

# Was not Brought Policy for All Children Young People

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## Target Audience:

<b>People who need to know about this document in detail</b>	For all staff via CTMUHB intranet
<b>People who need to have a broad understanding of this document</b>	For staff working with Children and Young People
<b>People who need to know that this document exists</b>	Executive leads Corporate Team. Staff working with Children and Young People

## Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date:</b>
<b>Welsh Language Standard</b>	<b>Outcome:</b>
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<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	(00/00/0000)
	Choose an item.



## Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

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## **INTRODUCTION**

“Every child has the right to health and healthcare” – United Nations Convention on the Rights of the Child, Article 24, 1989.

The purpose of this policy is to ensure a consistent Health Board wide approach in proactively following-up non-attendees and sharing this information with - all professionals involved with the child/young person and their family on an individual and multi-agency basis.

## **POLICY STATEMENT**

This policy sets out the procedure to be followed when a child/young person is not brought to an outpatient appointment, investigation, clinic, or ward / Emergency Department or any pre-arranged health visit.

This policy also sets out the procedure to be followed when a child, young person with safeguarding concerns or requires care and support needs is not brought to a outpatient appointment, investigation, clinic or ward/Emergency Department admission or any pre-arranged healthcare visit.

This policy also includes children and young people, who are admitted to hospital with their parents/carers, or young people who either Do Not Wait for Treatment or Take Discharge Against Medical Advice.

This policy applies to children and young people:

- Under the age of 18 years as defined by the Childrens Act 2004
- Where there are Safeguarding concerns, or care and support needs as defined by the Social services and Well Being (Wales) Act 2014
- Who rely on others to help them to attend health appointments

This policy should be read in conjunction with the documents cited below where applicable

Childrens Act (2004)

Social Services and Well Being Act (Wales) 2014

Wales Safeguarding Procedures (2019)

Working Together Under the Children Act 2004, (2006)

United Nations Convention on the Rights of the Child, (1989)

Mental Capacity Act (2005)

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## **VOICE OF THE CHILD**

It is every child/ young person's right to have their voice heard in decisions that affect them. Article 12 of the United Nations Convention on the Rights of the Child states this.

Where possible children and young people should take part in decisions made about them. Children and Young People with additional learning needs have a unique knowledge of their own needs and circumstances, and will have their own views about what sort of help they would like.

## **GILLICK AND FRASER GUIDELINES FOR YOUNG PEOPLE**

Gillick competence and Fraser Guidelines is a term originating in England and Wales and is used in medical law to decide whether a child (under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge. Gillick v West Norfolk & Wisbeck Area Health Authority (1989)

## **VALUES AND BELIEFS**

### **We listen learn and Improve**

We take time to ask and listen carefully to people's worries, views and ideas – then actively do something to make a difference.

### **We treat everyone with respect**

To show that we value other people and see them as equals, we treat everybody with kindness and fairness. We go out of our way to be supportive, helpful and friendly. We recognise what people do every day to make a difference, and to say 'thank you'.

### **We all work together as one team**

We bring people together and build strong, trusting relationships by including others in decision's and activities. We look out for people's wellbeing and safety – both physical and psychological – and support them if these are at risk.

We are open, clear and honest in the way we communicate, and – if we need to change the way, we explain something to help people understand.

When we learn something useful and inspiring, we share it with others.

## **1. SCOPE OF POLICY**

The scope of this document set out the procedures and information-sharing pathway to be followed by all staff involved with the planning and delivery of care for a child/young person where there are safeguarding concerns or care and support needs, who is not brought to a pre-arranged appointment or admission to any department within CTMUHB.

## **2. AIMS AND OBJECTIVES**

Safeguarding and promoting the welfare of children/young people is everybody's business within CTMUHB.

The aim of this policy is to provide a process, which is followed by all CTM UHB staff for all children, and young people where there are safeguarding concerns or care and support needs who are not brought to appointments/ hospital admissions.

If at any time Safeguarding concerns are raised about a child or young person, Wales Safeguarding procedures must be followed.

Staff can contact their Safeguarding Lead, the Named Doctor or Named Nurse for Safeguarding Children/Adults or Lead Nurse/Paediatrician or the Multi Agency Safeguarding Hub for advice.

## **3. ROLES AND RESPONSIBILITIES WITHIN THE ORGANISATION**

The Executive Director of Nursing and Corporate Safeguarding Team has overall responsibility in ensuring the Wales Safeguarding Procedures and the Social Services and Well Being Act are fully implemented.

The Corporate Safeguarding Team and the Nurse Specialists for Safeguarding are to be responsible for the effective implementation, monitoring and compliance of the policy.

To ensure that (ESR) Safeguarding level 1, 2 & 3 for all staff involved in Safeguarding children/young people is completed.

To ensure that all health care workers are familiar with, and have access to this policy.

## **4. DEFINITIONS**

AHP	- Allied Health Professionals
CAMHS	- Child & Adolescent Mental Health Service
CNS	- Clinical Nurse Specialist

DNW	- Did Not Wait
DAMA	- Discharge Against Medical Advice
ETOC	- Electronic Transfer of Care
Ed	- Emergency Department
EDAL	- Electronic Discharge and Liaison
ESR	- Electronic Staff Record
GP	- General Practitioner
HV	- Health Visitor
MASH	- Multi Agency Safeguarding Hub
OOH	- Out of Hours
PAU	- Paediatric Assessment Unit
PCH	- Prince Charles Hospital
POW	- Princess of Wales Hospital
RGH	- Royal Glamorgan Hospital
SN	- School Nurse
UTA	- Unable to Attend
WNB	- Was not Brought

## **5. IMPLEMENTATION/POLICY COMPLIANCE**

### **Was Not Brought to an Out-Patient Clinic Appointment (WNB)**

It is at the discretion of the consultant or clinician (health care practitioner etc.) with overall responsibility for the child/young person's care to make a decision as to whether the child/young person is discharged back to the care of the initial referrer, or whether a further appointment will be offered by the consultant/clinician.

Best practice dictates that a discussion, to include possible social factors affecting attendance be had with other members of the child/young person's individual care team when appropriate, prior to discharge from the service.

If a decision is made by the consultant/clinician not to offer a further appointment:

- Discharge letter will be sent to the referrer

- Copy of the discharge letter will be sent to the patient/ parent/carer or guardians of child/young person
- Copy of discharge letter will be sent to the GP (if not the referrer)
- Copy of discharge letter will be sent to the Health Visitor if child is under 5 years.
- Copy of discharge letter will be sent to all Clinical Nurse Specialists involved with the child.
- Copy of discharge letter will be sent to the School Health Nurse for over 5's.
- Copy of discharge letter will be sent to the Social worker if involved with the family.

### **Was Not Brought to a 2nd Out-Patient Appointment (WNB)**

If a child/young person is not brought to a 2nd consecutive outpatient appointment a 3rd appointment may still need to be offered. This will be decided by the consultant/clinician/ referrer at the time.

The consultant/clinician/referring agency to be informed of child/ young person's non-attendance and for consultant/clinician/referring agency to explore with family the reason for WNB.

- Copy of letter to the referrer
- Copy of letter to the patient/parent/carers or guardians of the child
- Copy of letter to the GP (if not the referrer)
- Copy of letter to the Health Visitor if the child is under 5 years.
- Copy of letter to all Clinical Nurse Specialists involved with the child.
- Copy of letter to the School Nurse for over 5's.
- Copy of discharge letter will be sent to the Social worker if involved with the family.

### **Was Not Brought to a 3rd Out-Patient Appointment (WNB)**

If a child/young person is not brought to a 3rd consecutive outpatient appointment a 4th appointment may still need to be offered. This will be decided by the consultant/clinician/ referrer at the time.

The consultant/clinician/referring agency to be informed of child/ young person's non-attendance and for consultant/clinician/referring agency to explore with family the reason for WNB.

- Discharge letter to the referrer
- Copy of the discharge letter to the patient/parent/carers or guardians of the child/adult
- Copy of the discharge letter to the GP (if not the referrer)
- Copy of the discharge letter to the Health Visitor if the child is under 5 years.
- Copy of discharge letter to all Clinical Nurse Specialists involved with the child.
- Copy of discharge letter to the School Nurse for over 5's.
- Copy of discharge letter will be sent to the Social worker if involved with the family
- Consideration if there is an unmet health need because of WNB, referral to be made under the Wales Safeguarding Procedures (2019) as there may be concerns for neglect.

### **Allied Health Professionals**

- The 3 month Welsh Government 'A Guide to Good Practice: Elective Services' 2005 should always be followed .  
Ie. An appointment can be arranged if the parent/guardian makes contact with the department within the timescale of discharge.

### **When a parent/carer cancels an appointment**

If a parent or carer contacts staff to cancel an out-patient appointment, or the parent/carer feels the appointment is no longer necessary, the clinician will be informed with an explanation provided. It will be the decision of the consultant/clinician if the child/young person needs to continue to be followed up with a further appointment.

- Letter to GP informing them of cancelled appointment
- Copy of letter to Health Visitor if the child is under 5 years
- Copy of letter to all Clinical Nurse Specialists involved with child
- Copy of letter to School nurse for over 5's

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- Copy of discharge letter will be sent to the Social worker, if involved with the family.

Each time a child/young person is not brought for an appointment or a parent/carer cancels an appointment then a decision will be made by the clinician.

Consideration if there is an unmet health need, because of appointment being cancelled by parent/carer be made under the Wales Safeguarding Procedures (2019).

### **No Access Visits - Community Children's Nursing Service**

It is important for professionals to be able to work with families in the community. If there are difficulties in contacting a child/young person/family to arrange a home visit, the Children's Community Nurse should consider a range of factors to determine the actions to be taken.

The Children's Community Nurse should take into consideration the clinical need of the visit and consider the risks involved if unable to provide care.

The Children's Community Nurse should also take into account if there have been any known previous safeguarding concerns linked to the family.

If difficulties arise when contacting a child/ young person/ family, the Children's Community Nurse should offer:

- Two attempts at a telephone contact- followed up by a text message asking the family to contact the office.
- A Letter sent to the home address, confirming the correct contact details and giving the family time to respond. A copy of this letter will be filed in the Child's patient notes. A copy will be sent to the Health Visitor if child is under 5 years and to the school nurse if over 5 years with the name of the child's school.

If no contact is received following this, the Children's Community Nurse should contact the wider Multi-Disciplinary Team (Referring Consultant, Paediatrician, Health Visitor, School Nurse, and Safeguarding) to discuss whether they have had access to the family or have safeguarding concerns.

It is essential that the Children's Community Nurse keep a clear record of the contact attempts in a chronology in the patient notes to identify any patterns with non-engagement.

Consideration if there is an unmet health need because of WNB, referral to be made under the Wales Safeguarding Procedures (2019).

## **Was not Brought (WNB) to Paediatric Assessment Unit or Did Not Wait to be Seen (DNW)**

If a child/Young person is referred to the Paediatric Assessment Unit it is the responsibility of the hospital staff who accepts the referral from the GP/ED/Midwife/Health Visitor/Clinical Nurse Specialist to take the details of the child/young person and of the referrer and inform the nurse in charge of the ward.

Staff should document the child/young person's name, date of birth address and contact number of the escorting parent/adult carer and expected time of arrival.

If the child does not arrive on the ward in the expected period, staff will contact the family to ascertain the delay and offer new time/appointment to attend the unit.

If the child/young person does not arrive on the ward following previous contact with the family, hospital staff will telephone the referrer so that they are aware the child was not brought to the ward.

The referrer needs to discuss this with their own team, as they would be responsible for completing a C1 referral to the MASH team if required.

For PAU/ward referrals, if there is no reasonable excuse then there should be a strong consideration as to whether a safeguarding referral to MASH is required.

This decision, can be made by a senior member of the team involved, but if uncertain there should be further discussion with other lead medical or nursing staff or the corporate safeguarding team

For non-mobile infants practitioners should follow the Health Boards policy on (Bruising and Injuries in Children who are Not Independently Mobile), to guide their decision-making.

For mobile and immobile infants, children and young people referred in with bruising or injury, safeguarding must be considered and practitioners should follow the Wales Safeguarding Procedures.

Safeguarding must be considered for those children/young people who do not attend following a referral.

If a child / young person is considered to be at immediate risk of harm then practitioners should make contact with the police/Local authority, and make an immediate referral to childrens services (MASH).

If a child under 5yrs is admitted to PAU or the Paediatric ward a notification form will be sent to the Named Health Visitor. This will also include those children who WNB or DNW.

This will be in the form of an ETOC for POW and EDAL for PCH and RGH.

The EDAL form can also be in written format to send to the Liaison Health Visitors for PCH AND RGH.

A discharge letter to the GP will also be sent to ensure the WNB or DNW is documented in the child/young person's records.

If a child over the age of 5 years is admitted to PAU or the Paediatric wards, a notification of admission will be sent to GP.

This will be in the form of an ETOC for POW and EDAL for PCH and RGH.

A discharge letter to the GP will also be sent to ensure the WNB or DNW is documented in the child/young person's records.

Copy of Discharge letter to the child/young person's Clinical Nurse Specialist

### **Partial Booking of appointments – Allied Health Professionals.**

Where services partially book, this means there will already have been a conversation with the parent/guardian and appointment date and time mutually agreed, so if there is a subsequent WNB then a letter is sent giving another opportunity to arrange an appointment. If further WNB occurs then the child will be discharged and letter sent back to the referrer.

### **Therapy appointments**

These will follow Therapies agreed protocol, taking into account this policy.

### **Did not Wait (DNW) to be seen**

If a child or young person leaves or absconds from any department prior to being seen/discharged or when they do not attend for a planned follow up, a review of the medical records must be undertaken by a senior doctor/nurse/AHP.

Where an assessment of the presenting information, or information contained in the medical records indicates Safeguarding concerns and the staff are unable to make contact with the patient or carer; contact should be made with the Nurse Specialist for Safeguarding to advise them of the situation and to agree on immediate action to be taken, which could include,

- Review previous attendances to the attending clinic/department and check on Welsh Clinical Portal for previous appointment letters and appointments.
- To try and call the family to establish why they left.
- Agree a plan with the family to return for their appointment or to seek advice from their GP.

- If child is under the age of 5 years to contact the Health Visitor and update them
- If the child is over 5 years of age contact the school nurse.
- Continued attempts to establish contact patient/young person throughout the day.
- Inform referrer/ GP.
- If unable to contact the family 101/police should be contacted for a welfare check.
- To liaise with social services to see if child and family is known to them.
- If out of normal working hours contact the local authority's emergency duty team for a registered check.
- Seek advice from the Clinical Nurse Specialists for Safeguarding/ Corporate Safeguarding the Multi Agency Safeguarding Hub.
- Consideration if there is an unmet health need as a result of WNB, referral to be made under the All Wales Safeguarding Procedures (2019) under neglect.
- Each time a child, young person is not brought for an appointment or a parent/carer cancels an appointment then a decision will be made by the clinician.
- Where appropriate a referral will be made to Social Services in line with the Wales Safeguarding Procedures.

### **Discharge against Medical Advice (DAMA) from the Paediatric Ward**

If parents or carers remove a child/young person or the young person discharges themselves from the ward against medical advice it is the responsibility of the clinician to make a decision about whether the child/young person needs to be brought back to the ward.

If the clinical decision is that child/young person needs to remain on the ward for treatment or if the child/young person has been admitted for child protection investigations which have not yet been completed police and social services will be contacted.

For mild to moderate health conditions it might be in the best interests of the child/young person to remain on the ward to complete treatment the parents/carers or the young person themselves refuse to do so and they have capacity to make that decision and cannot be persuaded otherwise:

- Parents/ Young Person should be given clear information about the health risks of taking DAMA and the information given should be clearly documented in the medical records
- A Register check with Social services to identify if the child is known/ or on the Child Protection Register.
- Clear advice must be given about what to do if the child/young person's health deteriorates.

- Open access arrangements are to be agreed and contact numbers provided for the ward staff. This information should be documented in the medical records.
- Provide adequate supplies of medicines/devices before the child/young person leaves so that ongoing medical care is not compromised.
- Consideration will be given for informing the GP/OOH service of the DAMA from hospital so that they are aware should the child/young person later present to them.
- If the child/young person is on the child protection register or has a Social Worker hospital staff will inform them immediately of the discharge against medical advice.
- If there is no Social Worker involved, consider safeguarding and the need for referral to Social Services on a case-by-case basis.
- In all cases, the discharge summary letter will be sent to the GP and Clinical Nurse Specialist detailing the DAMA as well as the routine referral form to the Health Visitor detailing the DAMA.
- Consideration if there is an unmet health need as a result of WNB, referral to be made under the Wales Safeguarding Procedures (2019) under neglect.
- May need to consider Mental Capacity Act ( 2005)

### **Children/Young Person who Do Not Wait (DNW) in the Emergency Department**

Guidance for children/ young person/carer and next of kin who leave the Emergency Department without being triaged or seen.

Discussion over how they will access healthcare if no imminent concerns to welfare or health.

Review any previous ED attendance's and check Welsh Clinical Portal for previous outpatient letters / Camhs reviews

Telephone next of kin to establish why they left the department.

Take into consideration if originally unwell, but now better, and there was a long wait in the ED department.

Agree a plan with the family to see the GP for advice, attend Minor Injuries or return to the Emergency department for follow up by the Emergency Department Clinical Nurse Specialist.

ED card to be reviewed in the morning to identify if family sought advice from the GP or GP out of Hours service.

If there were an injury in a non-mobile child then child and family would need to return for a review. If the family refuse to return to the ED department and concerns identified, social services ( MASH) will need to be

contacted, conversation and register check undertaken and C1 referral completed.

If following scrutiny of the non-mobile child and no concerns identified via the history given by the family, no bruising or injuries identified, the child can be discharged home following review by Consultant. A register check with Social services (MASH) can still be undertaken.

The family can be offered a follow up in Minor injuries Unit if required, or Emergency department review. Health visitor to be informed of child's attendance if under 5 years and the School Nurse if over 5 years.

If there is a concerning presentation with 'mental health' of a child/ young person, check if known to CAMHS, and if any follow up arrangements made for child to be seen.

To liaise with social services (MASH) to see if child and family is known to them and undertake a register check.

If out of normal working hours contact the local authority's emergency duty team for a registered check and for a welfare check to be undertaken.

Child may not be known to CAMHS, therefore a referral to CAMHS services must be made for child to be seen as soon as possible.

Child/ young person may need to be admitted to a ward area overnight for assessment the following day by CAMHS.

Camhs assessment will include a risk assessment where protective factors will be identified and a safety plan developed for the family to follow.

All documentation to be fully completed included the school the child/young person attends.

Consideration if there is an unmet health need because of DNW, referral to be made under the Wales Safeguarding Procedures (2019) under neglect

If safety concerns identified call 999 immediately.

School Nurses are notified on all three sites of admissions to the ED department.

## **6. REFERENCES**

Social Services and Well-Being (Wales) Act 2014.

United Nations Convention on the Rights of the Child 1989. Article 12 The voice of the child.

Child maltreatment when to suspect maltreatment in under 18s – NICE Clinical Guidelines 89 (2016).

Gillick v West Norfolk & Wisbeck Area Health Authority (1989)

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Mental Capacity Act (2005)

'A Guide to Good Practice: Elective Services' 2005

## **7. RELATED POLICIES**

Wales Safeguarding Procedures (2019)

Wales Safeguarding Procedures 2019 Working Together to Safeguard People  
Volume 5 – Handling Individual Cases to Protect Children at Risk.

All Wales – Management of No Access, Was Not Brought, & Families who Decline  
Health Visiting Service.

Bruising and Injuries in Children Not Independently Mobile

Cwm Taff Morgannwg – Emergency Department - Safeguarding Children &  
Young People (0 – 17 years old)

## **8. MAIN LEGISLATION**

Wales Safeguarding Procedures (2019).

Childrens Act 2004.

Social Services and Well Being (Wales) Act 2014.

United Nations Convention on the Rights of the Child 1989.

## **9. TELEPHONE NUMBERS CWM TAF MORGANNWG MASH**

MASH RCT/MERTHYR      01443 742949/743730

MASH BRIDGEND          01656 643630

EMERGENCY OUT OF HOURS (EDT)      01443 743730Email:

CTHBMASHReferrals@wales.nhs.uk



## Ward Areas

Child does not arrive on PAU  
(WNB)

Child does not wait (DNW) on PAU

Child discharges against advice  
(DAMA) from the ward area

**Do you have  
medical or  
Safeguarding  
concerns?**

**YES**

Inform the paediatric consultant/Lead nurse for safeguarding,.  
Decision whether the child needs to return immediately. Contact parents/carers to return the child.  
Contact Police and social services. Follow Wales safeguarding procedures. Document in health records.

**Do you have  
medical or  
Safeguarding  
concerns?**

**NO**

Inform referrer.  
Send GP discharge summary form.  
Send routine referral form to H.V for under 5s.  
Document in health records



## OUTPATIENTS



Child was not brought to  
appointment (WNB)



Do you have  
Medical/Safeguarding concerns?



### No Concerns.

Discharge from care.

Send letter to  
referrer.

Copy to  
parents/GP/HV

### SAFEGUARDING CONCERNS

Discuss with Lead  
Nurse/Corporate  
Safeguarding Team.

Refer to Social Services.

Follow Wales  
Safeguarding  
Procedures.

### MEDICAL CONCERNS

Send further  
appointment letter to  
Parent/s.

Send copy to referrer.

Copy to  
parents/patients/GP/HV



