

Brook East of England Quality Account 2011-12

Part 1 Introduction

What is a quality account?

Quality accounts are our 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 NHS healthcare to publish annual quality accounts.

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

Quality accounts aim to:

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

A quality account must include a statement from the Board summarising the quality of NHS 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 NHS healthcare will engage with their staff, trustees, clients and commissioners.

Who are we?

Brook is the leading UK voluntary sector provider of contraception and sexual health services to young people under 25. The charity has over 45

years' experience working with young people and has Centres across the UK.

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 19 clinical delivery Centres in the UK and Jersey (see below for map).

In 2011-12 Brook East of England had contact with 41,322 young people through clinics, education work and Ask Brook, the national information service.

Ask Brook offers a confidential helpline, an online enquiry service and an interactive text message service. Ask Brook is available free and in confidence to young people on 0808 802 1234, by text on 07717 989 0236 (standard SMS rates apply) or by secure online message at www.brook.org.uk

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.

On 1 April 2011 Brook changed from a Network of 16 independently constituted Brook charities to one nationwide organisation. In becoming 'One Brook' the organisation committed to achieving excellent quality, the best clinical governance framework and highest standards for all our services.

Brook East of England first opened a service in Milton Keynes in October 1989 but over the last four years there has been an expansion of services across the region. We now have three main centres in Milton Keynes, Luton and Bedford as well as 20 satellite clinics across Buckinghamshire and Bedfordshire. Our services are delivered in a range of locations including schools, colleges and community venues that best meet the needs of the young people we work with.

In our main centres we are able to provide fully integrated level 2 sexual health services delivered by dual trained sexual health nurses offering a full range of contraception and both testing and treatment of sexually transmitted infections.

We have education and training workers based at our three main centres that deliver SRE in schools and colleges. We deliver a variety of training programmes to the professionals that work with young people as well as delivering one-to-one targeted work with the most vulnerable and difficult to engage young people.

We have spent considerable time developing new training packages for professionals across the East of England and are now commissioned to provide this training in Buckinghamshire, Luton and Milton Keynes. Our Doctors and Nurses have been providing IUD and implant training to a number of professionals across the region and our outreach workers provide OCN accredited training around Delay work; abortion issues; working with young men; working with hard to teach young people; the expansion of our peer education programme to groups of young people.

Our peripatetic Outreach Nurse service continues to have increased demand from vulnerable young women who would not normally access sexual health drop-ins and receive advice and contraception in their own home. They work closely with other professionals who refer young people to this service. The Peripatetic Nurses also work closely with our Boys Worker, developing our satellite services in schools and we now provide drop-ins at 29 secondary schools, 8 out of school providers, 8 college sites and 9 hostels.

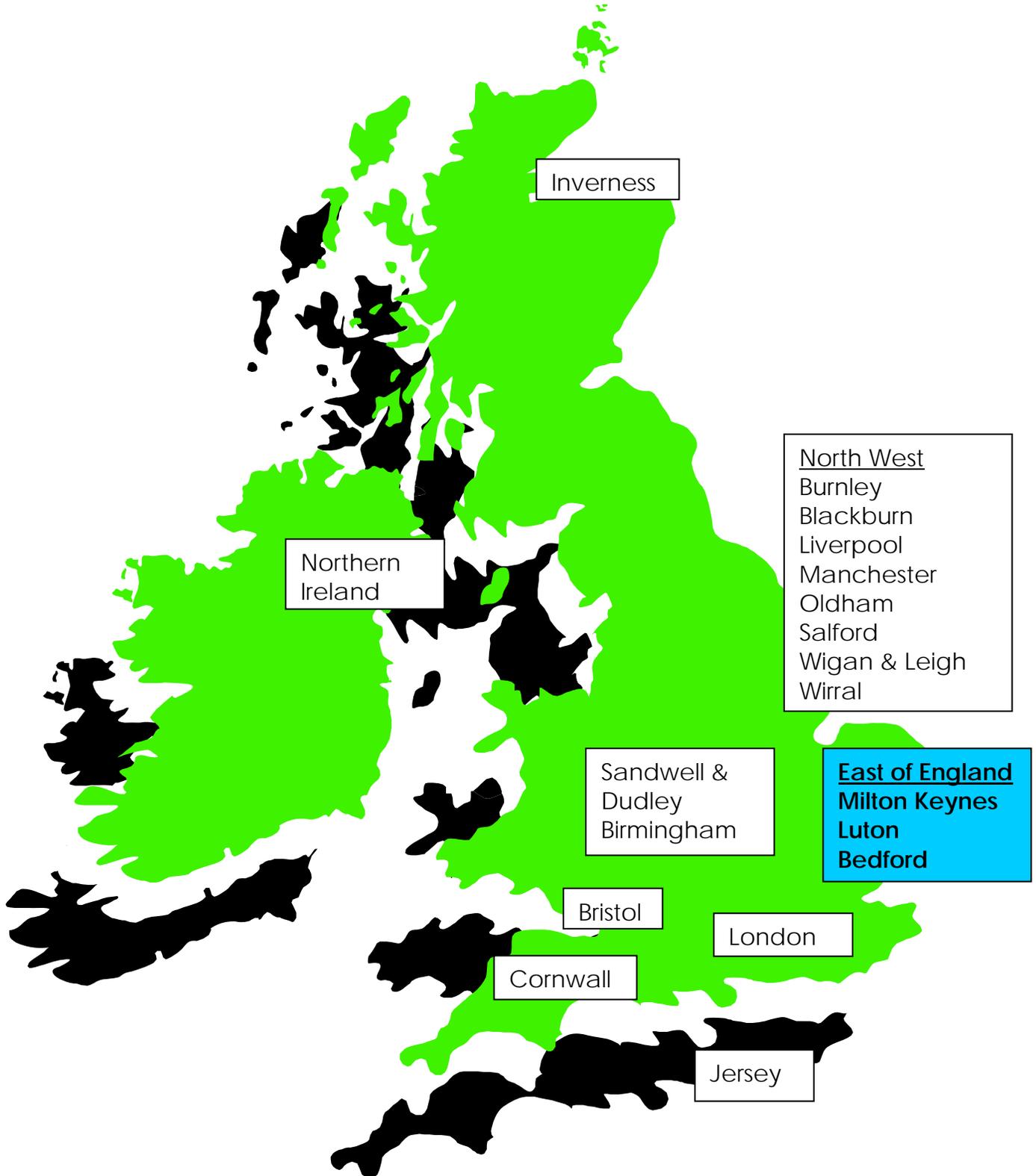
In Milton Keynes and Luton we are funded to provide a counselling service which we offer both in Centres and in outreach settings.

We are now extending our work to include providing support and information around drug and alcohol misuse and have secured funding to work in partnership with 4YPUK and Plan B to work with vulnerable groups. The aim is to improve children's emotional and physical health by reducing the numbers of young people using drugs and alcohol and delivering informal education to young people to help prevent unplanned teenage conceptions and improve their sexual health.

Over the last 12 months we have seen 21,590 young people at our clinics plus 19,732 during our education and training work.

Brook (19 clinical delivery Centres)

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Quality Statement

Statement from the board and chief executive

We are very pleased to introduce the first set of Quality Accounts for East of England as part of the Brook national organisation and welcome the opportunity to demonstrate our commitment to continuously improving the quality of our services for young people.

Brook is committed to delivering high quality, young person centred services which are welcoming to all young people and where possible accessible in their own communities.

We are committed to supporting our staff through training and development to ensure that they are equipped to deliver continuously high standards of service to young people, and that they understand and respect their needs as they move from childhood through to adolescence and into adulthood.

We have encouraged and welcomed our staff, clients, partners and commissioners to look at our Quality Accounts to see what we do well, what we intend to improve and what we will be reviewing 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 Involvement Network (LINK) have been offered an opportunity to comment on the account ahead of publication ([see page x](#))

We are looking forward to supporting the continued quality improvement of Brook services and ensuring that all our services remain accessible to young people and are of the highest standard.

The Board of trustees is accountable for ensuring the accuracy of the information within this Quality Account. I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by Brook East of England.

Jackie Boath

Executive Director Operations and Business Development (South)

Part 2

1 Priorities for improvement 2012/13

Brook's national priorities for improvement in 2012/13 are

Clinical Effectiveness

Clinical audit

Clinical Audit is a quality improvement process that seeks to improve client care and outcomes through the systematic review of care delivery. It attempts to establish if things are being done correctly and asks 'are we following best practice'.

During 2012/13 all Brook clinical delivery services will take part in a national programme of four clinical audits. The objective will be to ensure that clinical standards are upheld across the audit areas and that practise across the organisation is consistent. A benchmark will be established against which to set continuous improvement objectives.

A report will be prepared within a month of each audit and learning will be shared across the organisation. Where adverse trends or variations are identified an action plan will be developed and implemented to support compliance.

We will be working to achieve 100% compliance with all 4 national audits. Each clinical delivery location will select a minimum of 40 sets of client notes for each audit.

In addition to sharing the audit report the outcomes will be discussed at the annual Brook clinical leaders' conference. Progress will be reported and monitored at meetings of the Board clinical governance sub-committee.

Clinic support workers

During 2012/13 a standard induction, training and development programme will be developed for Clinic Support Workers (CSWs) and implemented by all Centres with CSWs in their staffing team. The objective is to ensure consistent competencies across the organisation and the optimum use of staff skills.

We aim to ensure that 100% of newly appointed CSWs have access to a standard induction programme and that 100% of existing CSWs have access to a standard training and professional development programme.

Progress will be reported and monitored through the senior management team and at quarterly meetings of the Quarterly Expert Working Group and the Board clinical governance sub-committee.

Client Safety

Incident reporting

During 2011/12 inconsistencies were identified in the reporting and risk rating of clinical incidents. During 2012/13 we will review the organisation's incident reporting procedures to ensure that a consistent approach to the management of serious incidents is embedded in the organisation and that risks can be scale rated, trends identified and action plans developed and implemented to mitigate risks and improve client safety.

All 19 clinical delivery locations will work to a standard reporting procedure and all staff will be clear what incidents should be reported and how.

Progress will be reported and monitored at quarterly meetings of the Quality Expert Working Group and the Board clinical governance sub-committee.

Client Experience

Client experience questionnaire

A client experience questionnaire will be developed and introduced to all locations to specifically evaluate clients' experience and satisfaction with the clinical consultation and the quality of care provided. This will complement existing mechanisms which measure general satisfaction with the service experienced. This will enable us to strengthen the planning and organisation of clinical care as well as support clinical appraisal and the revalidation of doctors.

All locations will use a standard client experience questionnaire and have carried out one survey by the end of the year completed by a minimum of 40 clients at each location.

All locations will use a standard client experience questionnaire and have carried out surveys covering at least 50% of clinicians by the end of the year completed by a minimum of 40 clients per clinician.

Progress will be reported and monitored at quarterly meetings of the Measuring Impact Expert Working Group and the Board clinical governance sub-committee.

Brook East of England local priorities for improvement in 2012/13 are:

Clinical Effectiveness

Locally, Brook Milton Keynes ensures clinical effectiveness by using measurable audit outcomes as set by the Faculty of Sexual and Reproductive Health and the British Association of Sexual Health and HIV as benchmarks to assess its provision of contraception and sexual health services.

Brook Milton Keynes also contributes to national clinical audits e.g. BASHH and Brook and follows national direction for improvement to ensure a nationally standardised service.

Our three centres plan to achieve 100% compliance against the 4 Brook national audits in order to assure delivery of quality improvement in client care across East of England. We will do this by quality assessing current audit practices and results to review, design and implement improvement plans for achieving 100% compliance. Audit outcomes will be reported at the annual Brook clinical leader's conference, and monitored by the Clinical Governance Board and sub-committee. In addition, outcomes will be reported to clinical staff to ensure a robust learning and improvement cycle and promote best practice.

We will continue our robust methods of obtaining and dispersing clinical information and updates to all staff. We use a diverse range of techniques including letters, emails, meetings and update materials to communicate information to workers. This is monitored and measured directly through a regular audit cycle that takes place on a multitude of clinical topics/notes.

A supervision structure across the 3 East of England centres for nursing staff has been introduced within the past year which is proving to be successful in driving quality in our service. This will continue and develop as necessary over 2012/13.

Client Safety

Brook Milton Keynes places clients at the centre of service provision and aims to build a safety culture where the clinical leads guide and support staff to provide a safe experience which focuses on Safeguarding young people and Clinical Safety.

We follow the Brook Protecting Young People Policy and ensure all staff have had the appropriate safeguarding training and understand the referral pathways for under 14's and vulnerable young people to the Safeguarding Leads and Brook's Out of Hours Emergency Liaisons. We also have local flowcharts in working order for the safety of young people attending following domestic violence, sexual assault and forced marriage. Meetings are regularly held for the case management of clients identified as 'Cause for Concern' and experience and knowledge learned from these are shared with the team.

Clinical risk management is integrated into the quarterly medical meetings with review of critical and untoward incident reports and dissemination of outcomes and service improvements to all staff. A traffic light system for escalation of critical incidents is in place and all reports are fed back to both local service commissioners and Brook's Trust Board.

Clinical Audit measures practice at least annually against national benchmarks and if standards are not attained procedures are put into place to ensure client safety

Brook Milton Keynes ensures staff performance levels are conducive to a safe client experience through competency assessment, one-to-one and group clinical supervision, performance management and annual appraisal.

Brook Milton Keynes is registered with the Care Quality Commission and works within its framework to provide risk assessment, triggers for service analysis and reporting of critical or untoward incidences.

Our commitment to client safety will be communicated to clients and the public through outreach and promotion in clinic and networking with local agencies.

Brook Milton Keynes will engage and involve all staff and external agencies in piloting a Sexual Behaviours Traffic Light Tool developed by Brook at National level. This pilot aims to develop a robust procedure to support professionals to work to the same criteria when making decisions about client safety and protecting children and young people with a unified approach.

Progress will be measured through reviewing child protection cases and seeking feedback to determine how the tool successfully assists staff in identifying and managing client safety and safeguarding issues. Feedback will be gathered throughout the pilot, fed back to the development team and reported to the National Board.

Client Experience

Brook Milton Keynes measures client experience through the use of feedback tools which include quarterly satisfaction questionnaires, comments boxes located in clinic, focus groups with young people and integrating ideas raised through peer education work shops.

Our implementation of client suggestions and ideas are displayed as a 'You said - We did' board in clinical areas.

The quarterly satisfaction questionnaire is specifically designed to elicit measurable outcomes e.g. waiting times and scales of satisfaction so that improvement can be measured over time. These results are reported to the local commissioners on a quarterly basis.

Brook Milton Keynes aims to enrich client experience by continually improving access to clinical services. We will do this by improving access to Level 2 sexually transmitted infection testing services by increasing provision of dual trained nurses available and improving access for "drop-in" clients.

In addition we will ensure staffing levels reflect service demands and the needs of service users. Quarterly service needs analysis is undertaken as well as seeking feedback from service users on the developments made through comments boxes and an annual survey on service perception.

Brook Milton Keynes openly encourages client feedback, including complaints. We recognise that sometimes things go wrong and ensure that procedures for clients wishing to make complaints are visible, clear, investigated thoroughly and remain confidential and separate from their records.

2 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.

2.1 Review of services

During 2011-12 Brook East of England provided and/or sub-contracted 4 NHS services.

Brook East of England has reviewed all the data available to them on the quality of care in 4 of these NHS services.

The income generated by the NHS services reviewed in 2011-12 represents 81.5% per cent of the total income generated from the provision of NHS services by Brook East of England for 2011-12.

Locally, the income generated by the NHS services reviewed in 2011-12 represents 74% per cent of the total income generated from the provision of NHS services by Brook Milton Keynes for 2011-12.

2.2 Participation in clinical audits

During 2011-12, no national confidential enquiries covered NHS services that Brook East of England provides.

As Brook East of England was ineligible to participate in national confidential enquiries, no data collection was completed during 2011-12 and it is not possible to list the number of cases submitted to each enquiry as a percentage of the number of registered cases required by the terms of the enquiry.

The reports of 48 local clinical audits were reviewed by the provider in 2012. Brook East of England intends to take the following actions to improve the quality of healthcare provided across the three main centres:

- continuously monitor and improve infection control and waste disposal standards
- improve compliance with PGDs (Patient Group Directions) including improvement in recording of BMIs in service user notes
- implement use of consent forms for injectible contraception (Depo Vera) to ensure best practice regarding implied consent
- improve standards of recording medical history, condom demonstration, social situation, leaflets given and Sexual Health discussions in service users notes
- improve standards of author identification on service user notes
- ensure staff comply with Care Quality Commission (CQC) essential standards of Quality and Safety Outcome 2 in recording consent to treatment at each service user consultation
- to implement a proformas for assessment of clients attending for emergency contraception to ensure FSRH standards are met
- Offer clients attending for a TOP (termination of pregnancy) referral a follow up call at 2 weeks to discuss contraception, counselling needs and information in lone with the RCOG guidance
- Ensure closer follow up of clients with confirmed STI such as Gonorrhoea to improve re-attendance for test of cure following treatment

2.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Brook East of England in 2011-12 that were recruited during that period to participate in research approved by a research ethics committee was 60.

2.4 Use of the CQUIN payment framework

Brook East of England income in 2011-12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because our contracts were blocked contracts with no CQUIN requirements

2.5 Statements from the CQC

Brook East of England is required to register with the Care Quality Commission and its current registration status is registered. Brook East of England has the following conditions on registration: no conditions.

The Care Quality Commission has not taken enforcement action against Brook East of England during 2011-12

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

2.6 Data quality

Data collected by Brook Milton Keynes is defined and selected, collected, recorded and analysed with the intended use and stake holders in mind to ensure it is fit for purpose. Brook East of England aims to ensure that all data collected, recorded and reported is accurate, valid, reliable, timely, relevant and complete to ensure quality of the data.

Brook Milton Keynes is currently reviewing and developing its clinical data capture system in order to ensure the continuing quality of data on electronic format. This will include an improved electronic audit trail to identify improvement areas in data quality. In addition, six monthly manual stock takes, with numbers compared against data of supplies delivered, is undertaken to audit accuracy of data inputted.

Brook Milton Keynes works closely with organisations that require our data for National statistical purposes to ensure that the quality of the data is monitored at each submission.

NHS Number and General Medical Practice Code Validity

Brook East of England did not submit records during 2011-12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit attainment levels

Brook East of England (Milton Keynes) Information Governance Assessment Report score overall score for 2011-12 was 84% and was graded Green.

Clinical coding error rate

Brook East of England was not subject to the Payment by Results clinical coding audit during 2011-12 by the Audit Commission.

Part 3

Review of quality assurance

1 Review of performance 2011/12

Nationally

Clinical effectiveness

An Interim Executive Director of Quality was appointed to provide strategic leadership on quality assurance and clinical governance. This appointment was not only a very visible commitment to the importance of quality and clinical excellence within Brook but has enabled a dedicated team to work on the quality agenda for the organisation. The priority for the team during 2011/12 was to establish baseline data and information about practice from which to make recommendations for quality improvements in the coming year.

The quality team has been integral to setting the priority areas for 2012/13, based on the baseline findings during 2011/12, working in conjunction with clinical leaders and senior managers across the organisation.

A new Clinical Director was employed with increased hours to lead improvements to clinical governance. This has also enabled the clinical leads across the organisation to be better supported in their day to day role due to improved access to the national Clinical Director and better networking opportunities. Two regional meetings for clinical leads were held during 2011/12 in addition to the annual clinical leaders' conference.

A national review of the clinical audits undertaken by local Centres was carried out by the Clinical Director and as a result of analysing these individual audits a national clinical audit schedule has been developed for 2012/13.

The fourth annual Clinical Leaders' Conference was held in March 2012 to facilitate sharing of best practice and quality improvement.

We continued to facilitate Expert Working Groups on Measuring Impact, Quality, Clinical and Support Services, and Children and Young People's Participation. These groups lead the work on reviewing practice across

the organisation and contribute to the setting of quality improvement priorities for the organisation as a whole.

We continue to use the Practical Quality Assurance System for Small Organisations (PQASSO) to assess the efficiency and effectiveness of all our activities. This generic quality assurance model for voluntary sector organisations has been supplemented by the development of specific Brook standards, including a standard for clinical governance, against which all Centres assess their progress.

Client safety

We introduced a quarterly quality and risk report completed by all Centres with a risk-rated summary presented to the board of trustees. This has enabled us to identify organisation-wide issues which may need addressing, such as inconsistent reporting of serious untoward incidents.

We developed and implemented a national Infection Control Audit Tool which was completed by all clinical delivery locations to ensure compliance with infection control standards.

A national audit of note-taking was completed and provided assurance that all locations were compliant with note-taking standards.

A standard training schedule has been developed to ensure that mandatory and statutory training requirements are being met. This sets out timescales for initial and refresher training in line with good practice recommendations and aims to ensure that all staff receive appropriate training to equip them to deliver a quality service to our clients.

An information sharing protocol has been developed and implemented across the organisation. With a new organisational structure in place there was a requirement for a standard protocol for sharing information with the senior management team on a range of issues which could impact on client safety and experience. For example if a delivery location experienced a flood which meant the service could not open, this needs to be shared within a specific timeframe so that information on the website can be updated and the Ask Brook service informed so that correct information is available to young people.

Client experience

An interim national impact lead was appointed to lead work across the organisation on demonstrating the impact of the services provided.

A pilot of a new system – ‘Counter Measures’ – has been undertaken to assess the effectiveness of measuring client satisfaction in a simple and fun way which provides immediate feedback. Counter Measures will be rolled out across the organisation in 2012/13.

We continued to pilot development of a sexual health outcomes star and will introduce this across the organisation in 2012/13. The star will enable us to measure the extent of the change that Brook services make in enabling young people to enjoy their sexuality without harm.

Locally

2 Supporting statements

Commissioning Primary Care Trust

Local Improvement Network

Overview and Scrutiny Committee