

Leave Without Being Clinically Assessed Policy

V2.0

Cornwall Partnership NHS Foundation Trust document reference code: SG/020/26

Purpose: Children presenting to the Emergency Department, Minor Injury Units or Paediatric observation unit who Leave Without Being Seen (LWBS).

Target audience: Trust staff

Document sponsor and role: Roxanne Murt, Specialist Children's Safeguarding Nurse
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Document definition: Policy

Freedom of information: Can be released under the Freedom of Information Act 2000. This document will be published on the internet and intranet.

Key words: children presenting, emergency department, ED, minor injury unit, MIU, paediatric observation unit, leave without being seen, LWBCA, PCC, UTC.

Royal Cornwall Hospitals NHS Trust approval process

General manager confirming approval processes: Zoe Cooper, Head of Safeguarding.

Governance lead confirming approval process: Kathryn Clements, Deputy Head of Safeguarding.

Supporting committee: Safeguarding Operational Group

Supporting chairperson: Kathryn Clements, Deputy Head of Safeguarding

Executive director responsible for the policy: Executive Chief Nursing Officer

Approved at: Safeguarding Operational Groups

Date approved: 12 August 2026

Executive approval: Louise Dickinson, Executive Chief Nursing Officer

Date approved by: 12 August 2026

Approved at: Royal Cornwall Hospitals NHS Trust Policy Ratification Group

Date approved: 9 September 2026

Document library folder and sub-folder: Clinical / Safeguarding Services / Safeguarding Children

Cornwall Partnership NHS Foundation Trust approval process

Accountable Executive: Chief Nursing Officer

Supporting committee: Safeguarding Operational Group

Supporting chairperson: Kathryn Clements, Deputy Head of Safeguarding

Accountable Executive approved: Chief Nursing Officer

Date: 21 September 2026

Document library section: Safety and risk, safeguarding

Ratification

Start date: 21 September 2026

Review date: 1 March 2029 (6 months prior to the expiry date).

Expiry date: 1 September 2029 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

Version control summary:

Version	Date	Sponsor and / or reviewer	Summary of recent updates / changes (key points). Please specify Section Numbers.
2	July 2026	Jane walker and Dr. T. Fontaine	Leave without being clinically assessed. Terminology throughout the document has been updated to reflect most recent changes in national guidance that affect the leave without being clinically assessed. Significant changes from working together to safeguard children. Flow chart amended to reflect most vulnerable group.

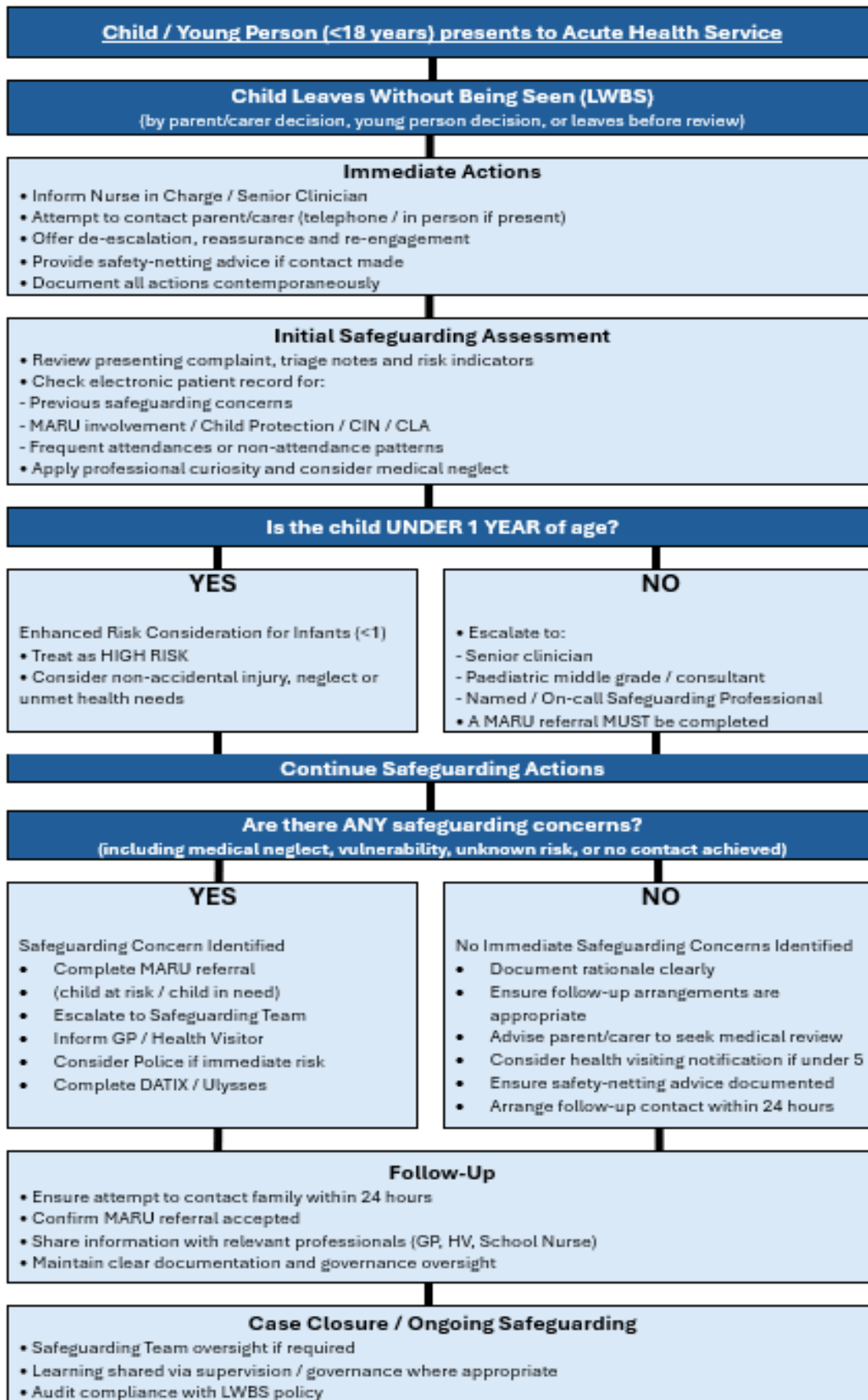
This document replaces: SG/020/23 Leave Without Being Seen Policy V1.0

This version supersedes any previous versions of this document.

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Summary



1. Rationale

- 1.1. This policy has been developed to provide **clear, consistent and defensible guidance** for clinical staff managing situations where **Children and Young People (under 18 years)** present to Emergency Departments, Minor Injury Units, Paediatric Observation Units, PCCs or UTCs and **leave without being clinical assessed (LWBCA)**.
- 1.2. The policy aims to:
 - Prioritise the **safety and welfare** of the child.
 - Identify higher-risk groups requiring immediate escalation.
 - Support staff to identify **safeguarding concerns and medical neglect**.
 - Ensure compliance with **national safeguarding guidance and Cornwall pathways**.
 - Promote timely escalation, documentation, referral and follow-up.
- 1.3. This Policy provides instruction and guidance for clinical staff when **Children and Young People (under 18 years)** present to **Acute Health Care Services within Cornwall**, including but not limited to:
 - Emergency Department.
 - Paediatric Observation Unit (Royal Cornwall Hospital).
 - West Cornwall Urgent Care Centre.
 - Minor Injury Units.
 - Primary Care Centres (PCC).
 - Urgent Treatment Centres (UTC).
 - and **leave without being clinically assessed (LWBCA) by an appropriate medical practitioner**.
- 1.4. All health professionals within the NHS have a statutory responsibility to work together to **identify, assess and respond to the needs of children and families**, ensuring children receive the care, protection and support required to promote their health and development, as set out in **Working Together to Safeguard Children (2023, updated March 2026)**.
- 1.5. Staff working within the Emergency Department, Minor Injury Units, Primary Care Centres (PCC), Urgent Treatment Centres (UTC) and Paediatric Observation Units may be the **first or only professionals** to come into contact with children who are at risk of, or experiencing, abuse, neglect or exploitation. These settings are therefore critical points for **early identification and safeguarding intervention**.

- 1.6. All healthcare professionals have a professional and statutory duty to **safeguard and promote the welfare of children and young people**, act with **professional curiosity**, and ensure decisions are made in the **child's best interests**.
- 1.7. Individuals with parental responsibility have a duty to ensure that a child or young person's medical needs are not neglected and that they are protected from harm. **Parental responsibility does not override professional safeguarding duties** where a child may be at risk.
- 1.8. This policy supersedes all previous versions of the **Leave Without Being Clinically assessed/ Discharge Against Medical Advice** guidance for children and young people across RCHT and CFT.

2. Scope

2.1. This policy applies to:

- All clinical and managerial staff employed by RCHT and CFT.
- Bank, agency and locum staff.
- Students working under supervision.

2.2. All Managers, Clinical Directors and Divisional/Departmental Managers are required to ensure **local implementation, staff awareness and compliance** within their areas of responsibility.

3. Roles and responsibilities

3.1 Role of the Accountable Executive

All TAPs come under the ownership of an appropriate responsible Trust executive or other member of the Executive Management Team. The accountable executive shall:

- Be accountable for the appropriateness, validity and currency of the content.
- Appoint a Sponsor within their area for each TAP and provide support.
- Decide on an approval route for the TAP where appropriate.
- Exercise executive authority for approval for appropriate TAPs.
- Liaise on matters pertaining to the TAP with the corresponding committee or group, including informing of any direct approvals.
- Ensure the TAP remains compliant, reviewed and in-date.
- Authorise the retirement of the TAP if no longer deemed necessary.
- Consider any requirement for a new TAP.

3.2 Role of the supporting Committee

All TAPs are mapped to the most appropriate Committee, Subcommittee or Group, depending upon content. It may be necessary for more than one body to be involved, depending on the nature of the TAP. The appropriate corresponding Committee / Subcommittee / Group is required to:

- Consider requests for approval from the accountable executive.
- Note TAPs that have been directly approved by the accountable executive.
- Recommend TAPs for onward approval to Board where this is required.
- Scrutinise TAPs as required for assurance.
- Seek assurance regarding compliance of TAPs.

3.3 Role of the Sponsor

Each TAP shall have an assigned sponsor nominated by the accountable executive. The sponsor shall:

- Be the primary point of contact for all matters relating to the TAP, including being the known contact for staff who have issues / queries / suggestions regarding the document.
- Maintain a log of such issues as above.
- Liaise with the Integrated Governance Directorate, the accountable executive, subject matter experts and the corresponding committees, as necessary for the requirements of this policy to be met.
- Ensure the content is regularly reviewed and reflects required standards and practices.
- Recommend retirement of the TAP to the accountable executive should it no longer be required.
- Ensure the TAP remains in date, or that extension or retirement is requested in a timely manner.
- Identify any additional consultees for the consultation process.
- For TAPs where clinical audit is indicated, ensure this is carried out / facilitated.

3.4 Responsibilities

- 3.4.1. This policy must be followed by all clinical staff when Children and Young People (under 18 years) attending Emergency Departments, Minor Injury Units, Paediatric Observation Units, PCCs or UTCs **leave without being clinically assessed**.
- 3.4.2. All staff must be familiar with **Safeguarding Children procedures**, local Cornwall pathways and be compliant with **mandatory safeguarding training** appropriate to their role.

3.4.3. Safeguarding Children procedures are available via:

- **Southwest Child Protection Procedures (SWCPP):**
<https://www.proceduresonline.com/swcpp/>
- **Cornwall and Isles of Scilly Safeguarding Children Partnership (CISCP)**
[Cornwall and the Isles of Scilly Safeguarding Partnership website](#)

3.5 Senior Clinical Staff / Clinical Ward Mangers

Managers are responsible for:

- Ensuring staff awareness of this policy (including induction).
- Supporting staff to escalate safeguarding concerns.
- Ensuring local audit and governance processes are implemented.

3.6 Role of Safeguarding Operational groups (SOGs)

SOGs are responsible for:

- Maintaining and updating this policy in line with national and local guidance.
- Reviewing learning from incidents, audits and serious events.
- Overseeing compliance across RCHT and CFT.

3.7 All staff

All staff are responsible for:

- Applying this policy in daily practice.
- Identifying and escalating safeguarding concerns.
- Acting in the **best interests of the child**.
- Ensuring accurate, timely documentation.
- Where appropriate, to gain the voice of the child or young person must be sought and considered.

4. Standards and practice

4.1 Principles

- 4.1.1. To ensure the welfare and safety of all children and young people who leave without being seen and to take **appropriate safeguarding action** where concerns are identified.

4.1.2. To keep the **child at the centre of all decision-making**.

4.1.3. To ensure all children and young people who leave without being seen are **followed up proportionately** to ascertain their wellbeing.

4.2 Policy Statements

When a child leaves without being seen, staff must:

- Maintain **accurate and contemporaneous records** of attendance, presentation and safeguarding considerations.
- Undertake safeguarding assessment in line with **flow chart and Cornwall and Isles of Scilly Threshold Tool**.
- Escalate concerns to:
 - Senior clinician or nurse in charge.
 - Paediatric middle grade / consultant.
 - On-call or Named Safeguarding Professional.
- Offer support and de-escalation to families.
- Provide clear **safety net advice**.
- Document all discussions, advice and decisions.
- Complete the **CHA3771 LWBCA form** where practicable, documenting refusal if not signed.
- Complete a **Datix / ULYSSES** where safeguarding concerns or risk are identified.
- Ensure appropriate **follow-up contact within 24 hours**, particularly for vulnerable children.
- Refer to **NICE guidance – “When to suspect child maltreatment”**.
- Recognise that completion of an LWBCA form **does not remove safeguarding responsibility**.

5. Definitions and glossary

- 5.1. **Child:** For the purposes of this policy, a **child** is defined as any person **under the age of 18 years** at the time of attendance (Children Act 1989).
- 5.2. **Leave Without Being Clinically Assessed (LWBCA):** A situation where a child or young person leaves a clinical setting before being Clinically assessed or reviewed by an appropriate medical practitioner, either at the request of a parent/carer, by decision of a young person, or without staff knowledge initially.
- 5.3. **MARU: Multi-agency Referral Unit** – Cornwall’s central point of contact for referrals where a child is at risk of harm or in need of statutory or early help support.

- 5.4. **MASH: Multi-Agency Safeguarding Hub** – Devon’s equivalent safeguarding referral service. Relevant where cross border concerns exist.
- 5.5. **Medical Neglect:** A form of neglect where a parent or carer fails to seek or follow appropriate medical advice or treatment, placing a child at risk of harm.
- 5.6. **In Emergency Situations**, where a child is believed to be at immediate risk of serious harm, significant deterioration, or death because of delayed, refused, or neglected medical treatment, practitioners must escalate concerns without delay. This may include immediate discussion with the senior clinician on duty, the Named Professional for Safeguarding, Children's Social Care (MARU), and/or Police where required.

Appendix 1: Leave without being clinically assessed (LWBCA)

Parent / Guardian Acknowledgement Form – Children and Young People (<18 years)

Trust:

Service / Department:

Site:

Date: Click or tap to enter a date.

Time:

Child / Young Person Details

Child's Full Name:

Date of Birth:

Age:

NHS Number (if known):

Address:

Parent / Guardian Details

Name:

Relationship to Child:

Contact Telephone Number:

Parental Responsibility: ☐ Yes ☐ No

Reason for Attendance (as stated by parent/guardian)

Acknowledgement of Leaving Without Clinically Assessed

I confirm that:

- I am choosing for the above-named child / young person to leave this healthcare service before being seen by an appropriate medical practitioner.
- This decision has been explained to me by a member of staff, and I have had the opportunity to ask questions.
- I understand that leaving without being seen may place my child at risk, as a clinical assessment has not been completed.
- I have been advised to seek medical review if my child's condition worsens or does not improve.

Safeguarding Information

I understand that:

- All healthcare professionals have a legal duty to safeguard and promote the welfare of children.
- Leaving without being seen does not remove safeguarding responsibility.
- Where there are concerns about a child's safety, wellbeing, or possible medical neglect, information may be shared with other professionals.
- A referral to the Multi-Agency Referral Unit (MARU) or other safeguarding services may be made without my consent if required to protect my child.

Safety-Netting Advice Provided

(Completed by staff)

- ☐ Verbal advice given
 - ☐ Written advice given
 - ☐ Advised to contact GP
 - ☐ Advised to return to ED / UTC / MIU if symptoms worsen
 - ☐ Other:
-

Parent / Guardian Declaration

I confirm that I have read and understood the information above.

Parent / Guardian Signature:

Print Name:

Date: Click or tap to enter a date.

Time:

Staff Declaration

I confirm that:

- I have explained the risks of leaving without being seen.
- Safety-netting advice has been provided.
- Safeguarding considerations have been reviewed in line with Trust policy.

Staff Name:

Role:

Signature:

Date: Click or tap to enter a date.

Time:

For Clinical Use Only

- Safeguarding concerns identified: ☐ Yes ☐ No
- Child under 1 year: ☐ Yes ☐ No
- MARU referral completed: ☐ Yes ☐ No
- Datix / Ulysses completed: ☐ Yes ☐ No
- Follow-up arranged (within 24 hrs if required): ☐ Yes ☐ No

Additional Notes:

Important

Signing this form does not remove the Trust's statutory safeguarding responsibilities under the Children Act 1989 and 2004 and Working Together to Safeguard Children (2018, updated 2023).

Governance requirements

Associated Trust policies and documents

Cornwall Partnership NHS Foundation Trust

- GOV/004/24 Information governance policy.
- GOV/015/25 Incident management policy.
- GOV/029/ Risk management framework 2026 – 2028.
- SG/004/24 Safeguarding children policy.
- SG/021/23 Safeguarding supervision policy.

Royal Cornwall Hospitals NHS Trust

- Safeguarding Children Policy.
- Safeguarding Supervision Policy.
- Child Protection Information Sharing Policy.
- Duty of Candour Policy FOI ref 28588.
- Incident Reporting (Datix/Ulysses) Policy.
- Record Keeping / Clinical Documentation Policy.
- Consent Policy CHA2333.
- Mental Capacity and Gillick Competence Guidance.

NICE guidance

- CG89: Child Maltreatment – When to Suspect Maltreatment in Under 18s. Published 22 July 2009. Last updated 3 December 2025.
<https://www.nice.org.uk/guidance/cg89>
- NG76: Child Abuse and Neglect. Published 9 October 2017.
<https://www.nice.org.uk/guidance/ng76>
- Working Together to Safeguard Children 2026 [\[gov.uk\]](https://www.gov.uk), [\[assets.pub...ice.gov.uk\]](https://assets.publishing.service.gov.uk)

Other related legislation and guidance

Key Legislation.

Statutory Legislation.

- **Children Act 1989**
 - Welfare of the child is paramount.
 - Defines significant harm and child protection responsibilities.

- **Children Act 2004**
 - Duty to cooperate and safeguard children across agencies.
 - **Working Together to Safeguard Children 2026** (Statutory Guidance) – essential reference. [\[gov.uk\]](https://www.gov.uk), [\[assets.pub...ice.gov.uk\]](https://assets.publishing.service.gov.uk)
 - **Human Rights Act 1998**
 - Article 2 (Right to Life).
 - Article 3 (Protection from inhuman or degrading treatment).
 - Article 8 (Right to Family Life).
 - **Data Protection Act 2018 and UK GDPR**
 - Information sharing for safeguarding purposes.
 - **Children and Social Work Act 2017**
 - Duties relating to safeguarding and corporate parenting.
 - **Equality Act 2010**
 - Reasonable adjustments and equitable access to care.
-

Healthcare Safeguarding

- NHS England Safeguarding Accountability and Assurance Framework.
 - Intercollegiate Document: Safeguarding Children and Young People – Roles and Competencies for Healthcare Staff.
 - Information Sharing Advice for Safeguarding Practitioners.
-

Local Safeguarding Procedures

- Cornwall and Isles of Scilly Safeguarding Children Partnership (CISCP) procedures.
 - South West Child Protection Procedures (SWCPP).
 - MARU Referral Pathway.
 - Resolving Professional Differences Protocol.
-

Training requirements

All new staff must attend induction training, which includes a basic awareness of issues related to safeguarding children. Staff can complete the safeguarding children E-Learning training on the core-learning unit.

Trust Approved Publication (TAP) application/implementation

This Policy is to be implemented and disseminated immediately following ratification and will be published on the Trusts' internet and intranet Document Libraries. Integrated Safeguarding Services will bring the reviewed Policy to the attention of staff via reporting processes, safeguarding training, Community of Practice etc.

Monitoring arrangements

Element	Detail
What is monitored	Adherence to LWBCA safeguarding processes
Lead	Named Nurse and Doctor for Safeguarding Children; Clinical Matron for Child Health
Method	Datix review; audit of LWBCA cases
Frequency	Annually
Reporting	RCHT and CFT Safeguarding Operational Groups
Actions	Learning shared via governance and supervision

Will the monitoring arrangements result in a clinical audit: No

Dissemination and Implementation

This policy will be disseminated across RCHT and CFT via:

- Mandatory Safeguarding Children training.
- Local induction processes.
- Trust document libraries.

The approved policy will be available on both **RCHT and CFT intranet document libraries**.

Environmental sustainability

The Trust is committed and obligated to reduce its environmental impacts. Healthier outcomes can be achieved for people, the planet, and pounds by conducting our activities in a more environmentally sustainable manner.

More information and guidance is available by contacting cft.sustainability@nhs.net

Updating and review

This policy will be reviewed **every three years** or sooner in response to:

- Changes in national guidance.

- Learning from serious incidents.
- Safeguarding audit outcomes.

Version control history

Version	Date	Sponsor and/or reviewer	Previous updates and key changes.
1	June 2023	W. Perkin and J. Walker	New joint policy.

Data Protection Act 2018 (UK General Data Protection Regulation legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance Team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [Royal Cornwall Hospitals NHS Trust equality diversity and inclusion policy](#) and [Cornwall Partnership NHS Foundation Trust equality, diversity and inclusion statement](#).

Equality impact assessment form

Title of policy or document for assessment: Leave Without Being Seen Policy

Who is affected by the document?

☐ Staff ☒ Patients ☐ Visitors ☐ Carers ☐ Other

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	
Are there any other associated objectives of the document	☐ Yes ☒ No	

Name: Roxanne Murt Specialist Children's Safeguarding Nurse.

Date: 13/07/2026.