

AUDIT of Transition Protocol – CAMHS To Adult Services

Team name -	County -
PAC	Date: __/__/____

Please tick the relevant boxes/enter information where indicated.

SECTION ONE – DEMOGRAPHICS

1. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female																														
2. Date of birth	__/__/____																															
3. Age																																
4. Educational status																																
5. Ethnicity	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 16.6%;">White</th> <th style="width: 16.6%;">Mixed</th> <th style="width: 16.6%;">Asian or British Asian</th> <th style="width: 16.6%;">Black or British Black</th> <th style="width: 16.6%;">Other ethnic groups</th> <th style="width: 16.6%;">Other</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> British</td> <td style="padding: 5px;"><input type="checkbox"/> White & Black Caribbean</td> <td style="padding: 5px;"><input type="checkbox"/> Indian</td> <td style="padding: 5px;"><input type="checkbox"/> Caribbean</td> <td style="padding: 5px;"><input type="checkbox"/> Chinese</td> <td style="padding: 5px;"><input type="checkbox"/> Not known</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Irish</td> <td style="padding: 5px;"><input type="checkbox"/> White & Black African</td> <td style="padding: 5px;"><input type="checkbox"/> Pakistani</td> <td style="padding: 5px;"><input type="checkbox"/> African</td> <td style="padding: 5px;"><input type="checkbox"/> Any other ethnic group</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other White background</td> <td style="padding: 5px;"><input type="checkbox"/> White & Asian</td> <td style="padding: 5px;"><input type="checkbox"/> Bangladeshi</td> <td style="padding: 5px;"><input type="checkbox"/> Other Black background</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Other Mixed background</td> <td style="padding: 5px;"><input type="checkbox"/> Other Asian background</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>		White	Mixed	Asian or British Asian	Black or British Black	Other ethnic groups	Other	<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Not known	<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any other ethnic group		<input type="checkbox"/> Other White background	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black background				<input type="checkbox"/> Other Mixed background	<input type="checkbox"/> Other Asian background			
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SECTION TWO – Transition assessment & planning work

6. Was the person referred to adult services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
7. To which adult team was the referral done?	<input type="checkbox"/> CMHT <input type="checkbox"/> Assertive Outreach Team <input type="checkbox"/> Complex Needs Services <input type="checkbox"/> Specialist psychological service <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Learning Disability <input type="checkbox"/> Forensic Services <input type="checkbox"/> Drug and alcohol services <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> n/a		
8. Was there evidence of response to the referral from the adult services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
9. as CAMHS informed by the adult team of the decision within 4 weeks of receipt of the referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
10. as the referral accepted by the adult services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
11. Does the note show recorded evidence of starting transition assessment & planning work at least six months before the transfer of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
12. Is a fully documented CPA found in the notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
13. Does the CPA include:			
A current assessment of risks(Current safety or risk assessment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Service user's views on future needs & concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Carer's(carer/ parent/ guardian) assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
List of other service providers involved outside NHS including contacts, roles, interventions etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
14. s there evidence that the CAMHS care coordinator has liaised with the following to prepare a transfer of care:			
Individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Family(Carer/parent/guardian)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Significant others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
15. Was the family receiving regular contact & support from CAMHS, prior to transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
16. If the patient was referred to any adult team (Q 9), did the transfer planning identify this (include time for reduction of support or identify alternative means of support)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
17. Was a care coordinator identified for the person in the adult services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
18 Was the care coordinator/staff member from adult service invited to the relevant CPA in the CAMHS team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
19 Did the care coordinator/staff member from adult service attend the relevant CPA in the CAMHS team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
20. Has there been any dispute between CAMHS and adult services regarding the level of needs or threshold for referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
21. If yes to 20, was the dispute brought to the clinical directors of each teams within 1 week of dispute	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
24. If yes to 21 was the dispute resolved within 10 working days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a