

Integrated Access Partnership (IAP)
Standard Operating Procedure (SOP)



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Integrated Access Partnership (IAP) Clinical Audit Standard Operating Procedure

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Objective

This standard operating procedure sets out how clinical contacts with the IAP will be audited to review the quality and consistency of the interaction with the service, the care/advice provided, and the records of the interaction.

As well as assuring the quality and standards of the service, the results of audits and any identified learning will be used to contribute to staff supervision and development, and service improvements.

Scope

This SOP relates to the audit of the following elements of the IAP:

- Mental Health Specialist Desk (MHSD): all cases
- Mental Health Response Vehicle (MHRV): BNSSG cases only
- Mental Health Clinical Assessment Service (MHCAS): all cases
- Urgent Assessment Centre (UAC): all cases
- Emergency Service Mental Health Professional Line (MHPL): all cases.

NB. MHLO is not currently within scope of this SOP.

Clinical Records

The IAP's Overarching SOP details the primary and secondary clinical records for each service line of the IAP; the summary table is included below. Clinical audits will primarily consist of records reviews, supported by listening to call recordings.

Service Line	Primary Record	Secondary Record
Mental Health Specialist Desk (MHSD)	CAD (C3)	RiO*
Mental Health Response Vehicle (MHRV)	RiO*	ePCR
Mental Health Link Officer (MHLO) (situated at MHSD)	RiO	N/A
Mental Health Clinical Assessment Service (MHCAS)	CLEO	RiO*
Emergency Services Mental Health Professional Line (MHPL)	CLEO	RiO*
Urgent Assessment Centre (UAC)	RiO	N/A

*IAP staff will only be expected to submit information into the contemporaneous record (progress notes) of the relevant RiO record. The IAP staff member will select available options to add to the risk history if this is appropriate and available within the contemporaneous record. By exception, where patients have not previously had a risk history written, there will not be the option to add to the risk history. In these cases, where an assessment has been completed, IAP clinicians need to complete a risk history form within RiO.

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Emergency Services Triage (EST)

EST comprises MHSD and MHRV, operating through South Western Ambulance Service NHS Foundation Trust (SWASFT).

For the purposes of IAP audit, the scope extends to MHSD cases across the SWASFT footprint in South West England, and MHRV cases within BNSSG only (the response vehicles in Gloucestershire and Somerset lie outside the scope of this SOP).

Mental Health Specialist Desk

The primary clinical record for MHSD cases lies within SWASFT's CAD (C3) with secondary records completed within AWP's Rio. Cases are managed through outbound telephone calls, which are made using a SWASFT recorded line.

Audit process

Five per cent of MHSD cases will be audited each month. The IAP Data Analyst will generate a random sample of cases each month, which is representative of the geographical breakdown of MHSD cases.

MHSD cases will be audited through a review of the notes in CAD and in Rio (for cases within AWP's footprint (BNSSG and BSW)), ensuring that these notes are reflective of each other and do not contain discrepancies. Clinical notes will be audited against the framework in Appendix 1.

For five per cent of the audited cases, telephone call recordings will be listened to, to ensure that the recorded notes are reflective of the conversation that has taken place. The IAP Administrator, as well as team managers and EST Service Manager, will have access to pull call recordings, which will be saved in a secure shared drive, where IAP auditors are able to listen to recordings.

This triangulated audit approach will rigorously assure the accuracy of contemporaneous progress notes as an accurate record of clinical interventions undertaken by the MHSD.

Each case audit completed will be recorded using a [Microsoft Form](#), which will measure where standards are met/not met. For each case that is 'passed', with or without comment, an automated feedback email will be sent to the relevant clinician. Any cases that do not meet the expected standard will be referred for a group review of the case, following which time constructive feedback will be shared with the consulting clinician in the most appropriate manner, in conjunction with the audit team and the clinician's line manager.

Mental Health Response Vehicle

The primary clinical record for MHRV cases in BNSSG lies within AWP's Rio system, with secondary records completed in SWASFT's CAD (C3) and ePCR. Cases are managed through face-to-face attendance at the scene of mental health emergencies.

Audit process

Five per cent of MHRV cases will be audited each month. The IAP Data Analyst will generate a random sample of cases each month.

MHRV cases will be audited through a review of the notes in Rio. Clinical notes will be audited against the framework in Appendix 1.

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Each case audit completed will be recorded using a [Microsoft Form](#), which will measure where standards are met/not met. Any cases that do not meet the expected standard will be referred for a group review of the case, following which time constructive feedback will be shared with the consulting clinician in the most appropriate manner, in conjunction with the audit team and the clinician's line manager.

Mental Health Clinical Assessment Service

MHCAS operates through BrisDoc Healthcare Services, as part of SevernSide Integrated Urgent Care.

MHCAS receives cases through Directory of Services referrals, where patients, or someone on behalf of a patient, contacts NHS 111 directly, either by phone or through NHS 111 online. MHCAS clinicians will also support the assessment of patients where mental health needs are identified, who have received a physical health pathways disposition. These patients will be identified, either by mental health clinicians 'fishing' from the physical health advice queue, or by physical health clinicians flagging these cases for review by mental health clinicians.

Clinical Guardian

Audit of MHCAS cases is completed through Clinical Guardian, a web-based programme that randomly selects cases for audit. The selection of cases within Clinical Guardian is based on clinician rather than the service as a whole; however, this still equates to approximately five per cent of cases.

Clinician status

Every MHCAS case is uploaded to Clinical Guardian on a weekly basis, by BrisDoc, as part of all of SevernSide's cases. Clinical Guardian identifies the consulting clinician and randomly selects five per cent of their cases for audit. This applies to 'green' clinicians, which are the majority of clinicians, once they have become familiar with MHCAS and met the expected standards in the initial auditing of their caseload.

Clinicians who are new to MHCAS have a 'purple' status, whereby 100 per cent of their cases will be allocated for auditing. All 'purple' clinicians will have at least 10 of their cases audited and up to three telephone call recordings audited, before their status is changed to 'green'. When an auditor feels a clinician is ready to have their status changed, they will email awp.IAPTeamManagers@nhs.net, in order for a team manager to confirm the status and update the clinician's status to green. Thereafter, Clinical Guardian will continue to select five per cent of their cases for audit.

Should a 'purple' practitioner require further monitoring prior to being changed to 'green', it is possible to assign an 'amber' status to practitioners, whereby 25 per cent of cases will be pulled for audit.

Audit process

Cases selected for audit within Clinical Guardian, for 'green' clinicians, are presented to auditors anonymously, who then review the CLEO case notes and Rio progress notes for each case. Cases for 'purple' clinicians are not presented anonymously, in order that a sample of the clinician's cases can be reviewed in one go, in order to effectively review whether they are able to have their status changed.

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Each case must be audited through Clinical Guardian, before recording the audit using the [Microsoft Form](#), which will measure where standards are met/not met. For each case that is 'passed', with or without comment, an automated feedback email will be sent to the relevant clinician. Any cases that do not meet the expected standard will be referred for a group review of the case, following which time constructive feedback will be shared with the consulting practitioner in the most appropriate manner, in conjunction with the audit team and the clinician's line manager.

Group reviews are take place regularly, between at least two auditors, where any referred cases will be reviewed, with any necessary feedback and learning for practitioners being shared collectively by the audit team, sensitively and constructively.

Emergency Services Mental Health Professional Line

The MHPL connects emergency service colleagues at the scene of an incident, with an IAP practitioner. Calls are answered by a mental health call handler within MHCAS, with a case added to CLEO for a practitioner call back. These cases may result in advice being given to a professional, or liaison with another IAP service, such as requesting the attendance of the MHRV.

Audit process

The MHPL is operated as part of the MHCAS. MHPL cases will be incorporated within MHCAS audit through Clinical Guardian.

Failed Contacts

Across IAP services, there will be occasions when it is not possible to make contact with a patient. In such cases, it is important to document all attempts to make contact, any actions taken during contact attempts (such as leaving answerphone messages), and any subsequent actions undertaken.

Owing to the random selection of cases for audit, cases with failed contact will be included within this sample, and auditors will assess the records of these cases to ensure that any appropriate actions have been taken and documented.

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Audit Summary

Service Line	Audit Method	Monthly Audit Sample	Audit Record
Mental Health Specialist Desk (MHSD)	<ul style="list-style-type: none"> Review of CAD Review of RiO notes Review of call recordings 	<ul style="list-style-type: none"> 5% of cases, geographically representative Call recordings reviewed for 5% of audited cases 	<ul style="list-style-type: none"> IAP Audit MS Form
Mental Health Response Vehicle (MHRV)	<ul style="list-style-type: none"> Review of RiO notes Review of call recordings 	<ul style="list-style-type: none"> 5% of cases (BNSSG only) 	<ul style="list-style-type: none"> IAP Audit MS Form
Mental Health Link Officer (MHLO) (situated at MHSD)	<ul style="list-style-type: none"> Audit by Police 		
Mental Health Clinical Assessment Service (MHCAS)	<ul style="list-style-type: none"> Review of CLEO case notes Review of RiO notes Review of call recordings 	<ul style="list-style-type: none"> Minimum of 10 cases for each new clinician Up to three call recordings for each new clinician 5% of each clinician's cases following initial period 	<ul style="list-style-type: none"> Clinical Guardian IAP Audit MS Form
Emergency Services Mental Health Professional Line (MHPL)	<ul style="list-style-type: none"> Audited as part of MHCAS 		

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Monitoring & Change Register

The IAP SOP will be reviewed at least annually and more regularly to account for service changes and expansion.

Date	Version	Author	Change
29/02/2024	0.1	Ollie Crandon	Initial Draft Completed
06/03/2024	0.2	Ollie Crandon	Recording of audit confirmed Audit sample sizes confirmed Audit summary table added
15/03/2024	0.3	Ollie Crandon	Audit criteria added Audit form link added
03/04/2024	0.4	Ollie Crandon	Formatting amendments Added failed contacts
12/04/2024	0.5	Ollie Crandon	Amended MHCAS audit process to include completion of MS Form
18/04/2024	1.0	Ollie Crandon	V1.0 published
23/06/2024	1.1	Ollie Crandon	'Clinical Records' amended 'Mental Health Response Vehicle' amended 'Emergency Services Mental Health Professional Line' amended 'Audit Summary' amended MHCAS audit record amended in audit summary table. MHCAS audit process amended for clarity
29/10/2024	1.2	Ollie Crandon	Updated following full review of all service lines
19/02/2025	1.3	Ollie Crandon	Formatting amendments Removal of Introduction
25/07/2025	1.4	Ollie Crandon	Transition from Adastra to CLEO Addition of amber to 'Clinician Status' Removal of 'Urgent Assessment Centre' Removal of reference to IAP Data Capture Form Amendment to MHPL Audit Process Amendment to 'Audit Criteria' (Appendix 1) to clarify emergency health needs and to audit for risk history form completion

Appendix 1: Audit Criteria

Call Audit Requirements

- Makes effort to speak directly to patient/checks for any emergency health needs
- Confirms patient demographics
- Introduces self and purpose of call
- Professional, caring and compassionate approach
- Accurately determines the presenting complaint
- Seeks collateral input from carers, friends and relatives wherever practicable
- Determines relevant past medical history, including medications and allergies where appropriate
- Reaches a safe and appropriate outcome and communicates this effectively
- Safeguarding (where relevant)
- Relevant, accurate clinical advice provided
- Targeted and general worsening advice provided
- Uses appropriate questioning techniques and avoids jargon
- Manages risk accurately to arrive at a timely outcome

Clinical Records Audit Requirements

- The level of clinical recording is proportionate in relation to review, triage and assessment
- Records are formatted in the same manner as an IAP Rio progress note and entered correctly on CAD
- The CAD and Rio records are reflective and consistent with one another
- Risks are clearly formulated using structured professional judgement with reference to the UK Mental Health Triage Scale
- The key components of mental state examination are recorded in all 'triage' and 'assessment' calls
- Any reference to capacity is decision-specific
- Non-registered staff reference a registered clinical supervisor in relation to all clinical decision making
- Records show a final impression and formulation that captures risk and clinical impression
- Plans are clear and proportionate to the presenting situation
- Where patients do not have an existing risk history within RiO, the practitioner completed a new risk history form

Overall

- Was the management of this case satisfactory?