

**SKYE HOUSE NURSE IN CHARGE
OUT OF HOURS PROTOCOL**

Section 1 Skye House Nurse in Charge Out of Hours Protocol

Section 2 Referral Pathway

Document:	FINAL
Date:	17 th December 2018
Review:	December 2020

This protocol has been updated in 2018, to reflect enhancement of existing out of hours service provision within NHSGG&C CAMHS:

- Development of out of hours Crisis Service, with RMN's now based in Clinical Decisions Unit at Royal Hospital for Children, and responding to Emergency departments across NHSGG&C. CAMHS Crisis Service seeks to implement the recommendation of the Mental Health Strategy (2017-2027) by ensuring that appropriate mental health professionals are accessible in Emergency Departments, thereby reducing the excess wait time experienced by patient's presenting with mental health difficulties.
- Provision of on call Charge Nurse rota, to support the role of Nurse in Charge where activity level is increased

1.1 Role of the Nurse in Charge

Skye House Nurse in Charge is responsible for maintaining the safe operation of the Adolescent Inpatient Unit (Skye House) in absence of senior managers, and for co-ordinating referral, assessment and admission activity for CAMHS patients out of hours. The role is filled by a team of Band 6 Charge nurse's, with additional support from on call nurse rota, to assist in times of peak activity.

1.2 Contacting the Nurse in Charge

The Nurse in Charge can be contacted via

- **Royal Hospital for Children switchboard - 0141 201 0000**
- **Mobile- 07767 392206**

Due to volume of calls and assessment activity, there may be occasions when the Nurse in Charge cannot immediately answer a call. In this event, please contact Skye House directly on 0141 232 6597 and ask staff members to alert the Nurse in Charge that a referrer is awaiting contact.

1.3 Skye House

The Nurse in Charge will provide clear leadership, advice and supervision to staff on duty at Skye House, maintaining high standards of care for the inpatient unit and managing clinical activity. They will receive managerial support as required from On Call Management Rota.

1.4 Co-ordination of Out of Hours Referrals

The Band 6 Nurse in Charge will be the initial point of contact for all referrals of children and young people (up to 17 years inclusive), presenting for emergency mental health assessment out with hours of Monday-Friday 9am-5pm. The Nurse in Charge will gather relevant referral information, signposting to other services where this best meets the needs of the child or young person (ie social work), and co-ordinate CAMHS out of hours response to appropriate referrals.

The Nurse in Charge will support the Psychiatry On-Call Rotas by:

- obtaining all relevant referral information (from referrer and Emis records if available)
- providing support and advice to referrers and on call psychiatry
- liaison with 2nd on call regarding referrals of children under 12 years of age
- undertaking a joint assessment process, with 1st on call medical staff for young people aged 12-17 years inclusive, where they require to be seen at an adult mental health site (ie GP referrals)

- liaison with CAMHS Crisis Service to arrange assessment for children /young people presenting overnight via Emergency Departments
- co-ordinating transfer arrangements if young person requires to be assessed at adult mental health site
- ensuring assessment documentation is entered into patient record (EMIS)
- providing handover of assessment information to relevant CAMHS teams next working day and arranging appropriate follow up
- sourcing beds where admission is required

1.5 Referral Information

It is essential to the safe management of patient care that referral information is gathered accurately and shared with colleagues who may be undertaking assessment. This information should include:

- Date/Time of referral
- Names of patient and carers
- Home address
- Contact telephone number
- CHI number
- Details of any current/past CAMHS contact
- Details of any current/past Social Work contact
- Referrers details
- Reason for referral
- Identified risks
- Urgency of referral
- Patient's current location

*The team should not arrange assessment for young people whose functioning is so impaired by alcohol or drug that they are unable to participate in appropriate assessments. Referral should be made to ICAMHS for next day assessment if the young person has actively self-harmed.

**Please note that relevant referrals for children and young people presenting with self-harm during the hours of 9-5 Saturday and Sunday, should be referred directly to Intensive CAMHS on 0141 201 0213

1.6 Arranging Assessment

When referral details have been collected, the Nurse in Charge should consider the most appropriate means of assessing the child or young person. Patient's should wherever possible be able to access service at point where they present, minimising delays in accessing appropriate care and treatment.

Under 12 years

- Monday-Friday 5pm– 8pm: Children to be assessed by 2nd on call doctor at RHC
- Weekends and Public Holidays 8am-8pm: Children to be assessed by 2nd on call doctor at RHC
- Monday to Sunday 8pm-8am: Children to be assessed by CAMHS Crisis Service at RHC

12-17 years

- Monday-Friday 5pm-8pm: Joint assessment by Nurse in Charge and 1st on call doctor at local adult psychiatric hospital site
- Weekends and Public Holidays 8am-8pm: Joint assessment by Nurse in Charge and 1st on call doctor at local adult psychiatric hospital site
- Monday-Sunday 8pm-8am: Assessment by CAMHS Crisis Service in NHS GG&C Emergency Departments, except GP referrals, who will be directed to local adult mental health site for assessment by Nurse in Charge and 1st on call doctor.

1.7 Communication between Clinicians out of hours

Communication and effective working relationships between clinicians out of hours is essential to the delivery of a safe, effective and patient centred service. The Nurse in Charge plays a key role in ensuring effective communication with CAMHS Crisis Service, ICAMHS and on call medical staff.

On receipt of referral the Nurse in Charge should contact relevant colleagues by telephone to discuss referral information and make appropriate arrangements for the patient to be seen:

- **ICAMHS –0141 201 0213**
- **CAMHS Crisis Service-07824 320995**
- **On call medical staff –via switchboard**

There should be no definitive cut off time for individual CAMHS services responding to referrals, instead this should be based on practical considerations such as time required to reach patient location and complete assessment, however the Nurse in Charge should be mindful of shift handover times for nursing and medical staff which may impact on availability of staff to respond to assessments. In the event of referrals being received close to handover times, clinicians should discuss options and if required, contact the rostered Nurse on call, who can provide additional support, either to carry out the joint assessment with 1st on call doctor or to enable the Nurse in Charge to do so.

1.8 Assessment Format

All children and young people presenting out of hours, should have a comprehensive assessment carried out. This should include:

- Assessment of presenting mental health difficulty
- Patient and family history of mental health issues
- Details of any relevant developmental history/adverse childhood experiences
- History of physical health concerns; consider whether this is contributing to clinical presentation
- Risk Assessment
- Consideration of social circumstances, and supports available
- Consideration of any Child Protection/ASP concerns
- Safety Planning
- Discharge letter to GP (completed by 1st on call for joint assessments)

Assessment should always seek to identify family's strengths and current coping strategies, which may form the basis of safety planning. Staff should seek confirmation on whether a young person has an **Advance Statement** in relation to mental health treatment and source a copy where applicable.

1.9 Documentation

All referral and assessment information should be documented in child/young person's Emis record, with a clear record of interventions and recommendation for follow up. Assessment documents completed by a clinician without Emis access (duty doctors), should be emailed to Nurse in Charge (SkyeHouseChargeNurse@ggc.scot.nhs.uk) who will scan onto EMIS.

- Add new referral on Emis
- Add significant event on Emis
- Complete FACE CARAS risk profile (and associated schedules where indicated)
- Use F12 function to record contact role
- Problem tab
 - Initial Child and Adolescent Mental Health Assessment
 - Psychiatric Care Plan
- Outcome measures-if not known to CAMHS Tier 3
- Consent form
- 1st on call should write to referrer and copy GP, patient and family (with consent)

1.10 Communication – Out of Hours Service to Day Service Teams

Following an out of hours presentation, the Nurse in Charge will ensure that there is an appropriate handover to the duty person in the locality CAMHS team, on the morning of the next working day. All CAMHS teams operate a duty rota, with a member of staff available to deal with urgent referrals. Tier 3 CAMHS teams now have access to mobile phones and generic email addresses to ensure that assessment information can be handed over to the duty worker without delay. Patients presenting following an episode of self-harm should be referred to ICAMHS or to their local Tier 3 CAMHS teams (if already open to them), who should contact the patient that day, and arrange appropriate follow up. CAMHS Tier 3 teams will require to have a system in place to enable availability of urgent appointments, where required, to support young people who have presented in crisis out of hours.

1.11 Admissions

Children and young people from NHSGG&C Board area, who require emergency mental health admission out of hours can be admitted to ward 4 RHC (under 12's) or Skye House (12-17 years). Referrals from other board areas are not generally accepted out of hours, however children and young people from board areas other than NHSGG&C, who present at a NHSGG&C emergency department out of hours, will require to be assessed by CAMHS services and will be admitted if this is the appropriate intervention to meet their needs. All admissions out of hours must be agreed with Consultant on call.

Where admission is considered, patient's must be either

- consenting to admission
- have parental consent (under 12's) or
- meet Mental Health Act detention criteria.

Admission should be for the clear aims of assessment or treatment of a mental health condition, where there are no safe community alternatives and inpatient units should not be regarded as a place of safety for social care or child protection concerns.

1.12 Bed Management

The Nurse in Charge will be responsible for the appropriate management of beds out of hours. Communication between CAMHS Bed Manager and Nurse in Charge should highlight bed availability, including contingency plans ie use of pass beds when required.

Children under 12 years should be admitted to Ward 4 Royal Hospital for Children

Young people aged 12-17 years should be admitted to Skye House.

In event that there are no available CAMHS beds, other options should be considered. Nurse in Charge should consider all available resources, ie

- other young people's units (Edinburgh and Dundee)
- use of Adult Mental health beds (source beds in young person's locality area)

Decisions on placement should take account of the child/young person's age and stage of development, and the wishes of families and carers.

*Transfer to other young person's units will require prior agreement from on call management.

1.13 Transport/Escort Arrangements

The Nurse in Charge will be available to coordinate any requests to transport a young person requiring admission to an inpatient setting such as from community to Skye House or other specified ward. Consideration should be given to safest means of transferring the young person. Parents who can safely transport their child would be the preferred option for informal patients, however for young people who have presented alone or whose family have no transport available, then the Nurse in Charge can arrange nurse escort via taxi, providing that the young person is consenting to transfer.

Transport of detained patients should be carefully risk assessed and appropriate escort arrangements put in place.

- Escort should be led by a Registered Mental Health or Learning Disability Nurse. Decision on number of escorting nurses should be based on risk assessment
- Original detention papers must be provided to escorting nurses and checked for accuracy
- Patient should be escorted by Eurocab where safe to do so. Taxi numbers and authorisation codes are held at Skye House.
- Where staff are unable to gain access to the patient's home, the Mental health Officer should be contacted, to obtain a warrant for entry.
- Where there are concerns for the safety of escorting staff, police may require to be contacted for assistance (by dialling 101 -non-emergency number)

For all other scenarios requiring nurse escort to transfer a patient, please refer to Psychiatric Emergency Plan (PEP) for advice.

1.14 Out of Hours Exclusion Criteria

- Young people whose functioning is so impaired by alcohol or drugs that they are unable to participate in appropriate assessments. Emergency department should refer to Child Protection Guidance for managing children and young people presenting under influence of alcohol or drugs
- Child Protection issues where the child/young person's mental health is not the primary concern. Child Protection advisors (contactable out of hours via RHC switchboard) and Social Work would be the relevant professionals to advise referrers on management of these scenarios.
- Where the child/young person is at risk only as a result of parental/carer mental health problems and/or their inability to provide parental care.
- Where the child/young person is vulnerable as a result only of welfare issues not related to their mental health issues.

1.15 Leadership

This service and these posts are embedded within Skye House, and will be managed by the Senior Charge Nurse, Clinical Project Manager and Service Manager for specialist Children's Services. Out of Hours management support will be provided by the rostered on-call manager for CAMHS.

1.16 Skills and Competencies of the Team

Staff working within the service will have to reach a level of practice that enables them to work using their own initiative and be confident in decision making and positive risk taking. It is therefore appropriate that this role be taken on at Band 6 level

A training and Development Programme for these posts will be developed by the Senior charge Nurse, supported by the CAMHS Practice Development Nurse.

1.17 Data Collection/Performance Reporting

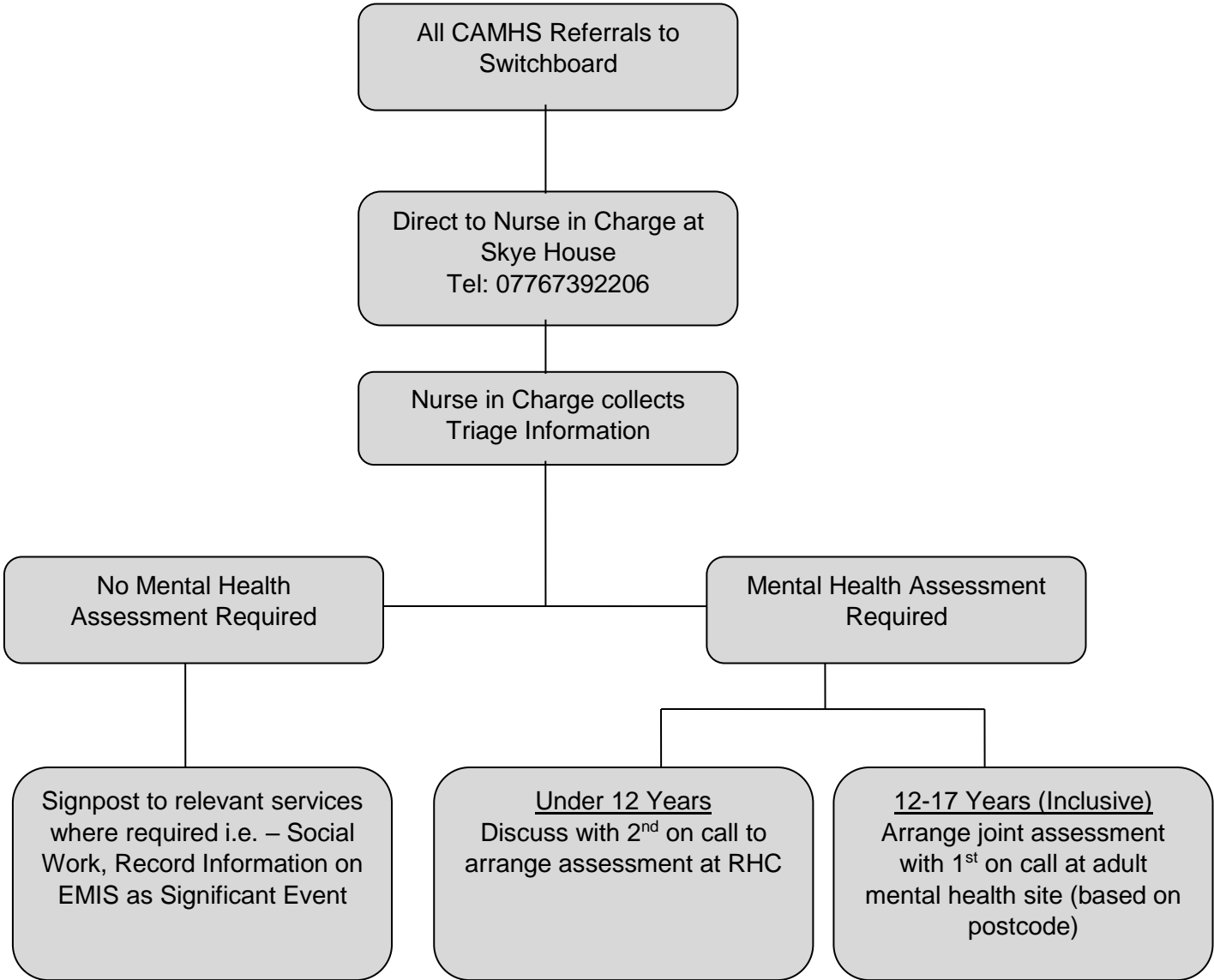
The service will develop a range of service evaluation measures, with reports to be submitted via Clinical Governance Executive Group to Senior Management team

1.18 Related Documents

- NHS GG&C Psychiatric Emergency Plan (PEP) 2017-2019
- Guideline for Emergency Departments, Minor Injuries Units and Receiving Units where a Child or Young Person presents under the influence of alcohol and/or drugs- December 2014
- Child Protection ED Bundle for Emergency Departments and Minor Injuries Units
- NHS GG&C Mental Health Services: Children Affected by Parental Mental Health Problems
- NHS GG&C Mental Health Services: Advance Statement Guidance for Staff

CAMHS Out of Hours Referral Process

(Monday-Friday 5pm -8pm & Weekends 8am-8pm)



CAMHS Out of Hours Referral Process

(Monday-Sunday 8pm-8am)

