TO THE QUALITY ASSURANCE COMMITTEE

17 September 2020

Title	**Audit Report**
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Purpose of the Report:

This report presents a summary of local Clinical Audit activity during 2019-20 and an outline of the approach to audit for 2020-21

Summary of Key Issues:

This report summarises the key patient clinical audit successes, activity and outputs during the past year, and sets out changes in 2020-21 and the audit schedule for the year.

Strategic priorities this paper supports

Improved experience of care	☒	Clinical audit activity is intended to support understanding of quality of services and to support and measure improvement. By reviewing its audit activity the trust is able to ensure delivery of this aim, and that the staff experience of audit is a positive and helpful one
Improved staff experience	☒	
Improved population health outcomes	☒	
Improved value	☐	

Implications:

Equality Analysis	The report does not include equalities analysis
Risk and Assurance	Learning from audit data is a central governance and quality assurance function.
Service User/Carer/Staff	The focus of this report is on learning and improvement from the audit data provided, which will positively impact the service user, carer and staff experiences.
Financial	There are no direct financial implications associated with the report
Quality	Audit data is a key driver for quality improvement.

1. Audit Activity for 2019/20

1.1 National Audit

During 2019/20, East London NHS Foundation Trust participated in 4 national clinical audits and 1 national confidential enquiries which covered relevant health services that East London NHS Foundation Trust provides.

A list of these are provided below, along with the organisation which relevant data was submitted to.

Description of National Audit	Submitted to:
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists
National Clinical Audit of Anxiety and Depression (NCAAD)	Royal College of Psychiatrists
National Audit of Cardiac Rehabilitation (NACR)	University of York
National Confidential Inquiry into Suicide, Homicide & Sudden Unexplained Death (NCISH)	University of Manchester

In 2019/20 data was submitted to 3 national clinical audits. A breakdown of the number of teams involved and cases submitted is displayed in the table below. Each national audit is assigned Clinical Director as lead who oversees and supports data collection, and is also responsible for the sharing back of audit findings and identifying actions for improvement.

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION		Lead	Findings reported and discussed
	Teams	Submissions	Organisations	Submissions		
POMH Topic 19a: Prescribing for depression in adult mental health services	4	33	58	3699	Dr Dominic Dougall	Medicines Committee
NCAP: EIP Audit	4	399/400 (99%)	Report not yet published	Report not yet published	Dr Olivier Andlauer	-
National Confidential Enquiry into Suicide, Homicide & Sudden Unexplained Death*					Dr Paul Gilluley	No report provided this year. Data included in SI annual report

*ongoing data collection

The reports of 5 national clinical audits were also received in 2019/20. The trust received the NCAP Spotlight Audit report in September 2019. As a result of findings in the reports, Early Intervention Services are continuing to take action to improve uptake of Family Interventions through ensuring training is offered to new team members and maximising opportunities to offer this intervention to service users. The teams are also working to increase the offer of supported employment programmes through recruitment of IPS workers and completion of screening assessments.

The trust received the report for National Audit of Cardiac Rehab in January 2020, in which the Cardiac Rehabilitation team met all 7 standards and received a certification category of Green. The low uptake amongst female service users in the report was followed up by the team with a retrospective audit, which showed referral rates matching uptake rates for both genders.

- The report for Topic 18a: The Use of Clozapine – Results reported to the Medicines Committee
- The report for Topic 19: Prescribing for depression in adult mental health services – Results reported to the Quality Committee
- The report for NCAAD: Psychological Therapies Spotlight – Results reported to the Quality Committee

1.2 Trust Clinical Audit Activity

Throughout 2019/20 the Quality Assurance team has also facilitated the trustwide Clinical Audit Programme. The Clinical Audit cycle takes place 4 times a year, during the first 2 weeks of the quarter.

The clinical audit programme consists of a mixture of Pharmacy related audits, Infection Control audits and Directorate specific audits. All of the audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

Audit Priority	Lead Committee	Directorate
Medication Audits – Controlled Drugs, Safe and Secure Handling of Medication, Transcribing Procedures and Clinical Use of Medication	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units and Bedfordshire Community Health Services
9 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All

At the end of 2019, Bedfordshire Community Health Services Directorate launched their own locally developed audit standards using a framework to identify key issues and trends from quality data to create their standards. The IAPT and CAMHS directorates have also confirmed their newly agreed standards and will begin their Directorate audit practice in 2020. The newly formed Primary Care directorate will also be working towards defining quality standards they want to audit across the trust's 5 GP surgeries in 2020.

The Trust has a clear process to support learning and improvement from clinical audit. All audit results are communicated to Directorate Management Teams, Audit leads, local Quality Assurance Leads and Lead Pharmacists. Local audit leads disseminate audit results after each quarter and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Once teams have discussed their audit results, and agreed priorities for improvement, and associated actions they are expected to complete an audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker.

In practice, processes to manage this are varied across directorates. For example, Tower Hamlets Community Health Services keep an audit action log for each team clearly identifying gaps and how these will be addressed. The Quality Assurance team will be working with Directorates in 2020/21 to ensure processes are as robust across other areas of the trust, and that actions and impact are made increasingly visible to provide assurance and to support learning.

2. Audit Activity for 2020/21

2.1 Trust wide Audit Activity for 2020/21

Audits will continue to be collected quarterly, at the beginning of each quarter lasting for a 2 week period. The schedule is shown below Appendix A.

The mandatory audits will be those listed below. A Personal Protective Equipment (PPE) audit has also been designed for use by the trust's Infection Prevention and Control team, and will be completed by the team on visits to inpatient and community mental health teams.

Audit Priority	Lead Committee	Directorate
Medication Audits – Controlled Drugs (quarterly), Clinical Use of Medication (quarterly) Safe and Secure Handling of Medication (bi-annually), Transcribing Procedures (annually)	Quality Committee / Medicines Committee	All
Infection Control Audit (quarterly)	Quality Committee / Infection Control Committee	All

Audit Priority	Lead Committee	Directorate
Hand Hygiene Audits – Five Moments and Service User-observed (quarterly)	Quality Committee / Service Delivery Board	All inpatient units and Bedfordshire Community Health Services
11 x Individual Directorate Audits (NICE/Safety Critical Standards) (quarterly)	Quality Committee / Directorate DMTs	All

A list of the audit standards that will be used by 11 directorates over the next 12 months can be found in Appendix B.

As a key priority for the upcoming 2020/21 year, the Quality Assurance Team will be continuing to review the Trust's audit process and how key results are disseminated. Work is being undertaken to ensure audit results are integrated to the trusts Quality Integrated Portal due to be rolled out across the trust throughout 2020/21, given teams easy and direct access to their audit data.

2.2 National Audit Activity for 2020/21

The trust intends to take part in 3 National Audits over the 2020/21 year. These are set out below with key dates noted and the Clinical Lead for each audit.

National Audit	Key Dates	Audit Lead
National Audit of Psychosis (Royal College of Psychiatrists)	Data Collection: 1 October – 30 November Report Published: Summer 2021	Dr Olivier Andlauer
National Audit of Dementia – Spotlight Audit of Memory Services (Royal College of Psychiatrists)	Registration: September 2020 Further information tbc.	Lead tbc
Improve the Quality of Valproate Prescribing in Adult Mental Health Services (Prescribing Observatory for Mental Health (POMH-UK) (Royal College of Psychiatrists)	Data Collection: 1st September-30th October	Lead tbc

3.0 Action Requested

3.1 The Committee is asked to RECEIVE and NOTE the report.

Appendix A

Key Dates for 2020/21:	Q1			Q2			Q3			Q4		
DIRECTORATE AND TRUST WIDE AUDIT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Data collection start – Email Directorates	6			6			5			4		
Remind QA leads to check audit progress	13			13			12			11		
Audit second reminder email sent	13			13			12			11		
Data collection ends	20			20			19			18		
Results published by QA Team	30			30			29			28		
Action Trackers completed			4			3			3			4
Quality Committee meeting date		18				2		11			tbc	
Audit changes to be made prior to the upcoming audit period.												

Appendix B – Directorate Audit Standards for 2020/21

Bedfordshire Community Health Services Directorate Audit Standards
Do you record whether patients have capacity to consent to all aspects of care and support plan?
Initial assessment entered on to SystmOne or documented within the patient records within 48hours?
Waterlow score recorded?
Is Waterlow score is 10, is a SSKIN bundle care plan in place?
Assessments are completed on admission /first appointment
Assessments are reviewed according to the frequency set out in the service procedure but a minimum of six monthly?
Care/Treatment plan for all clients is written on admission / first assessment/second assessment
Care plans are reviewed according to the frequency set out in the service procedure but a minimum of six monthly?
Is there a record of whether a patient has an informal carer or not.
Is there evidence that care plans were discussed and agreed with the service user or significant other?
Are the service user's views clearly documented throughout the clinical records?

CAMHS Inpatients Directorate Audit Standards
For the last quarter has the weekly consultant contact from the consultant clinic been documented in progress notes?
Was a capacity/consent form completed for the young person within 48 hours of admission?
Was a risk assessment completed on admission for new admissions, or has been updated in the last two weeks for current young persons?
Has the young person had a formulation completed within 2 weeks of admission?
Has the young person had a family assessment completed within 2 weeks of admission?
Has the weekly parent, carer or family phone contact been documented in the last quarter?

CAMHS Community Directorate Audit Standards
Has a risk assessment been completed in the last 6 months?
Has a letter with a care plan been sent to the GP within 8 weeks of first face to face contact?
What is the RAG rating of this case (R/A/G/None) OR RAG rating completed

Community Health Newham Directorate Audit Standards
Do you record whether patients have capacity to consent to all aspects of care and support plan?
Initial assessment entered on to EMIS within 48hours?
Waterlow score recorded?
Is Waterlow score is 9, is a SSKIN bundle care plan in place?
Assessments are completed on admission/first appointment?
Assessments are reviewed according to the frequency set out in the service procedure but not less than six monthly?
Care/Treatment plan for all clients is written on admission/first assessment/second assessment?
Care plans are reviewed according to the frequency set out in the service procedure but not less than six monthly?
For discharged patients only: Comprehensive and accurate discharge information has been sent to GP

For discharged patients only: Comprehensive and accurate discharge information has been sent to Service User/significant others
Is there a record of whether a patient has an informal carer or not?

City and Hackney Directorate Audit Standards
Has the progress note been completed within 24 hours?
Has the progress note been completed within 2 weeks?
Has the progress note been validated?
Is the content of the progress note appropriate for the service user to read?
Does the progress note make sense?
Is there a plan in the progress note, where needed?

Forensics Directorate Audit Standards
Missed Doses
How many patients have been sampled?
For these patients, how many missed doses were there in total? (indicated by a blank administration box)?
Of the medicines that were missed, how many were high risk or critical medicines (e.g. clozapine, insulin, methadone, anticoagulants, antibiotics)?
Enhanced Observations
How many patients on the ward were on intermittent observations (i.e. less than eyesight but more than general; often meaning “15-minute” observations)?
Of those on intermittent observations, for how many was there evidence that the level of observations was reviewed once per day by two RMNs?
And for how many of those on intermittent observations was there evidence of a review at least every 72 hours by a doctor?
How many patients on the ward were on continuous (eyesight) observations?
Of those on eyesight observations, for how many was there evidence that the level of observations was reviewed once per day by both a doctor and nurse (and once a day by both a doctor and nurse at weekends)?
How many patients on the ward were on close (arms’ length) observations?
Of those, for how many was there evidence that the level of observations was reviewed twice every day by both a doctor and nurse (and twice a day by both a doctor and nurse at weekends)?
Electronic Monitoring
For how many patients has a completed risk assessment tool been uploaded to RiO?
How many of the patients sampled are using Electronic Monitoring?
Of those using Electronic Monitoring, for how many has a completed patient consent form been uploaded to RiO (regardless of whether consent was given)?
Of those using Electronic Monitoring, for how many is there evidence in the progress notes that the use of the Electronic Monitor has been reviewed by the MDT in the last 2 weeks?

Newham Mental Health Directorate Standards
Have the RiO progress notes been validated? (Yes/No)
Is there a crisis plan in place at the end of assessment (Yes/No)
Has the risk assessment form been updated appropriately (Yes/No)

Have appointments been outcomed within 24hours (Yes/No/Not applicable)
Is next of kin recorded on RiO? (Yes/No)

SCYPS Directorate Standards
Community Children's Nursing Team
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Has a holistic review form been completed within the past 6 months?
Is there a completed SSKIN bundle within the past 6 months?
Is there a completed pressure ulcer prevention care plan for all clients with medical devices?
Continuing Care Team
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Is there a Decision Support Tool document uploaded within the past year?
Is there a signed parental agreement?
Is there face-to-face client contact with the care provider and a CCNS nurse within the past 3 months?
Diana Team
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Is there a completed and signed care plan uploaded to RIO (including escalation, symptom management, ReSPECT and advanced care plan)?
Is there an up-to-date Psychology Care Plan for all patients accessing psychology (within the past six months)?
Is there an up-to-date Play Plan for all patients accessing the Play Service (within the past six months)?
Dietetics Team
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Has anthropometry been recorded on the day of review, if not has a reason been given?
Is there a clear plan or recommendations in place?
Is there a clearly documented review date/discharged?
Asthma Service
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Have client medications been discussed and documented (within the past 6 months)?
Is the spacer technique documented?
Is the asthma control test documented?

Epilepsy Service
Is there a diary contact in relation to progress note for all face-to-face appointments and telephone consultation?
Have all diary appointments been outcomed within 10 days of contact?
Is paper documentation uploaded to RIO clearly written, dated and signed?
Have client medications been discussed and documented during face-to-face reviews?
Child Development Service
Assessments are completed on admission/first appointment?
Is there a Safeguarding alert for all children and YP subject to a CIN or CP Plan or who are Looked After Children?
Is the correct naming convention used for uploaded documents?
Is there a diagnosis and action plan recorded in the care plan?
Is diagnostic coding (ICD-10 or SNOWMED) recorded?
Is there a progress note entry for the last Paediatric clinic appointment?
Is the clinic report sent/copied to the GP?
Is the clinic report sent/copied to other Health Professionals?
Is the clinic report sent/copied to Parents/Carers?
Children's Therapies
Are progress notes and FTF contacts recorded in SOAP format?
Is there evidence in progress notes that the user has been involved in the (care) decisions making?
Are contacts outcomed within one working day?
If the child or young person was seen at school, has a school visit form has been uploaded?
Have all uploaded documents got a corresponding progress note entry?
Are assessment reports written within departmental standards (time frame of 1-2 weeks)
Looked After Children
Was request for information sent to GP prior to Health Assessment?
Did the GP respond to the request for information?
Is there a Safeguarding alert for all children and YP subject to a CIN or CP Plan or who are Looked After Children?
Has the RHA appointment been outcome and progress notes completed within 2 working days?
All BAAF paperwork is fully completed following a RHA and is reflecting the voice of the child / young person?
Evidence that Health Passport has been discussed with young person as applicable and actions reflected on the BAAF and in the progress notes?
Sickle Cell and Thalassaemia Centre
Is there a diary contact in relation to a progress note (all contacts over 3 month period)?
Is the diary contact linked to the correct referral?
Assessments are completed on admission/first appointment?
Care/treatment/action plans for all clients is written on admission/first assessment?
An accurate discharge summary is sent out to GPs?
Is there a Safeguarding alert for all children and YP subject to a CIN or CP Plan or who are Looked after Children?

Tower Hamlets Community Health Services Directorate Standards
Do you record whether patients have capacity to consent to all aspects of care and support plan?
Initial assessment entered on to EMIS within 48hours?
Waterlow score recorded?
Is Waterlow score is 9, is a SSKIN bundle care plan in place?

EMIS Initial Assessment Template are completed on admission/first appointment?
Assessments are reviewed according to the frequency set out in the service procedure but not less than six monthly?
Care/Treatment plan for all clients are written on admission/first assessment/second assessment?
Care plans are reviewed according to the frequency set out in the service procedure but not less than six monthly?
For discharged patients only: Comprehensive and accurate discharge information has been sent to GP
For discharged patients only: Comprehensive and accurate discharge information has been sent to Service User/significant others
Is there a record of whether a patient has an informal carer or not?
Has a carer's assessment been offered?
Has the Lasting Power of Attorney been recorded?
If patient has refused treatment or is non-concordant has a capacity assessment been completed?

Tower Hamlets Mental Health Directorate Audit Standards
Have the progress notes been validated?
Has the 'skills, strength, experienced' section of the Recovery Care Plan (CPA) been completed?
Has the online risk assessment been regularly updated where appropriate?
Are carers and/or family contact details recorded in the patient network in RIO?
Is there evidence of good engagement with families and carers – this would include invitations to meetings and regular updates on the progress of the patient's health?
Has the discharge charge plan been uploaded within a week of discharge?

NHS
East London
NHS Foundation Trust