



Quality Account 2015/16

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Part One Introduction and statement from the Board

What is a Quality Account?

Quality Accounts are Brook's annual accounts to the public about the quality of services we offer. The Health Act 2009 and supporting regulations place a legal obligation on all providers of relevant healthcare in England to publish annual Quality Accounts. Brook also includes information about our services in Jersey, Northern Ireland and Scotland to provide a complete picture of the entire organisation.

Quality Accounts aim to:

- improve accountability to the public
- engage trustees in quality improvement
- enable providers to review services and decide where improvement is needed
- demonstrate improvement plans
- provide information on the quality of services to the public.

A Quality Account looks both backwards – reviewing and reflecting on progress made in the last year - and forwards – setting goals for improving the quality of services in the year ahead. It must include a statement from the Board of Trustees summarising the quality of services provided and a series of assurance statements prescribed by the regulations.

In developing a Quality Account and setting priorities for the future there is an expectation that providers will engage with their staff, trustees, clients and commissioners.

Who are we?

Brook is the leading UK provider of contraception and sexual health services to young people under 25. The first Brook Centre was established in 1964 to provide contraception and advice to young, unmarried people. Today Brook services work holistically with young people to promote their health and wellbeing while maintaining our specialism in sexual health for the under 25s.

Brook's mission is to ensure that all children and young people have access to high quality, free and confidential sexual health services, as well as education and support that enables them to make informed, active choices about their personal and sexual relationships so they can enjoy their sexuality without harm.

Brook wants a society that values all children, young people and their developing sexuality. We want all children and young people to be

supported to develop the self-confidence, skills and understanding they need to enjoy and take responsibility for their sexual lives, sexual health and wellbeing.

Brook works within the United Nations Convention on the Rights of the Child, and in particular, the following values drive our ethos, design and delivery of services:

Confidentiality – the right to confidential advice, information, contraception and treatment

Education – the right to high quality education about sex, relationships, emotions and sexuality

Sexuality – the right to express their sexuality through puberty, adolescence and into adulthood

Choice – the right to make informed choices about sexuality, relationships, contraception and abortion

Involvement – the right to be involved in decisions that affect them

Diversity – the right of children and young people to fulfil their potential, free from prejudice and harm

Our services

Brook provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections, health and wellbeing interventions and education work from locations in the UK and Jersey (see map on page 3).

In addition Ask Brook, our national information service, offers a confidential online webchat and interactive text message service and a toolkit of frequently asked questions which young people can access 24/7. Ask Brook is available to young people by text on 07717 989 0236 (standard SMS rates apply) or by live online chat at www.brook.org.uk

In 2015/16 Brook had direct contact with 240,155 young people through clinics, education work and Ask Brook.

Contraception and sexual health is often one of the first forms of health care that young people will seek independently of their parent or carer. As such, Brook takes pride in ensuring that young people have an outstanding first experience when using our services.

Brook services



Contact details and more information about our services are available at www.brook.org.uk

Quality statement from the Board of Trustees and Chief Executive

We are delighted to introduce Brook's 2015/16 Quality Account. This is the third Quality Account to describe the quality of care across the whole of Brook. Brook is committed to continuously improving the quality of our services for young people. We therefore welcome the opportunity provided by this Quality Account to demonstrate that commitment in action.

When all Brook services merged in 2011, creating a single national organisation from a network of individual charities, work began to introduce a range of measures to ensure all services were consistently and demonstrably good quality. This work has been thriving and we are delighted to be able to show such significant progress with organisation-wide policies, standards and procedures this year.

Nowhere are the expected quality benefits of becoming a single organisation more clearly demonstrated than in the work of the clinical leadership team which provides a robust clinical governance framework for the organisation to ensure we meet consistently high standards and continue to learn, develop and improve. The team has a strong drive for innovation and ongoing improvement and put the experience of young people front and centre of everything we do. As Chair and Chief Executive, we are immensely proud of this team and its work.

We are confident that the systems and processes are taking us from strength to strength. At the heart of our confidence is the clinical accountability spine that runs from the front line with our Nurse Managers through to the Board. The Head of Nursing is a vital member of the Management Team where she ensures clinical quality is discussed. In turn, the executive lead and Head of Nursing meet with our Clinical Lead Trustee who chairs our Clinical Advisory Committee, which in turn reports to the Board. Issues are identified, escalated and addressed as appropriate at each of these levels.

Brook has committed and talented staff who continue to deliver high quality services of which they are justifiably proud. This year our staff survey showed 97% of staff would recommend our services to young people: this demonstrates fantastic confidence in the quality of our services. Importantly 99% of young people tell us they would be very happy to recommend Brook to their friends.

This Quality Account is an important document. It is a way of holding ourselves to account for the quality of our services and the experiences young people have when they come to Brook and ensures we review and learn from our work on an ongoing basis. We encourage staff, clients, partners and commissioners to review it to gain insight into what we do well and what we intend to improve in the coming 12 months. To provide further

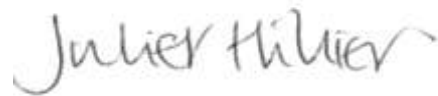
assurance the service commissioner for each contract, the local authority Overview and Scrutiny Committee (OSC) and the local Healthwatch have been offered an opportunity to comment on the account.

The Board of Trustees is accountable for ensuring the accuracy of the information within this Quality Account. To the best of our knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by Brook.

We are proud to present this Quality Account to you. We hope you enjoy reading it.



Eve Martin
Chair of the Board of Trustees



Jules Hillier
Interim Chief Executive

Part Two Priorities for improvement

Progress against our 2015/16 priorities

Improvement priority	Progress
Priority 1: Development of a Brook-wide clinical record	<ul style="list-style-type: none"> • We developed clinical record proformas that services using paper records will adopt to ensure they are capturing all the information required by best practice guidance. • The record consists of <ul style="list-style-type: none"> ○ a chronology of significant events ○ client core record ○ male and female medical history proforma ○ medical history review sheet ○ consultation record ○ male and female sexual history proforma ○ emergency contraception proforma ○ combined hormonal contraception, progestogen only pill and injectable contraception proforma ○ subdermal implant proforma ○ intrauterine device/system proforma ○ safeguarding proforma ○ attendance/issuing sheet. • Services using electronic record systems can use the proformas to review the information collected on their clinical templates. • As we move towards all services using one client record system we will use the proformas as the basis for developing common clinical templates.
Priority 2: Upgrade of clinical IT systems	<ul style="list-style-type: none"> • We successfully completed a three-month project to integrate activity data from eighteen different clinical systems into a central cloud-based platform known as DART (Data Analytics Reporting Tool). • DART gives managers access to reporting tools and activity dashboards supporting them to easily access and analyse data to improve client care. • We put our plan to upgrade and consolidate onto two clinical IT systems on hold when it became apparent that ageing local IT infrastructures could not support the most recent versions of the SHERPA and Blithe Lilie databases. • The introduction of a single Brook Data Centre,

	<p>due to come on stream during early 2016/17, will centralise all our IT operations and enable us to complete the consolidation and upgrade of our clinical systems.</p>
<p>Priority 3: Review of clinical record keeping</p>	<ul style="list-style-type: none"> • We developed an audit proforma to facilitate peer review of the clinical record keeping of Brook staff. • We developed guidance to support staff to use the tool and report their findings to their colleagues. • We were unable to pilot the proforma as planned so we are carrying over the completion of this improvement priority to 2016/17.
<p>Priority 4: Development of a Brook subdermal implant counselling leaflet</p>	<ul style="list-style-type: none"> • We added a digital leaflet to the Brook website that clinicians can refer clients to during their implant consultation. • This ensures that all clients receive the same information about the side effects of subdermal implants and how these are managed at Brook. • We will use the Brook implant audit in 2016 to monitor whether services are referring clients to the website and if this results in a reduction of the removal rate for irregular bleeding.

Priorities for improvement 2016/17

All Brook services work towards common improvement priorities. This year we are focussing on improvements identified by our clinical audit programme, which you can read more about on pages 20-22.

Clinical Effectiveness

Priority 1 All women having their implant removed for irregular bleeding will be tested for an STI before it is removed.

What do we plan to do?	<p>Removal of an implant for irregular bleeding should not be undertaken until a sexually transmitted infection (STI) has been ruled out as the cause of the bleeding. We would expect at least one third of women having an implant removal to have had an STI test based on the findings of our last implant audit. Currently there are only three services close to this expectation (Luton, Manchester and Milton Keynes). Our goal by the end of the summer is that every service will meet this target.</p> <p>We have given services information about how they performed in 2015 and set a target that 35% of women having their implant removed should be tested for an STI before it is removed.</p> <p>Using the Data Analytics Reporting Tool we will extract close to real time data to track each service's progress towards the target and send quarterly updates.</p>
How will progress be measured and monitored?	We will use the Data Analytics Reporting Tool to measure the proportion of young women offered an STI test prior to an implant removal.
How will progress be reported?	We will report progress to the clinical leadership team and the Clinical Advisory Group.

Client Safety

Priority 2 Review of clinical record keeping

What do we plan to do?	<p>During 2015/16, we developed tools and a process to facilitate peers to review the clinical records of Brook staff. This will enable us to verify whether record keeping standards are ensuring client safety</p> <p>The tools consist of:</p>
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	<ul style="list-style-type: none"> • an audit proforma • a summary and score sheet • procedural guidance for peer reviewers. <p>We will test the peer review process at two services before introducing it for use in all services.</p> <p>This will enable us to refine the audit proforma, test if the procedure gives enough guidance to staff in its use and establish if additional training is required.</p>
How will progress be measured and monitored?	We will set up an online form for reviewers to input the summary scores for each record they audit. This will enable us to measure and monitor its adoption as well as view the scoring of the audited records.
How will progress be reported?	We will report progress to the clinical leadership team and the Clinical Advisory Group.

Client Experience

Priority 3 Introduction of an interactive digital Contact Sheet (idCS) to improve partner notification

What do we plan to do?	<p>We will test an interactive digital Contact Sheet (idCS) developed by SXT Health CIC in one of our services and then roll it out in all services that are responsible for partner notification to improve rate of partner notification.</p> <p>The idCS allows individuals with an STI diagnosis to send an anonymous text message to their sexual partners advising them to get checked. The partner is given a unique code that they can present to a clinic.</p> <p>Services can enter the unique partner code into a simple webform to allow them to monitor the success of the partner notification. The code also allows the clinic treating the partner to see the STI diagnosis of the index patient.</p>
How will progress be measured and monitored?	We will be able to monitor adoption of the idCS as a mechanism for partner notification via an online dashboard. This will also enable monitoring of the effectiveness of the idCS in encouraging partners to attend services for testing.
How will progress be reported	We will report progress to the clinical leadership team and the Clinical Advisory Group.

Part Three Statement of assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to providers of community sexual health services.

Review of services

During 2015/16 Brook provided and/or sub-contracted 30 relevant health services.

Brook has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents 100% of the total income generated from the provision of relevant health services by Brook for 2015/16.

Participation in clinical audits

During 2015/16, no NHS National Clinical Audits and no National Confidential Enquiries covered the health services that Brook provides.

The reports of six Brook organisation-wide clinical audits were reviewed by the provider in 2015/16 and Brook took/intends to take the following actions to improve the quality of healthcare provided.

Audit	Actions to improve the quality of care provided
Abortion referral	<ul style="list-style-type: none">• The audit report was not available at the time of writing.
Emergency contraception	<ul style="list-style-type: none">• All clients should be offered an Intrauterine device as emergency contraception and this must be documented in the notes.• Where possible, the day of the menstrual cycle when unprotected intercourse occurred is to be documented and risk estimated.• All clients must be offered the opportunity to quick start¹ contraception and this must be documented in the notes.• A risk assessment for sexually transmitted infections should be completed or an STI test

¹ If a health professional is reasonably sure that a woman is not pregnant or at risk of pregnancy from recent unprotected sexual intercourse, contraception can be started immediately unless the woman prefers to wait until her next period.

	recommended at the time of pregnancy testing at three weeks. This should be documented in the notes.
Implant fitting and removal	<ul style="list-style-type: none"> • Removal of an implant for irregular bleeding should not be undertaken until an STI has been ruled out. • Women should be referred to the implant page on the Brook website for ongoing advice and support about side effects and management of irregular bleeding. • A subdermal implant should be offered to all women who quick start contraception or present for emergency hormonal contraception. • Services not currently offering quick start should implement a six-month improvement plan.
Infection control	<ul style="list-style-type: none"> • Verify that staff have successfully completed a course of hepatitis B vaccinations. (Sandwell & Dudley) • Clinical waste bags to be labelled with the site of origin. (Sandwell & Dudley) • Procedural awareness training to be provided to staff. (Sandwell & Dudley) • Spillage kits to be purchased. (Highland, Northern Ireland) • Infection control standards to be enforced in staff kitchens. (Jersey, Northern Ireland)
Record-keeping	<ul style="list-style-type: none"> • All staff using paper notes should have a stamp with their name and designation.
Sexually transmitted infection screening	<ul style="list-style-type: none"> • All clients are to have a comprehensive sexual health history taken using the Brook wide proforma for sexual health history taking. • An information leaflet (digital or paper) should be offered to all clients with an infection. • We will test an interactive digital Contact Sheet in one service and then roll it out in all services to improve partner notification.

In addition, Brook reviewed the reports of ten local service-based clinical audits in 2015/16 and services took/intend to take the following actions to improve the quality of healthcare provided.

Audit	Actions to improve the quality of care provided
Compliance calls/texts for positive STI tests at Brook Bedford	<ul style="list-style-type: none"> • The audit identified that although phone calls take longer, they are more effective than text messages for giving health promotion messages

	<ul style="list-style-type: none"> and checking compliance with treatment. All compliance checks are now made by phone call.
Partner notification form at Brook Bedford	<ul style="list-style-type: none"> The results and treatment form was changed to record where clients met their partner to identify venues to target with sexual health promotion.
Documentation audit at Brook Bedford	<ul style="list-style-type: none"> Staff to improve their documentation, in particular signing and dating notes. Staff to complete all aspects of the client record proforma regardless of the reason for the visit.
Pregnancy testing at Brook Bedford	<ul style="list-style-type: none"> Staff to ensure they document information given to clients verbally.
Repeat emergency contraception at Brook Northern Ireland	<ul style="list-style-type: none"> A pop up to appear on the electronic record system after three repeat visits for emergency contraception.
Positive pregnancy tests at Brook Northern Ireland	<ul style="list-style-type: none"> None identified.
Treatment of chlamydia at Brook Northern Ireland	<ul style="list-style-type: none"> Improve recording and processing of tests results.
Infection control audit at Brook Sandwell & Dudley	<ul style="list-style-type: none"> Tipton clinic has undergone minor refurbishments.
SHERPA and client notes consistency audit at Brook Sandwell & Dudley	<ul style="list-style-type: none"> Provide training in the use of the new version of SHERPA client database.
Depo-Provera at Brook Wirral	<ul style="list-style-type: none"> Share audit report with staff.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was five.

Use of the CQUIN payment framework

A proportion of income at Brook London and Brook Milton Keynes in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Brook and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following 12-month period are available from the Service Managers at Brook London and Brook Milton Keynes.

Statements from the CQC

Brook is required to register with the Care Quality Commission and is currently registered to provide diagnostic and screening procedures, family planning services and treatment of disease at 18 locations.

Brook has the following conditions on registration: the registered provider must ensure that the regulated activities are managed by an individual who is registered as a manager in respect of that activity at or from all locations. At 31st March 2016 all services had a registered manager except London, Salford and Wirral where Managers are in the process of registration.

The Care Quality Commission has not taken enforcement action against Brook during 2015/16.

Brook has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC did not inspect any Brook locations during 2015/16.

Data quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

Brook will be taking the following actions to improve data quality:

- the data team will continue to provide monthly data quality reports to services, highlighting errors and the actions to be taken to rectify them
- data collection and data quality procedures will be published on the Brook intranet for use by relevant staff
- we will audit compliance with procedures.

NHS Number and General Medical Practice Code Validity

Brook did not submit records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Information Governance Toolkit attainment levels

Brook's Information Governance Assessment Report overall score for 2015/16 was 94% and was graded green. Brook's assessment report is available to view on the Information Governance Toolkit website at <http://bit.ly/1T1wK40>

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

Patient Safety Incidents

Year	Total number of incidents	Incidents as a percentage of client visits	Incidents resulting in severe harm
2014/15	251	0.13%	0
2015/16	177	0.12%	0

Service	Number of incidents 2014/15	Incidents as % of client visits	Number of incidents 2015/16	Incidents as % of client visits
Bedford	53	1%	32	0.74%
Blackburn & Burnley	15	0.1%	6	0.06%
Bristol	5	0.04%	11	0.08%
Cornwall	2	0.03%	9	0.16%
Highland	16	Not available	6	0.31%
Jersey	8	0.2%	2	0.04%
Liverpool	19	0.1%	8	0.05%
London	12	0.06%	39	0.23%
Luton	17	0.3%	10	0.24%
Manchester	3	0.03%	3	0.03%
Milton Keynes & Bucks	70	0.5%	34	0.26%
Northern Ireland	18	0.2%	7	0.08%
Oldham	2	0.03%	0	0%
Salford & Bolton	0	0%	0	0%
Sandwell & Dudley	0	0%	3	0.05%
Wigan & Leigh	9	0.06%	4	0.03%
Wirral	0	0%	3	0.05%

Brook considers that this number is as described for the following reasons:

- they cover all incidents reported under Brook's incident reporting, investigation and learning procedure and include information governance incidents, medicines management incidents and clinical incidents
- recognition of the importance of incident reporting as a learning tool to improve client safety
- successful efforts to reduce the number of information governance incidents (which constituted almost half of incidents reported last year)
- a significant reduction in the number of medicines management incidents.

At just over one incident for every 1,000 client visits we do not consider the number disproportionate based on benchmarking against other providers.

Brook intends to take/has taken the following actions to improve this number, and so the quality of its services:

- we have introduced a common incident reporting procedure across the organisation to ensure consistent reporting and grading of incidents
- we will continue to monitor and review incidents and near misses and share relevant learning across the organisation as well as locally
- continuing to support staff in reporting incidents and near misses and providing training and support as required.

Staff recommending Brook as a provider of care for family or friends

Indicator	Performance	2014	2015
If a friend or relative needed treatment, I would be happy with the standard of care provided by the organisation	Brook	98%	97%
	National NHS average	64%	69%
	Highest NHS score	93%	97%
	Lowest NHS score	36%	42%

Brook considers that this percentage is as described for the following reasons:

- it is taken from responses to the third Brook Staff Survey carried out in 2015 and completed online by 53% of staff (compared to around 40% in 2014)
- the figure has been arrived at by calculating the agree and strongly agree responses to the question "If a young person I know needed contraception or sexual health advice I would be happy to recommend Brook?" and adding them together
- the importance that Brook attaches to ensuring the quality of its services and meeting the needs of young people.

Brook intends to take action to sustain this high percentage, and so the quality of its services, by:

- continuing to focus on assuring and improving the quality of services in order to maintain staff's confidence in the standards of care they provide
- working to maintain the response rate achieved this year.

Part Four Review of quality assurance 2015/16

Supporting excellence and quality assurance

Clinical and quality governance

Brook's Clinical Advisory Group meets four times a year to assure the Board of Trustees that our clinical governance structures and processes are operating effectively. The Trustee lead for clinical governance is the chair of the Group and membership consists of two external sexual health clinicians, the Medical Director, Head of Nursing, the pharmacy consultant, two young people and the Deputy Director of Service Delivery.

The Head of Nursing provides bimonthly reports to the Brook Executive Team.

The clinical leadership team, which consists of the Medical Director, Head of Nursing, two Nursing Leads and the Quality Improvement Manager, meets with the Deputy Director of Service Delivery bimonthly to review the progress of clinical and quality governance improvement plans.

The Nursing Leads promote efficient and effective professional leadership for all nursing and clinical staff. These posts are pivotal in working with clinicians and support staff to drive ongoing improvement and quality.

Nurse Managers in each service are responsible for ensuring compliance with clinical quality management processes and best practice.

Quarterly quality reports

Nurse and Service Managers provide quarterly quality and risk reports to the Service Delivery Directorate summarising incidents, complaints and other significant events and the actions taken in response to them. The clinical leadership team reviews the reports for issues that need to be followed up and learning that can be shared. The Clinical Advisory Group and the Board's Risk, Finance and Assurance Committee receive and review risk-rated summary reports.

During the second quarter of the year, we observed a small cluster of incidents involving administration of contraindicated medication to clients. Staff identified the incidents and took action so no harm to clients resulted. In response, the clinical leadership team issued advice to clinicians to ensure they review and update clients' medical and familial history before issuing any medication.

Quality assurance system

Brook uses Charities Evaluation Services' PQASSO quality assurance system to assess the efficiency and effectiveness of all our activities and drive continuous improvement. PQASSO is a self-assessment tool built on twelve quality areas that cover the main things an organisation needs to work on in order to run well and assess the results of its work. It helps us to systematically examine what we do, identify where we are doing well and where we need to improve. Brook has supplemented the twelve generic PQASSO quality areas with six Brook standards specific to a young people's sexual health service, including a Clinical Governance standard.

PQASSO offers a staged approach to implementing quality through three levels of achievement. In 2013/14, we moved over to the third edition of PQASSO and reviewed our compliance with level one of all the quality areas. Over the last two years, services have been assessing level two of the PQASSO and Brook standards with the aim of consistently meeting this level in all areas by the end of 2015/16. By the end of the year, twelve services were fully meeting all 18 standards. Four others were fully meeting between 15 and 17 of the 18 standards with action plans in place to meet the remainder early in 2016/17. In the remaining two services, a management restructure, a period of maternity leave and a large number of premises issues impeded progress. One assessed all the quality areas but has minor actions to achieve compliance in almost all of them and the other service is planning to complete Level 2 assessments by June 2016.

Leadership and management development

During 2014/15 Brook invested in the development of a bespoke Brook Leadership and Management Development Programme. Between November 2014 and November 2015, three cohorts, consisting of 42 managers in total, undertook modules on Managing People, Managing Resources, Managing Risk and Managing Quality.

Brook-wide policy framework

During 2013/14, following the merger of all Brook services to one organisation Brook introduced a single policy framework. The clinical leadership team produced and now keeps under review a single suite of clinical policies and procedures to standardise practice in the following areas:

- Complaints
- Medicines management
- Infection control
- Delivery of clinical services
- Clinical supervision, appraisal and professional development
- Clinical risk and incidents

- Clinical audit and quality improvement.

This year, we completed work on the following new procedures:

- Duty of candour
- Clinical appraisal and revalidation for doctors
- Revalidation for nurses
- Remediation
- Hepatitis B immunisation
- Retention and disposal of client and healthcare-related records.

Service developments

Supporting and developing Brook nurses

We are now in our third year as a single charitable company and the clinical leadership team continues to work on supporting and developing our workforce.

This year we developed a clinical Induction tool for qualified Contraception and Sexual Health Nurses joining Brook. The induction tool provides all new nurses with:

- orientation to the Brook Service
- an introduction to Brook's Policies and Procedures
- an introduction to Brook's Patient Group Direction
- observation of clinical practice.

Brook has developed a Band 5 Contraception and Sexual Health Nurse in Training (CASH NIT) post, which enables qualified nurses who want to work in young people's sexual health nursing, to gain experience working at Brook whilst undertaking the Diplomat Assessment of the Faculty of Sexual and Reproductive Healthcare (FSRH) funded by Brook.

Brook in Jersey has successfully supported two nurses to become FSRH Diplomates and Brook Manchester and Brook Oldham are each supporting one nurse to complete their training.

Last year we established a Band 7 CASH Clinical Nurse Specialist (CNS) to offer an alternative career progression to the role of Nurse Manager. The Clinical Nurse Specialist provides an opportunity for skilled nurses to develop their career in a highly specialised clinical role and increases the availability of all contraceptive methods, including intrauterine techniques, and STI testing to Brook clients.

Brook is currently working with Practice Education Teams to pilot substantial clinical placements for pre-registration nursing and midwifery students,

demonstrating sexual health nursing as a career choice and, we hope, inspiring them to come to work for Brook when they are qualified. Brook in Manchester has hosted four pre-registration student placements.

All services moved their nurses onto a standard Brook-wide job description for Band 6 Contraception and Sexual Health Nurses during 2015/16. This will enable us to increase access to contraceptive methods and standardise service provision for clients across the organisation.

Counselling

During 2015/16, we reviewed counselling supervision arrangements and implemented a regular reporting mechanism between case supervisors and line managers to support best counselling practice, identify organisational issues which impact on the counselling process and enable any concerns about practice to be raised in a timely manner.

We established an organisation wide record-keeping format to enable consistent record keeping. We began to implement the CORE Outcome Measure system to monitor and report on the impact of counselling for young people and to improve counsellors' ability to identify clients who may need additional support from mental health services.

In the coming year we plan to:

- audit the quality of counselling record keeping
- audit the quality of reporting between case supervisors and line managers
- review CORE reports to understand and articulate the impact of counselling on young people using our services
- implement at least one online and one face-to-face continuing professional development opportunity for Brook counsellors.

Health and wellbeing

During 2015/16, we confirmed the service model, theoretical approach and competences required to deliver Brook's Health and Wellbeing programmes.

The service model comprises:

- brief health and wellbeing interventions integrated into each contact a young person has with Brook to invite them to access additional support to help them improve their own health and wellbeing
- My Life Universal Health Literacy, Prevention and Resilience Programme delivered in partnership with schools, colleges and youth organisations

- My Life Early Help 1-1 and small group programme to support young people who are beginning to struggle but who with early help and support will be able to cope
- My Life 1-1 Targeted Support My Life Programme designed to support the most vulnerable young people.

We developed a toolbox of resources to support staff to deliver bespoke programmes that meet the needs of each individual young person and developed competency based training programmes to enable staff to develop the skills to deliver each of the My Life programmes.

We will measure the success of the the work through use of the Warwick-Edinburgh Mental Wellbeing Scale to monitor and measure improvement in mental wellbeing; monitoring the extent to which young people achieve their own goals using Goal Based Outcomes; evaluations of the relevance and usefulness of each session, and a final review of learning and achievements.

During 2016/17, we will:

- continue to extend our delivery of the My Life programmes
- develop a My Family Programme which uses the same approach but enables Brook to work with young people and their families
- pilot online training for brief interventions at first point of contact
- integrate our existing 1-1 education work with the health and wellbeing model for 1-1 work
- extend workers' skills and capacity to deliver this work online.

Clinical effectiveness

Participation in clinical audits

Services took part in five national Brook clinical audits during 2015/16. Audit criteria are based on recognised standards for quality set by the Faculty of Sexual and Reproductive Healthcare and the British Association for Sexual Health and HIV.

Audit data is analysed nationally and the clinical leadership team produces a summary report for each audit that includes improvement actions for implementation by Nurse Managers locally. Services also receive data that allows them to compare their own performance to other Brook services.

The 2015/16 audits demonstrated improvements in practice in some areas and continued to identify areas where we need to do better. The results of the implant audit were particularly disappointing so we tasked Nurse Managers with implementing a six-month improvement plan.

Table 1 shows the recommendations for improvement from each audit and

the progress towards their achievement over time.

Table 1: Audit recommendations and progress

Standard or recommendation	2012/13	2013/14	2014/15	2015/16
Abortion referral				
All women have an estimate of gestation documented	-	85%	86%	84%
All women referred for abortion are offered an STI screen if appropriate	-	44%	60%	52%
All women are offered a follow up consultation three weeks after their abortion	-	33%	25%	27%
Emergency contraception				
All women should be offered a Cu-IUD as the first line method of emergency contraception	-	50%	70%	75%
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	49%	47%	79%	79%
All women should be advised to have a pregnancy test three weeks after emergency contraception	72%	92%	89%	94%
All women with a new partner at presentation should be offered a sexual health screen	-	77%	73%	83%
Implant fitting and removal				
All women presenting with irregular bleeding should have an STI test	48%	63%	96%	72%
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	13%	67%	69%	68%
All women having an implant fitted should be counselled about the five main side effects	-	62%	54%	46%
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	-	73%	69%	68%
Record keeping				
Name, date of birth and clinic number should be recorded on at least one side of paper records	89%	85%	85%	>99%
Name of staff member should be printed in the notes	80%	89%	91%	95%

Staff member should sign the notes	93%	95%	98%	99%
A name stamp should be used	-	43%	63%	66%
Allergies should be documented	89%	95%	96%	96%
STI testing and treatment				
Sexuality should be documented	76%	79%	86%	98%
Clients with a positive test result should be supported to notify their partner/s	-	41%	70%	86%

Data Analytics Reporting Tool

Brook was awarded a grant from the Impact Readiness Fund (IRF) to support the development of Brook-wide performance management and reporting for our clinical services. This funded a three-month project between April and June 2015 which resulted in the creation of the Data Analytics Reporting Tool (DART), a cloud based application that provides Brook managers locally and nationally with easy and timely access to activity data from all of Brook's clinical systems.

The grant enabled us to work with cutting-edge software developers Coherence Data who are specialists in integrating health data and presenting it visually. They designed a programme to integrate data from eighteen separate clinical management systems and created reporting tools, dashboards and visual displays that bring the data to life.

For the first time we have Brook-wide clinical data collated in one place on a platform that enables us to easily create and run reports, analyse client's interactions with our services, and use data to improve client care.

Coherence Data produced a short training video for use in virtual training sessions and our data team ran two in depth online training sessions for managers and three online introductory sessions for other staff.

The clinical leadership team is working with our team of data analysts to extract data from DART to track progress towards single improvement metrics based on recommendations from the national audit programme. The first improvement metric we are tracking is the proportion of young women offered an STI test prior to an implant removal for unscheduled bleeding in light of the implant audit's finding of a 24% fall in compliance with this particular standard.

Subdermal Implant training plan

At the end of last year, we embarked on a programme to support all our nurses who work substantive hours to obtain the Faculty of Sexual and Reproductive Healthcare's Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI), the only nationally recognised qualification.

Progress was slower than we had anticipated because of the limited availability of primary and secondary trainers within Brook services to support their colleagues with practical training. In some cases, we bought in additional support to help nurses complete their training.

To date 28 nurses have obtained the Letter of Competence and a further 45 have completed the FSRH online Knowledge Assessment and are waiting to undertake their practical training in fitting and removing implants.

Intrauterine technology training plan

This year with support from Bayer, the manufacturer of the Mirena Intrauterine system, we began enabling nurses to obtain the Faculty of Sexual and Reproductive Healthcare's Letter of Competence in Intrauterine Techniques (LoC IUT). Learning from the implant training plan, nurses will undertake their practical training in specialist level three sexual health services where necessary, and we have prioritised the training of nurses working in services where access to IUT fitting is limited or where they have a particularly strong interest.

To date, one nurse at Milton Keynes has successfully obtained the LoC IUT improving the ability of the service to offer an IUD for emergency contraception (the most effective method of emergency contraception) and as a long-term method of contraception. Two nurses at Brook Bristol have completed their theoretical training and are waiting to commence practical training.

Patient Group Directions

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals, including nurses, to supply a specified medicine to a pre-defined group of patients, without them having to see a prescriber.

We have two suites of Brook-wide PGDs for contraception and treatment of uncomplicated chlamydia and the treatment of symptomatic sexually transmitted infections. These have increased the range of contraceptive methods and STI treatments which nurses are able to provide to clients and standardised practice across the services using them.

Three quarters of Brook services are now working to Brook PGDs for the supply of contraception and treatment of uncomplicated chlamydia. Three of our services commissioned to provide treatment of symptomatic STIs are using Brook PGDs for the treatment of sexually transmitted infections. The PGDs for the treatment of symptomatic sexually transmitted infections had an expiry date of 31 January 2016. The Medical Director, Head of

Nursing, and pharmacy consultant undertook a review of the PGDs between September and October 2015. Clinical content was updated where indicated and transferred into the template developed by the National Institute for Health and Care Excellence to support providers to develop PGDs that are in line with current legislation and NICE good practice guidance. Nurse Managers worked with commissioners of their services to authorise the new versions of the Brook PGDs for use from February 2016.

Maintaining national and local communication

The clinical leadership team meets biannually with Nurse Managers to update them and share practice. The focus of the meeting in September 2015 was on briefing Nurse Managers about the Nursing and Midwifery Council's plans for nurse revalidation so that they are fully prepared to support their nursing teams.

In March 2016, we held a national conference for Nurse Managers and Senior Doctors with presentations from external and internal speakers. Diana Mansour, Consultant in Community Gynaecology and Reproductive Healthcare, provided an update on current issues in contraception and supported a question and answer session. Kevin Dunbar from the National Chlamydia Screening Programme updated on the Programme and its seven-step quality improvement plan. Brook's Medical Director introduced the interactive digital Contact Slip that will be rolled out across services during 2016/17 to improve partner notification after a positive STI diagnosis and Brook's Head of Digital updated on the implication of digital developments for Brook's clinical services.

We continue to produce a monthly clinical newsletter for Nurse Managers and have introduced a space on the Brook intranet to share good practice and encourage its uptake nationally. To date we have shared case studies on:

- using data to inform service re-design
- the introduction of the Clinical Nurse Specialist role
- the benefits of training nurses to fit Intrauterine technology.

Client safety

Infection control standards

All services completed a national infection control audit between November and December 2015 using the Brook infection control toolkit which is based on the standards of the Infection Control Nurses Association. Full compliance with the audit standards requires a minimum score of 85%. All of our locations were fully compliant with the infection control standards. This represents an

improvement from 2014 when 88% were fully compliant. The results for each location are set out in Table 2.

Services in Highland, Jersey, Northern Ireland and Sandwell and Dudley identified that minor improvements were necessary on one or more of the eight standards that comprise the toolkit. These are identified on page 11.

Table 2: Results of infection control audit

Service	Mean score 2015		Mean score compared to 2014
	Score	Status	
Bedford	94%	Fully compliant	-1
Blackburn	98%	Fully compliant	No change
Bristol	99%	Fully compliant	+2
Burnley	100%	Fully compliant	+1
Cornwall	99%	Fully compliant	+1
Highland	92%	Fully compliant	No change
Jersey	93%	Fully compliant	-2
Liverpool	96%	Fully compliant	-2
London: Brixton	96%	Fully compliant	+1
London: Euston	98%	Fully compliant	+6
London: Southwark	95%	Fully compliant	-2
Luton	97%	Fully compliant	No change
Manchester	100%	Fully compliant	+5
Milton Keynes & Bucks	98%	Fully compliant	+1
Northern Ireland	94%	Fully compliant	-2
Oldham	98%	Fully compliant	+4
Salford	98%	Fully compliant	No change
Sandwell & Dudley: Dudley	93%	Fully compliant	+15
Sandwell & Dudley: Tipton	94%	Fully compliant	-3
Sandwell & Dudley: West Bromwich	94%	Fully compliant	Not applicable
Wigan & Leigh	99%	Fully compliant	+14%
Wirral	94%	Fully compliant	-3

Nurse revalidation

Revalidation is the process that allows nurses to maintain their professional registration with the Nursing and Midwifery Council. All nurses need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practise safely and effectively.

To help our nurses meet their revalidation requirements we have created a toolkit of resources on the Brook intranet. The clinical leadership team

ensured that Nurse Managers were prepared for revalidation and able to support their nursing teams through the process, which begins in April 2016. This included providing them with a template to enable them to log the revalidation dates of all their nursing staff and track their progress.

Chaperone training

When undergoing a consultation, examination or procedure, all clients have the right to have a chaperone present. This year the clinical leadership team supplemented Brook's chaperone procedure by developing a training presentation that Nurse Managers can deliver to appropriate staff to ensure that they can chaperone clients' effectively.

Safeguarding young people from harm

The Safeguarding Advisory Committee provides assurance to the Board of Trustees on safeguarding policies, procedures and outcomes; supports and monitors the development of improvement plans; and establishes an audit and evaluation programme for safeguarding practice. The Trustee lead for safeguarding chairs the committee and membership consists of a Brook trustee, an external safeguarding expert, Brook's Deputy Chief Executive and representatives from our clinical and operational teams.

This year the Committee recommended carrying out an audit of safeguarding decisions to inform the annual review of our safeguarding policy and procedures.

The audit, carried out between July and August 2015, aimed to assess whether the new policy and procedures introduced in August 2014 were being successfully implemented when safeguarding decisions were made and to examine the outcomes of safeguarding decisions.

Services selected ten sets of safeguarding records and assessed them against nine audit criteria using an online survey. In addition, safeguarding teams reflected on the strengths and weaknesses of safeguarding decisions in their service.

The audit found that the safeguarding proforma used to document risk assessments, decisions and follow-up plans had been fully and clearly completed in 80% of cases and that there was sufficient information to show why decisions were reached in 94% of cases. The audit identified weaknesses in documenting the safeguarding agencies that clients were referred to in just over 30% of cases and in recording the outcomes of referrals in just over 40% of cases.

Front line staff were invited to complete an online survey to find out about their experience of using the safeguarding policy and procedures and what

training and support they were receiving.

Almost 90% of staff reported finding the procedure easy to use and over 90% had found safeguarding supervision and support available to them. 40% of staff reported that Brook's introduction to safeguarding training had not been provided to them before they had contact with clients, though most of these did report receiving the training shortly after they started working with Brook. Almost 60% of staff had received additional in-house safeguarding training and just over 50% had attended LSCB training in the last twelve months.

The Safeguarding Advisory Committee reviewed the results of the audit and staff survey and their recommendations formed part of an improvement plan which began in November 2015.

Brook's safeguarding policies and procedures were reviewed and comprehensively updated. In particular, we provided additional guidance to staff on:

- mandatory reporting of female genital mutilation to the police in England and Wales
- supporting clients who report historic abuse
- spotting the signs of radicalisation
- sharing and storing intelligence provided by other agencies.

We reviewed the safeguarding proforma to reduce the duplication of information recorded elsewhere and improve the quality of documentation about decision-making and referrals.

We produced a new safeguarding monitoring spreadsheet to support services to collate information about all safeguarding cases and monitor follow up plans.

A new Safeguarding Supervision Procedure was produced to ensure all staff involved in safeguarding cases receive the same standard of supervision.

Services were provided with training resources so that local managers can run regular introduction to safeguarding training for new starters. This replaces the national delivery of training that may have been responsible for some staff not receiving training before they started working with clients.

A priority for 2016/17 is the development of a strategy for providing additional safeguarding training for all front-line staff.

Brook's client core record, which supports the identification of clients at risk of harm, was reviewed to take account of feedback from staff after the first three months of its use. We redesigned the record to make it easier to complete and designated it for use with clients under the age of 18. At the

beginning of March 2016 we introduced a shortened version of the client core record for use with clients aged 18 and over alongside the updated safeguarding policy and procedure.

Client experience

Client satisfaction surveys

For the fourth year in succession, we undertook two national Counter Measures surveys to establish levels of client satisfaction with Brook services. Each survey ran for two weeks. Clients were given a counter and asked to place them in collecting boxes marked “yes” or “no” in response to a closed question. The results from each service are presented in Table 3.

The proportion of clients answering “yes” to the question “Would you recommend Brook to a friend?” ranged from 94% to 100%. The mean was 99%. The percentage of client visits that produced a survey response varied from 5% to 100%. The mean was 54%.

The proportion of clients answering “yes” to the question “Did Brook help you today?” ranged from 71% to 100%. The mean was 97%. The percentage of client visits that produced a survey response varied from 6% to 100%. The mean was 55%.

Table 3: Counter Measures 2015/16

	Would you recommend Brook to a friend		Did Brook help you today	
	% yes counters	Response rate	% yes counters	Response rate
Bedford	99%	59%	98%	47%
Blackburn	99%	77%	98%	64%
Bristol	100%	11%	99%	50%
Burnley	100%	84%	100%	47%
Cornwall	100%	63%	100%	71%
Highland	100%	84%	100%	81%
Jersey	94%	64%	100%	51%
Liverpool	100%	25%	95%	6%
London: Brixton	96%	14%	71%	35%
London: Euston	99%	37%	100%	42%
London: Southwark	100%	5%	91%	21%
Luton	99%	61%		
Manchester	100%	5%	99%	69%
Milton Keynes & Bucks	100%	53%	98%	50%
Northern Ireland: Belfast	98%	91%	100%	91%

Northern Ireland: Coleraine	100%	100%	100%	100%
Oldham	99%	62%	99%	43%
Salford	100%	74%	100%	99%
Sandwell & Dudley	98%	65%		
Wigan & Leigh	99%	38%	100%	38%
Wirral	97%	35%	100%	43%

We are able to measure whether levels of satisfaction have changed and if response rates have improved, compared to previous years. Levels of satisfaction averaged across the organisation remain high, although the number of young people saying Brook had helped them fell 3% and response rates were down slightly in both surveys.

Chart 1: Counter Measures results

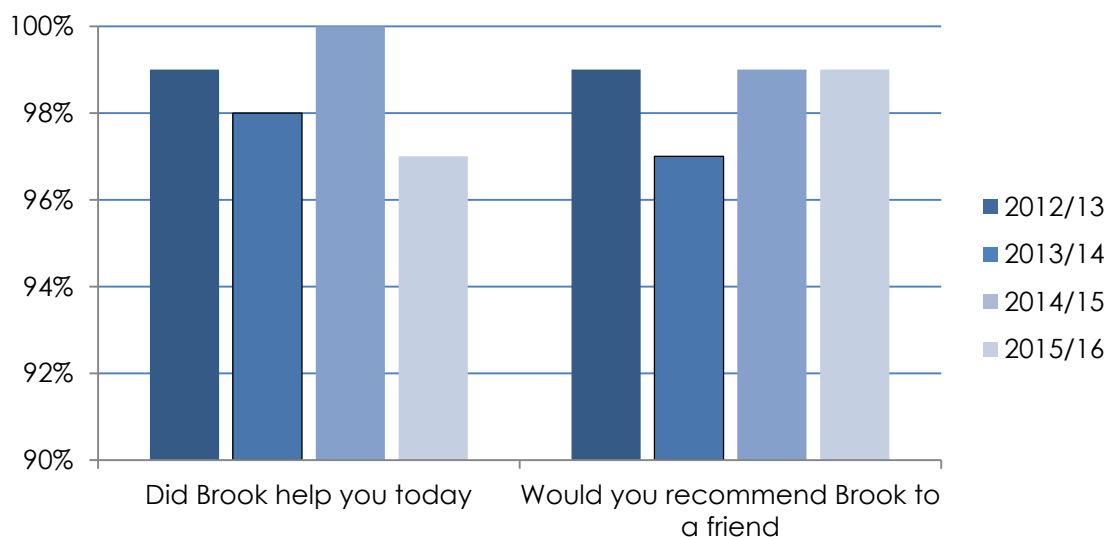
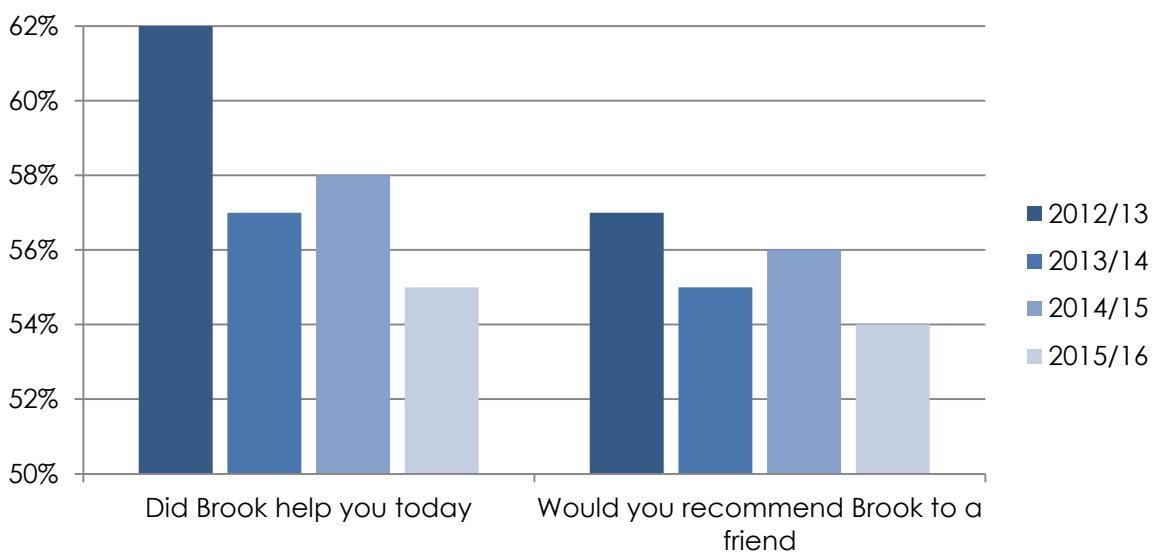


Chart 2: Counter Measures response rates



Complaints

Whilst we hope that all clients have an excellent experience when they use our services, we recognise that sometimes things go wrong. To promote Brook's complaints and compliments procedures Brook's Participation team worked with young people who use Brook services to develop a range of resources called *Did You Get What You Came For*. The resources consist of:

- a poster to be displayed in services
- a leaflet explaining the complaints process
- feedback cards.

The resources were trialled in Brook Manchester and Brook Salford and made available to all services in November 2015.

Young people can also leave feedback or make a complaint on a dedicated area of the Brook website.

The Clinical Advisory Group reviews all complaints on a quarterly basis and the Board's Risk, Finance and Assurance Committee receive an annual report on the number of complaints, trends and outcomes.

Complaints from or on behalf of clients increased by 26% in 2015/16. The number of complaints is increasing annually but remains extremely low in proportion to the number of client contacts. Currently we receive just under three client complaints for every 10,000 visits nationally though the proportions vary locally and over time.

The total number of complaints received in 2015/16 is set out in Table 4

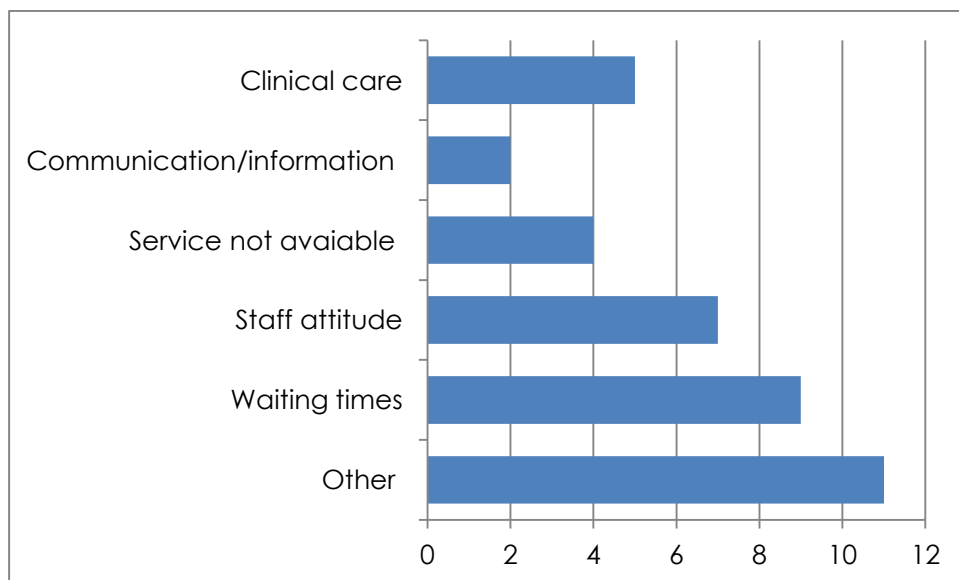
Table 4: Number of client complaints received by each service

Service	2014/15		2015/16	
	Number of complaints	% visits leading to complaints	Number of complaints 2015/16	% visits leading to complaints
Bedford	1	0.02%	0	0%
Blackburn & Burnley	2	0.03%	0	0%
Bristol	3	0.02%	3	0.02%
Cornwall	0	0%	0	0%
Highland	0	0%	1	0.05%
Jersey	0	0%	2	0.04%
Liverpool	4	0.02%	5	0.03%
London	7	0.04%	7	0.04%
Luton	0	0%	3	0.07%
Manchester	1	0.01%	3	0.03%

Milton Keynes & Bucks	7	0.05%	7	0.05%
Northern Ireland	0	0%	1	0.01%
Oldham	0	0%	0	0%
Salford & Bolton	0	0%	1	0.02%
Sandwell & Dudley	3	0.06%	2	0.03%
Wigan & Leigh	3	0.02%	1	0.01%
Wirral	0	0%	1	0.02%
Total	31	0.02%	37	0.03%

The main concerns raised by client complaints are set out in Chart 3 below. Some complainants were dissatisfied with more than one aspect of the service they received so the numbers in the chart exceed the number of complaints received.

Chart 3: Main subject of complaints made by or on behalf of clients



Most complaints were resolved with an apology and/or an explanation. All but one of the 37 complainants was happy with our resolution of their complaint. No complainants, as far as we are aware, have referred their complaints to the relevant Ombudsman for review.

Brook-wide staff survey

Front line staff are crucial to the experience that young people have when they use Brook services. Brook's annual staff survey, now in its third year, helps us to understand how staff feel about working at Brook and gives staff an opportunity to tell us how they think we can improve.

In total, there were 219 responses, which is 53% of the workforce. This is a marked improvement on previous years where the return rate was around 40%.

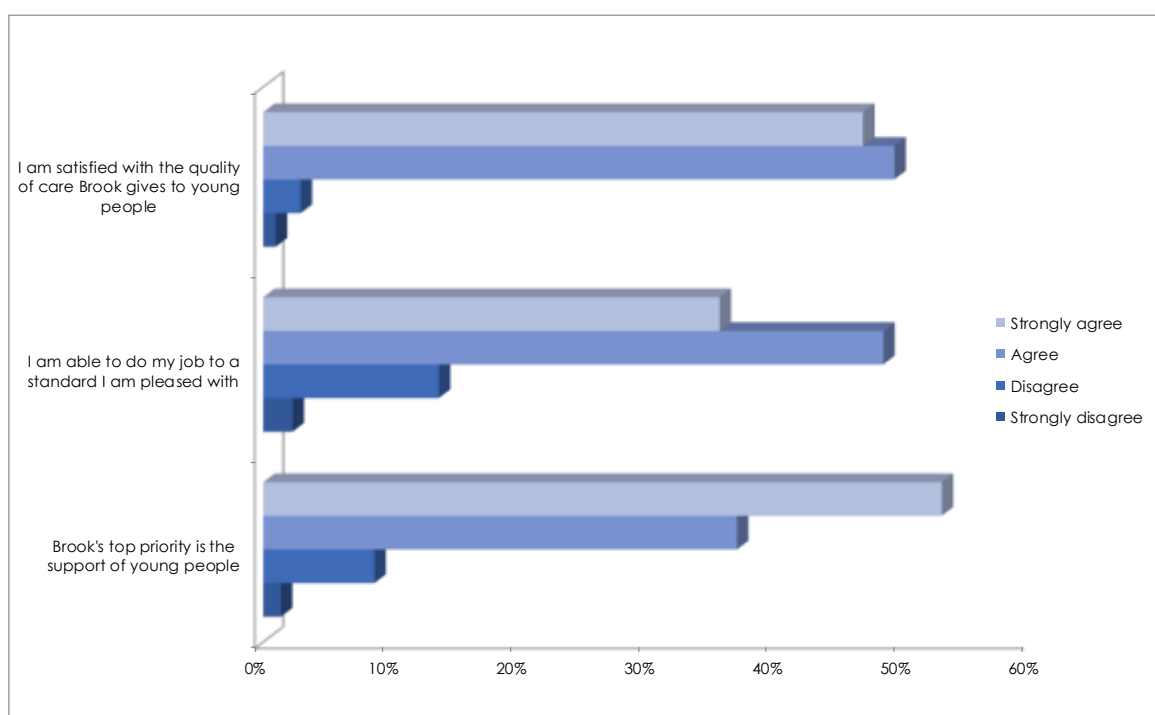
94% of staff reported feeling proud to work for Brook and their commitment to do their best for the young people they work with was evident from their survey responses.

The chart below shows staff satisfaction with the standard of care provided to clients and the extent to which they agreed that Brook puts young people first.

The proportions of staff agreeing or strongly agreeing with the statements fell slightly but this was mainly a result of the increase in the number of people completing the survey. Reassuringly, the absolute numbers of staff who disagreed with the statements fell.

Chart 4: Staff survey results

To what extent do you agree with the following statements?



Service improvement

In addition to participation in the organisation-wide quality assurance programmes described above, Brook services also undertook a range of locally determined improvement activities in response to the needs of clients and staff.

Service	Bedford
Clinical Excellence	<p>Four of our seven nurses have become Associate Members of the Faculty of Sexual and Reproductive Healthcare. They also successfully completed implant training and obtained the FSRH's LoC SDI.</p> <p>This has had a positive impact on the service creating increased capacity for fitting implants and has enabled us to fit implants in our outreach clinics as well as in the main service.</p> <p>We undertook four local audits and made improvements to the way we follow up clients with positive STI results. We also took action to improve the documentation of client consultations and the gathering of intelligence to help us target sexual health promotion activities.</p>
Client safety	<p>We experienced a number of clinical incidents caused by errors at the laboratory we use for STI testing. We worked with the laboratory and they have improved their systems as a result.</p> <p>We responded to a sharps incident where a scalpel was not properly disposed of by providing an infection control update at the next quarterly team day and reminded all staff about the correct procedures for disposal of sharps.</p> <p>We continue to deliver quarterly whole team training days, which are mandatory for staff and include clinical updates and group supervision. The supervision focuses on reflection on safeguarding cases and sharing learning across the team. Updates at team days in 2015/16 have included STIs, infection control, safeguarding, personal safety and lone working, and equality and diversity.</p> <p>We have refined our systems for logging and storing details of safeguarding concerns improving our</p>

	<p>follow up of clients.</p> <p>Following the introduction of new safeguarding procedures in 2014/15, we trained all staff to ensure that they log safeguarding concerns properly on the safeguarding proforma and discuss them with a member of the safeguarding team where necessary. As a result, we have seen the number of external referrals to the police and social care increase significantly.</p> <p>We are working closely with our local sexual assault referral centre (SARC) and the Nurse Manager attends their bi-monthly operational meetings. This has led to better links with the SARC and other local safeguarding agencies.</p> <p>Regular attendance at the Child Sexual Exploitation (CSE) Panel has led to strong links between Brook, the Police, Social Care and other agencies supporting young people who are at risk of or victims of CSE and better sharing of intelligence about young people at risk of CSE.</p> <p>The service participated in a borough-wide joint CQC/OFSTED inspection focused on safeguarding and CSE and the initial feedback about Brook and our systems was very positive.</p>										
<p>Client experience</p>	<p>Clients completed 144 comments cards in the main service during 2015/16. 100% rated our service as excellent or good for the overall service received and the friendliness of staff. 100% stated they would recommend us to a friend.</p> <p>We took part in the two national Counter Measures surveys. 99% of respondents said that they would recommend Brook Bedford to a friend and 98% said that Brook helped them today.</p> <p>We ran a month long survey in April 2015 completed by 52 respondents. This found that:</p> <table data-bbox="571 1794 1310 2027"> <tbody> <tr> <td>Clinic times were convenient</td><td>82%</td></tr> <tr> <td>It is easy to make an appointment</td><td>86%</td></tr> <tr> <td>We are supportive and caring</td><td>98%</td></tr> <tr> <td>It was easy to understand what the clinician told them</td><td>98%</td></tr> <tr> <td>Confidentiality was explained</td><td>84%</td></tr> </tbody> </table>	Clinic times were convenient	82%	It is easy to make an appointment	86%	We are supportive and caring	98%	It was easy to understand what the clinician told them	98%	Confidentiality was explained	84%
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It was easy to understand what the clinician told them	98%										
Confidentiality was explained	84%										

	Clients liked our reception area	96%
	Clients are happy with the clinic rooms	96%
	69% of respondents had a chlamydia screen that day and they said:	
	It is a good idea	80%
	It was embarrassing	1%
	Did not answer	19%
	We also conducted a month long survey about our marketing in August 2015 completed by 138 respondents. We asked how respondents heard about Brook with the following results:	
	Friend	39%
	Internet	23%
	School	18%
	GP	9%
	Comments on how we could improve awareness of the service included:	
	<ul style="list-style-type: none"> * Advertise in club toilets * Better signage outside the building * Social media promotion * Go to more schools * Make more GPs aware 	

Service	Blackburn & Burnley
Clinical Excellence	<p>The Brook implant training plan has been successfully completed by 100% of eligible nurses in our services who all now hold the LoC SDI.</p> <p>Our Sexual Health Doctor and Nurse Manager delivered a contraceptive update training event to all nurses in October 2015. The doctor has also delivered various clinical updates to the nursing team during our regular clinical meetings.</p> <p>The Nurse Manager is supporting the nursing team around revalidation, delivering a presentation to staff and completing one to one meetings.</p> <p>All members of the nursing team have been moved across to the new Brook Band 6 job description</p>

	<p>We have set up a new IUD clinic in Blackburn.</p>
Client safety	<p>We hold monthly safeguarding monitoring meetings at our Burnley and Blackburn sites and closely monitor all cases involving under 13 year olds and those for whom there is a safeguarding concern.</p> <p>We have a worker co-located in the multiagency Child Sexual Exploitation Team who provides a link for safeguarding monitoring and information sharing regarding clients identified as vulnerable to CSE.</p> <p>This year, staff completed LSCB training on CSE, child sexual abuse, the Common Assessment Framework, self-harm, young people and mental health, female genital mutilation, honour based violence and domestic violence.</p> <p>We continue to be actively involved in the development of a Blackburn with Darwen multi-agency Sexual Health Strategy.</p>
Client experience	<p>In April 2015, we changed our opening times and introduced specialist appointment-based clinics at both our Burnley and Blackburn clinics in response to consultations with young people.</p> <p>We carried out a clinic exit survey in June 2015 asking clients about their experience of our services since the changes.</p> <p>In Burnley:</p> <ul style="list-style-type: none"> • 58% of clients had accessed the clinic during the earlier opening times • 94% had accessed a specialist clinic and 94% of these clients said that they would definitely use the specialist clinics again. <p>In Blackburn:</p> <ul style="list-style-type: none"> • 44% of clients had accessed the clinic during the later opening time • 78% had accessed a specialist clinic; 93% of these clients said that they would definitely use the specialist clinic again. <p>In December 2015, we carried out an exit survey to ask clients why they chose to use the clinic that day and what the experience had been like.</p>

	<p>In Burnley:</p> <ul style="list-style-type: none"> • 77% of clients had been before and were happy with service they had previously received • 15% were recommended by a family member or friend • 4% had found our clinic via a website/social media • 85% of responses highlighted friendly, helpful, supportive staff and feeling welcome • 51% of responses highlighted good advice, good service, efficiency, informative service • 64% stated that nothing about the service could be improved • suggestions for improvement included more staff and shorter waiting times. <p>In Blackburn:</p> <ul style="list-style-type: none"> • 63% of clients had been before and were happy with service they had previously received • 29% had been recommended by a family member or friend • 13% heard about our clinic via school or college education sessions • 88% stated that the service/staff were helpful, friendly and welcoming • 21% mentioned confidentiality, non-judgemental attitudes and discretion as being the most positive aspect of their visit • 21% suggested that waiting times could be improved • 50% stated that nothing about the service could be improved.
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Service	Bristol
Clinical Excellence	<p>During 2015/16 we maintained our objective to increase clients access to</p> <ul style="list-style-type: none"> • Long-acting reversible contraception, in particular to Intrauterine technologies • advanced STI assessment • medical/nonmedical prescribing. <p>The Clinical Nurse Specialist appointed in 2014/15 remains in post working four days a week and one in three Saturdays. Our doctor works one day a week</p>

	<p>resulting in six day a week availability of all LARC methods and access to prescribers. As a result, we have seen a 16% increase in implant fittings and a 63% increase in IUT fitting.</p> <p>The Clinical Nurse Specialist is a Faculty of Sexual and Reproductive Healthcare Registered Trainer, which means she was able to support the nursing team to undertake their practical implant training.</p> <p>All but one member of our nursing team now holds the FSRH LoC SDI enabling quick starting of implants on demand. Two additional team members are working towards the FSRH LoC IUT.</p> <p>Two members of our nursing team received additional training to carry out STI assessments including bimanual examinations.</p> <p>We expanded access to blood-borne virus testing which now includes point of care testing for HIV and syphilis, and serology for HIV, syphilis and hepatitis for relevant clients.</p> <p>Looking forward to 2016/17, we plan to secure mentorship for the nurse-prescribing course so that we can support more of our nurses to obtain this qualification.</p> <p>Maintaining the quality and level of service will be the challenge for 2016/17 as we anticipate a 5% cut on funding will affect staffing capacity. We aim to ensure that clinicians are based where they are needed most in order to minimise the impact on clients.</p>
<p>Client safety</p>	<p>In 2014/15, we said that we would develop an urgent needs assessment protocol to ensure that no client with an immediate need or significant vulnerability was turned away if the service was busy.</p> <p>The protocol was implemented from April 2015 and continues to ensure that clients with such needs are seen whatever the clinic status. The protocol remains under continual assessment. A dedicated under-18 nurse role was introduced in the clinic Monday to Thursday and one in three Saturdays to facilitate the fast-tracking of potentially more</p>

vulnerable clients and to ensure appropriate follow up.

We said that we would continue to be actively involved on the Bristol Safeguarding Children Board's sub group for Child Sexual Exploitation. The Service Manager continues to be a member of the group, which has carried out a CSE audit for the city and developed a CSE Action Plan and Strategy for Bristol.

Looking forward to 2016/17, we plan to introduce a framework in which clinicians manage the care pathways of individual clients to monitor results and ensure appropriate follow up. This will ensure safe treatment and outcome for clients and improve their experience by having contact with the same clinician.

We plan to run two mandatory safeguarding training updates for all client facing staff members. This will be in addition to initial training for new staff at induction.

Client experience

In April 2015, we introduced an appointment system to give clients the option to walk-In on the day or book an appointment in advance.

Together with the urgent needs assessment protocol, this has contributed to better organisation of client flow through the service and as a result, the numbers of clients turned away from walk-in clinics has significantly reduced.



We achieved Young People Friendly (YPF) awards in six outreach locations. This is in addition to our main clinic and six outreach venues that achieved YPF status in 2014/15.

We undertook a number of surveys and focus groups

during the year as well as our annual Your Say Survey. Client views were sought on issues such as a proposed change in our age range and the re-procurement of sexual health services in Bristol.

The Your Say client satisfaction survey canvassed over 200 clients during May 2015 and a selection of results are included below.

How satisfied were you with the nurse/doctor?

Very Happy	170	87%
Fairly Happy	6	3%
Neither Happy or Disappointed	3	2%
Fairly Disappointed	0	0%
Very Disappointed	0	0%
Not Applicable	16	8%

How satisfied were you with the way we spoke with you?

Very Happy	180	91%
Fairly Happy	14	7%
Neither Happy or Disappointed	1	1%
Fairly Disappointed	1	1%
Very Disappointed	0	0%
Not Applicable	1	1%

How would you rate the overall experience of our service today?

Very Happy	170	86%
Fairly Happy	23	12%
Neither Happy or Disappointed	3	2%
Fairly Disappointed	1	1%
Very Disappointed	1	1%
Not Applicable	0	0%

In March 2016, we introduced Brook's new *Did You Get What You Came For?* resources and we will be using feedback and suggestions to ensure continual improvement to services.

In 2016/17, we plan to manage care pathways more effectively which we hope will have a significant impact on client experience. We also plan to ensure that our five remaining outreach clinics achieve YPF status.

Service	Cornwall
Clinical Excellence	<p>We adopted the Brook-wide contraception PGDs from April 2015 and STI PGDs from January 2016. We trained and assessed all the nurses as competent to work to the new PGDs. The STI PGDs have enabled nurses to treat some confirmed and suspected STIs, providing a wider range of services at our clinics.</p> <p>We have been examining ways to increase the uptake of quick start contraception. In the light of new information on quick starting contraception after the use of ellaOne emergency contraception, we reviewed clinic procedure to ensure it is in line with FSRH recommendations.</p> <p>The national Brook STI audit identified partner notification as an area for improvement. We are working on improvements to our current systems but are also awaiting roll out of a new digital tool that will result in further advances in partner notification.</p> <p>All nurses moved across to the Brook-wide Sexual Health Nurse job description. This identified additional training needs to ensure all Band 6 nurses can fit and remove implants. We have supported three nurses to obtain the LoC SDI and two more nurses have begun training. This will continue to increase our capacity to fit implants.</p> <p>We have been supporting nurses to prepare for revalidation with the NMC and we expect three nurses to revalidate in 2016/17. This process is increasing reflective practice, resulting in more discussion and improvement to clinical practice.</p>
Client safety	<p>The Brook client core record has enabled us to treat our clients in a more holistic way, gathering additional information about their wider wellbeing and improving our ability to identify safeguarding concerns.</p> <p>Brook's national safeguarding procedures and proforma were reviewed and we continue to refine our local systems in response. We have introduced monthly safeguarding meetings where we review open safeguarding cases, ensure follow up of all to a satisfactory conclusion and debrief the referring</p>

	<p>member of staff. The meetings are also an opportunity to review and refine our safeguarding procedures to ensure they are fit for purpose.</p> <p>We have linked with the local CSE team to ensure that relevant intelligence is shared.</p> <p>All staff have received updated Brook introduction to safeguarding training and many have attended the LSCB Level 3 safeguarding training.</p> <p>Our incident reporting system highlighted mislabelling of swabs as an ongoing concern. We have raised this with all relevant staff and have put new systems in place. We are in the process of refining our incident reporting system by providing additional training to staff to use the national incident procedures and to ensure they all understand the value of incident reporting as a learning process. We will also introduce an incident monitoring spreadsheet to improve identification of repeat incidents and ensure all actions are completed and recommendations fully implemented.</p>
<p>Client experience</p>	<p>During 2015/16, we carried out three two-week Counter Measures surveys at the Pool clinic. In April 2015, we asked clients, "Would you recommend Brook to a friend?" Of the 142 clients who attended the clinic during the survey period, 84 (59%) answered the question. All of them answered "yes".</p> <p>In September 2015, we again asked clients "Would you recommend Brook to a friend?" All of the 93 clients who responded answered "yes" (63% response rate).</p> <p>In March 2016, we asked clients "Did Brook help you today?" Again, all of the 89 clients who responded said "yes" (71% response rate).</p> <p>We intend to extend our client feedback systems by introducing a more detailed annual client survey which collects views on various aspects of client experience including quality of care, environment and accessibility.</p>

Service	Highland
Clinical Excellence	<p>The successful implementation of the Blithe Lillie electronic records system has significantly improved client record keeping, reduced the number of clinical incidents and improved clients' experience. It gives us improved access to, and better quality of, data. Much of the year was spent embedding this new system, making it work for our staff and clients and ensuring staff confidence and skills.</p> <p>The Nurse Manager completed the National Diploma of the FSRH and completed her non-medical prescriber qualifications. She is now able to prescribe independently without use of PGDs, making a more comprehensive nurse-led service and improving client's access to treatment.</p> <p>The Nurse Manager attended Brook's national clinical leadership conference in March 2016, providing an excellent opportunity to network and share good practice with colleagues across Brook.</p> <p>Nurses attended NHS Highland's contraception and sexual health update day in September 2015 to update their knowledge and have an opportunity for networking and continuing professional development.</p> <p>We introduced postal STI testing kits for chlamydia and gonorrhoea screening, allowing us to reach out to young people living in more remote and rural areas of Highland, as well as coping with demand in the clinic itself. Now if a clinic is at full capacity a client can complete the postal STI testing kit there and then and does not have to be turned away.</p> <p>We strengthened the links between Brook and the NHS Highland Social Gynaecology service to ensure seamless care for clients considering a termination of pregnancy. Our Wellbeing Support Workers visited the Social Gynaecology clinic and updated our information leaflet for clients so they know what to expect from the service.</p> <p>We secured additional funding from NHS Highland to purchase subdermal implants so that we could meet</p>

	<p>the demand for implant fittings and continue to provide this service for the full financial year.</p> <p>We participated in a trial with NHS Highland's Sexual Health service using Ethyl Chloride spray to numb the implant insertion site instead of lidocaine injection. Clients reported higher satisfaction with this method and now the vast majority opt for the spray over the injection. We hope this will encourage more needle phobic young women to consider the implant as their preferred method of contraception.</p> <p>We continue to hold quarterly meetings with all staff to discuss service delivery and opportunities for improvement. We have introduced guest speakers to these meetings to provide staff development opportunities.</p> <p>We completed all the Brook national audits. Some actions as a result of national audits include:</p> <ul style="list-style-type: none"> • STI screening for any client requesting implant removal who has problematic bleeding • adding an estimated gestation date to our Social Gynaecology referral letter • documenting contraception advice given to clients requesting an abortion • adding a three week follow up consultation as a recall on Blithe Lilie for clients referred for an abortion • sharing all audit outcomes with the staff team.
Client safety	<p>The Service Manager now attends Police, Health and Social Work meetings chaired by the lead Paediatrician for Child Protection, facilitating information sharing regarding services and issues for young people as well as the opportunity to shape future developments and interventions.</p> <p>The Service Manager attended new level 3 Highland Council child protection training in March 2016.</p> <p>We continue to make improvements in safeguarding procedures for instance improving communication between staff and follow up of clients and offering regular safeguarding supervision.</p> <p>Offering the My Life 1:1 programme in schools in</p>

	<p>areas of deprivation has enabled the building of strong relationships between our Wellbeing Support Workers and guidance teams in schools. This has facilitated communication and information sharing where necessary and appropriate.</p> <p>We offer My Life 1:1 sessions when a safeguarding proforma is completed for a young person. This provides an additional support option where we identify that intervention would be beneficial for the young person.</p> <p>All staff have received Brook level 1 safeguarding training with some staff attending for a second time as an update and to capitalise on the opportunity to share experiences with colleagues.</p> <p>Staff training this year has included:</p> <ul style="list-style-type: none"> • new psychoactive substances (Highland Alcohol and Drugs Partnership) • deaf awareness in sexual health services (Deafax) • SafeTALK suicide alertness training (NHS Highland) • combatting CSE e-learning (Brook) • understanding HIV and Hepatitis (Waverley Care). <p>The number of clinical incidents has declined significantly following implementation of the Blithe Lillie electronic client records system as there is less room for human error than with our previous paper based systems. Where clinical incidents do occur we address the issues with staff as they arise and identify learning opportunities.</p> <p>We improved our rating in the infection control audit to green. The only action identified was lack of blood spillage kits, which has now been remedied.</p>
<p>Client experience</p>	<p>We took part in two national Counter Measures Survey. 100% of respondents said “yes” to the question “Did Brook help you today?” and 100% of respondents also answered “yes” to the question “Would you recommend Brook to a friend?”</p> <p>We introduced “talking walls” to our clinic. Young people are asked to respond to a key topic such as “What is good sex?” “What makes a good relationship?” “What information would you like to</p>

	<p>see on our website?"</p> <p>We implemented the new <i>Did You Get What You Came For?</i> resources into clinic. Uptake is currently low but we are planning to introduce measures to encourage greater feedback from young people.</p> <p>We introduced a new Facebook page alongside our Twitter page to increase our social media presence. We have seen an increase in direct messages from young people with enquiries about services. We also began adding content to our local service pages on the Brook national website.</p>
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Service	Jersey
Clinical Excellence	<p>In past Quality Accounts we have reported major problems recruiting and retaining CASH Nurses. This led us to appoint two CASH Nurses in Training with financial support from the Association of Jersey Charities. Both nurses successfully completed their contraception and sexual health training and are now competent and capable Sexual Health Nurses working regular shifts at Brook Jersey.</p> <p>Two of our three nurses have obtained the LoC SDI, which has proven invaluable to our ability to offer appointments for implant fitting and removal. Having completed their training both nurses were able to move to the Brook-wide Band 6 Sexual Health Nurse job descriptions in July and September 2015.</p> <p>We implemented all the recommendations for action in the national implant audit:</p> <ul style="list-style-type: none"> • we now test all women for STI prior to removal of implants and we have added a tick box to our removal proforma to confirm this has been done • we refer clients to the Brook website implant page and spend much more time discussing side effects and bleeding with each woman prior to implant fitting. Anecdotal evidence suggests we are now removing fewer implants • we routinely offer the implant to women who quick start contraception. <p>All actions from the abortion audit have been</p>

	<p>implemented at Brook Jersey:</p> <ul style="list-style-type: none"> • each woman has an estimate of gestation, STI screen if appropriate and documented contraceptive advice. Depending on the method, we provide the chosen contraception to the woman to take with her in advance of the abortion • we ask all women to attend for follow up at three weeks if they choose Brook for their post abortion check. In practice, most women present later than three weeks and we are aiming to improve this • we capture delay with referral, type of abortion and contraception • determining the date the woman is first seen at the hospital is more difficult to capture. Jersey law requires a 7 day 'cooling off period' following referral, so that no woman is seen until the 8th day after referral. Currently we rely on the woman telling us the date of her first appointment so we are working with the hospital to see if it is possible for the information to be included on their discharge summary.
<p>Client safety</p>	<p>Following the national safeguarding audit, we identified the need for a more formally structured meeting for the local safeguarding team. Since September 2015, the safeguarding team has been meeting monthly allowing protected time to discuss issues, training, safeguarding decisions and to reflect on the quality of our decision-making.</p> <p>Our next step is to incorporate time within these meetings to provide safeguarding supervision in accordance with Brook's new safeguarding supervision procedure.</p> <p>Attendance at the local CSE operational meetings ensures we have access to information regarding vulnerable/at risk young people. A new internal system is in place to share this information effectively with staff.</p> <p>We attend CSE Sub Group meetings, inter-agency meetings, Children's Service strategy meetings. Sexual Health strategy meetings and TOP meetings.</p>

	<p>We continue to maintain excellent links and relationships with Jersey Police, Multi-Agency Safeguarding Hub, the Safeguarding Partnership Board and other local agencies.</p> <p>We are now delivering Brook level 1 safeguarding training in-house. Staff also attend external training; most recently two members of staff took part in the Safeguarding Partnership Board's Early Help Approach training.</p> <p>The number and grading of clinical incidents remain low at Brook Jersey. We continue to discuss the learning outcomes from these incidents as a team to ensure a safe environment for our young people.</p>
Client experience	<p>A successful grant application has allowed us to transform the client waiting area in response to young people's feedback. A new vibrant red sofa, a TV with built in DVD player and a "You Said We Did" noticeboard have all been installed.</p> <p>We consistently achieve excellent Counter Measures results:</p> <ul style="list-style-type: none"> • 94% of participants would recommend Brook to a friend • 100% of participants said Brook helped them today. <p>Whilst the number of complaints remains low, we still endeavour to seek ways of improving our service. We display complaints literature around the centre and ensure comments cards, complaints forms and procedures are available to all stakeholders.</p>

Service	Liverpool
Clinical Excellence	<p>We review the case notes of all clinical staff to ensure we are recording accurately. This is part of our peer support and supervision programme for the clinical team. This programme also includes quarterly clinical meetings, supervision and peer support group sessions.</p> <p>To ensure we are operating and managing effectively in the absence of our Nurse Manager who</p>

	<p>is on maternity leave, we have put in place a team of Lead Nurses. Their role includes ensuring weekly health and safety checks are completed, infection control checks are carried out and that monthly medicines management checks are in place.</p> <p>As part of our commitment to ensuring quality services, we participate in the national programme of clinical audit and where improvements to service delivery are required we work towards implementing the recommendations.</p> <p>In order to improve the flow of clients through the clinic and make the best use of the clinical team's skills we reviewed the use of the Clinic Support Worker as initial triage point where appropriate. We introduced an automatic triage approach, which along with our revised STI screening pathway has helped reduce waiting times for young people at our walk in clinics. By December 2015, we were seeing 38% of clients within 10 minutes of arrival, 67% within 30 minutes and 89% within an hour.</p> <p>We reviewed the abortion referral pathway and by delegating the administrative referral process to Clinic Support Workers, we freed up nurse time and are able to manage clinic flow more efficiently.</p> <p>As part of our commitment to developing staff, three nurses are undertaking implant training and one nurse has completed dual contraception and STI training.</p>
<p>Client safety</p>	<p>Our participation in the safeguarding audit gave us the opportunity to review how effectively we were putting procedures into practice. As a result, we have improved our tracking systems for safeguarding concerns and introduced a more robust database.</p> <p>We have an information sharing agreement approved for use by our CSE Lead and we engage with the local multi-agency CSE forum to cross-reference cases against our safeguarding concern lists.</p> <p>The infection control audit conducted in November 2015 highlighted minor issues that we easily resolved, such as replacing sealant behind taps in a clinic</p>

	<p>room sink.</p> <p>The safeguarding lead has attended Prevent training and we have delivered FGM awareness training to all staff locally.</p>
Client experience	<p>All participants in the Counter Measures surveys answered “yes” to the questions “Did you get what you came for?” and “Would you recommend to a friends?”</p> <p>Analysis of feedback forms completed by clients found that 100% of clients were happy with the service and 87% did not think the service could be improved in any way.</p>

Service	London
Clinical Excellence	<p>We have continued to improve the service we offer to young people.</p> <p>We trained our Clinic Support Workers so they have the skills to perform blood pressure readings and Body Mass Index calculations. We will be developing standard operating procedures and aim to pilot this over the coming months. This will reduce waiting times for clients in the clinic.</p> <p>All nurses are signed up to Pan London PGDs, as each PGD is renewed. We have developed a competency assessment tool to assess their knowledge and ability to work to the PGDs within given clinical scenarios.</p> <p>We have trained two nurses to achieve the LoC SDI and they are now able to fit and remove contraceptive implants, which has increased client access to Long-acting reversible contraception.</p> <p>We have two nurses who are non-medical prescribers and can manage clients who attend with concerns that fall outside the remit of PGDs, such as irregular bleeding with the contraceptive implant.</p> <p>We have improved access to Intrauterine devices during weekdays and on Saturdays which means clients who attend for emergency contraception can have an Intrauterine device fitted if they choose</p>

	<p>to.</p> <p>Nurses have been reminded individually to implement the following recommendations from the emergency contraception audit:</p> <ul style="list-style-type: none"> • the offer of an IUD needs to be documented in the notes • the day of the cycle should be documented and risk estimated • where possible clients must be offered the opportunity to quick start on contraception and the outcome documented • STI Screening should be offered. <p>We are developing a proforma to aid in the management of clients attending for emergency contraception.</p> <p>We have introduced a partner notification proforma for clients attending for STI treatment to improve the information recorded and also capture contacts that have been at risk of infection. We will also be implementing an online tool that will aid both practitioners and clients in partner notification.</p>
<p>Client safety</p>	<p>All staff have received safeguarding training.</p> <p>We have implemented the client core record for under 18s and have recently started using the client core record for over 18s. All clinical staff have been trained to use the CCRs.</p> <p>We have a strong safeguarding team who meet regularly to review all safeguarding cases and provide support and guidance to staff who receive disclosures.</p> <p>We have established links with our local safeguarding boards and represent Brook at multi-agency meetings to ensure young people at risk are receiving the support they need.</p> <p>We have a missing person's folder at each of our sites and staff have been given guidance on how to sensitively approach the subject if a client who is a missing person attends our service.</p>

	<p>Emergency drugs and oxygen are checked on a weekly basis to ensure they are ready for use if needed.</p> <p>Emergency toilet alarms are checked before each shift to ensure they are in working order.</p> <p>We achieved a green status in our infection control audit with a mean score across London of over 95%. Infection control checks are carried out daily and Infection control is regularly discussed in our clinical team meetings and is featured in our monthly "Talking Brook" newsletter to all staff.</p>
Client experience	<p>We have conducted two Counter Measures Surveys.</p> <p>99% of clients answered "yes" to "Would you recommend Brook to a friend?"</p> <p>90% of clients answered "yes" to the question "Did Brook Help you today?"</p> <p>We encourage clients to leave feedback and we post feedback responses on notice boards within the clinics. We have received 154 feedback cards in the last year; 131 positive and 16 negative.</p> <p>The majority of negative feedback relates to waiting times. We plan to continue to develop the role of the Clinic Support Worker to triage clients so they are seen by the most appropriate member of staff and don't wait longer than necessary.</p>

Service	Luton
Clinical Excellence	<p>Luton completed all audits in the national audit programme fully and on time. Action points were discussed with staff through team briefings and we took specific action where necessary.</p> <p>Following the emergency contraception audit action plan, we struggled to implement the recommendation of increasing our offer of emergency IUD to all clients. The availability of IUD fitting is poor locally and we were unable to fill a vacancy for a doctor at the service.</p> <p>We took the decision to recruit a Band 7 Clinical</p>

	<p>Nurse Specialist instead to ensure that we could provide increased patient choice in the method of emergency contraception. This led to an increase in provision for service users.</p>
Client safety	<p>The nursing team carries out weekly infection control checks, including checking sharps bins to ensure they are used correctly and are not over filled.</p> <p>This year we introduced disposable curtains in clinical rooms to improve infection control.</p> <p>We delivered Brook Level 1 safeguarding training to all new staff to ensure that they understand Brook's procedures, including how to complete the client core record and safeguarding proforma. The client core record has recently been extended to include 18 year olds and over, as well as under 18 year olds to demonstrate equity of care.</p> <p>Staff have gained confidence in completing new safeguarding proforma and developing action plans for any young person or adult assessed to be at risk.</p> <p>The service's safeguarding team has built strong links with Luton Safeguarding Board and has been involved with developing Luton's strategy for addressing CSE. Members of the safeguarding team regularly attend multi-agency risk management meetings for young people identified at risk of CSE.</p> <p>Brook was commissioned to deliver Child Sexual Exploitation and <i>Sexual Behaviours Traffic Light Tool training</i> to professionals working with young people in the borough.</p>
Client experience	<p>620 service user questionnaires were completed during 2015/16 and 94% of respondents said that they were happy with the service received at Brook Luton and that they had a positive experience.</p> <p>The main causes of negative comments related to waiting times or being turned away for non-emergency needs when the clinic was busy.</p> <p>We experienced challenges recruiting nursing staff, which at times meant increased pressure on clinic capacity. To address this we increased the number of clinic support staff who can triage clients, take a</p>

	<p>sexual history and carry out pregnancy and STI tests.</p> <p>We also ensured that we managed a balance of appointments and walk-in visits, extending appointments to include repeat contraception visits. This reduced the number of young people turned away for non-emergency reasons at busy periods by 45%.</p> <p>Unfortunately, we were unsuccessful in the reprocurement of integrated sexual health services in Luton and from April 2016, the service transfers to another provider. This presented the team at Luton with a specific client experience challenge in the run up to the transfer of the service: to ensure that young people received information about the new services and were supported to access them.</p> <p>Our staff engaged with the incoming provider to consult young people on what the new service should look like and supported young people to take part in consultations. We ensured that clients knew about the changes and have information about where to access services after March 2016. We put in place robust consent processes so that any client requiring continuity of care, or those with safeguarding concerns, had relevant care records transferred to the incoming provider in compliance with information governance standards.</p>
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Service	Manchester
Clinical Excellence	<p>Brook Manchester is a pilot site for Brook's clinical placements for pre-registration nursing and midwifery students. We have taken four pre-registration students for substantive placements of four to six weeks so far. We have also had two post registration students who have undertaken contraception and sexual health practical training. In addition, we have provided regular one-day placements.</p> <p>The Brook nurses who have mentored the students have all reported increased job satisfaction, and the students have evaluated the placements highly. In addition, there have been benefits to Brook in the form of free university modules for our nurses and support workers to increase their skills.</p>

	<p>We have one CASH Nurse in Training who has been in post since August 2015. So far she has successfully completed her theoretical contraception and sexual health training and is about to start practical training. When this is complete, she will undertake the FSRH Nurse Diploma. This is enabling us to 'grow our own' nurses in a cost effective and timely way and means that we can adapt the role to best suit the needs of the service.</p> <p>Three of our six nurses are currently able to fit implants and we have supported the rest of the team to take part in Brook's implant training programme to increase the availability of LARC for our clients. Two nurses have almost completed the programme and another nurse is due to begin practical training shortly.</p> <p>We now have two nurses who can fit IUDs increasing our ability to provide this method as emergency and ongoing contraception.</p> <p>We have introduced a Wellbeing Support Worker (WSW) so that we can support young people to improve their health and wellbeing. The WSW has received introduction to counselling training, training to calculate Body Mass Index and My Life training.</p> <p>We Introduced a volunteer counselling service supported by students from local universities to provide counselling to young people who often have to wait over six weeks to access other counselling services.</p>
<p>Client safety</p>	<p>We responded to the infection control audit findings to achieve complete compliance at the next audit.</p> <p>The use of the client core record and introduction of a safeguarding database has resulted in a more robust system of protecting our service users.</p> <p>Staff take part in Brook and Manchester Safeguarding Children Board training. Staff now feel more confident sharing information when it is in the best interest of clients, and are able to take cases of concern forward with support from the local safeguarding team.</p>

	<p>Since December 2015, we have been delivering Level 1 safeguarding training locally resulting in 40 staff from the Manchester, Oldham and Salford services receiving training to protect the young people who use our services.</p> <p>Chaperone training has been delivered to all Health and Wellbeing Support Workers at Manchester.</p> <p>We are an active member of the steering group for Project Phoenix, a collaboration of public and third sector partners that aims to improve the response to child sexual exploitation in Greater Manchester.</p> <p>Brook is also a member of Manchester's Healthwatch board, which investigates inequalities in health provision and monitors if recommendations for improvement are acted on.</p>
Client experience	<p>Together with Brook Salford, we were involved in piloting the new feedback system <i>Did you get what you came for?</i> which was designed and evaluated by young people. During the pilot, feedback increased almost seven fold across both services.</p> <p>We are fully meeting the You're Welcome quality criteria for young people friendly services.</p>

Service	Milton Keynes & Buckinghamshire
Clinical Excellence	<p>Milton Keynes has completed all audits required by the Brook national audit programme. The majority of the action points from the audits are already in place, but the following have been actioned.</p> <p>STI audit. We are in the process of implementing the recommendation for all clients to have a comprehensive sexual history taken by incorporating the sexual history proforma into the registration process. This will also support a local key performance indicator to reduce the number of late diagnoses for HIV, by offering HIV point of care testing (POCT), to all clients in high risk groups, and those at increased risk. We have increased the uptake of HIV POCT from 10% to 29% of all new clients registering.</p>

Emergency Contraception Audit. We increased our offer of an emergency IUD to all clients as the most effective method of emergency contraception by training one of our nurses to obtain the LoC IUT. This enables young people to access an emergency IUD throughout the week. It has contributed to the 25% LARC target set by our contract.

Following completion of her training, we appointed the nurse as a Clinical Nurse Specialist. She is an independent prescriber enabling her to provide treatment for some female clients for pelvic inflammatory disease reducing the need to refer them to the level 3 Sexual Health Clinic.

Nine nurses have obtained the LoC SDI and one other is currently undertaking her training. Four more nurses will begin training in the coming year. An appointment for implant fitting is now generally available within one to three days.

Brook-wide Patient Group Directions, (PGDs), are now in place to support us to treat clients with gonorrhoea and their partners, and to offer hepatitis B vaccination to clients in high-risk groups.

We have almost completed the process of moving our team of 17 nurses onto the Brook-wide Band 6 Sexual Health Nurse job description.

Milton Keynes now has four nurse prescribers in post and has implemented prescribing supervision to support them to practice safely. The nurse prescribers can offer appropriate treatment for those clients whose needs are not met by the Brook wide PGDs.

Our doctor is now a FSRH Registered Trainer which means she will be able to support our nursing team to complete FSRH training.

This year we introduced a telephone helpline and an online clinic staffed by an experienced Wellbeing Support Worker, who is able to offer a range of services including triaging for STIs, signposting to other services, pre implant fitting consultations and appointments for repeat contraception. Three

	<p>receptionists have also completed health and wellbeing training and online customer satisfaction training to enable them to cover the helpline when the regular worker is not available.</p> <p>Both the helpline and online clinic have reduced the need for some clients to attend clinic freeing up time in the clinic. In 2015/16 we made contact with a total of 1,827 young people via our telephone line, of these callers, 489 were registered Brook clients. We made contact with 39 young people via our online clinic.</p>
<p>Client safety</p>	<p>We carry out weekly infection control checks and take action where necessary. We recently identified that a newly appointed cleaner was changing clinical waste bags. We liaised with the cleaning contractor to ensure they understood that this was the responsibility of the nursing team.</p> <p>We introduced regular IUS/IUD supplies checks to ensure that we maintain stock levels.</p> <p>We extended the monthly resuscitation equipment and drugs checks to include non-emergency items, such as expiry dates of alcohol and gauze swabs that are used with the emergency drugs. We have improved the labelling of emergency drugs so that information about expiry dates does not become detached. The monthly checks meant we quickly identified that atropine had been included in an emergency drugs box instead of adrenaline in error.</p> <p>One Wellbeing Support Worker has completed chaperone training and two Reception Workers will be receiving training to enable them to provide cover as required for IUD fits and intimate examinations.</p> <p>All new clients complete an alcohol audit and staff are trained to provide alcohol brief interventions for all young people with an alcohol score indicating increased risk. Smoking brief intervention training is in process; the majority of staff completed level one stop smoking last year and level two stop smoking training is underway this year.</p> <p>We delivered Brook Level 1 safeguarding training to all new staff to ensure that they understand Brook's</p>

	<p>procedures and know how to complete the client core record and safeguarding proforma. Staff receive training to identify and support young women at risk of female genital mutilation.</p> <p>Staff feel more confident in completing safeguarding proforma and developing action plans for any young person or adult assessed to be at risk, and this is evidenced by the increasing number of referrals to the Multi Agency Safeguarding Hub, (MASH).</p> <p>Vacancies in the Milton Keynes senior management team resulted in less support being available to staff locally. This led to increased contacts with the national safeguarding escalation team which staff reported as very supportive.</p> <p>Staff are encouraged to attend Local Safeguarding Children Board training for any requirements identified at their annual performance and development review or during supervision sessions.</p> <p>To improve the follow up of clients referred to outside agencies meetings have been established with the Social Worker leading the Milton Keynes Child Sexual Exploitation Project.</p> <p>Safeguarding supervision has been in place for 18 months with quarterly sessions for the whole clinic team planned for the year ahead, alternating with peer supervision for the nursing and wellbeing support team. The Nurse Manager now provides supervision to the Education and Training team.</p> <p>Milton Keynes Brook is consistently represented at Multi Agency Review Meetings, which reviews and shares intelligence about young people thought to be involved in CSE.</p>
<p>Client experience</p>	<p>Out of 1,740 service user questionnaires completed during 2015/16, 96% of respondents rated the service as excellent or good.</p> <p>The main cause of negative comments relates to waiting times. In order to reduce the amount of time clients spend waiting in reception, the service offers scheduled appointments for repeat contraception, full STI screenings, and implant and IUT management.</p>

	<p>We are in the process of evaluating additional ways to reduce wait times.</p> <p>The telephone helpline has enabled more young people to make direct contact with the service and gain easier access to the clinic or reduce the number of times they need to attend the clinic.</p> <p>In addition to encouraging service users to post any comments in the comments boxes available in clinic we have updated service user questionnaires to include a free text section for detailed feedback. Significantly more young people have taken this opportunity to make comments about the service than via the comments box.</p> <p>A selection of comments are included on the “you said, we did” board displayed in the clinic which provides an opportunity to make young people aware of what is on offer.</p> <p>In addition, we conducted the Counter Measures survey at the end of the year. 98% clients who took part indicated that Brook helped them during their visit.</p>
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Service	Northern Ireland
Clinical Excellence	<p>In addition to participation in the national audit programme we carried out three local audits:</p> <ul style="list-style-type: none"> • emergency contraception • treatment of chlamydia • positive pregnancy tests. <p>We provide an STI testing clinic three times a week. All clinical staff have received STI training and our three Information Workers have an enhanced role in screening and triaging clients.</p> <p>We updated the information in the IUD referral system and ensured all staff are aware of it. We offer an IUD to all clients attending for emergency contraception and document the offer.</p> <p>We developed consent forms for insertion and removal of implants. These are signed and stored in</p>

	<p>client's record.</p> <p>We introduced a new system for recording STI tests and this has improved the labelling of specimens and speeded up the processing of results.</p>
Client safety	<p>The clinic scored highly in most areas of the infection control audit and some slight failures in the kitchen have been addressed.</p> <p>We provide annual safeguarding training to all staff. We have now added training on alcohol intake to encourage safe levels of drinking.</p> <p>We will implement Brook level 1 safeguarding training for new staff in 2016/17. We have a named contact in the Gateway Team in the Belfast Trust area who is contacted prior to any referral.</p> <p>The Senior Doctor and Director have received level three safeguarding training.</p> <p>The new client core record has been trialled and counsellors are introducing it with the aim of using it for every new client.</p>
Client experience	<p>Young people who use Brook as a result of our relationships and sex education work comment favourably on the service.</p> <p>We carried out a survey to find out how easy young people find it to access the service and how we could improve.</p> <p>18% of respondents said it was difficult to find the clinic and as a result we improved the signage outside the building.</p>

Service	Oldham
Clinical Excellence	<p>60% of the nursing team at Brook Oldham are now implant trained increasing our ability to offer this method to our clients.</p> <p>We have one CASH Nurse in Training who is undertaking dual contraception and sexual health training.</p> <p>We implemented a text reminder system to alert</p>

	<p>clients to future appointments. This has resulted in increased attendance at follow up appointments.</p> <p>Integrated working with Positive Steps enables clearer pathways to other services within the building such as smoking cessation, counselling, housing and careers advice.</p>
Client safety	<p>We have developed good links with the child sexual exploitation Phoenix group and Missing from Home team. We have clear pathways with Positive Steps so that information about high-risk clients is shared appropriately.</p> <p>We are now active members of the Teenage Pregnancy Board as a result of the integrated contract with Positive Steps.</p>
Client experience	<p>We completed a self-assessment of the You're Welcome quality criteria and are fully meeting the standards.</p> <p>We introduced a survey monkey to obtain clients' views regarding the service provided, opening times, and location. 77% of clients were happy with the current opening times, 80% said they would prefer to access services in a Brook building and 60% said that confidentiality was the most important factor in their choice of a sexual health service.</p>

Service	Salford
Clinical Excellence	<p>This year we have improved our ability to provide LARC by increasing the number of trained nurses who can offer implants and IUT. In 2015/16, the nursing team fitted or removed 80 sub dermal implants or IUT. In addition, we have a sessional Sexual Health Doctor who provides implants and IUDs one day a week.</p> <p>Two of our clinicians are FSRH registered trainers and have been providing training to the nursing teams in Salford and Manchester.</p> <p>Working with the local commissioner, we reviewed the opening times at our main clinics and outreach locations in order to maximise the clinical and educational service's ability to meet the needs of the most vulnerable young people in Salford. The</p>

	<p>review resulted in a reduction of sessions at our main clinics and an increase in the number of outreach clinics in targeted schools.</p> <p>We Introduced a volunteer counselling service by using students from local universities to provide counselling to young people who often have to wait over 6 weeks to access other counselling services.</p> <p>We also introduced a clinical Wellbeing Support Worker, expanding the existing worker's role from a clinical support role to one that aims to improve the health and wellbeing of a young person. In order to do this WSW has had introduction to counselling and My Life training and training in calculating Body Mass Index.</p>
Client safety	<p>The Education and Training Manager and Nurse Manager have delivered Brook introduction to safeguarding training locally to staff at Salford, Manchester and Oldham. Since December 2015, they have been providing bimonthly training to new staff and refresher training for existing staff.</p> <p>In addition, staff have access to Local Safeguarding Children Board training.</p> <p>In Salford, the Education and Training Manager is part of a training pool that provides CSE training for the Local Safeguarding Board on a regular basis.</p>
Client experience	<p>We completed a self-assessment against the You're Welcome quality criteria and fully met the standards.</p> <p>In June and July, Brook Salford held focus groups with young people across the city about young people's sexual health services. The groups included young people aged between 13 and 25 with a specific focus on young people under the age of 19.</p> <p>All the young people who took part said they wanted a dedicated young people's service. Young people want more information about sexual health services to be available online and through social media. They wanted services to come to them and were enthusiastic about having mobile and/or pop-up clinics in accessible locations.</p>

Service	Sandwell & Dudley
Clinical Excellence	<p>Full STI screening, including point of care testing, is now available during all clinics on a walk-in basis greatly increasing our delivery of testing. The number of STI tests carried out during 2015/16 increased by 55% on the previous year.</p> <p>We can now offer a 'one stop service' for contraception and infection testing and treatment. The range of services on offer will expand with the introduction of a health and wellbeing service.</p> <p>Nearly all nurses who joined the services in 2015/16 have completed their subdermal implant training. The remaining two nurses will complete their training in the coming year. We have also doubled the number of IUT fitters within the service.</p> <p>This has increased our ability to offer LARC methods to clients with 645 LARCs administered during 2015/16 compared to 490 the previous year.</p> <p>The Nurse Manager has successfully obtained the National Diploma from the Faculty of Sexual and Reproductive Healthcare.</p> <p>Nurse meetings take place monthly to give an opportunity to discuss best practice and allow time for clinical reflection. Updates to clinical practice and operational issues are provided at these meetings and the outcomes are shared during whole team meetings.</p> <p>We secured additional funding to train a Wellbeing Support Worker so that we can offer brief interventions for substance misuse, alcohol, and smoking cessation. This will also increase the availability of STI testing and pregnancy counselling.</p> <p>We have reviewed the clinical governance of the Chlamydia Screening Programme and Condom Distribution Scheme that we have been managing since September 2015. The Nurse Manager now acts as clinical lead for these services in addition to the Sandwell and Dudley CASH services. This new way of working has proved to be a success with all services</p>

	<p>able to support each other enabling best practice and a clearer client pathway.</p> <p>We conducted service user consultations to evaluate the clinical services offered. These gave a positive review of the service demonstrating that clients were happy with the services offered.</p>
Client safety	<p>We refurbished several rooms at our Tipton site to ensure better compliance with infection control standards.</p> <p>We provided staff with refresher training in Brook's safeguarding procedures. This allows us to continue to ensure that all members of staff are empowered to protect young people from harm, at every stage of the young person's visit to Brook.</p> <p>Staff members continue to attend Local Safeguarding Children Board training in both Sandwell and Dudley. This provides them with knowledge of how to access and refer to other local agencies as well as to build a network of contacts within the local safeguarding agencies.</p> <p>We have expanded the local safeguarding team so that it now includes the Service Manager, Nurse Manager, Counselling Lead and Education and Training Manager. This has allowed us to strengthen our provision for vulnerable clients as well as offering a peer support network to team members. The Nurse Manager works with the education team, supporting them with their one to one clients who are very often safeguarding cases.</p> <p>Through the additional funding for the Sandwell service we have increased the Nurse Manager's contracted hours. This allows for a more appropriate distribution of workload which in turn strengthens our ability to protect vulnerable young people.</p> <p>The Nurse Manager now attends the Multi Agency Sexual Exploitation meetings. This has built excellent relationships with the CSE team in Sandwell and improved information sharing about young people affected by CSE.</p> <p>The service has gained access (and training) to the</p>

	<p>Electronic Common Assessment Framework system in Sandwell allowing us access to information about vulnerable clients, particularly relating to those at risk of CSE. This also provides opportunities for better communication between our service, Early Help and other providers and improves referral pathways.</p> <p>The service is represented on local CSE panels and at Multi-Agency Sexual Exploitation meetings in Sandwell with progress being made in Dudley. We work closely with Early Help in Sandwell and the Nurse manager is in the process of introducing them to Brook Sandwell to improve communication and client pathways.</p> <p>The service attends meetings for Sexual Health Promotion, Sexual Health Planning and Implementation across the area. The service also attends local Healthwatch meetings. This fosters good communication and pathways between local providers and stakeholders.</p>
Client experience	<p>We undertook a service user consultation around opening hours and service provision within the Dudley service. This led to a change in opening times that in turn increased the number of young people using the service.</p> <p>100% of clients who participated in the Counter Measures surveys gave a positive response.</p> <p>We have secured additional funding for the Sandwell service allowing us to open the clinic for an additional day, increasing service provision by seven hours per week. This has also allowed us to develop our health and wellbeing offer.</p> <p>We have increased the number of young people using the service and the number of new service users compared to the previous year. In 2014/15, 5,370 young people used Brook, accessing 12,930 different services. In 2015/16, this rose to 6,294 young people who accessed 17,428 different services.</p>

Service	Wigan & Leigh
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Clinical Excellence	<p>We introduced a new appointment system for implants, IUDs and complex cases as young people said waiting times were too long. The new appointment system had a direct impact on waiting times and nurse availability. We now see 54% of young people within 20 minutes and 94% are seen within an hour in our drop in clinics.</p> <p>We have begun implementing the training programme to ensure all our nurses are trained to the Faculty of Sexual and Reproductive Healthcare standard and hold the LoC SDI.</p> <p>The first phase is underway and four of our nurses have successfully completed the training. All Brook Wigan Nurses will be associate members of the FSRH.</p> <p>We have introduced protected time for all clinical workers and once a week the team benefits from group and individual supervision, team training, reflective practice and group discussions. We have used this time to deliver training on safeguarding, FGM and group supervision.</p> <p>Brook has a nurse led community outreach service to provide sexual health screening, education and contraception to young people at risk of harm or a victim of CSE. This service is accessed by referral and young people can be seen in clinic, in residential care homes, school or at home.</p>
Client safety	<p>This past year 112 young people have been referred to our internal safeguarding processes and 73 young people have received a multi-agency response in regard to sexual assault, child sexual exploitation, familial abuse, mental health, and other vulnerabilities such as homelessness, looked after children and clinical issues such as risk of concealed pregnancy.</p> <p>All staff have completed level 1 safeguarding training and also attend LSCB training. All nurses have received level three safeguarding training. Staff have accessed and attended training for:</p> <ul style="list-style-type: none"> • safeguarding supervision • CSE

- domestic abuse.

We have had team presentations from:

- the police regarding hate crimes
- Brook on FGM
- Domestic Violence Unit regarding peer on peer and domestic abuse.

We are actively involved in Wigan Council Safeguarding Board (WCSB) and work closely with our local partners ensuring all young people who come in to contact with Brook are safe.

Brook has also taken part in the peer to peer review of CSE cases as part of the CQC and OFSTED borough-wide inspection and will continue to be involved in future audits. Brook continues to ensure all young people who are victims of CSE have access to a sexual health nurse and education around contraception and healthy relationships, building resilience and improving self-esteem.

We continue to be an active partner in promoting the CSE Week of Action with our local partners including the police and social care, delivering sessions within schools, colleges, clinics and community settings, to raise awareness and prevent further exploitation.

Brook has representation on Wigan Safeguarding Board for CSE, Health and Wellbeing Boards and Greater Manchester Phoenix Team steering group.

Brook is commissioned to deliver education to targeted and vulnerable young people and training to professionals. We currently deliver CSE training and resilience training in partnership with the WCSB. Sessions for young people include online safety, sexting, grooming, spotting the signs, underpants rule (appropriate boundaries) public and private, Inter personal abuse, self-esteem consent and the law and keeping safe, CSE, social media and healthy relationships.

The education team has set up and delivered a six-week sexual health programme with Embrace for

	young people under 25 who have a specific learning need and who need support around making positive choices, healthy relationships and sexual health.
Client experience	<p>We took part in two national Counter Measures surveys. 99% of clients who responded would recommend Brook to a friend and 100% of respondents said Brook helped them today.</p> <p>We ran a week-long exit survey in the Wigan Clinic. Comments included:</p> <ul style="list-style-type: none"> • I think today's visit was really helpful • very quick and well informed • welcoming service • made me feel at ease when asking questions. <p>We also asked whether there was anything we could do better. Feedback included:</p> <ul style="list-style-type: none"> • very helpful quick and friendly • no everything fine • really good help • waiting times • nothing really good place to come when you need answers. <p>We issued over 200 surveys for the council asking about the future of sexual health services in Wigan. The response rate was very high and we were able to provide the commissioners with young people's views on the future of sexual health services.</p>

Service	Wirral
Clinical Excellence	<p>During 2015/16 one member of our nursing team successfully completed Genito Urinary Medicine training and another two are expected to complete training at the end of May. We can now offer full screening and treatments without an appointment six days per week.</p> <p>Five nurses are fully qualified to fit and remove subdermal implants, which has increased the availability of LARC for young women.</p> <p>Brook Wirral along with partners in the integrated service completed an integrated infection control</p>

	audit. Each organisation was audited separately and Brook scored an impressive 96%.
Client safety	<p>There is a robust safeguarding policy in place in the integrated service. This allows staff working at different venues to follow their own organisation's procedures. Brook staff who work at other venues have the full support of the local Brook safeguarding lead and the out of hours safeguarding team.</p> <p>In 2014/15 we identified that all staff working with young people in the integrated service would benefit from level 3 safeguarding training. All clinical staff have now received this training.</p> <p>The Nurse Team Leader continues to attend monthly meetings with the child sexual exploitation team and the safeguarding lead.</p>
Client experience	<p>The integrated sexual health service provides clinics seven days a week, including designated young people's clinics Monday-Saturday at our main site, along with other venues within the service offering young people-only clinic times.</p> <p>The service has taken part in Brook Counter Measures surveys, the results of which have been extremely positive. 100% of young people who responded said Brook had helped them and 97% would recommend Brook to a friend.</p>

What clients say about Brook

All Brook services have feedback books or boxes available to clients and some have online feedback mechanisms available. Below is a selection of comments from Brook clients about their experience of Brook services.

- I feel confident to use the Brook service as no one will judge me.
- I was going to leave college cause I couldn't cope counselling helped me to understand myself and others and now I can talk to my family.
- [The nurse] made me feel safe and supported & I never felt judged. She was very informative and understanding and I'd recommended my friends to come here.
- Really impressed with the speed of service and friendliness and approachability of the staff when discussing and inserting my implant.
- Friendly staff. The experience was good and I got what I came in for and the information I needed to know.
- Brook have always helped me and I would recommend them for any sexual/family advice.
- Always polite, friendly, funny, offer good advice. Just amazing!!
- [The nurse] was fabulous, made the entire experience painless literally, and was so polite and friendly thank you.
- I felt able to ask questions.
- [The nurse] was absolutely amazing so understanding and reassuring, couldn't ask for a better nurse! You're the best.
- I got treated very well. Very friendly staff. The procedure was explained well and clear. They made me feel very welcome.
- I was given a time slot and seen really quickly after saying I was in a rush for work. Thank for fitting me in.
- Didn't have to wait that long. Enjoyed the music Great Wi-Fi, enjoyable experience. Friendly reception staff.
- They didn't judge and actually made me feel like I matter! Thank you!! :) It was a nice change. Keep up the good work!
- Having been coming to Brook since I was a teenager I am sad to attend my last visit. The service and overall care of all the nurses/staff has been exceptional.
- Very busy, Long waiting times
- Needs Wi-Fi, access to better music.

Supporting statements

Healthwatch Bedford Borough

Healthwatch Bedford Borough (HBB) are pleased to have been asked to provide feedback for inclusion in to the Brook Quality Account 2015/16. HBB are encouraged by Brook's contribution this past year, especially in the following areas:

- Brook's strict adherence to the UN Convention of the Rights of the Child, particularly your work ethic around sexuality and diversity.
- Your participation in clinical research.
- The dramatically reduced figures re patient safety incidents comparatively to last year's account. This is encouraging to see.
- That four of your seven nurses have become Associate Members of the Faculty of Sexual and Reproductive Healthcare and received further specialist training.

In summary, HBB are very much encouraged by Brook's hard work and determination to achieve clinical excellence during 2015/16. We would like to take this opportunity to wish you all at Brook continued success during the forthcoming year.

Jersey Health and Social Care Department

The service continues to be valued by the Department and trusted by our young people. It is critical to ensuring our young people are able to access essential advice and support for sexual health and contraception

Healthwatch Manchester

Brook Quality Account 2015 – 2016 request for contribution from Healthwatch Manchester on its Manchester Section

Thank you for affording Healthwatch Manchester the opportunity to contribute to the suggested content for the above. The following are issues noted by our Quality Accounts Team member who reviewed this account:

Positive

- The consistently low number and percentage of patient safety incidents for Brook Manchester is commendable and the steps being taken to improve these figures even further are clear. (p.17)

- Brook Manchester is 100% compliant with infection control standards and shows a clear improvement upon the previous audit in 2014. (p.27)
- The trial of new feedback procedures and resources in Manchester is also pleasing to see, particularly as these were designed and evaluated by young people. This shows a clear dedication to improving client experience and satisfaction. (p.31/55)
- It is pleasing to see that Brook Manchester are currently supporting a qualified nurse to train to become an FSRH diplomate – if continued, this will broaden the range of previous experience and knowledge that nurses at Brook have. (p.54)
- The introduction of a wellbeing support worker and partnerships with the University for extra training and a volunteer counsellor service is also commendable and shows a commitment
- to providing a well-rounded, joined up service. (p.55)

Negative

- Despite positive feedback from clients, the response rate in the client satisfaction survey is very low for the first survey question which raises questions about how representative this figure is. There is no explanation for why this response rate is so low in Manchester. (p.30)
- Is the increase in complaints due to actual changes or simply due to improved complaints procedures? The positive outcomes from the new feedback trial in Manchester are not discussed (p.31/32)
- It doesn't specify how the improvement in infection control audit findings was achieved and how this level of compliance will be maintained. (p.55)
- Might help to state how issues and ideas discussed at Healthwatch board meetings are fed back to the organisation and its staff members. (p.55)

Summary

The information and data related to Brook Manchester in this report are well presented and written in a way that is accessible to the lay audience. There are clear improvements in client safety and consistently low levels of patient safety incidents.

There are a few issues which haven't been discussed or need expanding on, namely the response rates for the client experience survey and the actions taken based on the results.

However, it is noted that this is an organisation-wide report with specific sections dedicated to each region meaning there is limited scope for going into detail. The positive initiatives already underway at Brook Manchester to build on clinical excellence and improve client safety are recognised by this review.

There have also been positive changes to the way feedback is gathered, however, the ways in which the feedback obtained during the recent trial will be utilised to improve services are not specified.

Milton Keynes Council Health and Adult Social Care Select Committee Quality Accounts Panel Report

Brook Services

General

Once again the Panel considered the Quality Account submitted by Brook to be, on the whole, well thought out, well presented and very accessible to the general reader.

There was a clear explanation of what a Quality Account was and why they were produced, together with a description of the organisation, how it operated and the services it provided. It had been written in plain English with a lack of jargon and technical terms and was clearly designed to be read by service users and the general public, rather than just other healthcare professionals.

Progress against the 2015/16 priorities was clearly set out as were the proposed priorities for 2016/17, how these will be achieved and how progress will be measured.

There were some very positive features in this year's QA which the Panel felt worthy of individual comment:

- The separate updates from the local offices continue to highlight the Brook approach to tailoring its services to meeting local needs. Although its priorities each year apply across the organisation and operating procedures are standardised, it is also aware that one size does not fit all and that local circumstances apply;
- The Panel was pleased to note that in the 'local' Milton Keynes section of the report the work being done to reduce the number of late diagnoses of HIV by offering point of care testing to clients in high risk groups and those at increased risk was highlighted. There has been a positive increase in the uptake of this testing from 10 to 29%. The incidence of HIV in Milton Keynes had been discussed by the Health

and Adult Social Care Committee in March 2015 and the Panel welcomed the progress being made;

- The Panel was also pleased to note the evidence of local partnership working in Milton Keynes, particularly in relation to safeguarding issues, working with the local Multi Agency Safeguarding Hub and the Milton Keynes Child Sexual Exploitation Project;
- The use of client comments at the end was also good, particularly as negative comments were also included, highlighting Brooks' self-awareness of where improvements need to be made;

However there were some areas of the QA where the Panel felt that either more detail or more clarity could have been provided:

- Not all acronyms or technical terms were clearly explained in the text, and the inclusion of a glossary to explain these would be beneficial;
- The Panel would have liked to have seen more evidence of patient involvement with their care plans;
- The number of patient safety incidents in Milton Keynes remains higher than average, particularly as a percentage of the number of client visits and the Panel would like to see a significant reduction in these during 2016/17. The Panel would have liked to have seen more explanation of the nature of the incidents and why they occurred;
- The number of vacancies in the Milton Keynes senior management team was a concern and the Panel hoped that these would be filled in the coming year. However, it was pleased to note that Brook was able to provide additional support to the Milton Keynes staff from its national safeguarding escalation team.

Summary

The Panel thought that this was a well presented, well laid out Quality Account with a lot of interesting information which would be accessible to the general reader. The document was easy to navigate with a comprehensive list of contents and clearly labelled sections which were easy to find. Although most acronyms and technical terms were explained in the text, a few were missed and needed to be picked up in the final edit. Even though explained in the text, the inclusion of a glossary listing these acronyms and technical terms would be beneficial and would be seen as an example of Best Practice in the preparation of Quality Accounts.

Healthwatch Milton Keynes

Thank you for draft national Quality Account (Version 2) which we found to be very informative particularly in respect of the Milton Keynes and Buckinghamshire service area.

We set down below our comments:-

1. Pages 10/11 Clinical Audits.

It would be helpful for the provider to be named.

As to the Abortion Referral heading it is disappointing that no data is available as the timescale for producing this Quality Account has been known well in advance. Some information would have been welcomed.

We assume that where a Brook location is referred to that this is an action only for that part of the organisation. An explanatory footnote would be helpful.

The use of the word 'should' is permissive. If Brook is to take positive steps to address audit shortcomings then it ought to be replaced with the word 'will'. It will then be an instruction to Service Managers.

2. Page 14 Patient Safety Incidents

Although the figure for Milton Keynes and Buckinghamshire has been reduced by nearly 50% from last year it is still virtually the same as London and is the second highest nationally (cohort of 17).

No explanation is provided in mitigation and to quote an incident level of 1 per 1,000 clients as acceptable is, we believe, unsatisfactory. The Account would be more meaningful if some narrative was added addressing this point and perhaps categorising the incidents as we are unclear as to the potential severity of these incidents.

3. Page 17 Quality Assurance System.

In the second paragraph it refers to twelve services fully meeting all eighteen standards. However, no evidence is referred to substantiate this claim. Further, the references to historic data in 2013/14 are considered to be irrelevant to this 2015/16 Quality Account.

4. Page 20 Clinical Effectiveness.

It would be helpful if the name of the organisation in which the Faculty is situated was referred to for completeness.

5. Page 21 Audit recommendations and progress.

It is suggested that it is made clear what the percentages in the table refer to: actuals achieved or targets?

Abortion referral, a 2015/16 Year to Date figure would be helpful with previous year comparators.

6. Page 24 Client safety.

Under the infection control standards reference is made to the standards of the Infection Control Nurses Association., research indicates that this is not a formally constituted 'Association' but is a political lobbying multi-disciplinary collaboration. Such standards are not available to the public and the detail and efficacy should be demonstrated if they are to be referred to. Page 11 of the draft refers to the eight standards. However, the one listed on pages 10/11 is 6 headings and the other on pages 11/12 is ten headings. We suggest the point is clarified.

7. Page 26 Safeguarding young people from harm.

We are very concerned to note that the audit exposed weaknesses in this important area. Whilst acknowledging that the matter is now being addressed the Brook processes should have been robust enough to identify the problems much earlier. There is a clear message here for the leadership of the organisation to be proactive and not just reactive in respects of all matters involving client safety.

8. Page 30 Table 4 Client complaints.

We are concerned that although the figure is low at 7, Milton Keynes and Buckinghamshire had the same number of complaints as last year; with the figure being the same as London. A brief narrative on why this situation continues and an action plan would be welcomed.

9. Pages 56-60 Service Team Reports.

The Milton Keynes and Buckinghamshire report is the longest in the Account and very informative. It clearly indicates that this team is providing a valued service to our community which is why we seek additional information either in the Account or separately regarding the two areas of shortcomings referred to above items 2 & 8. It would be helpful to have a split in the data between the Brook services based in Central Milton Keynes and Buckinghamshire (till 31 March 2016) for year on year comparison purposes.

Finally, we trust the comments are helpful in ensuring that the final Quality Account is as accurate as possible.

The opportunity to provide comments was either formally declined or no statements had been provided by the time of publication by the local Healthwatch, local authority Overview and Scrutiny Committee or the commissioners of any other Brook services.

Glossary

BASHH	British Association of Sexual Health and HIV
CASH	Contraception and Sexual Health
CASH CNS	Contraception and Sexual Health Clinical Nurse Specialist
CASH NIT	Contraception and Sexual Health Nurse In Training
Cu-IUD	Copper Intrauterine device
CCR	Client core record
CSE	Child sexual exploitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DART	Data Analytics Reporting Tool
FGM	Female genital mutilation
FSRH	Faculty of Sexual and Reproductive Healthcare
HIV	Human Immunodeficiency Virus
idCS	Interactive digital contact slip
IUD	Intrauterine device
IUS	Intrauterine system
IUT	Intrauterine techniques (i.e. Intratuterie devices and systems)
LARC	Long-acting reversible contraception (i.e. injectable contraception, Intrauterine devices, Intrauterine systems and subdermal implants)
LSCB	Local Safeguarding Children Board
LoC IUT	Letter of Competence Intrauterine techniques
LoC SDI	Letter of Competence Subdermal implants
MASH	Multi-Agency Safeguarding Hub
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
PGD	Patient Group Directions
SARC	Sexual Assault Referral Centre
POCT	Point of care test
SDI	Subdermal implant
STI	Sexually transmitted infection
TOP	Termination of pregnancy
WSW	Wellbeing Support Worker
YPF	Young people friendly

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