



Quality Account 2013/14

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.

Our Quality Accounts are published electronically on NHS Choices website and a copy is sent to the Secretary of State.

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 must include a statement from the board summarising the quality of services provided, the organisation's priorities for quality for the forthcoming year, a series of statements from the board which are set out in the regulations and a review of the quality of services provided during the year.

In developing a Quality Account and setting priorities for the future there is an expectation that providers of relevant healthcare 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 well-being 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 well being.

Brook works with the UN 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

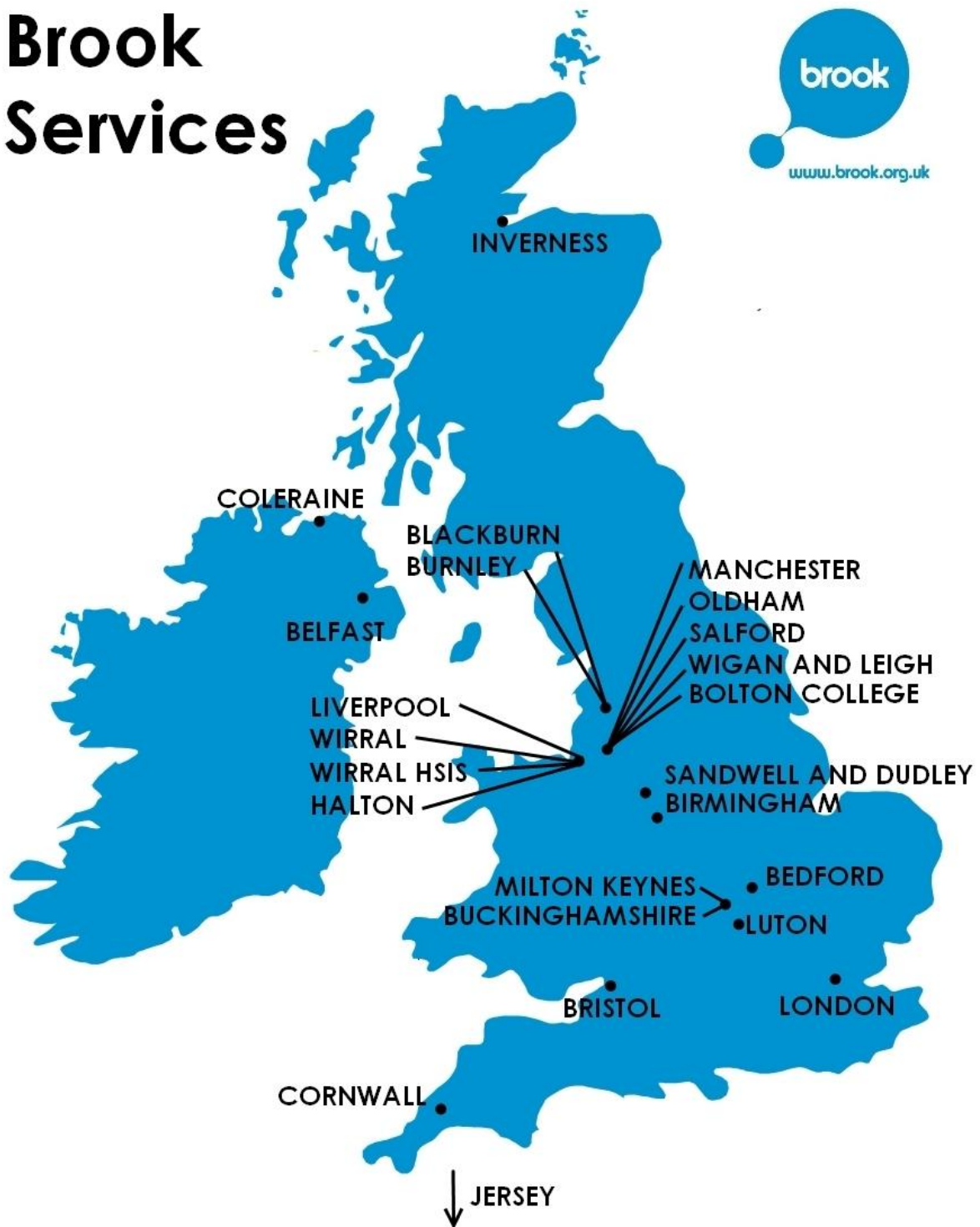
Brook provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections and outreach and education work from locations in the UK and Jersey (see map below).

In addition Ask Brook, our national information service, offers a confidential telephone, online webchat and interactive text message service. Ask Brook is available free and in confidence to young people on 0808 802 1234, by text on 07717 989 0236 (standard SMS rates apply) or by live online chat at www.brook.org.uk

In 2013/14 Brook had direct contact with [xxx,xxx]¹ young people through clinics, education work and Ask Brook. ¹ Data not available at time of writing.

Contraception, advice about sex and relationships 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 very pleased to introduce Brook's 2013/14 Quality Account. This is the first time we have produced one account which describes the quality of care across the entire organisation and it follows the completion of the process to consolidate all the Brook charitable companies in England into a single company. 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.

As Chair and Chief Executive we are proud of the work of the Clinical Leadership Team established as part of our unification and restructuring. Their drive and passion for innovation and ongoing improvement puts the experience and care of young people front and centre of everything we do.

We are confident that the systems and processes we continue to put in place including the leadership and management training, national audit programme and the monthly quality statement process are taking us from strength to strength.

Following the shift of Public Health responsibilities to the Local Authority and our own internal changes, this year we instructed an external audit to do a deep dive review of our Patient Group Directions (PGDs) and provide us with external assurance and areas for improvement (find out more at page 42).

At the heart of our confidence is the clinical accountability spine that runs from the front line with our Nurse Managers who work with the Clinical Leadership Team. The Head of Nursing meets monthly to discuss clinical quality with the Executive Team. 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.

At the same time our staff survey which showed 97% of staff would recommend our services to young people demonstrates a remarkable confidence in the quality of our services and importantly young people also tell us that they would be happy to recommend Brook to their friends.

We encourage staff, clients, partners and commissioners to look at our Quality Account to get a snapshot of 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. Finally in presenting this account we would like to thank all of our staff who work tirelessly, day in, day out, with unbounding enthusiasm for young people.



Eve Martin
Chair of the Board of Trustees



Simon Blake
Chief Executive

Part Two Priorities for improvement

Progress against our 2013/14 priorities

Improvement priority	Progress
Organisation wide	
<p>Priority 1 Carry out six Brook wide clinical audits</p>	<p>Six national Brook audits were completed in the following areas:</p> <ul style="list-style-type: none"> • abortion referral • emergency contraception • implant fitting and removal • infection control • note keeping • sexually transmitted infection screening <p>The target for 100% of services to take part was met in one of the audits. In the other five, at least 16 of the 18 services participated. It was recognised that temporary capacity issues would prevent completion of the audits by all services.</p> <p>The target for services to submit 40 sets of notes to each audit was met in one of the five audits where it was set. This was because not all services had 40 clients during the audit period who met the criteria for inclusion.</p> <p>The recommendations from the audits are described in Part Three of this account.</p>
<p>Priority 2 Appointment of a pharmacist to lead the development of Brook wide Patient Group Directions</p>	<p>A pharmacist was appointed on a consultancy basis in April 2013. The pharmacy consultant worked with the Clinical Director and Head of Nursing to complete the development of Brook Patient Group Directions for contraception and treatment of uncomplicated chlamydia. These were internally ratified and available for services to use from 9 July 2013.</p> <p>We set a target for the PGDs to be adopted at 90% of our services. At the end of March 2014 they were in place in 75% of Brook services. In the remaining services, the commissioners required all services to use local NHS PGDs or the existing PGDs had not expired. Brook PGDs for the treatment of symptomatic sexually</p>

	<p>transmitted infections have now been developed in addition to the contraception PGDs. These are in use in 3 of our services which are commissioned to deliver symptomatic STI treatments.</p>
<p>Priority 3 Review of the complaints and compliments process</p>	<p>We aimed to review our complaints and compliments processes to ensure they complied with the Office of the Children's Commissioner Common Principles for Child Friendly Complaint Processes. We began by consulting Brook's young people's participation advisory group, known as P+.</p> <p>A complaints policy and supporting procedure were drafted for the whole organisation which complied with the national complaints regulations for the countries we work in as well as meeting the OCC Common Principles. These were rolled out across the organisation in March 2014.</p> <p>The P+ group worked on the text and suggested designs for a young people friendly version of the complaints procedure. This will be printed and distributed to all services by June 2014. It will also be available on the Brook website. During the course of 2014/15 we will be developing our online feedback facilities.</p>

Bedford

<p>Priority 1: Introduce almost paperless recording of client consultations</p>	<p>This priority has not been achieved although progress has been made.</p> <p>We have begun exploring what is required to move to a paperless system. We have identified issues which require solutions before a paperless system can be implemented, including scanning in results and referral letters and attaching them to the electronic record, so they can be easily accessed during a consultation.</p>
<p>Priority 2: Provision of counselling services</p>	<p>We piloted a counselling service delivered by trainee counsellors between June and December 2013.</p> <p>We reviewed the service and decided that we could not continue to provide it without a member of staff with a professional counselling background to oversee the service and ensure that it was running safely.</p>
<p>Priority 3: Recruit volunteers from LGBT</p>	<p>We have been running a participation group with three core members since July 2013. The group has</p>

<p>communities to be involved in Sex:Positive campaign</p>	<p>been involved in several projects during the year, including:</p> <ul style="list-style-type: none"> • a community involvement project that created a “Love Tree” in Bedford town centre where people were encouraged to write on a leaf different ways you can show someone you love them • a World AIDS day event in Bedford town centre and members of the public were asked to make a pledge relating to HIV • involvement in a Healthwatch participation event • development of a survey to understand more about what prevents or helps young men to access sexual health services. <p>Four young people have been trained to take part in staff recruitment and all interview panels now include a young person.</p>
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Birmingham

<p>Priority 1: Increase the number of contraceptive Implant fitters</p>	<p>We implemented a training programme to increase the number of nurses who could fit and remove implants. Only two nurses cannot currently fit implants. Training of one is underway and training for the second has been organised.</p>
<p>Priority 2: Implementation of the supervision policy at local level</p>	<p>All clinical and counselling staff receive supervision. Clinical staff keep their own supervision records as part of their personal portfolios and these are reviewed at appraisal.</p> <p>We plan to review the supervision needs of client advisors.</p>
<p>Priority 3: Review of client clinical feedback</p>	<p>We reviewed and updated our client feedback forms to gather more information about satisfaction with the service. The Area Management Team reviews client feedback monthly.</p>

Blackburn & Burnley

<p>Priority 1: Improve opportunistic implant fitting</p>	<p>At Blackburn two nurses received implant training, leaving only one member of the nursing staff still to be trained. Opportunistic implant fitting is now available alongside fitting by appointment.</p> <p>We were unable to train nurses as planned at Burnley</p>
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	<p>because of redundancy of the external trainer. Training will take place during 2014/15 as our Nurse Manager is now accredited to deliver implant training.</p> <p>Implant fitting is currently predominantly by appointment. Opportunistic implant fitting takes place when clinic capacity allows and the extended Saturday opening hours has enabled more fitting to take place.</p>
Priority 2: Monitor all sexually active young people aged 13 and under.	<p>We completed an under 13's audit during the year. The audit showed that whilst the numbers of under 13's attending our services is very low all those who did had been dealt with appropriately.</p> <p>We revised our safeguarding procedures in April 2013. All young people under 13 are routinely monitored as are all young people for whom there is a safeguarding concern. The Management Team work together to support staff in decision making. We have developed a comprehensive decision making form which enables us to make the best decisions in relation to young peoples' safety. We review cases of concern at our regular safeguarding meetings.</p>
Priority 3: Implement young people led Counter Measure Questions	<p>We undertook a consultation exercise across all our services during the summer. This consisted of focus groups, one to one conversations and a questionnaire filled in by young people attending clinical services. A report was produced that has shaped our future service provision.</p> <p>We also worked with young people in September 2013 and January 2014 to identify questions which would be relevant for a Counter Measures survey. Feedback was that young people would prefer the opportunity to give fuller feedback than a Counter Measures survey allows.</p> <p>Building on this feedback we created a brief questionnaire to enable young people to give more detailed feedback on the service environment, the reception and services they receive as well as a space for open feedback. The first survey will be undertaken in April 2014.</p>
Bristol	
Priority 1: Introduce	A pilot of an HIV point of care test ran for four months

<p>Blood Borne Virus testing</p>	<p>between November 2013 and March 2014 to assess client take up of the offer of opportunistic testing for HIV.</p> <p>Care pathways were developed so that any clients with a reactive test could be referred directly to the specialist HIV clinic. We developed leaflets for clients to explain how the point of care test works and what happens if the test is reactive or non-reactive.</p> <p>A survey was given to all clients registering to see a clinician during the pilot period. 687 surveys were completed from a base of 1,869 eligible clients. 81% of respondents had never been offered a test which research has found is the biggest barrier to young people having an HIV test.</p> <p>We carried out 494 tests during the pilot. No tests were reactive but one client was referred for post-exposure prophylaxis.</p> <p>Based on the findings of the pilot study our commissioner has agreed to continue funding HIV point of care testing during 2014/15.</p>
<p>Priority 2: Review local safeguarding protocols for work in schools</p>	<p>New safeguarding protocols were drawn up and cascaded to all members of staff in September 2013. These set out how we work with young people to gain consent and share information where we have concerns. They also define how we work with school safeguarding staff and how Brook staff report safeguarding concerns to the on-duty Brook manager. We have developed a pathway document that maps out what a member of staff needs to do if a disclosure is made or a concern is identified. As a result of this work we have limited the safeguarding risk at crucial times in the calendar.</p> <p>We are also holding regular safeguarding updates as part of our weekly training with the whole team this will continue as part of ongoing meetings.</p>
<p>Priority 3: Develop young people's participation</p>	<p>A Participation Worker was employed in January 2014. Participation Groups have been running since the end of January where young people come together to discuss issues relating to sexual health and social action. They have also taken part in internal and external consultations, including shaping the healthcare priorities for Healthwatch. This Group are</p>

	<p>currently taking part in arts workshops to help re-design the Bristol clinic to make it more young people friendly.</p> <p>Six young people have taken part in recruitment training and will be involved in the recruitment of new staff.</p>
Cornwall	
<p>Priority 1: Carry out local analysis and benchmarking of data from national clinical audits</p>	<p>We planned to analyse data from all local clinical audits and produce action plans for each audit.</p> <p>As the data from the second notes audit showed very little local improvement, we decided to concentrate improvement activity on this audit alone. Staff meetings were held to feedback and review data and compliance with each standard was discussed. We developed a notes proforma to support staff to meet the required standards.</p> <p>We had planned to train two members of the nursing staff to support the Nurse Manager to conduct audits in our satellite clinics. This proved not to be possible because of lack of staff time and work load.</p>
<p>Priority 2: Conduct staffing level assessments for all services</p>	<p>We completed assessments at all our services and found that staffing levels throughout the service are appropriate and enable the provision of a quality service.</p> <p>We have bolstered back-office staffing levels with the appointment of a Service Co-ordinator to support the work of the clinical and outreach teams. Work to assess the role and effectiveness of the counsellors is on going.</p>
<p>Priority 3: Introduce greater service user involvement</p>	<p>This priority has not been fully achieved because the staff member leader this has been on maternity leave.</p> <p>The education and training team is exploring how to use young fathers as mentors and support for their peers. We are seeking support from the national participation team to identify ways in which we can make better use of the experience of young people in defining our services.</p>
Highland	
<p>Priority 1: Review skill mix to increase service capacity</p>	<p>This priority was not achieved as a permanent Service Manager was only appointed in October 2013.</p>

	<p>The service in Highland will be re-tendered by the Health Board in 2014. A service review will be undertaken as part of the development of Brook's service tender.</p>
<p>Priority 2: Audit local safeguarding procedures</p>	<p>We did not have the capacity to audit our local procedures as planned due to a change of both Service and Nurse Managers during the course of the year.</p> <p>The Service and Nurse Managers have both completed Brook and local safeguarding training. All staff have completed training to work to Brook's safeguarding procedures and we took part in the national Brook safeguarding audit.</p>
<p>Priority 3: Roll out of Brook education programmes – Bite Size/All Different All Beautiful</p>	<p>We appointed an Advanced Education and Training Practitioner in April 2013. Funding was received from the RS Macdonald and Robertson Trusts to pilot Brook's Bitesize and All Different All Beautiful programmes. Four Bitesize programmes have been delivered, exceeding our target to deliver three programmes. Two All Different All Beautiful programmes have been delivered, one short of our target.</p> <p>From January 2014 all clients complete a monitoring form that enables us to gauge the impact of our education programmes on service attendance.</p> <p>An Education and Training Manager was appointed in January 2014. This will support the rollout of training to use Brook's Traffic Light Toolkit and enable us explore options to increase the sustainability of education programmes in Highland.</p>
Jersey	
<p>Priority 1: Review service staffing needs</p>	<p>Staffing levels were reviewed and funding was secured from the Association of Jersey Charities to recruit two Nurses in Training to address the shortage of trained sexual health nurses.</p> <p>One nurse will complete Contraception and Sexual Health training during 2014 and the second will complete the required courses in 2015.</p>
<p>Priority 2: Provide additional safeguarding training</p>	<p>Training was delivered to all staff in October 2013 by a specialist doctor and police officer on Jersey specific child protection issues. Staff responded very positively to the training.</p>

Priority 3: Review the counselling service	The counselling service was reviewed. An appointment system was introduced to ensure that clients have sufficient time with the counsellor. There is sufficient counselling capacity to also respond to the needs young people referred by the clinical team during their visit. The counselling team has been expanded to provide psychosexual counselling. The counselling service is being actively promoted to clients.
Priority 4: Increase the participation of young people in the service	No progress was made with this priority because of staff absences during the year. A plan to increase participation will be developed and implemented during 2014/15.
Liverpool & Halton	
Priority 1: Improve opportunistic implant fitting	<p>We made limited progress with this priority because we did not appoint a permanent Nurse Manager until January 2014. The Nurse Manager has begun a review of skills mix and training needs so that we can fill any skills gaps.</p> <p>We are able to provide implants at walk-in clinics when qualified staff are available and appointments are available for implant fitting.</p>
Priority 2; Review of processes and referral pathways	The Acting Nurse Manager reviewed our clinic record template with the support of the Regional Nurse Lead. This showed that staff are recording and responding to safeguarding concerns appropriately.
Priority 3: Review client feedback systems and carry out regular surveys	<p>Liverpool completed two client feedback surveys and Halton completed one survey during 2013/14. A designated member of staff takes responsibility for running the surveys from start to finish. Clients receive feedback within two weeks and action plans are also agreed with the management team within two weeks of the completion of the surveys.</p> <p>We are currently exploring the use of Survey Monkey to improve the response rate to surveys.</p>
London	
Priority 1: Carry out local analysis and benchmarking of data from national clinical audits	We took part in the six national clinical audits and two local abortion audits. We reviewed the results and took action where necessary.
Priority 2: Adopt Brook-wide Patient	The commissioners of our services have expressed a preference for Brook London and South East to

Group Directions	continue using Pan London PGDs rather than adopt Brook PGDs.
Priority 3: Undertake twice yearly audit of safeguarding incidents	We undertook one local safeguarding audit covering the period September 2012 to October 2013. This included an audit of all safeguarding issues as well as a review of vulnerable clients who have seen a Brook Counsellor. The resulting report was circulated internally where appropriate.
Priority 4: Train staff to use alcohol screening tool	<p>Relevant clinic and Education staff attended training run by Alcohol Concern on use of the brief intervention screening tool.</p> <p>We carried out a pilot between June and December 2013. 1,211 young people attending clinics were screened using the Alcohol Concern screening tool. Intervention and brief advice was offered to 266 young people and nine were referred to either a Brook Counsellor or an external service provider.</p> <p>Data reports on the use of the tool are circulated internally within the area, to commissioners and local drug and alcohol teams, as applicable.</p>
Priority 5: Support young people's participation in local authority commissioning structures	<p>Brook London and the South East is a member of Lambeth Healthwatch. We have scoped out an engagement project with the Chief Executive and Engagement Lead of Lambeth Healthwatch, in conjunction with Brook's Head of Volunteering and Participation. The pilot aims to support young people to influence decision making in local authorities and Health and Wellbeing Boards.</p> <p>We are recruiting young people to the P+ volunteers group and they will they decide the type of engagement they wish to have. It has been difficult to recruit young people from Lambeth, although the organisation recently secured funding for targeted volunteering within a particular ward in Lambeth.</p> <p>A group of P+ volunteers engaged with Healthwatch England's consultation on strategy, producing a video of their priorities and concerns.</p>
Luton	
Priority 1: Carry out local analysis and benchmarking of data from national	We completed all six national audits and reviewed the audit reports produced by the Clinical Director. Improvement actions were discussed at staff training and supervision sessions.

clinical audits	
Priority 2: Train staff to use the Brook Sexual Behaviours Traffic Light Tool	<p>All our education and training staff have received training and are able to train other professionals to use the Brook Sexual Behaviours Traffic Light Tool.</p> <p>In our service the nurses and advisors are aware of how to use the tool to support safeguarding assessments.</p>
Priority 3: Improve young people's participation through delivery of peer led focus groups	<p>Our peer education programme has worked with more than thirty young people from a variety of vulnerable groups. Young people have been engaged in campaigns and we have maintained a regular group of young people trained to participate in staff recruitment.</p>
Manchester	
Priority 1: Complete three local clinical audits	<p>We completed three local audits in the following areas:</p> <ul style="list-style-type: none"> • client consultations • implant provision • under 16s main reason for visit.
Priority 2: Appoint and refresh training of first aiders, fire safety and health and safety officers	<p>Local health and safety audit, fire risk assessment and asbestos surveys were undertaken.</p> <p>The Service Manager attended health and safety training and three members of staff refreshed their fire marshall training. Two members of staff were trained as first aiders.</p> <p>We complete weekly audits to maintain compliance with all health and safety requirements.</p>
Priority 3: Implant trained staff to be available at all clinical sessions	<p>Three nurses were trained to fit and remove implants at drop-in sessions. Appointments for implant fitting are available on Thursdays and at the monthly Saturday implant clinic. From May 2014, we plan to introduce appointments on a Sunday.</p>
Milton Keynes & Buckinghamshire	
Priority 1: Increase the offer of IUD as emergency contraception	<p>We developed a care pathway to offer an emergency IUD as the first line of treatment when clients need emergency contraception and we documented uptake by clients.</p> <p>We measured progress against this priority through four Emergency Hormonal Contraception audits</p>

	<p>throughout 2013/14.</p> <p>Whilst developing the pathway we found that access to emergency IUD fitting in the local area is limited and it remains difficult for young women to obtain this method when they need it. We have worked with our commissioners to highlight the need to improve access to this service for young people.</p>
<p>Priority 2: Increase staff awareness of drug interactions</p>	<p>To increase staff awareness of drug interactions, which can reduce the efficacy of hormonal contraception, regular training events were provided. A telephone support service was provided by a senior supervisor and doctor and we ensured all staff had access to the most up to date medical information through the British National Formulary (BNF).</p> <p>We measured progress by ensuring that drug interactions were a standing item at staff supervision and monitored the number of clinical incidents reported as a result of drug interactions.</p> <p>Three drug interactions were recorded compared to none the previous year demonstrating improved staff awareness and better practice.</p>
<p>Priority 3: Improve access to services via online/virtual sexual health service</p>	<p>We piloted an online advice service which aimed to reduce the need for young people to visit the main clinic for pre-appointment consultations, increase access to condoms, encourage an increase of male service users and decrease waiting times in the clinic.</p> <p>We measured progress through a critical evaluation process; gathered feedback from clients using the online service that made subsequent visits to the main clinic, analysed take up rates of appointments booked online and analysed visit data to monitor impact.</p> <p>The pilot was very well received and we made contact with a number of both local young people and young people from locations around the UK. It was evident that the web tools supporting the service need to be developed to enable the centre to focus its care on local young people and that clinical and information governance processes need to be formalised before the online service could be used to supply contraception to clients by post. For these reasons integration of an online clinic into our main</p>

	<p>service has been put on hold.</p> <p>Online prescribing of contraceptives has been integrated into Brook Patient Group Directions and Brook has committed to investing in development of online services during 2014/15.</p>
Northern Ireland	
Priority 1: Audit the vulnerable client system	We completed an audit of the vulnerable client system. This identified an increased range of issues presented by young people. As result, we introduced improved process in October 2013 to support staff to identify vulnerable young people.
Priority 2: Pharmacy inspection by RQIA	An announced inspection by the Regulation and Quality Improvement Authority took place on 7 January 2014. Minor issues were set out in our Quality Improvement Plan. These have been addressed and the inspection was successful.
Priority 3: Monitor access to statutory GUM services	<p>We carried out a survey to understand why young people choose to attend Brook for chlamydia screening or STI testing and whether they had tried to access other services before visiting Brook.</p> <p>We compiled a report which was shared with the local statutory GUM services.</p>
Oldham, Salford & Bolton	
Priority 1: Increase the number of implant trained staff	<p>55% of our clinical staff have been trained to fit and remove sub-dermal implants improving access to this method of long acting reversible contraception.</p> <p>Implants can be fitted or removed opportunistically or appointments can be made within one to weeks at the client's convenience.</p> <p>We are aiming to train all nurses to fit implants during 2014/15. There have been difficulties locally in accessing training because of high demand for the small number of training places. The National Clinical Team is considering the possibility of internal training.</p>
Priority 2: Improve identification and recording staff training needs and attendance at mandatory training	<p>We set up a database to record staff attendance at training. This is regularly monitored and updated.</p> <p>All staff have completed mandatory training. In addition, they have the opportunity to identify personal and professional development during appraisals. A training budget is allocated across each</p>

	service and staff can apply to attend external training relevant to their role. Evidence of this is held in staff files.
Priority 3: Improve waiting times	<p>Dissatisfaction with waiting times continue to be a theme in client feedback.</p> <p>Clinic Support Workers (CSW) and Receptionists receive training and support to triage clients and fast track vulnerable clients. The development of the CSW role has significantly reduced the length of time that clients spend with nurses and has reduced waiting times overall.</p>
Sandwell & Dudley	
Priority 1: Increase the number of contraceptive Implant fitters	Two nurses were trained to fit and remove implants. Both the Nurse Manager and newly appointed part-time Sexual Health Nurse are able to fit and remove implants. One of our commissioners has provided funding to continue to train nurses.
Priority 2: Implementation of the supervision policy at local level	Supervision for the clinical team is in place. Counsellors have been encouraged to seek supervision pending the outcome of Brook's review of counselling services.
Priority 3: Review of client clinical feedback	Clients took part in surveys about opening times venues and outreach services. The results have informed the restructuring and remodelling of services at Sandwell and Dudley.
Wigan & Leigh	
Priority 1: Use Brook wide audit results to benchmark local performance	<p>We completed all six national audits and reviewed the audit reports produced by the Clinical Director. We implemented the following national recommendations for improvement:</p> <ul style="list-style-type: none"> • purchased name stamps for all clinical staff • nominated three staff to attend record-keeping training and cascaded the learning • all clients who opt for emergency IUD are referred to a Brook doctor or the local integrated sexual health service
Priority 2: Carry out safeguarding audit in community-based Brook services	<p>We carried out an audit of all younger clients attending the main clinical and community services.</p> <p>We identified that one service is used primarily by under 16 year olds. We therefore increased staffing levels to maximise our capacity to safeguard clients and improve waiting times. We also ensured that all</p>

	<p>staff working in our community-based services also work in the main clinic to ensure they have regular contact with the designated safeguarding lead.</p>
<p>Priority 3: Review of evaluation methods</p>	<p>We completed a review of our existing evaluation methods and concluded we need to improve both feedback and complaint processes. Client feedback processes now include:</p> <ul style="list-style-type: none"> • improved complaint procedure • clinic feedback slips and comment boxes • mystery shopping visits based of the You're Welcome quality criteria for young people friendly services • improved education evaluation materials • focus groups to review services, publications and website.
Wirral	
<p>Priority 1: Integrate policies and procedures</p>	<p>A new integrated sexual health model started at Brook Wirral started on 1 April 2013. A review of policies and practice at the integrated service led to the development of an Operating Framework that informs the management and implementation of organisational policies for each of the three partner organisations.</p> <p>The Operating Framework is reviewed on a regular basis and is governed by the Contract Management Board. Brook is represented on the Contract Management Board by the Area Director whilst the Service Coordinator represents Brook at Service Management Team meetings.</p>
<p>Priority 2: Review and integrate safety systems</p>	<p>The integrated service has adopted a single client records system as specified by the commissioner. The Operating Framework protects client safety and confidentiality. The Service Level Agreement between Wirral Community Trust (the Lead Provider) and Brook (a sub contractor) incorporates client confidentiality. Safeguarding procedures in the integrated service were reviewed in February 2014 and findings will be reported to the Contract Management Board for agreement across the whole service.</p>
<p>Priority 3: Implement young people led Counter Measures Questions</p>	<p>We completed the two national Counter Measures Surveys. We also carried out a local exit survey which indicated that 82% of clients completing the survey would recommend Brook to their friends.</p>

Priorities for improvement 2014/15

All Brook services will be working towards common improvement priorities during 2014/15 with the work being led by the relevant national team.

Clinical Effectiveness

Priority 1 Drive continuous improvement through the use of a web based quality improvement tracker

<p>What do we plan to do?</p>	<p>We will adapt and use the Institute for Healthcare Improvement’s Improvement Tracker tool to ensure that quality improvements identified by Brook’s clinical audit programme are put into practice.</p> <p>There is currently a high degree of compliance with the clinical audit programme but the extent to which recommendations for improvement are implemented locally is variable.</p> <p>To drive continuous improvement across all services the Clinical Leadership Team will identify single metrics based on the recommendations from the national audit programme. The first metric to be chosen is that 100% of young women visiting for emergency contraception are offered an emergency copper intrauterine device.</p> <p>If this approach works single metrics from other audits will be chosen.</p>
<p>How will progress be measured and monitored?</p>	<p>Services will be required to submit data from ten consecutive clients per week into a web form. The data will be written into a spreadsheet and plotted onto a graph showing the service’s position in relation to the audit median score (five out of ten) and the goal (ten out of ten). Data submissions will be repeated weekly until there have been three ten out of ten scores.</p> <p>The results will be available online to local Nurse Managers and progress will be monitored by the Clinical Leadership Team.</p>
<p>How will progress be reported?</p>	<p>Progress towards the desired metric/s will be reported at Clinical Leadership Team meetings, to the Clinical</p>

Advisory Group and in next year's Quality Account.

Client Safety

Priority 2 Implement a six-month safeguarding improvement programme

What do we plan to do?	<p>We will implement a six-month safeguarding improvement programme to ensure that all our systems and processes are strong and that staff are confident and skilled.</p> <p>Staff have feedback through a variety of routes that they want more support in this area that underpins all of Brook's work. Training of local safeguarding team members has helped to build the knowledge and confidence of managers in safeguarding young people. Now we want to ensure that everyone at Brook has the support they need to fulfil our safeguarding duties with excellence.</p> <p>We will concentrate activity on four improvement areas, each of which has an Executive Team lead to ensure that the focus is maintained:</p> <ul style="list-style-type: none">• leadership and governance• capacity• induction and training• policy and procedures.
How will progress be measured and monitored?	<p>The Executive Team and the Caldicott Working Group will monitor the progress of the improvement programme towards its objectives. We will measure staff confidence in working to Brook's policy and procedures through the annual staff survey.</p>
How will progress be reported?	<p>Progress will be reported at Executive Team meetings, the Caldicott Working Group and in next year's Quality Account.</p>

Priority 3 Improve sexual and social history taking

What do we plan to do?	<p>We will develop a proforma to be used by all services to ensure a consistent approach to sexual and social history taking.</p>
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	<p>British Association for Sexual Health & HIV sexual history taking guidelines recommend that the site of exposure to sexually transmitted infection, association with risk groups and history of STIs should be identified in all clients. Identification of non-genital sites of infection provides information about STI risk and is required to use the Brook new patient group directions. The STI audit showed that Brook services could improve their ability to capture this information.</p> <p>The development of a standard history taking proforma will support the implementation of this recommendation.</p>
<p>How will progress be measured and monitored?</p>	<p>The Regional Nurse Leads will monitor uptake of the proforma with the aim of ensuring that 100% of services are using it by October 2014.</p>
<p>How will progress be reported?</p>	<p>Progress will be reported at Clinical Leadership Team meetings, to the Clinical Advisory Group and in next year's Quality Account.</p>

Client Experience

Priority 4 Improve referral of clients for the fitting of emergency IUDs

<p>What do we plan to do?</p>	<p>We will compile information about local services which can provide Intra Uterine Device (IUD) fitting, including the days and times when the service is available, to improve young women's ability to use an IUD for emergency contraception. We will develop a Brook referral and feedback form that will enable us to identify how many clients attend the service they are referred to.</p> <p>Seven of the Brook services taking part in the emergency contraception audit could not provide IUD fitting and in the remainder availability was variable through the week.</p> <p>Evidence shows that the IUD is the most effective form of emergency contraception. Brook services which are unable to offer an IUD must be able to offer real-time referral for IUD fitting to increase the</p>
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	likelihood of young women taking up this method.
How will progress be measured and monitored?	The Quarterly Quality Report, which all services complete, will be used to monitor progress in compiling up to date referral information. The emergency contraception clinical audit will measure how many clients were referred to other services for IUD fitting and how many actually presented.
How will progress be reported?	Progress will be reported at Clinical Leadership Team meetings, to the Clinical Advisory Group and in next year's Quality Account.

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 2013/14 Brook provided and/or sub-contracted 51 relevant health services.

Brook has reviewed all the data available to them on the quality of care in 51 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 100% of the total income generated from the provision of relevant health services by Brook for 2013/14.

Participation in clinical audits

During 2013/14, no national clinical audits and no national confidential enquiries covered the relevant health services that Brook provides.

During that period Brook was not eligible to participate in any national clinical audits or any national confidential enquiries of the national clinical audits.

As Brook was ineligible to participate in any national clinical audits and national confidential enquiries, no data collection was completed during 2013/14, and therefore no cases were submitted for audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

As no national clinical audits covered the services provided by Brook no reports of national clinical audits were able to be reviewed by the provider in 2013/14 and no actions to improve the quality of healthcare provided could be identified.

The reports of six Brook organisation-wide clinical audits were reviewed by the provider in 2012/13 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	We extended the audit period because of technical issues so the audit report was not available at the time of writing

Emergency contraception	Develop an information resource for clients to encourage the use of an IUD for emergency contraception. Map local provision of services to improve signposting for fitting of IUD for emergency contraception.
Implant fitting and removal	All women with implants presenting with irregular bleeding to have a test for chlamydia and gonorrhoea All women requesting removal of an implant for irregular bleeding to have STI ruled out before removal is undertaken Develop a leaflet for clients about side effects and management of irregular bleeding. Document lot number and expiry date of all medications and devices. Offer implant to all women who 'quick start' contraception or present for emergency contraception
Infection control	Replace hand basins Replace furniture with wipeable chairs Date curtains to evidence cleaning Increase the frequency of clinical waste collection Display hand hygiene poster
Note-keeping re-audit	Purchase name stamps for all staff Purchase label printers for services using paper records
Sexually transmitted infection screening	Remind staff of the importance of taking a full sexual history Develop a Brook-wide proforma for sexual history taking Develop resources to support partner notification

In addition, the reports of eleven local service-based clinical audits were reviewed by the provider in 2012/13 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
Abortion audit at Brook London	None required
Consultations at Brook	Refresher training in use of Patient Group Directions

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.

Manchester	
Emergency contraception at Brook Milton Keynes	To continue to improve pathways for emergency IUD fitting
Emergency contraception at Brook Northern Ireland	Increase staff awareness of need to ensure compliance for use of ongoing contraception
Impact of delay education on first visits at Brook Milton Keynes	More in-depth study required to demonstrate impact
Implant availability at Brook Manchester	To continue to increase accessibility of the method by training staff to fit implants
Implants at Brook Wigan and Leigh	To develop two separate proforma to document assessment and insertion to allow more information to be recorded
IUD audit at Brook Birmingham	Audit report not available at time of writing.
Intra Uterine Techniques (IUT) at Brook Bristol	Review the availability of clinicians trained to fit IUT
IUT follow-up at Brook Milton Keynes	Book follow up appointments with doctor for IUT check at time of fitting
PGD audit at Brook Wirral	None required
Sharps and clinical waste at Brook Milton Keynes	To remind all staff of correct usage of sharps and clinical waste bags
Under 16s at Brook Manchester	Refresher training in use of Patient Group Directions Reminder to staff to encourage quick starting of contraception following emergency contraception

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 13.

Use of the CQUIN payment framework

A proportion of income at Brook London and Brook Milton Keynes in 2013/14 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 2013/14 and for the following 12-month period are available from the Heads of Area Operations 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 19 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 2014 all services had a registered manager except the following locations where named managers are in the process of registration.

- Brook Dudley
- Brook Liverpool
- Brook Oldham
- Brook Salford
- Brook Tipton
- Brook Wirral

The Care Quality Commission has not taken enforcement action against Brook during 2013/14.

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

Location	Date of last inspection	Outcome of inspection
Bedford	21/10/13	Meeting all outcomes inspected
Birmingham	30/01/13	Meeting all outcomes inspected
Blackburn	13/08/13	Meeting all outcomes inspected
Bristol	19/11/13	At inspection, meeting four of five outcomes inspected. Action plan required to meet the safety and suitability of premises outcome. Now meeting all outcomes inspected
Brixton	27/03/13	Meeting all outcomes inspected
Burnley	03/07/13	Meeting all outcomes inspected
Cornwall	13/03/13	Meeting all outcomes inspected
Dudley	18/09/13	At inspection, meeting three of four outcomes inspected. Action plan required to meet

		the record keeping outcome. Now meeting all outcomes inspected
Euston	14/01/13	Meeting all outcomes inspected
Highland	Not eligible	
Jersey	Not eligible	
Liverpool	09/08/13	Meeting all outcomes inspected
Luton	25/10/12	Meeting all outcomes inspected
Manchester	10/12/13	Meeting all outcomes inspected
Milton Keynes	10/11/12	Meeting all outcomes inspected
Northern Ireland	Not eligible	
Oldham	29/01/13	Meeting all outcomes inspected
Salford	19/10/13	Meeting all outcomes inspected
Southwark	07/03/13	Meeting all outcomes inspected
Tipton	08/05/13	Meeting all outcomes inspected
Wigan & Leigh	22/11/13	Meeting all outcomes inspected
Wirral	23/11/12	Meeting all outcomes inspected

In December 2013 following the consolidation of the subsidiary companies in the Brook group into one company we registered with CQC as Brook Young People and the registration of all the subsidiary companies was cancelled. The information in the table above is based on inspection visits both before and after the consolidation.

What clients told CQC about Brook

- "This is my first experience attending the clinic. I have found it a very convenient service. I didn't have to make an appointment I just walked in and they agreed to see me."
- "The service is great, they explain everything properly."
- "It is a really good service."
- "They are treating me very well, they have given me the information that I need, they are friendly, it is the least uncomfortable clinic that I have been in."
- "Everything is confidential the staff are very good, professional."
- "They always check you understand and are happy to go ahead with whatever they are doing."

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:

- we will invest in the development of our clinical and information technology to support standardisation of record keeping and data collection and reporting
- we will appoint a Data Integrity Coordinator to support the maintenance of data integrity and quality control in Brook's information systems
- procedures to ensure consistent recording and validation of Sexual and Reproductive Health and Genito Urinary Medicine activity data will be developed.

NHS Number and General Medical Practice Code Validity

Brook did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit attainment levels

Brook's Information Governance Assessment Reports scores and grading for 2013/14 are set out below.

Service	Percentage Score	Grading
Bedford	86%	Green
Birmingham	86%	Green
Blackburn	84%	Green
Bristol	86%	Green
Burnley	86%	Green
Cornwall	68%	Green
Highland	Not eligible	
Jersey	86%	Green
Liverpool	62%	Red
London	76%	Green
Luton	100%	Green
Manchester	87%	Green
Milton Keynes & Bucks	98%	Green
Northern Ireland	94%	Green
Oldham, Salford & Bolton	72%	Green
Sandwell & Dudley	Not completed	
Wigan & Leigh	92%	Green

Wirral	100%	Green
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Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.

Patient Safety Incidents

Year	Total number of incidents	Incidents as a percentage of client visits	Incidents resulting in severe harm
2012/13	137	0.06%	0
2013/14	193	TBC when visit data available	0

Service	Number of incidents 2012/13	Number of incidents 2013/14
Bedford	30	15
Birmingham	0	6
Blackburn	1	1
Bristol	20	14
Burnley	9	1
Cornwall	4	0
Highland	4	13
Jersey	7	9
Liverpool	5	0
London	4	45
Luton	8	4
Manchester	1	2
Milton Keynes & Bucks	31	53
Northern Ireland	10	11
Oldham, Salford & Bolton	1	0
Sandwell & Dudley	0	13
Wigan & Leigh	1	7
Wirral	1	0

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

- increased recognition of the importance of incident reporting as a learning tool to improve patient safety
- more consistent reporting of information governance incidents has contributed to a rise in the number of incidents.

We do not consider the number disproportionate compared to the number of client visits.

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

- introducing a common incident reporting procedure across the organisation to ensure consistent reporting and grading of incidents
- closely monitoring and reviewing the learning from reviews of clinical incidents and near misses
- sharing the learning from reviews of clinical incidents and near misses with staff and providing training and support as required
- continuing to support staff in reporting incidents and near misses and providing training and support as required
- recognising reporting of clinical incidents as one of the key mechanisms in enabling Brook to identify and understand how clinical experience and practices can be improved.

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

Indicator	Performance	2012	2013
If a friend or relative needed treatment, I would be happy with the standard of care provided by the organisation	Brook	N/A	97%
	National NHS average	63%	65%
	Highest NHS score	94%	94%
	Lowest NHS score	35%	40%

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

- it is taken from responses to the first Brook Staff Survey introduced in 2013 and completed online by 176 (33%) staff
- 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 results have been reviewed by the National Consultation Forum.

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

- improving the response rate to the survey to capture the views of more staff.

Part Four Review of quality assurance 2013/14

Supporting excellence and quality assurance

Clinical and quality governance

During 2013/14 the Clinical Leadership Team, which consists of the Clinical Director, Head of Nursing and two Regional Nurse Leads, moved into the national Operations Directorate along with the Quality and Safeguarding Manager. This will result in better integration of quality and clinical governance with the operational delivery of services.

The Head of Nursing and Regional Nurse Lead roles became full time in order to provide more professional support to the Nurse Managers at local services.

Brook's Clinical Advisory Group meets four times a year to assure the Board of Trustees that clinical governance structures are operating effectively. The Group is chaired by the Trustee lead for clinical governance and membership currently consists of two external sexual health clinicians, the Clinical Director, Head of Nursing, the pharmacy consultant and the Executive Director of Operations.

The Head of Nursing attends Executive Team meetings once a month to report on clinical quality.

The Clinical Leadership Team meets with the Executive Director of Operations on a regular basis to review the progress of clinical and quality governance improvement plans.

A Caldicott and Information Governance Working Group was established in January 2014. This multi-disciplinary group, chaired by Brook's Chief Executive and Caldicott Guardian, aims to advise and support strategic improvements in safeguarding and information governance across Brook as well as ensure continuous improvement in our approach to protecting young people.

Quality assurance systems

Brook seeks to continuously improve its performance, working towards excellence and achieving quality standards.

We use Charities Evaluation Services' *Practical Quality Assurance System for Small Organisations*' (PQASSO) to assess the efficiency and effectiveness of all our activities and drive continuous improvement. The twelve generic quality areas in PQASSO are supplemented by five Brook standards specific to a young people's sexual health service, including a Clinical Governance standard.

During 2013/14 we moved over to the 3rd edition of PQASSO and reviewed our compliance with level one of all the quality areas. The results are set out in Table 1.

We acknowledged that some services would be unable to complete the assessments because of lack of management capacity. These services have developed action plans to complete their assessments by the end of the first quarter of 2014/15.

Table 1: Results of Quality Assurance Assessments

Service	Assessments completed	Level one
Bedford	Yes	Met in all quality areas
Birmingham	Yes	Met in all quality areas
Blackburn	Assessed 13 of 17 areas	Met in all areas assessed
Bristol	Yes	Met in all quality areas
Burnley	Assessed 13 of 17 areas	Met in all areas assessed
Cornwall	Assessed 10 of 17 areas	Action required in three areas assessed
Highland	No	Action plan to plan to complete assessments in place
Jersey	Yes	Action required in two areas
Liverpool	Assessed 16 of 17 areas	Action required in five areas
London	Assessed 16 of 17 areas	Met in all areas assessed
Luton	Yes	Action required in one area
Manchester	No	Action plan to plan to complete assessments in place
Milton Keynes & Bucks	Yes	Met in all quality areas
Northern Ireland	Yes	Met in all quality areas
Oldham	No	Action plan to plan to complete assessments in place
Salford & Bolton	No	Action plan to plan to complete assessments in place
Sandwell & Dudley	Yes	Met in all quality areas
Wigan & Leigh	Assessed 9 of 17 areas	Met in all areas assessed
Wirral	Assessed 16 of 17 areas	Action required in two areas

Brook-wide policy framework

A robust policy framework is considered a cornerstone of good corporate governance, risk management and quality assurance. We undertook a thorough review of all our existing policies and identified over 150 different policy and procedure documents, of varying similarity, with many considerably out of date. The need to rationalise and review all policies and procedures led to the development of a new Brook-wide policy framework approved by the Board of Trustees in July 2013. A 'pillar policy' approach has been adopted in order to streamline accountability and management of company policies. The six pillar policies are:

- Protecting Young People
- Managing Resources
- Managing People
- Engaging Stakeholders
- Managing, Health, Safety and Risk
- Ensuring Quality and Clinical Outcomes

The new framework has three tiers:

- pillar policy
- detailed policy
- procedure.

All staff will work to a single set of company policies and procedures; each policy will have a single point of accountability and a review schedule will ensure that policies are regularly updated and checked for compliance. All policies will be easily accessible to trustees, staff, volunteers and other interested stakeholders.

The pillar and detailed policies were rolled out to staff by the end of the year. The bulk of the supporting procedures were also available by that time and the remainder will be completed by June 2014.

Leadership and management training

Effective leadership and management of services are fundamental to delivering high quality, safe, and effective care.

In September 2013 we held the first Brook-wide leadership and management training event to help equip senior managers across the organisation to meet the leadership challenges they may encounter.

The day focussed on developing self-awareness and self-management skills and a better understanding of the importance of performance

management. It included a review of client safety, risk management and quality principles.

The feedback from the participants was extremely positive and they reported feeling more confident in dealing with the challenges of leading and supporting their nursing team as well as providing the necessary quality and audit reports to the Clinical Leadership Team.

Being Brook

Brook has undergone a huge amount of change and restructuring over the course of the last three years on its way to becoming a single unified organisation. On 27 and 28 March 2014 we held a national event to bring staff from across the whole organisation together to meet colleagues, receive training and celebrate being part of Brook.

On the first day, staff had an opportunity to take part in debate and discussion about Brook's values, its work, the way that will develop in the future and the opportunities and challenges that we all face. On the second day training and development was provided in professional groups to help staff to develop skills, share good practice and meet others doing similar jobs in other parts of the country.

Being Brook was a chance to say thank you for the tenacity, resilience and professionalism of Brook staff who worked tirelessly to ensure young people continued to receive excellent services throughout the course of a major change programme. It was also a chance for everyone to learn from and to inspire each other; a chance for teams to input their thinking and creativity into strategic issues, as well as receive important training and updates and ultimately to improve our work with young people.

Review of service delivery model

Doctor review

During the last year we started a review of the role of the doctor to ensure that we are making the best use of this important and valuable resource taking a local, area and national perspective.

Brook highly values the role that doctors play in the organisation and recognises their invaluable support to clients who fall outside of Patient Group Directions, clients with concurrent medical problems or clients who need a procedure that cannot be performed by the nursing team. Medical support for the nursing team ensures that we can serve the widest range of clients, reduces onward referrals and improves the standing of Brook in the eyes of young people. Our organisation is able to deliver a more comprehensive

package of services because of the engagement of doctors and it is important that we continue to make the most of the skills of the multi-disciplinary Brook team.

The lack of doctors when services are open and the absence of area networks for the local development of Brook doctors are pressing issues. The rationale for developing networks within the Brook areas is to support training, governance and to develop support across services using a senior doctor model. During the review we identified two areas that we need to address before we can develop this model. These are:

- recruitment and retention to services where there are no doctors working
- review of doctors' hours, training and current duties.

The Clinical Director together with the Executive Director of Operations will be working with our current senior doctors and HR team over the coming year to enable us to introduce a more efficient model of working to ensure that we can best meet the needs of our clients.

New nurse roles

We know there is a national shortage of Contraception and Sexual Health (CASH) nurses in the UK, and the retention of nurses can be challenging. We have decided that the way forward is to 'grow our own' Brook nurses and provide opportunities for career progression.

Work is underway with external education leads to explore the provision of clinical placements for pre and post registration nurses. This will raise awareness of Brook services and our integrated multi professional team approach, sexual health nursing as a career option and Brook as a professional employer offering the opportunity for career progression.

Job descriptions have been developed for a Band 5 CASH nurse in training post and a Band 7 CASH Clinical Nurse Specialist (CNS).

A pilot project is planned for 2014/2015 to fund places on CASH courses. A supporting document has also been developed by the Clinical Leadership Team to provide guidance for Brook services who wish to create Band 5 Nurse in Training posts and 'grow our own' nurses.

The Band 7 Clinical Nurse Specialist role offers an alternative career progression to the role of Nurse Manager and provides the opportunity for skilled nurses to develop their career in a highly specialised clinical role.

Counselling review

Counselling is a core element of Brook's services and supports our clinical, preventative and education services. Following Brook's recent merger to become one organisation, we committed to an independent review of counselling at Brook to:

- clarify what and how counselling is provided
- identify what works well and what needs improving
- to facilitate the sharing of best practice
- to make recommendations for the future development of counselling.

It is clear from the review that there is a broad range of skills and expertise within our counselling services and feedback from young people demonstrates the value they place on the support offered. The report provides a series of recommendations that we will use to establish a shared vision for the role of counselling within Brook and a common set of policies and procedures for implementation across the organisation. A role will be established to provide clear leadership for counselling teams across Brook and to ensure the sharing of best practice.

Health and wellbeing

Counselling will form a key component of Brook's developing approach to young people's broader health and wellbeing. Brook takes an holistic approach to its work with young people and in particular in helping them to address risk taking behaviours. Brook is committed to developing integrated services that offer:

- evidence-based early intervention
- integrated care
- age-appropriate services
- a life course approach
- a focus on individual, rather than specific lifestyle issues
- an assets-based approach
- an approach to sustainable, safe and high quality services for young people.

Brook is working to develop accessible services that respond to the needs of young people. Where appropriate this will include working in partnership with others. Across Brook we will share learning from our services already providing early intervention and brief interventions around issues such as alcohol, smoking cessation, coping with stress and healthy lifestyles. This will enable us to add value to our existing services whilst maintaining the quality of everything we do.

Clinical effectiveness

Participation in clinical audits

Services took part in six national audits during 2013/14. Audit criteria were based on recognised standards for quality set by the Faculty of Sexual and Reproductive Healthcare, British Association for Sexual Health and HIV and Infection Control Nurses Association.

Table 2 shows which services took part in audits and how many sets of notes they submitted where relevant. The recommendations from each audit are set out in Part Three of this account.

Table 2: Participation in national Brook audits and number of notes submitted

Service	Abortion	ECC	Implant	Infection control	Note-keeping	STI
Bedford	✘	✓ 41	✓ 40	✓	✓ 41	✓ 43
Birmingham	✓ 38	✓ 40	✓ 41	✓	✓ 40	✓ 40
Blackburn	✓ 40	✓ 37	✓ 43	✓	★	✓ 40
Bristol	✓ 40	✓ 40	✓ 50	✓	✓ 40	✓ 41
Burnley	✓ 40	✓ 40	✓ 45	✓	★	✓ 41
Cornwall	✓ 39	✓ 40	✓ 40	✓	✓ 40	✓ 41
Highland	✓ 41	✓ 40	✓ 51	✓	✓ 40	✘
Jersey	✓ 42	✓ 40	✓ 40	✓	✓ 40	✓ 9
Liverpool	✓ 40	✓ 39	✘	✓	★	✘ 0
London	✓ 42	✓ 41	✓ 68	✓	✓ 41	✓ 57
Luton	✓ 40	✓ 41	✓ 44	✓	✓ 41	✓ 40
Manchester	✓ 41	✓ 49	✓ 45	✓	✓ 49	✓ 42
Milton Keynes & Bucks	✓ 44	✓ 41	✓ 45	✓	✓ 41	✓ 15
Northern Ireland	✓ 18	✓ 40	✓ 15	✓	✓ 40	✓ 40
Oldham, Salford & Bolton	✓ tbc	✓ 40	✓ 79	✓	★	✓ 56
Sandwell & Dudley	✓ 22	✓ 39	✓ 52	✓	✓ 40	✓ 40
Wigan & Leigh	✓ 53	✓ 40	✓ 43	✓	✓ 40	✓ 40
Wirral	✘	✘	✘	✓	✘	✘

★ Indicates services using electronic records not required to re-audit.

Three services were unable to take part in all the national clinical audits this year. Brook Liverpool took part in audits in the latter part of the year following the appointment of a permanent Nurse Manager. Brook Bedford participated in all but the final audit of the year when they had no Nurse Manager in post. Since April 2013 Brook Wirral has worked under subcontract to Wirral Community Trust to deliver services and they have been developing

their own audit processes and were not able to fully participate in the Brook audit cycle. However, it was agreed that in 2014/15 they will also undertake the Brook audits.

To support all services to participate, the Clinical Leadership Team has clarified that submission of audit data can be delegated and this should be resourced to maintain participation in the national audit programme.

For five of the six audits this was the second year they had been run. In many cases the results showed limited overall improvement from the previous year. As set out in our improvement priorities above we plan to address this by setting single improvement metrics for services and using an online improvement tracker tool to monitor progress towards achievement of the desired standard.

The Clinical Leadership Team has produced a clinical audit policy which will be supported by detailed audit procedures that all services will work to when conducting audits. The policy sets out the clear expectation that where a clinical audit indicates sub-optimal practice an action plan must be developed and implemented within a timescale set by the Clinical Leadership Team.

Service visits

Between April and October 2013 the Regional Nurse Leads completed a programme of formal visits to all services to identify good practice for sharing and check for areas where improvement might be needed. A checklist, based on Care Quality Commission outcomes, was used to provide a framework for the visits.

The service visits found that good or excellent clinical services were being delivered by dedicated staff teams. Some minor shortcomings were identified at some services with regard to infection control, most of which were able to be rectified immediately. Others, such as replacement of hand wash basins and furniture, will be addressed when the premises are due for refurbishment.

Five services were found to be in need of redecoration and refurbishment. In two of these (Burnley and Dudley) works are already underway.

Serious concerns about fire safety were highlighted at the premises at West Bromwich. These were verified by an immediate external audit and the premises were closed.

Some common themes emerged from the service visits, including the need to provide more training to newly appointed Nurse Managers along with guidance to support them to induct, appraise and supervise staff. This will

be addressed by the ongoing leadership and management training programme and by the development of Brook-wide policies and procedures.

The 60:40 split between management and clinical time in the Nurse Manager role was highlighted as a problem, particularly for ensuring staff supervision and appraisals are kept up to date. A recommendation to reconsider the split was therefore made to the Executive Team by the Clinical Leadership Team. This recommendation was accepted and local services have been given approval to decide what is appropriate based on the needs of their service and budget.

Services were found to be struggling to recruit appropriately qualified Sexual Health Nurses and in some cases this was affecting their ability to deliver sufficient services to young people. Brook's Human Resources team and the Head of Nursing have worked together to develop a national recruitment campaign to promote Brook as a good place to work.

Client safety

Revalidation and appraisal

Medical revalidation was formally launched by the General Medical Council (GMC), on 3 December 2012. All doctors with a licence to practise in the UK will need to satisfy the GMC, at regular intervals, that they are fit to practise and should retain that licence.

Medical revalidation affects all organisations which employ doctors and their clinical leaders as well as doctors themselves. All designated bodies must appoint a Responsible Officer to oversee systems for governance and appraisal for doctors. All doctors must be revalidated every five years, but must be appraised every 15 months. Brook's Clinical Director is our Responsible Officer (RO). Based on the GMC's determination that a doctor relates to the Responsible Officer of the organisation in which he/she works the majority of their time, only six of Brook's doctors have Brook as their designated body and the Clinical Director as their RO.

In order to meet our legal requirements Brook commissioned a private health care provider recommended by the NHS Revalidation Support Team to perform the first round of appraisals. Brook plans to invest in training for identified staff to enable them to carry out medical appraisal in-house in future. This training will take place in May 2014

The Responsible Officer has set up processes to identify and enable him to communicate with the Responsible Officers of those doctors who do not work the majority of their time at Brook.

Nurse appraisal is also under review by the Clinical Leadership Team in collaboration with the Head of HR. Brook would like to bring all clinicians under one appraisal system and dovetail this with the management appraisal process.

Basic life support and anaphylaxis training standards

The Clinical Leadership Team reviewed Brook's mandatory training standard on basic life support (BLS) and anaphylaxis training and recommended that all staff delivering clinical services must attend annual BLS updates and medical and nursing staff must attend annual anaphylaxis updates. In the coming year we plan to put in place a national contract to provide the required updates to all staff to replace local training. Until that contract is in place services have been reminded to ensure that all relevant staff receive BLS and anaphylaxis training locally in line with the recommendations.

Patient Group Directions

A Patient Group Direction (PGD) is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before visiting for treatment. A PGD allows a named, regulated health professional to supply a named medicine to anyone who fulfils a pre-determined set of criteria described in the PGD, without the need for a specific prescription. Patient Group Directions have to be authorised by an appropriate body named in medicines legislation. The PGDs of independent sector providers (including voluntary sector providers) commissioned to provide sexual health services under an arrangement with an NHS body or a local authority must be authorised by the relevant commissioning organisation.

PGD Audit

The changeover of responsibility for commissioning sexual health services to local authorities proved challenging to the timely authorisation of new Brook PGDs to replace expiring PGDs. In some cases services had to be temporarily suspended until new PGDs were signed by the appropriate person in the local authority.

To provide assurance that all services were working up to date, properly authorised PGDs and that nurses had been assessed as competent to work to them we commissioned an external audit.

The audit provided reassurance that PGDs were up to date or that formal agreements had been negotiated to extend their expiry dates. All staff had been properly authorised to work to them by Brook managers. However, in four services basic life support training had not been provided recently and in all but one service minor shortcomings in record keeping were identified.

As noted above, services have been reminded to ensure that the appropriate staff receive BLS training. A training session on record keeping was provided to all clinical staff attending the 'Being Brook' event in March 2014.

To maintain assurance that all services are working to up to date PGDs Nurse Managers provide monthly assurance statements for review by the Board's Risk, Finance and Assurance sub-committee.

Brook-wide PGDs

Three quarters of Brook services are now working to Brook PGDs for the supply of contraception and treatment of uncomplicated chlamydia. Brook PGDs for the treatment of symptomatic sexually transmitted services have been introduced within three of our services commissioned to provide treatment of symptomatic STIs. This will assure standard clinical practice and service provision throughout the organisation and facilitate the sharing of staff between services.

Brook was given permission to adopt and adapt the Pan London Sexual Health Project's suite of PGDs. A Brook PGD working party reviewed those PGDs and adopted and amended them for use, in accordance with current best practice and relevant national guidance, resulting in a suite of Brook PGDs. The Brook PGDs were then internally ratified by our professional and governance leads

Internal governance processes were developed to ensure that all qualified nursing staff received training and were signed up to each PGD by their authorising manager. Nurses were required to meet the competencies outlined in each PGD.

Signed copies of PGDs are retained by individual staff members with a master copy of the PGDs held by the authorising manager.

An annual review of the contraception and treatment of uncomplicated chlamydia PGDs was undertaken in February 2014 by the Clinical Leadership Team and consultant pharmacist. Second versions of PGDs that were found to require amendment will be distributed in April 2014. The next review of all Brook PGDs will be undertaken in December 2014. PGDs will be updated biannually or earlier in light of any changing clinical recommendations or good practice.

Infection control standards

In November and December 2013 all services participated in the third national Brook Infection Control Audit to check compliance with infection

control standards. Full compliance with the audit standards requires a minimum score of 85%. 20 services were judged to be fully compliant and the remaining three were partially compliant at the time of audit. This represented a slight deterioration from the 2013 position when 22 services were fully compliant.

Table 3: Results of infection control audit

Service	Mean score 2013		Mean score compared to 2012
	Score	Status	
Bedford	96%	Fully Compliant	+5
Birmingham	94%	Fully Compliant	+2
Blackburn	98%	Fully Compliant	-2
Bristol	97%	Fully Compliant	+3
Brixton	96%	Fully Compliant	+1
Burnley	99%	Fully Compliant	0
Cornwall	97%	Fully Compliant	0
Euston	93%	Fully Compliant	-7
Halton	83%	Partially compliant	n/a
Highland	83%	Partially compliant	-8
Jersey	94%	Fully Compliant	-3
Liverpool	100%	Fully Compliant	+1
Luton	98%	Fully Compliant	0
Manchester	97%	Fully Compliant	-2
Milton Keynes & Bucks	96%	Fully Compliant	+1
Northern Ireland	94%	Fully Compliant	0
Oldham	94%	Fully Compliant	-3
Salford - Walkden	97%	Fully Compliant	-3
Salford - Weaste	94%	Fully Compliant	
Sandwell & Dudley	83%	Partially compliant	-15
Southwark	94%	Fully Compliant	-4
Wigan & Leigh	97%	Fully Compliant	0
Wirral	97%	Fully Compliant	-1

The actions required by the three partially compliant services to achieve a green rating are set out in Part Three of this account. All three services developed action plans and will reaudit in April 2014.

Safeguarding young people from harm

In all of our work the safeguarding of young people is paramount. Every Brook Service has a designated safeguarding lead to take responsibility for client protection. As a result of the unified management and administration structure implemented across Brook last year local Nurse Managers became

the designated safeguarding leads for their services. They are supported by local safeguarding teams and an 'escalation pathway team' of senior managers who can be contacted to provide advice.

We carried out an assessment of the training needs of the safeguarding and escalation teams and provided a two-day training course in four areas of the country to ensure that all managers involved in supporting staff and making safeguarding decisions feel confident in their new roles.

To ensure that young people are properly protected when using Brook services we audited compliance with Brook's procedures when working with younger clients. This found that in 88% of cases staff had fully complied with the procedures. In the other 12% of cases, local safeguarding leads took action to ensure that all staff are fully aware of and following proper procedures.

During the first half of 2014/15 we will build on this work with a six month safeguarding improvement programme which will focus on leadership and governance; capacity; induction and training; and policy and procedures.

Safety and suitability of premises

In March and April 2013 a comprehensive health and safety audit was undertaken at all Brook sites. The audit was undertaken by a specialist property services company with the skills to undertake the audit. The audit was commissioned because Brook wanted to establish a baseline for each site and to ensure that proper provision was made to undertake remedial work where this was required.

As a result of the initial audit a programme of improvement was initiated, which included local action by staff, remedial work by specialist contractors and further specialist audits where required. In addition, corporate standards for Health and Safety documentation and additional controls have been put in place.

A facilities management contract has been put in place to ensure consistent validation of contractors across the whole of Brook.

A national health and safety role has been established to provide advice and guidance for local staff, but it was also recognised that additional training was required at a local level. A one-day health and safety training course was arranged for all Service Managers (and other staff). This covered both legal and practical aspects of health and safety. A series of Fire Warden and Emergency First Aid at Work courses have been set up to ensure services have adequate numbers of trained staff available. Since September 2013 at least 25 staff have been trained as Fire Wardens and Emergency First Aiders.

Client experience

Client satisfaction surveys

We undertook two national Counter Measures surveys during 2013/14 to establish levels of client satisfaction with Brook services. Each survey ran for two weeks in every service. Clients were given a counter and asked to place them in collecting boxes marked 'yes' or 'no' in response to a closed question.

The proportion of clients answering 'yes' to the question 'Did Brook help you today?' ranged from 71% to 100%. The mean was 98%. The percentage of client visits that produced a survey response varied from a low of 7% to 100%. The mean was 57%.

The proportion of clients answering 'yes' to the question 'Would you recommend Brook to a friend?' ranged from 82% to 100%. The mean was 97%. The percentage of client visits that produced a survey response varied from 11% to 100%. The mean was 55%.

Table 4: Counter Measures 2013/14

	Did Brook help you today		Would you recommend Brook to a friend	
	% yes counters	Response rate	% yes counters	Response rate
Bedford	99	64	93	47
Birmingham	100	31	99	Not available
Blackburn	100	77	100	62
Bristol	99	40	97	42
Burnley	100	49	100	73
Cornwall	95	69	96	87
Halton	100	72	98	89
Highland	99	85	100	67
Jersey	100	30	100	36
Liverpool	98	7	100	13
London: Brixton	99	48	82	28
London: Euston	99	48	99	42
London: Southwark	71	20	93	9
Luton	100	28	100	11
Manchester	99	32	98	14
Milton Keynes & Bucks	100	58	100	55
Northern Ireland -Coleraine	100	100	100	100
Northern Ireland: Belfast	100	84	98	93

Oldham	100	67	98	60
Salford - Walkden	98	100	100	100
Salford - Weaste	100	100	98	95
Sandwell & Dudley	97	72	97	89
Wigan & Leigh	98	43	99	17
Wirral	93	34	92	47

This was the second year we used Counter Measures to survey clients so we were able to measure whether levels of satisfaction had changed and if response rates had improved. Levels of satisfaction averaged across the organisation remained high but there was a 1% decline in the percentage of clients who answered 'yes' to both questions. Response rates did not change significantly and in some services remained disappointingly low.

Chart 1: Counter Measures results

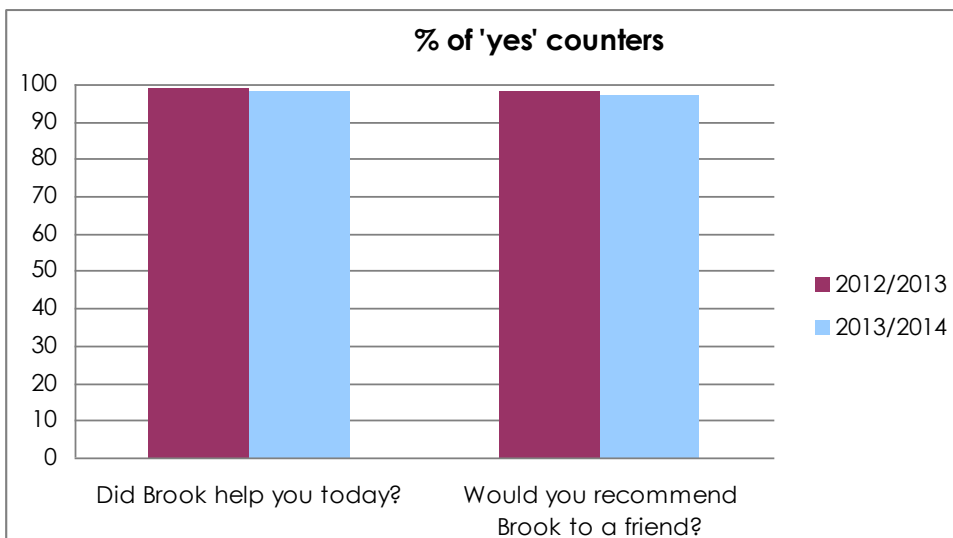
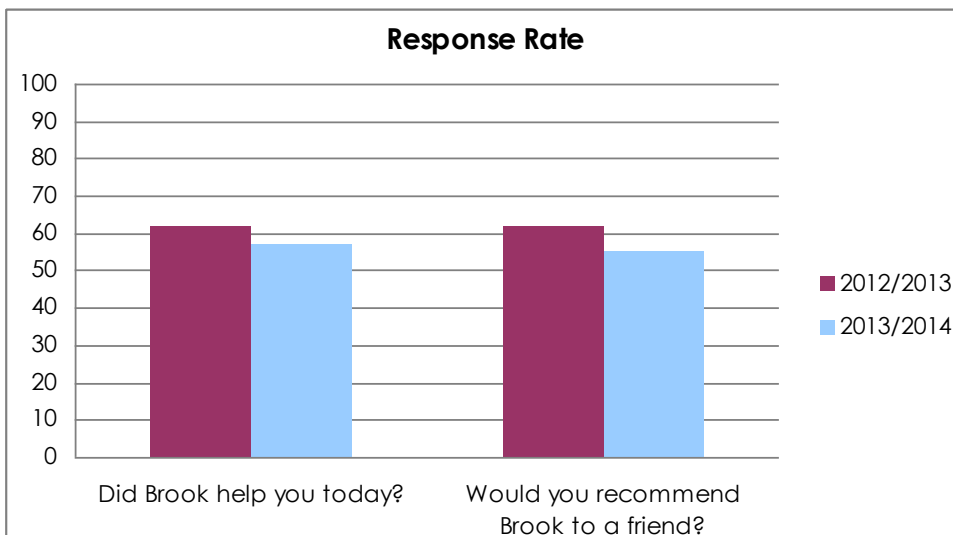


Chart 2: Counter Measures response rates



Complaints

Brook aims for all clients to be satisfied with the service they receive and feel that their views on the service are respected. However, we know that sometimes things do go wrong so we have procedures in place to ensure that clients can raise concerns, complaints are investigated and action is taken as a result. Complaints are monitored nationally on a quarterly basis in order to identify any trends that might need addressing.

The number of complaints received during 2013/14 increased by 75%. However, we have increased awareness in waiting rooms of reporting complaints to staff, but still the overall number remains small compared to the number of visits. We will continue to monitor the number of complaints we receive, particularly as we roll out our new young people friendly procedure.

Complaints mainly concerned waiting times or difficulty accessing services, staff attitudes or communications, and concerns about confidentiality.

All but three complainants were happy with our resolution of their complaint. In the other three cases, the complainant had not included any contact details so we could not inform them of the outcome of their complaint.

Table 5: Total complaints received

Year	Total complaints	Clients	Parents	Professionals	Other
2012/13	20	9	2	6	3
2013/14	35	24	7	2	2

Table 6: Number of complaints received by each service

Service	Number of complaints 2012/13	Number of complaints 2013/14
Bedford	0	0
Birmingham	2	1
Blackburn	1	2
Bristol	4	2
Burnley	0	0
Cornwall	0	0
Highland	2	1
Jersey	0	1
Liverpool	1	2
London	2	3

Luton	0	3
Manchester	1	5
Milton Keynes & Bucks	2	7
Northern Ireland	0	2
Oldham, Salford & Bolton	1	0
Sandwell & Dudley	0	1
Wigan & Leigh	4	4
Wirral	0	1

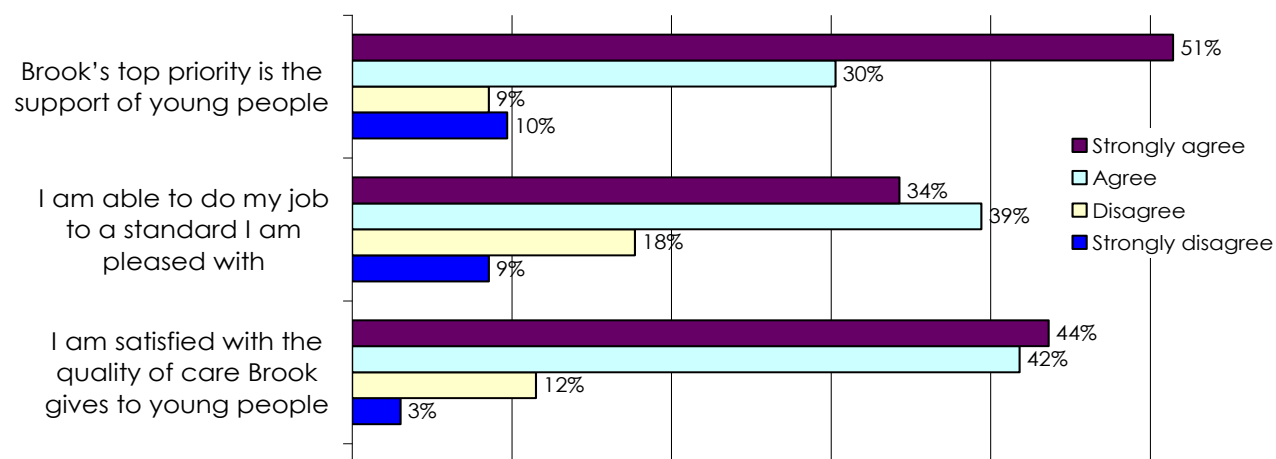
Brook-wide staff survey

Front line staff are crucial to young people's experience of Brook services and the views of staff are important in identifying where improvements can be made.

Brook carried out its first national staff survey in September 2013 which was completed by 31% of staff. As can be seen in the chart below, those staff that did respond were satisfied with the standard of care provided to clients and agreed that Brook puts young people first.

Chart 3: Staff survey results

To what extent do you agree with the following statements?



Service improvement

In addition to participation in organisation wide quality assurance programmes 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>We reviewed our client notes system and introduced new integrated notes to improve our ability to meet clients' contraceptive and service health needs at each consultation.</p> <p>Three nurses undertook cytology training and this enabled them to undertake vaginal examinations.</p>
Client safety	<p>We developed strong links with the local Child Sexual Exploitation panel and this has improved appropriate sharing of information.</p> <p>We work in 11 school based clinics and ensure we work with the safeguarding leads and pastoral care teams in each school. Termly reviews in each school ensure that good communication is in place.</p>
Client experience	<p>Clients are encouraged to complete feedback cards. The overall experience at walk-in clinics has been reviewed and improved by giving clients an approximate time at which they will be seen and keeping them updated about waiting times.</p>

Service	Birmingham
Clinical Excellence	<p>All our nurses have been trained to work to the Brook PGDs and this has improved the range and consistency of the service that nurses can provide.</p>
Client safety	<p>We introduced debrief sessions for staff involved in safeguarding issues. All new staff have attended local and national Brook safeguarding training.</p> <p>We introduced lockable boxes to store the notes of clients waiting to see medical staff.</p>
Client experience	<p>The premises have been refurbished to improve clients' experience.</p> <p>We have introduced health and well-being related DVDs in the waiting room.</p>

Service	Blackburn & Burnley
Clinical Excellence	<p>We undertook a full review of the service in Blackburn and overhauled the physical environment, updating equipment and décor. We created an additional clinical room in order to extend services when staffing allows. We reviewed clinical procedures, including our assessment and recording templates. All clinic support worker protocols were reviewed and staff training was refreshed. We introduced clinical supervision and increased the frequency of meetings to support new clinical practices. All staff received record keeping training. Nurses attended a contraception study day.</p> <p>At Burnley we improved our follow up and support for young people referred for abortion. Staff received training in the use of alternatively branded hormonal contraception and the Brook-wide Patient Group Directions. We revised and updated the recording templates on our clinical database to improve information gathering and record-keeping. We improved our multi-agency links to provide more robust follow-up for vulnerable young people.</p>
Client safety	<p>All staff were retrained in key safeguarding issues including the use of our revised protocols for decision making. This protocol has greatly improved the quality of decision making. We also improved the support available to staff from on-call managers.</p> <p>We have improved staffing levels in our services by recruiting nurses with more substantive hours. This has improved the consistency of our service and enables us to provide better support to clinicians.</p>
Client experience	<p>During the summer of 2013 we undertook an extensive consultation process with young people. The findings have informed our plans to promote the Brook website; review our Facebook page; review our opening times and raise the profile of our counselling service and services for LGBTB young people.</p>

Service	Bristol
Clinical Excellence	<p>We have been experiencing high rates of young people being turned away from busy clinics. In response we introduced an appointment system for</p>

	<p>vulnerable young people and developed new and comprehensive sign-posting literature for clients.</p> <p>We introduced a comprehensive assessment for clients requiring blood-borne virus testing with robust clinical pathways for testing and referral.</p>
Client safety	<p>To respond to the number of young people with an undiagnosed pregnancy at the time of presentation for long acting reversible contraception we introduced a ring-back service for young and vulnerable clients to offer follow up pregnancy testing.</p> <p>We developed a follow-up system for clients assessed as vulnerable.</p>
Client experience	<p>The clinical outreach team has been working towards achieving young people friendly standards in their drop-in services. To date two clinics have achieved the standards.</p> <p>We developed "you said, we did" posters to respond to client feedback.</p> <p>We carried out a Counter Measures survey to review satisfaction with the availability of appointments.</p> <p>We developed a client survey to gain feedback on the point of care HIV testing pilot.</p>

Service	Cornwall
Clinical Excellence	<p>We reviewed and improved our referral pathways to Genito-Urinary medicine services in response to the more complicated pathology seen in some clients attending for STI testing. We also regularly discuss cases at team meetings to improve our practice.</p> <p>We are currently reviewing treatment for throat and rectal chlamydia.</p> <p>We have presented the Brook-wide PGDs to our commissioners for approval before our local PGDs expire.</p>
Client safety	<p>We are now regularly reviewing the notes of young clients and those deemed to be at risk to improve our management of potentially vulnerable clients.</p>
Client experience	<p>We have reviewed our appointment system in</p>

	response to client feedback that waiting times were too long. Reception staff have worked with medical staff to ensure optimal use of the appointment system and to minimise waiting times.
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Service	Highland
Clinical Excellence	<p>We reviewed the provision of STI treatment services and introduced treatment for genital warts.</p> <p>We are in the process of completing a staff training audit and will use the results to produce a training and development plan for 2014/15.</p>
Client safety	<p>We have improved our links with the local child protection team to ensure a more holistic approach for each client.</p> <p>We are in the process of reviewing our client record keeping proforma to improve our ability to identify and respond to risks.</p>
Client experience	<p>We have introduced suggestion boxes in the waiting room and feedback is reviewed weekly. We update our "you said, we did" board quarterly to respond to feedback.</p> <p>We have reintroduced centre visits from groups of young people to familiarise them with the service so they feel more comfortable to use it when they need to. We are also able to use these visits to invite young people to become involved in our participation activities.</p>

Service	Jersey
Clinical Excellence	<p>We have improved our standards of infection control and set up an additional treatment room.</p> <p>Our senior doctor is undertaking IUD training and has completed the Diploma of the Faculty of Sexual and Reproductive Healthcare and can now offer training to other clinicians.</p>
Client safety	<p>We are now represented at Child Sexual Exploitation/Missing Children meetings and our Advanced Education Practitioner is providing education around child sexual exploitation in local schools and one to one work.</p>
Client experience	<p>Young people continue to tell us that we need more</p>

	staff. Our Nurses in Training will help us to meet this need and improve the experience of clients using our service.
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Service	Liverpool & Halton
Clinical Excellence	<p>The Nurse Manager vacancy affected our ability to review service delivery. Our focus has been on reviewing staffing levels and the skill mix of nurses and clinic support workers so that we have sufficient capacity to manage busy clinics.</p> <p>We recruited a new doctor to ensure that we had one session a week staffed by a doctor to meet complex client needs.</p>
Client safety	<p>Despite the Nurse Manager vacancy, we ensured that the service continues to meet infection control standards, complies with PGD requirements and has robust safeguarding processes.</p> <p>We carry out weekly health and safety checks and ensure that remedial work is carried out.</p>
Client experience	<p>Reception staff receive customer care training as part of their induction programme.</p> <p>We are now carrying out client surveys again in addition to providing comments and suggestions facilities in the clinic. We ensure that we take action if feedback highlights any problems.</p>

Service	London
Clinical Excellence	We reviewed local procedures for the supervision of clinic support workers and sexual health counsellors.
Client safety	We have improved support for staff handling safeguarding concerns by setting up a team of safeguarding managers.
Client experience	We have collaborated with other local providers to improve clients' access to a wider range of services. These include full STI testing and treatment provided by Guys and St Thomas' Foundation Trust and support for clients experiencing sexual assault or domestic abuse from Gaia and Victim Support.

Service	Luton
Clinical Excellence	We provide regular supervision and training

	<p>opportunities for clinical staff and review practice at our clinical meetings.</p> <p>We have close links with the Genito-Urinary Medicine service and have developed pathways with the local community contraception service. We have introduced pathways for treatments and emergency contraception to improve our ability to signpost clients.</p>
Client safety	<p>We trained all our nurses to work to the Brook PGDs and provided regular infection control training to staff.</p> <p>Staff attended Brook safeguarding training and local managers have attended high-level training.</p> <p>We ensure that all patient safety incidents are investigated and learning shared with staff.</p>
Client experience	<p>We carry out quarterly client satisfaction surveys as well as providing opportunities for daily feedback in clinics.</p> <p>We are currently setting up a focus group for young people.</p>

Service	Manchester
Clinical Excellence	<p>The introduction of the Brook-wide PGDs has improved our ability to deliver evidence-based care to our clients.</p> <p>We have increased the availability of implants across the service with an emphasis on quick-starting.</p>
Client safety	<p>All staff have received specialist child sexual exploitation training. In addition, staff now have access to specialist services for advice and support in addition to the support provided by the Brook safeguarding teams.</p>
Client experience	<p>We redesigned the comments and suggestions slips so that young people can leave anonymous feedback. Reception and clinical teams encourage clients to feedback.</p> <p>An interim complaints procedure was introduced across all of Greater Manchester's services until the review of the national procedure was completed.</p>

Service	Milton Keynes & Buckinghamshire
Clinical Excellence	We undertook quarterly audits to establish how many young women were issued with a regular method of contraception when attending for emergency contraception. This found that 93% of women received a regular method at their visit. The remainder chose an injectable method which could not be started until the risk of pregnancy had been excluded. We have implemented a follow up system to ensure that young women opting for injectable contraception can access the service for pregnancy testing and their injection within the required timeframe.
Client safety	We trained all staff to work to the Brook PGDs which will be implemented from April 2014.
Client experience	The pilot of the web-based clinic evaluated whether services could be made more accessible using digital media. We ensured the evaluation of the pilot included user feedback which we also used to inform how we managed the clinic whilst it was still operational.

Service	Northern Ireland
Clinical Excellence	We have improved our ability to identify vulnerable clients, in particular those at risk of child sexual exploitation, during our clinical consultations.
Client safety	Following the RQIA pharmacy inspection we improved the security of our medicines storage facilities.
Client experience	As a result of the review of how young people access STI testing we expanded the service that we provide.

Service	Oldham, Salford & Bolton
Clinical Excellence	Observation of team members, as part of supervision, is used to monitor adherence to policies and procedures, clinical practice and quality of service provided.
Client safety	We have been building stronger partnerships with Local Safeguarding Children Boards, Looked After Children's services, child exploitation and missing from home teams. This has improved our access to specialist advice when we have concerns about clients.

	<p>We have introduced a communication handover in our services in Salford which has strengthened the sharing of information internally and the monitoring of safeguarding concerns. It is planned to introduce this across all services in Greater Manchester.</p> <p>Brook Salford was involved in a borough-wide Looked After Children and safeguarding review by the Care Quality Commission in March 2014.</p>
Client experience	<p>We completed three client experience questionnaires during the year. All received a very positive response.</p> <p>We are currently undertaking a survey about condom use in response to a decline in the number of clients requesting condoms. The survey results will inform our strategies to promote condom use.</p> <p>We actively encourage clients to use our permanent feedback and suggestion boxes.</p>

Service	Sandwell & Dudley
Clinical Excellence	We reviewed the physical environment of the service which has resulted in better facilities for both clients and staff.
Client safety	We designed a new safeguarding handbook which is available to all staff in our main clinics and in outreach settings.
Client experience	Brook Dudley is currently being refurbished and we have set up a clinical room on the ground floor to enable clients with disabilities to receive advice and treatment. We have also improved toilet facilities. The changes have received positive feedback from clients.

Service	Wigan & Leigh
Clinical Excellence	The introduction of the Brook PGDs has improved the service nurses can provide to clients. We can now provide emergency hormonal contraception up to five days after unprotected sex; issue a wider range of contraception; issue the pill alongside implants to reduce unscheduled bleeding and improve retention rates; and quick start contraception to reduce the risk of unintended pregnancies.

	We reviewed our clinical outreach services. We introduced a named nurse for vulnerable clients and improved the consistency of the service by ensuring cover is available for staff absence.
Client safety	We signed up to Wigan Borough's Sexually Exploited and Missing Multi-Agency information sharing agreement. Staff have been briefed about the information sharing policy and procedures and we have ensured that they are clearly communicated to clients and external partners.
Client experience	<p>Our education and training team has been leading on training young people to mystery shop services and to assess compliance with You're Welcome quality criteria for young people friendly services.</p> <p>We updated our comments slips and now use them in community-based clinics as well as the main service.</p> <p>Our Learning Disability Group participated in reviews of local Brook services; the Brook website; and Brook's online information and advice services.</p>

Service	Wirral
Clinical Excellence	<p>The nursing team attended record keeping training and an update on contraception.</p> <p>The Nurse Manager completed Genito Urinary Medicine training. She is now able to offer STI testing and treatment to young people attending the integrated service.</p>
Client safety	The nursing team received PGD training. The Regional Nurse Lead provided all staff in the integrated service with safeguarding training.
Client experience	Waiting times have been increasing in the integrated service. In response, systems have been set up to allow reception workers to respond to requests for condoms and chlamydia tests providing there are no concerns about the client.

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 the quality of services they received.

- “My doubts were clarified, everyone treat me right... everything was excellent” [Brook Bedford]
- “I was really nervous becoming coming to have the coil fit but [the nurses] made me feel really welcome and were very helpful. I will definitely recommend Brook to my friends.” [Brook Birmingham]
- “Everything's working fine as it is – no change is needed” [Brook Blackburn]
- “I feel very comfortable coming to Brook. It's so helpful. Without Brook I wouldn't know where to go for many things. The best thing about Brook is that they have a drop in at my school - it's great and so confidential and so much appreciated” [Brook Bristol]
- “Things are great as they are, I didn't have to wait long” [Brook Burnley]
- “Every time I have a query or need an appointment, I get it straightaway. I feel very confident and am very happy with the help and support I have received from all the staff! Much better than going to the doctor, that's for sure! Thank you!” [Brook Cornwall]
- “The women were all very friendly and accepting without judgement.” [Brook Highland]
- “Very welcoming and caring towards any issue however small it may be” [Brook Jersey]
- “I have been coming to the Brook for nearly four years now and feel so compelled to write and say how wonderful the staff are here. Every nurse that I have met has made it so easy to keep coming back. Their patience and kindness made me feel so at ease with every visit.” [Brook Liverpool & Halton]
- “Amazing service, went above and beyond duty! Excellent and informativve. Thank you! All staff great!!” [Brook London]
- “Sometimes a long wait. Nurse was lovely and I got what I needed” [Brook Luton]

- “I think the service that is provided is always high quality as the employees always treat you with respect and make you feel at ease. The workers are very friendly and easy to talk to.” [Brook Manchester}
- “Great Service, lovely reception staff and nurses. Very helpful and considerate!! Thank you!” [Brook Milton Keynes & Buckinghamshire]
- “It keeps you safe, not embarrassing, keeps between you and Brook.” [Brook Northern Ireland]
- “Visited Brook for the first time, treated with good professional advice and feel better and relieved with my issue.” [Brook Oldham, Salford & Bolton]
- Quote to be provided [Brook Sandwell & Dudley]
- “I wasn’t going to have sex anyway until I am older but now I feel more comfortable asking my Mym about this as I know some of the basics.” [Brook Wigan and Leigh}
- “Easy, friendly and quick service.” [Brook Wirral]

Supporting statements

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