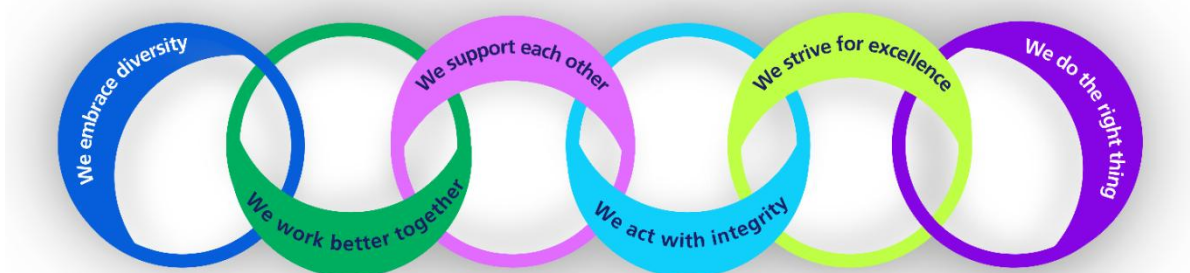


BNSSG Children & Young People (CYP) System Crisis Protocol



Together we are BNSSG



This System Crisis Protocol document is designed to provide comprehensive guidance on managing crisis effectively. The initial sections (pages 1-8) offer essential background information, including context, definitions, and preparatory steps. **If you require immediate access to the escalation process, please proceed directly to section 5 (page 9).**

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Approved by:	BNSSG Children's Operational Delivery Group (CODG)
Date of next review:	November 2026, UBHW to lead. Email UHBW Children's Mental Health Operational Group BRHCChildrensmentalhealthoperationalgroup@uhbw.nhs.uk

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1	March 2023	Created with System Partners	Anna Clark, ICB
2	October 2025	Reviewed with System Partners and updates made	Emma Morgan, ICB
3	November 2025	'Date approved' added to page 2, following approval at BNSSG Children's Operational Delivery Group (CODG)	Emma Morgan, ICB

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1 Introduction

This document sets out the System Crisis Protocol specifically designed for Children and Young People (CYP) admitted to acute hospitals within Bristol, North Somerset and South Gloucestershire (BNSSG). It establishes a clear pathway to support those who are admitted in crisis or experience delayed discharge, ensuring a structured response across all relevant acute hospital sites - such as Bristol Royal Children's Hospital (BRCH) for those under 16, as well as Bristol Royal Infirmary (BRI), Weston General Hospital, and Southmead Hospital for those over 16.

CYP may present to these acute hospitals with significant emotional distress, mental health needs, or trauma symptoms, often with increasing acuity not unusually presenting with behaviours that challenge. This protocol aims to guide the entire BNSSG system through each stage of escalation process ensuring that CYP and their families / carers receive co-ordinated, compassionate care and that safe, appropriate discharge is achieved while minimising further trauma. Inter-agency collaboration is at the heart of this protocol, supporting a unified approach to crisis response within all BNSSG acute hospital settings.

Presenting in crisis is likely to be a traumatic experience for CYP, their families / carers and the staff involved with their care. Whilst this document will not outline the trauma informed response that all professionals should undertake, trauma responses should be acknowledged and understood, responded to appropriately and with compassion, understanding that every individual has their own set of needs / requirements, to try to, where possible, minimise traumatic experiences. *(further information is provided as part of Section 6 - 'Key Considerations', pages 21-23).* Many CYP who present in crisis may be medically fit for discharge but due to the complexities of their case this can lead to a delayed discharge that requires a collaborative approach to discharge.

There is shared an agreement in the Children's Operational Delivery Group (CODG) minutes that having a System Crisis Protocol to respond effectively to these scenarios will have a positive impact on the outcomes for the CYP and their families / carers, eliminate confusion within the system, reduce anxiety for staff and prevent unnecessary trauma, costs, delays and administration.

2 Purpose and Scope

This purpose outlines the multi-agency responsibilities, and decision-making processes to support CYP and their families / carers when they present in crisis or face delayed discharge.

The protocol will clearly outline stages for escalation for those CYP in crisis to support complex discharges as well as provide the guidance and policies that are in place.

This protocol has been developed to promote a timely and effective system-wide approach to be embedded in organisations within the BNSSG system.

The scope is CYP in an acute hospital having presented with significant emotional or behavioural dysregulation or who are in a mental health crisis who do not have an agreed discharge plan, which could lead to a delayed discharge to an appropriate setting.

Wherever possible, the views and wishes of CYP will be sought and the communication needs of CYP should be considered. Where the CYP has presented in crisis previously, it is important to understand the impact of this experience for the CYP and any learning around what approaches were most helpful or unhelpful to minimise further distress to the CYP. Any learning should be considered and built on, alongside building on the individual strengths, skills and resilience of each CYP.

3 Crisis Definition

The definition of crisis under this protocol is CYP presenting with significant emotional or behavioural dysregulation or known mental health needs, including risks of self-harm, exploitation, or placement breakdown who:

- May not have a confirmed diagnosis or be known to local services
- Are at risk of harm to self or others (including self-injury, overdose and violence and aggression)
- Are displaying signs of acute distress, leading to inability to function
- Are victims of, or at risk of, exploitation
- Are at risk of home or care placement breakdown due to acute distress, self-injury, violence or aggression
- Are at risk of hospitalisation due to mental health presentation or self-harm
- Medically fit for discharge, unable to safely discharge or need alternative accommodation

4 Crisis Planning

The Crisis Intervention and Outreach Teams provide in-reach support to our acute hospitals when CYP present in crisis, as well as providing a community outreach service to CYP in crisis. There are close links with the CAMHS Community Teams and both teams ensure that appropriate mental health support is in place, should this be required post discharge.

Where a CYP presents in crisis to an acute trust, the hospital team should review the CYP's hospital care records to understand whether there is a crisis plan in place.

If there is a mental health need the CAMHS Intensive Outreach Team (CIOT) will provide an in-reach service. This provision will involve a mental health assessment within 4 hours of admission; once a CYP is medically stable, CIOT will support the decision whether the CYP requires a specialist inpatient bed, on-going support from the outreach team or a referral into locality CAMHS.

There may be cases where the 4-hour period is not appropriate, particularly if contact needs to be made with social care or outside organisations; in these cases, appropriateness must be discussed and agreed with by the acute provider clinician.

This provision will be offered to the acute trusts on a 24/7 basis. The overnight service will provide support to the open crisis caseload and will be supported by the psychiatrist on call.

CIOT (CAMHS Intensive Outreach Team) Service Operating Hours

(Appendix 1, page 24)

The Hospital Assessment Team is **open 7 days a week, 365 days a year from 8am until Midnight**. The cut off time for referrals is 10pm. Any CYP that present in hospital after 10pm will be assessed the following morning, however, if the CYP is assessed as being **Red** on the Risk Matrix *(Appendix 2, page 24)* the hospital staff can contact the on-call Consultant Psychiatrist who can offer support and guidance on clinical presentation. The on-call Consultant can offer a face-to-face assessment if this is clinically indicated during out of hours. A Consultant Psychiatrist is available 24/7. An On-call Manager is also available 24/7.

The Intensive Outreach Pathway has the following Service Operating hours: -

- Monday to Friday 9am-8pm weekends / Outreach 9am-5pm

Location of Services

The CIOT team is currently based at Campbell House, Henrietta Street, Kingsdown, Bristol, BS2 8HR. CYP are also seen at UHBW acute hospitals and NBT hospitals:

- Bristol Royal Children's Hospital (BRCH)
- Bristol Royal Infirmary (BRI)
- Weston General Hospital
- Southmead Hospital

Access Timescales

There are currently Key Performance Indicators (KPI) with regards to access timescales for assessments based on the Risk Assessment Matrix co-produced with the UHBW ED Consultants Matrix (*Appendix 2, page 24*). The timescales for Mental Health assessments from the point of when the CYP is deemed Medically Fit for Discharge are as follows:

- **Red** 2 hours
- Amber 4 hrs
- **Green** 4 hrs

If the CYP **does not have** a Learning Disability or Autism diagnosis, normal discharge planning should continue to take place and led by the hospital team in conjunction with CIOT and other partners involved with the CYP's care.

If the CYP **does have** a Learning Disability or Autism diagnosis, the lead CIOT Consultant should decide whether the Local Area Escalation Protocol (LAEP) should be followed and contact the Care, Education and Treatment Review (CETR) team bnssg.cetr@nhs.net - information leaflets attached (*Appendix 3, page 24*).

If the CYP **does have** a Learning Disability or Autism diagnosis, the acute trust where they have been admitted, should review and agree any reasonable adjustments that could be made whilst they remain under their care. It may be necessary to discuss this with partner organisations and as part of the CETR / LAEP - contact bnssg.cetr@nhs.net for support with the process.

The hospital team and CIOT should discuss a safe discharge plan and if **not** already in place, CIOT should consider whether a crisis plan should be developed to support the CYP, should they present in crisis again. Where there are barriers to achieving a safe discharge, the acute hospital team should follow the 'BNSSG Children & Young People (CYP) System Crisis Protocol' escalation stages (*starting from section 5 / page 9 of this document*) with those involved in the CYP's care to discuss their needs and

agree a safe discharge plan. This could also involve the CYP and their family / carers, if it is deemed appropriate.

If a discharge plan is put in place but significant risks remain, discharge from the acute hospital cannot take place; a multi-agency meeting is required, following this 'BNSSG Children & Young People (CYP) System Crisis Protocol', ensuring that additional support for the CYP is agreed and will facilitate a safe and timely discharge.

There are several scenarios that may take place which could delay a CYP's discharge, outlined below.

4.1 A Mental Health Act Assessment results in decision for admission to a mental health unit

- Access to mental health inpatient services [Mental-Health-Compact-updated-131022.pdf](#)
- If the CYP **has** a Learning Disability or Autism and **has not** had a CETR, the Local Area Escalation Protocol (LAEP) must be followed (*this can be run in parallel with the mental health inpatient admission process*)

Support with CETR process: Email bnssg.cetr@nhs.net master copies of documents and / or emails. These will be held on the shared drive with access for those appropriate and retained and deleted in line with the ICB Records Management Policy and Retention Schedule [BNSSG-ICB-Records-Management-Policy-01.02.24-FINAL-ICB-Board-approved.pdf](#)

If a mental health in-patient bed is not immediately available, the most appropriate place of safety needs to be agreed across partners. The current options are:

- Hospital Ward
- UHBW (*Appendix 4, page 24*)
- CAMHS - Out of Hours process (*Appendix 5, page 24*)
- CYP's home or placement with additional support (i.e. Intensive Outreach)
- S136 Suite

It is the responsibility of all system partners to attend LAEP / CYP meetings as requested by the organising body.

If further support is required to escalate for mental health beds, see Provider Collaborative escalation policy (*Appendix 6, page 25*).

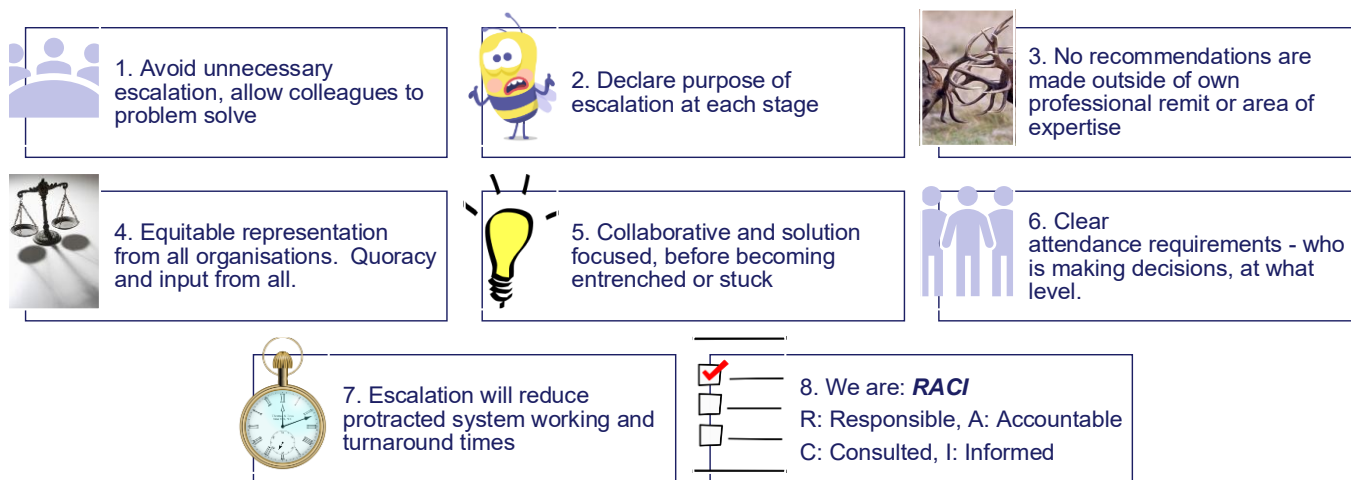
Mental health advice out of hours Mental - **Care pathway for young people (up to 18 years of age) presenting with mental health needs in UHBW Emergency Department** (*Appendix 4, page 24*).

5 Children & Young People (CYP) System Crisis Protocol - Escalation Process (*Appendix 8, page 25*)

Escalation processes may be triggered when;

- The needs of the CYP cannot be met within the current setting, or timely discharge, no clear plan, is not achievable capacity or expertise of either the community setting or acute hospital
- There are associated risks which may lead to escalation
- Timely discharge cannot be achieved
- Mental health in-patient bed is not immediately available; the most appropriate place of safety needs to be agreed across partners
- If as part of the planning, a new social care placement search is agreed, there is a risk that this will take time due to processes and availability of placements. In these circumstances social care will ensure regular communication with the wards to agree ongoing risk management strategies
- If there is no clear or timely plan or the engagement of relevant agencies cannot be secured, there will be a requirement for senior management escalation which will be co-ordinated by each organisation
- A timescale should be agreed for placement finding and should the Local Authorities not be successful, escalation to senior management should take place and a multi-agency meeting stood up

Principles of escalation for this protocol



Children's Escalation Protocol – Stages of Escalation

Important: Internal escalation within the host organisation **must** reach Deputy Chief Operating Officer (Deputy COO) or equivalent Executive level before the ICB is contacted for mediation. Escalation to the ICB **should only occur** after all internal senior management routes have been exhausted.

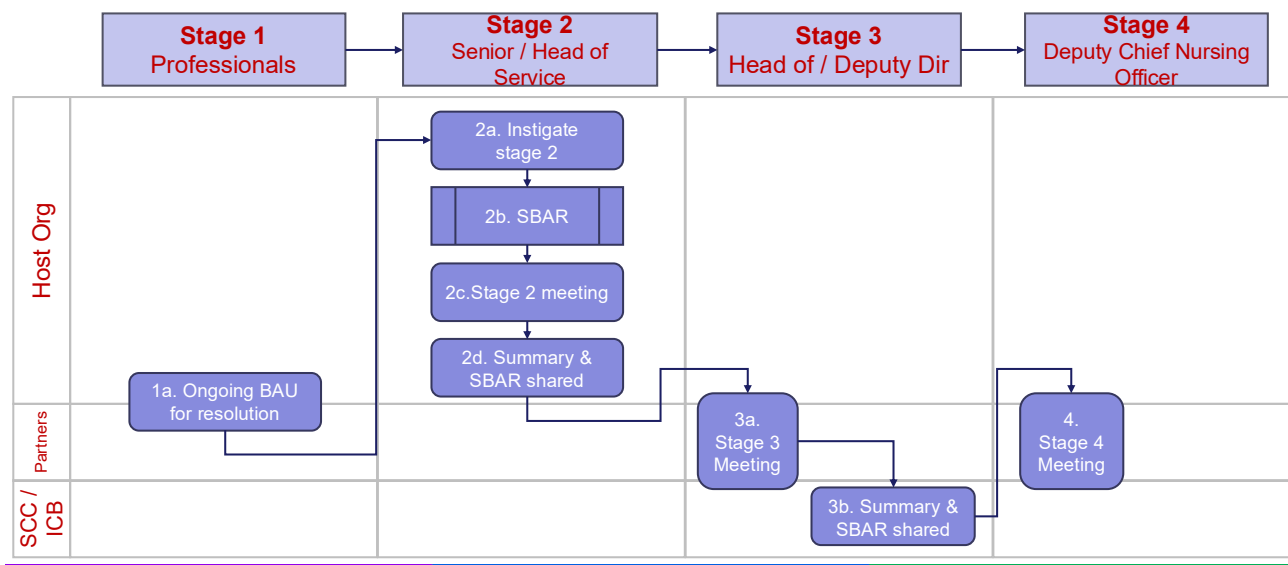
Organisation Contact Details are found within section 6 (pages 17-20).

Stage	Host Organisation Escalation Level	Criteria to Escalate to ICB
1	Front-line staff	Issue unresolved
2	Heads of Service / Senior Managers	Issue unresolved
3	Deputy COO / COO / Executive	Issue unresolved
4	ICB Mediation - Director of Nursing	<u>Only</u> after Stage 3

SCOPE: CYP in bedded capacity (not A&E)

Process

Progression through each step is needed if **safe and timely** discharge is not planned



Narrative of escalation process

Stage 1a: Ongoing business as usual (BAU): problem solving

Solution focussed resolution through business as usual (BAU) allowing for day-to-day liaison between professionals.

Doing the doing - front line staff empowered to speak to each other before any escalations.

Criteria for escalation to next stage - stage 2a:

Safe and timely discharge not agreed – suggested timeframes?

Agreement by “Internal host Senior / Head of...” to progress to stage 2a

Stage 2a: Instigate

Host
org

Send to: All required partners' 'Heads of...', and professionals

cc: System Control Centre (SCC)

Subject Line: <TBC>

Hello All,

In line with Stage 2a notification of BNSSG's Children & Young People (CYP) System Crisis Protocol, we at **(insert host organisation)** are currently anticipating a challenging case involving a young person **(insert initials)**.

This case will require system collaboration and support, and as such we are ensuring increased senior and staff input to complete an

This will ensure timely of actions, a document collaboratively be to capture all risks, risk management, and

Action	Complete?
Agreement from host org 'Heads of' to proceed sought	
Issue email	

front-line SBAR. completion will produced outcomes.

The single point of contact for ensuring updates regarding this SBAR will be: **(insert colleague name / email)**. Your support in attending meetings and completing information in a timely manner is appreciated. We will assess whether a Stage 2 escalation meeting is required on **(insert date)**.

System Control Centre (SCC): Please now add this case to the daily system flow action log where we (the host organisation) will update on process.

For information: The following colleagues are now required for all progress updates: <xxx, yyy, Operations Matrons>, updates on actions every <24 hrs?>.

Many thanks

Criteria for escalation to next stage - stage 2b:

Safe and timely discharge not agreed – suggested timeframes?

Input not yet given by all required partners

Agreement by "Internal Senior / Head of" to progress to Stage 2b

Stage 2b:

SBAR

Action	Complete?
Host org issue SBAR template to partners for completion	

Host
org

Host organisation **to send** collaborative document to bnssg.systemcontrolcentre@nhs.net and named partners in contact details. Template is summarised with the minimum required fields below. **Completion** of the SBAR MS Word file is **required** by partners (*Appendix 7, page 25*).

Situation

Host organisation to list current position, care and risk.

Background

Prompts – why are we at an impasse? Disagreement in outcomes, placements, CETR/117.

Assessment - with input from all partners

Incl. all options, the associated risks and risk management, and outcomes.

Recommendation

Make clear what we are asking of calling the escalation meeting.

Criteria for escalation to next stage - stage 2c:

Safe and timely discharge not agreed – suggested timeframes?

Input not yet given by all required partners

Agreement by “Internal Senior / Head of” to progress to: 2c. Stage 2 meeting

Stage 2c. Stage 2

Meeting

Action	Complete?
Host org issue SBAR template to partners for completion	

Host
org

Purpose: Review SBAR, *from Stage 2b, and* problem solve at senior level. A Stage 2 meeting may not be needed **if** collation of SBAR triggers problem solving. Host organisation to co-ordinate and issue invites. Prioritise actions within our teams / professionals, to ensure timely responses / co-ordinated action.

DRAFT AGENDA:

Chair (Host organisation)

1. *Welcome and Introductions*
2. *Purpose of stage 2 meeting*
3. *Background and SBAR review*
 - a. *Each organisation to articulate position / timeframes / risks /risk management and outcomes.*
4. *Summary and next steps*

Hello All,

*In line with Stage 2c of BNSSG's Children & Young People (CYP) System Crisis Protocol, we at **(insert host organisation)** are currently supporting a challenging case involving a young person **(insert initials)**. This case requires ongoing system collaboration and support. Our teams have contributed towards the attached SBAR and have requested our senior support in ensuring optimal outcomes for this young person. The meeting will be held at: **(insert date / time)** and the following partners are requested to attend: **(insert names / roles)**.*

System Control Centre (SCC): *We will circulate a meeting summary and advise if we require support and instigation of Stage 3 of the Protocol.*

Many thanks

Criteria for escalation to next stage - stage 2d:

Safe and timely discharge not agreed – suggested timeframes?

Input not given by all required partners

Agreement by "Internal Senior / Head of" to progress to stage 2d

Host
org

Stage 2d: Summary,

SBAR Shared

Action	Complete?
Host org issues meeting summary	
ICB cascades SBAR and summary	

Send to: <emails TBC> include SCC, Host Org. Seniors, Partner's Seniors, 'Heads of...'

Attach: SBAR from Stage 2c

Hello All,

*In line with Stage 2d of BNSSG's Children & Young People (CYP) System Crisis Protocol, we are now enacting Stage 3. We have met with system partners (including **<insert list as required>**) and have collaborated on the attached SBAR. We have not yet agreed a timely way forward and are now requesting ICB / NHSE mediation and support.*

This will be heads awareness for Deputy Directors. Our staff, who have input into the system SBAR, will now brief their own senior representatives.

ICB: Please co-ordinate a meeting.

Many thanks

Criteria for escalation to next stage - stage 3:

Safe and timely discharge not agreed – suggested timeframes?

Input not given by all required partners

Agreement by 'Internal 'Head of...' / Deputy' to progress to stage 3

Stage 3. Stage 3 Meeting

Action	Complete?
ICB and host org, pre-meet / discussion on Stage 3 purpose	



Action:

- Book handover / pre-meet between ICB and Host Organisation
- Agree Chair (from Host Organisation), outcomes and attendees
- ICB to forward Stage 2d email to required partners
- Invite to be sent from SCC calendar to **<insert names of required partners>**
- Summary shared

DRAFT AGENDA:

Chair (Host Organisation)

1. *Welcome and Introductions*
2. *Purpose of Stage 3 meeting*
3. *Background and SBAR review*
 - a. *Each organisation to articulate position / timeframes / risks / risk management and outcomes*
4. *Summary and next steps*

Criteria for escalation to next stage - stage 4:

Safe and timely discharge not agreed – suggested timeframes?

Input not given by all required partners

Agreement by Host Organisation's Deputy Chief Operating Officer or equivalent **only** after this stage, if resolution is not achieved, to progress to ICB mediation

Stage 4. Stage 4 meeting

Action	Complete?

ICB

Before the ICB is contacted for mediation, the Host Organisation **must** ensure that the case has been escalated internally to Deputy COO or equivalent Executive level.

The ICB will **only** be involved once all internal senior escalation routes have been exhausted and a resolution has not been reached.

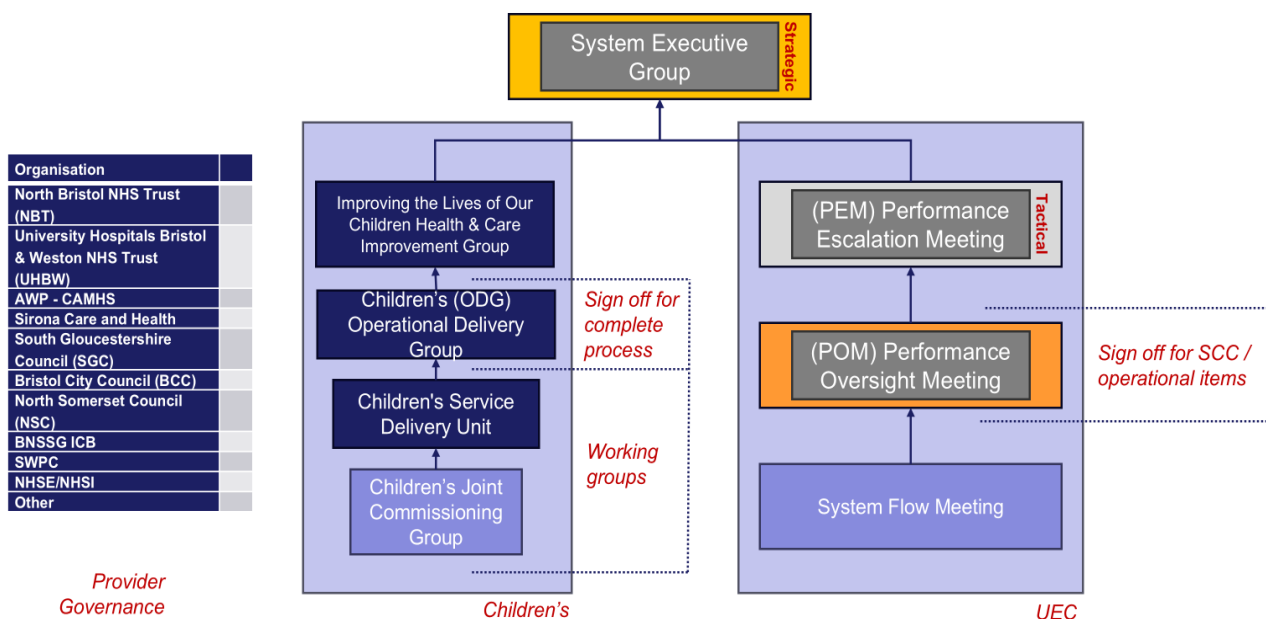
Action: ICB to co-ordinate Executive meeting to review Stage 2 and Stage 3 meetings.

Criteria for escalation to next stage:

If required - direct conversations and agreement between CEOs and Directors

Process continues with additional information - see **Escalation Process Slides (Appendix 8, page 25).**

System Governance



6 Organisation Contact Details

6.1 Service Contact Details

Children and Adolescent Mental Health Services (CAMHS)

Crisis Line	0800 953 9599
East and Central Bristol	0117 340 8600
North Bristol	0117 354 6800
South Bristol	0117 919 0330
South Gloucestershire	01454 862431
North Somerset	0300 125 6700
Getting Advice	0117 340 8570 awp.camhsgettingadvice@nhs.net https://www.awp.nhs.uk/camhs/camhs-services

Organisation	Stage 1		Stage 2		Stage 3		Stage 4	Out of Hours
	Front Line Staff Name (Role)	Email	Senior / Head of Name (Role)	Email	Head of/ Deputy directors	Email	Exec	
Bristol City Council			Children under CIN	Tara Parson tara.parsons@bristol.gov.uk	Director of Children's Services	Fiona Tudge fiona.tudge@bristol.gov.uk	Hannah Woodhouse Hannah.Woodhouse@bristol.gov.uk	EDT – 01454 615 165
			Children with Disability/Children in Care	Carrie Yeates Carrie.Yeates@bristol.gov.uk	Fiona Tudge			
South Gloucestershire Council			Beverly Mann	Beverly.Mann@southglos.gov.uk	Service Director Leigh Zywek	Leigh.Zywek@southglos.gov.uk	Executive Director of People, DCS:- Chris.Sivers@southglos.gov.uk	EDT - 01454 615 165 EDT@south.glos.gov.uk
			Francesca Hepden	Francesca.Hepden@southglos.gov.uk				
			Jean Paul Charnaud	Jean-Paul.Charnaud@southglos.gov.uk				
North Somerset Council			Family Support & Safeguarding	Shelley Caldwell shelley.caldwell@n-somerset.gov.uk	Assistant Director, Children's Support & Safeguarding Jane Anstis	jane.anstis@n-somerset.gov.uk	Claire Shields (Director of Children's Services)	EDT - 01454 615 165
			Children in Care	Karl Knill Karl.knill@n-somerst.gov.uk				
			Front Door	Dawn Newton dawn.newton@n-somerset.gov.uk				
			Children With Disabilities	Mike Brown TBC Mike.brown@n-somerst.gov.uk				

Organisation	Stage 1		Stage 2		Stage 3		Stage 4	Out of Hours
	Front Line Staff Name (Role)	Email	Senior / Head of Name (Role)	Email	Head of/ Deputy directors	Email	Exec	
NHS BNSSG ICB	Nursing & Safeguarding		Jane Protheroe	jane.prothero1@nhs.net	Deputy Director of Nursing	kathryn.dalby-welsh1@nhs.net	Denise Moorhouse and/or Michael Richardson Director of Nursing	ICB on call: 0333 103 5755
	Operations / SCC (Keith Robertson)	bnssg.systemcontrolcentre@nhs.net	Head of Urgent Care / Flow	greg.penlington@nhs.net		Lee Colwill lee.colwill@nhs.net		
	Children in Care Team (Liz Dando)	bnssg.safeguardingadmin@nhs.net	Gemma Shannon (Children in Care)	gemma.shannon2@nhs.net	Nicola Eschbaecher	nicola.eschbaecher2@nhs.net		
AWP CAMHS	Locality Clinical Service Manager		Senior CAMHS Managers	rosina.moore2@nhs.net	Head of Operations - CAMHS	heatherkapeluch@nhs.net	Adrian Dorney (Divisional Director of Operations SSC)	Out of hours manager – via switchboard. 01225 325680
Sirona Care and Health	Joint Head of Children's Community Psychological Services	sam.waldron@nhs.net	Head of Service	karen.evans28@nhs.net	Associate Director	lorraine.mcmullen2@nhs.net	Andrea Gordon (Chief Operations Officer)	N/A
	Head PHN	penny.hazelwood@nhs.net						
BRCH	Ward staff	UHBWCYPMHSsystemEscalation@uhbw.nhs.uk This email is centralised UHBW communication covering all UHBW.	Sarah Johnson For co-ordination of escalation meetings: BRHC first point of contact is senior nurse lead CYP Mental health	sarah.johnson2@uhbw.nhs.uk	Deputy director of nursing	Jane.Hetherington@uhbw.nhs.uk Bethany.Shirt@uhbw.nhs.uk	Emilie Perry (Deputy Chief Operating Officer) 0117 342 3606 Emilie.Perry@uhbw.nhs.uk	Out of hours manager – via switchboard. 0117 923 0000

Organisation	Stage 1		Stage 2		Stage 3		Stage 4	Out of Hours
	Front Line Staff Name (Role)	Email	Senior / Head of Name (Role)	Email	Head of/ Deputy directors	Email	Exec	
BRI, Weston	Ward staff	will respond within 2 hours for critical issues. This email is centralised UHBW communication covering all UHBW. ChildProtectionTeam@uhbw.nhs.uk safeguarding cases	BRI/Weston	operationsmatronscsm@uhbw.nhs.uk		operationsmatronscsm@uhbw.nhs.uk		
Southmead Hospital (NBT)			Operations Matrons / Site Team Ben Ford	operationsmatrons@nbt.nhs.uk ben.ford@nbt.nhs.uk	Assistant Director of Operations	sue.mallett@nbt.nhs.uk	Lucy Parsons lucy.parsons@nbt.nhs.uk Tel: 07805436642	

Key Considerations

6.2 Care Records

Where a CYP is known to services, the crisis plan should be shared with the relevant acute hospitals and documents in discharge summaries. This will be saved within the CYP's medical records to ensure that this is accessible to hospital staff, should they re-present in crisis.

The presentation of the CYP and the care provided will be clearly documented in the discharge summary for the GP, AWP, and hospital staff to access.

If appropriate patient records will be updated on 'Connecting Care' by the host organisation, who has called the meeting, which will allow NHS organisations involved in the CYP's care access to previous care and treatment records.

Where a CYP is not known to services, a crisis plan should be discussed and agreed as to whether this would be appropriate. If it is agreed, this should be developed in conjunction with the CYP, their family / carers and shared with the relevant organisations as above.

Data held in relation to the protocol should be held in a restricted folder, which can only be accessed by staff who need access to undertake their roles. The records management policy outlines the requirements around retention and deletion. All records will be retained and deleted in line with the ICB Records Management policy and with adherence to the system control centre guidance for records management [Records Management Policy Retention Schedule - BNSSG Healthier Together](#)

6.3 Funding

Funding should not be a barrier to agreeing a discharge plan and can be agreed retrospectively to ensure that this is not a reason for a delay to the CYP receiving the appropriate care including S117.

6.4 Safeguarding

Safeguarding considerations must remain a top priority to ensure the safety, well-being and dignity during a crisis or delayed discharge that involves CYP. To reduce anxiety, confusion and harm, there must be clear and consistent communication with the CYP and their family / carers. Assessments of risk, including but not limited to mental health deterioration, exposure to harm,

disruption to education and peer relationships amongst other social and emotional factors should be considered. To ensure risks and vulnerabilities are assessed and shared requires a multi-agency collaborative approach, ensuring all key partners are aligned in providing support and planning towards a safe discharge.

The CYP's voice should also be heard - allowing for active listening to their wishes and feelings - while maintaining a trauma informed approach that fosters trust and emotional safety. Additionally, contingency plans should be in place to prevent inappropriate placements or prolonged hospital stays that may compromise their development or well-being.

Where there is a risk of placement breakdown (home or placement) or there are concerns about the safety of the child or others: If CYP is unknown, details must be supplied by the person raising the concern to ensure that social care are able to allocate to the appropriate team, ensuring parents / carers involvement where they have PR ('Parental Responsibility').

For a CYP who is in care: Please ensure the Named Nurse for Children in Care is included in early meetings, with escalation to the Designated Nurse for Children in Care and Care Leavers at the ICB.

6.5 Learning Disabilities and / or Autism

If a CYP has learning disabilities or autism, or one or both is suspected, the care provider should have due regard for this and make reasonable adjustments.

Reasonable adjustments should be made for CYP with learning disabilities and / or autism however every person is different so the adjustments required will differ from person-to-person. There are common adjustments that can help such as thinking about the way that you communicate and ensuring that the person can understand, as well as offering a quiet space for the person to wait.

The care giver should always ask the CYP, their family / carers who are with them, what they need as they may know what will help or support them.

6.6 Trauma Informed Approaches

As a system, BNSSG has agreed to become trauma informed and that these principles should guide the services that are delivered and the policies and

protocols in place - recognising and minimising the impact of trauma on CYP, their families / carers and staff.

Presenting to services in crisis may be a traumatic experience for CYP and for CYP with histories of trauma this experience may compound their trauma and re-traumatise them. It is important to recognise that experiences of trauma and adversity can impact on how CYP present, how they interpret the world and their surroundings and how they engage with services. Steps should be taken to minimise these risks for CYP (for example: using grounding techniques, providing a quieter private waiting space where possible, understanding that a CYP may find it difficult to trust others, acknowledge with the CYP that what they are experiencing may feel scary / frustrating / unsettling).

Many parents and carers of CYP who present in crisis have had a long history of contact with services and they may have been traumatised by this process. Parents / carers may also present in emotional distress, they may be exasperated, angry, frustrated, ashamed, exhausted. This also needs to be acknowledged and met with compassion and without judgement.

Moreover, staff may be experiencing secondary or vicarious trauma. They may already be burnt out, working in a highly pressurised environment and be required to support others in high levels of emotional distress or in a traumatised state.

Partners should consider what support is in place for staff, how does this work outside of normal working hours and if additional support is required in these instances where CYP are presenting in crisis.

7 Appendices

Appendix 1 - CIOT SOP



CIOT SOP (1).docx

Appendix 2 - UHBW Risk Matrix



24884 - CHILDREN
AND YOUNG PERSON

Appendix 3 - CETR and Keyworker Team Leaflets



CETR easyread.pdf



CETR Information for
young people and fam



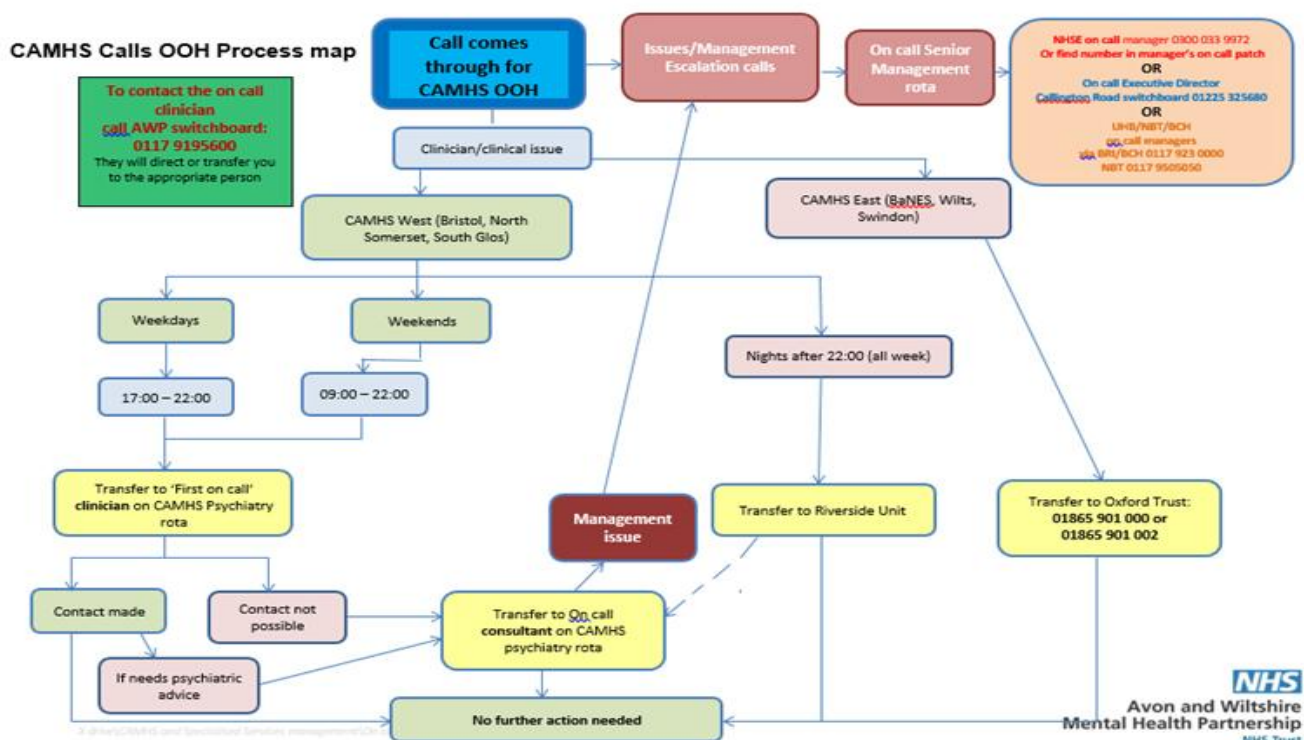
Keyworker leaflet
2024.pdf

Appendix 4 - Care pathway for young people (up to 18 years of age) presenting with mental health needs in UHBW Emergency Department



25220 - MENTAL
HEALTH PATHWAY FC

Appendix 5 - CAMHS Calls Out of Hours (OOH) Process Map



Appendix 6 - Provider Collaborative Escalation Policy



SWPC escalation
process 2024.docx

Appendix 7 - SBAR Children's Escalation Protocol, Stage 2b



SBAR Childrens.docx

Appendix 8 – Children's Escalation Process slides



Childrens Escalation
Process slides_Nov25.