

NHS Derby and Derbyshire Clinical Commissioning Group

Guidance on information sharing and issuing alerts to safeguard children in Primary and Community Care

NHS Derby and Derbyshire Clinical Commissioning Group



Policy Title:	Guidance on information sharing and issuing alerts to safeguard children in Primary and Community Care
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EQUALITY STATEMENT:

- 1.1.1 NHS Derby and Derbyshire Clinical Commissioning Group (the "CCG") aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 1.2 In carrying out its function, the CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which the CCG is responsible, including policy development, review and implementation.

DUE REGARD

2. This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.



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1. Introduction

This guidance is intended to safeguard children by supporting GP practices and community health teams to share information relating to children where there are concerns regarding their safety and welfare. It promotes communication between professionals to safeguard children and supports practitioners in issuing and managing safeguarding alerts on patient recording systems*. It should be read in conjunction with individual organisational safeguarding children policies and the Derby and Derbyshire Safeguarding children Partnership.

NB: the underlying principles within this guidance can be applied to any patient information system, electronic or paper.

The context of this guidance is based on a background of Child Safeguarding Practice Reviews both nationally and locally, where children have died or suffered serious harm and exploitation as a result of failure by professionals to recognise safeguarding concerns and communicate significant information. Published Derby and Derbyshire Child Safeguarding Practice Reviews can be accessed via the **Derby and Derbyshire Safeguarding Children Partnership website:** https://www.ddscp.org.uk/

*As of Nov 2018 this refers to SystmOne (GP & Community) & EmisWeb

2. Objectives

- To support clinicians in highlighting risks to children's safety.
- Ensure organisations IT and users are setup correctly to view and record the correct information.
- To facilitate GP practices in coding, reporting and highlighting cohorts of children where there are safeguarding concerns or those children with additional vulnerabilities due to their family circumstances.
- To promote communication amongst professionals to promote the safety and welfare of children.

3. Evidence Base

This guidance has been developed in response to national and local enquiries into child deaths and serious incidents, which repeatedly identify failures to share significant information relating to their safety and welfare.

The <u>GDPR & Data Protection Act 2018</u> do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

The <u>Children Act 2004</u> section 10 requires a framework to share early concerns about the safety and welfare of children.

The principles of this guidance are underpinned by the following guidance and legislation: -

- "Working Together to Safeguard Children" DfES 2018
- The Children Acts 1989 s27 and 2004 S10.
- The Caldicott Review 2013
- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers HM Government July 2018

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4. Target Audience All primary healthcare professionals with a clinical duty of care for children in Derby and Derbyshire 5. Sharing of child health records and information across primary care health services Health services are diverse, and information relating to specific children may be stored across a range of There is a presumption that where possible GP systems and services. records are shared with primary It is important that wherever possible children's primary health records are shared between health healthcare workers practitioners with a clinical duty of care. whilst they have a duty of care to the Parents and carers should be made aware of the benefits and boundaries of this when seeking consents to child. share. The Childs best interests should be paramount when considering consent to share. A safeguarding child alert on records facilitates prompt communication of significant safeguarding relevant information which might otherwise be lost in complex health recording systems and using 'fail safe' systems wherever possible, such as SystmOne 'safeguarding node'. Where safeguarding concerns are raised clinicians should apply an alert to health records. Best practice would be to inform parents or carers or children who are competent to the fact that significant information in relation to the child/young person's safety is being highlighted to ensure other professionals with a duty of care are aware of the issues. The GP practice need to have a system in place where the safeguarding alerts added are updated and removed as required. SEE APPENDIX 8 Coding children's safeguarding 2019-08 However, parental lack of consent should not be a barrier to highlighting information that is relevant to the safety of a child All GP practices and community child health teams should have systems in place to identify, review and communicate significant information relating to vulnerable children, including flagging systems and regular joint multi-disciplinary team meetings and documentation of discussions. Staff need to be aware of the importance of information sharing to safeguard children and should promote regular planned and unplanned liaison between both adult and children's practitioners to discuss and plan

care around vulnerable children or children at risk of harm.

The GP practice needs to have system in place to hold regular safeguarding multidisciplinary practice meeting inviting relevant professionals such as the 0-19 Health Professional and Midwife. The meetings that

take place need to be minuted and a process in place to update actions agreed on cases discussed.



Applying safeguarding codes to adult records

There will be occasions where adults who are carers or in regular contact with children may pose risks to the children's safety and welfare. Examples may include but are not exclusively in relation to: -

- Identified as posing a risk to children through a child protection conference
- Survivors of domestic abuse which has been discussed at a MARAC* meeting
- Adult who has been discussed at MAPPA** and is identified to pose a risk to children

Decisions to flag adult records should be carefully considered and are best made in discussion with other professionals for example at multi agency safeguarding forums or meetings. Rationale for adding the alert should be documented in the record and best practice would be to inform the individual that their records have been highlighted.

Where professionals believe that to inform the individual that their record has been flagged would cause a risk to others information can be marked "private" as per Appendices 1a & 1b

Follow the 7 golden rules for information sharing*

- 1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- 2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- 4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- 5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
- 6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely
- 7. Keep a record of your decision and the reasons for it whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Extract from HM
Government
Information
sharing Advice for
practitioners
providing
safeguarding
services to children,
young people,
parents and carers
July 2018



6. Principles for Viewing, Issuing & Updating Alerts on Children's Records

All GP practices and SystmOne community units MUST ensure their current method of issuing and updating alerts follows the 6 principles set out below. This is to ensure that information is entered in a consistent manner and accessed when appropriate to safeguard children.

1	Staff Setup: All healthcare profe and notes - the righ This relates to adm clinicians to safegua	*see Appendix 2	
2	Adding Alerts As part of any safeg to the need to initial For SystmOne this series ENSURE ALL Systm Safeguarding In Show delayed to the need to initial some series of the need to initial som	Systmone - Link to safeguarding node guide Coding children's safeguarding 2019-08 SEE APPENDIX 8	
3	Read/ SNOWMED of GP practices and co- indicators. All service here.		
4	GP practice problem GP practices should the code visible to medical interopera	See guidance	
5	Mark record entrie Visibility in the clini See table below	** i.e. Safeguarding entries outside of the safeguarding node e.g. template or journal notes	
	Community Services	See Appendix 1a	
	GP SystmOne		
	GP EMIS Web Entries can only be marked with confidentiality policies – use these carefully as they can hide information from practice staff Any items without a confidentiality policy WILL appear in the online record problems and consultation sections.		See Appendix 1b



Criteria for issuing an alert an individual health record are as follows:

	Child on a protection plan – Procedures and Codes				
<u>Information</u>		Codes and usage guide			
Children Subject to a Child protection Plan An alert should be placed on a child's records in all cases where the child is subject to a child protection plan following a child protection conference and found to be at continuing significant risk of harm under one or more of the following categories (Level 4b Pathway to Provision):-		Child on /removed from protection plan icons - Child safeguarding indicator EMIS Web SystmOne Term: SystmOne: Subject to child protection plan EMISWeb: Subject to child protection plan Where to add: Every relevant child record – Free text note the			
	exual Abuse notional Abuse		category of abuse MAKE ACTIVE PROBLEM F		
	eglect		13Iv 😐	XaOnx	
			Make entry in safeguarding node and add to plan		
			Term: SystmOne - No longer subject to child protection plan EMISWeb: Child removed from protection register Where to add: Every relevant child record END ACTIVE PROBLEM OF 'ON PLAN'		
emis <i>Web</i>	GP Only - Information coded & made a major active pro	oblem	13Iw	XaOtl	
	Consider confidentiality policy		Term: Family member subject of child protection plan Where to add: Every adult / sibling in the close family/ household of the index case - Note the relationship to the index child and the category of abuse		
7	Read code information	All	13Iy.	XaPkF	
	Create safeguarding plan entry CS* Create major active problem GP Mark information recorded outside safeguarding node and Safeguarding Relevant		plan Where to add: Every siblir		
			13lz.	XaPkG	



Child in need – Procedures and Codes		
<u>Information</u>	Codes and usage guide	

Children where there are concerns for health and welfare

These children may be in need of ongoing support as a result of complex health, social or emotional issues*. They will usually have been subject to an early help assessment and have a multidisciplinary team around the child. They may also have an allocated social worker and be identified as "children in need" by the local authority

Children likely to require this Status Alert include:

- 1. Child with a significant medical condition or disability requiring a collaborative approach to meet identified needs (Level 3 or 4a Pathway to Provision)
- 2. Young carers
- 3. Children in receipt of tier 3 or 4 CAMHS services
- 4. Children whose carers suffer from significant physical health problems which are impacting on care or wellbeing Children living in homes where adult mental health problems are impacting on care or welfare.

emis <i>Web</i>	GP Only - Information coded : Consider confidentiality policy		EMIS Web	SystmOne
7			Term: SystmOne: Child in need Where to add: Every relevant c	hild record
			1315	XaIO8
			Term: Child no longer in need Where to add: Every relevant child record	
			9NgB	XaIO7
			Consider adding below to any relevant adults and siblings	
			Term: Vulnerable child in family Where to add: Every relevant adult / sibling record**	
			13IQ	13IQ.
			Term: Child no longer vulne Where to add: Every relevant a	
			13IW	XaLqv

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Child cause for safeguarding concern – Procedures and Codes			
<u>Information</u>	Codes and usage guide		
Children where there are safeguarding concerns for safety and welfare	Safeguarding information exists without being on a protection plan icon		

Children likely to require this Status Alert include: -

- Children/young people in contact with adults where domestic abuse is a feature or who have been subject to MARAC processes (multi agency risk assessments around domestic abuse)
- Multiple attendances at hospital Emergency Departments
- Where a child/young person is in contact with an adult who has been subject to MAPPA (multi agency public protection processes)
- Children living in homes where adult substance misuse is impacting on their care or wellbeing

em s Web	GP Only - Information coded : Consider confidentiality policy		EMIS Web	SystmOne
			Term: Child is cause for safe Where to add: Every relevant c	
7	Read code information	All		
			13WX 😐	XaZJs
	Create safeguarding entry in safeguarding node (NOT PLAN)	All Term: Child no longer safeguarding concern Where to add: Every relevant child record		
	Mark information recorded outside safeguarding node as Safeguarding Relevant		9NgB	XaYZ3
			Consider adding below to any relevant adults and siblings	
			Term: Vulnerable child in family Where to add: Every relevant adult / sibling record**	
			13IQ	13IQ.
		Term: Child no longer vulnerable Where to add: Every relevant adult / s		
		1	13IW	XaLqv

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■ Looked after children – Procedures and Codes Information Codes and usage guide Children in Care (The term Looked After Child (LAC) and Children in Looked after children icon Care (CIC) refer to all Children and young people placed in the care of the Local Authority) EMISWeb Icon EMIS Web **SystmOne** All children placed for adoption remain Looked After, until the Adoption Order is made and the LAC icon should remain in place. **Fig. Term:** Looked after Child Where to add: Every relevant child record The LAC icon is NOT shared unless the record is shared. Please ensure that all LAC records are shared with relevant professionals. 13IB1 🚾 XaXLt When Looked After children transfer GP practices, their records **Fig. Term:** No longer subject of looked after child arrangement should be reviewed and fast-tracked as a priority Where to add: Every relevant child record XaXMD 9NgF Consider adding below to any relevant adults and siblings GP Only – Add the LAC icon (add 13IB1) emis *Web* Inform the CIC nursing team if no longer in care and icon still exists Remove LAC status (add 9NgF) if informed by CIC team **Fig. Term:** Vulnerable child in family by letter Where to add: Every relevant adult / sibling record 13If. 1310. ΑII **Fig. Term:** Child no longer vulnerable Add LAC Read code (XaXLt) GP: Task the CIC nursing team Where to add: Every relevant adult / sibling record 13IW Remove status (add no longer LAC code XaLqv XaXMD) CIC only GP: Task CIC team if status updated to no longer in care

Children in Care (looked after by the local authority)

Children in care of the Local Authority remain vulnerable by virtue of their past experiences and their ongoing changing social circumstances. They will always have an allocated social worker and clinicians should always act in their best interests and consider the importance of sharing information across agencies when relevant to their safety and welfare.

Children who are looked are required to have initial & review health assessments and looked after review meetings where health needs are discussed. Checks are made to confirm that a looked after child who has been placed in the area is registered with a local GP.

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Administration – Urgent Care coding & Child Not Brought (formerly DNA)			
<u>Information</u>	Codes and usage guide		
Appointments & DNA. A child cannot 'not attend' an appointment if they	EMIS Web	SystmOne	
had to be brought to it. Therefore, use the Read code to mark as 'not brought' See read code list appendix	Term: Child not brought to Where to add: Every relevant c		
	9Nz1	Xab0Q	
Unscheduled Care attendances — Consistent coding helps to build a picture of frequent attendances in unscheduled care settings		Code terms: Seen in accident and emergency department Where to add: Every relevant child record	
	9N19.	9N19.	
	Code terms: Seen in out of hours centre Where to add: Every relevant child record		
	9N0I	XaKNv	
	Code terms: Seen in urgent care centre Where to add: Every relevant child record		
	9Nk4	XaNwS	
Code terms: Seen in walk in cer Where to add: Every relevant child			
	9N0x	XaN0k	

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8. Removal/discontinuation of alerts

Any alert added to a patient record should be reviewed on a regular basis and removed when the concern is no longer relevant – e.g. when a child reaches the age of 19 or when risks/ issues have been resolved.

Consider initiating other alerts / systems for adults with care and support needs.

IMPORTANT INFORMATION ON DELETING SAFEGUARDING ALERTS IN SYSTMONE.

This works differently from deletion elsewhere in S1 as the entries are *always* visible using the 'show deleted items' box in the safeguarding node. There is local agreement that ALL SystmOne users will follow this way of working.

SystmOne Child on Protection Plan icon: Removing the plan

If the tick is removed from the record safeguarding information box then then the safeguarding icon

changes to a faded alert: This means there is still a concern but no plan in place.

See below if

this concern is also ended

Ending the concern: Once the current concern is resolved this should be deleted from the safeguarding node

Ending the concern: Once the current concern is resolved this should be deleted from the safeguarding node

Record Safeguarding Information

Delete

Table



Children in Care (Looked After children)

SystmOne: Only the CIC team should remove the status by adding the no longer subject of Looked After code

EMIS GP: Remove the status if notified by letter from CIC team (add code *9NgF*)

EMISWeb Alerts in the precis bar

SystmOne Child Concern icon

Removed by adding either: No longer subject to child protection plan: (13lw) OR Child no longer safeguarding concern (9NgB)



Removed by adding: No longer subject of looked after child arrangement (9NgF)

Problems Administration for GP practices

If you have an active problem of Child On Protection Plan and there is a later code of No longer on plan / in need you must end the problem

SystmOne – Mark problem as inactive

EMISWeb – Change status to End Problem to move to Significant Past

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FAQ

- Check the safeguarding node if in doubt If you see a child for the first time and there are no safeguarding icons then ALWAYS go to the safeguarding node and click 'show deleted items' there may be some information in there of relevance.
- I can't remove the concern If the entry has been recorded by another agency you cannot remove the icon yourself. You must send a 'mark in error request' to the service asking them to delete the item.
- **Do they disappear automatically?** The icons will remain unless they are deleted by the unit that added it.
- I have deleted a plan and the blue boy has reappeared! If the plan concern is deleted and if they had an active (not deleted) blue boy concern before then once the plan entry is deleted (from the safeguarding node) the boy will return. This may also need to be deleted if there are no longer safeguarding concerns.

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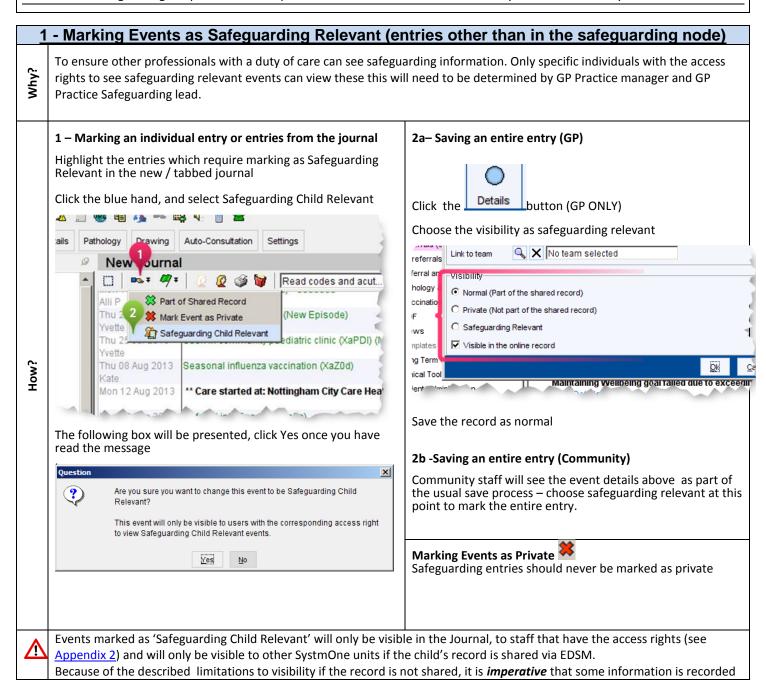
Appendix 1a - Staff adding safeguarding information to SystmOne

If you are uncertain about any aspect of this process, consult your line manager, clinical lead or safeguarding advisor around any alerts issued.

Where you have concerns of a safeguarding nature following a visit or appointment, please ensure you adhere to the <u>Local Safeguarding Children Joint procedures</u>



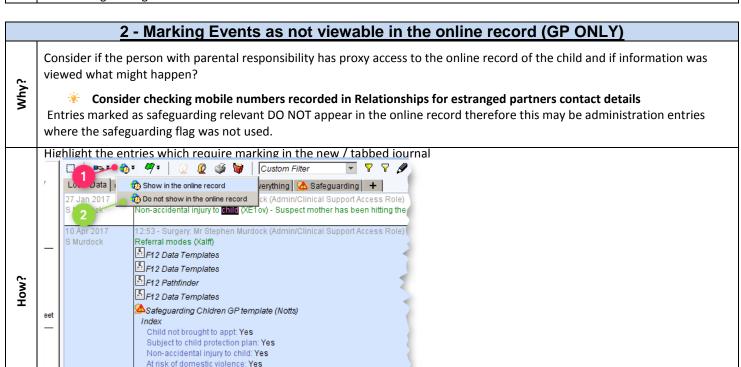
Use the safeguarding templates wherever possible as these contain the information you need to correctly code



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in the safeguarding node.



3 - Recording in the Safeguarding Information node Information recorded in the Safeguarding Information Node creates a marker (see below) and is a guide to looking for further, expanded information in the journal. Right click on Safeguarding Information node*and click Record Safeguarding Information. In the box that appears record the following Field Service that should complete Reason for plan Community service ONLY **Organisation Name** ΑII **ODS** Disregard this Telephone Number All - so that other SystmOne users can contact you if necessary Record your comments by writing in the box provided changing the event date if necessary. Information recorded in this field should be kept to brief bullet points only, and should reference more detailed information regarding the incident/concern in the main body of the record. Click 'OK' and Save the record when ready *This should be on your tree and if not check you have the access right to view and it has been added to the tree. If this not on your tree contact your local Service desk. Entering information here without ticking 'Child is currently on a child protection plan' 몲 will make the Safeguarding Concern icon appear underneath the demographic details

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Child at risk: Yes Child in need: Yes

Click the globe symbol hand, and select Do not show in the online record



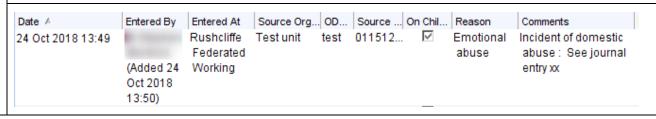
Entering information here **and ticking** 'Child is currently on a child protection plan' will make the Safeguarding Concern icon appear underneath the demographic details box – only community services to do this





The icon is only to be used by community services when there has been a multi-agency child protection conference led by children's social care, which has agreed that the child is at risk of abuse or neglect.

Information recorded in the Safeguarding Information Node is visible to all staff who access right 1 (see Appendix 2) All staff across Nottinghamshire should have the access right to view the information recorded in the safeguarding node, therefore it is imperative it is used correctly and in a consistent manner as per example below.



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Appendix 1b - Staff adding safeguarding information to EmisWeb

1 - Marking Events as confidential

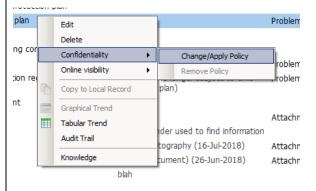
۸h

To ensure only relevant professionals with a duty of care can see sensitive information. Only specific individuals with the correct RBAC access rights to can view these events / record

1 - Marking an individual entry or entries from care history

Highlight the entries which require marking as confidential

Right-click the item you want to apply the confidentiality policy to, point to Confidentiality, and then select Change/Apply Policy



The Change/Apply Policy screen is displayed. The confidentiality policies available depend on your role and the work group you are in.

2 – Making a record confidential

Select the required patient

From the registration screen click confidentiality > the change / apply policy screen is displayed.

Choose the policy to apply

^

Consider use of confidentialty etc...pitfalls

2 - Marking Events as not viewable in the online record

viewe

Why?

Consider if the person with parental responsibility has proxy access to the online record of the child and if information was viewed what might happen?

<u>-</u> I1

Items marked as confidential do not appear in the online record

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Appendix 2 - Setting access rights in SystmOne



For Managers / System Administrators:

Please ensure that all staff are set up according to their role and are able to access the relevant Safeguarding Child Information correctly, as outlined in the table below.

Managers will need to make a decision about which members of their team should have the rights to view, enter or delete safeguarding child information. There are 3 access rights relating to safeguarding children:

N.B. All staff with a clinical duty of care must have access to this significant information

Local Access Right	SystmOne Functionality	Staff requiring this access
View Safeguarding Information Can view the Safeguarding flag and node within patient records	Allows access to view the safeguarding node in the tree, view the comments and icons under the demographics box. Icons visible are: - patient currently on protection plan - patient removed from protection plan - safeguarding information exists without being on a protection plan	Should be used for ALL staff.
2. Delete Safeguarding Information* - can delete the Safeguarding flag from patient records when recorded by other users	You can always delete Safeguarding entries that you have recorded. This access right enables users to delete entries recorded by other users at your Unit You can NEVER delete entries recorded at other Units (use mark in error request task instead)	Should be used for clinical users or those needing to delete entries* (e.g. practice managers / clinicians working in children's service safeguarding leads /admin)
3.Can view Safeguarding Relevant events - can view Safeguarding Relevant events within patient records	Can view events marked as safeguarding relevant in the journal – these are indicated by this icon This information is only visible if the record is shared.	Those who should be able to read sensitive safeguarding information. e.g. GPs / Practice Manager / Nurses / Senior Admin

^{*} Remember: If a concern is now resolved (even if a plan was in place) the concern / plan MUST be deleted.

To set the access rights for a member of staff:

- 1. Select Set up > Users and Policy > Staff & Organisation Set-up**
- 2. Highlight the relevant member of staff and click amend staff.
- 3. Select the Local Access Rights tab
- 4. Find the safeguarding section
- 5. Tick relevant Safeguarding Children boxes as appropriate for that member of staff
- 6. Repeat steps 1-4 for all staff requiring access to safeguarding child information

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**View all staff current access rights by clicking on 'Show acce	ess rights' tick whilst on this screen
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Appendix 3 - Looked after Children additional information

All looked after children with Derby and Derbyshire as their Local Authority will be on the CIC nursing caseload. There is a process in place that ensures LAC icons are put on the SystmOne records.

The CIC nursing team will always need to be informed if LAC icons have to be added by other professionals for this cohort of LAC. Send a **task** to the Derby or Derbyshire Children in Care Service (select administration from the user group and send the task to the team)

Looked after children placed here from other Local Authorities (OLAC) may not be known to the CIC nursing service but will have a GP and always be known to the relevant 0 – 19 service. There is a national notification process in place that should mean when these children/young people move into Derby and Derbyshire the CCG ensure the relevant child health team are informed and the LAC icon is put on the SystmOne records.

However not all areas notify the CCG as per statutory guidance therefore this is not robust. The CCG will always need to be informed if LAC icons have to be put on for this cohort of LAC.

For Looked After children under the care of Derby and Derbyshire Local Authority, the CIC nursing team always need to be informed of changes, including any new health concerns or investigations.

For OLAC the CCG Designated Nurse for Looked after Children will need to be informed of the change of GP Practice.

For Derby and Derbyshire Looked After children the CIC nursing team will remove the LAC icon when they are no longer Looked After (including turning 18 years of age and becoming a care leaver). The GP will be informed by Task for SystmOne users and by letter for EMIS users.

For OLAC this is the responsibility of their originating health provider.

Please ensure timely access to any consultations and consider the implications of non-attendance at health or other appointments and implications for your safeguarding responsibilities.

If any difficulties in sharing information or knowing who is responsible for the Looked after Child, the Designated Nurse within the CCG may be able to give guidance or support:

Derby: DDCCG.lac@nhs.net

Derbyshire: DDCCG.childrenincare@nhs.net

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Guidance on information sharing and issuing alerts to safeguard children in Primary and

Community Care

Appendix 4 – Scanning safeguarding information into records

Q - Which records do I need to scan information to?

A - GMC Guidance says "You should store information or records from other organisations, such as minutes from child protection conferences, with the child's or young person's medical record, or make sure that this information will be available to clinicians who may take over the care of the child or young person. If you provide care for several family members, you should include information about family relationships in their medical records, or links between the records of a child or young person and their parents, siblings or other people they have close contact with." The RCGP states "Child Protection Case Conference invitations and reports should generally be scanned into ALL the notes of the family/household members — there will be some exceptions to this which need to be judged on a case by case basis."

Web	THE STATE OF THE S		
SystmOne Y		EmisWeb	
1.	Scan the received information into children's records ONLY	1.	Scan the received information into children's records ONLY
2.	Check relationships to the child's record (add or remove as necessary – task other services if incorrect information is recorded by them)	2.	Make reference to the scanned information in any associated linked records where necessary (e.g. meeting minutes) (include date & time for cross reference purposes)
3.	Make reference to the scanned information in any associated linked records where necessary (e.g. meeting minutes) (include date & time for cross reference purposes)	3.	Mark as not viewable in online record
4.	Mark As Safeguarding Relevant ¹		

GP ONLY Q - What should we record in associated linked records?

A - Use the read codes below with a reference to the child and the date & time

For recording an MDT has taken place use:

Child protection strategy meeting (XaXHM)

For recording other information scanned to child's record (e.g. Safeguarding hospital letter)

Scanned document (XaIhQ)

Q - Should we redact names of third parties at the point of scanning?

A- No

The sole purpose of scanning is to digitise the hard copy. Typically the scanned doc should always replicate the original.

Whilst GPs may have concerns about third party information contained in case conference minutes, part of the solution is to remove this information if copies of medical records are released for any reason, rather than not permitting its entry into the medical record in the first place.

It is the view of the safeguarding leads across Derbyshire that the names need to be on the child's notes. They probably have a right to know that we all thought adults posed a risk to them when they were children when they have grown up. It is a fact that there were concerns, even if it is not a fact that our fears were right. They may well be the only ones apart from the perpetrator that knows what really happened, and the GP records may be their only practical way of finding out about their past.

You must comply with the law when then releasing this information to either the patient or a third party as part SAR (subject access request)

Records Management Code of Practice for Health and Social Care 2016

NHS Information Governance: Records Management Guidance: Digital Document Scanning
The Legal Admissibility of information stored on Electronic Document Management Systems

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¹ Marking as safeguarding will prevent this from being seen in the online record for SystmOne

<u>Appendix 5</u> - Multiagency Risk Assessment Conference

Derby City & Derbyshire Multi Agency Risk Assessment Conference (MARAC) GP Information Sharing

The Patient is aware that a referral has been made to MARAC and has given consent for information to be shared.

Please complete & return to MARAC@derbyshire.pnn.police.uk

Name of General Practice & GP

Telephone /Email		
Date form completed		
VICTIM/PATIENT DETAILS		
Name & DOB		
Address		
Record any significant health concerns for the victim		
Record the date of when victim was last seen or had communication with your Practice		
Were there any concerns identified or shared regarding the Victims behaviour, presentation or demeanour?		
Has the victim ever disclosed any incidents of domestic abuse/violence?		
	CUTI D/DENI) DETATI C	
Child 1: Name, DOB & address*	CHILD(REN) DETAILS	
,		
Child 2: Name, DOB & address*		
Child 3: Name, DOB & address* NHS Number		
Child 4: Name, DOB & address* NHS Number		
Child 5: Name, DOB & address* NHS Number		

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Child 6: Name, DOB & address* NHS Number	
Record any significant health concerns for the child	
Record date of when child was last seen	
Were there any concerns identified or shared regarding the child's behaviour, presentation or demeanour?	
Please include any other relevant concerns	

PERPETRATOR DETAILS		
Name & DOB		
Address		
Record any significant health concerns for the perpetrator.		
Record date of when perpetrator was last seen or had communication with your Practice		
Were there any concerns identified or shared regarding the perpetrators behaviour, presentation or demeanour?		
Please include any other relevant concerns		

Strictly confidential must not be disclosed without the permission of the information source originator

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Appendix 6: Health information exchange form

Strictly confidential information

The purpose of this document is to provide Children Social Care with relevant health information following the receipt of the Local Authority Information Exchange form. The purpose is to also provide as much information as possible on other health professionals who are known to be working with the child or parent(s); so that if a Child Protection conference is convened the most relevant health professionals can be invited to the child protection conference

This form is to be completed by the health professional that has been contacted by Local Authority Children Social Care for example, MASH and Starting Point Health Advisors, 0-19 Service Professional, GP, Safeguarding Professionals.

N.B. The details of why health information is being requested will be recorded in the Local Authority information exchange form that you should receive prior to sharing this information

Health information for strategy meeting provided by:		
Name :		
Designation:		
Contact details :		
Date of strategy meeting:-		
Time of meeting: -		
Health Information compiled / obtained from :		
Consent received:	Yes:	No: If consent not obtained explain reason for this
GP Details of child and of parent / carer if known :	Informa	ation requested / reviewed for strategy meeting:

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Other health professionals working with the Child(ren) and parent(s)				
Name :	Designation :	Current involvement :	Working with child or parent	Contact details:

Child's name:	
NHS Number :	
Child's DOB:	
Health Summary: A summary of known history drawing out pertinent details – relevant to concerns being raised	
- Start from present day and work back 6-12 months (if not seen in this timeframe then review the last entry). Be aware of any previous social care involvement, as concerns may have already been	
addressed Parent/ carer Name :	
Relevant information:	
Parent/ carer Name :	
Relevant information:	
Analytical overview of the child/family:	

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What are the risks/concerns that you are aware of :-	
What is the impact of these risks:-	
What do you know is working well, strengths and protective factors:-	

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Appendix 7: Child protection Conference templates Initial and reviews

GENERAL PRACTITIONER REPORT FOR INITIAL CHILD PROTECTION CASE CONFERENCES (Strictly confidential)

Conferer	nce venue	Date	Time
General	Name Could be		
Practitioner	_self-populated		
/ Practice	Practice Could be		
	self-populated		

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Section 1: FAMILY COMPOSITION

How many children are in the family home?

Which family members are registered with practice?

Please complete one CHILD PROFILE and one ADULT PROFILE for each member of the household.

Child	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob.	Could be self-populated
	Address	Could be self-populated
	Date child registered with the practice?	Could be self-populated
	Ethnicity	Could be self-populated
	School/ nursery	
	Significant current/ past health conditions	Could be self-populated
	Behavioural issues in the child	
	Physical and learning disability	
	Alcohol and substance	
	misuse in the child?	
	Current medication	Could be self-populated
		Please comment on what each medication is for
		and if it is taken as prescribed
	Is there a history of abuse or neglect?	
	Immunisations	Could be self-populated
		Please comment on whether they are up to date.
	When was the child last seen in the practice?	
	What is the frequency and appropriateness of the child's attendances at the	
	GP surgery, emergency department and NHS out-	
	of-hours services?	
	Missed appointments/ Was Not Brought	Could be self-populated
Is there a	ny other significant	

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Parent/ carer	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob.	Could be self-populated
	Ethnicity	Could be self-populated
	Biological and non-	
	biological link of	
	household adults to child	
	(e.g. if they have parental	
	responsibility)	
	Ethnicity	Could be self-populated
	Parental employment	
	status	
	Mental Health/ Learning/	
	Physical Disability/ illness?	
	Substance/ alcohol	
	abuse?	
	If a parent has problems	
	with substance misuse/	
	alcohol misuse/ mental	
	illness are they having	
	treatment for this and are	
	they compliant with	
	treatment?	
	Domestic Abuse?	
Is there any other	er significant information?	

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Section 2: CRITICAL ANALYSIS/ SUMMARY OF CONCERNS

What is the risk of harm to the child?	
Any concerns regarding the child, their	
health, presentation, or non-	
presentation. Any adult contacts /	
health concerns that may have a	
bearing on an adult's ability to parent.	
What contact has the practice had with	
the child? Can the parents / carers meet	
the needs of the child? How do these	
issues impact on the child?	
What is working well? Does the child	
attend appointments, do parents or	
carers appear to prioritise the child's	
needs; are parent's managing any	
challenges to their health or lifestyle	
issues. Are there good family or	
community supports available? (This can	
apply as a worry if these factors are not	
managed or available).	
What will good look like? e.g. good	
would look like; parent engaged with	
services, offering drug free tests, living	
in a safe and stable home Parents	
evidencing they put the child' needs	
above their own. That the child receives	
emotional warmth and stability	
What is the likely impact on the child?	
Focus on areas of risk. How do the	
parent's actions or behaviours impact	
on the child. E.g. the child must be	
scared when adults are fighting in the	
home or the child won't be able to have	
healthy relationships in the future or	
that if they have drugs in the home the	
child could think it is okay to behave like	
that.	
What could happen if things don't	
<u>change?</u> Think about the child's future,	
e.g. The child could grow to think	
violence is normal in relationship. The	
child could be socially isolated and	
develop significant mental health	
difficulties. The child may not meet their	
potential.	
What needs to change? You can offer	
clear achievable actions that you think	
need to take place. E.g. Offer to see the	
parent or child regularly or parent must	
not be under the influence when caring	
for the child, or child must attend to see	
a specialist and by when.	

Section 3: REPORT SHARING/ CONFERENCE ATTENDANCE

	Yes/ No
Have you captured the voice of the child?	
Have you clearly explained and critically analysed health information?	
Have you shared this report with parent/ carer?	
Have you shared this report with the child (if appropriate)?	
I have discussed the case with the child protection manager who is chairing the conference	
I will/ will not (delete as appropriate) be attending the conference	
I will/ will not be available to contribute to the conference via teleconferencing	
Leiecomerencing	

Name	Designation
Signature	Date

In Derbyshire county please return this form as soon as possible to: CS.CPCONF@derbyshire.gov.uk

In Derby city please return this form as soon as possible to: <u>CPReports@derby.gov.uk</u>

ICPC Child Profile

Child	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob.	Could be self-populated
	Address	Could be self-populated
	Date child registered with	Could be self-populated
	the practice?	
	Ethnicity	Could be self-populated
	School/ nursery	
	Significant current/ past health conditions	Could be self-populated
	Behavioural issues in the child	
	Physical and learning disability	
	Alcohol and substance misuse in the child?	
	Current medication	Could be self-populated
		Please comment on what each medication
		is for and if it is taken as prescribed
	Is there a history of	
	abuse or neglect?	
	Immunisations	Could be self-populated
		Please comment on whether they are up to date.
	When was the child last seen in the practice?	
	What is the frequency and appropriateness of the child's attendances at	
	the GP surgery,	
	emergency department and NHS out-of-hours services?	
	Missed appointments/ Was Not Brought	Could be self-populated
Is there informa	any other significant ation?	

ICPC Parent/ Carer profile:

Parent/ carer	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob	Could be self-populated
	Ethnicity	Could be self-populated
	Biological and non-	
	biological link of	
	household adults to	
	child (e.g. if they have	
	parental responsibility)	
	Ethnicity	Could be self-populated
	Parental employment	
	status	
	Mental Health/	
	Learning/ Physical	
	Disability/ illness?	
	Substance/ alcohol	
	abuse?	
	If a parent has	
	problems with	
	substance misuse/	
	alcohol misuse/ mental	
	illness are they having	
	treatment for this and	
	are they compliant with	
	treatment?	
	Domestic Abuse?	
Is there any other	r significant	
information?		

GENERAL PRACTITIONER REPORT FOR REVIEW CHILD PROTECTION CASE CONFERENCES (Strictly confidential)

Conferen	ce venue	Date	Time
General Practitioner	Name Could be self-populated		
/ Practice	Practice Could be self-populated		

Section 1: FAMILY COMPOSITION

Since the last child protection conference has there been any change in ...

How many children are in the family home?

Which family members are registered with practice?

Please complete one CHILD PROFILE and one ADULT PROFILE for each member of the household.

Child profile	Name	Could be self-populated
cinia prome	NHS Number	Could be self-populated
	Dob.	Could be self-populated
	Address	
	Address	Could be self-populated
	Since the last child protection cor	nference, has there been
	A change in school/ nursery?	
	New behavioural issues in the	
	child?	
	Alcohol and substance misuse in	
	the child?	
	Any attendances at the GP	
	surgery, emergency department	
	or NHS out-of-hours services?	
		Please comment on reason for and
		appropriateness or attendances.
	Any new medication prescribed	
		Please comment on what each medication
		is for and if it is taken as prescribed
	Any missed immunisations?	
	Any missed appointments?	
Is there any of	ther significant information?	

Parent/ carer	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob	Could be self-populated
	Since the last child protecti	ion conference has there been any change
	in	
	Biological and non-	
	biological link of	
	household adults to child	
	(e.g. if they have parental	
	responsibility)	
	Parental employment	
	status	
	Mental Health/ Physical	
	Disability/ illness/	
	substance or alcohol	
	abuse?	
		If so, please give details
Is there any oth	er significant information?	



Section 2: CRITICAL ANALYSIS/ SUMMARY OF CONCERNS

	What is the risk of harm to the child? Any	
	concerns regarding the child, their health,	
	presentation, or non-presentation. Any	
	adult contacts / health concerns that may	
	have a bearing on an adult's ability to	
	parent. What contact has the practice had	
	with the child? Can the parents / carers	
	meet the needs of the child? How do these	
	issues impact on the child?	
	What is working well? Does the child	
	attend appointments, do parents or carers	
	appear to prioritise the child's needs; are	
	parent's managing any challenges to their	
	health or lifestyle issues. Are there good	
	family or community supports available?	
	(This can apply as a worry if these factors	
	are not managed or available).	
	What will good look like? e.g. good would	
	look like; parent engaged with services,	
	offering drug free tests, living in a safe and	
	stable home Parents evidencing they put the	
	child' needs above their own. That the child	
	receives emotional warmth and stability	
	What is the likely impact on the child?	
	Focus on areas of risk. How do the parent's	
	actions or behaviours impact on the child.	
	E.g. the child must be scared when adults	
	are fighting in the home or the child won't	
	be able to have healthy relationships in the	
	future or that if they have drugs in the home	
	the child could think it is okay to behave like	
	that.	
	What could happen if things don't change?	
	Think about the child's future, e.g. The child	
	could grow to think violence is normal in	
	relationship. The child could be socially	
	isolated and develop significant mental	
	health difficulties. The child may not meet	
	their potential.	
	What needs to change? You can offer clear	
	achievable actions that you think need to	
I	take place. E.g. Offer to see the parent or	
ļ	child regularly or parent must not be under	
I	the influence when caring for the child or child must attend to see a specialist and by	
I	when	
		1

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Section 3: REPORT SHARING/ CONFERENCE ATTENDANCE

	Yes/ No
Have you captured the voice of the child?	
Have you clearly explained and critically analysed health	
information?	
Have you shared this report with nament / carer?	
Have you shared this report with parent/ carer?	
Have you shared this report with the child (if appropriate)?	
I have discussed the case with the child protection manager who	
is chairing the conference	
I will/ will not (delete as appropriate) be attending the	
conference	
I will/ will not be available to contribute to the conference via	
teleconferencing	

Name	Designation
Signature	Date

In Derbyshire county please return this form as soon as possible to: CS.CPCONF@derbyshire.gov.uk

In Derby city please return this form as soon as possible to: <u>CPReports@derby.gov.uk</u>

RCPC Child Profile:

Child	Name	Could be self-populated
profile	NHS Number	Could be self-populated
	Dob.	Could be self-populated
	Address	Could be self-populated
	Since the last child protection	n conference, has there been
	A change in school/ nursery?	
	New behavioural issues in the child?	
	Alcohol and substance misuse in the child?	
	Any attendances at the GP	
	surgery, emergency	
	department or NHS out-of- hours services?	
	Hours services:	Please comment on reason for and
		appropriateness or attendances.
	Any new medication	
	prescribed	
		Please comment on what each medication is for and if it is taken as prescribed
	Any missed immunisations?	
	Any missed appointments?	
Is there any information	other significant ?	

RCPC Parent/ Carer profile:

Parent/ carer	Name	Could be self-populated			
profile	NHS Number	Could be self-populated			
	Dob	Could be self-populated			
	Since the last child protection conference has there been				
	any change in				
	Biological and non-				
	biological link of				
	household adults to				
	child (e.g. if they have				
	parental responsibility)				
	Parental employment				
	status				
	Mental Health/ Physical				
	Disability/ illness/				
	substance or alcohol				
	abuse?				
		If so, please give details			
la thara any atlan	, algoriticant				
Is there any other information?	r significant				

Appendix 8 Safeguarding READ codes

Primary Care Coding Children's Safeguarding - SystmOne/EMIS/Snomed

Here is an up-dated list of suggested codes for recording safeguarding concerns, history and actions, now including the Snomed mapped codes.

*These codes are the ones recommended by the RCGP in their safeguarding toolkit (https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit/practice-resources.aspx).

Description	S1	EMIS	Snomed
Safeguarding Concern or At Risk			
Child is cause for concern	XaMzr	13If	287441000000101
*Child is cause for safeguarding concern	XaZJs	13WX	836881000000105
*Family is cause for concern	Ub1Go	13lp	300731000000106
*Child at risk	13IF	13IF	160877008
*Vulnerable child in family	13IQ	13IF-1	160891002
*Vulnerable family	XaNPt	13lq	305311000000106
At risk of neglect by others	XaKbS	13ZV	417716002
At risk of emotional/psychological abuse	XaKbP	13ZR	416142000
At risk of physical abuse	XaKbR	13ZT	416936003
At risk violence in the home	13VF	13VF	161051006
At risk of sexual abuse	XaKbT	13ZW	417361000
*At risk of sexual exploitation	XabRV	13VX	919461000000108
Paternal drug misuse	XaPDT	12X2	439213009
Maternal drug misuse	63C6.	63C6	169941005
Both parents misuse drugs	XaPDU	12X1	439138006
Maternal alcohol abuse	63C7.	63C7	169942003
Alcoholic in the family(S1) / Parental alcohol abuse(EMIS)	XM1Jq	63CM	275115007
Teenage pregnancy	X40Ap	13Hd	237240001
*Child not brought to appointment	Xab0Q	9Nz1	901441000000108
Safeguarding History			
History of emotional abuse	XaEFt	14X2	313217007
History of physical abuse	XaEFr	14X0	313215004
*History of domestic abuse	XaN21	14XD	429746005
History of domestic violence	XaJhe	14X3	412732008
History of sexual abuse	XaEFs	14X1	313216003
*Victim of sexual exploitation	XaXrY	14XH	785101000000105
*Victim of CSE	XabTv	14XH	713834002
*Child protection category neglect	XaYLy	13WT4	802271000000100
*Child protection category physical	XaYM2	13WT2	802311000000100
*Child protection category sexual	XaYLz	13WT3	802281000000103
*Child protection category emotional	XaYM1	13WT1	802301000000102
*History of FGM	Xab25	K578	715477006
*Family History of FGM	Xab24	12b	902961000000107

Child in Need Status			
*Child in Need		13IS	135891007
*Child no longer in need	XalO7	13IT	135890008
*Subject to child protection plan	XaOnx	13Iv	342191000000101
*Unborn child subject to child protection plan	XaYs9	13Iv0	818901000000100
No longer subject to child protection plan	XaOtl	13lw	342891000000105
*Child removed from protection register	1310	1310	160889005
*Family member subject to a child protection plan		13ly	375041000000100
Family member no longer subject to a protection plan		13lz	375071000000106
*Family member no longer on child protection register		13IPO	1025471000000102
Has child subject of child protection plan	Xaa3B	13ly0	864491000000105
Looked After Status			
Child in care	13IB.	13IB	160870005
*Looked after Child	XaXLt	13IB1	764841000000100
*No longer subject to looked after child arrangement	XaXMD	9NgF	764951000000107
Foster care	8GE7.	8GE7	183431002
Fostering medical examination	6982.	6982	171383005
Child lives with another relative	XaMFL	13lc	248201000000109
Child living with unrelated adult	XaOin	13lu	438507006
*Own child has been fostered	8GE71	8GE71	183433004
*Approved Foster Parent	XaF0D	133N	314381008
*Member of foster family	Ua0Hw		224104006
Conference and Referral Codes			
Initial case conference	XaXH9	387A	762761000000102
Review case conference	XaXHB	3879	762781000000106
Social worker involved	13G4.	13G4	160770002
Referral to social services	XaAey	8HHB	306238000
Referral to social services department duty team	XaAf0		306240005
*Referral to safeguarding children's team	XaXlf	8Hkh	514341000000108
Under care of Community Paediatrician(S1)	XaAPb		305501008
Under care of Paediatrician(EMIS)		9NNG	
Seen by Community Paediatrician	XaASU	9Nt32	305648004
Under the care of psychologist	XaJOA	9NNE	408395005
Under care of child and adolescent mental health service(S1)	Xaa2D		864101000000106
Seen by child and adolescent mental health service(EMIS)	V 40:	9N2z	005504000
Under care of school nurse	XaAQt	9NNP	305581006

Appendix 9

Derby and Derbyshire Safeguarding Children Partnership website link https://www.ddscp.org.uk

Derby Safeguarding Adults Board procedures link https://www.derbysab.org.uk/resources-links/

Derbyshire Safeguarding Adults Board procedures link https://www.derbyshiresab.org.uk/professionals/policies-and-procedures.aspx

Online referral form link - Derby City Children Social Care https://myaccount.derby.gov.uk/en/service/report_concerns_about_a_child

Online referral form link - Derbyshire Children Social Care https://www.derbyshire.gov.uk/social-health/children-and-families/support-for-families/starting-point-request-for-support-form.aspx

Online referral form link - Safeguarding Adults - Derbyshire https://www.derbyshiresab.org.uk/professionals/safeguarding-adult-referrals.aspx

Online referral form link - Safeguarding Adults - Derby City https://www.derbyshiresab.org.uk/professionals/safeguarding-adult-referrals.aspx