



Alder Hey Children's
NHS Foundation Trust

Standard Operating Procedure

Sefton Child and Adolescent Mental Health Service

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1. PURPOSE

The purpose of this document is to outline the agreed processes for the day to day operation of Sefton CAMHS. It is intended to be a reference for staff to implement safe and effective working guidelines.

This document is open to review and outlines areas for development. A review date is set on the front of the document.

2. SCOPE

This SOP will give an overview of the purpose of this document, an introduction to why the service is needed, the inclusion/exclusion criteria of the team, referral process, waiting times standard, CAMHS referral triage process, appointment and booking process, assessments, outcome measures, care planning with treatment pathways and our review process.

3. DEFINITIONS

ACL	Assistant Clinical Lead
AHH	Alder Hey Children's NHS Foundation Trust
CAMHS	Child and Adolescent Mental Health Service
CAPA	Choice and Partnership Approach
CL	Clinical Lead
COD	Consultant of the Day
CORC	Child Outcomes Research Consortium
CPA	Care Planning Approach
CYP-IAPT	Children and Young Person Improving Access to Psychological Therapies
ED	Emergency Department.
EPR	Electronic Patient Record
GP	General Practitioner
MASH	Multi Agency Safeguarding Hub
MDT	Multi-disciplinary Team

PCO	Pathway Coordinator
ROMS	Routine Outcome Measures
SOP	Standard Operating Procedure
SPA	Single Point of Access

4. INTRODUCTION

Sefton CAMHS is part of Alder Hey Children's NHS Foundation Trust. The service operates from one site (Burlington House, Waterloo) but has access to a clinic setting at Southport Centre for Health and Wellbeing, as well as working at community settings throughout area. Children and Young people (who are registered with a Sefton GP) can access these services either at the clinic base, other community locations or at home or school according to their individual needs. All clinical communication will be made by an appropriately qualified member of the team.

Sefton CAMHS comprises of three MDTs that serve the whole of Sefton, current structure can be found here: [Sefton Organogram](#)

Referrals are made through a Single Point of Access and can be made on the referral portal: www.seftonliverpoolcamhs.com Further details about the referral process and referral criteria can be found at the Information for Professionals page of: <https://alderhey.nhs.uk/services/camhs>

5. REFERRAL CRITERIA

Comprehensive CAMH provision in Sefton is provided through an array of services that are commissioned across multiple agencies, and professional disciplines. Whilst these services do work together, efficiency and effectiveness is maximised by ensuring children and young people access the most appropriate type of service to meet their presenting difficulties at that particular time. For further information please refer to the Sefton Emotional Health and Wellbeing Strategy to be found [HERE](#)

As far as possible, a child/young person's needs should be met within their usual environment by their family and universal services, with or without support from a more specialist service. Referrals/requests for help should be escalated in a timely manner

to access specialist consultation, assessment and/or intervention when needed to meet specific needs.

Children and young people should be returned to universal services as soon as risk is managed and the problem sufficiently resolved for the child/young person to resume their developmental trajectory. At this time specialist intervention is no longer necessary, or has been proven to be ineffective at that time i.e. the duty of care has been discharged.

Types of problems CAMHS can help with include violent or angry behaviour, depressed mood, eating difficulties, low self-esteem, anxiety, obsessions or compulsions, significant sleep problems, self-harming, suspected psychosis, suspected mood disorder and the effects of abuse or traumatic events. Liverpool Fresh CAMHS is available to all children and young people in Liverpool, including those with a learning disability and/or neurodevelopmental condition.

To enable Sefton CAMHS to fulfil their duty of care in provision of a service to children and young people there are specific inclusion and exclusion criteria. These criteria are considered at the point of referral and choice assessment. Where inclusion criteria are met, the child/young person and/or their family will be offered an appointment with a partnership clinician who will act as case manager and who will deliver/coordinate ongoing treatment. Where inclusion criteria are not met, or exclusion criteria apply, a recommendation of a more appropriate/relevant service will be provided.

Referral criteria is available from: <https://alderhey.nhs.uk/services/camhs>

6. TRIAGE, ASSESSMENT AND INTERVENTION PROCESS

Sefton CAMHS Locality Team provide planned work, including referral triage and signposting, choice, partnership and specific work.

6.1 Referral Triage

Sefton CAMHS is still using the language and some of the principles of CAPA (choice and partnership approach; <http://www.camhsnetwork.co.uk/>), but has made some changes to the process in response to increased demand and complexity.

Colleagues in the reception team process new referrals and add them to Meditech for clinical review. All urgent referrals (i.e. referrals from emergency departments and/or marked 'urgent') are triaged by the Crisis Care Team.

All routine referrals are triaged by locality teams. Two CAMHS clinicians, one of which must be band 6 or above, meet each weekday to review referrals received the previous working day.

Children and young people presenting with high levels of risk or where a situation is rapidly deteriorating should be offered an urgent assessment (also known as urgent choice) within two weeks. Criteria for urgent assessment are as follows:

- Children and young people who are presenting with low mood and have become socially isolated, withdrawing from daily activities and with poor self-care
- Children and young people who are presenting with distress having experienced possible psychotic symptoms
- Children and young people who are in residential care and are placing themselves at on-going risk of harm through "risky" behaviours, i.e. absconding, sexually risky behaviours
- Children and young people who have a severe and unexplained deterioration in emotional state and behavior at home and school not thought to be due to drugs, alcohol or physical illness

Children and young people presenting with difficulties that require specialist CAMHS assessment but are not urgent should be offered a routine assessment (also known as routine choice) within eight weeks. The aim of the assessment appointment is to determine what the presenting need is, what has helped in the past and collaboratively agree an appropriate intervention plan. Staff can access post-choice discussion with colleagues or Consultant of the Day to ensure that decision-making is shared and multi-disciplinary. Routine outcome measures (SDQ and RCADS) must be completed

prior to or during the appointment. After the appointment, a summary letter must be sent to the family and (with consent) referrer, GP and any other involved agencies such as children's social care or SENCo. The following Meditech screens must also be completed: CYP Current View, CAMHS Key Data, Risk Management Tool, Session Note and EPPF.

Children and young people who are accepted for a CAMHS service (i.e. EPPF states urgent or routine partnership) will be pended to a list to be allocated to a CAMHS clinician.

6.2 Choice

The referral to choice appointment process is documented in our local guidance found [HERE](#)

The Sefton Choice Guidance should be reviewed by all new starters to ensure adherence to the current choice process. This can be found here: [Sefton Choice Guidance](#)

All clinicians with case management responsibility identified in their job plans are expected to have a good level of core skills in cognitive, behavioural, psychodynamically informed and family work. As part of the PDR process, training needs will be identified.

Our access target is to provide an Urgent Choice within 2 weeks and a routine Choice within 8 weeks. Waits will be reported against these standards. A breach process is in place – 6.6 to maintain a safe waiting list.

6.3 The role of a Case Manager

All clinicians will have a case load of families that they will be case manager for. Their role for this includes assessment, formulation and treatment within their core competencies. See document for further information.

Case Manager Role

If a case manager needs to transfer the case management role for a young person the following process should be followed:

Sefton Internal Transfer of Care

6.4 Partnerships

The number of Partnership appointments offered in each quarter by each clinician is determined by their job plan and this is reviewed regularly with the Locality Manager and Assistant Clinical Lead. This is to ensure that both workload and clinical complexity are taken into account. All clinicians have a job plan, examples job plans can be found HERE

Case management 1:1s will occur monthly to provide a review of clinical demands.

Any decision to alter the number of Partnerships undertaken by each clinician should be informed by the clinical supervisor, who can advise the Assistant Clinical Lead and the Locality Manager regarding clinical issues and complexity.

Best matched clinical allocation is in place. Case allocation will be matched to clinicians with the skills thought to be the most appropriate intervention, identified from the Choice assessment. Best matched clinical allocation considers the urgency of the allocation, in addition to clinical skills matching.

6.5 Urgent Partnerships

Urgent Partnerships are offered when the young person is assessed as needing a follow up appointment and intervention **within two weeks** of their Choice appointment. This would be for young people who have persistent low mood, where the risk of self-harm is high, or where a situation is rapidly deteriorating. This will be allocated by the team administrator, in collaboration with an ACL who try to match to clinician skills, if this does not cause a delay in allocating within 2 weeks.

If there is insufficient urgent capacity to see the patient in the required time scale, then this should be escalated to the Locality Manager and Clinical Lead for further

discussion and clinical triage. An incident should also be logged. A breach process is in place for safe waiting list management and can be found in 6.6.

The purpose of the initial sessions of core Partnership is to develop the initial formulation agreed at Choice, to set treatment goals, review the Risk Assessment Tool completed at Choice, review the needs based grouping assigned at Choice and complete outcome measures. Due to the complexity of problems at this level of service, care planning, contracting and sequencing interventions is essential and the MDT assist in this process. Refer to section 14 for more information about MDTs.

Depending on the formulation developed and shared with the child/young person or parent/carers, Specific work may be needed from another clinician in CAMHS to enable the child/young person or parents/carers to benefit from the right treatment for them. Case matching to clinical need aims to reduce the about of adjunct therapies requested.

The criteria for offering an urgent appointment (i.e. within a two week period) are as follows:

- Young people who are presenting with low mood and have become socially isolated, withdrawing from daily activities and with poor self-care
- Young people who are presenting with distress having experienced possible psychotic symptoms
- Young people who are in residential care and are placing themselves at on-going risk of harm through “risky” behaviours, i.e. absconding, sexually risky behaviours
- Young people who have a severe and unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness
- Young people who are presenting with self-harming behaviours in the community or who require a follow-up appointment following an acute presentation of self-harm to Alder Hey

For routine partnerships our access target is to commence treatment within 18 weeks from date of referral.

Overall, we aim to offer treatment to 92% of children and young people within 18 weeks of referral.

6.6 Breach Process

Choice Breaches:

Urgent – 2.5 weeks after referral and weekly contact from initial breach contact by duty clinician.

Routine – 11 weeks after referral

Partnership:

Urgent – 2 weeks from date of request for partnership

The process can be found [Here](#)

Routine – long waiter calls from 18 weeks from date of referral, please see long waiter process [Here](#) .

6.7 Specific Work

Specific work is requested via MDT discussion. Specific work may be accessed either within a particular MDT or across the service. Requests for specific work agreed at MDT meetings, are added to Meditech by the team secretary. Although the demand for specific work has reduced as a result of best matching allocation, requests for specific work may be required as part of the treatment plan.

7. PSYCHIATRY

Psychiatry input is provided by Consultant Psychiatrists and Trainee Psychiatrists who are supervised by the Trainer.

Psychiatrists provide routine and urgent care for patients with high-risk presentations, complex mental health disorders, tier 4 referrals, complex interplay of physical and mental health issues and neurodevelopmental disorders and consult to MDT members regarding complex cases.

Urgent psychiatry requests should be seen within two weeks of being escalated as urgent and routine psychiatry requests within 18 weeks from point of referral.

If the PCO is unable to action an appointment with Psychiatry within the required time scale, then this should be escalated to the Lead psychiatrist in the first instance, who will offer clinical oversight and triage and will escalate to Locality Manager and Clinical Lead for further discussion if needed. An incident should also be logged by the PCO. The majority of cases referred to psychiatry will require a case manager allocation too, exceptions to this should be discussed with the Lead Psychiatrist.

Daily psychiatric duty cover is provided by the Consultant of the Day (COD) on a rota basis. Requests to the COD should initially be dealt with by the Duty clinician of the day and only be forwarded for specific psychiatric requests, including issues around medication and complex mental health risks.

You can find out who the COD is by checking the rota on Teams:

<https://alderheynhsuk.sharepoint.com/:f:/r/sites/CAMHSAll/Shared%20Documents/General/COVID%20psychiatry%20cover%20grid?csf=1&web=1&e=RIaQXz>

Trainee psychiatrists will offer psychiatric choices when capacity allows and in accordance with the guidance below:

Guidance for Psychiatry Choice allocation at point of triage:

1. **Suspected psychotic presentation** (including significant voice hearing and or other perceptual abnormalities in highly anxious / OCD / traumatised CYP / ASD is not an exclusion criteria)

2. **Eating disorders not accepted by EDYS**, but triage practitioner should aim to request basic bloods, height, weight and BP from GP in preparation for psychiatry review
3. **CYP close to 18th birthday and GP requests one off consultation or initiation of an SSRI**
4. **Complex overlap with medical conditions/ medically unexplained symptoms/ may be co joint review with paediatrician required**
5. Please contact COD (Consultant of the day) for very unclear cases or consider non-medical choice first to clarify issues

Guidance for consideration of Choice plus appointments as Post choices discussion meeting following non-medical choices

If some of the criteria discussed under 1-4 for first line psychiatric choice only become apparent at first non-medical choice, **please discuss at post choice meeting (PCM) for Psychiatric Choice plus**, if need for partnership allocation is not indicated or not clear.

As before, discuss any other cases at PCM which might benefit from a psychiatry choice plus, even if not listed under criteria 1-4 above.

Psychiatric colleagues will endeavor to **provide input and oversight to post choice meetings**, ideally on a Rota basis.

8. CRISIS SUPPORT / DUTY

Crisis calls for Sefton CAMHS are taken by Crisis Care and directed according to need.

If the call relates to a crisis situation, the role of the duty clinician is to firstly establish the nature of the crisis and, given the available information, ascertain how soon the child/young person needs to be seen.

Given the available information, ascertain whether the child/young person needs to be seen the same day (i.e. **emergency** - see below), or whether they are able to manage with appropriate advice until the scheduled appointment or until the case manager can contact them to discuss further.

If it is an emergency, then the case manager or named clinician will contact Crisis Care to make arrangements and communicate this to the young person or parent/carer. Exceptionally, for open cases only, it may be that the case manager is the best person to see the child/young person in an emergency and should do so if this makes best clinical sense and does not involve disrupting or cancelling work already planned.

Out of hours, Children/Young People aged 0-18 years, Families and carers have the option to call the crisis care number 24 hours a day, 7 days a week. Children and young people under 16 can also attend the ED departments for urgent assessment. On call psychiatry is available around the clock for ED presentations. Families should be informed of this at Choice and on correspondence. Mersey Care NHS Trust are commissioned to provide emergency and urgent care for young people aged 16 and over and this accessed via attendance at the local adult ED.

8.1 Criteria for Emergency/Urgent appointments

Crisis Care offer 4 urgent appointments per day, which are offered via the crisis care team. The criteria for an **emergency appointment** (for cases not known or already open to CAMHS) are as follows:

- Acute presentation of self-harm on a Paediatric ward in Alder Hey
- Child on Section 136 in A&E at Alder Hey
- Young people whose risk to self or others is high due to: responding to auditory or visual hallucinations; suicidal ideation; threats of or actual significant self-harm in the community

For cases waiting for initial partnership appointments: If there are concerns or crises prior to a scheduled first Partnership appointment, the young person or parent/carer will contact Crisis Care to discuss their concerns.

If the child/young person needs seeing sooner than the allocated Partnership appointment, but not in an emergency, then the crisis care clinician can re-prioritise or contact the allocated clinician (if appointment is booked) to see if an appointment can be expediated.

8.2 DUTY ROLE

There are three aspects of this role.

1. The role includes supporting the breach process as outlined in 6.6.
2. The role includes supporting patients who attend a clinic base but their allocated clinicians are not present. Further information [HERE](#)
3. It includes covering the urgent clinician tasks if a colleague is off sick. For further information please see: [Sefton Sickness Process](#)

9. CARE PLANNING AND CPA

All children/young people accessing the service are to have an up-to-date Care Plan (either Standard or CPA care plan) which details the nature and understanding of their difficulties (formulation), goals for treatment and the actions to be taken in achieving these goals. The Care Plan also details any risk management arrangements and medication they have been prescribed. Care Plan should be shared after the initial partnership appointments in the form of a letter.

Care Plans are to be recorded on Meditech on the 'Care Plan' in documents and recorded against the RegRCR and can be updated easily when there are changes. Plans are to be reviewed every three months and a new Care Plan can be agreed should there be significant changes in the direction of care. Care Plans are to be shared in letters following the first partnership.

Children/young people should be fully involved in the delivery of their care at every step and the Care Plan can be printed out for their information and for up to date to their GP. A signed copy **can** be scanned into the patient record.

Children/young people whose care is more complex and requires an integrated multi-agency approach to manage risks should be subject to the **Care Programme Approach (CPA)** for which there is a separate policy: <https://alderheynhsuk.sharepoint.com/w:/r/sites/ClinicalGuidancePortal/ClinicalGuidelines/Care%20Programme%20Approach%20Policy%20-%20MH8.docx?d=wc51df507e0fb47759df8025e24be4712&csf=1&web=1&e=jdKhEM>

A formal community CPA review should take place within 1 month of discharge from an inpatient unit and on a three-monthly basis following the initial CPA meeting (minimum requirement 6 monthly).

A CPA care plan document should be completed on Meditech as well as standardised CPA minutes of the CPA meeting and saved to the clinical appointment and a paper version printed to be given to the child/young person and those involved in their care (with relevant consent).

Sefton CAMHS is delivering regular training updates and annual audits on the implementation and use of CPA.

10. RISK AND SAFEGUARDING

Risk assessment and management planning is based on a holistic view of the child/young person and is a dynamic process requiring monitoring and reassessment as circumstances change based on physical, procedural and relational security. It should be formally reviewed and recorded at least every 3 months and saved to the RegRCR on Meditech (the Electronic Patient Record, EPR).

As part of Risk management and case management Key CAMHS Data, CYP Current View and Risk Management tool should be completed at choice, and then reviewed at partnership, and every three months thereafter unless something changes and prompts an earlier review. It is important that clinicians review the whole EPR record at each appointment to ensure they are aware of any risk factors, or contextual risk that might have arisen since the last appointment.

The self harm and suicide prevention policy is available on the Trust Document Management System: [Self harm and suicide prevention](#)

All safeguarding concerns should be discussed in clinical supervision and MDTs as appropriate with advice and guidance sought from the Trust Safeguarding nurses as appropriate. The Safeguarding team are available and should be contacted without delay if there are safeguarding concerns. Advice can be sought from the Sefton MASH and a referral form sent through with an order to the safeguarding team. This may include completion of the Sefton MASH (Multi-agency safeguarding Hub) referral form.

10.1 Safeguarding children policy:

https://alderheynhsuk.sharepoint.com/:w:/r/sites/ClinicalGuidancePortal/_layouts/15/Doc.aspx?sourcedoc=%7B8A8CDBF4-D2E5-4994-878B-0ABE99A0814E%7D&file=Safeguarding%20Children%20Policy%20-%20M3.docx&action=default&mobileredirect=true&DefaultItemOpen=1&cid=48154cca-3455-4e01-8cc4-d4c919518cd0

10.2 Safeguarding adults policy:

https://alderheynhsuk.sharepoint.com/:w:/r/sites/ClinicalGuidancePortal/_layouts/15/Doc.aspx?sourcedoc=%7BC2F2DBFE-3115-4A97-938D-EE100DE5C062%7D&file=Safeguarding%20Adults%20Policy%20-%20M2.docx&action=default&mobileredirect=true&DefaultItemOpen=1&cid=fec297ba-9c01-48a3-b23f-87551e141901

10.3 Was Not Brought

Safeguarding should be considered at all points in the clinical journey: at referral, Choice, throughout the Partnership process and where there are issues of non-attendance or frequent cancellation of appointments. Staff should follow the Was Not Brought pathway which is available via the Trust patient access policy.

https://alderheynhsuk.sharepoint.com/:w:/r/sites/ClinicalGuidancePortal/_layouts/15/Doc.aspx?sourcedoc=%7BBB7CDAF3-C79D-4181-B4E2-E04595403261%7D&file=Patient%20Access%20Policy%20-%20M47.docx&action=default&mobileredirect=true&DefaultItemOpen=1



Patient Access Policy
-Was Not Brought pat

If an appointment is cancelled at short notice due to staff sickness guidance has been produced which is detailed below:

Staff Sickness Local Process

10.4 Safeguarding Support and Supervision:

Safeguarding supervision is provided by the Safeguarding Nurses and regular training and policy updates are provided by the team via the quarterly Safeguarding Newsletter. All safeguarding concerns should be discussed in clinical supervision and MDTs with advice and guidance sought from the Trust Safeguarding Team as appropriate. This may include completion of a Multi-Agency Safeguarding Hub (MASH) referral. A

Meditech order must be completed when seeking advice and when completing a MASH referral. All documents both paper and electronic should be attached to Meditech, either in the Electronical Patient Record or via the scanning process.



All clinical staff must attend quarterly safeguarding supervision. Clinical staff who are not already in a supervision group should email emma.walker-riley@alderhey.nhs.uk. Regular training and policy updates are provided by the trust safeguarding team via the quarterly Safeguarding Newsletter.

All staff must be aware of information related to parental responsibility and specific guidance regarding demographics of Children in Care. Which can be found here:

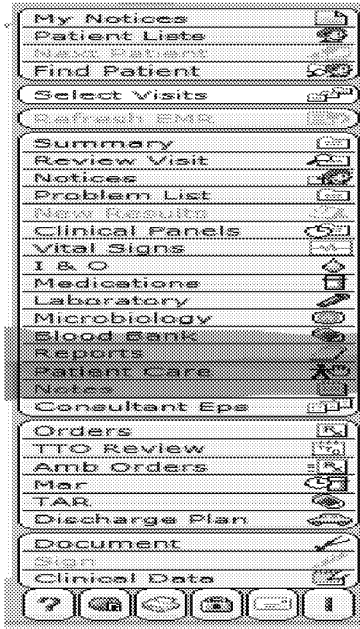
[Guide to Parental Responsibility](#)

[Guidance for Reception Staff](#)

Learning from incidents is embedded in Business Meetings and included in the SOP at each update. Learning for 2021 can be found: [Here](#)

10.5 Processing MASH Requests

The Sefton MASH team will contact Alder Hey Safeguarding team when the need arises for information on whether a child or young person is under the care of the team. This information is included in the EPR and can be accessed under the notes section (select all visits and all notes), referrals made to MASH can also be viewed under the referrals section, please see below.



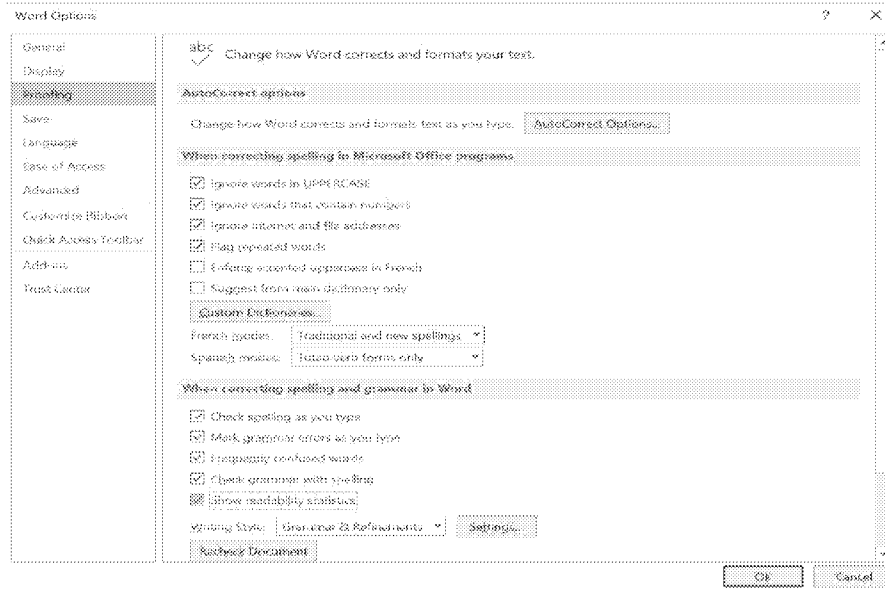
11. EPR / MEDITECH / CLINICAL DOCUMENTATION

The assessing clinician will complete the necessary medical documents as details on the chart below “Quick Reference Guide Meditech Forms”

Session notes should be completed on the day but must be completed within 72 hours, session notes should include information on consent, see section 12.

Clinical letters are required to be sent to the referrer and GP (if the GP did not refer in), the family or patient if over 16, and any other relevant health professionals as necessary. If children are looked after by the local authority on a Child Protection or Child in Need plan, the Social Worker should also be copied into all correspondence.

Please write in the second person (addressing the family or young person as ‘you’) if possible and use accessible language. You can check the accessibility of your letter using the ‘show readability statistics’ option on Microsoft Word. You should aim for a readability score of 60 or higher.



If you are working with a child/young person / parent / carer with a learning disability, please use 'easy read' language and symbols (<https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/e/easy-read>). If you are working with a family whose first language is not English, please ask your team secretary for your letter to be translated.

Please be mindful of what information you share, and with whom. Separated parents who each hold parental responsibility have a right to access information about their child, but this may be limited by a competent child or young person's wishes and/or a court order. There may also be orders in place prohibiting parents/carers having access to a child's address if they are in care or if they have fled domestic violence. It is clinicians' responsibility to check that all parties copied into a letter are correct before signing it off. If in doubt, please seek advice from a senior member of staff.

Letters should be sent after a choice appointment, first partnership appointment and closure at the minimum. Changes in treatment pathways should also be communicated in written format.

As per AHH target, letters should be received back with the referrer/GP within ten days of the clinical contact. Therefore, letters should be dictated/transcribed within a maximum of 72 hours of the attendance.

Clinical notes are audited on a monthly basis by the Clinical Lead and Assistant Clinical Leads and data is submitted to the Head of Quality for the Community Division.

Feedback and learning from EPR audit will be shared in monthly business meeting.

11.1 Quick reference Guide Meditech Forms:

<p><u>First Partnership forms to complete:</u></p> <ul style="list-style-type: none"> ➤ Key CAMHS Data ➤ Current View – include needs clustering ➤ Risk Management update ➤ Care Plan - as much detail as possible – ➤ Session note ➤ ROMS – whichever forms you use. 	<p><u>By 3rd partnership</u></p> <ul style="list-style-type: none"> ➤ Ensure care plan in place ➤ Ensure communication to GP and family written ➤ Ensure risk management screen done
<p><u>At least every 3 months</u></p> <ul style="list-style-type: none"> ➤ Risk management form ➤ Care plan update ➤ Letter to GP or referrer 	<p><u>Every attended session requires a session note to be inputted: This should include:</u></p> <ul style="list-style-type: none"> ➤ Consent, description of what was covered, risk assessment and future plan. ➤ Patient pathway form (EPPF)
<p><u>At close:</u></p> <ul style="list-style-type: none"> ➤ Risk Management ➤ Session note ➤ Letter to GP/Referrer and family ➤ ROMS ➤ Case closure screen – after ROMS have been entered and letter done. 	

12. LONE WORKING

The safety of all staff and patients in Sefton CAMHS is paramount. Staff should follow the Trust lone working policy and specifically the Lone Working Guidelines for CAMHS. [CAMHS Lone worker Guidelines](#)

If you are working in the community, you must download the SafeTeam Guardian app to your trust mobile phone, and use it. If you have any problems getting the app to work please speak with the Service Manager.



These process are embedded in the local induction process.

13. TRANSITION

All young people approaching transition from CAMHS to another service are discussed in the MDT and the process, including necessary documentation to complete, is set out in the: [Safe Transition from CAMHS to AMHS Policy](#) and must be adhered to.

When a decision to undertake a transfer of care from CAMHS to another provider has been reached with the young person, clinicians complete a Transition Checklist to ensure that the transition is a success for that young person.

This policy should be used to guide transfer to other CAMHS Teams.

Where there are concerns about transition or where the process has become “stuck”, issues should be raised with the transitions link worker (Hannah.miller@merseycare.nhs.uk).

13.1 Eating Disorder Team (EDYs)

A number of children will present with eating difficulties and other mental health difficulties. Care Planning for these children should follow the CPA approach and reference to the EDYs SOP [EDYS Standard Operating Procedure.docx](#)

14. MULTI-DISCIPLINARY TEAMS (MDTS)

Sefton CAMHS comprises of 3 multi-disciplinary teams (MDTs) who meet weekly. The purpose is to provide a wide range of clinical expertise to assist in the treatment of complex cases that need additional thinking and specific work.

MDTs help their members to develop treatment plans, consider risk, and ease the flow of cases, for example by problem-solving “stuck” cases or issues, resolving clinical dilemmas, or determining the type of specific work offered.

MDTs are crucial to the functioning of Sefton CAMHS and attendance is mandatory, with the exclusions of annual leave, or if otherwise agreed by Sefton Clinical Lead.

Clinicians are strongly encouraged to discuss cases in supervision or MDT after eight sessions to assist in treatment and discharge planning. For new partnership allocation, clinicians are asked to bring each new case by session 3, to be documented on the MDT agenda and for MDT discussion to support assessment, formulation and treatment

Sefton CAMHS also has a rolling CPD programme, with specific time on a monthly basis also allocated to reflect on team process and functioning, please prioritise attendance.

Leadership for the MDTs is provided by the Assistant Clinical Leads with support from Consultant Psychiatrists and other senior clinical team members.

Issues arising from the MDTs that cannot be dealt with by the team are escalated via the Assistant Clinical Leads to the Clinical Lead and Locality Manager. In line with the flowchart below:



Flow chart concerns
about quality 4.7.16

15. QUALITY AND CLINICAL GOVERNANCE

The safety, effectiveness and responsiveness of Sefton CAMHS is supported and regularly monitored through a number of different means including: regular clinical and line management supervision; routine outcome measurement (ROMs); regular case note audit; incident reporting and risk register; complaints and compliments.

15.1 Incident reporting:

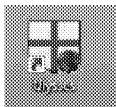
An open and transparent culture is promoted at all times and staff are encouraged to raise concerns and log incidents. Learning from these incidents is shared and discussed via the monthly whole service Business Meetings.

Logging incidents allows us to actively review our processes and identifying when something has gone wrong or has the potential to go wrong. This is something all NHS organisations are encouraged to do to help improve systems and processes and the quality of care we provide. As well as helping us evidence the need for change, Incident reporting has been proven to:

- Improve patient safety
- Identifies trends & themes
- Informs risk assessment

Across the Trust, Incidents are discussed and reviewed in the Weekly Patient Safety Meeting.

Incident reporting is available via the Ulysses shortcut on desktop or via the intranet.



<http://intranet/corporateservices/SitePages/Governance%20and%20Quality%20Assurance.aspx>

15.2 Risks:

All risks are logged on the Risk Register and action plans developed and implemented.

Risk register updates will be shared in the monthly business meeting, details of which can be found [HERE](#).

Any concerns about risk should be raised to the Locality Manager or Clinical Lead.

15.3 Supervision:

All clinical staff have identified clinical supervisors and can access regular supervision in accordance with the CAMHS Supervision Policy which can be accessed [HERE](#)

16. INDUCTION

All new starters to Sefton CAMHS, and staff returning after long-term absence, will undertake a local induction. Information about the induction policy can be found [HERE](#)

17. TRAINING

All staff employed by Alder Hey CAMHS are responsible for maintaining and progressing their own CPD in accordance with the requirements of their specific regulating body or professional group.

The Trust has a responsibility to staff to ensure that relevant, service-related training is either provided or supported (either through payment of course fees/expenses or through allowing time to be taken off work to attend training events).

All training and development needs should be raised and explored through the regular PDR process.

All training/study leave requests are to be made on the Study Leave Request form and forwarded to the Locality Manager. A request should include the details of the training programme and any associated costs.

Staff should ensure that their PDR and mandatory training is up to date before making a request for study leave.

The Locality Manager will then discuss all requests in the monthly operational meeting with the Clinical Lead and Assistant Clinical Leads whose role it is to ensure the clinical relevance of any training and also to ensure equity of training across the whole of CAMHS.

At least six weeks' notice should be provided for all training requests.

18. ROMS:

Clinical quality and effectiveness is regularly monitored through the use of Routine Outcome Measures. Measures are given to children/young people and parents/carers at the initial Choice appointment, first Partnership, review and on case closure. The measures have been selected to capture changes in symptomatology, problem description and functioning, therapeutic alliance (via session-by-session measures) and experience of service.

Completion of these outcome measures is crucial to ensuring the delivery of effective and robust clinical care, creating a transparent system committed to learning and development of clinical practice, and ensuring the ongoing commissioning of our services. Completion of these measures (where appropriate) is mandatory and staff are supported in this task via regular training sessions delivered within the service.

All staff are to consult the **Service Evaluation Handbook** (available at K:\Mental Health\Sefton Specialist CAMHS) for further details of routine outcome measurement in CAMHS, including relevant measures and scoring tools. Please see links below for which ROMs should be completed at the various points in the clinical journey.

K:\Mental Health\IAPT\ROM's\Outcome Measures

K:\Mental Health\IAPT\ROM's\User Guides



Feedback from these measures is provided via the Reports system on EPR (for individual measures).

Sefton CAMHS access data flows through the MHSDS and is benchmarked at regular regional deep dive meeting. ROMs have started to flow through the MHSDS.

19. PARTICIPATION

Sefton CAMHS is committed to the active and meaningful participation of children/young people and parents/carers in all aspects of the delivery and design of care.

19.1 CAMHelionS – Young People’s Participation Group

The CAMHelionS are continually engaged to help grow and develop the service to be more service user friendly and young people focused. They liaise with management around job roles and system processes, and have been actively involved in interviewing for new staff members.

They have delivered training to clinical psychology students and have played an active and ongoing part of the decision process during the move to our new premises.

They have innovative ideas about the ways in which Sefton CAMHS can meet the present need of the children and young people within the service and currently on the waiting list.

19.2 Parent Participation & Parent/Carers Support group

Sefton CAMHS hold regular parent participation group and parent/carer support groups through FRESH Plus <https://www.freshplusgroup.org.uk/>.

The participation group is being developed and is an opportunity for member of CAMHS to meet with parents and carers to work together on developing ideas for the service.

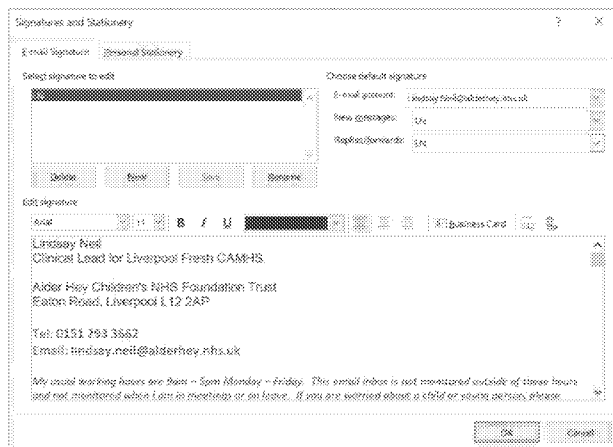
The support group is an opportunity for parents and carers to meet up with other parents and carers, in the company of CAMHS clinicians, to support each other.

All participation work in Sefton CAMHS is disseminated to the wider Division via the CAMHS Board meetings and regular service updates provided through business.

For all recruitment at least one expert by experience representative would be expected take part.

20. EMAILS

Please ensure that you have completed your email signature stating your name, job role, contact details and working hours. For example:



For help on how to do this, see <https://support.microsoft.com/en-gb/office/create-and-add-a-signature-to-messages-8ee5d4f4-68fd-464a-a1c1-0e1c80bb27f2>.

If you are going on annual leave, please set up your out of office reply making it clear when you'll be back and (if appropriate) directing internal and/or external staff to contact a colleague for any urgent queries. Make sure the colleague knows and is happy with this arrangement!

Please be extremely careful when emailing patient identifiable information and follow Trust policy (link below). It is secure to share information on the internal network or between NHS.net and gov.uk accounts, but it's easy to make mistakes. If you do accidentally share information with the wrong person, please complete an incident form on Ulysses.

<http://intranet/DocumentsPolicies/Documents/Email%20and%20Internet%20Acceptable%20Use%20Policy%20-%20M24.pdf>

- Only email parents/carers/young people if they have explicitly consented for information to be shared this way, and use encryption (type [secure] into the subject line) for anything confidential/identifiable:
(<http://intranet/DocumentsPolicies/Documents/Sending%20Reports%20to%20Parents%20via%20Email%20Standard%20Operating%20Procedure.pdf>).
- If possible, send a link to a file on SharePoint rather than the file itself.
- Double-check your recipient list especially if you have autocomplete switched on. Common mistakes include: sending something to a person with a similar name, sending something to a trainee clinical psychologist's university address rather than their Alder Hey address. You can turn autocomplete off by following the instructions here: <https://support.microsoft.com/en-us/office/turn-autocorrect-on-or-off-in-outlook-93f3218f-8492-48b0-bb4c-b440a6f23d7e>

Please keep your Outlook calendar up to date with your whereabouts and make it fully viewable to your team secretary, assistant clinical lead, clinical lead, service manager and assistant service manager. Do **not** put patient identifiable details in your calendar.


21. ILLNESS AND LEAVING THE SERVICE

If you are unwell and cannot come into work you must ring the CAMHS sick line on 0151 282 4527. Your team secretary will cancel and rearrange any appointments you have in your Meditech scheduler. If you are leaving the service, you must ensure that all of your EPPFs are completed and that your assistant clinical lead or clinical lead and the PCOs have a full list of patients on your caseload with those for reallocation


clearly marked. The PCOs will pend the patients with a reallocation code, and the individual responsible for allocation (usually the clinical lead) will then allocate them from the waiting list.

22. SERVICE DEVELOPMENT AND 5-YEAR STRATEGY

All staff should feel able to contribute towards the service vision and 5-year strategy. The current strategy (below) was developed in collaboration with staff. Service development has not been a priority during the pandemic but from April 2022 all staff will be invited to join one of the four strategic groups to support the service to progress



Alder Hey...
A healthier future for children and young people everywhere



Delivering Outstanding Care	Having the Best People Doing Their Best Work, in the Best place	Growing Sustainably Through Great Partnerships	Delivering Game-Changing Research and Innovation
<ul style="list-style-type: none"> Delivering the safest possible care for children and young people. Always putting children and young people first. Achieving 'Outstanding' outcomes for children and young people. 	<ul style="list-style-type: none"> The best place to work, happy staff delivering the care they aspire to. Having brilliant leaders, supporting a diverse and talented workforce. A centre of excellence for academic training and research. Shaping the development of the best in paediatric workforce. 	<ul style="list-style-type: none"> Delivering care close to home in partnerships. Developing our excellent services to their optimum and growing sustainably. Contributing to the Public Health and economic prosperity of Liverpool and Sefton. 	<ul style="list-style-type: none"> World leading children's research enabling outstanding research. Delivering digital excellence for children and young people, families and our staff. A world leading centre of excellence that accelerates the impact of game-changing innovation.
Specialist CAMHS will deliver this through the following objectives for 2020-2024			
<ul style="list-style-type: none"> We will ensure that every child and family has the best possible experience of care from the point of referral to the point of discharge. We will reduce urgent and routine waiting times to meet locally and nationally agreed targets. We will implement an active participation strategy to ensure service voice is central to all service decisions. We will enable clinicians to meet the needs of the children and families that they are working with, including a matched primary therapist model. We will see children and families at accessible times and locations. We will ensure documentation remains up to date and to a high quality, including effective management of risks and incidents. 	<ul style="list-style-type: none"> We will use audits of our existing skill mix, incorporating NICE gap analysis to target recruitment and develop staff to be able to offer the full range of evidence-based interventions. We will ensure timely and proactive recruitment so as not to adversely impact on our young people. We will give staff time and encouragement to work on the things they are passionate about, including leadership skills at all levels. We will share our expertise and implement a clear and effective internal training programme. We will improve our working environment to promote wellbeing and make people feel valued for the work that they do. We will reduce staff sickness and 	<ul style="list-style-type: none"> We will continue to grow our relationships and work jointly with CAMHS partners and children's social care to gain a better understanding of boundaries and tensions, to provide seamless care and to strengthen consultation and multi-agency care planning. We will maintain our roles with clinical commissioning and will continue to influence city-wide public health initiatives, including mental health in schools programmes and emotional health and wellbeing networks. We will drive service delivery through service leadership of the IAPT partnership. We will strengthen and further embed the participation role of 	<ul style="list-style-type: none"> We will enable staff to participate, develop and publish research projects, and to attract external research funding by 2023. To demonstrate effective care through Routine Outcome Measures (50% compliance patient outcomes). We will evaluate our service model and interventions so that we know what works best for children and families, and we will use this information to continuously improve. To support staff to innovate and for evaluation of this innovation to be central to any service development. We will use digital technology to
<ul style="list-style-type: none"> We will have assurance that safeguarding practice is robustly followed to a high standard. 	<ul style="list-style-type: none"> Turnover to the trust target level 	<ul style="list-style-type: none"> children, young people and carers. We will establish clear care pathways across the workforce, signed with (Type)/levels of need. 	<ul style="list-style-type: none"> make our service more accessible. We will develop a digital performance dashboard, so that all staff are aware of our activity and key figures.
Built on Strong Foundations: Living our Values, Operational Delivery, Financial Sustainability			

towards targets.

23. INTERNAL AND EXTERNAL REFERENCES

<http://www.capa.co.uk/>

Document Control Sheet

Sefton CAMHS Operational Process SOP	
Version:	5
Ratified by:	Policies and Procedures Subgroup
Date ratified:	3 rd May 2022
Name of originator/author:	Vicky Killen, Clinical Lead and Chrissy Pope, Service Manager
Date issued:	June 2022
Review date:	May 2025

Version Control Table				
Version	Date	Author	Status	Comment
5	May 2022	Vicky Killen, Chrissy Pope	Current	Updated throughout
4	May 2021	Vicky Killen, Kate Walker	Archive	Update due to changes in service provision
3	Dec 2019	Kate Walker, Tanya Leonard	Archive	Update to waiting time metrics
2	Feb 2019	Kate Walker, Tanya Leonard	Archive	N/A
1	Oct 2018	Kate Walker, Tanya Leonard	Archive	New SOP

Review & Amendment Log			
Record of changes made to document since last approved version			
Section Number	Page Number	Change/s made	Reason for change
V5	March 2022	New template Minor changes including adding in details of new processes – breach process (6.6), Add in referral triage section (consistent with Liverpool), added more detail on safeguarding to embed learning on contextual safeguarding. Add information on readability. Convert links to Document Management System.	SOP template update and service development / improvement information added.