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

   This policy is designed to ensure all children and young people have timely access to mental health assessments out of office hours where the urgent criteria is met across the care group localities (Rotherham, Doncaster and North Lincolnshire).

   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, in addition to Bank and public holidays.

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 (AandE),- also referred to ‘Urgent, Emergency Care Centre’ in Rotherham.
   - Paediatric wards (or any other ward with a 0 – 18 year old admitted)
   - Section136 suite
   - Police via section 136 / AandE.

   This SOP is for use by all child and adolescent mental health service (CAMHS), Approved Mental Health Practitioners (AMHPs) and adult mental health (AMH) clinicians and for information for all agencies listed above who refer to the out of hours 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 Policy](#).

4. **Procedure**

   Out of hours assessments will take place in general hospitals (urgent/ emergency care services) and in-patient wards, including adult mental health. **No home visits** will be take place outside of core hours due safe lone working. See the [Lone Working Policy](#) and paragraph 4.10 for further information. Police have access to a Police Surgeon and Liaison and Diversion Service (locality specific) 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.

   The on-call clinician will not be expected to make phone calls to patients at home or to children’s homes to offer support. In exceptional circumstances,
calls may be made where this has been previously agreed (via Mental Health cluster, Intensive Community Support or Eating Disorder multi-disciplinary team) for a time limited period identified within a care plan and shared with CAMHS practitioners in advance.

4.1 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 AandE to undertake an assessment.

CAMHS clinicians will assess all young people up to the age of 16 years who meet the urgent criteria. Assessments may be face-to-face or via telephone. Telephone assessments may be based on the referral information, presentation and risks identified and it may be in the best interest of the young person/family to reduce length of time in urgent/emergency care centre environment.

For young people between the ages of 16 years and 18 years the locality Access Teams in Adult Mental Health will conduct assessments in cases which meet the urgent criteria - without CAMHS clinicians - unless there are additional complex presentations. These could be:

- Acute mental health concerns in young people with a diagnosis of Autistic Spectrum Disorder/Condition, Attention Deficit Hyperactivity Disorder or Learning Disabilities.
- 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 (where there is an identified mental health condition and there is a social worker/foster carer/residential staff member present)
- 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 either a joint assessment or consultation will be completed between the CAMHS on call clinician and the Access Team worker. Where the Access Team have undertaken an assessment they need to task the relevant CAMHS service on SystmOne (see paragraph 4.6) either that day or the next working day.

4.2 Criteria for urgent referral

Clinicians will assess either in person or via the telephone 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 A
dE following an episode of self-
harm where there was suicidal intent and they are refusing to be admitted
to the pediatric ward.

If a young person presents in A
dE 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 pediatric
ward if under 16 years old.

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

In order to undertake a comprehensive assessment and discharge plan a
parent/ carer will be required to be present; in the case of children in care, this
may be a social worker, foster carer or residential worker.

If the clinician conducts a telephone triage and deems that it is an
inappropriate referral, 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.

4.3 Options for referrers

- A young person may be discharged from A
dE without a CAMHS
assessment with the proviso that the local CAMHS team make contact
with the family/ young person the next working day and triage as per
referral process; this may include arranging an urgent assessment, routine
follow up or signposting and discharge. The referrer needs to contact the
local service as per paragraph 4.6 to inform of the presentation.

- A young person may be admitted to a pediatric ward without a CAMHS
assessment, this should always be with the support and supervision of a
parent/ carer unless there are safeguarding issues or the parent/ carer is
increasing the risk. 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 when medically fit/ the following
day by the out of hours clinician (weekends and public holidays) or locality
CAMHS team when they have been informed the young person is on the
ward.

4.4 Outcomes from assessment

Following assessment, there are a range of alternative options, dependent on
the presentation and risk management plans, these may include:

- Discharge home with a safety plan and follow up contact agreed
- Referral to social care - where there are safeguarding concerns or specific
  concerns about parent/ carers ability to safely care for a young person
- Where there are no mental disorders identified by the CAMHS practitioner
  and this is recorded in the department’s patient notes and information
  passed to the named worker/ department who will follow up as necessary
• Admission/ continued admission to an inpatient ward with agreed re-assessment/ follow up

Tier 4 admissions - 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, this is a decision made in conjunction with senior managers on call.

Tier 4 admissions are processed as per NHS England Operating Handbook Protocol and completion of the Referral Form to Access Tier 4 (formerly referred to as ‘form 1’). In the first instance a Referral Form to Access Tier 4 is completed and contact made with the on-call psychiatrist for the Becton centre via 0114 271 7000 to discuss and email the detail to scn-tr.becton.centre@nhs.net and copied to the local NHS England case manager: beverley.carter3@nhs.net for Doncaster and Rotherham Fiona.massey@nhs.net for North Lincolnshire

4.5 Record Keeping

Where CAMHS practitioners attend a ward/ department, they will input assessment summary and risk management and discharge plan in the hospital/ patient notes.

The CAMHS on call report on SystmOne should be completed for all out of hours contacts, including those where the young person has not been assessed.

A FACE risk assessment and detailed contact/session note should be completed on all assessed young people. Please see Appendix 3 Recording of referrals and activity on SystmOne for detail of how to register a patient not known to CAMHS on SystmOne. The locality CAMHS team must be informed of any assessment the following working day. Correspondence to GPs, patient, family/Carers will be followed up by the locality team and not by the assessing out of hours clinician. The local admin team should be tasked following the completion of this form for follow up work.

Patients that have been open to CAMHS prior to November 2017, their Silverlink records can be accessed via the ‘stalis’ archive facility in SystmOne.

4.6 Handing over cases/ information

Following an assessment, the clinician who has completed the out of hours assessment is responsible for handing over the information to the relevant team via SystmOne task (as per Appendix 4 Tasking information) and where urgency requires telephone contact is made with the service to ensure that the case is followed up with urgency.
For weekends and public holidays, information from the previous shift is handed over to the next on-call clinician or manager, for the next shift, if further actions are required before the next working day.

Please see contact information below for all 3 CAMHS services and the Community Eating Disorder service

**Rotherham:**
Duty Team, Kimberworth Place
Tel: 01709 304808
*SystmOne: Rotherham admin
E-mail: rotherhamcamhsadmin@nhs.net

**Doncaster:**
Duty Team, Doncaster Children and Young People’s Mental Health service:
Tel: 01302 796191
*SystmOne: Doncaster admin
Email: rdash.doncastercamhs@nhs.net

**North Lincolnshire:**
St Nicholas House, CAMHS
Tel: 01724 408460
*SystmOne: NL admin team
Email: RDASH.NorthLincsCAMHS@nhs.net

**Eating Disorders:**
Locality address/ telephone number as per home address of the young person- see above
*SystmOne: task Eating Disorders
Email: rdash.ceds@nhs.net

*see Appendix 4 Tasking Information for further detail/ clarification

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.

4.7 **Out of area patients**

Where a young person has presented to a local hospital out of hours, this will be passed to the locality CAMHS team to transfer over to the CAMHS team where the young person resides/ is registered with a GP. Young people and families need to be made aware that follow up arrangements may be different to those expected within RDaSH services.

4.8 **Gillick Competency**

If a young person under 16 is deemed to be Gillick 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 Competent 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 AandE or the ward, there is a vital safeguarding role and responsibility for the parents /carers. This should be explained to AandE 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 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.

4.9 Staff capability

CAMHS Staff undertaking out of hours assessments should be Band 6 and above clinical staff.

No clinician will be put on the out of hours rota until they have completed the Capability Framework. (Appendix 1)

4.10 Lone working

All assessments will be conducted within a contained, staffed environment, generally either within AandE or on the paediatric ward/ General Adult Ward. Whilst assessments may be undertaken alone, there will be access to other health professionals and support from crisis services if necessary.

Appendix 2 Key contact details contains the details of the three general hospitals and other 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.

4.11 Transport

If called out, staff claim (via on-line e-expenses) the distance being identified to and from home address, identifying that this was outside usual duty hours. If staff require access to taxi services due to medical, fatigue or ability reasons, this will/can be arranged via Tickhill Road switchboard (on 01302 796000).

4.12 Claiming time back/rest periods/ payment.

When called out to complete an assessment, the time taken (from leaving to returning home, telephone liaison and record keeping) can be claimed. This is done by confirming the time of the call, venue and duration. This should be shared with the clinician’s team manager for processing at the end of each month.
On call during the week may mean that you are expected within your work environment the next day. If the clinician is unable to safely attend for work the next day, they will inform the team manager of this, with an expected time of attendance and provide feedback in relation to the case.

Whilst there is no formal requirement to provide any additional rest time when call outs have been less than 5 hours in duration during the week (11 hours of ‘rest’), the team managers can provide flexibility in working hours in order to ensure that staff have appropriate rest and are capable of returning to work safely and effectively.

Following being on call the clinician will designate time to administration or online training to avoid the potential need to cancel patients, this is supported by team managers.

CAMHS clinicians are able to claim back time or additional overtime payment for callouts, they will inform the CAMHS Service Manager of the following:

- Date of the call, gender, age
- Location called to (Rotherham, Doncaster or Scunthorpe)
- Duration of the call out; time from leaving home to returning, including administrative time

On occasions, the processing of payments for interventions can be provided over the telephone, this would include assessments and formulation of cases where it was not possible or relevant to attend the location. As with all other clinical interventions these will be recorded on SystmOne.

Full time CAMHS Clinicians are expected to provide a minimum of 3 slots in a 2 month period, dependent on the number of shifts required to be covered and the availability of staff. The on-call allowance paid for staff is calculated by sessions, the maximum number required is 1 in 9. Out of Hours CAMHS Managers are expected to provide 4-5 slots in a month (with weekend/ bank holiday days being counted as 2 slots). Both clinicians and managers are responsible for providing additional cover in their absence. If the rota has been amended to provide cover then one of the workers needs to update the switchboard, to update their rota. The switchboard is contactable on 01302 796000 or rdash.trhswitchboard@nhs.net. Managers and Clinicians are required to update the switchboard when changes have been made to contact telephone numbers.

4.13 Bank holidays

Clinicians on call on a bank holiday are entitled to time back to reflect the time on call (irrespective of if they are called out). The team manager will authorise the additional time owing following a bank holiday and add the time to annual leave entitlement.
4.14 On Call Manager

In addition to an on-call clinician, there is an ‘on call CAMHS manager’, which is either a senior clinician, pathway lead or CAMHS manager. The on call manager is contacted via the Tickhill Road switchboard (01302 796000)

If the on call clinician has made arrangements to go out and assess a child/young person they need to contact the out of hours manager to make them aware of the arrangements, and particularly the time they intend to go out. Following the assessment the clinician will need to contact the on call manager to make them aware they have completed the assessment and are back home safe. Failure to contact the on call manager following an assessment will result in the manager contacting the last known location or next of kin to ascertain the safety and whereabouts of the clinician.

The on call clinician can also contact the on call manager for advice and assistance surrounding the assessment process and the management of risk. The on call manager will not be expected to attend any assessment. Any advice or instructions that are passed to the clinician from the manager will be done so on the information that they have received from the clinician.

The on call manager can be contacted to support any professional differences with other agencies and require support with the liaison.

The on call manager can be contacted to discuss any case, for support in decision making and access to tier 4 beds or any other planned admission. In the event of a young person requiring access to an adult mental health bed or further organisational advice and support, they can contact the Director on call via switchboard.

In exceptional circumstances where the on call clinician is not available and there is a scenario where a young person is at risk, the on call manager will undertake any activities to support the welfare of a young person; this includes liaison and support to other services or escalating concerns to senior managers.

4.15 Rota for on-call

The rota will be available for staff at least 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


Capability Framework

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:

Action Plan to meet needs:

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

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

Assessor:
Signed........................................
Name and designation..........................  Date ..............
**Section C: Shadowing and development towards independent working**

**Clinicin to shadow on CAMHS on Call rota**

Initially for a period of one - two months subject to prior experience. If after this time no call outs then can be extended to a further month. After this time the clinician will be expected to move to next stage and so should agree alternative strategies to meet competencies with their assessor if necessary.

**Clinicin to be first on call with second on call available for consultation and attendance at assessment if required**

Initially for a period of one - two months based on experience. If after this time no call outs then can be extended to a further month. After this time the clinician will be expected to move to next stage and so should agree alternative strategies to meet competencies with their assessor if necessary.

**Clinicin to be independently on the on call rota**

All competencies as per section E need to be completed at this stage.

<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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</tr>
</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>
</tr>
<tr>
<td>Risk assessment and management training</td>
<td></td>
</tr>
<tr>
<td>SystmOne Training</td>
<td></td>
</tr>
<tr>
<td>Healthcare 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>Children and Young People’s Mental Health Service (CAMHS) Out of Hours Service Standard Operating Procedure</td>
<td></td>
</tr>
<tr>
<td>Local resource pack as appropriate</td>
<td></td>
</tr>
</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>
</table>
| Screening of non-urgent and urgent referrals | Able to identify what meets criteria for urgent and non-urgent referrals  
Able to request additional information to facilitate decision making process  
Able to document and share information as required | | | |
| Responding to urgent and non-urgent referrals appropriately | Understands process for undertaking urgent assessments  
Able to arrange and coordinate urgent assessments and follow ups  
Able to redirect non urgent referrals to SPA or other agencies as required | | | |
<p>| Use of supervision and de brief    | Understands use of supervision and de brief and how to access this | | | |
| Assessment Process                | Competency framework for CAMHS assessment completed | | | |</p>
<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></td>
<td>(includes risk assessment)</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>
<td></td>
<td></td>
</tr>
</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 2

Key contact details

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:

CAMHS Manager on call 01302 796000

<table>
<thead>
<tr>
<th>Locality</th>
<th>Crisis team</th>
<th>Emergency Social Services</th>
</tr>
</thead>
<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>
Recording of referrals and activity on SystmOne

13 – Team = locality CAMHS team the child presents at - ie ‘Scunthorpe CAMHS’, ‘Doncaster CAMHS’ or ‘Rotherham CAMHS’ by A&E/ emergency care centre locality

14 – Priority = urgent for out of hours (or emergency if immediate threat to life)

Service type requested = advice and consultation

Complete outcome of referral to ‘accepted’ if possible, if not task the relevant locality team to accept.

**Saving records on SystmOne**

Ensure that contacts are recorded as clinically relevant and method of either Out of Hours Face to Face or Out of Hours Telephone:

Location:

The default for location is ‘Office base’- amend to A&E, Ward etc as appropriate:
Tasking information

Tasking across services:

Select RDaSH CAMHS

User group- as per 4.6