NHS Greater Glasgow and Clyde	SCS Specialist Children's Services AND COMMUNITY C&F AND ACUTE W&C DIRECTORATE	Page	1
		Effective From	April 2023
	STANDARD OPERATING PROCEDURE (SOP) **COMPLEX CHILD PROTOCOL**	Review Date	April 2024
		Version	1

Approved by and date	Complex child Implementation group 13/04/2023
Date of Publication	13/04/2023
Developed by	Pamela McClean - Practice Development Nurse SCS Fiona Houlihan –Professional Nurse lead SCS.

Aim	In September 2020 the Children's Health Services Complex Care Management Protocol was ratified by the GGC Child and Maternal Health Strategy Group and the GGC Child protection Forum. It was agreed that to implement this guidance across Children's Health Services in the board that the oversight would sit with the Getting It Right For Every Child (GIRFEC) Implementation Group. 4 subgroups were agreed to complete work associated with GIRFEC implementation one of which is this group the complex child protocol /Health Lead Professional implementation Group. It should be noted that the production of the Children's Health services Complex Care Management Protocol was a completed action for a Child Death SCR 2017. A Health Single agency Child's Coordination Plan has been developed for all children and young people who meet the criteria within the protocol and have identified Lead Health Professional / involvement of a wider inter/Multidisciplinary Team. This would promote and ensure coordination and communication around admission and discharge of children and young people to improve outcomes. Full implementation of this Plan and required Learnpro module is set for 17th April 2023.
Initial Identification of children	Identified children within the community will be known to Specialist Children's services across GG&C. Any child with a complex health need (with or without additional social vulnerabilities) can be identified by the multidisciplinary team around them and this protocol can be used to log their health and social journey within the community or as a joint project between acute admission and discharge back to community services. Documentation for the initial 'Team around the child' meeting and review documents can be found at Complex care management for children and young people with Exceptional Health Care Needs protocol (scot.nhs.uk)
Staff training	All staff must undertake powerpoint or Learnpro module prior to any participation in Complex Child Protocol work. This will give an understanding to how to correctly identify children and the Team around them, as well as identify the most appropriate Lead Professional. It will advise where documentation can be found and where it then should be stored once it has been completed. There will be support around this protocol from SCS Practice Development Nurse – Pamela McClean pamela.mcclean@ggc.scot.nhs.uk and also an identified group of 'Champions' to support this within your local area. Acute Support has to be confirmed. C&F support has to be confirmed.
What to do once a child is identified	When a child has been identified, your role as a Lead Professional or additional professional should be clear. The Lead Professional should know the child well and will coordinate meetings and complete documentation for the child. The Lead Professional does not have to be any particular role or designation. They will act as

	a single point of contact for the professionals and family. If you are the Lead Professional you should; • Contact additional professions from the 'Team around the Child', this will be both community and acute staff, to notify of involvement required. • Set up an initial 'Team around the Child' meeting. This can be face to face or via MS Teams. • Acquire initial documentation, this can be prepopulated to a degree before the meeting and be approved on the day. • Chair the initial meeting and take notes/populate the rest of the document in real time. You will also have the responsibility to complete the paperwork after the meeting. This will include a clear action plan for involved staff based around wellbeing indicators. • Disseminate completed documentation to group for approval then ensure correct placement of document on EMIS and Clinical Portal • Continue to apply the same principles for all review meetings and documents to monitor progress made.
Placement of completed documents	Completed documentation should be placed as follows; The original meeting and any subsequent reviews will be recorded and stored as new document. This is to maintain paper trail and fidelity. Community staff. EMIS – All meeting should be documented in consultations at the time. Completed documents should be uploaded to EMIS as 'Health Coordination Plan + CHI' or as 'Review Coordination Plan + CHI' for subsequent meetings. EMIS read code applied. CLINICAL portal accessed and Health coordination plan +CHI added and saved. Acute/ W&C and Midwifery. CLINICAL PORTAL – Completed documents should be uploaded to PORTAL as 'Health Coordination Plan + CHI' or as 'Review Coordination Plan + CHI' for subsequent meetings. EMIS read code to be applied by designated community practitioner as per SOP and Completed document saved into EMIS as Health coordination plan +CHI. Work continues on digital coordination plans within the electronic systems.

Update to SOP

