



Quality Account 2022/2023

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Part One Introduction and statement from the Board

Who are we?

Brook believes that excellent sexual health, mental health and wellbeing is a right. Our mission is to fight for that right and we demand better, especially for young people. We challenge stigma, amplify voices and provide lifelong support that meets the diverse needs of our communities.

Our unique offer combines clinical services, relationships and sex education, outreach in community settings, wellbeing programmes and counselling. Our life-course approach to sexual health and wellbeing means that people can benefit from our holistic services at any stage of their life. Our four core values underpin everything we do:

Trustworthy

People turn to Brook when they need help, trusting in our confidential, non-judgmental support to keep them safe. Robust research, data and evidence underpins all our work, making Brook a trusted partner and an authoritative source of information and advice.

Collaborative

Our service users are at the heart of our decisions. We listen to their needs, champion their rights and work with them to effect real change. We value and prioritise collaboration, sharing and growing our expertise to achieve the best possible outcomes for our communities.

Inclusive

We are committed to tackling prejudice wherever we find it, challenging harmful attitudes and behaviours. We celebrate diversity, champion equality, and provide a welcoming and inclusive environment for everyone who needs us.

Courageous

Brook is fearless when fighting for change. We stand up for what we believe and we demand to be heard. We relentlessly push the boundaries and are bold in our ambition to pioneer innovative services that meet ever-changing needs.

Read more about our values and our strategic priorities in our [2023-2026 strategy](#).

Our services

Clinical experts

Everyone should feel empowered to access sexual health and wellbeing support. Our highly skilled clinical experts deliver free, confidential sexual health and wellbeing services for people of all ages. We provide contraception, STI testing and treatment, pregnancy testing and decision-making support, wellbeing programmes and counselling. We operate from our own specialist clinics, as well as integrated hubs and outreach in local communities. We also provide digital services, developed in partnership with our clinical staff and service users.

In 22/23 we supported 57,818 people through our face-to-face and digital clinical services, including 13,109 STI tests administered through our innovative digital front door.

Education and training

All young people have the right to high quality, inclusive relationships and sex education. Brook's specialist educators work directly with young people, teachers, parents and carers to keep everyone safe and healthy. We offer a range of face-to-face and online RSE training programmes for teachers, sessions for young people, and we support schools to develop effective plans and policies.

In 22/23 we supported 126,368 people through our high quality, inclusive RSE and almost 150,000 people benefitted from our education, training and consultancy. Additionally, we ended 22/23 with 30,781 people registered for Brook Learn, our online learning platform. Through our outreach in local communities, we reached 19,204, promoting our positive sexual health and wellbeing messaging.

Campaigning and advocacy

Brook's history is steeped in its courageous approach to tackling stigma and fighting for policy change. We engage with policymakers, MPs and sector experts to improve people's lives. We deliver national and local campaigns, informed by our expertise and shaped by data that drive people to the help, support and services we know they need.

In 22/23 we engaged 693 service users through our participation opportunities, amplifying their voices to challenge inequality through our advocacy work.

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 believes that excellent sexual health, mental health and wellbeing is a right. Our unique offer combines clinical services, relationships and sex education, outreach in community settings, wellbeing programmes and counselling. Our life-course approach to sexual health and wellbeing means that people can benefit from our holistic services at any stage of their life.

In 2022/23 we have worked collaboratively with service users, sector partners, commissioners, funders and corporates to make a positive difference to the lives of 1.43million people through our core strategic priorities.

In celebration of our work, we have won six awards including the [Queen Elizabeth II Platinum Jubilee Volunteer Award](#) in recognition of our outstanding work empowering and supporting young people, The I Want Great Care Certificate of Excellence 2023 in recognition of outstanding care and positive reviews from our services users and the [Stonewall Workplace Equality Index Silver Award](#) which recognises exceptional employers who are committed to supporting their LGBT+ staff and customers. You can read more about our awards in our success report.

While there is plenty to celebrate, we must also recognise that this year has not been without its challenges. Over the last 12 months, Brook and our sector partners have witnessed and experienced increasing attacks on Relationships and Sex Education, fuelled by misinformation and exacerbated by stigma.

We know that Relationships, Sex and Health Education prevents and mitigates many harms experienced in young people's lives. This year we have been challenging inequality in the classroom, addressing sexual harassment in schools with Let me Know and Women and Girls Network, promoting healthy relationships with Scouts and Girlguiding, fighting for abortion rights and gender equality, breaking barriers through Sexual Health Week and amplifying the voices of our service users and participation forum members to challenge inequality through our advocacy work.

The Commission on Young Lives report [Hidden in Plain Sight](#) warns that social care, education, family support and children's mental health systems are failing thousands of vulnerable young people, costing taxpayers billions, diminishing life chances, and putting some teenagers at risk of grooming, exploitation and serious violence.

Brook has never been more determined to improve access to sexual health and wellbeing services, especially for young people and those who face additional barriers. In 22/23 we hosted two live Broadcast RSE Lessons reaching 73,260 young people and their teachers. We have deepened our understanding of the needs of neurodivergent young people through our participation work and supported six small charities working with neurodivergent young people through our [Small Grants Programme](#). We have continued our fight for period equality including increased access to information and products, we have pioneered new accessible sexual health provision in Southend, and we have increased access to our high-quality services through digital health promotion.

Over the course of our 2020-23 strategy, we radically transformed the way that we approach digital at all levels of the organisation. Our holistic clinical, education and training provision has been enhanced and improved by our digital tools, allowing more people to benefit from our high-quality products and services.

Our innovative digital tools including our STI home testing, risk of pregnancy calculator and find a service tool have revolutionised the way people access sexual health and wellbeing services and we had more than 63,100 visits to our Digital Front Door in 22/23.

We continue to transform RSE with our first-class digital solutions and our online learning platform Brook Learn has 30,780 registered users. Our latest Brook Learn course, Introduction to RSE, had 1,200 registrations in the first 12 months with 92% rating it as 'good' or 'very good'.

We pride ourselves on being responsive to emerging and unmet needs that are faced by the communities we support. This year, our staff have witnessed a rapid decline in young people's mental health with a rise in unhealthy relationships, self-harm and risk of suicide. In response we have innovated and strengthened our mental health and wellbeing offer for young people, firmly embedded our life-course approach to sexual and reproductive health, delivered a new menopause support programme in Cornwall, launched Brook learning labs and continued our innovative partnership work with brands such as Festival Republic and Lil-Lets.

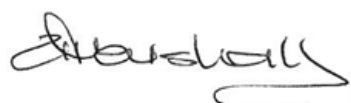
Everything we do at Brook is underpinned by our commitment to keeping people safe. As Brook's services expand, so too does the complexity and level of vulnerability that we encounter. Thanks to our long-established expertise we are equipped to respond effectively to the ever-changing needs of young people and vulnerable adults.

As we approach our 60th year we reflect on our pioneering Founder, Helen Brook, who refused to let stigma stand in her way. Through our bold new strategy, we will continue to follow in her footsteps by shouting louder and fighting harder for a society that welcomes everyone and trusts people to make decisions about their health, their bodies and their identities.

From 1 April we welcome our new Chair, Dame Sally Dicketts. Dame Sally is successor to Scott Bennett, who has stepped down after nearly 7 years as Brook's Chair and more than 20 years working with Brook.



Dame Sally Dicketts
Chair of the Board of Trustees



Helen Marshall
Chief Executive

Part Two Priorities for improvement

Progress against our 2022/23 priorities

Improvement priority	Progress
Priority 1: Look at vaccine programmes for clinical areas providing vaccine services.	<ul style="list-style-type: none"> • We have responded and mobilised the M-Pox vaccine with the support of Public Health in Southend and Blackburn • We continue to support the vaccine programmes for Hep-A, Hep-B and HPV • We have implemented the vaccine record card for patients across services that provide vaccines • We have implemented a vaccine proforma on our EPR to improved data and audit collection • We have supported staff to code effectively and undertake audits
Priority 2: Management of infectious diseases - syphilis.	<ul style="list-style-type: none"> • We have completed an audit of syphilis care in our Level 3 services following a spike in cases (Southend and Blackburn) • Staff have received regular clinical support and training sessions for syphilis • Multi-disciplinary case reviews, facilitated by the Medical Director take place on a fortnightly basis. This is open to all clinical staff who are encouraged to attend • All patients diagnosed or referred with syphilis had contact with a clinician within 5 working days.
Priority 3: Pain scores and IUD fit	<ul style="list-style-type: none"> • We continue to provide excellent communication with our clients around pain management during consultations • When a client reports severe pain we record this on their EPR • We encourage all clients to take pain relief in advance of their procedure • We provide comprehensive information to patients in advance of the procedure and always endeavour to offer a safe, comfortable and supportive environment <p>https://www.brook.org.uk/your-life/iud-intrauterine-device/</p>

Improvement priority	Progress
Priority 4: Safe management of clients commencing Prep standards set	<ul style="list-style-type: none"> We have provided comprehensive Prep guidelines and staff have reported a higher confidence in this area We have designed an audit which we intend to implement in the coming year's audit cycle Multi-disciplinary case reviews, facilitated by the Medical Director take place on a fortnightly basis. This is open to all clinical staff who are encouraged to attend All clients who quick start prep had their blood results reviewed by a suitably qualified clinician within three working days of commencing treatment

Priorities for improvement 2023/24

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 2023 - 24 are as follows:

Clinical Effectiveness

Priority 1: Audit cycles

What do we plan to do?	<ul style="list-style-type: none"> We will review our current audit cycle and expand our portfolio to include Level 3 care
How will progress be measured and monitored?	<ul style="list-style-type: none"> We will increase the number of audits and audit topics We are designing an automated system that will provide real-time accessible data We plan to introduce an audit working group to include a cross-section of staff
How will progress be reported	<ul style="list-style-type: none"> Power-BI dashboards will be regularly monitored by The Clinical Leadership and Quality Teams

Client Safety

Priority 2: Patient Group Directives (PGDs) and Non-medical Prescribing (NMP's)

What do we plan to do?	<ul style="list-style-type: none"> Improve the effectiveness and efficiency of our PGDs and provide safer medication administration
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How will progress be measured and monitored?	<ul style="list-style-type: none"> • We plan to increase the number of NMP's across the organisation • We plan to introduce an PGD working group to include a cross-section of staff
How will progress be reported	<ul style="list-style-type: none"> • We will complete an annual PGD audit and monitor the number of staff signed off as PGD users and prescribers

Client experience

Priority 3: Continue to innovate the range of methods that clients can access services

What do we plan to do?	<ul style="list-style-type: none"> • Regularly review and expand our patient experience / offer
How will progress be measured and monitored?	<ul style="list-style-type: none"> • Increase accessibility of services through digital innovation • Continuously monitor the needs of clients through feedback and participation forums • Encourage staff teams to feedback their thoughts and ideas to improve client accessibility and experience
How will progress be reported	<ul style="list-style-type: none"> • Monitor the number and types of innovations • Continue to monitor and respond to trends highlighted in client feedback

Clinical effectiveness

Priority 4: Quality improvement

What do we plan to do?	<ul style="list-style-type: none"> • We will introduce a national quality improvement plan for clinical services
How will progress be measured and monitored?	<ul style="list-style-type: none"> • Working with the Clinical Leadership and Quality Teams, we will produce a comprehensive quality improvement plan that will be rolled out across services • We will begin implementation of the plan in this financial year
How will progress be reported	<ul style="list-style-type: none"> • Progress will be monitored on a quarterly basis and reviewed by the Quality, Leadership and Data teams

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 2022/23 Brook provided and/or sub-contracted 21 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 21 services reviewed in 2022/23 represents 100% of the total income generated from the provision of services by Brook Young People for 2022/23.

Participation in clinical audits

During 2022/23, no NHS National Clinical Audits and no National Confidential Enquiries covered the health services that Brook provides.

Brook Cornwall and Bristol did complete the FSRH Progesterone only pill audit and Brook Bristol also completed an under 18s Unity Sexual Health Audit under the direction of the main provider of the contract Unity.

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 again 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 2022/23 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
Emergency contraception (EC)	<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

	<ul style="list-style-type: none"> • 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
Implant fitting and removal	<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 about side effects and management and staff should direct clients to this resource • 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.

	<ul style="list-style-type: none"> • 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. • 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

The reports of 6 local clinical audits were reviewed by the provider in 2022/23 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
Dudley Local PGD audit	<ul style="list-style-type: none"> • PGDs will have the review and expiry date documented within the main body of the

Audit	Actions to improve the quality of care provided
	<p>documents to support the identification of expiring PGDs.</p> <ul style="list-style-type: none"> • Proforma's within the electronic patient record, where the documentation of the medication supplied by PGD, should provide a designated space to record the expiry date and version number of the PGD in use by the Nurse. This will support early recognition that PGDs are due to expire allowing the Nurse to escalate, in turn supporting the Brook wide PGD quality and governance process. This should be implemented as soon as possible. • A quarterly audit to be completed at individual PGD service level in all Brook services using PGDs to supply medication. The Specialist Pharmacy Service PGD audit tool, April 2021 section D, would be a useful tool to use at service level. This should be implemented as soon as possible. • As direct result of these findings, we have also completed the organisational audit of our PGD processes using The Specialist Pharmacy Service PGD audit tool, April 2021, sections A, B & C. As a result of this audit, we are implementing a refreshed organisation wide PGD process.
<p>Bristol</p> <p>Safeguarding audit in relation to social care referrals by Unity</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.

Audit	Actions to improve the quality of care provided
Bristol Unity implant audit	<ul style="list-style-type: none"> • Millcare proforma changed to incorporate checking implant seen in needle, correct land marking and measuring implant length. • Outcomes shared with clinical team and put in to practice.
Bristol Deep dive internal safeguarding audit	<ul style="list-style-type: none"> • The safeguarding audit has been completed in conjunction with the data team. Once received, recommendations will be implemented
Wirral Safeguarding audit	<ul style="list-style-type: none"> • The service was rated as 'good' and deemed to be meeting all safeguarding processes
Southend Safeguarding audit	<ul style="list-style-type: none"> • Protected time created each week for review of current safeguarding cases. This ensures cases are not open too long and provides regular management oversight. • Actions added to proformas/Microsoft to do lists with action dates which are assigned to relevant staff member • Identified team members to attend safeguarding training as a refresher to support on site decision making • Safeguarding policy to be reviewed at next team meeting • Strengthened core messaging with whole team- no decision making alone, increase level of impact via record keeping

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2022/23 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 2022/23, 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 2023, all services had a registered manager. The Care Quality Commission has not taken enforcement action against Brook during 2022 - 2023. During this period, Brook has not participated in any special reviews or investigations by the CQC during the reporting period. Manchester, Southend, Dudley, and Bristol have had online monitoring calls in 2022/2023.

All Brook services underwent inspection by CQC during the period of April 2016 – May 2017. Brook Blackburn and Darwen and Dudley were inspected in October 2022 and 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. Brook Southend has registered the new building with CQC hoping to move in summer 2023.

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 does. 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 we work with. This in turn enables us to provide excellent, safe services.

Brook's Data Team consists of a Data Governance Manager, Data Analyst and Data Systems Support Analyst. The Data Systems Support Analyst is a new post that has been put in place to ensure all front-line teams are supported to use the clinical record system and record all activity accurately.

During 2022/23 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
- Continued to produce Data Quality Reports for each service that highlight where coding has been missed
- Further developed our Power BI dashboards to allow close to real-time monitoring of activity and data quality

During 2023/24 we will continue to provide targeted support to teams to support accurate data capture and will carry out a full review of the clinical templates.

NHS Number and General Medical Practice Code Validity

Brook is not required to submit records during 2022/23 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 2021/22 was submitted on 30th June 2022 and we achieved standards met.

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2022/23 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
2021/22	147	0.287%	0
2022/23	183	0.251%	0

Blackburn	20	0.277%	9	0.124%
Burnley	6	0.253%	4	0.151%
Bristol	32	0.952%	73	2.732%
Cornwall	48	0.415%	32	0.387%
London	12	0.233%	8	0.141%
Manchester	3	0.046%	18	0.230%
Dudley	4	0.138%	9	0.369%
Wirral	3	0.108%	7	0.267%
Southend	19	0.290%	23	0.474%

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.

- 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 are exploring an online incident reporting system.
- We have actively encouraged staff to complete more incident report forms.

At just under 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.
- We will endeavour to improve the incident reporting system

Part Four Review of quality assurance 2022/23

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 Heads 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 Committee 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 (IAG). Brook achieved Matrix for a second time in 2022 and has achieved successful revalidation in 2023. We continue to embed the framework which focusses on leadership and management, resources, service delivery and continuous quality improvement. This year, we have developed an internal quality framework linked to CQC standards – the framework enables stakeholders to view all quality process in one place. We are also 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

We continue to embed our leadership competency framework across multiple areas including performance management, appraisals, training and development and recruitment. Following on from last year's interventions around performance management, we have seen huge development in engagement, confidence and competence in the delivery of performance management initiatives.

We continue to build the personal development of our Leadership and Executive Teams with external specialist mentoring and coaching support. Over 50 staff have received coaching and mentoring this year. We have also provided ongoing coaching supervision for our pool of internal coaches. We have provided opportunities for senior leaders to attend external conferences, as guests and speakers and we have also supported staff to attend external leadership programmes such as The Clore fellowship.

We have delivered our Emerging Leaders development programme once again. Focusing on increasing confidence, exploring personal values, goal setting, increasing skills in coaching, decision making and conflict management, the programme seeks to develop middle-managers in the organisation. The programme included one-to-one and group coaching sessions with a qualified coach.

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

have also focussed development for new and emerging leaders around skills and experience to enable them to progress within the organisation and beyond.

We know our training is impactful – in total, we have provided over 140 structured learning opportunities and over 97% of participants tell us the experience was very good or good. Almost 100% of attendees report that they have gained skills and confidence as a result of attending our programmes.

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 17 Policies and Procedures during the year.

Service developments

Supporting and developing Brook nurses

During 2022/23 we successfully appointed a Clinical Practice Development Manager, a key element of our clinical development plan. This has enabled Brook to review and update training and development opportunities across clinical services. This includes a review and update of our Subdermal Implant, Intrauterine Technique, non-medical prescriber's and FRT forums. This is in line with the Brooks Peripartetic General Training Program (GTP) requirements and the needs of our clinical staff, supporting evidenced based practice and ensuring consistency of care for our clients.

Brook continue to provide a clear training and development pathway for nurses joining the organisation with little or no sexual health experience, utilising our GTP to provide these individuals with access to the FSRH Diploma, LoC SDI & IUTs, STIF Theory, Microscopy training and in house competency assessments.

Our clinical supervision program has also undergone review enabling Brook to increase the number of supervisors facilitating clinical supervision. This program will be launched in 2023/24

We continue to host regular virtual clinical staff meetings, enabling clinical staff from across the organisation to come together to discuss, reflect and learn. Clinical cases, issues and practices and changes to guidance and policy are areas discussed.

Brook were successfully approved by BASHH and the STI Foundation to facilitate the STIF 3 day theory course. We ran our first course during March 2023 with consistent positive feedback from facilitators and course attendees.

We continue to offer our Non-Medical Competencies (NNC) programme which supports non-clinically trained staff to increase skills and confidence in their clinical support roles. The programme is accredited through the CPD certification service and attracts CPD points.

Counselling

Person Centred counselling is currently provided by Brook at four level 2 young people's services: Blackburn, Burnley, Bristol and London. Most of our counselling clients (59%) are aged between 15 and 19, with 33% aged between 19 and 24. Psychosexual Therapy (PST) is offered in two level 3, all age services, Cornwall and Blackburn as a required element of the core clinical contract. In Cornwall, these are subcontracted out to an external provider.

Work has been undertaken this year to strengthen the Brook-wide network to ensure that counsellors operating within different services have the opportunity to connect with one another, share best practice and develop new resources. Our team is also encouraged to identify issues young people are bringing to counselling 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.

Many young people struggling with their emotional and mental health and wellbeing do not meet the threshold for statutory mental health services and where thresholds are met there are often lengthy waiting times. This situation, which is common across all our counselling services, has meant that young people are being referred and attending for counselling at Brook with higher level of need and whose mental health has further deteriorated as they are waiting to access mental health services.

During 22/23 we have seen increasing numbers of service users presenting with complex mental health issues. Brook counsellors have seen an increase in the number of young people attending counselling for suicidal thoughts and feelings with many being referred from our clinical services. We have also seen in some of our services an increase in neurodivergent young people attending for counselling. We have responded to both of these situations by increasing our training and resources. We have reviewed our safeguarding policies and procedures to support the assessment of risk and responses to suicidal thoughts and the risks of suicide. Our counsellors have developed and delivered training on counselling neurodivergent young people and we will continue to build on both aspects of this work during 23/24.

During 22/23 we developed our strategy to strengthen our offer in relation to mental health and well-being, incorporating place based provision which aims to bring together our education, targeted early help programmes and counselling in a single location to provide a holistic offer. We have also explored potential partnerships with organisations to strengthen and enhance joint counselling provision for young people and adults experiencing suicidal thoughts and we will continue to identify and explore innovative partnerships as part of our strategy.

Health and wellbeing

In 22/23 Brook introduced the Designated Wellbeing and Mental Health lead role to develop of Brook's holistic health and wellbeing offer with a specific focus on mental and emotional health and wellbeing. During 22/23, we reviewed our existing health and wellbeing provision across all our clinical education and counselling services in order to articulate our current work in this area and inform our future strategy.

Provision of RSHE in 22/23

During 22/23 Brook's Education Teams delivered relationships, sex and health education (RSHE) sessions to young people on a wide range of topics related to sexual, physical, social, emotional and mental health. Feedback and evaluation is gathered using pre and post evaluation questionnaires and recorded on Substance Views, our bespoke monitoring and evaluation database.

My Life Early Help Targeted 1:1 Wellbeing Programme

During 22/23, Brook Education & Wellbeing Specialists delivered our My Life early intervention programmes to young people across 11 Brook services as part of commissioned contracts so far this year. Delivery is either face-to-face (most sessions take place this way) or digitally via the Attend Anywhere platform.

Brook's My Life 1-1 programmes are an early help intervention which aim to awaken and enhance young people's motivation, knowledge and skill to allow them to effectively assess and manage risk, build resilience and improve their own health and wellbeing.

Each programme follows a structure enabling the Brook Specialist and the young person to work in partnership to create a bespoke programme. The sessions combine education on relevant topics surrounding relationships, sexual health and health and wellbeing framed by motivational and coaching activities. These are all selected from a toolkit of quality assured resources.

Mental Health Literacy Group and 1-1 Programmes

During 22/23 we developed a four-session mental health literacy programme for large and small groups of young people at key stages 3, 4 and 5. These programmes can be delivered in schools, colleges and other youth organisations and aim to equip young people with the knowledge, skills and confidence to develop lifelong mental health literacy and to take action to positively promote their own mental health and wellbeing. 1-1 early help Mental Health Literacy programme has the same aims as the

group programme and utilises the same approach and structure as our existing My Life programme

Bespoke EMWHB interventions Within the Clinical Context

Brook operates 8 young peoples' and 3 all age clinical sexual health services across England. Clinical consultations are person centred and based on trauma-informed principles and practices. Young people and adults are regularly provided with brief interventions in relation to mental and emotional wellbeing. We also signpost/refer to mental health and wellbeing information and other support services.

Challenging inequality through participation

National Participation Forums

Our national participation Forums were established in February 2022. The Forums offer continuous support and consultation to strengthen Brook's offer to our service users. We have provided training and workshops throughout the year, hosted by Brook staff and our Ambassador, [Ruby Rare](#).

In their first year, the 50 members from across the UK have:

- Supported Brook's digital team to test out new digital tools
- Worked with Brook's policy team to discuss advocacy ideas
- Supported the design of grant applications
- Produced content for Brook campaigns including Sexual Health Week

Blog: how Brook has adapted its participation practices to involve adults:

<https://www.brook.org.uk/blog/creating-safer-organisational-cultures/>

Local participation forums

This year we established four local forums:

- Brook's Professional Participation Forum: 10 professionals from England and Scotland who work with children, young people and adults. In 22/23, they reviewed and improved our mandatory RSE training offer.
- The Manchester College Local Forum: 15 young people with Special Educational Needs (SEN) explored how Brook's services for young people with SEN could be improved.
- The Wirral Local Forum: 8 young people who identify as LGBT+ reviewed Brook's gender and sexuality KS3 and KS4 education resources.
- Brook's CAMISH Participation Forum: Young people aged 17-21 in Camden and Islington focussed on the promotion of the local condom distribution scheme.

Clinical effectiveness

Participation in clinical audits

Services took part in four national Brook clinical audits during 2022-23. 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. Power BI will also endeavour to support this. 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 2022-23 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	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23
Abortion referral					
All women have an estimate of gestation documented	71%	83%	***	_***^	>
All women referred for abortion are offered an STI screen if appropriate	53%	45%	***	_***^	>
All women are offered a follow up consultation three weeks after their abortion	36%	26%	***	_***^	>
Emergency contraception					
All women should be offered a Cu-IUD as the first line method of emergency contraception	86% (audit) 92% (real time from Lillie)	82%	88%	74%	>
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	91%	92%	90%	87%	>

Standard or recommendation	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23
All women should be advised to have a pregnancy test three weeks after emergency contraception	98%	96%	97%	93%	>
All women with a new partner at presentation should be offered a sexual health screen	84%	87%	84%	86%	>
Implant fitting and removal					
All women presenting with irregular bleeding should have an STI test	88%	92%	100%	88% (n = 8)	91% (n=11)
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	85%	78%	71%	77% (n=43)	76% (n=37)
All women having an implant fitted should be counselled about the five main side effects	56%	81%	85%	62% (n = 159)	66% (n=197)
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	51%	37% *	48%	36% (n = 159)	45% (n=197)
Sexuality should be documented	95%	83%**	100%	99% (n = 243)	94% (n = 439)
Clients with a positive test result should be supported to notify their partner/s	50%	84%	55%	60% (n = 243)	71% (n=439)

* 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 has been moved to Power BI – now possible to use clinical data for real-time quality improvement

Intrauterine techniques training plan

Seven out of nine services have at least one clinician who holds the Faculty of Sexual and Reproductive Health (FSRH) Letter of Competence in Intra-Uterine Techniques (LOCIUT). We are continuously working to update staff skills in this area. 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 (FRTs) to support the workforce development at any of our registered locations. There are currently seven FRT's across the organisation with a further three 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

Local services continue to provide team briefings, hosted by the local clinical management teams. Themes and actions from audits, incident reports and investigations and priorities are disseminated to clinical staff.

Our staff intranet has undergone a transformation during 2022/23, key information is accessed via this platform - policies and procedures, induction, training and Wellbeing information. All staff have access to this resource. 2022/23 saw the launch of Brook's workplace platform, enabling staff to post information, updates and events. The platform gives the opportunity to engage and communicate with other departments, teams and individuals within the organisation. We believe the site promotes further collaboration and cross-departmental working.

Client safety

Infection control standards

All clinical services participated in the national infection control audit by May 2022 using the Brook infection control toolkit, which is based on the NICE Quality standards (2014) - quality statements 1, 2, 3 and 6. This adheres to the Infection Prevention Society guidelines. A number of services have undergone renovation work in the past year

including Blackburn and Bristol and Dudley which have both undergone significant refurbishment. Southend also has a new building to move into summer 2023.

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 2021/22 were:

1. Further review the Protecting People Policies and the Confidentiality Policies.
2. Utilise the additional knowledge and experience provided by the Designated Safeguarding Lead to expand the resilience and probity of the safeguarding function in Brook.
3. Respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.
4. Continue to utilise and develop our use of internal data and intelligence to ensure a clear understanding of the needs, diversity, trends and circumstances of service users who require safeguarding. Focus to include analysis of demographics to help us understand if any group are more or less likely to report

a particular type of abuse and further analyse safeguarding reports classified as 'other'.

5. Ensure staff receive mandatory safeguarding training that is relevant to their role and in a timely manner.
6. Continue to monitor and review internal safeguarding training to ensure it meets the safeguarding needs of the organisation and is in line with internal and external policy and updates.
7. Continue to digitally deliver the Trauma Informed Training to Brook staff.
8. Ensure the Gender Awareness Training is delivered to staff.
9. 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 clinical 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.

We recognise this is an ambitious programme of work, but much of this activity is underway and our progress to date provides confidence on achievement.

Outcomes

Following previous full revision to ensure new regulatory adherence, digital and online mandatory safeguarding training continues to be accessed across the organisation. Live online case study sessions are run each month for relevant new starters and staff who require refresher training. The adaptations and blend of module and virtual discussion-based learning have been well received and proven effective.

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 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.

The Level 4 Decision Making Training is delivered digitally to senior staff involved in the decision making process. We have started to include managers that may not be in a service user-facing role to widen knowledge on safeguarding more holistically.

Our internal mandatory training evaluations were rated good or very good throughout the year, with staff reporting:

'I really appreciated this training and I found it reassuring, encouraging and helpful. I feel more confident now, thank you'

'Great training, very hard to make safeguarding training comfortable and enjoyable but it was a great chance to chat through case studies'

'Excellent session, good co-facilitation, clear messaging and clear links to my role'

Digital external accredited Level 5 Safeguarding Children, Young People and Adults training was completed in October 2022 for members of the Escalation Team, DSL, DDSL and identified senior operational managers. Further Level 5 Safeguarding training has been arranged for December 2022/January 2023 with spaces offered wider than the previously intended audience to again promote and increase safeguarding awareness across the charity.

Training undertaken by staff is recorded on the training matrix log, located on Brook's electronic personnel record system and is managed by the People & Organisational Development Team. All staff received mandatory safeguarding training relevant to their role in a timely manner. We continuously monitor training evaluation data to ensure our programmes remain relevant and meet the needs of our staff.

Safeguarding supervision for all service user facing staff is offered both one-to-one and as a multidisciplinary group. Safeguarding supervision is available in each service and conducted in accordance with the safeguarding policy. In addition, group safeguarding supervision is available on a monthly basis to safeguarding leads and managers, and quarterly to members of the Escalation Team facilitated by the DSL. Safeguarding supervision creates a safe space to discuss complex cases, review patterns/ trends, share learning and peer support.

With the increase of service users seeking support for mental health issues and the wider adverse climate, strong emphasis towards emotional wellbeing has continued to drive our approach and culture towards direct practice.

We created a Designated Wellbeing and Mental Health role to support the development of Brook's mental health services and guide a whole system approach for the benefit of our service users and teams.

Trauma informed training is fully embedded and core to our training offer and is highly valued. Training continues to be offered regularly at bimonthly intervals with 80 participants attending sessions this year (156 in total).

Two colleagues trained as Mental Health First Aid instructors to facilitate the delivery of MHFA awareness training and Mental Health Champion training for managers.

We conducted a review and revision of Brook's My Life (early intervention 1:1 wellbeing) programme and strengthened the approach, structure and resources to support Education Specialists to create bespoke programmes for young people. We introduced a robust and consistent case management and supervision process supporting reflective and best safeguarding practice.

We further extended the guidance and support for staff on responses to suicidal thoughts and risk. Our staff take care of young people and adults' health and wellbeing needs and we make sure the same support is there for our staff. In the context of safeguarding this is of the upmost importance:

Brook is signed up to Mindful Employer, a national initiative supporting employers to take a positive approach towards mental health at work.

Managers discuss individuals' wellbeing at all quarterly reviews and as part of annual appraisals. This includes the addition of safeguarding specific questions exploring personal welfare and reflection about positive impacts staff have had on service users via their interventions.

The Health and Wellbeing Hub on our intranet has a wealth of information and resources to support staff and ensure our managers are well equipped, including information about Brook's own Employee Assistance Programme.

In April 2022 we invested in the Thrive Mental Health App which offers staff tools to support their mental wellbeing and become more resilient against stress. Tools include educational content, meditation, mood journal and applied relaxation.

Our volunteer team of Health and Wellbeing Champions research, lead and introduce new initiatives to support staff at work including monthly Wellbeing Bulletins. Brook's first Health and Wellbeing Staff Conference took place in early 2023.

Young people have been involved in opportunities that will help to improve professionals' responses to safeguarding. Earlier this year, Brook was involved in research to inform the development of guidance to support teaching about sexual harassment and sexual violence, consulting with 124 teachers and 57 young people.

Collaboration and co-production in the development of safeguarding processes, systems and service improvements from a workforce perspective has benefitted from the launch of the Manager's Safeguarding Solution Group in late 2021, with the Frontline Safeguarding Solution Group being established mid-2022. We formed the Safeguarding Operations Network Meeting in September 2022 comprising senior managers enhancing our oversight interdepartmentally, sharing knowledge and agreeing priorities benefiting our safeguarding practice and culture.

The LGBT+ working group has been instrumental in leading a number of initiatives, including setting up networking on Workplace and providing updates across our LGBT+ work. Specific questions will be included in the 2022 staff survey to better understand our LGBT+ demographic and their needs and aspirations. Staff training has been developed and will commence this winter.

Via the combination of safeguarding process audits completed towards the end of 2021 into the beginning of 2022, staff feedback and ongoing constructive scrutiny and guidance from the recognised quality committees, safeguarding improvement remains a priority with an ongoing focus towards risk assessment, increasing management oversight and professional confidence.

We continue to strengthen and streamline safeguarding systems including amending primary/concern options, updating the safeguarding proforma to include management oversight section and intervention log, centralising/linking the safeguarding monitoring spreadsheet for teams using Brook Lillie (EPR), improved data reporting and increased audit activity with theme/topic specific analysis. Further insights on these alterations will be available within the next annual safeguarding report.

Client experience

In 2022/23, we continued using I Want Great Care (IWGC) – an independent and transparent feedback platform¹ across all 11 Brook services (Brook Euston, Brook Cornwall, Brook Bristol, Brook Southend, Brook Dudley, Brook Wirral, HYP Southwark, Brook Blackburn, Brook Manchester Brook Burnley, DASH Lambeth).

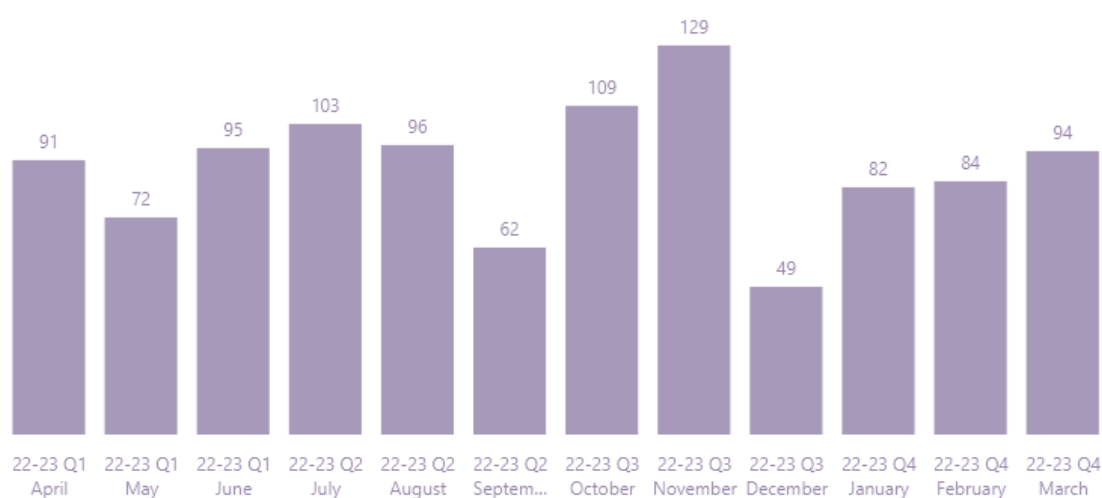
At the end of their visit / consultation, we ask young people to use a 1 to 5 scale and score the following quality domains of process (experience, engagement, information, involvement, dignity, and cleanliness). We also ask them to tell us what was great with the service and what they liked.

In 12 months (April 2022 to March 2023), we collected 1,066 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 29% decrease in the number of reviews collected in 2022/23 when compared to 2021/22. This decrease may be explained by the loss of the Liverpool service.

Chart 1

Reviews by Fiscal date



¹ See <https://www.iwantgreatcare.org/information/about> for a brief description.

Table 1

Service	Reviews	Percentage of reviews in relation to client contacts
Brook Camden and Islington	217	1.86%
Brook Southend	206	2.40%
Brook Dudley	200	2.64%
Brook Bristol	179	1.68%
Brook Cornwall	86	2.31%
Brook Blackburn	57	2.09%
Brook Manchester	57	2.51%
HYP Southwark	30	2.30%
Brook Wirral	29	1.21%
Brook Burnley	3	0.85%
DASH Lambeth	2	2.26%

Complaints

Whilst we hope that all clients have an excellent experience when they use our services, we recognise that sometimes things do go wrong or do not meet expectations.

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 decreased. The number of complaints remains extremely low in proportion to the number of client contacts. In the last year, we received just over 1 complaint for every 10,000 visits nationally, though the proportions vary locally and over time. The total number of complaints received in 2022/23 is set out in Table 4.

Table 4: Number of client complaints received by each service

Service	2021/22		2022/23	
	Number of complaints	% visits leading to complaints	Number of complaints	% visits leading to complaints
Blackburn	3	0.041%	1	0.013%
Burnley	0	0.000%	0	0.000%
Bristol	0	0.000%	1	0.037%
Cornwall	4	0.034%	3	0.048%
London	0	0.000%	0	0.000%
Manchester	0	0.000%	0	0.000%
Dudley	1	0.034%	1	0.041%
Wirral	0	0.000%	0	0.000%
Southend	5	0.076%	4	0.103%
Total	13	0.025%	10	0.013%

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

60% of staff responded to the staff survey in December 2022.

The 2022 survey covered the following areas

1. Brook and I
2. Culture
3. Training and development
4. Relationships
5. Data protection
6. Digital skills
7. Internal communications
8. External communications
9. Safeguarding
10. Managing others (managers only)

Key findings

- 92% strongly agree or agree that they enjoy working for Brook (91% in 2021)
- 100% of staff have good relationships with their colleagues (97% in 2021)
- 86% are aware of the support Brook offers to staff on wellbeing and mental health (87% in 2021)
- 38% believe there is a current training and development gap or cultural issue that needs addressing (36% in 2021)
- 77% believe that Brook encourages staff to talk openly about their mental health issues (78% in 2021)
- 85% strongly agree or agree that they have access to the training and development they need to do their job (83% in 2021)
- 88% agree that Brook encourages a culture of equality and inclusion (91% in 2021)

- 80% understand Brook's strategic vision (83% in 2021)
- 93% of managers feel confident to complete annual appraisals (84% in 2021)
- 72% of staff believed their appraisal to be worthwhile compared to 63% in 2021
- 100% agree that safeguarding is everyone's responsibility (same in 2021)
- 95% know about the rules concerning data and how to transmit it securely (same in 2021)
- 63% say they can easily access information on the intranet relating to their job compared to 60% in 2021

The report and action plan has been shared with the Leadership and Executive teams, the Quality & Assurance Committee and the Board of Trustees. The results will be shared with all staff, together with an update on the action plan from the 2022 staff survey. The next staff survey will take place towards the end of 2023.

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"> • IWGC centre of excellence award for excellent feedback from clients • New sexual health clinic set up in Darwen Health Centre, running on a Monday afternoon with access for young people to attend from the Darwen area, consultation had told us that the young people from Darwen would not access a clinic in Blackburn due to the cost of public transport and the distance. • Outreach taking place in the vulnerable hostels within BWD, paying particular attention to vulnerable adults, homeless & street sex workers. • Vaccination centre for MSM vulnerable to Monkey pox. • SH: 24 digital front door service has exceeded all expectations and continues to support the residents of BWD. • Our CaSHNIT has completed all her training and is now a fully qualified sexual health nurse.

	<ul style="list-style-type: none"> Remote DR service is being utilised by all nurse within the Blackburn service.
Client safety	<ul style="list-style-type: none"> We continue to support extremely vulnerable clients and have been praised for our work around modern trafficking. These outcomes evidence excellent multi-disciplinary work

Service	Burnley
Clinical Excellence	<ul style="list-style-type: none"> In 23/24 we will be moving to a digital appointment system for young people.
Client safety	<ul style="list-style-type: none"> We maintain excellent links with services relating to young people's safeguarding. Safeguarding supervision is held quarterly by safeguarding leads.

Service	Bristol
Clinical Excellence	<ul style="list-style-type: none"> The previous senior CASH nurse became the nurse manager for the Bristol service One of our internally progressed and trained nurses is now a senior CASH nurse who is supporting other CaSH NITs across the organisation Two of the previous CASH NIT's are now implant trained The nurse manager completed a teaching/mentoring/assessing university qualification and supports training and development of nurses in the organisation We recruited a further 2 CASH NIT's to continue to "grow our own" staff team. The nurse manager continues to improve the service delivery pathways along with the service manager to improve access for young people including restarting drop-in provision, updating the triage form and utilising pathways/developing new points to network and promote the service. The counsellor continues to offer 3 days per week in service and manages to maintain a waiting list of approx. 2 months which is a lot shorter than external services.

Service	Bristol
	<ul style="list-style-type: none"> Bristol received a certificate of excellence for iwantgreatcare reviews
Client safety	<ul style="list-style-type: none"> Senior CASH nurse is now STIF trained, implant trained and has completed FSRH diploma along with nurse manager who is also coil (IUC) trained and an FRT (Faculty registered trainer). The senior CASH nurse will be undertaking IUC training imminently. Newly appointed CASH NIT's have completed the STIF programme and are being assessed in practice directly under the supervision of nurse manager and senior CASH nurse. They are expected to have completed the FSRH diploma by Q2-Q3 The Nurse Manager worked with UHBW (lead partnership provider) to allow for patient results to be managed by Brook clinic directly, adding additional testing to meet local demographic trends and improved turn around for results to treatment as this was through direct contact with the service they originally attended. Bristol continues to have high levels of safeguarding (one of the highest within Brook), connecting care has meant clinicians have access to safeguarding concerns from other organisations allowing for safer practice and cross checking of information for young people at risk.

Service	Cornwall
Clinical Excellence	<ul style="list-style-type: none"> We continue to offer development opportunities for our staff. During 2022-23, we trained two CASH Nurses-in-Training to become full CASH Nurses. Three HCAs completed non-nursing competencies training, enabling them to run their own clinic lists. Seven clinicians attended STIF training. National clinical audits are completed and outcomes are shared with staff to ensure ongoing learning. We also participated in national FSRH audits. Our online services continue to be available 24 hours per day, providing a range of contraceptive options, STI testing and photo diagnosis. Usage has continued to increase this year, as we continue to ensure that patients have a range of accessible service options.

Service	Cornwall
	<ul style="list-style-type: none"> We use the I Want Great Care system to collect patient feedback. In 2022-23, we received a Certificate of Excellence, in recognition of the outstanding care provided and the high number of positive patient reviews.
Client safety	<ul style="list-style-type: none"> We continue to be fully compliant with Brook's Protecting People policy, with robust safeguarding procedures in place. A recent safeguarding audit of our service rated us good with outstanding features. Our risk register is reviewed and updated regularly. Risks are eliminated or minimised. We encourage a culture of learning and ongoing quality improvement. Prompt response to, and investigation of, local incidents leads to feedback and training for staff where required.

Service	London
Clinical Excellence	<ul style="list-style-type: none"> Brook Euston was awarded the I Want Great Care Certificate of Excellence for 2023, in recognition of the outstanding care provided and the number of positive patient reviews. A CQC inspection of the HYP Southwark and DASH Lambeth clinical services was undertaken in July 2022 and both services were rated good with excellent feedback received from Inspectors. A 'grow your own' approach was implemented in response to a shortage of Contraception and Sexual Health (CASH) Nurses. Two CASH Nurses in training were recruited and completed a Brook competency programme alongside a University module and the FSRH Diploma. A Senior CASH Nurse in training was also employed in October. This provided an opportunity for a qualified CASH Nurse to enhance her existing skills and train to support the management of the clinic in addition to increasing availability for intrauterine therapy. A new contract with the boroughs of Camden and Islington afforded an opportunity to refurbish the Brook Euston clinic, providing an additional large, clinic room. Robust pathways were created for direct referral into our partner's level 3 GUM services and 1:1 My Life support provided by the Brook Education team. Options for clients to access clinic were reviewed for the new service. Clients may: <ul style="list-style-type: none"> Walk in to the clinic Ring and make an appointment

Service	London
	<ul style="list-style-type: none"> ○ Send an email ○ Send a text • A referral form has been created for professionals working with young people to refer directly into clinic • Telephone triage provides an opportunity to ensure that the service offered is appropriate for the needs of the client. Following assessment, signposting to an alternative provider, including online services which may be more accessible, can take place if required. • Staff competences and skills were assessed and training needs identified. Three staff members attended the STIF course which ensured increased confidence in the identification, management, and treatment of Sexually Transmitted infections (STIs). • A link to the SXT partner notification website is sent to all clients who receive a positive STI result, promoting use, and raising awareness of the resource and the importance of contact tracing.
Client safety	<ul style="list-style-type: none"> • A robust plan was instigated for the closure of HYP Southwark and DASH Lambeth services. The process was carefully managed to ensure continuity of care. Contact was made with clients and the professionals supporting them, signposting to alternative providers. Clients with safeguarding concerns were shared with safeguarding leads of NHS services following confirmation of their consent. Communication about the closures was agreed and distributed and meetings held with stakeholders. • Weekly safeguarding meetings with partners from the CNWL Archway young person's service are held to ensure that any concerns for young people attending both services are shared. Alerts are placed on the client record to promote awareness of possible risks, specifically related to Child Sexual or Criminal Exploitation. • Safeguarding concerns are discussed at the daily staff huddle and safeguarding group supervision takes place every six weeks. • A quality assurance checker is reviewed at team meetings held every 2 weeks. Tasks are allocated to staff and completion is noted on the checker spreadsheet. This includes, medicine stock checks, completion of audits, cleaning of equipment, infection control and medicine management policy compliance. • A peer review process of auditing records takes place quarterly. Colleagues meet to discuss feedback with each other and themes arising are shared at team meetings

Service	London

Service	Manchester
Clinical Excellence	<ul style="list-style-type: none"> • We continue to provide a monthly coil clinic for our young people. • The clinic is now fully operating as a walk-in and this has led to increased numbers of EC clients accessing our clinical services. Telephone consultations are still offered for treatment, repeat pills, implants, coil and general advice.
Client safety	<ul style="list-style-type: none"> • We continue to 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 • We have piloted the ECH to ensure all necessary safeguarding is followed up and documented to ensure that no vulnerable client is missed.

Service	Dudley
Clinical Excellence	<ul style="list-style-type: none"> • Our CASH NIT has made excellent progress. Successfully completing all elements of the FSRH diploma, STIF Foundation 1, 2&3 and is currently in the process of completing the LOC SDI. • The Clinical team in Dudley facilitated a virtual assessment half day in October 2022 which received really positive feedback • Brook Dudley is proud to have been awarded Certificate of excellence for 2023. The recognition of outstanding care and positive patient feedback is a great achievement for all Dudley staff, who go above and beyond to provide high quality care for the local community.
Client safety	<ul style="list-style-type: none"> • We have delivered sexual health awareness sessions to multiple family centres who are a part of the early help offer in Dudley. This is to support the ongoing wider workforce development in the borough. • We work closely with the Safeguarding Lead nurse for the CCG in relation to Health and safeguarding with particular focus around CSE

Service	Dudley
	<ul style="list-style-type: none"> • We attend quarterly MDT meetings to share intelligence and action plan interventions. • We continue to have excellent relationships with family nurse partnership team and other young person's services to maintain effective timely access to some of the most vulnerable young people in Dudley.

Service	Wirral
Clinical Excellence	<ul style="list-style-type: none"> • We now have provision for walk in clients. • Lower feedback as no online IWGC facility on site so completed an in-house compliment/ complaints paper feedback form with the team. • A total of 66 complimentary responses were recorded in February and March 2023 • We now link with level 3 services.
Client safety	<ul style="list-style-type: none"> • Safeguarding audit completed and rated good overall • Emergency contraception 16's and under follow up • Health service in schools (HSIS) increased attendance and client numbers increased. • Liaising multi-disciplinary group, this includes social workers, police, education team, 0-19 service.

Service	Southend
Clinical Excellence	<ul style="list-style-type: none"> • IWGC reviews are positive, and the clinic was awarded a certificate of excellence. Client feedback is largely positive apart from when reviewing the current location. The new premises is much anticipated by clients. Staff are using clinical names when requesting reviews so that staff can be individually celebrated as well as recorded for supervision purposes. • Health Talks undertaken with a unity of secondary schools has resulted in an increase in number of young people attending service. The Info session also received excellent feedback and staff have been invited to return. • We have increased joint working with LOT2, and Site relocation is expecting to increase YP accessing the service

Service	Southend
Client safety	<ul style="list-style-type: none"> • Relationships with local safeguarding and MASH/MASE teams are continuing to strengthen. The team has positive relationships with multiple support workers across the local area and we are seeing an increase in professional referrals, particularly for Young People. • Referral pathways to local HIV services has been reviewed and strengthened. • Clinic in a box has allowed peripatetic services to support vulnerable young people in a setting that is comfortable for them • Feedback on safeguarding levels highlighted a particular case actioned by one of the Southend nurses as an excellent piece of work. The nurse responded quickly and appropriately, engaged a multi-agency response including MARAC in the protection of a vulnerable adult.

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.

- **Brook staff were amazing, friendly, respected my name change and new pronouns. They gave me appropriate information for my implant and even referred me to the counselling service when I asked about it! 10/10. (Blackburn)**
- *At brook you are always met with zero judgement and so much care. I always feel like I can be completely open with the nurses, and they are so amazing. Literally has changed my life having Brook. Thank you! (Bristol)*
- **I have been using Brook for a number of years, the staff are friendly yet professional and everyone makes me feel incredibly supported and safe. (Burnley)**
- *Amazing service from the start to finish. Made an effort to see me in an urgent situation. Great communication and service on the phone. The nurse who attended to me was amazing. Very kind, comforting and informative. I would give more stars if possible for the service and care I received. (Cornwall)*
- **The staff were very kind and compassionate, they explained everything very clearly and didn't rush. Whoever reads this, Brook is an amazing service, and your staff deserve all the praise and recognition. (Dudley)**
- *I've had 11 counselling sessions and whilst it has been a difficult process because of the in-depth conversations we have had, it has been invaluable, and I've been left feeling as though I understand and can control my problems so much better than before. My counsellor was so patient with me, and I will forever be grateful. (Euston)*
- **A brilliant location and the service was discreet and easy. I got to do the test myself, which was what I wanted, and it took no time at all. (Manchester)**
- *I visited Brook after not receiving a very nice experience at my local GP surgery. I was amazed by the warmth I received by all staff who put me at ease and couldn't have asked for anything more than what they provided. Everyone was so caring and explained everything in detail. I*

wouldn't hesitate recommending Brook, they go out of their way and give you their valuable time and treat you with the utmost respect. (Southend)

- **Brook staff are so supportive and kind towards my choices and make me feel really comfortable. I feel like I'm speaking to someone I have known for years each time they help. Absolute lifesaver. (Wirral)**
- *I have had the chance to meet a lot of wonderful people with different backgrounds and experiences who've opened my eyes to a lot of areas of sex education I haven't considered before. Particularly around disability! (Participation Forum Member)*
- **I have learned so much about the intricacies of sexual health work, like digital testing. I have learned that a career in sexual health is not far from my reach, it seemed unattainable before joining the forum group but it has helped me build my passion for sexual health. (Participation Forum Member)**
- *I thought the session was very inclusive and we were all made to feel very comfortable. I was reminded that sex is a positive thing... I wish it was taught earlier in schools so young people have a better understanding. (Brook Education Session recipient)*
- **It was really fun and important to see, respect, understand and discuss people's different views on matters surrounding gender and sexuality. (Brook Education Session recipient)**
- *The session was informative and safe, there was no judgement and I enjoyed how interactive it was. I was given the chance to ask and answer questions, and everything was explained in detail. (Brook Education Session recipient)*
- **Brook's educator made us feel comfortable to say anything and I also liked that they were involving us instead of just talking at us. (Brook Education Session recipient)**

Supporting statements and comments from stakeholders

Thanks for sharing your excellent report. It is really helpful read and also an incredibly useful resource. I very much value the work that goes into your performance monitoring reports, and the time we have in quarterly meetings to discuss performance and service development.

Thanks,

Marie

Marie Earle
Strategic Commissioning Manager
Department of Public Health
Manchester City 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
NDFS RH	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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