

**Guidance on Information Sharing and Issuing Alerts to Safeguard Children in Primary & Community Care**

**The attached guidance is an update of an original developed by a working group on behalf of Nottinghamshire and Nottingham City Data Leadership Alliance**

**Reader information**

Document purpose	To ensure adherence to best practice
Version	<b>2.0</b>
Title	Guidance on Information Sharing and Issuing Alerts to Safeguard Children in Primary Care
Authors/Nominated Lead	Val Simnett - Designated Nurse Safeguarding Children Stephen Murdock – Head of Primary Care IT
Replacement document	To replace <i>all previous versions</i> of Guidance on Information Sharing and Issuing Alerts to Safeguard Children in Primary & Community Care
Approving Committee	Nottingham & Nottinghamshire CCG Safeguarding Assurance Group Nottinghamshire Data Leadership Alliance
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Organisations consulted	GP contracted services in Nottingham City & Nottinghamshire County Nottingham CityCare Partnership Nottinghamshire Healthcare NHS Trust Nottingham University Hospital Trust Sherwood Forest Hospitals NHS Foundation Trust GP Federations Greater Nottingham Clinical Commissioning Partnership (GNCCP) Mid-Nottinghamshire Clinical Commissioning Groups Nottinghamshire Health Informatics Service Nottinghamshire CCGs MASH
Target audience	All members of the Primary Health & Community Teams

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## 1. Introduction

This guidance is intended to safeguard children by supporting GP practices and community health teams to *accurately and consistently* 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 Local Multi Agency Safeguarding Children Safeguarding Procedures.

The context of this guidance is based on a background of serious case 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.

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

\*As of Jul 2019 this refers to SystmOne (GP & Community) & EMISWeb

[Nottinghamshire multi-agency safeguarding procedures](#)

## 2. Objectives


- To support clinicians in highlighting risks to children’s safety.
- Ensure organisations IT systems and users are setup correctly to view and record accurate, up-to-date information.
- To facilitate GP practices in coding, reporting and highlighting cohorts of children where there are safeguarding concerns.
- To promote communication amongst professionals to promote the safety and welfare of children.
- To facilitate implementation of the Pathway to Provision (County) and the Family Support Strategy (City), including the Common Assessment Framework process to support children and families.

[Pathway to Provision \(County\) \(V8\)](#)

[Family Support Pathway \(City\) \(2018/20\)](#)

## 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 [GDPR & Data Protection Act 2018](#) do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

The [Children Act 2004](#) 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

## 4. Target Audience

All primary healthcare professionals with a clinical duty of care for children in Nottinghamshire and Nottingham City

## **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 systems and services.

*It is important that wherever possible children's primary health records are shared between health practitioners with a clinical duty of care.*

Parents and carers should be made aware of the benefits and boundaries of this when seeking consents to share. The Child's best interests should be paramount when considering consent to share.

A *current* safeguarding child alert on records facilitates prompt communication of significant safeguarding relevant information which might otherwise be lost in complex health recording systems.

**Where safeguarding concerns are raised clinicians should apply an alert to health records. When resolved the concerns must be removed in line with the guidance in this document**

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.

**However, parental lack of consent should *not* be a barrier to highlighting information that is relevant to the safety of a child**

See [Nottinghamshire Record Sharing Consent Principles- Sharing for Direct Patient Care](#)

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.

*There is a presumption that where possible GP records are shared with primary healthcare workers whilst they have a duty of care to the child.*





See pathway to provision and family support pathway for guidance.

## **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

### **SystmOne and Enhanced Data Sharing Model (EDSM)**

Nottinghamshire has a county wide policy of implied sharing out for direct care (where possible) with explicit permission to view as set out in the [Nottinghamshire Record Sharing Principles-Sharing for Direct Patient Care document](#).

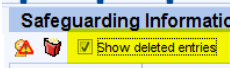
[Pathway to Provision \(County\) \(V8\)](#)

[Family Support Pathway \(City\) \(2018/20\)](#)

[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.

<b>1</b>	<p><b>Staff Setup:</b> All healthcare professionals <b>MUST</b> be setup correctly* in order for them to view safeguarding icons and notes – In SystmOne the rights to see safeguarding information are NOT on the smartcard. This relates to admin and clerical <i>as well</i> as clinical staff. Admin staff have a key role in alerting clinicians to safeguarding information when it comes to their attention.</p>	<p><a href="#">*see Appendix 2</a></p>						
<b>2</b>	<p><b>Adding &amp; Removing Alerts</b> As part of any safeguarding incident, review/communication process, consideration should be given to the need to initiate an alert on the child/young persons' health record. For SystmOne this should be through adding information to the safeguarding node* For EMISWeb this should be through adding an appropriate Read code.</p> <p> <b>ENSURE ALL SystmOne users know to look in the deleted items in safeguarding node on the tree</b> <b>Remove the alert if the concern resolves (either coded or SystmOne icon)</b></p>	<p>Systmone - <a href="#">Link to safeguarding node guide</a></p> 						
<b>3</b>	<p><b>Read Coding</b> GP practices and community services will use various safeguarding codes to meet key performance indicators. All services should be using the code list from this document <i>in the context</i> they appear here.</p>							
<b>4</b>	<p><b>GP practice problem list:</b> GP practices should always code <b>Child Protection plan</b> and <b>Child Cause For Safeguarding Concern</b> as a <i>major active problem</i>. Doing so will make the code visible to users across Health &amp; Social Care who are NOT on SystmOne or EMISWeb via the medical interoperability gateway (MIG). <b>When a concern resolves the problem should be ended</b></p>	<p><a href="#">See guidance</a></p>						
<b>5</b>	<p><b>Template use</b> <i>Always</i> use agreed local templates to record coded information GP Practices Greater Notts - must use the <b>F12 &gt; Safeguarding Children GP</b> template Mid-Notts – must use the <b>Ardens Safeguarding Child</b> template Community services <b>MUST</b> use organisational templates that have been ratified by the Data Leadership Alliance (<b>DLA</b>).</p>	<p><b>Check coding in any templates against this document</b></p>						
<b>6</b>	<p><b>Mark record entries appropriately**</b> Visibility in the clinical record <i>and</i> when the patient views their online record. See table below</p>	<p>** i.e. Safeguarding entries outside of the safeguarding node e.g. template or journal notes</p>						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"><b>Community Services</b></td> <td>All safeguarding entries* <b>MUST</b> be marked as safeguarding relevant</td> </tr> <tr> <td><b>GP SystmOne</b></td> <td>All safeguarding entries* <b>MUST</b> be marked as safeguarding relevant. Entries marked as safeguarding relevant <b>DO NOT</b> appear in the online record.</td> </tr> <tr> <td><b>GP EMISWeb</b></td> <td>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 <b>WILL</b> appear in the online record problems and consultation sections.</td> </tr> </table>	<b>Community Services</b>	All safeguarding entries* <b>MUST</b> be marked as safeguarding relevant	<b>GP SystmOne</b>	All safeguarding entries* <b>MUST</b> be marked as safeguarding relevant. Entries marked as safeguarding relevant <b>DO NOT</b> appear in the online record.	<b>GP EMISWeb</b>	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 <b>WILL</b> appear in the online record problems and consultation sections.	<p><a href="#">See Appendix 1a</a></p>
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		<p><a href="#">See Appendix 1b</a></p>						

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

<b><u>Child on a protection plan – Procedures and Codes</u></b>		
<b><u>Information</u></b>	<b><u>Codes and usage guide</u></b>	
<p><b>Children Subject to a Child protection Plan</b></p> <p>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</p> <p>(Level 4b Pathway to Provision):-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Abuse</li> <li><input type="checkbox"/> Sexual Abuse</li> <li><input type="checkbox"/> Emotional Abuse</li> <li><input type="checkbox"/> Neglect</li> </ul>	 	
	<b>EMIS Web</b>	<b>SystemOne</b>
	<p><b>Term:</b>  <b>SystemOne:</b> Subject to child protection plan  <b>EMISWeb:</b> Subject to child protection plan  <b>Where to add:</b> Every relevant child record – Free text note the category of abuse  <b>MAKE ACTIVE PROBLEM FOR MIG</b></p>	
	<b>13lv</b>	<b>XaOnx</b>
	<b>SNOMED</b>	<b>(342191000000101)</b>
<p>Make entry in safeguarding node and add to plan </p>		
<p><b>Term:</b>  <b>SystemOne -</b> No longer subject to child protection plan  <b>EMISWeb:</b> Child removed from protection register  <b>Where to add:</b> Every relevant child record  <b>END ACTIVE PROBLEM OF ‘ON PLAN’</b></p>		
<p><b>GP Only - Information coded &amp; made a major active problem</b>  Consider confidentiality policy</p>	<b>13lw</b>	<b>XaOtl</b>
	<b>SNOMED</b>	<b>(342891000000105)</b>
<p><b>Term:</b> Family member subject of child protection plan  <b>Where to add:</b> Every adult / sibling in the close family/ household of the index case - Note the relationship to the index child and the category of abuse</p>		
<p><b>Read code information</b></p> <p><b>Create safeguarding plan entry (icon)</b>  See <a href="#">Appendix 5</a> for community services who can create the plan icon</p> <p><b>Create major active problem</b></p> <p><b>Mark information recorded outside safeguarding node and Safeguarding Relevant</b></p>	<b>All</b>	<b>13ly.</b>
	<b>Community SystemOne</b>	<b>XaPkF</b>
	<b>GP</b>	<b>SNOMED</b>
	<b>All</b>	<b>(375041000000100)</b>
<p><b>Term:</b> Family member no longer subject of child protection plan  <b>Where to add:</b> Every sibling / adult in the close family/ household of the index case: Note the relationship to the index child  Free text nature of procedure (could be used for any meeting/outcome not coded above)</p>		
		<b>13lz.</b>
		<b>XaPkG</b>
		<b>SNOMED</b>
		<b>375071000000106</b>

## Child in need – Procedures and Codes

### Information

### Codes and usage guide

#### Children where there are concerns for health and welfare (separate from any safeguarding concerns)

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 a CAF 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.

	GP Only - Information coded : Consider confidentiality policy	EMIS Web	SystemOne																
	Read code information	All	<p><b>R</b> <i>Term:</i>  <b>SystemOne</b> : Child in need  <i>Where to add:</i> Every relevant child record</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">13IS</td> <td style="text-align: center;">XaIO8</td> </tr> <tr> <td style="text-align: center;">SNOMED</td> <td style="text-align: center;">135891007</td> </tr> </table> <p><b>R</b> <i>Term:</i> Child no longer in need  <i>Where to add:</i> Every relevant child record</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">13IT</td> <td style="text-align: center;">XaIO7</td> </tr> <tr> <td style="text-align: center;">SNOMED</td> <td style="text-align: center;">135890008</td> </tr> </table> <p style="text-align: center;"><b>Consider adding below to any relevant adults and siblings</b></p> <p><b>R</b> <i>Term:</i> Vulnerable child in family  <i>Where to add:</i> Every relevant adult / sibling record**</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">13IQ</td> <td style="text-align: center;">13IQ.</td> </tr> <tr> <td style="text-align: center;">SNOMED</td> <td style="text-align: center;">160891002</td> </tr> </table> <p><b>R</b> <i>Term:</i> Child no longer vulnerable  <i>Where to add:</i> Every relevant adult / sibling record**</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">13IW</td> <td style="text-align: center;">XaLqv</td> </tr> <tr> <td style="text-align: center;">SNOMED</td> <td style="text-align: center;">247661000000106</td> </tr> </table>	13IS	XaIO8	SNOMED	135891007	13IT	XaIO7	SNOMED	135890008	13IQ	13IQ.	SNOMED	160891002	13IW	XaLqv	SNOMED	247661000000106
13IS	XaIO8																		
SNOMED	135891007																		
13IT	XaIO7																		
SNOMED	135890008																		
13IQ	13IQ.																		
SNOMED	160891002																		
13IW	XaLqv																		
SNOMED	247661000000106																		



## Child cause for safeguarding concern – Procedures and Codes

### Information








### 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

	GP Only - Information coded : Consider confidentiality policy		<i>EMIS Web</i>	<i>SystemOne</i>
			 <i>Term: Child is cause for safeguarding concern</i> <i>Where to add: Every relevant child record</i>	
	Read code information	All	13WX 	XaZJs
	<input type="checkbox"/>	<input type="checkbox"/>	SNOMED	836881000000105
	Create safeguarding entry in safeguarding node (NOT PLAN)	All	 <i>Term: Child no longer safeguarding concern</i> <i>Where to add: Every relevant child record</i>	
	Mark information recorded outside safeguarding node as Safeguarding Relevant	All	9NgB	XaYZ3
			SNOMED	810771000000107
			<b>Consider adding below to any relevant adults and siblings</b>	
			 <i>Term: Vulnerable child in family</i> <i>Where to add: Every relevant adult / sibling record**</i>	
			13IQ	13IQ.
			SNOMED	160891002
			 <i>Term: Child no longer vulnerable</i> <i>Where to add: Every relevant adult / sibling record**</i>	
13IW	XaLqv			
SNOMED	247661000000106			

## Looked after children – Procedures and Codes

<u>Information</u>		<u>Codes and usage guide</u>	
<p>Children in Care (The term Looked After Child (LAC) and Children in Care (CIC) refer to all Children and young people placed in the care of the Local Authority)</p> <p>All children placed for adoption remain Looked After, until the Adoption Order is made and the LAC icon should remain in place.</p> <p>The LAC icon is NOT shared unless the record is shared. Please ensure that all LAC records are shared with relevant professionals.</p> <p>When Looked After children transfer GP practices, their records should be reviewed and fast-tracked as a priority</p>		<i>Looked after children icon</i> <i>EMISWeb Icon</i>	
		<i>EMIS Web</i>	<i>SystemOne</i>
		<i>Term: Looked after Child</i> <i>Where to add: Every relevant child record</i>	
		<i>13IB1</i>	<i>XaXlt</i>
		<i>SNOMED</i>	<i>764841000000100</i>
		<i>Term: No longer subject of looked after child arrangement</i> <i>Where to add: Every relevant child record</i>	
		<i>9NgF</i>	<i>XaXMD</i>
		<i>SNOMED</i>	<i>764951000000107</i>
	<p>GP Only – Add the LAC icon (add <i>13IB1</i>)            Inform the CIC nursing team if no longer in care and icon still exists            Remove LAC status (add <i>9NgF</i>) ONLY if informed by CIC team by letter</p>	<p style="text-align: center;"><i>Consider adding below to any relevant adults and siblings</i></p>	
		<i>Term: Vulnerable child in family</i> <i>Where to add: Every relevant adult / sibling record</i>	
		<i>13If.</i>	<i>13IQ.</i>
		<i>SNOMED</i>	<i>160891002</i>
	<p>Add LAC Read code (<i>XaXlt</i>)            GP: Task the CIC nursing team</p>	All	<i>Term: Child no longer vulnerable</i> <i>Where to add: Every relevant adult / sibling record</i>
	<p>Remove status (add no longer LAC code)            GP: Task CIC team if status updated to no longer in care</p>	CIC only	<i>13IW</i>
		<i>SNOMED</i>	<i>XaLqv</i>
		<i>247661000000106</i>	

### 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.


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




## 8. Removal/discontinuation of alerts

Any alert added to a patient record *must* be reviewed on a regular basis and **removed** when either:

- The concern is no longer relevant – e.g. when a child is aged 19 or when risks/ issues have been resolved **OR**
- The child is deducted (leaves) your SystemOne unit

Any new service/s registering the patient are responsible for reviewing and initiating required alerts.

	<b>TPP SystemOne</b>
<b>IMPORTANT INFORMATION ON DELETING SAFEGUARDING ALERTS</b>	
This works differently from deletion elsewhere in S1 as the entries are <i>always</i> visible using the 'show deleted items' box in the safeguarding node. There is local agreement that ALL SystemOne users will follow this way of working.	
<b>SystemOne Child on Protection Plan icon : Removing the plan</b>	
Ending the plan (the concern still exists but the plan has ended) <b>Add a new entry to the safeguarding node and remove the plan 'tick' – this will fade but not remove the alert.</b>	
Ending the concern: <b>Once the current concern is resolved delete the plan entry in the safeguarding node.</b>	
<b>SystemOne Child Safeguarding Concern icon</b>	
Ending the concern: <b>Once the current concern is resolved this should be deleted from the safeguarding node.</b>	
<b>Children in Care (Looked After children)</b>	
<b>SystemOne:</b> Only the CIC team should remove the status by adding the 'no longer subject of Looked After' code	
<b>Problems Administration</b> 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 mark the problem as inactive.	
<b>SystemOne FAQs</b>	
<ul style="list-style-type: none"> <li>• <b>Check the safeguarding node if in doubt</b> - If there are no safeguarding icons and you have a concern , <b>ALWAYS</b> go to the safeguarding node and click 'show deleted items' there may be some information in there of relevance.</li> <li>• <b>I can't remove the concern</b> - If the entry has been recorded by another service you cannot remove the icon yourself. You must task the organisation that added the entry to request they review / delete it.</li> <li>• <b>Do they disappear automatically?</b> The icons will remain unless they are deleted by the unit that added it.</li> <li>• <b>I have deleted a plan and the blue boy has reappeared!</b> Active entries in the safeguarding node will generate icons. If you delete an entry but there is an older entry still active this will generate an icon. Delete all entries which are no longer current.</li> </ul>	

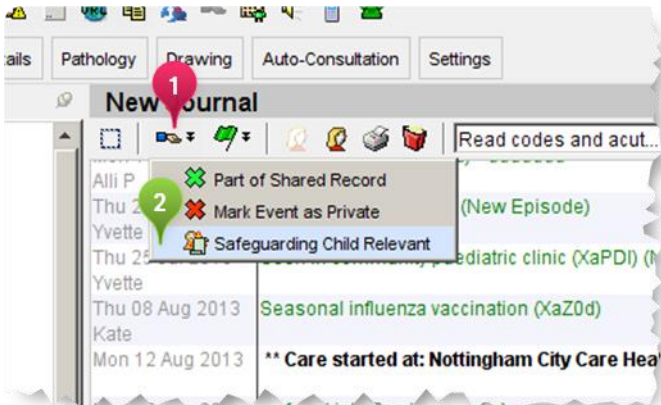


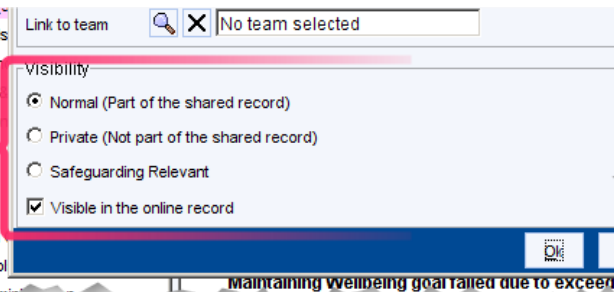
	<b>EMISWeb</b>
<b>EMISWeb Alerts in the precis bar</b>	
	<b>Removed by adding either:</b> No longer subject to child protection plan: (13lw ) <b>OR</b> Child no longer safeguarding concern (9NgB)
	<b>Removed by adding :</b> No longer subject of looked after child arrangement (9NgF)
<b>Problems Administration for GP practices</b>	
<b>EMISWeb</b> – Change status to End Problem to move to Significant Past	

## Appendix 1a - Staff adding safeguarding information to SystemOne

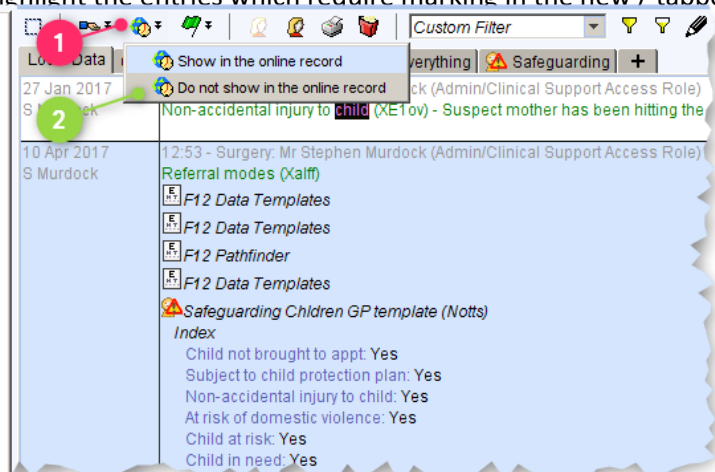
If you are uncertain about any aspect of this process, consult your line manager, clinical lead or safeguarding advisor around any alerts issued.

Where you have concerns of a safeguarding nature following a visit or appointment, please ensure you adhere to the [Local Safeguarding Children Joint procedures](#)



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

<b>1 - Marking Events as Safeguarding Relevant (entries other than in the safeguarding node)</b>	
<b>Why?</b>	To ensure other professionals with a duty of care can see safeguarding information. Only specific individuals with the access rights to see safeguarding relevant events can view these.
<b>How?</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>1 – Marking an individual entry or entries from the journal</b></p> <p>Highlight the entries which require marking as Safeguarding Relevant in the New / Tabbed Journal</p> <p>Click the blue hand, and select Safeguarding Child Relevant</p>  <p>The following box will be presented, click Yes once you have read the message</p>  </div> <div style="width: 48%;"> <p><b>2a– Saving an entire entry (GP)</b></p>  <p>Click the <b>Details</b> button (GP ONLY)</p> <p>Choose the visibility as safeguarding relevant</p>  <p>Save the record as normal</p> <p><b>2b -Saving an entire entry (Community)</b></p> <p>Community staff will see the event details above as part of the usual save process – choose safeguarding relevant at this point to mark the entire entry.</p> <p><b>Marking Events as Private</b> </p> <p>Safeguarding entries should never be marked as private</p> </div> </div>
	Events marked as ‘Safeguarding Child Relevant’ will only be visible in the Journal, to staff that have the access rights (see <a href="#">Appendix 2</a> ) and will only be visible to other SystemOne units if the child’s record is shared via EDSM. Because of the described limitations to visibility if the record is not shared, it is <b>imperative</b> that some information is recorded in the safeguarding node.

## 2 - Marking Events as not viewable in the online record (GP ONLY)

<b>Why?</b>	<p>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?</p> <p> <b>Consider checking mobile numbers recorded in Relationships for estranged partners contact details</b></p> <p>Entries marked as safeguarding relevant DO NOT appear in the online record therefore this may be administration entries where the safeguarding flag was not used.</p>
<b>How?</b>	<p>Highlight the entries which require marking in the new / tabbed journal</p>  <p>Click the globe symbol hand, and select 'Do not show in the online record'.</p>

## 3 - Recording in the Safeguarding Information node

<b>Why?</b>	<p>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.</p>											
<b>How?</b>	<p>Right click on Safeguarding Information node* and click Record Safeguarding Information.</p> <p>In the box that appears record the following</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Field</th> <th>Service that should complete</th> </tr> </thead> <tbody> <tr> <td>Reason for plan</td> <td>Community service ONLY</td> </tr> <tr> <td>Organisation Name</td> <td>All</td> </tr> <tr> <td>ODS</td> <td>Disregard this</td> </tr> <tr> <td>Telephone Number</td> <td>All - so that other SystemOne users can contact you if necessary</td> </tr> </tbody> </table> <p>Record your comments by writing in the box provided changing the event date if necessary. <b>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.</b></p> <p>Click 'OK' and Save the record when ready</p> <p>*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 Servicedesk.</p>		Field	Service that should complete	Reason for plan	Community service ONLY	Organisation Name	All	ODS	Disregard this	Telephone Number	All - so that other SystemOne users can contact you if necessary
Field	Service that should complete											
Reason for plan	Community service ONLY											
Organisation Name	All											
ODS	Disregard this											
Telephone Number	All - so that other SystemOne users can contact you if necessary											
	<p>Entering information here <b>without</b> ticking 'Child is currently on a child protection plan' will make the Safeguarding Concern icon appear underneath the demographic details box.</p> <p>Entering information here <b>and ticking</b> '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.</p>	  										



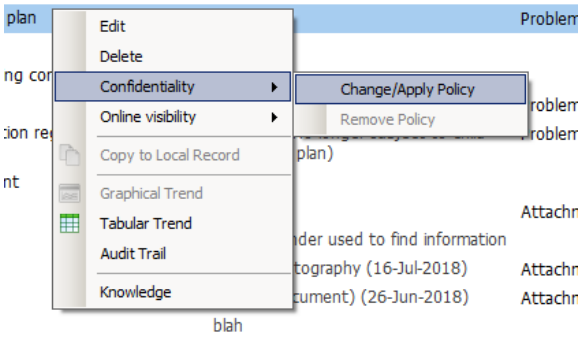
The icon is only to be used by community services when there has been a multi-agency child protection conference led by children’s social care, which has agreed that the child is at risk of abuse or neglect.

Information recorded in the Safeguarding Information Node is visible to all staff with 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.

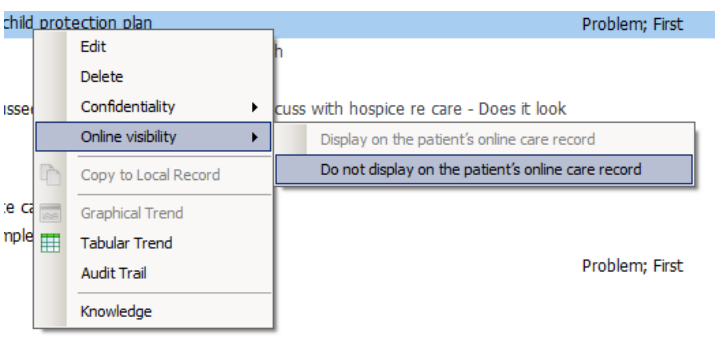
Date ^	Entered By	Entered At	Source Org...	OD...	Source ...	On Chil...	Reason	Comments
24 Oct 2018 13:49	 (Added 24 Oct 2018 13:50)	Rushcliffe Federated Working	Test unit	test	011512...	<input checked="" type="checkbox"/>	Emotional abuse	Incident of domestic abuse : See journal entry xx

## Appendix 1b - Staff adding safeguarding information to EMISWeb

### 1 - Marking Events as confidential

<b>Why?</b>	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	
<b>How?</b>	<p><b>1 – Marking an individual entry or entries from care history</b></p> <p>Highlight the entries which require marking as confidential</p> <p>Right-click the item you want to apply the confidentiality policy to, point to Confidentiality, and then select Change/Apply Policy</p>  <p>The Change/Apply Policy screen is displayed. The confidentiality policies available depend on your role and the work group you are in.</p>	<p><b>2 – Making a record confidential</b></p> <p>Select the required patient</p> <p>From the registration screen click confidentiality &gt; the change / apply policy screen is displayed.</p> <p>Choose the policy to apply</p>
	<p> When marking events as confidential consideration should be given to which staff members this will affect within the practice. Who needs to know this information and will it still be visible when required.</p>	

### 2 - Marking Events as not viewable in the online record

<b>Why?</b>	<p>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?</p> <p> Items marked as confidential do not appear in the online record</p>	
<b>How?</b>	<p>Highlight the entries in the care history or consultations screen which require marking and right click to display the below:</p>  <p>Items not visible in the online record will show this icon : </p>	







## Appendix 2 - Setting access rights in SystemOne

### 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	SystemOne Functionality	Staff requiring this access
<b>1. View Safeguarding Information</b> - 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 <b>ALL</b> staff.
<b>2. Delete Safeguarding Information*</b> - can delete the Safeguarding flag from patient records when recorded by other users	You can always delete Safeguarding entries that <b>you</b> have recorded. <b>This access right enables users to delete entries recorded by other users at your Unit</b> <b>You can NEVER delete entries recorded at other Units</b> (use mark in error request task instead)	Should be used for <b>clinical</b> users or those needing to delete entries* (e.g. practice managers / clinicians working in children's service safeguarding leads /admin)
<b>3.Can view Safeguarding Relevant events</b> - can view Safeguarding Relevant events within patient records	Can view events marked as safeguarding relevant in the journal – these are indicated by this icon  <b>This information is only visible if the record is shared.</b>	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



\*\*View all staff current access rights by clicking on 'Show access rights' tick whilst on this screen

### Appendix 3 – Looked after Children additional information

All looked after children with Nottinghamshire/Nottingham city 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 Nottinghamshire 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 Nottinghamshire/Nottingham City 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 Nottinghamshire/Nottingham City Local Authority, the CIC nursing team always need to be informed of changes, including any new health concerns or investigations.  
For OLAC the CCG will need to be informed of the change of GP Practice.

For Nottinghamshire/Nottingham City 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.

## 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”

SystemOne 	EMISWeb 
1. <b>Scan</b> the received information into children’s records <b>ONLY</b>	1. <b>Scan</b> the received information into children’s records <b>ONLY</b>
2. <b>Check relationships</b> to the child’s record (add or remove as necessary – task other services if incorrect information is recorded by them)	2. Make <b>reference</b> to the scanned information in any associated <b>linked records where necessary</b> (e.g. meeting minutes) (include date & time for cross reference purposes)
3. Make <b>reference</b> to the scanned information in any associated <b>linked records where necessary</b> (e.g. meeting minutes) (include date & time for cross reference purposes)	3. <b>Mark as not viewable in online record</b>
4. <b>Mark As Safeguarding Relevant</b> <sup>1</sup>	

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

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

**For recording an MDT has taken place use:**

Child protection strategy meeting (Read v3 – XaXHM v2 ESCTCH13) (SNOMED – 762931000000105)

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

Scanned document (Read v3 – XalhQ v2 - 9b30) (SNOMED - 24761000000103)

### 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 document 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 Nottinghamshire 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](#)

<sup>1</sup> Marking as safeguarding will prevent this from being seen in the online record for SystemOne

**Appendix 5 - SystemOne Community Services who can create the child protection plan icon**

Nottinghamshire County	Nottingham City
CYP Bassetlaw NottsHC	Health Visiting and School health
CYP Mansfield and Ashfield NottsHC	Behavioural and Emotional Health
CYP Newark and Sherwood NottsHC	Continence service (Paediatrics is within this unit as well)
CYP North East NottsHC	Nutrition and Dietetics (Paediatrics is within this unit as well)
CYP Rushcliffe NottsHC	Safeguarding
CYP West NottsHC	Nottingham Small Steps Big Changes
Nottingham City Family Nurse Partnership	
Children in Care NottsHC	