



# **Quality Account 2024/2025**

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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 24/25 we supported 54,854 people through our face-to-face and digital clinical services, including 13,163 STI home test orders through our innovative digital front door.

### **Education and training**

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

In 24/25 we supported 121,359 young people through our high quality, inclusive RSE and 177,240 people in total benefitted from our education, training and consultancy. Additionally, we have more than 42,905 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 24/25 we fought harder than ever to protect all young people's right to inclusive accessible RSE through our policy and public affairs work.

## Brook clinical services

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Contact details and more information about our services are available at [www.brook.org.uk](http://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.

As we marked our 60<sup>th</sup> anniversary, we have worked collaboratively with service users, sector partners, commissioners, funders and corporates to make a positive difference to the lives of 1.44 million people.

Brook's work is just as vital today as it has been at any point in our 60-year history. Throughout 2024/25 we have continued to fight for a world where everyone is able to lead a healthy life, free from inequality and enriched by fulfilling relationships.

Through our policy and public affairs work, we responded to the last government's draft RSHE guidance, challenging the restrictions that would prevent young people from learning the timely information they need to keep themselves safe and hinder them from developing the awareness of different identities that is essential for an inclusive society. This comes at a time when sexual harassment is still prevalent in schools, and LGBT+ hate crimes continue to rise.

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 amend the Crime and Policing Bill and decriminalise people seeking to end their own pregnancies.

We continue to expand our RSE provision, responding to counter the harmful messaging to which young people are exposed. This year we have launched new RSE programmes throughout Wales, addressing period dignity, tackling misogyny, and gender stereotypes and supporting critical thinking on pornography.

As part of our innovative digital offer, we are equipping teachers and educators with the skills they need to support young people in building happy, fulfilling connections, with the launch of our new Healthy Relationships course. We now have 42,905 registered users and eighteen courses helping teachers deliver high-quality, inclusive RSE to keep young people safe.

In 24/25 we reached a total of over 134,000 young people and their teachers through our two live RSE broadcasts on the topics of periods (in partnership with Lil-Lets) and the links between mental and sexual health. Additionally, we have expanded our 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 24/25 we launched our new integrated sexual health service in Thurrock. Through this digital and face-to-face offer, we provide free, confidential, non-judgmental support to people

of all ages. We also expanded our digital clinical offer in Manchester, granting young people in the city access to a suite of tools including home STI testing, test results, testing history, online treatment ordering, contraception requests, and appointment booking.

With STIs on the rise and mental health in decline, we have worked harder than ever to ensure that the links between sexual and mental health are better understood. For this year's Sexual Health Week, we collaborated with brands, corporate supporters, influencers and service users, shining a light on both sexual and mental health and addressing the stigma that prevents people accessing the support they need.

We pride ourselves on being responsive to emerging and unmet needs that are faced by the communities we support. In response to the devastating shortfall in mental health provision for young people, we have launched two new innovative wellbeing hubs in Blackburn and Cornwall. These two centres offer 11–24-year-olds a range of early intervention mental health programmes, empowering them to make the decisions that are right for them

Everything we do is supported by evidence. In 2024/25 we conducted an extensive literature review of the available evidence for the links between mental health and sexual health. Our report highlighted the impact of sexual abuse and harassment on mental health, and the disproportionate numbers of LGBT+ young people who suffer poor mental health due to stigma and bullying.

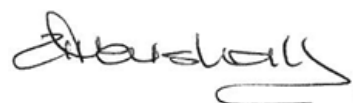
Everything we do at Brook is underpinned by our commitment to keeping people safe. As Brook's services expand, so too does the complexity and level of vulnerability that we encounter. Thanks to our long-established expertise we are equipped to respond effectively to the ever-changing needs of young people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

Brook remains as courageous today as it was 60 years ago, when our founder Helen Brook opened the doors to her first clinic. Our commitment to providing safe, inclusive environments for everyone who needs help is unwavering, and we will continue to fight for a world where everyone is free to make decisions about their health, bodies and 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 2024/25 priorities

Improvement priority	Progress
<b>Priority 1:</b> <b>Clinical effectiveness</b> <b>Medicines management</b>	<ul style="list-style-type: none"> <li>• We are continuing to develop and enhance our suite of PGDs.</li> <li>• We are exploring ways to develop our medicines management system for all services.</li> </ul>
<b>Priority 2:</b> <b>Client Safety</b> <b>Review clinical practice tools and resources</b>	<ul style="list-style-type: none"> <li>• The incident management system is now fully implemented across all clinical services.</li> <li>• Training for the incident management system has been rolled out, with managers' training scheduled to commence in Q2.</li> <li>• A record keeping audit has been designed and will be rolled out in Q2.</li> </ul>
<b>Priority 3:</b> <b>Clinical Effectiveness</b> <b>Governance audits</b>	<ul style="list-style-type: none"> <li>• We have designed, piloted and refined a governance audit tool that provides scrutiny across the domains of safety, caring, effective, responsive and well-led</li> <li>• We piloted this in Blackburn and used feedback from staff to refine the tool and process</li> <li>• We completed two further audits in Thurrock and Southend</li> <li>• We have produced comprehensive feedback reports that highlight service strengths, areas for development and organisational development</li> <li>• Services have been extremely receptive to the process and we have found it to be a worthwhile process for all involved</li> <li>• We plan to continue the delivery of these audits to all services</li> </ul>
<b>Priority 4:</b> <b>Clinical effectiveness</b> <b>Quality plan</b>	<ul style="list-style-type: none"> <li>• We have updated the quality plan and continue to drive its progress through our Clinical Quality focus group which meets every six weeks</li> <li>• We have made improvements across many areas including audits, centralisation of the risk registers, implementation of service audits, implementation of a new incident reporting system, production and implementation of new incident reporting training</li> </ul>



Improvement priority	Progress
	<ul style="list-style-type: none"> <li>We deliver a full programme of in-house clinical training and also offer external training to other organisations including STI Foundation 1,2 &amp; Virtual Assessment Half Days</li> </ul>

## Priorities for improvement 2025/26

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 2025 - 26 are as follows:

### Clinical Effectiveness

#### Priority 1:

<b>What do we plan to do?</b>	<ul style="list-style-type: none"> <li>Implementation of the SXT appointment booking system across all Brook services (excluding Bristol).</li> </ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"> <li>Ongoing monitoring of patient and staff feedback.</li> <li>Regular audits of the appointment booking system.</li> </ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"> <li>Production of patient feedback reports and audit reports on SXT.</li> <li>Monitoring of complaint reductions across services relating to appointment access.</li> </ul>

### Client Safety

#### Priority 2:

<b>What do we plan to do?</b>	<ul style="list-style-type: none"> <li>We are exploring ways to develop our medicines management system for all services.</li> </ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"> <li>Monitoring of stock ordering processes and overall medicines spend.</li> <li>Collection and review of staff feedback to support ongoing improvements.</li> <li>National support provided for stock ordering, reconciliation, and oversight of medicines use.</li> </ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"> <li>Regular medicines management audits to ensure compliance, safety, and efficiency.</li> <li>Analysis of staff feedback to identify training needs and process improvements.</li> </ul>

	<ul style="list-style-type: none"> <li>Monitoring of budget spend to ensure cost-effective stock management and identify any variances.</li> </ul>
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## Clinical effectiveness

### Priority 3:

<b>What do we plan to do?</b>	<ul style="list-style-type: none"> <li>Ongoing clinic efficiency reviews with each clinical service, focusing on spending, service contracts (e.g., clinical waste), staffing levels, and opening hours.</li> </ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"> <li>Identification and implementation of cost-saving measures while maintaining quality of care.</li> <li>Review of staffing structures to ensure services are appropriately resourced and sustainable.</li> <li>Collection and analysis of client and patient feedback to inform service improvements.</li> </ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"> <li>Findings reported through the biannual budget reporting process and monitored via agreed KPIs.</li> <li>Regular review of client and patient feedback to track service quality, accessibility, and satisfaction.</li> </ul>

## Clinical effectiveness

### Priority 4:

<b>What do we plan to do?</b>	<ul style="list-style-type: none"> <li>A syphilis care pathway will be designed and implemented with support from the Data Team.</li> </ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"> <li>The pathway will support the annual syphilis audit and fulfil mandatory reporting requirements to the UK Health Security Agency (UKHSA).</li> <li>Regular syphilis review meetings will be held with individual services to monitor pathway effectiveness and identify areas for improvement.</li> <li>Service managers will be required to attend these meetings to ensure accountability and consistency across services.</li> </ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"> <li>Monitoring will include audit reports, compliance with UKHSA reporting requirements, and collection of staff feedback to inform ongoing development.</li> </ul>

## 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 2024/25 Brook provided and/or sub-contracted 19 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 19 services reviewed in 2024/25 represents 100% of the total income generated from the provision of services by Brook Young People for 2024/25.

### Participation in clinical audits

Audit	Actions to improve the quality of care provided
<b>Emergency contraception (EC)</b>	<ul style="list-style-type: none"><li>• EC audit reporting is now available via Power BI.</li><li>• Services fed back that auditing other services (rather than their own) would be more beneficial, alongside a need for audit training.</li><li>• Audit findings highlighted the need to update Lille proformas, making more fields mandatory to improve data capture.</li></ul>
<b>Implant fitting and removal</b>	<ul style="list-style-type: none"><li>• The 2024 implant audit highlighted good practice across all services.</li><li>• Improvements are needed in record-keeping, particularly documenting expected client changes post-fitting (e.g. bleeding patterns, appetite changes).</li><li>• Updates to the implant fitting/removal proforma are recommended.</li><li>• Audit results have been integrated into Power BI for greater visibility.</li></ul>
<b>Infection control</b>	<ul style="list-style-type: none"><li>• In 2024, a new Infection Control Audit was introduced, replacing the annual audit with monthly and quarterly returns.</li><li>• Monthly audits alternate between two versions, covering spot checks and day-to-day processes.</li></ul>

	<ul style="list-style-type: none"> <li>Quarterly audits focus on service contracts and broader corporate infection control requirements.</li> <li>Audit outcomes are visible via Power BI.</li> <li>Results for 2024/25 have been consistently high, with no significant concerns identified.</li> </ul>
<b>Record-keeping</b>	<ul style="list-style-type: none"> <li>Updates to Lille proformas are required to support improved record-keeping practices.</li> <li>Peer review will be incorporated into record-keeping audits.</li> <li>Record-keeping audits will be aligned with staff appraisals and one-to-one meetings to support continuous improvement.</li> </ul>
<b>Sexually transmitted infection screening</b>	<ul style="list-style-type: none"> <li>Increased use of SXT for partner notification is needed across services.</li> <li>A syphilis tracker will automate the syphilis audit process, supporting the national reporting requirements for UKHSA.</li> </ul>

The reports of 4 local clinical audits were reviewed by the provider in 2024/25 and Brook intends to take the following actions to improve the quality of healthcare provided:

<b>Audit</b>	<b>Actions to improve the quality of care provided</b>
<b>Bristol HIV audit</b>	<ul style="list-style-type: none"> <li>Following the audit, the outcomes were shared at a team meeting and circulated via email. New laminated posters promoting HIV POCT were displayed throughout the clinic, and the team—including reception staff—were reminded about correct coding for 'test and go' appointments. A new question, "Would you like an HIV test?" was also added to the triage sheet.</li> </ul>
<b>Bristol / Unity safeguarding audit</b>	<ul style="list-style-type: none"> <li>The team were informed of the positive result but reminded to continue reporting all social care referrals to Unity, in line with our policy.</li> </ul>
<b>London quarterly peer records review</b>	<ul style="list-style-type: none"> <li>The team find this process helpful for reflecting on their record-keeping practices and learning from each other's ideas and suggestions. Findings are</li> </ul>

Audit	Actions to improve the quality of care provided
	<p>discussed at team meetings to promote consistency across practice.</p> <ul style="list-style-type: none"> <li>• In addition to Brook-wide quarterly audits, Brook Euston staff carry out peer review record-keeping audits and audits of safeguarding risk assessments for clients under 18. These findings are reviewed at each team meeting, with recent discussions focusing on making the process more meaningful. The audit forms have been updated in response. The peer review audit process used at Brook Euston was also shared with the wider COG team at a recent COG meeting.</li> </ul>
<p><b>Cornwall Local Mycoplasma genitalium (MGen) audit.</b></p>	<p>The audit found that:</p> <ul style="list-style-type: none"> <li>• Mgen testing has decreased compared to the previous year.</li> <li>• A higher proportion of those tested are returning positive results.</li> <li>• Some inappropriate testing continues to occur, particularly in asymptomatic patients where testing is not clinically indicated.</li> <li>• Overall, the results are encouraging and suggest a more targeted approach to testing compared to the previous audit. However, further improvement is needed to reduce inappropriate testing.</li> <li>• Learning points and recommendations have been shared with staff during a clinical education meeting.</li> </ul>

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2024/25 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 2024/25, one Brook service received income through the CQUIN payment framework. A 1.25% payment was awarded in Thurrock in recognition of our work in the community and our contribution to social value.

## 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 2025, all services had a registered manager. The Care Quality Commission has not taken enforcement action against Brook during 2024 - 2025. During this period, Brook has not participated in any special reviews or investigations by the CQC during the reporting. There have been no online monitoring calls in 2024/25. The CQC has undergone significant structural and organisational changes, and we have been informed that the reporting and assessment processes will be changing moving forward. We are currently awaiting formal confirmation of these changes. In the meantime, we continue to run our monthly CQC manager forum to support staff with all aspects of CQC compliance and to share relevant updates and best practice as they become available.

All Brook services underwent inspection by CQC during the period of April 2016 – May 2017. Brook Blackburn and Darwen and Dudley were inspected in October 2022 and both services achieved good ratings in all key lines of enquiry. All published reports are available on the CQC website. All action plans have been implemented following previous inspections.

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

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

During 2024/25 we have carried out the following activities:

- Continued to improve our clinical templates to support excellent data capture, including a new, streamlined Clinical Assessment.
- 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 2025/26 we will continue to provide targeted support to teams to support accurate data capture and will refresh our data quality reporting processes.

## NHS Number and General Medical Practice Code Validity

Brook is not required to submit records during 2024/25 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 2023/24 was submitted on 27<sup>th</sup> June 2024 and we achieved standards exceeded.

## Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2024/25 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
2023/24	189	0.234%	0
2024/25	293	0.33%	0

Service	Number of incidents 2023/24	Incidents as % of client visits per service	Number of incidents 2024/25	Incidents as % of client visits per service
Blackburn / Darwen	6	0.084%	16	0.018%
Bristol	73	1.608%	46	0.052%
Cornwall	15	0.174%	33	0.037%
London	17	0.403%	30	0.034%
Manchester	16	0.230%	19	0.022%
Dudley	17	0.231%	44	0.050%
Southend	35	0.458%	83	0.094%
Thurrock	N/A	N/A	24	0.027%

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

- We revised our incident reporting process to improve the description and categorisation of incidents. This has simplified how staff record and report incidents, with feedback indicating a positive response to the change.
- We actively encouraged staff to increase the completion of incident report forms.
- An online incident reporting system has been introduced, supported by updated learning and development opportunities.
- These changes have contributed to a stronger reporting culture, reflected in the increased number of incidents logged.

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

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

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

## **Part Four Review of quality assurance 2024/25**

### **Supporting excellence and quality assurance**

#### **Clinical and quality governance**

The Quality and Operations Committee (QOC) is responsible for corporate clinical governance and is chaired by a trustee from the Board and facilitated by a director. Membership includes external specialists in safeguarding, education 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 Operations Committee convenes four times a year.

The Clinical Leadership Team meets monthly and reports to the COG. Membership includes the Heads of Operations, Head of Nursing and Medical Director. The Head of Nursing works closely with the Director of Operations and Assistant Director of Quality 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 Operations Committee receive a Red Amber Green (RAG) rated consolidated report every quarter including detail on safeguarding activity. The Quality and Operations 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) benchmark for ensuring the quality of information, advice, and guidance (IAG) delivery. Brook successfully achieved the Matrix Standard for the third time in 2025. We continue to embed this framework, which focuses on leadership and management, resources, service delivery, and continuous quality improvement.

In addition, we have developed an internal quality framework aligned with CQC standards. This framework allows stakeholders to view all quality processes in one central location. We also maintain an annual quality plan for both clinical and educational services, regularly reviewing progress during monthly quality focus meetings. Furthermore, we have created an in-house governance audit that is linked to our quality framework, ensuring continuous oversight and improvement.

## Leadership and management development

We have a well-established leadership competency framework that is embedded across key processes such as performance management, learning and development, and recruitment. This framework continues to drive high levels of engagement, confidence, and satisfaction across all these areas.

Coaching and mentoring remain integral to our organisational development. We currently have 9 qualified and practising coaches and 11 mentors. External supervision is provided to support our coaching professionals. 100% of coaching participants report that the experience has been positive, boosting their confidence, aligning with their needs, and improving their work performance.

This year, we have continued to offer numerous leadership learning opportunities. Our established Emerging Leaders programme has been highly successful, with 11 middle managers participating. Additionally, we delivered an Advanced Leaders programme aimed at senior leaders in the organisation. This 12-month development programme, created in collaboration with external providers and Executive Team members, included a strategic project that the group worked on. We also offered bespoke leadership programmes tailored for specific teams, as well as DiSC and Myers-Briggs Type Indicator development opportunities.

Our Learning & Development programme has been the most successful to date, with 268 opportunities delivered, including qualifications, Q&A sessions, group supervisions,

and externally facilitated programmes. Key themes covered included Trauma-Informed Practice, the STI Foundation Programme, Level 3 Award in Education and Training, Suicide Awareness, and Basic Life Support. An impressive 99.6% of participants rated the learning and development opportunities as 'good' or 'very good.'

## 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 7 Policies and Procedures during the year.

## Service developments

### Supporting and developing Brook nurses

**STI Foundation (STIF) Theory programmes:** We successfully delivered two STI Foundation (STIF) Theory programmes during 2024/25, enabling both Brook clinical staff and external delegates to attend. In addition, we held four assessment half-days, supporting both internal and external candidates to successfully complete the FSRH Diploma.

**CaSH nurse development:** During this period, two Contraception and Sexual Health Nurses in Training (CaSHNiT) successfully achieved the FSRH Diploma, and two additional CaSHNiTs were recruited in the latter part of 2024/25. Additionally, two nurses were supported internally to complete the Letter of Competence in intrauterine contraception (IUC) insertion.

**Clinical learning and development programme:** With the support of the Clinical Director, Clinical Practice Development Manager, and Clinical Leadership Team, we established a clinical learning and development programme covering a wide range of contraception and sexual health topics. This initiative has strengthened our internal training resources.

**Clinical supervision:** A clinical supervision programme has been successfully maintained, providing monthly supervision sessions facilitated by senior nurses. These sessions are accessible to all Brook nurses and play a key role in supporting ongoing professional development and clinical practice.

**LARC fitter and Non-Medical Prescriber (NMP) forum:** We launched a LARC fitter and Non-Medical Prescriber (NMP) forum to offer ongoing support, learning, and development opportunities for relevant staff. These national support networks facilitate both formal and informal case discussions and help connect staff across the organisation, fostering a collaborative learning environment.

## Counselling

Person-centred counselling is currently provided by Brook at both of our Wellbeing Hubs (Blackburn and Cornwall), as part of our wider offer for young people aged 11–24. Alongside our *My Life* and *Mental Health Literacy* interventions, the counselling offer contributes to a strong and integrated suite of wellbeing services at our Hub locations.

During 2024–25, we have also provided person-centred counselling for young people through our contracts at CAMISH (London) and in Bristol. Funding for the Bristol counselling service ended in March 2025, and at the end of 2023–24, funding was lost for our existing teams in Burnley and Blackburn.

The Counselling Lead role was introduced in 2024–25, enabling a more focused approach to consistency and support across our counselling teams. Within the year, we recruited and inducted five new counsellors. We have also enhanced consistency in core processes, including assessment, use of outcome measures, and record keeping and management.

Psychosexual therapy (PST) is delivered in two Level 3 all-age services—Cornwall and Blackburn—as a required element of the core clinical contract. In Cornwall, this provision is subcontracted to an external provider. We have recruited to the psychosexual therapist role.

Extensive work has been undertaken to strengthen the Brook-wide network of counsellors. This enables practitioners working across different services to connect, share good practice, and access opportunities for development. We have introduced regular peer group supervision and opportunities for shared learning.

Many young people experiencing emotional and mental health challenges do not meet the threshold for statutory mental health services—and where thresholds are met, long waiting times are common. As a result, we continue to see high numbers of young people presenting with complex mental health issues, including suicidal thoughts and feelings. We also continue to see a high proportion of neurodivergent young people accessing counselling. These needs are supported through Brook's internal training and our safeguarding policies and procedures, which underpin risk assessments and responses to suicidal thoughts and suicide risk.

## Health and wellbeing

In 2024/25, Brook continued to develop our mental health and wellbeing provision across the following key areas:

**My Life Early Help targeted 1:1 wellbeing programme:** Brook Education & Wellbeing Specialists continued to deliver My Life early intervention programmes across 18 Brook services, commissioned as part of local contracts. Sessions were delivered either face-to-face (the most common delivery mode) or digitally via the Attend Anywhere platform. In total, 2,588 one-to-one sessions were delivered to 809 young people.

The My Life 1:1 programme is an early help intervention that aims to enhance young people's motivation, knowledge, and skills, enabling them to assess and manage risk, build resilience, and improve their own health and wellbeing. Each programme is co-designed with the young person to meet their individual needs, combining education on relationships, sexual health, and wellbeing with motivational and coaching activities. These are selected from a toolkit of quality-assured resources.

**My Life Menopause – final year:** 2024/25 marked the final year of the 1:1 support programme for women and others experiencing the menopause in Cornwall. This programme helped participants better understand menopause, recognise symptoms, explore sources of support, and reflect on its impact on their health, wellbeing, and working lives. It also promoted strategies for managing stress and building both formal and informal support networks.

We delivered 133 My Life Menopause sessions to 35 participants and ran 30 menopause awareness training sessions for 323 professionals from statutory, voluntary, and commercial organisations. These covered symptoms, impacts, and guidance on supporting individuals experiencing menopause.

The programme was externally evaluated, and we are exploring options to build on this learning and extend both the professional training and 1:1 support more widely.

**Adult My Life:** In 2024/25, we continued to provide 1:1 support programme for vulnerable adults in our Buckinghamshire service. These programmes focus on sexual health and its intersection with wider aspects of health and wellbeing. Participants are supported to assess their own needs and access resources to improve their wellbeing in personally meaningful ways.

This year, we extended the programme to include safer Chemsex practices and pathways for support and onward referral following sexual assault.

**Mental Health Hubs:** The Blackburn and Cornwall Hubs became fully operational in 2024/25. These offer comfortable, welcoming spaces for 1:1 and group interventions, including sensory-sensitive spaces for neurodivergent young people. Waiting areas include quiet zones and activities for children and carers.

Brook's Hub model sits within the Thrive framework and supports young people in the "Thriving," "Getting Advice," and "Getting Help" categories—those who are robust enough and motivated to engage with support to improve their mental health and wellbeing.

#### **Programmes delivered at the Hubs include:**

1. 1:1 My Life interventions to support aspirations and wellbeing, particularly sexual and mental health

2. Mental health literacy group programmes in schools and youth organisations
3. Mental health literacy 1:1 programme
4. Person-centred counselling

Programmes are based on evidence and developed with young people. All activity is underpinned by Brook's education and counselling policies and standard operating procedures.

**Hub teams:** Each Hub team includes a Coordinator, Counsellors, and Education and Wellbeing Specialists (EWS), supported by senior Brook staff including the Head of Education Operations, Designated Mental Health & Wellbeing Lead, Lead Counsellor, Designated Safeguarding Lead, and Senior Coordinator.

**Referral process:** The Hubs operate a self-referral process, encouraging young people to engage from the outset. Professionals and parents can also support self-referral using our guidance. The majority of referrals fall within the early help model, with a robust triage process ensuring clear boundaries and referrals to external services where needed.

**Local networks:** Both Hubs are embedded in their local communities and form part of formal and informal networks supporting young people's mental health. These relationships are crucial for effective signposting and referrals.

**Triage:** Our robust triage process ensures appropriate decision-making and intervention allocation. Initial assessments involve young people in choosing the most suitable support through joint consultation. Caseloads are managed carefully to ensure prompt access to support, and our recording systems are regularly reviewed.

**Safeguarding:** Safeguarding oversight is provided locally by safeguarding teams, education managers, and the Lead Counsellor, with strategic oversight from the Designated Safeguarding Lead. Staff receive ongoing training and wellbeing support to manage serious situations while prioritising both client safety and staff wellbeing.

**Workforce learning and development:** Staff benefit from continuous training via e-learning, shadowing, peer support, skills-share sessions, observations, professional discussions, and quarterly safeguarding supervision.

**Governance and quality assurance:** Brook's executive and operational leads hold monthly governance meetings on emotional and mental health and wellbeing (EMHWP). Operational support is provided by senior managers, with weekly management meetings across the team.

**Measuring impact:** We use the following tools before and after each programme:

- Short WEMWBS (mental wellbeing)
- Work and Social Adjustment Scale (impact on life functioning)
- Goal-Based Outcomes (progress against individual goals)
- Participant narratives (young people's own words)

**National Hub Learning Network:** Brook co-leads a national Learning Network with Youth Access for Wellbeing Hubs funded by the Department of Health and Social Care. In 2024/25, we hosted three meetings attended by 66 participants.

Topics included:

- Benefits of early help for young people and families
- Promoting understanding of mental health and wellbeing
- Early identification and referral of mental health needs
- Strengthening referral pathways between services
- Managing higher-level needs than Hubs were designed to address
- Impact of assessment waiting times
- The value of youth work and informal engagement in supporting mental health

We will continue the Learning Network into 2025/26 to explore common themes and enable shared problem-solving.

**Bespoke EMHWP interventions within the clinical context:** Brook operates eight young people's and five all-age clinical sexual health services across England. Clinical consultations are person-centred and trauma informed. We routinely offer brief wellbeing interventions, signposting, and referrals.

In 2024/25, we reviewed and streamlined our clinical assessments for over-18s, better integrating health and wellbeing and safety questions. Client feedback is collected via "I Want Great Care," with satisfaction currently at 92%. Feedback is reviewed by the Clinical Operation Group to identify follow-up actions.

## **Workforce support and training**

**Mental Health Awareness:** We continued a rolling programme of MHFA-accredited training, mandatory for all staff. This ensures a shared understanding and common language around mental health, as well as knowledge of support options.

**Mental Health Champions:** A one-day training for all managers, designed to build confidence and skills in supporting teams with mental health issues. Managers are also informed about internal support structures.

**Trauma-Informed Practice:** All staff undertake mandatory one-day trauma-informed practice training. In 2024/25, we also delivered role-specific PACE model training for clinical, education, and counselling teams.

**Extended MHFA:** To better support My Life programme delivery, we extended the MHFA qualification from two to four days. The enhanced training includes real-life case studies and begins rollout in Q1 of 2025/26.

**Strengthening our response to suicide:** Suicidal ideation is our most frequent primary safeguarding concern. In response, we developed:

- A flowchart to guide awareness, risk assessment, and action planning
- A 'Someone to talk to' card for crisis contact information and immediate safety planning



A rolling training programme supports staff to discuss and learn from real cases.

### **Survey of specialists delivering My Life programmes**

All Education and Wellbeing Specialists, clinicians, and counsellors receive regular management and clinical/case supervision. Informal working groups provide space for practice-sharing, problem-solving, and service development.

Based on feedback and learning from the Hubs, we plan to launch a new series of two-hour skills-based training sessions for My Life Specialists in 2025/26. These will include new resources on topics such as:

- Growth mindset
- Managing stress, anxiety, low mood, and sleep
- Assertive communication
- Understanding and managing anger
- Building self-esteem and healthy relationships

### **Provision of RSHE in 24/25**

In 24/25 we supported 121,359 young people through our high quality, inclusive RSE and 177,240 people in total benefitted from our education, training and consultancy. Additionally, we have more than 42,905 people registered for Brook Learn, our online learning platform. We covered a range of topics including healthy relationships, self-esteem, confidence, consent, sex and the law, identity, safer sex practices, and body image. Sessions are evaluated using pre- and post-questionnaires recorded on our Substance Views system.

### **Challenging inequality through participation**

Through active involvement, our Participation Advisory Group (PAG) members and volunteers contribute to the development and evolution of our services, resources, and campaigns—ensuring everything we do is accessible, inclusive, and responsive to diverse needs.

### **National Participation Advisory Groups**

In 2024/25, our 40 PAG members from across the UK have:

- Contributed to Brook tenders.
- Attended the 60th Anniversary celebration event, where two members were guest speakers, sharing how Brook has impacted their lives.
- Undertaken clinical accessibility audits at our Euston and Southend clinics, focusing on improving accessibility for neurodivergent people and those with physical disabilities.
- Shared experiences and opinions through surveys and focus groups to support the development of Brook's digital services.
- Contributed at every stage of Brook's EASY research—Education, Access, Stigma and Young People: Attitudes to contraception, condoms and sexual health—including shaping the questions, promoting the survey, and helping to develop the final report.

- Supported the EASY research through our partnership with the Open University by taking part in workshops exploring how young people prioritise different sources of sexual health information, particularly around contraception, and the influence of social media on decision-making.
- Created blogs, shared real stories, and produced videos for Brook's communication channels—including contributions to Sexual Health Week 2024 and Big RSE Live. Highlights include:
  - *RSHE: Would proposed age limits put students at risk?* – Brook
  - *A week's work experience with Brook* – Brook
  - *Contraception: Jasmin's story* – Brook
  - *Will the draft RSHE guidance push young people to look for answers elsewhere?* – Brook
- Volunteered at festivals across the UK through our partnership with Festival Republic.
- Contributed to the 2022–24 End of Forum review, evaluating the previous cohort's experience with Brook: [Participation – Brook](#)
- Supported our National Review, which explored the experiences of young people from diverse heritage backgrounds in accessing sexual health information. The review was conducted in partnership with local community groups: [Brook National Review Summary \(PDF\)](#)

## Local Participation Groups

- The Camden and Islington (CAMISH) group collaborated with Brook's Communications Team and nurses to create social media reels aimed at busting myths around accessing sexual health services. The videos included discussions on the C-Card scheme, STIs, and more:
  - [Video 1 – 9,993 views \(as of 15/08/24\)](#)
  - [Video 2 – 669 views \(as of 15/08/24\)](#)
  - [Video 3 – 567 views \(as of 15/08/24\)](#)
- The Cornwall Education Team partnered with 10 young people aged 16–18, studying Health & Social Care, to deliver participation workshops on the local C-Card scheme. After receiving mystery shopping training, the group conducted telephone mystery shopping across Cornwall. The results will inform improvements to local C-Card training and service delivery.
- In Manchester, we worked with a cohort of 10–15 neurodiverse and neurodivergent students aged 16–18 to support Brook's work on mental health and wellbeing during the academic year.
- The Sandwell Education Team established an LGBT+ youth project, reaching 700 young people in non-mainstream education settings through a survey. The findings, focused on the need for safe spaces in school environments, were shared with the Commissioner and local authority.
- In Bristol, we partnered with a group of primary school teachers and our Resource Development Coordinator to strengthen our primary offer. Teachers reviewed our resources and provided expert feedback on structure, content, pitch, pace, and progression.



## Clinical effectiveness

### Participation in clinical audits

During 2024–25, services participated in six national Brook clinical audits. The audit data was analysed, and the Clinical Leadership Team produced a summary report for each audit, which was submitted to the Quality and Operations Committee. Each report included identified improvement actions for implementation by Clinical and Service Managers at a local level.

Services also received individualised data, enabling them to benchmark their performance against other Brook services. Power BI will continue to enhance this process by supporting greater visibility and comparison of audit outcomes.

The record-keeping audit is incorporated into the Emergency Contraception Audit, and additional data is being captured through the new Record Keeping Peer Review Tool. A standalone Record Keeping Audit is planned for introduction in Quarter 2, which will also align with and support staff appraisals and one-to-one meetings.

The 2024–25 audits demonstrated improvements in clinical practice in several areas, while also identifying where further development is needed.

Table 1 below sets out the recommendations for improvement from each audit and summarises the progress made towards achieving them over time.

**Table 1: Audit recommendations and progress**

Standard or recommendation	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Emergency contraception</b>					
All women should be offered a Cu-IUD as the first line method of emergency contraception	88%	74%	>	66%>	90%
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	90%	87%	>	99%>	72%
All women should be advised to have a pregnancy test three weeks after emergency contraception	97%	93%	>	95%>	92%
<b>Implant fitting and removal</b>					
All women presenting with irregular bleeding should have an STI test	100%	88% (n = 8)	91% (n=11)	62%>	76%
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	71%	77% (n=43)	76% (n=37)	53%>	76%
All women having an implant fitted should be counselled about the five main side effects	85%	62% (n = 159)	66% (n=197 )	91%>	94%

Standard or recommendation	2020/21	2021/22	2022/23	2023/24	2024/25
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	48%	36% (n = 159)	45% (n=197)	40%>	50%
<b>STI testing and treatment</b>					
Sexuality should be documented	100%	99% (n = 243)	94% (n = 439)	97% (n = 527)	100%
Clients with a positive test result should be supported to notify their partner/s	55%	60% (n = 243)	71% (n=439)	71%	79%

\* Note that 19 out of 20 women who had an implant inserted were warned about irregular bleeding  
 > This audit was moved to Power BI to use clinical data for real-time quality improvement

## Intrauterine techniques training plan

Six out of seven services now have at least one clinician who holds the Faculty of Sexual and Reproductive Health (FSRH) Letter of Competence in Intra-Uterine Techniques (LOCIUT). Additionally, four out of five level 3 services have a minimum of three qualified IUC fitters. We are committed to continually updating staff skills in this area to ensure high-quality care. Referral pathways are also in place to facilitate access to intrauterine contraception for clients attending these services.

## Faculty Registered Trainers

Brook operates a peripatetic training programme in partnership with the Faculty of Sexual and Reproductive Health, with the Clinical Director serving as the Training Programme Director. This initiative allows Brook's Faculty Registered Trainers (FRTs) to support both internal and external workforce development across all of our registered locations. Currently, there are seven FRTs within the organisation, with an additional staff member expected to complete their teaching course in early 2025/2026.

All of our level 3 services have at least one FRT, and we are committed to supporting the internal workforce to ensure the continued development of this skill set. This is achieved by providing opportunities for staff to gain the necessary qualifications and experience to attain FRT status.

## Subdermal contraceptive implant training plan

All Band 6 nurses are supported to achieve competence in the insertion and removal of contraceptive implants within their first year of appointment. This competence is also a requirement for those in the CaSHNiT role, to be completed within their first year. Additionally, all of our CaSH nurses are supported to obtain the Letter of Competence in the insertion and removal of Subdermal Implants (LoC-SDI) within one year of appointment. Contraception and Sexual Health Nurses in Training typically complete this qualification within 12 to 18 months of their appointment.

## Patient Group Directions

Patient Group Directions (PGDs) provide a legal framework that enables registered nurses and midwives to supply specified medicines to a pre-defined group of clients without the need for them to see a prescriber. Brook has organisation-wide PGDs in place for contraception and the treatment of sexually transmitted infections. These have expanded the range of contraceptive methods and STI treatments that nurses are able to provide and have helped to standardise clinical practice across services.

All Brook PGDs are currently in date and reflect the latest national guidance. Where Brook services work in partnership with external organisations, partner PGDs have also been appropriately updated or extended. The PGD suite will be further expanded during 2025–26 to continue supporting high-quality, consistent care across services.

## Maintaining national and local communication

Local services continue to host team briefings, organised by the local clinical management teams. Key themes and actions arising from audits, incident reports, investigations, and priority areas are communicated to clinical staff. In 2024–25, we launched a series of learning and development sessions for clinical teams, which continue to be well-attended. These sessions cover a range of topics, selected both by clinical staff and management teams, focusing on areas where changes to practice have been identified and where additional training is needed.

Our staff intranet provides easy access to essential resources such as policies and procedures, induction materials, training, and wellbeing information. All staff members have access to this platform. We continue to use the Workplace platform, enabling staff to post information, updates, and events. This platform encourages engagement and communication across departments, teams, and individuals, fostering collaboration and cross-departmental working.

## Client safety

### Infection control standards

All clinical services participated in the national infection control audit, which has been adapted to include both quarterly and monthly returns. The monthly audit is divided into two versions, each covering different aspects of infection control, with the versions rotated each month. The new protocol uses the Brook infection control toolkit, which is aligned with the NICE Quality Standards (2014) – specifically quality statements 1, 2, 3, and 6. This approach also adheres to the guidelines set by the Infection Prevention Society.

### Safeguarding young people from harm

The Operations and Quality Committee (OAQ) owns and oversees the safeguarding framework and Protecting People Policy, ensuring alignment with relevant legislation and guidance. The Committee is comprised of six members, including trustees and

external advisors, along with the Director of Operations, Designated Safeguarding Lead (DSL), and Senior Leadership Team members by invitation. Together, they provide a clear focus on safeguarding and risk.

In fulfilling its role, the Committee:

- Oversees the development, review and implementation of the Protecting People Policy, the Confidentiality Policy, and all related procedures
- Seeks assurance that robust systems and processes are in place to safeguard Brook's service users and volunteers effectively
- Provides scrutiny, challenge, and support to the Caldicott Guardian and Designated Safeguarding Lead

The OAQ meets quarterly and reports to the Board of Trustees. It provides regular updates on safeguarding activities, and the implementation of safeguarding policies and procedures across the organisation. It scrutinises and holds services accountable by reviewing quarterly safeguarding reports, requesting additional information when needed, and seeking assurances from the Director of Clinical Operations and the DSL.

### **Safeguarding priorities (2024–25)**

During the previous period, the Committee achieved the following safeguarding priorities:

1. Fully reviewed and enhanced the Protecting People and Confidentiality Policies to reflect legislative changes and developments in safeguarding practice
2. Updated internal Level 1 and 2 online training modules to reflect current policy and practice
3. Developed practical micro safeguarding environments to support learning, build confidence, encourage peer support and strengthen a safeguarding culture
4. Responded to recommendations from government, CQC and the Charity Commission, incorporating updates into policy and practice
5. Revised the Emergency Contraception/Pregnancy Tracker SOP and client assessments, strengthening guidance for supporting service user conversations
6. Expanded the safeguarding function's resilience and capacity by drawing on the expertise of the DSL and Senior Safeguarding Coordinator
7. Improved the use of internal data and insights through theme-specific reviews to better understand the diversity, needs, and safeguarding experiences of service users
8. Amended safeguarding processes and introduced digital innovations to enhance system functionality and staff engagement
9. Ensured all staff received mandatory safeguarding training relevant to their role and delivered in a timely manner
10. Implemented phase 2 of the safeguarding communications strategy to raise awareness and promote a safeguarding culture
11. Developed and delivered external safeguarding training to support professional development in the wider workforce

This ambitious programme is well underway, and progress to date gives confidence in its successful delivery.

## Outcomes

The Level 1 and 2 online safeguarding training modules have been fully updated to reflect policy and practice changes since 2020. updates were informed by staff feedback, training evaluations, and insights from Participation Advisory Group members to ensure training is reflective of lived experiences. all Brook staff can access the training with ease.

Monthly live case study sessions complement the modules, offering space for new starters and those needing refreshers. this blended approach has been well received.

All service user-facing staff and their line managers are required to complete Level 3 safeguarding training prior to delivering services, with refreshers every three years. This accredited online approach remains in place due to limited access to external face-to-face training.

Level 4 Decision-Making Training is now offered digitally to senior staff, including managers not in direct service user roles, to widen safeguarding awareness across the organisation.

Staff rated the training highly in internal evaluations, describing it as:

- ***"Fantastic training, really robust. very impressed!"***
- ***"It was a pleasure to hear your knowledge of safeguarding shine through in a way that really encourages participation, is thought-provoking and informative. what a superb day!"***
- ***"Great day, very interactive, thank you, would love to attend again."***

Senior staff including the Escalation Team, Senior Operational Managers, Service Managers, Nurse Managers, and Education and Senior Coordinators have completed externally accredited Level 5 safeguarding training.

Training records are maintained on Brook's electronic personnel record system and monitored by the People and Organisational Development Team. All staff received mandatory safeguarding training relevant to their roles and within the expected timeframe. training evaluation data is continuously monitored to ensure it meets staff needs.

## Safeguarding supervision

All staff in service user-facing roles are offered one-to-one and multidisciplinary safeguarding supervision, delivered in line with the safeguarding policy. Group supervision is held monthly for safeguarding leads and managers, and quarterly for the Escalation Team, facilitated by the DSL. Supervision offers a safe space to explore complex cases, share learning and peer support, and review emerging trends.

## Staff wellbeing and mental health

Brook is committed to supporting the wellbeing of its staff, recognising that those responsible for safeguarding others must also feel supported:

- Continued access to an Employee Assistance Programme
- Ongoing gratitude voucher scheme
- Wellbeing conversations included in quarterly reviews, with specific safeguarding reflections
- Safeguarding-related questions included in annual appraisals to encourage staff learning and growth
- Permanent adoption of a four-day working week following a successful pilot, offered to staff after probation

Brook's inclusion in the Mindful Employer scheme reflects our continued investment in staff mental health. Our initiative to distribute coffee vouchers to staff was featured in the scheme's national newsletter as an example of positive wellbeing support.

## Equity, diversity and inclusion (EDI)

Safeguarding is influenced by the diverse experiences and identities of those we support. Brook continues to champion equity, diversity, and inclusion alongside safeguarding. During this year we have:

- Moved up 55 places in Stonewall's Workplace Equality Index (2024), reaching 111th and retaining a Silver Award
- Further developed our internal EDI strategy and action plan
- Launched a neurodivergence working group focused on accessible service delivery for neurodivergent people
- Continued delivery of Oliver McGowan Mandatory Training on autism and learning disabilities
- Worked with the Centre of Expertise on CSA and NSPCC to improve 1:1 support for neurodivergent young victims and to prevent harmful behaviours
- Commissioned accessible illustrations by a young illustrator to support neurodivergent young people, now featured in our education and digital resources
- Continued delivery of mandatory LGBT+ training and promoted staff engagement through our LGBT+ staff network

## Ongoing improvement and assurance

Brook continues to improve and audit safeguarding systems, processes, and documentation. this includes:

- Updates to client assessments (Clinical, Education Pregnancy Testing, Education Point of Care Testing, and Wellbeing Hub assessments)
- Enhancements to Brook Lillie (EPR) for improved data reporting and audit activity
- Embedding *Spotting the Signs* best practice into assessments to aid in risk identification and safer prescribing
- Ensuring consultation prompts support safe, effective, and efficient practice

These improvements strengthen Brook's ability to identify risk, respond appropriately, and ensure the safety and wellbeing of our service users.

We remain committed to professionalism, reflective practice, and fostering a culture of curiosity and learning. safeguarding continues to be a dynamic and central element of Brook's work, driven by our belief that all service users deserve safe, responsive, and high-quality support.

## Client experience

In 2024/25 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 clients to use a 1 to 5 scale and score the following quality domains of process (experience, engagement, information, involvement, dignity, and cleanliness). We also ask them to tell us what was great with the service and what they liked.

In the 12 months (April 2024 to March 2025) we collected 2,200 reviews across our clinical services and all our services received the IWCG Certificate of Excellence for 2025 Chart 1 illustrates the number of reviews collected over the 12 months. Table 1 summarised the number of reviews per clinical service.

Chart 1

Reviews by Fiscal date

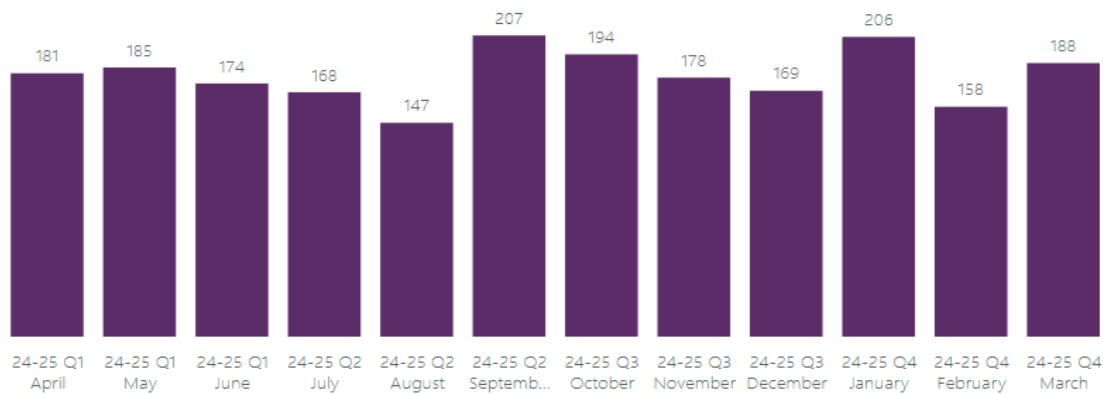


Table 1

Service	Reviews	Percentage of reviews in relation to client contacts
Brook Blackburn	105	2%
Brook Bristol	188	5%
Brook Camden and Islington	376	11%
Brook Cornwall	540	6%
Brook Dudley	350	3%



Brook Manchester	405	10%
Brook Southend	131	2%
Brook Thurrock	105	2%

**All services received a Certificate of Excellence from iWantGreatCare.**

## 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 OAQ also receives these updates on a quarterly basis.

The percentage of complaints per client visit has marginally increased. The number of complaints remains extremely low in proportion to the number of client contacts. In the last year, we received just over 1 complaint for every 10,000 visits nationally, though the proportions vary locally and over time. The total number of complaints received in 2024/25 is set out in Table 4.

**Table 4: Number of client complaints received by each service**

Service	2024/25		Number of complaints	% visits leading to complaints
	Number of complaints	% visits leading to complaints		
Blackburn	1	0.014%	2	0.0023%
Bristol	1	0.022%	0	0.0%
Cornwall	2	0.023%	4	0.0045%
London	1	0.000%	0	0.0%
Manchester	0	0.000%	0	0.0%
Dudley	3	0.040%	1	0.0011%
Southend	2	0.026%	3	0.0034%
Thurrock	N/A	N/A	3	0.0034%
Total	10	0.013%	13	0.0147%

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

47% of staff responded to the staff survey in December 2024.

The 2024 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

Below is a snapshot summary of the key findings within this year's positive staff survey:

- 92% agree that they enjoy working for Brook (85% in 2023)
- 98% have good relationships with their colleagues (97% in 2023)
- 75% are aware of the support Brook offers to staff on wellbeing and mental health (80% in 2023)
- 84% agree that they have access to the training and development they need to do their job (81% in 2023)
- 85% believe Brook encourages a culture of equality and inclusion (83% in 2023)
- 82% understand Brook's strategic vision (83% in 2023)
- 98% of managers feel confident to complete annual appraisals (90% in 2023)
- 100% agree that safeguarding is everyone's responsibility (99% in 2023)
- 97% know about the rules concerning data and how to transmit it securely (99% in 2023)
- 65% say that Workplace is a useful way to keep up to date with Brook news (66% in 2023)
- 86% say they can easily access information on the intranet relating to their job (59% in 2023)

Staff survey data and other feedback was shared with the Executive Team, Heads of Service, Operations and Quality Committee and Board of Trustees. Actions resulting

from this survey data, plus other feedback obtained throughout the year, will be taken forward in an action plan and via department work plans in 25/26.

## Part Five Service improvement

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

Service	Blackburn
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• iWantGreatCare – We were proud to receive the iWantGreatCare Clinical Excellence Award for patient feedback for another consecutive year.</li> <li>• Training – Our doctor became a faculty-registered trainer and has delivered valuable training to staff, including CaSH nurses in training. One nurse has now qualified, and the other is close to sign-off. Both have commenced implant training and successfully fitted their first implants.</li> <li>• LARC – We have exceeded our LARC targets, and the coil waiting list has been eliminated. Patients requesting coils can now be booked directly into a consultation or triage call with a nurse.</li> <li>• SH:24 – We continue to utilise SH:24 to provide a digital sexual health service, increasing accessibility and choice for our local community.</li> <li>• Psychosexual therapy – Our Psychosexual Therapist supports individuals and couples experiencing sexual dysfunction with psychological, emotional, or relational components. While sessions were previously delivered remotely, a newly appointed therapist will soon begin offering face-to-face appointments.</li> <li>• Pre-Exposure Prophylaxis (PrEP) – We continue to issue PrEP to new and existing patients. New patients receive a full sexual health screen including hepatitis testing, kidney function tests, height, weight, and blood pressure checks, followed by a consultation with a nurse to discuss results and issue medication. Follow-up patients receive repeat screening, medication issue, clinical history updates, and any necessary vaccinations.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• Safeguarding – All staff have completed Level 1, 2 and 3 safeguarding training for both adults and children. Staff also participate in quarterly safeguarding supervision sessions to ensure robust support for individuals within the local community.</li> </ul>

Service	Blackburn
	<ul style="list-style-type: none"> <li>Partnership work – We actively participate in a range of local networks to deliver high-quality, safe, and accessible services. We maintain strong links with children's and adults' social care, mental health services, the child exploitation team (Engage), drug and alcohol support services (SPARK), and homeless support (Phoenix Hub), enabling appropriate referrals and signposting. To mark Brook's 60th anniversary, we hosted a well-attended partnership event at Brook Blackburn, which strengthened existing relationships and fostered new connections with local organisations.</li> <li>Outreach – This year, we delivered outreach sessions at SPARK drug and alcohol service and established a new partnership with Phoenix Hub, providing monthly clinics for people experiencing homelessness. We are also collaborating with local Family Hubs to raise awareness of sexual and reproductive health and support individuals accessing these hubs into our clinic services. In addition, we work closely with the vulnerable women's worker to help sex workers access the care and support the clinical support they need.</li> </ul>

Service	Bristol
Clinical Excellence	<ul style="list-style-type: none"> <li>Workforce development – This year, two of our CaSH nurses completed training in implant fitting and removal, and one began coil training. This has increased our capacity to deliver LARC procedures, significantly reducing waiting times.</li> <li>Clinical training – We supported one nurse to become a faculty-registered trainer, who then successfully guided a CaSH nurse through the completion of their FSRH Diploma. This has enhanced the skill mix within our service.</li> <li>Student engagement – We welcomed several student nurses into the clinic for observational placements. Feedback was overwhelmingly positive, with some students expressing a new interest in pursuing careers in sexual health.</li> <li>Specialist input – A specialty registrar from our Level 3 partners joined the team on a weekly basis, supporting the management of complex GUM cases and increasing access to coil fittings and specialist advice.</li> </ul>

Service	Bristol
	<ul style="list-style-type: none"> <li>Improved access – Our popular walk-in service has continued to run four days a week, greatly enhancing accessibility. This has contributed to an increase in service use among harder-to-reach groups, including members of the Traveller community, sex workers, and LGBTQ+ individuals.</li> <li>Clinical contribution – One of our nurses contributed expert clinical input to Brook's website, specifically on content related to pre- and post-LARC fitting advice.</li> <li>Administrative support – We recruited and trained a new reception and administrative worker, which has improved front-of-house capacity and resulted in faster call response times.</li> <li>Recognition – Brook Bristol was awarded a Certificate of Excellence for outstanding iWantGreatCare reviews, reflecting consistently high levels of patient satisfaction.</li> </ul>
Client safety	<ul style="list-style-type: none"> <li>Strengthening referral pathways – The Senior nurse met with the local Sexual Assault Referral Centre (SARC) to review referral pathways and available emotional support services. This information was shared with the wider team to ensure the service is actively promoted and effectively utilised within clinics.</li> <li>Substance use training – Staff received training from the Bristol Drugs Project youth team on the support services they offer, including peer support and one-to-one interventions. The session also included practical guidance on how to discuss recreational drug use with patients and promote harm reduction strategies.</li> <li>Harm reduction resources – One of our CaSH nurses developed a set of harm reduction quick guides for use by clinical staff, covering sex work, drug use, and chemsex. They also arranged for One25, a charity supporting street sex workers, to visit the service and provide insight into making clinical spaces and consultations more trauma informed.</li> <li>Safeguarding audit – We received positive feedback from Unity's Safeguarding Team following an audit focused on social care referrals and outcomes. The findings highlighted effective communication and strong partnership working.</li> </ul>

Service	Cornwall
Clinical Excellence	<ul style="list-style-type: none"> <li>Recognition – Brook Cornwall was once again awarded the iWantGreatCare Certificate of</li> </ul>

Service	Cornwall
	<p>Excellence for 2024, in recognition of the outstanding care provided to our patients.</p> <ul style="list-style-type: none"> <li>• Incident reporting system – Brook's new online incident reporting system, piloted in 2023-24, was fully integrated during 2024-25. This system has ensured more effective incident management and facilitates learning from all incidents.</li> <li>• Clinical audits – Regular clinical audits are conducted, with findings shared during staff meetings and clinical education sessions to promote continuous learning and improvement.</li> <li>• Infection control audit – In September, we introduced a new national infection control audit, replacing our previous annual audit. This updated approach involves monthly online audits and a quarterly management infection control audit, which help us identify both strengths and areas for improvement in our processes.</li> <li>• Online services – Our online services offer a range of contraceptive options, STI testing, and photo diagnosis, available 24/7, ensuring flexible access for our patients.</li> <li>• Staff development – We remain committed to staff development. In 2024-25, one of our doctors worked towards the Diploma in Genitourinary Medicine (DipGUM) qualification, while a nurse pursued the FSRH Diploma and LoC SDI. Another nurse is working towards the LoC IUT. Additionally, two HCAs successfully completed our non-nursing competencies training, enabling them to run their own clinic lists, with two more HCAs expected to complete this training in 2025-26.</li> </ul>
Client safety	<ul style="list-style-type: none"> <li>• Peer review – We continue to use peer review to audit patient records, ensuring high standards of record-keeping and promoting quality care.</li> <li>• Safeguarding – Our safeguarding procedures remain robust, with cases reviewed weekly at the Safeguarding Leads meeting to ensure appropriate action and follow-up. We have trained one additional Safeguarding Lead and plan to train another during 2025-26. In a national audit of our safeguarding processes, we received a rating of 'Good with Outstanding Features'.</li> <li>• Risk management – We transitioned our local risk register to a new national system, which provides enhanced oversight by our national leads. The risk</li> </ul>

Service	Cornwall
	register is regularly reviewed and updated during our Governance meetings, where we take proactive steps to mitigate or eliminate risks.

Service	London
Clinical Excellence	<ul style="list-style-type: none"> <li>• Counselling service expansion – Two new counsellors joined the service in September and October, providing an opportunity to review and enhance the service offer. The counsellors developed a new referral form for external organisations and self-referrals, and reviewed a pre-existing waiting list, reaching out to potential clients. They have worked diligently to promote the service within local organisations and created a leaflet, in collaboration with the Brook Communications team, to be distributed to organisations supporting young people in Camden and Islington. Additionally, they received training in using the Attend Anywhere platform to facilitate virtual consultations when needed.</li> <li>• Enhanced team capability – We recruited a CaSH nurse with a Non-Medical Prescriber qualification and extensive experience working in a Level 3 Genito-Urinary Clinic. This has enhanced the skill set of our team, expanding the range of advice, information, and treatments available to clients.</li> <li>• 60th anniversary event – In November, we hosted a 60th birthday event attended by key stakeholders, including the Mayor of Camden. The event provided an opportunity to showcase the services offered by Brook and CAMISH, as well as network with staff from local organisations.</li> <li>• Client accessibility – Clients can now contact Brook Euston via email, which has proven to be a popular and convenient method of communication. We receive approximately 700-800 email contacts each quarter, with clients indicating they appreciate the flexibility of emailing outside clinic hours and finding it less stressful than making phone calls.</li> <li>• Clinic improvements – The clinic has been remodelled, and additional staff were recruited to ensure two nurses are available for each weekday shift. The team reviewed and provided feedback on the new Clinical Assessment Proforma, which was shared with the clinical leadership team for further refinement.</li> <li>• Recognition – Brook Euston was awarded the iWantGreatCare Certificate of Excellence for the third</li> </ul>

Service	London
	consecutive year, reflecting the high quality of care provided.
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• Auditing and peer review – In addition to Brook-wide quarterly audits, Brook Euston staff conduct peer review record-keeping audits and audits of safeguarding risk assessments for clients under 18. The findings are discussed at each team meeting, where the focus this year has been on making the process more meaningful. As a result, the relevant forms have been updated. The peer review audit processes at Brook Euston were shared with the wider COG team at a COG meeting.</li> <li>• Safeguarding audit participation – All staff were actively involved in the recent Safeguarding audit. Cases were allocated to pairs for discussion and feedback, ensuring staff were familiar with the process and the high standards of record-keeping required for safeguarding cases. The team found the opportunity to discuss the cases in depth and share thoughts on actions taken and outcomes valuable.</li> <li>• Quality assurance and team ownership – Team meetings are held at least quarterly to discuss quality requirements, with tasks allocated among the team. The CaSH nurses oversee key quality assurance responsibilities, with each nurse taking the lead on a specific task such as Emergency Contraception/Pregnancy Testing, Infection Control, Medicines Management, and Audits. A Clinic Education and Wellbeing Specialist completes the Under 18s safeguarding risk assessment audit and provides feedback. This approach ensures that staff are actively engaged in and take ownership of the clinical quality processes that underpin the service delivery and client experience.</li> <li>• Safeguarding collaboration – Weekly safeguarding meetings are held with CNWL Safeguarding leads, where cases are discussed to check whether names are known to both services and to reflect on trends. Insights and learning from these discussions are shared with staff during safeguarding MDT meetings.</li> </ul>

Service	Manchester
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• Implant clinic provision – We have a qualified implant nurse on the team, which enables the service to offer a dedicated weekly implant clinic.</li> <li>• Team qualifications and support – All team members hold the necessary qualifications to carry out their roles within the contract. Nurses requiring revalidation</li> </ul>



Service	Manchester
	<p>are provided with the support needed, including a designated mentor to sign off their portfolio.</p> <ul style="list-style-type: none"> <li>• Workplan targets – The team works towards clearly defined workplan targets, which are set at the start of the year and reviewed quarterly through performance appraisals.</li> <li>• Efficient and effective processes – We have established processes and procedures in place to ensure the service operates efficiently and effectively, providing high-quality support to young people who access the service.</li> <li>• Client feedback and recognition – We continue to receive excellent feedback through iWantGreatCare. Brook Manchester has once again achieved the Certificate of Excellence, recognising consistently outstanding client feedback throughout the year.</li> </ul>
Client safety	<ul style="list-style-type: none"> <li>• Safeguarding collaboration – We are actively involved in the local exploitation operational and complex safeguarding group, which covers Greater Manchester. This is a multi-disciplinary group focused on safeguarding and exploitation concerns.</li> <li>• Incident reporting and health &amp; safety – All team members have received training on how to report incidents and follow up on any outstanding health and safety issues within the clinic.</li> </ul>

Service	Dudley
Clinical Excellence	<ul style="list-style-type: none"> <li>• Recruitment and team development – Dudley successfully recruited an experienced Clinical Manager, with the onboarding process being extremely smooth. Positive feedback has already been received from the clinical team. We recently advertised for both CaSHNiT and CaSH nurse positions, and the response has been overwhelming. We are particularly excited about the opportunity to "grow our own" CaSHNiTs and expand our multi-skilled team.</li> <li>• Professional growth – Staff development remains a priority. One of our CaSH nurses, who began as a CaSHNiT, is currently completing her LOC IUT training. This journey has been a success, reflecting her professional growth as she embraces all aspects of her training to further enhance her skills.</li> <li>• Training and learning opportunities – To support staff learning, we provided flexible, protected time for all team members to complete mandatory training. This initiative was well-received and allowed staff to focus on training gaps and complete any outstanding courses. Over the past 12 months, staff have also</li> </ul>



Service	Dudley
	embraced the opportunity to learn new systems, policies, and procedures. Recognising the importance of fostering team cohesion, we introduced the Myers-Briggs programme, helping individuals understand their personality types. This initiative provides a flexible framework for recognising strengths and differences while supporting both personal and professional growth.
Client safety	<ul style="list-style-type: none"> <li>Partnerships and support services – Dudley has established a partnership with a newly commissioned service supporting victims of sexual violence across all age groups. Launched in March, this service has enabled us to offer clients direct access to essential support. We are also assisting with the service's pulse survey, which gathers feedback from Dudley residents on how the service can better meet community needs.</li> <li>Clinical Governance and safeguarding audits – Dudley recently underwent a Clinical Governance Audit, which provided valuable insights into all aspects of the service. The audit process was positive, helping us identify both strengths and areas for improvement. Key findings highlighted strong performance in client care, leadership support, and infection control processes. Additionally, an internal self-audit on safeguarding practices was completed, reviewing five safeguarding cases. The findings were overall positive, with several areas rated as outstanding.</li> </ul>

Service	Thurrock
Clinical Excellence	<ul style="list-style-type: none"> <li>The service successfully transitioned via TUPE from a previous provider and has consistently achieved the agreed annual KPIs.</li> <li>The team has adapted effectively to the Integrated Model of Working in Community (IMWC) and continues to respond to high levels of client demand.</li> <li>The team meets monthly and remains up to date with both internal developments and external updates, including changes to clinical guidelines.</li> <li>The service is supported by a skilled workforce, including 7 implant fitters, 4 coil fitters, and 1 coil fitter in training.</li> <li>The Brook Thurrock Nursing and Clinical Manager has provided dedicated leadership and support to the Southend service during a 10-month staffing shortfall, ensuring continuity of care.</li> </ul>

Service	Thurrock
	<ul style="list-style-type: none"> <li>• Thurrock has one central hub based in Corringham (IMWC) and has secured three fully operational outreach sites in Tilbury, South Ockendon, and Grays, all of which meet the needs of the local population.</li> <li>• We have formalised contracts for delivery of LARC (Long-Acting Reversible Contraception) activity with Hassengate Medical Centre, Stifford Clays Medical Centre, Sai Medical Centre, and Chafford Hundred Medical Centre.</li> <li>• We operate a Nurse-in-Charge model, enabling nurses to gain experience in clinic coordination and autonomous decision-making under the oversight of the Clinical Lead.</li> <li>• Our 'Test and Go' walk-in service runs Monday to Friday, offering convenient, receptionist-led STI screening for asymptomatic clients.</li> <li>• We have successfully migrated from the Digital Front Door to SH24 for online screening services, achieving 100% utilisation and a 6.4% diagnosis rate.</li> <li>• SH24 also offers patients online access to contraception services, enhancing our digital offer.</li> <li>• The Thurrock service has received a 5-star rating on the I Want Great Care (IWGC) platform.</li> </ul>
Client safety	<ul style="list-style-type: none"> <li>• The clinic prioritises client safety through robust infection control procedures and the delivery of a highly confidential service. Emotional support is available for clients in sensitive or distressing circumstances, contributing to a safe and supportive environment.</li> <li>• We are committed to providing timely care and make every effort to see urgent walk-in clients whenever possible.</li> <li>• We maintain strong partnerships with key stakeholders to ensure equitable and timely access to sexual health services for all patients.</li> <li>• The service has contributed to national audits and consistently submits monthly reports on infection control and health and safety compliance.</li> <li>• Safeguarding remains a key priority. As a newly integrated service within Brook, all staff have undertaken essential safeguarding training to ensure they are equipped to respond appropriately to concerns requiring escalation or intervention.</li> <li>• We provide specialist support to vulnerable young people and have worked in partnership with social services to ensure their needs are met promptly and effectively.</li> <li>• We collaborate closely with antenatal teams and the Southend HIV specialist care team, fast-tracking</li> </ul>

Service	Thurrock
	<p>referrals and ensuring timely submission of birth plans in line with required protocols.</p> <ul style="list-style-type: none"> <li>• We work in partnership with health visitor specialists to support young, vulnerable mothers in accessing contraception and sexual health care.</li> <li>• We have recently established a partnership with Forward Trust, working collaboratively to ensure individuals affected by substance misuse can access sexual health and contraception services.</li> </ul>

Service	Southend
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• Brook Southend was once again awarded the I Want Great Care Certificate of Excellence for 2024.</li> <li>• Clinical audits are conducted regularly, and the outcomes are shared with staff at meetings to promote ongoing learning and ensure practice changes where necessary.</li> <li>• Brook Southend was the first service to support the introduction of the SXT online booking service for patients.</li> <li>• Recruitment efforts were successful towards the end of the year with the appointment of two new CaSH nurse trainees, alongside the development of a Senior Nurse into a Clinical Manager role. This marks the first time such a progression has occurred within Brook, showcasing our commitment to growing our own leaders.</li> <li>• A session was provided for Clinical Support Workers (CSWs) within the service, led by Brook's Clinical Practice Development Manager. The session covered key topics such as results management, patient triage, and the ordering and management of stock and medicines.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• Brook's new online incident reporting system was implemented across the service in 2024/25, ensuring effective incident management and enabling learning from all incidents. Outcomes are regularly shared with staff to support continuous improvement.</li> <li>• Brook Southend received support through a development plan, which has enabled staff to upskill and develop, ensuring that clients are safeguarded in accordance with Brook's policies. Staff have demonstrated a strong ability to identify vulnerabilities and risks within Southend's complex client group.</li> </ul>

Service	Southend
	<ul style="list-style-type: none"> <li>• The service has shown a flexible and adaptable approach to delivering excellent care for complex patients in the community. For instance, a pregnant high-risk client was regularly treated in a mental health hospital, in close collaboration with the unit's staff.</li> <li>• In 2024/25, a quiet room was introduced within the Southend clinic to provide a safe space for clients. This space is frequently used by high-risk and vulnerable clients, or those experiencing distress, offering them a place of calm during their visit.</li> </ul>

## 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 un-edited comments from Brook clients about their experience of Brook services.

**People were professional, caring and thorough. All questions were answered in detail. Great experience!**

*I was having my contraceptive coil replaced. The process was explained to me thoroughly and kindly. I experienced a lot of pain during the procedure, and the staff members in the room with me were very caring – they kept checking I was okay and reassured me that they took my pain seriously, which is something that can often be missing in women's health care. I would definitely use Brook again, it is an amazing service.*

**I got support I wasn't forced to say anything I didn't want to the nurse was very lovely and helpful even the staff members were at the reception where very lovely and don't judge which I loved feel safe coming here and speaking about my situation**

*I suffer with severe anxiety disorder but I was put at ease and treated with so much compassion and kindness. All the staff I encountered were so lovely and supportive and made sure I was ok throughout my entire visit.*

**The Bodmin team were awesome, as a black woman from third world country with disgusting healthcare service for women, I was feeling very bad for going back to the clinic to have my implant removed just 3 months after they gave it to me, it felt as though I was being ungrateful for it, I even wanted to keep it despite it causing severe mood swings and suicidal ideation. The doctor I met was like a mother, very informed, she talked with love in her eyes, her empathy eased my guilt, I absolutely feel supported, I had CHOICE and I was reassured she would respect my choice, that felt overwhelmingly good. When I had my coil fitted, she was ever so kind, her and her assistant, they kept checking on me, explaining what was gonna happen, and she was gentle. Even gave me painkillers may they be blessed.**

**Friendly, kind and understanding. Thank you to everyone at the clinic for being simply lovely!**

**The nurse who took care of me was awesome. Nurse X was one of the best staff I have met. She is not there just for her payroll but she is doing more to the patient. This is based on my experience in this hospital for the first time. She was patient, happy lady. Great service. I believe people like her makes hospitals in UK a comfortable place for those who are already vulnerable.**

*The nurses were lovely, friendly and caring. They gave clear instructions and let me know what I could expect and when. They talked to me and reassured me throughout the whole process and also made sure I was OK after. I felt like I could take my time and I felt that they cared for my wellbeing. Thank you both for making an unpleasant process, pleasant.*

## Supporting statements and comments from stakeholders

We are grateful to Commissioners who have given written feedback about this year's Quality Account. Here is a summary of their comments:

***The report is fantastic and helps bring all the health care public health together, quality improvements and key achievements and thanks for sharing. Naturally I have looked how Blackburn compared to other Brook sites and noted lower number of patient incidents and complaints which is excellent- please thank the local team.***

Fiona Inston  
Public Health Associate  
Blackburn with Darwen Borough Council

***Thank you for sharing the report. It's great to see all the work wrapped up into one place. Here is my feedback:***

- ***Clinical effectiveness – Priority 4. The development of a syphilis specific care pathway is positive.***
- ***Patient safety incidents – the increase in reporting is good and evidences a positive culture shift and demonstrates improved transparency and staff engagement***
- ***Service development – supporting and developing Brook nurses. Lots happening in this area and it's encouraging to see the nurse teams supported so well with their development***

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

N.B. There were also some specific questions around PGD's, participation in audits and how Brook will be reviewing its carbon footprint, in the context of medicines management. We will be addressing these questions with the commissioner.

# Glossary

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

**Brook  
Penhaligon House  
Green Street  
Truro  
TR1 2LH**

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