

Report for the TEWV Children and Young People's Directorate Clinical Audit & Effectiveness
Annual Presentation Day 2015.

Acknowledgements

We would like to thank the Foundation for Professionals in Services to Adolescents (FPSA) for their generosity in funding our annual clinical audit and effectiveness presentation day. This event is held each year and has received a steady increase in number of attendees. The event is an opportunity for staff to come together and celebrate their hard work in delivering quality care to children, young people (CYP) and their families. The event showcases service evaluation projects and audits of this care. Staff often report enjoying the day as it gives them insight into projects being undertaken outside of their immediate service, information they often miss due to busy work schedules. The funding received from the FPSA allowed us to offer refreshments to the organisers, attendees and presenters.

We would also like to thank the staff who provided presentations and to those who attended.

Aim of the annual audit and service evaluation presentation day

The Children and Young People's Clinical Audit and Effectiveness Annual Presentation day is a registered CPD event and an opportunity for staff within the trust to communicate the results of recently completed audits and service evaluations. The event is held across both Tier 3 and Tier 4 CAMHS. The audit presentation day is a full day event in which staff who have recently completed a clinical audit or service evaluation are invited to present their results. Staff attending the presentation day are encouraged to discuss the results and think about how these can be applied to practice and inform service development. The event also allows the opportunity for staff to learn more about the trusts audit cycle and meet professionals who can offer help and guidance to those interested in completing an audit or service evaluation.

The presentation day has been evaluated in previous years and staff commented on the importance of making time for these events to reflect on your own clinical practice and generate ideas for future projects. Staff also commented they gained an increased knowledge of audit within CAMHS, and the importance of these projects for service improvement. Staff also commented that they had increased enthusiasm to take projects forward. To ensure the event continues to meet the expectations of attendees we evaluated the event once again, feedback we received is discussed in this report.

The agenda for 2014's annual audit presentation day included the following presentations:

1. Current projects in the trust and how they link to audit
2. Learning lessons from clinical audit
3. Audit: POMH audit 10c – Prescribing antipsychotics for children & adolescents
4. Audit: Baseline Clinical Audit of Autism Assessment Room Environments
5. Clinical Psychology and Care Pathways: A quality evaluation framework

6. Audit: An audit to establish baseline data about the Durham and Darlington Specialist Eating Disorder Team and its effectiveness
7. Clinical Audit of Compliance with NICE Guidelines and Baseline Service Evaluation of Use of Junior Marsipan Guidelines prior to Implementation of the New Trustwide CYPs Pathway for Management of Anorexia nervosa
8. Audit: CAMHS Crisis and Liaison Project
9. Audit: Audit of Clinical Supervision
10. Service Evaluation: Assessing adolescent preference in the treatment of first-episode psychosis and psychosis risk
11. Audit: Suicide Prevention

Summary of selected presentations

1. Audit: Audit of Clinical Supervision

The presentation provided an overview of supervisor and supervisees views on supervision. Data was collected using a tool based on the Manchester Clinical Supervision Rating Scale – MCSRS. The data looked at views on supervision training, competence of the supervisor, the quality of supervision and the protection of time for supervision.

Overall, the responses highlighted that the training provided them with the skills to be an effective supervisor, they felt competent in discussing difficult situations and that supervision improves the quality of care the supervisee is able to provide.

Availability of time to undertake supervision was viewed less favourably and highlighted this needing to be monitored and reviewed. Respondents highlighted that it is difficult to find time for clinical supervision and that this was mostly due to other work pressures interfering with clinical supervision sessions.

2. Audit: CAMHS Crisis and Liaison Project

This presentation provided an update on the Child and Adolescent Mental Health Service project which aimed at reducing waiting times at A&E, reducing admissions to paediatric wards, reducing admission to Tier 4 wards, reducing the cost of overnight beds and improve the service user experience.

The data gathered so far highlights 204 beds were freed up by the effective assessment and more appropriate coordination work of the crisis team. A vast majority of cases were seen sooner than the 4 hour wait time in A&E with an average wait time of 1hour 12 minutes.

The recommendations suggested were to develop a 0-4 hour response model based on the clinical needs of service users being seen, to continue to improve on the work with public health and police, to complete a cost benefit analysis and continue to work on person centred care planning.

3. Audit: An audit to establish baseline data about the Durham and Darlington Specialist Eating Disorder Team and its effectiveness

This presentation outlined the effectiveness of the Durham and Darlington Specialist Eating Disorder Team as measured against the NICE Clinical Guidelines No.9 for Anorexia Nervosa and Bulimia Nervosa.

There were a number of areas of good practice identified which included the majority of cases were seen within 4 weeks, treatment provided was effectiveness as evidenced by improvements in BMI, CGAS and HONOS, Anorexia or Eating disorder not otherwise specified (EDNOS) patients received family sessions and individual work, regular physical monitoring occurred and this was used to inform frequency and service users with bulimia received Selective serotonin reuptake inhibitors (SSRIs) which are the drugs of first choice for the treatment of bulimia nervosa in terms of acceptability, tolerability and reduction of symptoms.

The audit highlighted that no formal feedback questionnaires were being requested, that there was scope for development of prevention/early recognition strategies at colleges with high referral rates, that there was a large DNA rate due in part to patients wanting help from clinicians but resenting them when they do. The audit also highlighted that prescription of multivitamins is currently based on clinical judgement and that there is an emphasis on physical monitoring over psychological therapy.

The presentation also highlighted future audit of feedback forms; both with respect to consistency with which it is requested, and collation of comments to inform future development.

4. Audit: Baseline Clinical Audit of Autism Assessment Room Environments

This presentation outlined the findings of a baseline audit of Autism assessment room environments as measured against the National Autistic Society and NICE Guidance.

The audit identified that 100% of assessment rooms were free from strong perfumes and assessment rooms were spacious. A number of services were rated highly in being able to offer Autism friendly environments.

The audit also identified areas of improvements with regards to daylight bulbs needing to be used, décor needing to be more neutral & include minimal patterns, storage for toys and displaying of information needing to be more minimalistic. Additionally, signage needed further attention, particularly using more symbols & signs.

Evaluation of the event

A total of 34 members of staff attended the event from a range of disciplines including occupational therapy, psychology, psychiatry, nursing and service development. A representative from Teesside University also attended due to strong research and psychology links between the trust and the university.

Evaluation forms were given to all attendees, 17 (50%) were completed and returned. The form aimed to gain feedback on the content of the event, the venue and suggestions for improvement. The responses to each question are summarised below.

The content of the event

Did you feel the presentation day was a beneficial use of time?

- 100% agreed the event was a beneficial use of time
- Comments reflected the event being 'restorative and inspiring', interesting, promoting good work and importantly keeping clinical audit on the agenda within teams.

What did you gain from the presentation day?

- 100% of respondents answered
- The main themes reflected were:
 - Increased awareness of audits that don't necessarily apply to your own team
 - Insight and increasing own knowledge and skills to conduct audits
 - Inspiration, sharing and generation of new ideas to take forward
 - Opportunity to present own work and receive feedback
 - CPD to refresh skills, networking across disciplines and reflection
 - Knowledge of tools for evaluating pathways

Is there anything that was not on the agenda that you would have liked to have been?

- The majority of responses did not identify any thing missing
- We did however receive a request for...
 - Time to discuss and plan future audit and research
 - Breakdown of audit v service evaluation
 - Presentation on LD CAMHS Goal Outcomes (previously on agenda)

What was the most useful part of the day?

- A few responses indicated that everything was useful
- Other themes regarding what was most useful were:

- Specific presentations including: crisis team update, treatment of first episode of psychosis, quality of care pathways, anorexia nervosa pathway
- Developing an awareness of the variety of audits/projects conducted
- Opportunity to network
- The discussions and future planning following presentations, passion and knowledge of speakers
- An emphasis on quality and not quantity for a change

What was the least useful part of the day?

- One respondent commented that one particular audit was less pertinent to their role.

Is there anything that could be improved?

- The following comments were regularly made:
 - Better facilities including the projector, room temperature and catering facilities
 - More time for questions and discussion
- Further individual comments that were made were:
 - More presentations in the morning and fewer in afternoon
 - One presentation in particular was presented too slowly
 - A summary and success of the day circulated widely through e-bulletin perhaps
 - Revised agenda circulated before event
 - Focus on action plans

The venue

Chart 1 displays responses regarding ease of getting to the venue. Results suggest the majority found the Trust venue West Park Hospital “Very easy” to get to.

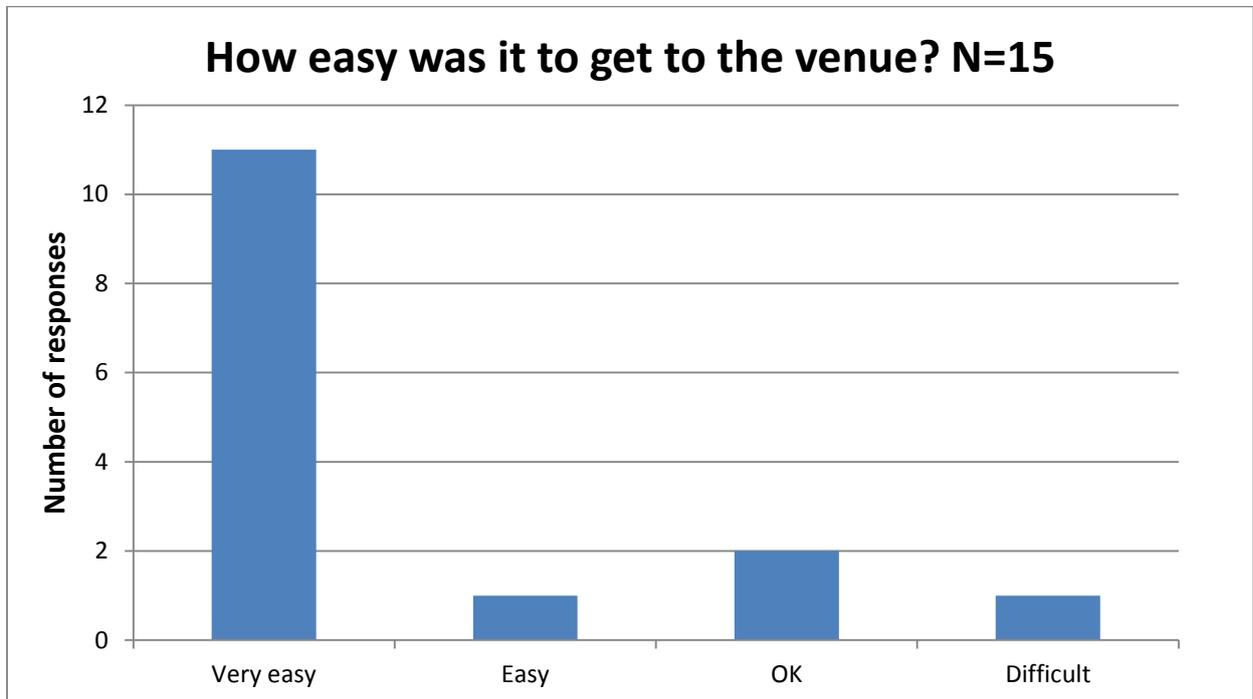
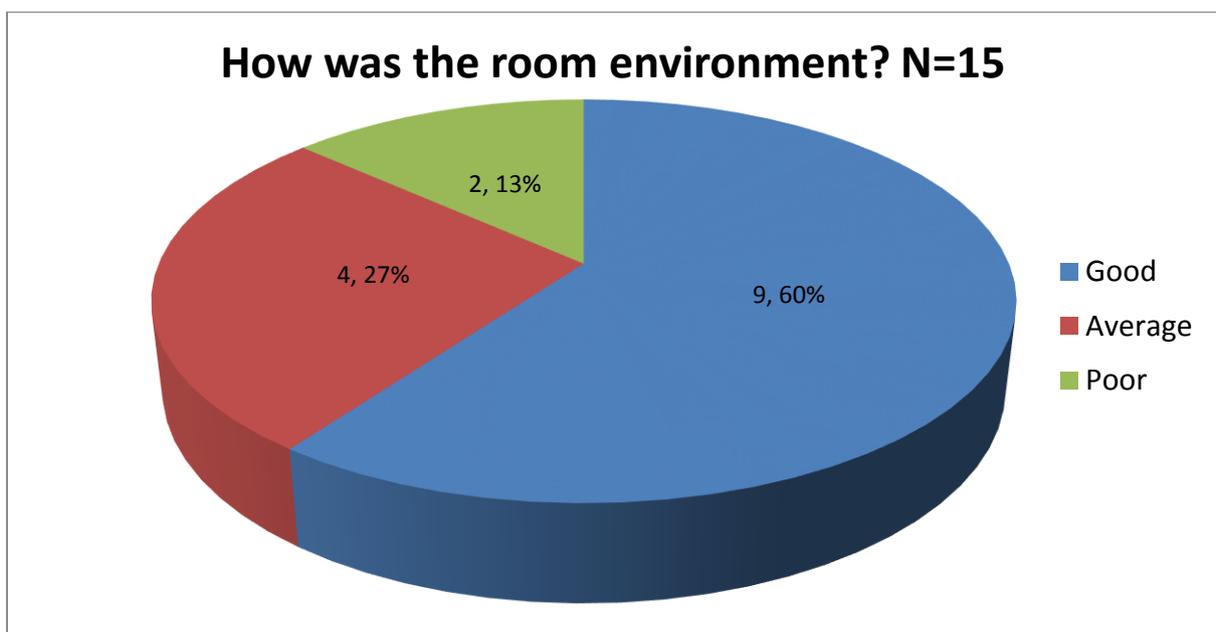
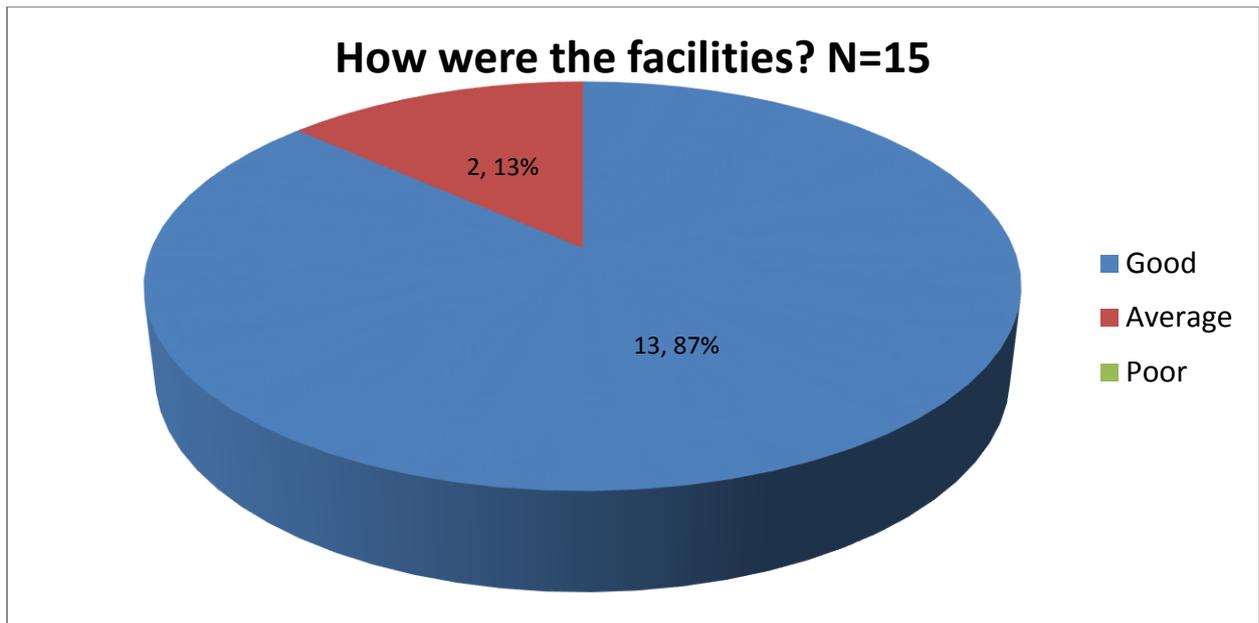


Chart 2 and 3 displays opinions on the room environment and facilities whereby 60% felt the room environment was good and 87% felt the facilities were good. Further comments made were that the room was too warm and parking was a struggle at this venue.





Overall the feedback received was positive. Further comments we received included a request for a copy of the slides electronically, “thank you”, “really well organised and well timed” and “trying to encourage wider set of disciplines to come and team managers so they are behind audit/research/service evaluation and realise protected time needs to be given so clinicians can engage in such work who want to rather than it being an ‘aside’ or something which takes up personal time”.

Rebecca Tinkler
ADT Assistant Psychologist
South Durham CAMHS

And

Janine Rowe
Assistant Psychologist
North Durham LD CAMHS

Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust