part of a rolling programme of training for all Sandyford staff.

Risk Management

Sandyford Quarterly Governance sessions provide staff with a summary of adverse events reported within that quarter. As well as providing a summary of adverse events it is also an opportunity for training in relation to some of these or if new diagnostic testing has been introduced to the service for example.

Staff Peer Support Groups

Clinicians continue to use these support groups as an opportunity to give each other support and training around areas of specific clinic activity. To date specific groups include, the journal club, termination of pregnancy service, non-medical prescribers and nurse telephone helpline.

Current Training Programme

Sandyford has a commitment to Greater Glasgow & Clyde Health Board staff governance standard. This standard has 5 key strands staff are well informed; appropriately trained; involved in decisions that affect them; treated fairly and consistently; provided with an improved and safe working environment.

Training Provision

The table below is a snapshot of some of the training, reflecting the 5 key strands of staff governance that Sandyford has provided to staff usually on a Tuesday afternoon which is set aside for this purpose. It shows a wide range of clinical and social aspects of care.

April 2008	Speaker (Sandyford staff unless otherwise stated)
Audit of Contraceptive Use in HIV positive women/Role of HA at Brownlee	Patricia Anderson Dr Ruth Taylor
HSV update (for nurses)	Dr Fiona Fergie
Future of Sandyford Learning & Education	Rosie Ilett M Knight Learning & Education from Greater Glasgow & Clyde
Child Protection	Dr Pauline McGough
Young People Risk Assessment Tool	Pauline McGough
May 2008	Speaker
Reflection & Empowerment	Rosie Ilett Tina Campbell
Institute of Psychosexual Seminars	Dr. Susan Carr
National Screening Programme Update (SCCRS)	Elizabeth Rennie Screening Manager Greater Glasgow & Clyde
STI Bacteriology	Dr Helen Palmer
Atypical Presentations of HSV	Dr Gerry Gorma
Chlamydia Testing Acceptability Study	Dr Kendall Crossen Dr Andy Winter
June 2008	Speaker
Vasectomy	Dr Kay McAllister
Training for Clinical Supervisors	Tosh Lynch Gwyneth MacDonald Caroline Donnelly
July 2008	Speaker
Intra Uterine Device Audit Presentation	Dr Fiona Dennison Dr Lynn Rush
Patient Group Direction Update on Hepatitis Vaccinations	Dr Fiona Fergie Tosh Lynch Caroline Donnelly
Training for Clinical Supervisors Part 2 (Dan Reid Suite, Clifton House)	Gwyneth MacDonald Tina Campbell

August 2008	Speaker
Bacterial Vaginosis, Non-specific Urethritis, Hepatitis B.V.	Dr Debs Wardle
Syphilis	Dr Andy Winter
Youth Services & Child Protection Issues	Dr Pauline McGough Dr Tamsin Groom
Skins Complaints	Dr Gerry Gorman
Fire Lecture	Paul Robins, Fire Officer for Greater Glasgow & Clyde
Services for Men who have Sex with Men	Dr John Ewan
Emergency Contraception & Prescribing	Dr Julie Cumming
Post Exposure Prophylaxis and HIV	Dr Rak Nandwani
Transgender & Sexual Problems	Susan Carr David Gerber
Health & Safety	Sean Wright, Health & Safety Officer for Greater Glasgow & Clyde
Infection Control	Lesley Symons, Infection Control Nurse for Greater Glasgow & Clyde
Uncomplicated Partner Notification In Sexual & Reproductive Health	Sam King
HPV Vaccine Programme for Sandyford Services	Dr. Syed Ahmed, Monica Maguire Public Health, Dalian House
September 2008	Speaker
Trafficked Women	Fiona Goddard, Communications Officer, International Organisation for Migration.
Sabbatical Talk	Dr. Alison Bigrigg, Director of Sandyford
Child Protection	Dr Pauline McGough
Clinical Governance update	Tosh Lynch
October 2008	Speaker
CHAPS Conference Feedback	M. Murchie G. Sturgeon C. McDermott
Update on Protocols for Sexual Assault Unit	Dr Debs Wardle
November 2008	Speaker
Moving & Handling Course	Moving & Handling Team at the West CHCP
Practical Menopause Training	Dr Kay McAllister
Café Culture Training Afternoon For Nursing Staff	Gwyneth MacDonald

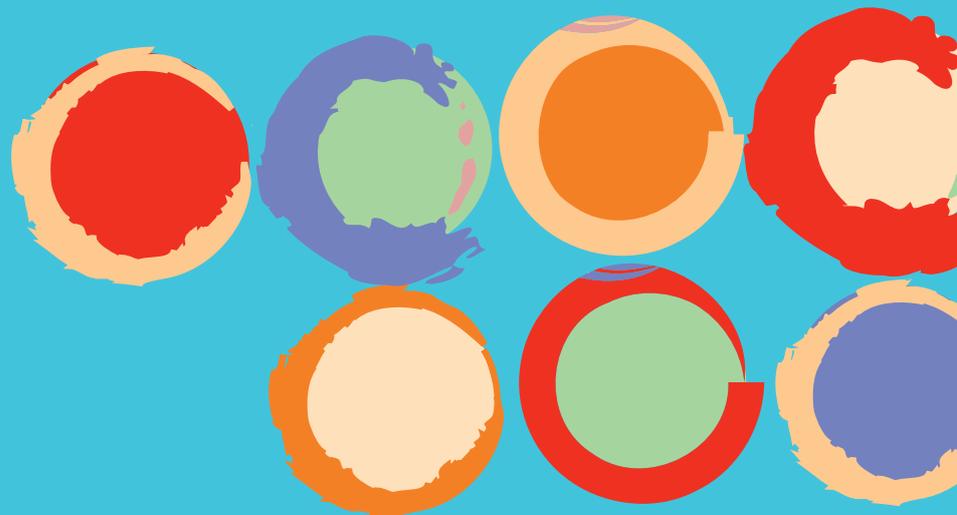
December 2008	Speaker
Staff Consultation Session for Service Redesign	Dr Alison Bigrigg Dr Audrey Brown Dr Anthony Rea
Review of Specialist Sexual Health Nurses for the Hubs Leadership Programme	Lorraine Forster Dr Alison Bigrigg
January 2009	Speaker
Promoting Attendance	Jennifer Hardy, Human Resources
Case Presentation	Dr Jennifer O'Connor
Contraception & Addictions	Dr Tamsin Groom
National Sexual Health Database (NaSH) Update	Dr Andy Winter Robert Hall
Clinical Governance Update	Tosh Lynch
Intra Uterine Device Counselling & Removal	Dr Kay McAllister
February 2009	Speaker
CPR Training	Dr Bernie Scott Leslie Maxwell
Sandyford South East Hub Update Hub Services For Men	Dr John Ewan Jackie Blair
Equalities Update	Rosie Ilett Nicky Coia Colin Mackillop Ruth Henry
Infection Control (Hand Hygiene)	Lesley Symons
Alcohol Awareness Update	Patricia Keough
March 2009	Speaker
Erectile Dysfunction Update	Dr Graham Sharp
Vasectomy Update	Dr Kay McAllister Debbie Bolton
Testing Existing Children Of Hiv Positive Women	Dr Natasha McDonald
"I'd like a cap doctor" How To Confidently Counsel And Fit Diaphragms	Dr Julie Cumming
Laboratory Microscopy	Mark Mason

Summary

This section demonstrates the commitment that Sandyford has made to learning and education of its staff and in turn supports the staff governance standards of the health board. As Sandyford is a large organisation it shows the length and breadth of training that is involved in training our workforce. Staff are continually encouraged through evaluation and programs such as survey monkey to improve on existing training and to identify other training that is required.

Section Five

**Research, Publications and
the Clinical Effectiveness Unit (CEU)
Faculty of Sexual and Reproductive
Healthcare (FSRH) Report**



Research

Sandyford and its staff continue to contribute to the professional knowledge base within the organisation and in partnership with other statutory and voluntary organisations. This chapter details the existing research commitments, publications and examples of contributions to conferences.

In addition, Sandyford staff also organise and contribute to training sexual and reproductive health at under and postgraduate level and to other statutory and voluntary agencies.

Research Projects		
Start date	End date	Title
2008		TMC278-TiDP6 (Phase III RCT TMC278 vs EFV in naïve)
2008		Oral fluid testing for syphilis
2008		PIVOT: Protease Inhibitor monotherapy versus ongoing triple therapy
2008		HIV elite controller
2008		A qualitative study of the knowledge, attitudes and behaviours of primary care staff to inform the design and implementation of combination Syphilis & Herpes Simplex Virus testing in patients with genital ulceration in the community
2008		Self collected vaginal swabs for Chlamydia screening in under 20 year old women: an acceptability study
1990		Anonymous HIV seroprevalence study - GUM
		A Pilot Study to assess the utility of Human Papillomavirus detection in non-invasive specimens HPV urine study
1995		MRC HIV seroconversion study
		Continuation Rates for Implanon within Sandyford
		A qualitative study into psycho-social factors associated with acquisition of gonorrhoea amongst heterosexual adults attending a sexual health clinic in Glasgow
		Lipodystrophy in HIV+ men
Jun-07	Jun-09	LGV-Net A clinical molecular and epidemiological study of LGV in the UK

Publications

AbuRajab K, Palmer HM, Scoular A, Church S, Connell J, Hart G, Winter AJ. (2009). To what extent does NG-MAST typing of gonococcal isolates support information derived from patient interviews. *Int J STD AIDS*. 20:170-175

Currie AE, Winter AJ, Nandwani R. (2008). The re-emergence of syphilis in Scotland. *Scottish Medical Journal* 2008. 53(2): 25-29.

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. (2008). British HIV Association, BASHH and FSRH guidelines for the management of the sexual and reproductive health of people living with HIV infection. *HIV Medicine*. 9: 681-720.

Glasier A, Scorer J, Bigrigg A. (2008). Attitudes of women in Scotland to contraception: a qualitative study to explore the acceptability of long-acting methods. *Journal of Family Planning & Reproductive Health Care* October. 34(4): 213-217

King S, Murchie M, McGough P, Bigrigg A. Acceptability of providing a telephone support service for primary care in the management of genital Chlamydia infection. *Submitted to the Journal of Family Planning & Reproductive Health* September 2008

Melville C, Bigrigg A. (2008). Male and Female Sterilisation. *Obstetrics, Gynaecology & Reproductive Medicine*. 18, 330-334

Palmer H, Young H, Winter AJ, Dave J. (2008). Emergence and spread of azithromycin-resistant *Neisseria gonorrhoeae* in Scotland. *J Antimicrob Chem*; doi:10.1093/jac/dkn235 (electronic pre-pub 13/6/08)

Scoular A, Abu-Rajab K, Winter A, Connell J, Hart G. (2008). The case for social marketing in gonorrhoea prevention: insights from sexual lifestyles in Glasgow GUM clinic attenders. *Int J STD AIDS*. 19: 545-549

Conference/Abstracts

English S, Winter A, Nandwani R, MacConnachie A, Seaton A, Fox R. Experience of myocardial infarction in a Glasgow HIV cohort. *Abstracts of 9th International Congress on Drug Therapy in HIV Infection*. Journal of the International AIDS Society 2008, 11(Suppl 1):P103

Gunson R, Scoular A, Winter AJ, Fargie F, Carman W. Evaluation Of Molecular Testing For Gonorrhoea And Chlamydia In Glasgow, UK. *Abstracts of the 24th Conference on Sexually Transmitted Infections and HIV/AIDS IUSTI Europe Milan September 4-6, 2008*; Poster no 06

Mackintosh CL, MacConnachie A, Nandwani R, Seaton A, Winter A, Fox R. Early predictors of outcome and management of PCP in Glasgow: 11 years experience in the post-antiretroviral era. *Abstracts of 9th International Congress on Drug Therapy in HIV Infection*. Journal of the International AIDS Society 2008, 11(Suppl 1):P253

Nelson L, Stewart KJ, Winter A. Quantification of psychological morbidity in HIV-associated lipodystrophy. *Abstracts of 14th Annual Conference of the British HIV Association, Belfast UK, April 2008*, Poster 142. HIV Medicine 2008; 9 (Suppl. 1):45

Patton V, Fox R, Nandwani R, Seaton A, MacConnachie A, Hepburn M, Ellis E, Mactier H, Winter A. Regular audit can lead to changes in practice and better outcomes for pregnant women with HIV. *Abstracts of 9th International Congress on Drug Therapy in HIV Infection* Journal of the International AIDS Society 2008, 11(Suppl 1):P219

Patton V, Fox R, Nandwani R, Seaton A, MacConnachie A, Hepburn M, Ellis E, Mactier H, Winter A. Managing HIV in pregnancy in Glasgow. *Abstracts of 9th International Congress on Drug Therapy in HIV Infection*. Journal of the International AIDS Society 2008, 11(Suppl 1):P225

Winter AJ, Slaven T, Paterson N. Implementing A National Electronic Record System For Sexual Health In Scotland. *Abstracts of the 24th Conference on Sexually Transmitted Infections and HIV/AIDS IUSTI Europe Milan September 4-6, 2008*; Poster no 78

Clinical Effectiveness Unit (CEU) and Faculty of Sexual and Reproductive Healthcare (FSRH) Report

Background

The Clinical Effectiveness Unit (CEU) is supported by the Faculty of Sexual and Reproductive Healthcare (FSRH) to promote evidence-based practice within the specialty. After a 6 year term in Aberdeen, NHS Greater Glasgow & Clyde bid successfully to host the CEU in Sandyford. A new team comprising director Louise Melvin, researcher Julie Craik and administrator Janice Paterson took over from the Aberdeen unit in September 2008. The work of the CEU involves:

- Maintaining an email enquiry service for FSRH members
- Developing evidence-based guidance documents and new product reviews
- Audit / research in sexual & reproductive healthcare

Activities

The Sandyford-based CEU was officially launched at the Scottish Sexual Health Strategy Conference in October 2007. The Aberdeen and Sandyford CEU teams gave

presentations and hosted a stand promoting FSRH guidance products and the members' enquiry service. In the 6 months from September 2008 to the beginning of April 2009 the CEU responded to 213 members' enquiries. A new product review of the combined vaginal ring NuvaRing® was published in March 2009. A 3-year plan is in place and work has begun on updating FSRH guidance and developing new guidance topics. A research plan has also been proposed and a protocol is being developed for a multi-centre audit of subdermal implant and intrauterine method discontinuation rates.

User Involvement

In order to guide the CEU's workplan and improve services, feedback questionnaires were issued at the Scottish Sexual Health Strategy conference and the FSRH's Current Choices conference in 2008. The CEU involved representatives from 2 patient support groups (fpa and Ileostomy & Internal Pouch Support Group) and 2 members of the public in the process for updating FSRH guidance.

Summary

Section 5 describes the research, publications, conferences and abstracts that Sandyford staff have been involved. This continues to be a growing area supported by training and education offered within the service. It demonstrates the ongoing quality and excellence that is encouraged and supported across all staff groups to ensure client care is maximised.

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 Involvement and Surveys. There are quarterly meetings for feedback to all staff.

Complaints

The Sandyford adheres to the NHS Complaints Procedure and investigates and responds to all formal and informal complaints and that any lessons to be learned either in terms of systems or practice are actioned.

Complaints received help us to examine and, where necessary, improve services. Annually, we had over 136,020 client contacts. A small number (31) of formal complaints were received. We 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 quarterly and through designated multidisciplinary staff meetings. General feedback on complaints is summarised in this annual report. This report is publicly available in the Sandyford Library and on the Sandyford website 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 opposite 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

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	100,000	22
April 2008- March 2009	100,000	31

Synopsis of Complaints		
Complaint Related To	Number Of Complaints	Action Taken
Accessing Services	10	Service Improvement
Advice & Results	7	Service Improvement
Clinical Issues	1	Reflective Practice
Communication	13	Reflective Practice Service Improvement

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.

1 new legal claims was initiated and 1 client has requested information from case records with a possible view to initiating a claim against the service.

A total of 10 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

In this financial year Sandyford recorded adverse events under factors according to our adverse event framework. Factors identified are client factors; institutional factors; individual staff factors; task factors; team factors and work and environmental factors.

Our rationale for this was to assist staff in identifying factors in which an adverse event may occur within the organisation allowing for any additional factors to be added where this was necessary and monitored.

For example, verbal aggression was not part of the adverse event framework previously however as staff reported their experiences of verbal aggression they were in turn encouraged to report this to the service. It demonstrated an increase in verbal aggression being reported which in turn enabled the organisation to deliver training through partnership to members of staff particularly those who were deemed to be in frontline areas (nurse telephone helpline, switchboard and receptions staff).

Table 1 identifies from 2006 a year on year increase in adverse event reporting. One explanation for this increase is that since the integration of two previous health boards (NHS Argyll & Clyde and NHS Greater Glasgow) all Sandyford services are now reporting adverse events as they arise according to the adverse event framework. In 2008-2009 there was 0.6% of adverse events reported from 136,020 total attendances throughout Sandyford services in NHS Greater Glasgow & Clyde.

Table 1: Record of Adverse Events

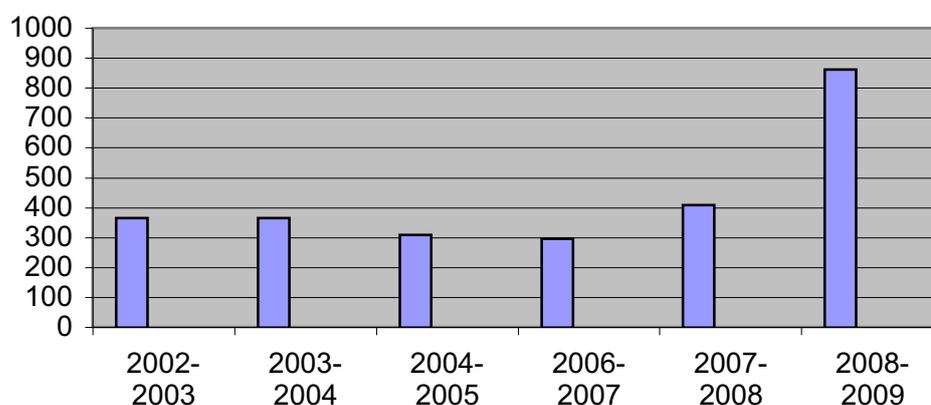
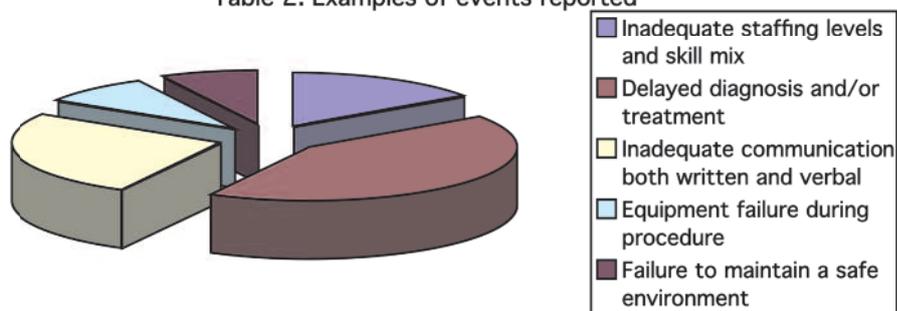


Table 2 indicates where there has been a large focus on reporting under various aspects of the adverse event framework.

Table 2: Examples of events reported



Adverse events reviewed by the clinical governance team were found to have been managed appropriately by staff at the time. By taking a systematic approach to recording and assessing adverse events as part of the clinical governance framework we are able to identify existing systems and processes that are less than satisfactory and make the necessary changes.

Sandyford staff are updated quarterly on adverse events and updated on any changes that have been made. As these meetings are quarterly we recognise that we need to communicate to staff more regularly with regards some adverse events and achieve this through our e-bulletin which is sent to every staff member in the organisation fortnightly. Communication to staff is vital to the success of continued adverse event reporting as it gives staff ownership of the process and demonstrates where action has been taken.

Adverse events in context

This is an opportunity to draw together a number of adverse events that have occurred within the organisation and some of the actions taken. Examples of adverse events will be highlighted under each of the factors as identified by the adverse event framework.

Client Factors

Verbal Aggression (19 reports)

As stated earlier through adverse event reporting we were able to record verbal aggression from clients and part of our response to this was conflict management training. In addition to this our program system (Clinic Pro 2 and then from December 2009 the NaSH system) enabled us to 'flag' clients who were noted to be verbally aggressive to highlight to staff should the client access the service again and also monitor where individual clients were persistent. This coincides with the Scottish Government and NHS Greater Glasgow & Clyde policy of zero tolerance of verbal aggression towards NHS staff.

Institutional Factors

Inadequate staffing levels and skill mix (105 reports)

We have been challenged over this financial year with staffing levels. A number of explanations would account for this: staff sickness which has been a challenge throughout the whole of the Health Board. The Health Board therefore initiated an action plan for organisations and human resources to address some of the issues and support management and staff alike; other explanations are maternity leave of staff and delays in the recruitment process. We have attempted throughout this time to achieve a skill mix throughout all of our clinical services to enable services to continue where possible uninterrupted.

Task Factors

Delayed diagnosis and/or treatment (291 reports)

A new national program was adopted by Sandyford Services in this health board as well as other health boards. NaSH (National Sexual Health Database). Other NHS boards who delivered sexual and reproductive services were identified as early implentor sites for this system. These health boards used parts of the system whereas Sandyford Services was the first service after a period of extensive consultation to use the program to its maximum capacity.

Linking this system to established systems had an impact on results reporting which meant that some clients had a delay in their results being reported. A majority of the time these were negative results. Staff members throughout the whole organisation by using the adverse event system identified very early some of these problems and immediate action by key staff to address them. This was a challenging time for the organisation as well as clients but a majority of the time both staff and clients demonstrated extreme patience as these problems were resolved. The Sandyford staff have to be commended in recognising the importance of a paperlite national system to deliver clinical care and to support each other in continuing to deliver NaSH.

Other reasons for a delay in diagnosis and treatment in some cases was due a delay in results being imported into the NaSH system. For example, where a wrong date or specimen site was written incorrectly on a request form it would not match to NaSH once imported from the labs. Careful monitoring systems are in place to ensure that the delay is not considerable (not more than 14 days) and were tests are outstanding are investigated.

Team Factors

Inadequate communication both written and verbal (178 reports)

Sandyford is an extremely busy service with a number of clinics happening at any one time throughout NHS Greater Glasgow & Clyde. Good communication

between staff and staff and clients is important to ensure the smooth running of the service. During this financial year Sandyford has continued to expand with additional services being added to existing clinics and new clinics open. Communication is important to ensure that staff and clients alike are continually informed of this evolving service. There are occasions where this may not run as smoothly as we like and understandably can lead to frustration for staff and clients.

Other examples include tests being taken which have been confirmed by the lab but do not appear on the NaSH system. A majority of the time due to human error and clinicians not putting these tests on the system.

Work and Environmental Factors

Equipment failure during a procedure (59 reports)

The adverse events were reported mainly concerning the clinic pro 2 system and from 1st December 2008 the NaSH system. Issues reported were the system being either being slow delaying consultation and increasing client's waiting time or system failure which resulted in a shift from a computerised system of taking a clinical history to using paper notes and translating this to the NaSH system later. Part of the system failure has been attributed to our Sandyford server being connected to other servers throughout NHS Greater Glasgow & Clyde as our clinical services are spread over a significant number of community health partnerships. When these servers fail we are in turn affected. Work is ongoing to address some of these issues and fail safe systems now in place to identify where there may be a potential breakdown in service.

Failure to maintain a safe environment (52 reports)

There was one incident of a near miss with a sharp but unfortunately the organisation reported two incidents to Health & Safety of two actual sharps incidents. Sandyford as an organisation has encouraged staff through education and training to minimise the risk of sharps injury. As well as responding promptly to these incidents a risk assessment was undertaken to review our existing systems and where they may be improved upon. NHS Greater Glasgow & Clyde Health & Safety is pro-actively looking at safer sharps devices to be used throughout all our clinical services within the Health Board.

Summary

Through our quarterly clinical governance reports to staff and through the e-bulletin fortnightly as well as individual feedback we have attempted to address some of the issues highlighted in NHS Quality Improvement Scotland report on NHS Scotland Incident Reporting Culture (2007) where a 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 were the main issues raised.

SANDYFORD

caring about sexual, reproductive and emotional health

Thanks to

Those who compiled and produced this report and to of all 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.

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[<< back to contents](#)