Out of Hours Service for
Children and Young People’s Mental
Health Service.
(CAMHS)
Standard Operating Procedure

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<th>DOCUMENT CONTROL:</th>
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<td><strong>Version:</strong></td>
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<td><strong>Ratified by:</strong></td>
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<td><strong>Name of originator/author:</strong></td>
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<td><strong>Date issued:</strong></td>
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<td><strong>Target Audience</strong></td>
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1. **Aim**

This procedure is designed to ensure all children and young people within the Children and Young People’s Business Division have access to timely mental health assessments out of office hours. Out of hours is defined as Monday to Friday, 5.00pm until 9.00am the next day. At weekends it is 9.00am Saturday until 9.00am Sunday and 9.00am Sunday until 9.00am Monday morning.

2. **Scope**

The Out of Hours Service is provided for all children and young people across the Trust. Referrals will be accepted from the following:
- Accident and Emergency Departments.
- Paediatric wards (or any other ward with a 0 – 18 year old admitted)
- 136 suite
- Police via section 136 / A and E.
- Out of Hours GP service.

This SOP is for use by all CAMHS clinicians and for information for all agencies listed above who refer to the out of hour’s service.

3. **Link to overarching policy and/or procedure**

This policy should be read in conjunction with the following Trust policies:
- Clinical Risk assessment and management.

4. **Procedure**

Out of hours assessments will take place in Accident and emergency Units or hospital wards. **No home visits** will be made. Police have access to a Police Surgeon in the first instance if a young person is in custody but where they have mental health concerns or feel that a young person requires a hospital bed, then they can access out of hours clinicians for advice.

**Referral process**

Referring agencies will contact Tickhill Road Hospital switchboard in the first instance, who will then contact the on call clinician. CAMHS clinicians will contact the referrer and triage the referral by telephone to determine suitability and necessity to attend the ward or A and E to undertake an assessment.

CAMHS clinicians will assess all young people up to the age of 16 years. For young people between the ages of 16 years and 18 years the Locality Access Teams will conduct assessments without CAMHS clinicians, unless there are complex presentations. These are.
• Acute mental health concerns in young people with a **diagnosis** of Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder or Learning Difficulties.

• Complex safeguarding needs, Child is subject to a Child Protection Plan. Social care out of hours may be needed for consultation or action.

• Looked After Children with complex social situations.

• If the young person requires a Mental Health Act assessment.

• If the young person needs admitting to a Tier 4 bed.

In the above instances a **joint** assessment will be completed by the CAMHS on call clinician and the Access Team worker.

**Criteria for referral**

Clinicians will attend for assessment if the following conditions are present.

• Following an episode of self-harm, after a period of observation / reflection on the ward (usually overnight).

• Where a young person has attended Accident and Emergency following an episode of self-harm where there was suicidal intent and they are refusing to be admitted to the paediatric ward.

• If a young person presents in A and E or on the ward and has expressed suicidal thoughts and has an active plan for suicide but have not currently self-harmed. These young people should be admitted to the paediatric ward if under 16 years old.

• Where there is evidence of major thought disturbance suggestive of a psychotic episode.

**Options for referrers**

• A young person may be discharged from A and E with the proviso that an urgent CAMHS assessment is conducted the following working day. The referrer needs to inform the locality duty team so that they can arrange an appointment, and have the case open to Silverlink if the case is not known. The locality CAMHS teams need to ensure that the assessment is completed in the required time frames. If it is a case known to a locality CAMHS team, the care co-ordinator must be informed and make contact with the young person as soon as possible.

• A young person may be admitted to a paediatric ward without a CAMHS assessment. This should always be done in cases where a young person has taken an overdose regardless of whether or not they are medically fit, in line with NICE guidelines. They should also be admitted where there is an incidence of self-harm which requires medical attention. The young person will then be assessed the following working day by the locality duty team when they have been informed the young person is on the ward.
If the outcome of a CAMHS out of hours assessment is that a young person requires a Tier 4 bed, attempts should be made to ensure the young person is kept in the least restrictive environment possible. Mental health wards should be used as a last resort where there is an acute onset of a severe mental illness or there is imminent risk to self or others. Tier 4 admissions should take place after discussion/assessment from a Consultant Child and Adolescent psychiatrist within working hours.

A Tier 4 admission should only be considered if:

- A young person is assessed as experiencing an acute mental disorder that requires immediate care, treatment and further assessment

AND

- The risk posed and level of support required are such that the child or young person requires a level of care that cannot be provided in the home or community environment

AND

- If admission is the safest and least restrictive option available.

If the clinician who conducts a telephone triage deems that it is inappropriate, then the referring clinician should make a referral to the appropriate agency such as Social Care. It is not the responsibility of the out of hours CAMHS clinicians to forward on inappropriate referrals.

Record Keeping

The CAMHS on call record (see appendix 1) should be completed for all out of hour’s contacts, including those where the young person has not been assessed. All patient records should contain the young person’s name, date of birth and NHS number. A copy should be uploaded onto Silverlink if the patient is known. If the patient is not known then the information will be faxed through to the locality team the next working day. All CAMHS contacts will be saved onto the K Drive under Out of Hours. A FACE risk assessment and assessment document should be completed on all assessed young people and uploaded to Silverlink or faxed to the locality team if the patient is not known, and then scanned onto silverlink or placed in the patients paper file. The locality CAMHS team must be informed of any assessment the following morning. Correspondence to GP’s, patient, family will be followed up by the locality team and not by the assessing out of hours officer.

Handing over cases/information

Following an assessment, the clinician who has completed the assessment out of hours is responsible for handing over the information to the relevant team the next day/ as soon as practicably possible. Information about people who are already known to service should be passed to the lead
clinician, or if they are not available, the clinical lead/ team manager for the relevant team.

People presenting to service for the first time/ not currently receiving a service should be handed over as follows:

**Rotherham:**
Duty Team, Kimberworth Place
Tel: 01709 308808
Fax: 01709 302547

**Doncaster:**
Duty Team, Doncaster Children and Young People’s Mental Health service:
Tel: 01302 304070
Fax: 01302 304077

**North Lincolnshire:**
St Nicholas House, CAMHS
Tel: 01724 408460
Fax: 01724 869549

Young people currently accessing services should be directed to the lead professional/ care coordinator. In the absence of the lead professional, the team manager or clinical lead should be informed.
**Rotherham:** 01709 304808

**Doncaster:** 01302 304070

**North Lincolnshire:** 01724 408460

If you believe that psychiatric medical assessment is required, make this clear within your handover of the case- further information may be required from the appropriate psychiatrist.

**Gillick Competency.**

If a young person under 16 is deemed to be Gillick/Fraser Competent, or has capacity (over 16) and able to consent to treatment, an assessment can be completed without an adult present. If you make the decision that a young person is Gillick/Fraser or has capacity this needs to be clearly recorded in your paperwork and how you have reached that decision. However, it is acknowledged that on discharge from A and E or the ward, there is a vital safeguarding role and responsibility for the parents / carers. This should be explained to A and E and ward staff with the suggestion that it would be advantageous to wait until the next working day where there is no responsible adult present so that the locality team can assess and liaise with family and appropriate services. If there are any concerns or suspicions that there may be safeguarding issues then the local out of hours safeguarding team should be contacted for a checks to be made and
also possible interventions. If safeguarding concerns are highlighted these need to be passed over to the locality teams and possibly discussed in safeguarding supervision.

**Staff capability.**

Staff undertaking out of hours assessments should be Band 6 and above. No clinician will be put on the out of hours rota until they have completed the Capability Framework. (Appendix 2)

**Lone working**

All assessments will be conducted within a contained, staffed environment, generally, either within Accident and Emergency or on the paediatric ward. Whilst assessments may be undertaken alone, there will be access to other health professionals and support from crisis services if necessary. Appendix 3 contains the details of the three general hospitals and useful contact details.

If a clinician is called out they will agree with the on call manager ‘reporting in’ arrangements to them when they have returned home following an assessment in order to ensure that they have returned home safely.

**On Call Manager**

There is an on call manager, contactable via Tickhill Road switchboard; the on call manager can be contacted to discuss any case, for support in decision making and access to tier 4 beds.

**Rota for on call**

The rota will be available for staff 4 weeks in advance of the start date, prior to this staff will be asked for details of availability/ non-availability within a set period of time for the rota to be developed.

**5. Links to any associated documents**

- Self-harm in primary and specialist care.
- Suicide Prevention Policy.
- Transition Policy: Children and Young people’s Mental Health to Adult Mental Health Service.
- Safeguarding Children Policy.
- Lone working Policy.
CAMHS ON CALL REPORT

<table>
<thead>
<tr>
<th>Clinician On Call:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time Referral Reported to Clinician on Call:</td>
<td></td>
</tr>
<tr>
<td>Brief Details of Referral:</td>
<td></td>
</tr>
<tr>
<td>Action Taken by You:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported to Assistant Director On Call:</th>
<th>YES / NO * (delete as applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handed over to CAMHS team:</td>
<td>YES/ NO</td>
</tr>
</tbody>
</table>

Details of Further Action Required:
Capability Framework for on call CAMHS Clinicians

Section A: Introduction and Overview

The purpose of this framework is to ensure that clinician’s taking part in the CAMHS out of hours clinician’s rota have undertaken the necessary development and training enable them to undertake this role.

This framework includes the following:

- Section A: Introduction and Overview
- Section B: supervision plan and agreement
- Section C: Shadowing and development towards independent working
- Section D: Training and documentation
- Section E: Competency Framework
- Section F: Sign off sheet

In addition to using this framework the following will also be of use to the clinician:

- CAMHS out of hours protocol
- Training as identified within this framework (Section D)
- CAMHS out of hours clinician forum (ask clinical lead for further details)
- Supervision as agreed locally

Each clinician due to commence working on the rota should be assigned an assessor by the local Team Manager or Clinical Lead who is able to assess the clinician’s progress towards on call as per this framework.

The clinician and the assessor should work through this framework and sign off each section as appropriate. Once all sections have completed section F should be sent to the Team Manager who can then confirm that the clinician can work on the CAMHS on call rota independently.

This is aimed to be a supportive measure to support clinician’s to practice safely on the out of hours rota and any concerns around performance, capability or conduct should be discussed with the Team Manager so that this can be addressed accordingly.

Section B: supervision plan and agreement:

Experience to date relevant to CAMHS on call:

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Identified Learning needs or areas for developments:

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Action Plan to meet needs:

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Agreed plan for assessment of competency (include frequency of meetings with assessor, use of supervision and plan for doing this):

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Clinician:
Signed……………………………Name and designation …….Date………

Assessor:
Signed……………………………Name and designation……….date
Section C: Shadowing and development towards independent working

<table>
<thead>
<tr>
<th>Shadowing and Development:</th>
<th>Date Completed:</th>
<th>Agreed by Clinician and Assessor (Sign and Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shadowing on the on call rota has been completed for agreed duration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting as first on call with second on call available has been completed for the agreed duration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to be independently on the on call rota</td>
<td></td>
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</tbody>
</table>

Please note: Once each stage is completed please ensure that you inform the Team Manager to ensure that the rota is updated accordingly.
## Section D: Training and documentation

<table>
<thead>
<tr>
<th>Training to be undertaken</th>
<th>Date Undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Call Training</td>
<td></td>
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<tr>
<td>FACE Risk assessment training</td>
<td></td>
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<tr>
<td>Silverlink Training</td>
<td></td>
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<tr>
<td>Trust record keeping training</td>
<td></td>
</tr>
<tr>
<td>CAMHS Assessment competency framework completed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation to be received</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>On call pathway and protocol</td>
<td></td>
</tr>
<tr>
<td>Local resource pack as appropriate</td>
<td></td>
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</tbody>
</table>
### Section E: Competency Framework

<table>
<thead>
<tr>
<th>Competency</th>
<th>Outcomes to be achieved</th>
<th>Evidence to support competency</th>
<th>Signed and dated by assessor</th>
<th>Signed and dated by practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening of non urgent and urgent referrals</strong></td>
<td>Able to identify what meets criteria for urgent and non urgent referrals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Able to request additional information to facilitate decision making process</td>
<td></td>
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<tr>
<td></td>
<td>Able to document and share information as required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responding to urgent and non urgent referrals appropriately</strong></td>
<td>Understands process for undertaking urgent assessments</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Able to arrange and coordinate urgent assessments and follow ups</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Able to redirect non urgent referrals to SPA or other agencies as required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of supervision and de brief</strong></td>
<td>Understands use of supervision and de brief and how to access this</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment Process</strong></td>
<td>Competency framework for CAMHS assessment completed (includes risk assessment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Outcomes to be achieved</td>
<td>Evidence to support competency</td>
<td>Signed and dated by assessor</td>
<td>Signed and dated by practitioner</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>After assessment</td>
<td>Understands process for follow up and case management after undertaking assessment</td>
<td></td>
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</tbody>
</table>
Section F: Sign off sheet

1. Has the clinician achieved all areas of Section C: Shadowing and development towards independent working?
   Yes/ No (delete as appropriate)

Has the clinician achieved all areas of Section D: Training and documentation?
   Yes/ No (delete as appropriate)

Has the clinician achieved all areas of Section E: Competency Framework?
   Yes/ No (delete as appropriate)

2. If the answer to any of the above is no please complete the action plan:
   Action to be taken:
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   By what date: ........................................
   Who to inform: ............................................................

3. Please confirm that the Clinician is now deemed competent to practice independently on the CAMHS On Call Rota
   Clinician: Signed: .............................................. Name and designation:...................... Date:...........
   Assessor: Signed: .............................................. Name and designation:...................... Date:...........

A Copy of this sheet should be given to the team manager upon completion of framework.
Appendix 3

**Rotherham:**
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD
Tel: 01709 820000

**Doncaster:**
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT
Tel: 01302 366666

**North Lincolnshire:**
Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
Tel: 01724 282282

Useful telephone numbers:

**On Call Assistant Director 01302 796000**

<table>
<thead>
<tr>
<th>Locality</th>
<th>Crisis team</th>
<th>Emergency Social Services</th>
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<tbody>
<tr>
<td>Rotherham</td>
<td>01709 302670</td>
<td>Rothercare 01709 364689</td>
</tr>
<tr>
<td>Doncaster</td>
<td>01302 798400</td>
<td>ESST (Emergency Social Services Team) 01302 796000</td>
</tr>
<tr>
<td>North Lincolnshire</td>
<td>01724 382019</td>
<td>Duty Social Worker Team 01724 296555</td>
</tr>
</tbody>
</table>