

Admission of a Young Person to an Acute Ward

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Purpose of the Policy:	The care and treatment needs of young people must be met in such a way that minimises any risk of harm by being placed on an adult in-patient unit. During any period that the young person is on the ward, appropriate safeguarding children arrangements must be in place.
If developed in partnership with another agency, ratification details of the relevant agency	Reviewed in line with changes within Safeguarding Children's Service.
Policy in-line with national guidelines:	Policy updated to reflect changes to the incident reporting process and CQC reporting requirements.



Signed on behalf of the Trust:
Tracy Dowling, Chief Executive

Version Control Page

Version	Date	Author	Comments
1.0	April 2009		Policy Developed
2.0	July 2014		Policy updated to reflect CPFT service structure and governance framework.
3.0	December 2017		Reviewed in line with changes within Safeguarding Children's. Policy updated to reflect changes to the incident reporting process and CQC reporting requirements.
3.1	September 2019	Neil Winstone	Additional text regarding supervision of CPFT learners added. Agreed with Trust Executive, governance committees, Directorates and Learning and Development

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CQC Standards	
Other Quality Standards	

Contents

Section	Page
1	Introduction
2	Purpose
3	Scope
4	Definitions
5	Duties
6	Admission Process
7	Admission, Decisions and Risk Assessment
8	Consent and Involvement of Young People
9	Confidentiality
10	Advocacy
11	Family/Carer Support
12	Service User/Carer Involvement
13	Culture, Ethnicity and Language Issues
14	Age Appropriate Accommodation and Activities
15	Age Appropriate Services (Code of Practice 2008)
16	Visiting and Contact
17	Reporting Requirements
18	Notification to the Safeguarding Children's Team
19	Responsibilities to the Local Authority
21	Education and Training Requirements
21	Monitoring Effectiveness of Implementation
22	Links to other Documents
23	References and Acknowledgements

Appendices

Appendix A – Procedures	18
Appendix B – Contact Information	19
Appendix C – Admission Checklist	21
Appendix D – Admission of Young Person Under 18 to an Adult Acute Ward within CPFT	22
Appendix E – Process of Finding a Bed	23

1 Introduction

The Trust is committed to ensuring that the admission of children and young people to a Mental Health Ward happens rarely, but that when this does occur it takes place within a policy framework that minimises the use of adult psychiatric wards and ensures that the child or young person is discharged or transferred at the earliest opportunity to a more suitable therapeutic environment. The care and treatment needs of young people must be met in such a way that minimises any risk of harm by being placed on an adult in-patient unit. During any period that the young person is on the ward, appropriate safeguarding children arrangements must be in place.

The duties and responsibilities referred to in this policy and procedures are set out in the:- Mental Health Act (MHA) Code of Practice 1983 (amended 2015), The Children Act 1989 and 2004, the Mental Capacity Act 2005, 'Safe and Appropriate Care for Young People on Adult Mental Health Wards' 2009, and 'Working Together to Safeguard Children' 2013. These duties and responsibilities apply regardless of whether an admission is regarded as formal or informal.

2 Purpose

The purpose of this policy and procedures is to provide guidance to staff regarding the requirements expected of them so that they may provide the most appropriate care to young persons in line with expectations of the National Patient Safety Agency, the NHS Litigation Authority, the Care Quality Commission, Monitor, Commissioners and the general public. By doing so, the Trust will ensure that risks associated with the admission of young people under the age of 18 years to adult psychiatric wards are identified and managed.

For the purposes of this policy all service users aged under 18 are required to have their needs considered as a child (see Definitions). From a safeguarding perspective this means that should any Safeguarding concerns arise for any service user aged 18 or under, then the Safeguarding Children Team must be consulted.

3 Scope

The MHA Code of Practice states that if a young person is admitted to hospital, proper consideration should be given to which is the most appropriate Act to use, the Mental Health Act (1983 amended 2007) or the Children Act (1989 and 2004). Professional staff responsible for making such decisions should be aware of the relevant statutory provision and have access to competent legal advice.

4 Definitions

Definition of a Child

Under the Children Act, 1989 a child or young person is classified as a child until they reach the age of 18.

For clarity in this policy, the term 'young person/young people' will be adopted and taken to refer to a child until they reach the age of 18.

4.2 Parental Responsibility

All mothers and most fathers have legal rights and responsibilities as a parent to their children until the young person reaches the age of 18, known as 'Parental Responsibility' or 'PR'. This includes agreeing to a child's medical treatment unless a child is deemed able to decide for themselves. It is therefore essential to establish the exact nature of the relationship

between the young person and the adults in their lives when making decisions about care and treatment.

The Children Act, 1989 states Parental Responsibility is held by: -

- The mother
- The legal guardian
- A person who holds a custody order or Residence Order for the child
- A person who holds an Emergency Protection Order on the child
- The father if married to the child's mother when the child was born, or following the 2002 Adoption Act the father's name is on the child's birth certificate
- The father was not married to the child's mother when the child was born, but holds a Residence Order, or a Parental Responsibility Order, or has a Parental Responsibility Agreement with the child's mother, or has since married the child's mother.

These are important considerations as only those with Parental Responsibility can make decisions about a young person's treatment or admission if the young person is not able to consent.

It is good practice that decisions to admit a young person should be as inclusive as possible. See the link below for more information:

<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

5 Duties

5.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring that appropriate and effective systems are in place, should it become necessary to admit a young person under 18 to an Adult ward in order to receive care and treatment. The Chief Executive must ensure that these systems enable the Trust to meet all relevant statutory requirements and complies with best practice, as described by the Department of Health, Monitor, the NHS Litigation Authority, Care Quality Commission and any other relevant external bodies. The Chief Executive delegates responsibility for establishing required systems and monitoring processes to the Director of Nursing.

5.2 Trust Board

The Trust Board is responsible for implementing a robust system of corporate governance within the organisation. This includes creating a systematic process for the development, management and authorisation of policies.

5.3 Director of Nursing

The Director of Nursing is the Trust lead for governance arrangements and responsible for identifying and controlling any identified clinical risks associated with the admission of young people to an adult psychiatric ward. The Director of Nursing also has responsibility for the

implementation of the policy and related procedures, and ensuring that nursing and allied health professional staff across the organisation up-hold the standards of their profession and, in so doing, achieve compliance with this policy.

5.4 Medical Director

The Medical Director will ensure that medical colleagues are aware of this policy and related procedures and understand the expectations placed upon them.

5.5 General Managers, Clinical Directors and Directorate Heads of Nursing

General Managers, Clinical Directors and Directorate Heads of Nursing are required to assist the Chief Executive in delivering this policy within their Directorates. They will:

Ensure that staff within their Directorates, comply with this policy and follow the appropriate procedures. Ensure that their Directorates has mechanisms in place to, monitor trends and consider risk management and safety issues, feedback learning to staff and monitor implementation of lessons learned and practice change.

5.6 Service Managers/Modern Matrons/Ward Managers/Team Leaders

Service Managers/Modern Matrons/Ward Managers/Team Leaders are responsible for the operational delivery of all services within their span of control. They will ensure that acceptable standards of quality and safety are met and any associated risks are controlled. This staff group are responsible for ensuring that their team is compliant with this policy and embraces its aims by exercising local leadership in relation to the admission of young persons aged under 18, as well as the health and safety of staff and visitors.

5.7 Individual Responsibilities

All staff have a duty to ensure that they are aware of this Trust Policy, reporting arrangements, and procedures related to the admission of young people to adult psychiatric wards.

5.8 Supervisors and Assessors of learners

CPFT provides training to learners from a range of disciplines. Regulatory bodies (such as the NMC or HCPC), and the Trust require that registered staff who undertake the supervision and assessment of student learners have the proficiency, skill and knowledge to facilitate the education for learners. They will, within the scope of their responsibilities, ensure that learners have completed agreed relevant placement training and are able to demonstrate the understanding of the theory prior to the practicing of the skill.

5.8 Quality, Safety and Governance Committee

The Quality, Safety and Governance Committee is a sub-committee of the Trust Board and is responsible for ensuring and monitoring that arrangements are in place within the Trust for the timely reporting and learning from Serious Incidents, including those relating to the admission of

young people to adult psychiatric wards. As a sub-committee of the Trust Board, the committee is directly accountable to the Board of Directors.

6 Admission Process

When a young person under 18 years of age requires immediate admission, the least restrictive option, consistent with addressing the immediate care and treatment needs of the young person, should be pursued. If it is not possible to identify an appropriate adolescent unit then if necessary, a young person of 16 or 17 years old may be admitted on to an adult psychiatric ward.

Such circumstances could include:

- When a young person aged 16 or 17 needs immediate admission for their safety or that of others. This acknowledges that, although an inpatient CAMHS unit is normally the preferred environment for a person under age 18, there will be occasions when a bed or other CAMHS alternative (e.g. intensive outreach) is not available. The revised Code of Practice (2015) states that if a young person is admitted in a crisis it should be for the briefest time possible.
- Rarely, even if a CAMHS bed is available, an adult psychiatric ward may be the most appropriate clinical placement. For example, a young person nearly 18 who has left school and is being treated by the Early Intervention Psychosis team, which has beds on the ward to which the young person will be admitted.

7 Admission Decisions and Risk Assessment

- CAMHS will lead on assessments for young people aged 16 or under.
- Adult and Speciality Services will lead on the assessment of those services users aged 17 years. CAMHS medical input will be sought by the adult consultant with the involvement of the clinicians involved for their care in regard to identifying a suitable inpatient unit.
- The Crisis Resolution and Home Treatment Team (CRHTT) role is to provide care and treatment within the home or other community environment as an alternative to admission to an acute adult psychiatric ward for those aged over 17. Home treatment as an alternative to inpatient admission must be considered by CRHTT prior to the decision to admit.
- Whilst the young person is on an adult psychiatric ward medical responsibility will be held by the adult inpatient consultant psychiatrist. All expectations of the admission process and care planning that pertain to an admission of an adult apply to young people.

As part of the admission protocol for all young people, a risk assessment should be undertaken to cover any identified risk associated with being placed on an adult ward with a clear management plan.

The named nurse responsible for the young person and other members of the clinical team (including any bank or agency nurses) must have DBS clearance. Any problems in complying with this requirement should be brought to the immediate attention of the relevant Modern Matron/Service manager for resolution.

If the admission of a young person will bring them into contact with another patient on the ward who may pose a threat to the young person, this must be discussed immediately with the Responsible Clinician of both patients or in their absence the on-call consultant.

The Modern Matron and Ward Manager should be informed of the outcome of these discussions at the earliest opportunity. Depending on the nature and severity of the risk, it may be decided that the placement on the ward should not be made, though this decision will always need to be taken in the light of the available alternatives and the risks these involve:

- Mental health assessment, this must be completed on all occasions for young people admitted to an adult ward.
- Mental capacity Assessment and a best interest assessment must also be considered.
- A named professional/keyworker must be allocated, and where possible the allocated named professional will have had training in working with young people.
- The young person must be nursed on 1-1 continuous observations as soon as they arrive on the adult ward until they have been reviewed by their adult consultant. Any reduction in observation levels must be agreed by both the adult and CAMH consultant together. Risk assessment must include any recent/current involvement with children social care. Liaison with the young person's social worker should be made with either the knowledge/consent of the young person or their carer. If safeguarding concerns are identified 'Safeguarding children alerts' must be added to electronic records and the Keeping Children safe in RIO risk assessment tool be completed within 24 hours. New safeguarding concerns must be assessed and relevant referral to children social care made using threshold documents to guide. Practitioners should contact the safeguarding children team for guidance and support.

Discharge Planning

If the young person is not transferred within 72 hours to an appropriate adolescent unit then a care planning meeting will be held with all the relevant professionals involved with the young person and their family within 72 hours.

Where safeguarding children concerns have been identified, Children's Social Care must be involved in any discharge discussions and a relevant care plan to address these concerns must be agreed and in place prior to discharge. Please raise any concerns around partnership working with the Safeguarding Children Team.

Process for admitting to adolescent or children's psychiatric unit

Adolescent and children's inpatient units are now commissioned by the NHS England Specialist Commissioning Group (SCG). There is a requirement to inform the SCG of admissions and to seek their assistance with finding an inpatient bed. But in an emergency it is not necessary to seek their prior approval.

The Trust holds a list of phone numbers of inpatient Adolescent units and contact details for the SCG on this website:

<http://www.rcpsych.ac.uk/quality/quality,accreditationaudit/qnic1.aspx>

Initial contact should be made with units based on proximity to the young person's usual place of residence. If admission can be agreed the unit will advise of any specific referral criteria and arrange a date and time of transfer.

It is the responsibility of the ward or hospital that the young person is leaving to organise transport.

Regardless whether a bed can be identified, a bed contact must be made with the SCG to advise that an admission is required. The SCG will assist in identifying a suitable adolescent unit from their national links. There is a case manager who can be contacted by phone during office hours. Contact details on CPFT website "How to find a Tier 4 bed".

<http://nww.intranet.cpft.nhs.uk/Storage/Community/ChildrensBusinessUnit/Pages/howtogetabed.aspx>

Within CPFT, there is a live bed finding database, each clinical team will have their own login details, which will identify any free beds across the Trust, the link is:

<http://www.camhsbedavailability.nhs.uk>

The referral must be made on NHS England Form 1 "Referral for Access Assessment", these are available on the website above. A copy should be sent to the inpatient unit with referral documentation and to the East of England SCG office by Safehaven fax or NHS mail (See Appendix B for Contact Information).

The responsible team must be clearly identified including the relevant named nurse or care coordinator.

Once Form 1 is completed it must be forwarded to the CPFT Duty CAMHS consultant out of office hours, or during office hours to one of the Tier 4 CAMHS consultants to complete Form 2 to authorize the admission. This demonstrates that a CAMHS Psychiatrist has been involved in agreeing decisions to admit to an Adolescent or Children's Unit.

Safeguarding

The Trust's Safeguarding Children Team are responsible for supporting clinical staff in relation to all safeguarding children issues and to advise on relevant policies and procedures as identified. There are additional considerations regarding the admission of young people aged under 18 to Adult wards.

Staff should refer to the Trust Safeguarding Children Policy-
<http://nww.intranet.cpft.nhs.uk/Professional/SafeguardingChildren/documents/>

[Safeguarding%20Children%20Policy%20v2.0.pdf](#) and The Safeguarding Children Practice Guidance May 2015



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For practical guidance see the Trust Safeguarding Children Handbook-
<http://nww.intranet.cpft.nhs.uk/Professional/SafeguardingChildren/documents/Safeguarding%20children%20document%20June%202010%20web.pdf>

The handbook is pending replacement with the User Guide (version Nov 2017) the most recent version can be accessed via the safeguarding Satchell



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Also the LSCB Interagency Procedures-

<http://www.cpft.nhs.uk/training/safeguarding-children-team.htm>

Staff can also seek advice from the Trust's Safeguarding Children Team between 09.00 to 17.00 Monday to Friday, telephone number is 01733 777961.

Email: cpm-tr.cpftsafeguardingchildren@nhs.net

Outside normal operational hours, contact can be made with the Children's Social Care Emergency Duty Team which covers Peterborough and Cambridgeshire Out of Hours Tel: 01733 234724

Information Sharing

In order to facilitate the admission of a young person, it will be necessary to gather information from a number of sources and share information with others. Young people, and/or their parents and carers may choose to share their personal information, or, may decline consent to do so. There are occasions however when this may need to be overridden in the public interest or to safeguard a child¹.

Ward staff will ensure that they maintain regular contact/liaison with the young person's parents/family carers according to the needs and wishes expressed by the young person.

The Trust Information Governance Manager can support with advice on complex cases and additional guidance for information sharing.



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Information sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers March 2015, gives further specific guidance around sharing information and safeguarding.

8 Consent and Involvement of Young People

When admission is being planned, even when a young person might ordinarily be considered to have capacity to give their own consent to treatment (e.g. 16 and over, or deemed 'Gillick competent'²) it is essential to establish who holds Parental Responsibility. This will also be important to know when discussing care and treatment options with family and/or carers.

¹Para 3.42 There are some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are: when there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm, or to prevent significant harm to a child or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

²'Fraser' competent is described in the Mental Health Act Code of Practice as: "A Fraser competent child can give a valid consent to treatment. A child may be regarded as Fraser competent if the doctor concludes that he or she has the capacity to make the decision to have the proposed treatment and is of sufficient understanding and intelligence to be capable of making the decision.

Once it is established who has parental responsibility for the child or young person, the person responsible for the care and treatment of the patient must determine whether a person with parental responsibility has the capacity, within the meaning of the MCA, to take a decision about the child or young person's treatment and whether the decision is one that can be taken by a person with parental authority.

It remains a principle of good practice that decisions to admit a young person should be as inclusive as possible. See the link below for more information: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Informal Admission of 16 and 17 year olds who have the capacity to consent

Section 131 MHA 1983 states that 16 and 17 year olds with capacity who have not consented to informal admission are no longer able to be admitted where a person with parental responsibility has given consent. Neither will a person with parental responsibility be able to prevent admission where a person aged 16 or 17, with capacity to make the decision, consents to being admitted to hospital as an informal patient in accordance with section 131. This change is brought in by section 43 of the Mental Health Act 2007 which amends section 131 of the Mental Health Act 1983

The fact that a young person has been 'informally admitted' should not lead Trust staff to assume that the young person has consented to all components of a treatment programme regarded as 'necessary'. Consent must be sought for each aspect of a young person's care and treatment as it arises.

Informal admission of 16 and 17 year olds who lack capacity to consent

Different considerations apply to a decision to informally admit a young person aged 16 or 17 where the young person lacks capacity. Section 131 of the Act does not apply. The MCA may apply in the same way as it does to those who are aged 18 or over, unless the admission and treatment amounts to a deprivation of liberty. If there is a deprivation of liberty, admission of a 16 or 17 year old cannot be authorised under the MCA, and the legality of any such admission should be assessed under common law principles.

Common law principles allow a person with parental responsibility in these circumstances to consent, but only if the matter is within the area of parental authority. If it is outside this area,

then consideration should be given to whether the young person meets the criteria for detention under the Mental Health Act. If the Act is not applicable, it may be necessary to seek authorisation from the court.

For a more comprehensive statement regarding the summary of parental responsibility, refer to the Consent Policy.

9 Confidentiality

As with adults, young people should be kept informed about plans being made for their care and treatment, having due regard to their age and level of understanding. The impact of a young person's wishes on their parents, or those with parental responsibility, should always be taken into account, but the duty of confidentiality should be borne in mind.

Young people's rights to confidentiality must be strictly observed. All members of the clinical team should have a clear understanding of their obligations of confidentiality towards young people and that any limits to such an obligation are made clear to a young person who has the capacity to understand. It is important that the members of the clinical team understand those limits, especially in respect of any person with parental responsibility (See Section 4, Definitions), where there are concerns that to maintain a confidentiality may impact on staff ability to keep a young person safe, the welfare of the child is paramount until the age of 18 years. Therefore case discussion with the Named Nurse or Named Doctor for safeguarding children should take place as soon as possible.

10 Advocacy

Young people, whether informally admitted or detained have a right to advocacy. Staff must ensure that the young person is aware of the availability of advocacy and help line numbers.

The default position is that the young person be offered the services of an advocate at the earliest opportunity. The Trust currently funds National Youth Advocacy Service (NYAS) to provide advocacy services for all young people who are inpatient on any psychiatric ward /unit (See Appendix B for Contact Information).

11 Family/Carer Support

Families and/or Carers should be signposted to the appropriate Carers' support/Agencies operating in the area that they reside in.

12 Service User/Carer Involvement

The views of service users and their carers will need to be sought.

13 Culture, Ethnicity and Language Issues

Staff should be mindful of the need to be culturally sensitive and acknowledge diversity. The Trust Equality and Diversity officer should be contacted for advice and support as required.

Consideration should be given to the need to provide information in a range of languages and alternative formats, and, if necessary, to facilitate communication with the aid of an interpreter.

14 Age Appropriate Accommodation and Activities

Care should always be offered in the least restrictive setting (MHA amended 2008).

The facilities provided should be comfortable, welcoming, well equipped and provide a safe environment. Staff should think creatively about how to make the admission as positive an experience as it is possible to do so.

The desire for privacy needs to be balanced against safety management.

As part of the agreed care plan, the Ward Manager should seek to ensure that the young person has access to an age-appropriate programme of educational and leisure activities.

Each adult ward should offer a young person a Welcome/Admission pack, which should be age appropriate, and ensure that a resource file for staff is available.

15 Age Appropriate Services (Code of Practice 2008)

Section 131A of the Act says that children and young people admitted to hospital for the treatment of mental disorder should be accommodated in an environment that is suitable for their age (subject to their needs).

This means that children and young people should have:

- appropriate physical facilities;
- staff with the right training, skills and knowledge to understand and address their specific needs as children and young people;
- a hospital routine that will allow their personal, social and educational development to continue as normally as possible;
- equal access to educational opportunities as their peers, in so far as that is consistent with their ability to make use of them, considering their mental state.

Hospital managers should ensure that the environment is suitable, and in reaching their determination they must consult a person whom they consider to be suitable because they are experienced in CAMHS cases.

If, exceptionally, a young person cannot be accommodated in a dedicated child or adolescent ward, then discrete accommodation in an adult ward, with facilities, security and staffing appropriate to the needs of the young person, might provide the most satisfactory solution. Where possible, all those involved in the care and treatment of children and young people should have had guidance and training on working with children. All staff must have safeguarding children training, sufficient to allow them to carry out their safeguarding duties appropriately. Anyone who looks after them must have enhanced disclosure clearance from the Criminal Records Bureau and that clearance must be kept up to date.

In a small number of cases, the young person's need to be accommodated in a safe environment could, in the short term, take precedence over the suitability of that environment for their age. Furthermore, it is also important to recognise that there is a clear difference between

what is a suitable environment for a child or young person in an emergency situation and what, is a suitable environment for a child or young person on a longer-term basis. In an emergency, such as when the young person is in crisis, the important thing is that the young person is in a safe environment. Once the initial emergency situation is over, in determining whether the environment continues to be suitable, consideration needs to be given to such issues as whether the young person can mix with individuals of their own age, can receive visitors of all ages and has access to education

There will be times when the assessment concludes that the best place for an under 18 year old is an adult ward. This may happen when the young person is very close to their 18th birthday, and placing the young person on a CAMHS ward for a matter of weeks or days and then transferring them to an adult ward would be counter-therapeutic. In some cases the young person may express a preference to be on an adult ward, such as when they are under the care of the early intervention psychosis team and they wish to go to the ward when the team rotates rather than to a unit with much younger children.

16 Visiting and Contact

It is important that young people admitted to adult wards maintain contact with family and friends. A young person should be able to receive or decline visits from family and friends as they wish. Staff should be mindful of the presence of any other patients who could pose a risk of harm to such visitors (other children, young people, or vulnerable adults), and conduct an appropriate risk assessment where necessary. This should be documented in the progress notes and communicated accordingly. Contact could also be maintained and promoted via other media such as telephone, text, and letter.

17 Reporting Requirements

All admissions of a young person under 18 to an adult psychiatric ward must be reported to the relevant Line Manager/Person in Charge and a Datix incident form completed. The incident form should be submitted before the end of the 'shift' in which the admission occurred or as soon as staff became aware of the fact.

Incidents that do not come to light as soon as they occur should nevertheless be reported without further delay. In reporting these incidents the 'date of the incident' should be recorded as the day the young person was admitted. Details of the reason for delay in reporting should be given when submitting the incident form within the description.

An Initial Management Review (IMR) is completed for all admissions of under 18s. If the IMR identifies that policy was not adhered to the incident will be reported as a Serious Incident.

Any admission of a young person under the age of 18 to an adult mental health ward that lasts more 48 hours is also required to be notified to the Care Quality Commission. The Patient Safety Team will raise the necessary notification following receipt of the Datix incident form being completed, and receipt of the completed CQC form which will be provided.

The CQC will also be provided with an anonymised copy of the IMR and the Trust will provide weekly updates on the patient's admission, care planning and discharge planning. The Trust will also report any incidents involving the young person to the CQC.

The CQC in 2008 advised that there should be particular scrutiny of those under 16 and admission should only be considered for those at immediate risk of suicide or experiencing active psychotic symptoms that require treatment in a hospital setting and that protocols should be in place to ensure that transfer arrangements are made as soon as a more appropriate placement in a child or adolescent service.

18 Notification to the Safeguarding Children's Team

The Safeguarding Children team will be routinely copied into any Datix Incident Forms reporting an admission of a young person to an adult psychiatric ward.

19 Responsibilities to the Local Authority

Information relating to treatment decisions involving children and young people 'looked after' by the Local Authority are described in chapter 36.8 of the Mental Health Act Code of Practice. Whenever possible, staff must liaise with a young person's social worker prior to the decision to admit, as they may hold or share Parental Responsibility with parents.

Out of normal operational hours contact must be made with the Emergency Duty Team (See appendix B for contact details).

20 Education and Training Requirements

Specific training for identified staff groups will be delivered in line with the current Training Needs Analysis (TNA) which is available on the Intranet.

Local induction procedures should include raising staff awareness of this policy, and ensuring that new staffs are aware of the wards arrangements for the admission of young people. Staff should also be fully compliant with Mandatory Safeguarding Children training.

21 Monitoring Effectiveness of Implementation

The Trust will review all incidents related to the admission of young people aged under 18 to adult psychiatric wards and if indicated undertake a serious incident review and share any learning that is identified through the Trusts Directorates governance structures.

22 Links to Other Documents

Prior to the admission of a young person, the nurse in charge must ensure that all staff have access to the following documents:-

- Admission and Discharge/Transfer Policy (under review)
- Care Planning Policy
- Safeguarding Children's Policy
- Child Visiting Policy (awaiting Ratification)

- Clinical Records Policy
- Confidentiality Policy
- Consent to Treatment Policy
- Enhanced Observation and Engagement Policy
- Eliminating Mixed Sex Accommodation
- Transitions Protocol: young people moving from CAMHS to Adult Services in the Community
- Incident Reporting and Management Policy including Serious Incidents and Near Misses

Links to these documents are available via the Trust Intranet:

<http://www.cpft.nhs.uk/help/documents-that-guide-practice.htm>

Also:-

- The Children Act 1989 & 2004
- Working Together to Safeguard Children 2018 (revision pending)
- Local Safeguarding Children's Board (LSCB) Interagency Procedures Mental Health Act Code of Practice 2008

Links to these documents are available via the Trust Safeguarding Children intranet pages:

<http://nww.intranet.cpft.nhs.uk/professional/SafeguardingChildren/Pages/Home.aspx>

23 References and Acknowledgements

Children Act 1989: <http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004: <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Children and young people in mind: the final report of the National CAMHS Review:

<http://webarchive.nationalarchives.gov.uk/20090615071556/http://publications.dcsf.gov.uk/eOrderingDownload/CAMHS-Review.pdf>

CPFT Safeguarding Children Handbook 2013. Available at:



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<http://nww.intranet.cpft.nhs.uk/professional/SafeguardingChildren/Pages/Home.aspx>

Confidentiality NHS Code of Practice 2003. Available at:

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

Code of practice supplementary guidance: Public Interest disclosures 2010. Available at:

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice-supplementary-guidance-public-interest-disclosures>

Keeping Children and Young People in Mind The Government's full response to the independent review of CAMHS

http://webarchive.nationalarchives.gov.uk/20130123201042/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110785

centred consent practice”.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012286.pdf

Information Sharing Guidance for Practitioners and Managers. Available at: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Information Sharing; How to judge capacity to give consent. Available at:

<http://media.education.gov.uk/assets/files/pdf/h/how%20to%20judge%20capacity%20to%20give%20consent.pdf> accessed 30.07.2013.

The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A Guide for Professionals

<http://www.nmhdu.org.uk/silo/files/the-legal-aspects-of-the-care-and-treatment-of-children-and-young-people.pdf>

Mental Capacity Act 2005.

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Mental Health Act Code of Practice (1983). Available at:

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Out of the Shadows Safe & Appropriate Care for Young People On Adult Mental Health Wards:

<http://www.rcpsych.ac.uk/PDF/AIMS-SC4Y%20Standards%202009-2010.pdf>

Seeking consent: working with children 2001. Available at:

http://webarchive.nationalarchives.gov.uk/20120106063807/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4067204.pdf.

March 2015

Working together to safeguard children A guide to inter-agency working to safeguard and promote the welfare of children March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

Working Together to Provide Age-Appropriate Environments and Services For Mental Health Patients Aged Under 18: A briefing for commissioners of Adult Mental Health Services and Child and Adolescent Mental Health Services:

https://matrix.rcn.org.uk/_data/assets/pdf_file/0006/378915/2.pdf

Appendix A - Procedures

Young person 15 or under

Young people 15 years and under are the responsibility of CAMHS.

Where admission is required there should be consideration of where would best meet the young person's safety and treatment needs as well as those of other patients. Generally admission should be to an inpatient CAMHS unit, though there will be occasions where due to availability of beds or to treatment needs admission to a more distant psychiatric unit or to a paediatric ward (e.g. when paediatric assessment or treatment is also required) may be necessary.

It would be an extreme event for them to be appropriately admitted to an adult ward and this would require notification to the CQC.

Young people aged 16 and 17

There should be an assumption that the most appropriate admission will be to a CAMHS inpatient unit, but a recognition that this may be difficult to achieve in an emergency and a paediatric ward is unlikely to be a suitable alternative.

Any discussion of the merits and demerits of admission to CAMHS/adult ward/paediatric ward/local versus distant should involve the young person and carers.

Any decision to admit to an adult ward for reasons of CAMHS bed non availability, or more rarely due to the young person's particular circumstances should involve discussion between CAMHS and adult services at consultant level with documented reasons why this course of action is being taken. The adult service consultant will also consult with the Ward Manager/senior nurse on duty of the adult ward.

The young person must be nursed 1:1 until a risk assessment has been completed and discussed with the Duty CAMHS and Adult consultants.

There should, within 72 hours be a written plan for how they will be transferred to a more age appropriate facility or a documented decision about why an adult ward is felt to be the most appropriate placement.

If the young person is 16 years or under

A named CAMHS worker will attend the adult ward at least once a week and meet the young person, carers and ward staff. The CAMHS professional should be available for telephone consultation and advice and should attend the ward more frequently if necessary.

If the young person is 17 years of age

The adult team will consult with the local CAMHS service about whether this is an appropriate admission and if it is not how to transfer the young person to an adolescent unit.

Appendix B –Contact Information

Safeguarding Children Team

01733 777961 CPM-tr.cpftsafeguardingchildren@nhs.net

MAKING A REFERRAL IF YOU THINK THAT A CHILD OR YOUNG PERSON IS AT IMMEDIATE RISK OF SERIOUS HARM CALL THE POLICE (999) OR

CAMBRIDGESHIRE

Multi-Agency Safeguarding Hub

Professionals Number: **0345 045 1362** (Mon – Thurs) 8am – 5:30pm; (Friday) 8am – 4:30pm

Emergency Duty Team (Out of Hours) **01733 234724.**

MASH.C&F@cambridgeshire.gcsx.gov.uk

PETERBOROUGH

Telephone: **01733 864170** (Mon – Fri 9am to 5pm).

Emergency Duty Team (Out of Hours) **01733 234724.**

PDCSC@peterborough.gcsx.gov.uk

ALL TELEPHONE REFERRALS SHOULD BE FOLLOWED UP IN WRITING WITHIN 24 HOURS USING THIS FORM.

Information Governance CPFT

T 01733 776010

Patient Safety Team – SI Reporting

T 01223 219442

Care Quality Commission (CQC)

T 03000 616161

CQC National Customer Service Centre Citygate

Gallowgate Newcastle upon Tyne

NE1 4PA

CAMHS – Peterborough and Huntingdon

Peterborough – T 01733 777939

Huntingdon – T 01480 428115

<http://www.cpft.nhs.uk/professionals/contact-us.htm>

Darwin Centre

Paul Millard – Consultant Psychiatrist T 01223
534430

Patient Information and MHA Legislation Manager

T 01733 776019

East of England SCG Office

www.england.ppnf-eaat@nhs.net

NYAS (National Youth Advocacy Service)

T 0808 808 1001 or visit www.nyas.net

CASUS

Huntingdon – T 01480 415366

Peterborough – T 01733 551575

Cambridge – T 01223 214614

Intensive Support Team (IST)

T 01223 884205

Crisis Resolution and Home Treatment Teams (CRHTT)

Peterborough North – T 01733 776029

Cambridge – T 01223 218810

Adult In-patient Wards, Peterborough

Oak 1 treatment ward- T 01733 776028

Oak 3 assessment unit- T 01733 776031

Adult In-patient Wards, Cambridge

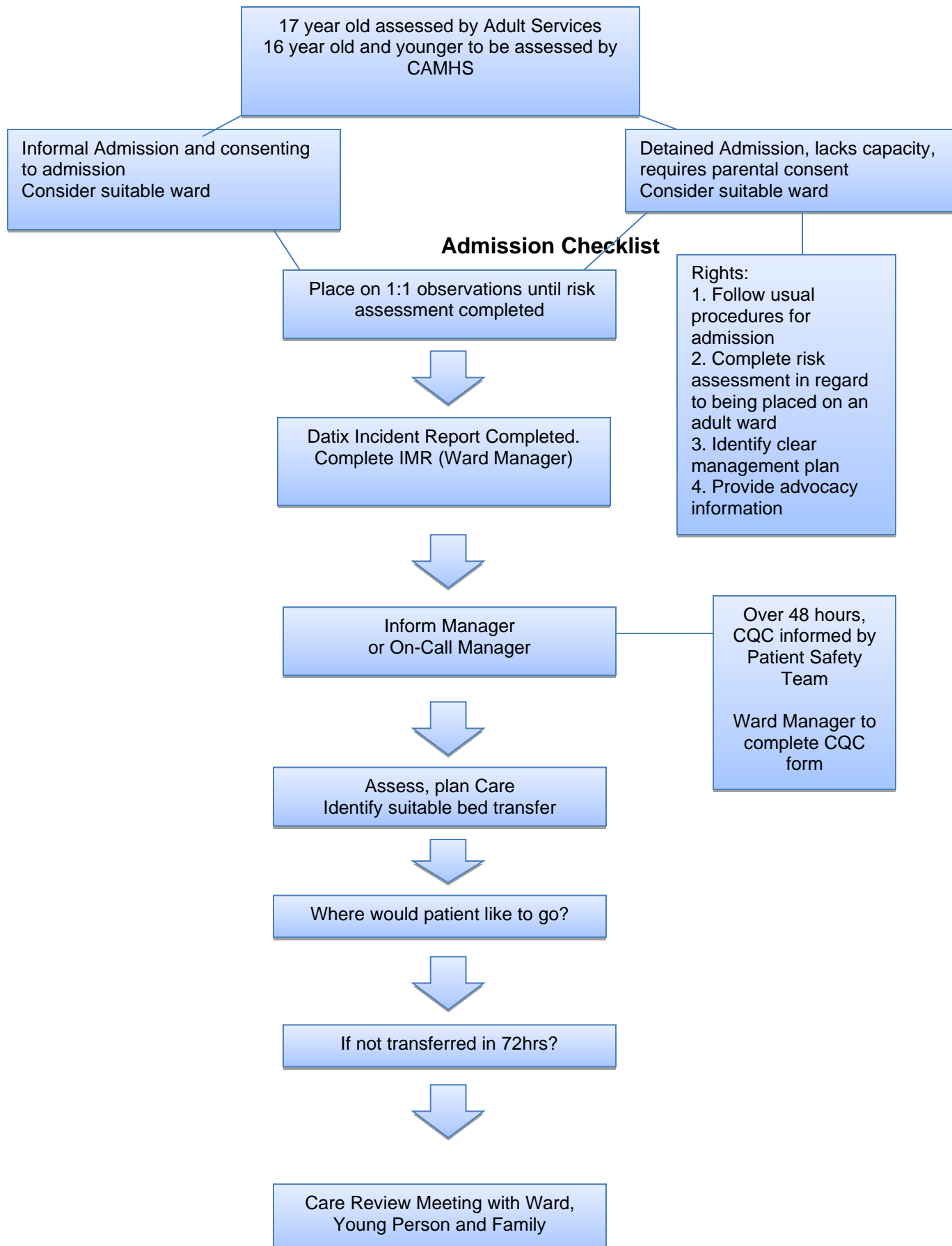
Mulberry 1 -T 01223 218616

Mulberry 2 -T 01223 218557

Appendix C – Admission Checklist

Name:		DOB:	Age:
Ward:		Hospital/Unit:	Date of Admission
Referral			
1.	If 16 or under, has the young person patient been referred to CAMHS?		Yes/No
	If yes, have CAMHS arranged an alternative adolescent placement within the 72 hours timescale?		Yes/No
2.	If 17, has the young person patient been discussed with CAMHS consultant on-call?		Yes/No
	If transfer recommended have adult team arranged an alternative adolescent placement within the 72 hours timescale?		
3.	If out of hours has the ward directly arranged an alternative adolescent placement?		Yes/No
4.	Has a Datix (incident form) been completed?		Yes/No
5.	Has the ward manager in hours or the senior manager out of hours been informed?		Yes/No
6.	Has the ward manager or senior manager on call initiated the completion of the Initial Management Report?		Yes/No
Care on the Ward			
1.	Is the young person being nursed on 1.1(Level 3 or 4) observation until a risk assessment has been completed		Yes/No
2.	Has a risk assessment been carried out-specific to risk from being on adult ward?		Yes/No
3.	Has the young person been provided with a welcome back which provide relevant information for their age group?		Yes/No
4.	Has the young person been provided with information about advocacy?		Yes/No
Parents/Relatives			
1.	Is the ward in contact with either parent?		Yes/No
2.	If no, are the ward in contact with another person believed to be the closest (in the case of detained patients the nearest relative) or to have parental responsibility?		
3.	Is the ward clear which people, if any, have parental responsibility (e.g. in relation to consent to treatment)?		Yes/No
Legal			
1.	Safeguarding Risk Assessment: <ul style="list-style-type: none"> • Recent history of CSC involvement? • Open to CSC? • Liaison with CSC? 		Yes/No Yes/No Yes/No
2.	Are there any court orders in place in relation to this patient e.g? Care order Residence order Contact order Evidence of appointment as the child's guardian Parental responsibility agreements Orders under Section 4 of the Children Act Orders under Wardship		Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
3.	If the young person is detained, have their rights been read and has the Locality Mental Health Act Manager been notified?		Yes/No
4.	If the young person is detained, has the Mental Health Act Manager been informed?		Yes/No

Appendix D - Admission of Young Person under 18 to an Adult Acute Ward within CPFT



Appendix F - Process of Finding a Bed

