

Gartnavel Royal Hospital
1055 Great Western Road
Glasgow, G12 0XH
Enquiries to: 0141 451 6605

11th March 2016

To: NHSGGC Child Protection Forum
NHSGGC Operational Group (Acute)
NHSGGC Operational Group (Partnerships)

Re: Child Protection Medical Dispute Resolution Guidance

The attached *NHSGGC Child Protection Medical Dispute Resolution Guidance* has been ratified by NHSGGC Child Protection Forum.

The guidance was subject to a robust consultation process via the NHSGGC Child Protection Forum and Operational Groups.

Please ensure that this guidance is distributed to appropriate staff and that managers ensure that it is implemented accordingly.

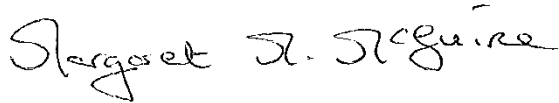
Thank you for your assistance and co-operation and should you require any support with the implementation of this guidance please contact your Child Protection Advisor. Details are as follows:

Advisor	Local HSCP	Acute Link Area
Verity Douglas	Glasgow North East Sector	W&C Maternity
Liz Lamb	Renfrewshire	W & C (excluding maternity)
Janice Thorn	East Dunbartonshire (includes Oral Health)	Sandyford, Mental Health
Carol Bews	West Dunbartonshire	Facilities, FNP, Vale of Leven
Karen Gleed	Inverclyde	Clyde acute sector– RAH and IRH
Phyllis Orenes	East Renfrewshire	Diagnostics, Regional Services (Westmarc and Gartnavel)
Shona Wylie (covering for Elaine Smith)	Glasgow South Sector	South acute sector (Victoria ACAD and Southern General Hospital)
Mary Ann Tanzilli	Glasgow North West Sector	North Acute Sector (Stobhill ACAD and Royal Infirmary)

To contact any of the above Advisors please call 0141 451 6605.

Catherine Martin, Business Manager will place the guidance on the Staff Net within two weeks.

Yours sincerely

A handwritten signature in black ink, reading "Margaret A. McGuire". The signature is written in a cursive style with a large initial 'M' and a long, sweeping underline.

Margaret McGuire
Board Nurse Director

cc Child Protection Unit



CHILD PROTECTION MEDICAL DISPUTE RESOLUTION GUIDANCE

Responsibility for monitoring, review and update	Current Version	Review Date
CPU – Marie Valente	First version	7th March 2019

Medical Dispute Resolution Guidance

The purpose of this guidance is to set out a process to resolve differences of clinical view on child protection. It sets out the arrangements for the resolution of medical disputes in child protection cases and clarifies how to escalate an issue and who in the organisation can decide on how to proceed in a case where there is dispute between doctors.

Principles

Good practice includes the expectation that constructive challenge amongst colleagues provides a healthy approach to child protection work. However, when agreement cannot be reached we need to have a formal process in place to reach a conclusion.

The resolution processes must not detract from a focus on protecting the child / young person. **The child's welfare and safety must remain paramount throughout.**

It may be helpful to clarify the legal position i.e. the legal standing of a child in hospital and who holds parental rights for the child. In some cases, grounds may exist to apply for a Child Protection Order. Where this is not indicated the need to seek the cooperation of parents to allow the child to remain voluntarily in hospital will be necessary.

Disputes should be resolved at the earliest possible stage and by negotiation and consultation between doctors in the first instance. Where a child is believed to be at imminent risk the resolution of the issue should be expedited.

Process for resolution

When there is a difference of view the doctors involved should meet prior to discharge from the ward or attendance at case conference to discuss key issues. They should attempt to explore issues and reach agreement. This should be done face to face.

Where medical staff remain in disagreement, it is still hoped that a resolution can be achieved informally. An initial arbitration meeting should be convened with the key health professionals involved and the Clinical Director of the CPU or the nominated cover (Tel 0141 451 6605). This process should encourage communication between professionals, sharing of information and a management plan based on full discussion of the facts.

In circumstances where no resolution is found, the Chief of Medicine for Women and Children's services or the nominated cover should convene a discussion with the CPU CD or nominated cover and the doctor responsible for the child's care.

The above process is illustrated diagrammatically at Appendix 1

Timescales

Given the nature of such cases, it is expected that resolution would be achieved where possible within 24 hours but certainly prior to any plans to discharge the child from in-patient status.

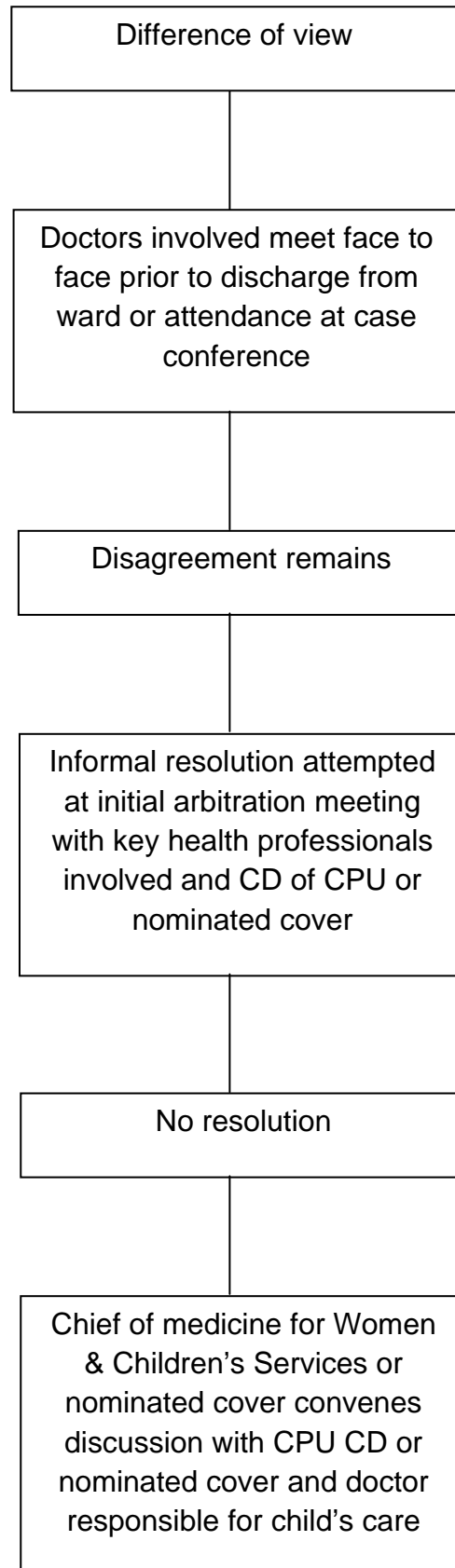
Recording and monitoring

As part of the written child protection plan there should be a record of any third party involvement in discussions and a clear final outcome annotated. Upon resolution of the dispute Appendix 2 completed form should be placed in the child's record and sent to the administration team in CPU.

The Child Protection Unit will keep a log of the details of all disputes and the resolutions. The Child Protection Unit will provide an annual report to the NHSGGC Child Protection Forum which will include the title and Directorate of the professionals involved, the length of time taken to reach a resolution, the type / nature of the disputes and of the resolutions.

APPENDIX 1

DISPUTE RESOLUTION PROCESS



APPENDIX 2

Details of professionals involved			
Name:		Designation:	
Directorate:			
Tel:		Email:	
Name:		Designation:	
Directorate:			
Tel:		Email:	

Case details			
Case:		Address:	
Additional detail:			

Summary of issue(s) in dispute

Summary of resolution reached/action taken

Signature.....

Signature.....

Date.....