

## Annex 1 CAMHS Cabinet report 27 October 2015

### QUALITY REQUIREMENTS

#### A. Local Quality Requirements

##### Targeted services and neuro developmental disorders pathway quality requirements

DRAFT Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
CAMHS adopts a no wrong door approach and makes sure all Children and young people that are referred into the service receive the appropriate support	Target to be determined	Monthly - % inappropriate referrals	Contract Management (GC9)	Monthly	All service specifications
Appointments are flexible and responsive to their needs of children young people	Target: 90%	Annual satisfaction survey - % of service users felt their appointments were flexible and responsive to their needs	An action plan to address findings from survey	Monthly	All service specifications
Local Arrangements ensure that CAMHS professionals assess all children in need of support are seen within the agreed timescales	See 'Method Measurement'	Monthly Targeted Non Urgent Referral To Assessment - 15 working days - 95% of CYP Targeted Urgent Referral To Assessment - 5 working days - 95% of CYP Targeted Non Urgent Assessment to Face to face first direct intervention - 25 working days - 95% Targeted Urgent Assessment to face to face first direct intervention - 10 working days - 95%	Contract Management (GC9)	Monthly	
The provider can demonstrate that patients will have sustained improvements in their mental	Target: 95%	Analysis of any re-admissions/re-contacts with the service following discharge and case audit of 10-20 service users who were	Implementation of action plans based on	Quarterly	All service specifications

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health.		discharged from the service 6 months and 12 months prior, to include whether or not in full time education, employment or training, offending behaviour, accommodation status and any re-admissions to the service, or related services	themes arising.		
When a child or young person refuses to engage with the service, CAMHS works with the referrer and other professionals to either facilitate engagement with CAMHS or to access other services that can help meet their needs e.g. No labels	Target 95%	Monthly performance report  Denominator = Number of CYP that refuse to engage with the service  Numerator 1 = Number of CYP that re-engage with the service	Contract Management (GC9)	Monthly	All service specifications
Where possible, second opinion referrals should be managed within the Trust Consultant Body. Referrals to another provider should be kept to a minimum.	Target: No more than 5% of referrals	Monthly performance report and  Monthly report of second opinions requested, including number of requests, number managed internally, number referred to alternative provider, and reason for referral to an alternative provider, for example patient choice or a clinical issue.	Contract Management (GC9)	Monthly	All service specifications
The provider will analyse re-admissions/re-contacts with services (if patient discharged) to ascertain the quality of care provision and make service improvements where identified.	Target 90% - Report	Annual - case audit of 50 random service users (per service) who were discharged from the service 6 months and 12 months prior, to include whether or not in full time education, employment or training, offending behaviour, accommodation status and any re-admissions to the service, or related services	Development and implementation of action plan based on case audit	Monthly	All service specifications

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The provider will demonstrate that referrers to the service rate the service as excellent and demonstrate service improvements in relation to feedback.	Target 90%	Quarterly referrers satisfaction questionnaire and quarterly analysis of comments, compliments and complaints	An improvement action plan in place	Monthly	All service specifications
Complaints procedures are well publicised and children and young person friendly	Target 95%	Annual Review in conjunction with CYA	Produce action plan to demonstrate a planned approach to service user input	Annually	All service specifications
Improve patient experience of community mental health services (CQC Patient survey four domains)	Target 90%	Qtr 1: Baseline report & action plan to meet Q4 threshold of 10%. Qtr 2-4: Quarterly report updates.	Contract management and an improvement action plan in place	Quarterly	All service specifications
Provider will evidence implementation of Carer's Strategy and will maintain a Carers Champion in each community service.	Report	Quarterly report with evidence of implementation of Carer's Strategy actions and feedback from Carers annual Survey	Review of provider Action plan	Annually	All service specifications
Care - Young people have a care plan in place within a week of face to face assessment.	Target: 95%	Monthly collection of the number of children /young people with an agreed care plan in place within a week of assessment against the number of children/young people with an agreed care in place.	An audit of all cases where a care plan was not in place within a week with an action plan to address	Monthly	All service specifications

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			findings from audit		
Care Plan is developed in partnership with Children and Young People and a copy given to all service users on Care Programme Approach (CPA), with an agreed date to review. The care plan is also designed with other professionals working with the child or young person such as social work professionals. Subject to exceptions where these are agreed between providers and the co-ordinating commissioner.	Target 100%	Annual dip sample audit of cases 60 cases per service, feedback from children and young people and feedback from social work professionals and / or other professionals also working with the child or young person.	An action plan to address findings from audit	Monthly	All service specifications
Service users subject to CPA have an agreed crisis and contingency plan.	Target: 95%	Monthly - number of children /young people with an agreed crisis and contingency plan in place against the number of children/young people with an agreed crisis and contingency plan in place.	An audit of all cases where a crisis and contingency plan with an action plan to address findings from audit	Monthly	All service specifications
There is a robust transition pathway for those service users likely to transition to adult service. Young people have a transition plan in place and agreed prior to transition.	Target: 90%	Monthly -the number of young people that transitioned to Adult services against the number of young people at transitional age who remain in service	An audit of all transition cases in the reporting quarter with an action plan to address findings from audit	Monthly	All service specifications

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Any changes to clinical management especially regarding medications changes need to be reported to GP within 24 Hrs.	Target: 95%	Quarterly –the number of medication changes made during medication review appointments; the number of GPs informed within 24 hours and the number of GPs informed after 24 hours  Bi-annual feedback from GP practices	Medical management audit in the reporting quarter with an action plan to address findings from audit	Monthly	All service specifications
Staff complete all mandatory training including safeguarding training	Target 95%	Monthly performance report  % of Staff are Trained in:Children’s Safeguarding Adult safeguarding, Prevent Basic life support, Manual handling, Restraint, Seclusion, Early Help training.	Skills audit to be completed on each staff member and staff immediately booked on next available training course	Monthly	All service specifications
The provider can demonstrate that the peer reviews have taken place and service improvements have been implemented as a result	Target 90%	Twice yearly reports received of peer review findings and resulting actions to improve the service	Contract management and action plan in place to implement peer reviews	Bi-annually	All service specifications
The provider will demonstrate continuous improvement in safeguarding children.	Target 95%	Plan for Engagement in Surrey Early Help strategy, CQC inspections - Monthly – confirm nil return, or otherwise, Receive a report from the provider no later than one month after a CQC inspection, highlighting key themes, outcomes, lessons learnt, risk rating and action taken. Review any Serious Case reviews - Monthly – confirm nil return,	Contract management and immediate action plan in place demonstrating improvements in safeguarding	Monthly	All service specifications

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		or otherwise	children		