Pan Essex Guidance for Managing Emergency /Unplanned Care Liaison Information

NON CLINICAL POLICY – (number)

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Target Audience: All members of staff employed within health organisations within Southend, Essex and Thurrock
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1. Introduction

1.1 All Essex, Southend and Thurrock NHS services are required to fulfil their legal duty under Section 11 of the Children Act 2004 and statutory responsibilities set out in Working Together to Safeguard Children (HM Government 2010). Therefore, safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all health care professionals working within Essex. This may be care offered to children, young people, families or adults who are parents or carers.

1.2 This guidance is to be used in conjunction with:
- Working Together to Safeguard Children 2010
- Clinical Commissioning Group’s (CCG) Locality based Safeguarding Children and Young People Policy
- NICE clinical guideline 89 When to suspect child maltreatment
- and other National and local safeguarding guidance/procedures as they are produced

2. Purpose

2.1 The aim of this guidance is to provide staff with a reference guide so that they may fulfil their statutory duties to safeguard and protect children and young people. The guidance focuses on the need for effective pathways and information sharing between health professionals in emergency/unplanned care and primary care services. The objective is to provide seamless care to children and young people using these service providers.

3. Scope

3.1 The guidance applies to all staff employed within the NHS in Essex, Southend and Thurrock

3.2 All staff in:
- Clinical Commissioning Organisations
- All commissioned provider services (adult and children)
- Services that work in partnership with providers
- Independent contractors
- Temporary, voluntary, contracted or self-employed staff
- Bank /agency staff
3.3 The above will be referred to as 'all staff' in the policy.

3.4 The Children Act 1989/2004 states a child is anyone who has not yet reached their 18th birthday. 'Children' therefore in most documentation means 'children and young people' throughout.

The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

4. Service Provision

4.1 All Emergency and Unplanned Care Provider services will provide clear guidance about how information is shared for all children receiving their care. Including those not residing in the relevant Essex, Southend and Thurrock locality area and any children not registered with a GP.

4.2 The community provider will have a liaison process in place for the information to be received from Emergency Department, Walk in Centre or Urgent Care Centre and sent to practitioners within the stated timescale. All Community providers will provide clear guidance about how the information is received and acted on for all children receiving their care.

4.3 This should include criteria for deciding the management based on the perceived level of safeguarding concern. Staff will be aware through safeguarding training of increased vulnerability of children for example those subject to Child Protection Plan, Looked After Children, children with complex needs. See Appendix 1 for an extensive list.

4.4 Emergency/Unplanned Care and community providers must ensure a process is in place for Named Professionals to be made aware of children where concerns of significant harm have been raised during attendance.

5. Timescales

5.1 Provider organisations should set standards for the management and sharing of information received.

5.2 Best practice would ensure information is shared within one working day of attendance by the emergency/unplanned unit.

5.3 Best practice would ensure actions are considered within two working days of its receipt by community provider. A process should be in place to audit the care and actions identified.

5.4 Best practice would ensure information regarding children who live outside Essex, Southend or Thurrock is forwarded to the Named Nurse for the relevant Community Provider Service within 5 working days. The urgency of a situation may require communication within one working day.
6. Consent

6.1 The adult with parental responsibility or the Gillick competent young person should be made aware the information will be shared with other health professionals including their GP and appropriate Community Professional, due regard should be given to the Mental Capacity Act (2005) for those over the age of 16 years. See Appendix 2. Declining to share the information must be considered in the wider context of safeguarding the child.

6.2 There may be times when these practitioners will need to disclose information without consent because it is considered to be in the wider public interest. The ‘wider public interest’ means the interests of an individual or groups of individuals or of society as a whole, and would cover matters such as serious crime, child abuse, drug trafficking or an activity that could place others at risk.

6.3 To protect a child from harm, it is also appropriate to share information where it is considered that parenting capacity is impaired through for example, substance misuse, mental illness or domestic violence or where mental capacity is impaired due to other reasons. Internal procedures should support practitioners in sharing adult information when deemed relevant to the child’s best interest.

6.4 Organisations will have access to expert knowledge on sharing information and safeguarding advice for practitioners within areas offering emergency and unplanned care and community services.

NB Urgent child protection concerns raised by emergency /unplanned units will initiate verbal discussion between practitioners and partner agencies to support communication and safety of the child.

ADDITIONAL GUIDANCE FOR SERVICE COMMUNITY AND EMERGENCY/UNPLANNED CARE PROVIDERS

7. Community Service

7.1 The Health Visitor or School Nurse will assess and analyse the information received in context with any discussion that has taken place with the Paediatric Liaison Service or Named Nurse Safeguarding Children.

7.2 Community provider services will have a process for management of children or young people that are not registered with a GP to be allocated to an appropriate Health Visitor/School Nurse.

7.3 Appropriate alternative arrangements for Emergency /Unplanned Care liaison must be made by the Community Services Manager during school holidays and at other times when a service is not available.

7.4 The information received should be retained within the child’s health record and subsequent action or outcome fully documented. Consideration should be given to whether the attendance forms a significant event and should be recorded as per provider record keeping process.
8. Dissemination of information from Emergency Departments/Unplanned Care

8.1 Emergency Departments will have the contact details of the Paediatric Liaison Service to enable sharing of particular concerns in between visits to the department.

8.2 Emergency and Unplanned Care settings will have processes in place for accessing local pathways in relation to CAMH services offered to children and young people when mental health issues are identified.

8.3 Young people 16-18yrs who are outside of education or in an independent school may not have access to a school nurse. The practitioner will need to consider the context of the admission and risk assess accordingly. The GP should be the point of contact for liaison and sharing of information if concerns arise or further support is needed.

9. Further Clarification

This guideline is not an exhaustive document and further clarification/advice and support required can be sought as appropriate from the following:

Paediatric Liaison Service
Line Manager
Named Nurse Safeguarding Children
The relevant Emergency Department, Walk in Centre or Urgent Care Centre
Information Governance Leads.
10. References:

http://www.cqc.org.uk/_db/_downloads/safeguarding_children.mp3

2 DH. *National Service Framework for Children and Young People and Maternity Services* Department of Health (2004):
http://www.dh.gov.uk

3. DFE. *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.* Department for Children Schools and Families (2010):

http://www.victoria-climbie-inquiry

5. Information sharing: Guidance for practitioners and managers (2008), Department of Education

6. NICE clinical guideline 89 *When to suspect child maltreatment*

7. RCPCH. *Services for Children in Emergency departments* (2011)
http://www.rcpch.ac.uk/

http://microsites.essexcc.gov.uk/microsites/ESCB/

Consultation September 2012 – January 2013

Safeguarding Local Operational Groups Provider and Commissioner-Management Representation
SCCN Designated Nurses
11. **Appendix 1**
Sharing information should be considered on all children aged less than 5 years and older children who are:

- Subsequently admitted to a hospital
- Unaccompanied asylum seekers
- Not registered with a GP
- Attending with an undue delay following the incident
- Making inappropriate use of an emergency service
- Experiencing repeat unscheduled attendances within the last 6 months
- Presenting with child protection concerns or family stressors
- Children where hostile or aggressive behaviour of a parent/carer is documented by the Emergency Department or ambulance staff
- Leaving the department before being seen
- Involved in a road traffic accident
- Injured and have:
  - One or more fractures excluding digits and sports injuries
  - A head injury
  - Burns or scalds
  - Evidence of any self-harming
  - Ingested/inhaled poison
- Attending with complex needs
- Unable to communicate freely
- Bullied
- Assaulted
- Alcohol/Substance misusing
- Children with Mental Health Issues/Referred to CAMHS/Crisis Team
- Pregnant
12. Appendix 2

The Mental Capacity Act 2005 states that young people aged 16 have capacity. Where a young person aged 16 and above has capacity and refuses consent for information to be shared with other health professionals or their parents; this refusal may not be over-ruled by an adult with parental responsibility. Where a Gillick-Competent Young Person refuses consent for information to be shared with others, this refusal cannot be over-ridden by an adult with parental responsibility.

However where a health professional wishes to breach confidentiality due to a safeguarding concern and a child or young person with capacity has refused consent, advice must be sought from the Safeguarding specialist within the provider organisation. Due regard would be given to Children Act (1989 & 2004) and the NHS Code of Confidentiality in relation to the welfare of the child and wider public interest of sharing the information to safeguard and protect.