

Riverside Model of Service

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All Standard Operating Procedures are aligned to Trust strategies and policies, found in the Board Document Library, and must be executed within the parameters set by such documentation. *A Mental Health Assessment and Treatment Trust Policy P4*

Standard Operating Procedures are supported by local procedures defined in each locality. These are found on the locality pages on Our space.

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1. The Riverside Adolescent Unit

From June 2021, the Riverside Adolescent Unit will be a 16-place General Adolescent Unit that provides assessment, treatment, and formulation for young people between the ages of 13 and 18 who have developed complex and persistent emotional and psychological difficulties.

1.1 The key functions of the Riverside Adolescent Unit will be to:

- Accept and plan routine, urgent, and emergency admissions suitable to a General Adolescent Unit.
- Assess and formulate the needs of a young person within an appropriate timescale, with an effective care pathway for the young person.
- To provide evidence-based treatments that are delivered in individual and group settings within a containing milieu, designed to alleviate symptomology and assist in recovery.
- Provide Education for a young person and to support and transition back to school or work.
- Provide support throughout a young person's time at the Riverside including transition and discharge back to the family, education, community, and appropriate treatment services.
- Ensure a level of admission that is consistent with least-restrictive care, for the shortest time necessary, and closest to home.
- To work with young people and ensure access and parity of care irrespective of background or belief.

1.2 The Riverside Adolescent Unit will be available to young people who meet all of the following:

- Aged between 13 and 18 years old.
- Experience a severe and complex mental health difficulty.
- Problems have persisted despite CAMHS treatment or who have first on-set of an acute presentation.
- Require a range of psychological interventions.
- Either consenting to treatment or who have been placed on a Section of the Mental Health Act, or who are admitted under the Children's Act.
- There may be rare cases of 12-year-olds being more appropriately admitted to Riverside than a CAMHS Children's Unit.

2. The Riverside Adolescent Unit treats young people who present with the following difficulties:

- Psychotic experiences.
- Depression.
- Extreme anxiety, including social anxiety.
- Obsessive-Compulsive Disorder.
- Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorders not otherwise specified.
- Young people with borderline personality disorder / emotionally unstable personality disorder / attachment disorder / developmental trauma

- Other psychological disturbance that may adversely affect functioning but falls outside of typical diagnostic criteria.

3. The Riverside Adolescent Unit has a criteria that excludes:

- Over 18 years of age (unless this is for a short time period to complete an episode of care and appropriate safeguards are in place).
- Young people with a moderate or severe learning disability, unless considered to be in their best interests, and they would benefit from general adolescent Tier 4 service intervention.
- Young people with a primary diagnosis of substance misuse.
- Young people with a primary diagnosis of conduct disorder and no co-morbid mental illness.
- Young people whose primary need is for accommodation due the breakdown of family or other placement.
- Young people who are currently in secure placements provided by local authorities or Youth Justice, who in the first instance would be referred to the a CAMHS Medium Secure or a Low Secure Unit.
- Young people who are deaf where care may be more appropriately be provided by the National Deaf CAMHS service, unless no place is available that means admission to a CAMHS Unit is required.
- Young people with severe autism spectrum disorders where it is clinically assessed that care would be more appropriately provided by a specialist unit.
- Young people who are in need of a Tier 4 CAMHS Low Secure or Tier 4 Medium Secure care.

4. Attendance and Clinical Need

- All young people and their families and careers who attend the Riverside Adolescent Unit have equal access to all therapeutic interventions and education.
- All have access to 7 day, 24-hour support.
- Within the 16 places, numbers can fluctuate between residents and day attenders dependent upon clinical need. For example, there may be times when there are more in-patients than day attenders, or where there are more day attenders than in-patients. It is expected that this will generally consist of 12 inpatient beds and 4 day attenders.
- All young people attending may also have care delivered virtually if clinically appropriate, in particular to support during leave and towards discharge.
- This would be based on the needs and care of young people and their families, placing them at the centre of care, and the recognition that while there will always be a need for beds, that other pathways may be possible.
- All treatment for young people is the same for in-patients and day attenders, and all young people have assessed Tier 4 needs. Movement between in-patient and day attender and vice-versa is not a step-up or step-down but a step across.

5. Referrals Process

The Riverside accepts three types of referral: routine, urgent, and emergency.

- Emergency referrals must be reviewed and responded to by a senior clinician within 4 hours. Emergency assessments must be offered within 12 hours, followed

by admission within 24 hours if needed. Whilst responding to an emergency referral, assessment and admission should occur as soon as possible, and within the maximum timescales above, it is vital that a thorough biopsychosocial assessment is completed and alternatives to admission are explored before proceeding to admission.

- Urgent referrals must be reviewed and responded to within 48 hours.
- Routine referrals must be reviewed and responded to within 7 days.

There will be a weekly referrals meeting attended by the Riverside MDT, Outreach Team, and Provider Collaborative Case-Manager, and, ideally, referring community clinicians.

Not all referrals are considered appropriate and in some cases, consultations can be offered to Tier 3 CAMHS Teams.

Where referring clinicians are unsure whether a referral is appropriate, inpatient clinicians, including Consultants, Matron, and Ward manager, are available to discuss cases.

The Riverside Unit is also part of the South West Provider Collaborative and works in partnership with its sister Units Wessex House (Bridgewater), Plym Bridge House (Plymouth), and Sowenna (Bodmin). The Riverside accepts referrals from these areas where the young person has been assessed as requiring admission to a GAU by an assessing clinician from these Units. Equally, a young person assessed by the Riverside will be accepted by these other Units if a Riverside bed is not available.

6. Pre-Admission Assessment Meeting

Pre-Assessment Meetings should ideally be face-to-face and will be undertaken by a suitably trained registered Riverside clinician, ideally with Tier 3 CAMHS Community team and/or CTAO input, with liaison prior to this with relevant parties to facilitate as appropriate.

This meeting will have the attendance of the young person and parents or carers.

Aims

- To foster engagement.
- To look at strengths as well as dilemmas.
- To consider education.
- To explore friendships and peer relationships.
- To explore any diversity or specific ethnicity needs.
- To consider systemic difficulties.
- To better understand risk.
- To begin formulation.
- To set goals of admission.
- To consider issues around consent.
- To outline the initial assessment and potential treatment for the young person.

Outcomes

- Consideration of whether admission is appropriate.
- The setting of goals for the admission.
- Developing a initial risk management plan for the Unit.
- The outlining of rights and responsibilities of the young person.
- The legal basis of admission.

- A proposed length of stay.
- The young person and family understanding the nature of the Unit and the treatment that can be offered.

If from referrals it is unclear which Service is best suited for a young person, joint assessments with CTAO may be offered.

7. Admission Pathway Reviews

7.1 5-Day CPA (Review) Meeting

All young people must have a CPA (Review) meeting held within 5 days of admission.

Aim

For a young person, their family/carers to meet with the team within 5 working days of admission to clarify and develop a collaborative understanding of why a young person needs to be in hospital, alongside the goals of the admission and any assessment/treatment plans at that point.

Outcomes

- 5-day Progress Review, including additional assessment and formulation, including risk assessment and management.
- Overall goals of any continuing admission.
- Planned assessment and/or treatment along specific care pathways agreed between Team and young person and parents/carers.
- A discharge plan with estimated discharge date.
- Agreed day of next CPA meeting.

Further Care Programme Approach reviews will occur as clinically indicated but as a minimum will occur within 4-6 weeks of the 5-day CPA and then at least every four to six weeks thereafter. Those involved in a young person's care will be invited to this meeting, including parents/carers and community professionals, as well as Riverside staff.

Assessment, Risk Assessment and Care Planning will be a collaborative process between staff and families and young people. This is on-going throughout the admission.

7.2 4-Week Assessment, Formulation, and Treatment

For some young people, treatment will begin in the first week; for example, those with eating disorders or psychosis, where there is a clear understanding and clarity of immediate need.

All young people will have access to a full and thorough assessment and formulation of their difficulties that will lead to effective, evidence-based treatment plans of care, either continuing at the Riverside, or with CTAO, or with Tier 3 CAMHS.

All young people will have access to assessments by the Team:

- Psychiatry, with full mental state examination and medication review as necessary.
- Multi-disciplinary Risk Assessment.
- An individual Psychology assessment.
- Occupational Therapy assessment, including sensory assessment, if appropriate, and activities of daily living.

- Systemic assessment.
- Education, with the Head of Education liaising with a young person's school.
- Social Care, if felt necessary.
- Nursing Assessment, including a young person's functioning within the milieu and around peers.

At the end of this period, there is a Formulation Meeting as well as a CPA Review to plan any further care and treatment as necessary, either at Riverside, with CTAO, or in Tier 3.

8. Care Pathway

All young people who attend the Riverside, follow a structured programme, provided they are clinically able to do so (young people with psychosis, for example, may not initially be able to access the whole programme but will do so when well enough).

It should be noted that the treatment programme that has been developed is in line with various NICE guidelines (for example, anorexia nervosa, depression, anxiety, attachment and personality difficulties). The Riverside must develop formulations and a treatment programme that considers both individual and systemic factors; hence the emphasis on working with parents, carers, and families.

8.1 Therapeutic Input

The programme has different strands:

- Individual Therapy, including CBT.
- Group Work, including Dance-Movement Psychotherapy, an OT activity group, DBT-informed groups, a reflective group, physical activity groups (climbing/water sports), eating awareness group, community group. Other groups are run ad-hoc dependent upon the client group (for example, psychoeducation groups, gardening group, lifestyle groups, outdoor family work, health and wellbeing groups, anxiety management).
- Dialectical Behaviour Therapy. The Unit has a programme of offering DBT groups and individual work, as well as a parent group.
- Milieu Therapy.
- Family and Systemic therapy. All young people who attend the Unit will have family work, dependent upon individual needs. There are also two parents groups, one based on NVR, the other on DBT.
- Education. All young people will attend lessons, specifically designed for their needs. They are allocated 5 hours of education per week, provided during term-times by Hospital Education.
- Medication. Medication is often seen as an important part of treatment alongside the therapy that young people receive. However, safe administration of medication and the monitoring of beneficial and adverse effects is essential.
- 24-hour input from Nurses and HCAs as part of individual, group, and milieu therapies, and in-the-moment support. Nurses also provide 24-hour telephone and virtual support for day attenders and those on leave to help manage distress.
- In-reach work from the Community team as appropriate in order to establish or maintain therapeutic engagement.

The Unit has distinct care pathways that young people will follow dependent upon need:

Eating Disorders
Psychosis

Anxiety and Mood
Borderline Personality Disorder/Emotionally Unstable Personality Disorder.

Detail of the pathways is outlined in the pathway documents to be referred to in addition to this Clinical Model.

8.2 Virtual Support

The Unit has the capability to offer virtual input for:

- Day attenders who not physically at the Unit for a 24-hour period.
- In-patients on leave.
- Those young people working towards the end of their admission who are increasing time at home and school.
- Practice meals with those young people on the Eating Disorder Programme where meals can be practiced at home.
- Parental support.
- Those reintegrating home from admissions in other inpatient units in the country.

8.3 Care Planning and Risk Management

All young people must have:

- A Risk Assessment that has been collaboratively produced with the young person and parents / carers.
- A Risk Management Plan that is individualised and addresses actual risk, reviewed and updated to reflect any changes in the risk presented by the young person.
- Care Plans that are collaboratively produced with the young person and their parents / carers.
- Care plans must be individualised with specific and achievable goals.

9. Safeguarding

The Riverside Unit places Safeguarding at the core of all care for young people.

This applies to all young people who attend the Unit whether they live with their parents or are within the care system.

All young people, whether detained under the Mental Health Act or informal, have access to an Independent Mental Health Advocate.

If any Safeguarding issues are raised by any member of the Riverside Team, the Unit must follow Trust policies and procedures around this.

The Unit must work with the Trust CAMHS Safeguarding Team, and other relevant outside agencies, in the interests of young people.

10. Crisis (Breathing Space) Admissions

The Riverside Adolescent Unit has the capacity to accept and manage crisis, or breathing space, admissions. This would be a high intensity, short admission of no more than one per week to manage presentations such as drug-induced psychosis, or those young people with Emotionally Unstable Personality Disorder/Borderline Personality Disorder with acute dysregulation.

There should be a joined-up approach with Community Services to ensure that such admissions are for an appropriate length of time, based upon both short-term and long-term interest of the young person.

Any admission must:

- Be based on the clear understanding from the referrer that such admissions will be brief and that the expectation is that the young person will return to Community Care within the week (if appropriate and meets the needs of the young person).
- Take into consideration appropriate staffing to ensure the safety of the young person and the wider needs of young people attending the Unit.
- Have a clear goal with clear expectations with the young person and their families/carers.
- Have a set discharge date.
- Have interventions that will focus on crisis and risk management planning.
- Have in-reach from CTAO and/or the appropriate Community Team must continue while the young person is at the Riverside.
- Have a clear discharge plan written in collaboration with young person and their family or carers.
- Fall within the criteria for a GAU Admission; any young person who may require PICU or secure care would need to meet those criteria for transfer.

11. Extra Care Area

The Extra Care Area, or Low Stimulus Area, is used to nurse young people who, due to their illness or difficulties, require an area away from the main ward and other young people. For example, young people with acute psychosis who require a quiet space within which to recover, or those who may present with an acute risk to themselves or others that cannot be safely managed on the open ward. When not occupied, the area can also be used for de-escalation of those with emotional dysregulation.

If a young person is being nursed in this area, segregated from others, this should be for a time limited period with clear plans and safeguards. The area is not suitable for long-term containment and confinement of young people who require PICU care.



Riverside ECA
Operational Procedure

12. Staffing

The Unit is staffed in line with QNIC recommendations. All young people have access to Registered Mental Health Nurses and Health Care Assistants, Psychiatrists, Psychologists, Systemic Therapists, Occupational Therapists, and a Social Worker. The Unit also has a Dance-Movement Psychotherapist.

To meet the needs of young people, the Unit has the Nursing capacity for 1 x 1:1 observation levels.

The Unit also works heavily with young people with Eating Disorders, where, in order to provide the ideal optimum care, there needs to be a ratio of 1 member of staff per 2 young people (QNIC minimum recommendation).

At capacity, with 1 x 1:1 observations, an addition of 6 young people with Eating Disorders would absorb all nursing staff on any shift.

All staffing is assessed on the current needs of the young people attending the Unit. A disproportionate number of young people on 1:1 observations affects the acuity in terms of the number of young people with Eating Disorders, and vice-versa.

In order to maintain a safe environment and attend to the needs of all young people (i.e. all young people), there would need to be an increase in staff on shift, with use of Bank and Agency.

The Unit operates a Nursing Staff of 6 on early and late Shifts, and 4 on nights.

Nursing care is provided 24 hours a day, 7 days a week. Typically, non-nurses work weekdays, but this is dependent upon the need of young people where assessment or therapy requires input at weekends or night times.

13. Moving On

- Discharge (Moving On) planning should begin at the point of admission with the setting of an estimated discharge date, and should be reviewed during all CPA Reviews.
- All young people will have a Discharge (Moving On) Care Plan within 24-hours of admission.
- Any potential obstacles to moving on should be addressed, for example, accommodation, or engagement with another service.
- Moving on planning will occur in close collaboration with the young person and their family.
- The local care team should maintain contact with the young person throughout the admission in order to maintain links and facilitate a smoother move from the Unit. The frequency and aims of this should be considered on an individual basis.
- There should be a weekly Moving On Meeting with a member of CTAO or relevant locality to discuss impending step-downs and consider appropriate care, either to CTAO or to the locality team, as the young person moves towards their return to Community treatment.
- There should be an overlap of joint working with Riverside and the receiving team to ensure continuity of care and to support the young person during the change. There should be in-reach from CTAO or locality team.
- CTAO or the locality team care-coordinator should attend the Weekly Review meeting at Riverside for each young person moving on. This can be done virtually if necessary.
- Moving on planning will include a crisis and relapse plan, and the acknowledgement that re-admission may be necessary where the risk of relapse is high. It will also be accompanied by an up-to-date risk-assessment. These will be completed jointly with the young person, their family, the Riverside, and the receiving team.
- Should a young person be transferring to adult services, a referral should be made at least six months before their 18th birthday to allow a cohesive seamless transition that involves overlap between services.
- Any move on from the service should follow the AWP Discharge Checklist to ensure an appropriate safe discharge.
- At exit, young people and their families are asked to comment upon the Service.
- All young people should be moving on when they are just community ready.

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Time							
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Appendix 1: The Riverside Therapy Programme: February 2020 - Exemplar

	MON	TUES	WEDS	THURS	FRID	SAT	SUN
8.45-9.00		1. Start of Day Group	Start of Day Group	Start of Day Group	Start of Day Group		
9-10	Teaching/Therapy* MUSIC GROUP/THERAPY	DANCE MOVEMENT GROUP	9.30-11.00 ACTIVATE GROUP	Teaching/ Therapy*	Teaching/ Therapy* or INDIVIDUAL 1:1 DANCE MOVEMENT THERAPY	Meeting to decide how to spend weekend money, followed by shopping	Arts / Crafts
10.15.-10.30		COFFEE		Teaching/ Therapy*	Teaching/ Therapy*	Personal Chores Slot	
10.30 - 11:30	Teaching/Therapy*	Teaching/Therapy*	COFFEE	COFFEE	COFFEE		
11.30-12.30	11.30-12.15 ALLOTMENT GROUP Teaching/Therapy*	Teaching/ Therapy* or INDIVIDUAL 1:1 DANCE MOVEMENT THERAPY	REFLECTIVE GROUP alternates with: MINDFULNESS GROUP	EATING AWARENESS GROUP (30min)	Teaching/ Therapy* or 1:1 DANCE MOVEMENT GROUP		
12.30-1.00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1.30-2.30	Teaching/Therapy*		Unstructured time	1.30-3.00 DBT-BASED GROUPS (3-5 week rotation)	Unstructured time		
2.30-3.30	Teaching/Therapy or Social Activities for those not in Teaching/Therapy	Teaching/Therapy or Social Activities for those not in Teaching/Therapy Parents Group (DBT/NVR) – DBT 4.30-6.30; NVR 4.30-6.00	Teaching/Therapy or Social Activities for those not in Teaching/Therapy Parents Group (DBT/NVR) – DBT 4.30-6.30; NVR 4.30-6.00	Teaching/Therapy or Social Activities for those not in Teaching/Therapy and not involved in DBT group.	1.30-4.00 ALL ABOARD! WATER SPORTS (Summer) or CLIMBING (Winter)	Young person group	Cooking or Off-Unit Activity
3.30-4.00				COMMUNITY GROUP			
4.00-4.20	COFFEE	2. COFFEE	3. COFFEE	COFFEE	COFFEE		
4.20-4.30	Finish of Day Group	Finish of Day Group	Finish of Day Group	Finish of Day Group	Finish of Day Group		
6.30 eve	Social activities	Social activities	Social activities	Social activities	Social activities	TV/Film night	Personal chores

* During these slots you might have lessons, a therapy session or unstructured time.

Appendix 2: Quality and Governance

Information Governance

All information governance is bound by two key principles: the Duty of Confidentiality; and the need to share, if sharing information is in the best interests of the patient.

- Permission to share forms cover all data subject information
- Subject access requests
- Informing patients when their personal information is used or misused

Management of clinical case files

- Clinical information is recorded on RiO. There are guidelines for information recording on RiO and the management of individual file content.

Incident management

All staff should follow the Trust Incident Policy.

- Incidents are reported on the system appropriately. Team members discuss with line manager/supervisor to ensure information recorded
- Remedial action is agreed with team lead/Clinical specialist

Learning from Incidents

It's vital that Service Managers and Team Managers share learning from incident including RCA and National standards. Any incidents will be shared and discussed in team meetings, supervision.

Health and Safety

We work in line with the Trust Health & Safety Policy. All staff must understand their responsibilities with regard to the Policy and be confident that they are competent to safely and effectively undertake all tasks and activities, and discharge all H&S related responsibilities asked of them, ensuring that that they comply with both the letter and the spirit of the H&S Policy in all their decision making and work activities.

Health and Safety Risk

- Roles and responsibilities
- Risk Officers
- Security (alarm systems, etc.)
- Emergency procedures
- First Aid Provision

Governance: quality, safety and performance monitoring

- Clinical audit (audit reps and specific team programmes)
- CQC compliance
- Complaints (formal and informal) - We would follow Trust Complaints Policy and the CAMHS Complaints Process guidance.
- Learning from complaints, incident reviews and other feedback mechanisms
- Key performance indicators

PPI & Equality and Diversity

Patient & Public Involvement

There are identified Patient and Public Involvement in AWP Riverside.

Equality & Diversity

There are identified Equality & Diversity Leads in AWP Riverside.

Version History				
Version	Date	Revision description	Editor	Status
1	03/03/2021	V 1 SOP	Jonathan Jones	

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