



Quality Account 2021/2022

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Part One Introduction and statement from the Board

Who are we?

Brook is committed to changing attitudes, challenging prejudices and championing equality. Our mission is to equip young people for life's challenges, so that they transition into adulthood with the tools to take control of their sexual health, enjoy healthy relationships and explore their identities. Drawing on over 55 years of experience, we listen to the needs of young people and our service users to deliver a unique blend of services.

Our innovative clinical provision, education and wellbeing programmes and professionals training are enhanced by our ongoing advocacy work. At the very core of our work is our unwavering commitment to safeguarding, inclusion and equality of the young people and communities we support. Our vision is that young people's lives are free from inequality, rich with opportunity and enriched by happy, healthy relationships. Our four core values underpin everything we do:

Trustworthy

Young people rely on Brook's confidential and non-judgemental approach to speak freely about the issues that affect them. This trust enables us to identify when a young person may need additional support and allows us to safeguard them effectively. Our services, products and campaigns are informed by what young people tell us they want and need, meaning that commissioners, partners and government see us as a trusted voice of young people.

Trailblazing

Since 1964 we have championed the pioneering spirit of our founder, leading the way in meeting the ever-changing needs of young people. Our robust data analysis allows us to transparently demonstrate the impact of our innovative approaches, and increase service and product accessibility.

Collaborative

We implement best practice and share our expertise so that young people, professionals and communities thrive. We value young people's right to be at the centre of decisions that affect them and work in partnership to provide opportunities to share their views, influence decisions and effect real change.

Courageous

We relentlessly push the boundaries when fighting for change. Young people want to challenge prejudice and champion equality; Brook will provide the platform on which they can build a society where young people are free to explore their identities without stigma.

Our services

Brook's dedicated multidisciplinary team takes a holistic approach to sexual health and wellbeing. Our unique combination of clinical services and education programmes are designed to meet young people's immediate needs and instil positive behaviours that influence their whole lives.

Our highly skilled clinical experts deliver free, confidential sexual health and wellbeing services for people of all ages. We operate from our own specialist clinics, as well as integrated hubs and outreach in local communities, providing contraception, STI testing and treatment, pregnancy testing and decision-making support, wellbeing programmes and counselling.

In 2021/22 Brook had 201,344 contacts with service users through clinics and education work. 170,692 of these contacts were with under 25s. There were 76,533 clinical client contacts (43,242 clients) and 124,811 education contacts (104,806 individuals). The clinical contacts include those that used our digital offer via SH: 24 (25,343 contacts by 20,013 individuals) Of the 51,190 Brook clinic contacts, 10,233 were telemedicine

Additionally, our website received over 3.2 million page views. Our help and advice pages for young people received over 1.17 million page views. We pride ourselves in adapting quickly to meet the evolving needs of young people and ensuring they have an outstanding experience when using our services. Since 2018 we have been collecting online feedback through iWantGreatCare, a leading independent patient feedback tool which allows us to gather transparent data reflecting the experiences of service users.

In 2021/22 the data revealed that:

- **99% rated their experience of our clinical services as Very Good or Good**
- **The ability of our clinical staff to provide timely information about care and treatment was marked 4.92 out of 5**
- **The cleanliness of our clinical facilities was marked on average 4.96 out of 5**
- **Involving young people appropriately in decisions made about their health was marked 4.95 out of 5**
- **Treating young people well, with dignity and respect was also marked 4.97 out of 5**
- **Additionally, 93% rated their experience of our education services as Very Good or Good**

Brook clinical 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

Brook is committed to changing attitudes, challenging prejudices and championing equality. Through our innovative clinical services, digital support, tailored counselling and inspiring relationships and sex education, Brook empowers people to take charge of their sexual health. The support we provide is built on the pioneering legacy of our founder, Helen Brook. Sixty years later, we continue to blaze a trail with progressive and life enhancing solutions to sexual health and wellbeing. Our life-stage approach to integrated services means that whole communities can benefit from our first-class care while protecting specialist provision for young people.

The pandemic continued to have an impact on Brook's services during 2021/22 and while other services closed their doors, Brook quickly remodelled to telemedicine delivery and mobilised new contracts. Whether it was safeguarding the most vulnerable young people, providing LARC to those on long waiting lists or delivering vital training to support teachers with the implementation of mandatory RSE, Brook did not give up. We learned, we adapted and we found new innovative ways of working. We made huge strides in our digital transformation journey this year. In October 2021, we relaunched our Find a Service tool to improve online access to sexual health services. This is one of four new innovative tools that make up phase one of Brook's Digital Front Door (DFD) project. The DFD makes it easier, faster and more convenient for those able to self-care and protects valuable staff time for face-to-face interventions.

Our digital-first all age services continue to thrive with the launch of two new services in Blackburn and Darwen, and Southend-on-Sea. In Blackburn, we provided iPads to local charities working with the most marginalised groups, increasing the uptake to digital services for those who need them most.

In April 2021, [Everyone's Invited](#) triggered a ground-breaking Ofsted review of sexual abuse in schools in England, followed by the ESTYN report in Wales. Both exposed the shocking widespread sexual harassment in schools, peer on peer abuse and violence against women and girls in the UK. In response, Brook has worked with a number of strategic partners including the Department for Education and the British Association of Sexual Health and HIV and Academics to launch new resources to support teachers to deliver high quality RSE.

During LGBT+ History month, more than 15,000 young people and teachers from 620 schools in England and Wales tuned in to our Big RSE Lesson to celebrate LGBT+ culture through the decades, and our third Sexual Health Week campaign on the theme of consent reached more people than ever before.

As part of SHW21, we launched our #StopCyberflashing campaign calling for the criminalisation of unsolicited nudes. The campaign was championed by Fay Jones MP during a parliamentary debate and cyberflashing is to become a criminal offence as part of the Online Safety Bill.

We are committed to amplifying the voices of young people and we work with them to fight for access to high quality, inclusive healthcare. In 2021, Brook worked alongside The Good Law Project and Gendered Intelligence to intervene in the successful appeal in the case of Bell v Tavistock. We intervened to protect young trans peoples' right to consent to their own medical treatment.

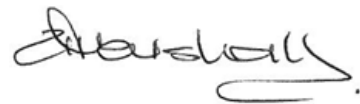
We know that sexual health and mental wellbeing are inextricably linked and we are looking forward to expanding our mental health provision for young people and adults in 2022/23. This year, we launched our own small grants programme, distributing over £50,000 to small and medium sized charities who specialise in improving the mental health and wellbeing of young people.

Through our innovative partnerships and collaborative working we have been able to support even more people from vulnerable communities including sex workers, young refugees and those experiencing homelessness. We will continue to provide health and wellbeing services for those who face barriers when accessing mainstream provision.

We encourage staff, clients, funders and partners to review our services and to provide insight on further areas for development. We hope you enjoy reading this Quality Account and would be delighted to hear your comments.



Scott Bennett
Chair of the Board of Trustees



Helen Marshall
Chief Executive

Part Two Priorities for improvement

Progress against our 2021/22 priorities

Improvement priority	Progress
<p>Priority 1: 95% of the clients diagnosed with a sexually transmitted infection (STI) will have a documented discussion about notifying their sexual partners using the SXT partner notification (PN) Tool.</p>	<ul style="list-style-type: none"> • We have provided initial training for onboarding teams and refresher sessions for existing staff in the use of the SXT partner notification platform • We have used the monthly clinical education sessions to re-inforce the importance of partner notification as a disease control measure, shared best practice and techniques to support clinician confidence • Staffing limitations have impacted the ability to report the performance against target at this time. Further work is required to ensure that activity is correctly coded in a timely manner by clinicians in order to report accurate diagnoses to compare data sets.
<p>Priority 2: All clients will have a comprehensive record of their care documented in their Electronic Patient Record (EPR)</p>	<ul style="list-style-type: none"> • The local and national audits have been used as tools to provide feedback to clinicians about the quality and clarity of their documentation. • The data teams are supporting the revision of the record keeping audit tool to facilitate the production of reports in Power BI (Power BI is a Business Intelligence and Data Visualization tool for converting data from various data sources into interactive dashboards and analysis reports) • Record keeping evaluation has become a standard objective in the managerial and clinical supervision framework
<p>Priority 3: Women requesting emergency contraception establish their estimated risk of conception, so that they may make informed choices on managing that risk</p>	<ul style="list-style-type: none"> • The continued change to a telephone first service has facilitated the text messaging of the link to the emergency contraception calculator • The emergency contraception proforma has a question relating to the uptake of the use of the calculator embedded within this • Work continues to be able to report this metric directly from the EPR into Power BI

Improvement priority	Progress
<p>Priority 4: All clients presenting for Emergency Contraception (EC) receive a standard offer of care that includes the offer of an Emergency Cu-IUD</p>	<ul style="list-style-type: none"> • All clients presenting for Emergency Contraception (EC) receive a standard offer of care that includes the offer of an Emergency Cu-IUD • We have endeavoured to work with partners using different electronic patient records to embed the offer of an IUD. Work is in progress. The Brook EPR has an additional field to record offer and acceptance or decline. Teams with non-Lilie EPR must use the service provided template to ensure compliance with the standard offer of IUD and to facilitate compliance with audit standards

Priorities for improvement 2022/23

These priorities have been agreed with the Board and the Executive team. All Brook services will continue to work towards common clinical improvement priorities. The priorities for 2022 - 23 are as follows:

Clinical Effectiveness

Priority 1:

Look at vaccine programmes for clinical areas providing vaccine services.

<p>What do we plan to do?</p>	<ul style="list-style-type: none"> • Support staff with appropriate training • Support to code effectively and undertake audits • Client reminder cards and recall to be implemented in services
<p>How will progress be measured and monitored?</p>	<ul style="list-style-type: none"> • Through usage of GUMCAD data
<p>How will progress be reported</p>	<ul style="list-style-type: none"> • Using GUMCAD reports on a monthly basis • Regular discussion at Clinical Leadership Team (CLT) meetings and Nurse Manager (NM) meetings

Client Safety

Priority 2:

Management of infectious diseases - syphilis.

What do we plan to do?	<ul style="list-style-type: none"> Plan and provide teaching sessions for staff to support patients diagnosed or referred with syphilis. All patients diagnosed or referred with syphilis will have contact with a clinician within 5 working days. All antenatal syphilis referrals will have a documented management plan within 2 weeks of referral or first contact
How will progress be measured and monitored?	<ul style="list-style-type: none"> Audit outcomes
How will progress be reported	<ul style="list-style-type: none"> This will be a standard agenda item on the monthly CLT agenda

Client experience

Priority 3:

Pain scores and IUD fit

What do we plan to do?	<ul style="list-style-type: none"> All services will be trained to implement a visual analogue score for use with each client undergoing intra uterine techniques All clients will have a documented offer of analgesia prior to the procedure The electronic client record will be amended to include a pain score value Specific feedback links will be sent to the client for post insertion feedback Develop resources to support women and clients with a uterus to manage their wellbeing and seek support when necessary
How will progress be measured and monitored?	<ul style="list-style-type: none"> Via the emergency contraception audit Power BI dashboards
How will progress be reported	<ul style="list-style-type: none"> This will be a standard agenda item on the monthly CLT agenda

Clinical effectiveness

Priority 4:

Safe management of clients commencing Prep standards set

What do we plan to do?	<ul style="list-style-type: none"> All clients who quick start PrEP will have baseline bloods taken at their commencement appointment. All clients who commence prep will have a their height and weight documented All clients who quick start prep will have their blood results reviewed by a suitably qualified clinician within three working days of commencing treatment All clients who commence treatment in the seroconversion window will have documented negative HIV test once they are beyond the risk window. This may be an online test
How will progress be measured and monitored?	<ul style="list-style-type: none"> All clients will have a baseline, three and six month review when they start PrEP Renal function, adjusted for body surface area, will be added to all PrEP proformas Audit against the standards described in Level three services
How will progress be reported	<ul style="list-style-type: none"> Data will be analysed & monitored using Power BI Action plans will be monitored at CLT meetings

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 2021/22 Brook provided and/or sub-contracted 23 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 23 services reviewed in 2021/22 represents 100% of the total income generated from the provision of services by Brook Young People for 2021/22.

Participation in clinical audits

During 2021/22, no NHS National Clinical Audits and no National Confidential Enquiries covered the health services that Brook provides.

All services participated in the annual audit programme which focused on the provision of Subdermal implant care and continuation support, Management of clients with a sexually acquired infection and Emergency Contraception provision. These audits included questions on record keeping to reflect the performance of staff in accurate documentation. The Unplanned pregnancy and post abortion care audit was not undertaken due to the continued low level of positive pregnancy tests in services, the provision of telemedical abortion and client self-referral pathways.

The reports of 5 national clinical audits were reviewed by the provider in 2021/22 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
<p>Emergency contraception (EC)</p>	<ul style="list-style-type: none"> • Clients presenting for EC should be encouraged to complete the EC calculator (www.sxt.org.uk/ec) to appreciate risk of conception • All clients will be offered an IUD as the most effective method of EC and documentation if declined. Staff should consistently use the templates available in the electronic patient record to ensure compliance to the Faculty (FSRH) Standards • Quick starting should be offered to all women who opt for oral emergency contraception and those using Ulipristal Acetate should not start any method for five days • Each service should have a clinician with the competence to insert an IUD or identify a staff member who will train to become competent. • Clinics should have referral pathways in place with local services that provide IUD insertion to expedite client access
<p>Implant fitting and removal</p>	<ul style="list-style-type: none"> • The sub dermal implant (SDI) should be offered to all women who 'quick start' contraception or present for emergency oral contraception • Clients 'quick starting' SDI after emergency contraception should be advised to perform a pregnancy test three weeks after treatment • Clients should be informed about side effects of SDI and how irregular bleeding can be managed if it is problematic • The Brook website implant page (http://bit.ly/2adC5v8) has been updated to ensure that all clients can receive all the same information

	<p>about side effects and management and staff should direct clients to this resource</p> <ul style="list-style-type: none"> • Removal of an implant for irregular bleeding should not be performed until an STI has been excluded (Target=95%) • Implant removal and emergency contraception audits will be undertaken by Nurse managers to assess compliance with the standards detailed above
Infection control	<ul style="list-style-type: none"> • All clinical staff receive training in infection control measures at induction to the organisation and annually during their employment • An annual audit of infection control measures is undertaken by each service • Handwashing audits are performed by services on a quarterly basis and findings shared at team meetings • Infection control audit reports are reviewed by the Clinical Leadership Team to identify improvement in facilities and to celebrate best practice • Findings are also shared with facilities team to address areas of non-compliance or where remedial work may be necessary in premises
Record-keeping	<ul style="list-style-type: none"> • Dynamic forms have been developed and edited to support effective consistent documentation in the Brook electronic patient record. • The Record Keeping Assessment Tool is currently being redesigned to support timely review of the quality of information recorded in client records • To support nurse managers to assess standards of record keeping across Brook for all clinical staff, evidence of peer reviewed records audit will be presented in supervision meetings • Raise awareness of the procedure and video resource available to support staff to use the tool. • Ensure clients have their clinical consultation documented on a single electronic patient record at the time of consultation (or where the EPR is not available, on securely stored paper records. • The organisation has standard operating procedures in place to manage paper records when electronic systems are unavailable to mitigate the risk to client care. Incident reports are generated to demonstrate service unavailability to EPR for monitoring purposes
Sexually transmitted infection screening	<ul style="list-style-type: none"> • All chlamydial infections will be treated with doxycycline first line unless this drug is contraindicated.

	<ul style="list-style-type: none"> • Clients who are unable to be treated with the first line intervention will have the reason for this documented in their clinical record • All services will have procedures in place for inviting clients to retest for chlamydial infections three months after treatment. • All services will have procedures in place to record the result of the retest or if the client declined to retest. • The SXT electronic tool will be used to deliver more effective partner notification. Where this is not possible, services will liaise with the local chlamydia screening office about their PN performance
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The reports of 4 local clinical audits were reviewed by the provider in 2021/22 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
<p>Safeguarding audit in relation to social care referrals by Unity</p> <p>(Bristol)</p>	<ul style="list-style-type: none"> • Outcomes shared with DSL and unity safeguarding team. • Implementation of safeguarding proforma to record all Brook safeguarding activity in one common place. • Better communication of safeguarding social care referrals put in place by uploading them on to the Millcare system. Also adding an alert to the notes to signpost clinicians and safeguarding teams to safeguarding activity on proformas. • Discussion underway regarding data pulling and local GUMCAD coding for deep diving of safeguarding activity in the future.
<p>Unity implant audit</p> <p>(Bristol)</p>	<ul style="list-style-type: none"> • Millcare proforma changed to incorporate checking implant seen in needle, correct land marking and measuring implant length.

Audit	Actions to improve the quality of care provided
	<ul style="list-style-type: none"> • Outcomes shared with clinical team and put in to practice.
Deep dive internal safeguarding audit (Dudley)	<ul style="list-style-type: none"> • Outcomes shared with the Designated Safeguarding Lead • All actions completed in quarter 3
Deep dive internal safeguarding audit (Manchester)	<ul style="list-style-type: none"> • The safeguarding audit has been completed in conjunction with the data team. Once received, recommendations will be implemented

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 0.

Use of the CQUIN payment framework

During 2021/22, no Brook service received income through the CQUIN payment framework.

Statements from the Care Quality Commission

Brook is required to register with the Care Quality Commission. Services must be registered to provide diagnostic and screening procedures, family planning services and treatment of disease.

At 31st March 2022, all services had a registered manager. The Care Quality Commission has not taken enforcement action against Brook during 2021 - 2022. During this period, Brook has registered one new location (Southend) and has changed the location of the Cornwall service to Penhaligon House in Truro. Brook has not participated in any special reviews or investigations by the CQC during the reporting period.

All Brook services underwent inspection by CQC during the period of April 2016 – May 2017. Bristol Dudley and Euston locations being subject to inspection in 2019-2020. Cornwall was inspected in October 2021 and Wirral was inspected in January 2022. Both services achieved good ratings in all key lines of enquiry. All published reports are available on the CQC website. All action plans have been implemented following previous inspections.

Data quality

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

Data quality is at the core of everything Brook do. Good data quality not only enables us to report accurately to our commissioners and other stakeholders, but also ensures that we keep up-to-date, accurate records relating to all the young people and adults we work with. This in turn enables us to provide excellent, safe services.

Brook demonstrates its commitment to data quality by having a Data Governance Manager, Data Analyst and Clinical Systems Analyst in post who oversee all Brook's data capture activity.

Data Quality has been a key focus in 2021/22 and we have carried out the following activities:

- Continued to improve our clinical templates to support excellent data capture
- Provided group and one-to-one training with colleagues to ensure they are recording activity accurately
- Implemented the GUMCAD STI Surveillance System
- Produced Data Quality Reports for each service that highlight where coding has been missed
- Weekly meetings with the Clinical Operations Team to review the data quality issues
- Created a Power BI dashboard to support accurate recording of education and training activity

During 2022/23 we will continue to provide targeted support to teams to support accurate data capture and will review where we can implement auto-coding of episode activity.

NHS Number and General Medical Practice Code Validity

Brook is not required to submit records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics

Data Security and Protection Toolkit attainment levels

The Data Security and Protection Toolkit is submitted in June for the previous financial year. The submission for 2020/21 was submitted on 28th June we achieved standards exceeded. It is anticipated that we will achieve standards exceeded for the third year running for 2021/22.

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Patient Safety Incidents

Year	Total number of incidents	Incidents as a percentage of overall client visits	Incidents resulting in severe harm
2020/21	174	0.334%	0
2021/22	147	0.287%	0

Service	Number of incidents 2020/21	Incidents as % of client visits per service	Number of incidents 2021/22	Incidents as % of client visits per service
Blackburn & Burnley*	5	0.106%	N/A	N/A
Blackburn*	N/A	N/A	20	0.277%
Burnley*	N/A	N/A	6	0.253%
Bristol	27	0.869%	32	0.952%
Cornwall	45	0.476%	48	0.415%
London	28	0.594%	12	0.233%
Manchester	5	0.114%	3	0.046%
Dudley	27	0.940%	4	0.138%
Wirral	17	0.848%	3	0.108%
Southend	N/A	N/A	19	0.290%

*Previously reported as joint figures. Separate reporting commencing in 2021-22

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

- Access to medications has been a recurrent concern due to manufacturer and supplier issues, however this is a matter affecting all service providers. Alternative providers have been sought where a number of brands produce the equivalent generic, however issues remain with certain medicines for example, Saya Press.
- Medicines management has also been a concern in some services particularly over the summer months where temperatures rose over consecutive days. In services where this was a concern, drugs have been moved to more suitable areas with cooler room temperatures. Drug fridges have been purchased and in one service air conditioning was fitted.
- We have changed our incident reporting process to better describe and categorise incidents. This process has simplified the way that staff record and report incidents.
- We have actively encouraged staff to complete more incident report forms.

At just over 3 incidents for every 1,000 client visits we do not consider the number disproportionate based on benchmarking against other providers.

Brook will continue to take the following actions to increase the number of incidents reported to improve the quality of service delivery:

- We will continue to monitor and review incidents and near misses and share relevant learning across the organisation as well as locally.
- We will continue to support staff in reporting incidents and near misses.
- We will continue to provide quality training and support as required.

Part Four Review of quality assurance 2021/22

Supporting excellence and quality assurance

Clinical and quality governance

The Quality and Assurance Committee (QAC) is responsible for corporate clinical governance and is chaired by a trustee from the Board and facilitated by a Director. Membership includes other trustees and external specialists in safeguarding and clinical services. Representation from internal departments is by invitation as appropriate. Terms of Reference have been set and have been reviewed to ensure the group is achieving its aim and purpose. The Quality and Assurance Group convenes four times a year.

The Clinical Leadership Team meets monthly and reports to the QAC. Membership includes the Director of Operations, Head of Nursing and Medical Director. The Head of Nursing works closely with the Director of Operations and Assistant Director of Operations to ensure that the clinical services maintain 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 Director of Operations summarising incidents, complaints and other significant events and the actions taken in response. The operational and clinical leadership teams review for action and learning. The Quality and Assurance Group receive a Red Amber Green (RAG) rated consolidated report every quarter including detail on safeguarding activity. The Quality and Assurance Committee also receive an annual Data Incident report that draws out from our quarterly monitoring issues and trends. Incident reporting is actively encouraged to identify near miss events and alert other teams to evolving trends.

Quality assurance system

The matrix standard is the Department for Education's (DfE) standard for ensuring the quality of the delivery of excellence in information, advice and guidance. Brook achieved Matrix for a second time in 2022. We continue to embed the framework which focusses on leadership and management, resources, service delivery and continuous quality improvement. We are in the process of further developing internal

quality systems across the organisation and ensure that staff are appropriately informed and trained to continuously improve the quality of their work.

Leadership and management development

Our leadership competency framework is firmly embedded across multiple areas including performance management, appraisals, training and development and recruitment. We have completed a comprehensive quality review on performance management practice, systems and processes and as a result have digitalised all recording on to our HR system, Cezanne. We have also produced guidance and support for managers around giving feedback, conducting 1-1s and appraisals and the work planning process. We have also provided a series of management training events including how to have difficult conversations, goal setting and giving quality feedback.

We implemented a series of mental health initiatives to support staff including wellbeing action plans. Mental Health awareness training is being rolled out across the organisation. We also have wellbeing champions who provide advice and support to staff.

We continued to build the personal development of our Leadership and Executive Teams with external specialist mentoring and coaching support. In 2022 we are supporting 7 staff to gain ILM accredited professional coaching qualifications with 5 staff being involved in adult apprenticeships. We have developed a plan to embed coaching across all levels of the organisation and plan to offer a coaching programme to managers.

We also delivered our second Emerging Leaders development programme. Focusing on increasing confidence, exploring personal values, goal setting, increasing skills in coaching, decision making and conflict management. The programme included one-to-one and group coaching sessions with a qualified coach. The programme was highly successful once again and participants also completed an Open University programme on Leadership and Followership.

We have implemented the first year of our workforce development strategy which has included a focus on leadership and management through webinars, focussed Q&A sessions with senior leaders and the production of supporting resources,

Brook-wide policy framework

Brook manages its company policies within a Pillar Policy framework. This unified policy structure across the organisation supports effective governance and ensures all Brook services are working to consistent, up-to-date policies.

The clinical leadership team keeps under review a single suite of clinical policies and procedures to standardise practice in the following areas:

- Complaints and compliments
- Medicines management

- Infection control
- Delivery of clinical services
- Clinical supervision, appraisal and professional development
- Clinical risk and incidents
- Clinical audit and quality improvement

The CLT reviewed 14 Policies and Procedures during the year.

Service developments

Supporting and developing Brook nurses

This is the ninth year as a single charitable company and the Clinical Leadership Team continues to support and develop our workforce. This year we have continued with the subdermal implant-training plan supporting staff to achieve the Letter of Competence from the Faculty of Reproductive Sexual Health care. We continue to develop Faculty Registered Trainers to support our nursing workforce development agenda. Services continue to host pre and post registration placements.

We have also piloted a range of innovations to attract and retain Brook nurses as we recognise that this is a challenge across the health sector. We will continue to review this in 2022/23 to ensure we attract and retain high quality nursing staff. To support this we have developed a clinical development strategy to support our recruitment and retention processes. This includes investment into a Clinical Development Manager role who will further develop our excellent CaSHNIT programme along with other clinical training initiatives.

We have introduced IUT and SDI forums for clinicians across the organisation in 2021-22 to support evidenced based practice and ensure consistency of care for clients. A non-medical prescriber's forum was established in 2020-2021 to provide clinical supervision and updates for these clinicians.

Counselling

Brook provides counselling services in a number of locations across the UK via a variety of locally commissioned contracts. Work has been undertaken this year to establish a Brook-wide network to ensure that counsellors operating within different services have the opportunity to connect with one another, share best practice and engage in informal peer support and supervision.

Our counselling service is delivered by a combination of qualified and trainee counsellors. Increasing service demand has allowed us to expand our counselling offer in a number of areas by providing practice placement opportunities. The benefits of the placement programmes are bi-directional; creating capacity within our existing services to see increased numbers of clients whilst at the same time capacity-building

a new workforce of counsellors who will take forward specific skills and knowledge related to sexual health and working with young people.

The impact of the Covid-19 pandemic and associated lockdowns was felt heavily across services and during the periods of lockdown in 21/22 we continued to provide counselling over the telephone or on video-call via Attend Anywhere. We remained cognisant of the fact that digital provision fundamentally changes the dynamic of the counselling space and on occasion, the nature of the therapeutic relationship, so we continued to work closely with counsellors and clients and addressed this proactively in clinical supervision.

With the easing of restrictions, we have returned to face to face counselling in all our services, however retain the ability to work with clients digitally if this is what they would prefer or if access limitations require this. Our supervision provision for counsellors is well set up to cater to this delivery model.

As reported in 20/21, we face a growing challenge that counselling services are not commissioned within sexual health service provision equitably across the UK and yet demand continues to grow as ever-increasing numbers of service users are presenting with complex mental health issues. Furthermore, many clients do not meet the threshold for formal external counselling referrals/services e.g. CAMHS and specialist counselling services are overwhelmed with prohibitive waiting lists. The mental health challenges faced by young people as a result of the pandemic, the disengagement from statutory and non-statutory services and the wellbeing impact of lockdowns are being felt in all our services. Brook has committed to addressing some of these challenges in our 22/23 Business Plan.

Health and wellbeing

We have embedded a regular cycle of trauma informed training and mental health awareness within our workforce development programme and in 21/22 we extended our pool of trainers for both. The feedback from the trauma informed training has been very positive and has enabled Brook to articulate existing trauma informed practice across all our provision and culture. We have identified the need for more specific role related training which will be developed during 22/23.

In 21/22 we undertook a major review of our targeted 1-1 delivery. As a result we have consolidated learning and good practice to inform the structure, approach, resources, evaluation and data collection for the work going forward. All Brook's 1-1 targeted programmes are branded as My Life and offer young people a bespoke combination of education and coaching. We have developed a blended training and support programme for specialists delivering My Life and strengthened the case management which supports the work.

Brook's Life Under Lockdown survey in 2020 showed more than 70% of young people who responded reported a decline in their mental health. Over half said that relationships with their family had become more difficult during the pandemic. In the context of referrals to child and adolescent mental health services being at a record high in March 2021, fewer than 1 in 3 young people with a mental health condition were able to access the NHS care and treatment they needed. In response, Brook is increasing its focus on wellbeing and mental health from 2022.

Participation

Brook has a dedicated Participation Team who have been developing mechanisms to provide opportunities for service users' voices to be at the heart of all our department areas to ensure that our services reflect their needs. This work is constantly evolving but it has led to successful outcomes across the organisation over the past year. Examples of how we have embedded participation include:

- The creation of 3 National Participation Forums; 16-19 year olds, 20-24 year olds and 25+ year olds. The young people and adults involved in these Forums have contributed to grant fund applications, supported Brook's corporate partnership with Festival Republic by providing health and wellbeing support at music festivals, and coproduced Education resources which have been delivered to young people across the UK. These National Participation Forums are supported by the Participation Team but also received wider support from all service areas across the organisation.
- Supporting Manchester Clinical and Education service to review how they involve service users in their work and create a survey/workshops to allow them to gather direct feedback to make changes where appropriate.
- Supporting Cornwall Education Team to explore creating a local participation group to get involved in shaping the Education and Clinical services across Cornwall.
- Working with the Data Team to create a standard approach to focus group and survey engagement to ensure we ask the right questions when undertaking research with service users and how to complete thorough analysis to inform future work.
- Supporting the Communications Team with content for Sexual Health Week 2021 and the Brooks 'Big RSE Live'. The Participation Team engaged young people in opportunities to provide content for SHW, with a member of the National Participation Forum sitting on a panel discussing Consent and Boys and Young Men.
- Supporting the Service Development Team with tenders to ensure our high quality work with service users is included. The Participation Team contributed in the official presentation to the Commissioner and young people for the CAMISH Tender to continue our clinical and education work in the Camden and Islington area.
- Working with the Digital Team to create a National Consultation about boys and young men's access to Digital Services. This involved targeted focus group research to understand their understanding of digital services and how they would want to access digital services.
- Supporting the Camden Education Team with a targeted project working with a group of Young Refugees.
- Creating a Participation Network which is attended by members of staff from different service areas within Brook. This Network meets quarterly and allows people to stay up to date with the latest participation work, feed it back to their service areas and ask for support from the team if any opportunities to work with service users arises.

Clinical effectiveness

Participation in clinical audits

Services took part in two national Brook clinical audits during 2021-22. The audit data was analysed and the Clinical Leadership Team produced a summary report of each audit for the Quality Assurance Committee including improvement actions for implementation by Nurse Managers locally.

Services also received data that allowed them to compare their own performance to other Brook services. The record keeping audit is incorporated in the Emergency Contraception Audit and data will also be captured in the Record Keeping peer review tool. The 2021-22 audits demonstrated improvements in practice in some areas and identified areas where we need to do better.

Table 1 shows the recommendations for improvement from each audit and the progress towards their achievement over time.

Table 1: Audit recommendations and progress

Standard or recommendation	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22
Abortion referral					
All women have an estimate of gestation documented	75%	71%	83%	_***	_***^
All women referred for abortion are offered an STI screen if appropriate	64%	53%	45%	_***	_***^
All women are offered a follow up consultation three weeks after their abortion	33%	36%	26%	_***	_***^
Emergency contraception					
All women should be offered a Cu-IUD as the first line method of emergency contraception	78%	86% (audit) 92% (real time from Lillie)	82%	88%	-^
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	62%	91%	92%	90%	-^
All women should be advised to have a pregnancy test three weeks after emergency contraception	96%	98%	96%	97%	-^
All women with a new partner at presentation should be offered a sexual health screen	73%	84%	87%	84%	-^
Implant fitting and removal					
All women presenting with irregular bleeding should have an STI test	75%	88%	92%	100%	88% (n = 8)

Standard or recommendation	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	65%	85%	78%	71%	77% (n = 43)
All women having an implant fitted should be counselled about the five main side effects	41%	56%	81%	85%	62% (n = 159)
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	77%	51%	37% *	48%	36% (n = 159)
STI testing and treatment					
Sexuality should be documented	95%	95%	83%**	100%	99% (n = 243)
Clients with a positive test result should be supported to notify their partner/s	89%	50%	84%	55%	60% (n = 243)

* Note that 19 out of 20 women who had an implant inserted were warned about irregular bleeding

** This year we asked the gender of the partner and if it was not known or blank then this was counted that the sexuality was not asked

*** The abortion audit was not undertaken this year as the number of clients needed to provide sufficient power for the results was too low (in essence we did not see enough clients with a positive pregnancy test who were planning to terminate in each service) This may be the COVID impact of reduced attendances.

^***^ Abortion services predominantly moved to telemedicine and medical abortion.

^This audit was initiated later than originally planned and will be completed by the end of June 2022.

Intrauterine techniques training plan

Nine of ten services have at least one clinician who holds the Faculty of Sexual and Reproductive Health (FSRH) Letter of Competence in Intra-Uterine Techniques (LOCIUT). The Wirral under 19s service does not have a clinician with this skill, however plans are in place to provide training to develop this skill over the next year. Referral pathways are in place to support access to intrauterine contraception for clients attending these services.

Faculty Registered Trainers

Brook has a peripatetic training programme with the Faculty of Sexual and Reproductive Health, with Dr Menon-Johansson fulfilling the Training Programme Director role. This enables Brook Faculty Registered Trainers (FRT) to support the workforce development at any of our registered locations. There are currently seven FRT's across the organisation with a further two staff completing their teaching courses or Diplomas of the Faculty of Sexual and Reproductive Health.

Subdermal contraceptive implant training plan

All Band six nurse are supported to achieve the competence to insert and remove contraceptive implants within one year of appointment. This competence is also

achieved during the first year of the Contraception and Sexual Health Nurse in Training role.

Patient Group Directions

Patient Group Directions (PGDs) provide a legal framework that allows registered nurses and midwives to supply specified medicines to a pre-defined group of clients without them having to see a prescriber. There are Brook-wide PGDs for contraception and the treatment of 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.

All Brook PGDs are in date, reflect current guidance and partner PGDs have been updated or extended appropriately.

Maintaining national and local communication

We host a monthly virtual clinical staff meeting which includes clinical updates when appropriate and the opportunity to discuss clinical issues and practices and changes to guidance and policy. These are recorded to support staff who are on annual leave or who cannot attend the training. We also have a staff intranet where key information is communicated. Local team briefings are hosted by the service and or nurse managers and themes and actions from audits, incident reports and investigations are disseminated to clinical staff.

Client safety

Infection control standards

All clinical services participated in the national infection control audit in May 2021 using the Brook infection control toolkit, which is based on the NICE Quality standards (2014) - quality statements 1, 2, 3 and 6 and adheres to the Infection Prevention Society guidelines. A number of services have undergone renovation work in the past year including Blackburn and Bristol which have both undergone significant refurbishment.

Safeguarding young people from harm

Brook's Quality and Assurance Committee owns and oversees Brook's safeguarding framework and Protecting People Policy within the context of relevant law and guidance. Membership of the committee includes Brook's Deputy Chair, a second trustee, the Director of Operations, Safeguarding Lead and members of the Senior Leadership Team by invitation. In carrying out this function, the Committee:

- Oversees the development, review and implementation of the Protecting People Policy, including the Confidentiality Policy and all associated procedures
- Seeks assurance that appropriate systems and processes are in place to ensure Brook effectively safeguards its service users and volunteers

- Provides scrutiny, challenge and support to the Caldicott Guardian and Designated Safeguarding Lead

The Quality Assurance Committee (QAC) meets on a quarterly basis and reports to the Board of Trustees. The Committee regularly reports on safeguarding activity and the implementation of safeguarding policies and procedures across the organisation.

The QAC successfully scrutinises and holds services to account for safeguarding practice across Brook by reviewing the quarterly safeguarding report, requesting further information when required and seeking assurances from the Director of Operations and Designated Safeguarding Lead.

The safeguarding priorities met for the Quality and Assurance Committee 2020/21 were:

1. In 2020/21, we plan to review the Protecting People Policies and the Confidentiality Policies
2. We will utilise the additional capacity provided by the Safeguarding Lead co-ordinator appropriately to increase the resilience and probity of the safeguarding function in Brook.
3. We will respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.
4. All staff will receive mandatory safeguarding training relevant to their role in a timely manner.
5. We will compile Level 1 and 2 Safeguarding Training Modules for staff to access via webinars in light of current COVID 19 recommendations and restrictions, to ensure all mandatory requirements are met.
6. We will revise the Decision Making Training Level 4 and deliver via a digital platform
7. We will produce and deliver Trauma Informed Training to all Brook staff via a digital platform
8. The Safeguarding Escalation Team, DSL and the Caldicott Guardian will complete external accredited Level 5 Safeguarding training via a digital platform
9. We will complete safeguarding process audits for clinical services and one-to-one work delivered by the education and counselling teams. In addition to undertaking safeguarding process audits in all services, we will continue to scrutinise our current approach to our safeguarding audit practice and make any recommendations for improvement to the Quality & Assurance Committee.
10. We will ask staff additional safeguarding questions during the staff survey to identify if there are any aspects of our safeguarding policy and processes which

they feel are unclear, paying particular attention to the 6 steps process. This will enable us to further address processes and training if required.

We recognise this is an ambitious programme of work and particularly in the context of a global pandemic but much of this activity is already underway and our progress to date puts us on track to deliver

Outcomes

1. In 2020/2021, we reviewed the Protecting People Policies and, in particular, reviewed the updates made in 2019/20 from the transition from Protecting Young People Policy to the Protecting People Policy, which reflects our work with older adults in Blackburn, Cornwall and Southend-on-Sea
2. The Safeguarding Lead Coordinator is a new role introduced in 2020/21 and we have used this additional capacity to increase the resilience and probity of the safeguarding function in Brook. A new Designated Safeguarding Lead has been recruited in October 2021 following retirement of the previous postholder.
3. We responded to any new information and recommendations from the Government, CQC and the Charity Commission, and incorporated these into our policy and practice.
4. We have developed new digital Level 1 and 2 Safeguarding Training modules for staff to access in light of current COVID-19 recommendations and restrictions, to ensure mandatory requirements continue to be met.
5. The DSL updated the Safeguarding Level 1 and 2 Training Pack, which includes a learning log to evidence continued professional development.
 - Live online case study sections have been delivered each month to all relevant new starters and staff who required refresher training. This has been extended to provide clarity and address issues noted on the 2019 staff survey which indicated that some staff felt that the 6 step process may not be easy to follow.
 - Level 1 and 2 Safeguarding Training evaluations were rated good or excellent throughout the year.
 - Mandatory accredited online Level 3 Safeguarding Training continues for all service user-facing staff involved in the assessment process and their line managers. This must be completed prior to face to face and 1:1 digital working with service users, with refresher training every 3 years.
 - Our online approach, developed in response to a lack of timely access to face-to-face, multi-agency training delivered by Safeguarding Partnerships continues. We are clear that, where possible, staff should also access Level 3 training locally to ensure this is delivered in the spirit of the intercollegiate guidance.

6. We have revised the Level 4 Decision Making Training and delivered this digitally to all senior staff involved in the decision-making process.
7. We have produced and delivered Trauma Informed Training to Brook staff via a digital platform which will continue as a rolling programme for all Brook staff.
8. The Safeguarding Escalation Team, DSL and the Caldicott Guardian have completed digital external accredited Level 5 Safeguarding Children, Young People and Adults training.
9. We have completed Safeguarding Processes Audits for clinical and one-to-one work delivered by the education and counselling teams. All were RAG rated green.
10. We asked staff additional safeguarding questions during the 2020 staff survey to identify if there are any aspects of our safeguarding policy and processes which they feel are unclear, paying particular attention to the 6 step process. This enabled us to adapt the training to meet the needs of Brook staff and the wider organisation.

Client experience

In 2021/22, we continued using I Want Great Care (IWGC) – an independent and transparent feedback platform* across all Brook services (Brook Euston, Brook Cornwall, Brook Bristol, Brook Southend, Brook Dudley, Brook Wirral, HYP Southwark, Brook Blackburn, Brook Burnley, DASH Lambeth).

At the end of their visit / consultation, we ask clients to use a 1 to 5 scale and score the following quality domains of process (experience, engagement, information, involvement, dignity, and cleanliness). We also ask them to tell us what was great with the service and what they liked.

In 12 months (April 2021 to March 2022), we collected 1,281 reviews across our clinical services. Chart 1 illustrates the number of reviews collected over the 12 months. Table 1 summarises the number of reviews per clinical service.

It is worth mentioning that there is a 12% increase in the number of reviews collected in 2021/22 when compared to 2020/21.

Chart 1

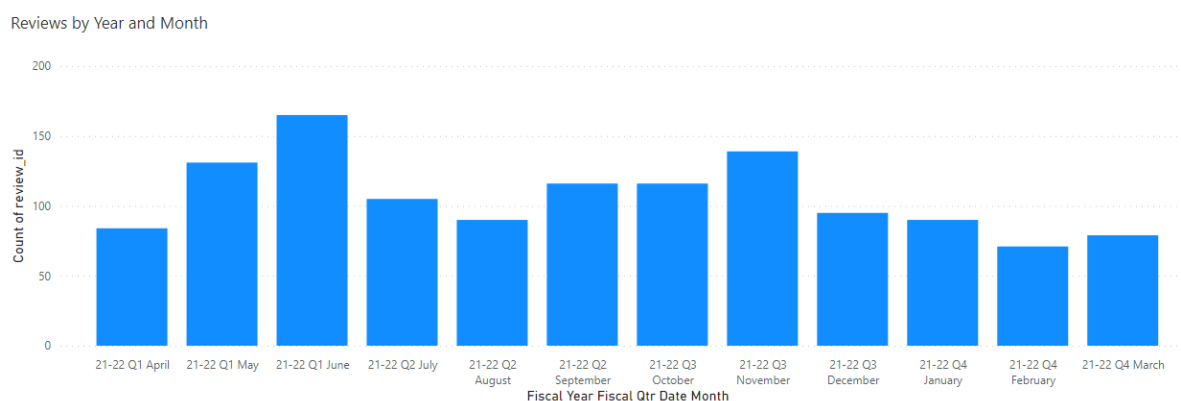


Table 1

Service	Reviews
Brook Euston	366
Brook Cornwall	285
Brook Bristol	262
Brook Southend	131
Brook Dudley	104
Brook Wirral	40
HYP Southwark	19
Brook Blackburn	18
Brook Burnley	7
DASH Lambeth	5
Brook Manchester	61
DASH Lambeth	5

* See <https://www.iwantgreatcare.org/information/about> for a brief description.

Complaints

Whilst we hope that all clients have an excellent experience when they use our services, we recognise that sometimes things do go wrong.

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

The percentage of complaints per client visit has slightly increased. The number of complaints remains extremely low in proportion to the number of client contacts. In the last year, we received less than 3 client complaints for every 10,000 visits nationally, though the proportions vary locally and over time.

The total number of complaints received in 2021/22 is set out in Table 4.

Table 4: Number of client complaints received by each service

Service	2020/21		2021/22	
	Number of complaints	% visits leading to complaints	Number of complaints	% visits leading to complaints
Blackburn & Burnley*	0	0.000%	N/A	N/A
Blackburn*	N/A	N/A	3	0.041%
Burnley*	N/A	N/A	0	0.000%
Bristol	0	0.000%	0	0.000%
Cornwall	5	0.052%	4	0.034%
London	0	0.000%	0	0.000%
Manchester	0	0.000%	0	0.000%
Dudley	0	0.000%	1	0.034%
Wirral	0	0.000%	0	0.000%
Southend	N/A	N/A	5	0.076%
Total	5	0.009%	13	0.025%

Previously reported as joint figures. Separate reporting commencing in 2021-22

All complaints were resolved with an apology and/ or an explanation. No complainants, as far as we are aware, have referred their complaints to the relevant Ombudsman for review.

Brook staff survey

66% of staff responded to the staff survey in December 2021, which is the same return rate as in 2020 and compares to a response rate of 56% in 2019.

The 2021 survey covered the following areas

1. Brook and I
2. Culture
3. Training
4. Relationships
5. Data protection
6. Communications
7. Safeguarding
8. Managing others (managers only)

Key findings

- 91% strongly agree or agree that they enjoy working for Brook, which is 1% higher than 2020
- 87% are aware of the support Brook offers to staff on wellbeing and mental health (92% in 2020)
- 36% believe there is a current training and development gap or cultural issue that needs addressing (new question for 2021)
- 78% believe that Brook encourages staff to talk openly about their mental health issues (71% in 2020)
- 78% strongly agree or agree with the statement *I have coped well with the changes in working practices in light of Covid-19* (77% in 2020)
- 83% strongly agree or agree that they have access to the training and development they need to do their job, which is the same as in 2020
- 91% agree that Brook encourages a culture of equality and inclusion, (82% in 2020)
- 83% understand Brook's strategic vision (64% in 2020)
- 63% of staff believed their appraisal to be worthwhile, compared to 60% in 2020
- 100% agree that safeguarding is everyone's responsibility, compared to 99% in 2020
- 91% know who can answer questions about data security in the organisation
- 60% say they can easily access information on the intranet relating to their job

The report and action plan has been shared with the Leadership and Executive Teams, the Quality & Assurance Committee and the Board of Trustees. All staff have received an update on the action plan from the 2020 staff survey, and the 2021 results and action plan will be shared with them in May 2022. The next staff survey will take place towards the end of 2022.

Part Five Service improvement

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

Service	Blackburn
Clinical Excellence	<ul style="list-style-type: none">• Mobilisation of the level 3 Integrated Sexual Health contract completed, including transfer of whole staff team from incumbent provider, transformation of the existing building to create 33% more clinical space, a lab and a staff break area.• Level 3 training plan is in place with 100% of staff being on board; 50% of nurses IUD trained and 100% of nurses GUM trained in year.• Remote Doctor support for the nurses is in place and being utilised regularly to support with clients who have complex needs.• Pathways for antenatal syphilis patients are in place.• A comprehensive digital sexual health offer is in place and being fully utilised for over 16 year olds who do not require face to face consultations for STI screening, repeat pills, patches and injectable contraception, emergency contraception and some STI treatment.• 2 CaSH Nurses in Training have been recruited and are due to commence their roles and related training programmes early in the coming year.• 100% of Health Care Assistants have completed Brook HCA competency training to enable the delivery of autonomous HCA screening clinics.• Psychosexual Therapy is now available in our Blackburn service via an experienced and highly qualified individual and two students.• Relationships and integrated working with partner agencies are in place, to target people at high risk of poor sexual health due to sex work, This has enabled supported access to our service for sex workers, who had previously been reluctant to access due to worries of being judged, resulting in the identification /treatment of STIs and the provision of suitable contraception.• We have continued to provide free condoms from key sites in the community, to young people and adults at risk, via our condom distribution scheme 'Wrapped'.

Service	Blackburn
Client safety	<ul style="list-style-type: none"> • We successfully implemented a clinical service restructure in order to align with budgets and delivery models. • 'Meet Brook' video sessions were provided, for partner agencies, in order to promote our level 3 service and our digital first approach.
	<ul style="list-style-type: none"> • Safeguarding supervision is held quarterly by safeguarding leads. • Managers monitor current safeguarding cases and liaise with individual practitioners to follow up cases. • Incidents are reported, reviewed and lessons learned shared with the team. Themes are identified and service changes are applied if appropriate. • Health and Safety checklists are completed regularly, including fire safety. • Our risk register is reviewed and updated monthly. Risks are reduced, or removed, as appropriate. • Clinical supervision is held quarterly and provides an opportunity for reflection and confidence building. • Our Counselling services for under 25s is thriving via an efficient model of paid and volunteer student counsellors. Student placements, referrals, waiting lists and initial assessments are effectively managed by our Counselling Coordinator. We provide a safe service for young people and a safe environment for students requiring to complete their post qualification practice hours.

Service	Burnley
Clinical Excellence	<ul style="list-style-type: none"> • Level 3 training programme for nurses is in place, utilising Blackburn Integrated SH Service for practical training opportunities. • Health Care Assistant (HCA) is now trained in all competencies, completion of Hep B vaccination programme will enable increased clinical capacity as HCA can run own screening clinic lists. • Nurse Manager is available to offer IUD services in the Burnley clinic. • Robust operational meetings with our prime provider ensures consistency of services across the wider area.

Service	Burnley
	<ul style="list-style-type: none"> • Non-prescribers use PGDs in line with our prime provider's clinical governance requirements. • Excellent links with Engage Sexual and Criminal Exploitation services ensure that vulnerable young people are supported to access our service, and that appropriate information sharing is in place. • Development of a positive relationship with local residential services for children looked after out of area ensures that high risk young people are supported to access our services in a safe and confidential way. • Safeguarding supervision is held quarterly by safeguarding leads. • Managers monitor current safeguarding cases and liaise with individual practitioners to follow up cases. • Incidents are reported, reviewed and lessons learned shared with the team. Themes are identified and service changes are applied if appropriate. • Health and Safety checklists are completed regularly, including fire safety. • Our risk register is reviewed and updated monthly. Risks are reduced, or removed, as appropriate. • Clinical supervision is held quarterly and provides an opportunity for reflection and confidence building. • Our Counselling services for under 25s are thriving via an efficient model of paid and volunteers student counsellors. Student placements, referrals, waiting lists and initial assessments are effectively managed by our Counselling Coordinator. We provide a safe service for young people and a safe environment for students requiring to complete their post qualification practice hours.

Service	Bristol
Clinical Excellence	<ul style="list-style-type: none"> • We have recruited 3 CASH NIT Nurses to "grow our own staff team. • We have reviewed our patient pathway in light of changes made during COVID 19 and plan to provide a staff training/development day during Q3 to ensure all staff are up to date with all processes and new systems.

Service	Bristol
Client safety	<ul style="list-style-type: none"> • 70% of our staff team have been recruited this year; the rest of the staff team have worked in the service for many years and require some additional training in relation to changes to service provision. • Our Senior Sexual Health Nurse has made significant developments in relation to the processing of results and the treatment and Partner notification for Chlamydia and Gonorrhoea in partnership with UHBW (The Lead provider at Unity). • The Senior Sexual Health Nurse has also made significant improvements to the triage system, it is now more efficient and stream lined ensuring those clients who are most vulnerable are seen as quickly as possible and encourages those who require less intervention to become more self-caring. • 2 of the CASH NIT nurses have completed the FSRH diploma and will be working towards completing implant training to expand capacity in clinic. • The counselling service has increased hours to meet the needs of clients and minimise the waiting list.
	<ul style="list-style-type: none"> • Our CASH NITs are making excellent progress with their training. • We are now successfully using the Connecting care system directly which has enable a more timely approach to safeguarding. • Two CASH NITS are now qualified CASH nurses and the third is due to complete the FSRH diploma in the first quarter of 2022 • Bristol continues to have one of the highest service rates of safeguarding and having access to Connecting Care has become an integrated part of Bristol's safeguarding.

Service	Cornwall
Clinical Excellence	<ul style="list-style-type: none"> • Since December 2019, Brook Cornwall has been contracted to provide sexual health services for all ages throughout the county. During 2021-22, we have continued to develop our services, responding to the COVID-19 pandemic by making changes to our services to ensure they remained accessible and available. We have offered telephone appointments every day, along with face-to-face appointments for any patients that needed to be seen by a clinician, including book-on-the-day appointments for urgent care or vulnerable patients.

Service

Cornwall

- Our online services are available 24 hours a day.
- During 2021, we further expanded the range of contraceptive options offered online to include contraceptive patches, rings and depo, whilst continuing to offer STI testing and online photo diagnosis consultations and treatment.
- All Brook Cornwall clinics use the Lillie system for service monitoring and reporting as well as client record keeping. This enables all staff to access the patient information they need, no matter which Brook Cornwall clinic a client attends. This also ensures accurate and consistent patient records from which we can conduct clinical audits.
- Clinical audits are completed as programmed by the National Team and outcomes are shared with staff to ensure ongoing learning.
- All staff meet with their line manager quarterly to review their work plan and for clinical supervision. Our local governance team meets monthly to review quality and safety and to develop the service.
- We have continued to offer our staff development opportunities. During 2021-22, we have trained more nurses to fit IUDs and one nurse has completed a non-medical prescribing qualification. Two of our nurses attended a Brook FSRH Assessment day and one has just qualified in the FSRH Diploma. We have recruited another CASH Nurse in Training and she has commenced her training with us.
- We have also provided implant training to the local midwives service and have student nurses on elective placements.
- Throughout 2021-22, we ran the LARC Recovery Programme, running additional LARC clinics to assist with the LARC backlog due to reduced GP activity throughout the pandemic.

Client safety

- In October 2021, we were inspected by the CQC and were rated 'good' across all measures.
- We continue to be fully compliant with Brook's Protecting People policy. Our designated Safeguarding Leads monitor all current safeguarding cases and liaise with the relevant clinicians about their individual clients concerns. Following a review of our safeguarding monitoring and increases in safeguarding activity locally, our Leads now meet weekly to review all open safeguarding cases. Incidents are reviewed and lessons learned are shared with the team. Themes are identified and service changes are applied if appropriate. Health

Service	Cornwall
	<p>and Safety checklists are completed regularly, including fire safety.</p> <ul style="list-style-type: none"> • Our risk register is reviewed and updated monthly. Risks are eliminated or minimised. • Clinical supervision is held quarterly (but available daily if required) and provides an opportunity for learning and reflection. Our EPR system, Lillie, follows national guidance and assists us in capturing key data which helps our patients gain the best possible care • PGDs are used by non-prescribers to deliver treatment to patients. These are updated to follow current guidelines. Staff are expected to be compliant with their mandatory training. • All staff have work plans which are reviewed at quarterly meetings with their managers. Appraisals are undertaken annually.

Service	London
<p>Clinical Excellence</p>	<ul style="list-style-type: none"> • Clinics operating to highest possible standards, as reflected in I Want Great Care Reviews. 415 Reviews were collated; average scores out of 5 in the following areas were as follows: <ul style="list-style-type: none"> ○ Experience 4.92 ○ Cleanliness 4.99 ○ Dignity 4.99 ○ Informative 4.98 ○ Involvement 4.99 ○ Staff 4.99 • Most commonly used words in the reviews included kind (94 occurrences), comfortable (81), friendly (79) and helpful (70). • Daily Huddle held over conference call to discuss the day's appointments, activities and clients of concern • Regular team meetings on weekly and fortnightly basis • Pathways for onward referral updated regularly so clients can receive services they require in the event we are unable to support.
<p>Client safety</p>	<ul style="list-style-type: none"> • No concerns have been raised regarding our handling of client safety.

Service

London

- Safeguarding supervisions are held regularly and all policies in place and adhered to.
- MASE/MACE panels attended across all three services regularly.
- We have worked closely with our subcontracted delivery partners in Southwark and Lambeth and with our partners in Camden and Islington to ensure we meet frequently to discuss client safety and that information sharing protocols are adhered and updated.
- Referral pathways and safeguarding processes are reviewed and updated.
- Close dialogue with external organisations regarding clients with safety concerns is held.
- Covid-19 safety measures remain in place, including distancing, PPE, screens and regular cleaning of surfaces. Access to services continues to be delivered via telephone consultation and face to face meetings are held via appointment only in the vast majority of cases.
- Clinical procedures are carried out according to Brook policies, standard operating procedures, PGDs, PHE, FSRH and BASHH guidance.
- Staff training regularly updated.
- Audit processes adhered to
- All relevant policies and procedures are followed as directed by Brook's Protecting People pillar policy.

Service

Manchester

Clinical Excellence

- We now provide coil clinics, which is an excellent service for our users.
- We have firmed up a referral process and pathway in to the level three service for the clinic and outreach team, this is to help support client who have tested positive for Gonorrhoea, complex implant and coil issues. This new pathway also includes training with both services and regular meetings.
- We have opened the front door, which allows clients to come in to the building and complete a STI test (after triage) pick up condoms and book appointments. If we have appointments slots free when they attend we can book them in for a F2F consultation instead of them waiting for a telephone consultation, this has improved client satisfaction.
- We have piloted the new 'staff hub' this quarter, which has been very successful, allowing staff to see in real time STI kits being requested online and all the information from when the kit was ordered to getting

Service	Manchester
Client safety	<p>the result in one place rather than different spreadsheets with this information on.</p> <ul style="list-style-type: none"> • We have established a new referral process with the local level 3 service for clients who have tested positive for Gonorrhoea. Previously these clients had to make a new appointment and sometimes had to complete another test. Now the result can be emailed to the L3 service and they contact the client with an appointment time. • We have also improved the referral for any urgent L3 service requirement, for example complex LARC (deep implant) we can make the referral on behalf of the client via email and the L3 service contacts the client with an appointment. These two new processes has improved the service we offer and a more joined up service with the L3 providers, therefore a better offer to young people across Manchester.
	<ul style="list-style-type: none"> • We currently sit on the local exploitation operational and complex safeguarding group which covers Greater Manchester and is a multi-disciplinary group, this includes social workers, police, challenger and children societies. Sharing local knowledge and intelligence from around Greater Manchester, via a new network set up by sexual & reproductive health commissioners GM Sexual Health Network - Young People • It has a Greater Manchester footprint but with a membership to reflect the many services that are involved in this area such as school nursing, RSE teams, youth services, relevant voluntary sector organisations and YPSHSs. The group's aims/focus are to 'ensuring all children and young people have timely and age appropriate information about reproductive and sexual health is critical to their safe journey to adulthood', to improve provision, outcomes and to share good practice across the area.

Service	Dudley
Clinical Excellence	<ul style="list-style-type: none"> • One of our Sexual Health Nurses has been promoted to Senior Sexual Health Nurse, she has also become a faculty trainer. Both of these changes support the local team and the clinical manger as well as the organisations a whole. • Brook Dudley have developed non-medical competencies to support the training and

Service

Dudley

development of non-Nurses and Doctors, with a package to support their training. We are working with the Quality team to ensure this is rolled out across the organisation.

- The Clinical Manager and Senior Sexual Health Nurse are working with the Quality team and the Assistant Head of Nursing to develop the Sexual Health Nursing Competencies and Training Program, for qualified and CaSH NIT Nurses. They will include the Diploma and STIFF competencies.
- All non-Clinical Staff in Dudley have completed the non-medical training
- Our Senior Sexual Health Nurse has gained her FRT status and has joined Brooks General training program. They have also supported some of the CaSH NIT training in Bristol and Southend.
- Our Senior Sexual Health Nurse continues to provide non-medical training across the organisation with an excellent uptake. The Clinical Manager continues to provide training and sign off for CASH NITs in the organisation and Clinical supervision to support other services.
- We are developing and delivering an assessment half day

Client safety

- We have excellent links with CSE team, Family Nurse Partnership and School nurses in Dudley. We have maintained good communication and reviewed our pathways between all services to make communication even easier.
- New links made with the Violence Reduction Unit (VRU). They are very keen to work with us and use our service in the way the FNPs school nurses do. They have also introduced us some school links and are inviting us to the Next Head Teachers Forum in Dudley to present our Clinical, CSP and C-Card offer.
- Our partnership working with the FNP and School Nurse services is ever strengthening. We have made strong connections with several alternative education provision services seeing some of their most vulnerable young people supporting them through some challenging times.
- We are maintaining our relationships with the above and strengthening our school and college relationships.

Service	Wirral
Clinical Excellence	<ul style="list-style-type: none"> • Brook Wirral had a CQC inspection this year, we received a 'good' rating in all areas with no recommendations for change. • The report highlighted that staff treated clients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. • Clients provided feedback via 'I want great care' and said staff treated them well and with kindness. Feedback was continually positive about the way staff treated people. • Client's feedback indicates that staff went "the extra mile" and their care and support exceeded their expectations.
Client safety	<ul style="list-style-type: none"> • Safeguarding is reviewed weekly and safeguarding supervision is completed quarterly in a group setting, along with 121 supervision during monthly catch up sessions. • Brook Wirral received a 'Green' RAG rating in the safeguarding audit completed this year. • The team have excellent referral pathways in place to The Trust the L3 service and good links with the commissioners to ensure all young people are looked after in a safe and supportive way. • Good links with the local hospital and safeguarding hubs with information sharing taking place. • The staff ensure the service is clean and well maintained, they follow infection prevention procedures to keep clients safe. • Clients accessing the service continue to followed COVID -19 guidelines by wearing a face covering and sanitizing their hands. • All the clinical rooms are located on the ground floor for ease of access. • Staff follow best practice and national guidance, to ensure clients are safe and the best service is provided.

Service	Southend
Clinical Excellence	<ul style="list-style-type: none"> • The clinic launched during the Covid 19 pandemic over a Bank Holiday and remained open throughout • The clinical team showed resilience and clinical excellence in adapting quickly and efficiently during challenging circumstances.

Service**Southend**

- Promoted and delivered increased digital provisions including c-card distribution delivery
- Increasing number of LARC provision in Q4
- The clinic has adapted quickly to the new methods of working put in place in Q4 surrounding appointment times, Lillie appointment lists and safeguarding.
- IWGC reviews are increasing and largely positive. From Q4, reception staff are regularly providing names of the clinicians and adapting the IWGC link to include names. This are being reflected in the reviews. This has enabled reflection to take place as part of supervisions.
- Regular team meetings are taking place as well as daily 'huddles' and weekly updates.
- All clinicians now have 2 'reactive' appointments allocated per day to enable same day appointments for our at risk service users
- Staffing levels are increasing with the lowest vacancies since Q3
- Service provision has included the significant reduction in the inherited LARC waiting list and the PrEP waiting list.
- We have provided a successful STI testing and contraception supply digitally in partnership with SH: 24.
- In the first two months of service provision we trained a Nurse in implant insertion and removal, they now hold the LoC SDI.
- All LARC appointments now booked from the legacy list. Now actively recruiting for new CASH nurses to improve the service offering.
- Diary management is now being managed by senior admin. Admin staff recruited and Clinical team member moved up to Band 6.
- Full team of HCA's now in post. Nurses undertaking clinic in a box and clinical outreach which was promoted by local councillors. Safeguarding reporting has improved as has GUMCAD datasets.

Client safety

- The clinic is now engaging regularly with local safeguarding MASH and MACE teams in addition to new links with Teenage Pregnancy Preventions teams, School Nursing teams, Street Prostitution Strategy and Southend Carers.

Client feedback on Brook services

All Brook services have feedback books or boxes available to clients. All services now have online feedback mechanisms as described earlier in the report. Below is a selection of comments from Brook clients about their experience of Brook services.

"I always feel safe and welcomed here :) Reduce waiting list time for therapy, I know that's not Brooks fault though, only lack of funding."

"I'm always treated amazingly and never feel embarrassed to explain what issues I'm going through. They always make me feel extremely comfortable and know what's best for me to do. The staff are always so kind and I know I can trust them as it's confidential unless it's serious. I personally think there is no room for improvement as they're already amazing and so kind!"

"After being treated poorly at another clinic in a different area, I then visited Brook Manchester they were extremely efficient and I was treated with the upmost respect and found it easy and comfortable to talk to the friendly members of staff. My service was extremely quick, would definitely recommend and will be using this clinic only from now on!"

"I went in to get the implant which I was very nervous about. I turned up early however wasn't waiting long until one of the staff came to get me. When I went into the room the lady explained all about what I was getting and the side effects especially since I hadn't used hormonal contraception before and how long term I would have to have the implant for before I can take it out if unsatisfied. So we talked through the mini pill that had the same hormones but didn't have to be long term. And I was really happy with the outcome that I got the mini pill :)."

"Quick, friendly, confidential, welcoming. I was worried about coming here but staff were really kind and made me safe and answered all my concerns for me. Thank you. Made me feel comfortable to come back again."

"Amazing staff that made me feel very welcome and at ease. Completely accepting of me as a person, non-judgmental and open minded. Best staff you could wish for."

"I am extremely happy with the treatment I received today. The nurse was very kind, caring and compassionate, and I will not hesitate to recommend my friends to use the service. I would like to take this opportunity to thank staff from the reception throughout to the nurses I felt welcome and loved. Thank you very much for the care."

"Very informative, kind and comforting employee. They explained the procedure to me thoroughly beforehand and we also discussed many other things and had nice conversations."

"My nurse was lovely and sensitive when needed Very sweet even with tough or more private questions I felt very comfortable"

Supporting statements and comments from stakeholders

Southend on Sea

'Brook Young People have delivered all age clinical and outreach SHS in Southend-on-Sea since April 2021, opening services over a bank holiday weekend and during the Covid-19 pandemic. We continue to work with Brook Southend to monitor and implement service delivery to our residents. We confirm that the information supplied regarding service delivery in Southend is correct.'

Anne Igoe

Contracts Officer, Commissioning Team, Adult Social Care, Southend-on-Sea City Council

Dudley

'The enthusiasm Brook has for ensuring it has a client centred, empowering service is apparent throughout the document which I found extremely informative. It also demonstrates the partnership working that is key to Brook's success and enables the holistic approach that others strive to achieve e.g. LGBT+ work and work with schools and national campaigns. It was refreshing to see the plans to extend the mental health work, linking it to SH which we consider to be a real asset.'

It's disappointing to see the reference to staffing limitations as this is a concern we have locally where we suspect a non-NHS organisation may not appear as attractive to potential employees who envisage security and assured rates of pay from NHS Pensions and Agenda for change.

The use of varying forms of digital support is welcomed e.g. SXT, online bookings and requests for tests.

It's evident that the increased all ages services has influenced the priorities for 2022/23 with the inclusion of Prep standards and syphilis management. I think this is positive and supports the development of increased all ages provision.

Faculty Registered trainers are an asset to the services and the establishing of IUT & SDI forums is good, as is the embedding of a regular cycle of trauma informed training and mental health awareness. I can see links with the work we are doing within public health.'

Overall, an engaging report and insight into the work and further development of Brook services.

Kath Clarke

Public Health Commissioning & Development, Dudley Council

Glossary

BASHH	British Association of Sexual Health and HIV
CAMISH	Camden and Islington Young People Sexual Health Network
CASH	Contraception and Sexual Health
CASH CNS	Contraception and Sexual Health Clinical Nurse Specialist
Cu-IUD	Copper Intrauterine device
CC	Charity Commission
CGL	Change Grow Live
CLT	Clinical Leaderships Team
COVID-19	Corona Virus Disease 2019
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DfE	Department for Further Education
EPR	Electronic Patient Record
EC	Emergency Contraception
FGM	Female genital mutilation
FSRH	Faculty of Sexual and Reproductive Healthcare
GUM	Genitourinary medicine
HCA	Health Care Assistant
IUD	Intrauterine device
IUT	Intrauterine techniques (i.e. Intrauterine devices and systems)
IWGC	I Want Great Care
JTAI	Joint Targeted Area Inspection
LoC IUT	Letter of Competence Intrauterine techniques
LGBT	Lesbian Gay Bisexual and Transgender
LSCB	Local Safeguarding Children Board
MACE	Multi agency child exploitation team
MASH	Multi-Agency Safeguarding Hub
MSM	Men who have sex with men
NDFSRH	Nurse Diploma Faculty of Sexual and Reproductive Healthcare
NPS	Net Promoter Score
PACE	Police and Criminal Evidence act
PGD	Patient Group Directions
PN	Partner notification
PPE	Personal Protective Equipment
PrEP	Pre-exposure prophylaxis
QAC	Quality and Assurance Committee
RAG	Red Amber Green
RSE	Relationships and Sex Education
SDI	Subdermal implant
TOP	Termination of pregnancy
UHB	University Hospital Bristol
WSW	Wellbeing Support Worker
YP	Young People

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Brook is a trading name of Brook Young People. Limited Company registered in England and Wales, number 2466940. Registered Charity in England and Wales, number 703015.