

CLINICAL AUDIT REPORT

2024-25 Clinical Audit Programme

Audit of Access to Psychological Interventions for People with Psychosis and Bipolar Disorder among the West Gloucestershire Recovery Service Caseload

DATE OF REPORT: 07/05/2025

AUDIT LEAD: Kevin Donoghue Senior Nurse Practitioner/CBT Therapist

Audit of Access to Psychological Interventions for People with Psychosis and Bipolar Disorder among the West Gloucestershire Recovery Service Caseload

Clinical Audit Number: 24-142

Audit Programme Cycle: 2024-25

Clinical Audit Lead: Kevin Donoghue, Senior Nurse Practitioner/CBT Therapist

Clinical Audit Officer: Hanna Tunbridge, Clinical Audit Manager

Others involved: Dr Hannah Steer, Clinical Psychologist, Lead for West CPI-Recovery
Shu-Yi Ong, Psychology Student

Directorate:

Community PH, MH & LD	☒	Countywide Services	☐
Children and Young People Services	☐	MH & LD Urgent Care and Inpatients	☐
PH Urgent Care and Inpatients	☐	Trustwide	☐

Data Period: 01/01/2025

Date of Report: 07/05/2025

Date Report Signed off: 13/11/2025

Date Re-audit Due: 01/10/2026

Overall compliance: 50% **Previous compliance:** N/A

SECTION 1: Introduction

Background/ rationale:

NICE guidelines (CG 178: NICE, 2014) for adults experiencing subsequent episodes of psychosis or schizophrenia (i.e., not their first episode) recommend that during acute (when symptoms are most severe) or later phases:

- Individual CBT should be offered
- A family intervention of at least 10 sessions is offered to the families of all people with psychosis or schizophrenia who live with or are in close contact with their families
- Arts therapies should be considered to promote recovery

These guidelines were audited within the National Clinical Audit of Psychosis (Royal College of Psychiatrists, 2018) with survey data from 62 NHS Trusts/Health Boards in England and Wales (n=100 for each participating Trust).

NCAP found:

- Only 36% of the sample were offered some form of individual CBT
- Approximately one-quarter (26%) were offered CBTp
- Of those not offered CBTp, 13% were offered an unspecified form of CBT.

NCAP identified recommended standards, which for psychological therapies were all services users should be offered Cognitive Behavioural Therapy for Psychosis (CBTp) and a family intervention (if there is close contact between the service user and their family).

Gloucester Recovery Service (West Locality) examined data from a sample of their Recovery Service who have also been referred to the Complex Psychological Interventions (CPI) Service, to audit the individual psychological interventions being offered to people with psychosis and see whether it is in line with NICE guidelines and how it compares to national data.

Aims/ Objectives:

The aims of this audit are:

- To determine how many people with a diagnosis of Psychosis or Bipolar Disorder are being systematically referred for a psychological assessment of their needs during an episode of care within the West Gloucestershire Recovery Service
 - To evaluate the extent to which West Gloucestershire's CPI service is providing NICE recommended interventions to people with Psychosis, and Bipolar Disorder
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Methodology:

An online audit tool was created by Dr Hannah Steer, Clinical Psychologist and Lead for West CPI-Recovery, Kevin Donoghue, Senior Nurse Practitioner / CBT Therapist, and Hanna Tunbridge, Clinical Audit Manager.

A list of all patients with a diagnosis of bipolar or psychosis on the caseload of the Gloucester and Forest Recovery Teams on the 1st January 2025 was requested from the Business Intelligence Team. The list identified 635 patients on the caseloads at the time, with 363 patients (57%) identified as having a diagnosis of bipolar disorder or psychosis. It was agreed that all patients with a diagnosis of bipolar disorder or psychosis should be included in the audit. One patient's electronic record could not be accessed; therefore, the final sample size was 362 patients. 74 patients were on the Forest Recovery Team's caseload, and 288 patients were on the Gloucester Recovery Team's caseload.

The audit sample consisted of 137 females (38%) and 225 males (62%). The age range of patients was 18 – 88 years, with the mean age of patients being 49.96 years.

The table below shows the ethnicity of the patients in the audit sample:

Ethnicity	Number of patients	Percentage of patients
White British	280	77.3%
Black or Black British Caribbean	17	4.7%
Any other white background	13	3.6%
Any other mixed background	9	2.5%
Any other black background	8	2.2%
Black or Black British African	8	2.2%
Asian or Asian British Indian	4	1.1%
Asian or Asian British Bangladeshi	3	0.8%
Asian or Asian British Pakistani	3	0.8%
Mixed Black Caribbean and white	3	0.8%
White Irish	3	0.8%
Any other ethnic background	2	0.6%
Chinese	2	0.6%
Any other Asian background	1	0.3%
Mixed Asian and white	1	0.3%
Mixed Black African and white	1	0.3%
Declined	1	0.3%
Unknown / not documented	3	0.8%
Grand Total	362	

Of the 362 patients included in the audit, 112 patients (31%) had additional mental health diagnoses, and 222 patients (61%) had additional physical health diagnoses.

Patients' RiO records were reviewed, and data was entered onto the online audit tool by Shu-Yi Ong, Psychology Student. Once all data had been entered, the data was downloaded and validated by Dr Hannah Steer, Kevin Donoghue, and Shu-Yi Ong. Once the data had been validated, it was analysed by Hanna Tunbridge, Clinical Audit Manager.

SECTION 2: Results

Scoring System (RAG rating):

Inadequate 0-79%	Requires Improvement 80-89%	Good 90-100%
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No.	Standard	Compliance
1	Has a conversation about the person's psychological needs taken place with the service user and been recorded on RiO?	79% (285/362)
2	Has a psychological assessment been offered?	33% (120/362)
3	Who offered the psychological assessment?	
	Arts Psychotherapist	9/120
	Assistant / Trainee Psychologist	10/120
	CBT Nurse Psychotherapist	46/120
	Psychologist	54/120
	Trainee Arts Psychotherapist	1/120
4	What was the outcome of the assessment offer?	
	Patient attended	102/120
	Patient did not attend	10/120
	Patient declined	8/120
5	Was the assessment delivered by a CBTp Practitioner?	45% (54/120)
6	Has there been a discussion about the person's psychological needs in supervision or reflective practice during this episode of care?	38% (138/362)
7	Where was this mentioned?	
	Consultation	4/138
	CPI meeting	83/138
	MDT	13/138
	Reflective practice	30/138
	Other	8/138

NICE Quality Standard QS80 (2015) states that adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp). CBTp should be delivered over at least 16 planned sessions. 163 patients (45%) were offered at least one session of CBTp. The maximum number of sessions delivered to a patient was 48. The average number of sessions offered to patients was 6.7. 20 patients (6%) were offered 16 or more sessions.

Breakdown of results by Recovery Team:

No.	Standard	Forest Recovery Team Compliance	Gloucester Recovery Team Compliance
1	Has a conversation about the person's psychological needs taken place with the service user and been recorded on RiO?	85% (63/74)	77% (222/288)
2	Has a psychological assessment been offered?	36% (27/74)	32% (93/288)
3	Who offered the psychological assessment?		
	Arts Psychotherapist	3/27	6/93
	Assistant / Trainee Psychologist	2/27	8/93
	CBT Nurse Psychotherapist	4/27	42/93
	Psychologist	18/27	36/93
	Trainee Arts Psychotherapist	0/27	1/93
4	What was the outcome of the assessment offer?		
	Patient attended	22/27	80/93
	Patient did not attend	2/27	8/93
	Patient declined	3/27	5/93
5	Was the assessment delivered by a CBTp Practitioner?	26% (7/27)	51% (47/93)
6	Has there been a discussion about the person's psychological needs in supervision or reflective practice during this episode of care?	36% (27/74)	39% (111/288)
7	Where was this mentioned?		
	Consultation	2/27	2/111
	CPI meeting	18/27	65/111
	MDT	3/27	10/111
	Reflective practice	1/27	29/111
	Other	1/27	5/111

SECTION 3: Discussion of Results

The overall compliance for this audit is 50% (red RAG-rated). All four audit criteria unfortunately scored an inadequate compliance below 80%.

- From the information gathered, 79% of service users with this diagnosis have had a conversation about their psychological care recorded in the RIO notes. This is a really positive start, but the aim would be for that number to be at 100%, so that everybody in the team with a diagnosis of Psychosis or Bipolar Disorder had had their psychological needs considered, and for that to have been recorded on RIO as a routine part of their care.
- 33% of this population have been offered a psychological assessment. It is not clear why there is such a big gap between the conversation about their psychological care (79%) and the offer of an assessment. Perhaps one of the aims or learning outcomes will be to record specifically on RIO, why a request for assessment was not made following the conversation.
- For context, 52.78% of people with First Episode Psychosis took up CBTp for our EIP team (ORG01) and the national average is about 50.44. So, in a service where the “gold standard” is 100%, compliance with this standard is much lower, but still a fair amount higher than ours overall.
- The aim would be for 100% of service users to have been offered a psychological assessment, but perhaps a more realistic aim would be for 100% of service users to have had their psychological needs considered, and for that to be recorded on RIO, and the reasons for pursuing or not pursuing a formal CPI assessment to be clearly recorded.
- 45% of assessments have been offered by a CBT practitioner. It is not realistic to expect this figure to be at 100%. Instead, the aim would be that 100% of service users have either been offered a psychological assessment or had their psychological needs considered and recorded, including any rationale as to why an assessment has not been considered or offered.
- NICE recommends that CBT for Psychosis be delivered over at least 16 planned sessions. For Bipolar Disorder, there are no specific recommendations for number of sessions. Perhaps for future audit purposes, it might be helpful to record on RIO why treatment was stopped, as there may well be a very good clinical rationale for not offering 16 or more appointments.

SECTION 4: Recommendations

- For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have had their psychological needs considered, and for that to have been recorded on RIO as a routine part of their care.
- For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have recorded specifically on RIO, why a request for assessment was not made following a conversation about their psychological needs, with the reasons for pursuing or not pursuing a formal CPI assessment to be clearly recorded.
- For future audit purposes, for 100% of service users with this diagnosis to have it recorded on RIO why psychological treatment was stopped, as there may well be a very good clinical rationale for not offering 16 or more appointments for Psychosis as per the NICE guidance

SECTION 5: References

NICE (2014) Clinical Guideline CG178 *Psychosis and schizophrenia in adults: prevention and management*

NICE (2015) Quality Standard QS80 *Psychosis and schizophrenia in adults*

Royal College of Psychiatrists (2018a). *National Clinical Audit of Psychosis – National Report for the Core Audit 2018*. London: Healthcare Quality Improvement Partnership

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	24-142 Audit of Access to Psychological Interventions for People with Psychosis and Bipolar Disorder among the West Gloucestershire Recovery Service Caseload
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	Description of risk:	Outline of mitigations:	Impact Rating: (Low, Moderate, High)
<u>Patient Safety Risk</u> Outline any aspects of the audit that relates to or would impact patient safety where the outcome is less than expected.	Patient care is not being delivered to NICE recommended standards. There is a risk that the absence of care being delivered to recognised standards is having a negative clinical impact on the patients' recovery, and by extension, their overall wellbeing and potential safety.	- For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have had their psychological needs considered, and for that to have been recorded on RIO as a routine part of their care.	High
<u>Clinical Effectiveness Risk</u> Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	See above	- For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have recorded specifically on RIO, why a request for assessment was not made following a conversation about their psychological needs, with the reasons for pursuing or not pursuing a formal CPI assessment to be clearly recorded.	High

	Description of risk:	Outline of mitigations:	Impact Rating: (Low, Moderate, High)
<u>Patient Experience Risk</u> Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	Currently the patient is not being offered the optimum treatment opportunity	- For future audit purposes, for 100% of service users with this diagnosis to have it recorded on RIO why psychological treatment was stopped, as there may well be a very good clinical rationale for not offering 16 or more appointments for Psychosis as per the NICE guidance	High

SECTION 7: Action Plan

Clinical Audit Title:	24-142 Audit of Access to Psychological Interventions for People with Psychosis and Bipolar Disorder among the West Gloucestershire Recovery Service Caseload
Audit Lead:	Kevin Donoghue, Senior Nurse Practitioner / CBT Therapist

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Dissemination of audit results	Audit results to be shared with the West Gloucestershire Recovery Team	December 2025	K Donoghue, Senior Nurse Practitioner	
2	For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have had their psychological needs considered, and for that to have been recorded on RIO as a routine part of their care.	On entry to the Recovery Service, all patients with a diagnosis of Psychosis or Bipolar Disorder will be offered the option of a psychological assessment. Team members in Gloucestershire West to action this	Re-audit in one year (October 2026)	K Donoghue, Senior Nurse Practitioner	To be actioned by re-audit in twelve months
3	For 100% of service users with a diagnosis of Psychosis or Bipolar Disorder to have recorded specifically on RIO, why a request for assessment was not made following a conversation about their psychological needs, with	All team members to record on RIO, why a psychological assessment was not offered following the initial conversation	Re-audit in one year (October 2026)	K Donoghue, Senior Nurse Practitioner	To be actioned by re audit in twelve months

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
	the reasons for pursuing or not pursuing a formal CPI assessment to be clearly recorded.				
4	For future audit purposes, for 100% of service users with this diagnosis to have it recorded on RIO why psychological treatment was stopped, as there may well be a very good clinical rationale for not offering 16 or more appointments for Psychosis as per the NICE guidance	All team members to record this on RIO	Re-audit in one year (October 2026)	K Donoghue, Senior Nurse Practitioner	To be actioned by re-audit in twelve months