UNCRC United Nations Convention on the Rights of the Child

**Child Protection Shared Care Process between NHS Boards & the Regional Tertiary Children’s Hospital (Royal Hospital for Children, Glasgow)**

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| Version No:  |
| 1.0 |
| Prepared By:  |
| Maureen Bell  |
| Effective From:  |
| March 2016 |
| Review Date:  |
| March 2018 |
| Lead Reviewer:  |
| To be nominated by Steering Group |
| Dissemination Arrangements: |
| * MCN Steering Group Members
* Knowledge Network
 |

# Introduction

There are often child protection situations where due to the clinical needs of a child arising from abuse or neglect they require to be cared for in the regional tertiary paediatric centre for the West of Scotland, (Royal Hospital for Children, Glasgow).

In such situations the child protection investigation will be led by the Social Work staff from the local authority area where the child lives, in partnership with local police, health and education where appropriate.

# Purpose of the Policy

To facilitate seamless clinical care and ensure the child protection process is as efficient and effective as possible, a shared care approach is required.

The shared care approach should reflect clear, consistent and continuous communication between clinicians managing the child’s health and medical needs, in particular at points where the responsibility for child’s medical care is transferring between doctors or hospitals and at discharge.

# Scope of the Policy

This guideline applies to the care of **ALL** children who are receiving tertiary clinical care in Royal Hospital Children in Glasgow and normally live in a NHS Board area other than NHS GG&C **and** a Child Protection investigation has been initiated in response to their injuries or illness.

# Definition of Terms

 **“Child”** - (for the purpose of this guideline) means a person between birth and 17 years of age.

**Tertiary Care**: Specialist consultative **care**, usually on referral from primary or secondary medical **care** personnel, by specialists working in a centre that has personnel and **facilities** for special investigation and treatment.

# United Nations Convention on the Rights of the Child

This guideline is designed to empower professionals to ensure the following articles of the UNCRC are adhered to:

* Article 3 – Best interests of the child
* Article 19- Protection from all forms of violence
* Article 24 – Health and health services

# Guideline Content

Process & Responsibilities

1. Child is admitted to the Royal Hospital for Children, Glasgow (RHC)
2. Child Protection Unit (CPU) at RHC should be notified by the clinical team caring for the child
3. CPU at the RHC will nominate a Child Protection (CP) Consultant and/or a Child Protection Adviser (CPA) who will be the Child Protection Liaison Lead (CPLL).
4. CPU at the RHC will notify the Child Protection Team (CPT) one-point-of-contact at the child’s home NHS Board using the attached proforma
5. The CPT at the child’s home NHS board will nominate a CP Consultant and/or a CPA who will be the CPLL.
6. The CPLL from the child’s home NHS Board will be responsible for sharing relevant information provided by CPU at the RHC with social work, police and health staff in the child’s home NHS Board.
7. The CPLL from the RHC should make contact with the medical/clinical team in RCH who are caring for child daily or more frequently if required, to establish the outcomes from diagnostics, transfer of care to another clinical area or other relevant information. This information should then be communicated with the CPLL from the child’s home NHS Board who will pass it on as appropriate.
8. Child Protection meetings etc will be planned, chaired and minutes taken by the home social work department leading the investigation and consideration will be made of where and when to hold the meeting to facilitate attendance by family members and all relevant staff. The CPLL from both the CPU of RHC and the child’s home NHS board should attend or be represented.
9. The child should not be transferred or discharged from the RHC without prior notice and agreement by the multiagency team around the child.

Notes

Both CPU the RHC and CPT at child’s home NHS board must communicate using a secure clinical mailbox.

As far as is practical, verbal communication should be directly between nominated CPLLs.

**Shared Care Communication**

**SAMPLE**

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| **To** | Maureen Bell – Consultant Nurse for Vulnerable Children NHS Ayrshire and Arran |
| **Date**  | 12th November 2015 |
| **Author(s)**  | Dr Kate McKay, Child Protection Consultant Paediatrician CPU, Royal Children Hospital Glasgow (as per telephone call this morning) 0141-451-6502 |
| **Child’s Details** | Peter PoppinChi: 3108151234 | Address:- 1 The Street, Kilmarnock. KA1 111 |

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| **Situation**  | Peter is currently in ITU at RCH having sustained a Traumatic Head Injury, and the likely cause is Physical Injury.  |
| **Background** | Peter was admitted to RCH on 12/11/15 at 03.50hrs, having been transferred from Crosshouse Hospital with a significant head injury.He was brought to Crosshouse at 01.50hrs by ambulance following a call from his mum, Penelope Poppin of the same address, who returned home from a night out to find him agitated, irritable and fitting.He had been in the care of his uncle Paul Poppin, Penelope’s brother aged 17 whilst Penelope was out.Police and SW were alerted to the situation by Crosshouse Hospital and they have initiated a Child Protection and criminal investigation.  |
| **Assessment**  | Peter is currently being cared for in ITU by the Paediatric Neurosurgeon, Mr B Head. His injuries are as follows:Bilateral Sub Dural HaematomasFracture to right clavicleA full skeletal survey has been completed and this is due for reporting today.Peter is currently being monitored and once his seizures are under control and he is stable will go to theatre for removal of the Sub Durals.His mum is currently with him in the unit and she is being supported by the maternal grandmother, Patricia Poppin. |
| **Recommendations** | All of the information provided can be shared with the SW and Police staff directly involved in the investigation and the CPC chair as part of any ICR/SCR process.A further update will be provided later today if additional information is available or on 13th November.I can be contacted directly today by telephone between 4 & 5pm if necessary. |

**Shared Care Communication**

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| **To** |  |
| **Date**  |  |
| **Author(s)**  |  |
| **Child’s Details** |  |  |

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| **Situation**  |  |
| **Background** |  |
| **Assessment**  |  |
| **Recommendations** |  |