



**Quality Account
2023/2024**

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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 are committed to providing a blended and equitable digital and face-to-face service offer, tackling digital exclusion and providing service users with a choice of access points.

In 23/24 we supported 80,177 people through our face-to-face and digital clinical services. This includes our Digital Front Door (DFD):

- 19.1k people used our interactive webpages
- We had 2.6k appointments booked through DrDoctor
- We had 18.8k STI home test orders
- 1.9k people have created an account on My Brook
- We've had 566 online requests for contraception and 102 requests for chlamydia treatment

Additionally, we've had over a million visitors to brook's website.

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 23/24 we supported 120,226 people through our high quality, inclusive RSE and almost 34,000 people benefitted from our education, training and consultancy. Additionally, we have more than 37,000 people registered for Brook Learn, our online learning platform.

Campaigning and advocacy

Brook's history is steeped in its courageous approach to tackling stigma and fighting for 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 drives people to the help, support and services we know they need.

In 23/24 we significantly increased our public affairs profile and fought harder than ever to protect all young people's right to inclusive accessible RSE. We conducted robust research to help shape understand and improve access to condoms and contraception and engaged over 500 service users through our participation opportunities.

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 the first year of delivering our new ambitious strategy we have worked collaboratively with service users, sector partners, commissioners, funders and corporates to make a positive difference to the lives of 1.24 million people.

For 60 years, Brook has championed accessible sexual health services and inclusive relationships and sex education (RSE). Throughout 23/24, we continued to champion policies that protect and empower LGBT+ young people, at a time when their rights are increasingly under attack.

We have increased our parliamentary engagement and were invited by Welsh Government officials to provide feedback on the National Transgender Guidance for Schools and Local Authorities, we were also asked to provide bespoke briefings to MPs ahead of a parliamentary debate on LGBT+ inclusive relationships education.

We are committed to protecting people's right to safe, accessible abortion care and we worked with sector partners to call on the government to reform the Abortion Act 1967 and decriminalise people seeking to end their own pregnancies.

We continue to transform RSE provision, responding to counter the harmful messaging to which young people are exposed. This year we have challenged inequality in the classroom with new resources on period inequality, tackling misogyny and gender stereotypes and supporting critical thinking on pornography.

Our innovative digital offer has expanded, with the launch of three new online learning courses: Gender Diversity, How to Deliver RSE and Managing a Disclosure of Sexual Harassment or Assault. We now have over 37,000 registered users and 16 courses helping teachers deliver high-quality, inclusive RSE to keep young people safe.

In 23/24 we reached a total of 122,000 young people and their teachers through our two live RSE broadcasts on the topics of periods (in partnership with Lil-Lets) and challenging gender stereotypes. Additionally, we have launched new resources for parents, carers and families to evidence the [positive impact of RSE](#), explain school curriculum content and offer practical tools to support RSE with conversations at home.

We are committed to providing dedicated services and resources that respond to particular needs, while retaining a universal offer that is open to all. In 23/24 we conducted an accessibility audit of our core clinical sites to assess their accessibility for people with additional access needs and we have commissioned new accessible images. For the second year running, we are proud to receive the I Want Great Care

Certificate of Excellence in recognition of the outstanding care we provide in our clinical services and the positive reviews from our services users.

In Dudley, we launched our new integrated sexual health service in November 2023. Through this digital and face-to-face offer, we provide free, confidential, non-judgmental support to people of all ages. Service users in Dudley are the first to benefit from MyBrook, a new online client portal granting access to a suite of tools including home STI testing, test results, testing history, online treatment ordering, contraception requests, and appointment booking.

We recognise stigma as a key driver of health inequality, particularly in sexual and mental health. In 23/24, we worked collaboratively with brands, corporate supporters, influencers and service users, to further our mission to fight stigma, drive conversation and challenge misconceptions around mental health, LGBT+ issues, contraception and more.

Everything we do is supported by evidence. Our 2023 research project Education, access, stigma and young people: attitudes to contraception, condoms and sexual health (EASY), is a collection of data on the attitudes, experiences and voices of more than 2,700 young people in England and Wales. Inspired by the CONUNDRUM project in Scotland, the research responds to the alarming rise in STI rates, the reduced uptake of condoms and contraception, increased spread of misinformation via online platforms and the lack of access to services and education.

We pride ourselves on being responsive to emerging and unmet needs that are faced by the communities we support. This year we have worked hard to improve reproductive health and wellbeing provision for adults, and to innovate and redevelop our wellbeing offer in response to the devastating shortfall in mental health provision for young people.

Thanks to funding from *the Department of Health and Social Care* we have been fighting stigma and improving the lives of Cornwall residents experiencing perimenopause and menopause in the workplace, additionally we are proud to launch a pioneering a new model in Cornwall offering place-based integrated mental health, sexual health and wellbeing support services for young people. This new accessible community hub will provide early intervention mental health and suicide prevention services to 11–25-year-olds.

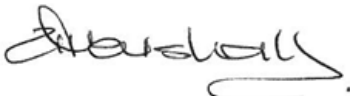
Everything we do at Brook is underpinned by our commitment to keeping people safe. As Brook's services expand, so too does the complexity and level of vulnerability that we encounter. Thanks to our long-established expertise we are equipped to respond effectively to the ever-changing needs of young people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

Now in our 60th year we reflect on our pioneering Founder, Helen Brook, who refused to let stigma stand in her way. We won't stop fighting until everyone feels safe and empowered to make decisions about their health, their bodies and their identities.

We look forward to working with you.



Dame Sally Dicketts
Chair of the Board of Trustees



Helen Marshall
Chief Executive

Part Two Priorities for improvement

Progress against our 2023/24 priorities

Improvement priority	Progress
<p>Priority 1: Audit cycles</p>	<ul style="list-style-type: none"> • All clinical audits were reviewed and updated in line with current clinical guidance and recommendations (BASHH and FSRH) and in line with Brook policies and procedures with a view to access majority of required data via Lille dynamic forms. This has made the audit process more effective and efficient. It has also provided capacity for more precise focused audits improving patient care and outcomes • Intrauterine contraception (IUC) audit added to cycle • Screening audit split into Chlamydia trachomatis (CT) and GC audits • All data responses from all clinical audits are now available in power BI format
<p>Priority 2: Patient Group Directives (PGDs) and Non-medical Prescribing (NMP's)</p>	<ul style="list-style-type: none"> • We have a full range of Patient Group Directions (PGDs) covering all methods of contraception including Long-acting reversible contraception (LARC) and a variety of antibiotic, anti-viral and anti-retro-viral PGDS to support nurse-led clinical delivery • All Commissioners are sent an annual timetable of PGDs and dates for changes so they can be received by clinics in good time • We now have a focused PGD working group that incorporates senior nurses across the organisation to support the review and implementation of PGDs • We have a lead nurse that coordinates the review and implementation of PGDs across our clinical services who also liaises with commissioners and pharmacists • We had 4 non-medical prescribing funded places across the organisation but due to changes in contracts and personnel these places were not fulfilled this year. • Increasing the number of NMPs in services will remain our focus to support high quality clinical care in relation to medicines management

Improvement priority	Progress
<p>Priority 3: Continue to innovate the range of methods that clients can access services</p>	<ul style="list-style-type: none"> • We have implemented the Digital Front Door (DFD) in Dudley with the start of the new all age service • We have expanded DFD use within our other clinics across the organisation
<p>Priority 4: Quality improvement</p>	<ul style="list-style-type: none"> • We have designed and implemented a robust quality improvement plan which includes the following progress: <ul style="list-style-type: none"> ○ A new incident reporting system is being rolled out across services ○ Regular quality meetings now take place with clinical and quality team leadership colleagues ○ Care Quality Commission (CQC) Management is now centrally held by organisational CQC lead and we have increased the number of CQC managers across the organisation ○ A full review of policies and procedures has commenced ○ We have designed and implemented clinical quality and governance audit serving as a means to consider the local and national current standards of care from a practice and process perspective. This supports us to assess and understand overall quality and experience aligned to CQC regulated activity and their single assessment framework ○ We have introduced remote supervision, mentoring and coaching for staff teams

Priorities for improvement 2024/25

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 2024 - 25 are as follows:

Clinical Effectiveness

Priority 1:

<p>What do we plan to do?</p>	<p>Improve medicines management processes across the organisation</p>
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How will progress be measured and monitored?	<ul style="list-style-type: none"> • A full review of policies and procedures • Introducing a task and finish Group with The Clinical Director and Head of Data to design and implement a medicines management system • Medicines Management training will be implemented that incorporates learning and development for the new system to improve competence and confidence around medicines safety • Introduce a medicines management audit
How will progress be reported	<ul style="list-style-type: none"> • Audit findings with results via power BI • Reduced incidents in the reporting system

Client Safety

Priority 2:

What do we plan to do?	Review clinical practice tools and resources to ensure safe, effective and efficient patient care
How will progress be measured and monitored?	<ul style="list-style-type: none"> • Review of the Electronic Patient Record (EPR) system including dynamic forms • Review policies and procedures • Complete regular audit reviews • Collect staff and patient feedback • Incident reporting and implementation of a new system • Development of clinical quality and governance dashboard linking all of the above
How will progress be reported	<ul style="list-style-type: none"> • Regular reports at our quality meetings • Quarterly Quality Reports • Audit outcomes • Staff and patient feedback

Clinical Effectiveness

Priority 3:

What do we plan to do?	Roll out a governance audit to further equip our staff teams with structured feedback and support that enables service improvement
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How will progress be measured and monitored?	<ul style="list-style-type: none"> • A comprehensive audit document will be refined following its pilot • The framework will be used consistently • All audits will be documented and shared with relevant staff • Themes and trends will be monitored and acted upon where necessary
How will progress be reported	<ul style="list-style-type: none"> • Through monthly quality focus meetings • Audit reports

Clinical effectiveness

Priority 4:

What do we plan to do?	Continue to implement our clinical quality improvement plan
How will progress be measured and monitored?	<ul style="list-style-type: none"> • We have a detailed plan that is reviewed and updated annually • Our quality priorities are set out with specific targets and deadlines • The plan covers core areas such as safety and risk, audit cycles, learning and development, capacity and culture
How will progress be reported	<ul style="list-style-type: none"> • Project and target leads are held accountable by The Director of Operations and The Assistant Director of Quality • The plan is monitored on a monthly basis at a Quality Focus meeting where actions are discussed and recorded • Progress feedback is given The Executive Team

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 2023/24 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 2023/24 represents 100% of the total income generated from the provision of services by Brook Young People for 2023/24.

Participation in clinical audits

During 2023/24, no NHS National Clinical Audits and no National Confidential Enquiries covered the health services that Brook provides.

Brook Cornwall completed a further IUC audit with the Doctor in service carrying out an audit of personal practice. Brook Bristol completed a partner audit into Gonorrhoea testing and treatment.

All services participated in the annual audit programme which focused on the provision of IUCs, subdermal implant care and continuation support, management of clients with a sexually acquired infection (including separate audits for chlamydia and gonorrhoea and the provision of emergency contraception). Level 3 services also carried out syphilis and MGEN audits looking into testing and treatment of these infections.

These audits included questions on record keeping reflecting the performance of staff in accurate documentation. The unplanned pregnancy and post abortion care audit was again not undertaken. This was due to the continued low level of positive pregnancy tests in services and the provision of telemedical abortion and client self-referral pathways.

The reports of 6 national clinical audits were reviewed by the provider in 2023/24 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 we will document if declined. Staff should consistently use the templates available in the electronic patient record to ensure compliance to the Faculty Reproductive and Sexual Healthcare (FSRH) Standards • Quick starting should be offered to all women who opt for oral emergency contraception and those using Ulipristal Acetate should not start any method for five days • Each service should have a clinician with the competence to insert an IUD or identify a staff member who will train to become competent. • Clinics should have referral pathways in place with local services that provide IUD insertion to expedite client access • Power BI integration has been completed, local managers have been invited to review the results and recommend any relevant improvements/changes.
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 • 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 • Power BI integration has been completed, local managers have been invited to review the results and recommend any relevant improvements/changes

<p>Intra-uterine Contraception (IUC) fitting and removal</p>	<ul style="list-style-type: none"> • All clients will be offered an IUD as the most effective method of EC and we will document if declined. Staff should consistently use the templates available in the electronic patient record to ensure compliance to the faculty (FSRH) Standards • Each service should have a clinician with the competence to insert an IUC or identify a staff member who will train to become competent. • All clients should be offered STI testing prior to or at IUD insertion appointment (+/- removal). • Information should be provided to all clients regarding normal side effects of having IUC fitted and possible expected changes to bleeding patterns. • Clients should be offered information on pain relief for the fitting/removal of an IUC. • All clients are to be provided with aftercare advice regarding checking threads of IUD. • Power BI integration has been completed, local managers have been invited to review the results and recommend any relevant improvements/changes.
<p>Infection control</p>	<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 this will be moving over to Power BI during the 2024/25 audit. • The audit for 2024/25 has been reviewed and updated. • 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
<p>Record-keeping</p>	<ul style="list-style-type: none"> • Record keeping has been audited as a part of the Emergency Contraception, IUCD and Implant audits and the resulting Power BI reports. • Dynamic forms have been developed and edited to support effective consistent documentation in the Brook Electronic Patient Record. • 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

	<ul style="list-style-type: none"> • Ensure clients have their clinical consultation documented on a single electronic patient record at the time of consultation • 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
<p>Sexually transmitted infection screening</p>	<ul style="list-style-type: none"> • Currently with clinic staff being completed. • 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 Partner Notification performance • The chlamydia and gonorrhoea audits have been separated and incorporated into Power BI.
<p>Syphilis</p>	<ul style="list-style-type: none"> • The introduction of a dedicated syphilis audit for Level 3 services, with Power BI integration. • All level 3 services are to use the dedicated syphilis proforma detailing history and current infection. This centralises all care/treatment and ensures quality of care for clients attending the service. • Staff are to use the dynamic forms to request external clinical support in areas where additional oversight is required. • Clients who are unable to be treated with the first line intervention will have the reason for this documented in their syphilis proforma. • All services will have procedures in place for inviting clients back for ongoing testing as per BASHH guidelines. • The SXT electronic tool will be used to deliver more effective partner notification.

Mycoplasma genitalium (MGen)	<ul style="list-style-type: none"> • The introduction of a dedicated Mgen audit for Level 3 services, with Power BI integration. • 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 back for ongoing testing as per BASHH guidelines. • The SXT electronic tool will be used to deliver more effective partner notification. • All services will have procedures in place for inviting clients to retest for Mgen infections no sooner than 5 weeks after treatment • All services will have procedures in place to record the result of the retest or if the client declined to retest. • All Test of Cure (ToC) results which return positive are to be escalated to Head of Nursing, Clinical Director and Public Health England
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The reports of 2 local clinical audits across our 8 services were reviewed by the provider in 2023/24 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
Cornwall (infection control audit)	<ul style="list-style-type: none"> • Outreach sites to be reviewed and clinical delivery within these settings. School outreach settings may not have a clinical room, therefore the services offered to clients is limited. • Some outreach sites were identified as appearing run down, this was raised with estates and discussions regarding these settings made with relevant landlords.
Bristol (Gonorrhoea Testing)	<ul style="list-style-type: none"> • Test of cure needs to be communicated to all patients and advised • Documentation and reporting of failed treatment needs to be better monitored (we are looking at this nationally as a priority)

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2023/24 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 2023/24, 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.

On 31st March 2024, all services had a registered manager. The Care Quality Commission has not taken enforcement action against Brook during 2023 - 2024. During this period, Brook has not participated in any special reviews or investigations by the CQC during the reporting period. 5 have had online monitoring calls in 2023/2024.

All Brook services underwent inspection by CQC during the period of April 2016 – May 2017. Brook Blackburn with 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 registered the new building with CQC and moved in in the summer 2023. Brook Dudley underwent new registered CQC Manager and new premises registration processes with CQC successfully in November 2023 with the commencement of the integrated all age service in Dudley.

Data quality

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

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

Brook's Data Team consists of Head of Data & Analysis, Research & Evaluation Manager, two Data Analysts and Data Systems Support Analyst.

During 2023/24 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 2024/25 we will continue to provide targeted support to teams to support accurate data capture and will be launching a new clinical history template.

NHS Number and General Medical Practice Code Validity

Brook is not required to submit records during 2023/24 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 2022/23 was submitted on 26th June 2023 and we achieved "standards exceeded".

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2023/24 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
2022/23	183	0.251%	0
2023/24	189	0.234%	0

Service	Number of incidents 2022/23	Incidents as % of client visits per service	Number of incidents 2023/24	Incidents as % of client visits per service
Blackburn / Darwen	9	0.124%	6	0.084%
Burnley	4	0.151%	7	0.234%
Bristol	73	2.732%	73	1.608%

Cornwall	32	0.387%	15	0.174%
London	8	0.141%	17	0.403%
Manchester	18	0.230%	16	0.230%
Dudley	9	0.369%	17	0.231%
Wirral	7	0.267%	3	0.147%
Southend	23	0.474%	35	0.458%

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

- We have changed our incident reporting process to better describe and categorise incidents. This process has simplified the way that staff record and report incidents.
- We have actively encouraged staff to complete more incident report forms.
- We are implementing a new incident reporting system which we have piloted in this period

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

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

- We will continue to monitor and review incidents and near misses and share relevant learning across the organisation as well as locally.
- We will continue to support staff in reporting incidents and near misses.
- We will continue to provide quality training and support as required.
- The new incident reporting system will include real-time incident overview and improved process that allows managers to see information at a glance

Part Four Review of quality assurance 2023/24

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 The Director of Operations. 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 The Medical Director. The Head of Nursing works closely with the Director of Operations and Heads 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 and 2024. We continue to embed the framework which focusses on leadership and management, resources, service delivery and continuous quality improvement. We also have an internal quality framework linked to CQC standards – the framework enables stakeholders to view all quality process in one place. We have an annual quality plan for clinical and education services and we review progress regularly at monthly quality focus meetings. We have also developed an in-house governance audit linked to our quality framework. We have piloted one service audit this year and we are in the process of compiling a report and gaining feedback from the service before we roll this out further.

Leadership and management development

We have a well-established leadership competency framework that is embedded across the relevant processes such as performance management, learning and development and recruitment. We continue to see very high levels of engagement, confidence and satisfaction across all of these areas.

We continue to provide coaching and mentoring across the organisation and now have 7 qualified and practicing coaches and 11 mentors. We provide external supervision to support our teams and we have 2 further coaches who have embarked on a Level 5 apprenticeship programme this year.

We have once again provided numerous leadership learning opportunities this year. Our established Emerging Leaders programme has been a great success with 12 middle managers participating in this opportunity. The group have provided valuable insights into the needs of managers across the organisation. We are now working with

them to develop a management L&D programme. This year, we have established an Advanced Leaders programme aimed at senior leaders in the organisation. We are working with external providers to offer a 12-month development programme which includes a strategic project that the group will work together on. We have also delivered bespoke leadership programmes for specific teams, DiSC and Myers Briggs Type Indicator development opportunities.

Our Learning & Development programme has been its most successful to date with 237 opportunities delivered which included qualifications, Q&A sessions, group supervisions and externally facilitated programmes. Themes included Neurodiversity, Suicide prevention, clinical support competencies and deaf awareness training. Satisfaction remains very high with an average score of 96% across multiple areas such as skills improvement, confidence and future use of knowledge.

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 3 Policies and Procedures during the year.

Service developments

Supporting and developing Brook nurses

We have successfully run 2 STI Foundation (STIF) Theory programmes during 23/24 which enabled Brook clinical staff to attend. We also ran three assessment half days enabling both external and internal candidates to complete the FSRH Diploma. Two Bristol Nurses successfully completed the FSRH Diploma during this period and two new CaSH nurse trainees were recruited in the latter part of 23/24. They are making excellent progress with the FSRH Diploma. Two nurses have been supported internally to complete the letter of competence for IUC insertion. With the support of the Clinical Director and CLT we have established a clinical learning and development programme providing a range of contraception and sexual health topics. A clinical supervision programme has been successfully established for all Brook Nurses to access monthly supervision facilitated by a variety of senior nurses. We also established a

LARC fitter and NMP forum for all relevant staff to attend providing support, learning and development opportunities. Enabling these national support networks enable us to facilitate formal and informal case discussion and link staff across the organisation.

Counselling

Person Centred counselling is currently provided by Brook at four, level 2, young people's services: Blackburn with Darwen, 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 with Darwen 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 of counsellors across the organisation have the opportunity to connect with one another, share best practice, develop new resources, 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 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 23/24 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 an increase in neurodivergent young people attending for counselling.

During 23/24 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.

Person centred counselling is a key element of our Hub model and in 2023/24 we developed the role of Lead Counsellor to oversee the development and implementation of the Hubs during 2024/25

Health and wellbeing

In 23/24 Brook continued to develop our mental health and wellbeing provision in two key areas:

Growing our Existing Wellbeing Work

i. Provision of RSHE in 23/24

We delivered RSHE to young people on a wide range of topics related to sexual, physical, social, emotional and mental health including healthy relationships, self-esteem, confidence, consent, sex and the law, identity, safer sex practices and body image. Feedback and evaluation is gathered using pre and post evaluation questionnaires and recorded on Substance Views, our bespoke monitoring and evaluation database.

ii. My Life Early Help targeted 1:1 wellbeing programme

During 23/24, Brook Education & Wellbeing Specialists continued to deliver 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. We delivered 2280 1-1 sessions to 770 young people.

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 to meet the needs of the young person. 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.

iii. Mental Health Literacy Group and 1-1 programmes

During 23/24 we piloted and rolled out a four-session mental health literacy programme for large and small groups of young people at key stages 3, 4 and 5. The programmes are being 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. 100% of participants would recommend the programme to their friends.

iv. My Life Menopause

During 2023/24 we adapted our My Life structure and approach to develop and deliver 1-1 support programmes to women and those experiencing the menopause. The programme enabled participants to learn about the menopause, recognise their

symptoms, provide information on sources of support, create a space to reflect on the impact of the menopause on their wider health and wellbeing and on their life in general with a specific focus on their working life. The programme also included ways to promote positive physical and mental health and wellbeing, recognise the signs and positively manage stress and building a formal and informal support network. The programme was piloted and the final version was rolled out in Cornwall. We delivered 107 My Life Menopause sessions to 29 participants.

v. Adult My Life

During 2023/24 we also adapted our My Life structure and approach to develop and deliver 1-1 support programmes to vulnerable adults in our Buckinghamshire service. The programmes have a focus on sexual health and where sexual health impacts and is impacted by wider aspects of health and wellbeing. The programme supports participants to assess their own sexual and wider health and wellbeing needs and provides resources to enable them to improve their own health and wellbeing in ways that are personally important and meaningful. This work started in Q3 and during 2023/24 we delivered 91 sessions to 39 individuals.

vi. Mental Health Hubs

During 2023/24 we developed our model for place based mental health hubs and secured delivery for the first Hub in Cornwall during 2024/24. Brook's hub model sits within the Thrive model and is aimed at young people in the Thriving, Getting Advice and Getting Help groupings. The Hubs will be embedded within local services with robust triage systems in place and clearly understood and articulated referral pathways into and out of the service. Roll out of the first Hub will begin in Q1 of 2024/25.

vii. Bespoke EMWHB interventions within the clinical context

Brook operates 8 young peoples' and 5 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 as well as being signposted/referred to mental health and wellbeing information and other support services relating to mental and emotional health and wellbeing.

Provision of support and training for the workforce & building internal capacity

i. Mental Health Awareness

Throughout 23/24 we continued to deliver a rolling programme of MHFA accredited mental health awareness programmes. This core training which is mandated for all staff ensures that all Brook colleagues have a shared understanding and a shared language in relation to mental health and wellbeing and to be aware of how they can access support should they need to.

ii. Mental Health Champions

This one-day training is targeted at all managers within Brook and aims to enable them to become more skilled and confident to respond to mental health issues as they arise in the teams they lead.

iii. Trauma Informed Practice

This one-day training is mandated for all Brook staff and aims to equip them with additional understanding, knowledge, skills and confidence to integrate key elements of trauma informed approaches into their practice.

iv. SAFETALK AND ASIST suicide prevention training

We have identified the need for additional skill-based training to support the recognition of and responses to risks related to suicide. During 2023/24 senior managers and key internal stakeholders attended a SAFETALK training event to assess its appropriateness for rollout across the workforce which will begin in 2024/25 and continue along with the ASIST programme which is aimed at colleagues delivering frontline services.

v. Understanding and articulating the links between sexual and mental Health

During the summer of 2023 we held a number of internal workshops to explore the links between sexual and mental health to support us to articulate need and the work Brook currently undertakes in this area of health and wellbeing. Alongside this we conducted a piece of research to review the literature available and we conducted some in depth interviews with frontline clinical education and counselling colleagues to explore the connections as we work with them in day-to-day practice . The resulting report was disseminated internally to validate the work we undertake and enable that to be clearly articulated to key stakeholders.

Challenging inequality through participation

Through active involvement, our participation forum members and volunteers contribute to the development and evolution of our services, resources and campaigns, ensuring that everything we do is accessible, inclusive and responsive to diverse needs.

National Participation Forums

In 23/24, the 50 members from across the UK have:

- Represented Brook at Party Conferences
- Contributed to Brook tenders
- Undertook a clinical accessibility audit

- Shared their experiences and opinions in surveys and focus groups to support Brook's research and development of digital services
- Supported the development of Brook's Participatory Research Framework
- Supported and promoted Brook's RSE Pledge campaign, including participating in a roundtable event at the Houses of Parliament.
- Supported the development of Brook's work with Parents and Carers.
- Contributed to Brook's communications channels by creating blogs, sharing real stories and videos.
- Volunteered at festivals across the UK as part of our partnership with Festival Republic.

Local Participation Forums:

- The Cornwall education team established a new local participation forum with 15 young people aged 16-18 who are studying Level 2 Health and Social Care. The main focus of this group is to improve the C-card service.
- Camden & Islington education team continue to support a local group of young people focussing on improving the local C-Card campaigns through a series of participation events including mystery shopping and utilising social media.
- Within the London Sexual Violence contract an expert by experience group of young people coordinated by Women & Girls Network (WGN) have supported Brook to improve education resources related to sexual harassment, misogyny and gender stereotyping.
- Each academic year, we work with a cohort of neurodiverse and neurodivergent young people at a college in Manchester. Around 10-15 young people aged 16-18 have helped Brook to consider how to make clinical services more accessible and inclusive. This year's cohort is exploring the topic of mental health.

Blog: <https://www.brook.org.uk/blog/finding-my-people-as-a-volunteer-at-brook/>

Blog: <https://www.brook.org.uk/blog/embracing-our-participation-journey/>

National Participation Forums

The National Participation Forums finished their two-year term and completed their project/campaigns which focused on an issue they chose to address.

Accessibility and Inclusivity of Brook's Clinical Services

The 16-19 participation forum has been actively involved in ensuring that Brook's clinical services are accessible and inclusive. This involved visiting Brook clinics to

assess their accessibility for neurodivergent young people and young people with physical disabilities. The feedback from these visits will help to make positive and inclusive changes. The participation forum also worked with the Communications Team to create 'point of view' videos for Brook's Instagram to help young people understand what to expect at clinical visits.

[Confidentiality Clinical POV: Brook \(@brook_sexpositive\) • Instagram photos and videos](#)

Embracing Bodies Campaign

The Embracing Bodies project was a digital campaign aimed at normalising body differences and celebrating the journeys people have with their bodies. Using mediums like illustrations, blogs, reels, and letters to self, members created a safe space for sharing experiences. Housed on Brook's Instagram, the campaign amplified stories and encouraged community contributions. With support from influencers like Ruby Rare and Bodiposipoet, it tackled stigma and generated 3,722 engagements and 67,415 impressions.

Blog: <https://www.brook.org.uk/blog/puberty-isnt-a-one-time-thing-lets-change-the-narrative/>

Consent & Sex in Long-term Relationships Campaign

Consent and sex in long-term relationships was explored by the 25+ forum. The group identified that important education was lacking when they were younger, yet as adults, there is an expectation to know how to manage these conversations. The result of their campaign was the creation of social media posts, and a newly developed section on the Brook website which aims to provide information and top tips on the topic.

[Website Page: Consent and sex in long-term relationships – Brook](#)

[4 Things You Need to know about Sex and Consent in Long-term Relationships: Brook \(@brook_sexpositive\) • Instagram photos and videos](#)

Celebrating the Queen Elizabeth II Platinum Jubilee Volunteering Award

Last year Brook was one of 20 UK charities across the UK to receive the Queen Elizabeth II Platinum Jubilee Volunteering Award. To celebrate this achievement, Brook staff and Participation Forum members were invited to attend the Coronation Garden Party at Buckingham Palace and a Royal Reception at Fishmongers Hall in London. The award was presented by HRH Princess Anne, for our exceptional work empowering young people.

Clinical effectiveness

Participation in clinical audits

Services took part in 6 national Brook clinical audits during 2023-24. Level 3 services completed a further 2. 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. With the audit results now supported by Power BI, internal and external colleagues will be able to see this in real time and compare services more easily. 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 2023-24 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	2019/ 20	2020/ 21	2021/ 22	2022/ 23	2023/ 24
Emergency contraception					
All women should be offered a Cu-IUD as the first line method of emergency contraception	82%	88%	74%	>	66%>
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	92%	90%	87%	>	99%>
All women should be advised to have a pregnancy test three weeks after emergency contraception	96%	97%	93%	>	95%>
Implant fitting and removal					
All women presenting with irregular bleeding should have an STI test	92%	100%	88% (n = 8)	91% (n=11)	62%>
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	78%	71%	77% (n=43)	76% (n=37)	53%>
All women having an implant fitted should be counselled about the five main side effects	81%	85%	62% (n = 159)	66% (n=197)	91%>
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	37% *	48%	36% (n = 159)	45% (n=197)	40%>

Standard or recommendation	2019/ 20	2020/ 21	2021/ 22	2022/ 23	2023/ 24
STI testing and treatment					
Sexuality should be documented	83%**	100%	99% (n = 243)	94% (n = 439)	97% (n = 527)
Clients with a positive test result should be supported to notify their partner/s	84%	55%	60% (n = 243)	71% (n=43 9)	71%

* 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 has been replaced due to there being no change in results over the years and the high level of care offered in this field. This will however be done 3 yearly.

> This audit was moved to Power BI to use clinical data for real-time quality improvement

Intrauterine techniques training plan

All services have at least one clinician who holds the Faculty of Sexual and Reproductive Health (FSRH) Letter of Competence in Intra-Uterine Techniques (LOC IUT). We are continuously working to update staff skills in this area and work closely with Bayer to support this. Referral pathways are in place to support access to intrauterine contraception for clients attending these services.

Faculty Registered Trainers

Brook has a peripatetic FSRH training programme with Dr Menon-Johansson fulfilling the Training Programme Director role. This enables Brook Faculty Registered Trainers (FRTs) to support workforce development at any of our registered locations. There are currently five FRT's across the organisation. We acknowledge the decrease from seven to five FRTs due to a change staff change. With the new Thurrock clinic, we have inducted a further two FRTs and one nurse is currently in the process of completing a teaching qualification to become an FRT for the organisation

Subdermal contraceptive implant training plan

All band six nurses 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.

Following the recommendations from the 2022 PGD audit which is completed every two years, all Commissioners are sent an annual timetable of PGDs and dates for changes so PGDs can be received by clinics in good time. A focused PGD working group is staffed by senior nurses and meets quarterly. This supports the development, review and implementation of national PGDs. We also have a lead nurse that coordinates the review and implementation of PGDs across our clinical services. They also liaise with commissioners and pharmacists. All Brook PGDs are in date, reflect current guidance and partner PGDs have been updated or extended appropriately.

Maintaining national and local communication

We have a well-established communications system that includes a monthly staff newsletter, a comprehensive intranet and Workplace – a professional media site where we communicate to all staff on a regular basis. We have a Clinical Operations Group which is attended by the Clinical Leadership Team, Service Managers and Nurse Managers. These offer thematic discussions, opportunities to innovate and problem solve, regular information sharing and updates. Local teams have regular staff meetings and we have a range of clinical and non-clinical supervision opportunities. Our performance management system also provides further opportunities for information dissemination on a 1-1 basis.

Client safety

Infection control standards

All clinical services participated in the national infection control audit by August 2023 using the Brook infection control toolkit based on the NICE Quality standards (2014 - quality statements 1, 2, 3 and 6). This adheres to the Infection Prevention Society guidelines. Several services have undergone renovation work in the past year including Southend and Dudley which have both benefited from refurbishment of new sites.

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. The Committee comprises of six members including trustees and external advisors, the Director of Clinical Operations, Designated Safeguarding Lead and members of the Senior Leadership Team by invitation. It provides a clear focus on safeguarding and risk. 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 Clinical Operations and Designated Safeguarding Lead.

The safeguarding priorities met for the Quality and Assurance Committee during the previous period were:

1. Enhance the Protecting People and Confidentiality Policies with a focus on key areas to further develop safeguarding practice including supervision and information/resources.
2. Respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.
3. Utilise the experience and knowledge of the DSL and DDSL to expand the resilience, capacity and probity of the safeguarding function in Brook.
4. Advance our use of internal data and intelligence including theme specific reviews to ensure a heightened understanding of the needs, diversity, trends and circumstances of service users who require safeguarding with increased insights on the nature of safeguarding activity experienced by Brook and foresee future needs and potential challenges.
5. Amend key safeguarding processes and systems. Streamline and improve functionality and ease for teams, including digital innovation with the participation and collaboration of staff (and service users when appropriate).
6. Ensure staff receive mandatory safeguarding training relevant to their role and in a timely manner. Review internal mandatory safeguarding training to ensure it meets the evolving safeguarding needs of the organisation and is in line with internal/external policy updates. Develop additional bitesize practical based spaces for consolidating learning, increasing professional confidence, peer support and safeguarding culture supplementary to our aims, values, vision and best practice principles.

7. Develop a Safeguarding Communication Strategy to further raise the profile of safeguarding and culture across Brook ensuring key messages, information and research/learning are shared in a concise, accessible, engaging and creative manner.
8. 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, we will increase audit activity to include specific themes with focus on practice and impact. We will evolve our approach to safeguarding audit practice and make recommendations for improvement to the Quality & Assurance Committee.
9. Continue to deliver the Trauma Informed Training to Brook staff with an ongoing focus on creating and promoting emotional wellbeing and resilience.

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:

***'Excellent session, good co-facilitation, clear messaging and clear links to my role'
'Thank you so much for today, was really enjoyable and incredibly informative!'***

'It was so very interesting, and I think I am safe in saying we all got a great deal from it.'

'It was thought provoking, engaging and interactive. Absolutely the best safeguarding training I have attended in my career.'

Digital external-accredited Level 5 Safeguarding Children, Young People and Adults training was completed in 2023 for members of the Escalation Team and identified

Senior Operational Managers, Service Managers, Nurse Managers, Education Managers and Senior Service Coordinators.

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.

Safeguarding surgeries were launched August 2023 providing a space and opportunity for any staff member to meet with the DSL to increase day to day practice confidence.

With the ongoing increase of service users seeking support for mental health issues and the wider climate, the role of the Designated Wellbeing and Mental Health Lead has been firmly embedded and is core to Brook. This role has focused on three key work strands:

1. Growing our existing work – service delivery
2. Strengthening support for Brook frontline professionals
3. Expanding Brook's profile and partnerships

Central to this is the ongoing commitment to Trauma Informed training, Mental Health Awareness, Mental Health First Aid and Mental Health Champions training. During 2022/23, we delivered five Mental Health Awareness sessions, two Mental Health Champions sessions and two Mental Health First Aid courses. 75% of the workforce have received MHA and TIP mandatory training contributing to and building a meaningful and insightful culture and guide a whole system approach for the benefit of our service users and teams.

Our staff take care of young people and adults' health and wellbeing needs and Brook makes sure the same support is there for staff. We understand that they need to feel safe and well in themselves in order to care and protect others:

- We continue to offer an Employee Assistance Programme.
- We introduced the Gratitude Voucher scheme to thank colleagues, which was utilised by over by over 50% of staff last year.
- Managers discuss individuals' wellbeing at quarterly reviews. This includes safeguarding specific questions exploring personal welfare and reflection about positive impacts staff have had on service users and the potential impact safeguarding has on them personally.

- A question has been included in the staff annual appraisals to ask if 'there have been any significant/important moments of learning relating to safeguarding that has influenced the way in which you practice? What do you feel you need to do or would be helpful for the coming year in developing your safeguarding practice or confidence further'? This ensures that welfare, learning and growth underpins key conversations with our staff.
- We understand how vital it is to maintain a healthy work-life balance. We piloted a four-day working week which was very successful. This is now a permanent benefit for our staff.
- In 2023, we submitted our first Workplace Equality Index, securing a Silver Award reflecting our achievements in making Brook a more inclusive workplace.
- An internal Neurodivergence and Neurodiversity working group has been established for neurodivergent staff to collaborate and drive improvements.
- Mandatory LGBT+ training continues to be delivered to staff.
- The LGBT+ staff network group continues to promote informative and positive messaging and culture.

Participation has continued to influence our approach. We collaborated with Forum members in the development of safeguarding processes, systems and service improvements.

We launched the Managers and Frontline Safeguarding Solution Groups. Fortnightly operational meetings remain a consistent feature bringing together key senior managers to enhance our oversight, share knowledge and agree priorities including safeguarding.

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.

Via the combination of safeguarding process audits and reviews, staff feedback, 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.

Client experience

In 2023/24 we continued using I Want Great Care (IWGC) - an independent and transparent feedback platform across all Brook services.

At the end of their visit / consultation, we ask 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 disliked.

In the 12 months (April 2023 to March 2024) we collected 1,710 reviews across our clinical services. Chart 1 illustrates the number of reviews collected over the 12 months. Table 1 summarised the number of reviews per clinical service.

Reviews by Fiscal date

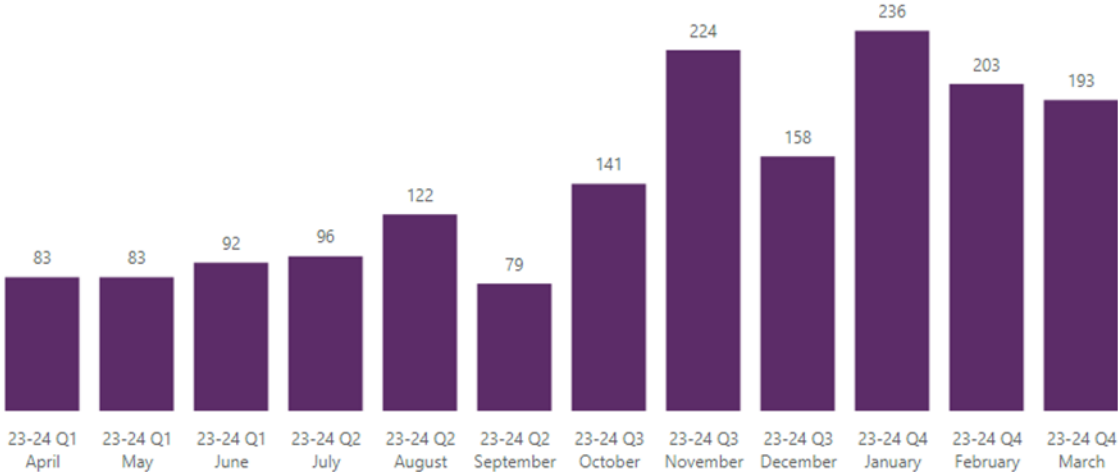


Table 1

Service	Reviews	Percentage of reviews in relation to client contacts
Brook Blackburn with Darwen	105	1.5%
Brook Bristol	223	4.9%
Brook Burnley	4	0.1%
Brook Camden and Islington	332	7.9%
Brook Cornwall	591	6.9%
Brook Dudley	196	2.7%
Brook Manchester	67	1.0%
Brook Southend	156	2.0%
Brook Wirral	36	1.8%

This year, eight of our services using the I Want Great Care (IWGC) platform have been awarded the 2024 Certificate of Excellence. Only the most highly recommended clinicians and providers across the country receive this endorsement in recognition of outstanding care and patient reviews.

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 number of complaints remains extremely low in proportion to the number of client contacts. In the last year, we received just over 2 complaints for every 10,000 visits nationally, though the proportions vary locally and over time. The total number of complaints received in 2023/24 is set out in Table 4.

Table 4: Number of client complaints received by each service

Service	2022/23		2023/24	
	Number of complaints	% visits leading to complaints	Number of complaints	% visits leading to complaints
Blackburn with	1	0.013%	1	0.014%
Burnley	0	0.000%	0	0.000%
Bristol	1	0.037%	1	0.022%
Cornwall	3	0.048%	2	0.023%
London	0	0.000%	1	0.000%
Manchester	0	0.000%	0	0.000%
Dudley	1	0.041%	3	0.040%
Wirral	0	0.000%	0	0.000%
Southend	4	0.103%	2	0.026%
Total	10	0.013%	10	0.019%

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

72% of staff responded to the staff survey in December 2023, which is a 12% increase from 2022.

The 2023 survey covered the following areas:

1. Brook and I
2. Learning and development
3. Culture

4. Digital and IT
5. Wellbeing Champions
6. Relationships
7. Communications
8. Data protection
9. Safeguarding
10. Managing others (managers only)

Key findings

- 85% agree that they enjoy working for Brook
- 97% have good relationships with their colleagues
- 80% are aware of the support Brook offers to staff on wellbeing and mental health
- 77% believe that Brook encourages staff to talk openly about their mental health issues
- 81% agree that they have access to the training and development they need to do their job
- 83% believe Brook encourages a culture of equality and inclusion
- 83% understand Brook's strategic vision
- 90% of managers feel confident to complete annual appraisals
- 62% of staff believe that their appraisal was worthwhile
- 99% agree that safeguarding is everyone's responsibility
- 99% know about the rules concerning data and how to transmit it securely
- 66% say that Workplace is a useful way to keep up to date with Brook news
- 59% say they can easily access information on the intranet relating to their job
- 47% recognise that the reliability and accessibility of the IT systems they use to do their job has improved in the last year

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 2024.

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	Brook Blackburn with Darwen
<p>Clinical Excellence</p>	<ul style="list-style-type: none"> • We follow the BASHH and faculty guidelines, with monthly clinical meetings to discuss any new developments or changes. • One of our HCA's speaks 5 different languages which are common in Blackburn with Darwen, so we can break down communication barriers, offer a more personalised service and reduce language line costs. • We have developed close relationships with our LGBT+ community, in particular Asian LGBT+ people. Many of this community access the service through word of mouth after a positive experience. We are able to offer access to a specific nurse that they trust, make provisions to access specific appointment times (earlier / later) and open the side door for more discreet access to the service. • Our confidential and non-judgemental attitude have also led to us developing a close relationship with the Street Sex Workers in the area, which has then allowed us to treat other sex workers through word-of-mouth recommendations. • Our clinical manager is constantly updating her knowledge and is part of the PGD group, the Women's Primary care forum (women's health related care), registered with Medicconf (UK wide conferences on contraception / menopause), attends the FSRH and BASHH conferences / and is a member of BASHH and the Primary care network forum.

Service	Brook Blackburn with Darwen
	<ul style="list-style-type: none"> • We also now have a doctor in service 2 days a week who can support with some of the more complex cases. • We offer cervical screening to our clients. We are working on an action plan with our commissioner to help target those most vulnerable or unable to access the service e.g. street sex workers. • We issue PrEP. New PrEP patients receive a full screen including the hepatitis screen and kidney functions tests along with height, weight and blood pressure and an appointment with the nurse for discussion of results and issue of medication. Follow up PrEP patients again have full screen and kidney function tests, issue of medication, update of clinical history or any required vaccinations. • Our digital front door service continues to exceed all expectations and supports the residents of Blackburn with Darwen. • Our Psychosexual Therapist supports individuals and couples experiencing a sexual dysfunction with a psychological, emotional or relationship component. • We actively take part in a number of networks to enable the best quality, safe and accessible service for our patients. These include the Drug and Alcohol network, Street Sex Worker Forums, work with homeless / people in supported living via the Salvation Army, Phoenix Hub and supporting those in care. • We welcomed 2 new CaSH NiTs into the service this year, they are both working really well through their training. Both have independent clinics up and running.
Client safety	<ul style="list-style-type: none"> • We piloted the new quality and governance audit and have received positive feedback. We are also supporting the refinement of this process which will support other services across Brook

Service	Brook Blackburn with Darwen
	<ul style="list-style-type: none"> • We completed the safeguarding audit review. The positive feedback demonstrated regular monitoring of safeguarding cases and the strong partnerships we have with other agencies to help keep people safe '<i>...it is evident that safeguarding reviews take place with the service managers each week and cases are monitored to a safe outcome... It is positive that the team have good links and have built relationships with external agencies, which will enhance safeguarding for those that we hold concerns for.</i>'

Service	Burnley
Clinical Excellence	<ul style="list-style-type: none"> • We appointed a senior nurse to support and lead the staff team in Burnley. • The senior nurse runs a coil clinic for young people with excellent feedback. • DrDoctor appointments are a success in Burnley with many patients preferring to use the online booking system. • We work with Blackpool Health Trust to help promote the young people's service.
Client safety	<ul style="list-style-type: none"> • We have excellent links with local safeguarding teams and local services to support young people. • We completed a safeguarding audit review; the positive feedback demonstrated our regular monitoring of safeguarding cases and the strong partnerships we have with other agencies to help keep people safe '<i>...it is evident that safeguarding reviews take place with the service managers each week and cases are monitored to a safe outcome... It is positive that the team have good links and have built relationships with external agencies, which will enhance safeguarding for those that we hold concerns for.</i>'

Service	Bristol
<p>Clinical Excellence</p>	<ul style="list-style-type: none"> • We expanded our previous drop in provision to four days a week to further increase client access, allowing them choice and flexibility. • We implemented the DrDoctor digital booking system for Chlamydia treatment consultations following a positive result. This allowed clients further choice in how to access the service and its success has prompted us to plan further expansion of this system. • We continued to offer LARC-specific clinic lists to provide bookable appointments • The management structure was changed, with the CASH Nurse promoted to senior CASH nurse, nurse manager promoted to clinical manager and Senior admin promoted to clinical service coordinator – this allowed for more efficient collaboration and coordination. • The senior CASH Nurse began coil training along with a university module in practice assessment to allow her to train and sign off nurses for diplomas, implants, coils in Bristol and across the Brook organisation. • Two CASH NITS were home grown and successfully qualified as CASH Nurses. One is also now implant trained, with the other undergoing training currently. This has further increased our skill mix, increasing capacity in clinic. • We successfully recruited another CASH NIT to further develop our team and increase clinic capacity • The counsellor continues to offer 3 days per week in service and maintains a waiting list of approx. 2 months or less which is a lot shorter than external services • A Brook participation member undertook a clinic accessibility review and we implemented several recommendations to improve accessibility in the toilets and waiting area. • Bristol received a certificate of excellence for iwantgreatcare reviews

Service	Bristol
Client safety	<ul style="list-style-type: none"> • Our safeguarding audit had a result of “Good with outstanding features”, highlighting that young people are held front and centre, with staff balancing the need to approach protection/support with care, sensitivity and collaboratively, whilst still recognising the need to take decisions/actions. We also implemented the recommendation to hold weekly management oversight meetings to monitor current safeguarding cases, as well as regular integrated oversight meetings to monitor cases involving clinic, education, and counselling. • We organised for the local Advice team to provide face to face tailored training to clinical staff on how to identify and respond to clients affected by domestic violence and abuse, and how to use their referral pathway to specialist services. • We completed a Unity CCR audit with very positive results; all patients were asked the correct questions to assess mental health, sexual consent, living, and education/work, reflecting that staff effectively ask about and assess risk and vulnerability. We also implemented minor recommendations around documentation. • We work within a sexual health partnership and were asked to bring some cases to the local level 3 service for supervision around safeguarding young people due to our expertise. • We were also asked to present at the 2024 Unity Sexual Health conference to share our knowledge around safeguarding young people with local health professionals including GPs and practice nurses. The service coordinator has worked with the Brook Safeguarding team to develop a presentation sharing our safeguarding values and best practice. • We noticed a trend in young people being brought in by support workers/social workers because of improved website visibility and external networking, allowing for more collaborative safeguarding and making Brook Bristol a leading recommendation by external partnerships to their service users.

Service	Bristol
	<ul style="list-style-type: none"> • Our Spotting the Signs audit reflected excellent practice with some minor documentation improvements implemented. • Additional safety questions were added to the drop in triage sheets so receptionists can flag potential safeguarding to clinicians in advance.

Service	Cornwall
Clinical Excellence	<ul style="list-style-type: none"> • Brook Cornwall 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 new online incident reporting system was piloted by the service. Feedback and learning from the pilot will be incorporated into the final version. • National clinical audits are completed, and outcomes are shared with staff to ensure ongoing learning. • Our online services continue to be available 24 hours per day, providing a range of contraceptive options, STI testing and photo diagnosis. Telephone triage provides an opportunity to ensure that the service offered is most suitable for the needs of the client. Following assessment, signposting to an alternative provider or our online services, can take place if appropriate. • In 2023-24, we continued to focus on staff development. Two nurses completed their FSRH Diploma. One HCA completed our non-nursing competencies training, enabling them to run their own clinic lists, and two more are currently completing the training.
Client safety	<ul style="list-style-type: none"> • We introduced a peer review process of auditing records quarterly to encourage high quality record keeping. • We continue to be fully compliant with Brook's Protecting People policy, with robust safeguarding procedures in place. Safeguarding cases are reviewed at a weekly Safeguarding Leads meeting to

Service	Cornwall
	<p>ensure all cases are followed up appropriately. We have trained one additional Safeguarding Lead and another is currently in training.</p> <ul style="list-style-type: none"> • Our risk register is reviewed and updated regularly at our Governance meetings. Risks are eliminated or minimised.

Service	London
<p>Clinical Excellence</p>	<ul style="list-style-type: none"> • The Senior Nurse completed the FSRH LOC IUC training which enabled the service to offer weekday appts for IUC and increased emergency Copper-IUD availability. • One of the CASH Nurses completed FSRH LOC SDI training which has added to the increased offer of LARC • A new Receptionist was recruited which ensured regular cover on Saturdays and supported the professional development of the existing Receptionist who completed non-medical competency training. She is now able to utilise these skills providing additional CEWS support. • Online appointments for Chlamydia and Gonorrhoea treatment were launched. Clients are sent a link to the booking tool when they are notified of their result. • Online appointments for repeat contraception were also made available on the website in February 2024, adding to the variety of ways to contact the clinic, which includes 'phone, walk-in, and email. • The Brook 'My Life' offer is now established at the Euston clinic. This ensures improved regular access to the service and enables good practice sharing between clinic and education teams. • Young People from a local school visited the clinic. Staff talked about the history of Brook and what the service can offer to young people and how to access. They also discussed career pathways, opportunities and qualifications required for different roles within the organisation.

Service	London
	<ul style="list-style-type: none"> • A member of the participation team visited the service to review accessibility provision and advise on ways of making the service user friendly for disabled young people. The visit was filmed by the Comms team for Brook social media sites. • IWGC reviews continue to be excellent, showcasing the care and expertise provided by Brook Euston. The service was awarded the IWGC certificate of excellence for the second year running.
Client safety	<ul style="list-style-type: none"> • Brook Euston was rated Good with outstanding features in the Brook Safeguarding audit. • Safeguarding check-ins continue each week with CNWL colleagues and an information sharing process has been agreed and established. The meetings provide an opportunity to share best practice and to reflect on actions taken and outcomes achieved. • A CAMISH partnership (Brook/CNWL) networking away day was held in September which included opportunities for the teams to meet in person and share 2 safeguarding training sessions. • The Peer Review of Records audit continues on a quarterly basis. Feedback is discussed between partners and learning shared at team meetings. • Quarterly under 18s Safeguarding risk assessment audit of Client Core Records (CCR) is completed to ensure any safeguarding concerns raised have been recorded on a safeguarding proforma and Fraser Guidelines have been assessed. Findings are discussed at team meetings.

Service	Manchester
Clinical Excellence	<ul style="list-style-type: none"> • We achieved 90% clinic availability and managed to keep numbers up with a reduced staff team • We successfully recruited new receptionists and a Nurse to increase our Saturday cover.

Service	Manchester
Client safety	<ul style="list-style-type: none"> Utilising DrDoctor we had a dedicated nurse calling clients earlier which worked really well to minimise the backlog and waiting time. Reception staff completed the non-medical competency training and the feedback had indicated that they felt that this has enabled them to respond to clients queries more confidently. Utilising their knowledge from the safeguarding training, the receptionist identified a safeguarding incident involving a 12-year-old and after investigation a plan for collaboration with the other organisation involved was implemented. We currently sit on the local exploitation operational and complex safeguarding group which covers Greater Manchester and is a multi-disciplinary group, this includes social workers, police, challenger and children societies.

Service	Dudley
Clinical Excellence	<ul style="list-style-type: none"> Dudley has received I Want Great Care certificate of excellence 2024 for the second year running. Although the transition has been challenging for staff, this award shows patient care has continued to be our top priority and has been a great achievement for the Dudley team. The Dudley team has provided comprehensive support to Thurrock mobilisation, offering a daily telephone triage service, as well as digital and virtual clinical support. We attended The Dudley's peoples panel event, where we had the opportunity to show case the services that Dudley has to offer and established leads with many local services. One lead in particular, has provided us direct access to all digital screen within all GP practice waiting rooms, across the Dudley borough. A new digital video is in the process of being developed and will roll out to surgeries over the next few weeks. Dudley is the first Brook service to deliver, a new, innovative digital sexual health service. Following the launch we have been able to provide Dudley residents free access to a range of services online, including contraception, STI testing and treatment.

Service	Dudley
	<p>This has been a real positive and exciting element of Dudley services.</p>
Client safety	<ul style="list-style-type: none"> • We continue to have excellent relationships with local services, in particular Early help, Barnardo's and Black country women's aid. We also have strong links with BCWA Sexual violence/Exploitation department. We also have new leads with the detached youth work team across Dudley borough. • We have secured an exciting new spoke clinic, located in within a vibrant shopping mall, which is due to go live in July 2024. We are working collaboratively with local young person's services from across the borough, to provide a protected, easy access and confidential service for young people aged 24 years and under.

Service	Wirral
Clinical Excellence	<ul style="list-style-type: none"> • In Quarter 1 100% clients were tested for chlamydia and gonorrhoea, exceeding the service target of 70% • LARC targets have been exceeded this year. • We completed an accessibility audit and staff completed Communication Access training. • We carried out a consultation with clients declining HIV testing to ascertain reasons for refusal; outcome showed that a fear of needles was the main reason. • The Nurse Manager successfully applied to become the CQC Registered Manager.
Client safety	<ul style="list-style-type: none"> • We liaised with Level 3 Integrated Sexual Health Services and Social Care to monitor access to service by 12-year-olds • The annual Brook safeguarding audit and a Section 11 audit have been completed. • Routine reporting and liaison with Wirral lead safeguarding Nurse, 0-19 Team and Social care Team. • We regularly liaise and work in partnerships that benefit school settings e.g. school nursing, RSE teams, youth services, relevant voluntary sector organisations.

Service	Southend
Clinical Excellence	<ul style="list-style-type: none"> • Brook Southend teamed up with a local organisation that supports people who are struggling with substance misuse. Our nurses and HCA's attended Naloxone training with STARS to be able to support and protect our patients who fall within those key beneficiary groups. • We have expanded our opening hours to late evenings to provide accessibility for our patients who cannot attend during working hours. • We have distributed over 13,000 condoms in clinic alone, including our outreach and c-card distributors that total is just over 20,000. • We have provided 12 "Clinics in a box" in the last year to support our local community. • IWGC reviews have continued to be outstanding with 5 stars in all areas. The nurses and HCA's receive phenomenal feedback and this is distributed across the team to support and praise staff. • Our C4 treatment time and HIV testing KPI has increased to 100%. We have attributed this success to the click and collect process that our Clinical Manager has introduced. Nurses pack up treatment and patients can come and collect when convenient. This relieves some clinical capacity issues and decreases the time from diagnosis to treatment. • We have also introduced protected EC and treatment time slots into our everyday clinics which has further contributed to our success.
Client safety	<ul style="list-style-type: none"> • All staff have attended Level 1,2,3 SG training as well as bespoke sessions led by our DSL to better support and protect the patients in our local community. • Patient feedback suggested our automatic sensor door was a problem as it would open frequently throughout the day and allow passersby to see who was in the waiting room. We removed and replaced with a push button to protect the confidentiality of our patients.

Service	Southend
	<ul style="list-style-type: none"> <li data-bbox="576 264 1382 479">• The Service is building a great reputation locally. Social Workers now include the clinic as a required visit for young people they support that are sexually active. We are being invited to support with Local PCN Safeguarding concerns and maternity services in the hospital <li data-bbox="576 517 1382 687">• We have continued to attend local MASH, MASE and CEOP meetings on a regular basis and have built strong relationships with local safeguarding teams as part of this. We are engaging better with our vulnerable YP as a result of this.

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.

- **The person who I saw made me feel comfortable, calmed me when I was worried and made sure completely that I didn't feel a thing and assured me I would be okay, they put up with me being scared and even crying, but they were patient, and I could not be more grateful, they didn't make me feel embarrassed or uncomfortable about me getting upset**
- **My experience at Brook was perfect. I was treated with sensitivity and respect and felt like I could trust all the staff members and be completely open about my problems.**
- **I had my arm implant removed today by a lady who honestly calmed me so much. I'm terrified of needles etc. and she took me through it all whilst using distraction therapy to calm me down. She was so kind and gave me good advice and information for what I would be doing going forward. The other staff who work on the front desk all are smiley and kind and the place is amazing itself. I would recommend this place to anybody 5 stars !**
- **The nurse I saw was absolutely amazing. So understanding, really knew her stuff. Made me so relaxed. Amazing!**
- **The receptionist was polite, nice and efficient. The nurse who did my implant was lovely, telling me the information I needed and because I was nervous, she kept interacting with me in conversation, which past the time in the treatment. The room and waiting area was clean and inviting. All in all I had a wonderful experience and will see Brook again in three years' time.**
- **Tbh although my wait time was quite long, my treatment was fast and affective. When I found out I was pregnant it was a quick discussion about what's best for me and what I wanted. No one else's opinion mattered but mine. It was amazing**
- **I've been searching for a clinic for implant removal for months and not gotten anywhere. The receptionist and nurse at Brooks have been absolutely amazing, I got booked in for a consultation a few days after my initial phone call with the receptionist who was lovely. I also just finished my consultation with the nurse who was really nice and truly went above and beyond to understand my concerns and offer additional advice, as well as giving me all the information I needed and booking me into an appointment next week. I really appreciate all the help I've gotten so far and definitely recommend it :)**
- **Apprehensive about this appointment (coil removal) as at my age it's always been an appointment at a GP surgery. However this is the way of the world now. All staff**

I interacted with were informative, helpful, respectful and very friendly. Nice and clean in the areas I saw and I was dealt with fairly quickly

- All of the staff I encountered were really nice, from the staff at reception, to the nurses doing my screening. I was provided with a professional yet very friendly service. I found the whole process reassuring from start to finish. Thank you so much to the nurses who seen me.
- The nurses were absolutely amazing. They put me at ease, distracted me with conversation during the procedure which I really appreciated. They also monitored me after I felt faint. Super professional and I'm very grateful to have been in their care.
- The male nurse was extremely helpful and explained every part of the testing process. He was very knowledgeable, compassionate and patient. I never felt rushed and he gave me the time to ask any additional questions which I greatly appreciated. I would highly recommend this clinic and all of the staff that work here.
- The first time I went I was really nervous but when I got there, they were so nice and supportive, I feel more comfortable there than my own doctors.
- They are always so supportive and kind towards my choices and do the best they can to provide what I need when I explain reasoning for not being able to do something. Very understanding and make me feel really comfortable. I feel like I'm speaking to someone I had known for years each time they help. Absolute lifesaver and so glad they've helped me in the past.
- Everyone is lovely and so kind and very helpful and understanding I have recommended this place to everyone I know.
- I have gone to Brooks 3 times so far, and every time, I've always come out with a smile on my face and felt well educated on the topic I came in to discuss. The staff are so lovely, the most lovely staff I've ever met at any Healthcare place in England in-fact. Everywhere' s so clean and tidy and it's brilliant as the staff will help you with anything you need, such as pads, tampons, lube, condoms and any advice you will need. The environment inside Brooks is so comforting, and there's not a single drop of awkwardness in the air, everyone is so lovely and kind. I would advise anyone and everyone to go here as the care is brilliant.
- The nurse was really friendly and thorough with my questions.
 - I felt stress free :)
 - Really easy to book in
 - Friendly reception staff

Comments are not edited and taken directly from #iwantgreatcare

Supporting statements and comments from stakeholders

- Overall, really great feedback on I Want Great Care. It's good to see the impact the service is having
- We would have liked to see adherence to the national PGD template included
- For priority 3, we would like to see service improvement plans shared with the local authority. We would like to agree some local audits with Commissioners to make sure any local needs are addressed rather than the Brook national approach
- It would be good to see more detail about how you are or have addressed inequalities and stating explicitly how you would do this (for example and at a very basic level ensuring that you hold good quality data on protected characteristics or ensuring that you proactively work on gathering feedback from a range of communities and not just relying on the people that are generally good at responding to things)

Many Thanks

Natalie Clark (she/her)
Commissioning Manager – Sexual Health
Islington Public Health

Glossary

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

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