

Assuring the appropriateness of unplanned admissions (2014/15)	
Indicator number	MH17
Indicator name	Assuring the appropriateness of unplanned admissions (2014/15)
Indicator weighting (% of CQUIN scheme available)	
Description of indicator	<p>This scheme proposes a multi-agency review of all unplanned admissions to general adolescent Tier 4 CAMHS within 5 working days of admission in order to:</p> <ul style="list-style-type: none"> • Confirm that local gatekeeping/access assessment procedures have been followed. • Confirm the clinical appropriateness of admission • Ensure an appropriate care plan is agreed and in place if admission is deemed appropriate. • Ensure ownership of the patient pathway by the local Tier 3 CAMHS service. • Expedite discharge if admission is determined to be unwarranted clinically. • Expedite referral to Social Care where this is required. • Ensure the participation of the child/young person and their parents/carers in the decision making process. <p>Multi-agency clinical review team to involve:</p> <ul style="list-style-type: none"> • Admitting Tier 4 service • Patient's local Tier 4 service • Patient's local Tier 3 service • Originating Area Team Case Manager <p>The review may be carried out by tele / video-conference where travel to the Tier 4 CAMHS is difficult.</p> <p>The review will involve the child/young person and their parents / carers. Where other</p>

	agencies are involved such as Social Care they should also be involved.
Numerator	See monitoring requirements
Denominator	
Rationale for inclusion	<p>A guiding principle for inpatient referral should be that the child or young person's needs cannot be managed safely or effectively within the community or in an intensive community service. This is because only those children and young people with the greatest needs should be referred to the most intensive level of service provision and because hospital admission may make their overall difficulties worse rather than better given the potential for disruption to personal, educational, social and family functioning.</p> <p>National guidance on inpatient CAMHS advocates that admission should operate within a pathway of care, involving the local community team. As more Tier 4 adolescent units are offering emergency access, unplanned admissions are steadily increasing and these referrals may bypass local processes especially when they occur out of hours. The expected outcomes of this scheme are:</p> <ul style="list-style-type: none"> • To promote a reduction in clinically inappropriate unplanned admissions to general adolescent services. • Strengthening adherence to local gatekeeping/access assessment procedures. • Improved demand management in and out of hours. • To promote a reduction in out of area admissions. <p>For the purposes of this CQUIN scheme, the following definitions are offered:</p> <p>Planned referral/admission –</p>

	<p>where the aims and objectives for admission are identified collaboratively with the child or young person, their parents or carers and the referrer or wider community team. These objectives should be SMART (specific, measurable, achievable, realistic, time bound).</p> <p>Unplanned/Emergency referral/admission – where the need for immediate containment and management of risks associated with acute mental disorder is required. In these circumstances it may not be safe or practical to agree admission aims beyond those required to ensure safety and rapid assessment and/or treatment.</p> <p>Inappropriate admission:</p> <ul style="list-style-type: none"> • Admission which is unnecessary or avoidable because the young person’s presenting difficulties could be adequately addressed by an alternative service, e.g. Tier 3 CAMHS or social care. • Admission which is potentially harmful as it runs the risk of exacerbating the young person’s difficulties.
Data source	Provider generated reports transferred to commissioners by secure email using NHS Net
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Q1 2014/15
Baseline value	Number of reviews held in Q1 2014/15
Final indicator period/date (on which payment is based)	Q4 2014/2015
Final indicator value (payment threshold)	Commissioner to complete [min 60% improvement in number of reviews held within 5 working days of unplanned admission recommended]

Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<ul style="list-style-type: none"> Providers will need to submit data Quarterly using template issued by NHS England. Every quarter providers are required to embed data with supporting narrative to quarterly reports.
Final indicator reporting date	In quarterly monitoring for Q4 (end March 2015)
Are there rules for any agreed in-year milestones that result in payment?	Yes
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Providers are offered 5 working days to clarify submission data in the event of queries from commissioner.

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	<p>The provider must submit the following:</p> <p>Quarterly reporting template (using recording proforma attached) submitted to provide baseline position:</p> <ul style="list-style-type: none"> Date of each unplanned admissions in the quarter Date of the multi-agency review meeting held for each unplanned admission List of participants including the organisation they represent and a list of invites issued including the organisation they represent. <p>Evidence of pathway plan agreed at each review meeting and evidence of action taken.</p>		Where all the Q1 requirements are met, 25% of annual CQUIN monies associated with this indicator will be paid (per quarter).
Quarter 2	<p>Quarterly reporting template (using recording proforma attached) submitted to illustrate:</p> <ul style="list-style-type: none"> Date of each unplanned admission in the quarter 		Where all the Q2 requirements are met, 25% of annual

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<ul style="list-style-type: none"> • Date of the multi-agency review meeting held for each unplanned admission indicating xx% improvement [improvement target to be agreed locally] in number of reviews held within 5 working days of unplanned admission against baseline position. • List of participants including the organisation they represent and a list of invites issued including the organisation they represent. Evidence of pathway plan agreed at each review meeting and evidence of action taken. 		CQUIN monies associated with this indicator will be paid (per quarter).
Quarter 3	<p>The provider must submit the following:</p> <p>Quarterly reporting template (using recording proforma attached) submitted to illustrate:</p> <ul style="list-style-type: none"> • Date of each unplanned admission in the quarter • Date of the multi-agency review meeting held for each unplanned admission indicating xx% improvement [improvement target to be agreed locally] in number of reviews held within 5 working days of unplanned admission against baseline position. • List of participants including the organisation they represent and a list of invites issued including the organisation they represent. <p>Evidence of pathway plan agreed at each review meeting and evidence of action taken</p>		Where all the Q3 requirements are met, 25% of annual CQUIN monies associated with this indicator will be paid (per quarter).

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 4	<p>The provider must:</p> <ul style="list-style-type: none"> • Date of each unplanned admission in the quarter • Date of the multi-agency review meeting held for each unplanned admission indicating xx% improvement [improvement target to be agreed locally] in number of reviews held within 5 working days of unplanned admission against baseline position. • List of participants including the organisation they represent and a list of invites issued including the organisation they represent. • Evidence of pathway plan agreed at each review meeting and evidence of action taken. • Annual report of issues arising from agreed pathway plans and evidence of action taken. 		Where all the Q4 requirements are met, 25% of annual CQUIN monies associated with this indicator will be paid (per quarter).

Rules for partial achievement at final indicator period/date

Final indicator value for the part achievement threshold				% of CQUIN scheme available for meeting final indicator value
Q1	Q2	Q3	Q4	
Template populated, including narrative	>74% achievement of improvement target	>84% achievement of improvement target	>94% achievement of improvement target	100% Payable
Template populated, no narrative	65 -74% achievement of improvement target	75 -84% achievement of improvement target	85 -94% achievement of improvement target	80% Payable
Template partially populated	<65% achievement of improvement target	<75% achievement of improvement target	<85% achievement of improvement target	No Payment

CQUIN Proforma for Recording 5 Working Day Review of Unplanned Admissions		Audit Report Statistic
To be completed by admitting service for each unplanned admission as defined in CQUIN scheme		
Pseudonymised Patient Number		
Date of Admission	dd/mm/yy	
Date of Review	dd/mm/yy	
Did Review take place within 5 working days of admission?	Y/N	% Reviews held within 5 working days
If Review did not take place within 5 working days of admission, explain reasons why?		
Was there representation at the review from		% Reviews with representation from all parties
(a) Local Tier 3 Services?	Y/N	
(b) Admitting Tier 4 Service?	Y/N	
(c) Local Tier 4 Service?	Y/N	
(d) Originating Area Team Case Manager	Y/N	
(e) Admitted Young Person	Y/N	
(f) Parents/Carers of Admitted Young Person	Y/N	
(g) Other local agencies, e.g. social care	Y/N	
Is there agreement that the admission was necessary and unavoidable?	Y/N	% Reviews where this issue was raised as an issue
If the admission was considered by any party as avoidable which statement below applies		% Reviews where the cause for an avoidable admission was specified
(a) In-patient assessment demonstrated that on admission, there was a lower level of risk than indicated at referral	Y/N	
(b) There was insufficient involvement of Tier 3 /Crisis Resolution Home Treatment Services prior to referral	Y/N	
(c) There was an inadequate response from social care	Y/N	
(d) Other : Please Specify		
Is there agreement that the admission has been more harmful to the child/young person's development than if the admission had not taken place?	Y/N	% Reviews where potential harmfulness raised as issue
Was the potential harmfulness of the admission considered in the risk assessment prior to referral?	Y/N	% Reviews where relative risk raised as an issue
Has the harmful admission been reported to the referring CCG as adverse event under the	Y/N	% Harmful admissions reported

local Serious Incident process?		to referring CCG as an adverse event
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