

Clinical Audit Report

Audit Title:	To assess the completion of the Integrated Progress Review (IPR) for children aged 24-36 months by Health Visiting Teams and Early Years Providers for compliance and quality.
Audit number:	4677
Division:	Women's, Children's and Sexual Health Services
Specialty / Service:	Health Visiting and Children's Centres
Report Completion Date:	

Audit Team:	
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1. Abstract

1.1 Rationale

The Integrated Progress Review (IPR) is a universal review offered to all children between the ages of 24-36 months. Part 1 of the review is completed by the Health Visiting service between 24 and 30 months and if the child is attending an Early Years setting, this is then emailed via NHS secure email to the setting. Upon receipt of part 1, the Early Years setting completes Part 2 of the review and returns to the HV service. A copy is kept in the setting to meet the requirements of the EYFS Statutory Framework 2017.

The roll out of the IPR commenced across East Sussex in May 2016 following a smaller pilot study.

A baseline audit, undertaken in November 2017 (audit number 4177) identified the need to make changes to paperwork and processes to improve both compliance and quality. This audit was required to assess the impact of these changes.

1.2 Aims and objectives

To establish how effective the changes to the Integrated Progress Review have been by assessing the compliance rate and quality by;

- The Health Visiting and Children's Centre Service (HVCC)
- Early Years providers (for Early Years providers this audit meets the requirements of a moderation review of the Integrated Progress Review)

1.3 Key findings

This repeat audit has identified an increase in the compliance and quality of IPRs, exceeding targets set at completion of the previous audit, as demonstrated by the table below, suggesting the changes made have been effective.

	Data from baseline audit (4177)	Target from baseline audit recommendations	Result from current audit
Percentage of reviews, from population identified (all children turning 36months in Qtr1, 2019) which were integrated (i.e. form part of the audit snapshot to be distributed to all settings via email/newsletter completed by both the HVCC and Early Years setting)	19%	No target set	23.8%***
Percentage of reviews (from the sample identified) completed as Integrated reviews (i.e. completed by both the HVCC and Early Years setting)	19%	No target set	27.3% (35 of 128)
Percentage of Part 1s completed by HVCC service rated Good or Outstanding	22.7%	27.8%	46.67%
Percentage of Part 2s completed by Early Years settings rated Good or Outstanding	33.33%	40%	65.71%

***NB – This cohort includes children who had their review both pre and post 1st November when new paperwork and process introduced.

See 3.2 for methodology relating to 'good' and 'outstanding' criteria used.



This audit showed a significant increase in the percentage of reviews completed by the HVCC service being sent to the Early Years setting. A total of 8 records (13.3%) had no record of part 1 having been sent compared to 37.2% cases in the baseline audit completed in 2017.

In 10 cases, Part 1 was completed and documented as having been sent to the setting but Part 2 was not returned to the HVCC by the date of the audit. Subsequent follow up with these settings identified that two settings were out of county; one has re-sent their information; one says originally sent it but the child is no longer with them to resend this, two are yet to respond; one only takes children from the age of 36 months; one had issues with secure email; two have yet to be identified to ensure the correct setting is contacted for information.

Parent's comments are not consistently recorded by settings; this would have increased the percentage of reviews graded as Good or Outstanding

Health Visitors and Community Nursery Nurses are not consistently including comments relating to areas of development to support Ages and Stages Questionnaire (ASQ) scores; this would have increased the percentage of reviews graded as Good or Outstanding

To increase quality of reviews, further work is required to ensure both HVCC and Early Years settings document in a way that captures the 'Child's voice'.

1.4 Identified risks or concerns

The HVCC uses SystemOne to document Part 1. Ongoing issues with IT 'system' failures results in Health Visitors and Community Nursery Nurses needing to re-write records. This can happen on a regular basis which obviously impacts on time and capacity. When time available is reduced, this is likely to impact on the quality of documentation of Part 1.

A low staff risk assessment had been implemented due to periods of short staffing across a number of teams in the county. This resulted in visits to vulnerable families being prioritised and capacity for documentation reduced which may have an impact on quality and compliance within the affected teams.

1.5 Does this audit identify a risk that needs to go onto the Risk Register?

At times there are issues with SystemOne IT failure which impacts on the recording of records.

1.6 Recommendations

Recommendations for both Health Visiting and Childrens Centre Service and Early Years Settings

1.1 Continue to increase percentage of IPRs completed within specified time frames



1.2 HVCC and settings to improve the recording of the Child's voice

Recommendations for Health Visiting and Childrens Centre Service

- 2.1 Review the current percentage of universal 27month reviews completed by HVs to establish if the percentages in the audit are reflective of current practice
- 2.2 Clarity to be provided on the necessity for Health Visitors and Community Nursery Nurses to record weight and height of children at every mandated review, documenting rationale when this does not take place.
- 2.3 Increase and improve the quality of comments documented to support ASQ scores.
- 2.4 Consider the wording in the 'Family and Environment' section of Part 1 to provide clarity and avoid duplication
- 2.5 Further explore the quality of documentation in relation to 'Healthy Relationships'
- 2.6 Ensure consent to share Part 1 of the IPR with settings is recorded on each record

Recommendations for Early Years Settings

- 3.1 Settings to be supported to increase and improve the documenting of parents comments on Part 2 of the IPR.
- 3.2 Settings to be supported to increase sharing of home learning ideas on Part 2 of the IPR
- 3.3 Settings to be supported to indicate whether Part 2 has been shared with parents

2. Background

2.1 Rationale

The IPR is a universal review offered to all children between the ages of 24-36months. Part 1 of the review is completed by the HVCC service between 24 and 30 months and if the child is attending an Early Years setting, this is then emailed via NHS secure email to the setting. Upon receipt of Part 1, the Early Years setting completes Part 2 of the review and returns it to the HVCC. A copy is kept in the setting to meet the requirements of the EYFS Statutory Framework 2017. The roll out of the IPR commenced across East Sussex in May 2016 following a smaller pilot study.

A baseline audit, undertaken in November 2017 (audit number 4177) identified the need to make changes to paperwork and processes to improve both compliance and quality. This audit was required to assess the impact of these changes.



2.2 Aims and objectives

To establish how effective the changes to the IPR have been by assessing the compliance rate and quality by;

- The HVCC Service
- Early Years providers (for Early Years providers this audit meets the requirements of a moderation review of the IPR)

To determine the quality of information entered on Part 1 of the IPR by Health Visitors and Community Nursery nurses against guidance in the Healthy Child Programme – The Two Year Review (2009)

To determine the quality of information entered on part two of the IPR by Early Years providers against explicit criteria in the Statutory Framework for the Early Years Foundation Stage (2017)

To determine whether East Sussex is achieving an increase in completion of IPR's for those children in an Early Years setting.

To determine the percentage of IPR Part 1 and 2 forms completed by 36 months

To improve the standards of practice of both the HVCC service and Early Years settings through identification of areas for improvement and by setting actions to ensure improvement takes place.

2.3 Standards / guidelines / evidence base

- Healthy Child Programme – The Two Year Review (Department of Health)
- Statutory Framework for the Early Years Foundation Stage 2017 Department for Education
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- Healthy Child Programme; Review of 2year Children 2009
<https://www.gov.uk/government/publications/healthy-child-programme-review-of-children-aged-2>
- Implementation study: Integrated Review at 2-2½ Years- Integrating the Early Years Foundation Stage Progress Check and the Healthy Child Programme health and development review. DfE. Nov. 2014.

2.4 Population, Sample Size and Time Frame

Population: 1346 children became 36 months during Qtr 1 (Apr-Jun, 2019). This cohort was used to assess the overall compliance (percentage that had a review completed and percentage of these that were 'integrated')



Sample: Of those completed, 128 reviews were completed post 1st November 2018 (when the new process and paperwork were introduced). From this sample group, a total of 60 records were audited for quality. This included 100% of those coded to indicate completion by both HVCC and an Early Years setting (33 records). A further 27 records, representing 47% of the total reviews audited had no associated read-code, suggesting part 2 had not been completed and returned by the Early Years setting, completed post 1st November 2018.

3. Methodology

3.1 Data source

Child health records from SystmOne electronic case note system.

3.2 Methodology

The multi-disciplinary team comprised of staff from both the Health Visiting and Childrens Centre Service (HVCC) and the Standards and Learning Effectiveness service (SLES) and included; Area Manger (HVCC), Locality Manager (HVCC) Community Nursery Nurse (HVCC), Early Years Advisor (HVCC), Early Years Support and Intervention Officer (SLES) and Senior Early Years Provision Officer (SLES).

The audit tool was created on Citizen Space (a survey system) and was used to input information held on SystmOne by the multi-agency audit team. The data either as a PDF report or as an Excel spread sheet. This meant that it was easily accessible to the auditors who were linked to either an East Sussex Healthcare Trust (ESHT) network or an East Sussex County Council (ESCC) network.

Grade descriptors, based on Ofsted inspection categories were developed for both Part 1 and 2 of the IPR to provide a framework when giving an overall quality judgement for each record (Appendix 1) with the following categories used;

Outstanding – this form could be used as an exemplar of excellent practice

Good – all relevant information provided to a good standard

Requires improvement – some relevant information is missing

Inadequate – significant information is missing or very poor quality

The Audit group began by auditing a record together to ensure consistency and clarity of approach. Auditors then worked in pairs, with each pair having Health and Early Years representation.

Data was analysed by the Audit lead. Members of the audit team met, after having collated data, to discuss themes identified and possible recommendations.

3.3 Constraints / Issues



Due to changes to timeframes for completing Part 1 and Part 2 of the IPR, (implemented following the baseline audit in 2017) the cohort for this audit was restricted to children who were 36 months in Qtr 1 (April-June 2019). The audit sample was further restricted as new templates were introduced in November 2018. To ensure all records were audited against the same templates, IPRs completed before 1st November 2018 could not be included in the audit sample, further reducing the cohort. A total of 60 records were audited.

An open invitation was given to Health Visitors and Community Nursery nurses to be part of the audit panel. Due to capacity a number of practitioners felt unable to be part of the audit, resulting in one Community Nursery Nurse and no Health Visitors being on the audit panel.

4. Findings

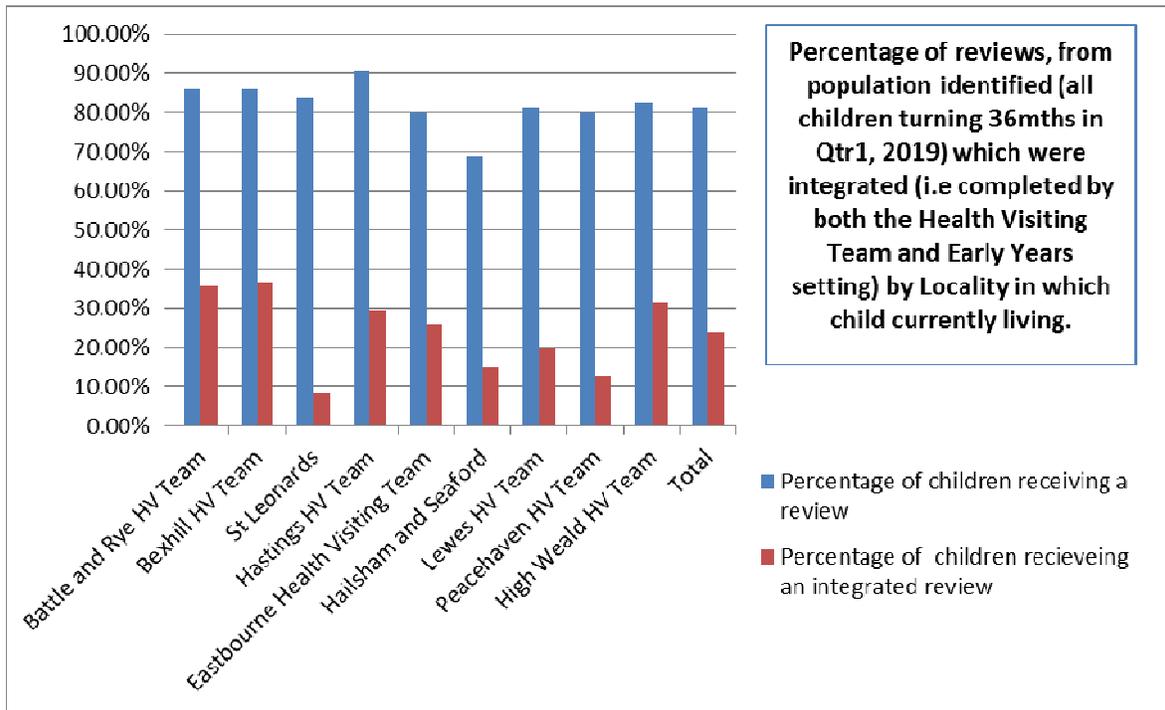
4.1 Results

4.1.1 - Compliance

	Data from baseline audit (4177)	Result from current audit
Percentage of all reviews, from population identified (all children turning 36 months in Qtr1, 2019) which were integrated (i.e. completed by both HVCC and Early Years setting)	19%	23.8%***
Percentage of reviews (from the sample identified) completed as Integrated reviews (i.e. completed by both HVCC and Early Years setting)	19%	27.3% (35 of 128)

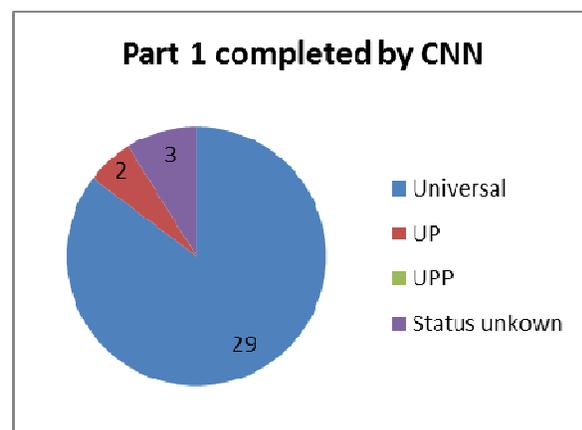
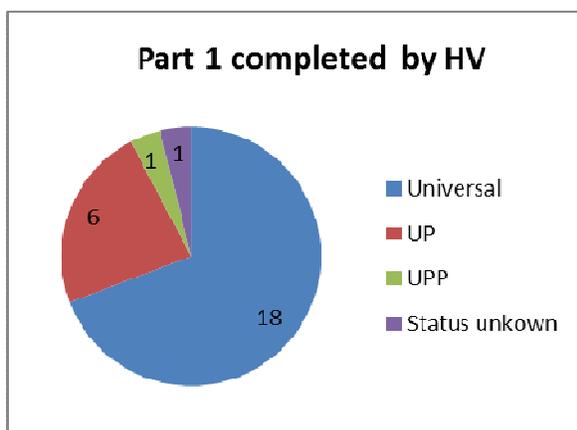
***NB – This cohort includes children who had their review both pre and post 1st November when new paperwork and process introduced.





The audit sample included 27 records which did not have a read code to demonstrate the review had also been completed by the setting, however the audit identified 2 of these records (3.6%) have been completed and returned by the setting. If this sample size is indicative of the wider population it could be assumed the actual percentage of reviews that were integrated are higher than the figures reported.

Part 1 completed by Health Visitor	26
Part 1 completed by Community Nursery Nurse	34



The audit identified a significant percentage (38.2%) of children who were universal before their 27month review, had their review completed by a Health Visitor. Assessment undertaken at the 27month review did not lead to any of these children having their level of need escalated, however auditors noted one example whereby the child's need should have been changed to Universal plus. In this example, the level of need was not changed however further support was provided for the family/child. The HVCC expectation is that all



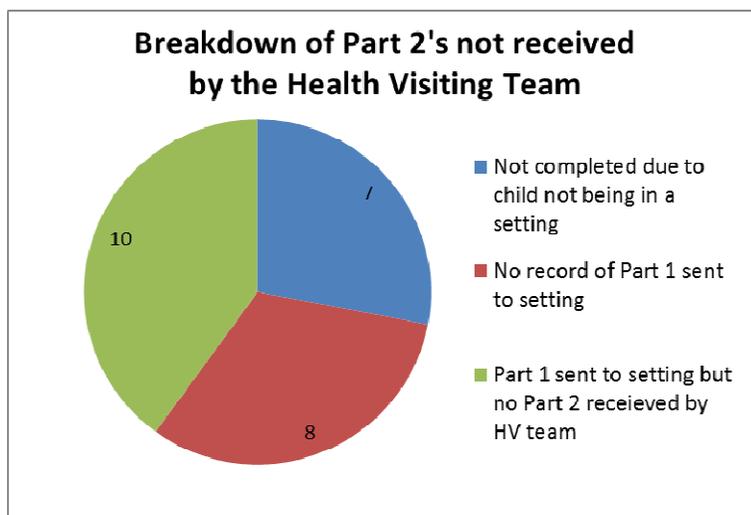
universal 27month reviews are completed by Community Nursery Nurses. Where deemed appropriate by the named Health visitor or during periods of significant staff shortages, Community Nursery Nurses also complete reviews on families with enhanced need. This audit did not explore why such a significant proportion of universal reviews were completed by Health Visitors instead of Community Nursery Nurses so no conclusions are able to be drawn on why this occurred, however this may need further exploration.

4.1.2 – Completion within specified timeframes

	Completed on time	Completed after 30mths
Completion of Part 1 by HVCC by 30 months	65% (39)	35% (21)

A third of reviews completed outside of the time frame were likely to be as a result of the delay between recruitment of new Community Nursery Nurses and the time taken to bring them online. During the period covered by the audit a number of additional Community Nursery Nurses had been recruited however, it can take up to 6 months for nursery nurses to complete competencies and independently undertake reviews. Some teams were also operating a low staffing risk assessment at the time which could have impacted on the percentage of Part 1s completed after 30 months.

	Completed on time	Completed after 36 months	No record of Part 2 completed
Completion of Part 2 by setting by 36 months	51.6% (31)	6.6% (4)	41.6% (25)



A total of 8 records (13.3%) had no record of Part 1 having been sent to the setting. It is possible some of these children were not in a setting but this is not clear from the records. This percentage is however significantly lower than the data from the previous audit which found that in 37.2% cases, IPRs were not sent to Early Years settings.

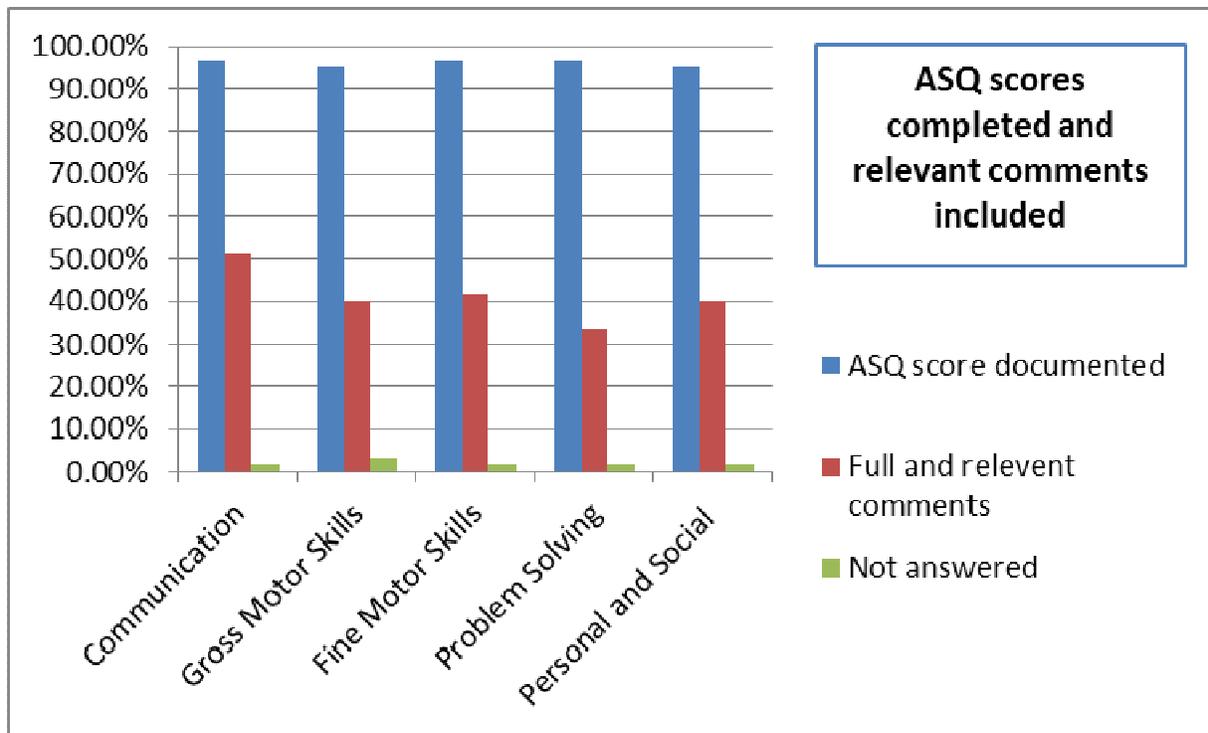
Subsequent follow up of those identified as not having a Part 2 completed by a setting, identified that a number of the the 27 children who were recorded as not having had a Part 2 completed, were not actually attending settings at the time of the review. This would suggest that the complainece figures for Early Years settings is likely to be higher than those reported within this audit.



4.1.3 Completion of Part 1 by Health Visiting and Childrens Centre Service

	Yes	No (rationale recorded)	No (No rationale documented)
Record of Weight documented	83.3% (50)	5% (3)	11.6% (7)
Record of Height documented	66.6% (40)	8.3% (5)	25% (15)

A significant number of records did not include both child’s weight and height. Since the records were audited, Standard Operating Procedures have been introduced that explicitly state that a child’s height and weight should be taken at the 27month review or a documented rationale is needed when this does not occur.

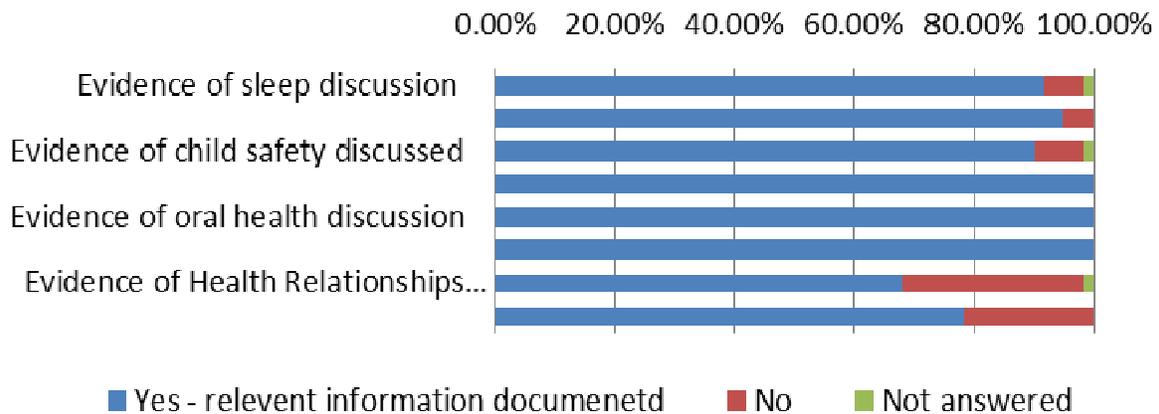


**In the case of 1 not answered, a Schedule of Growing Skills (SOGs) was completed instead of an ASQ but no information was provided for the Early Years setting on the areas of development.*

Comments which provide observation and evidence of children’s development are required to give substance to the ASQ scores and to provide context for Early Years settings. Families are encouraged to keep the ASQ paperwork with the child’s red book and share this with the Early Years setting but this cannot be solely relied upon. Documenting comments also provides clarity on what information has been reported by the parent and what has been observed by the Health Visitor /Community Nursery Nurse.



Completion of Part 1 by HVCC service



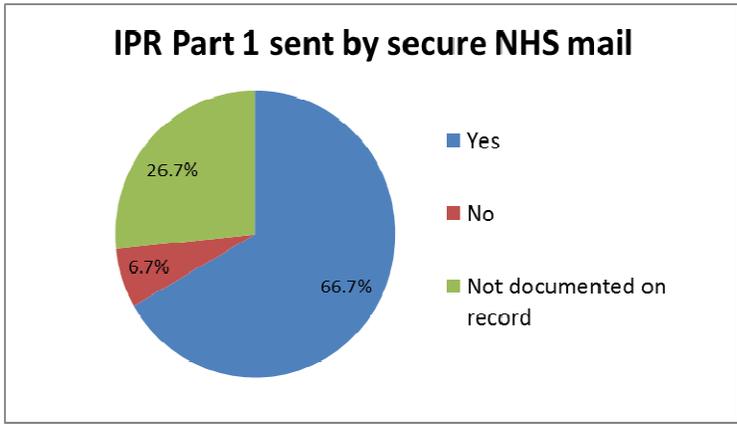
100% of records evidenced discussion regarding child safety, diet, oral health and toileting, key areas of focus for the 27month review.

In 19 Part 1's there was no documented discussion regarding Healthy Relationships. There has been some reluctance to record information. Anecdotally there has been some lack of clarity of what Healthy Relationships mean and some hesitance in asking probing questions. Alongside this, the changes to the IPR process means that all information documented on the discussions part of the template are shared with the setting and the family. This had led to some concern from Health Visitors /Community Nursery Nurses, as for example if there is a risk of domestic abuse, sharing this with parents (who may be a perpetrator) could put the child and other parent at further risk. This risk needs to be balanced with the need for settings to have an appropriate level of information to safeguard children they are caring for regularly.

Further exploration is required to establish if this is an issue with the discussion with families or the documentation of such discussions.

In 13 records relevant information was not documented in the **'Family environment'** box on Part 1 of the IPR. However in 12 of these cases, the assessment template had been completed which also contains family and environment information. The assessment template is not sent to the setting and therefore the early year setting would not receive information specific to the family and environmental context – is this an issue as with the healthy relationships?





Although it was documented in records when Part 1 of the IPR was sent to settings, it was often not explicit about how it had been sent. The audit group identified that there were some examples where a copy of the email had been saved to the patient record, providing a clear audit trail which was considered to be good practice.

There were 11 records where consent from the parent to share Part 1 of the IPR with the setting was not recorded on SystemOne but had subsequently been shared. During the period the audit covered the consent to share changed from written to verbal. The consent to share was previously included in the red book and therefore it is possible consent to share had been gained but then not scanned and added to the patient record.

Auditors identified that in 8 of the records audited (13.3%) further intervention was required, identified through the IPR process. Of these, 6 resulted in a referral to an HVCC intervention including:

- Community Nursery Nurse support,
- Early Communication Support Worker support ,
- HENRY referrals.

However, in 4 of these 8 records, the child’s status remained as Universal and was not changed to reflect the IPR identifying the families need as being Universal Plus.

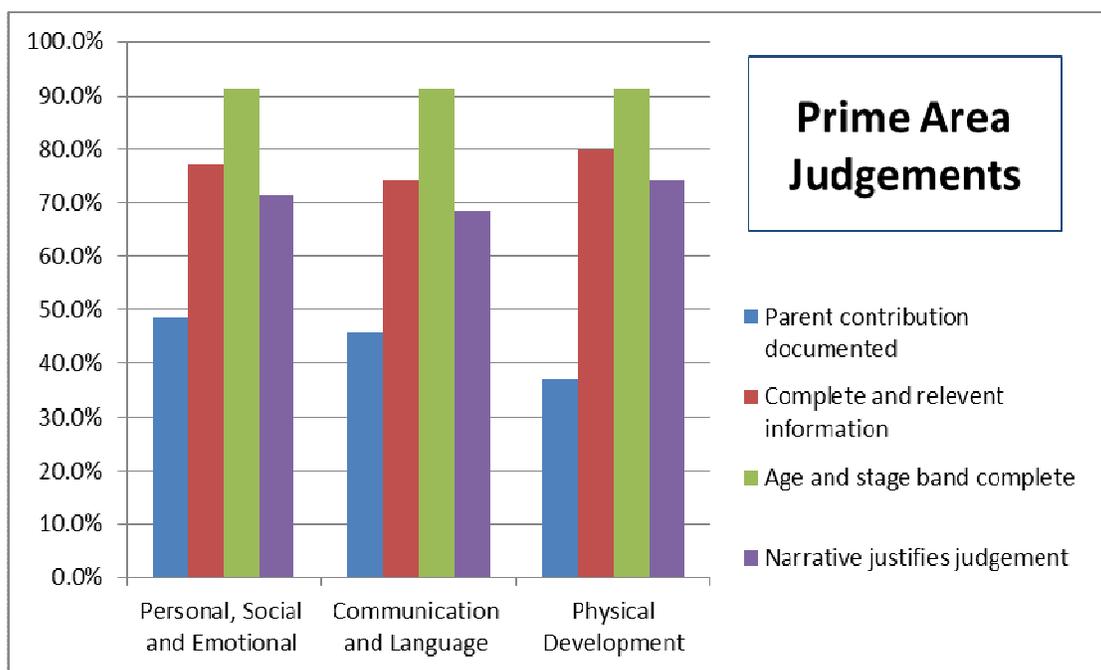
4.1.4 Completion of Part 2 by Early Years Settings

77% (27) of the 35 Part 2’s completed had details completed on page 1, although auditors commented this was often not fully completed, with information such as GP and Dental practice missing

	Yes - full and relevant information provided	Yes - partial information provided	No
Has the setting reported on the characteristics of effective learning?	68.5% (24)	25.7% (9)	5.7% (2)

Auditors noted that some settings provided a flavour of the child’s characteristics of effective learning throughout the form rather than completing the specific section





	Parent contribution documented	Complete and relevant information	Age and stage band complete	Narrative justifies judgement
Personal, Social and Emotional	48.5% (17)	77.1% (27)	91.4% (32)	71.4% (25)
Communication and Language	45.7% (16)	74.2% (26)	91.4% (32)	68.5% (24)
Physical Development	37.1% (13)	80% (28)	91.4% (32)	74.2% (26)

In each of the cases where the Early Years settings did not complete the age and stage bands, the paperwork used was not the Part 2 document developed for the IPR process.

Due to changes to paperwork as a result of the last audit, a direct comparison to parental comments recorded in the previous audit is not possible, however the data collated is indicative of a decline in the number of reviews which included parent's comments.

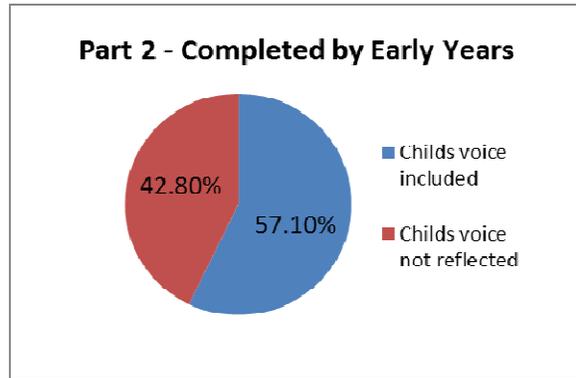
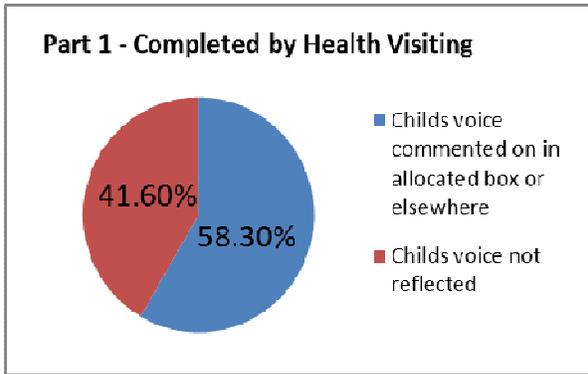
Auditors commented that when no parent voice had been recorded, the review was often not signed by the parent either, making it unclear whether it had been shared with parents or not. It is a statutory requirement for Early Years settings to share this review with parents.

Has the setting filled in areas for development?	Yes
What can parents do at home	48.5% (17)
How will the child be supported in the setting	68.5% (24)

It is a statutory duty, within the EYFS to discuss with parents and/or carers how they can support learning at home. In more than half (51.5%) of Part 2's completed by settings, there were no suggestions of what parents could do at home to support development.



4.1.5 – Child’s Voice



Similar percentages of Part 1 and Part 2s completed, lacked evidence of the child's voice .

Health Visiting teams in High Weald, Havens, Hastings and St Leonards accessed child's voice workshops provided by the Standards and Learning Effectiveness service between November 2018 and July 2019. Due to the timing of the audit it is not yet possible to compare the results from these teams with other teams who have not accessed workshops. The auditors were therefore, unable to draw any conclusions on the impact of these sessions on quality of IPRs completed.

The audit findings suggest that Early Years settings do not appear confident in recognising child's voice. Changes may be needed to the wording on the form and extra guidance provided to settings.

4.1.6 – Overall quality of Part 1 and Part 2

	Health Visiting (Part 1)		Early Years Providers (Part 2)	
	2017 Audit	2019 Audit	2017 Audit	2019 Audit
Outstanding - This form could be used as an exemplar of excellent practice	4.76%	6.66%	9.52%	5.70%
Good - All relevant information provided to a good standard	28.57%	40%	23.81%	60%
Requires Improvement - Some relevant information missing	61.90%	53.30%	38.10%	25%
Inadequate - Significant information is missing or very poor quality	4.76%	0%	28.57%	8.50%



	Data from baseline audit (4177)	Target from baseline audit recommendations	Result from current audit
Percentage of Part 1s completed by HVCC service rated Good or Outstanding	22.7%	27.8%	46.67%
Percentage of Part 2s completed by Early Years settings rated Good or Outstanding	33.33%	40%	65.71%

4.2 Good practice identified

Improvement since last audit of compliance and quality, significantly exceeding targets for those rated 'Good' or 'Outstanding'

100% of records evidenced discussion regarding child safety, diet, oral health and toileting, key areas of focus for the 27month review.

4.3 Identified risks or concerns

Early Years settings need to ensure that they are sharing the review with parents and providing suggestions for home learning to meet the statutory requirements of the Early Years Foundation Stage.

4.4 Does this audit identify a risk that needs to go onto a risk register?

No

5. Conclusions

This repeat audit has identified an increase in both the compliance and quality of IPRs, exceeding targets set at completion of the previous audit.

Health Visiting teams need to continue to increase the percentage of reviews completed on time and sent to Early Years settings to improve compliance.

Health Visiting teams need to consistently include comments relating to areas of development to support ASQ scores.

Early Years settings need to improve compliance by increasing the percentage of completed Part 2's returned to the Health Visiting teams.

Early Years settings can improve quality and compliance by ensuring parents comments and ideas for home learning are clearly documented.

To increase quality of reviews, further work is required to ensure both Health Visiting and Early Years settings document in a way that captures the 'child's voice'.



6. Recommendations

Recommendations for both Health Visiting and Childrens Centre Service and Early Years Settings

- 1.1 Continue to increase percentage of IPRs completed within specified time frames
- 1.2 HVCC and settings to improve the recording of the Child's voice

Recommendations for Health Visiting and Childrens Centre Service

- 2.1 Review the current percentage of universal 27month reviews completed by HVs to establish if the percentages in the audit are reflective of current practice
- 2.2 Clarity to be provided on the necessity for Health Visitors and Community Nursery Nurses to record weight and height of children at every mandated review, documenting rationale when this does not take place.
- 2.3 Increase and improve the quality of comments documented to support ASQ scores.
- 2.4 Consider the wording in the 'Family and Environment' section of Part 1 to provide clarity and avoid duplication
- 2.5 Further explore the quality of documentation in relation to 'Healthy Relationships'
- 2.6 Ensure consent to share Part 1 of the IPR with settings is recorded on each record

Recommendations for Early Years Settings

- 3.1 Settings to be supported to increase and improve the documenting of parents comments on Part 2 of the IPR.
- 3.2 Settings to be supported to increase sharing of home learning ideas on Part 2 of the IPR
- 3.3 Settings to be supported to indicate whether Part 2 has been shared with parents

4 Date / Time / Forum for Presentation and Discussion

24.01.2020	Discussion in HVCC Senior Managers Team meeting
24.01.2020	Audit report shared with SLES senior management
05.02.2020	Discussion in Integrated Service Operational meeting
16.03.2020	Dissemination to SLES officers and consultants
Feb/Mar 2020	Audit summary and recommendations to be distributed to HVCC service via Newsletter/Email
Feb/Mar 2020	Audit summary and recommendations to be distributed to Early Years settings via Newsletter/Email



5 Lessons learnt from this audit

The timing of the audit significantly restricted the cohort size. The scheduling of any subsequent audits should consider if the cohort size is significant enough to draw sound and robust conclusions.

Citizen Space was used as a data collection tool for both this audit and the previous audit in 2017. The data set produced by this method was overly complex and led to data analysis being more challenging than it would have been by using an excel audit tool as used in other audits within the Health Visiting and Childrens Centre service. It is therefore recommended that Citizen Space is not necessary for future audits of this nature.

The Community Nursery Nurse on the panel reported that the learning experience had been invaluable. It is therefore recommended that Health Visitors and Community Nursery Nurses be included in any future audits linked to the Integrated Progress Review.

6 References

Integrated Progress review audit, November 2017 (audit number 4177)

