



Quality Account 2014/15

Draft

Part One Introduction and statement from the Board

What is a Quality Account?

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

Quality Accounts aim to:

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

A Quality Account must include a statement from the Board of Trustees 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 wellbeing while maintaining our specialism in sexual health for the under 25s.

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

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

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

Brook works 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).

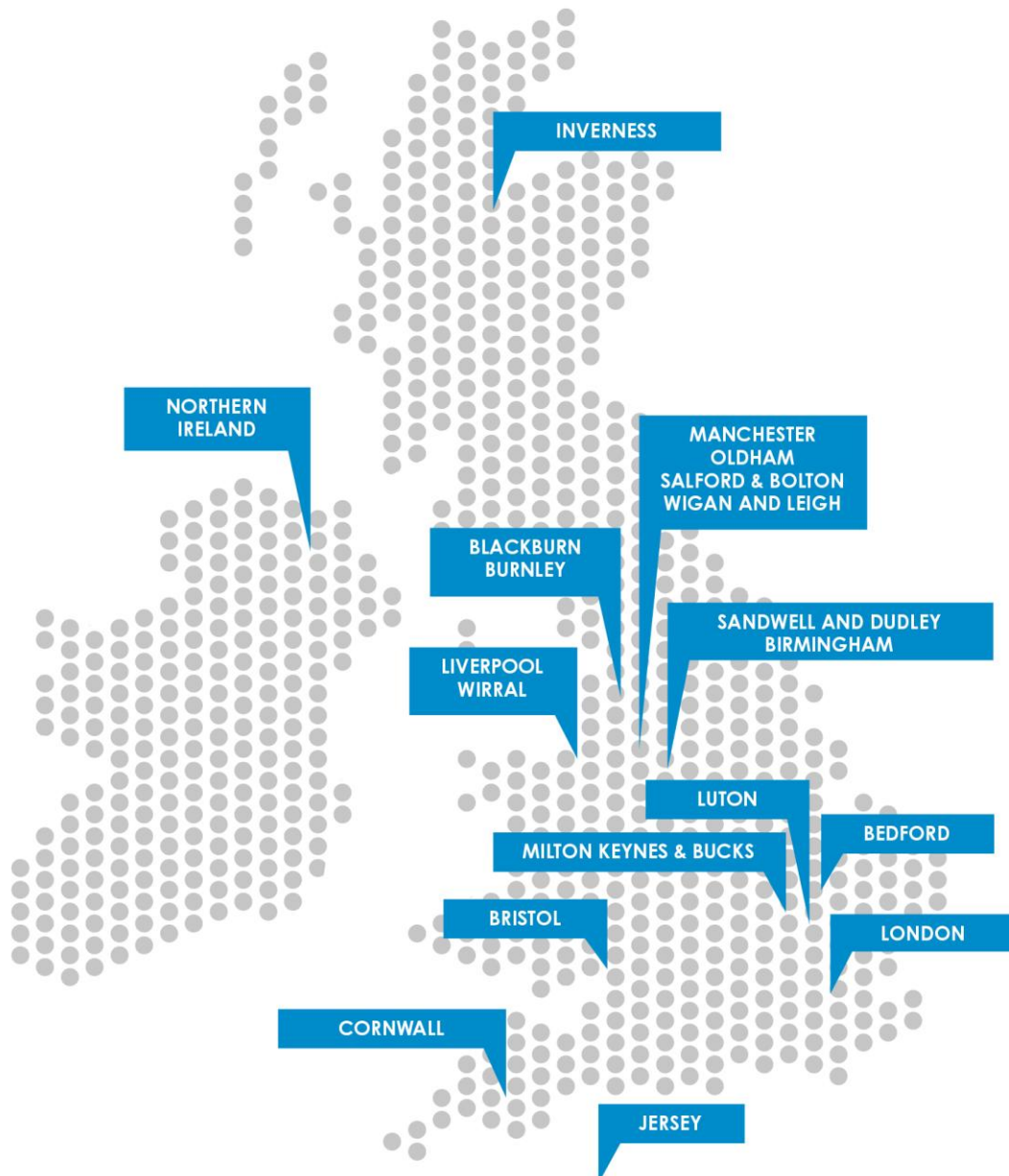
In addition Ask Brook, our national information service, offers a confidential online webchat and interactive text message service. Ask Brook is available to young people by text on 07717 989 0236 (standard SMS rates apply) or by live online chat at www.brook.org.uk

In 2014/15 Brook had direct contact with **xxx,xxx**¹ young people through clinics, education work and Ask Brook.

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.

¹ This information will be available in mid-May when service statistics have been collated.

Brook services



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

Quality statement from the Board of Trustees and Chief Executive

We are delighted to introduce Brook's 2014/15 Quality Account. This is only the second time we have produced one account that describes the quality of care across the whole of Brook. Brook is committed to continuously improving the quality of our services for young people. We therefore welcome the opportunity provided by this Quality Account to demonstrate that commitment in action.

As Chair and Chief Executive we are proud of the work that the Clinical Leadership Team do to provide a robust clinical governance framework for the organisation so we meet consistently high standards and continue to learn, develop and improve. The team has a strong drive for innovation and ongoing improvement and put the experience of young people front and centre of everything we do. It has been exciting to see the expected quality benefits of becoming a single organisation come to fruition as a result of their work.

We are confident that the systems and processes are taking us from strength to strength. At the heart of our confidence is the clinical accountability spine that runs from the front line with our Nurse Managers through to the Board. The Head of Nursing meets the Executive Team to discuss clinical quality. 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.

This year our staff survey showed 98% of staff would recommend our services to young people: this demonstrates fantastic confidence in the quality of our services. Importantly young people tell us they would be very 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 acknowledge

the outstanding work of Debbie Mennim, our Head of Nursing, who left us in March to take up an exciting new role in the NHS. Sue Burchill, formerly one of our Nursing Leads, took up the role in April and we look forward to working with her over the coming year.

Eve Martin
Chair of the Board of Trustees

Simon Blake OBE
Chief Executive

Part Two Priorities for improvement

Progress against our 2014/15 priorities

Improvement priority	Progress
<p>Priority 1 Drive continuous improvement through the use of a web based quality improvement tracker</p>	<ul style="list-style-type: none"> • The Clinical Leadership Team identified targets for improvement based on recommendations from the organisation-wide audit programme. • The first target chosen was that 100% of young women visiting for emergency contraception would be offered an emergency copper intrauterine device (Cu-IUD). • The Institute for Healthcare Improvement's Improvement Tracker tool was adapted into a simple web-based form to capture data and measure progress towards achievement of the target. • Four services successfully used the tracker to achieve the first target, submitting data from ten consecutive clients at regular intervals into the web form until they had three ten out of ten scores. • Other services found it more challenging to submit data at regular intervals so we carried out a survey to find out what the difficulties were. • We plan to adapt the way we use the tracker in response to the findings from the survey, as we know that the tracker has been effective in driving improvement in other settings.
<p>Priority 2 Implement a six-month safeguarding improvement programme</p>	<ul style="list-style-type: none"> • We concentrated on four improvement areas, each led by an Executive Team member. <p>Leadership and governance</p> <ul style="list-style-type: none"> • We appointed Philip Noyes (NSPCC's chief advisor on child protection) Trustee with lead for safeguarding. • He leads the Board's safeguarding advisory committee. • The Chief Executive is Brook's Caldicott Guardian and corporate safeguarding lead. <p>Capacity</p> <ul style="list-style-type: none"> • Nurse Managers remain the designated safeguarding lead for their services. • We established local designated safeguarding teams on a formal basis in all services to provide better support to front line staff.

	<ul style="list-style-type: none"> • Designated safeguarding teams have an ongoing safeguarding training plan. <p>Support and training</p> <ul style="list-style-type: none"> • All new starters attend mandatory safeguarding induction training before they start working with young people. • Designated safeguarding teams and on-call managers received decision-making training so they can undertake their roles effectively. • Safeguarding management training is included in Brook's leadership and management development programme. <p>Policy and procedures</p> <ul style="list-style-type: none"> • We reviewed our safeguarding policy and procedures. • A clear six-step safeguarding procedure forms the core of the new safeguarding policy. • A single proforma is in use across the organisation to assess safeguarding concerns. • The procedure has clarified guidance to staff on sharing information about younger clients. • We seek external advice and share information appropriately where this helps to assess the level of risk to the young person.
<p>Priority 3 Improve sexual and social history taking</p>	<ul style="list-style-type: none"> • In April 2014, the clinical leadership team provided standardised male and female sexual history taking templates to all services along with guidance on how to use them. • The STI Audit shows improvement from 79% to 86% of clients now having their sexuality documented. • Our clinical record keeping procedure gives guidelines on the issues to cover in a social and wellbeing history assessment. • In January 2015, we developed a 'client client record' template to introduce a common approach to social history taking and risk assessment. • Between February and March, we trained managers to use the record template so that they can train their staff in the new approach.
<p>Priority 4 Improve referral of clients for the fitting of emergency IUDs</p>	<ul style="list-style-type: none"> • All services have mapped when an IUD fitter is available in their service. • Seven services (compared to three in 2013/14) have an IUD fitter available on more than three days a week. • Only three services (compared to seven in 2013/14) have no IUD fitter available in the service.

	<ul style="list-style-type: none">• Seven services have mapped how many local IUD fitting services are available outside Brook.• Audit shows an improvement from 50% to 70% of clients offered an IUD for emergency contraception.
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Priorities for improvement 2015/16

All Brook services will be working towards common improvement priorities during 2015/16 with the work led by the relevant national team.

Clinical Effectiveness

Priority 1 Development of a Brookwide clinical record

<p>What do we plan to do?</p>	<p>We plan to develop and implement a Brookwide clinical record.</p> <p>We currently have ten services that use electronic clinical notes, whilst the remainder are using paper records. There are variations in the information captured by these systems with the variation being most significant amongst the paper records. The national audit programme has identified deficits in sexual history taking and STI risk assessment in particular as a result of these variations.</p> <p>The Nurse Leads will develop the contents for a common Brookwide clinical record to ensure that all clients attending Brook for a clinical consultation will have the same information captured, regardless of the service they attend. That information will then support the delivery of the most effective and appropriate service to clients.</p> <p>Services using electronic records will be asked to review their records to ensure they are capturing all the information required and printed copies of the records will be produced for services that do not yet have access to electronic record keeping systems.</p>
<p>How will progress be measured and monitored?</p>	<p>Progress towards development of the record will be monitored at the bi-monthly meetings of the Clinical Leadership Team.</p> <p>We will monitor improvements in sexual history taking and STI assessment through the national audit programme.</p>
<p>How will progress be reported?</p>	<p>Progress will be reported to the Clinical Advisory Group.</p>

Priority 2 Upgrade of clinical IT systems

What do we plan to do?	<p>Most Brook services are currently using one of two main clinical IT systems for the capture of statistical and clinical data. However, there are a number of versions of these two systems in operation. This hampers our ability to integrate and interrogate data across the organisation.</p> <p>We plan to upgrade the systems in use so that services are standardised onto the most recent version of either the SHERPA or Blithe Lillie systems.</p> <p>Alongside this, we are working with Coherence Data on a project to integrate data from our different systems into a central data warehouse and create reporting tools, dashboards and visual displays of data.</p> <p>This will ensure that all services are recording the same data in the same way and have access to better reporting facilities to interrogate data. This in turn will improve our ability to use the data to improve client care and identify areas for performance improvement and service development.</p> <p>The full achievement of this priority will be dependent on sufficient funding being available to meet the costs of upgrading systems, which we are currently determining.</p>
How will progress be measured and monitored?	<p>We will establish a working party including representatives of the Clinical Leadership Team and the IT and Estates team to monitor progress.</p>
How will progress be reported?	<p>Progress will be reported to the full Clinical Leadership Team and the Clinical Advisory Group.</p>

Client Safety

Priority 3 Review of clinical record keeping

What do we plan to do?	<p>We plan to develop a tool and a process to facilitate peer review of the clinical records of all Brook staff.</p>
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	<p>Through the national clinical audit programme we currently audit a random sample of up to 40 notes in each service. The development of a tool which supports clinical peers (and which can be used by Nurse Managers) to review a sample of the notes of all staff will significantly increase the number of notes which are reviewed and widen the criteria against which notes can be audited. The peer review process will verify whether record keeping standards are ensuring client safety.</p> <p>A team of peer reviewers will be recruited and trained to undertake the reviews and feedback results to their colleagues.</p> <p>The tool and the process will be piloted in three services prior to roll out across the organisation.</p>
How will progress be measured and monitored?	By the end of 2015/16 we will aim to have reviewed a sample of notes of at least 10% of clinical staff in each of the pilot services. Progress towards this target will be monitored in each service by the Nurse Managers and reported to the Nursing Leads.
How will progress be reported?	Progress will be reported to the Clinical Leadership Team and the Clinical Advisory Group.

Client Experience

Priority 4 Development of a Brook Sub-Dermal Implant counselling leaflet

What do we plan to do?	<p>We plan to develop a leaflet to be given to clients to counsel them about the most common side effects of sub-dermal implants and how to manage irregular bleeding.</p> <p>Irregular bleeding is one of the most common side effects of a sub-dermal implant and the most common reason for its removal. 32% of clients in the last implant audit cited irregular bleeding as the reason for having an implant removed. That audit also found that just under half of clients had been counselled about the five main side effects while just over two-thirds were given advice about what to do if irregular bleeding persisted after three months.</p> <p>The production of a Brook leaflet, specifically written</p>
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	for young women, aims to aid their decision about whether to have an implant fitted, improve their experience of using an implant and reduce the rate of removals for irregular bleeding.
How will progress be measured and monitored?	<p>Progress developing and implementing the leaflet will be monitoring at the bi-monthly Clinical Leadership Team meeting.</p> <p>We will monitor take up rates of the implant in the three months prior to and after the introduction of the counselling leaflet at Brook services.</p> <p>We will use the Brook implant audit to monitor whether services are using the leaflet and if the removal rate for irregular bleeding is reduced following the introduction of the Brook leaflet.</p>
How will progress be reported?	We will report progress through the clinical audit process and to the Clinical Advisory Group.

Part Three Statement of assurance from the Board

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

Review of services

During 2014/15 Brook provided and/or sub-contracted 37 relevant health services.

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

The income generated by the relevant health services reviewed in 2014/15 represents 100% of the total income generated from the provision of relevant health services by Brook for 2014/15.

Participation in clinical audits

During 2014/15, 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 2014/15, 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 2014/15 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 2014/15 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 2013 (We extended the audit period because of	All women being referred for an abortion should have: <ul style="list-style-type: none">• an estimate of their gestation

<p>technical issues so the audit report was not available at the time of writing the 2013/14 Quality Account. The findings are therefore presented here.</p>	<ul style="list-style-type: none"> • an STI screen if appropriate • documented contraception advice (especially Long-acting reversible contraception) • follow up at three weeks (in person or by phone) to capture: <ul style="list-style-type: none"> ○ any delay/difficulties with the abortion referral ○ the method of abortion ○ if contraception was provided.
<p>Abortion referral 2015</p>	<p>The audit was carried out in March 2015 and the audit report was not available at the time of writing</p>
<p>Emergency contraception</p>	<ul style="list-style-type: none"> • All women should be offered the CuIUD and each centre must document the referral pathway for this service within and outside of Brook. • All women, where possible, should have a careful estimation of the day of the cycle so that high-risk clients can be accurately identified. If the day of the cycle cannot be estimated then this should be clearly documented. • Quick starting should be offered to all clients and the reason for not doing so must be documented in the notes. • The client should be advised to take a pregnancy test at three weeks and all services should provide the client with an appointment or a home pregnancy testing kit. • An STI risk assessment should be made for all women and where appropriate a test recommended at the time of the pregnancy test.
<p>Implant fitting and removal</p>	<ul style="list-style-type: none"> • Removal of an implant for irregular bleeding should not be done until an STI has been ruled out [Target=95%]. • A standard counselling leaflet should be produced by Brook regarding side effects and how irregular bleeding can be managed. • The subdermal implant should be offered to all women who 'quickstart' contraception or present for emergency oral contraception.
<p>Infection control</p>	<ul style="list-style-type: none"> • Infection control training to be incorporated into staff induction. • Staff's Hepatitis B immunity status to be reviewed and evidenced. • Staff compliance with procedure for safe handling and disposal of sharps to be enforced.

	<ul style="list-style-type: none"> • Clear desk policy to be instituted to enable proper cleaning. • Additional equipment to be purchased to support compliance with standards. • Infection control standards to be enforced in staff kitchens.
Record-keeping	<ul style="list-style-type: none"> • All staff using paper records should be provided with a stamp impressed with their name and role by 1 May 2015.
Sexually transmitted infection screening	<ul style="list-style-type: none"> • The Brookwide proforma for sexual health history taking to be used in services without electronic records. • Staff to be trained/updated about the importance of taking a comprehensive sexual health history. • An information leaflet should be offered to all clients with an infection. • All clients with a positive diagnosis should be re Not available tested at three months. • Brook clients should be encouraged to inform their partners.

In addition, the provider reviewed the reports of five local service-based clinical audits in 2014/15 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
Record keeping at Brook Manchester	<ul style="list-style-type: none"> • Stamp with clinician details required. • Only agreed abbreviations to be used.
NHS Highland Implant audit for at Brook Highland	<ul style="list-style-type: none"> • No actions required.
Consent and LARC audit at Brook Wirral	<ul style="list-style-type: none"> • No actions required.
Results management for Chlamydia tests at Brook Bedford	<ul style="list-style-type: none"> • New systems designed for easier management and follow up. • Results Officer gave presentation at a team day which has improved communication with clinical staff.
PGD use at Bedford	<ul style="list-style-type: none"> • Reminder to staff about documenting all aspects of medical history.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was zero.

Use of the CQUIN payment framework

A proportion of income at Brook London and Brook Milton Keynes in 2014/15 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 2014/15 and for the following 12-month period are available from the Service Managers at Brook London and Brook Milton Keynes.

Statements from the CQC

Brook is required to register with the Care Quality Commission and is currently registered to provide diagnostic and screening procedures, family planning services and treatment of disease at 20 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 2015 all services had a registered manager except the following locations where Nurse Managers are in the process of registration.

- Bristol
- London
- Salford
- Wigan & Leigh
- Wirral

The Care Quality Commission has not taken enforcement action against Brook during 2014/15.

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

CQC did not inspect any Brook locations during 2014/15.

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.

- In January 2015, Brook appointed a Data Integrity Co-ordinator to establish data quality expectations and ensure compliance with those expectations across all services. This post will ensure all services are collecting clinical data in line with recommended best practice to meet regulatory, commissioner and tariff/PbR requirements.
- In 2015-16, Brook is working with Coherence Data to develop a linked integrated data system. This will create reporting tools, dashboards and visual displays for managers. It will support the Data Integrity Co-ordinator, Data Team and managers to quickly identify and address data quality issues and support the use of data to improve client care.
- Brook plans to review staff job descriptions and specifications to ensure all relevant staff have data management expectations and responsibilities included.

NHS Number and General Medical Practice Code Validity

Brook did not submit records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Information Governance Toolkit attainment levels

Brook's Information Governance Assessment Reports scores and grading for 2014/15 are set out below.

Service	Percentage Score	Grading
Bedford	100%	Satisfactory
Birmingham	100%	Satisfactory
Blackburn	88%	Satisfactory
Bristol	80%	Satisfactory
Burnley	92%	Satisfactory
Cornwall	76%	Satisfactory
Highland	80%	Satisfactory
Jersey	90%	Satisfactory
Liverpool	98%	Satisfactory
London	84%	Satisfactory
Luton	98%	Satisfactory
Manchester	70%	Satisfactory
Milton Keynes & Bucks	98%	Satisfactory

Northern Ireland	100%	Satisfactory
Oldham	74%	Satisfactory
Salford & Bolton	74%	Satisfactory
Sandwell & Dudley	tbc	tbc
Wigan & Leigh	88%	Satisfactory
Wirral	98%	Satisfactory

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

Patient Safety Incidents

Year	Total number of incidents	Incidents as a percentage of client visits	Incidents resulting in severe harm
2013/14	193	0.11%	0
2014/15	251	tbc ²	0

Service	Number of incidents 2013/14	Number of incidents 2014/15
Bedford	15	53
Birmingham	6	3
Blackburn & Burnley	1	15
Bristol	14	5
Cornwall	0	2
Highland	13	16
Jersey	9	8
Liverpool	0	19
London	45	12
Luton	4	17
Manchester	2	3
Milton Keynes & Bucks	53	70
Northern Ireland	11	18
Oldham	0	2
Salford & Bolton	1	0
Sandwell & Dudley	13	0
Wigan & Leigh	7	8
Wirral	0	0

² This information will be available in mid-May when service statistics have been collated.

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

- they cover all incidents reported under Brook's incident reporting, investigation and learning procedure and include information governance incidents, medicines management incidents and clinical incidents
- recognition of the importance of incident reporting as a learning tool to improve client safety.

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:

- we have introduced a common incident reporting procedure across the organisation to ensure consistent reporting and grading of incidents
- we will investigate variations in reporting rates between services
- monitoring and reviewing the learning from reviews of clinical incidents and near misses
- sharing the learning 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	2013	2014
If a friend or relative needed treatment, I would be happy with the standard of care provided by the organisation	Brook	97%	98%
	National NHS average	65%	64%
	Highest NHS score	94%	93%
	Lowest NHS score	40%	36%

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

- it is taken from responses to the second Brook Staff Survey carried out in 2014 and completed online by 192 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 importance that Brook attaches to ensuring the quality of its services and meeting the needs of young people.

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

- continuing to focus on assuring and improving the quality of services in order to maintain staff's confidence in the standards of care they provide
- improving the number of staff taking part in the annual staff survey to ensure that the results of the survey are representative of the entire staff group.

Part Four Review of quality assurance 2014/15

Supporting excellence and quality assurance

Clinical and quality governance

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

The Head of Nursing provides monthly reports on clinical quality to the Brook Executive Committee.

The Clinical Leadership Team (CLT), which consists of the Medical Director, Head of Nursing, two Nursing Leads and the Quality Improvement Manager, meets with the Deputy Director of Service Delivery bimonthly to review the progress of clinical and quality governance improvement plans.

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

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

Quarterly quality reports

Nurse and Service Managers provide quarterly quality and risk reports to the Service Delivery Directorate that include a summary of all incidents, complaints and other significant events and the actions taken in response to them.

The reports are collated and a risk-rated summary is reported to the Board of Trustee's subcommittees for Risk, Finance and Assurance, Clinical Advisory Group and Safeguarding.

The Clinical Leadership Team (CLT) monitors the quarterly quality reports for trends, and identifies learning for sharing across the organisation. The Clinical Advisory Group reviews the clinical content of quarterly quality reports, seeks assurance that progress is made on mitigation of clinical risks and advises on further actions, specifically through monitoring of complaints, incidents and near misses.

Quality assurance system

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

PQASSO offers a staged approach to implementing quality through three levels of achievement. In 2013/14, we moved over to the 3rd edition of PQASSO and reviewed our compliance with level one of all the quality areas. During 2014/15 services assessed themselves against level two of the PQASSO and Brook standards with the aim of consistently meeting this level in all areas by the end of March 2016.

Leadership and management training

Good corporate and clinical governance relies on effective leadership and management policies, procedures and practices. The Board of Trustees agreed that this is a priority and allocated resources to create a bespoke Brook leadership and management development programme. The programme consists of 12 modules over 18 months covering:

- people management
- resource management
- quality and safeguarding
- health, safety and risk
- performance management
- effective communication
- good governance
- quality and risk
- organisational development
- business and financial planning
- stakeholder engagement and commercialisation
- improving outcomes for young people.

All participants will have a personal training portfolio agreed with their line manager and will receive a formal management qualification on successful completion of the programme. The first cohort of 20 managers started the programme in November 2014.

Brookwide policy framework

During 2013/14 Brook put in place a single robust policy framework across the entire organisation consisting of six pillars:

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

The framework has three tiers:

- pillar policy
- detailed policy
- procedure.

Pillar and detailed policies were available to staff by March 2014 along with the majority of procedures. During 2014/15, the Clinical Leadership Team completed the remaining clinical procedures putting in place a single suite of clinical policies and procedures to standardise practice in all services in the following areas:

- Complaints
- Medicines Management
- Infection Control
- Delivery of clinical services
- Clinical supervision, appraisal and professional development
- Clinical risk and incidents
- Clinical audit and quality improvement.

Brook clinic model

Brook has developed an integrated clinic model that is innovative and makes the most effective and efficient use of our resources to deliver quality services to young people.

Developing the role of Nurses in Brook

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. Last year we paved the way for 'growing our own' Brook nurses by developing job descriptions for a Band 5 CASH Nurse in Training post and guidance for services who wanted to introduce the role.

The Contraception and Sexual Health Nurse in Training (CASH NIT) post enables qualified nurses who want to work in young people's sexual health nursing to gain experience working within Brook whilst undertaking the Diplomat Assessment of the Faculty of Sexual and Reproductive Healthcare (FSRH) (N-DFSRH) funded by Brook.

Brook in Jersey has recruited two CASH Nurses in Training to meet a shortage of trained CASH nurses on the island. Their progress is described on page 47.

We also developed a job description for a Band 7 CASH Clinical Nurse Specialist (CNS) to offer an alternative career progression to the role of Nurse Manager. The Clinical Nurse Specialist provides an opportunity for skilled nurses to develop their career in a highly specialised clinical role and increases the availability of all contraceptive methods and STI testing to Brook clients.

Brook in Bristol was the first service to introduce the CNS role and they describe the improvement it has brought on page 43.

We introduced formal clinical placements for nursing students to 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. The Head of Nursing worked with the People and Organisational Development Project Manager to develop a *Clinical nursing placements procedure* to ensure that we carry out robust safeguarding checks to protect the organisation and our clients and ensure that students have the opportunity to achieve a set of specific learning outcomes.

Brook services in Liverpool and Manchester will be piloting clinical placements for pre and post registration nurses undertaking Nursing and Midwifery Council recognised courses; either in pre-registration training or post registration public health nurse specialist training.

Migration of nurses to Brookwide job description

2014/15 was the second year of Brook's existence as a single charitable company and work continued to harmonise job descriptions across the organisation. A steering group was set up to lead work to review and update the job description of the Band 6 Contraception and Sexual Health Nurses who are crucial to the delivery of sexual health services at Brook. The aim of the review was to enable us to increase access to contraceptive methods and standardise service provision for clients across the organisation.

We know that some nurses will require additional training to meet the updated requirements of the job description and person specification and we will support them to meet those requirements, in particular through the introduction of a sub dermal implant training plan (see below).

Doctor review

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. We identified two distinct roles; a Senior Doctor and a Sexual Health Doctor and developed job descriptions for them.

The Senior Doctor will provide training both internally to our staff and externally to other clinicians as well as joining the on-call rota for the national provision of clinical governance support for all Brook clinical staff. They will also input into the development and maintenance of high quality medical standards, monitoring and practice across the services for which they are responsible.

Following consultation, we have moved all doctors onto the new job descriptions.

We have been successful in recruiting to the Senior Doctor posts across the Midlands and London and the South East, and we have incorporated the role in to the Brook Clinic Model.

Counselling

Following last year's independent review of our counselling services, we have established comprehensive counselling policies and procedures for implementation across the organisation to ensure best practice and consistent quality in the delivery of counselling services. We have established a national leadership role and function for the counselling teams.

During 2015/16 we will:

- undertake quarterly audits to review and inform counselling practice
- provide a continuous professional development support programme for counsellors
- undertake annual reviews with young people of their experience of the counselling services and their suggestions for improvement and development
- represent the emotional and mental health and wellbeing needs of young people at key local, regional and national forums
- extend our counselling provision to meet more of the needs of young people.

Health and wellbeing

Brook has developed an integrated approach to supporting young people to improve their own health and wellbeing.

Building on our existing practice we have created a new Wellbeing Support Worker role within our services, which in addition to undertaking clinical duties, will also support young people to improve their own health and wellbeing through delivering interventions around alcohol, smoking, drug use, healthy weight and coping with stress/feeling happier.

To help young people to improve their own health and wellbeing we have extended our digital offer to include a wide range of health and wellbeing information and links to specialist services. We are also in the process of developing a five-step self-help planning tool that young people will be able to access independently or in conjunction with the support they receive from our Wellbeing Support Workers and education practitioners.

We also offer one to one and group programmes that enable us to work with individuals and groups of young people up to the age of 25 to support them to improve their own health and wellbeing. The programmes, which have been co-produced with young people, are young people centred and holistic. They integrate evidence-based approaches to enhance motivation, build on strengths, teach lifelong skills, reduce and manage risks and support positive behaviour change. The programmes enable young people to identify and achieve important health and wellbeing goals and build a positive future of their choice. We offer counselling support alongside these health and wellbeing interventions.

Clinical effectiveness

Participation in clinical audits

Services took part in five national Brook clinical audits during 2014/15. Audit criteria are based on recognised standards for quality set by the Faculty of Sexual and Reproductive Healthcare and the British Association for Sexual Health and HIV.

We were able to demonstrate improvements in practice because of the audits and continued to identify areas where we can improve further. The table below shows the recommendations for improvement from each audit and the progress over time.

Table 1: Audit recommendations and progress

Standard or recommendation	2012/13	2013/14	2014/15
Abortion referral			
All women have an estimate of gestation documented	-	85%	Results not available yet
All women referred for abortion are offered an STI screen if appropriate	-	46%	Results not available yet

All women are offered a follow up consultation three weeks after their abortion	-	33%	Results not available yet
Emergency contraception			
All women should be offered a Cu-IUD as the first line method of emergency contraception	-	50%	70%
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	49%	47%	79%
All women should be advised to have a pregnancy test three weeks after emergency contraception	72%	92%	89%
All women with a new partner at presentation should be offered a sexual health screen	-	77%	73%
Implant fitting and removal			
All women presenting with irregular bleeding should have an STI test	48%	63%	96%
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	13%	67%	69%
All women having an implant fitted should be counselled about the five main side effects.	-	62%	54%
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months.	-	73%	69%
Record keeping			
Name, date of birth and clinic number should be recorded on at least one side of paper records	89%	85%	85%
Name of staff member should be printed in the notes	80%	89%	91%
Staff member should sign the notes	93%	95%	98%
A name stamp should be used	-	43%	63%
Allergies should be documented	89%	95%	96%
STI testing and treatment			
Sexuality should be documented	76%	79%	86%
Clients with a positive test result should be supported to notify their partner/s	-	41%	70%

Sub dermal Implant training plan

Brook is committed to enabling our nurses to build on their existing clinical skills and develop additional specialist skills so that Brook remains at the forefront of contraceptive provision for young people.

As a first priority, we plan to equip all our nurses with the Faculty of Sexual and Reproductive Healthcare's Letter of Competence in Sub Dermal

Contraceptive Implant Techniques (LoC SDI), the only nationally recognised qualification. Long-acting reversible contraception, including implants, can be highly effective in reducing unplanned pregnancy because of their very low failure rates. Developing our nursing team to fit implants will increase the availability of this method to young people.

We have identified 55 nurses trained to fit implants who do not have the LoC SDI. They were in the first stage of the training programme that opened in January 2015. The second stage will involve supporting a further 55 nurses who have not undertaken any SDI training to achieve the LoC SDI. A training fund has been set up to pay for nurses to undertake the FSRH's e-Knowledge Assessment and to apply for the LoC SDI certificate. We have also identified a team of primary and secondary trainers within Brook who can provide their colleagues with practical training.

Patient Group Directions

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

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

Three quarters of Brook services are now working to Brook PGDs for the supply of contraception and treatment of uncomplicated chlamydia. Three of our services commissioned to provide treatment of symptomatic STIs are using Brook PGDs for the treatment of sexually transmitted infections.

Internal governance processes are in place to ensure that Patient Group Directions are reviewed and properly authorised and all qualified nursing staff receive training and are signed up to each PGD by their authorising manager to ensure they meet the competencies outlined in each PGD. Individual staff members retain signed copies of the PGDs with a master copy held by the authorising manager.

The suite of contraception and treatment of uncomplicated chlamydia PGDs had an expiry date of 31 March 2015. A PGD working group consisting of the Medical Director, Head of Nursing, Nursing Leads and pharmacy consultant, undertook a review of these PGDs in December 2014. The group reviewed current clinical guidance and recommendations from the following sources:

- British Society for Sexual Health and HIV (BASHH)

- Faculty of Sexual and Reproductive Healthcare (FSRH)
- British National Formulary
- Summary of Product Characteristics
- National Institute for Health and Care Excellence (NICE)
- feedback from services currently using the Brookwide PGDs.

Clinical content was updated where indicated and transferred into the new template developed by the National Institute for Health and Care Excellence to support commissioners and providers to develop PGDs that are in line with current legislation and NICE good practice guidance.

Nurse Managers presented the new versions of the Brook PGDs to the commissioners for authorisation for use from 1 April 2015.

Improving clinical communication

We consulted Nurse Managers about how they preferred to receive clinical information from the Clinical Leadership Team. From January 2015, we began producing a monthly clinical newsletter that is distributed to all Nurse Managers and disseminated by them to their clinical teams. Contents include updates on national policies and procedures and clinical updates from the FSRH and BASHH. We also use this forum to share learning from clinical incidents and other clinical governance activities (unless earlier dissemination is necessary). The Clinical Newsletter also provides a space for answering clinical questions submitted to a dedicated mailbox for answer by members of the Clinical Leadership Team.

We held bi-annual regional meetings with Nurse Managers to update them on the Clinical Leadership Team's work, discuss problems and share practice.

Client safety

Mandatory and statutory training

The Clinical Leadership Team contributed to the development of an Essential Training Matrix that sets out the minimum standards of training and learning that Brook expects staff to achieve to ensure safe practice across our services. Brook's People and Organisational Development team put in place an Online Learning Site to support personal learning and development including the statutory components of the essential training matrix.

The Clinical Leadership Team continues to work closely with the People and Organisational Development (POD) team to put in place organisation-wide contracts with training providers as part of the organisation's workforce development strategy.

Infection control standards

All services completed an infection control audit between August and September 2014 using the Brook infection control toolkit which is based on the standards of the Infection Control Nurses Association. Full compliance with the audit standards requires a minimum score of 85%. Twenty-three (88%) of locations were fully compliant with the infection control standards. This represents a very slight improvement from 2013 when 87% were fully compliant. The results for each location are set out in Table 2.

The audit was followed up by visits to three locations, selected on the basis of those with the highest, median and lowest scores to verify results, gather good practice and provide support where needed.

The actions required by the three partially compliant services to achieve a green rating are set out in Part Three of this account. As required by the audit all three services put in place an improvement action plan to achieve compliance with the standards within six weeks of the first audit.

Table 2: Results of infection control audit

Service	Mean score 2014		Mean score compared to 2013
	Score	Status	
Bedford: Main Service	95%	Fully compliant	-1
Bedford: Biggleswade Hub	96%	Fully compliant	n/a
Bedford: Houghton Regis Hub	87%	Fully compliant	n/a
Birmingham	99%	Fully compliant	+5
Blackburn	98%	Fully compliant	0
Bristol	97%	Fully compliant	0
Burnley	99%	Fully compliant	0
Cornwall	98%	Fully compliant	+1
Halton	99%	Fully compliant	+16
Highland	92%	Fully compliant	+9
Jersey	95%	Fully compliant	+1
Liverpool	98%	Fully compliant	-2
London: Brixton	95%	Fully compliant	-1
London: Euston	92%	Fully compliant	-1
London: Southwark	97%	Fully compliant	+3
Luton	97%	Fully compliant	-1
Manchester	95%	Fully compliant	-2
Milton Keynes & Bucks	97%	Fully compliant	+1
Northern Ireland	96%	Fully compliant	+2
Oldham	94%	Fully compliant	0
Salford: Walkden	98%	Fully compliant	+1

Salford: Weaste	98%	Fully compliant	+4
Sandwell & Dudley: Dudley	85%	Partially compliant	n/a
Sandwell & Dudley:Tipton	78%	Partially compliant	n/a
Wigan & Leigh	85%	Partially compliant	-12
Wirral	97%	Fully compliant	0

Safeguarding young people from harm

A short life Caldicott and Information Governance Working Group met between January and June 2014 to advise and support strategic improvements in safeguarding and information governance across Brook.

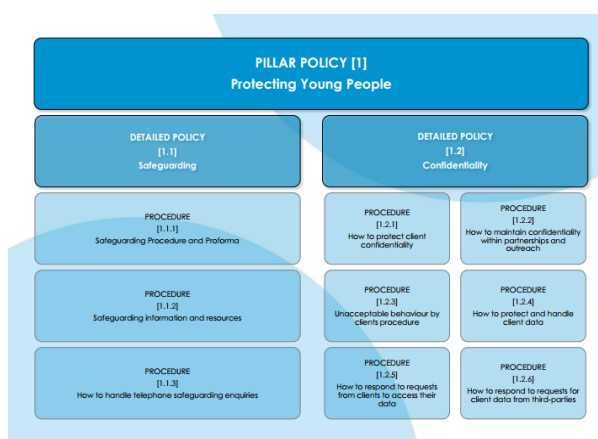
Brook's nominated Caldicott Guardian completed a Caldicott Guardian Certificate accredited by Anglia Ruskin University.

A permanent Safeguarding Sub-Committee was set up in September 2014 to provide assurance to the Board of Trustees on safeguarding policies, procedures and outcomes; review and approve policy and procedure; support and monitor the development of improvement plans; and establish an audit and evaluation programme for safeguarding practice.

The Trustee lead for safeguarding chairs the committee and membership consists of an external safeguarding expert, Brook's Chief Executive and representatives from our clinical and operational teams.

As reported in Part Two, we completed a six month safeguarding improvement programme. We reviewed and updated Brook's Protecting Young People Policy, which incorporates our safeguarding procedure, to enhance its clarity and usefulness, standardise safeguarding procedures across the organisation and clarify Brook policy around clients under 13 and information sharing. The revised policy received a positive external assessment from safeguarding consultants Every Child Safe.

The structure of the procedure is in line with Brook's pillar policy model:



All staff signed an undertaking that they have read, understood and agree to work to the Protecting Young People Policy and procedures and were asked to identify any additional training needs they had.

Two supporting resources help staff to put the procedure into practice: a wall poster for every clinical and outreach room containing a summary of the *Safeguarding Procedure* and an A5 summary card for all staff and new starters. The latter includes space for staff to record the contact details of their local safeguarding teams and the members of staff on the safeguarding escalation route.

We now run monthly safeguarding training for new starters covering the content of key policies, the new six-step safeguarding procedure and roles and responsibilities. Staff have the opportunity to analyse case studies and meet members of staff on the safeguarding escalation route. Locally, managers are responsible for ensuring that other training needs are met through Local Safeguarding Board multi-agency training whilst we are in the process of developing Brook's safeguarding training programme.

We formally established designated multi-disciplinary safeguarding teams in each service at the beginning of the year. Nurse Managers remain the safeguarding leads but the team approach ensures good decision-making and clear lines of accountability while providing enhanced support, for staff.

Training in safeguarding decision-making was provided to all members of the local designated safeguarding teams and other managers on Brook's safeguarding escalation team. The training included the management of safeguarding decisions, when and how to seek information and support of clients following a safeguarding referral.

In April 2014, Brook and BASHH (the British Association of Sexual Health and HIV) launched a new child sexual exploitation (CSE) proforma, *Spotting the Signs*, to help health professionals across the UK identify young people attending sexual health services who may be at risk of or experiencing sexual exploitation. *Spotting the Signs*, funded by the Department of Health, allows sexual health professionals to use a standardised approach to pick up on the signs of CSE in all its forms and is designed to be integrated into existing sexual and social history taking frameworks.

Brook's client core record, developed by the Clinical Leadership Team to support Brook staff to identify young people who may be at risk of harm or who may need additional support from Brook or external agencies incorporates the signs of CSE. Between February and March, we trained managers so that they could train their staff to use the client core record template as it was rolled out to all services between March and April 2015.

Client experience

Client satisfaction surveys

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

The proportion of clients answering 'yes' to the question 'Did Brook help you today?' ranged from 98% to 100%. The mean was 100%. The percentage of client visits that produced a survey response varied from a low of 15% to 100%. The mean was 58%.

The proportion of clients answering 'yes' to the question 'Would you recommend Brook to a friend?' ranged from 82% to 100%. The mean was 99%. The percentage of client visits that produced a survey response varied from less than 1% to 100%. The mean was 56%.

Table 3: Counter Measures 2014/15

	Did Brook help you today		Would you recommend Brook to a friend	
	% yes counters	Response rate	% yes counters	Response rate
Bedford	100	17	98	61
Birmingham ³	100	21		
Blackburn	100	45	100	17
Bristol	98	55	100	32
Burnley	100	78	100	64
Cornwall	100	69	tbc	tbc
Highland	100	83	100	88
Jersey	97	78	99	93
Liverpool	99	34	100	30
London: Brixton	100	35	100	12
London: Euston	99	26	100	28
London: Southwark	100	30	87	51
Luton	100	63	100	67
Manchester	100	50	99	24

³ Birmingham did not take part in the second Counter Measures survey as the service has been out to tender and the clinical element will now be delivered by University Hospitals Birmingham NHS Foundation Trust. Brook will continue to deliver education, training and health promotion work

Milton Keynes & Bucks	100	60	100	73
Northern Ireland: Belfast	100	90	100	94
Northern Ireland: Coleraine	100	92	100	100
Oldham	100	74	100	90
Salford: Walkden	100	100	100	71
Salford: Weaste	100	93	100	45
Sandwell & Dudley	99	75	100	7
Wigan & Leigh	100	41	100	<1
Wirral	100	15	92	38

We were able to measure whether levels of satisfaction had changed and if response rates had improved, compared to previous years. Levels of satisfaction averaged across the organisation have always been high but this year saw 2% more clients answering 'yes' to both questions. The average response rate also improved very slightly, up by 1% in both surveys.

Chart 1: Counter Measures results

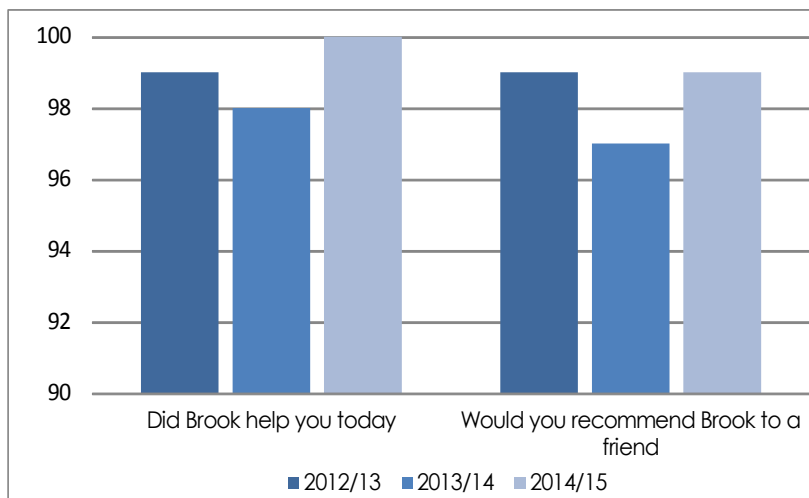
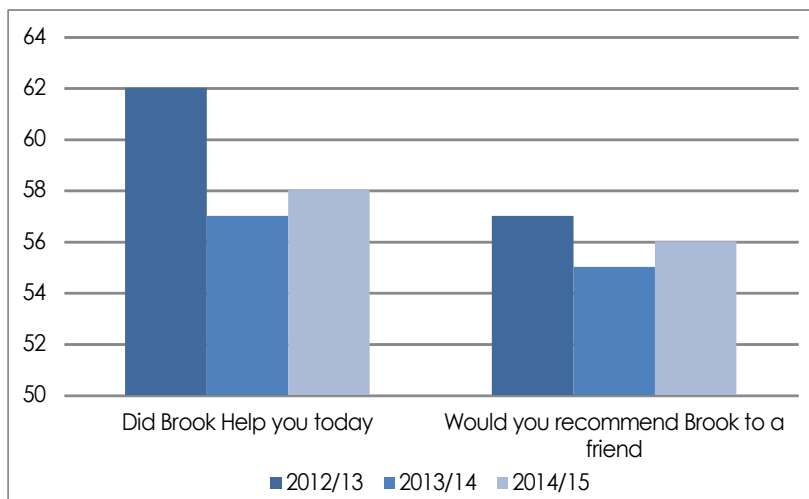


Chart 2: Counter Measures response rates



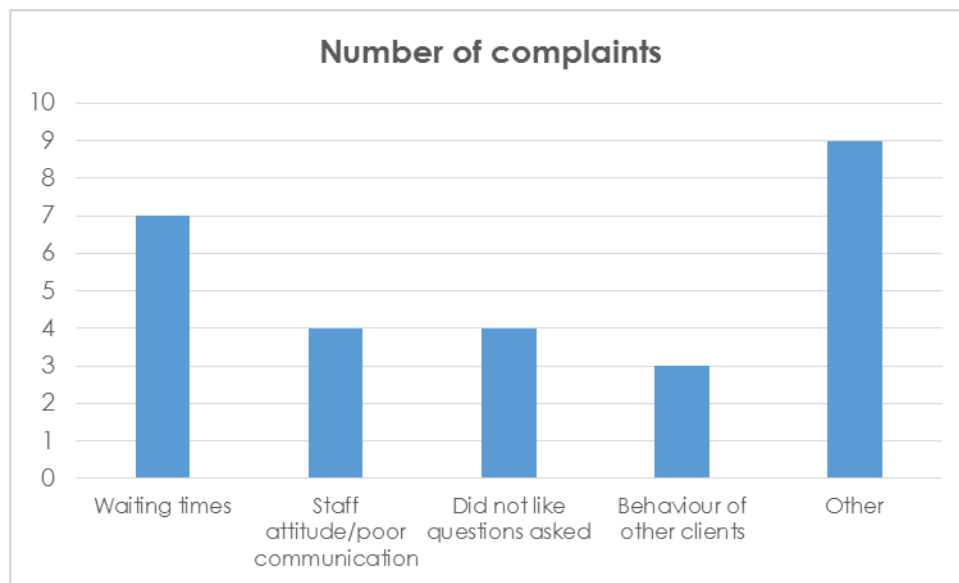
Complaints

Whilst we hope that all clients have an excellent experience when they use our services, we recognise that sometimes things go wrong. In 2014/15 we introduced a young people friendly version of our client complaints procedure which was produced in conjunction with our P+ young people's participation group and aims to make it easier for clients to understand the procedure and to get help to make their complaint if they need it.

Overall, the number of all complaints received by Brook services during 2014/15 increased by 29% while complaints from or on behalf of clients increased by 18%. The total number of complaints received in 2014/15 is set out in Table 4. The numbers received by each service are presented in Table 5.

The main concerns raised by client complaints are set out in Chart 3 below.

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



Complaints from parents (not made on behalf of their children) were predominantly because the parent was unhappy that the client was seen without their knowledge. Young people have the same rights to confidentiality as adults and whilst we will try to persuade younger clients to inform their parents that they have visited us we do not inform parents of their child's visit unless they ask us to or we believe it is in the young person's best interest that we do so.

Complaints by professionals and others did not relate to the delivery of clinical services.

43 out of 44 complainants were happy with our resolution of their complaint.

Table 4: Total complaints received

Year	Total complaints	Clients	Parents	Professionals	Other
2013/14	34	23	7	2	2
2014/15	44	27	9	4	4

Table 5: Number of complaints received by each service

Service	Number of complaints 2013/14	Number of complaints 2014/15
Bedford	0	3
Birmingham	1	2
Blackburn	2	3
Bristol	2	5
Burnley	0	0
Cornwall	0	1
Highland	1	0
Jersey	0	0
Liverpool	2	5
London	3	6
Luton	3	0
Manchester	5	1
Milton Keynes & Bucks	7	8
Northern Ireland	2	1
Oldham	0	0
Salford & Bolton	0	0
Sandwell & Dudley	1	4
Wigan & Leigh	4	5
Wirral	1	0

Brookwide staff survey

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

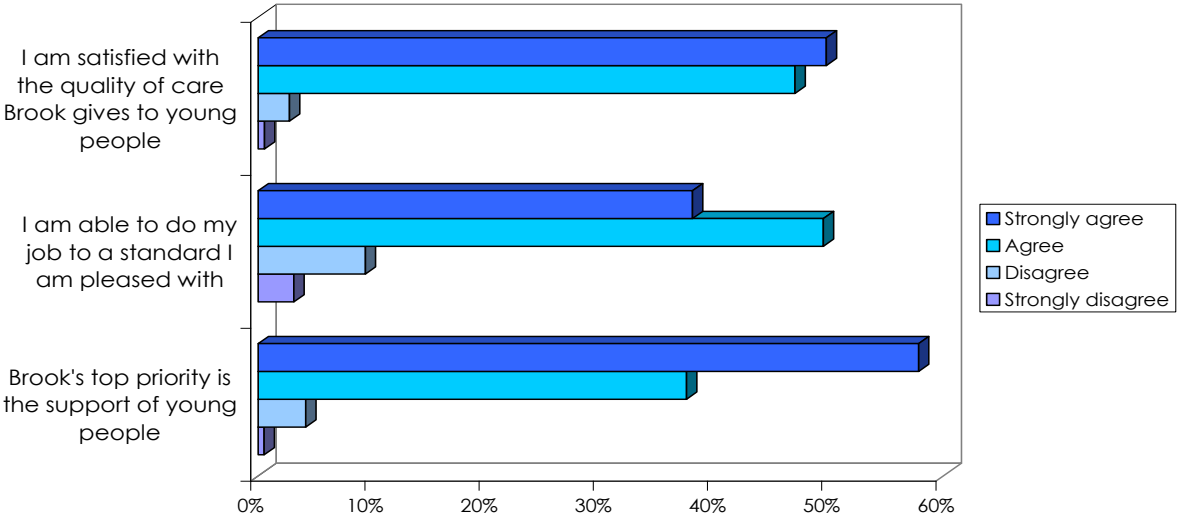
The general picture is one of positive improvement from the 2013 survey in practically every area covered by the survey.

93% of staff reported feeling proud to work for Brook and their commitment to do their best for the young people they work with was evident from their survey responses.

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

Chart 4: Staff survey results

To what extent do you agree with the following statements?



Service improvement

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

Service	Bedford
Clinical Excellence	<p>The service has introduced quarterly whole team training days, which are mandatory for staff and include clinical updates, supervision and training.</p> <p>In addition, the Nurse Manager holds quarterly supervision meetings with all clinical staff (Nurses, Health Care Assistants and Information and Advice Workers).</p> <p>Brook and Terrence Higgins Trust have set up quarterly clinical partnership meetings to maintain clear lines of communication between the two organisations providing the service at Bedford.</p> <p>We improved our systems for management of STI results to ensure effective treatment compliance, partner notification and tracking of a client from initial test to closing the record.</p> <p>During 2015/16 our Band 6 Sexual Health Nurses will complete the training to obtain the Faculty of Sexual and Reproductive Healthcare Letter of Competence for Sub Dermal Implant insertion and removal.</p>
Client safety	<p>We have forged good links and have a direct referral mechanism to the safeguarding boards in Bedford Borough and Central Bedfordshire councils</p> <p>A member of the local management team attends the local Child Sexual Exploitation Panel.</p> <p>We have fully implemented the new Brook Protecting Young People Policy and procedures. We disseminated the procedures to staff through team days and revisit them during supervision and one to one meetings.</p>
Client experience	<p>Brook had a strong presence at the following events in Bedfordshire:</p>

- The River Festival – 19 and 20 July 2014
- National HIV testing week November 2014
- World Aids Day – 1 December 2014
- Valentine's Day – 14 February 2015

We have strengthened the outreach team through the establishment of a Condom Card Coordinator and an HIV Outreach Worker. Both are taking much-needed services to more vulnerable and at risk clients out in the community such as sex workers and members of the Black African community.

Brook Bedford carries out four local client surveys a year in addition to the two Counter Measures surveys. Recent surveys have been:

March 2015 – information governance
December 2014 – quality of services
June 2014 – client knowledge of services offered
April 2014 – general survey

Clients consistently give very positive feedback on services; over the last three Counter Measures surveys 96% of clients said they would recommend us to a friend. The results of our local surveys found:

IG survey

- 85 respondents
- 86% were very confident that staff maintain clients' confidentiality during their visit
- 67% had our confidentiality policy explained during their visit

Quality of services survey

- 86 respondents
- 95% reported that information was made very clear and easy to understand
- 77% said they knew how to complain if they needed to
- 100% felt they were respected and valued
- 100% felt they had received a high quality, supportive and non-judgemental service

General survey

- 52 respondents
- 82% said clinic times were convenient
- 96% of clients said our clinic rooms and waiting

	<p>area were good</p> <ul style="list-style-type: none"> 80% of clients agreed that screening for chlamydia was a good idea <p>In 2015/16, we plan to carry out a service review with service users to identify any improvements needed.</p>
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Service	Birmingham
Clinical Excellence	<p>We introduced the Area Senior Doctor role to support the Nurse Managers in both Birmingham and Sandwell and Dudley in ensuring excellence throughout clinical delivery.</p> <p>All women referred for abortion are seen for a consultation to provide contraception prior to their clinic appointment and, where relevant, arrangements are made for long-acting reversible contraception to be fitted at the time of the abortion. This has increased the uptake in contraception amongst these clients.</p> <p>Brook Birmingham continues to increase its delivery of Faculty of Sexual and Reproductive Healthcare training and its ability to income generate.</p> <p>Our Nurse Manager became the first Faculty of Sexual and Reproductive Healthcare Nurse Registered Trainer in Brook.</p> <p>Our commissioners approved the new Brook wide PGDs and staff were trained ready for their implementation from 1 April 2015.</p> <p>We carried out a time and motion study where for a month staff recorded the clients they saw, the service provided and the time it took. The results were being compiled at the time of writing.</p>
Client safety	<p>The Area Senior Doctor is supporting the Nurse Manager to maintain safe clinical services</p> <p>We expanded the local safeguarding team in response to the increased number of safeguarding cases being identified. With our colleagues in Brook Sandwell and Dudley we now work across the area as a team, which includes the newly appointed Senior Doctor, two Nurse Managers and a Counsellor.</p>

Client experience	<p>Each young person that comes into Brook Birmingham is encouraged to provide feedback about the experience and any comments are reviewed and actioned at the Managers' meeting.</p> <p>Once a year a more detailed survey is carried out to gather information on clients' experience.</p>
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Service	Blackburn & Burnley
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Clinical Excellence	<p>Opportunistic implant fitting is now available alongside fitting by appointment at both of our clinical sites. Phase one of the Brook implant training plan is underway in our services and this will improve access to implant fitting even further.</p> <p>We recruited a new Sexual Health Doctor in 2014. She is a Faculty of Sexual and Reproductive Healthcare Registered Trainer, which has enabled us to progress with our implant training programme internally. We are also in the process of setting up an IUD clinic that should be in operation at both clinical sites by June 2015.</p> <p>Six Sexual Health Nurses attended a Contraceptive Update day in December 2014. Three Sexual Health Nurses attended Solihull Approach training in March 2015. The Solihull Approach is a practical tool to support professionals in their work with young people, which aims to ensure that children and young people have a good emotional start in life.</p> <p>The Nurse Manager attended a regional LARC Workshop in March 2015.</p>
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Client safety	<p>We completed an under 13s audit during the year. The audit provided reassurance that whilst the numbers of under 13's attending our services are very small all cases had been dealt with appropriately.</p> <p>Following the national review and subsequent re-launch of Brook's Protecting Young People Policy in August 2014 all staff at both sites signed to confirm that they had read, understood and agreed to work to the new policy and procedures.</p> <p>The Management Team work together to support staff in decision-making about safeguarding cases.</p>
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	<p>We hold fortnightly safeguarding monitoring meetings at both our Burnley and Blackburn sites and closely monitor all cases involving under 13 year olds and those for whom there is a safeguarding concern.</p> <p>We have a worker who is co-located in the multiagency Child Sexual Exploitation Team who provides a link for safeguarding monitoring and information sharing regarding clients who have been identified as being vulnerable to CSE.</p> <p>Following a successful Section 11 Audit of both services in July 2014, we identified that all staff had completed single agency safeguarding training, but the number who had participated in multi-agency training was low. As a result of a subsequent safeguarding training action plan all staff across Blackburn and Burnley have now completed LSCB multiagency safeguarding training. Other LSCB training completed this year includes CSE, Serious Case Review, Common Assessment Framework, Self-Harm, Young People and Mental Health, Female Genital Mutilation and Domestic Violence.</p> <p>Our Nurse Manager is involved in the initial stages of developing a Blackburn with Darwen multi agency Sexual Health Strategy.</p>
Client experience	<p>In June/July 2014, we carried out consultation with clients via a clinic exit survey at our Burnley and Darwen Street clinic sites. The results of these surveys have informed service planning for 2015/2016 and some changes to opening hours are proposed.</p>

Service	Bristol
Clinical Excellence	<p>The Bristol Service identified a need to increase the availability of clinicians able to provide the fullest possible range of clinical services to young people, including:</p> <ul style="list-style-type: none"> • Long-acting reversible contraception and in particular intrauterine techniques and implants • advanced STI assessment • medical and non-medical prescribing. <p>We took the opportunity presented by the</p>

resignation of our doctor to look at how we could most efficiently use the salary allotted to that role to achieve maximum coverage of the skills we required. With the national Clinical Leadership Team assuming many of the governance roles previously assigned to the doctor in Bristol we hypothesised that we could appoint a Clinical Nurse Specialist for 30 hours a week and a Clinic Doctor for eight hours a week.

We appointed the Clinical Nurse Specialist in April 2014 and recruited a doctor in January 2015. Although relatively new roles they are already having positive outcomes:

- LARC and prescribing is available Monday-Friday and one in three Saturdays. This means that clients can expect in-house emergency IUD fitting on demand - the 'gold standard' emergency contraception offer
- clients who fall outside of PGDs can be seen by a prescriber and have access to the necessary medication without the need for a referral to a GP or Level 3 service
- clients can have bi-manual STI assessment ensuring that any onward referral is appropriate
- clients can be offered LARC methods (implant and IUT) on demand whenever possible. Vulnerable clients in particular are prioritised for this service
- we have seen a 40% increase in IUT provision during 2014/14 compared to the previous year and a 25% increase in LARC overall.

We have supported the Clinical Nurse Specialist to undertake a Postgraduate Certificate in Medical Education, which will enable her to register as a Faculty of Sexual and Reproductive Healthcare Trainer and provide in-house training to our nursing team.

Client safety

Brook Bristol is actively involved in supporting the prevention and eradication of child sexual exploitation (CSE). The Service Manager is a member of the Bristol Safeguarding Children's Board CSE sub-group. An audit of clients by the CSE sub-group highlighted good practice by Brook Bristol. We have

	<p>also been involved in an Ofsted thematic inspection which took place in October 2014.</p> <p>We have developed an urgent need assessment procedure for clients who present at times when the clinic is already full. Following risk assessment clients can be appropriately signposted to alternative services or seen in the clinic as additional cases if deemed clinically necessary.</p>
<p>Client experience</p>	<p>During 2014/15, the main clinic and three school-based satellite services achieved young people friendly (YPF) status. A further two school clinics are awaiting verification of their results. This is in addition to two school-based clinics that achieved the YPF kite mark in 2013/14. Four more of our school satellite clinics will apply for YPF status in 2015/16.</p> <p>In general, comments and suggestions from clients relate to longer wait times and requests for the service to set up an appointment system. As a result, from January 2015 clients are able to book some appointments in advance. Furthermore, from April 2015 a full staff complement should ensure shorter waiting times for our walk in service.</p> <p>Four young people (two male and two female) aged between 13 and 17 years took part in mystery shopping of the Brook Clinic in Bristol between 28 August and 6 October 2014. They reported an overall positive experience whilst attending the clinic. Three young people gave the service 9/10 and one young person gave it 8/10. The average overall score was 8.75/10.</p> <p>A survey of male clients canvassed 100 young men in 2014 asking them about their experience of attending the Brook clinic. The response was highly positive. Young men reported that they were happy to use the service because:</p> <ul style="list-style-type: none"> • staff were polite, friendly, respectful and not judgemental • the service was confidential, friendly and “chilled” • “everything was explained clearly” • they were helped with everything they needed.

Service	Cornwall
Clinical Excellence	<p>We have agreed and implemented referral pathways to the Genito-Urinary Medicine Clinic for clients who have confirmed or suspected gonorrhoea for treatment and contact tracing.</p> <p>Brook Cornwall adopted the Brookwide PGDs on 1 April 2015. All nurses were trained and assessed as competent to work to the new PGDs.</p> <p>We will be looking at ways to increase the uptake of quick starting contraception over the next 12 months.</p>
Client safety	<p>We are discussing mechanisms to review on a regular basis those young people we have identified as being vulnerable.</p> <p>We have been an early adopter of the new Brook client core record, which has enabled better sharing of information with relevant agencies in order to support our clients.</p>
Client experience	<p>In December, we carried out a two-week survey of the Pool clinic in which we asked clients, "Did Brook help you today?" Of 104 people who attended the clinic in the period, 72 (69.2%) answered the question. All of them answered "Yes".</p>

Service	Highland
Clinical Excellence	<p>We Introduced thorough clinical documentation in line with best practice guidance.</p> <p>We implemented an electronic client record system (Blithe Lillie) in March 2015.</p> <p>We introduced implant consultations prior to fitting or removal, which resulted in lower number of removals.</p> <p>We successfully used the quality improvement tracker to ensure that all women presenting for emergency contraception are offered a Cu-IUD.</p> <p>We recruited and trained Wellbeing Support Workers. All are trained to undertake venepuncture and as a result, our rate of blood borne virus screening has more than doubled.</p>

	<p>Staff have been trained and supported to implement the new Brook clinical procedures.</p> <p>Our Nurse Manager is in the process of completing a non-medical prescribing qualification, which will reduce the need for clients to see a doctor or be referred outside of Brook if they fall outside our PGDs.</p>
Client safety	<p>We continue to strengthen our links with local child protection teams across the local authority and high schools.</p> <p>We introduced the client core record assessment in March 2015.</p> <p>All staff received Brook level 1 safeguarding training and the safeguarding team received additional decision-making training.</p> <p>We have made significant progress improving health and safety arrangements such as emergency evacuation procedures and training of fire marshalls.</p>
Client experience	<p>Brook staff attended Highland Youth Voice (Youth Parliament) conference to discuss young people's sexual health needs.</p> <p>We supported the Youth Highland peer education project including training peer educators and taking part in a consultation on Brook services.</p> <p>Interim feedback systems remain in place whilst awaiting new Brookwide procedures.</p>

Service	Jersey
Clinical Excellence	<p>Faced with a major problem of recruitment and retention of Sexual Health and Contraception trained nurses, Brook Jersey made it our priority to support local registered nurses to obtain contraception and sexual health qualifications.</p> <p>With support from the Clinical Leadership Team, we recruited two CASH Nurses in Training. One Nurse has now completed her training and is fully competent to work to Brook Patient Group Directions. The second nurse in training is nearing completion of her theoretical training.</p>

	<p>We are grateful to the Association of Jersey Charities for providing funding to meet the costs of training and salaries for one year.</p> <p>Our senior doctor delivered 14 DFSRH 'Course of 5' theoretical contraception training programmes to trainees and generated income for Brook.</p>
Client safety	<p>Brook Jersey is represented at the following safeguarding fora:</p> <ul style="list-style-type: none"> • CSE Operational meetings • CSE Sub-Group Meetings • Inter-Agency Meetings • Suicide Prevention Meetings • Children Services Strategy Meetings • Sexual Health Strategy Coordinating Group. <p>We have established links with the States of Jersey Police and the Multi-Agency Safeguarding Hub. We have good working relationships with the Jersey Safeguarding Partnership Board, Barnados and other local agencies.</p> <p>We employed an Education Practitioner in February 2015 to take over some of the basic education work from our Advanced Education Practitioner, allowing her to do more CSE prevention work in schools and other agencies and to focus on delivering training to professionals.</p>
Client experience	<p>We carry out regular client satisfaction surveys at Brook Jersey. Our most recent client satisfaction survey found that the second most frequent issue raised for improvement was the waiting room. In response, we have submitted a grant application to purchase a new sofa, TV and notice board for the waiting area and at the time of writing were waiting to hear the outcome.</p> <p>If our grant application is successful, we plan to install a 'You Said, We Did' noticeboard in the waiting area to show the young people how we respond to their feedback.</p> <p>Historically, feedback from clients has focussed on the need for more staff and longer opening hours. By training two nurses to become qualified Sexual Health Nurses we hope to address these issues and</p>

	demonstrate to clients that we take their feedback seriously.
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Service	Liverpool
Clinical Excellence	<p>We carried out reviews of the case notes of all clinical staff.</p> <p>We hold three-monthly clinical meetings and three-monthly clinical supervision meetings for all clinical staff.</p> <p>We used the Brook quality improvement tracker tool to ensure that all clients presenting for emergency contraception are offered a Cu-IUD.</p>
Client safety	<p>We undertake monthly medicines management checks.</p> <p>In November 2014 our safeguarding lead began attending local multi-agency CSE meetings. We have an information sharing agreement approved for use by our CSE Lead.</p> <p>We reviewed use of the Brook safeguarding proforma due to the high number of proformas completed between October and December 2014. We found that whilst staff were providing a holistic and comprehensive service they were completing proformas for clients who did not need them. As a result we have introduced a 'keeping you safe flyer' to distribute to clients to explain what keeping them safe means. We have also placed more emphasis on the person receiving a disclosure dealing with the immediate need rather than referring to the safeguarding lead.</p> <p>We have introduced a three-week follow up for all clients that we refer outside of Brook.</p> <p>In December 2014, we updated the No Smoking signs on the clinical floors as clients were using e-cigarettes in the building.</p>
Client experience	<p>We carried out the first part of a two-part child sexual exploitation survey examining young people's perceptions of CSE. The results will be available in June 2015 and we will use them to review our CSE</p>

	<p>awareness campaigns.</p> <p>We carried out a client exit survey in December 2014. 70 clients completed the survey and all were satisfied with the service they had received and provided positive feedback about their experience of our staff.</p>
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Service	London
Clinical Excellence	<p>We increased our focus on improving the quality of clinical record keeping.</p> <p>We have developed the role of the Client Support Worker (CSW) to offer increased support to clients including health and wellbeing brief interventions. We also trained the CSWs to undertake point of care HIV testing.</p>
Client safety	<p>We delivered training on the use of Brook's new Projecting Young People Policy and procedures to all staff. Local training was also delivered to staff in completing the safeguarding proforma and local processes.</p> <p>We developed the local safeguarding team who now meet fortnightly to review cases. A live safeguarding register was developed and is in use so that we can keep track of cases.</p>
Client experience	<p>We continue to host external services to improve overall clients experience; including:</p> <ul style="list-style-type: none"> • Gaia (support service around gender violence) • Bessemer Midwives (under 19s midwifery service) • GSTT (STI services targeted at young men). <p>We worked with the national Participation Team and P+ volunteers to develop volunteer roles including around client experience and service development.</p>

Service	Luton
Clinical Excellence	<p>We took part in all five national audits and the Nurse Manager developed plans to implement the recommended actions in accordance with Brook policy and procedure.</p> <p>We ensure that national changes are implemented through supervision and one-to-one sessions. We</p>

	<p>have improved our recording of support and supervision.</p>
<p>Client safety</p>	<p>We have embedded Brook's Sexual Behaviour Traffic Light Tool within the clinical service to provide a standardised approach to identifying clients at risk of harm. Luton Safeguarding Children Board uses the tool to deliver some elements of its foundation training.</p> <p>The education team has run three training days for professionals on use of the traffic light tool.</p> <p>The Service Manager is part of the Luton and Bedfordshire Child Sexual Exploitation Panel representing both Luton and Bedford Brook.</p> <p>We are introducing the client core record to improve information sharing within the service and identification of young people at risk of harm.</p> <p>The Senior Management Team meet bi-weekly to discuss clients who are causing concern. We are seeking to ensure that clients who are at risk are recorded on our database for easy monitoring and reporting purposes.</p> <p>We have spent time focussing staff on significant event reporting and the importance of this. Supervision and team meetings focus on the implementation of safeguarding within the service including paperwork and policy updates.</p> <p>The education team are reviewing their referral forms to ensure they reflect the identification of more vulnerable young people.</p> <p>All nurses are signed up to the current PGD's and receive regular support from the local Nurse Manager and national Nursing Leads.</p>
<p>Client experience</p>	<p>We conducted a service review with a focus on chlamydia screening and the Condom Card Scheme. Outcomes from this are positive, although we recognise that more strategic and effective marketing of these services is necessary to ensure that the correct messages reach clients.</p> <p>We undertake a quarterly satisfaction survey to ask</p>

clients 'Are you happy with the service you received today?' The results showed that 99% of the 180 respondents were happy with the service.

These surveys also enable us to identify if clients are routinely offered a chlamydia test and if confidentiality is explained to them.

It is important to us to understand why even a small minority of clients are not happy with our service so we invite clients to leave us feedback at every visit if they wish to and we make sure the complaints procedure is prominently displayed.

Brook Luton is developing its relationship with Healthwatch who have conducted an in depth survey of the service.

Regular participation with young people at Luton is encouraged and actively sought.

Service	Manchester
Clinical Excellence	<p>Robust Patient Group Directions (PGDs) continue to support best evidence based practice. Updated PGDs were launched on 1 April 2015 following staff training.</p> <p>Implants are available by appointment and on a drop in basis on four days per week. Waiting times for appointments average one week. Training in the fitting and removal of subdermal implants is available to all nurses.</p> <p>Intrauterine contraception is now available by appointment and as an emergency on three days per week.</p> <p>Counselling services are available to the local community, including schools and youth groups.</p>
Client safety	<p>All new staff have received Brook level 1 Safeguarding training, and ongoing training is delivered at all clinical meetings.</p> <p>Brook's Protecting Young People Policy has been updated and all staff have received appropriate training in effective use of the policy and procedures.</p>

	<p>An easy to use summary is available in each room.</p> <p>The management of clinical emergencies procedure has been cascaded to all clinical staff.</p>
Client experience	<p>All staff encourage feedback from service users in addition to our participation in the national counter measures surveys.</p>

Service	Milton Keynes & Buckinghamshire
Clinical Excellence	<p>Milton Keynes Brook has participated in all aspects of the national audit programme, and put in place actions.</p> <p>Implant audit Clients requesting implant removal due to unscheduled bleeding are now routinely screened for gonorrhoea and chlamydia, and advised that the implant will not be removed if screening is positive until treatment has been completed, and if bleeding problems persist. Our proforma has been updated to reflect this change in practice.</p> <p>Quick starting the implant has been introduced for vulnerable clients, following the issue of emergency contraception.</p> <p>STI audit We reviewed and updated Milton Keynes' sexual health proforma.</p> <p>FPA STI Information leaflets are available for clients.</p> <p>Clients who have tested positive for chlamydia when screened by Brook (not through the Chlamydia Screening Office), are routinely sent a text reminder to attend for re-screening at three months. Brook has liaised with the Chlamydia Screening Office, who have confirmed that they advise all clients testing positive to re-attend for a screen at three months at the time that they receive their positive result.</p> <p>Abortion audit We contact clients referred by Brook for an abortion, by either text or phone call, at three to six weeks to check on their physical and emotional wellbeing, and to ensure that contraception is in place.</p>

Emergency contraception audit

Where a client declines 'quick starting' a method of contraception, staff now document the reason in their notes. The first quality improvement metric to offer the copper intrauterine device to all young women attending for emergency contraception has been completed. Three concurrent samples of ten young women, attending for emergency contraception, seen consecutively in clinic were taken on a weekly basis, which demonstrated 100% compliance. It is now embedded in practice for all nursing staff to offer the copper intrauterine device at all consultations for emergency contraception, and document it in the notes.

An up to date list of services offering emergency copper IUD fitting is now in place. However, availability is very limited, and dependent on whether an appointment is available, and whether the young woman can access the appointment as some GP services are in outlying areas. The Brook doctor has also increased her availability for this service during her weekly clinics, and can sometimes provide this service for clients outside of her normal working hours at Brook.

Plans are currently in development to train a member of the nursing staff to fit IUD/IUS, and to introduce a dedicated clinic, in addition to the weekly session provided by the Brook doctor. This would ensure that any young women wishing to use this method as her preferred option for emergency contraception is able to access the service in a timely manner. Funding has been agreed in principle for the training, and we are in the process of sourcing a local accredited trainer with the Faculty of Sexual and Reproductive Healthcare.

Client safety

We have embedded the new Brook Protecting Young People Policy and procedures in all services, and a safeguarding proforma is completed for all clients where there are safeguarding concerns of any nature e.g. sexual exploitation, domestic abuse, risky behaviours such as drug and alcohol misuse, and mental health issues such as self-harm.

As a result, the number of proformas being

completed has increased significantly with a resultant increased number of referrals to and information sharing with Children's Social Care and other outside agencies.

All new staff attend Brook level 1 safeguarding training as part of their induction programme. The safeguarding escalation route is regularly updated. Staff access free Level 2 (mandatory tri-annually) and Level 3 training through the Milton Keynes Safeguarding Children's Board (MSCB).

Milton Keynes Brook safeguarding team is now represented at local monthly Multi Agency Risk Management Meetings, (MARMM) for Child Sexual Exploitation (CSE). Any client known to Brook who is discussed at the MARMM is identified on our electronic database. Brook is also represented on MKSCB's recently formed CSE Sub-Group.

Quarterly safeguarding supervision sessions for all clinic staff are now in place for the next year. The first session took place in February with clinic staff agreeing a pathway for safeguarding proformas, completed at the time of the consultation with the young person, to include feedback to the Senior Management Team regarding any impact on client throughput or waiting times during the clinic.

A new client core record has been developed by Brook nationally. All relevant Milton Keynes staff have completed training in the use of the new client core record, and the document will be introduced in April 2015 for new clients.

A designated member of staff undertakes a weekly audit of sharps and clinical waste. Any incorrect usage of sharps or clinical waste bags are reported as clinical incidents and investigated.

We carry out monthly checks on resuscitation equipment. As a result we have:

- replaced the gauge on oxygen cylinders
- removed and destroyed rectal diazepam as no longer in use as per clinical guidelines
- introduced tamper proof bags for emergency

	<p>drugs</p> <ul style="list-style-type: none"> introduced 1 ml syringes to draw up adrenaline in the event of a child requiring treatment for anaphylaxis.
Client experience	<p>Out of 667 client questionnaires completed during 2014/15, 663 (99%) said that they were happy with the service received at Brook Milton Keynes.</p> <p>The main cause of negative comments relates to waiting times. To alleviate this, in addition to our drop-in service, we offer a range of bookable appointments for implants, STI screening and repeat contraception, as well as appointments with the doctor.</p> <p>From October, in addition to encouraging service users to post any comments in the comments box available in the clinic, client questionnaires were updated to include the following qualitative questions:</p> <ul style="list-style-type: none"> 'Do you have any other comments about your visit?' 'How do you think that LARC methods could be better promoted/advertised?' <p>Significantly more young people now take the opportunity to make comments about the service than via the existing comments box system.</p> <p>A selection of comments are used on the 'You said, we did' board displayed in the clinic which provides an opportunity to make young people aware of what is on offer.</p>

Service	Northern Ireland
Clinical Excellence	<p>Our Senior Doctor and one of our Nurses has attended STI Foundation course training.</p> <p>Medical and nursing staff have received clinical updates.</p> <p>We effectively used the Brook quality improvement tracker to ensure that all clients presenting for emergency contraception are offered a Cu-IUD.</p>

	<p>We funded two STI testing sessions a week, which identified young men who have sex with men as a vulnerable group.</p>
Client safety	<p>Our Director and Senior Doctor attended Level 2 and Level 3 safeguarding training.</p> <p>We having been building our relationship with Northern Trust Gateway Team</p> <p>We carried out a survey into young people's experience of pornography.</p> <p>As a result of last year's CSE research we have improved the assessment questions we ask young people.</p>
Client experience	<p>Young people participated in a number of social media questionnaires throughout the year.</p> <p>We are able to offer psycho sexual counselling to young people.</p>

Service	Oldham
Clinical Excellence	<p>Robust Patient Group Directions (PGD) continue to support best evidence based practice. Updated PGD's were implemented on 1 April 2015 following staff training.</p> <p>50% of Brook Oldham's nurses are trained implant fitters currently and the others will be trained within the next 12 months in line with the Clinical Leadership Team's aim that all Brook nurses will be trained by March 2016.</p> <p>From 1 April, the Oldham service will be part of an integrated service, which means that nurses will be undertaking a dual role and will be trained in HIV testing and wellbeing support. The training will be provided by the University of Central Lancashire in April.</p>
Client safety	<p>All staff by the beginning of April will have received mandatory training, which includes basic life support, manual handling and infection control and anaphylaxis.</p> <p>Brook's Protecting Young People Policy has been</p>

	<p>updated, all staff have received appropriate training in effective use of the policy, and an easy to use summary is available in each clinical room.</p> <p>The management of clinical emergencies procedure has been cascaded to all clinical staff.</p>
Client experience	All staff encourage feedback from service users.

Service	Salford & Bolton
Clinical Excellence	<p>Robust Patient Group Directions (PGDs) continue to support best evidence based practice. Updated PGDs were launched on 1 April 2015 following staff training.</p> <p>Implants are available via appointment and drop in on three days per week. Waiting times for appointments average one week. Training in the fitting and removal of subdermal implants is available to all nurses.</p>
Client safety	<p>All new staff have received Brook level 1 Safeguarding training, and ongoing training is delivered at all clinical meetings.</p> <p>All staff have received mandatory training, which includes basic life support, manual handling and infection control and anaphylaxis.</p> <p>Brook's Protecting Young People Policy has been updated, all staff have received appropriate training in effective use of the policy, and an easy to use summary is available in each room.</p> <p>The management of clinical emergencies procedure has been cascaded to all clinical staff.</p>
Client experience	<p>All staff encourage feedback from service users.</p> <p>Results of our Counter Measure survey asking 'Did Brook help you today?' showed that:</p> <ul style="list-style-type: none"> • Walkden had 83 clients of which 100% said yes • Weaste had 122 clients of which 93% said yes. <p>Results of our Counter Measure survey asking 'Would you recommend Brook to a friend' showed that:</p>

- Walkden had 102 clients of which 45 % said yes
- Weaste had 146 clients of which 71% said yes.

Service	Sandwell & Dudley
Clinical Excellence	<p>We have undertaken a review of service delivery within Sandwell and Dudley to ensure that resources are best utilised.</p> <p>We hold regular meetings between management and clinical staff to discuss the current model of service delivery and identify any potential changes.</p> <p>We hold regular meetings of all staff to discuss service delivery and opportunities for improvement.</p> <p>We introduced an Area Senior Doctor role to support the Nurse Managers in both Sandwell and Dudley and Birmingham in ensuring excellence throughout clinical delivery.</p> <p>Service user consultations were launched, consulting existing and potential service users on issues such as opening times, availability of services, access and the format of full STI screening.</p> <p>Additional STI Foundation training has been agreed for all substantive nurse posts as a result of securing additional funding.</p> <p>Subdermal implant training for substantive nurse posts has increased the offer of implant fitting and removal across the service.</p> <p>All substantive nurse posts are undertaking the Faculty of Sexual and Reproductive Healthcare Nurse Diplomate qualification.</p> <p>Client feedback is discussed during management meetings and staff meetings, with responses discussed and agreed.</p>
Client safety	<p>We participate in a number of working groups within Sandwell and Dudley to try to combat CSE.</p> <p>Staff utilise Local Safeguarding Children Board training on CSE, Female, Genital Mutilation, Honour Based Violence etc.</p>

	<p>Representatives of the service attend the Sexual Health Promotion Implementation Group, HealthWatch Sandwell and similar organisations.</p> <p>The introduction of an Area Senior Doctor role is supporting the Nurse Manager in maintaining a safe environment for clients and staff.</p> <p>Due to the rise in identified safeguarding cases within Sandwell we have allocated more time for the Nurse Manager and Counsellors to focus on addressing this. They now meet weekly to discuss the development of cases and referral procedures as well as discussing potential cases of CSE with the local CSE team which consists of members of West Midlands Police, Public Health, Women's Aid, Brook etc.</p> <p>Members of the management team attend the Positive Action on Sexual Health Group for Sandwell.</p> <p>Infection control audits and stringent controls have helped bring our rating from red to green.</p>
Client experience	<p>We successfully launched a volunteer programme, with two volunteers within Sandwell and Dudley. This has informed our decisions when designing the service.</p> <p>All staff have attended training on inclusivity, equality and diversity to address areas that were identified as weak within the service.</p> <p>Client feedback is discussed at staff meetings, with suggestions on how to address any negative feedback welcomed.</p> <p>Feedback (with explanations of resulting actions) will soon be displayed across all sites to ensure that clients feel that their comments are taken on board.</p>
Service	Wigan & Leigh
Clinical Excellence	<p>In August 2014, Brook Wigan and Leigh carried out a consultation with professionals who have worked in partnership with the service, participated in training or supported young people to access services. This consultation was carried out alongside a wider</p>

consultation with young people from across the borough.

Brook Wigan has been chosen to be the main Brook pilot site for a new adolescent health and wellbeing model providing a more holistic approach to young people's general health and wellbeing. The work that we undertake will be externally evaluated. We have been offering young people support on the following topics:

- alcohol
- healthy weight
- smoking
- building resilience
- drugs.

Role-related training for staff, underpinned by a strong evidence base and nationally recognised competences, has been provided which will cover the approach and resources, motivating and engaging young people to improve their own health and wellbeing.

We have begun our implant training plan which will enable all our nurses to obtain the nationally recognised FSRH Letter of Competence in Sub Dermal Contraceptive Implant Techniques by the end of 2015.

We have completed audits for the following; infection control, under 13's safeguarding, emergency contraception, implant insertions, STIs and abortion referral.

Following the infection control audit, all staff received mandatory training updates, including dealing with body fluid spillages. All new staff will have training in our infection control policy and procedures as part of their induction.

Following on from the emergency contraception audit we are introducing a referral pathway for the provision of the Cu-IUD within and outside of Brook Wigan as per the audit's recommendations.

Brook recently hosted a number of events in

	<p>partnership with Barnardos and Shine showcasing the work of the sexual health services in Wigan for professionals and young people, including:</p> <ul style="list-style-type: none"> • Valentine's day sexual health awareness event for young people held in the Youth Zone • sexual health awareness event for professional with over 150 professionals attending from schools, health services, Gateway, GP practices.
<p>Client safety</p>	<p>We completed Wigan Council and NHS North West's Safeguarding Audit Tool to Monitor Standards for Voluntary, Community & Faith Sector (VCFS) Providers</p> <p>We provide joint training alongside Wigan Council Safeguarding Board for CSE for professionals.</p> <p>We have representation on the weekly Sexual Exploitation and Missing (SEAM) screening and action planning meetings for CSE.</p> <p>We have set up weekly safeguarding meeting and developed a central database to hold information about cases of concern.</p> <p>We have implemented the new Protecting Young People safeguarding policies and procedures in the service.</p> <p>Brook has recently introduced a new proforma to gain a more holistic assessment of need for young people using our services. This includes identifying other risk factors alongside sexual history such as self-harm, mental health and substance abuse.</p> <p>On National CSE Awareness Day on 18 March Brook's education team delivered consent workshops to young people from schools across the Borough as part of a CSE and domestic abuse event.</p>
<p>Client experience</p>	<p>Throughout August 2014, we carried out a consultation with local young people to gather information about their awareness of Brook services and feedback from young people who had accessed services. 151 young people completed questionnaires.</p> <p>Of those who had used our services, 83% rated them excellent or good. The main area that young</p>

	<p>people identified as needing improvement was waiting times in the clinic.</p> <p>Brook Wigan takes the lead on You're Welcome (quality criteria for young people friendly services) accreditation. We have trained young volunteers to become You're Welcome verifiers as the participation of children and young people is at the heart of You're Welcome. Brook also has the You're Welcome Accreditation Award.</p> <p>The young verifiers have also had the opportunity to be involved in the recruitment and selection process for Sexual Health Nurses and Wellbeing Support Workers in Brook Wigan. It was important that young people had the opportunity to be on the interview panel as they are the most important people to form an honest view of candidates' ability to work with young people.</p>
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Service	Wirral
Clinical Excellence	<p>During 2014/15, two of our clinical team completed implant insertion and removal training. All of our clinical team are now fully competent in this method of contraception.</p> <p>In addition, one of our nursing team has successfully completed GUM training and is now a dual trained sexual health practitioner. A second nurse has also now commenced this training and should have completed it by May 2015.</p> <p>Both initiatives have expanded the services that we can offer to young people.</p>
Client safety	<p>Safeguarding procedures in the integrated service of which Brook Wirral is a partner were reviewed in February 2014 and findings were reported to the Contract Management Board. The Board discussed the need for a robust, safe policy to be put in place to ensure staff who work at different venues as part of an integrated rota are able to follow their own organisation's safeguarding procedure. As a result, the escalation procedure and full details of Brook's on-call safeguarding team are available at all venues and updated as and when required.</p>

	<p>The Nurse Team Leader attends monthly meetings with the child sexual exploitation team and safeguarding lead. This has enabled us to identify that all clinical staff require training up to Level 3.</p>
<p>Client experience</p>	<p>The integrated sexual health service provides clinics seven days a week, including designated young people's clinics on Monday-Saturday at our main site, along with other venues within the service offering young people-only clinic times.</p> <p>Following a recent CQC inspection of the lead provider, their report highlighted the numerous opportunities young people had to seek advice and receive treatment regarding sexual health. Furthermore, it emphasised that the sexual health team are innovative and proactive in their efforts to engage young people and encourage appropriate health tests.</p> <p>The service has taken part in Brook Counter Measures surveys, the results of which have been extremely positive recording that 100% of those young people surveyed said Brook had helped them today.</p> <p>Our Health Service in Schools team conducted a client satisfaction survey in the outreach venues they visit. The results were extremely positive and 98.5 % of young people stated that they would recommend Brook to a friend.</p>

What clients say about Brook

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

- The Nurse here is supportive and helpful, I feel confident talking with her about sensitive issues
- The place was friendly and open. Everyone was happy to help and the receptionists checked with each other to make sure they were doing the right thing. The staff were very nice and professional, they make sure you are happy. The nurse was great and made some awkward questions seem ok
- Shorten waiting time if possible
- Really well educated staff... Thank you for offering your services to us teenagers
- The sexual health advisor, made me feel very comfortable and confident in speaking to her
- Earlier opening times would be good, would like to come before work
- It's free and people can be assured they have a place to come and talk
- My experience at this clinic was very good and the nurse was very understanding and I love the confidentiality this clinic offers you
- It would be good to be able to make an appointment
- I wanted to say a big massive thank you for making me feel like I had someone who cared about my situation
- Saw the doctor. Options well explained with advantage/disadvantages of both. Decision left for me and happy with result. Very good service
- Brook have supported me not just through the topic "sex", but also with other personal problems. I would certainly recommend to anyone
- Needs more nurses on at once to cut waiting times
- Easy to talk to friendly helpful staff

Supporting statements

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