



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

**(Including guidance on sharing preferences for children's records on SystemOne)**

**The attached guidance has been developed by a working group on behalf of Nottinghamshire and Nottingham City Data Advisory Group.**

**Reader information**

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Author/Nominated Lead	Val Simnett - Designated Nurse Safeguarding Children
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Target audience	All members of the Primary Health Team

**CONTENTS**

		<b>Page Number</b>
Section 1	Introduction	2
Section 2	Objectives	2
Section 3	Evidence Base	2
Section 4	Target audience	2
Section 5	Sharing of health records across primary care services <ul style="list-style-type: none"> <li>• 7 rules for information sharing</li> </ul>	3
Section 6	Issuing alerts/Status Alerts on children's records <ul style="list-style-type: none"> <li>• Children Subject to a Child protection Plan</li> <li>• Children in Care</li> <li>• Children where there are concerns for safety or welfare</li> </ul>	5
Section 7	Adults who are foster carers	6
Section 8	Removal or discontinuation of alerts	6
Appendix 1	Process for sharing a record on SystemOne	7
Appendix 2	Pathway for Communication and Review of Children Across Primary Healthcare Teams	9
Appendix 3	Recording Safeguarding Children information on SystemOne	10
Appendix 4	To record the Children in Care (looked after by the local authority) alert on SystemOne	15
Appendix 5	Appropriate Read codes for Safeguarding (Including EMIS electronic system)	16

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

### **1. Introduction**

This guidance is intended to safeguard children by supporting GP practices and community health teams to share information relating to vulnerable children. 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 Safeguarding Children Board 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 vulnerable children and communicate significant information.

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

### **2. Objectives**

- To support clinicians in highlighting vulnerable children
- 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

### **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 Caldicott review April 2013 identifies a new Caldicott principle, that the duty to share personal confidential data can be as important as the duty to respect service user confidentiality.

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 2015
- The Children Acts 1989 s27 and 2004 S10.
- The Pathway to Provision Multi Agency Threshold Guidance Nottinghamshire Children’s Trust Partnership 2010 & The Family Support Strategy Nottingham City Children’s Trust 2010
- The Health Visitor implementation plan call to action
- The Caldicott Review 2013
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers – March 2015 DfE

- Ministerial letter in response to child sexual exploitation “Our joint commitment to share information effectively for the protection of children” DoH, Ministry of Justice & Home Office March 2015

#### **4. Target Audience**

All health 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 consent to share. The Child’s best interests should be paramount when considering consent to share.

***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 Appendix 1 Process for Sharing a Record in SystemOne***

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 Common Assessment Framework (CAF) is a holistic assessment tool that can be used by all services working with children and young people. The CAF supports practitioners to work in partnership with parents/carers, children and young people to identify strengths, needs and goals. Primary care teams are ideally placed to share information to contribute to the early help CAF assessment process to plan coordinated multi-agency support and actions.

[Early Help Assessment Framework Nottinghamshire County Council](#)

[Common Assessment Framework Nottingham City County Council](#)

The Pathway to Provision Multi Agency Threshold Guidance (Nottinghamshire Children’s Trust Partnership) and the Family Support Strategy (Nottingham City Children’s Partnership) support practitioners in identifying level of need for children. All staff should be aware of the guidance and the thresholds within. At each contact with a child, young person or parent / carer the level of need of the children within the household should be considered.

#### ***Follow the 7 golden rules for information sharing***

- a) Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.
- b) Be open and honest with the young person (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.
- c) Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

- d) Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- e) Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- f) Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- g) 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: Guidance for practitioners and managers.  
Copies can be obtained from [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)*

**See Appendix 2 for pathway for communication and review of Children across Primary Health teams**

## **6. Issuing Alerts/Status Alerts on Children's Records**

As part of any safeguarding review/communication process, consideration should be given to the need to initiate an alert on the child/young persons' health record

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

### **a) 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):-

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

### **b) 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)**

Recent local serious case reviews have identified the specific vulnerabilities of this group of children. Although "looked after" they often remain at risk of poor outcomes as a result of their past experiences and ongoing social and emotional needs. They will always have an allocated social worker and a multi agency plan of support in place which health practitioners need to be aware of.

These children will have a regular statutory health review undertaken by the Children in Care Health Team. It is important that this review is considered at each contact and changes in health status or any identified safeguarding concerns are shared with the CIC team. For users of SystmOne electronic records, ***the LAC icon can be applied by any professional seeing a child and who is informed that they are in care.***

***When these children transfer GP practices, their records should be reviewed and fast-tracked as a priority.*** The children in care health team will always need to be informed of such changes. ***Details of the specialist Children in Care Health Team can be found [here](#)*** or by phoning 0115 883 1101 (City/SouthCounty Health Team), 01623 622515- ext: 6458- (North Health Team) or 01909 501707 (Bassetlaw Health Team).

**c) Children where there are concerns for safety and welfare** 

*(For SystmOne users, this national icon of the boy in the blue t-shirt has replaced the previous local icon of the red phoenix)*

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: -

- Child with a significant medical condition or disability requiring a collaborative approach to meet identified needs (Level 3 or 4a Pathway to Provision)
- Multiple attendances at hospital Emergency Departments
- Young carers
- Children in receipt of **tier 3 or 4 CAMHS** services
- Children/young people is 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**)
- 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
- Children living in homes where adult **mental health problems** are impacting on care or welfare.
- Children whose carers suffer from significant physical health problems which are impacting on care or wellbeing

**Consideration should also be given to other situations that may impact upon safety and welfare (see also [Pathway to Provision](#) (County) & [Family Support Strategy](#) (City))**

**7. Adults who are foster carers**

Recent serious case reviews have identified the importance of identifying adults who are foster carers to ensure that any changes in their health status and circumstances are considered in the context of their suitability to meet the needs of children in their care. Significant changes in health status or circumstances should be shared with their allocated social worker.

It is recommended that adults who are foster carers’ records are flagged to make practitioners aware of their special status as registered carers for vulnerable children. It is recommended that where Read Codes are available, the code for “vulnerable child in family” is used with an explanation of the foster caring status.

**8. Removal/discontinuation of alerts**

It is the responsibility of the practitioner issuing any alert to ensure regular review and monitoring of the status. Once issues have resolved, alerts should be de-activated (process on SystemOne described in appendix 3.)

Alerts relating to children should be removed once they reach the age of 18 years. Consideration should then be given to any relevant adult codes which may apply if they are still considered to be vulnerable. The information should remain on the record as significant past as it may have implications for assessment of future health needs.

**See Appendix 3** for issuing safeguarding alerts & **Appendix 4** for issuing children in care alerts on TPP SystemOne electronic record

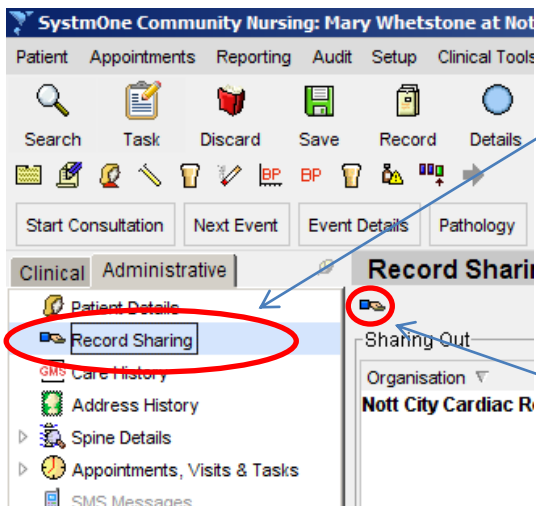
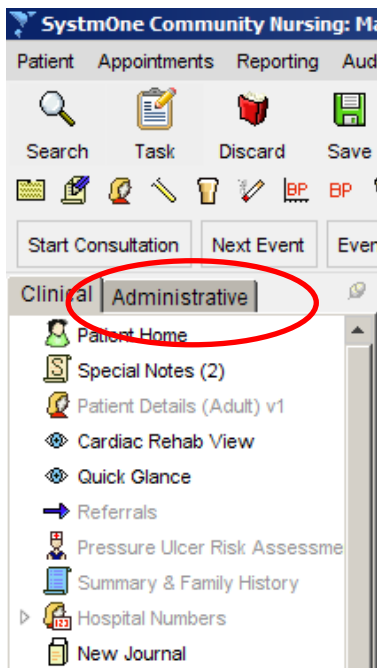
## Appendix 1

### Process for Sharing a Record in SystmOne

There are significant benefits to sharing children's records across health services and failure to share information has been identified as a significant factor in numerous serious incidents and child deaths. The benefits of sharing information in their best interests should be explained to parents and young people to ensure that their consent is informed.

You can amend or set the Child's consent to record sharing:

1. Retrieve the patient record

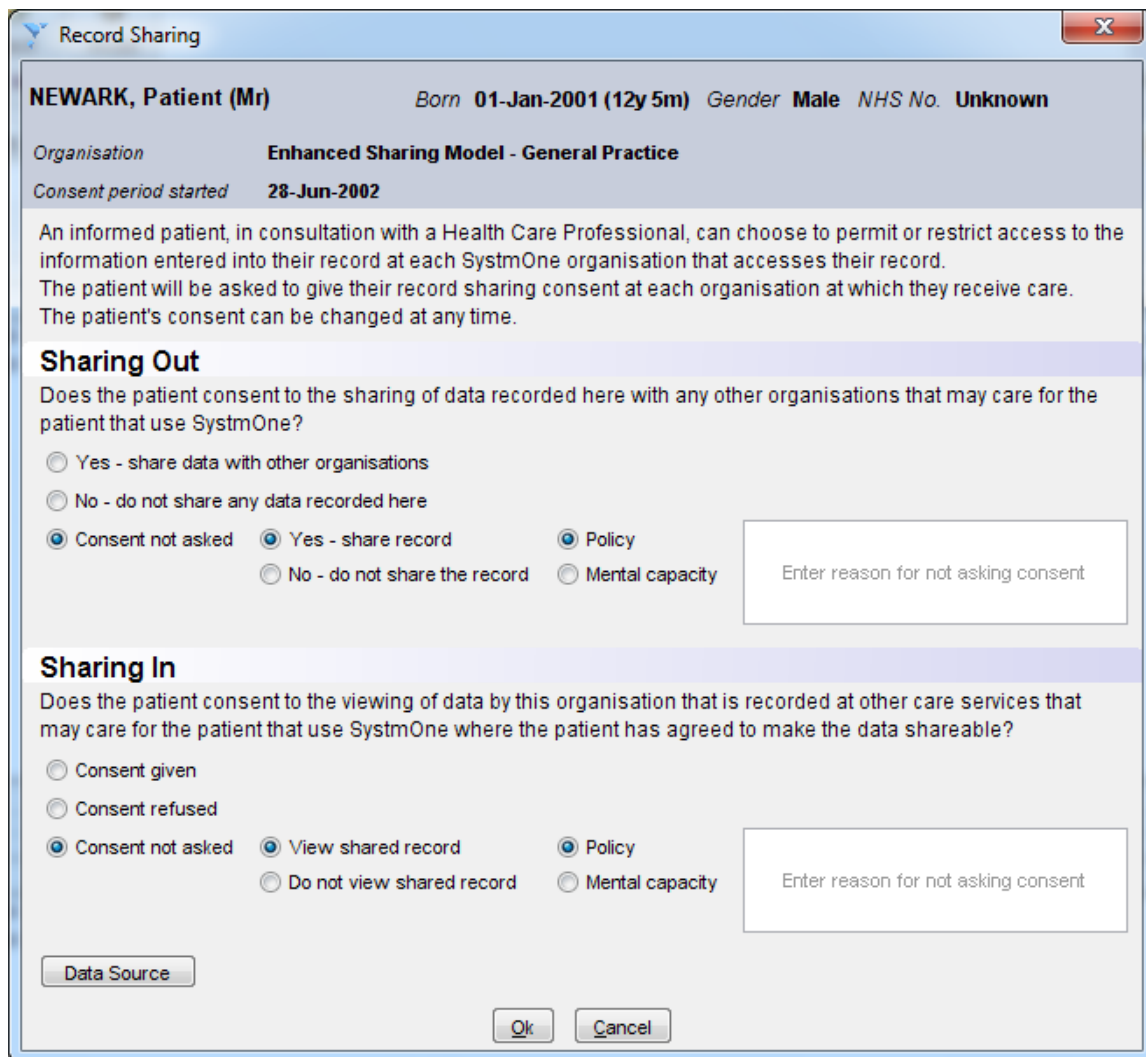


Do one of the following:

Right click and select Record Sharing, or



Click 



**Record Sharing**

**NEWARK, Patient (Mr)** Born **01-Jan-2001 (12y 5m)** Gender **Male** NHS No. **Unknown**

Organisation **Enhanced Sharing Model - General Practice**

Consent period started **28-Jun-2002**

An informed patient, in consultation with a Health Care Professional, can choose to permit or restrict access to the information entered into their record at each SystemOne organisation that accesses their record. The patient will be asked to give their record sharing consent at each organisation at which they receive care. The patient's consent can be changed at any time.

**Sharing Out**

Does the patient consent to the sharing of data recorded here with any other organisations that may care for the patient that use SystemOne?

Yes - share data with other organisations  
 No - do not share any data recorded here  
 Consent not asked     Yes - share record     Policy  
 No - do not share the record     Mental capacity

Enter reason for not asking consent

**Sharing In**

Does the patient consent to the viewing of data by this organisation that is recorded at other care services that may care for the patient that use SystemOne where the patient has agreed to make the data shareable?

Consent given  
 Consent refused  
 Consent not asked     View shared record     Policy  
 Do not view shared record     Mental capacity

Enter reason for not asking consent

Data Source

Ok Cancel

In order to share and view the record you need to set the patient's consent.

### Explicit Consent

A young person who has been assessed as competent is entitled to a confidential service and can give consent to share information. For younger children, parental consent should be sought. If you are able to gain consent to share the child's record you can set explicit consent. To do this click the radio button 'Yes – share data with other organisations' in the Sharing Out section and 'Consent given' in the Sharing In section.

### Implied Consent

If you are unable to gain explicit consent but believe it is in the child's best interests, you can set implied consent. To do this click the radio buttons 'Consent not asked' – 'View shared record' – 'policy' and document the reason for sharing the record. This needs to be set on both sharing out and sharing in sections.

### Dissent to record sharing

If a child or young person with capacity, or a parent, refuses to give consent to share information, you should consider their reasons for refusing, and weigh the possible

consequences of not sharing the information against the harm that sharing the information might cause. If a child or young person is suspected to be at risk of, or is suffering, abuse or neglect, it will usually be in their best interests to share information with the appropriate agency. Further guidance on sharing information without consent can be found in “Protecting Children and Young People, the Responsibilities of all doctors” GMC 2012.

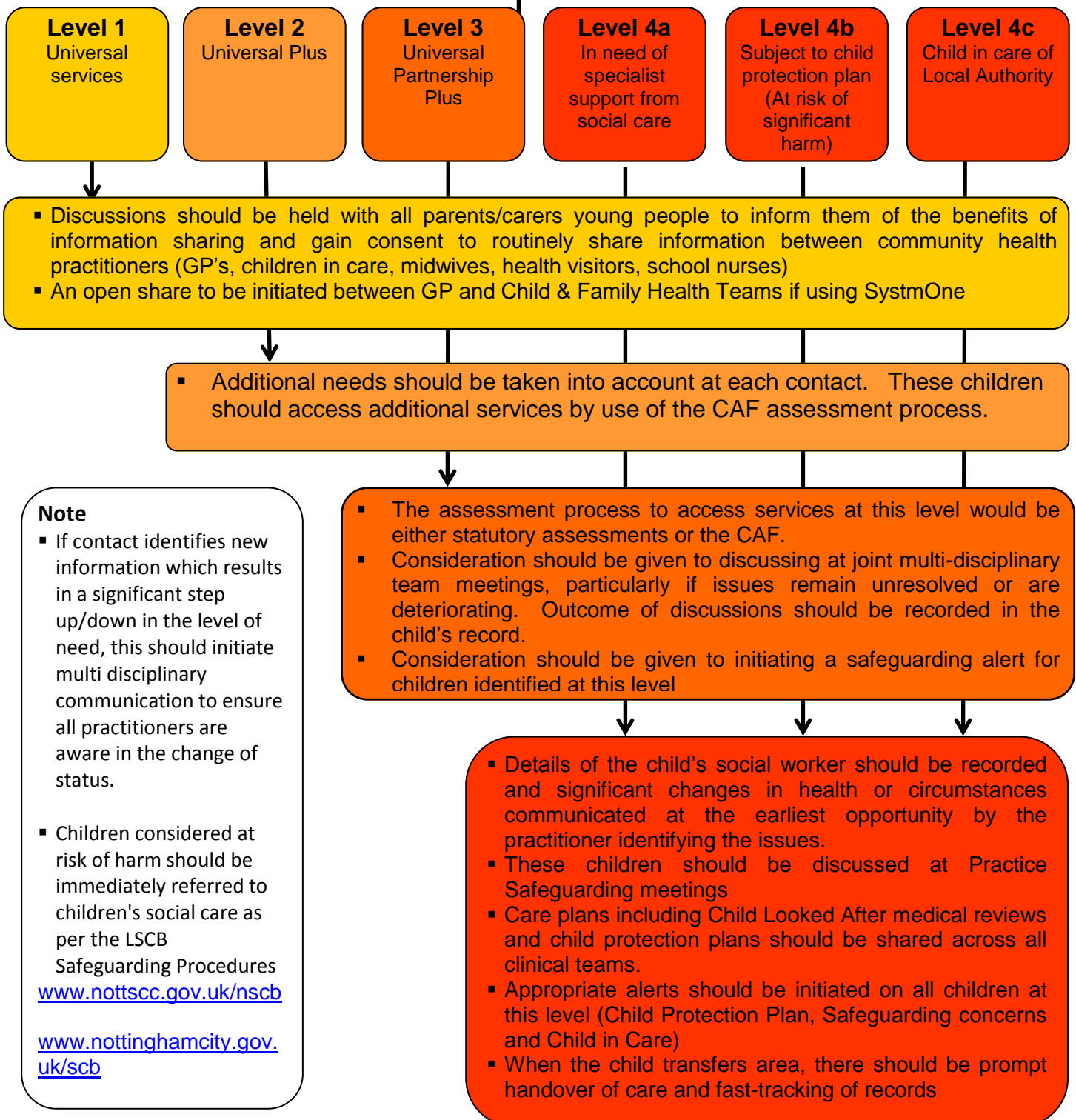
Clicking in the Data Source Screen will enable you to view other care services who have shared data. The Share In box lists the services who can see the data that you have recorded and are Sharing out.

**Appendix 2**

**Pathway for Communication and Review of Children  
Across Primary Healthcare Teams**

GP Practice and Community Child Health Teams (midwives, children in care, health visitors and school nurses) should ensure local systems are in place to communicate significant information relating to children at risk or with significant or complex needs across primary care teams.  
All staff should be aware of the system and review records for alerts at each patient contact

Childs level of need identified by clinician following criteria in "Health Visitor Implementation Plan 2011-15 Call to Action DoH 2011" as below



**APPENDIX 3**

**RECORDING SAFEGUARDING CHILDREN INFORMATION ON SYSTMONE**

The following guidance has been developed by the Data Advisory Board as a measure to ensure the safety and welfare of vulnerable children is shared consistently across all services with a clinical duty of care. It should be read in conjunction with the “Guidance on Information Sharing and Issuing Alerts to Safeguard Children in Primary Care.”

For more detailed guidance go to:

<https://vimeo.com/123080936> Password: Rushcliffe1





<http://elearning.notts-his.nhs.uk/safeguarding/safeguarding.htm>

**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.

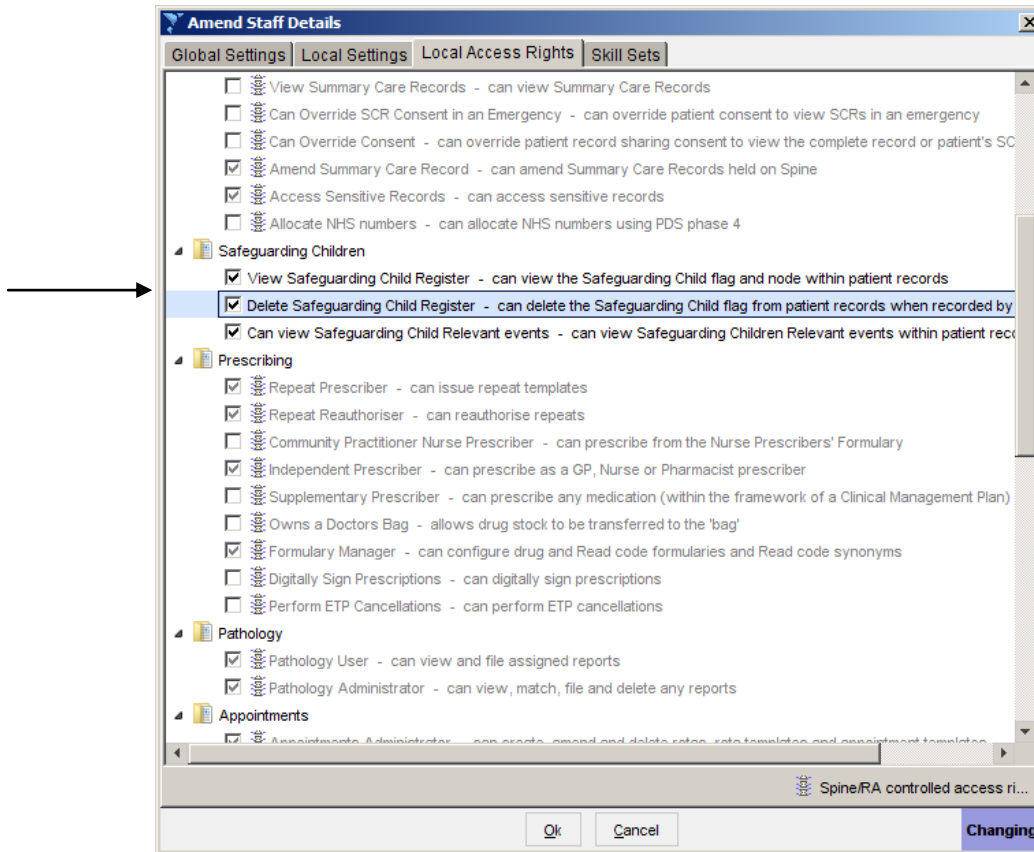
Managers will need to make a decision about which members of their team should have the rights to view, enter or delete safeguarding child information. There are 3 access rights relating to safeguarding children:

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

Local Access Right	SystemOne Functionality
<p><b>1.View Safeguarding Child Register</b> - can view the Safeguarding Child flag and node within patient records</p> <p>Should be used for <b>ALL</b> staff.</p>	<p>Allows access to view the safeguarding node in the tree, view the comments and icons under the demographics box. Icons visible are:</p> <p> - patient currently on protection plan</p> <p> - patient removed from protection plan</p> <p> - safeguarding information exists without being on a protection plan</p>
<p><b>2.Delete Safeguarding Child Register</b> - can delete the Safeguarding Child flag from patient records when recorded by other users</p> <p>Should be used for <b>senior</b> users only (e.g. service leads).</p>	<p>You can always delete Safeguarding entries that you have recorded in error. This access right enables users to delete entries recorded by other users at your Unit if added in error. You can NEVER delete entries recorded at other Units.</p>
<p><b>3.Can view Safeguarding Child Relevant events</b> - can view Safeguarding Children Relevant events within patient records</p> <p>Should be used for staff members who should be able to read sensitive safeguarding information.</p>	<p>Can view events marked as safeguarding relevant in the journal – these are indicated by this icon</p> <p></p> <p><b><i>This information is only visible if the record is shared.</i></b></p>

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. Tick relevant Safeguarding Children boxes as appropriate for that member of staff
5. Repeat steps 1-4 for all staff requiring access to safeguarding child information


**For staff:**


Ensure you have considered the “Guidance on Information Sharing and Issuing Alerts to Safeguard Children in Primary Care” prior to issuing any alerts on records. **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 following procedure:

**Marking Events as Safeguarding Relevant**


Events marked as ‘Safeguarding Child Relevant’ will only be visible in the Journal, to staff who have the access right 3. above, and will only be visible to other Units if the Child’s record is shared. It is

identified in the Journal by this icon . Safeguarding Events that are recorded in the Journal

can be marked as Safeguarding Relevant either by highlighting it in the Journal and using the  icon on the Journal toolbar, or for Community Users clicking the Safeguarding Child Relevant Radio button on Saving the record. Because of the described limitations to visibility if the record is not shared, it is imperative that some information is recorded in the safeguarding node.

### Recording a Safeguarding Concern

Recording information in the Safeguarding Child Information Node, without ticking 'Child is currently on a child protection plan' (see box below) will make the Safeguarding Concern icon

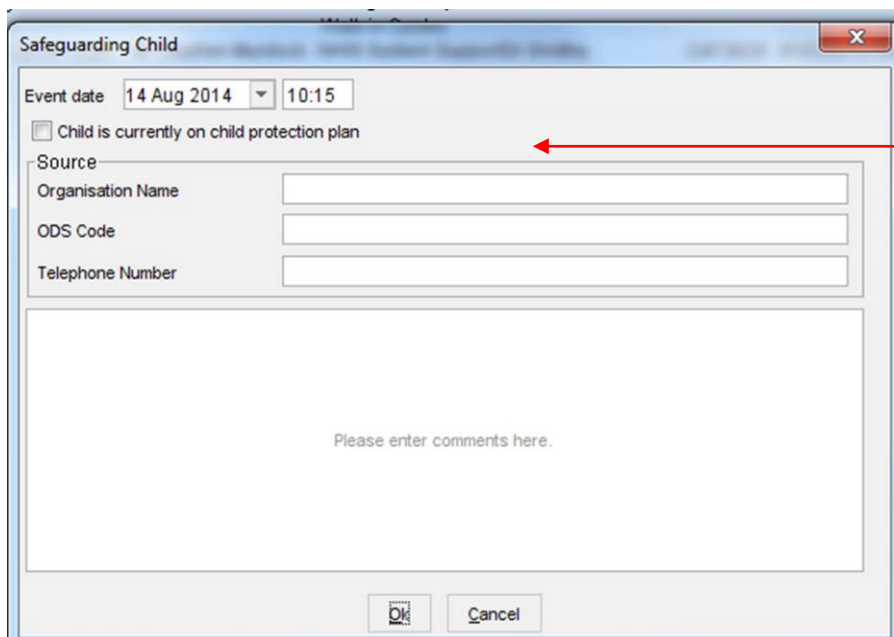
appear underneath the demographic details box. 

Right click on Safeguarding Child Information node which should be on your Clinical Tree. The box below will appear. Record your Organisation Name and Telephone Number, so that other SystemOne users can contact you if necessary. The ODS Code field can be disregarded.

Record your comments by writing in the box provided changing the event date if necessary.


Click 'OK' and click the save button.

**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.**



### Recording a child is subject to a protection plan


This icon is only to be used when there has been a multi agency child protection conference led by childrens social care, which has agreed that the child is at risk of abuse or neglect. In such cases, complete the steps as above and tick the box 'Child is currently on a child protection plan'.

This will put the following Status Alert underneath the demographics box on the record .

The entry made in the Safeguarding Child Information node will not appear in the New Journal. To view any information that has been recorded you will need to go to the Safeguarding Child Information node on the clinical tree.

If you see a Safeguarding Status Alerts, all the relevant information can be seen by selecting the Safeguarding Child Information node on the clinical tree, and by looking for entries in the Journal

with the  icon .

When the child is no longer subject to a Child Protection plan, enter new comments and remove the tick from the 'Child is currently on a child protection plan' box which will fade the  icon.

### V3 amended version July 2015

If an icon is recorded in error it can be removed by following the 'delete' procedure. Any safeguarding icons that are deleted remain in the safeguarding child information node. These are visible by putting a tick in the 'show deleted entries' box.

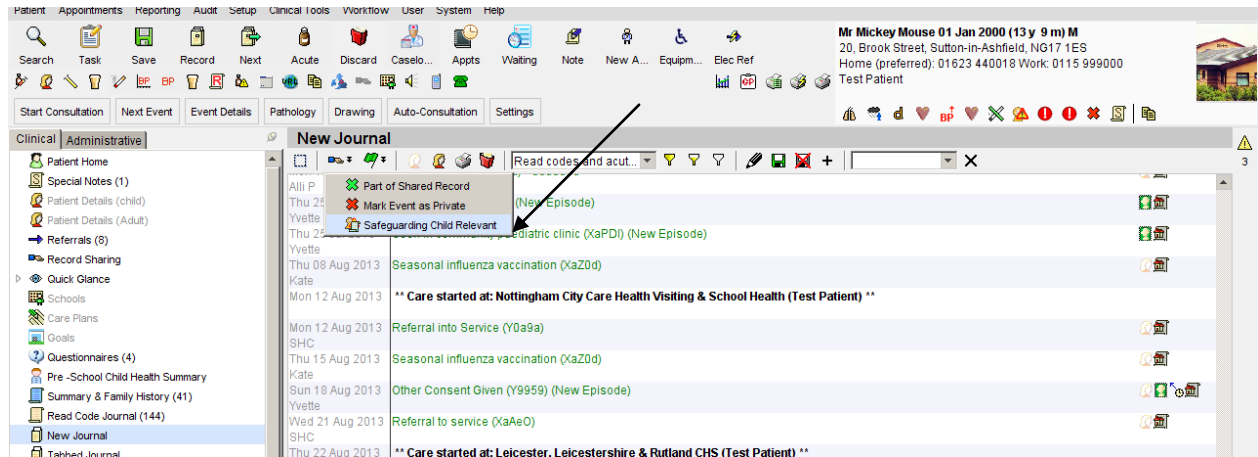
## Significant Events

Where an area of concern is identified within a family the activities on SystmOne should be marked as a 'Significant Event'. The consultation note can be highlighted in the New Journal, and saved as Safeguarding Child Relevant in the consultation .

### Marking an individual entry in the Journal as Safeguarding Relevant

Highlight the entries which require marking as Safeguarding Relevant.

Click the blue hand, and select Safeguarding Child Relevant



The following box will be presented, click Yes once you have read the message.



Save the record as normal



## Marking an entire Consultation as Safeguarding Relevant

The screenshot shows the 'Event Details' window with the following fields and options:

- Date & Time:** Exact date & time, Mon 14 Oct 2013, 15:07
- Template:** [Dropdown], Apply Template, New Template
- Staff:** Event done by:  Known staff member, Mary Whetstone;  Unknown; Staff type: Systems Support Access Role; Authorised by: Mary Whetstone
- Location:** Organisation: am City Care Health Visiting & School Health; Other location: Childrens Centre; Save as default
- Contact:** Contact method: [Dropdown];  Clinically relevant;  Admin event; Event is incomplete (can be amended later); Link to referral: 12 Aug 2013 15:21 - Health Visiting for School Health Service (Primary Reas...); Update Referral Status, End Referral, Include ended referrals
- Visibility:**  Normal (Part of the shared record);  Private (Not part of the shared record);  Safeguarding Child Relevant

The 'Activities' panel on the right contains buttons for Add, Amend, and Delete, and a table with columns: Exp..., Activity Ty..., With, Dur... The panel currently displays 'No activities recorded'.

In the Event Details screen (see above) use the 'Safeguarding Child Relevant' radio button, the question box will appear, as above. NB This will mark everything recorded in this consultation as Safeguarding Relevant.

Any event that is normally entered on a significant event card should be preceded with 'Significant Event' in your Consultation. In conjunction with this you should commence a significant event card in the paper record.

To print off a list of significant events you:


Open the record.

Click on New Journal

Go to Search box on New Journal Tool Bar and type in 'Significant Events' and press enter on the keyboard.

A list of Significant Events will appear, right click over an event and select Print Table.

Click the cross to close the list.

The right hand side of the Journal can also be checked for the Safeguarding Icon  to enable the User to see at a glance if there are any Safeguarding issues.

**Appendix 4**

**Children in Care (looked after by the local authority) alert on SystemOne**



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.

The LAC alert can be applied or removed by any health professional who is informed of a child's Looked After/No Longer Looked After status. If it is noted that the Children in Care Health Team remain involved with a child who a health professional knows is no longer in care, then it is good practice for the professional to inform the team by phone or by sending a task via S1. This is undertaken when in the child's record, and by selecting Task (create new task), using the drop down box and choosing the **Nottinghamshire Children in Care Service**. Select **administration** from the user group box and send the task to the team, or alternatively task the named health professional if known.

**Appendix 5 Appropriate Read codes for Safeguarding Children**

**To be used by services which routinely input Read codes e.g. GP practices including EMIS**

<b>Child Protection Procedures</b>		
3875. (3875) Social Services Case conference	Every relevant child record	
8CM6. (Ub0ec) Child Protection plan	Every relevant child record	Note the category of abuse
13lw. (XaOtl) No longer subject to child protection plan	Every relevant child record	
13ly. (XaPkF) Family member subject of child protection plan	Every child in the close family/ household of the index case	Note the relationship to the index child and the category of abuse
13lz. (XaPKG) Family member no longer subject of child protection plan	Every child in the close family/ household of the index case	Note the relationship to the index child
64c.. (Ub0ex%) Child protection procedure	Every relevant child record	Free text nature of procedure (could be used for any meeting/outcome not coded above)
<b>Reference to Maltreatment</b>		
SN552 (XElov) Non accidental injury to a child	Every relevant child record	
13IB0 (13IB0) Child in foster care	Every relevant child record	These children often need high levels of continuing care
14XC at Risk of Domestic Violence	Every relevant child record, including close family/household contacts of index case	Note the nature of the abuse and the relationship of the child to the index case
14X3 – Alleged Perpetrator of Domestic Violence	Every adult who has perpetrated DV	Be wary of recording unsubstantiated allegations, code best used when perpetrator themselves discloses or when case has been considered at MARAC or MAPPA
<b>History/Causes for concern</b>		
13IS. (XaIO8) child in need	every relevant child record	
13IF. (13IF.) child at risk	every relevant child record	
13If. (XaMzr) Child is cause for concern	every relevant child record	
625% (625.%) A/N care: social risk	every relevant maternal record	note the nature of the risk
63CA.(63CA.) h.v mother not managing well	every relevant maternal and child	note the nature of the risk
ZV613. (ZV613) [V] other parent-child problems	every relevant child record	Note the nature of the problem
Xabgn Discussion about female genital mutilation	Every record where FGM is identified	
Xab24 Family history of female genital mutilation	Every female child record where parents known to be subject to FGM	Note the nature of the risk to child of FGM
Xab25 History of female genital	Every record where the patient is	

V3 amended version July 2015

mutilation	identified as being subject to FGM	
<b>Contact with social care</b>		
9FZ.. (9FZ.) Child exam/report NOS	every relevant child record	any other concern that might not on its own be significant but that may be part of a pattern of events/incidents e.g. an unexplained bruise
8HHB. (XaBva) Referral to social services (Child referral to social services)	every relevant child record	
6982. (6982.) Fostering medical examination	every relevant child record	
<b>Risk assessment</b>		
(XaPJc) Discussion about child health	every relevant child record	Note who the concern was discussed with and the outcome

Be careful discriminating between 'O' and '0' and 'l', '1' and 'I'

% = this is a top level code with sub codes