



**Brook Wigan and Leigh
Quality Account
2011/12**

Part One Introduction

What is a quality account?

Quality accounts are our annual accounts to the public about the quality of services we offer. The Health Act 2009 and supporting regulations place a legal obligation on all providers of NHS healthcare to publish annual quality accounts.

Our quality accounts are published electronically on NHS Choices website and a copy is sent to the Secretary of State.

Quality accounts aim to:

- improve accountability to the public
- engage trustees in quality improvement
- enable providers to review services and decide where improvement is needed
- demonstrate improvement plans
- provide information on the quality of services to the public.

A quality account must include a statement from the board summarising the quality of NHS services provided, the organisation's priorities for quality for the forthcoming year, a series of statements from the Board which are set out in the regulations and a review of the quality of services provided during the year.

In developing a quality Account and setting priorities for the future there is an expectation that providers of NHS healthcare will engage with their staff, trustees, clients and commissioners.

Who are we?

Brook is the leading UK voluntary sector provider of contraception and sexual health services to young people under 25. The charity has over 45 years' experience working with young people and has centres across the UK.

Brook provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections and outreach and education work from 19 clinical delivery centres in the UK and Jersey (see below for map).

In 2011/12 Brook had contact with 294,763 young people through clinics, education work and Ask Brook, the national information service.

Ask Brook offers a confidential helpline, an online enquiry service and an interactive text message service. Ask Brook is available free and in confidence to young people on 0808 802 1234, by text on 07717 989 0236 (standard SMS rates apply) or by secure online message at www.brook.org.uk

Brook's mission is to ensure that all children and young people have access to high quality, free and confidential sexual health services, as well as education and support that enables them to make informed, active choices about their personal and sexual relationships so they can enjoy their sexuality without harm.

On 1 April 2011 Brook changed from a Network of 16 independently constituted Brook charities to one nationwide organisation. In becoming 'One Brook' the organisation committed to achieving excellent quality, the best clinical governance framework and highest standards for all our services.

Brook Wigan and Leigh

Brook Wigan and Leigh was established in 1997 to provide services in support of young people in the borough of Wigan in line with the mission set out above. From small beginnings operating clinics only certain days of the week, we have been able to extend our operations to include every day of the week and for 8 hours each weekday, 6 hours on Saturday and 3 hours on Sundays. We also have a number of clinical and outreach activities outside our main clinic in Wigan. We undertake educational work with schools, training providers and youth groups across Wigan.

The number of times young people have accessed our clinical services has increased over the years from 5,137 in 2000/01 to 15,164 visits in 2011-12 by 6,448 young people. In addition our education and outreach service has been in touch with 9,768 young people during the course of the year, in schools, training providers, youth clubs and at outdoor events. We have also been funded by Comic Relief to undertake work with professional staff in the borough to raise awareness of Child Sexual Exploitation and its associated issues in relation to safeguarding young people.

Brook Centres



Quality Statement

Statement from the board of trustees and chief executive

We are very pleased to introduce the first set of quality accounts for Brook Wigan and Leigh as part of the Brook national organisation and welcome the opportunity to demonstrate our commitment to continuously improving the quality of our services for young people.

Brook is committed to delivering high quality, young person centred services which are welcoming to all young people and where possible accessible in their own communities.

We are committed to supporting our staff through training and development to ensure that they are equipped to deliver continuously high standards of service to young people, and that they understand and respect their needs as they move from childhood through to adolescence and into adulthood.

We have encouraged and welcomed our staff, clients, partners and commissioners to look at our quality accounts to see what we do well, what we intend to improve and what we will be reviewing in the coming 12 months. To provide further assurance the service commissioner for each contract, the local authority overview and scrutiny committee (OSC) and the Local Involvement Network (LINK) have been offered an opportunity to comment on the account ahead of publication (see page 13).

We are looking forward to supporting the continued quality improvement of Brook services and ensuring that all our services remain accessible to young people and are of the highest standard.

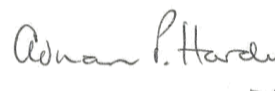
The board of trustees is accountable for ensuring the accuracy of the information within this quality account. The Centre Manager responsible for the preparation of this report and its contents. To the best of our knowledge, the information reported in this quality account is accurate and a fair representation of the quality of healthcare services provided by Brook Wigan and Leigh.



Eve Martin
Chair of the board of trustees



Simon Blake
Chief Executive



Adrian Hardy
Centre Manager

Part Two

1 Priorities for improvement 2012/13

Brook's national priorities for improvement in 2012/13 are:

Clinical Effectiveness

Clinical audit

Clinical audit is a quality improvement process that seeks to improve client care and outcomes through the systematic review of care delivery. It attempts to establish if things are being done correctly and asks 'are we following best practice'.

During 2012/13 all Brook clinical delivery services will take part in a national programme of four clinical audits. The objective will be to ensure that clinical standards are upheld across the audit areas and that practise across the organisation is consistent. A benchmark will be established against which to set continuous improvement objectives.

A report will be prepared within a month of each audit and learning will be shared across the organisation. Where adverse trends or variations are identified an action plan will be developed and implemented to support compliance.

We will be working to achieve 100% compliance with all four national audits. Each clinical delivery location will select a minimum of 40 sets of client notes for each audit.

In addition to sharing the audit report the outcomes will be discussed at the annual Brook clinical leaders' conference. Progress will be reported and monitored at meetings of the board clinical governance sub-committee.

Clinic support workers

During 2012/13 a standard induction, training and development programme will be developed for Clinic Support Workers (CSWs) and implemented by all centres with CSWs in their staffing team. The objective is to ensure consistent competencies across the organisation and the optimum use of staff skills.

We aim to ensure that 100% of newly appointed CSWs have access to a standard induction programme and that 100% of existing CSWs have access to a standard training and professional development programme.

Progress will be reported and monitored through the senior management team and at quarterly meetings of the quality expert working group and the board clinical governance sub-committee.

Client Safety

Incident reporting

During 2011/12 inconsistencies were identified in the reporting and risk rating of clinical incidents. During 2012/13 we will review the organisation's incident reporting procedures to ensure that a consistent approach to the management of serious incidents is embedded in the organisation and that risks can be scale rated, trends identified and action plans developed and implemented to mitigate risks and improve client safety.

All 19 clinical delivery locations will work to a standard reporting procedure and all staff will be clear what incidents should be reported and how.

Progress will be reported and monitored at quarterly meetings of the quality expert working group and the board clinical governance sub-committee.

Client Experience

Client experience questionnaire

A client experience questionnaire will be developed and introduced to all locations to specifically evaluate clients' experience and satisfaction with the clinical consultation and the quality of care provided. This will complement existing mechanisms which measure general satisfaction with the service experienced. This will enable us to strengthen the planning and organisation of clinical care as well as support clinical appraisal and the revalidation of doctors.

All locations will use a standard client experience questionnaire and have carried out surveys covering at least 50% of clinicians by the end of the year completed by a minimum of 40 clients per clinician.

Progress will be reported and monitored at quarterly meetings of the measuring impact expert working group and the board clinical governance sub-committee.

Brook Wigan and Leigh's local priorities for improvement in 2012/13 are:

Our first priority during the early part of the year will be the preparation and submission of a tender in order to continue to deliver services to young people in Wigan after 31 October 2012. Our current five year contract expires

at that time; we are keen to continue to develop and extend the range of services that are offered to the young people of Wigan.

Clinical Effectiveness

Audits

We will complete the four national clinical audits that are to be undertaken and participate in the discussions thereafter leading to the identification of areas for improvement. We will implement the actions that are proposed as a result of the audits and evidence this achievement by a follow up audit later in the year when new procedures have become embedded. Progress will be reported to the board of trustees.

Clinical observation

The Lead Clinical Nurse will undertake observations of the consultations provided by all members of clinical staff, nurses and CSWs. These will ensure compliance with the practice and procedures that are set out in national guidelines for our services and align with the Patient Group Directions that exist in Wigan. Implementation will be monitored via the Centre Manager and reported as part of the quarterly quality report to the board.

Client Safety

Safeguarding children and young people

We will continue to support the work of the Wigan Safeguarding Children Board (WSCB) in ensuring that any vulnerable client is offered the necessary support to address the behaviour that is putting them at risk. We will participate in the group meetings organised by the WSCB to ensure that there is an holistic approach to the needs of each young person. This will be monitored by frequency of attendance at the WSCB group meetings, the completion of any actions we are specifically asked to undertake, and reports back to the Board.

Incident reporting

Staff will be trained in the use of the new Brook incident reporting procedures. Monitoring will be via the quarterly reports to the board.

Client Experience

Extended local services

We will continue to explore ways in which a more substantive service can be provided in the Leigh area. We will work with other providers to find suitable premises, with the intention of moving into them once the outcome of the tendering procedure for services post 31 October 2012 are known. This will ensure that young people from the eastern part of the borough are provided with a more readily accessible service and provide a base from which other services of our own along with other agencies can be delivered.

Opening hours

We will continue to review the patterns of usage of our clinics in order to ensure that opening times accord with those preferences indicated by young people in the course of consultation exercises with them. This will ensure that we make the appropriate levels of staff available to serve the clients as quickly as possible, to reduce the number of clients who leave before being seen and to make it clear to clients that we respect their need for a timely service. We will report back on this to the clients themselves by means of feedback publicity in our waiting areas and on our website.

2 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.

2.1 Review of services

During 2011/12 Brook Wigan and Leigh provided one NHS service from a range of locations in the borough.

Brook Wigan and Leigh has reviewed all the data available to them on the quality of care in this NHS services.

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by Brook Wigan and Leigh for 2011/12.

2.2 Participation in clinical audits

During 2011/12, no national clinical audits and no national confidential enquiries covered NHS services that Brook Wigan and Leigh provides.

During that period Brook Wigan and Leigh was not eligible to participate in any national clinical audits or any national confidential enquiries of the national clinical audits.

As no national clinical audits covered the services provided by Brook Wigan and Leigh no reports of national clinical audits were able to be reviewed by the provider in 2011/12 and no actions to improve the quality of healthcare provided could be identified.

The reports of three local clinical audits (documentation/record keeping audit; PGD audit and Depo Provera audit) were reviewed by the provider in 2011/12 and Brook Wigan and Leigh intends to take the following actions to improve the quality of healthcare provided.

- Observations of consultations to quality assure the note taking.
- Updating the PGDs to reflect recent changes in medical advice from the respective Royal Colleges and give increased flexibility to our staff in using the PGDs.
- Remove ambiguity over the administration of Depo Provera at 11 weeks instead of 12.

2.3 Participation in clinical research

The number of patients receiving NHS services provided or sub/contracted by Brook Wigan and Leigh in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was zero.

2.4 Use of the CQUIN payment framework

Brook Wigan and Leigh income in 2011/12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the Commissioners chose not to include that aspect in our contract.

2.5 Statements from the CQC

Brook Wigan and Leigh is required to register with the Care Quality Commission and its current registration status is approved to provide treatment of disease disorder or injury, diagnostic and screening procedures and family planning. Brook Wigan and Leigh has no conditions on its registration.

The Care Quality Commission has not taken enforcement action against Brook Wigan and Leigh during 2011/12.

Brook Wigan and Leigh has not participated in any special reviews or investigations by the CQC during the reporting period.

2.6 Data quality

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

Brook Wigan and Leigh will be taking the following actions to improve data quality.

- Adopting an improved IT system and software package that will enable us to access, both more easily and securely, client records from our satellite clinics. We also expect to be able to append client notes to the electronic records.

NHS Number and General Medical Practice Code Validity

Brook Wigan and Leigh did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit attainment levels

Brook Wigan and Leigh's Information Governance Assessment Report score overall for 2011/12 was 66% and was graded red.

Clinical coding error rate

Brook Wigan and Leigh was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Part Three

Review of quality assurance

1 Review of performance 2011/12

Nationally Brook took the following actions to improve quality and performance during 2011/12.

Clinical effectiveness

An Interim Executive Director of Quality was appointed to provide strategic leadership on quality assurance and clinical governance. This appointment was not only a very visible commitment to the importance of quality and clinical excellence within Brook but has enabled a dedicated team to work on the quality agenda for the organisation. The priority for the team during 2011/12 was to establish baseline data and information about practice from which to make recommendations for quality improvements in the coming year.

The quality team has been integral to setting the priority areas for 2012/13, based on the baseline findings during 2011/12, working in conjunction with clinical leaders and senior managers across the organisation.

A new Clinical Director was employed with increased hours to lead improvements to clinical governance. This has also enabled the clinical leads across the organisation to be better supported in their day to day role due to improved access to the national Clinical Director and better networking opportunities. Two regional meetings for clinical leads were held during 2011/12 in addition to the annual clinical leaders' conference.

A national review of the clinical audits undertaken by local centres was carried out by the Clinical Director and as a result of analysing these individual audits a national clinical audit schedule has been developed for 2012/13.

The fourth annual Clinical Leaders' Conference was held in March 2012 to facilitate sharing of best practice and quality improvement.

We continued to facilitate expert working groups on measuring impact, quality, clinical and support services, and children and young people's participation. These groups lead the work on reviewing practice across the organisation and contribute to the setting of quality improvement priorities for the organisation as a whole.

We continue to use the Practical Quality Assurance System for Small Organisations (PQASSO) to assess the efficiency and effectiveness of all our activities. This generic quality assurance model for voluntary sector organisations has been supplemented by the development of specific Brook standards, including a standard for clinical governance, against which all centres assess their progress.

Client safety

We introduced a quarterly quality and risk report completed by all centres with a risk-rated summary presented to the board of trustees. This has enabled us to identify organisation-wide issues which may need addressing, such as inconsistent reporting of serious untoward incidents.

We developed and implemented a national Infection Control Audit Tool which was completed by all clinical delivery locations to ensure compliance with infection control standards.

A national audit of note-taking was completed and provided assurance that all locations were compliant with note-taking standards.

A standard training schedule has been developed to ensure that mandatory and statutory training requirements are being met. This sets out timescales for initial and refresher training in line with good practice recommendations and aims to ensure that all staff receive appropriate training to equip them to deliver a quality service to our clients.

An information sharing protocol has been developed and implemented across the organisation. With a new organisational structure in place there was a requirement for a standard protocol for sharing information with the senior management team on a range of issues which could impact on client safety and experience. For example if a delivery location experienced a flood which meant the service could not open, this needs to be shared within a specific timeframe so that information on the website can be updated and the Ask Brook service informed so that correct information is available to young people.

Client experience

An interim national impact lead was appointed to lead work across the organisation on demonstrating the impact of the services provided.

A pilot of a new system – ‘Counter Measures’ – has been undertaken to assess the effectiveness of measuring client satisfaction in a simple and fun way which provides immediate feedback. Counter Measures will be rolled out across the organisation in 2012/13.

We continued to pilot development of a sexual health outcomes star and will introduce this across the organisation in 2012/13. The star will enable us to measure the extent of the change that Brook services make in enabling young people to enjoy their sexuality without harm.

Brook Wigan and Leigh took the following actions to improve quality and performance during 2011/12.

Clinical Effectiveness

The review of our PGDs and the training of nurses to be able to insert and remove implants have enabled this service to be provided every day of the week – previously it had been restricted to three days a week when appropriately qualified staff were on duty.

Client Safety

Through observation and via training at team meetings we have been able to increase awareness of safeguarding issues that potentially impact on our client group. As a result of this a greater number of incidents have been brought to light during the year, with relevant cases being referred to the Wigan Safeguarding Children Board so that a comprehensive support plan can be put in place for the client.

Client Experience

The extension of the opening hours and days for our services in the borough has made them more accessible to young people. The times we are open have been determined in consultation with the clients themselves.

2 Supporting statements

Health and Care Together, Wigan Borough LINK

Health and Care Together would like to make the following comment to the Brook Quality Account for 2011-2012

“Health and Care Together, Wigan Borough LINK, would like to congratulate Brook on its excellent first set of Quality Accounts. The results of the performance against targets are in excess of the target. The emphasis on the improvements to client care is reassuring, especially the review of risk assessment systems. It is good to note that opening hours and days have been extended, to make the service more accessible, in consultation with young people,

One potential concern is the supply of condoms and other birth control methods to under 16's, the ethical considerations of aiding under-age sex should be noted"¹

Thank you giving us an opportunity to comment.

Chris Arkwright
Chair of Health & Care Together, Wigan Borough LINK

¹ This is the opinion of an external stakeholder and as such has not been edited. For the sake of accuracy Brook wishes to point out that the law and official guidance supports the provision of contraceptive and sexual health services to young people under 16.

Brook Wigan and Leigh
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Brook is a trading name of the charities in the Brook Advisory Group