

**Qualitative Audit of Review Health Assessments completed by Whittington Health
August 2012**

Aim of the audit: The aim of the audit is to assess the quality of the Review Health Assessments (RHA) carried out by the specialist nurses for Children in Care (CiC)

Standard: The national standard for the health assessments is:
That a RHA is provided bi-annually for children under the age of 5 years and annually for children and young people over the age of 5.

Background

Since January 2011 all RHA's are carried out by the CiC nursing team, which consists of the Designated Nurse and two Specialist Nurses. This quality audit was first carried out in 2011.

2011 Audit, summary of findings:

10 RHA were selected randomly and audited by the Designated Dr for CiC.
The findings in relation to RHA's were:

Missing data/information was completion of immunisations
Location of new born blood spot screening

The recommendations were:

- To continue with the current commissioned model and improve further through integration/co-location of CPMT and CiC nursing team for delivery of the health assessments.
- To develop a process to access immunisation data and develop action plans if immunisations have not been completed
- To re audit in one year.

The 2012 audit:

The 2012 audit was carried out for the RHA's by the Named Nurse Child Protection.
The audit questions are in appendix 1.

Findings:

Question 1: Was the health care plan adequate?

Findings - 9 were adequate one inadequate.

Of the health care plan that was not adequate the reason/s given was:
Evidence of obtaining information before the RHA and more evidence of liaison and a more complex care plan with clear sign posting as the child had a disability

Question 2: Did the care plan require any follow-up or additional health recommendations?

Three health care plans required follow up for:

Unclear immunisation history x 2

Hearing

Question 3: were all the sections completed on the health assessment?

100% of the health assessment sections, part B & C of the BAAF were completed for the RHA's.

Question 4 What were the common health issues identified?

Mental health ¹	3
Self harm	1
Behavioural issues	3
Substance misuse (including alcohol) smoking	
Growth and development	2
Sexual health ²	
Missing immunisations	2
Oral health	0
Vision ³	
Hearing	1
Nutrition	1
Disabilities	2
Other please state: Unclear immunisation history	2

Question 5 Overall how would you rate the quality of the health assessment?

Poor Adequate - 2 Good - 2 Excellent - 6

Findings & Discussion

The 2012 audit has been compared to the 2011 audit findings.

Question 1: 9 out of 10 RHA remain adequate as in 2011. This remains unchanged.

Question 2: in 2011 one care plan required follow-up for developmental issues. In 2012 follow-up was required due to unclear immunisation status and one for hearing.

Question 3: in 2011 and 2012 100% of the health assessment sections, part B & C of the BAAF were completed for the RHA's.

Question 4: common health referrals/issues were:

The table below shows the type and number of referrals made following a RHA 2012 compared to 2011.

The most common health reason for referral in 2011 10 referrals were made most commonly for missing/incomplete immunisations; in 2012 this number had dropped to 2 referrals.

6 referrals were made in 2011 for children to go to their dentist no referrals following the RHA's audited in 2012 were referred to the dentist.

4 referrals in the 2011 RHA's audited were referred for a hearing assessment this has changed to 1 in 2012.

¹ Maternal mental health from Part A not transferred to part B

² Details of maternal health and pregnancy are in the case conference minutes but not transferred to Part B

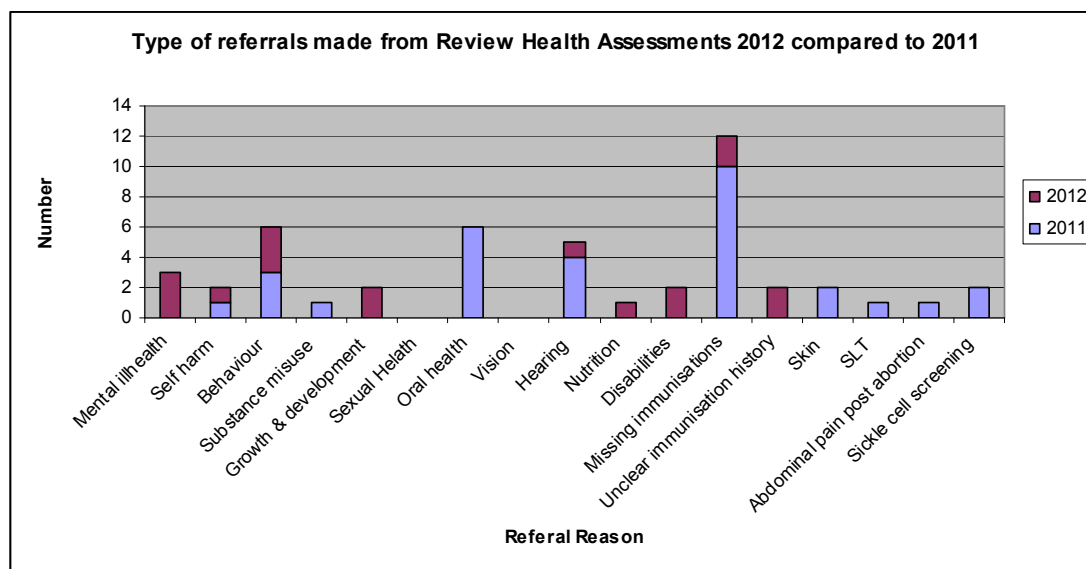
³ to see optician but no evidence of a problem

The next most common reason for referral in 2011 and 2012 remained unchanged as was for behaviour.

What is noticeable is that referrals for missing incomplete immunisations have changed considerably from 10 to 2.

The total number of referrals made following RHA's, was a total of 31 referrals made in 2011 and 17 in 2012.

It would be nice to think that this is due in part to the nursing team referring and children having receiving their immunisations; however the number of RHA's audited is too small to draw any conclusions.



Conclusions:

RHA's continue to be adequate with 8 out of the 10 RHA's audited being of good to excellent quality.

The two RHA's that were adequate quality could have been improved by:

- Attempting to gather information before the RHA – this however will only be possible when staff have capacity
- More complex care planning for a child with disability
- Evidence of clear sign posting

Recommendations:

Repeat audit in one year

Improved care planning with sign posting for children with disability

With thanks to Karen Miller Child Protection Named Nurse

Judy Mace Designated Nurse for Children in Care
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