



Brook Digital Front Door - Phase One

Evaluation Report

November/December 2022

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Executive Summary

Introduction and Methodology

Brook Young People is the only national charity to offer both clinical sexual health services and education and wellbeing services for young people. Brook 2020–2023 strategic priorities have significant focus on transforming the charity's digital offer and improving quality.

Running alongside Brook's strategic priorities, the Digital Front Door (DFD) Programme aims to transform Brook's digital offer to enable young people needing help, or looking for information or advice to have better access and a seamless journey through Brook's services. The programme has been divided in two phases.

This report is the result of the evaluation of Phase One of the Digital Front Door and describes how Brook, a charity that was set up to deliver services on site, has developed and delivered a pilot to test a sample of the programme's proposed digital tools; how successful they were in delivering the technical side of the programme as well as the cultural changes needed to truly transform their digital offer and operating model.

Zoe Amar Digital (ZAD) was brought in to undertake the evaluation. ZAD is a consultancy that helps charities and other nonprofits develop their digital strategies, improve skills and grow income and influence. The team has a wide range of expertise and has helped hundreds of charities, social enterprises and nonprofit leaders digital feel confident, skilled up and in the right mindset for digital change.

Developmental Evaluation (DE) was the approach used to drive the research and answer the evaluation questions. DE is a process best used for initiatives with high complexity and uncertainty and where innovation is desired, therefore it is suited to the DFD's context. This approach provides flexibility for organisations to adapt as their understanding of the project deepens and supports further development, which is in line with Brook's phased development strategy.

Key Findings and Recommendations

Starting from the secondary data sources and the evaluation questions key themes were identified and then further developed as primary data was collected and analysed. The main research findings are:

- The internally focused tools, especially the Staff Hub, have mostly met user's needs and improved productivity, quality of service and increased capacity within the pilot services, even though this was not a main objective of this phase.
- The robust but balanced approach to compliance and risk management ensured the organisation met its statutory obligations and duty as well as allowing room for experimentation.
- Most front line staff felt the tools allowed them to deliver a better service and overall experience to users.
- Service user feedback was overwhelmingly positive, with users impressed by ease of use, convenience and perception of care (safety) when ordering a STI testing kit.

- The programme was successful in engendering a shift in culture, albeit within the pilot sites, to a continuous improvement and growth mindset culture. There was evidence of staff taking a positive approach to change and even identifying new opportunities for future improvements. These initial signs are very encouraging and if nurtured throughout the organisation, it can strongly support the roll out of Phase Two.

The research also found strong evidence that Phase One had a positive impact on Brook's 2020-2023 strategic priorities of Challenging Inequality, Increasing Accessibility and Fostering Innovation.

The Digital Front Door pilot phase has been successful in demonstrating some of the benefits of digital transformation and creating a good foundation in which to build the next phase of the programme. Through a robust integrated and collaborative approach, programme leadership was able to deliver what is a fundamental change to its ways of working and demonstrate value, having a demonstrable positive impact on the pilot sites. Most importantly, the impact has been felt by the people in the frontline, with evidence of staff becoming advocates for change and starting to identify opportunities for more improvements, instead of focusing solely on challenges and risks.

A number of recommendations, based on the research findings, were made to help the Brook team make improvements and keep the positive momentum gained as they move to DFD Phase Two.

The key recommendations are:

- Strengthen the communication and stakeholder engagement work stream to ensure all levels of the organisation are aware and able to engage with the programme. This is very essential as the programme scales and the digital team is not able to deliver such intensive support as they did during the pilot.
- Youth participation, or closer involvement in the programme board.
- Communicate lessons learnt, challenges and successes more widely to share knowledge and learnings throughout the organisation as well as celebrate success to foster a sense of unity.
- Agree key metrics to track and report on, to support staff in understanding the impact the programme is having - for example, operationally how much the new tools are reducing workload or errors and duplicate work.
- Explore how training and development can support the programme by looking at formal and informal interventions that allow staff to feel prepared and able to implement change.

The Brook team and the DFD Programme board has been intentional and very considerate in how they planned and delivered Phase One and managed to create value and positive impact in very challenging circumstances. The report highlights the areas where their actions were very successful and why, as well as areas for improvement, that can support the team to maintain the momentum and support planning and delivery of Phase Two.

Project Context and Overview

Brook Young People is the only national charity to offer both clinical sexual health services and education and wellbeing services for young people. The charity's vision is that young people's lives are free from inequality, rich with opportunity and enriched by happy, healthy relationships. Brook demands better for young people.

Project Background and Overview

Brook 2020–2023 strategic priorities have significant focus on transforming the charity's digital offer and improving quality. In that strategic plan Brook set the ambition of bringing all services into the digital age, in line with how young people live their lives, and in response to what young people told the charity that they want and need.

Developing in parallel to those strategic objectives, the Digital Front Door Programme aims to transform the organisation's digital offer to enable young people needing help, or looking for information or advice to have better access and a seamless journey through Brook's services.

The organisation's aims are to deliver a service fit for the digital age, and one that is designed to meet a range of objectives, aligned to different user groups. Cutting across all objectives is the ambition to create a more effective, efficient digital journey with personalised advice and information.

A discovery phase was undertaken in November 2020 to identify user groups, understand their needs and set the ambition for the programme.

Based on that report a series of high level objectives were defined, alongside a series of proposed tools and work-packages to be developed.

Brook selected Mindwave Ventures, an agency that specialises in digital health and clinical research to build the Digital Front Door.

To manage and help mitigate any risks associated with shortfalls in funding, the project was divided into two phases. This report is related to Phase One only.

Phase One timeline

Discovery - Autumn 2020

Alpha Research - June and July 2021

Design and Development - July to December 2021

Pilots - January to June 2022

Phase One Services

- STI Home test kits ordering
- Staff Hub
- Find a Service
- Signposting Tool
- Online Appointment Booking

Pilot sites were Manchester and Dudley.

The services mostly covered during the evaluation were the STI home test kit online ordering and the Staff Hub, because those were the services that interviewees had contact with.

Programme Environment Analysis

There are major external and internal factors that impacted Phase One of the Digital Front Door. Due to potential impact in Phase Two, they must be carefully considered as Brook moves forward with planning.

External

- The Covid-19 pandemic has had a profound impact on how people and organisations engage with digital. It created an urgency and momentum to transform mainstream behaviours and activities that was unprecedented and pushed changes forward with great speed. In almost all areas of our life, it opened up eyes to possibilities that would have been unthinkable before.
- Charities' digital adoption has increased during the pandemic. In the 2022 [Charity Digital Skills Report](#) almost three quarters (72%) of the charities we spoke to said they are actively working to progress with digital. A similar number (73%) of charities are delivering digital services. More than half (52%) are changing the way they are working to improve remote working, whilst 22% are recruiting new digital roles or changing roles to include digital responsibilities.
- The current economic environment is presenting major challenges to charities. Organisations are seeing a surge in demand for services whilst funding is not increasing, and in some cases being reduced. Therefore, senior leaders are having to embrace innovation in every area of their organisations to deal with the challenging circumstances they are facing.
- The demographic that Brook serves is online. Service providers need to ensure that young people feel comfortable seeking and accessing health care, therefore they need to adapt their operating models and ways of work to stay relevant.

Internal

- Brook's starting point was low. The organisation's processes were mainly manual, which means there were some 'low hanging fruit' to be addressed. These yielded quick results and created good will towards the change programme. As mentioned above, once those 'quick wins' are gone, it is important to consider how to manage more complex changes.
- Phase One pilot services were already involved in previous digital projects (Welcome to Brook) therefore were already more open to digital transformation and change. It is important for the Programme Board to understand how other services will receive the changes and be prepared for a lower level of engagement.

Brook was well positioned to take advantage of the external factors cited above with the first phase of the Digital Front Door and they had a positive impact on the pilot by engendering urgency in the organisation and support from the front line. It is expected that most of these factors will continue to have a positive effect as Brook moves to Phase Two.

On the other hand, the urgency caused by the Covid lockdowns has become less prominent now and the return to normal may reduce people's engagement, particularly if the next phase of change is more complex and longer term. Therefore Brook needs to find different factors or amplify the remaining factors' importance to maintain momentum and urgency to move forward.

The internal factors that have also had a positive impact on Phase One, will be naturally less influential in Phase Two so other internal factors will need to be used to influence and create support from inside. Therefore, the success of Phase One should be very well communicated and its impact amplified to maintain the internal supportive foundation for Phase Two (more details on the recommendations).

Evaluation Overview and Methodology

The evaluation's objectives have been guided by a combination of funder requirements, a commitment to transparency and accountability, and an opportunity to ensure that Brook is able to act on lessons and insights arising from the project as it progresses.

As such the organisation have set the following guiding objectives for this evaluation:

- To learn the difference made by the implementation of DFD to different internal (Clinical, Digital, Data & Insights teams) and external (service users) stakeholders.
- To assess the impact of the investment in our Digital Front Door (DFD) on Brook's digital transformation journey.
- To demonstrate transparency, quality and accountability towards beneficiaries, stakeholders, and funders / investors.

The Brook team will use the evaluation as an opportunity to answer the following questions:

- How and why did the Digital Front Door made a difference, if any to following key stakeholder groups and outcomes:
 - Clients managing their care efficiently and effectively because they feel informed and confident.
 - Staff improving their digital skills and confidence.
- How and why did the co-design of the Digital Front Door made a difference, if any to different stakeholder groups reporting positive changes?
- To what extent the Digital Front Door achieved Brook's strategic priorities linked to Accessibility, Equalities, and Innovation (all of which Digital Transformation underpins).
- What were the mechanisms by which the Digital Front Door contributed to cultural change and improved working practices?

Methodology

The Brook team suggested a Developmental Evaluation (DE) approach to answer the evaluation questions. DE is a process best used for initiatives with high complexity and uncertainty and where innovation is desired. The DE strategy, unlike the more linear process associated with traditional evaluation (i.e., data collection, analysis, recommendations, implementation), allows decision-makers to engage in an iterative process that allows for ongoing learning and course correction.

This approach provides flexibility for organisations to adapt as their understanding of the project deepens and supports further development, which is in line with Brook's phased development strategy.

Data Collection and Analyses

The evaluation team collected data through primary and secondary research methods. Primary research was done via Zoom video interviews with each stakeholder group identified in the project – two subjects per group as below:

- Central team - 2 video interviews
- Service Managers - 2 video interviews
- Clinical staff - 2 video interviews
- Service Users - 2 video interviews

As part of the initial plan, the 'Educators' group were going to be interviewed as part of this evaluation. In the end, the team decided not to include educators because they had not been so heavily involved in this phase of the project - the Brook team thought that we would get more interesting insights by including representation from safeguarding and data colleagues, who were heavily involved in the project in place of educators.

There is representation from the Education Team on the DFD Board - with the Director of Education. He has provided input and oversight into the project on behalf of the team but is less 'operationally' involved in the project than other less senior colleagues.

Interviews took place during July and August 2022 for staff and in September and October 2022 for service users. Interview recordings were transcribed and findings were grouped into key high level themes.

The Brook team provided a range of secondary data to support the evaluation such as:

- Discovery Phase Report (Mindwave)
- Pilot launch plans
- Digital Front Door internal updates and reviews
- Phase One User Evaluation (Mindwave)
- Staff pilot questionnaire
- Survey data (staff and service users)

The primary and secondary data was collated and analysed using a system thinking approach. Systems can be a frame through which problems and solutions can be understood in a complex environment and some system's characteristics are applicable to this project such as:

- Many different perspectives, each of which may view the problem and solution in very different ways.
- Inter-relationships, where each perspective within the system is connected to and influenced by other perspectives.

Feedback loops are a key concept in analysing systems and how they operate as they can provide information about the successes or failures of the organisation's system. Within this report we identified where positive or negative feedback loops were created by the Digital Front Door - for example, where a staff member or service user completes a task, receives positive or negative feedback, and adjusts their actions accordingly. The adjustments created by feedback loops can have an enormous impact on the system's learning and the success of change initiatives such as digital transformation programmes.

We followed an iterative process where we:

- Identified key points, themes, gaps - these key points and themes were initially based on the evaluation questions posed by the Brook team and then further developed as the primary data was analysed.
- Discussed findings with Brook team - we kept in contact with the Brook Digital team throughout the evaluation process via email and remote calls and discussed any questions and potential issues. In August, soon after internal staff interviews were completed, we presented and discussed preliminary findings with the Brook digital team.
- Review and refine findings/insights based on feedback from the Brook team and further data provided.

Evaluation Limitations

Due to time and budget constraints, the amount of primary research completed and primary data collected was relatively small and that means that different or diverging perspectives could have potentially been missed during the evaluation.

The evaluation project had a set budget that constrained the amount of the time the evaluation team could invest in the project. Based on the time and resources available, we agreed with Brook, how much primary data collection could be undertaken to ensure the results would be credible, relevant and useful to Brook and its stakeholders.

This meant that some areas of enquiry could not be further investigated. An example was the resistance to change within the pilot services. Evidence collected showed that there was very little resistance to change during the pilot phase of the DFD. However in discussion with the Brook team, we came to the conclusion that we may not have got the complete picture.

The reasons for that may be due to staff not wanting to discuss difficult issues with an external party or the interviewees chosen did not experience resistance directly. As DE relies on relationships and trust between evaluator and the subject, this lack of time might have restricted the depth of data that could be collected.

The evaluation team has mitigated some of this limitation by triangulating the data with secondary data provided.

DFD Pilot Evaluation

Key Themes

Four initial broad themes were derived from the evaluation questions:

- Impact and how the programme made a difference to stakeholders.
- How and why co-design impacted the programme, in terms of the actual tools developed and the change journey for stakeholders.
- To what extent the programme positively impacted the achievement on Brook's strategic priorities.
- How the programme influenced and/or was influenced by organisation culture.

Those broad themes were then refined through interview data analyses and the areas that interviewees brought up or focused on during the interviews. They were then used to collate and make sense of the data in a more concise and actionable way.

The evaluation team felt it more useful to report service user experience as a unique theme due to the very different nature of the service users interaction with the programme.

The final high level themes are:

- Technical (user experience and usability of the tools)
- Operational (efficiency, process improvements, capacity)
- Compliance (data and safeguarding)
- Service Quality
- Programme Planning, Management and Delivery
- Strategy and Culture Change
- Service User Experiences

Theme - Technical (user experience and usability of the tools)

Although this theme was explored via the Mindwave User Evaluation workshops and report, there were some useful insights from the interviews.

There were mainly positive feelings and feedback around how the tools look and work. Most interviewees, who had direct contact with the staff hub for example, said that the staff hub is very intuitive and easy to use, it is a great user experience and it is much nicer to look at. Other positive points mentioned were:

- Validation of data fields inputted by clients greatly reduces the amount of errors in data input and subsequent user phone calls chasing STI testing kits.
- The language used for results on staff hub has enabled staff to give a better service to clients. The written results reflects the way staff explain results in clinic (positive and negative as opposed to abnormal)

A couple of important usability issues emerged, however, staff had already fed those back to the digital team and some have been actioned:

- Lack of filter and search functionality on staff hub. Currently, staff have to go through pages of results to find specific records so a better search function will support them to work even more efficiently.
- Lack of test results image on the staff hub.

Areas to be reviewed - suggestions:

- More information/quick history on test results box, may help to pick up repeat offenders (who order too many tests in short spaces of time) for review.
- Tracking of STI test kits order for users

The technical quality of the Digital Front Door tools, in particular, the staff hub, appear to have created a positive feedback loop - where staff have engaged with and found the tools easy to use, therefore are more likely to keep using them and advocating to other staff members. Front line staff felt that the great user experience helped to break barriers to change within their location.

This positive loop becomes more apparent when staff are not put off by problems, but are willing to become change agents, taking action and reporting back to the digital team.

For example, one staff member discussed during the interview how happy she was with how the digital team was taking her feedback on board - she told them about a few small technical improvements that would make the Staff Hub even better. By the time the interviews took place some of the issues she reported had been already actioned, further reinforcing the positive loop.

Their responsiveness to her feedback made her feel very positive towards the changes and she became a real advocate for the tool and for the project.

Theme - Operational (efficiency, process improvements, capacity)

The general feeling across the internal interviewees was that the *'DFD has created more time'*. The evidence collected shows that the digital tools have improved productivity, quality of service and increased capacity within the pilot services.

Although staff realise there is still more streamlining that can be done, most feel they have gained more time to concentrate on more value adding tasks, for example they are able to serve more people, have more time with clients with complex needs or to prioritise those most in need.

However, there were variations between the two pilot sites. Manchester appears to have had the most efficiency gains as perceived by their staff. The points below were mentioned by Manchester staff in relation to how the tools have changed and/or improved the way they work:

- They are spending less time phoning people to check errors. Online ordering won't allow users to submit with wrong Dates of Birth for example.
- Reduction of human error - DFD helps to ensure users get what they need and no one 'falls through the net'.
- Substantial reduction in the amount of client phone calls - having the information on the website means clients can self-serve. Staff can now deal with real emergencies or users who need more support instead of signposting.
- STI testing Kit ordering process - previously they had three different systems to check, have one now!
- Allows the manager to be proactive, instead of just reactive when managing their service as well as better managing resources.
- Increased in capacity, same staff are able to serve more clients.

"Online signposting reduces users coming into the clinic, allowing time for others. But it also gives users knowledge to better manage their sexual health. For example - if they request a test kit too early, they will be informed and given information about the correct window period for specific STIs. It is education as well" (staff member)

In contrast, in Dudley the perception was that no real efficiency gains (admin time, speed or work practices) have been realised during the pilot but they are aware that they will come with time, as the project develops. On a positive note, they did not think the project increased their workload.

The main reason for that was the way they worked (different from Manchester). The Dudley team already inputted the details of all their service users into their EPR system using the fast input mode (as opposed to Manchester, which didn't) and they reported that the DFD has not improved how they manage users data. The Dudley service also already had an online test ordering system in place before the DFD and staff reported they had a good, more streamlined process in place to ensure users with positive results could be seen

quickly, so it did not change how they prioritise clients either.

However, as the interviews went on a couple of interesting points arose:

- They felt they have a lot less repeat ordering due to positive confirmation at the end of the ordering process stops people from sending repeat orders.
- They are having less phone calls regarding STI test kit orders.

During the research it emerged that Brook's sites operate quite differently for a variety of reasons such as commissioners' needs and objectives, size and type of provision, area demographics.

All the points raised above were self-reported by interviewees. Therefore it would be easier to understand changes and improvements in operational performances if simple measures were put in place prior to the launch.

Theme - Compliance (Data, Safeguarding)

The compliance approach taken by the programme board appears balanced, taking into account the risks and complexities of its work and context, whilst allowing change and experimentation to take place.

In highly regulated environments, innovation often gets stifled by fear and excessive risk aversion but the evidence from the research points to a well balanced understanding of risks and its management as well as strong due diligence processes to underpin its risk management approach.

The following points demonstrate staff's views:

- Front line managers feel they have more visibility and control of potential safeguarding concerns with the DFD as any safeguarding flags will put a request on hold until a client is contacted.
- Good balance in the amount of data collected from users and Brook is very transparent about what data is collected and what for.
- From a service user perspective, the experience (safeguarding) wouldn't be too different. Like whether you physically walk into a clinic or whether you're accessing the service online. The questions are pretty much similar and there's not a vast difference.
- It would have been helpful to have young people representation on the programme board to support decision making around data for example (how clear is the messaging around data collection?)

"There are certainly risks associated with this project but the positives seem to outweigh the potential negatives. The project has done comprehensive due diligence and can demonstrate that." (staff member)

Sub theme - Safeguarding

Safeguarding has been a key consideration of the programme as there were concerns about how well the organisation could safeguard users digitally. Brook had to be very considerate in its approach to ensure staff's confidence in the tools developed.

The evidence, as already discussed, points to a balanced but robust approach that reassures all system users. Most staff interviewed feel confident that the system is able to identify safeguarding concerns, although no major issues have been identified during the pilot.

"I actually felt quite comforted to be asked those questions and know that if there had been a problem, they probably would get back to you and offer more support." (service user)

Points highlighted during interviews are:

- The Staff Hub allows for a lot more insights into users and their circumstances, staff feel it allows them to potentially identify safeguarding issues that wouldn't have been possible before (for example, lots of testing kits coming from the same postcode).
- There has been a realisation by staff that clients can withhold or disclose safeguarding concerns in a variety of ways - some are more likely to disclose face to face, whilst others are more likely to do it digitally, where it feels more anonymous. This has greatly reduced people's fear that safeguarding is less robust digitally.
- Staff feel they have really good mechanisms in place and the tools are robust around safeguarding.
- What had come in, in terms of safeguarding, was a lot less frequent and lower level than was expected (mostly it has been young people wanting to ask questions). So the team changed the language from 'safeguarding flags' to caution because they don't know it is a safeguarding issue until it is investigated.

"People need to understand and stop making the separation, that in the digital sphere or the real life sphere we will need to ask the same questions about what is safe and what is not safe and what is the right way to do it. Once that mindset shifts, people feel less anxious" (staff member)

The evidence found in the area of compliance, and in particular, safeguarding is overwhelmingly positive. There were a few elements at play here that enabled this to happen. Staff felt heard and felt their concerns were valid so they were willing to engage; strong governance and Brook's strong safeguarding ethos was upheld throughout the programme development.

The pilot phase was also crucial to give staff a 'real feel' for what safeguarding looks like in the digital world and understand the options that it gives them to reach more young people as well as realise they can be as effective online as face to face.

"It was a surprising benefit. I wasn't expecting that - in that being now more closely connected to this particular piece of work - there's more here that we could utilise (in safeguarding) and actually could be quite helpful." (staff member)

Theme - Service Quality

There was an immense sense from interviewees that the DFD improved the quality of the service they were providing to young people.

"So the way we used to impart our results, we'd input the date and then we put it along for a weekly follow up. But we're only human, people make mistakes. If someone forgets that follow up, the evidence kind of disappeared. Whereas with the Staff Hub the evidence doesn't disappear. It's still there. So in one sense, it stops anyone being missed. So no one can fall through the loop, if that makes sense." (staff member)

Staff recognised the different levels of service and how they have been empowered to give a better service. As a result of the DFD they are able to answer the phone and provide answers to users' questions and they see more clients completing their treatment journey. Completing the full treatment journey with a 'test of cure' 3 months later, in turn potentially means better health outcomes for clients.

Some highlights:

- User experience - much better signposting and access to the correct services.
- Clients don't need to phone up and chase STI test kits, to get results, to book appointments or to get treatment - reduces frustration.
- Reduction of human errors - ensures young people get what they need and users don't 'fall through the net'.

Once again the evidence has been mostly positive and there is a real sense of improvement from staff's point of view, particularly in Manchester. Front line staff feel that the Staff Hub has empowered them to provide a better service by being able to answer users' questions quickly (no need to go and ask a colleague and call the user back the next day). They also feel like users are getting a better service and a better experience because they are not calling as much to chase test kits.

Here we can identify a strong positive feedback loop, where staff feel that by using the digital tool they are not only having a better experience themselves but they are also providing a better experience to users - a 'double win' and great support for project engagement.

Theme - Programme Planning, Management and Delivery

Staff interviewed during evaluation had a general positive view of the programme, its development, delivery and the support they received during the pilot.

In general, front line staff felt they had less participation during the discovery and design phase, as opposed to central staff who had been very involved during discovery and design.

Staff Engagement with Design and Planning

Even though Mindware conducted extensive research with Brook staff, some staff groups felt they were not involved in the initial development phase of the programme - for example in vision and objectives setting, design and development of the tools.

This feedback was from front line and clinical staff and could be due to:

- Small sample size.
- Timing (some staff were in different roles during the discovery).
- People's memory and understanding of how the process was set up initially (contribution via team managers, as opposed to direct feedback) and lack of knowledge of how feedback was being shared with the programme team.

They reported that nursing staff were not so involved early on - maybe on purpose, as they felt this phase impacted admin staff more directly.

In comparison, management staff felt very much involved in tools design. Their view was that staff were very involved in the process and they were driving a lot of the requirements.

This is an interesting contradiction seeing that those staff members work very close together.

Delivery and Relationships

The Brook digital team, in charge of delivering the change programme, developed strong, trusting relationships with the pilot site teams. These relationships were based on a sense of shared purpose, mutual support and participation - staff often said they felt 'listened to' and that 'their ideas were valid'. The thorough project development work done with Mindwave Ventures created a robust foundation for those relationships to grow.

"Pilot communication has worked very well. Digital team's presence on site has been appreciated by front line staff and the relationships they built with front line staff made them feel like they are heard." (staff member)

Staff appreciate the flexibility, with a mix of formal (workshops) and informal (phone calls, visits) lines of communication during tool design and pilot phases.

This approach appears to have had a great positive effect on the pilot and the people involved. Going forward Brook needs to look at how realistic it is to offer this level of support at scale and consider other less resource intensive options to build and maintain these relationships.

Programme Governance

The programme board has balanced coverage of most areas of expertise required to deliver such a programme, including the third party that was developing the tools.

This broad range of specialist knowledge at the programme board level, allowed for a balanced view between risk and innovation to allow innovation to happen and not be stifled by risk aversion.

The programme board was able to develop a positive, trusting culture with an openness to challenge which creates space for creativity and innovation to flourish.

A missed opportunity here was lack of service user representation on the board. Although the board terms of reference and responsibilities included ensuring representation, not having young people on the programme board was mentioned by two staff members as an area to improve as the programme moves forward.

Theme - Strategy and Culture Change

There was plenty of evidence from many of the above themes that demonstrate a shift in culture within the pilot sites, to a continuous improvement and growth mindset culture. These are nascent changes that if nurtured can put Brook on a successful path to innovation and growth.

Looking at this theme through the lens of the 'Cultural Web' model, where the interaction of key factors influences organisational culture, we see a convergence of all the other themes towards a trailblazing and courageous culture - aligning with organisational values and overarching vision.

The elements of the cultural web are:

Stories - staff have positive stories to tell about the change; they like the tools they were given and they talk about the benefits it has brought to them as well as positive stories about how they worked together with the digital team.

"Pre covid things seemed to take a lifetime but with DFD things are happening and it's not going to be all next year and next year and next year." (staff member)

Symbols - the physical presence of the digital team on pilot sites were a symbol that this project was important and showed that the organisation wanted to support their people in implementing this change.

"We had somebody from digital come to the physical office, so it felt that like we were supported with the change and that they could understand what our stumbling blocks were rather than us phoning them up and go we don't understand this, we don't get that, they were physically there and could see what we could see." (staff member)

Rituals and routines - there were major wins on rituals and routines with admin/reception staff describing positive changes on how they do their jobs and how they interact with colleagues and service users.

"Because the staff hub is so easy to use, it makes staff feel like they are able to better support their colleagues." (staff member)

The above quote was discussed in the context of how staff support their colleagues and how the Staff Hub has made them feel empowered to help each other more effectively - by having easy access to data.

Another example of a routine change was the fact that now staff can access negative results easily via the Staff Hub, so if a user calls back months later asking about their results, that can easily check on the Staff Hub and provide information to the user immediately. As opposed to the previous routine of having to ring or email the data team, having the request go via a few people to then update the user, maybe a day or two later.

Control Systems - the strength and visibility of data protection and safeguarding policies and procedures provided comfort that risks were being managed appropriately and the right controls were in place to ensure project compliance.

Organisational Structures - the multi functional board created a balanced management structure for the programme; conscious effort to bring front line staff 'on board' during planning and development phases was also positive.

This element has room for improvement by ensuring communication of high level concepts, like the programme vision, gets cascaded throughout the organisation due to the number of staff, work patterns and the way teams work. This is particularly important for clinical staff, who get so engrossed in their day to day work and might feel removed from the 'why' of the programme.

The above changes in each element appears to have helped engender a culture where change is not feared, but becomes part of 'who we are and how we do things'.

*"Some staff are now thinking about what else can be changed and improved"
(staff member)*

Whilst reflecting on their journey with the programme a staff member asked themselves:

"Has it opened up a new mindset internally where people start to look for opportunities in digital?"

The question in itself is powerful evidence of the kind of reflection that is positive and opens up creativity and innovation.

Resistance to Change

One element that had contradictory responses was around the level of resistance to change/tools adoption within the pilot services.

Management level staff reported that they did not feel any resistance from their staff to change their ways of working and adopt the tools being tested in the pilot.

However there were hints from the front line that they saw reluctance and some struggle within their teams. Although it was difficult to identify specific details or examples, staff described some of their colleagues as less enthusiastic about using digital tools.

One of the examples given was about someone who does not like any changes at all, even simple things like opening the clinic door was an issue for them.

No specific, programme related fears were identified but, it is possible to infer that some people may be intimidated by new digital tools and processes or be fearful about their ability to use new tools.

Although this low level of resistance did not appear to negatively impact the pilot, this may be an area of consideration going forward, especially when looking at staff skills and capabilities across other Brook service areas and how to adapt communication to different staff groups.

Theme - Service User Experiences

It was initially difficult to find service users to take part in the interview process, therefore their interviews happened towards the end of the evaluation. This delay did not impact the evaluation process as service users have a completely different perspective to share and, on a positive side, their views reinforced the evidence given by staff when asked about any changes to service quality.

The evidence from the interviews also supports the data recorded by the service user feedback form at the end of users' interaction with the Digital Front Door (STI test ordering kit).

Both interviewees used the Brook website to order an STI testing kit. Their overall experience with the service was very good, they were very impressed with:

- How easy it was to order the kit

"Like as far as I remember, it was just nice. Quick. It's not one of those that just goes on forever and ever." (service user)

- How discreet the packaging was
- How convenient the whole process was - from ordering to returning the kit and getting a response - all from their home without the need to attend a physical space.

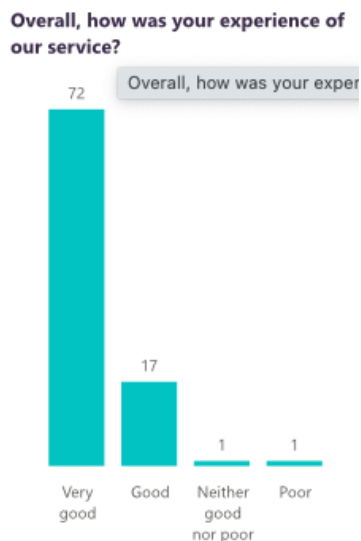
"In day to day life, I have a chronic illness so I am always at hospitals or at doctors so I do a lot of my in person appointments because I need to so anytime I can do anything online I will choose to do it because it is so much easier for me." (service user)

"Literally just completed the test and sent it back and got, I think it was a text through, just saying everything was okay." (service user)

- How secure and comforted they felt by the safeguarding questions asked

"I actually felt quite comforted to be asked those questions and know that if there had been a problem, they probably would get back to you and offer more support." (service user)

This matches the overall experience from the online feedback form users complete when they order a STI testing kit. Brook had 91 responses via the online feedback and nearly 98% of those responses said they had a 'Good' or 'Very good' experience of the service. Nearly three quarters of respondents (79%) reported their experience as 'Very Good' which is an overwhelmingly positive response rate.



"I thought it was reliable, it was quick, it was convenient, I would recommend it to people, I would recommend it to anyone within this area or any of Manchester. Definitely one of the better sites I have used." (service user)

Drilling down into other aspects of the experience, it is reassuring to see that results from the online feedback form closely mirror the evidence collected via interviews.

Nearly 95% of respondents 'Strongly Agreed' or 'Agreed' with the sentence 'It was easy to order a home testing kit for STI's'.

Just over 90% of respondents 'Strongly Agreed' or 'Agreed' with the sentence 'Ordering a home testing kit for STIs did not take too much time'

Aspects of experience

● Strongly agree ● Agree ● Neither disagree nor agree ● Disagree ● Strongly disagree



User feedback left on the qualitative area of the form - 'Please tell us about anything we could have done better' was mostly positive.

There were also some useful suggestions (Specify how discreet packaging is, at ordering point) and service feedback, which shows the users who complete the form were positively engaging with the feedback process.

Please tell us about anything that we could have done better

☐ 21-22
☐ 22-23

☐ Q1
☐ Q2
☐ Q3
☐ Q4

/

Amazing service! So impressed.

H

I did not receive confirmation email to confirm my submission was being processed, nor did I receive an expected timeframe of postage/results.

I don't think there is anything that would need to be changed.

I think a brief explanation of what happens if you test positive, will you be in touch how can the person get help? Must they contact the gp or can they revive medication on the results alone etc

It was a great experience

I've had to do this application again as I've still not received a kit and it's been weeks

Main website make an order test kit button that takes you directly to the process

Nothing

Nothing!

really quick and easy, thank you

Specify how discreet packaging is for users who don't want parents finding out or personal etc

Test

There's a bug when entering the phone number which took me a while to figure out.

I didn't get an email/phone confirmation that my order has been complete which is a bit distressing cause I don't know whether I will receive the kit or not

Your ethnicity questions don't offer enough options For e.g. I am mixed race, when I selected this I'm then told to choose between "white and black African" or "white and black Caribbean". I am both. It's disappointing that in 2022 it's not understood, yet in the very next question I'm given a plethora of answers for my gender - I don't disagree with this but it's just highly disappointing and ignorant, particularly for a company in the health field. Is it not understood that mixed race people can have children too?

Strategic Priorities

As part of this evaluation exercise Brook wanted to understand to what extent the Digital Front Door achieved Brook's strategic priorities linked to Accessibility, Equalities, and Innovation.

The general consensus is that the Digital Front Door has positively impacted all strategic priorities but to varying degrees. From a front line staff perspective, more evidence is needed, for example to understand its impact on equality. Whereas, there is a consensus that accessibility has been greatly improved by the project.

Challenging Inequality

The project has had direct impact on two of the actions from Brook's strategic plan:

1. Ensure our staff and volunteers are equipped, trained and confident to lead, manage and deliver exceptional services. Evidence has shown improvement in the quality of the service by Brook from the simplest aspects (users get a confirmation at the end of their STI test kit process so they are sure their order is processed) to staff having time to support users in the clinic or having tools to provide information over the phone.
2. Drive a culture of innovation and continuous learning through a diverse, inclusive and dynamic workforce. There is evidence that a culture of continuous learning is building inside Brook and the DFD has supported staff in changing their attitudes towards digital, becoming open to and embracing change.

It has also been highlighted how Brook staff actively shares links to services with partner agencies that support young people. Partners can then spread the message and also support young people in ordering an STI test kit if needed.

Other points to consider:

- Digital poverty - hard to reach groups, who may not have easy access to the internet, are at higher risk of unintended pregnancies or undiagnosed STI's so how does Brook reach them in general? For the DFD, Brook must consider the fact its website, because of its sex relates content, may be blocked at schools or public spaces, which may be the only access point for hard to reach users.
- Breaking down test kit ordering data by postcode to understand the distribution of online orders by affluence would be a very useful piece of work to see if people in less affluent areas are accessing online services as widely.

Increasing Accessibility

The DFD has had a significant contribution to Brook's objective of increasing accessibility.

"So I do think from the users point of view there's not much difference, what it gives is other options and different options." (staff member)

As staff noted:

- The DFD helps us keep a consistency of service independent from physical conditions and environment, especially after lockdown.
- The signposting tool enables users to access more relevant services quicker (it diverts them to the right test, for example), and allows people to access services and information much quicker.
- The design of the form (STI test kit ordering form) is so much nicer and easier to use; there are accessible modes available; they can use the chat-bot so there are options available to support different types of clients.
- A blended approach (physical and digital) has the potential to make Brook the 'agency for everybody', as well as keeping its current user base - not embracing digital may make Brook less accessible to their mainstream users.

"I think it also gives that opportunity to be a bit more anonymous to start with and be a bit braver." (staff member)

"The fact that you can kind of complete it at any time during the day. It doesn't have to be in set hours and like certain day of the week and I think it is brilliant. And then the fact that it just gets delivered to you and then you just need to go to a post box instead of having to go into a centre which might not be convenient." (service user)

The discussion about hard to reach/vulnerable groups has what appears to be contradicting aspects. At one end, digital services open up opportunities for accessibility as some young people may not have funds to take transport to a clinic, so now can access services online and similarly for young people from backgrounds where sex has cultural and religious implications.

On the other end, staff's only concern was around Brook's website being blocked in public spaces (schools or libraries) due to sex related content as that could stop some vulnerable young people, who do not have access to the internet at home, from using the service.

This issue was mentioned frequently and Brook is already working with partners like schools and colleges to address it so more clear communication about it to staff would allow them to see the work being done to address it as well as provide other ideas to tackle it.

So it may be worth it for Brook, if resources are available to get a more detailed, evidence based view of how vulnerable groups currently access its services and, for the ones that don't, what are their barriers to access. It may also be worth looking at how they might adapt the services for groups with particular accessibility needs eg neurodiversity; English as a second language etc.

Some of this data may already be available and perhaps a subgroup of the programme board can be created to address this challenge.

Driving Innovation

The Digital Front Door is a first step in Brook's journey to drive innovation and transform digitally.

Internally there was a feeling from a small number of interviewees that the DFD is not innovative as there are other organisations already offering similar digital services (online ordering of STI test kits). However, the project is putting the organisation on the path to innovation, getting to a point where it can start to innovate. The delivery of online test kits for example, was described as not an innovation in itself but more of a hygiene factor that is now expected of service providers - to start innovating Brook needed to cover the basics and deliver digital services first.

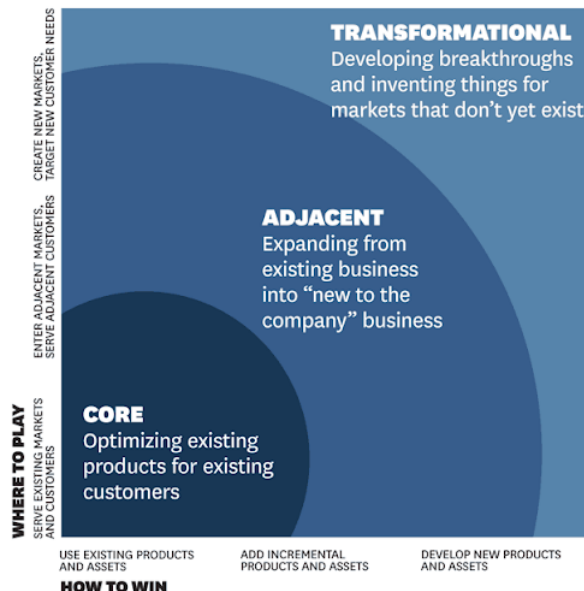
Another consideration here is that programme itself and how the journey to design and deliver Phase One, inspired the teams involved, opening space for creativity and further innovation in the future.

However, this project is innovative for Brook as an organisation. Brook is a well established organisation, with a pioneering history, that was built on a 'physical first' (as opposed to a 'digital first') model. Brook's success was created based on an operating model where users would come to its clinic to get advice and treatment.

The process of implementing and embedding change within an established, complex system is a lot more challenging than building a new system from scratch (for example, sexual health providers that were established as 'digital first'). Therefore, the change delivered by the DFD, which may not appear as innovative from a purely technical perspective, is a successful example of business model and organisational innovation.

When analysing the programme through the Innovation Ambition matrix lens, the Digital Front Door sits well within the Core area, where organisations are optimising existing offerings to existing customers - in this case digitising a manual process.

It is also a case of keeping up with its customers and environment or being where your customers are (online). Success in the 'Core' area can act as a springboard to move upwards in the model as the organisation's capacity to innovate is increased.



Another perspective that arose around innovation is that the real difference is what Brook offers around digital services, all the follow up and support for clients as well as confidentiality and safeguarding focus. A further point raised by staff was Brook's collaborative approach, working with and signposting to other services and organisations and how education has been weaved into the tools.

This is a very interesting lens to view innovation and perhaps one that Brook may want to explore further and make a formal connection between digital projects and other areas of the organisation and their interaction as the 'innovation'.

As mentioned above, this approach moves the type of innovation from a purely service based innovation to a business model or organisation type of innovation.

"I think it feels like minds have been opened all round Brook, all of a sudden. It's brilliant that actually people really want to move our digital offer much further so that we are more like SH24, dare I say it. And it feels like everybody is on board with it. And it's not quite so scary."

Conclusion

The Digital Front Door pilot phase has been successful in demonstrating some of the benefits of digital transformation and creating a good foundation in which to build the next phase of the programme. It is also important to highlight the positive cultural change that is happening within the pilot sites, with evidence of staff becoming advocates for change and starting to identify opportunities for more improvements, instead of focusing on challenges and risks only.

Through a robust integrated approach, linking purpose and values to strategy, objectives and plans, Brook leadership was able to deliver what is a fundamental change to its ways of working and demonstrate value, having a positive impact on the pilot sites. More importantly, the impact has been felt by the people in the frontline.

Positive feedback loops (systemic feedback loops) were created in all the emergent key themes and their compounded effect has pushed the project forward and gathered support from the users and non users. In a complex system, those sometimes small positive loops or adjustments combined have the strength to move the system towards a new 'status quo' in this case, we can see the beginning of a movement from an slow, heavily manual, change averse organisation to an flexible and adaptable organisation that understands and responds to its stakeholders' needs.

There are areas for improvement as highlighted in the report, but as a whole the pilot phase of the Digital Front Door has achieved most of its objectives and built a strong foundation for Phase Two of the project. This success is credit to the Brook Programme and leadership team as this was achieved in very challenging circumstances.

The challenge now is for Brook leadership to leverage the success of what was a contained pilot, to scale nationally whilst, at the same time continuing development through Phase Two. How those priorities are balanced and managed will ultimately drive the next phase of the project.

Recommendations for Phase Two

The following recommendations derived from the data analysis and aim to support the Digital Front Door programme team to cultivate the positive momentum created by the pilot and make adjustments and improvements that will build a strong foundation for Phase Two.

Programme Management

Governance - include young people's participation on the programme board. There are well known benefits to including users in service design and these can have similar benefits in governance for example, services that are more accessible and relevant; greater reach and uptake of services. In Brook's case, it may be beneficial to involve groups that do not have as much representation in the current cohort of users or historically difficult to engage groups, such as boys and men.

Risk management and scenario planning - to deal with potential issues and challenges. As the project scales, reaches more people, there is more chance of something going wrong and the response should be balanced and proportional to the issue - this is particularly relevant around safeguarding. This would help to remove the tendency of people just stopping, reverting back to old ways and steer towards investigation, deeper understanding of issues and proportional action.

Feedback and lessons learned - it is important to report back to staff on what has worked and what hasn't during the pilot and why. It is particularly important to share challenges more widely so even if projects haven't achieved its objectives people understand why, what the challenges were and don't feel their effort was lost.

There was a perception from some staff that the 'Welcome to Brook' project for example 'fizzled out' and no information was shared about its conclusion - staff felt that they get 'good news or no news'.

Therefore it would be a positive exercise to share a 'Success and challenges' story of the DFD pilot to give staff a full picture and also develop empathy for the challenges that the programme leadership is faced with.

Manage rollout of tools to other services more closely as they may not be as enthusiastic about changes and may need a more hands on change management approach.

Communication and Stakeholder Engagement

Talk about Why - Look at how to cascade project vision to front line staff in their own words, in a setting/time where they are open to engagement and talk explicitly about why we are doing this, what the end goal is, what they can expect at the end of the programme; the vision of what they will get by putting in time and effort into the activities/learning they are being asked to undertake.

The Brook leadership team may want to consider adopting 'Town Hall' or 'All hands' style meetings as a way to keep all levels of the organisation aware of what is happening with the Digital Front Door or with the organisation as a whole.

Those meetings tend to be hosted by a member of the senior management team and can be hosted virtually. They have three primary purposes:

- Align the organisation to the same goals
- Close the gap between management and employees
- Build or strengthen the organisation's culture

Such meetings, done well and consistently, can bring together the organisation and keep the positive memento that has been built with DFD Phase One, whilst addressing improvements areas such as disseminating the programme vision to all levels of the organisation and a space to share lessons learned and successes.

Communicate clearly and often - at the next level, after communicating the vision, answer the questions, "what's in it for me?" and "what does it mean to me?" in detail.

Ensure that communication does not stay vague and high level. A way of reducing fear and anxiety is to tell people exactly what will happen and when, in as much detail as possible so they know what to expect and also, where to go for support.

Case Studies - some of the most impactful learning happens when people learn from each other. Create case studies with real life examples/stories from Phase 1 to illustrate achievements and progress; use real life journeys that young people/service users or staff have been on. This will move from talking hypothetically (pre pilot) to talking practically, using the rich data collected, using the experience of what is happening now.

These can be written case studies but video is also very powerful when sharing stories.

This collateral can be used to really highlight successes and become a tool to maintain momentum internally.

Repetition is good - the programme board and senior management may be talking about change often but front line staff are not so they need to hear the change message numerous times.

The marketing 'Rule of 7' is a marketing principle that says that a potential customer must see a message at least 7 times before they will be compelled to take an action. This principle can be applied to internal change management communications.

Evidence

Map usage and understand access to online services by social-economic groups (Dudley has not yet broken down test ordering data by post code for example to understand the distribution of online orders by affluence/deprivation. This would be a very useful piece of work to see if people in less affluent areas are able to access online services as widely.)

As part of communicating the programme's success and impact, it would be helpful to record and report on concrete indicators for efficiency and other important focus areas. We suggest a small number of realistic measures that would have the most impact on staff's wellbeing, workload or users' outcomes, so they can become positive influencers in the change programme.

These measures should be set by Brook based on its strategic and operational objectives but some could be:

- Number of phone calls chasing test kits or test results;
- Time spent with data entering or data cleansing;
- Response times to user enquiries
- Net Promoter Score surveys

Skills and Training

Learning and upskilling of staff are important parts of change management as it arms employees with the tools to implement change. However we know not everyone learns in the same way, some people prefer to watch something being shown to them and some people prefer to do, to try and experiment for example.

In an organisation like Brook, there are circumstances that make learning even more complex, with its geographically distributed and functionally diverse workforce.

Therefore, whilst planning communications and training for Phase Two, it will be important to consider a variety of training/supporting interventions to bring people on board and build confidence within the staff body. This will include not only how but also when and how often staff are given information - for example, when is the best time for clinical staff, front line to be open to and have the head space to learn or engage with new initiatives.

In 2021, Brook worked with the Zoe Amar Digital team to complete a digital skills audit and it would be interesting to review any actions and activities that were delivered as a result of the audit to understand its impact on staff's digital skills and confidence. In addition, it would be relevant to review any further planned interventions to make sure they support the objectives of DFD Phase Two, or if any interventions can be combined to address both, digital skills needs and the DFD.

As an example, the survey highlighted that the Clinical team had less positive responses about being able to set up and manage video calls and knowledge of accessing the digital tools and software needed for work when working remotely/from home. This could be an opportunity to deliver DFD related training that improves overall digital skills and confidence for the clinical team.

Here are some suggestions for consideration:

- Package information in different formats to ensure you cater for the different learning styles and job types - for example written and video materials.
- Consider formal and informal learning interventions throughout the life cycle of the programme.
 - Informal, more hands-on interventions such as having 'change champions' going on-site to support teams with a new system can be very effective, not only in technical terms but also in helping to reduce fear and anxiety. Change champions can come from within the team or from other teams, depending on structure of the change plan and organisational capacity.
 - Drop in sessions can be a good option to give staff space to ask questions, share feelings and get more information about the change programme, and also about specific parts of the programme. For example, drop in sessions to go over and 'play with' a new tool.
 - Online training sessions and training videos that can be accessed at any time.
- Analyse the organisation's performance management system and how that process can support the programme, in terms of how goals and objectives are set and how learning and development activities support the change effort.

Training and development activities need to be included into the work day to ensure staff are not overwhelmed outside of work but also to show that Brook see these activities as important.

For longer term change programmes, it may be useful to consider supportive interventions that build new competences, resilience and help staff cope with change such as coaching and mentoring.

Appendices

Preliminary Results and Progress

Following the interim results meeting and initial recommendations made by the evaluators, the Brook Digital team has addressed some areas and progress has been made as per points below:

Technical recommendations

A search function and exportable image of test results has been added on Staff Hub.

Programme and Change Management

Although Young People's participation on the programme board has not been formalised, the team has engaged with them much more extensively over recent months, with the commencement of Brook's participation forums.

Vision and Culture

Probably the most tangible impact from the interim findings is that, given so much of the upcoming priorities pointed to the need for really clear, regular, consistent, effective communication to users (especially internal teams less directly involved in the project), the programme team to use this information to build a case to Brook's leadership team for a new post - Digital Transformation Lead - who will work within the digital team, with specific remit to lead on communication and engagement and to support positive cultural change through celebrating successes and sharing best practice.

Resources

<https://www.harvardbusiness.org/what-defines-best-in-class-innovative-delivery-models/>

https://www.integratedreporting.org/wp-content/uploads/2020/01/Integrated-Thinking-and-Strategy-State-of-Play-Report_2020.pdf

<https://ea.consulting/we-are-all-innovators-our-interpretation-of-six-models-of-innovation/>

<https://hbr.org/2008/07/choosing-strategies-for-change>

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-6486.2004.00463.x>

<https://www.bmc.com/blogs/lewin-three-stage-model-change/>