



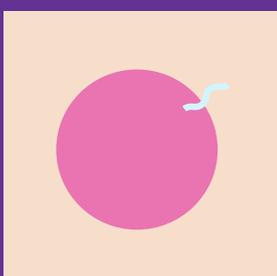
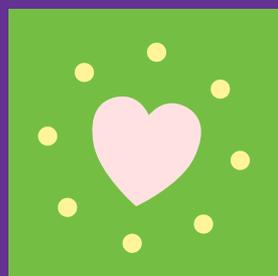
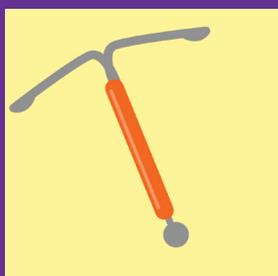
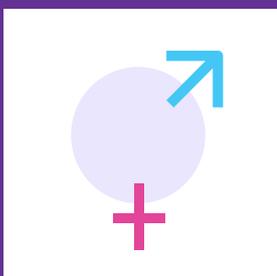
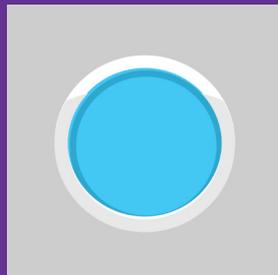
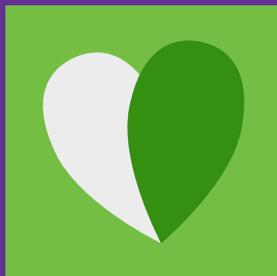
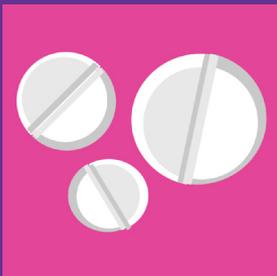
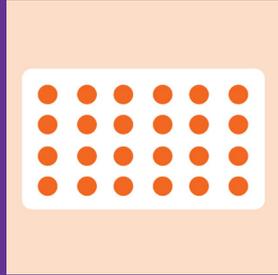
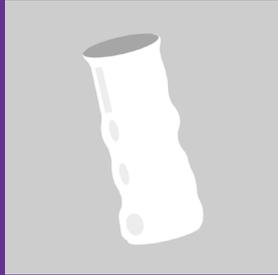
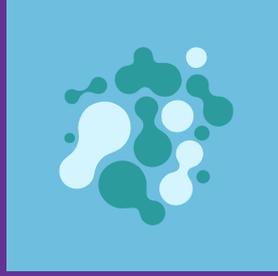
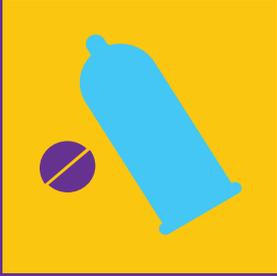
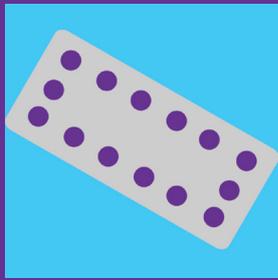
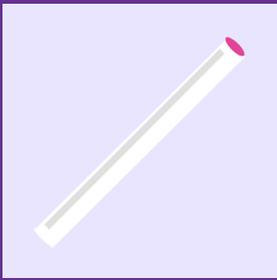
# DISCOVERY REPORT

MINDWAVE



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# EXECUTIVE SUMMARY

## CONTEXT

Throughout August Mindwave carried out a “discovery process” to gain insight into the feelings, concerns, attitudes and ideas upheld by staff and users of general sexual health services to enable evaluation of their needs so that we could define opportunity and scope for delivery of a “digital front door” for the organisation.

## INSIGHTS

Many interesting insights were derived from the series of workshops carried out online. These could broadly be divided into two categories: service user needs and staff needs.

**The service user needs can be summarised as :**

- Accessible and accurate information to empower self management
- Choice and privacy to encourage swift preventative interaction
- Respect and validation throughout use of the service with supportive contacts that share community purpose

The staff needs can be summarised as:

- Working “single platform” software with reliable integrations and intuitive design
- An interactive overview of staff activities, centre use and stock control
- A trusted and safe platform which empowers and encourages its service users through a strong brand message

## OPPORTUNITY AND SCOPE

In analysis of the discovery insights, we have formulated a series of high level recommendations for Brook to consider incorporating into the defined scope for the digital front door in alpha phase development.

The recommended features include:

- Online booking
- Remote appointments
- Resource hub
- Digital triage
- Digital referral forms
- Online patient accounts
- Online staff accounts
- Patient-generated forms and records
- Increased access to remote services (e.g. online test ordering)
- Community tools
- An agreed selection of enhanced features



# BRIEF

# WHAT WE DID AND WHY

Mindwave was commissioned to explore the scope for creating a digital front door for Brook's sexual health services through an initial remote discovery programme.

A wider opportunity exists to create an online portal, bringing together key health and education messages with relevant digital tools to empower young people with the necessary knowledge and resources to independently manage their sexual health needs.

The following report describes the discovery methods the Mindwave team employed and captures the high-level themes, insights, user stories and acceptance criteria to help us define the users' needs and goals.

User stories are descriptions we create of the key users of the digital service, based on the answers of real people from our workshops. We take generalised insights and recommendations and develop them into specific requirements, focusing on the outcome that the user wants to achieve, and the acceptance criteria is what we use to define if a problem has been solved and the persona in the user story has had their situation improved by the digital service we have created. Typically, it gives a reason the user knows their problem has been solved by the criteria set out by their needs.

These could then be aligned with 'epics', which are large bodies of work suggesting the scope for portal development throughout the alpha prototyping phase, allowing us to form a roadmap of recommendations for the digital front door.





# DISCOVERY METHODS

Discovery is a process of collecting and analysing information about the project, and its intended market and audience. It enables a well-rounded and in-depth understanding of goals, scope and limitations.

The discovery phase helps understand the end users, their needs and requirements. In the discovery phase, Mindwave has sought to understand the roles of key stakeholders through a series of 11 discovery sessions (carried out online using Miro, an online collaborative whiteboard), which elicited user stories related to recent experiences of sexual health services from each person's unique perspective.

The online workshops consisted of activities including stakeholder service analysis, user experience mapping and user-depth interviews, and were structured as follows:

- 11/08/2020 - Online workshop with 9 stakeholders
- 19/08/2020 - Online workshop with 2 clinicians
- 19/08/2020 - Online workshop with 4 educators
- 20/08/2020 - Online 1:1 workshop with 2 clinicians (separately)
- 21/08/2020 - Online workshop with 4 educators
- 21/08/2020 - Online workshop with 5 service users
- 24/08/2020 - Online workshop with 2 service managers
- 25/08/2020 - Online workshop with 5 service users
- 28/08/2020 - Online workshop with 4 service managers
- 28/08/2020 - Online workshop with 3 administrators

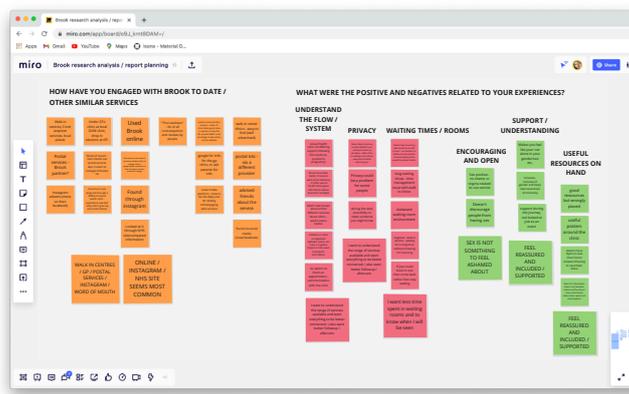
In total, these qualitative methods have resulted in 40 stakeholder participants contributing their thoughts and experiences. Detailed analysis has subsequently revealed clear themes to aid the definition of common user goals and acceptance criteria representing the voice of each group.



# WORKSHOP ANALYSIS

Here are some samples from Miro of the workshops we designed, orchestrated and analysed with service users, staff and educators in order to create the necessary user personas for a digital front door.

## Service users



### HOW HAVE YOU ENGAGED WITH BROOK TO DATE / OTHER SIMILAR SERVICES

- Walk-in centres, Contraception services, local places
- Under 25's clinic at local GUM clinic, drop in sessions at GP.
- Used Brook online
- "The Lowdown" - list of all contraceptions and reviews by people
- used a variety of other services - under 25 clinic (local gum), drop in session run by the GP, sexual health nurse at college, brook online via the website
- walk-in center clinics - easy to find (well advertised)
- Postal services - Brook partner?
- Word of mouth - friends use postal services also. Found on instagram/facebook
- Was easier to know about services available whilst at college. Had to google for info for the gp clinic, or ask parents for info
- google for info for the gp clinic, or ask parents for info
- postal kits - via a different provider
- Instagram adverts (more so than facebook)
- Found out I was pregnant through a different sexual health clinic - experience was bad - they didn't give any more information.
- Found through instagram
- social media platform - insta to be the likely one for finding info/engaging with services
- advised friends about the service
- Looked at it through NHS site/compared information
- found via social media (insta/facebook)
- WALK IN CENTRES / GP / POSTAL SERVICES / INSTAGRAM / WORD OF MOUTH
- ONLINE / INSTAGRAM / NHS SITE SEEMS MOST COMMON

### UNDERSTAND THE FLOW / SYSTEM

THE FLOW / SYSTEM	PRIVACY	WAITING TIMES
sexual health clinic not offering support following the results (ie. positive to pregnancy)	More likely to pick up or take leaflets if you could pick them up privately - rather than in waiting room where everyone could be watching you.	Want clear how long wait would be or walk in clinic - uni student so better communication around waiting times would have been better
Would have been better if services were more linked up - if other sexual health clinics gave information about Brook for example	Privacy could be a problem for some people	long waiting times - time management issue with walk in clinics
Wish I had known about all the different services Brook offers - wasn't aware before	during the wait, possibility to meet someone you might know	Awkward waiting room environment
chatbots or other unregulated websites online can have a negative impact on the users looking for information	I want to understand the range of services available and want everything to be better connected. I also want better followup / aftercare	negative - walk in service - waiting for a long time, without knowing for how long
no option to book an appointment - communication with the clinic		If you could book in slot then come back rather than stay waiting
I want to understand the range of services available and want everything to be better connected. I also want better followup / aftercare		I want less time spent in waiting rooms and to know when I will be seen

### ENCOURAGING AND OPEN

- Sex positive - no shame or stigma related to use service
- Doesn't discourage people from having sex

SEX IS NOT SOMETHING TO FEEL ASHAMED ABOUT

Makes you feel like you're not alone in your gender/sex etc.

Inclusive, inclusive of gender and helps raise awareness of inclusivity

support during the journey, not looked at just as an event

FEEL REASSURED AND INCLUDED / SUPPORTED

### USEFUL RESOURCES ON HAND

good resources but wrongly placed

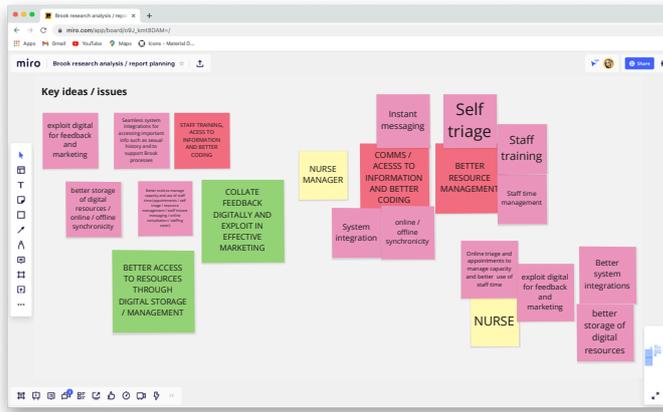
useful posters around the clinic

ideal to have flyers to take them home instead of having to read them there

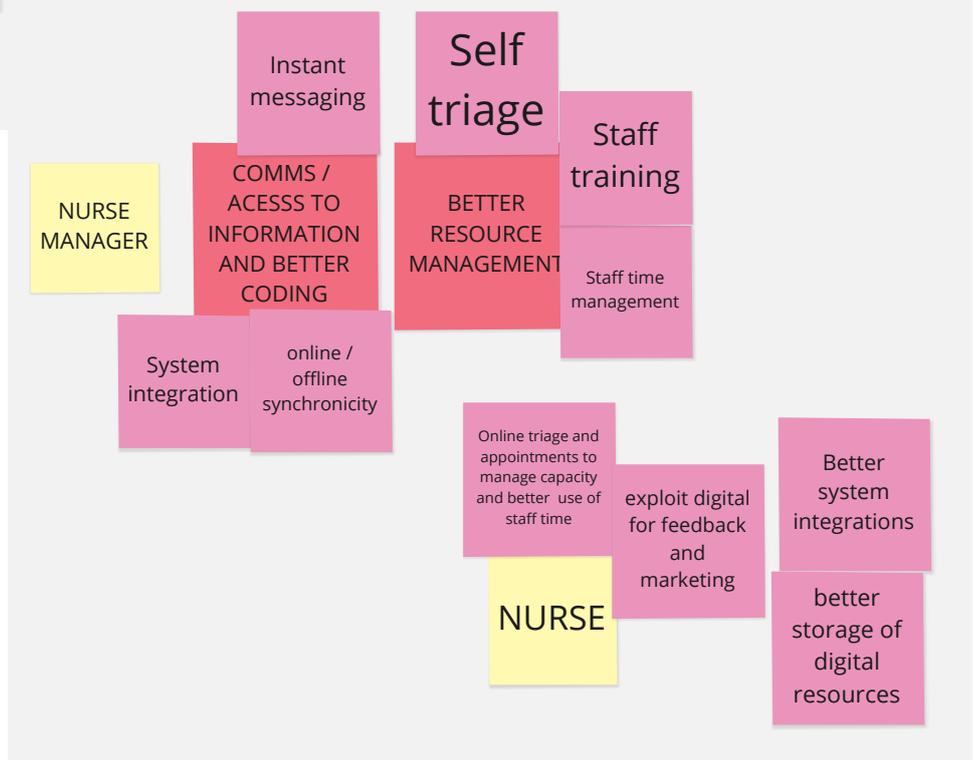
Want for information about contraception advice and found out more information about other options of contraception

FEEL REASSURED AND INCLUDED / SUPPORTED

# Clinicians



## Key ideas / issues





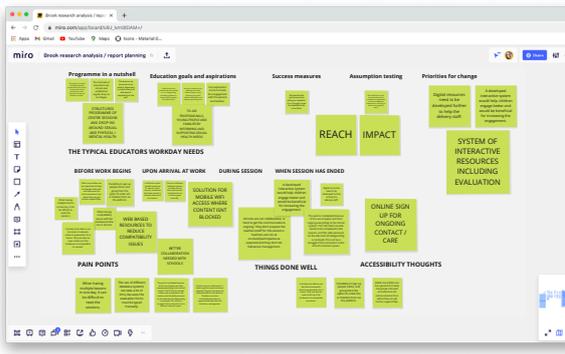
# WORKSHOP ANALYSIS

Here are some samples of the workshops we designed, orchestrated and analysed with service users, staff and educators in order to create the necessary user personas for a digital front door.

## Administrators and managers



# Educators



## Programme in a nutshell

The programme is based on a structured programme of sessions, delivered weekly, with a focus on regular drop-ins at college.

**STRUCTURED PROGRAMME OF CENTRE SESSIONS AND DROP INS AROUND SEXUAL AND PHYSICAL / MENTAL HEALTH**

## Education goals and aspirations

The lessons are structured to an extent, depending on what is delivered or required on the day.

**TO AID PROFESSIONALS, YOUNG PEOPLE AND FAMILIES BY INFORMING AND SUPPORTING SEXUAL HEALTH NEEDS**

## Success measures

We evaluate the performance by asking for feedback. It's a struggle to get the feedback form to be filled.

**REACH IMPACT**

## Assumption testing

We should look on the assumption testing and see what we can do to improve it.

## Priorities for change

Digital resources need to be developed further to help the delivery staff.

A developed interactive system would help children engage better and would be beneficial for increasing the engagement.

**SYSTEM OF INTERACTIVE RESOURCES INCLUDING EVALUATION**

## THE TYPICAL EDUCATORS WORKDAY NEEDS

**BEFORE WORK BEGINS    UPON ARRIVAL AT WORK    DURING SESSION    WHEN SESSION HAS ENDED**

When having multiple lessons in one day, it can be difficult to reset the sessions.

It is hard to be able to use the bank of materials when in preparation for a lesson. They can also be used to back up the hardware in incompatible to connect.

**WEB BASED RESOURCES TO REDUCE COMPATIBILITY ISSUES**

**PAIN POINTS**

When having multiple lessons in one day, it can be difficult to reset the sessions.

The use of different database systems can take a lot of time, because the evaluation forms must be typed manually.

It is difficult to enter get all content to show, as it is often too much to be typed manually.

**SOLUTION FOR MOBILE WIFI ACCESS WHERE CONTENT ISNT BLOCKED**

**BETTER COLLABORATION NEEDED WITH SCHOOLS**

The work is multiplied because of the use of paper and then copying everything to the discal system. The CR client records needs to be completed at the session, and the data pressure on the session of digitalising is increased. This can be a struggle if the connection to the school's internet is poor.

Schools are not collaborative. It is hard to get the communications ongoing. They don't prepare the teachers/staff for this sessions. Teachers are not as involved/participative as expected and they don't do behaviour management.

It is hard to be able to use the bank of materials when in preparation for a lesson. They can also be used to back up the hardware in incompatible to connect.

A developed interactive system would help children engage better and would be beneficial for increasing the engagement.

**THINGS DONE WELL**

Schools are not collaborative. It is hard to get the communications ongoing. They don't prepare the teachers/staff for this sessions. Teachers are not as involved/participative as expected and they don't do behaviour management.

**ACCESSIBILITY THOUGHTS**

It is hard to be able to use the bank of materials when in preparation for a lesson. They can also be used to back up the hardware in incompatible to connect.

Possibility to sign up people online, and giving them the option to order kits or feedback from via the platform.

Digital resources need to be developed further to help the delivery staff.

The work is multiplied because of the use of paper and then copying everything to the discal system. The CR client records needs to be completed at the session, and this adds pressure on the educator (if safeguarding is involved). This can be a struggle if the connection to the school's internet is poor.

**ONLINE SIGN UP FOR ONGOING CONTACT / CARE**

Walker size tablets can be a good tool to keep the people informed and reference the online solutions from what they can get further support from.



# HIGH LEVEL THEMES BY USER GROUP

## Service users

Enhance efficiency & customisation

Step-by-step explanations to solutions and what to expect

Community / collaborative approach

Inclusive, judgement-free processes

Signposting and choice

Access to relevant information / regular follow up

Online / offline consistency and interchangeability

Further reduce sex stigma and increase personal responsibility

Empowering messages and a human approach

## Administrators

Admin functionality for stock control, data reporting and staff / centre management

Onboarding / triage to be done online with a consistent approach to communication nationwide

Better data collation for marketing application

Single interactive system for task planning and logistics

Flexible comms system to facilitate fast exchange

Central record keeping and system integrations

Build on existing digital tools in development

Collaborative, inclusive and central to / trusted by young people

## Clinicians

Single integrated systems for care

Better access to administration resources through digital storage / management

Better staff management tools for efficient use of skill sets by location

## Educators

Single, seamless experience of education for prevention through to aftercare – end-to-end approach

Create a bank of accessible, interactive web based education resources

Help support families and professionals towards providing relevant information and resources

Partner liaison dashboard for SLAs, relationship building and resource planning



# USER PERSONAS: SERVICE USERS



**“SEX IS NOT  
SOMETHING TO FEEL  
ASHAMED ABOUT.”**

Brook service user



# SERVICE USER 01: THE NAIVE NEWBIE

## Profile

The Naïve Newbie is 15 years old and may have had a tumultuous life. They may have suffered in their home life or left home at a young age and sought temporary accommodation, e.g. couch surfing and staying with friends. Their life has been blighted with stress and a lack of safety and security. Above all, Naïve Newbies value comfort, care, and a safe place to help ease their anxiety.

## Views and experiences

Naïve Newbies feel alone and have rarely had a positive experience with a service or authority figure. They may not trust GPs, social workers, teachers and counsellors, and school did not provide them with sufficient sex education. They need a sense of grounding from their sexual health clinic; a safe place that will help them to feel a sense of trust and confidence in the service.

**“SEX EDUCATION  
AT SCHOOL – IT’S  
MINIMAL.**

**WHEN I WAS ADVISED  
TO TAKE THE MORNING  
AFTER PILL, I DIDN’T  
REALLY UNDERSTAND  
WHAT THIS MEANT AND  
A FEW DAYS AFTER THE  
VISIT IN THE CLINIC I  
WAS A BIT SHAKEN UP.”**

## Values and expectations

They expect services to follow up with after-care, to guide them closely and inform them of all their choices, without assuming they know anything about sexual health or expecting responsibility from school or family.



## User stories and acceptance criteria

As a service user I want to feel informed about my sexual health choices in advance of my consultation, and feel reassured by the clinicians about the impact of these so that I am confident in my care. I know that this has been successful when I am clear on my choices and the potential impact so that I feel empowered and able to decide what may or may not be right for my circumstances and why.

As a service user I need my options to be clear before engaging with services. I need personal support and follow up so that I feel informed and cared for. I know that this has been successful when I can make confident choices and feel reassured that I will get follow up so that I feel I have ongoing support on my journey.

## Hypothesis

Anxiety will be dispelled when patients can easily access relevant information on the choices and outcomes that might be relevant to them individually in an easy to follow and consistent way, and this will empower and encourage them to take more personal responsibility for their own sexual health.

## Riskiest assumption

This information will be reassuring enough to prevent patients relying on clinical staff for ongoing support.

## KEY THEMES

Informed

Quality education

Empowerment



# SERVICE USER 02: THE PRIVATE PATRON

## Profile

The Private Patron has a 9-5 job or is in an important year of university and can't take a day off or time out to go to, or wait for an appointment. They take great care over their studies or professional life and want to manage their sexual health in a way that complements their lifestyle. They value privacy and respect and don't believe that sex should be treated as either a taboo or shameful. They lack some experience in management of sexual health but are proud to be proactive in seeking care and guidance.

## Views and experiences

Private Patrons need continuous and trusted access to education and resources to manage and advocate for their own sexual health. Services should provide thorough and impartial information, tools, and resources to empower Private Patrons to make their own choices.

## Values and expectations

They expect a clinic to be able to accommodate their busy calendar, and do not expect to wait long

hours for an appointment that they feel could have been managed over the phone. They do not want to feel talked down to or judged by staff, and want their experience to be as efficient as possible.



## User stories and acceptance criteria

As a service user I would like to register online in advance of visiting services so that I feel that my privacy is protected. I know my privacy is protected when I have the option of filling in registration information digitally, so I can make a choice about where to do this and retain my privacy.

As a service user I would like to know how long I will likely spend in a waiting room, and how long my appointment will last so that I can factor it into my busy day. I know this is done when I can reduce the time spent inside the waiting room as much as possible so that my dignity and comfort levels are increased.

## Hypothesis

Patients will feel a greater sense of dignity and efficiency when they have greater choice about how to access and register for services, discreetly and flexibly at a time convenient to their lifestyle.

## Riskiest assumption

This will be possible from a service model perspective within the Brook organisation.

## KEY THEMES

Privacy

Choice

Confidentiality



# SERVICE USER 03: THE COMMUNITY CHAMPION

## Profile

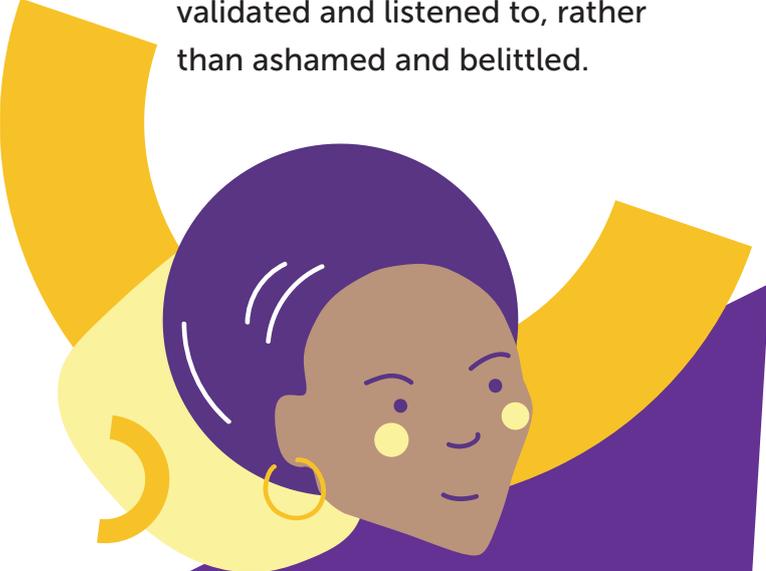
The Community Champion is conscious of the stigma attached to sex and sexual health and has felt judged by clinicians and staff in the past. They seek a sense of community in a sexual health service; somewhere they can feel validated and listened to, rather than ashamed and belittled.

## Views and experiences

Community Champions have felt validated and empowered before, but more often they have felt lost, unseen, dismissed or alone. They have often had to contend with unsupportive families or peers, may have been bullied at school or made to feel less than they are. Therefore, more than anything, they need to be listened to and given a sense of community within the realms of sexual health. Community Champions believe that they, and others deserve better treatment, and respond well to openness and safe spaces.

## Values and expectations

Community Champions gravitate towards inclusivity and will respond well to sex positivity. They expect services to give them the freedom and acceptance to talk openly and without embarrassment, without trying to discourage them from having sex.



**“ONE TIME THE NURSE ASSUMED THE GENDER OF THE PARTNER AND THE RELATIONSHIP - WHICH CAN BE UNCOMFORTABLE.”**

## User stories and acceptance criteria

As a service user I would like to connect with peers in relation to promoting stigma free, sex-positive messages. I know that this has been successful when I can access regular community activity via Brook's platform and see others being inspired by it.

As a service user I need to feel that sexual health services are assumption free, open, honest and inclusive to all regardless of background so that I feel secure, accepted and included, regardless of my sexual health status and demographics. I know that this has been successful when I leave an appointment feeling respected and listened to.

## Hypothesis

A fully inclusive, non-judgemental experience will be achieved when a patient can interact with other community members digitally and encourage each other in line with Brook's powerful marketing messages around stigma and shame free sex.

## Riskiest assumption

There will be enough social incentive built into the digital front door to encourage users to interact regularly and inspire community purpose.

## KEY THEMES

Inclusivity

Community

Respect



# USER PERSONAS: CLINICIANS



**“OUR CURRENT SYSTEM JUST STOPPED WORKING, SO SOMETHING THAT DOESN'T DO THAT WOULD BE GREAT.”**

Brook clinician



# CLINICIAN 01: THE FRUSTRATED FIXER

## Profile

The Frustrated Fixer is a young Nurse Practitioner wanting to ensure that patients who need treatment are able to access appropriate appointments; those who need face-to-face contact versus those for whom a telephone appointment will suffice. Caring for people has always been their number one priority; the reason they got into nursing in the first place. They work for Brook because they strongly believe in the sex-positive message they send and the way they respect their patients and make them feel validated.

The Frustrated Fixer wishes that this bold, straightforward attitude to sexual health was reflected in the digital offering. They are frustrated on behalf of those patients who have an appointment with them that could have accessed information and treatment online. They feel that their time could be spent more efficiently if digital triage could signpost more effectively.

## Views and experiences

They feel passionate about getting users the care they need at the right time and with as little

disruption to their lives as possible. They have had to work with many broken systems in the past which frustrated them immensely as they were unable to provide vital care that vulnerable individuals required.

The Frustrated Fixer can cite a handful of cases where a young person was unable to get the treatment they needed, or ended up making a decision that was wrong for them, with drastic consequences, and they are adamant that they cannot let this happen again. They would be prepared to work longer hours to the detriment of their own well-being, working around inadequate technical systems, to ensure this. They feel that if the system was well executed in the first place, they would be able to work normal hours, patients would get the care they needed, and they, as a Nurse Practitioner, would be devoid of stress and anxiety.

## Values and expectations

The Frustrated Fixer expects services to educate patients/potential users at the point of their research into sexual health, with enough information for them to make an informed decision



as to whether they need advice or an appointment. They want users to be empowered enough to feel confident in their decision.

The Frustrated Fixer would like patients to only need to come to appointments if they require treatment. They would like patients to know what they booked the appointment for, and for them to be able to request a change or cancellation on their own terms without potentially taking up the time of nurses or other clinicians.

### User stories and acceptance criteria

As a Nurse Practitioner I want to access a simple, integrated system so that I can make effective and efficient use of care records, tools and resources. I know it's done when I can intuitively access the care resources I need quickly and create and share relevant information quickly with the right people.

As a Nurse Practitioner I want digital assistance to make better use of my time so that I can focus on the care I was trained to deliver. I know it's done when my tasks are demonstrably care focused, administration can be automated, and data can be populated directly by the patient.

### Hypothesis

Nurse Practitioners will feel empowered and that their time is better spent if they can easily access integrated care records and manage their activities online.

### Riskiest assumption

Existing record systems can be effectively integrated or built upon.

**“IT’S NOT A GREAT USE OF STAFF TIME WHEN A CONSULTANT SEES SOMEBODY ASYMPTOMATIC WHO HASN’T BEEN EFFECTIVELY TRIAGED OR SIGNPOSTED TO ONLINE SERVICES.”**

## KEY THEMES

Systems to save time

People accessing appropriate services



# CLINICIAN 02: THE RAMPANT REPORTER

## Profile

The Rampant Reporter is a Nurse Manager who has been working in health clinics for a solid number of years. They are someone a lot of the patients used to look forward to seeing and recommended to their friends, but in the last few years has become jaded with their job – unable to conduct their work effectively due to the number of patients they have to manage, and the increasing pressure on cumbersome technology. They feel that a lot of people who need help fall by the wayside.

The Rampant Reporter is efficient by nature, and the majority of their role is assigning nurses to patients and appointments, and they need to see where all their staff are during the day, as tasks change. They feel their stress could be massively reduced simply by not having to juggle communications by phone, email and text.

## Views and experiences

The Rampant Reporter wants a way for all tasks to be manageable from one place, and is enthusiastic about transparency across the team. They would like to be able

to assign staff to tasks as and when they become available, and to see tasks which are becoming more and more imminent, so that they don't have to hold it all in their head. They are afraid that one day they might miss a message or forget a change, and although they have never made such an error before, they lie awake at night thinking human error (on their part, or someone else on the team) could easily affect a patient in a severe way. They know that this stress is a contributor to the potential of this happening, and the more fragmented task management becomes as the clinic expands its reach, the worse it gets.

## Values and expectations

The Rampant Reporter expects the management of staff throughout the day to all exist in one central location. Even if appointments are booked via email, text or phone, by the time the appointment booking gets to their desk, they should be able to see the diaries and movements of all the nurses at the same time.

They expect any developments to be immediately communicated easily by other staff, and to be able to communicate to them just as efficiently so that everyone is aware of the activities happening within the clinic.

### User stories and acceptance criteria

As a Nurse Manager I want a clear overview of staff whereabouts and a consistent approach to instant communication so that I can manage nurse capacity better as demand fluctuates. I know it's done when my team is able to be more responsive to changing needs throughout the day because I can identify and execute a fast and effective approach to managing workload.

As a Nurse Manager I want a better system for identifying and coding our tasks so that we can report more accurately on our activities to funders and make better use of data for marketing. I know it's done when each activity can be quickly assigned an accurate category or code in a way that causes zero confusion because the definitions and descriptors are clearly communicated to staff, and I can run a report on our activities easily.

### Hypothesis

Nurse Managers will feel more in control and responsive if they can get a digital overview of staff workload and code activities easily for reporting.

### Riskiest assumption

We can build existing coding needs into a new portal effectively.

**“IT WOULD BE USEFUL TO GET A QUICK WAY TO MESSAGE EACH OTHER WITHOUT A MIX OF EMAIL, CALLS AND TEXTS. OR A WAY OF SEEING WHO'S AROUND TO CONTACT, WHO'S ON A LUNCH BREAK.”**

### KEY THEME

Workload overview





# **USER PERSONAS: ADMINISTRATORS AND MANAGERS**



**“THERE HAVE BEEN DAYS WHEN I WANT TO THROW THE LAPTOP OUT THE WINDOW BECAUSE THE SOFTWARE FAILS ME.”**

Brook administrators and managers user group



# ADMINISTRATORS AND MANAGERS 01: THE DIGITAL DELIVERER

## Profile

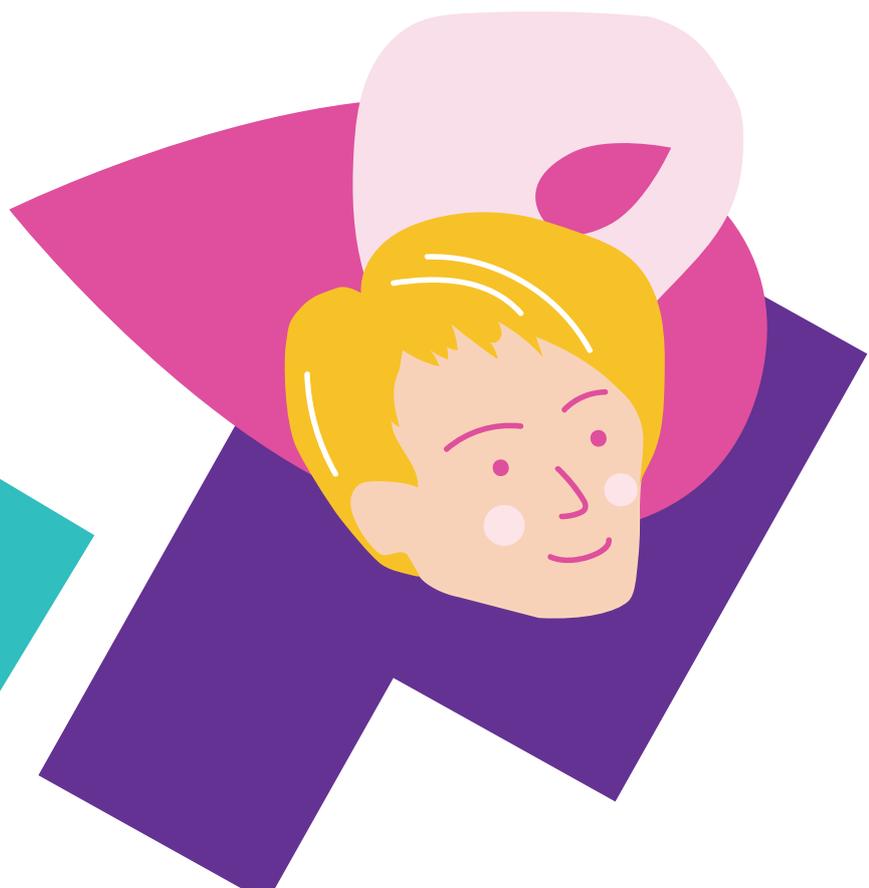
The Digital Deliverer is in charge of the day-to-day office admin. They are bubbly and always smiling. They put people's minds at ease, especially as they might be anxious coming to a sexual health clinic. They are not as stressed as some of the other staff, although it is their responsibility to manage the physical stock for the rest of the team to use. Their main goal is to have this process digitised, so they can easily access numbers and order stock, and see if wastage and costs can be reduced.

## Views and experiences

The Digital Deliverer finds it a waste of time to scan documents when they could be managed digitally with remote and group access. They could use the time saved to ensure that service users can better access treatments and services.

## Values and expectations

They expect there to be less paper; a way to manage stock control and administration digitally with a view to going paper-free.



## User stories and acceptance criteria

As a Service Administrator I want to be able to access digital functionality for stock control and centre management so I can ensure our service users are getting what they need where they need it.

I know this is done when I can see what stock is available at each location digitally and can get service users to the available treatment at the most convenient centre more efficiently.

## Hypothesis

Service Administrators will feel better able to manage stock and resources using connected digital tools.

## Riskiest assumption

Stock data input at each centre can be built into workflow.

**“STOCK MANAGEMENT IS IN PAPER FORM.**

**PHYSICAL COUNTS OF STOCK, WRITTEN DOWN AND SCANNED INTO THE SHARED DRIVE FOR THE MANAGERS – THIS MANUAL ASPECT TAKES UP SO MUCH TIME.”**

**KEY THEMES**

Stock management



# ADMINISTRATORS AND MANAGERS 02: THE EMPATHETIC ENGINEER

## Profile

The Empathetic Engineer is a kind and helpful Service Manager whose job it is to ensure and assist use of the technology provided. They love teaching people how to use software to make their lives better. Over many years, and with many iterations of technologies, the Empathetic Engineer has helped integrate digital work flows into schools, workplaces and healthcare services.

## Views and experiences

They understand the psychology of bad user experience and know that once a staff member reaches obstacles in a tech system, and deems it too difficult to use, they will be less likely to reattempt use and more likely to try to find a tech-free way of doing their job. They wish they could teach others the system in their own 'language' – something their experience as a doctor, nurse or receptionist would warm to – rather than have them dread the idea of having to relate to a technical juggernaut.

## Values and expectations

They expect the digital system to “not make them want to throw their laptop out of the window”. They expect the user experience to be smooth and helpful, and avoid causing extra stress and frustration (which could lead to users getting frustrated, sad and angry) and causing more stress than their job already does without the added trauma of technology that doesn't do what it's expected to do.

The Empathetic Engineer expects to not have to train people in many new skills because the technology should be intuitive enough to help them do their job rather than hinder progress.



## User stories and acceptance criteria

As a Service Manager I would like to see online systems be really useful and intuitively designed so that excessive training is not required and staff are inspired to digitally engage.

I know this is done when staff speak positively about their experience of the systems, continually use it, and report that they feel confident in daily use and empowered to be more proactive.

## Hypothesis

Service Managers can empower their staff and encourage use of digital systems if they are designed in a way that is intuitive and user friendly.

## Assumption

Our designed interfaces will be simple and useful enough to encourage even the least digitally able staff to engage.

**“THERE’S SOMETHING ABOUT BUY-IN. IF IT’S NOT WELL DESIGNED, STAFF WILL SAY, HOW DO I CONNECT WITH THIS? WILL THIS REALLY BE WHAT I NEED, WILL THIS BE USEFUL? OR IS IT JUST ANOTHER THING I HAVE TO GET MY HEAD AROUND THAT LATER BECOMES REDUNDANT?”**

## KEY THEMES

Staff buy-in

Intuitive design



# ADMINISTRATORS AND MANAGERS 03: THE PIONEERING PROTECTOR

## Profile

The Pioneering Protector is a Director whose primary concern regarding sexual health management is prevention – if they can empower people from when they first start exploring their sexual identity to include managing their sexual health as second nature, they will have done their job.

## Views and experiences

The Pioneering Protector knows that empowering young people to be in control of their sexual health will educate them to access appropriate services at appropriate times, reducing footfall at face-to-face clinics, which will greatly reduce strain on other members of staff. They also know they are educating an entire generation to see sexual health as just as important as all other health, and shouldn't be avoided or considered shameful. They are confident that their approach will help the experience run smoothly, causing both service users and

## Values and expectations

They expect services to provide users with all the tools, resources and knowledge they need to proudly take care of their sexual well-being. They hope that users will know when they need to use sexual health services for prevention of STIs, pregnancy, and monitoring their health, and be able to tell correctly when they need to make an appointment for something that can't be taken care of with a simple call or search, or managed in the app.



## User stories and acceptance criteria

As a Director I want an engaging and customised solution for our young people with their sexual health and safeguarding needs at the heart.

I know this is done when service users report that they feel empowered, safe and confident using our services and are reassured by our approach.

## Hypothesis

Service users will become even more confident in the use of Brook services by having access to the digital tools they need to dispel their anxieties so that senior managers can be reassured by the value of the project.

## Riskiest assumption

Young people become more confident in engaging with Brook's services as a direct result of creating the digital front door.

**“IT’S IMPORTANT THAT WE PERSONALISE THE JOURNEY FOR OUR PATIENTS, TO REMOVE THE BURDEN FROM THEM IN TAKING POSITIVE ACTION BEFORE SOMETHING GOES WRONG.”**

**KEY THEMES**

Safe and engaging solution



# USER PERSONAS: EDUCATORS



**“IT’S REALLY IMPORTANT THAT WE ENSURE WE ARE SET UP FOR EDUCATION AND EARLY PREVENTION.”**

Educator for schools



# EDUCATOR: THE EMPOWERING EDUCATOR

## Profile

The Empowering Educator is committed to conducting sex education in schools, and empowering young people to take control of their sexual health. They are friendly, engaging, relatable, and a professional presenter. They rely on technology such as USB drives to deliver presentations, but each school has their own way of delivering information so they often face compatibility issues.

## Views and experiences

They are passionate about the prevention aspect of their job, and believe that encouraging a stigma-free attitude will prevent many people from needing face-to-face appointments in the first place. They are strongly committed to perpetuating the inclusivity of sex education and will take time out of their day to speak to someone if they interact for any advice or support after the talk. They were not given 'the talk' by their own parents, and had a very basic sex education in a mixed school during the late 90s and early 00s, where they faced stigma, taboo and playground

prejudices. They are therefore determined to give young people today a better chance to be educated, heard and validated.

## Values and expectations

The Empowering Educator expects there to be a digital hub for resources to which they can direct people after a school session, as a means of presenting the same content to classes to ensure consistent messaging. They expect there to be a way to follow up with students if anyone wants to engage after the live discussion.

**“IT WOULD BE USEFUL TO THINK ABOUT THE RESOURCES ON A BACKEND SYSTEM THAT YOU COULD ACCESS ON YOUR PHONE IF YOU CAN'T GET ONTO WI-FI AT SCHOOL.”**

## User stories and acceptance criteria

As an educator I want to be able to provide flexible and reliable access to credible sexual health resources for young people and families so that our service users can feel supported in making informed choices and taking more responsibility for their own sexual wellbeing. I know it is done when the data shows that increased access to such resources results in fewer repeat visits to the clinic for non-preventative treatment.

As an educator I want to have a dashboard that allows clear and effective interaction with clients so that we can be assured that we have the necessary facilities and resources in place prior to delivery for maximum impact and engagement. I know it is done when sessions run smoothly because the facilities and

resources are evaluated and remedied in advance to facilitate and complement the service level agreement.

## Hypotheses

Educators will feel a greater sense of achievement if repeat clinic usage can be decreased by access to appropriate and effective educational resources for service users online.

Educators will be able to run more effective sessions by creating a client interface for service level agreements and resource / facility planning in advance of session delivery.

## Riskiest assumptions

Resources available will be effective enough to make repeat visit numbers decrease as a direct result.

Brook education clients will engage with this dashboard in advance of sessions.



## KEY THEMES

Accessible online resources

Help and empowerment



# KPIs AND VALIDATION

The below KPIs will be validated by users during prototype testing in the alpha phase.

## Service users

### 1. Perceived access to relevant information to encourage independent self-management

"How confident are you that you are clear on the best choice for you and the consequences of those choices?"

"How confident are you that you are clear on the consequences of the sexual health choices you make?"

### 2. Perceived privacy and flexibility

"How discreet do you feel the service is?"

"How satisfied are you with the amount of time you had to spend waiting?"

### 3. Perception of Brook's community engagement and identity awareness

"On a scale of 1-10 how much do you feel Brook creates community?"

"How satisfied are you with the sensitivity of the service in relation to your identity?"

### 4. Increased numbers of informed young people due to effective session delivery

"How well informed do you think are with this level of access to sexual health resources?" (Describe sessions and tools before and after.)

## Administrators and managers

### 5. Stock availability for patients at the point of need

"How easy was it for you to access stock items such as contraception when needed?"

## 6. Service user confidence in Brook services

"How much confidence do you have in using Brook services?"

### Clinicians

## 7. Perception of system efficiency and digital time management

"How quickly / efficiently do you feel you can access the care records and resources you need?"

"How easy is it to make efficient use of your own time using digital tools?"

## 8. Perception of control and team agility

"How responsive do you feel you can be to the management of staff time using digital tools?"

"How easy is it to code activities and run related reports?"

## 9. Perception of digital abilities

"How easy to use are current digital systems within the organisation?"

### Educators

## 10. Reduced numbers of repeat service user visits due to better education access.

(This KPI will be validated by in-house statistics measurable by the number of repeat visits to the clinic.)



# RECOMMENDED EPICS: SERVICE USERS

## **Empowering resources throughout the journey**

A service user wants to be able to understand in what way their sexual health needs are their responsibility, and when and how it is best to address them so that they can use sexual health services as a tool to prevent any further need for medical treatment or procedures in the future.

## **Discretion & choice**

A service user wants to be able to use sexual health services at times that are convenient to their schedule, and to be treated with discretion and comfort at all times, while having all the tools necessary to make the most appropriate choice for their circumstances.

## **Respect, validation and sense of community**

A service user wants to access non-judgemental, respectful sexual health services that enable them to feel validated and safe, without fear of prejudice, micro-aggression or belittlement. They want to be informed of the options and personalisation available to them in order to successfully manage their own sexual health in a community that supports and empowers them.



# RECOMMENDED EPICS: STAFF

## Care system interoperability and training

A staff member wants to be able to ensure all patients with appointments are in the right place at the right time, and are educated with enough resources before seeking an appointment so that they are assigned to the right task for their skills.

## Staff admin dashboard

A staff member wants to be able to manage staff efficiently and all in the same place, so that everyone can see who is carrying out which tasks as the day unfolds and events change in order to better manage staff resources.

## Staff external interface

A staff member wants to educate young people about managing their own sexual health from as early as possible to empower them to understand what they should be doing and when, while destroying any stigma associated with sexual health.



# PROJECT GOALS PER USER GROUP

## Service users



- Access to quality information
- Sensitive care
- Digital registration / triage
- Personalised follow up
- Confidentiality
- Comfort
- Quality education
- Community
- Choice
- Convenience
- Judgement-free reassurance
- Respect



### Clinicians

- Able to help young people
- Reduced stigma
- More young people accessing appropriate services
- Integrated systems
- Efficiency
- Oversight of staff activities
- Fast, consistent internal communication



### Administrators

- Meaningful solutions for young people
- Digital empowerment for staff
- Better resource management



### Educators

- Prevention
- Reduced stigma
- Help and empowerment of young people
- Increased access to online resources and information for service users
- Better communication with professional clients



# SERVICE BLUEPRINT

## Service blueprint mapping

Upon the completion of our discovery workshops with stakeholders, Mindwave ran a two-hour session with Brook senior managers and staff to create an initial service blueprint for the digital front door based on the emerging insights. Our team began by outlining the high-level themes that had been revealed; from this we were able to envisage a potential user experience.

The purpose of this workshop was to ensure Brook and Mindwave are aligned in their thinking and approach to content in light of the discovery themes, and to foresee potential opportunities and fail points from a user perspective.

The workshop format facilitated group discussion and interaction to explore and visually map the end to end user journey from a service user perspective, and consider the surface-to-core organisational activities that facilitate the journey.

Participants took each step a service user might take, from being completely unaware of the service, researching and selecting a service provider and using the services provided, through to advocacy for the brand. The first aspects that were mapped sat above the line of interaction between the organisation and the service user, and consisted of considering the user's needs at each stage of the process and visualising the supporting physical evidence of that need.

Subsequent analysis of the steps and backstage actions resulted in a summary of operational points to consider when making our recommendations for alpha, as follows.

# POSSIBLE FEATURES



## Integration considerations

Order medicine via telemedicine  
EPR via Lillie

## Monitoring considerations

Monitor usage via a third-party feedback system  
Clinical intervention reporting

## Other thoughts

Creation of Brook ambassadors  
Brand barrier to young men  
Make use of Google Grant for location-appropriate keywords  
Specific services / staff skills on specific days  
Not all clinics will use the same EPR



# BRANDING & USER INTERFACE (UI) RECOMMENDATIONS

## Analysis of workshops and brand

The brand is praised by users for its non-judgemental attitude towards patients and for championing sex-positive, proactive, and empowering behaviours around managing sexual health from the start.

Sex-positivity is a value that users welcome gratefully and for which they gravitate towards Brook. This is perpetuated in Brook's existing branding which assures users that nothing is taboo, giving them the freedom to feel that anything is an accepted and encouraged discussion point.

We recommend that Brook build on this existing brand for the digital front door, and ensure that this tone is adapted for other stakeholders and internal use.



# QUOTES FROM USERS IN RELATION TO SEX POSITIVITY



We recommend for Brook to keep this up with the digital front door and make a larger feature of it both internally and externally as it is the central driver for their purpose.

## INSTAGRAM

Instagram was mentioned as an important source of awareness, that users engage positively with its content. It is recommended that the bold tone of voice that speaks to users on social media forms the direction for the tone of voice used in the digital front door and internally.





## Brand empowerment

The brand seeks to facilitate sex positivity by providing a human approach where young people feel cared for. This strengthens the brand voice, so a user who might interact with sexual health services tentatively would find the reassurance they are looking for when they see relatable people speaking candidly without stigma.

We recommend that the service user needs are facilitated by the brand externally and internally, which will in turn empower staff and streamline their work.

## Interactions: Service users

Users mentioned they would like to use a digital 'card', which could take the form of a QR code. For example if someone had an implant, all the information could be stored on the card and the clinic could simply bring up the patient's data when they visit the clinic to assess them more accurately, rather than relying on the patient's comments.

Users feel like the brand cares about them and empowers them to take control of their sexual health, increasing personal responsibility for their own wellbeing.

The NHS website seems the most common port of call for users seeking help, but provides limited information. For a smoother experience going to Brook's digital front door, consistency between online and offline is needed, showing users that online will provide more information and enhance privacy and customisation.

## Interactions: Clinicians

Each user group mentioned the need for an integrated system, directly or indirectly. If a patient has the ability to manage their sexual health digitally, the clinician can triage and onboard them smoothly and openly without the need for paper. Clinicians and staff will have better access to admin resources through digital management. This consistency will fit the brand's to-the-point attitude and reduce stress on staff.

Feedback is an important way to keep improving the service. Collecting feedback during/ after a patient's experience with the service will help us to understand how to provide a better end-to-end experience for all involved.

### Interactions: Educators

Educators are looking for relevant resources to make their sessions interesting and interactive. It would be helpful for them to be able to print out specific teaching resources for sessions, create matching sequence cards, or design/download a new game or activity that can be done in a school session.

Educators liked being able to use the materials online in preparation for a lesson, and noted they are useful as a backup if the hardware fails, though digital resources could be further developed to help the delivery staff. A bank of interactive digital resources with the brand's tone of voice would help young people engage better.

A branded wallet-sized leaflet could be an additional tool to keep people informed and reference online solutions to find further information.

### Interactions: Administrators

Staff at Brook were concerned with maintaining a trusted and approachable role for their patients while juggling a vast amount of record keeping and organisation. As the brand values exude clarity and openness to the end user, they are keen to

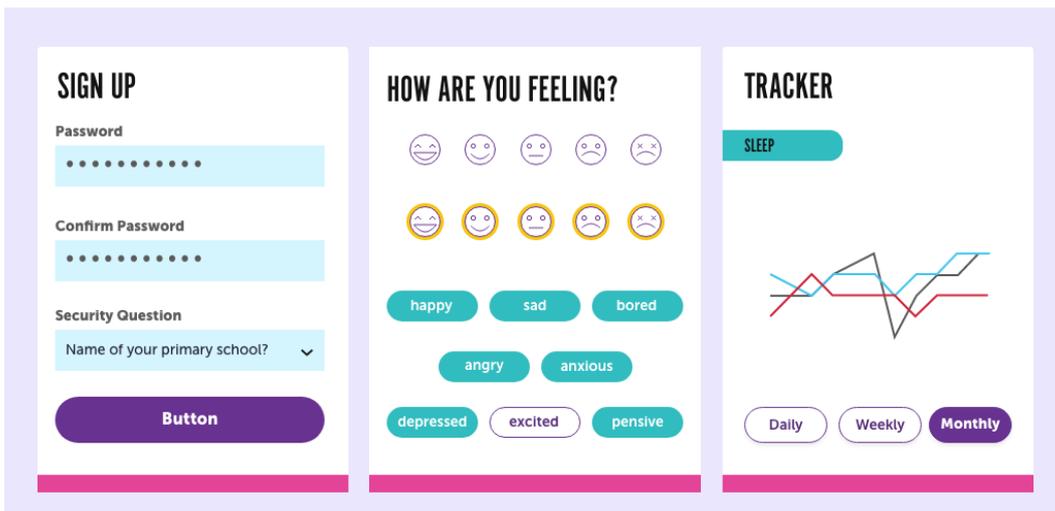
**“NEEDS TO BE  
A CUSTOMISED  
EXPERIENCE  
WITH A HUMAN,  
CARING TOUCH  
AND FOLLOW-UP.”**

emulate those values in their personal conduct.

They mentioned feeling positive and calm as a key necessity to start their day; the brand can extend to reduce anxiety for them as it does for patients. These values can then carry through to the staff-facing aspects of the site to ensure they feel supported, as it does for service users, as evidenced by their positive responses to the brand.



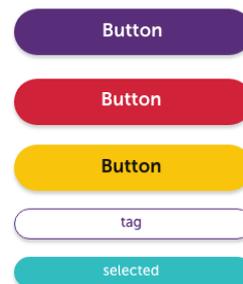
# LIGHT MODE AESTHETIC



## ALTERNATE GOTHIC HEADER FONT

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Based on our brand interpretations from research and our UI recommendations, we have created style tiles which could form the basis of the digital product in both light and dark modes to be toggled at the user's discretion.

The colours for dark mode are based on the recommended industry standard for accessibility on dark backgrounds.

# DARK MODE AESTHETIC



## SIGN UP

Password

Confirm Password

Security Question

Name of your primary school? ▼

Button

## HOW ARE YOU FEELING?



happy sad bored

angry anxious

depressed **excited** pensive

## TRACKER

SLEEP



Daily Weekly **Monthly**

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# SUMMARY AND DELIVERABLES

## What is a digital front door?

A digital front door is a regional, national or international wide digital platform empowering citizens to take control of their health and wellbeing by bringing together personal and clinical data from multiple sources.

Based on the discovery sessions carried out and the insights uncovered, we recommend the development of a bespoke digital front door for Brook sexual health services to provide seamless support across the UK for Brook users.

**Mindwave propose the development of a digital front door to all Brook's services with the following basic functionality in the alpha phase:**

- Online booking
- Remote appointments
- Resource hub
- Digital triage
- Digital referral forms
- Online patient accounts
- Online staff accounts
- Patient-generated forms and records
- Increased access to remote services (e.g. online test ordering)
- Community tools
- An agreed selection of enhanced features



# PRIVACY AND SECURITY

## Ethos

We recognise that in order to meet young people's needs we must lead the debate in the controversial, difficult subjects that affect them.

We will continue to be proactive in our lobbying and advocacy work in order to keep young people's rights at the forefront of the political agenda.

Our position statements outline our beliefs, our vision for young people, and our approach, all supported by evidence and useful resources.

## Privacy

All users are entitled to their privacy and must be in control at all times.

## Security

All systems and processes will be designed to meet all existing security standards. These will need to be published and be available to all users and stakeholders.

The security must be fully tested and results published to ensure that the public, users and potential users have full confidence in the services.

## Confidentiality

All staff who are part of our service delivery team will be appropriately trained in the laws and regulations governing confidentiality. It is most important that everyone is able to correctly interpret the rules to ensure confidentiality whilst providing the best possible personalised self-management support. The system will be carefully designed so as to allow for confidentiality and the appropriate use of personal data to tailor services, route maps and directions.



# GLOSSARY

## MVP

A Minimum Viable Product is the first version of a new product. It is a “skeleton” product which uses the minimum amount of functionality and content to provide a user with a complete journey and experience. This enables a team to collect the maximum amount of validated learning about their users in order to develop and iterate the product into a fully functioning and populated solution that successfully meets their audience’s needs.

The reason for using this method is to ensure that no time, money or work is wasted; each assumption, insight and decision is thoroughly tested, validated and built upon.

## Agile project framework

‘Agile’ practices approach discovering requirements and developing solutions through the collaborative effort of self-organizing and cross-functional teams and their end user. ‘Scrum’ is an Agile framework for developing, delivering, and sustaining complex products, with an initial emphasis on software development. By employing Agile thinking, and Scrum methodology, we can allow for rapid development, testing and iteration to ensure a quick and effective method of creating a successful product.

## Our core Agile principle: End users first

Scrum is not about the team. It is not about the client. It is not even about the product. It is about being relevant to the end users.

## The Agile Manifesto

We have come to value:

- Individuals and interactions over processes and tools
- Working software over comprehensive documentation
- Customer collaboration over contract negotiation
- Responding to change over following a set plan

Extract from “GET AGILE! Scrum for UX, Design & Development” by Pieter Jongerius et al

# GLOSSARY

## Service blueprint

A blueprint is an operational tool that should visualise the components of a service in enough detail to analyse, implement, and maintain it. Blueprints show touchpoints, processes, and technology both frontstage and backstage.

## Personas

Personas are used to illustrate realistic, evidence based representations of our key audiences. Continuously referring back to personas and their needs, allows users to remain at the forefront of the project. This allows us to sense check that we are always working to meet the user's needs.

## User stories

These are descriptions we create of the key users of the digital service, based on the answers of real people from our workshops. We take generalised insights and recommendations and develop them into specific requirements, focusing on the outcome that the user wants to achieve.

## Acceptance criteria

This is what we use to determine if a problem has been solved and the persona in the user story has had their situation improved by the digital service we have created. Typically, it gives a reason the user knows their problem has been addressed by the criteria set out by their needs.

## Roadmap

A roadmap is a plan set out at the start of a project. It contains recommendations which can be defined for assumption testing against prototypes throughout the initial or 'alpha' phase. Assumption testing is the appraisal of the chosen analysis that allows us to determine if the conclusions are correctly drawn. Often assumptions are considered as the requirements that must be fulfilled before the analysis is conducted.



## Prototypes

Prototypes in this context are tools that are used to collect early feedback related to the project requirements. This is done by providing a tangible working model of the product before building it to enable stakeholders to experiment with it and have a clear idea of what the product will be like. Creating this model allows us to test usability and features so that we can refine the design from real-life user feedback before it goes into build, saving time and money.

## Alpha phase

The alpha phase is the stage where ideas to address the insights from the discovery phase are tested by designing and building prototypes. This phase involves the exploration of new approaches to problem solving: the riskiest assumptions are identified by focusing on the challenging areas in the user flow, and then ideas to solve those challenges are tested with stakeholders. The prototypes are complex enough to give an insight into the risks and workload that would be required to fully develop the solutions within the Beta phase. By addressing the riskiest assumptions first, time is spent in the most efficient way possible; problems and solutions that are less challenging will need less focus. Ideas should be iterated, tested and, where appropriate, discarded quickly.

By the end of alpha, the team should have a clear understanding which of the tested ideas are worth taking forward to beta.

## Beta phase

The beta phase is the step where the best ideas from the alpha phase are built. This step also looks at how other services will integrate or replace the existing services, alongside with the preparation for the transition to live. Beta is structured so the product can be rolled out to the real users for testing. This approach minimises the risks and maximises the potential to learn and iterate.

Initially a private beta phase is set. This involves inviting a limited number of people to use the product for gathering the feedback and improve upon it. Once the product is improved, the public beta is set. This involves opening up the product to anyone who needs it.

# ABOUT MINDWAVE

Mindwave is a digital health company.

We help our clients improve lives through technology.

We work with healthcare providers, academics and start-ups by designing, developing and managing digital products and services. Born out of NIHR Maudsley Biomedical Research Centre, we have a unique blend of creative industries and healthcare expertise.

We provide high quality digital services – everything from early stage discovery and insight, design and development of digital products, through to implementation and evaluation. Our clients include the NHS, academia, charities and health focused start-ups who are looking for a tech partner. Our products include a city-wide platform to help Londoners improve their mental well-being, and a regional citizen digital front door for Cheshire and Merseyside STP (Sustainability and Transformation Partnership).

What makes us different – our blend of creative digital sector expertise, healthcare knowledge and open approach makes Mindwave unique – creating effective and compelling digital products that make a positive difference to people's lives, and improve healthcare services.

MINDWAVE

