Quality Account 2025/2026

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Part one: Introduction and 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 (RSE), outreach in community settings, wellbeing programmes and counselling. Our life-course approach to sexual health and wellbeing means that people can benefit from our holistic services at any stage of their life.

In the final year of our 2023-2026 strategic plan, we worked collaboratively with service users, sector partners, commissioners, funders and corporates to make a positive difference to the lives of 1.4 million people. Throughout 2025/26, we continued to provide inclusive, non-judgmental lifelong support, while fighting to protect people's rights.

In 2025, Brook was part of a community who successfully campaigned against harmful revisions to the RSE curriculum which would have restricted what young people are taught about crucial topics such as contraception and abuse. Thanks to our efforts, these restrictions were not included in the Government's new RSE guidance, meaning that young people can continue to learn the information they need to keep themselves safe.

As part of our commitment to protecting the right to safe, accessible abortion care, we worked with sector partners to successfully campaign for an amendment to the Crime and Policing Bill, ending prosecutions for terminating a pregnancy, and pardoning those who have previously been convicted of illegal abortions.

Through our policy and advocacy work, we have continued to champion the vital role RSE can play in tackling the troubling rise in misogyny. Alongside our sector partners, we have been calling for mandatory RSE to be extended to the age of 18, which the Government has now committed to as part of its new Violence Against Women and Girls strategy.

Our service users remain at the heart of everything we do and, through collaboration and coproduction, we ensure our provision is shaped to meet their needs. This year, we launched RSE for All, accessible resources codesigned with autistic young people. Our participation advisory group also developed a new Key Stage 5 lesson on pornography to equip teenagers to critically engage with the content they encounter online.

As part of our culture of continuous improvement, we have revised our digital offer to empower teachers and educators to better support young people. This year, we relaunched our contraception e-learning course, featuring new guidance on how to address online misinformation in the classroom. We also redeveloped our How to Deliver RSE course ahead of the new Government guidance taking effect in September 2026. There are now 49,438 registered users of Brook Learn and 18 courses helping professionals deliver high-quality, inclusive RSE to keep young people safe.

We are committed to providing dedicated services and resources that respond to particular needs, while retaining a universal offer accessible to all. In April 2025, we

expanded our work in the South-West, launching a new all-age health promotion service across Bristol, North Somerset and South Gloucestershire. The provision sees Brook specialists working in schools and delivering targeted outreach to communities as part of Yuno, the new integrated sexual health service covering the three local authority areas. As part of Yuno, Brook continues to deliver its young people's sexual health service in Bristol, first established in 1967.

For this year's Sexual Health Week, we collaborated with brands, corporate supporters, influencers and service users to examine how developments in digital technology and AI are rapidly reshaping sex and relationships. During the campaign, we hosted our largest online RSE lesson reaching over 71,800 students and teachers across England and Wales.

Our innovative mental health and wellbeing hubs in Cornwall and Blackburn entered their second year of delivery. The two centres provide vital early intervention support for 11–24 year-olds, at a time when there has been a devastating shortfall in young people's mental health provision. In the last year, the two hubs made over 4,000 crucial interventions, helping young people before they reach crisis point.

Everything we do is supported by evidence. In 2025/26, we partnered with the Open University to conduct qualitative research on young people's contraceptive decision making. Through a series of focus groups, we explored how a diverse range of information sources influence the choices young people make about contraception. The report provides vital insight at a time of declining condom use among young people and increased hesitancy towards hormonal contraception.

In what is an undoubtedly turbulent time for charities and the sexual health sector, Brook remains as courageous as ever. This is epitomised in our ambitious new strategic plan for 2026-29. Developed in collaboration with staff, supporters and those who use our services, it demonstrates unwavering commitment to providing safe, inclusive environments for those who need Brook's help. Over the next three years, we will continue to expand our services, responding effectively to the ever-changing needs of young people and vulnerable adults.

We look forward to working with you.

Dame Sally Dicketts
Chair of the Board of Trustees

Helen Marshall
Chief Executive

Brook clinical services

*Sefton is a brand new service, mobilised on 1 April 2026

Contact details and more information about our services are available at www.brook.org.uk

Part two: Priorities for improvement

Progress against our 2025/26 priorities

Improvement priority	Progress
Priority 1: **Clinical effectiveness** Implementation of the SXT appointment booking system across all Brook services (excluding Bristol).	• SXT has been rolled out in services, except Bristol, as planned. The Bristol service booking system is operated as part of a partnership with other providers. • Services are now expanding the SXT booking offer to include treatments, cytology and LARC. • DNAs have reduced in several of our services. • Feedback and audit reports are disseminated to services and the Clinical Leadership Team (CLT). • A review of SXT booking is planned for Q2 2026.
Priority 2: **Client Safety** We are exploring ways to develop our medicines management system for all services.	• The system remains under development. • The organisational formulary/list of medicines has been reviewed by the Medical Director. • The Data Team is working on treatment coding to support delivery of this offer in Lille. • Initial scoping of the Lillie prescribing model has been undertaken. • This work will support safe, effective, and efficient medicines management across Brook's clinical services, providing improved organisational oversight and assurance.
Priority 3: **Clinical Effectiveness** Ongoing clinic efficiency reviews are being undertaken with each clinical service, focusing on expenditure, service contracts staffing levels, and opening hours.	• Our aim is to improve the standardisation of Brook's clinical services to support positive patient outcomes and align with national and local public health priorities for sexual and reproductive health. • Workstreams on testing and use of consumables have been completed. As a result of this work, a menu of testing and consumables reference document has been developed and rolled out to services. • This involves a complex programme of work to support individual services through change-management processes, ensuring consistency while responding to local need and regulatory requirements.

Improvement priority	Progress
Priority 4: **Clinical effectiveness** A syphilis care pathway will be designed and implemented with support from the Data Team.	• The Medical Director leads a regular multidisciplinary team (MDT) meeting which now takes place every Thursday and includes senior clinicians across the organisation, with plans for the new pharmacist to join quarterly from Q3. • The complex patients and syphilis meeting allows senior clinicians to share best practice and learning. • The syphilis proforma on Lille has been updated and is scheduled for launch in Q3. • Level 3 services are now supporting use of the national syphilis audit tool. Dudley has received excellent feedback from UK Health Security Agency for this work.

Priorities for improvement 2026/27

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 2026 - 27 are as follows:

Clinical Effectiveness

Priority 1:

What do we plan to do?	Roll out opportunistic cervical screening across all seven Level 3 services.
How will progress be measured and monitored?	• Secure Registration Authority access for the national Cervical Screening Management System and ICE access for laboratory ordering and reporting for each level 3 service. • Ongoing monitoring of patient and staff feedback. • Regular meetings and feedback with NHS England. • Regular staff meetings and supervision sessions with sample takers. • Review of reporting requirements and feedback from NHS England.
How will progress be reported	Progress will be reported through regular governance and performance reporting mechanisms.

Clinical Effectiveness

Priority 2:

What do we plan to do?	Increase accessibility through development of clinical outreach in alternative settings.
How will progress be measured and monitored?	• Targeted clinical outreach programme established in two level 3 clinical services in alternative settings. • Measuring and monitoring uptake of the setting. • Measuring and monitoring patient feedback.
How will progress be reported	Findings will be reported on a quarterly basis to the Operations and Quality Committee, a governance committee of the Board.

Client satisfaction

Priority 3:

What do we plan to do?	Roll out new internal patient feedback system across clinical services.
How will progress be measured and monitored?	• New internal patient feedback system developed in Microsoft forms. • Text messages to clients to encourage responses established. • Posters created with QR codes for each service. • Quarterly patient feedback meetings to review the feedback of the internal system and compare with Google review information.
How will progress be reported	Findings will be reported on a quarterly basis to the Operations and Quality Committee, a governance committee of the Board.

Clinical effectiveness

Priority 4:

What do we plan to do?	Ensure all Level 3 services have staff trained in microscopy and microscopy laboratory processes.
How will progress be measured and monitored?	• Relevant staff will be supported to complete BSIG online learning, alongside appropriate practical competency assessments. • Staff undertaking microscopy will complete annual competency updates.

	• Microscopy will be embedded into existing clinical audit programmes (e.g. *Mgen/CT/GC audits*) to monitor progress. • Ongoing feedback will be sought from staff involved in microscopy services.
How will progress be reported	• Regular review of staff undertaking microscopy training, ensuring clinics maintain a minimum number of competent staff. • Audit outcomes will be reviewed and disseminated through clinical supervision and the Clinical Governance (COG) framework.

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 2025/26 Brook provided and/or sub-contracted 17 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 17 services reviewed in 2025/26 represents 100% of the total income generated from the provision of services by Brook Young People for 2025/26.

Participation in clinical audits

Audit	Actions to improve the quality of care provided
Emergency contraception (EC)	• EC audit reporting continues to be available via Power BI to support service-level review and oversight. • Services have again reported that auditing other services, rather than their own, would be more beneficial, alongside a requirement for audit training. This is planned for implementation in 2026. • Audit findings identified the need to update Lille proformas, with additional mandatory fields to improve data quality and completeness.

	• A review of Lille proformas is planned for 2026.
Implant fitting and removal	• The 2025 implant audit demonstrated good practice across all services. • Improvements have been identified in record-keeping, particularly in documenting expected post-fitting client changes (e.g. bleeding patterns and appetite changes). • Updates to the implant fitting and removal proforma are planned for 2026. • Audit results continue to be disseminated via Power BI to increase visibility and support service improvement.
Infection control	• Infection control audit feedback is now available through Power BI. • Local services are accessing data and developing service-specific action plans in response to audit findings. • Updates and learning continue to be shared with the Clinical Operational Group (COG).
Record-keeping	• A peer review audit has been developed and is scheduled to commence in Q2. • Peer review activity took place in some services during this year. • Record-keeping audit outcomes are being aligned with staff appraisals and one-to-one meetings to support continuous improvement. Feedback has been shared through staff 1:1 discussions.
Sexually transmitted infection screening	• Increased use of SXT for partner notification remains an area for improvement in some services. • Improvements have been observed in several services through increased adoption of SXT. • Learning and development sessions focusing on partner notification (PN) and SXT have taken place between 2024–2026 and will continue into 2026/27 to further improve uptake. • A syphilis tracking spreadsheet will be introduced to automate the syphilis audit process and support national UKHSA reporting requirements. Implementation is planned for 2026.

The reports of four local clinical audits were reviewed by the provider in 2025/26 and Brook intends to take the following actions to improve the quality of healthcare provided:

Audit	Actions to improve the quality of care provided
UKHSA external national audit – all Brook services	• At the request of the UK Health Security Agency (UKHSA), Brook services have completed a national audit relating to the National Chlamydia Screening Programme. • Audit findings are currently awaited by services. • All Brook clinical services participated in this audit.
Bristol / Unity safeguarding audit	• The team was informed of the positive audit outcome. • Staff were reminded of the importance of continuing to report social care referrals to Unity, in line with Brook's safeguarding policy.
London quarterly peer records review	• The team report that the quarterly peer records review process is helpful in reflecting on record-keeping practice and identifying shared learning. • Findings are discussed at team meetings to support consistency across clinical practice. • In addition to Brook-wide quarterly audits, Brook Euston staff undertake local peer-review audits of record-keeping and safeguarding risk assessments for clients under 18. • Findings from these audits are reviewed at each team meeting. • Audit documentation has been updated in response to feedback. • The peer review audit process developed at Brook Euston was shared with the wider Clinical Operational Group (COG) at a recent meeting.
Cornwall local Mycoplasma genitalium (MGen) audit.	The audit findings demonstrated that: • MGen testing has decreased compared with the previous year. • A higher proportion of those tested are returning positive results. • Some inappropriate testing continues, particularly among asymptomatic patients where testing is not clinically indicated.

Audit	Actions to improve the quality of care provided
	• Overall, the results are encouraging and indicate a more targeted approach to testing compared with the previous audit; however, further improvement is required to reduce inappropriate testing. • Learning points and recommendations have been shared with staff during a clinical education meeting.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2025/26 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 2025/26, one Brook service received income through the CQUIN payment framework. A 2.5% 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.

As at 31 March 2026, all services had a registered manager in place. The Care Quality Commission (CQC) did not take any enforcement action against Brook during the reporting period 2025/26. During this time, Brook did not participate in any special reviews or investigations by the CQC, and there were no online monitoring calls.

Brook continues to run a monthly CQC managers' forum to support staff with all aspects of CQC compliance and to share relevant updates and emerging best practice.

Brook Sefton was recently registered as Brook's 9th service.

All Brook services were inspected by the CQC between April 2016 and May 2017. More recently, Brook Manchester was inspected in July 2025 and received an overall rating of Good, with particularly positive comments from inspectors noting the patient

feedback that staff treated them well and with kindness. All action plans arising from previous inspections have been fully implemented.

Data quality

Statement on relevance of data quality and your actions to improve your data quality

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

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

During 2025/26, we carried out the following activities:

- Provided group and one-to-one training with colleagues to ensure they are accurately recording activity.
- Developed Power BI dashboards to highlight where data capture has been missed.

During 2026/27, we will continue to provide targeted support to teams to support accurate data capture and will continue to support excellent data capture.

NHS number and GMP code validity

Brook is not required to submit records during 2025/26 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

Data Security and Protection Toolkit standards

The Data Security and Protection Toolkit is submitted in June for the previous financial year. The submission for 2025/26 was submitted on 25th June 2025 and we achieved standards exceeded.

Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2025/26 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
2024/25	293	0.33%	0
2025/26	188	0.20%	0

*Including SH:24

Brook continues to actively encourage staff to report incidents, supported by the consistent use of the organisation's online incident reporting system across all services. Targeted training and support have improved the accurate categorisation of incidents and reduced the inappropriate reporting of non-incidents, strengthening the overall quality of reporting. Incident data and learning are reviewed regularly through Quality Focus meetings and are discussed at all relevant service, clinical, and governance forums to ensure shared learning and continuous improvement. These actions continue to reinforce a strong, open reporting culture. During 2026/27, refresher training will be provided to staff to maintain the positive focus on incident reporting, alongside continued discussion at meetings at both service and national level to ensure incidents and learning outcomes remain a core priority within quality governance arrangements.

At just over 2 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.

Service	Number of incidents 2024/25	Number of service visits	Incidents as % of client visits per service	Number of incidents 2025/26	Number of service visits	Incidents as % of client visits per service
Blackburn	16	6,638	0.241%	15	5,919	0.253%
Bristol	46	4,456	1.032%	49	4,718	1.039%
Cornwall	33	8,689	0.380%	33	12,324	0.268%
London	30	3,405	0.881%	23	3,610	0.637%
Manchester	19	5,477	0.347%	5	3,557	0.141%
Dudley	44	15,277	0.288%	20	12,649	0.158%
Southend	83	7,419	1.119%	25	9,061	0.276%
Thurrock	24	8,260	0.291%	15	6,183	0.243%

(Incidents recorded for each service)

Part four: Review of quality assurance 2025/26

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, mental health and clinical services. Representation from internal departments is by invitation as appropriate. Terms of Reference have been set and are regularly reviewed to ensure the Committee is achieving its aim and purpose. The QOC convenes four times a year.

The Clinical Leadership Team meets monthly and reports to the QOC. Membership includes Heads of Operations, Assistant Director of Nursing and Medical Director. The Assistant Director 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

Clinical 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 consolidated report every quarter including detail on safeguarding activity. The Quality and Operations Committee also receives 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 with 24 opportunities offered this year. We currently have two coaching and mentoring apprenticeships in progress. 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. We have also offered bespoke leadership programmes tailored for specific teams as well as DiSC and Myers-Briggs Type Indicator development opportunities.

Our Learning & Development programme continues to be successful with 179 opportunities delivered including qualifications, Q&A sessions, group supervisions and externally facilitated programmes. Key themes covered included Trauma-Informed Practice, a Level 3 Award in Education and Training, Suicide Awareness and Basic Life Support. An impressive 96% 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 4 Policies and Procedures during the year.

Service developments

Supporting and developing Brook nurses and Doctors

STI Foundation (STIF) Theory programmes

During 2025/26, Brook successfully delivered one STI Foundation (STIF) Theory programme, supporting both Brook clinical staff and external delegates. In addition,

three STIF assessment half-days were delivered, enabling internal and external candidates to successfully complete the College of Sexual and Reproductive Healthcare Diploma.

Contraceptive and Sexual Health nurse development

During this period, two Contraception and Sexual Health Nurses in Training (CaSHNiTs) successfully achieved the Diploma. A further two CaSHNiTs were recruited in the latter part of 2025/26. One qualified sexual health nurse was also supported to complete the Diploma. In addition, seven nurses were supported internally to achieve the Letter of Competence in Intrauterine Contraception (LoC IUC) insertion, increasing workforce capability in long-acting reversible contraception (LARC).

Clinical learning and development programme

With the support of the Medical Director, Clinical Practice Development Manager, and the Clinical Leadership Team, the clinical learning and development programme was expanded during the reporting period. The programme continues to cover a broad range of contraception and sexual health topics and has strengthened Brook's internal training resources, capacity and sustainability.

Clinical supervision

Additional clinical supervision has been incorporated into the learning and development programme, with sessions specifically focused on doctors and senior nurses. Monthly clinical supervision sessions for nurses and clinical support staff continue to be delivered and play a key role in supporting ongoing professional development, reflective practice and safe clinical care.

LARC fitter and Non-Medical Prescriber (NMP) forum

The LARC fitter and Non-Medical Prescriber (NMP) forums have been formally integrated into the learning and development programme. This has resulted in a significant increase in attendance and active participation. These national support forums facilitate formal and informal case discussions and enable staff to connect across the organisation, fostering a collaborative and supportive learning environment.

Wider workforce training

Brook supported wider workforce development by training five external professionals to achieve Letters of Competence in intrauterine techniques and Diplomas. Clinical services also provided numerous observational placement opportunities for doctors, nurses, and student nurses as part of Brook's wider workforce offer. Collaborative relationships have been developed with several Integrated Care Boards (ICBs) to support learning and development opportunities for Brook staff and the wider sexual health workforce.

Provision of Relationships, Sex and Health Education (RSHE) in 25/26

In 2025/26, we supported 117,989 young people through our high quality, inclusive RSE. Additionally, we have more than 49,438 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.

Health and wellbeing

In 2025/26, Brook continued to develop mental health and wellbeing provision across the following areas:

My Life Early Help Programme (1:1)

Education & Wellbeing Specialists delivered *My Life* early intervention programmes across 18 Brook services, locally commissioned. Delivery was primarily face-to-face, with some digital sessions via Teams. A total of 2,588 one-to-one sessions were delivered to 809 young people.

The programme supports young people to build motivation, skills, and resilience, helping them assess and manage risk and improve their health and wellbeing. Programmes are co-designed with each young person and combine education on relationships, sexual health and wellbeing with motivational and coaching activities, using a quality-assured toolkit.

Adult My Life

During 2025/26, Brook continued to deliver one-to-one support for vulnerable adults within the Buckinghamshire service, focusing on sexual health and its intersection with wider wellbeing, including safer chemsex and referral following sexual assault.

Mental Health Hubs

The Blackburn and Cornwall Mental Health & Wellbeing Hubs provide welcoming environments for one-to-one and group interventions including sensory-sensitive spaces for neurodivergent young people. Waiting areas include quiet zones and activities for children and carers.

The Hub model aligns with the Thrive framework, supporting young people categorised as *Thriving*, *Getting Advice* and *Getting Help*. Programmes delivered include:

1. My Life 1:1 wellbeing interventions
2. Mental health literacy group programmes
3. Mental health literacy 1:1 support
4. Person-centred counselling

In 2025/26, new resources were developed to support young people with anxiety and anger, alongside additional staff training to support implementation. All programmes are evidence-based, co-produced with young people, and underpinned by Brook policies and standard operating procedures.

Counselling

Brook provides person-centred counselling at both Wellbeing Hubs (Blackburn and Cornwall) for young people aged 11–24, as part of an integrated wellbeing offer. This complements our My Life and Mental Health Literacy interventions, creating a comprehensive suite of support at Hub locations. During 2025/26, person-centred counselling was also delivered through Brook's CAMISH (London) contracts, embedded within integrated sexual health services.

Psychosexual therapy (PST) is delivered within two Level 3 all-age services (Cornwall and Blackburn) as a core contractual requirement. In Cornwall, PST is subcontracted to an external provider. From 2026, psychosexual provision will be extended to Sefton as part of the new all-age service.

In 2025, all counselling and psychosexual policies were reviewed and updated to ensure alignment with best practice. We also strengthened the Brook-wide counselling network to support connection, shared learning and professional development, including the introduction of regular peer group supervision.

We continue to see high levels of complex mental health need among young people including suicidal thoughts and feelings, often below statutory service thresholds or alongside long waiting times. A high proportion of counselling clients are neurodivergent. These needs are supported through internal training, safeguarding policies, and robust risk assessment and response processes.

Workforce and safeguarding

Each Hub team includes a Coordinator, Counsellors, and Education & Wellbeing Specialists, supported by senior leadership including the Lead Counsellor, Designated Mental Health & Wellbeing Lead, and Designated Safeguarding Lead (DSL).

Hubs operate an open self-referral model with robust triage to ensure appropriate support and onward referral where required. Teams are embedded in local networks to support effective signposting and partnership working. Safeguarding oversight is provided locally with strategic oversight from the DSL, supported by ongoing training and staff wellbeing support.

Clinical context and training

Brook delivers wellbeing interventions within eight young people's and five all-age clinical sexual health services. Clinical practice is trauma-informed and person-centred, with streamlined over-18s assessments introduced in 2024/25. Client satisfaction currently stands at 92%.

Mandatory MHFA, trauma-informed practice, and role-specific PACE model training continue across the workforce. In response to suicide risk, Brook developed new tools and a rolling learning programme to strengthen staff confidence and practice.

Next steps

Based on feedback and learning, Brook plans to launch new two-hour skills-based training sessions for *My Life* Specialists in 2026/27, focusing on growth mindset, anxiety, low mood, sleep, communication, anger management, and building self-esteem and healthy relationships.

Challenging inequality through participation

By taking an active role, our Participation Advisory Group (PAG) members influence how our services, resources, and campaigns grow and improve, helping ensure everything we offer is accessible, inclusive, and responsive to diverse needs. In 2025/2026, our 40 PAG members from across the UK:

- Contributed to Brook tenders and funding applications including two successful tenders and one funding application.
- Represented Brook at various events, including:
    - Presenting at an All Party Parliamentary Group (APPG) on youth SRH services.
    - Presenting at the Hay on Wye Festival on reproductive rights
    - Attending a stakeholder event led by London School of Hygiene & Tropical Medicine (LSHTM) on reproductive healthcare access.
    - Representing Brook in Bristol at a Sexual and Reproductive Health & HIV Strategy Development Workshop talking about contraception choices.
- Created blogs, shared real stories, and produced videos for Brook's communication channels-including contributions to Sexual Health Week.
- Shared their views about participation via a national PAG mid-point evaluation summary report.
- Championed their own co-designed projects including:
    - 16-19 PAG co-designed RSE lesson about pornography aimed at KS5 students.
    - 20-24 PAG co-designed social media campaign aimed at young people to highlight the ways in which the media we consume shapes portrayals of sex, relationships, and identity, and the subsequent influence these portrayals have on our expectations in real life.
    - 25+ PAG co-designed website and social media posts about how adults can find pleasure in busy and stressful lives which require balance and connection.
    - Parent/carer PAG co-designed a live webinar aimed at parents and carers of primary school children to help them to feel confident to support children with their developing bodies and feelings.
- Supported external partners with SRH research projects including:
    - Brook & Open University report was launched during Sexual Health Week. PAG members were involved in the initial focus groups and reviewed the report to support with recommendations of the findings.

- Imperial College London Kickstarter funding awarded - working with PAG members to help design approach to engaging local communities around the topic of bacterial vaginosis (BV.
- Partnered with British Pregnancy Advisory Service (BPAS) and the University of Toronto to co-design an academic application, exploring peer research within SRH topics.
- Worked with a research associate from the University of Bath to support with the creation of an easy read summary report based on an academic publication about menstrual empowerment.

PAG members continue to play an active role in organisational governance and service development. Three PAG members represent their respective groups on the Brook Participation Committee, a governance Committee of the Board, and have received external training to support them in this role. Two PAG members are co-opted to Brook's Board of trustees. PAG members have also contributed directly to shaping Brook's future direction by participating in a workshop and completing a survey to inform the development of the organisation's 2026–2029 strategy.

Development of participation at local service level

Brook supports local services to undertake meaningful participation activity by providing frameworks, resources, and expertise to embed co-production into service development, education and quality improvement. This ensures that the voices and experiences of young people, service users, and communities directly inform local service delivery and organisational priorities.

Examples of local participation activity

- A new local Service User Advisory Group was established to support the recently launched BNSSG Yuno service.
- The Manchester Neurodivergent Participation Advisory Group completed a participatory audit of the Manchester Brook clinic.
- Co-design workshops across Wales supported the development of misogyny education resources and an associated awareness campaign.
- In Denbighshire, 98 young people completed a period dignity survey, alongside three co-design workshops involving 25 young people to inform local action.
- Over 200 Cardiff University Students' Union society committee members participated in reviewing Brook's *Understanding Masculinity and Tackling Misogyny* training to ensure relevance for university settings.
- The Sandwell team co-designed a Violence Against Women and Girls (VAWG) animation and poster with young people in local schools and colleges for International Women's Day.
- A service user survey was completed in Thurrock to better understand access and barriers to clinic use.
- In Buckinghamshire, 109 parents and carers completed a survey exploring barriers to accessing Brook's parent/carer education sessions, shaping improvements to the local offer.

- A national Heavy Menstrual Bleeding campaign and resources were co-designed with young people aged 14–18 from across the country.

We have also introduced the Lundy model of participation supported by internal staff training to ensure that the voices of young people and adults are meaningfully heard, respected, and acted upon. This strengthens our organisational culture, informs our decision-making and enhances the impact of our work.

Clinical effectiveness

Participation in clinical audits

During 2025–26, 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, with key findings 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.

Record-keeping compliance continues to be reviewed through the Emergency Contraception Audit, with additional data now being captured via the new Record-Keeping Peer Review Tool in a small number of services. A standalone Record-Keeping Audit is planned for introduction this year. The emergency contraception audit will shortly become automated through the Lille proformas, enabling staff to focus on standalone and external audits.

The 2025/26 audits again demonstrated improvements across several areas of clinical practice, while also identifying ongoing development needs, particularly in relation to partner notification. During 2025/26, targeted work was undertaken to support individual services in their use of the SXT system. This was complemented by a series of learning and development sessions focused on partner notification and effective use of SXT, aimed at strengthening practice and improving consistency across services.

Table 1 below outlines the recommendations arising from each audit and summarises progress made over time in achieving these improvements.

Table 1: Audit recommendations and progress

Standard or recommendation	2021/22	2022/23	2023/24	2024/25	2025/26
Emergency contraception					
All women should be offered a Cu-IUD as the first line method of emergency contraception	74%	>	66%>	90%	79%
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	87%	>	99%>	72%	75%
All women should be advised to have a pregnancy test three weeks after emergency contraception	93%	>	95%>	92%	98%
Implant fitting and removal					
All women presenting with irregular bleeding should have an STI test	88% (n = 8)	91% (n=11)	62%>	76%	89%
Removal of an implant for irregular bleeding should not be done until an STI has been ruled out	77% (n=43)	76% (n=37)	53%>	76%	78%
All women having an implant fitted should be counselled about the five main side effects	62% (n = 159)	66% (n=197)	91%>	94%	95%
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	36% (n = 159)	45% (n=197)	40%>	50%	53%
STI testing and treatment					
Sexuality should be documented	99% (n = 243)	94% (n = 439)	97% (n = 527)	100%	100%
Clients with a positive test result should be supported to notify their partner/s	60% (n = 243)	71% (n=439)	71%	79%	95%

* 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

Seven out of eight services now have at least one clinician who holds the College of Sexual and Reproductive Health (CoSRH) Letter of Competence in Intra-Uterine Techniques (LOCIUT). 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.

College of Sexual and Reproductive Health Registered Trainers

Brook operates a peripatetic training programme in partnership with the College of Sexual and Reproductive Health, with the Medical Director serving as the Training Programme Director. This initiative allows Brook's College Registered Trainers (CRTs) to support both internal and external workforce development across all of our registered

locations. Currently, there are six FRTs within the organisation, with an additional three staff members expected to be granted College registered training status in 2026. We plan to train a further 3 staff members to undertake a medical education course to facilitate our CRT growth in 2026/2027.

Subdermal contraceptive implant training plan

Sexual Health 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 Contraception and Sexual Health Nurses in Training role, who 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 move fully to Specialist Pharmacy Service (SPS) Template PGDs during 2026–27 to continue supporting high-quality, consistent care across services. These PGDs are a national set of templates approved by BASHH, CoSRH and UKHSA.

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. The clinical learning and development sessions launched in 2024/2025 for clinical teams, continue to be well-attended and staff are involved in setting the agenda with the senior clinical team. These sessions cover a range of topics, focusing on areas where changes to practice have been identified and where additional training is needed. Sessions are recorded so if staff are absent or unable to attend these sessions can be accessed and watched remotely. Feedback from this has been very positive.

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.

Client safety

Infection control standards

All clinical services participate in the national infection control audit, which has been adapted to include both quarterly and monthly returns. The monthly audit is divided into two parts, each covering different aspects of infection control, with the parts 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. Uptake of the audit has been positive and well completed and continues to highlight areas of improvement and good practice.

Safeguarding people from harm

Governance and oversight

Safeguarding at Brook is overseen by the Quality and Operations Committee (QOC), which holds responsibility for the safeguarding framework and the Protecting People and Confidentiality Policies in line with legislation and national guidance. The Committee meets quarterly and reports to the Board of Trustees providing scrutiny, challenge and assurance through regular safeguarding reports and oversight of organisational risk. The QOC works closely with the Director of Operations, Designated Safeguarding Lead (DSL), Caldicott Guardian, and senior leaders to ensure safeguarding practice remains robust and effective across services.

Safeguarding priorities (previous period)

During the reporting period, the QOC progressed the following safeguarding priorities:

1. Reviewed and strengthened the Protecting People and Confidentiality Policies to reflect legislative and practice developments.
2. Updated Level 1 and 2 internal safeguarding training to reflect changes since 2020.
3. Completed analysis of safeguarding activity trends; while external benchmarking was limited, internal data showed no new or emerging risks and patterns consistent with previous years, reflecting changes in service models and client profiles.
4. Developed practice-based safeguarding learning through micro-learning environments and training embedded within clinical and education programmes.
5. Responded to new guidance from Government, the CQC and Charity Commission, incorporating changes into policy and operational practice.
6. Conducted theme-specific safeguarding reviews, including a mental health audit in Cornwall rated *Good with outstanding features* for oversight and application of safeguarding processes.

7. Reviewed and updated the Emergency Contraception and Pregnancy tracker SOP (March 2025).
8. Ensured staff received mandatory safeguarding training appropriate to their role.
9. Delivered phase two of the safeguarding communications strategy to strengthen safeguarding culture and visibility.
10. Strengthened suicide prevention capability through development of *Strengthening our Response to Suicide*, informed by SAFETALK and ASIST principles.
11. Developed an external safeguarding training offer to support professionals delivering Relationships and Sex Education.

Outcomes and assurance

Role-appropriate Level 1–4 safeguarding training remains accessible through digital modules, complemented by monthly live case-study sessions facilitated by the DSL and Senior Safeguarding Coordinator. Mandatory accredited Level 3 safeguarding training continues for all service-user-facing staff involved in assessment, with Level 4 decision-making training delivered to senior decision makers. Key senior staff have completed accredited Level 5 safeguarding training.

Training evaluations were rated good or very good throughout the year, with Level 2 and Level 4 safeguarding training achieving 100% satisfaction. Safeguarding training is recorded and monitored through Brook's training matrix to ensure compliance and timely refreshers.

Safeguarding supervision

Safeguarding supervision is available to all service-user-facing staff through individual and multidisciplinary formats and is delivered in line with policy. Monthly group safeguarding supervision is provided to safeguarding leads and managers, with quarterly sessions for the Escalation Team. Supervision supports reflective practice, trend identification, learning, and staff wellbeing.

Staff wellbeing and mental health

Brook recognises staff wellbeing as integral to effective safeguarding. We continue to deliver trauma-informed training, mental health awareness, Mental Health First Aid and Mental Health Champion programmes. Additional wellbeing initiatives include an Employee Assistance Programme, gratitude vouchers, wellbeing discussions within reviews and appraisals, and a permanent four-day working week benefit following a successful pilot. Brook remains a Mindful Employer and is nationally recognised for proactive mental health support.

Equity, diversity and inclusion

Safeguarding practice is informed by Brook's commitment to equity, diversity and inclusion. During the year we:

- Achieved a Silver Workplace Equality Index Award, rising 55 places.
- Further developed our EDI strategy and action plan.
- Continued mandatory training in autism, learning disabilities, neurodivergence, and LGBT+ inclusion.
- Maintained an active LGBT+ staff network.
- Delivered anti racism and unconscious bias training to trustees and the leadership team.

Safeguarding priorities 2025/26

In 2025/26, Brook will:

1. Further enhance the Protecting People and Confidentiality Policies.
2. Develop safeguarding refresher training to strengthen confidence and professional curiosity.
3. Expand practice-based safeguarding micro-learning.
4. Respond to new guidance from Government, CQC and the Charity Commission.
5. Conduct theme-specific child exploitation reviews.
6. Maintain timely delivery of role-appropriate mandatory safeguarding training.
7. Further develop the safeguarding communications strategy.
8. Fully embed *Strengthening our Response to Suicide* training.
9. Improve safeguarding proformas to better capture outcomes of referrals.
10. Audit the *Other* safeguarding category to improve clarity and understanding.

Ongoing improvement

Brook continues to strengthen safeguarding systems through improved assessments, enhanced EPR functionality for reporting and audit, and consultation prompts that support safe and effective practice. Safeguarding remains a dynamic and central element of Brook's work, underpinned by strong governance, continuous learning, and a culture of openness, curiosity and accountability. Our annual safeguarding report provides further detail.

Client experience

In 2025/26, we continued to use I Want Great Care (IWGC),an independent and transparent feedback platform across all Brook services.

At the end of their visit/consultation, we request clients 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 give us further qualitative

feedback about the service. During the 12-month period from April 2025 to March 2026, we collected 1,422 reviews across our clinical services. All services received the IWCG Certificate of Excellence for 2025, reflecting consistently positive feedback from service users during this period. For some services, indicated below, we trialled full promotion of Google reviews during the period using posters and text messaging.

As part of our commitment to improving accessibility and ease of feedback for service users, Brook will be rolling out a new internal patient feedback system across clinical services.

Chart 1 (number of reviews collected over the 12 months).

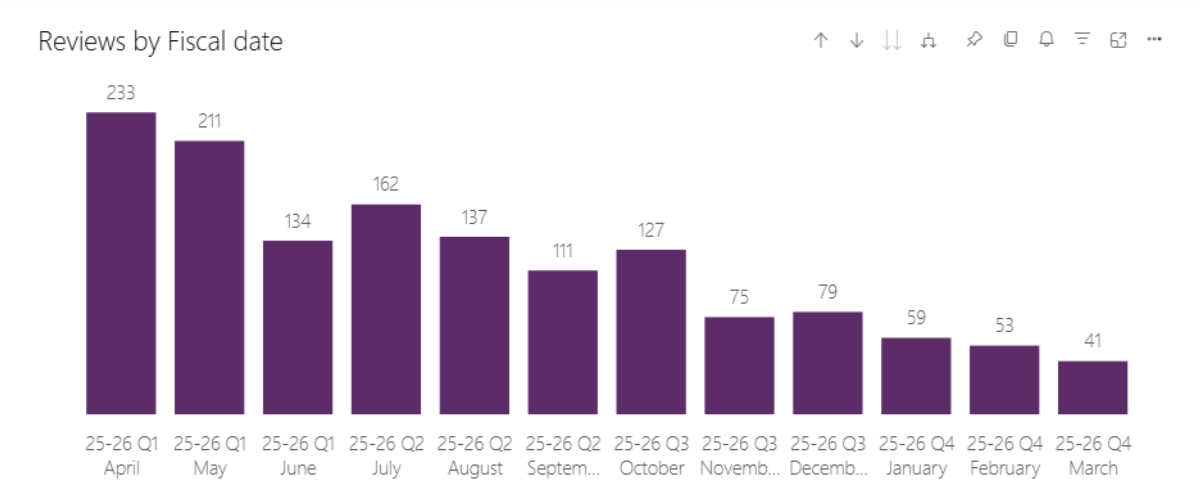

Table 1 (number of reviews per clinical service).

Service	Reviews	Number of service visits	Percentage of reviews in relation to client visits
Brook Blackburn	58 (165*)	5,919	0.980%(2.787%)
Brook Bristol	150	4,718	3.179%
Brook London	278	3,610	7.701%
Brook Cornwall	463	12,324	3.757%
Brook Dudley	48 (353*)	12,649	0.379%(2.790%)
Brook Manchester	383 (416*)	3,557	10.768%(11.695%)
Brook Southend	41(111*)	9,061	0.452%(1.225%)
Brook Thurrock	1 (62*)	6,183	0.016%(1.002%)

*Total number of reviews from #iwgc & Google reviews combined

All services received a Certificate of Excellence from iWantGreatCare.

Complaints

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

Number of client complaints received by each service

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 QOC also receives these updates on a quarterly basis.

Service	Number of complaints 2024/25	Number of service visits	Complaints as % of client visits per service	Number of complaints 2025/26	Number of service visits	Complaints as % of client visits per service
Blackburn	2	6,638	0.030%	0	5,919	0.000%
Bristol	0	4,456	0.000%	0	4,718	0.000%
Cornwall	4	8,689	0.046%	3	12,324	0.024%
London	0	3,405	0.000%	1	3,610	0.028%
Manchester	0	5,477	0.000%	0	3,557	0.000%
Dudley	1	15,277	0.007%	1	12,649	0.008%
Southend	3	7,419	0.040%	2	9,061	0.022%
Thurrock	3	8,260	0.036%	0	6,183	0.000%
Totals	13	59,621	0.022%	7	58,021	0.012%

The percentage of complaints per client visits decreased. The number of complaints remains extremely low in proportion to the number of client contacts. In the last year, we received 1.2 complaints for every 10,000 visits nationally, though the proportions vary locally and over time.

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

Brook staff survey

Brook staff survey 67% of staff responded to the staff survey in November 2025. The 2025 survey covered the following areas:

1. Brook and I
2. Learning and development
3. Organisational Culture
4. Digital and IT
5. Wellbeing Champions
6. Relationships
7. Internal 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:

- 84% agree that they enjoy working for Brook (92% in 2024)
- 97% have good relationships with their colleagues (98% in 2024)
- 82% are aware of the support Brook offers to staff on wellbeing and mental health (75% in 2024)
- 82% agree that they have access to the training and development they need to do their job (84% in 2024)
- 87% believe Brook encourages a culture of equality and inclusion (85% in 2024)
- 82% understand Brook's strategic vision (82% in 2024)
- 98% of managers feel confident to complete annual appraisals (98% in 2024)
- 100% agree that safeguarding is everyone's responsibility (100% in 2024)
- 98% know about the rules concerning data and how to transmit it securely (97% in 2024)

Heads of Service were asked to propose an action that could take place in their respective areas. These actions will be taken forward by respective teams as part of their work plans for next year and monitored by the relevant ET member.

The staff survey results, Heads of Service feedback and staff feedback from end-of-year appraisals have informed the development of an action plan that will take forward the feedback from this year and further embed the actions and progress from previous years.

Part Five Service improvement

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

Service	Blackburn
Clinical Excellence	The Operations Manager became the registered CQC manager to oversee the day-to-day operations of the service, ensuring it meets regulatory requirements. They are also responsible for the quality and safety of care provided, staff management and ensuring compliance with CQC standards. Workforce capability has been strengthened to support accessibility and personalised care. One Healthcare Assistant speaks five languages commonly used within Blackburn with Darwen, enabling staff to overcome communication barriers, offer a more responsive service, and reduce reliance on external language interpretation services. Service access and patient choice have been expanded through several developments. A cervical screening service is now fully operational, providing additional local capacity and greater choice for patients. Test and Go chlamydia and gonorrhoea testing is available directly from reception, allowing patients to attend at a time that suits them. Patients are also now able to book coil appointments independently via the SXT system, supporting greater control over appointment management. Following a period of remote provision, a psychosexual therapist is now based at the Blackburn clinic and is delivering face-to-face sessions. This addresses a significant local need within Blackburn with Darwen and improves access to specialist support. Outreach activity has continued to develop through close partnership working with the Phoenix Hub, which supports people experiencing homelessness. A monthly clinic has been established within the Hub, enabling on-site delivery of sexual health services. Brook has provided couches and screens to support the provision of implants and cervical screening in this setting.

Service	Blackburn
	Vaccination clinics bookable via SXT were introduced for Monkeypox (MPOX) and Gonorrhoea (MenB). These clinics also provide an opportunity to deliver a comprehensive STI prevention offer, including vaccination review, HIV PrEP and PEP discussions, provision of Doxy PEP and access to condoms. Partnership working across the local health system has been strengthened. Brook attended meetings with the Primary Care Network lead and staff at Shiffa Surgery to share service offers and improve referral pathways. The service has also supported commissioners through engagement with pharmacy pilots to increase access to implants and improve the availability of LARC for vulnerable women, with further outreach opportunities under review, including expansion of work at the Phoenix Hub. The service remains active within the wider system. Brook delivered a presentation at the Blackburn with Darwen Alliance, supporting networking and awareness of services among local organisations and professionals. The Blackburn clinic also hosted a visit from MP Maya Ellis, a member of the All-Party Parliamentary Group for Sexual and Reproductive Health, to discuss funding, the Youth Strategy, partnership working, safeguarding, mental health, RSE and cultural barriers to access. Workforce development continues to be a priority. One CaSH nurse has completed both implant and coil training, and two nurses are currently working towards non-medical prescribing qualifications. The service hosted its first student placement in partnership with Burnley College, supporting a student completing T-Levels in Nursing and promoting sexual health as a future career pathway. Brook's Wellbeing Hub hosted its first Development Day in November, bringing together staff from Brook, SH:24 and Renaissance for team-building and shared learning. Local partners, organisations and GPs attended the afternoon session, which included presentations, Naloxone training, *Beyond the Labels* HIV stigma training, and a Q&A with service leads and commissioners. The event supported collaboration, learning and system-wide engagement.

Service	Blackburn
Client safety	Monthly and quarterly infection control audits are completed to ensure compliance with CQC standards and to maintain a safe, high-quality clinical environment. The full team attended bespoke Safeguarding Processes and Record-Keeping training delivered by Brook's safeguarding team All staff have completed Brook's Strengthening Our Response to Suicide (SORTS) training, which builds on existing skills and confidence when responding to suicide-related concerns. SORTS training is supported by practical resources, including a decision-making flowchart and *Someone to Talk To* cards containing support information for patients. All staff have completed Level 1, 2 and 3 safeguarding training for both adults and children. Staff also participate in quarterly safeguarding supervision to ensure ongoing professional support, reflection and safe practice within the local community.

Service	Bristol
Clinical Excellence	We have provided a range of placement opportunities for student nurses and nurses from other areas of primary care who have an interest in sexual health. These placements have offered valuable insight into the day-to-day running of clinics, while also supporting the development of professional networks and strengthening partnership working. We have delivered extensive training opportunities, with several nurses progressing through development pathways. This includes completion of the FSRH Diploma, IUD/IUS Letters of Competence (LoC), and SDI LoC qualifications. This represents a significant achievement and has strengthened the overall skill mix within the team. One of Brooks original CASH nurses from the Cornwall service has relocated to the area and has been successfully recruited into the Senior Nurse role, bringing valuable, existing skills and knowledge to the team. We successfully recruited a Clinical Manager in Q4, who has settled into the role extremely well. They have brought

Service	Bristol
	strong leadership to the Bristol team and have been instrumental in supporting staff through periods of change, particularly as we transition to a new EPR system. We also benefited from the support of a doctor from UHBW, who provides expertise in complex GUM cases and complex coil fittings, as well as offering valuable clinical guidance to nurses as they develop their skills. We are hoping to access this support again in 2026-27. We work closely alongside local partner services to ensure our clients receive holistic support, including effective signposting and referral pathways. This includes established links with Barnardo's, BACE, and the continued development of connections with 125 Bristol, a specialist charity supporting women involved in street sex work. We continue to deliver young person's spoke clinics across North Somerset and South Gloucestershire. These clinics improve accessibility for young people and enable us to identify and support individuals across a wider geographical area.
Client safety	We actively participated in safeguarding processes and procedures audits, achieving self-assessment ratings of good and outstanding across the majority of categories. This reflects the team's strong commitment to maintaining high safeguarding standards. We continue to engage closely with local safeguarding partnerships, regularly attending meetings to strengthen collaborative working and ensure we remain up to date with local priorities and developments

Service	Cornwall
Clinical Excellence	Brook Cornwall is delivered by a dedicated clinical team operating from a central hub in Truro and eight fully operational satellite clinics across the county, from Penzance in the west through Newquay, Falmouth, Pool, Bodmin and St Austell, and east to Liskeard and Launceston, ensuring accessible provision across Cornwall. The service is staffed by eight Nurses and seven Healthcare Assistants (HCAs), supported by a full-time Specialist Doctor (Clinical Lead) and two part-time

Service	Cornwall
	Specialist Doctors. The full-time Doctor completed her GUM Diploma in summer 2025. The workforce is highly skilled, with ten trained implant fitters (and one in training) and six trained coil fitters, with two further staff nearing completion of training. Four HCAs deliver dedicated asymptomatic screening clinics. The service also benefits from an experienced psychosexual therapist, delivering over 400 psychosexual consultations in the past year. Service access continues to be strengthened. The all-day Wednesday drop-in clinic (all ages in the morning and under-21s in the afternoon) has been extremely successful, leading to the pilot of two additional drop-in sessions per month. Protected appointment slots for under-21s have also been introduced across three satellite sites, improving access for younger people. The team consistently demonstrates high levels of compassion, professionalism and commitment, providing both clinical care and emotional support. In the last year, the service delivered: • 12,324 consultations • 18,160 STI screenings • Contraception to 2,242 clients, including 283 coils and 491 implants • 19,787 inbound calls answered Cornwall achieved the highest Chlamydia Trachomatis detection rate across the South West region and delivered a comprehensive vaccination programme, including MPOX, Doxy PEP and MenB. Strong partnership working with SH:24 continues, with a diagnosis rate of 3.01%. Brook Cornwall plays an active role in workforce development and training. The service delivers Faculty of Sexual and Reproductive Healthcare (FSRH) Diploma and Letters of Competence training. One Specialist Doctor is a registered FSRH trainer and, during the year, a Nurse was also approved as an FSRH trainer. The Specialist Doctor additionally acted as a facilitator at the Brook FSRH Assessment Half Day in December.

Service	Cornwall
	Reflective practice is embedded within the service, with regular team debriefs, particularly following high-pressure drop-in sessions, supporting both learning and staff wellbeing. Cornwall was again awarded a Certificate of Excellence, receiving 463 five-star reviews via the *I Want Great Care* platform. The service successfully retained its contract, securing a lengthy 10-year and 4-month contract, due to commence in December 2026.
Client safety	Safeguarding is a clear and prioritised focus within Brook Cornwall, with all clinical staff trained to a minimum of Level 3. Weekly safeguarding meetings are held with Brook's designated safeguarding leads, providing oversight, scrutiny and shared learning. Key learning points and positive practice are fed back to the wider team to continually strengthen safeguarding approaches. A total of 231 safeguarding cases were reviewed during the year, representing an increase of 12 compared to the previous year. We work collaboratively to support clients alongside a wide range of partner agencies, including: • Local Drug and Alcohol Services • Community Mental Health Teams • SARC and ISVA services • Adult and Children's Social Care • HIV prevention charities • NHS HIV clinical teams • NHS pregnancy termination services Shared learning is integral to our service development and commitment to joined-up care. We have welcomed representatives from SARC, the local Women's Health Hub, NHS pregnancy termination services, doctors in training and student nurses into our clinics to better understand our model and strengthen partnership working.

Service	Cornwall
	We maintain an excellent and proactive relationship with our commissioner, with regular engagement and open communication. Monthly clinical education sessions are delivered for the team and aligned with the all-staff meeting. Attendance is actively encouraged and supported wherever possible.

Service	Dudley
Clinical Excellence	The recruitment of a CaSHNIT nurse has been a significant success. She has worked diligently to complete her training within a short timeframe, demonstrating outstanding commitment to the organisation. She has successfully completed and passed the OTA exam, achieved STIF competencies, and passed the half-day assessment. She is currently awaiting final sign-off for her contraception diploma and has also successfully interviewed for the role of Senior Nurse. This progression reflects her professionalism, resilience, and sustained commitment to high-quality clinical practice. We have increased clinic capacity by training and upskilling one of our nurses to deliver LOC IUS procedures. As a result, we are now able to offer a broader range of LARC appointments to meet patient demand. This has enabled a significantly improved turnaround time from request to procedure, particularly when compared to neighbouring sexual health service waiting times. In addition, we have actively responded to feedback provided through Google Reviews to enhance our service provision. This feedback has been invaluable in identifying areas for improvement and implementing patient-led recommendations. As a result, we have made several changes to appointment scheduling and clinic structure to better meet service demand and ensure the needs of our patients are effectively addressed. Furthermore, we have now allocated protected time within the service for weekly staff meetings. These sessions provide an opportunity to address training needs, conduct clinical supervision, and facilitate safeguarding discussions. This structured approach has proven highly beneficial, promoting team development, proactive

Service	Dudley
	communication and continuous improvement across the service.
Client safety	Clinical excellence and client safety has been demonstrated over the last quarter through robust safeguarding practice and proactive risk management. A recent safeguarding case involving a 12-year-old patient illustrated the team's commitment to high standards of care. The safeguarding team was notified in advance of the appointment, enabling appropriate planning and protective measures to be implemented. We continue to actively participate in the enhanced syphilis surveillance scheme. This enables us to identify trends and key population groups affected within the local area. As a result, we are better able to provide targeted education and early interventions, helping to reduce the risk of transmission. We continue to maintain excellent relationships with multiple external agencies - in particular, SARC (Sexual assault referral centre) from where we to continue to receive a high volume of referrals. The service sits on the local Exploitation Panel, which provides valuable oversight and intelligence through access to the Missing Children's Register and information on children identified as being at high risk. This supports timely safeguarding awareness and coordinated multi-agency responses. We work closely with Dudley Social Care to support the safety and wellbeing of our clients. Strong communication pathways are established, and the service is an active member of the local multi-agency safeguarding network, enabling timely information sharing and appropriate action when concerns arise. The team engages with local safeguarding and exploitation meetings to support the early identification of risk and coordinated multi-agency responses. In addition, we work in partnership with community networks to help address wider vulnerabilities that may impact clients' health, safety, and wellbeing.

Service	London
Clinical Excellence	Staffing and operational capacity were strengthened through the appointment of a new Administrator,

Service	London
	supporting clinic operations and health and safety compliance. A new Counsellor also joined the team, introducing fresh perspectives and enabling the counselling service to become fully established, with an increase in referrals as a result. Digital access to services has been enhanced through the successful integration of SXT, enabling online booking for STI treatment and repeat contraception. The system is now embedded into routine service delivery, with appointments consistently well utilised. Additional morning sessions led by Clinical Support Workers were introduced to provide rapid access to testing and advice, improving overall availability. Service promotion has been supported through collaboration with the Brook Communications team, using social media to increase awareness of the CAMISH service and extend reach. Clinical skills and capacity continue to be developed. A CaSH Nurse completed the Faculty of Sexual and Reproductive Healthcare Letter of Competence in Intrauterine Techniques (LoC IUT), increasing local access to IUD provision. A Clinical Support Worker also completed the STI Foundation (STIF) course, strengthening triage accuracy. Internal mentoring from an experienced CaSH Nurse with extensive GUM expertise has supported confidence and consistency in STI management. Specialist training delivered by FWD, the Drug and Alcohol Service for young people in Camden, further enhanced the team's ability to support vulnerable clients. The team also completed training on working with autistic people, and a Clinical Support Worker was designated as the clinic lead following completion of Oliver McGowan Champion training, supporting inclusive and accessible care for people with learning disabilities and autism. Partnership working remains strong. The team organised and attended a CAMISH network meeting in October, bringing together CNWL Archway Young People's Service and Brook's clinical, education and wellbeing teams. This supported shared learning, strengthened relationships, and promoted collaborative approaches to training and service delivery.

Service	London
Client safety	Safeguarding and risk management arrangements remain robust and well embedded across the service. A safeguarding audit confirmed a rating of "Good with Outstanding features," as validated by the Designated Safeguarding Lead and Deputy DSL, providing assurance of effective protection for service users. Strong partnership working is maintained through weekly safeguarding name-check meetings with CNWL Archway Young People's Clinic and quarterly local safeguarding supervision sessions, ensuring rigorous monitoring of vulnerable young people and timely identification and management of risk. Comprehensive safeguarding training is in place, with all staff completing mandatory training appropriate to their roles. This is supplemented by additional external safeguarding updates, including *Safeguarding LGBT+ Children and Young People*. Staff have also attended *Strengthening Our Response to Suicide* training, enhancing confidence and capability when supporting clients in crisis. Quality assurance has been strengthened through the development of a new Microsoft Form to support quarterly peer-review audits, introduced in direct response to staff feedback to streamline processes and address previous challenges. In addition, updated national Patient Group Directions (PGDs) have been implemented, ensuring continued compliance with both local and national standards.

Service	Manchester
Clinical Excellence	All recommended actions from the clinical audits were implemented. This included STI screening on clients requesting an implant removal due to bleeding, which has resulted in fewer removals. We implemented follow up text messages to clients who had requested a termination, asking them to book an appointment three weeks after the procedure, during the appointment we establish their experience of the termination provider and if suitable start them on a contraceptive method. Clients who attended for emergency contraception or pregnancy testing are booked for a follow up telephone consultation within three weeks, to establish if they have had a regular period. If required, we would ask them to

Service	Manchester
	attend a face-to-face appointment to compete a pregnancy test and a discussion on contraception going forward, improving the client experience of the offer in the clinic. We have a digital offer for STI testing and treatment, alongside this we continue to offer a 'test & go' service in the clinic, this has been enhanced this year with an additional questionnaire around safeguarding and health questions to ensure we can support those who require it. We have produced an electronic service directory which includes local and national organisations who offer additional support services for example; mental health, alcohol and drug and eating disorders etc. Staff are encouraged to use the hyperlinks within the document to provide up to date information which can be shared via text or email.
Client safety	All staff have completed the required safeguarding training appropriate to their roles. This includes Level 1 and 2 Brook safeguarding refresher training for all existing staff in client-facing roles, including those in managerial positions, alongside Prevent training. Staff who have direct, face-to-face contact with clients and are involved in assessment and safeguarding decision-making - including managers with client contact responsibilities - have completed accredited Local Safeguarding Children Board (LSCB) / Health Safeguarding Group (HSG) Level 3 safeguarding refresher e-learning. In addition, Level 3 and 4 safeguarding decision-making and policy refresher training has been completed by Safeguarding Leads and senior staff with responsibility for safeguarding decision-making. Clinical supervision provides professional support to clinical staff through an appraisal and supervision program that promotes learning and develops knowledge and skills to improve standards of client care. Mandatory supervision arrangements are in place to support the application of training to clinical practice and ensure safe, effective care.

Service	Manchester
	The clinical learning and development program supports consistent standards and approaches to clinical care and practice, providing learning and support opportunities to all our staff working within clinical teams and essential evidence for meeting CQC requirements and standards. We continue to attend and participate in Greater Manchester meetings, which include: o GM STI Working Group o Teenage Pregnancy Knowledge Exchange o GM Young Person Sexual Health Meeting o Cumbria and Lancashire Sexual Health Provider / Commissioner Forum o GM Strategic Partnership Group Meeting Safeguarding supervision is held every six weeks in a group setting. A review of open safeguarding files is completed weekly with individual staff members asked to attend to discuss their files. We received an unannounced visit from CQC this year, the final report rated Brook Manchester as Good across all domains. Following recommendations from CQC, we completed the following: • Changed the signage outside the building to ensure visually impaired clients had a better view of the entrance. • Added clear signs within the building to signpost toilets. • Added a welcome sign in multiple languages, advising we have access to a service which can help support where English is not the first language.

Service	Southend
Client safety	A strong safeguarding culture has been maintained across the service, with all clinical staff completing mandatory safeguarding training, including Level 3 and 4 for both adults and children. This is complemented by additional training in trauma-informed care, sexual exploitation, and responding to disclosures.

Service	Southend
	Staff confidence and consistency in managing complex safeguarding cases have been strengthened through ongoing training, regular supervision, and embedded reflective practice. Safeguarding knowledge is firmly embedded in day-to-day clinical practice, supporting the early identification of risk and ensuring timely, appropriate referrals to external agencies when required. The importance of accurate and comprehensive documentation has been reinforced, with a clear emphasis on safeguarding records meeting both legal and clinical standards. Multi-agency safeguarding practice is supported through appropriate information sharing and effective collaboration with partner organisations, ensuring coordinated responses and improved outcomes for vulnerable clients.

Service	Thurrock
Clinical Excellence	Clinic capacity across the service has increased following the recruitment and training of additional clinicians. This has included coil-fitting training and the development of specialist clinics, helping to respond to demand pressures and improve timely access to care. Cervical screening provision has been strengthened through the identification of staff requiring refresher training and the progression of new staff towards sign-off. This approach supports workforce sustainability and enhances early detection and prevention pathways. Service flexibility and access have improved with the introduction of vaccination and PrEP clinics from 1 November 2025, alongside weekday self-testing availability. These developments have reduced barriers to access and better support the needs of a diverse client population. Leadership and governance arrangements have been enhanced through the recruitment of a Service Manager, strengthening operational oversight, supporting staff development, and embedding robust clinical governance and quality assurance processes.

Service	Thurrock
	Partnership working and service innovation have expanded, including the opening of a third spoke site in Thurrock at Forward Trust in Grays. Outreach planning is ongoing, with the development of a "clinic in a box" model to support people experiencing rough sleeping, planned for summer 2026. Strong links with LGBTQI+ networks, social care, and fast-track HIV pathways continue to improve equity, access, and integrated care. The service demonstrates effective system leadership through active participation in key regional and local networks, including: • Essex Sexual Health Forum • Missing Children's Panel (MCP) • Gangs Forum • East of England UKHSA Sexual Health Forum • East of England Task & Finish Groups (5-year HIV and STI action plan) This engagement supports alignment with regional strategy, shared learning, and continuous improvement. High-quality patient experience has been recognised through the achievement of the *iwantgreatcare* Certificate of Excellence (2025). A service development plan has been established to shape the service in 2026/7 including a key focus on increased integration between service elements in delivery of prevention, outreach and clinical services. Jointly improved outcomes were agreed, to be enabled through the coordinated and holistic care approach.
Client safety	A strong safeguarding culture has been maintained across the service, with all clinical staff completing Level 3 and 4 safeguarding training. This has been complemented by additional focus on trauma-informed care, sexual exploitation, and managing disclosures, supporting staff confidence when responding to complex and sensitive cases. Quality and Governance Audit feedback was positive, recognising the team's strong engagement, effective delivery of action plans, and measurable improvements in safety and service quality. This reflects a proactive approach to governance and continuous improvement.

Service	Thurrock
	An overall rating of Good was achieved in the safeguarding audit undertaken in August 2025. The audit highlighted strengths in proactive care, clear communication, and responsiveness to client needs. Areas for improvement relating to safeguarding documentation and information-sharing were identified through audit and review activity. These were addressed through targeted training and reinforcement of the importance of accurate, timely record-keeping, recognising safeguarding records as legal documents. Multi-agency safeguarding arrangements were further strengthened through active participation in local and regional safeguarding networks. This approach supports effective partnership working, coordinated responses, and improved outcomes for vulnerable clients. Reflective practice remains embedded within the service. Safeguarding cases are routinely reviewed, and learning is shared across the team to continually enhance safeguarding practice and improve client safety.

Client feedback on Brook services

All services have online feedback mechanisms as described earlier in the report. Below is a selection of unedited comments from Brook clients about their experience of Brook services.

Treated me wonderfully and were very patient with me. Helpful as I have ADHD and Autism

Lovely staff, I felt so comfortable and no judgement and left with lots of good advice, thank you!

Fantastic service, everything explained and discussed every step of the way, checked to be sure I was comfortable and happy with everything before, during and after the appointment, very happy with the care received

Great staff on reception, amazingly knowledgeable nurses and doctors, everyone has a smile on their face and are professional to no end.

Was made to feel at ease & all my options were explained clearly and in detail

Friendly staff, clear and concise information and advice!

The lady at reception was very lovely and understanding, non-judgmental and supportive, swift timing until seeing a nurse and overall very positive experience. Thank you

Treated with so much kindness and respect! Very reassuring care.

The staff here are absolutely lovely. Always treated with such respect and compassion, and feel very heard.

I cannot praise the staff enough. I'm extremely grateful for being seen quickly and met by lovely, professionals, who listen and treat with you with kindness.

I had a really positive experience, both in terms of treatment and professionalism of staff and the procedure itself was quick and easy. The clinic was clean and calm, I was seen at the time of my appointment without having to wait a long time.

YOU GUYS ARE THE BEST !!!! Thank you so much for always being so wonderful!!

You provide an unbelievable service. The doctor was nothing but kind, reassuring and understanding. The lengths you go to, to provide everything a person could need are incredible.

An amazing experience which reduced my initial anxiety. The staff were lovely and very helpful.

Fabulous service with smiley faces and a non-judgement approach. Thank you for your kindness.

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:

"Thank you for sharing this with us, I really enjoyed reading it.

It was a pleasure to read about all the areas that Brook work in and the differences as well as developments within the sexual health services but also about the mental health and wellbeing services as well. Thank you for all the detail within this report and also for the engagement in the service development reviews recently, it is a pleasure to work with such an enthusiastic and forward thinking service."

Beth Capps I Senior Public Health Specialist Practitioner I Public Health I Adults and Health I Thurrock Council

"Cornwall Council welcomes Brook's Quality Account 2025–26 and is assured of the quality, safety and effectiveness of the services delivered locally. The Quality Account demonstrates strong clinical and corporate governance, a well-embedded safeguarding framework, and a clear commitment to continuous improvement through audit, workforce development and service user participation.

In Cornwall, Brook continues to deliver accessible, high-quality services with a skilled workforce, strong partnership working and consistently positive service user feedback. Commissioners particularly welcome the focus on safeguarding, workforce capability and service accessibility, while encouraging continued attention to local outcomes, data quality and the translation of organisational priorities into clearly articulated local delivery and impact during 2026–27.

While the overall Quality Account is strong, commissioners encourage Brook to strengthen local assurance by more clearly evidencing Cornwall-specific outcomes and inequalities through disaggregated data, providing clearer timelines and assurance around data completeness, setting out more explicit milestones for medicines management and prescribing developments, and more clearly demonstrating how 2026/27 organisational priorities will be translated into local delivery and monitored through routine contract and quality review processes."

Lee Evans I Public Health Principal I Sexual Health Commissioning & Strategy Lead Wellbeing & Public Health | Cornwall Council

Glossary

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

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