

## case study: Hampshire Partnership NHS Foundation Trust: a winning sustained improvement programme



### Clinical audit to increase the completion of outcome measures for young people at Leigh House Hospital

Hampshire Partnership NHS Foundation Trust provides specialist mental health and learning disability services for people across Hampshire and its surrounding area. The Trust provides services to 1.3 million people from 160 sites and employs 4,500 staff.



Leigh House Hospital is a 20 bed child and adolescent inpatient unit for young people aged between 12 and 18 years. Outcome measures are used by clinicians to measure the effectiveness of interventions and quantitatively evaluate the impact of the input provided. The three cycles of the audit have shown increased compliance and then maintenance of compliance with the standards around outcome measures.

#### Background

This audit was initiated by a consultant following concerns that outcome measures were not always being recorded appropriately. Leigh House is a member of the Quality Network for Inpatient CAMHS (QNIC), which was developed following the National Inpatient Child and Adolescent Psychiatric Services Study, a study linked to the Royal College of Psychiatrists' Research Unit, so it is important to be able to evaluate the performance of the unit through outcome measures.



#### Objectives

Outcome measures are used by clinicians to measure the effectiveness of intervention. It is therefore important to ensure that relevant outcome measures were being recorded fully at the correct times for all admissions.

#### Approach

Standards were agreed by the staff group to measure practice against, and a data collection tool was drafted to collect retrospective data from case notes of all completed admissions within the past 6 months. After a pilot, minor amendments were made to the tool. The data was collected by two people who had discussed the standards, and their potential interpretation, in order to produce consistent and reliable data.

## Standards and audit results

Standard	August 2005	November 2006	March 2008	
1	The outcome measures sheet is located behind the psychology tab in the case notes	94%	97%	97%
	The following are recorded on the outcome measures sheet:			
2a.	Name	91%	97%	
2b.	Hospital number	88%	79%	
2c.	Date of birth	81%	97%	100%
2d.	Date of admission	66%	82%	
2e.	Date of referral	74%	88%	
2f.	Date of discharge	50%	27%	
3	HoNOSCA is completed on referral	81%	29%	-
4	CGAS is completed on referral	44%	10%	-
5	HoNOSCA is completed and recorded on admission or within the 4 weeks prior to admission	81%	88%	100%
6	CGAS is completed and recorded on admission or within the four weeks prior to admission	44%	64%	100%
7	HoNOSCA is completed and recorded on discharge	75%	74%	100%
8	CGAS is completed and recorded on discharge	50%	58%	100%
9	PCS is completed and recorded during admission	31%	29%	86%



“ The commitment of staff at Leigh House and the systems in place to ensure that audit results were acted upon has led to improvements in processes becoming embedded in clinical practice.”

Lauren Knight,  
Clinical Governance Facilitator

“ The success of this audit and improvement in our practice is due to good team work at Leigh House and the support provided by the Audit Department.”

Ishtiaq Hussain

Staff Grade Psychiatrist and Audit Lead



### Outcomes

After the original audit, the following actions were implemented:

- results discussed with all professions of staff at Leigh House
- outcome measures sheet redesigned to make it more user friendly
- prompts added to other admission forms as a reminder
- CGAS was added to the business sheet so completion could be monitored at team meetings (this was already the case for HoNOSCA).

### Re-audit 1:

Actions were agreed by the audit group and a time lag allowed for the changes in practice to become embedded. The questions on the tool were amended slightly, although data from the re-audit was still comparable with the initial audit. The re-audit demonstrated an increase in compliance with the standards, however it was identified that improvements could still be made.

Further actions implemented:

- additional changes made to the outcome measures sheet to remove unused parts
- staff reminded of the importance of recording outcome measures and of their uses

- a label was introduced which included all information required under standard 2. The standard was changed to “All outcome measures sheets are labelled”
- HoNOSCA and CGAS on referral were removed as standards.

### Re-audit 2:

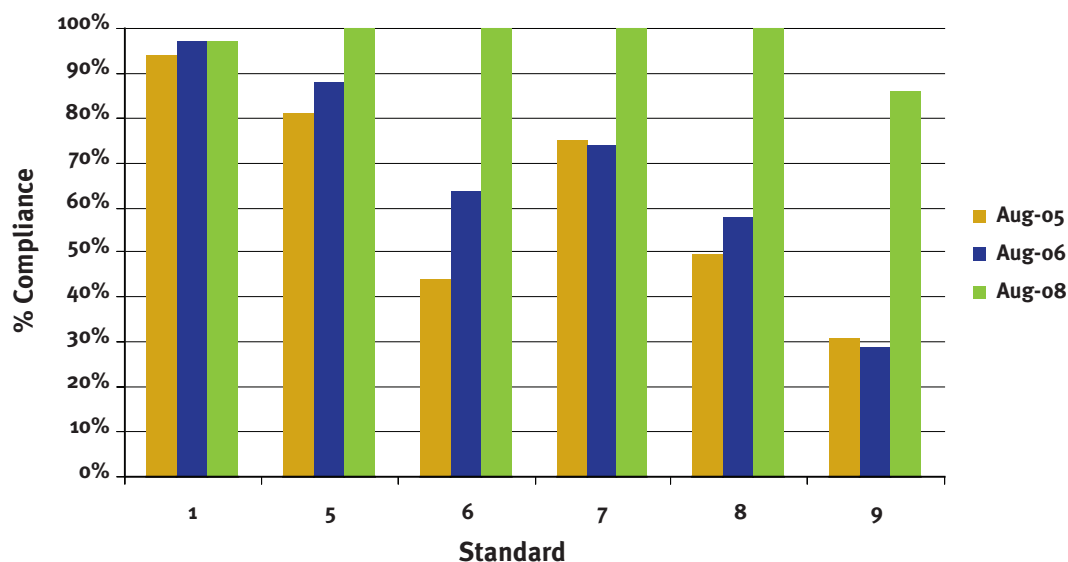
This demonstrated significant improvements in compliance with the standards again. Another action plan was written.

Further actions implemented:

- additional changes made to the outcome measures sheet
- completion of the PCS added to the business sheet for monitoring as with HoNOSCA and CGAS.



Comparison of compliance with standards in different audits



### Challenges

In the first two audit cycles, compliance with standards 3 and 4 were low, and decreased between audit cycles. It was decided that these standards should not be included in any future audits. The measures were not routinely recorded on referral in case the young person did not go on to be admitted, and it was felt to be inefficient to record information that may not be of any use.

### Successes

This audit was able to demonstrate tangible improvements to practice around outcome measures. It was identified by staff working at Leigh House as an issue before it was decided that an audit would be undertaken. This meant clinicians were engaged from the beginning. Everyone understood the rationale behind the audit and agreed that it was worth undertaking. There was commitment to act on the findings and recommendations of the audit. These factors contributed significantly to the success of the audit and improvements being sustained.

Within Leigh House there is an established audit group which reviews all audit results and makes recommendations. This is a multidisciplinary group so different perspectives are put forward, and different professions were able to share experiences and problems. This group also agreed the action plan providing assurance that the actions had been implemented.

### Conclusion

The result of this audit has been that it is now routine practice for outcome measures to be documented at the correct times, allowing clinicians to effectively evaluate their practice and provide the best services for their service users.

A further re-audit is planned to ensure that the high level of compliance with the standards will be sustained.