



# **Quality Account 2017/18**

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## Part One Introduction and statement from the Board

### Who are we?

Brook has been at the forefront of providing wellbeing and sexual health support for young people for over 50 years. Our services in local communities, our education programmes, our training for professionals and our campaigning work means that young people are better equipped to make positive and healthy lifestyle choices.

We believe that young people should have access to great sexual health services and wellbeing support. Brook is dedicated to making this happen.

### Sexual health and wellbeing experts

- Brook's team of clinical experts consists of doctors, nurses, counsellors and health and wellbeing specialists. All are highly skilled in delivering sexual health services to young people, including the most vulnerable and younger age groups. We operate across the country from our own clinics, in integrated service hubs of excellence and through outreach in local communities.
- Brook's relationships and sex education (RSE) and wellbeing support is provided nationwide within and outside of the school setting through our own education specialists and counsellors. Our staff are specially trained to deliver a range of formats from one-off whole school assemblies to ongoing support for those most at risk or vulnerable young people. We also provide professionals' training to upskill those working with young people.
- Our online help and advice for young people and digital resources for professionals working with young people complement our frontline services, and enable us to reach a wider demographic who may not have access to our clinics or education programmes.
- Through our public affairs and policy work, we advocate for change, ensuring that young people's sexual health is a priority on the political agenda, and advise public law and policy to be more aligned with what we know young people need and want.

Brook operates robust safeguarding procedures aiming to protect clients from harm while ensuring their right to confidentiality is properly upheld.

Young people turn to us for non-judgemental, confidential support and in turn, we make sure they receive the best possible care for them to live healthy, happy lives.

## Our services

Brook provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections, health and wellbeing interventions and education work from locations in the UK and Jersey (see map on page 5).

In 2017/18 Brook had direct contact with 178,514 young people through clinics and education work. This consisted of 50,894 clinical clients and 127,620 education contacts.

Our Ask Brook 24/7 service is an online resource for young people and professionals. This site had 20,830 visits between 1 April 2017 and 31 March 2018. We also supported 569,719 young people with online advice during the last 12 months.

Contraception and sexual health is often one of the first forms of health care that young people will seek independently of their parent or carer. As such, Brook takes pride in ensuring that young people have an outstanding first experience when using our services.

## Brook clinical services



Please note, our Northern Ireland service became independent on April 1<sup>st</sup> 2018

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

## Quality statement from the Board of Trustees and Chief Executive

Over fifty years ago, Helen Brook opened her first sexual health and advice centre for unmarried women, a controversy at the time, in an effort to reduce the number of illegal abortions. We are delighted that the tremendous difference this made on countless lives was recognised Radio 4's Women's Hour, as they named Helen Brook one of the most influential women from the last seven decades. This bold and pioneering legacy is one we are proud to continue to this day.

We are delighted to introduce our 2017/2018 Quality Account which demonstrates our continued commitment to improving the quality of our services, how we have identified areas of development and processes we have implemented to respond to the evolving needs and rights of young people in today's challenging environment.

This year, Brook's specialist team of sexual health and wellbeing experts has worked with hundreds of thousands of young people through our clinical services, education and wellbeing programmes, training for professionals and advocacy work.

Brook's clinical staff have undergone training to offer the latest and most effective forms of contraception, a growing number of young people are accessing our education and wellbeing services and we have increasingly more visits to our online help and advice pages.

Our digital focus has started to transform services across the organisation, enabling us to offer innovative sexual health services and reach more young people and professionals through our training programmes.

Our public affairs and policy work has significantly strengthened this year to make sure we are consulted on policy decisions that affect young people. Importantly, we have involved young people in decisions that affect them through the co-design of our services, leading campaigns and attending parliamentary meetings on RSE.

The feedback from young people we support is one of our greatest achievements this year; according to those surveyed, 98% of service users would recommend Brook to a friend. This is thanks to the passion, professionalism and expertise of Brook staff, along with the vital support of our partner organisations and sponsors, to whom we are very grateful.

Brook is the only national charity to offer both clinical sexual health and education and wellbeing services for young people and we have built a reputation for the quality of our work.

Our organisation is strengthened by sharing data and effective practice between and across Brook's services and with national partners, supporting intelligence-based learning to improve provision.

This will be further strengthened by our investment in learning, impact and quality with theories of change and intervention models enabling us to confidently demonstrate the impact of our work.

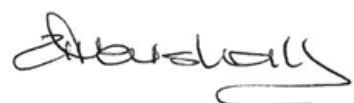
In 2018/2019, Brook's new digital tools will seek to transform our services with an aim to further extend our reach to young people living in particularly disadvantaged communities. We will be launching an improved education programme in preparation for mandatory RSE in 2019 and continue to ensure our safeguarding policies and procedures are reviewed and shared as widely as possible to ensure the protection of more young people.

We help young people learn how to negotiate relationships, build self-esteem, recognise risky situations and manage issues they face every day. This may include sexting, bullying, pornography and understanding signs of exploitation and abusive relationships. We also help them to understand contraception, sexually transmitted infections and how to keep safe.

The increase in online pornography, online sexual bullying, child sexual exploitation and sexual abuse reported in schools means there is increasing need for our work together with our valued partners.



Scott Bennett  
**Chair of the Board of Trustees**



Helen Marshall  
**Chief Executive**



## Part Two Priorities for improvement

### Progress against our 2017/18 priorities

Improvement priority	Progress
<p><b>Priority 1: Raise the digital component in all of our services</b></p>	<ul style="list-style-type: none"> <li>• An on line-booking module has been developed for services that use the Lillie EPR System. The aim is that this will go live in April 2018.</li> <li>• We are continuing development of our website through an ongoing review</li> <li>• We have developed interactive teaching materials for use by clients. For example, animation videos as a means of providing information</li> <li>• Services encourage clients to use the EC calculator before their consultation. Clinicians are encouraged to use the EC calculator with clients to support discussions regarding the most appropriate method of emergency contraception. Reference to the tool is included in the Emergency Contraception PGDs.</li> <li>• An electronic patient record system is now in use in all the main hub services and in the majority of outreach / spoke settings.</li> <li>• The EPR system is in the process of undergoing development to ensure it is more responsive to the needs of clinicians recording consultations</li> </ul>
<p><b>Priority 2: Ensure LARC methods of contraception including SDI and IUT are available on demand in all Brook hubs</b></p>	<ul style="list-style-type: none"> <li>• We continue to increase the number of registered nurses that are able to offer the sub dermal implant as a means of contraception.</li> <li>• Services have been identifying and supporting staff who wish to undertake the IUT training.</li> <li>• Applications of interest are encouraged for those wishing to undertake the revised Faculty Registered Trainer Programme.</li> </ul>
<p><b>Priority 3: Ensure all services are using the Peer Review tool in order to ensure that accurate record keeping is maintained</b></p>	<ul style="list-style-type: none"> <li>• Further resource materials are now available for services to support the use the Peer Review Tool. Here is a link to the instruction video; <a href="#">Peer review tool video</a></li> <li>• Each Record Keeping Assessment Tool webform is unique for each member of staff and over time it collates staff progress over time</li> </ul>
<p><b>Priority 4: Sayana</b></p>	<ul style="list-style-type: none"> <li>• Training materials provided to services to enhance</li> </ul>

<p><b>Press – self-administration</b></p>	<p>knowledge of self-administration of Sayana press. In some services teaching sessions have been provide by Pfizer</p> <ul style="list-style-type: none"> <li>• Information on the website has been updated</li> <li>• PGDs have been developed to facilitate self administration in all services except Bedford including partnership services</li> </ul>
<p><b>Priority 5: Ensure that all clients that report unscheduled bleeding while using a LARC method of contraception receive an STI TEST prior to removal</b></p>	<ul style="list-style-type: none"> <li>• The subdermal implant is a known cause of unscheduled bleeding; however, a concomitant infection with chlamydia can cause this too</li> <li>• Screening of Brook clients finds 8% have chlamydia and the majority (80%) have no symptoms</li> <li>• Services are expected to test around 30% of the women who have their implant removed</li> </ul>

# Priorities for improvement 2018/19

All Brook services will continue to work towards common clinical improvement priorities. This year we would like our services to focus on the provision of emergency contraception and the management of sexually transmitted infections. The priorities for 2018 – 2019 are as follows;

- 1. The IUD is offered to all clients attending for emergency contraception, to include signposting and referral to other services if appropriate**
- 2. Doxycycline is the first line medication (if clinically suitable) for the treatment of chlamydia**
- 3. STI testing is offered and if needed treatment is administered for all clients prior to the removal of long acting reversible contraception (LARC) methods if irregular bleeding is experienced.**
- 4. All clients testing positive to chlamydia are to be re-tested at three months.**

These priorities have been agreed with the Board, the Executive team and by the Clinical Participation Champions Group. Further details follow below.

## Clinical Effectiveness

### Priority 1:

**The IUD is offered to all clients attending for emergency contraception including signposting and referral to other services if appropriate.**

<b>What do we plan to do?</b>	<ul style="list-style-type: none"> <li>Increase the number of staff at service level that are able to fit IUT.</li> <li>Services to update local referral pathways for emergency IUD in order to facilitate referral if necessary</li> </ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"> <li>Emergency contraception templates will be audited to review how often the IUD is offered / discussed through the year</li> </ul>
<b>How will progress be reported?</b>	<ul style="list-style-type: none"> <li>Progress to be reviewed at Service Delivery Meetings and in the Clinical Leadership Team.</li> <li>The IUT training plan will be reviewed at 6 monthly intervals</li> </ul>

## Client Safety

### Priority 2:

**Doxycycline will be the first line medication (if clinically suitable) for the treatment of chlamydia in all services**

<b>What do we plan to do?</b>	<ul style="list-style-type: none"><li>• Ensure that all services have PGDs in place to support treatment provision</li><li>• Where in partnership encourage discussion with senior clinicians to explore this approach being adopted</li><li>• Training provided regarding antibiotic resistance in STI management</li></ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"><li>• Data will be reviewed in the STI audits</li></ul>
<b>How will progress be reported?</b>	<ul style="list-style-type: none"><li>• Progress will be reported to the Clinical Leadership Team</li><li>• Discussion via the Nurse Manager network</li></ul>

## Client Safety

### Priority 3:

**STI testing is offered and if needed treatment is administered for all clients prior to the removal of long acting reversible contraception (LARC) methods if irregular bleeding is experienced.**

<b>What do we plan to do?</b>	<ul style="list-style-type: none"><li>• An STI test is offered, treatment is administered if necessary prior to the removal of any method of LARC if irregular bleeding is experienced</li></ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"><li>• Data of implant and IUT removal and STI testing will be reviewed periodically throughout the year</li><li>• The implant audit will be run in 2018 as scheduled</li></ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"><li>• Via the nurse manager network</li><li>• Via the service audit reports</li></ul>

# Client Experience

## Priority 4:

**All clients testing positive for chlamydia to be re-tested at three months**

<b>What do we plan to do?</b>	<ul style="list-style-type: none"><li>All clients that test positive to chlamydia are re tested at three months</li></ul>
<b>How will progress be measured and monitored?</b>	<ul style="list-style-type: none"><li>Audit of re-testing of clients</li></ul>
<b>How will progress be reported</b>	<ul style="list-style-type: none"><li>Service level – STI audit</li></ul>

# Part Three Statement of assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to providers of community sexual health services.

## Review of services

During 2017/18 Brook provided and/or sub-contracted 27 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 27 services reviewed in 2017/18 represents 100% of the total income generated from the provision of health services by Brook Young People for 2017/18.

## Participation in clinical audits

During 2017/18, no NHS National Clinical Audits and no National Confidential Enquiries covered the health services that Brook provides.

The provider reviewed the reports of five Brook organisation-wide clinical audits in 2017/18 and Brook took/intends to take the following actions to improve the quality of healthcare provided.

Audit	Actions to improve the quality of care provided
Abortion referral	<p>All women being referred for an abortion have:</p> <ul style="list-style-type: none"> <li>• An estimate of their gestation to determine if a medical abortion is possible (<a href="https://www.mariestopes.org.uk/women/abortion/pregnacy-calculator">https://www.mariestopes.org.uk/women/abortion/pregnacy-calculator</a>)</li> <li>• An STI screen in all women or documentation that it is inappropriate</li> <li>• A follow up appointment or call arranged at three weeks by a well being support worker or other health care professional to capture:               <ul style="list-style-type: none"> <li>○ Delay / difficulties with the abortion referral</li> <li>○ Abortion type received</li> <li>○ If contraception was provided &amp; if not to invite back for an appointment</li> </ul> </li> </ul> <p>Brook present the audit findings at team meetings and services shared these actions with their staff by the end of September 2017</p>

<p>Emergency contraception (EC)</p>	<ul style="list-style-type: none"> <li>• Clients presenting for EC should be encouraged to complete the EC calculator (<a href="http://www.sxt.org.uk/ec">www.sxt.org.uk/ec</a>) whilst they are waiting to be seen</li> <li>• All staff to read and review the latest Faculty EC guidelines (March 2017)</li> <li>• Clinics need to determine which local providers provide the Cu-IUD, when this service is available and how the Brook client can access them *</li> <li>• Quick starting should be offered to all women who opt for oral EC and those using UPA should not start any method for five days</li> <li>• Services should identify those staff who will train to fit Cu-IUD and improve provision</li> </ul> <p>*Note: the easiest way to do this is to ask these providers to add themselves onto the SXT platform where their services can be accurately promoted. This service is simple and free for your local providers to use. If you have any questions please contact <a href="mailto:enquiries@sxt.org.uk">enquiries@sxt.org.uk</a></p>
<p>Implant fitting and removal</p>	<ul style="list-style-type: none"> <li>• Removal of an implant for irregular bleeding should not be done until an STI has been ruled out (Target=95%)</li> <li>• We are planning to use DART to track the number of women having an STI test or treatment with a combined pill prior to removal. This information will be shared with Nurse Managers to support the implementation of this recommendation</li> <li>• Standard counselling should be given to Brook clients regarding side effects and how irregular bleeding can be managed if it does not settle</li> <li>• The Brook website implant page (<a href="http://bit.ly/2adC5v8">http://bit.ly/2adC5v8</a>) has been updated to ensure that all clients can receive all the same information about side effects and management and staff should direct clients to this resource</li> <li>• The sub dermal implant should be offered to all women who 'quick start' contraception or present for emergency oral contraception</li> <li>• The majority of clients 'quick starting' after emergency contraception can either be given a pregnancy test to take home (or advised to purchase a pregnancy test) with the date when they should perform the test</li> <li>• If the client is vulnerable or requires an STI test they should be advised to come back to the service at three weeks</li> </ul>
<p>Infection control</p>	<ul style="list-style-type: none"> <li>• Infection control standards to be enforced in staff kitchens (Blackburn, Burnley, Oldham) We will continue with training in Dudley</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure that all staff receive training as required (in the induction period and ongoing)</li> <li>• All services scored to be compliant in the infection control audit</li> <li>• Ensure that all staff receive training as required (in the induction period and ongoing)</li> </ul>
Record-keeping	<ul style="list-style-type: none"> <li>• Brook Record Keeping Assessment Tool; <ul style="list-style-type: none"> <li>○ This was developed to support nursing managers assess the record keeping across Brook for all clinical staff.</li> <li>○ There is a procedure and video resource available to support staff to use the tool.</li> </ul> </li> <li>• Only 90 of the 581 clients in the last emergency contraception audit were captured on paper notes. All the remainder of clients had their clinical consultation documented on a single electronic patient record</li> </ul>
Sexually transmitted infection screening	<ul style="list-style-type: none"> <li>• Treat with doxycycline first line ( azithromycin should only be given if the client is pregnant or allergic to doxycycline)</li> <li>• Offer &amp; encourage re-testing at three months in clients with chlamydia (target 1 in 2)</li> <li>• Use the SXT tool to deliver more effective partner notification or liaise with the chlamydia screening office about their PN performance</li> </ul>

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Brook in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 81. The London service participated in research in the area of contraception and choices. This involved provision of feedback for an online service about a range of contraception and choices.

## Use of the CQUIN payment framework

A proportion of income in Bedford and London in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Brook and any person or body they entered into a contract, agreement or arrangement with



for the provision of relevant health services, through Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available from the Service Managers in London and Bedford.

## Statements from the CQC

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.

During this period, there has been an ongoing discussion with the lead provider of the Wirral Integrated Service regarding registration and it has been agreed that Brook will revert to having its own registration. This is now being progressed. During this transition, Wirral will remain under the registration of the Wirral Community Trust.

At 31<sup>st</sup> March 2018, all services had a registered manager. The Care Quality Commission has not taken enforcement action against Brook during 2017 - 2018. Brook has not participated in any special reviews or investigations by the CQC during the reporting period. All Brook services underwent inspection by CQC during the period of April 2016 – May 2017. In March 2018, Brook's service in Wirral underwent inspection as part of the Trust inspection process.

The Bedford service is under the registration of the lead provider Cambridge Community Services. This service has not been inspected to date.

All action plans have been implemented post inspection. The local CQC inspection teams have signed these off. All published reports are available on the CQC website.

## Data quality

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

Brook will continue to take the following actions to improve data quality:

- The data team will expand on the current suite of data quality reports for clinical and education data
- Performance reports will be developed to highlight those services that have excellent data quality
- The data team will work alongside the digital team to look at ways to help colleagues across the organisations share ways of working that minimise data quality issues
- Data collection and data quality procedures will be reviewed as part of new legislation
- We will audit compliance with procedures

## NHS Number and General Medical Practice Code Validity

Brook is not required to submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

## Information Governance Toolkit attainment levels

Brook's Information Governance Assessment Report overall score for 2017/18 was 96% and was graded green. Brook's assessment report is available to view on the Information Governance Toolkit website at; [Brook's assessment report](#)

## Clinical coding error rate

Brook was not subject to the Payment by Results clinical coding audit during 2017/18 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
2016/17	221	0.12%	0
2017/18	140	0.159%	0

Service	Number of incidents 2016/17	Incidents as % of client visits per service	Number of incidents 2017/18	Incidents as % of client visits per service
Bedford	16	0.64%	19****	**
Blackburn & Burnley	23	0.45%	13	0.228%
Bristol	15	0.23%	9	0.093%
Cornwall	15	0.54%	4	0.094%
Jersey	2	0.12%	1	0.026%
Liverpool	24	0.28%	9	0.073%
London	47	0.57%	12	0.145%
Manchester	3	0.06%	6	0.082%
Milton Keynes	*****52	0.93%	26	0.284%
Northern Ireland	6	1.56%	5	0.093%
Oldham	0	0%	8	0.117%
Sandwell & Dudley	30	0.76%	16	0.311%
Wigan	4	0.08%	3	0.033%
Wirral	0	0%	3	***

\*\*Bedford figures unavailable due to partner data system

\*\*\* Wirral figures unavailable due to partner data system

\*\*\*\*These are partner incidents in total (iCash), not specifically Brook  
\*\*\*\*These figures have been corrected and should read 32 and 0.57%  
(Milton Keynes)

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

- All incidents are reported under Brook's systems (incident reporting, investigation, learning procedure and including information governance, incidents, medicines management incidents and clinical incidents)
- Recognition of the importance of incident reporting as a learning tool to improve client safety

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

Brook intends to take/has taken the following actions to improve this number, and so the quality of its services:

- we implement a common incident reporting procedure across the organisation to ensure consistent reporting and grading of incidents
- we will continue to monitor and review incidents and near misses and share relevant learning across the organisation as well as locally
- we will continue to support staff in reporting incidents and near misses
- we will continue to provide quality training and support as required

## Part Four Review of quality assurance 2017/18

### Supporting excellence and quality assurance

#### Clinical and quality governance

During 2017-2018, the Board reviewed its governance committees. The Clinical Advisory Group has been replaced with the Quality and Assurance Committee. This group is chaired by one of the Deputy Chairs from the Board. Membership includes other trustees and external specialists in safeguarding and clinical services. Representation from internal departments is by invitation as appropriate. Terms of Reference have been set and will be reviewed in 12 months to ensure the group is achieving its aim and purpose. The Quality and Assurance Committee will meet four times a year

The Clinical Leadership Team meets three times a year. Membership includes the Director of Operations, Head of Nursing and Medical Director. The Head of Nursing and Medical Director meet regularly to review clinical and quality governance improvement plans

The Head of Nursing works closely with the Director and Heads of Operations to ensure that the clinical services retain ongoing improvement and quality. The Head of Nursing and Medical Director promote efficient and effective professional leadership for all clinical and nursing staff. Nurse Managers in each service are responsible for ensuring compliance with clinical quality management processes and best practice.

#### Quarterly quality reports

Nurse and Service Managers provide quarterly quality and risk reports to the Director of Operations summarising incidents, complaints and other significant events and the actions taken in response. The clinical leadership team reviews the reports to ensure that learning can be shared across the organisation and training implemented if necessary. The Quality and Assurance Committee will receive a summary of the quarter quality reports.

Since the introduction of Brook's new data centre, IT related incidents have significantly reduced.

The commissioning environment remains challenging. During this time, we have not been successful in the tender process with a number of clinical services. The Wigan service transferred to a new provider at the end of February 2018. The Sandwell clinical service ceased at the end of March 2018.

## Quality assurance system

Brook services continue to work with PQASSO standards and several Brook services achieved the You're Welcome kitemark in the last year. Following a review of quality assurance systems, it has been agreed that the priority for 2018/19 is to focus on achieving Matrix standard – this is the quality standard for information, advice and guidance. Brook has invested in a Head of Quality who will be implementing these standards in the coming year.

## Leadership and management development

The Leadership team has continued to develop in its strategic capacity throughout the last year, building relationships both internally and externally. Regular strategic meetings have taken place to review and deliver strategic priorities identified as part of Brook's annual business plan.

This year has seen the introduction of a central training budget and learning and development scheme, available for all staff at Brook; the take up of this has been encouraging. We have also begun an evaluation of both mandatory and non-mandatory training to support the development of a cohesive plan for design and delivery of training across Brook, by using the training and development arm of our existing HR system (Cezanne).

Part of the development specifically identified for the leadership team focused on exploring individual and team personality types and preferences to promote team working and the value of diversity through the use of Myers Briggs Type Indicator (MBTI).

Next year a programme of leadership and management development will be designed, to develop the knowledge and skills requirements to deliver the strategic objectives outlined by Brook.

## 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 key areas:

- Complaints
- Medicines management
- Infection control
- Delivery of clinical services
- Clinical supervision, appraisal and professional development
- Clinical risk and incidents
- Clinical audit and quality improvement
- Duty of candour

- Clinical appraisal and revalidation for doctors
- Revalidation for nurses
- Remediation
- Hepatitis B immunisation
- Retention and disposal of client and healthcare-related records

The CLT reviewed 32 policies and procedures during the year.

## Service developments

### Supporting and developing Brook nurses

The clinical leadership team continues to support and develop our workforce. This year we have continued with the subdermal implant-training plan supporting staff to achieve the Letter of Competence from the Faculty of Reproductive Sexual Health care. Services continue to host pre-registration placements. At our staff conference, we delivered clinical sessions on emergency contraception, STI's and bringing digital to life.

### Counselling

During 2017/18 we reviewed our guidance for counsellors on offering counselling to young people who are waiting to give evidence in court to ensure we are referring to specialist services in these circumstances. We identified significant learning that we can replicate where counsellors work closely with education specialists providing both education and counselling to improve outcomes for young people.

We have reviewed and improved our volunteer counselling model in one of our services that has been delivering counselling across 2 local authorities based on the experience of one of our inner city services. We will monitor the impact of this during 2018/19 in order to identify learning across our other services.

### Health and wellbeing

During 2017/8 we improved training for staff delivering targeted 1-1 support. We have updated our electronic record keeping systems to enable us to rollout consistent electronic record keeping across our services for targeted 1-1 services. We developed 2 additional resources for our My Life programme. We were successful in securing three additional contracts for our 1-1 targeted support including a partnership to co-deliver sexual health and alcohol and drug services, both teams were dual trained and are implementing Brook's 1-1 approach and resources.

## Clinical effectiveness

### Participation in clinical audits

Services took part in 5 national Brook clinical audits during 2017/18. The audit data was analysed nationally and the clinical leadership team produced a summary report for each audit, including improvement actions for implementation by Nurse Managers locally. Services also received data that allowed them to compare their own performance to other Brook services.

The record keeping audit is incorporated in the Emergency Contraception Audit and data will also be captured in the record keeping peer review tool. The 2017/18 audits demonstrated improvements in practice in some areas and continued to identify areas where we need to do better.

Table 1 shows the recommendations for improvement from each audit and the progress towards their achievement over time.

**Table 1: Audit recommendations and progress**

Standard or recommendation	2014/15	2015/16	2016/17	2017/18
<b>Abortion referral</b>				
All women have an estimate of gestation documented	86%	84%	88%	75%
All women referred for abortion are offered an STI screen if appropriate	60%	52%	60%	64%
All women are offered a follow up consultation three weeks after their abortion	25%	27%	25%	33%
<b>Emergency contraception</b>				
All women should be offered a Cu-IUD as the first line method of emergency contraception	70%	75%	77%	78%
All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception	79%	79%	75%	62%
All women should be advised to have a pregnancy test three weeks after emergency contraception	89%	94%	87%	96%
All women with a new partner at presentation should be offered a sexual health screen	73%	83%	73%	73%
<b>Implant fitting and removal</b>				
All women presenting with irregular bleeding should have an STI test	96%	72%	66%	75%
Removal of an implant for irregular	69%	68%	70%	65%

bleeding should not be done until an STI has been ruled out				
All women having an implant fitted should be counselled about the five main side effects	54%	46%	40%	41%
All women having an implant fitted should be given advice on what to do if irregular bleeding persists after three months	69%	68%	72%	77%
<b>Record keeping</b>				
Name, date of birth and clinic number should be recorded on at least one side of paper records	85%	>99%	95%	95%
Name of staff member should be printed in the notes	91%	95%	96%	99%
Staff member should sign the notes	98%	99%	99%	98%
A name stamp should be used	63%	66%	81%	72%
Allergies should be documented	96%	96%	98%	97%
<b>STI testing and treatment</b>				
Sexuality should be documented	86%	98%	97%	95%
Clients with a positive test result should be supported to notify their partner/s	70%	86%	87%	89%

## Intrauterine technology training plan

During the year, we have formed a partnership with the pharmaceutical company – Bayer. The main aim behind this partnership is to improve and increase knowledge of IUT contraception and to increase access to this method. We have been able to support a number of our nurses to undertake training to achieve the Letter of Competence in IUT (LoC IUT). This continues to support our clinical priorities of this year and the future.

We currently have expressions of interest from all of our clinical services for a number of nurses to undertake this training. To date this has commenced in six of our services. Additionally resources are in development to increase understanding of IUT as a method of contraception (emergency and planned) across all front line delivery staff. Resource materials that can be used by education teams and also to inform clients will soon be available.

## Patient Group Directions

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals, including nurses, to supply a specified medicine to a pre-defined group of patients, without them having to see a prescriber. We have two suites of Brook-wide PGDs for contraception and treatment of uncomplicated chlamydia and the treatment of symptomatic sexually transmitted infections. These have increased the range of contraceptive methods and STI treatments which



nurses are able to provide to clients and standardised practice across the services using them.

During this time, the following PGDs have been reviewed and updated;

- 1. Emergency Contraception
- 2. Contraception
- 3. Treatment of chlamydia

### Maintaining national and local communication

We send out a monthly staff newsletter which includes clinical updates when appropriate. We held an all staff conference in March 2018 which provided clinical updates to colleagues across the organisation.

### Client safety

#### Infection control standards

All services completed a national infection control audit between November and December 2017 using the Brook infection control toolkit, which is based on the standards of the Infection Control Nurses Association. Full compliance with the audit standards requires a minimum score of 85% in all areas audited. Four of the services scored amber in the audit due to kitchen facilities and one other scored amber due to training delivery. All of these issues have now been rectified. All other services achieved full compliance.

**Table 2: Results of infection control audit**

Service	Mean score 2017		Mean score compared to 2016
	Score	Status	
Bedford	n/a	N/A – Trust audit	n/a
Blackburn	96%	Fully compliant	-3
Bristol	96%	Fully compliant	+1
Burnley	96%	Fully compliant	-4
Cornwall	99%	Fully compliant	+3
Jersey	97%	Fully compliant	+5
Liverpool	96%	Fully compliant	-3
London: Brixton	96%	Fully compliant	No change
London: Euston	99%	Fully compliant	+4
Manchester	100%	Fully compliant	+6
Milton Keynes	97%	Fully compliant	+2
Northern Ireland	97%	Fully compliant	+6
Oldham	96%	Fully compliant	+4

Sandwell & Dudley: Dudley	93%	Fully compliant	+1
Sandwell & Dudley: Tipton	100%	Fully compliant	+4
Sandwell & Dudley: West Bromwich	96%	Fully compliant	+4
Wigan & Leigh	96%	Fully compliant	+1
Wirral	96%	Fully compliant	+7

## Safeguarding young people from harm

Brook's Quality and Assurance Committee owns and oversees Brook's safeguarding framework and Protecting Young People Policy within the context of relevant law and guidance. Membership of the committee includes Brook's Deputy Chair, a second trustee, the Director of Operations and members of the Senior Leadership Team by invitation. In carrying out this function, the Committee:

- Oversees the development, review and implementation of the Protecting Young People Policy, including the Confidentiality Policy and all associated procedures.
- Seeks assurance that appropriate systems and processes are in place to ensure Brook effectively safeguards its service users and volunteers.
- Provides scrutiny, challenge and support to the Caldicott Guardian and Designated Safeguarding Lead.

The Committee will agree an annual programme of internal audit and evaluation of Brook's safeguarding practices and improvement plans to provide assurance to the Board that young people are effectively safeguarded and staff appropriately trained. The Committee will also monitor Serious Case Reviews in which Brook is involved, to ensure any strategic risks are identified and that learning is appropriately shared across the organisation and with the Board.

### **The safeguarding priorities of the Quality and Assurance Committee for 2017/18 were:**

1. To complete a safeguarding audit of all outstanding services and report on findings and any remedial that has been taken or is still needed.
2. To take all possible steps to encourage external data providers to extract data to enable robust oversight of our safeguarding work.
3. To review safeguarding policies and procedures in light of the introduction of the data centre and the electronic patient record system across all services.
4. To implement refreshed safeguarding policies and procedures for participation and volunteering work then audit within 6 months to monitor and evaluate effectiveness.
5. To review and refresh tools and resources used by education teams in safeguarding young people.
6. To share safeguarding best practice through our partnership services and by delivering training to external agencies, including tailored packages when requested.

7. To demonstrate the impact of our safeguarding work by evidencing the value of our work in safeguarding the most vulnerable young people. Also to highlight the impact of this on our teams and the resource required to support this.

## Outcomes

1. A detailed, rag rated, safeguarding processes and procedures audit has been completed on all services. All were rag rated green, which is excellent progress. A repeat audit is due in Jersey May 2018 in light of new management.
2. All safeguarding data is accessible to external partners.
3. All safeguarding policies and procedures are available on the Brook intranet. The safeguarding assessment tool, (the Client Core record), has been incorporated into the BLITHE electronic patient record, along with the safeguarding proforma. For services using partner's electronic patient records, the safeguarding assessment tool, and proforma have been added, or are currently introducing them, or similar systems, to safeguard effectively. All escalation team referrals are collated on the data centre to enable audit. Safeguarding supervision notes for the escalation team members are also added to the data centre.
4. The Designated Safeguarding Lead and the Head of Participation, worked together to refresh safeguarding tools for Participation and volunteers. All participation and volunteering staff follow the PYPP for safeguarding guidance.
5. The Head of Education has revised safeguarding education tools and resources. All staff working with young people on one to one work, now completes a detailed client core record assessment, and follows the decision making and referral process detailed in the PYPP.
6. Safeguarding practice in Brook is shared throughout our partnership arrangements. Joint safeguarding standard operating procedures have been produced where necessary. Brook CSE training for boys and young men is currently underway for NHS staff, and a safeguarding decision making training plan for external agencies has been produced. We plan to introduce ACE factor training for all client facing staff throughout 2018
7. To effectively safeguard for the most vulnerable young people, it is essential for all one to one contacts that we complete a full risk taking and social history assessment, and act accordingly to protect them when risk of harm is identified. By having robust safeguarding systems and processes in place we are able to do this by equipping staff to feel confident in the safeguarding process we use, especially as help is available from the safeguarding leads and safeguarding escalation team throughout the safeguarding process. The

education and participation team target the most vulnerable young people, giving advice, delivering training, and via the life project. Mandatory Level 3 safeguarding training for all client facing staff has provided them with essential knowledge and skills to enable them to recognise and deal with vulnerabilities

## Client satisfaction surveys

For the sixth year in succession, we undertook a national Counter Measures survey to establish levels of client satisfaction with Brook services. The survey ran for two weeks and we asked the question **'Would you recommend Brook to a friend?'** Clients were given a counter and asked to place them in collecting boxes marked "yes" or "no" in response to a closed question.

The proportion of clients answering "yes" to the question "Would you recommend Brook to a friend?" ranged from 83% to 100%. The mean was 91%. The percentage of client visits that produced a survey response varied from 6% to 100%. The mean was 47%. The most frequent score was 100% achieved by 7 locations

**Table 3: Counter Measures 2017/18**

### Table of Results

Service	% Yes counters	Response rate
Bedford*	0	0
Blackburn	100	49
Bristol	100	38
Burnley	100	69
Cornwall	100	71
Jersey	99	50
Liverpool	93	35
London- Brixton	100	6
London- Euston	98	25
Manchester	98	38
Milton Keynes	99	59
NI- Belfast	83	85
NI- Coleraine	75	100
Oldham	100	67
Sandwell & Dudley **	98	41
Wigan and Leigh	100	27
Wirral	99	35

\* Did not participate

\*\* Sandwell only

We are able to measure whether levels of satisfaction have changed and if response rates have improved compared to previous years. Levels of satisfaction averaged across the organisation remain high.

### Complaints

Whilst we hope that all clients have an excellent experience when they use our services, we recognise that sometimes things go wrong.

The Clinical Leadership Team reviews all complaints on a quarterly basis and the Board’s Risk, Finance and Assurance Committee receive an annual report on the number of complaints, trends and outcomes.

The percentage of complaints per client visit remained the same. The number of complaints remains extremely low in proportion to the number of client contacts. Currently we receive around 4 client complaints for every 10,000 visits nationally, though the proportions vary locally and over time.

The total number of complaints received in 2017/18 is set out in Table 4.

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

Service	2016/17		2017/18	
	Number of complaints	% visits leading to complaints	Number of complaints	% visits leading to complaints
Bedford	0	0%	9	*
Blackburn & Burnley	3	0.06%	4	0.070%
Bristol	1	0.02%	1	0.010%
Cornwall	0	0%	0	0.000%
Jersey	0	0%	0	0.000%
Liverpool	3	0.04%	5	0.041%
London	5	0.06%	3	0.036%
Manchester	0	0%	1	0.014%
Milton Keynes	4	0.07%	6	0.066%
Northern Ireland	-	-	3	0.055%
Oldham	1	0.03%	0	0.000%
Sandwell & Dudley	2	0.05%	4	0.078%
Wigan	4	0.09%	2	0.022%
Wirral	0	0%	0	0.000%
Total	23	0.04%	35	0.030%

\*Bedford figures unavailable due to partner data system

The main concerns raised by clients were around perceived poor service from staff and waiting times in clinics

All complaints were resolved with an apology and/or an explanation. All of the 35 complainants were happy with our resolution of their complaint. No complainants, as far as we are aware, have referred their complaints to the relevant Ombudsman for review.

## **Brook-wide staff survey**

54% of staff responded to the staff survey in May 2017, which was a slight increase on the previous survey two years prior. In addition to general questions regarding staff satisfaction and Brook's vision for the future we asked specific questions around safeguarding and staff pay and benefits.

Overall, staff are happy; 69% claim to be either satisfied or extremely satisfied about working for Brook and 60% of staff rate Brook as a good or excellent place to work.

In 2015 only 64.5% of staff felt that Brook had clear vision for the future, so we are pleased that this year 93% of staff said they understood how their performance helps Brook to achieve its aims and objectives.

Safeguarding scored highly as 98% of staff believe that safeguarding is part of their individual responsibility at Brook. Of those working regularly with young people (164), 90% find the six-step safeguarding procedure easy to follow, and 84.3% felt support was available to them throughout safeguarding issues.

68% responded that they have access to the training they need to do their job yet other staff clearly felt that training was not given enough of a priority.

Two thirds of staff had received an appraisal from their line manager at the time of the survey with 65% of those rating the appraisal good or excellent.

All staff received a report following the staff survey and the Leadership Team agreed a subsequent action plan, the results of which will be fed back to staff in April 2018. The next staff survey will take place towards the end of 2018.

# 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	Bedford
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• We continue mobilisation of the new integrated contract under Cambridge Community Service governance.</li> <li>• An all age integrated service has allowed for Brook nurses to shadow and learn from GUM colleagues and consultants.</li> <li>• There has been an increase in training opportunities for Brook staff.</li> <li>• We continue to review and develop an outreach service for vulnerable young people</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• Our fortnightly team meeting provide regular and structured occasions for updates including training opportunities.</li> <li>• Staff are now working under CCS clinical governance including their safeguarding policy</li> </ul>
<b>Client experience</b>	<ul style="list-style-type: none"> <li>• The monthly satisfaction surveys indicate that between 94%-97% of clients would recommend the service to friends and family</li> </ul>

Service	Blackburn & Burnley
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• This year we have moved across to our prime provider organisation's Electronic Patient Record system, Blithe Lillie, and have worked with the provider to incorporate Brook safeguarding and risk assessment content into the templates.</li> <li>• We have worked with our Prime Provider to roll out training and sign up to reviewed service PGD's to all of our staff.</li> <li>• This year we have introduced a new Health Care Assistant role into our services, both post holders have completed their competency sign off and will be</li> </ul>

<b>Client safety</b>	<p>integral to the roll out of an enhanced screening offer in the year ahead. This marks our progress in the development of our Level 2 offer.</p> <ul style="list-style-type: none"> <li>All nurses completed FSRH, EKA, LOC, SDI and Course of 5.</li> </ul>
	<ul style="list-style-type: none"> <li>This year 100% of eligible nurses have achieved their sub dermal implant LoC.</li> <li>This year we have contributed to two Serious Case Review processes locally; in relation to one SCR we worked with Brook Safeguarding Lead to develop an action plan which has subsequently been completed.</li> </ul>
<b>Client experience</b>	<ul style="list-style-type: none"> <li>This year we have commenced a training plan for nurses around the use of Sayana Press and will continue with this training plan in the year to come.</li> </ul>

<b>Service</b>	<b>Bristol</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>We are working with our lead partner UHB (in the Unity partnership) to provide Brook with microscopy training. We are still exploring options and await further decision from the lead partner.</li> <li>We are working with our lead partner to provide Gonorrhoea treatment for those clients requiring it. Brook Clinic would be pleased to provide this service and the PGD already exists to facilitate this. Once we have received training from our lead partner, we will look forward to delivering this service.</li> <li>Much of Brook Bristol STI cases are dealt with by the Chlamydia Screening Programme who also take on the Partner Notification. Incidences of other STI'S are much less frequent. Brook Bristol would however be willing to carry out Partner Notification with training as needed.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>Last year we said that we would continue with the sub dermal implant training for all Band 6 nurse working for Brook. We are pleased to announce that all team members are trained to fit implants now except one worker who started work with us within the last 6 months. This member of staff and will be undertaking this training shortly with an expected completion by the summer of 2018.</li> </ul>



- One member of the nursing team started the LOC IUC certification during quarter 3 of 2017 and we expect this candidate to have completed their training by April 2018. This will enable us to provide a more comprehensive LARC offer when appropriate, particularly in respect of the new Emergency Contraception guidelines from the FSRH
- Brook is committed to develop the model of self-administration of Sayana Press across the organisation. Locally we have:
  - participated in the training of staff and development of PGD to enable this to occur.
  - developed and facilitated local training in the use of Sayana Press which took place in February 2018. Staff have expressed willingness to use this method when available on PGD. Meanwhile our clinic doctor may choose to use it on individual prescription.
- Brook Bristol continues to be an active partner on the Local Safeguarding Children's Board CSE sub group. We also work closely with partner agencies to ensure a quality response to safeguarding matters. For example, during 2017/2018 we have developed close working partnership with our new lead provider, University hospitals Bristol. This partnership has enabled our service to access NHS safeguarding information on clients via the Unity Safeguarding Nurse lead. This information ensures more informed and robust assessments when considering referrals to social care.
- We have also undertaken two internal and one external audit of our safeguarding procedures to ensure our staff are following procedures appropriately and that our procedure work for our clients.
- All client facing staff have been fully trained to level 3 safeguarding and the decision making team have received level 4 safeguarding training. Furthermore, quarterly staff safeguarding supervision is taking place for nurses and education workers.
- We have also continued to use our urgent needs assessment to ensure no vulnerable clients or those with urgent medical needs are turned away from our

<b>Client experience</b>	service.
	<ul style="list-style-type: none"> <li>• We said that we would ensure all clients that report unscheduled bleeding while using a LARC method of contraception received an STI TEST prior to removal. The following has been implemented locally: <ul style="list-style-type: none"> <li>○ A chlamydia test is offered, result known and if necessary, treatment is given prior to the removal of any implant</li> <li>○ An audit was completed but individual service statistics are not published as yet.</li> </ul> </li> <li>• In 2017 three of the four targeted satellites clinics achieved Young People Friendly Status (You're Welcome). We will be reviewing all of our clinics and taking them through this process with the aim of all fourteen clinics having an up to date YPF kite marked by the end of 2018.</li> </ul>

<b>Service</b>	<b>Cornwall</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• We introduced the Blithe Lillie EPR system into our main clinic in June. This has enabled us to improve our clinical record keeping. We are planning to introduce the Lillie system into our satellite clinics throughout 2018/19.</li> <li>• We completed all audits required by the Brook national audit programme, implementing any recommendations for ongoing quality improvement.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• We continued to improve our systems for monitoring and following up on safeguarding concerns. We extended our safeguarding training so that all frontline clinical and education staff have now completed safeguarding level 3 training. Our safeguarding leads also received safeguarding decision-making training this year.</li> <li>• In June 2017, our CQC Inspection confirmed that Brook Cornwall was safe, effective, caring, responsive, and well led. The report praised the service for the way in which we cared for our clients. The report identified that staff followed national guidelines and good practice recommendations when delivering care and treatment and that staff were competent and</li> </ul>

<b>Client experience</b>	knowledgeable.
	<ul style="list-style-type: none"> <li>• We carried out a survey, asking clients, "Did Brook help you today?" All clients responded yes.</li> <li>• CQC inspectors asked our clients about the service we provide. Our clients told the inspectors that staff were kind, helpful and welcoming and that they felt able to ask questions of the staff about their care and treatment. They reported that information was provided to young people in a way that was understandable.</li> </ul>

<b>Service</b>	<b>Jersey</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• The nurse led clinic on Saturdays has gone from strength to strength since its implementation.</li> <li>• Review of emergency contraceptive calculator tool is underway with Brook's Medical Director recommending the business cards to generate an uptake on usage.</li> <li>• Continuation of low chlamydia rates and low TOP referrals in comparison to the UK – due to Brook education as well as the increased use of LARC.</li> <li>• All recommended actions from the national audits were implemented.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• A range of local safeguarding training was undertaken including CSE, abuse and neglect. We now have a child sexual abuse advanced practitioner, as well as continued involvement in the local CSE partnership board.</li> <li>• We continue to maintain excellent working relationships with the States of Jersey Police, Social Work team, MASH, Youth Service and other external agencies.</li> <li>• Staff continue to update and research in relation to sub-dermal implant safety training.</li> </ul>
<b>Client experience</b>	<ul style="list-style-type: none"> <li>• Counter measure feedback completed in Sept 2017 showed 99% of individuals participating stating they would recommend Brook to a friend.</li> </ul>

## Service

## Liverpool

### Clinical Excellence

- One of our nurses has completed her GUM training at Chester University. We now have 3 nurses dual trained in our service.
- We continue to improve and monitor our safeguarding concerns and have implemented a weekly safeguarding team meeting. All staff within the service are encouraged to attend. All young people on our safeguarding register are discussed and follow up actions assigned to the safeguarding team.
- All actions and recommendations from our clinical audits have been implemented.
- Our clinical team attended contraception, implant and emergency contraception updates.
- Our clinical team have received Domestic violence training.

### Client safety

- The Brook client core record became fully embedded within our service improving our clinical assessment and ability to identify young people at risk.
- The safeguarding leads within the service attended Safeguarding Level 4 decision making training.
- All staff involved in the decision making of young people have completed Safeguarding Level 3 training.
- All staff within the service completed PREVENT training.
- Following our CQC inspection all staff within the service received refresher Brook Safeguarding training Level 1/2.

### Client experience

- We have successfully embedded Brook client feedback system and are regularly receiving positive comments.
- Our CQC report stated that young people who CQC spoke to were positive about the service provided. Specific comments included; "staff are friendly and lovely" and the service is "really good". In addition, from a total of 42 comments cards completed prior to the inspection, all, without exception, contained positive feedback and included statements, such as; "the service is good, the women are lovely and really helpful", "staff were fabulous, all caring and I feel that I

was treated with respect” and “helped me with everything I needed”

Service	London
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• Staff are working to PGD's for Sayanna press</li> <li>• We are providing clinical services in outreach areas of Lambeth and Southwark including detached outreach</li> <li>• We have identified one nurse to complete the LoC IUT training and two nurses to complete the implant training</li> <li>• We have a new clinical premises operating for Southwark</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• Staff are receiving safeguarding supervision alongside education partners</li> <li>• More community links made with partners in regard to the protection of young people in outreach settings</li> <li>• We are working alongside substance misuse partners with regard to our safeguarding policies and procedures</li> <li>• Staff are participating in the safeguarding conference calls</li> </ul>
<b>Client experience</b>	<ul style="list-style-type: none"> <li>• Following a complaint from a young person, we introduced explanation slips and statement explaining the different waiting times and queuing systems</li> </ul>

Service	Manchester
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• From the STI audit we treat with doxycycline unless of a medical/health reason.</li> <li>• We also implemented follow up text messages to</li> </ul>

	<p>clients who had requested an abortion, asking them to book an appointment three weeks later. When the client attends we establish their experience of the TOP service and start them on a contraceptive method if they haven't received one.</p> <ul style="list-style-type: none"> <li>• Clients who attended for EC or pregnancy testing receive a text three weeks later asking them to book an appointment, so we can re-test and discuss contraceptive methods, improving the client experience.</li> <li>• We received a grant to provide HIV POCT service- this is a quick simple thumb prick and the result only takes three to four minutes. This service is open to all clients, although we triage at the reception desk to identify high-risk clients. We continue to offer venepuncture testing for all clients.</li> <li>• We have implemented a Test &amp; Go screening service for returning clients who are eligible as identified by our stagnant triage process. This has reduced waiting times and increased uptake by clients as they do not have to wait to be seen by a clinician.</li> <li>• 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 on a digital platform with the client.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• All staff completed Brook Levels 1- 2 safeguarding training, Infection Control, moving and handling, anaphylactic and basic first aid training. Staff have completed E-learning level three safeguarding and prevent training. Managers have received safeguarding decision making training.</li> <li>• We continue to sit on the Healthwatch Manchester board, the Phoenix GM Steering group (Manchester), FORA Safeguarding board (Manchester) CSE Delivery Group (Manchester) and the Teenage Pregnancy and Sexual Health Board (Oldham)</li> <li>• We hold 1:1 safeguarding supervision for all staff with open client files and quarterly group safeguarding supervision meetings with clinical staff, education staff and counsellors attending.</li> </ul>
<b>Client experience</b>	<ul style="list-style-type: none"> <li>• The results of the 'Did you get what you came for'</li> </ul>

	<p>survey were between 80 and 100% positive</p> <ul style="list-style-type: none"> <li>• We have used creative methods to obtain feedback including a Christmas tree and Valentines themed comment cards. 77% of respondents thought that their wait wasn't too long, 100% of clients agree that staff are friendly and 100% of clients agreed that they got the service they asked for.</li> <li>• We have completed Brooks counter measures surveys, and showed 98% of young people confirmed they would recommend Brook to a friend</li> </ul>
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Service	Milton Keynes
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• All permanent and bank nurses were dual trained in both family planning and sexual health. All nurses are implant trained.</li> <li>• All wellbeing support workers were trained to do venepuncture on clients requesting or needing full STI infection screens.</li> <li>• We offered three clinical placements for nursing students</li> <li>• One nurse obtained her Faculty of Reproductive and Sexual Health Diploma</li> <li>• All nurses are using digital platform SXT in real time for partner notification</li> <li>• Two clinical staff members (1 physician and 1 nurse) are able to insert IUS/IUD. One nurse to commence training in April 2018.</li> <li>• All nurses are now able to dispense Sayana Press as a contraception option for clients per Brook PGDs.</li> <li>• Clients seeking an implant removal due to irregular bleeding are tested for an STI prior to removal.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• All staff completed mandatory training</li> <li>• All front line staff completed Level 3 safeguarding training, PREVENT, and FGM</li> <li>• Our safeguarding lead attends the monthly multi-agency review meetings, reviewing and sharing intelligence about young people thought to be</li> </ul>

<b>Client experience</b>	<p>experiencing CSE</p> <ul style="list-style-type: none"> <li>• Our safeguarding lead meets quarterly with the CSE project lead from Milton Keynes Council</li> <li>• We completed all audits required by the Brook national audit programme.</li> <li>• Nurses and wellbeing support workers participate in quarterly clinical supervision meetings to review and discuss challenging cases</li> <li>• Nurses, wellbeing support workers, and education practitioners engage in quarterly safeguarding supervision meetings.</li> </ul>
	<ul style="list-style-type: none"> <li>• The annual counter measures survey showed a 99% positive response to the question 'Would you recommend Brook to a friend?'</li> <li>• We simplified scheduling procedures by allowing and encouraging same day drop in appointments for STI screens.</li> <li>• Clients can now receive both sexual health and family planning services in the same visit due all nurses being dual trained.</li> </ul>

<b>Service</b>	<b>Northern Ireland (Common Youth)</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• We provided 8 sessions over a seven-day period in Waring Street and two sessions a week in our Coleraine clinic</li> <li>• Three sessions per week in the Belfast clinic provide an integrated service for STI testing and treatment. These sessions run alongside the contraceptive sessions and young people under the age of 20 can access both services in a single visit. The STI clinic service is openly accessible for young men and women up to the age of 24.</li> <li>• Overall this year there have been 1,887 tests carried out of which 806 treatments were provided.</li> <li>• Provision of an open access STI walk in service for</li> </ul>



	<p>young people where a doctor is always present has resulted in other conditions being diagnosed and onward referral made.</p> <ul style="list-style-type: none"> <li>• While it is noted that generally visit numbers are down, longer time is being spent with our most vulnerable young people with issues including: <ul style="list-style-type: none"> <li>▪ Complex STIs</li> <li>▪ Gender dysphoria</li> <li>▪ Sexual orientation</li> <li>▪ Under 16 pregnancies</li> <li>▪ Consent Issues</li> </ul> </li> <li>• Psychosexual; by treating these clients at a young age, we are preventing years of distress for the client and also saving the client and health services over investigations, operations and unnecessary financial burden in the future.</li> <li>• We have provided professional training in Traffic Light Tool and Consent. We have provided 6 doctor and 17 nurse placement sessions during this year as well as student placements.</li> </ul>
<p><b>Client safety</b></p>	<ul style="list-style-type: none"> <li>• Mandatory safeguarding training takes place every year.</li> <li>• This year 44 clients have been identified as vulnerable: 6 male and 38 females.</li> <li>• Using the client core record as an assessment tool it became apparent that 16 young people needed further follow up or signposting because of mental health issues.</li> </ul>
<p><b>Client experience</b></p>	<ul style="list-style-type: none"> <li>• Service users have the opportunity to engage with staff in several ways. They can speak informally to staff; the information workers ask them specific questions monthly and there are comment cards available in reception. There is a counter measures exercise every six months and service users can leave comments on our Facebook page. The Director also tweets and young people (or others) can respond.</li> <li>• Over the year we have used client surveys to gather information regarding consent, counselling services and online apps to gather information to</li> </ul>

	<p>improve our services. The feedback on counselling services was very positive and supportive of a specific service to support young people on matters relating to relationships, sexual violence and STIs.</p> <ul style="list-style-type: none"> <li>• The Counter measures exercise showed that 84% of clients would recommend Common Youth to their friends.</li> <li>• Three young people have been trained to sit on interview panels.</li> </ul>
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Service	Oldham
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We also implemented follow up text messages to clients who had requested an abortion, asking them to book an appointment three weeks later. When the client attended we establish what their experience of the TOP service they received and start them on a contraceptive method if they haven't received one.</li> <li>• From the STI audit we treat with doxycycline unless of a medical/health reason.</li> <li>• We have implemented a Test &amp; Go screening service for returning clients who are eligible as identified by our stagnant triage process. This has reduced waiting times and increased uptake by clients as they do not have to wait to be seen by a clinician.</li> <li>• 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.</li> <li>• Staff are encouraged to use the hyperlinks within the document to provide up to date information which can be shared on a digital platform with the client.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• All staff completed Brook Level 1-2 safeguarding training, Infection Control, moving and handling, anaphylactic and basic first aid training. Staff have completed E-learning level three safeguarding and prevent training. Managers have received</li> </ul>

<b>Client experience</b>	<p>safeguarding decision making training.</p> <ul style="list-style-type: none"> <li>We continue to sit on the Healthwatch Manchester board, the Phoenix GM Steering group (Manchester), FORA Safeguarding board (Manchester) CSE Delivery Group (Manchester) and the Teenage Pregnancy and Sexual Health Board (Oldham)</li> <li>We hold 1:1 safeguarding supervision for all staff with open client files and quarterly group safeguarding supervision meeting with clinical, education and counsellors attending.</li> </ul>
	<ul style="list-style-type: none"> <li>The results of the 'Did you get what you came for' survey were 100% positive</li> <li>We have used creative methods to obtain feedback including a Christmas tree and Valentines themed comment cards. 86% of respondents thought that their wait wasn't too long, 100% of clients agree that staff are friendly and 100% of clients agreed that they got the service they asked for.</li> <li>We have completed Brooks counter measures surveys, and showed 100% of young people confirmed they would recommend Brook to a friend</li> </ul>

<b>Service</b>	<b>Sandwell &amp; Dudley</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>All Nurses are Implant trained.</li> <li>One Nurse's has undertaken IUT training. We plan that all Nurses will fit IUT by the end of 18/19.</li> <li>PGD for Sayana Press in place and staff trained and signed up to use.</li> <li>CSP are using SXT for partner notification.</li> <li>Clients attending for removal of the implant for irregular bleeding offered an STI screen.</li> <li>All clinical support staff are now trained and able to provide STI testing (including HIV and STS POCT), pregnancy testing and observations such as blood pressure.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>All staff have completed mandatory training</li> <li>All staff have completed level 3 safeguarding training, prevent and FGM.</li> </ul>

<b>Client experience</b>	<ul style="list-style-type: none"> <li>• Safeguarding lead attends quarterly safeguarding board sub group meetings in Sandwell. All audits completed for Brook's national audit program.</li> <li>• Nurses and clinic support staff attend regular safeguarding and client review meetings.</li> </ul>
	<ul style="list-style-type: none"> <li>• Counter measure 98% response rate would recommend to a friend.</li> <li>• We have received very positive feedback regarding our change of premises in Dudley.</li> <li>• In response to feedback we have been able to increase our HUB opening to an extra clinic a week and our outreach to and extra 2 sessions.</li> </ul>

<b>Service</b>	<b>Wigan</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• We have continued to improve the waiting times and aim to see 95% of clients within an hour</li> <li>• All staff who are involved in the decision making process with clients have completed Brook online safeguarding training level 3 and the PREVENT training.</li> <li>• All nurses will complete the Wigan Child Safeguarding Board supervision skills course to enable them to supervise HWB and complete their peer review.</li> <li>• All clinicians have had contraception updates. They have received drug and alcohol, CSE training and Domestic violence training.</li> <li>• Wigan MASH team have given an overview of their service and how we can make referral and use their service more effectively.</li> <li>• Recruitment of new x4 nurses to cover x1 full time vacant post. All nurses successfully completed EKA and hold the LoC Sub dermal implants.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• All nurses who work full time have their letter of competence for sub-dermal implants. All staff involved in decision making process is now level 3 trained on safeguarding.</li> </ul>

<b>Client experience</b>	<ul style="list-style-type: none"> <li>• This past year we have seen 102 young people who have been referred to our internal safeguarding processes – this has doubled from last year. This increase can be attributed to the work of the outreach team and the improved completion and questioning techniques from the client core record.</li> <li>• 33 young people have received a multi-agency response in regard to sexual assault, child sexual exploitation, familial abuse, mental health, and other vulnerabilities such as homeless, looked after child and clinical issues such as risk of concealed pregnancy</li> </ul>
	<ul style="list-style-type: none"> <li>• The Nurse Manager and Outreach team attend the monthly CSE Governance meeting. Often the outreach team attend the daily CSE Governance meeting</li> <li>• We continue to provide training WCSC such as CSE and resilience training.</li> </ul>

<b>Service</b>	<b>Wirral</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>• All national audits completed, any recommendations discussed with sexual health Wirral, i.e. the medicines management review, we have now implemented monthly stock checks, and temperature recordings in all rooms.</li> <li>• Recent CQC visit has prompted the issue of smart cards, which enables client details to be checked, therefore receiving the correct date of birth.</li> <li>• As part of an integrated service <ul style="list-style-type: none"> <li>- All staff attend monthly staff meetings, to provide support and to update any developments within the service.</li> <li>- All staff are encouraged to attend the nurses/clerks meetings which follow the all staff meetings. External speakers are invited to attend and deliver lectures to the nursing team to support with continuing professional development.</li> <li>- All staff have regular supervision, and management supervision.</li> </ul> </li> <li>• All of our nursing team have revalidated.</li> </ul>
<b>Client safety</b>	<ul style="list-style-type: none"> <li>• All staff have completed Safeguarding Level 3 training</li> </ul>

**Client experience**

and PREVENT training.

- We have continued our link with local MACE team, via safeguarding children's nurse, notes are reviewed by Wirral Sexual Health, and any concerns reported.
- It has been implemented that the Safeguarding nurse is to be invited to nurses meeting to offer group clinical safeguarding supervision, and to update the team on any safeguarding issues.
- We have completed managing allegations training (section 11) which is a multi agency training.
- All Brook safeguarding leads have completed Level 4 Decision making training.
- The service also completed a section 11 return.
- We have completed Brooks counter measures surveys, and showed 98.8% of young people confirmed they would recommend Brook to a friend

## Client feedback on Brook services

All Brook services have feedback books or boxes available to clients and some have online feedback mechanisms available. Below is a selection of comments from Brook clients about their experience of Brook services.

"The Nurses are super nice and seem to genuinely take an interest in you and care about your wellbeing. So good that you offer mental health services"

"25 minute wait, but after waiting the staff were amazing and friendly"

"I was really nervous about coming, however, I was made to feel so comfortable and at ease, staff were really non-judgemental and respectful. They were also very helpful and informative; I'm 100% satisfied with the service I received today"

"The service is great been coming for over 5 years and have never had any problems. Friendly Helpful and easy to talk to. Would recommend to any friends or family"

"Have more staff to reduce waiting times"

"I got what I came for and I am always happy with the professionalism and friendliness shown by the staff"

"Yesterday I visited Brook and the nurse that saw me was so helpful. I wanted to feedback just how kind and caring she was. I did not take her name however she saw me at around 6pm and spent as long as I needed helping and reassuring me. She went above and beyond what I would ever expect! Please pass on my thanks to the appropriate member of staff"

"I feel safe at Brook"

"Really friendly and made me feel relaxed which meant I could be honest with my answers to get the best treatment"

"Great experience, received more in-depth questions and support than any other clinic. Get a sense that the staff genuinely care about you and your health"

We are currently researching alternative online platforms such as 'I want great care' to engage service users to give feedback. We are hoping to implement a new platform in 2018/19

## Supporting statements

### Manchester

We're pleased and reassured to see that Brook in Manchester performs well in comparison to other areas. We welcome the new initiatives of follow up for patients who are referred for TOP, and those who attended for EC or pregnancy testing.

**Louise Marshall**

**Programme Lead Children and Young People's Public Health**

**Population Health and Wellbeing Team**

**Manchester Health and Care Commissioning**

### Healthwatch Milton Keynes response to Brook Quality Accounts 2017/18

Thank you for sending us the Brook Quality Account for 2016-17. The Account is simple in format, with an introduction that provides a clear overview of the organisation, its history and its services. However, we recommend that a further introduction is added in future, to explain the reasons why Brook creates annual Quality Accounts, with the acknowledgement that Quality Accounts should enable young people to make informed choices about accessing services.

The document uses clinical jargon, and other acronyms that are not listed in the glossary, e.g. UPA, SXT, Sayana Press, rag rating, EC calculator and PN performance. We recommend that all acronyms and terminology only familiar to Brook are reflected in the glossary or explained within the main body of the document. Overall, the language of the document feels inward looking and isn't written with the young person, as a reader, in mind.

Transparency could be improved by publicising CQC ratings for each service, or allowing local Brook services opportunity to comment on the improvements required, following CQC inspections. In the CQC report for Brook Milton Keynes, it was noted that no local clinical audits were taking place, and that input into national audits was insufficient to demonstrate clinical quality locally. We recommend that Milton Keynes includes this finding, and subsequent action plans within clinical effectiveness priorities in 2018-19.

We found it positive to see that the 'You're Welcome' kite mark was being achieved in Brook services. However, we were not able to see whether Brook Milton Keynes had assessed the service against 'You're Welcome', or how services users have been involved in 'You're Welcome' assessments.

We found it disappointing that a counter measures survey was the tool of choice to determine service user experience. We were unable to see how Brook Milton Keynes involves and engages with service users and improves services, based on their views. Young People's Healthwatch Milton Keynes visited the clinic at the start of 2017-18 period and made some suggestions about service improvements which Brook have acted upon. This type of engagement with young people and service users should be demonstrated.



Healthwatch also notes positive steps to increasing accessibility to contraceptive services and Sexually Transmitted Infection testing, through increased training initiatives and are pleased to see that Brook Milton Keynes has increased access to on the day drop-in appointments for STI screening.

As in previous years, the Quality Account reflected an overarching national picture of service developments, and not one that would enable local young people to gain an understanding of what Brook Milton Keynes is specifically able to offer, such as Counselling.

Regarding the review of Clinical Effectiveness on pg. 23, the achievement against the audit on implant fitting and removal had declined in 3 out of 4 areas. Where audit trends are falling, an explanation of causes and corrective action should be given, to demonstrate transparency when quality declines.

Overall, we feel that the Brook Quality Account misses an opportunity to allow local services to provide a more detailed account of their service provision, and that it would benefit from explaining priorities in a patient focused perspective. The section on Milton Keynes is not quantified, and it's difficult to get a picture of Brook's activities locally. For the above reasons, we are not sure of the overall value of this Quality Account as information to a young person in Milton Keynes.

**Kind regards**  
**Maxine Taffetani**  
**Chief Executive Officer**  
**Healthwatch Milton Keynes**

**MILTON KEYNES HEALTH AND ADULT SOCIAL CARE COMMITTEE**  
**QUALITY ACCOUNTS PANEL**  
**REPORT**

**Brook Quality Account 2017/18**

**INTRODUCTION**

The Milton Keynes Council Quality Accounts Panel is of the view that Brook's Quality Account 2017/18 is of a good standard. The information contained within it shows that Brook is effectively providing in demand services to the public, and high quality services within the health sector. Particularly outstanding are:-

- The Introduction and Statement from the Board which provides succinct insight into Brook and its services
- The very clear explanation provided as regards Brook's achievements in respect of its 2017/18 priorities
- The clear and strong justification provided for Brook's 2018/19 priorities.
- The Contents and Glossary which were clear and very helpful guides to navigating the Quality Account. Although there was scope for the Glossary to have better reflected some of the jargon in the document.

The Panel also extends its congratulations to Brook for:

1. Helen Brook being named by Radio 4's Women's Hour as "one of the most influential women from the last seven decades" (Page 7).
2. Being the only national charity to offer both clinical sexual health and education, and wellbeing services for young people (Page 7).

The Panel is however also of the view that the Quality Account as reflective of Brook's planning, service delivery and performance could be improved. This is generally as regards:-

- Greater explanation by Brook as to the impact of operational changes on services
- Better explanation of how service improvements compare to previous periods
- Staff satisfaction and associated services
- The Quality Account could have been made more reader friendly with use of graphical information.

## **QUALITY ACCOUNT- COMMENDATIONS**

### Part One Introduction and Statement from the Board

The Panel is of the view that there are a number of things done by Brook as reflected in the Quality Account that have to be especially commended:-

1. Brook's acknowledgment and realisation that:-
  - "Contraception and sexual health is...one of the first forms of health care that young people will seek independently" (Page 5).

The Panel is heartened therefore by Brook's declared determination to make the experience for young people using its services "outstanding" (Page 5).

- "The increase in online pornography, online sexual bullying, child sexual exploitation and sexual abuse" (Page 8) means that there is increased need for the services of Brook.

The Panel is supportive of Brook's declared and determined partnership approach with other organisations to combat these problems.

2. The upskilling of Brook's staff in the latest and most effective forms of contraception (Page 7).
3. Brook's combined approach to public affairs and policy work i.e. (i) increasing capacity for contributing to consultations on policy decisions, and (ii) including young people into decision making eg through co-design of services (Page 7).

The Panel strongly supports this approach by Brook.

4. The service satisfaction level achieved by Brook among service users, 98% of whom would therefore recommend Brook to a friend (Page 7).

The Panel is however of the view that it would have been helpful if a brief comparative or reference had been provided for previous years, which would have therefore enabled a determination by the Panel as to whether the reported satisfaction level was an improvement, deterioration or consistent with previous periods. Nonetheless the Panel acknowledges that the score is a notable achievement.

5. Brook's use of digital tools to transform services (Page 8).

The Panel strongly supports Brook's active embrace of technology to aid service provision especially to engage young people from disadvantaged communities.

## **Part Two Priorities for Improvement**

6. The introduction of an electronic patient record system by Brook for hubs and outreach settings (Page 9).

The Panel hopes that this will greatly improve efficiency in Brook's service provision.

7. The Quality Account effectively justifies and explains Brook's 2018/19 priorities; i.e. (1) Clinical Effectiveness- IUD Offered to all clients, (2) Clinical Safety- Doxycycline offer, (3) Clinical Safety- STI testing, and (4) Client Experience- Positive testing chlamydia follow up.

The Panel is of the view that the means outlined in the Quality Account, by which performance will be measured against priorities (Pages 11 - 13) appear robust.

The Panel looks forward to these being reported on in the 2018/19 Quality Account.

## **Part Three Statement of Assurance from the Board**

8. The Quality Account reveals that for the 2017/18 period, Brook was not the subject of any Care Quality Commission enforcement action (Page 17).

The Panel is of the view that the above achievement reflects positively on Brook as regards safety and care of those who use its services. This is underscored by Brook Milton Keynes achieving full compliance with the audit standards of the Infection Control Nurses Association (Page 25).

9. Measures by Brook to improve data quality as outlined in the Quality Account are clear (Page 17).

The Panel however hopes that those teams that are able to achieve high data quality will be benchmarked to be an example to other teams within Brook.

10. Brook's overall score of 96% and earned "green grade" for its Information Governance Assessment Report for 2017/18 (Page 18) is laudable.

The Panel hopes that this will be maintained by Brook for the 2018/19 period, and looks forward to the further reporting on this in the 2018/19 Quality Account.

11. Brook's reduction in patient safety incidents in Milton Keynes from 32 (0.57%) for the 2016/17 period, to 26 (0.28%) for the 2017/18 period (Page 18 -19) is commended by the Panel.

Although the Panel notes the low patient safety incidents recorded for Milton Keynes, the Panel hopes that Brook will not be satisfied with the result achieved and that eventually such incidents will be reduced to "0" which Brook has in the past been able to achieve in areas such as Wirral and Oldham (Page 18).

12. Brook's commitment to the development of a leadership and management programme (Page 21) is for the Panel, a positive indication that Brook is determined to enhance the professional capacity of its staff.

The Panel is supportive of this effort and looks forward to Brook further reporting on this programme in its 2018/19 Quality Account.

13. Brook's review of guidance for Counsellors offering counselling to young people (Page 22), is for the Panel indicative of a positive drive by Brook to ensure that its services are up to date and suited for the current legal environment.

The Panel is supportive of this effort and looks forward to Brook further reporting on this review in its 2018/19 Quality Account.

14. Brook's participation in 5 national clinical audits during the 2017/18 period (Page 23).

The Panel was assured of the quality of Brook's services not only by some of the Audit results, but by the fact that Brook has shared the results internally so as to encourage service improvement.

Brook's efforts in partnership working, and its successful formation of a partnership with Bayer (Page 24), are commended by the Panel. The Panel looks forward to Brook further reporting on the outcome of this partnership in future Quality Accounts.

15. Brook's achievement of very few overall complaints both in numbers (35) and as a percentage of service visits (0.03%) (Page 29) is assuring for the Panel as to the quality of Brook's customer service. The Panel however hopes that specific to Milton Keynes, this will trend downwards in future Quality Accounts and relative to other Brook Service locations.

The Panel however notes that (i) although the percentage of complaints relative service visits decreased from (0.04%) for the 2016/17 period to (0.03%) for the 2017/18 period, the actual number of complaints increased from 23 in 2016/17 to 35 in 2017/18, and (ii) complaints mainly related to poor service from staff and clinic waiting times (Page 29). The Panel therefore hopes that greater utilisation of technology by Brook (Page 4, 7 & 9) in its services will reduce these complaints in the future.

## **QUALITY ACCOUNT- AREAS FOR IMPROVEMENT**

Quality Statement from the Board of Trustees and Chief Executive

1. The Panel notes in the Quality Account, Brook's efforts to strengthen itself through the sharing of data across its services (Page 7).

The Panel is however disappointed that no information was provided as to preparatory steps (if any) taken by Brook in anticipation of the "General Data Protection Regulation" which took effect in May 2018. Had this been done great value would have added to the Quality Account.

Part Two Priorities for Improvement

2. The Quality Account informs of Brook's implementation of an electronic patient record (EPR) system in its hub and outreach settings, and that the EPR is undergoing further development (Page 9). The Quality Account however would have added value if it had outlined (i) if further roll out of the EPR is planned, and (ii) the time period for completion of the EPR's development.

Inclusion of the above information would have enabled the Panel and other stakeholders to hold Brook to account for its performance in carrying out these actions.

3. Although outlining that there has been an increase in the number of nurses able to offer sub dermal implant (Page 9), the Quality Account fails to provide information as to how many of these nurses there are within Brook, and their distribution across Brook's locations. This information would have been helpful especially to the public

4. The Quality Account outlines that PGDs have been developed for all services (Page 10), except as relates to Bedford. The Quality Account's failure to outline why Bedford has been excluded from this development is a shortcoming which the Panel has noted.

### **Part Three Statement of Assurance from the Board**

5. The Panel is disappointed that although the total number of safety incidents for Brook has decreased from 221 in 2016/17 to 140 in 2017/18, the incidents as a percentage of overall clients visits has increased from 0.12% in 2016/17 to 0.159% in 2017/18 (Page 18).

The Panel hopes that both the number and percentage of incidents will trend downward in the future, and looks forward to further reporting on this matter in the 2018/19 Quality Account.

6. The Panel notes that in the Quality Account, Brook outlines several actions to improve on the number of safety incidents for every 100 client visits (Page 19). However the Panel is disappointed that lacking is a specific action to hold staff to account such as through sanctions where poor performance causes such incidents.

## Part Four Review of Quality Assurance 2017/18

7. Although the Quality Account describes governance changes undertaken during 2017/18 (Page 20), the Panel is of the view that it fails to clearly explain how the changes undertaken by Brook are an improvement upon previous governance arrangements.

8. The Quality Account makes a number of claims and assertions which the Panel is disappointed were not substantiated by clear evidence or data. For example:-

- The introduction of Brook's new data centre has significantly reduced the number of IT related incidents (Page 20).
- The introduction of a central training budget and learning and development scheme...the take up of this has been encouraging (Page 21)
- Improved training for staff delivering targeted 1-1 support (Page 22)

9. The Quality Account alludes to a challenging commissioning environment (Page 20) as being a contributory factor to Brook's unsuccessful tender for a number of contracts.

The Panel is of the view that great value would have been added to the Quality Account if summary insight had been provided as to some of the commissioning environment challenges which Brook faced in the 2017/18 period.

10. The Panel notes with concern Brook's Audit recommendations and progress, wherein performance against standards or recommendations deteriorated for the 2017/18 period relative to previous periods. This is as relates to (i) All women have an estimate of gestation documented, (ii) All women taking hormonal emergency contraception should be offered the opportunity to quick start contraception, (iii) All women presenting with irregular bleeding should have an STI test, (iv) Removal of an implant for irregular bleeding should not be done until an STI has been ruled out, (v) All women having an implant fitted should be counselled about the five main side effects (Page 23-24).

11. The Panel notes with disappointment a failure in the Quality Account to provide clear and adequate evidence as to how Brook's staff satisfaction has improved in 2017/18 relative to previous periods. For example:-

- 54% of staff responded to the staff survey in May 2017 which is described as an improvement to the previous year (Page 30). However information as to the result for the previous year is not provided.
- 69% of staff are reported to be satisfied about working from Brook and 60% considered it an excellent place of work (Page 30). However information as to the results for the previous year is not provided.

12. The Panel is also of the view that:-

- As only 68% of Brook's staff felt that they had access to relevant training to do their job (Page 30), this is indicative that there is scope for improvement in Brook's training offer.

Disappointing also is that the result for the previous year is not provided.

- As only 65% of Brook's staff felt that Brook's appraisal process was good or excellent (Page 30), this is indicative that there is scope for improvement for Brook in its appraisal process.

Disappointing also is the fact that the result of the previous year is not provided.

## **CONCLUSION**

The Panel strongly commends Brook as regards its 2017/18 Quality Account. It is hoped that in going forward successes outlined in the Quality Account will be further built upon by Brook so as to excel in its service provision.

It is also hoped that areas wherein there is scope for improvement as highlighted by the Panel will be taken on board by Brook to improve service delivery and its Quality Account reporting.

## **Other comments**

**The opportunity to provide comments was either formally declined or no statements had been provided by the time of publication by the local Healthwatch, local authority Overview and Scrutiny Committee or the commissioners of any other Brook services.**

## Glossary

BASHH	British Association of Sexual Health and HIV
CASH	Contraception and Sexual Health
CASH CNS	Contraception and Sexual Health Clinical Nurse Specialist
CASH NIT	Contraception and Sexual Health Nurse In Training
Cu-IUD	Copper Intrauterine device
CCR	Client core record
CSE	Child sexual exploitation
CSP	Chlamydia screening programme
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DART	Data Analytics Reporting Tool
EKA	Electronic knowledge assessment
EPR	Electronic Patient Record
EC	Emergency Contraception
FGM	Female genital mutilation
FSRH	Faculty of Sexual and Reproductive Healthcare
GUM	Genitourinary medicine
HIV	Human Immunodeficiency Virus
idCS	Interactive digital contact slip
IUD	Intrauterine device
IUS	Intrauterine system
IUT	Intrauterine techniques (i.e. Intrauterine devices and systems)
LARC	Long-acting reversible contraception (i.e. injectable contraception, Intrauterine devices, Intrauterine systems and subdermal implants)
LSCB	Local Safeguarding Children Board
LoC IUT	Letter of Competence Intrauterine techniques
LoC SDI	Letter of Competence Subdermal implants
MACE	Multi agency child exploitation team
MASH	Multi-Agency Safeguarding Hub
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
PGD	Patient Group Directions
PN	Partner notification
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
POCT	Point of care test
SDI	Subdermal implant
STI	Sexually transmitted infection
STS	Syphilis testing
UPA	Ulipristal acetate (form of emergency contraception – known as Ella One)
TOP	Termination of pregnancy
WSW	Wellbeing Support Worker
YPF	Young people friendly



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