



Joint inspection of adult services

Integration and outcomes

Review of Records Sampling Guidance v1.3

March 2024

Review of records sampling guidance

Key actions

Identifying the sample of people whose health and social care records will be reviewed and analysed by the inspection team in week 15 of the inspection is a time critical part of the inspection process.

The health and social care partnership (which we will refer to as the HSCP) should ensure that:

- This guidance is made available to staff with responsibility for information/business systems and/or health and social care records as soon as possible after notification. These staff should review the guidance and plan how they can work with the inspection team to deliver the information on people and carers that is needed to identify a representative sample (see steps 1 to 3 below).
- A good practice sample of 3 people is identified, where the HSCP's approach to health and social care integration has achieved good outcomes. The good practice sample is in addition to the random sample that will be selected by the process described below. The HSCP has discretion as to how to identify these people and relevant operational managers should consider how to identify the best examples possible.
- Plans are developed to ensure there will be sufficient capacity to prepare and upload records between week 11 and 12 noon on Wednesday of week 14 of the inspection (step 4 below).
- The HSCP should identify members of social work and health staff who will be available to the inspection team to answer any questions when they are reviewing records (Monday to Wednesday) of week 15. Contact details for the staff need to be confirmed to the inspection team by 12 noon on Wednesday of week 14. Several staff may be identified on a rota basis and can continue with other duties as questions may arise infrequently but they must always be contactable by telephone.

Introduction

This joint inspection is focused on answering the following question:

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?

It will look at integration through the 'lens' of people living with mental illness. Over time this will be combined with inspections that consider the experience of other care groups. This will help us to build a picture of what is happening across health and

social care integration, how this is experienced by people and carers and the outcomes being achieved.

We will review a sample of health and social care records to understand how the processes that underpin the delivery of health and social care may have an impact on the experiences of and outcomes for people living with mental illness and their carers. This can also include any records from third and independent sector organisations that the HSCP has access to.

The sample selection process is undertaken independently by the inspection team to ensure it is both randomly selected and representative of the mix of people who use health and social care in your area.

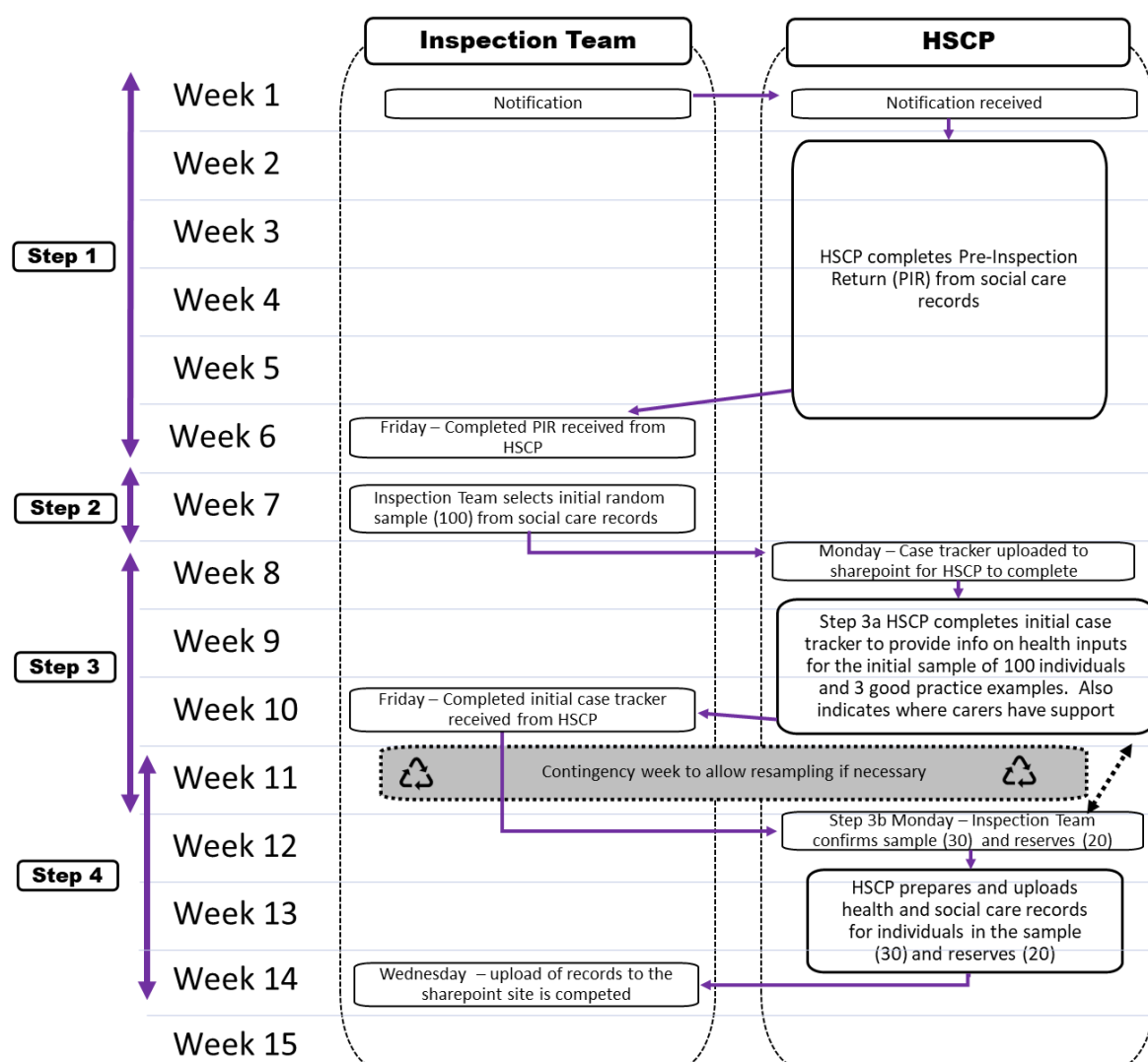
Sampling objective

The objective of the sampling process is to select a representative sample of people living with mental illness and their unpaid carers. The inspection team will review and analyse around 30 people's health and social care records to generate evidence for the inspection. The process will identify 30 people in the main sample and 20 people in the reserve sample.

Good practice examples

In addition to the random sample, the HSCP should identify a good practice sample of 3 people that the partnership thinks are examples of where its approach to health and social care integration has achieved good outcomes. It is up to the HSCP to determine how it will identify the people in the good practice sample. The only requirements are that they are people living with mental illness and are not excluded by the exclusion criteria for the main sample. They need to be identified on the initial case tracker spreadsheet by **12pm on Friday of week 10**.

The sampling process aims to identify a representative sample of people living with mental illness. It is designed to work around the absence of linked health and social care records in many partnerships (see figure 1).

Figure 1 – Sampling Process Overview**Detailed description of each step of the sampling process**

Each step of the sampling process with relevant deadlines is described below. The HSCP should endeavour to complete each step as quickly as possible and maintain constant and effective communication with the inspection team on its progress. This will avoid any wasted effort and delays which may impact on other processes and timescales within the inspection.

Step 1: complete a Pre-Inspection Return (PIR) spreadsheet (day of notification, week 1, to 12 noon on Friday week 6)

The HSCP has 5 weeks to complete the Pre-Inspection Return (PIR) with details for all the people living with mental illness receiving a social work service at the time when the PIR is completed. The PIR also has a tab seeking details of key personnel.

The full names of service users and carers are requested on the PIR because this allows us to ensure that we do not cause confusion by duplicating activities for individuals that have been identified by the inspection team in the engagement phase of the inspection. It is important to note that the PIR should only be shared with the inspection team by uploading it to the secure data sharing platform that has been agreed for the inspection (see guidance for remote access to records v1.1) as this avoids a higher risk of data breaches from sharing it by email. This also applies to the initial case tracker spreadsheet and the final case tracker spreadsheet. Care should be taken to ensure that any revised versions that may be required are also transferred to the inspection team through the secure data sharing platform.

The completed PIR should be uploaded to the secure data sharing platform no later than 12 noon on the Friday of week 6 following notification. To avoid confusion the HSCP should email the inspection lead to confirm when the final and complete document is uploaded.

Inclusion criteria

Information on people who meet the following criteria should be included in the PIR:

- All the people living with mental illness, aged 18 to 64 years, who are receiving a social work service at the time when the inspection PIR is uploaded.

Exclusion criteria

Information on people should be omitted from the PIR if:

- They have received a service for less than 8 weeks.
- Their case has been closed (e.g. no activity for the last 2 years).
- They are deceased.
- The service relates to welfare and financial guardianship applications not submitted in the name of the Chief Social Work Officer ie Private Guardianship Applications.

People whose case has been closed or who have died are excluded because the inspection methodology potentially includes follow up discussions with people through the Team around the Person process.

Stratification criteria to ensure a representative sample

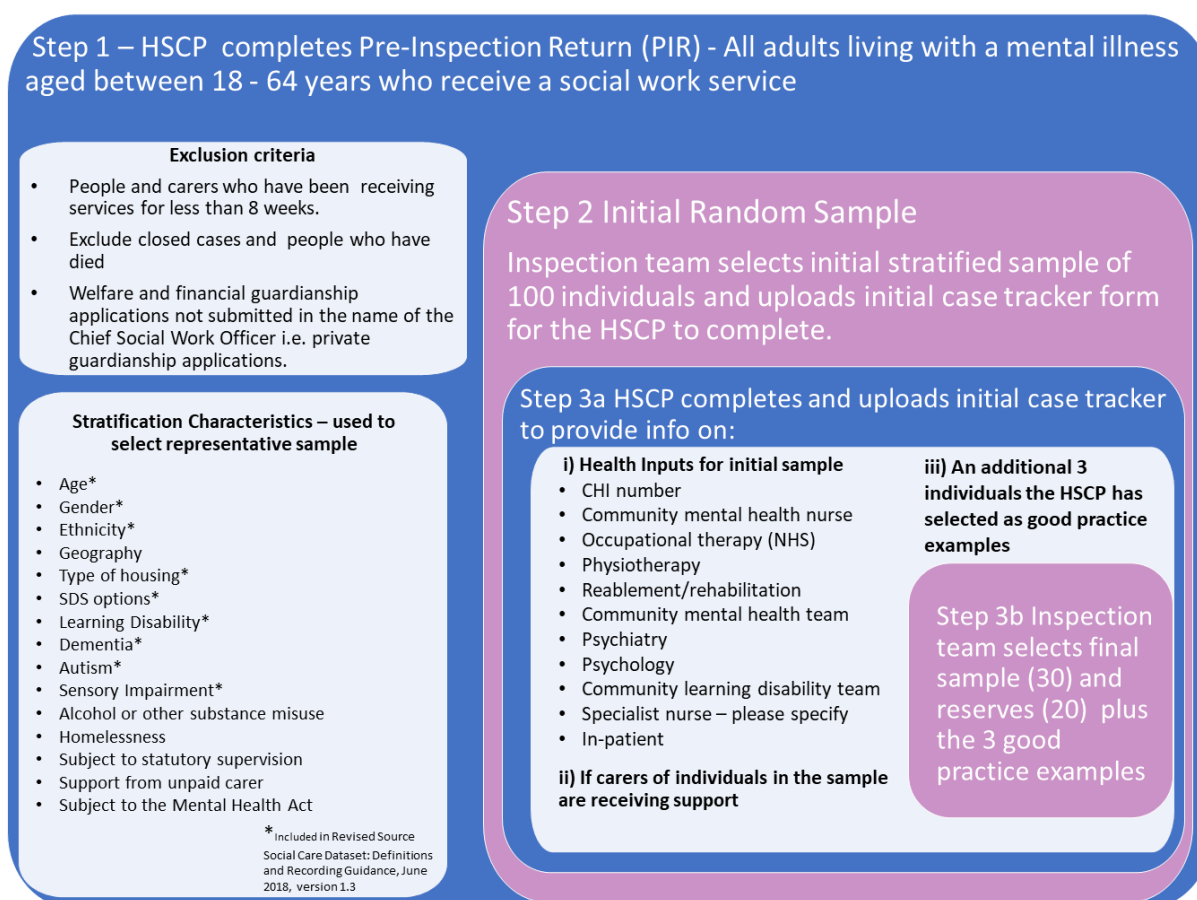
The Pre-Inspection Return (PIR) requires additional information on each individual to be provided to allow stratification of the sample, for example in terms of age. This enables the inspection team to select a sample which is as representative as possible.

The PIR should be completed using the data format specified in “appendix 1” tab and not in the format specified in the Revised Source Social Care Dataset Guidance.

Information on people's current status

The information provided in the PIR should reflect each person's current status at as close as possible to the date when the PIR is completed. Data reflecting previous living arrangements, services or interventions etc is not required, except for Reablement or rehabilitation. Responses should indicate if a person has received these interventions at any point in the last 2 years.

Figure 2 – Sampling Criteria



Step 2: Initial random sample selection (week 7)

The inspection team will select a representative random sample of 100 people living with mental illness from the PIR. These will be included in the initial case tracker spreadsheet, which will be uploaded to the secure data sharing platform for the HSCP to access by **5pm Monday of week 8**.

The inspection team will email the HSCP's inspection coordinator to confirm when the final and complete version of the initial case tracker is uploaded to the secure data sharing platform.

Step 3a: Linking to health inputs, good practice examples and carer support (Tuesday week 8 – 12 noon Friday week 10)

The HSCP has 3 weeks to complete the additional information required on the initial case tracker spreadsheet. The spreadsheet collects 3 types of information:

- i. Health inputs that each person in the initial sample has received in the last 2 years in the categories identified in the spreadsheet. Each person's CHI number should be provided as a unique identifier.
- ii. Whether or not unpaid carers of people in the sample are currently receiving social care support. This means any support from services commissioned or provided directly by the health and social care partnership to improve their quality-of-life and/or support them to continue in their caring role.
- iii. The partnership's 3 good practice examples need to be included on the spreadsheet on the designated second tab.

The HSCP will upload the completed initial case tracker spreadsheet by **12 noon on Friday of week 10**.

Contingency arrangements and the reserve sample

Why do we ask for health information for all 100 people in the initial sample?

Even though the inspection team only requires a main sample of 30 people and a reserve sample of 20 people, the HSCP is asked to provide linked information on health inputs for all 100 people in the initial sample. This requirement is a contingency arrangement which will allow the inspection team to ensure that the final sample includes people with needs that are relevant to the scope of the inspection. In addition, people identified in the initial random sample but not included in the main or reserve samples may also be included in individual conversations and focus groups in the event that the sample identified by the inspection team working with third sector and community groups and organisations is not large enough.

Why is a reserve sample needed?

Our previous inspection experience has demonstrated that the additional effort in identifying and preparing a reserve sample is necessary because regardless of the care and effort taken by the inspection team and the HSCP, it is sometimes impossible to know whether an individual's records will yield evidence relevant to the inspection until they are reviewed in detail. On occasion, detailed review of an individual's records leads the inspector to conclude that they are not relevant to the inspection and in this situation, they seek the agreement of the inspection lead to review the records of an individual in the reserve sample.

Why is week 11 described as a contingency week?

Week 11 has been designated a contingency week which will allow any resampling to be undertaken in the event that the 100 people in the initial sample does not include people with sufficient health inputs to evaluate health and social care integration. If this week is not required, the inspection team endeavour to move Step 3b forward as much as possible to allow more time for the HSCP to prepare case files. This contingency week may also allow some flexibility to overcome any unforeseen difficulties that may occur in earlier steps.

Stage 3b: Final sample confirmation (5 pm Monday, week 11 to 5pm Monday week 12)

If the initial case tracker shows that people in the initial sample have sufficient health inputs and carer support to allow the final sample and reserve sample to be confirmed, the inspection team will confirm the final sample by uploading the final case tracker by **5 PM on Monday of week 11**. If some resampling is required, the inspection team will upload the final case tracker with as many people selected for the final sample as possible by **5 PM on Monday of week 11** in order to allow the partnership to begin preparing and uploading records. Additional people will be added by resampling to increase the sample and reserve sample to the size required as quickly as possible over the next week.

Step 4: Preparing and uploading case records (Tuesday week 11 – 12 noon Wednesday in week 14)

Once the inspection team has uploaded the final case tracker spreadsheet to confirm the main sample and reserve sample, the HSCP should immediately begin to prepare relevant health and social care records for uploading to the secure data sharing platform. Details of how the files should be organised on the data sharing platform are described in detail in separate guidance see Guidance for remote access to records.

The HSCP should plan how it will make available sufficient capacity to prepare and upload files at the start of the process. These plans should ensure that capacity is available in week 11, as even if resampling is needed, it is extremely unlikely that this will apply to the whole sample. This means that the inspection team will be able to notify a substantial proportion of the people who will be in the final main sample and reserve sample at this point, to allow the HSCP to make progress on preparing and uploading files even if some resampling is needed.