**PSAB**

**Quality of Referrals and Decision-Making Audit**

**Purpose**

The purpose of this audit will be to assess two key aspects of the MASH triage process:

1. The quality of the initial referral received by MASH (whether all required information is being included, whether referrals are being submitted for appropriate cases, and whether further education/learning is required for partner agencies)
2. The decision making at the point of triage (whether the Section 42 criteria is being appropriately used, whether all necessary action has taken place, whether recording of decisions is accurate and legally sound)

This audit forms part of the annual multi-agency audit plan agreed by the Board.

**Methodology**

A randomised sample of XX concerns will be chosen from all concerns received during the month of XX. XX of these cases will be concerns received from the ambulance trust. A random number generator will be used to select cases. The original concern forms and the triage decisions will be printed and assigned case identifiers.

Auditors will complete the audit tool for each case (see Appendix One). The first part of this tool focuses on the quality of the original referral; the second part focuses on the decision making by the Adult MASH team. The auditors will discuss the cases they have reviewed, highlighting areas of good practice and areas for improvement

The audit will take place on XXX and the panel will consist of representatives from ASC, Health, Police, and Housing

Appendix One

**PSAB Quality of Referral and Decision-Making Audit - Audit Tool**

|  |  |
| --- | --- |
| **Case Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Referral** | | | | |
|  | Yes | No | N/A | Comments |
| Concern form was used |  |  |  |  |
| Appropriate time between incident and referral |  |  |  |  |
| Consent for referral was asked/recorded. |  |  |  |  |
| If consent not given, was reason to override recorded and appropriate |  |  |  |  |
| Incident/reason for concern clearly recorded |  |  |  |  |
| Care and support needs of adult recorded |  |  |  |  |
| Views of the adult recorded |  |  |  |  |
| Actions taken to reduce risk recorded |  |  |  |  |
| Appropriate referral |  |  |  |  |
| Other comments about referral form | | | | |
| **Decision Making** | | | | |
|  | Yes | No | N/A | Comments |
| Case note briefly describes the concern |  |  |  |  |
| Appropriate time between referral and triage |  |  |  |  |
| Section 42 criteria used to inform decision |  |  |  |  |
| Capacity of adult and advocacy requirement recorded |  |  |  |  |
| Views and wishes of the adult recorded |  |  |  |  |
| Agree with decision made |  |  |  |  |
| Appropriate other actions considered *e.g. MARM, referrals* |  |  |  |  |
| Feedback was given to the referrer |  |  |  |  |
| Other comments about decision making | | | | |