





APPROVED: December 2021

Title:	Out of Area Child Protection Guidance
Version:	1.1
Review date:	1 st December 2023
Target Audience:	This guideline applies to the care of ALL children who are receiving clinical care in another hospital, who normally live in a different NHS Board area, and where a Child Protection investigation has been initiated in response to their injuries or illness.
Keywords:	
Shared MCN guidance:	This guidance has been produced with the support of the three Managed Clinical Networks for Child Protection in Scotland. The guidance represents the key considerations that health boards could reasonably be expected to provide support for. Each guidance document is primarily to support clinical care and is designed to be modified by individual boards or centres with local contact information, investigation sets and/ or clinical systems information.

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 out with their own health board area. In such situations the child protection investigation will be led by Police and Social Work staff from

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

Purpose of this Guidance

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.

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Process

- 1. Child with Child Protection concerns attends home hospital and needs either clinical or child protection care in a different hospital.
- 2. The clinical needs take priority.
- 3. Child protection concerns may be raised due to a traumatic injury or illness presentation which could be due to child abuse; a lack of supervision or neglect leading to injury or illness; an unusual, unexplained or late presentation for healthcare; or a YP putting themself in danger raising concerns for their own or other's safety.
- 4. As soon as is possible the **Home** clinical team must initiate an Interagency Referral Discussion or contact the local child protection paediatrician/CPA, Police and/or SW according to local protocols.
- 5. As part of the transfer arrangement of the child to the different (Away) hospital, there must be an explicit and clearly documented child protection discussion between the senior clinicians from home and away clinical settings, passing on responsibility for information sharing, including responsibility for informing the family that a child protection referral has/is taking place at an appropriate time.
- 6. **Away** Child Protection team/paediatrician are informed by the clinical team caring for child/YP of admission and concerns that have arisen before transfer or concerns that have emerged after transfer.
- 7. **Away** child protection paediatrician/CPA nominate a Child Protection liaison lead (CPLL)
- 8. **Away** CPLL contacts Home health board see contact list for individual health board details
 - Followed up by sending electronic** Out of Area Child Protection SBAR Proforma from the **Away** CPLL to **Home** health board, detailing the important clinical, child protection and any social concerns known.
- 9. **Home** child protection paediatrician/CPA nominate a Child Protection liaison lead (CPLL).
- 10. Daily (or more frequent) liaison as appropriate between CPLLs.
- 11. Day to day queries (such as practical needs of child and discussion around contact previously agreed to be safe) between the clinical team and Home services can be handled directly.

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- 12. Transfer back to **Home** area is agreed following discussion with the clinical team and the CPLLs from both areas, who will ensure there is a clear safety plan for any ongoing Child Protection concerns.
- 13. The **Away** CPLL will ensure that there is transfer of CP documentation to the home CPLL, ensuring there is a clear summary and opinion included.
- 14. Any child protection meetings prior to transfer will be planned, chaired and minuted by the **Home** Social Work Department

Responsibilities

Home CPLL Responsibilities:

- Gather background information to inform risk assessment.
- Gather background health information.
- Share relevant information with home social work and police (IRD).
 - Daily/frequent discussions with away CPLL.
 - Discussion with clinical teams and Away CPLL prior to transfer back to home area.

Away CPLL Responsibilities:

- Contact clinical team for updates on clinical status.
- · Give advice on CP investigations.
- Undertake JPFE as appropriate, linking with home Police.
- Write report and opinion.
- Daily/frequent discussions with home CPLL.
- Ensure transfer of FP documentation to home CPLL.







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Flow Chart for OUT OF AREA Cases Where There Are Child Protection Concerns

CP Concerns include: Traumatic injury of ? cause

Neglect/ lack of supervision leading to injury

Unusual or delayed presentation

Unwell child is transferred Unwell child is transferred to to a specialist centre with specialist centre. No CP CP concerns identified at concerns at referral referral Concerns are documented on CP concerns arise when child **SBAR format** Responsible consultant in seen in specialist centre **Home** area will notify (see template) receiving consultant in specialist centre and outline CP concerns* Nominated **Away** CP liaison in specialist centre informs **Home** responsibilities home CP team of new Daily (or more Gather health and concerns frequent) liaison background as appropriate information to inform See list of risk assessment responsibilities Consultant to consultant Share relevant discussion of concerns information with Home social work and police

Home team responsible consultant /liaison notifies social work and asks for IRD

Specialist centre notify parents, carry out medical and are responsible for writing S&C/ medical report copied to **Home** team

Any child protection meeting prior to transfer will be planned, chaired and minuted by the **Home** social work department.

Child is cared for and transferred back to Home area with clear CP plan/ IRD outcome is documented

- If referred specialist is ENT, Orthopaedics, then receiving **Away** team must refer to **Away** CP team of concerns raised. **Away** CP team will liaise with **Home** CP team of new concerns
- Remember Proper and Regular communication is the key with all these cases

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Shared Care Communication SAMPLE

То	Cicilie Rainey – Lead Nurse, Child Protection, NHS Fife			
Date	12 th June 2019			
Author(s)	Dr Lindsay Logie, Child Protection Consultant Paediatrician CPU, Royal Hospital for Sick Children, Edinburgh (as per telephone call this morning) 0131 536 0467			
Child's Details	Peter Poppin CHI: 3101191234	Address: - 1 The Street, Kirkcaldy KY5 9FS		
Important Contact Details	Ward telephone number Police contact and number Social work contact and number	0131 536 0866		

Situation	Peter is currently in ITU at RHSC have sustained a Traumatic Head Injury, and the	
	likely cause is Physical Injury.	
Background	Peter was admitted to RHSC on 12/6/19 at 03.50hrs, having being transferred from	
	Victoria Hospital, Kirkcaldy with a significant head injury.	
	He was brought to VHK 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 VHK and they have initiated a Child	
	Protection and criminal investigation.	
Assessment	Peter is currently being cared from in ITU by the Paediatric Neurosurgeon, Mr B Head.	
	His injuries are as follows:	
	Bilateral Sub Dural Haematomas	
	Fracture to right clavicle	
	A 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 drainage of the subdurals.	
	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.	
	A further update will be provided later today if additional information is available or on	
	13 th June.	
	I can be contacted directly today by telephone between 4 & 5pm if necessary.	

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То





NATIONAL CHILD PROTECTION GUIDANCE

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Shared Care Communication Blank Template

Date		
Author(s)		
Child's Details	Name: CHI:	Address:
Important Contact Details	Ward telephone number Police contact and number	
Details	Social work contact and number	
Situation		
Background		
Assessment		
Addeddinent		
Recommendations		
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Out of Area Child Protection Guidance Contact Sheet

Name	Board	Details	Number
	Ayrshire & Arran	Consultant Paediatrician	01294 323 435
	Borders	Consultant Paediatrician on call	01896 826 000
	Dumfries &		
	Galloway	Public Protection Team	01387 244 300
	Fife	NHS Fife Child Protection Officer	01502 649 114
	riie	NHS Forth Valley Child	01592 648 114
	Forth Valley	Protection Department	01786 477 420
	Grampian	Child Protection Team	01224 551 706
Child Protection Daytime	GGC	Child Protection Service	0141 451 6605
Contact		Consultant General	
	Highland	Paediatrician on call	01463 704 000
	Lanarkshire	Child Protection Paediatrician on call	01698 361 100
	Lanarksinie		01038 301 100
		Ask for supervising Consultant or (if unavailable) the HUB	
	Lothian	Team or 2nd on	0131 312 0499
	Orkney	Public Protection Lead Nurse	07999 022 604
	Shetland	Protection Nurse Advisor	01595 743 353 or 07795 304 038
	Tayside	Custody Nurses	01382 591 585
	Western Isles	Consultant Paediatrician	01851 704 704
	Ayrshire & Arran		aa-uhb.clinicalchildprotectionmedical@aapct.scot.nhs.uk
	Borders		bgh.childhealthcpractionteam@borders.scot.nhs.uk
	Dumfries &		bgmemanearmepraetroneeume por acrossociamorak
	Galloway		Dg.childprotectionteam@nhs.scot
	Fife		fife.initialreferraldiscussion@nhs.scot
	Forth Valley		Fv.nhsfvchildprotect@nhs.scot
	Grampian		Gram.cpinfo@nhs.scot
			Ggc.cpadvisors@nhs.scot
Carrier Child Breaks at an	GGC		Ggc.cpadmin@nhs.scot
Secure Child Protection Email Contact	Highland	Consultant Paediatrician on call	01463 704 000 – ask for Consultant Paediatrician bleep 2016
	Lanarkshire		Lan.clinicalchildprotection@lanarkshire.scot.nhs.uk
	Lothian		Rhcyp.ird@nhslothian.scot.nhs.uk
	Orkney		Ork.childprotection@nhs.scot
			Stella.odbury@nhs.scot
	Shetland	For all most also also 1 0000	Janice.irvine2@nhs.scot
		Email not checked OOH so please email the Consultant	
		who contacted by phone in in	
	Tayside	this situation.	<u>Tay.cpteamreferrals@nhs.scot</u>
	Western Isles		Wi.childprotection@nhs.scot

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	Ayrshire & Arran Borders Dumfries & Galloway Fife Forth Valley	On Call Paediatrician	01563 521 133 01896 826 000 01387 246 246 01592 643 355 01324 566 000
Child Protection Out of Hour Contact	Grampian	On Call Paediatrician On Call Child Protection Consultant	0345 456 6000 0141 201 0000
	Highland Lanarkshire	On Call Paediatrician Acute Paediatrician On Call	01463 704 000 01698 361 100
	Lothian Orkney Shetland	Ask for CP Consultant on call. Emergency Department Ask for Silver Command	0131 536 1000 01856 888 000 01595 743 000
	Tayside Western Isles	On Call Paediatrician On Call Paediatrician	01382 660 111 01851 704 704

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