



Output-Based Specification for Child Health Information Systems

Output-Based Specification for Child Health Information Systems

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Output-Based Specification for the Child Health Information System

Prepared by the Child Health Information Systems Transition Steering Group

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1. Introduction

1.1 Audience

This document outlines the high-level requirements intended to guide software development and implementation to:

- commissioning organisations (COs), including those responsible for contracting for child health information systems (CHIS), and/or responsible for contracting for screening, immunisation and other child health services
- public health staff moving from primary care trusts to local authorities
- community services staff, particularly community paediatricians and child health record department staff
- general practitioners (GPs) and their staff
- health visitors
- school nurses
- schools
- local authorities, particularly children's social services departments
- shadow and developing clinical commissioning groups (CCGs)
- suppliers of CHIS
- health protection units
- Information Commissioner
- midwives.

This list is not intended to be exhaustive.

1.2 About this document

This document forms the vision and high-level requirements for information sharing systems to be procured to underpin delivery of child health services in England. CHIS should also have the capability to support other applications. It is intended for expansion and localisation to support a coherent approach to system procurement in order to meet the aspirations of the Child Health Information Systems Transition Steering Group.

It is important to note that this document is intended to augment existing contractual requirements documentation. To that end, this document does not set out to repeat the many non-functional or general requirements that appear in existing contractual documentation, covering themes such as information governance, Personal Demographics Service (PDS), or clinical safety. In the event of a conflict between this document and the policy documents that are referenced from each chapter, the policy documents should take precedence unless explicitly stated otherwise.

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To reflect the transition period this document avoids the use of specific terms to refer to organisations involved in child health services delivery (eg PCT, local authority, CCG). Instead, the term “Commissioning Organisation” (CO) is used to refer to those organisations involved in the purchasing of health services for a defined local population. In the future public health and healthcare system, this may include clinical commissioning groups, local authorities, and others. Where the term CO has been used in this document, it is used advisedly and refers to the organisation responsible for purchasing child health services, and/or CHIS. In some cases, an organisation may be responsible both for commissioning the information system that underpin delivery of healthcare services (the CHIS) and for commissioning the service (eg immunisation). However, in some cases responsibility may be split between different organisations. Clarity about roles and responsibilities for the different parts of the public health and healthcare system in relation to CHIS will be set out in an operating model developed by the NHS Commissioning Board Authority in due course. It is worth noting that, following the Transforming Community Services agenda, in many cases the current commissioning organisation for CHIS will be separate from the CHIS service provider. It is anticipated that this distinction between commissioning and provision will be retained in the future.

This document identifies the data flows in to and out of a CHIS that are required to support delivery of each child health service, and to enable relevant data sharing to a national standard, which among others include:

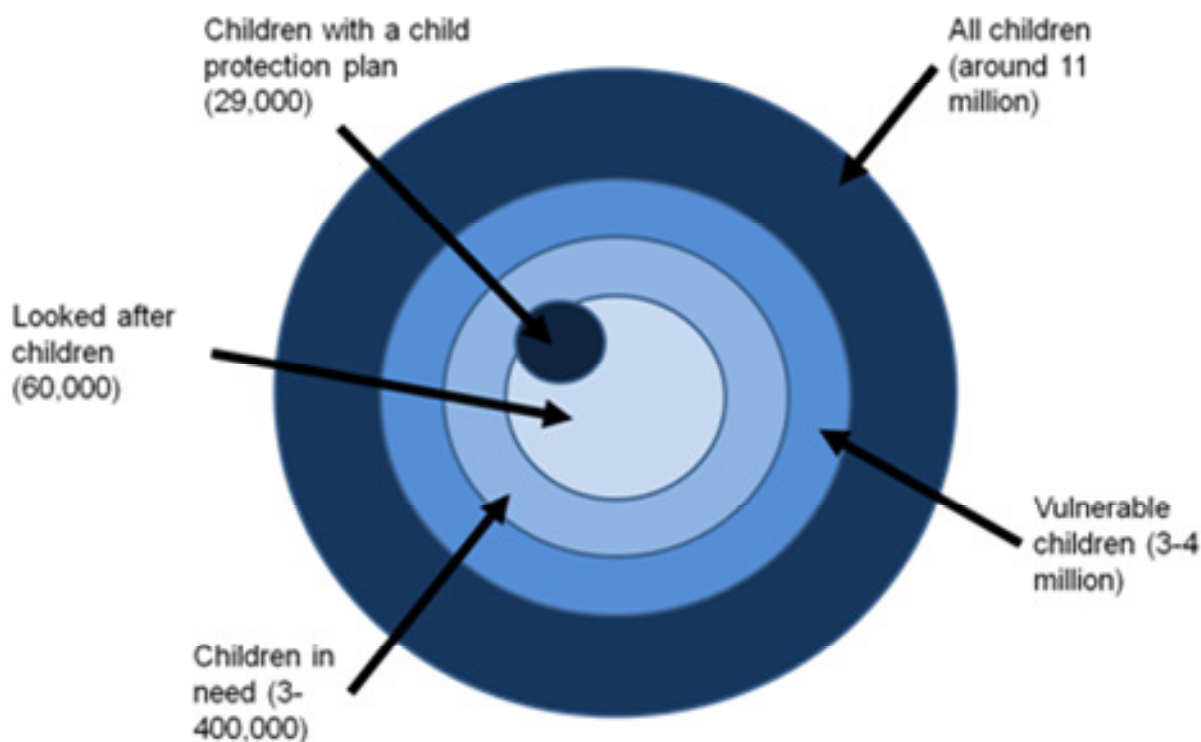
- critical and intimate linkages required with maternal records as more than 95% of babies are born in hospital
- transmission of screening coverage and results data requires links between laboratories, maternity units, child health record departments and GPs, all of whom are served by a variety of different system suppliers and systems
- known information flows for health, social care and education departments have been described, in order to improve integration with the local authority.

All children receive what are known as “universal” services. In addition, the key classifications used to differentiate the services that are offered to children are:

- vulnerable children
- children in need (eg children with disability and complex care programmes including those of life-limiting disorders; and/or those with health or special educational needs in school)
- children looked after (including adopted and fostered children)
- children with a child protection plan (requiring safeguarding approaches to be implemented)

Figure 1 shows how these “sets” of children relate to each other.

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Source: Department for Education, 31 March 2011

CHIS should support delivery of the following children's services:

- pre-school hearing screening
- vision/amblyopic screening
- supporting children with acute or chronic disorders
- supporting children with mental health issues
- handover to adult services
- immunisation services
- newborn screening.

In addition to the above, this document outlines the functional and non-functional requirements to meet the needs of the CHIS service which are covered in more detail throughout this document.

1.3 Background

On 1 May 2012 the Department of Health Child Health Information Systems Transition Steering Group published an information requirements paper, *Child Health Information System Information Requirements 2012*, which can be accessed at <http://www.dh.gov.uk/health/2012/05/chis-01-may-2012>.

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The document indicated a high-level set of requirements for the provision of child health data capture in child health services.

NHS Connecting for Health (NHS CFH) was subsequently appointed to develop a formal requirements specification. The project was managed by Public Health England on behalf of the Department of Health.

This is a high-level requirements document intended for use by suppliers in the production of a child health application.

This document defines a core set of information system requirements that will enable the child health community to identify the needs of patients and create individualised care plans in a structured format to support more targeted and personalised care.

1.4 Primary objectives

IO1	Use information to improve health outcomes for children and families.
IO2	Produce uniform data and process for child health systems that will provide a basis for consistent information exchange across health and care leading to better outcomes for a child.
IO3	Proposing a clinically driven national standard for supporting local procurement and development of child health systems in the future.
IO4	Allowing for better information exchange across other multiple agencies leading to improved outcomes for the child.

1.5 Purpose

The purpose of the document is to set out the high-level specification for CHIS that takes account of:

- consensus of all guidance across the professional bodies, ie colleges, professional and specialist bodies for nursing, medicine and the professions allied to medicine
- policy, standards and guidelines for child health programmes, such as immunisation, screening and the Healthy Child Programme
- statutory requirements for delivery of child health services
- interpretation of legislation and consent rules for information sharing in support of the Caldicott guardian responsibilities.

The intention is that this document will help to deliver consistency in functionality and efficacy of these important information systems during transition to the future health and care systems.

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This document may be of interest to people who are currently involved in the commissioning and delivery of these information systems or who now or in the future will rely on these systems to fulfil their own responsibilities. This could include, but is not limited to:

- COs, including those responsible for contracting for CHIS, and/or responsible for contracting for screening, immunisation and other child health services
- public health staff moving from primary care trusts to local authorities
- community services staff, particularly community paediatricians and child health record department staff
- GPs and their staff
- health visitors
- school nurses
- local authorities, particularly children's social services departments
- shadow and developing clinical commissioning groups
- suppliers of CHIS
- health protection units
- Information Commissioner
- midwives
- pathology services – bloodspot laboratories.

This specification will be used to guide software development.

1.6 Scope

This document is intended to cover the key requirements for Child Health Information Systems and the capture of professional and patient self-access to support health, social care and education authority care assessments in England.

This recognises that the new systems will exist within the context of Child Health services and will need to work within and alongside existing and evolving clinical and care processes.

It also recognises the variable degree and maturity of IT infrastructure and systems within Child Health.

This document is limited in scope to England-only plans for health and care system changes as identified in the Health and Social Care Act 2012.

1.7 Assumptions and notes

Use of the term "information system" in this document does not assume a single monolithic application. An information system may comprise many separate components.

1.8 How to use this document

To ensure that the requirements support the development of the entire information system, it is important to consider all stakeholders in the development and who will be responsible for different components of or services underpinned by the CHIS.

Within this document, a priority has been placed against each requirement, as follows:

- where **MUST** is outlined, this will indicate that the definition is an absolute requirement of the specification
- where **SHOULD** is outlined, this will indicate that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course
- where **MAY** is outlined, this will indicate that the requirement is truly optional.

2. Overview

CHIS were developed in response to demand from the NHS. CHIS are patient administration systems currently operated at a local level and commissioned by PCTs. They support a variety of child health related activities, including immunisation and screening including linking with newborn management systems.

Due to the evolving nature of the NHS since 1974, systems are not always coterminous with PCT boundaries: one CHIS may cover more than one PCT, and a single PCT may have to work with more than one CHIS to ensure coverage for all the children for which it is responsible.

All CHIS-like systems should be able to generate lists and schedules for immunisation, surveillance and health promotion services, to enable clinicians to record their work with children and incorporate health and illness data.

Some CHIS systems at least partially, meet the expectations set out in the Information Revolution¹ in terms of data collection and storage that serve both primary and secondary care purposes. The extent of CHIS solution and use varies across the country and include local paper forms, home-grown IT solutions and those that already provide an electronic patient record. The systems are not necessarily well adapted for specialist services, such as community paediatrics.

In 2010 PCTs split their commissioning responsibilities from their provider function under the Transforming Community Services agenda. A number of community services were transferred to other organisations, eg foundation trusts and mental health trusts. Others became standalone organisations, eg social enterprises.

Many child health record departments and CHIS are now commissioned by PCTs from trusts and third sector organisations. Since CHIS have developed in response to commissioner requirements, and have not been subject to centralised, mandatory specification, there are a range of suppliers and system types currently available in England.

Exclusive of the activities required for transitioning to the future state results of an informatics capability survey by the Department of Health in 2011 revealed:

- 152 PCTs in England were covered by approximately 99 CHIS systems
- the top three CHIS suppliers provide 55% of the systems.

¹http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120598.pdf

2.1 Architectural considerations and principles

There will be a core record – a shared child health record which must be available to all healthcare professionals and those with the relevant permissions who have contact with a child. (Annex A of the *Information Requirements for Child Health Information Systems* (<http://www.dh.gov.uk/health/2012/05/chis-01-may-2012>)).

A child health record will be built from neonatal information through to transition to adult services and may contain elements of the maternal record.

- elements of the child health record will be persisted onto their adult record
- parents/carers/children will have access to their records within a consent framework
- a child's record must pass from CHIS to CHIS as a child moves from one area of responsibility to another
- there will be multi-agency sharing within an agreed consent framework.

The Department of Health wishes to adopt some key principles as identified in its published information strategy *The power of information: Putting all of us in control of the health and care information we need*

(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalassets/dh_134205.pdf) to drive interoperability, value for money and usability of the service.

These include:

- re-use: where existing national services and infrastructure exist they should be used in preference to new services or infrastructure, or a compelling business case be produced to support the duplication of location of similar
- adoption and development of existing standards: all standards (including messaging and interfaces) should make use of existing NHS standards and processes, and implementations should comply with those published by the NHS Information Standards Board. Where new standards are required, they should be based on existing NHS standards and protocols, and should be developed with approval by the NHS Information Standards Board and published so as to make them available to the wider NHS and Government in the UK
- abstraction: system complexity should be masked by the use of standard interfaces that will enable new components to be readily added to the service.

3. Overarching principles

The following table outlines the overarching principles and requirements for all the services and systems involved.

The majority of these principles and requirements will be covered in greater detail in the following sections within this document.

These requirements will help to shape the functionality required to meet the needs of the organisations involved and to act as an interoperable information source for all key stakeholders in the development of CHIS Services.

3.1 Overarching principles

The high-level principles supporting the CHIS Service development should be considered the starting place for what the service will help to support and deliver. These principles are outlined below.

Req Id	Overarching principles
CHISOP001	Access and use of the CHIS must not substantially increase a clinician's workload nor disrupt operation of clinical practice and should be as efficient as or more so than the existing processes.
CHISOP002	The service should be available 24 hours a day, 365 days a year.
CHISOP003	The CHIS requirements will support the development of future health and care systems to promote effective improvements and reductions in variability of systems across England.
CHISOP004	The CHIS systems must support the use of existing clinical standards and guidance and also be flexible enough to support emerging new Programmes, national standards and guidance.
CHISOP005	<p>The system should support the universal and specific services for children, as outlined within:</p> <ul style="list-style-type: none"> • Health and Social Care Act (April 2012) • Achieving Equity and Excellence for Children (September 2010) • Healthy Lives, Healthy People (November 2010) (Public Health White Paper) <p>(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941). At the time of producing this document this was still a white paper undergoing consultation</p> <ul style="list-style-type: none"> • the National Immunisation Programme (http://immunisation.dh.gov.uk) • the Healthy Child Programme (HCP).

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CHISOP006	The CHIS systems must support improvements in health and care for children with regards to the way in which services are planned, commissioned and delivered.
CHISOP007	The CHIS systems must support public health requirements as outlined by Public Health England.
CHISOP008	The CHIS systems must support, the capture, storage, use, sharing and reporting of child health information.
CHISOP009	The system should support the delivery of safe and integrated care and over time become the main source for all patient and professional information, including the secondary use of such data, eg population health, clinical improvement, research and commissioning.
CHISOP010	The development of CHIS should include the capture of all related universal service information for children.
CHISOP011	<p>The system must be able to provide secondary uses data in order to:</p> <ul style="list-style-type: none"> • support clinical advisory groups by characterising the information needs for central national requirements to avoid error and omission • improve data quality and consistency and thus quality management for the nationally agreed programmes, ie Healthy Child Programme as well as immunisation, screening, and developmental and other progress reviews • assist in the delivery of other requirements set by the NHS Health and Social Care Information Centre (HSCIC) or HSCIC for secondary uses purposes • flag and to focus on the critical linkages between child health delivery systems, maternity records, laboratories and GP practice systems in terms of communication records and provision of failsafe processes • promote consistency of experience of care on the part of patients • improve decision making at community and population level in order to address inequalities in health and wellbeing of children • address at a national level and thereby disseminate the legal framework for consent and information and data sharing that is so vital in the provision of child health, particularly for vulnerable children • avoid introduction of systems that are not fit for purpose or are insufficiently flexible enough to take on emerging policies.

4. Functional requirements

The following high-level requirements will require further elaboration with the supplier and user base to derive detailed system requirements, which must be adhered to where applicable. This document will provide the high-level expectations in terms of service capability, systems development and also the non-functional requirements.

These requirements will help to shape the functionality required to meet the needs of the organisations, to act as an information source for clinicians and healthcare workers in their decision making process.

Each supplier must outline how they will meet each of the following functional requirements.

The keywords “Must”, “Should” and “May” should be interpreted as described in section 1.10.

4.1 Child health information system common requirements

4.1.1 Overview

This section contains requirements that apply to all or a large majority of CHIS.

For secondary uses, the requirements have been set out in the HSCIC Maternity and Child Health datasets. However, all the data items required need to be recorded in the first place during the course of delivery of care, mostly by health services but, for some items, by social and education services. These items should also be recorded on the child’s health record.

This section contains the common requirements, applicable across all systems. In addition, these requirements outline the requirements of system behaviour that are non-domain-specific.

Req Id	Requirement description	Priority
NHS number		
CHISCC001	The service must use validated NHS numbers as the unique identifier for receiving, storing, reconciling, updating and sharing information.	MUST
CHISCC002	The system must use the NHS number to link maternal and child health data.	MUST
CHISCC003	The service must use and store a validated NHS number for each individual. (This must be displayed in the format as outlined from the Information Standards Board for Health and Social Care. ISB 1504, in the required 3 3 4 format (eg 943 476 2812)	MUST

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PDS		
CHISCC004	The system must provide the functionality to search for child patients using usual search mechanisms verified by PDS. The search capabilities should be equal to or improve on PDS simple search and advance traces. This includes the searches for and recording of aliases. Searches on any combination of these names should also be available.	MUST
CHISCC005	The system must perform synchronisation in line with the NHS Spine Service, PDS Compliance Requirements, where a record is accessed and updated.	MUST
CHISCC006	The system must enable the CO through a controlled method, to merge or link dispersed information for an individual person upon recognising the identity of that person.	MUST
Coding		
CHISCC007	The system must use national standards for coding where available, eg SNOMED	MUST
CHISCC008	The system must use Organisation Data Service codes.	MUST
Access to records		
CHISCC009	The system must not impact the ability of the clinician to record children's health and illness data, nor increase or disrupt operation of clinical practice.	MUST
CHISCC010	The system should allow parents, carers and young people online access to their health and care records.	SHOULD
CHISCC011	The system must enable a user to record and store data entered at the point of care.	MUST
CHISCC012	The system must support the appropriate access by multiple professionals, including those located in primary, community and secondary care settings.	MUST
CHISCC013	Systems that are accessed by individuals involved in providing care must be updated in real time with record entries against the child's record.	MUST
CHISCC014	The system must ensure that the privilege level of access to the system is appropriately constrained and applicable to the role of the user.	MUST
CHISCC015	Access to system and records must only to be granted to those with genuine need to access data in provision of care.	MUST
CHISCC016	The system must allow a user to access a child's record in all settings and locations where care is provided.	MUST

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Date and time stamp		
CHISCC017	The presentation of any date and times must be in a standardised format, eg HH/MM/SS and DD/MM/YYYY with time zone indication.	MUST
Data retention		
CHISCC018	The system must be capable of storing a record with appropriate flags for each individual child, until they reach their 25 birthday (or 26th if young person was 17 at conclusion of treatment), or up to 8 years after death. Source: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093024.pdf	MUST
Recording information		
CHISCC019	The system must be able to record outcomes, to contribute to clinical risk management as outlined within the Information Requirements for Child Health Information Systems. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.12 Section 1.5.5	MUST
Common interfaces		
CHISCC020	Messaging systems used to transmit messages containing personal data about a patient must keep a log of message transmissions. (This log will contain the time, origin, destination of the message, the message ID but not its content).	MUST
CHISCC021	Where appropriate, systems should provide notification of receipt of a message by a recipient (read receipt) when requested to do so by the originator.	SHOULD
CHISCC022	The system must interface data in real time.	MUST
CHISCC023	The system must be able to exchange information electronically with appropriate systems to support the provision of care.	MUST
CHISCC024	The system must be able to record care information once, share this safely across organisational boundaries and enable the use of this information for multiple purposes.	MUST
Audit		
CHISCC025	The system must permit authorised users to easily identify: <ul style="list-style-type: none"> • which users have viewed or amended which records, and from which organisation • when the system was accessed • which child's details were accessed. 	MUST

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CHISCC026	It must be possible to determine whether an individual record was present on the system at any time in the past, and whether any record present was viewed.	MUST
CHISCC027	The system must be able to audit all information flows to and from systems with which it interfaces with capturing and storing the transmission status information for each message received and sent.	MUST
CHISCC028	An audit of all communications with either the child and/or the parents must be maintained within the system.	MUST
CHISCC029	The system may enable the National Audit Team to perform auditing of information without consent, where the content is anonymised and the information is statistical rather than individually detailed.	MAY
Information governance		
CHISCC030	The system must use validated role-based access.	MUST
CHISCC031	The system must use validated security and smart card models.	MUST
CHISCC032	It must be possible for user administrators to disable access for a user account. In this case, the user shall no longer be able to access the system and contact details for that user shall no longer be available to other users.	MUST
CHISCC033	The confidentiality of personal data about a patient transmitted over the remote access links must be protected.	MUST
CHISCC034	Personal data about a patient must be stored within databases and/or files that are protected by an access control system.	MUST
CHISCC035	All personal data about a patient must be physically protected against theft, and either: <ul style="list-style-type: none"> • stored in an encrypted format • stored in an environment that is physically secure against other forms of access 	MUST
CHISCC036	All personal data about a patient must be backed up; in an encrypted format stored in a physically secure environment (In this statement, backup refers to copies of data made for short-term disaster recovery purposes, as distinguished from copies made for long term archiving purposes).	MUST
CHISCC037	The system must allow for the correction of information that may be required. This will include the creation, updating, correcting and deleting of information.	MUST

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CHISCC038	The system must be configurable to meet the requirements for continued compliance with most recent National requirements as identified on the following links: http://www.nigb.nhs.uk/guarantee https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008	MUST
CHISCC039	The system must be capable of providing subject access request in line with the Data Protection Act 1998. (http://www.legislation.gov.uk/ukpga/1998/29/contents) as a hard copy. This information must be available to be printed and must support the provision of all or part of the record specified.	MUST
CHISCC040	The system must support the IG and consent requirements when sharing information about a child within the NHS; including between primary, hospital-based specialist care and community child health – for both universal and specialty care.	MUST
CHISCC041	The system must support the IG and consent requirements when sharing information about a child between the NHS and other partner agencies, especially local authority, education and social care services.	MUST
Common reporting		
CHISCC042	The system must be capable of meeting and producing the following reporting requirements: <ul style="list-style-type: none"> • user configurable • predefined • statutory • by domain. 	MUST
CHISCC043	The system must provide the following reports about an individual patient or group of patients: <ul style="list-style-type: none"> • number discharged • followed up • referred on • left area • arrived newly into the area • died. 	MUST
CHISCC044	The system must provide reports on the number of outstanding appointments for review (including those for immunisations).	MUST
CHISCC045	The system should be capable of generating reports that enable further data analysis, eg CSV format.	SHOULD

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General		
CHISCC046	In development of the system, consideration should be given to support the integration of information arising from social services and educational information systems.	SHOULD
CHISCC047	The system must be able to support the recording, storing and sharing of Children and Young People's Outcomes (as will be outlined in the Department of Health's Children and Young People's Outcome Strategy). A link to this will be provided when available.	MUST
CHISCC048	It must be possible to associate electronic documents and images (including scanned paper documents) with a child's record.	MUST
CHISCC049	The system must enable the creation/maintenance/removal of linkages between a child and their siblings, parents and carers/guardians.	MUST

4.2 Child health information system core requirements

This section contains requirements that apply to the delivery of all or a large majority of children's services.

Data items need to be recorded in the first place during the course of delivery of care, mostly by the health services but for some items by social and education services. For secondary uses, the requirements have been set out in the HSCIC development of the Maternity and Child Health datasets (including the new dataset).

The Maternity and Children's Dataset incorporates the following individual information standards:

- Maternity Services Secondary Uses Dataset
- Children and Young People's Health Services (CYPHS) Secondary Uses Dataset
- Child and Adolescent Mental Health Services (CAMHS) Secondary Uses Dataset.

There is much guidance and general professional support for the concepts of information sharing in the best interests of providing high quality and safe healthcare for children within health services; and indeed on the whole parents expect this to take place. Much current and past practice has been on the basis of "implied consent" although processes are in place aiming to ensure that all parents and children are aware of the benefits and needs for data sharing. New challenges for information governance emerge with greater digitising of records and communication systems as these developments both speed up and ease sharing of information.

4.2.1 Responsibility

Req Id	Requirement description	Priority
CHISCR001	The system must be able to create and maintain a record for all children for whom the CO has a statutory responsibility by including details of: <ul style="list-style-type: none"> the registration at a GP practice that is associated with the CO, or where there is no registered GP the inclusion of the child's postcode of their usual address, placing them inside the geographic area of the CO footprint. 	MUST
CHISCR002	The system must be able to receive the national list of GP practices and residential postcodes from the Technological Reference Data Update Distribution Service.	MUST
CHISCR003	The system must be able to create and maintain the relationship of GP practices associated to each CO.	MUST
CHISCR004	The system must enable the CO to maintain the area of residential postcodes in a flexible enough way.	MUST
CHISCR005	The system must be able to identify whether the CO has the statutory responsibility for a child.	MUST
CHISCR006	The system must be able to record which organisations have been contracted to provide services for each child. This includes the arrangement for some services to be provided to school children by the CO regardless of the registration or address of a child.	MUST
CHISCR007	The system must be capable of storing a record for each individual child, where services are being given on behalf of another CO who has statutory responsibility for that child.	MUST

4.2.2 Core information datasets

Req Id	Requirement description	Priority
CHISCR008	The system must support the following three datasets where appropriate: <ul style="list-style-type: none"> Maternity Services ISB 1072: Child and Adolescent Mental Health Services (CAMHS) Dataset - Amd 12/2012 Release 2012 Children's and Young People's Health Services ISB 1069: Children and Young People's Health Services Secondary Uses Dataset – Amd 14/2012 Release 2012 CAMHS (up to age 19) ISB 1513: Maternity Services 	MUST

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	Secondary Uses Dataset – Amd 13/2012 Release 2012	
CHISCR009	<ul style="list-style-type: none"> The system must be capable of supporting approved datasets. 	MUST

4.2.3 Core interface requirements

CHIS providers are responsible for providing an interface to allow information to be sent and received and where appropriate accessed by educational, local authority and NHS care system users.

To help support the various ways in which systems can access information, the CHIS provider must ensure the functionality which enables information provision is available to support the implementation, deployment and use by educational, local authority and NHS care settings.

4.2.4 Core interfaces

Req Id	Requirement description	Priority
CHISCR010	<p>The system must support the electronic exchange of information with other systems, including GP systems and for national data returns.</p> <p>Consideration should be given to:</p> <ul style="list-style-type: none"> which other systems/organisations the exchange of information would be undertaken with the frequency of the sharing of the information the number of concurrent users confirmation about which health events would trigger the sending of information automated processes or manually sharing with: <ul style="list-style-type: none"> - other CHIS systems - GP systems - screening systems – eg blood spot, newborn hearing - maternity - Exeter (eg for HPV vaccination details relevant for cancer screening) - local authority systems - central data collections (eg ImmForm, KC50 and COVER for immunisations) - others. <p>The above list is not exhaustive.</p>	MUST

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CHISCR011	The system must be able to share the Outcome measures for children in line with the Public Health Outcomes Framework and the NHS Outcomes Framework in conjunction with accompanying information flows to other systems, eg health promotion information. (see CHISCR0025).	MUST
CHISCR012	The system must be able to receive and record school-age “screening” with data from school nurses.	MUST
CHISCR013	The system must be able to notify other CHIS service providers of babies/children who have moved out of or in to the area.	MUST
CHISCR014	The system must interface with other systems and include Common Assessment Framework reports, for example.	MUST
CHISCR015	The system must be capable of receiving birth notification messages from PDS (NN4B).	MUST
CHISCR016	The system must be able to send and receive the child’s record electronically.	MUST
CHISCR017	The system should be able to send and receive information electronically between health and education to support children with complex needs.	SHOULD

4.2.5 Core requirements

Req Id	Requirement description	Priority
CHISCR018	The system must be capable of creating and maintaining the records of every child within the responsible area of the end user and those treated by the end user, who live outside of that area. This includes storage and maintenance of records of children no longer living in the area, eg moved-out records, transfer-out births, stillbirths and deceased.	MUST
CHISCR019	Where adoption of the child has taken place, the system must not maintain a family link with pre-adoption family.	MUST
CHISCR020	The system must display the following data fields, on one screen or homogenised area to allow quick access: <ul style="list-style-type: none"> • surname (previous and alias) • forenames • date of birth • address • postcode • home and mobile phone numbers 	MUST

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	<ul style="list-style-type: none"> • residence area • NHS number (check digit validated when manually entered) • status (NHS number status) • GP • health visitor • treatment centre • exam centre • location of paper files • school attended • ethnicity of both mother and baby • ethnicity – the application has the ability to record that a request for information was declined • public health nurse team code • gender • CO of residence • CO of registration – linked to GP practice • GP practice (linked to CO code). 	
CHISCR021	<p>The system must be able to collect child health information and support national aggregation of clinical data about child health, including:</p> <ul style="list-style-type: none"> • birth details • screening results • immunisation (including pre and post immunisation testing) • growth measurements on school entry • breast feeding indicators • social care information. <p>This list is not exhaustive and development of the system must be flexible enough to support additional clinical data requirements.</p>	MUST
CHISCR022	<p>The common core content must be readily accessible for every child and parent/carer and other agency care. Common Core Content as stated in Annex A (Proposed Content for a Child Shared Health Record), of the Department of Health Information Requirements for Child Health Information Systems document. Also outlined within this document in Annex E.</p>	MUST
CHISCR023	<p>The common core content must be readily available for each professional engaged in the delivery of health or other agency care. Common Core Content as stated in Annex A (Proposed Content for a Child Shared Health Record), of the</p>	MUST

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	Department of Health Information Requirements for Child Health Information Systems document. Also outlined within this document in Annex E.	
CHISCR024	The system must ensure that any healthcare professional involved in any formal reviews of, or delivery of care to a Looked After Child is made aware of the child's special status, and, in addition, of the presence of a child protection plan, and any identified special needs. Consideration should be given to any special status coding and where this is available, ideally this should be used.	MUST
CHISCR025	The system must support the capture of outcome measures for children in line with the Public Health Outcomes Framework and the NHS Outcomes Framework and the children and young people's outcome framework.	MUST
CHISCR026	The system must be able to record and store the population based measure of child development at age 2 to 2.5 years.	MUST
CHISCR027	The system must record and support the long-term management of children with acute or chronic disorders.	MUST
CHISCR028	<p>The system must provide indicator information of the child's universal status, which should be immediately available when accessing the record.</p> <ul style="list-style-type: none"> • vulnerable children • children in need (eg children with disability and complex care programmes including those of life limiting disorders; and/or those with health or special educational needs in school) • children "looked after" (including adopted and fostered children) • children with a child protection plan (requiring safeguarding approaches to be implemented). <p>Consideration should be given to any "status indicator" coding and using these where applicable.</p> <p>Consideration for how all this information is displayed should be given to this requirement and CHISCC0030 - CHISCC0041.</p>	MUST
CHISCR029	On the initial screen the system must display the child's protection plan status.	MUST

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CHISCR030	On the initial screen the system must display the child's child with special educational needs status.	MUST
CHISCR031	On the initial screen the system must display the child's disability status.	MUST
CHISCR032	On the initial screen the system must display the child's continuing care status.	MUST
CHISCR033	On the initial screen the system must display the child's Looked After Child status.	MUST
CHISCR034	On the initial screen the system must display the child's fostered or awaiting adoption status.	MUST
CHISCR035	On the initial screen the system must display the child's leaving care status.	MUST
CHISCR036	On the initial screen the system must display the child's excluded (from school) status.	MUST
CHISCR037	On the initial screen the system must display the child's homeless, refugee, asylum seeker or traveller status.	MUST
CHISCR038	On the initial screen the system must display the child's young offender status.	MUST
CHISCR039	On the initial screen the system must display the child's transition into adult services status.	MUST
CHISCR040	On the initial screen the system must display the child's due/overdue to various interventions (eg immunisations, screens, review) status.	MUST
CHISCR041	The system must support the identification of how to deliver the most services to children through the fewest number of appointments, eg one-stop clinics where children with complex needs see a variety of professionals, eg paediatrician to access developmental needs on same day as being reviewed by paediatric neurosurgeon, eg attending local clinic for immunisation as well as developmental review.	MUST
CHISCR042	<p>The system must support the decision-making process on whether to move a child onto a different “pathway” or branch of a “pathway” such as specialised pathways for targeted services, or, in more general terms, from “universal” (provided to all children) to “progressive” (additional services for those children meeting specific criteria) or “intensive” (rigorous programmes for the most at risk or in need children/families).</p> <p>The pathways described must be configurable to support local requirements; this may include the incorporation of any nationally defined pathways.</p>	MUST

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CHISCR043	<p>The system must support the ability for each healthcare professional to record relevant core items for each child for the universal programme in whatever service this has taken place.</p> <p>If this is a review that has taken place with no significant items which justify a detailed record being made this must also be supported, ie it must be possible to record that the review has taken place even when the review has no significant outputs.</p>	MUST
CHISCR044	<p>The system must be capable of associating a health professional/team with each individual child for a particular service, eg health visitor/school nurse.</p>	MUST
CHISCR045	<p>The system must enable a health professional and/or team to have read/write access to all pertinent information relating to a child for whom they have responsibility to provide care.</p>	MUST
CHISCR046	<p>The system must enable relevant COs to record details of any identified congenital malformations.</p>	MUST
CHISCR047	<p>The system must be capable of holding the current and previous school and children's centre for a child. This must also include schools that are outside the care community but are attended by pupils who are resident or registered within the care community.</p> <p>Consideration should be given to the use of locally defined school codes, and nationally defined codes where applicable, provided by the DfE.</p>	MUST
CHISCR048	<p>The system must be capable of making available information about patient/family preferences and concerns, such as with language, religion, culture, medication choice, invasive testing, compliance with the mental capacity act, and advance directives, to staff who will come into contact with the child and immediate family where appropriate.</p> <p>Where patient choice about treatment is expressed, this should also be captured.</p> <p>eg it is important that administrative staff know that an individual may be deaf</p>	MUST

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CHISCR049	The systems must be capable of enabling any information to be marked (eg health, other, preferences) as erroneous in the record of the person in which it was mistakenly associated and represent that information as erroneous in all outputs containing that information.	MUST
CHISCR050	Where the health information has been mistakenly associated with the incorrect patient the system must enable association of the health information with the correct patient.	MUST
CHISCR051	<p>The system must be capable of recording information pertaining to the unborn child and to ensure that this, and information about the family relevant to the child in question, is incorporated seamlessly into the baby's record at birth.</p> <p>This information will come from and need to be sent to a variety of sources, all of which must be supported, eg maternity, GP, laboratories, genetics service and transfusion service.</p>	MUST
CHISCR052	<p>The system must be able to link to the maternity/newborn record and to the Personal Child Health Record (PCHR).</p> <p>There is a need to be able to record information pertaining to the unborn child and to ensure that that and information about the family relevant to the child is incorporated seamlessly into the baby's record at birth.</p>	MUST
CHISCR053	The system must enable a health professional to record any special needs requirements of a child.	MUST
CHISCR054	The system should support the decision-making process on whether to move a child onto; a different "need classification", eg following an encounter it may be appropriate to initiate a review with other professionals with a view to identifying the child as being "in need".	SHOULD
CHISCR055	The system should integrate with an electronic health record (eg PCHR) and GP systems), which all parties, (including parents and adolescents) would collaborate to maintain).	SHOULD
CHISCR056	The system must be able to update the appropriate PCHR on the shared child health record.	MUST

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4.2.6 Transition

Req Id	Requirement description	Priority
CHISCR057	The system must support children services handover to adult services.	MUST

4.2.7 Tariffs

Req Id	Requirement description	Priority
CHISCR058	The system must provide activity data for present mandatory tariffs and future development of tariffs for child health	MUST
CHISCR059	The system must enable the use of national tariffs including Child Health and Maternity.	MUST
CHISCR060	The system should allow localisation of tariffs.	SHOULD
CHISCR061	The system must be capable of providing automated reporting to open Exeter for payment purposes.	MUST

4.2.8 Maternity

Req Id	Requirement description	Priority
CHISCR062	The system must support the Maternity and Children's Dataset.	MUST
CHISCR063	The system must collect, display and share information as per the Maternity and Children's datasets.	MUST
CHISCR064	Through the use of the Maternity and Children's datasets, the system should directly inform the planning and commissioning of services more effectively.	SHOULD
CHISCR065	The information held should be made accessible, in a de-identified format to the public to allow comparative information to be available, to support them in making decisions about their care.	SHOULD
CHISCR066	The national Maternity and Children's datasets should be used as the standard to record data in NHS systems.	SHOULD
CHISCR067	Where a child has had a still born sibling the system must record antenatal/neonatal information pertaining to the details of that still birth and unborn baby.	MUST
CHISCR068	The system may enable the CO to create, maintain and remove linkages to paternal records that may be available via maternity records.	MAY

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4.2.9 Mental health

Req Id	Requirement description	Priority
CHISCR069	The system must record and support the long term management of children with mental health issues.	MUST

4.2.10 Core scheduling

Req Id	Requirement description	Priority
CHISCR070	The system must be able to generate lists and schedules (for Immunisation, Surveillance and Health Promotion Services) and enable this functionality to be integrated, enabling clinicians to record their work with children as well as health and illness data. Consideration should be given to which systems should be able to generate lists and schedules, not just the CHIS.	MUST
CHISCR071	Where the status is changed to 'Deceased' the system must cancel all appointments or planned activity for the child, eg immunisation schedule.	MUST

4.2.11 Core reporting

Req Id	Requirement description	Priority
CHISCR072	The system must be able to produce a summary report for any individual child, capturing the key health events for the purposes of professional review.	MUST
CHISCR073	The system must be able to report to GPs of immunisations undertaken in schools or other venues, eg health visitor-held clinics.	MUST
CHISCR074	The system must provide reports on the completeness of service provision, ie services/appliances, being provided and services requirements but not being provided.	MUST
CHISCR075	The system must provide reports on children who are due/overdue various interventions, eg immunisations, screens and reviews	MUST
CHISCR076	The system must provide all statutory reports and provide the ability to track children through various pathways, eg special educational needs, looked after children.	MUST

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CHISCR077	The system must enable the CO to run a report that identifies all children for whom a school has not been recorded.	MUST
CHISCR078	The system must allow the user to write reports that make use of any items of data stored against the child's record. This includes the use of template reports, one off reports and ad hoc reports.	MUST

4.2.12 Core printing

Req Id	Requirement description	Priority
CHISCR079	The system must be capable of printing pages to be included in the PCHR. The majority of these will be defined nationally, but there may be a few defined locally.	MUST

4.2.13 Core data retention/archiving

Req Id	Requirement description	Priority
CHISCR080	The system must be capable of storing a record for children who have moved out of area.	MUST

4.2.14 Core information governance

Req Id	Requirement description	Priority
CHISCR081	The system must maintain a record of consent to share parental information with the individual relating to the CHIS record. This record must record details of that consent, reasons, date, individual providing consent and to whom, etc.	MUST
CHISCR082	All CHIS records must have an assigned senior clinician or Caldicott guardian recorded against it.	MUST
CHISCR083	The system must provide the facility to record the date the information was released, by whom and to whom.	MUST
CHISCR084	The system must be able to exclude those withholding consent when producing reports to be shared.	MUST
CHISCR085	The system must be able to provide the facility to record why information was released if no consent given along with the date the information was released, by and to whom.	MUST

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CHISCR086	<p>When information is released without consent, the system must record the reasons. These could include reasons: Under section 115 of the Crime Disorder Act 1998. Source: http://www.legislation.gov.uk/ukpga/1998/37/contents under Section 47 of Children Act 1989 (to protect a vulnerable child) Source: http://www.legislation.gov.uk/ukpga/1989/41/section/47 under a court order. Where there is an overriding public interest.</p>	MUST
CHISCR087	<p>The system must be capable of providing subject access request in line with the Data Protection Act as a hard copy. (http://www.legislation.gov.uk/ukpga/1998/29/contents) This information must be available to be printed and must support the provision of all or part of the record specified.</p>	MUST

4.3 Registration

4.3.1 Registration overview

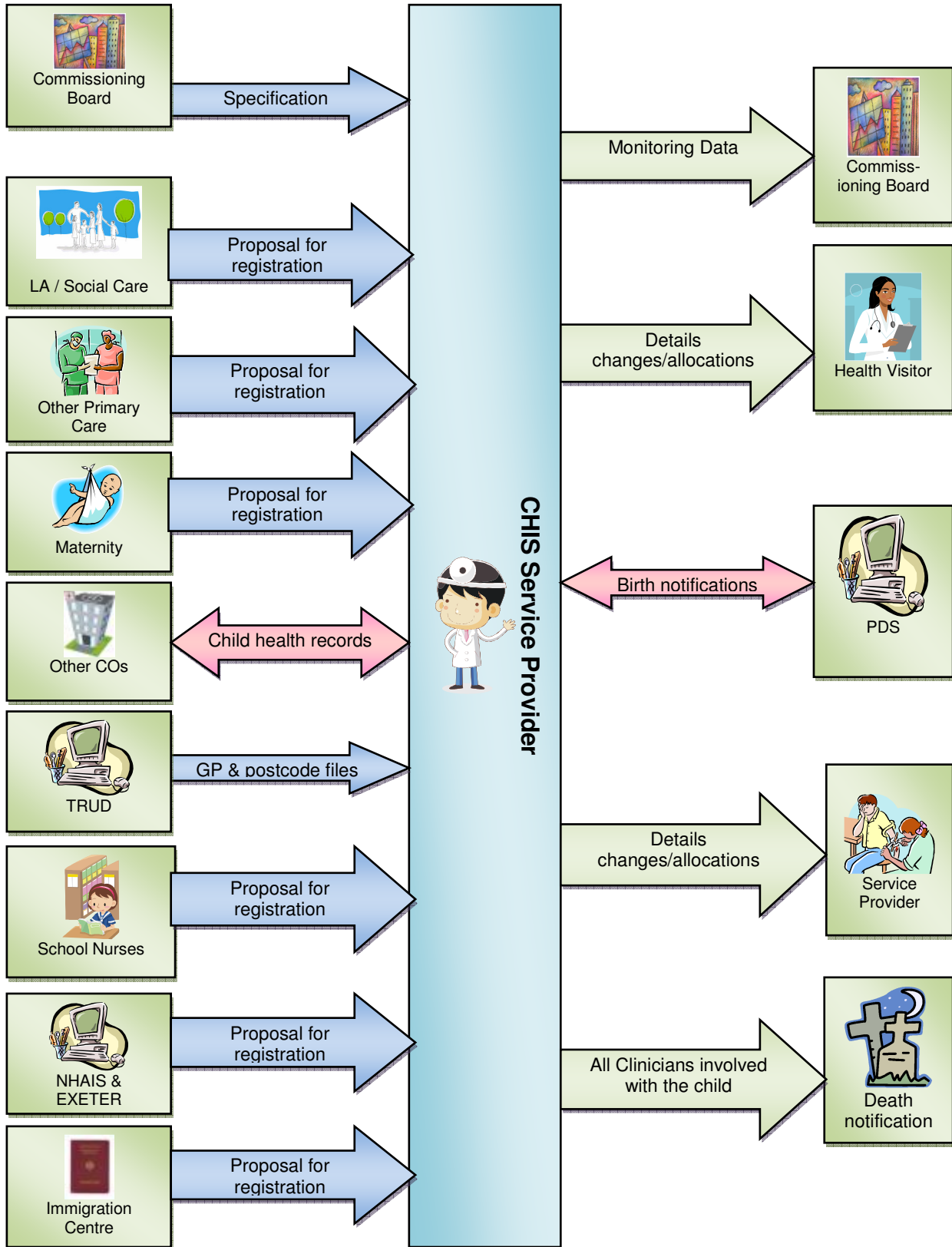


Diagram 1. External interfaces required to support child registration and deregistration

4.3.2 Registration interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Other CHIS service providers	Child health records
CHIS service provider	Health visitor	Details changes/allocations
CHIS service provider	Service provider	Details changes/allocations
CHIS service provider	PDS	Exit posting information
CHIS service provider	All clinicians involved with the child	Death notification
CHIS service provider	Commissioning Board	Monitoring data
Immigration centre	CHIS service provider	Registration
Local authority social care	CHIS service provider	Proposal for Registration
Maternity	CHIS service provider	Proposal for Registration
NHAIS and Exeter	CHIS service provider	Proposal for Registration
Other primary care	CHIS service provider	Proposal for Registration
Other COs	CHIS service provider	Child health records
PDS	CHIS service provider	Birth notifications
TRUD	CHIS service provider	GP and postcode files
School/local authority	CHIS service provider	Proposal for registration
Commissioning Board	CHIS service provider	Specification

4.3.3 Registration interface requirements

Req Id	Requirement description	Priority
CHISRE001	The system must be able to receive and send registration and deregistration information to all relevant organisations and agencies involved.	MUST
CHISRE002	<p>The system must be capable of utilising existing interfaces and where feasible have the flexibility for new interfaces for all sources of registration and deregistration of children for whom the CO has statutory responsibility.</p> <p>The following list is for illustrative purposes only and is not an exhaustive list:</p> <ul style="list-style-type: none"> • PDS • maternity service • Other community and primary care services • school lists • local education authority • local authority social care • hospital services • Immigration centres • Exeter service • other CHIS service providers. 	MUST
CHISRE003	The system must be able to support receipts from a PDS/NN4B birth notification, and upon receipt a child record must be created.	MUST
CHISRE004	The system must be able to send a detailed record to the new CHIS service provider.	MUST
CHISRE005	The system must be able to receive notifications from other CHIS service providers including the child's previous records.	MUST
CHISRE006	The system must be able to receive records transferred from the previous system/organisation using the mandatory core datasets as a minimum.	MUST

4.3.4 Registration core components

Req Id	Requirement description	Priority
CHISRE007	The system must be able to record and display the status of the COs responsibility for each child within its database.	MUST
CHISRE008	The system must be able to record the different types of registration including: <ul style="list-style-type: none"> • registration upon birth • move in from another CO's area of responsibility • immigration: A child record should be created when a child moves into the CO's jurisdiction from another country, including another home country. 	MUST
CHISRE009	The system must be capable of creating a record: <ul style="list-style-type: none"> • on receipt of a birth notification from PDS (NN4B) • on receipt of a manual birth notification • when a child moves in from another CO geographical area • for a child immigrating in to the area from another country including home countries. <p>Where receipt of information has been received the system must support this either electronically or manually and be able to update records accordingly.</p>	MUST
CHISRE010	The system must be capable of generating a record transfer request for all children transferring into the CO's geographical area of responsibility.	MUST
CHISRE011	The system must be able to import and store child health information from other organisations. <p>Consideration should be given to what constitutes a complete record, when this is imported from other CHIS services providers including any standards used and any datasets provided to ensure these can be supported.</p> <p>A complete record must include a full vaccination and newborn screening history.</p>	MUST
CHISRE012	The system must be able to send a detailed record to the new health service.	MUST
CHISRE013	The system must be capable of creating a record for export where a child is registered with another CO. This should be done electronically following the	MUST

	GP2GP model where appropriate.	
CHISRE014	Where the death of a child has been identified the system must inform all health professionals, involved in the care of the child of the child's death and also the lead clinician for the child death review process.	MUST
CHISRE015	The system must be able to track records, including the source, the date received, the date sent and the receiving organisation.	MUST

4.4 Safeguarding

All children should be subject to checks for safeguarding issues.

The Government has defined the term “safeguarding children” as: “The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.”

The subject of safeguarding can be broken down into the following topics:

- identification and assessment
- referral to the local authority
- support and tailoring of services.

Safeguarding is a service that should be woven into the delivery of all child health services, hence references are made in a number of chapters in this specification to safeguarding issues, including the means of identification and assessment. In addition, the topic of referral to the local authority is handled in the chapter on formal reviews.

Once a child has a protection plan in place, there are no specific, additional services that need to be delivered to the child, so support and tailoring of services is covered in the relevant chapters.

This section focuses on safeguarding-specific information systems issues, such as coding schemes and integration with national systems that contribute to safeguarding. The requirements in this section relate specifically to safeguarding aspects of CHIS.

4.4.1 Safeguarding overview

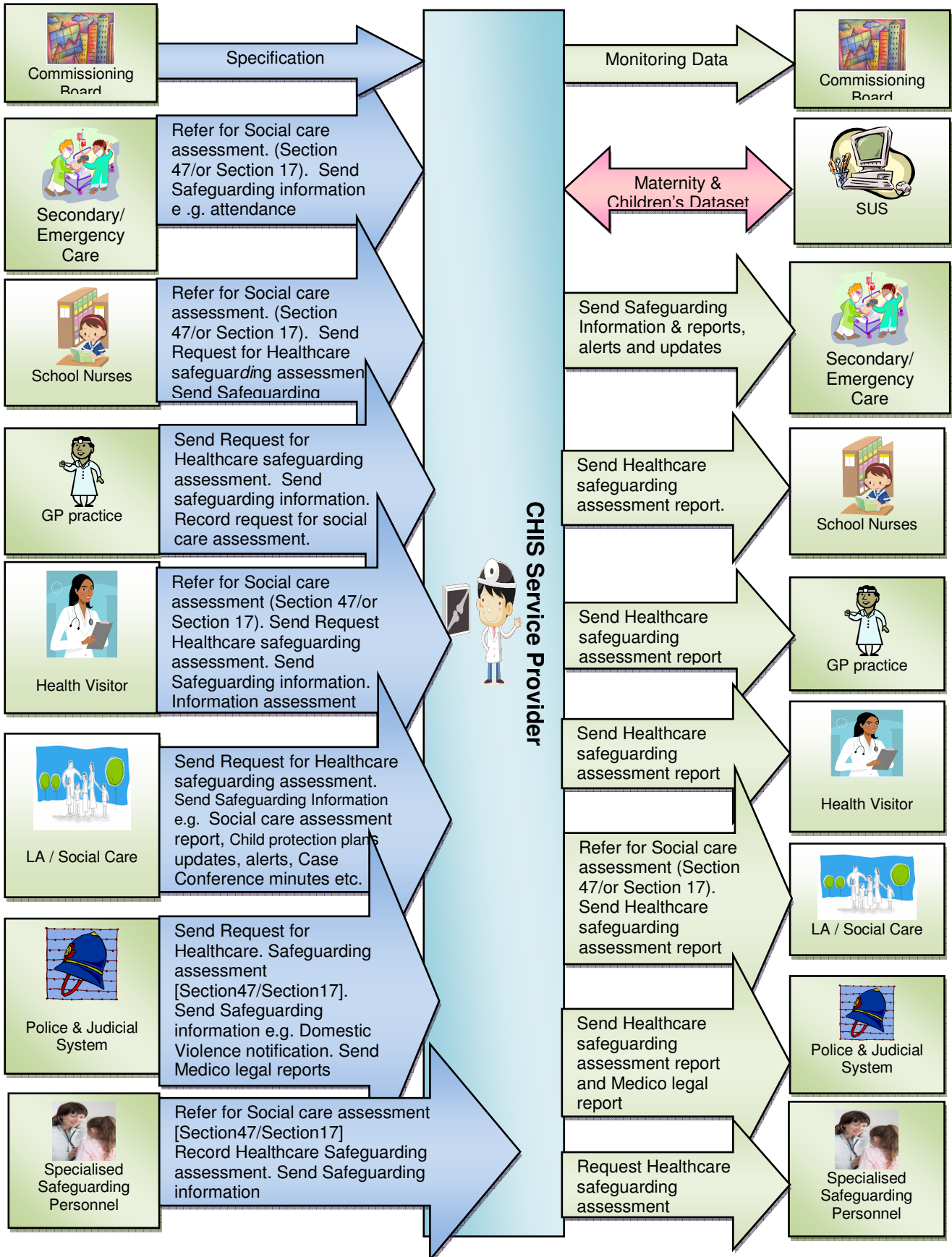


Diagram 2. External interfaces required for safeguarding

4.4.2 Safeguarding interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Secondary and emergency care	Safeguarding information and reports, alerts and updates
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	School nurses	Social and health care safeguarding reports
CHIS service provider	GP	Health safeguarding assessment report Care plan report Letters Discharge reports
CHIS service provider	Health visitor and PHCR	Healthcare safeguarding assessment report Reports and updates
CHIS service provider	Local authority/social care	Referral for social care assessment (Section 47/or Section 17). Healthcare safeguarding assessment report
CHIS service provider	Courts/judicial system (electronic interface not yet available)	Healthcare safeguarding assessment report and Medico-legal report
CHIS service provider	Specialised safeguarding personnel	Request for healthcare safeguarding assessment
CHIS service provider	Commissioning Board	Monitoring data
Secondary and emergency care	CHIS service provider	Refer for social care assessment. (Section 47/or Section 17). Send safeguarding information, eg attendance at A&E episode level, care plans
School nurses	CHIS service provider	Refer for social care assessment. (Section 47/or Section 17). Send request for healthcare safeguarding assessment. Safeguarding information eg absence/SEN

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GP	CHIS service provider	Request for healthcare safeguarding assessment. Safeguarding information. Request for social care assessment. Notification of health issues
Health visitor	CHIS service provider	Request for healthcare assessment, Notification of family/housing/safety concerns Record of attendance (including did not attends) Refer for social care assessment (Section 47/or Section 17). Request for healthcare safeguarding assessment. Send safeguarding information. Information assessment requests, appointment records.
Local authority social care	CHIS service provider	Requests for healthcare safeguarding assessment. Send safeguarding information, eg social care assessment report, child protection plans updates, alerts, case conference minutes.
Courts/judicial system	CHIS service provider (electronic interface not yet available)	Safety concerns, notification of domestic violence. Requests for healthcare. Safeguarding assessment [Section47/Section17]. Send safeguarding information eg domestic violence notification. Medico-legal reports.
Specialised safeguarding personnel	CHIS service provider	Refer for Social care assessment [Section47/Section17] Record Healthcare Safeguarding assessment Send Safeguarding information
SUS	CHIS service provider	Maternity and Children's Dataset
Commissioning Board	CHIS service provider	Specification

4.4.3 Safeguarding interface requirements

Req Id	Requirement description	Priority
CHISSR001	The system must be capable of utilising existing interfaces and, where feasible, have the flexibility for new interfaces for all safeguarding activities pertaining to children.	MUST
CHISSR002	The system must be able to receive relevant information from the local authority such as notification of a child protection plan or statutory order.	MUST
CHISSR003	Health services safeguarding information must be easily shared with the local authority as the statutory agency for safeguarding children, subject to local data-sharing agreements.	MUST
CHISSR004	The system must be capable of sending and receiving where appropriate the child safeguarding information requirements is outlined in Annex D (currently in draft at the time of writing this document).	MUST

4.4.4. Safeguarding core components

Req Id	Requirement description	Priority
CHISSR005	<p>The system must support the capture of the following information when formal reviews of the child's health are conducted:</p> <ul style="list-style-type: none"> • care status from social care • parental responsibility • previous and current addresses • social worker • birth parent • current carer • for review health assessment update on Healthy Child Programme and other actions • access to any court reports. 	MUST
CHISSR006	The system must clearly highlight if a child has a Child Protection Plan and what the status of that plan is during any review.	MUST

4.4.5 Safeguarding coding

Req Id	Requirement description	Priority
CHISSR007	The system should be able and flexible enough to support the associated coding for the dataset items when these become available. At the time of writing this document the coding for the dataset was not available.	SHOULD

4.5 Newborn and infant physical examination

The newborn and infant physical examination (NIPE) is performed for all children and should take place within the first 72 hours of birth. It includes screening for developmental dysplasia of the hip, congenital heart conditions, congenital cataract and undescended testes in boys; in addition a full physical examination including detection of some congenital abnormalities is undertaken. A further examination of the child takes place when he or she is 6-8 weeks old, normally by the child's GP.

Each of the screening tests has its own pathway of care and is distinct from the general newborn examination, which may detect other congenital abnormalities for which there is not a formal screening programme. Where a possible abnormality is detected the baby is referred to a paediatric specialist.

This section describes the situation that will exist if the NIPE Screening Management and Reporting Tools (SMART) IT System is adopted. Currently, the system is being piloted by a number of trusts.

The requirements in this section relate specifically to Newborn and Infant Physical Examination aspects of CHIS.

4.5.1 Newborn and infant physical examination overview

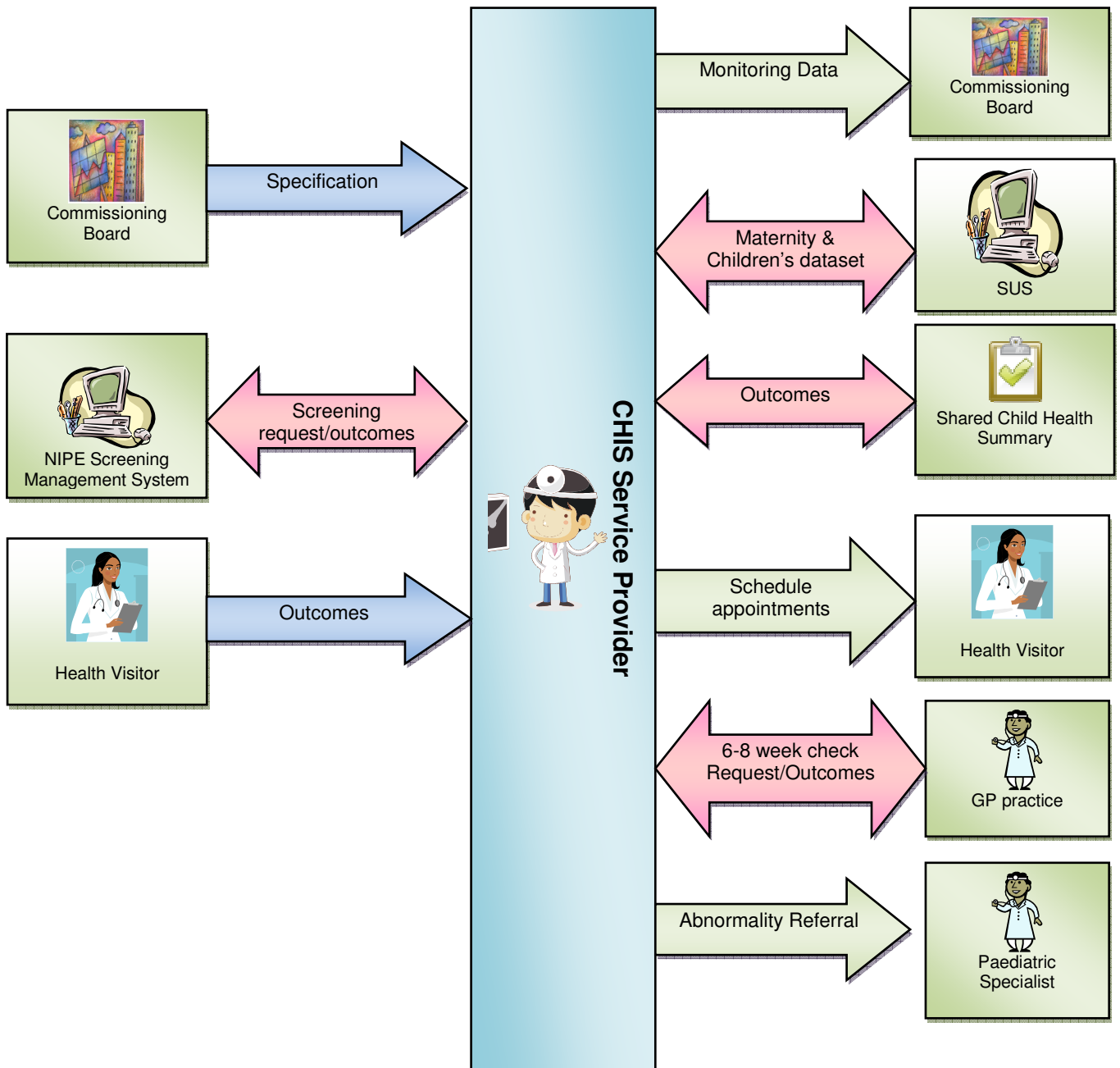


Diagram 3. External interfaces required for newborn infant physical examination

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4.5.2 NIPE interfaces

Originator	Recipient	Dataset/information
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	Shared child health summary	Outcomes
CHIS service provider	Health visitor and PCHR	Schedule appointments
CHIS service provider	GP	6-8 week check request/outcome
CHIS service provider	Paediatric specialist	Abnormality referral
CHIS service provider	Commissioning Board	Monitoring data
GP	CHIS service provider	Outcomes of the 6-8 week check
Health visitor and PCHR	CHIS service provider	Outcomes
NIPE Screening Management System	CHIS service provider	Outcomes of screening
Shared child health summary	CHIS service provider	Outcomes
SUS	CHIS service provider	Maternity and Children's Dataset
Commissioning Board	CHIS service provider	Specification

4.5.3 NIPE interface requirements

Req Id	Requirement description	Priority
CHISPE001	The system must be capable of receiving outcomes (electronically or manually) via various different interfaces as outlined above in the newborn and infant physical examination interfaces section of this document.	MUST
CHISPE002	The system must be capable of interfacing with screening management systems to receive screening outcomes.	MUST
CHISPE003	The system must be capable of sending relevant information to the screening management systems.	MUST

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CHISPE004	The system must be capable of creating a referral for specialist assessment and treatment when a possible abnormality is detected.	MUST
CHISPE005	The system must be capable of notifying the NIPE screening management system of a referral for specialist assessment and treatment when a possible abnormality is detected.	MUST

4.5.4 NIPE core components

Req Id	Requirement description	Priority
CHISPE006	The system must be capable of supporting the NIPE process for all the children for whom the CO is responsible.	MUST
CHISPE007	The system must be capable of providing an overdue alert for NIPES, where there have been no outcomes have been received from the NIPE screening service.	MUST
CHISPE008	The system must capture the NIPE screening status for each child eg screened/not screened.	MUST
CHISPE009	The system must be capable of placing requests for follow up NIPES for the 6-8 week review.	MUST
CHISPE010	The system must be capable of recording initial results and follow up results usually after 6-8 weeks.	MUST
CHISPE011	The system must be able to support the different pathways required for each screening test.	MUST
CHISPE012	The system must be capable of recording the results of the Newborn and Infant Physical Examination (NIPE) including: <ul style="list-style-type: none"> • screening for dysplasia of the hip • screening for congenital heart conditions • screening for congenital cataract • screening for un-descended testes in boys • a full physical examination including detection of some congenital abnormalities. 	MUST
CHISPE013	The system must be able to produce a daily list/report for all children as follows: <ul style="list-style-type: none"> • they are aged between 6-8 weeks • they are the responsibility of the relevant CO • no notification of the 6-8 week physical examination results or dissent to all investigations are recorded. • children for which it has not received screening outcomes for the 72 hours screening check. 	MUST

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	<p>These lists should be embedded within the system as part of the process management/workloads, and should:</p> <ul style="list-style-type: none"> include reminders of appointments required when an examination has taken place if a follow up to an examination is required. 	
CHISPE014	The system must be able to record a NIPE process status code for each child eg 'No action taken' in line with the agreed process status codes.	MUST
CHISPE015	The system must support the CO to make appointments of NIPE for an individual child.	MUST
CHISPE016	The system should be able to remind the user that an appointment needs to be made for a NIPE examination.	SHOULD
CHISPE017	<p>The system must enable the user to record that an examination has taken place.</p> <p>It must contain details of the individuals undertaking the examination including when and where the examination took place.</p>	MUST
CHISPE018	The system must be able to identify that a follow up appointment is required and flag accordingly.	MUST
CHISPE019	<p>The system must be able to produce lists of children requiring an initial examination between 6-8 weeks that are due to have examinations required as per NIPE guidelines.</p> <p>These lists should be embedded within the system as part of the process management/workloads, and should:</p> <ul style="list-style-type: none"> include reminders of appointments required note when an examination has taken place record if a follow up to an examination is required. 	MUST
CHISPE020	The system should be flexible enough to support changes made to NIPE.	SHOULD

4.5.5 NIPE coding

Req Id	Requirement description	Priority
CHISPE021	The system must be flexible enough to use the new standard process management and clinical outcome codes for NIPE. At the time of writing this document these codes had not fully been defined.	MUST

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4.5.6 NIPE scheduling

Req Id	Requirement description	Priority
CHISPE022	The system must be able to schedule and reschedule a 6-8 week NIPE review.	MUST

4.5.7 NIPE reporting

Req Id	Requirement description	Priority
CHISPE023	The system should be able to produce reports that details the process status of NIPE for each child, eg outcome of the screening, diagnostic process, no action taken.	SHOULD
CHISPE024	The system must be able to produce a daily report including: <ul style="list-style-type: none">• all children whose record indicates they are between 6-8 weeks of age.• all children for which the relevant CO is responsible• all children for whom there is no record of a physical examination result and who have consented to investigations being recorded against their record• all children for which screening outcomes for the 72 hours screen check have not been received.	MUST

4.5.8 NIPE printing

Req Id	Requirement description	Priority
CHISPE025	The system must be able to print lists and reports as required to support the NIPE process, eg outstanding NIPES.	MUST
CHISPE026	The system must be able to print pages for inclusion in the PCHR (child red book), incorporating data that is known about the child. Information should include: <ul style="list-style-type: none">• NHS number• Relevant local information eg address of the nearest child health clinic• The pages should conform to the current version of the PCHR and must include:<ul style="list-style-type: none">- birth details and newborn examination (adopting and including any coding standards, eg outcomes that are available)	MUST

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	- 6-8 week review.	
CHISPE027	The system must be capable of printing a letter inviting the child for their 6-8 week review.	MUST
CHISPE028	The system must be able to print the national returns.	MUST

4.6 Newborn blood spot

This section does not attempt to describe the end-to-end process, or even all of the processes that take place within primary care. Rather, it identifies functional requirements placed on the CHIS that support the administration of newborn blood spot screening.

Together the UK Newborn Screening Programme Centre and the NHS Sickle Cell and Thalassaemia Screening Programme work in partnership to establish standards in screening for the following disorders:

- phenylketonuria
- congenital hypothyroidism
- cystic fibrosis
- sickle cell disease
- medium chain acyl CoA dehydrogenase deficiency (MCADD).

COs have a statutory requirement to ensure that all of the children for whom they are responsible, up to their first birthday, have had or are offered a newborn blood spot screen. This includes children who have moved into the area from other parts of England, the other home countries, and from other countries.

The requirements in this section relate specifically to newborn blood spot aspects of CHIS.

4.6.1 Newborn blood spot overview

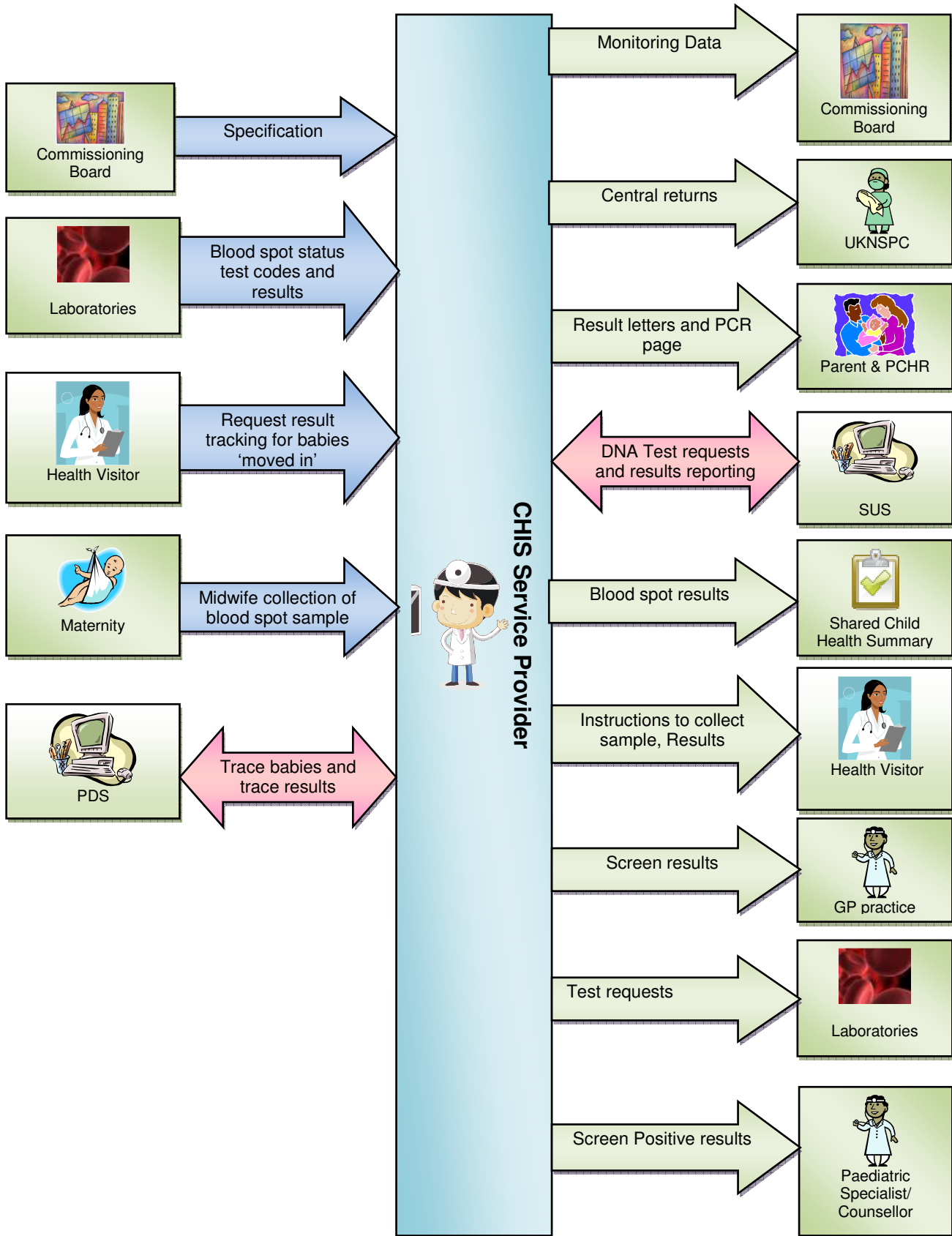


Diagram 4: External interfaces required for newborn blood spot screening

4.6.2 Newborn blood spot interfaces

Originator	Recipient	Dataset/information
CHIS service provider	UKNSPC	Central returns
CHIS service provider	Parent and PCHR	Normal results letter and PCHR page
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	Shared child health summary	Blood spot results
CHIS service provider	Health visitor and PCHR	Results, instructions to collect sample
CHIS service provider	GP	Screening results
CHIS service provider	Blood spot screening/DNA laboratories	DNA test requests
CHIS service provider	Paediatric specialist/counsellor	Positive screen test results
CHIS service provider	Commissioning Board	Monitoring data
PDS	CHIS service provider	Trace result
Blood spot screening/DNA laboratory LIMS	CHIS service provider	Blood spot status test codes
Health visitor	CHIS service provider	Request result tracking for babies "moved in"
Maternity	CHIS service provider	NN4B (blood spot)
SUS	CHIS service provider	Maternity and Children's Dataset
Commissioning Board	CHIS service provider	Specification

4.6.3 Newborn blood spot interface requirements

Req Id	Requirement description	Priority
CHISBS001	The system must be able to receive and record newborn blood spot screening results from the screening laboratories.	MUST
CHISBS002	The system must be able to receive the status of a child's blood spot screening test on receipt of a code 01 from a laboratory that has implemented the national standard for electronic reporting.	MUST
CHISBS003	The system may support the HL7v3 withdrawing and amending results process.	MAY
CHISBS004	The system must be capable of recording the progress of the blood spot screening process using combination of the results status code, the diary appointments made, and the date sample taken and date results recorded.	MUST
CHISBS005	A system using the national messaging standard for blood spot screening must be able to receive blood spot screening results from the screening laboratories.	MUST
CHISBS006	A system using the national messaging standard for blood spot screening must be able to receive a status code of 01 from the laboratory indicating that the laboratory has received the a blood spot screening card for a child.	MUST
CHISBS007	The system must be capable of accommodating results received either electronically or manually.	MUST
CHISBS008	The system must use the new message in line with the blood spot screening pilot message.	MUST
CHISBS009	The system must support the standard, electronic mechanism for sending datasets to SUS.	MUST
CHISBS010	The system must inform the child's registered GP practice of all screening results.	MUST
CHISBS011	The system must support the electronic transmission and forwarding of all results to inform the child's allocated health visitor.	MUST
CHISBS012	The system must be able to receive screening results as defined in the Draft NHS Spine Services Message Implementation Manual v8.0.00 Draft B and must use the nationally agreed status codes and supplementary information.	MUST

4.6.4 Newborn blood core components

Req Id	Requirement description	Priority
CHISBS013	The system must enable the CO to fulfil its statutory requirement of offering newborn blood spot screening to all children that it has responsibility for up to the child's first birthday.	MUST
CHISBS014	The system must enable the CO to fulfil its statutory requirement of offering newborn blood spot screening to all children transferred in to the CO's area of responsibility, who have not yet reached their first birthday.	MUST
CHISBS015	The system must act as a local failsafe for enabling liaison with the Newborn Blood Spot Screening Programme, reflecting national standards where applicable.	MUST
CHISBS016	The system must be able to record the status of a child's blood spot screening test as may be indicated by receipt of sample (status code 01) or a decline (status code 02)	MUST
CHISBS017	The system must be able to record results of phenylketonuria screening.	MUST
CHISBS018	The system must be able to record results of congenital hypothyroidism screening.	MUST
CHISBS019	The system must be able to record results of cystic fibrosis screening.	MUST
CHISBS020	The system must be able to record results of sickle cell disease screening which also includes notification of status code 10 – indicated baby had received a blood transfusion prior to screening and was tested using DNA techniques	MUST
CHISBS021	The system must be able to record results of medium chain acyl CoA dehydrogenase deficiency (MCADD) screening.	MUST
CHISBS022	The system must be able to record that the child has been offered a blood spot test.	MUST
CHISBS023	The system must be able to record against the child's record where parents have declined tests for any or all of the conditions.	MUST
CHISBS024	The system must be able to record and store a result code (09 – Not tested) with a reason code that the baby was “too old”. Where a test result for cystic fibrosis is received that has been, having been undertaken on a child older than 8 weeks of age.	MUST
CHISBS025	The system must be able to retain any pre-empted screening requirements due to family history or clinical need, eg meconium ileus, against the child's record.	MUST
CHISBS026	The system must be able to store multiple results in	MUST

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	chronological order to allow for repeat testing.	
CHISBS027	The system must be able to record the reason for retest, date request made and requestor.	MUST
CHISBS028	The system must support a process such that in the event results are received for babies born at less than 32 weeks gestation (less than or equal to 31+6 days) a repeat test for CHT can be offered at 28 days or age or discharge home whichever is sooner.	MUST
CHISBS029	The system must be able to identify and support arrangements in respect of follow-up care activities as a consequence of test results with its appropriate care pathway.	MUST
CHISBS030	In the event that the “sample received” notification has not been received by 17 days from the child’s date of birth (acceptable standard), or 14 days from the child’s date of birth (achievable standard), the system must notify these events to the CO to allow them to expedite the process in a timely fashion.	MUST
CHISBS031	In the event that a repeat sample IS NOT required and a terminal status code (ie “Declined”, “Not suspected”, “Carrier”, “Carrier of other haemoglobin”, “Not suspected other disorders follow up”, “Suspected”, “Not screened/Screening incomplete”) has not been received for all of the five conditions by 17 days and up to 1 year from the child’s date of birth (acceptable standard), or 14 days and up to 1 year from the child’s date of birth (achievable standard), the system must notify these events to the CO to allow them to expedite the process in a timely fashion.	MUST
CHISBS032	In the event that a repeat sample IS required and a terminal status code (ie “Declined”, “Not suspected”, “Carrier”, “Carrier of other haemoglobin”, “Not suspected other disorders follow up”, “Suspected”, “Not screened/Screening incomplete”) has not been received for all of the five conditions by 17 days and up to 1 year from the child’s date of birth (acceptable standard), or 14 days and up to 1 year from the child’s date of birth (achievable standard), the system must notify these events to the CO to allow them to expedite the process in a timely fashion.	MUST
CHISBS033	The system must have the flexibility to include additional future screening procedures.	MUST
CHISBS034	The system should record the date on which parents are given the test results, whether normal or abnormal. If	SHOULD

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	notification is performed by letter (as is usually the case when all results are normal), then the date recorded, should be the letter's dispatch date.	
CHISBS035	The system should record the date letters are produced, printed and sent. When notification is performed by letter (as is usually the case when all results are normal), then the date recorded on the system should be the letter's dispatch date.	SHOULD

4.6.5 Newborn blood spot scheduling

Req Id	Requirement description	Priority
CHISBS036	The system must be able to schedule a blood spot screening appointment for children that have not been screened up to 1 year and is not deceased.	MUST
CHISBS037	The system must be able to schedule a diary appointment for the healthcare professional to take the blood spot sample (usually health visitor).	MUST
CHISBS038	The system must be able to schedule repeat test appointments and requests, as and when required.	MUST
CHISBS039	Where a blood transfusion has taken place the system must schedule a repeat test 72 hours after the last transfusion for phenylketonuria, congenital hypothyroidism, cystic fibrosis and MCADD, and four months after the last transfusion for sickle cell disease. (The four month exception will not apply if the child's record holds a result obtained via a DNA test for sickle.)	MUST

4.6.6 Newborn blood spot reporting

Req Id	Requirement description	Priority
CHISBS040	The system must be able to schedule a daily report for blood spot screening for all children that a CO is responsible for, which lists children that are between the age of 17 days and one year.	MUST
CHISBS041	The system must be able to schedule a daily report for all children that a CO is responsible for, where no notification of specimen has been received at the laboratory.	MUST
CHISBS042	The system must be able to schedule a daily report for all children that a CO is responsible for, where there have been no blood spot results.	MUST

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CHISBS043	The system must be able to schedule a daily report for all children that a CO is responsible for, where any investigation(s) have been declined.	MUST
CHISBS044	The system must be able to produce a report that indicates the process status for the Blood Spot Screening examination, for each child in the list, eg "no action taken", or "sample requested".	MUST
CHISBS045	The system must enable the CO to report normal screening results to parents.	MUST
CHISBS046	The system must enable the CO to report all screening results to the child's allocated health visitor and GP.	MUST

4.6.7 Newborn blood spot printing

Req Id	Requirement description	Priority
CHISBS047	The system must be capable of printing the reports as defined in the blood spot screening reports section of these requirements.	MUST
CHISBS048	The system must be able to print daily diary appointments for blood spot screening, with the relevant demographics of the child to be screened for each health visitor.	MUST
CHISBS049	The system must be capable of printing the blood spot screening results letter that is sent to the child's parents.	MUST
CHISBS050	<p>The system must be able to print pages for inclusion in the PCHR ("red book"), incorporating data that is known about the child.</p> <p>Information should include, but should not be limited to:</p> <ul style="list-style-type: none"> • NHS number • Relevant local information, e.g. address of the nearest child health clinic. <p>The pages should conform to the current revision of the PCHR, and must include, but should not be limited to:</p> <ul style="list-style-type: none"> • birth details and newborn examination • 6-8 week review. 	MUST
CHISBS051	The system must support the approved design for a page for blood spot results that could be printed and inserted into the PCHR.	MUST

4.6.8 Newborn blood spot letter production

Req Id	Requirement description	Priority
CHISBS052	The system must use the nationally agreed template for the letter to parents for normal test results.	MUST

4.7 Newborn hearing screening

The Newborn Hearing Screening Programme (NHSP) aims to screen all newborn children in England for hearing abnormalities. In June 2000 the Government announced that it would pilot the introduction of newborn hearing screening to replace the existing programme of infant distraction tests, following advice from the UK National Screening Committee based on the health technology assessment review. The requirements in this section relate specifically to Newborn Hearing Screening aspects of CHIS. Screening should be carried out by the NHSP and outcomes passed to the CHIS. The CHIS should act as a local failsafe for the NHSP.

4.7.1 Newborn hearing screening overview

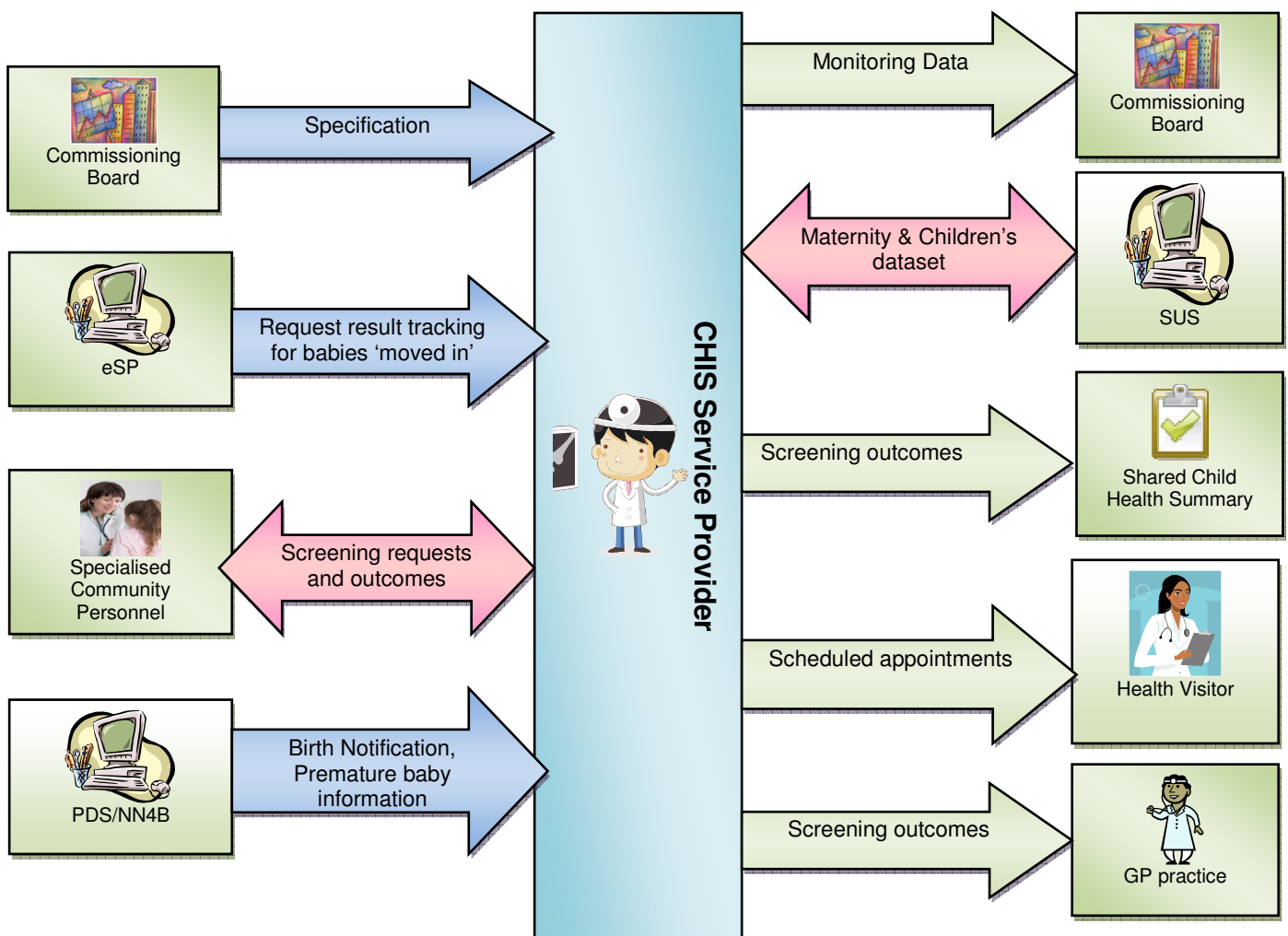


Diagram 5 External interfaces required for the newborn hearing programme

4.7.2 Newborn hearing screening interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Community clinic	Screening request
CHIS service provider	Shared Child Health Summary	Screening outcomes
CHIS service provider	Health visitor and PCHR	Scheduled appointments
CHIS service provider	GP	Screening outcomes
CHIS service provider	SUS	Maternity and Children's Dataset
Community Clinic	CHIS service provider	Screening outcomes
CHIS service provider	Commissioning Board	Monitoring data
eSP	CHIS service provider	Request result tracking for babies "moved in"
NN4B/PDS	CHIS service provider	Premature baby information
SUS	CHIS service provider	Maternity and Children's Dataset
Commissioning Board	CHIS service provider	Specification

4.7.3 Newborn hearing screening interface requirements

Req Id	Requirement description	Priority
CHISHS001	The system must be capable of interfacing electronically with existing systems providers or through manual data entry.	MUST
CHISHS002	The system must support interactions with the hearing screening services.	MUST
CHISHS003	The system must be capable of receiving hearing screening test outcomes.	MUST
CHISHS004	In order to identify premature babies, the system must be able to receive the gestational age in weeks and days from NN4B.	MUST
CHISHS005	In addition to those items indicated in the Newborn Hearing dataset the system must be capable of sending, storing and receiving the following: <ul style="list-style-type: none"> • generic baby identifier (NHS number) • demographic details 	MUST

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4.7.4 Newborn hearing screening scheduling

Req Id	Requirement description	Priority
CHISHS006	The system must be capable of scheduling an appointment for hearing screening tests to a child.	MUST

4.7.5 Newborn hearing screening core requirements

Req Id	Requirement description	Priority
CHISHS007	The system must be capable of recording and storing outcomes from hearing screening.	MUST
CHISHS008	The system must be capable of enabling the CO to offer an appointment for hearing screening tests to a child.	MUST
CHISHS009	The system must act as a local failsafe for, and enabling liaison with, the Newborn Hearing Screening Programme.	MUST
CHISHS010	The system must notify the CO of all children, for which it is responsible, that meet the school age screening requirement.	MUST
CHISHS011	The system must be able to identify and provide a list of which children have been offered the Newborn Hearing Screening Programme.	MUST
CHISHS012	The system must be able to identify and provide a list of all eligible children for the Newborn Hearing Screening Programme, which are due to be, and/or have been, discharged from hospital.	MUST
CHISHS013	The system must be able to identify and provide a list of all children where: <ul style="list-style-type: none"> no notification has been received of the outcome, or dissent to all investigations has been provided 	MUST
CHISHS014	The system must enable the CO to arrange an appointment to perform outstanding hearing screening tests, where appropriate eg where the health visitor is responsible for carrying out the tests.	MUST
CHISHS015	The system must store the generic baby identifier; demographics; the newborn hearing screening dataset against each child's record. This may be manually entered or passed electronically from another system.	MUST
CHISHS016	The system must be capable of recording and storing results from hearing screening tests.	MUST
CHISHS017	The system should be capable of providing a referral for audiology testing.	SHOULD

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	Consideration should be given to enable the system to coordinate the management of referrals for those babies: <ul style="list-style-type: none"> • under 3 months of age offered screening • greater than 3 months of age referred to audiology. 	
CHISHS018	The system must be capable of referring children for behavioural testing between the ages of 7-12 months.	MUST
CHISHS019	The system must be able to indicate the process status for the hearing screening examination, for each child in the list, eg "no action taken", or "sample requested".	MUST
CHISHS020	The system must be able to use gestational ages of babies to identify which children should be screened.	MUST

4.7.6 Newborn hearing screening reporting

Req Id	Requirement description	Priority
CHISHS021	The system must provide a report of those children that have do not have results of a hearing screening test recorded against their record.	MUST
CHISHS022	The system must be capable reporting outcomes from hearing screening tests.	MUST

4.7.7 Newborn hearing screening printing

Req Id	Requirement description	Priority
CHISHS023	The system must be able to print pages for inclusion in the PCHR, incorporating data that is known about the child such as their NHS number and relevant local information such as the address of the nearest child health clinic. Such pages should conform to the current revision of the PCHR. This is specific to newborn hearing screening.	MUST
CHISHS024	The system must be able to print a list of children offered newborn hearing screening.	MUST
CHISHS025	The system must be able to print a list of all eligible children for the hearing screening programme, which are due to be, and/or have been discharged from hospital.	MUST
CHISHS026	The system must be able to print a list of all children where: <ul style="list-style-type: none"> • no notification has been received of the outcomes, or • dissent to all investigations has been provided. 	MUST
CHISHS027	The system must be capable printing outcomes from hearing screening tests.	MUST

4.8 Handover from midwifery

The handover of care from one health professional or organisation to another is a common source of adverse safety issues. This chapter describes the process for an orderly transfer of responsibility for a baby’s care from the community midwifery team to the CO.

The requirements in this section relate specifically to midwifery aspects of CHIS.

4.8.1 Handover from midwifery overview

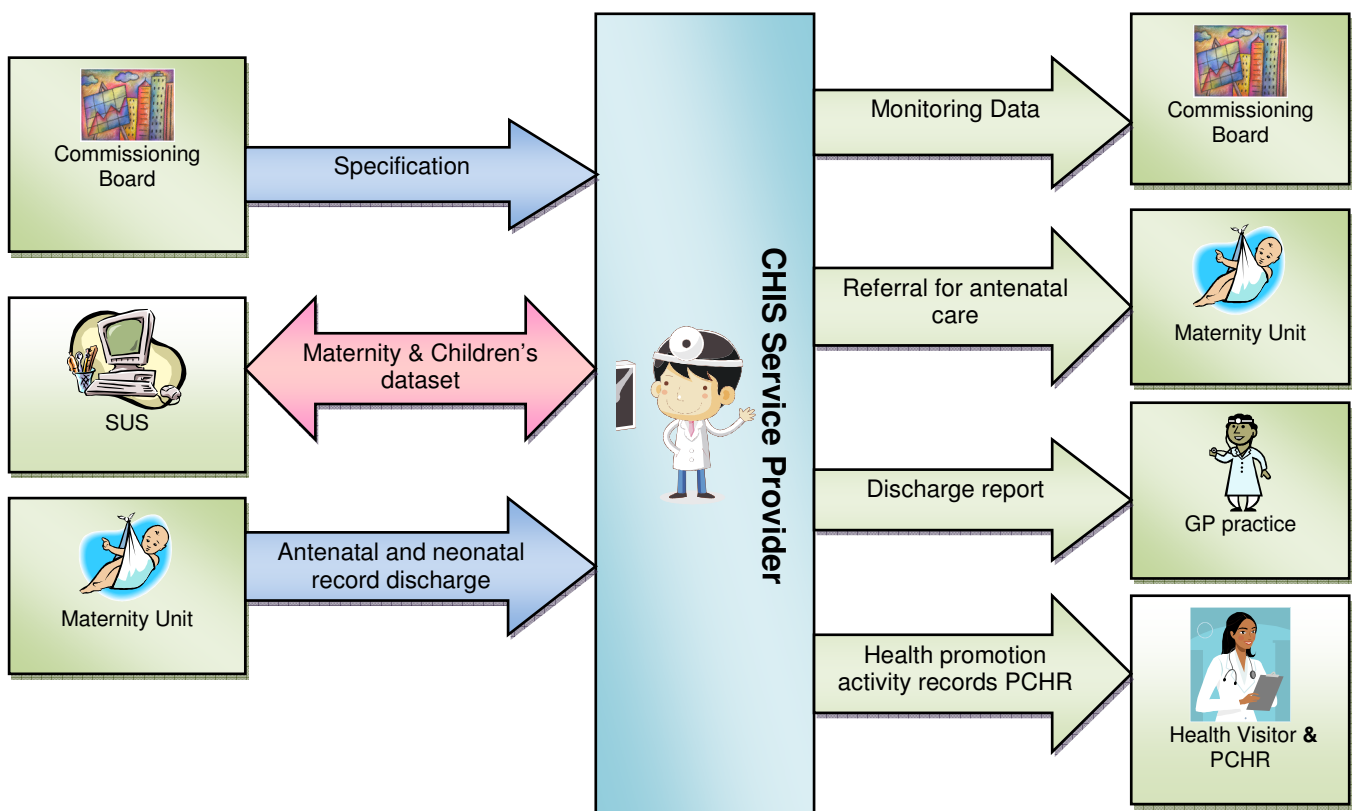


Diagram 6 External interfaces required to manage the handover of from community midwifery

4.8.2 Midwifery interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	Maternity unit	Referral for antenatal care
CHIS service provider	Health visitor/local authority	Health Promotion Activity Records PCHR

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CHIS service provider	GP	Discharge report
CHIS service provider	SUS	Maternity and Children's Dataset
Commissioning Board	CHIS service provider	Specification
Maternity unit	CHIS service provider	Antenatal and neonatal record discharge information
SUS	CHIS service provider	Maternity and Children's Dataset

4.8.3 Midwifery interface requirements

Req Id	Requirement description	Priority
CHISMW001	The system must be capable of receiving and storing antenatal and neonatal information from the maternity unit.	MUST
CHISMW002	The system should be capable of receiving health promotion activity records. Example activity includes the breastfeeding status as per the classifications stated in the PHCR for each child.	MUST
CHISMW003	The system must be capable of receiving screening results from midwifery systems (Neonatal Intensive Care, Paediatric Intensive Care Unit, Special Care Baby Unit and generic Maternity). e.g. mother's infectious disease status such as hepatitis or HIV and foetal abnormalities such as Down's syndrome screening etc It is expected that a number of health promotion activities take place before the CO assumes responsibility for the child. All notes relating to these activities should also be transferred. Such activities include: <ul style="list-style-type: none"> • promoting health and wellbeing • identifying need for extra management • breastfeeding support • infant feeding advice • lifestyle • parental information • preparation for parenthood and birth. 	MUST

4.8.4 Midwifery core components

Req Id	Requirement description	Priority
CHISMW004	The system must enable the CO to liaise with midwives and health visitors to ensure that newborn blood spot screening is completed in time.	MUST
CHISMW005	The system must support the nationally agreed birth registration/maternity services secondary uses dataset items and accommodate all additional local requirements, including: <ul style="list-style-type: none"> • birth order if multiple birth • birth weight • key at-risk factors, eg sickle cell status, maternal hepatitis B, at risk of tuberculosis • time of birth • telephone number • mother's surname and forename • mother's date of birth or NHS number • mother's hospital number • single unsupported family indicator • gestation in weeks and days • birth • live birth • stillbirth • date of death • type of delivery • Apgar score – one minute and five minutes • head circumference • full address • other addresses, eg alternative home • feeding status • the route and dosage of any vitamin K administered. 	MUST
CHISMW006	The system must be capable of receiving discharge information from maternity units.	MUST
CHISMW007	The system must be capable of storing health promotion activity records that have been carried out within maternity units.	MUST
CHISMW008	The system must be capable of storing screening information handed over from midwifery services, including all results: <ul style="list-style-type: none"> • relating to the Down's and Foetal Anomaly Screening Programme • from the Infectious Diseases in Pregnancy Screening 	MUST

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	<p>Programme</p> <ul style="list-style-type: none"> • from the Antenatal Sickle Cell and Thalassaemia Screening Programme • relating to antenatal and postnatal blood tests. 	
CHISMW009	The system should be flexible enough to enable addition of new national screening programmes.	SHOULD

4.8.5 Midwifery reporting

Req Id	Requirement description	Priority
CHISMW010	The system must be capable of sending a discharge summary to the GP and health visitor, including the outcomes of the screening programmes (Down's and Foetal Anomaly, Infectious Diseases in Pregnancy, Antenatal Sickle Cell and Thalassemia).	MUST

4.8.6 Midwifery printing

Req Id	Requirement description	Priority
CHISMW011	<p>The system must be able to print pages for inclusion in the PCHR ("red book"), incorporating data that is known about the child. Information should include:</p> <ul style="list-style-type: none"> • NHS number • relevant local information, eg address of the nearest child health clinic. <p>The pages should conform to the current version of the PCHR, and must include:</p> <ul style="list-style-type: none"> • birth details and newborn examination • important health problems • family history. 	MUST

4.9 Health promotion

This section covers health promotion and protection activities that are scheduled for delivery to the child from 14 days onwards. Some other topics such as screening may also come under the heading of health promotion, but they are covered in other, specific chapters.

For universal services for the various age groups between 0 – 19 years of age the progressive categories of children and families identified through the programme will have additional health promotion services led by a number of different professional contact groups including health visitor and school nurses to address particular needs and risks.

In addition, the face-to-face contacts within the immunisation programme offer the opportunity for reviews to take place so that all children will have reviews at these points.

All reviews are universally offered but may lead to a common assessment framework (CAF) being conducted so that information gathered is based on CAF domains as shown in diagram 9, which is a current consultation.

4.9.1 Health promotion overview

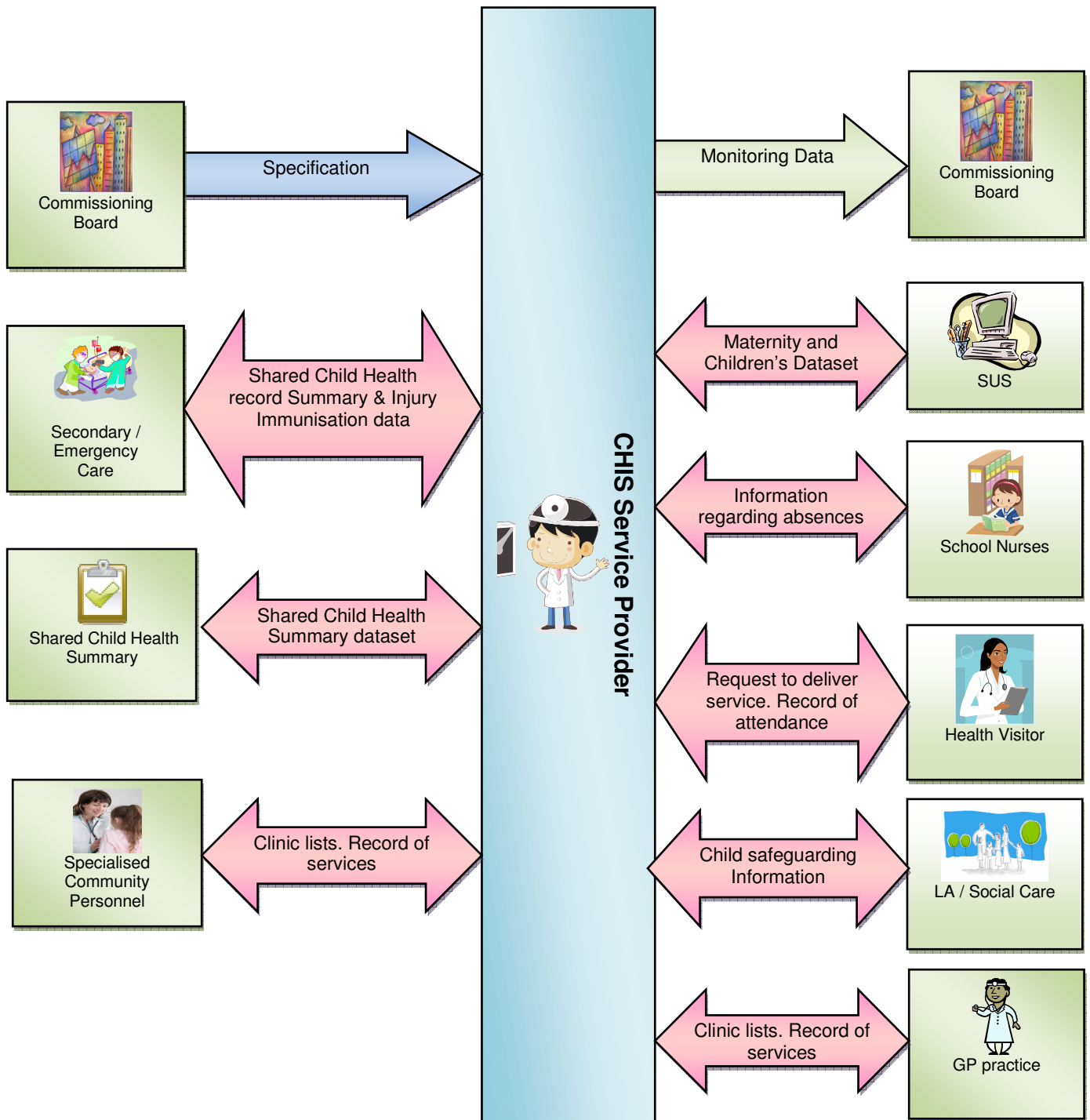


Diagram 7. External interfaces required for health promotion

4.9.2 Health Promotion Common Assessment Framework

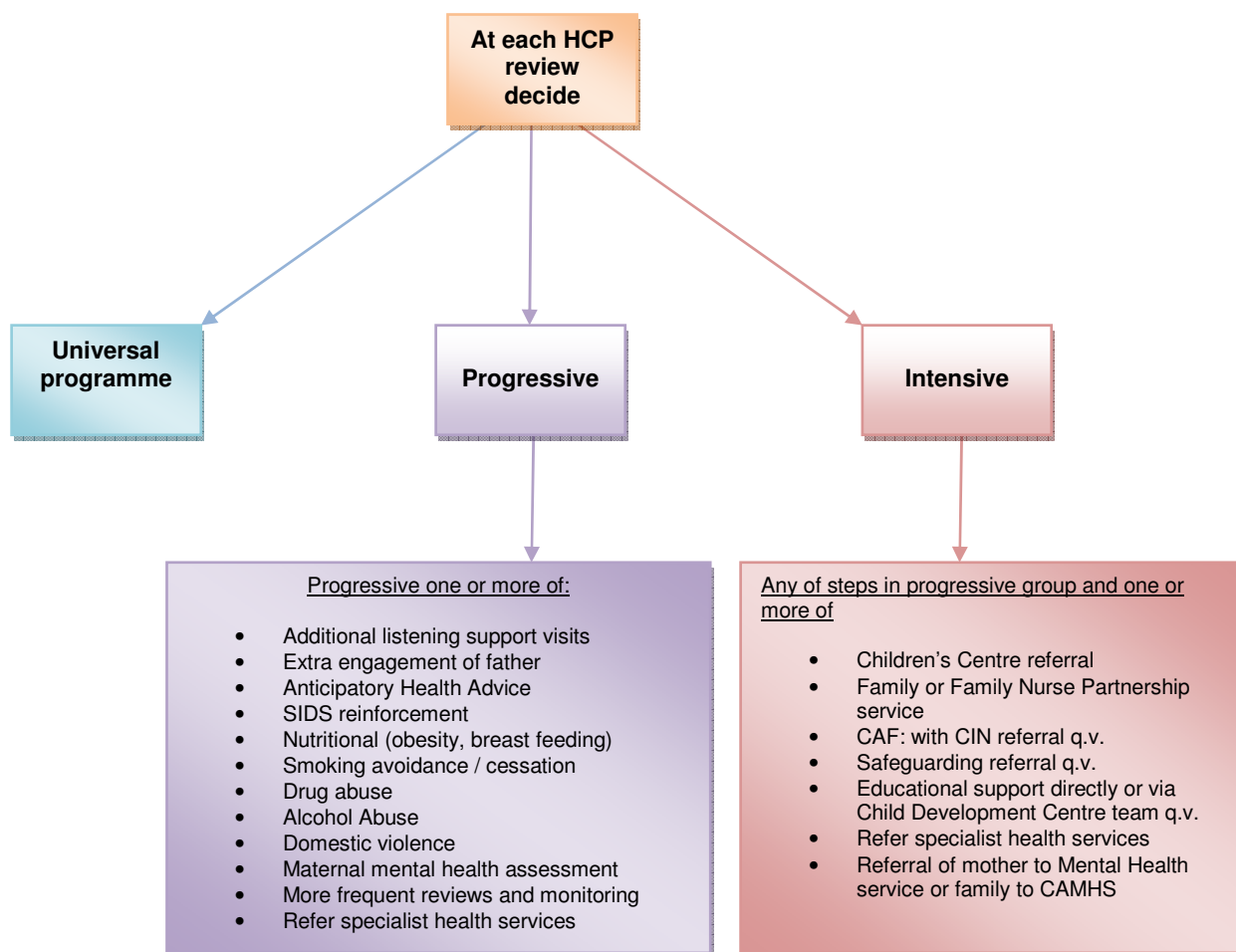


Diagram 8. Common Assessment Framework

4.9.3 Health promotion interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	Shared Child Health Summary Record	Shared Child Health Summary dataset request
CHIS service provider	Community clinic	Clinic lists
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	Schools and further education colleges	Information regarding absences
CHIS service provider	Health visitor and PCHR	Request to deliver service

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CHIS service provider	Local authority social care	Child safeguarding information
CHIS service provider	GP	Clinic lists
CHIS service provider	Secondary emergency care	Shared Child Health Summary
Commissioning Board	CHIS service provider	Specification
Community Clinic	CHIS service provider	Records of services (including did not attends)
GP	CHIS service provider	Records of services (including did not attends)
Health visitor and PCHR	CHIS service provider	Record of attendance (including did not attends)
Local authority social care	CHIS service provider	Child safeguarding information
Schools and further education colleges	CHIS service provider	Information regarding absences
Secondary and emergency care	CHIS service provider	Injury Immunisation Data Shared Child Summary
Shared Child Health Summary	CHIS service provider	Shared Child Health Summary dataset response
SUS	CHIS service provider	Maternity and Children's Dataset

4.9.4 Health promotion interface requirements

Req Id	Requirement description	Priority
CHISHP001	The system must be capable of sending, receiving and storing health promotion activity records for each child.	MUST
CHISHP002	The system must be able to send, receive and store the breast feeding status as per the classifications stated in the PHCR for each child.	MUST
CHISHP003	The system must be capable of interfacing electronically with existing systems providers and users.	MUST
CHISHP004	The system must provide access to vaccination data from GP and community child health clinics, health centres, hospital interventions, screening and immunisation and in addition from ad hoc interventions that may take place at home or in nursery or children's centres.	MUST
CHISHP005	The system must enable the CO to monitor the quality and coverage of the Healthy Child Programme delivery at the CO level, incorporating local and nationally defined quality measures where applicable.	MUST

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CHISHP006	The system must be able to support the capturing of CAF results as outlined in Table 8 of the Information Requirements for Child Health Information Systems (Common Assessment Framework).	MUST
CHISHP007	The system must provide when required access to the records arising from each relevant contact with each child.	MUST
CHISHP008	The system must enable the CO to provide information needed for secondary uses purposes including key outcome measures for children in line with the Public Health Outcomes Framework and the NHS Outcomes Framework and the children and young people's outcome framework.	MUST
CHISHP009	The system must enable access to health promotion information via mobile access.	MUST

4.9.5 Health promotion core components

Req Id	Requirement description	Priority
CHISHP010	<p>The system must enable the CO to offer the full range of health promotion services to all children for which the CO is responsible, as outlined in the following documents:</p> <ul style="list-style-type: none"> • Department of Health Gateway reference 12793, Healthy Child Programme - Pregnancy and the first five years of life. 2009. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563 • Department of Health Gateway reference 12287 Healthy Child Programme - From 5-19 years old. 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566 • ISBN 0113224257 Framework for the assessment of children in need and their families. (at the time of writing this document this reference is currently undergoing consultation) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144 	MUST
CHISHP011	The system must be able to support the capturing of results for the health promotion of children outlined within Table 4 of the Information Requirements for Child Health Information Systems (Universal Services Delivery Schedule for 0 - 5 year olds).	MUST

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	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.58	
CHISHP012	The system must be able to support the capturing of results for the health promotion of children outlined within Table 5 of the Information Requirements for Child Health Information Systems (Universal Services Delivery Schedule for 5-11 year olds). http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.60	MUST
CHISHP013	The system must be able to support the capturing of results for the health promotion of children outlined within Table 6 of the Information Requirements for Child Health Information Systems (Universal Services Delivery Schedule for 11-16 year olds). http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.61	MUST
CHISHP014	The system must be able to support the capturing of results for the health promotion of children outlined within Table 6 of the Information Requirements for Child Health Information Systems (Universal Services Delivery Schedule for 16-19 year olds). http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.62	MUST
CHISHP015	The system must be capable of allowing appropriate healthcare professionals to review records for each child.	MUST
CHISHP016	The system must be capable of producing reports/list of those children that need follow-up with a healthcare professional.	MUST
CHISHP017	The system must be capable of producing a list of those children that need an appointment scheduling.	MUST
CHISHP018	At each review the system must be able to create new records and update existing records.	MUST
CHISHP019	The system must be able to record the breastfeeding status as per the classifications stated in the PHCR for each child: <ul style="list-style-type: none"> • totally • partially • not at all. 	MUST

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CHISHP020	At each contact, the system must be able to record the weight of the child, and at 6-8 weeks, the head circumferences measurements which should be made and plotted on centile charts.	MUST
CHISHP021	The system must be able to record that an intervention has taken place and record items which will be permanent health biographical records for each child.	MUST
CHISHP022	The system must enable healthcare professionals to record relevant core items for each child in their care and under the responsibility of the CO.	MUST
CHISHP023	The system must provide ability to input notes in the appropriate area of record.	MUST
CHISHP024	The system must enable the recording of each category within the CAF assessment as: <ul style="list-style-type: none"> • not known • not assessed • no problem • mild/suspected • moderate • severe • profound. 	MUST
CHISHP025	The system must provide facilities to record monitor and audit the process within health to meet statutory responsibilities in providing information to the local authority detailed in the Education Act 1996. http://www.legislation.gov.uk/ukpga/1996/56/contents This may include, but is not exclusive to: <ul style="list-style-type: none"> • no special educational needs ascertained (at Stage, 1, 2, 3) • Referred for assessment of special educational needs (at Stage 4) • assessment already requested • letter in lieu • transition review • statement issues (at Stage 5) • statement revoked. 	MUST
CHISHP026	The system should be able to record and store CAF Assessment information http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf p.65; against the child's record including but not exclusive to: <ul style="list-style-type: none"> • the date and time of the assessment 	SHOULD

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	<ul style="list-style-type: none"> the healthcare professional/team performing the assessment the healthcare professional completing and approving the report. 	
CHISHP027	The system should enable the recording and storing of audiological measurements.	SHOULD

4.9.6 Health promotion scheduling

Req Id	Requirement description	Priority
CHISHP028	The system must be capable scheduling activities to enable the CO to provide care to the child under its responsibilities.	MUST
CHISHP029	The system must be capable of scheduling health promotion reviews for the following scenarios: 6-8 weeks, all children, led by health visitor, face to face 12 months, some children, led by health visitor 2 - 2.5 years, all children, led by health visitor, face to face school entry, led by school nurse.	MUST
CHISHP030	The system should enable the scheduling of audiological measurements.	SHOULD

4.9.7 Health promotion reporting

Req Id	Requirement description	Priority
CHISHP031	The system must be able to provide the ability to monitor the quality and coverage of the Healthy Child Programme delivery at CO level and to provide information needed for secondary uses purposes including whatever key outcome measures are selected.	MUST

4.9.8 Health promotion printing

Req Id	Requirement description	Priority
CHISHP032	<p>The system must be capable of generating the documentation for the particular assessment or review that is due, and all relevant records must be available.</p> <p>This must include the results of previous assessments and any diagnoses held on the child's record including those</p>	MUST

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	records previously held in paper form so scanned documents must be supported also.	
CHISHP033	<p>The system must be able to print pages for inclusion in the PCHR, incorporating data that is known about the child such as their NHS number and relevant local information such as the address of the nearest child health clinic. Such pages should conform to the current version of the PCHR. Pages in the PCHR http://www.healthforallchildren.com/thepchr.htm that are relevant to this chapter are:</p> <ul style="list-style-type: none">• 6-8 week review• health reviews.	MUST

4.10 Immunisation

Guidance for immunisation and vaccination in England is produced by the Department of Health and informed by advice and recommendations of the Joint Committee on Vaccination and Immunisation and set out in the Green Book (reference 12.1 – Annex A).

In the future the role of the COVER team will transfer from the Health Protection Agency to the new public health organisation Public Health England. The same requirements for immunisation data are likely to remain in the future system with notifications sent to the HSCIC and Public Health England.

The requirements in this section relate specifically to Immunisation aspects of CHIS.

4.10.1 Immunisation overview

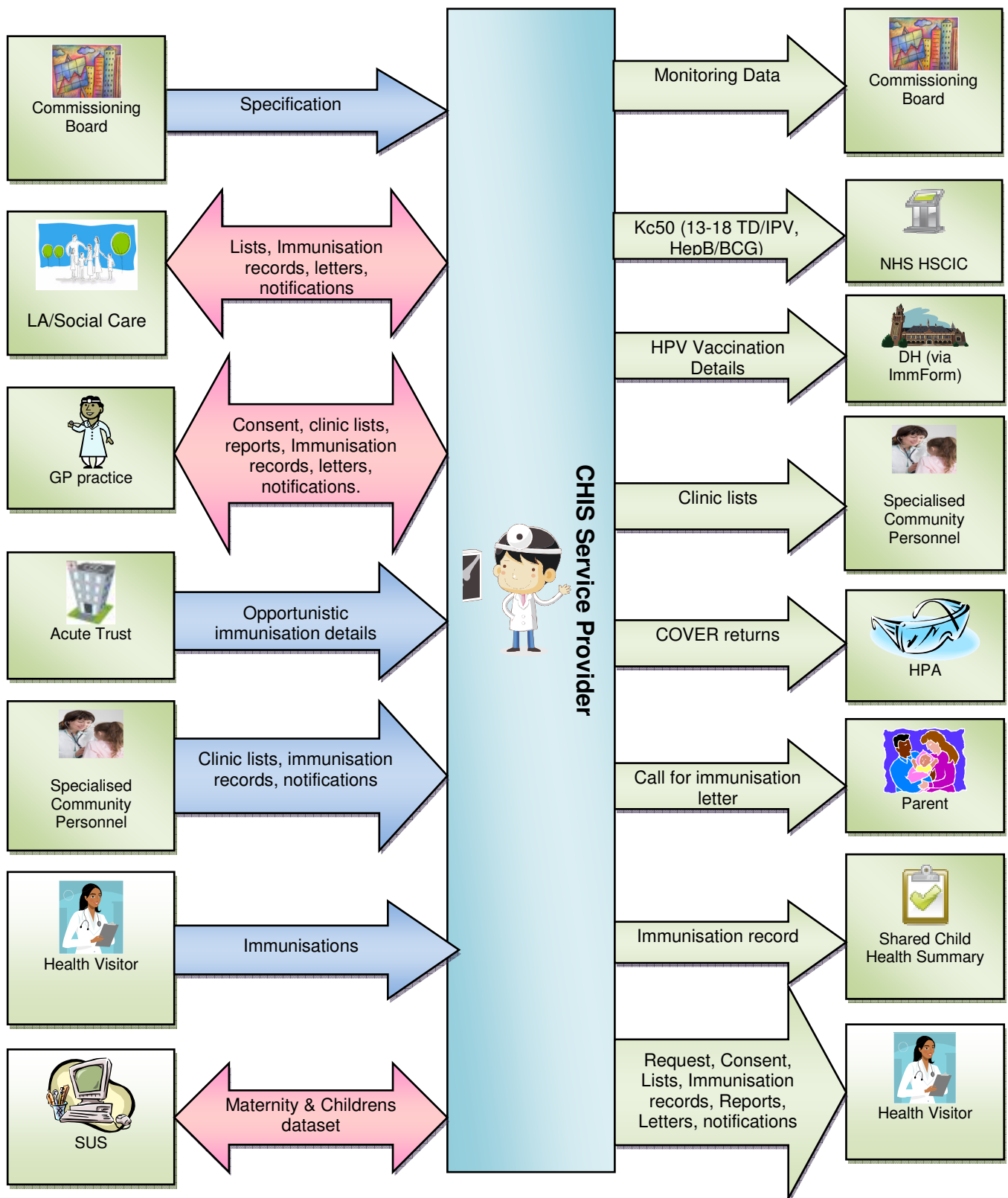


Diagram 9. External interfaces required for immunisation programme

4.10.2 Immunisation interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	NHS HSCIC	Kc50 (13-18 TD/IPV, HepB/BCG)
CHIS service provider	Department of Health (via ImmForm)	HPV vaccination details
CHIS service provider	Community clinic	Clinic lists
CHIS service provider	Health Protection Agency	Cover of Vaccination Evaluation Rapidly (COVER) return
CHIS service provider	Parent	Letter to call child for immunisation
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	Shared Child Health Summary	Immunisation record
CHIS service provider	Health visitor and PCHR	Request to administer immunisation consent, lists, immunisation records, reports, letters, attendance and non-attendance notifications
CHIS service provider	Local authority	Clinic lists, immunisation records, letters, attendance and non-attendance notifications DNA.
CHIS service provider	GP	Consent, clinic lists, immunisation records, reports, letters, attendance and non-attendance notifications
Commissioning Board	CHIS service provider	Specification
Acute trust	CHIS service provider	Opportunistic immunisation details

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Community clinic	CHIS service provider	Clinic lists, immunisation records, non-attendance notifications
GP	CHIS service provider	Consent, clinic lists, immunisation records (including overdue vaccinations) reports, letters, attendance and non-attendance notifications
Health visitor and PCHR	CHIS service provider	Record of immunisations administered (including did not attends)
Local authority	CHIS service provider	Record of immunisations administered, failed, rejected, (including did not attends)
SUS	CHIS service provider	Maternity and Children's Dataset

4.10.3 Immunisation Interface Requirement

Req Id	Requirement description	Priority
CHISIM001	The system must be capable of interfacing and submitting data to the UK immunisation programme "ImmForm" https://www.immform.dh.gov.uk .	MUST
CHISIM002	The system must enable the CO to submit central returns for the immunisation programme.	MUST
CHISIM003	The system must enable the CO to send statistics on Cover of Vaccination Evaluated Rapidly (COVER) data to the Health Protection Agency on a quarterly and annual basis. At the time of writing this, the Health Protection Agency duties will be transferred to Public Health England from April 2013.	MUST
CHISIM004	The system must be capable of producing information on the standard form (known as "KC50") annually to the NHS HSCIC.	MUST
CHISIM005	The system must enable the CO to submit data pertaining to immunisation and vaccination to the Department of Health Immform site; https://www.immform.dh.gov.uk	MUST
CHISIM006	The system must be enable the CO to receive information Ideally in electronic format about opportunistic	MUST

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	immunisations by return of an immunisation form from such units as A&E, acute units and walk in centres.	
CHISIM007	The system must be able to update the relevant GP system with the information flow. This could include: <ul style="list-style-type: none"> • immunisation given • consent declined • did not attend. 	MUST
CHISIM008	The system must enable the CO to view and add information into the Open Exeter system of information regarding those who have been offered and given vaccines.	MUST
CHISIM009	The system must be capable of automated connectivity to Open Exeter.	MUST
CHISIM010	The system must be capable of receiving vaccination recall notifications from MHRA.	MUST
CHISIM011	The system must be able to upload CSV files of HPV data up to 5,000 records per file using the specification of the CSV file layout is available on the Open Exeter on-screen help.	MUST
CHISIM012	The system must be able to submit data to the maternity and child health Secondary Uses Service, part of the NHS HSCIC's Children and Young People Health Services Dataset for immunisations.	MUST
CHISIM013	The system must enable the CO to identify which children are in clinical risk groups that make them eligible for flu vaccination.	MUST
CHISIM014	The system must be able to report to GPs of immunisations undertaken in schools or other venues, eg health visitor held clinics.	MUST
CHISIM015	The system must be able to receive and display the immunisation history of children who have moved into CO geographical area of responsibility.	MUST
CHISIM016	The system must be able to send the immunisation history of children who have moved out of the CO geographical area of responsibility, to the relevant CHIS service provider.	MUST
CHISIM017	The system must be able to provide healthcare professionals (including GPs, health visitors and school health teams) with immunisation lists of children. The immunisation list would include children that are overdue, suspended or awaiting vaccination.	MUST
CHISIM018	The system must be able to provide immunisation coordinators (or appropriate person) with relevant information for targeted vaccination in the event of an outbreak.	MUST

4.10.4 Immunisation core components

Req Id	Requirement description	Priority
CHISIM019	The system must allow the addition, recording, storage and auditing of any licensed immunisation as identified in the National Immunisation Programme Green Book (ref 12.1 Annex A).	MUST
CHISIM020	The system must allow the recording, storing and auditing of immunoglobulin for passive immunity and ad hoc vaccinations.	MUST
CHISIM021	The system must allow updates of available immunisations for administration as indicated in the Green Book (ref 12.1 Annex A) and CMO letters and DSCNs. (http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254)	MUST
CHISIM022	The system must enable the CO to ensure that all of the children for whom is has responsibility, up to the age of 19, have had, or are offered, immunisations	MUST
CHISIM023	The system must be able to identify children who need to receive specific immunisations because their immunisation status is either unknown or incomplete, or their requirements are distinct and additional from the rest of the population (eg hepatitis B).	MUST
CHISIM024	The system must be able to update the appropriate PCHR on the shared child health record with immunisation information.	MUST
CHISIM025	The system must be able to identify and notify those children affected by changes to the national programme vaccinations schedules and invite them for immunisation.	MUST
CHISIM026	The system must be capable of recording the name and role of the healthcare professional administering the immunisation.	MUST
CHISIM027	The system must be able to record, store and audit discrete data elements associated with any immunisation administered (including travel vaccinations) the following as a minimum: <ul style="list-style-type: none"> • date administered • administering clinician • location (eg address and type of location, eg GP surgery, school, community clinic) • site of administration (eg left arm) • diseases protected against • antigen 	MUST

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	<ul style="list-style-type: none"> batch number. 	
CHISIM028	The system must be able to record the product name and manufacturer as discrete data.	MUST
CHISIM029	The system must be capable of creating, recording and storing immunisation information retrospectively, (eg date and time)	MUST
CHISIM030	The system must enable the user to manually enter details of immunisations (including those that have taken place out of area and that have taken place in the past, eg date and time).	MUST
CHISIM031	The system must be capable of recording immunisation history of children relocating between addresses and organisations.	MUST
CHISIM032	The system must be able to record any refusal by a parent/guardian or young person to be immunised, including the reason given.	MUST
CHISIM033	The system must be able to identify all children whose immunisation(s) have been refused.	MUST
CHISIM034	The system must be able to issue recalls for an immunisation that have a refusal/suspension recorded.	MUST
CHISIM035	The system must record did-not-attends and generate associated actions including appropriate prioritisation according to local rules.	MUST
CHISIM036	The system must be capable of providing lists of outstanding immunisations required by individual child. The list should include details of the child's registered GP practice, health visitor cluster, school health team and community paediatric service where available.	MUST
CHISIM037	The system must be capable of providing data to immunisation coordinators or appropriate person with the relevant information should there be an issue with a particular batch of vaccination.	MUST
CHISIM038	The system must enable the CO to maintain records of vaccine issues regarding quality, potential vaccine failures, and adverse reactions.	MUST
CHISIM039	The system must have the facility to record outcome measures including untoward events following or as a result of vaccination.	MUST
CHISIM040	<p>The system must permit the user to record the contraindication (at any time) resulting in the immunisation not being given as scheduled/planned.</p> <p>This may include the following contraindications:</p> <ul style="list-style-type: none"> immunosuppression 	MUST

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	<ul style="list-style-type: none"> • anaphylaxis to a previous dose of the vaccine • previous BCG (for BCG vaccine) • positive skin test (for BCG vaccine) • previous disease (for a few vaccines only) • acute febrile illness (postponement only) • evolving neurological disorder (postponement only). 	
CHISIM041	The system must record the administration of the Mantoux/Heaf test and its outcome. The number of tests carried out and numbers requiring vaccination are required information on the current KC50 return.	MUST
CHISIM042	The system must allow the user to record the follow-up action to be taken as a result of contraindications from the immunisation not being given as scheduled/planned.	MUST
CHISIM043	The system must be capable of recording all doses including additional doses of scheduled vaccines to be recorded against the child record.	MUST
CHISIM044	The system must be capable of identifying which vaccines were given as a scheduled vaccine.	MUST
CHISIM045	The system must be capable of recording doses and additional doses of vaccines that may not be available in the UK.	MUST
CHISIM046	The system must enable the CO to maintain records of immunisations and vaccinations carried out by GP practices so that claims from GP practices can be confirmed.	MUST
CHISIM047	The system must be able to record vaccine brands, types and single antigens, including new codes for vaccine brands/types where these become available.	MUST
CHISIM048	The system must be able to record multiple instances of vaccinations given and record them in date order against the relevant vaccine.	MUST
CHISIM049	<p>The system must be able to record details of the vaccination to include but not limited to:</p> <ul style="list-style-type: none"> • date of administration • vaccination challenge(eg primary/booster) • dose of the vaccination • reasons for duplicate vaccination. 	MUST
CHISIM050	The system must be able to set up a profile for each vaccine or immunoglobulin with the appropriate scheduling and alerts and should enable the profile to be associated with an individual record as appropriate.	MUST
CHISIM051	The system must be able to amend the profile described above and deactivate it in line with the Green book and	MUST

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	Department of Health directives/CMO letters, as advised by the CO.	
CHISIM052	The system must be able to alert the CO with the relevant information should there be an issue with particular batch of vaccine, eg product recall.	MUST
CHISIM053	The system should be capable of recording, storing and auditing risk factors that influence the need for immunisation.	SHOULD
CHISIM054	The system must be capable of recording, storing and auditing the healthcare professional administering the immunisation.	MUST
CHISIM055	The system must be able to suspend routine scheduling and enable an associated reason to be recorded.	MUST
CHISIM056	The system must be capable of recording serology testing and its outcome for hepatitis B at 12 months.	MUST

4.10.5 Immunisation scheduling

Req Id	Requirement description	Priority
CHISIM057	The system must be able to schedule and reschedule immunisations.	MUST
CHISIM058	The system must have sufficient flexibility so that changes to the schedule of existing immunisations or the addition of new immunisations for children of any age can be made in a straightforward and timely manner.	MUST
CHISIM059	The system must be capable of updates to national programme vaccine schedules and flexible enough to accommodate these changes.	MUST
CHISIM060	The system must be flexible enough to allow an internal schedule to be set according to local needs.	MUST
CHISIM061	The system must allow the recording of specific indicators of need and the flexibility to produce a resultant individual schedule.	MUST
CHISIM062	The system must be able to record the reason and date for the vaccination administered and provide the required relevant future schedule for that product.	MUST
CHISIM063	The system should be able to support a variation to the immunisation schedule.	SHOULD
CHISIM064	The system should be able to record, store and audit the reason for the variation in the immunisation schedule.	SHOULD
CHISIM065	The system should be able to support a variation to the schedule. Variations not exclusively, should include:	SHOULD

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	<ul style="list-style-type: none"> • incomplete immunisation record • early immunisations • late immunisations • missed immunisations • individuals at risk of disease due to exposure • duplicate immunisations given in error. 	
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4.10.6 Immunisation recording

Consideration needs to be given towards a nationally agreed naming and utilisation convention in respect of vaccines.

Ideally there would be included within this section a requirement around the recording of vaccine information, that should be undertaken in the same manner to ensure continuity of information and safe governance across systems, eg is it the name or the product that is recorded. This would help to ensure continuity across the country as children move between areas and different services record immunisations onto the child's record.

4.10.7 Immunisation reporting

Req Id	Requirement description	Priority
CHISIM066	The system must be able to report to GPs of immunisations undertaken in schools or other venues, eg health visitor held clinics.	MUST
CHISIM067	The system must be able to generate reports for front-end users based on any data field combinations and local population configurations.	MUST
CHISIM068	The system must be able to provide the following information on the current KC50 return: <ul style="list-style-type: none"> • number of BCG/Heaf tests that are carried out • numbers requiring vaccination. 	MUST
CHISIM069	The system must be able to produce output of immunisation data as detailed in the HSCIC guidance to completing the KC50 for all children in the responsible area of the CO (ref NHS_KC50_guidance_2012_HSCIC_final. Web link: http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kc50)	MUST
CHISIM070	The system must be able to automatically report immunisations to Open Exeter for payment purposes.	MUST

4.10.8 Immunisation printing

Req Id	Requirement description	Priority
CHISIM071	The system must be able to print pages for inclusion in the PCHR, incorporating data that is known about the child such as their NHS number and relevant local information such as the address of the nearest child health clinic. Such pages should conform to the current version of the PCHR. Pages in the PCHR that are relevant to this chapter are – Immunisation.	MUST
CHISIM072	The system must be able to print the immunisation information contained within the appropriate PCHR on the shared child health record, either partially or in its entirety.	MUST

4.10.9 Immunisation letter production

Req Id	Requirement description	Priority
CHISIM073	The system must be able to use locally configurable and editable letter templates.	MUST
CHISIM074	The system must be capable of inviting children for immunisations, and also able to allocate appointments in relevant clinics and schools or on behalf of GP practices. The system must be able to produce locally adaptable editable letters for transmission in mailer or short message service form and flexible enough to incorporate clinic scheduling.	MUST

4.11 National Child Measurement Programme

The NCMP is an important public health programme to monitor and tackle childhood obesity. Every year public health staff visit schools to weigh and measure all eligible children in Reception Year and Year 6.

Data for all eligible children within the PCT's boundary should be entered into the feedback tool provided by the HSCIC, within six weeks of completing the height and weight measurements. This is so that feedback letters providing parents with personalised information on their child's height and weight result can be generated using the tool and the national feedback letter template. The national feedback letter template can be found in the annual NCMP delivery guidance at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671

Following feedback, measurement data are transferred in to the HSCIC upload tool, which can be accessed at <https://ncmp.ic.nhs.uk>, a pre-upload validation of the data is undertaken within the tool and the data are then anonymised and centrally returned to the HSCIC. More information on the validation process can be found at www.ic.nhs.uk/ncmp/validation.

From April 2013, the NCMP will become a mandated programme for all areas and responsibility for delivery will transfer with the public health team to local authorities.

4.11.1 National child measurement overview

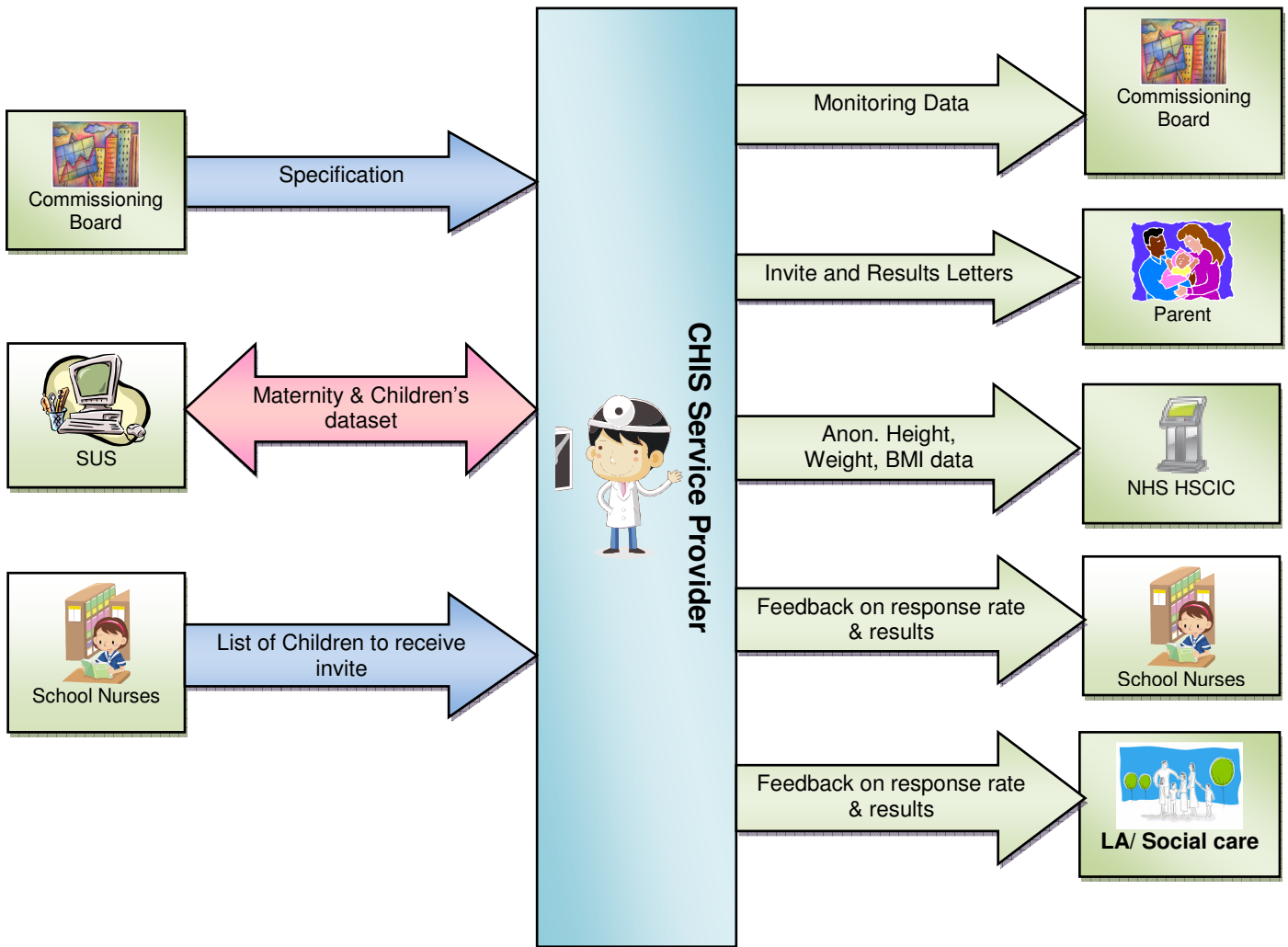


Diagram 10. External interfaces required for the National Child Measurement Programme

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Figure 1 Overview of the NCMP and the key delivery elements

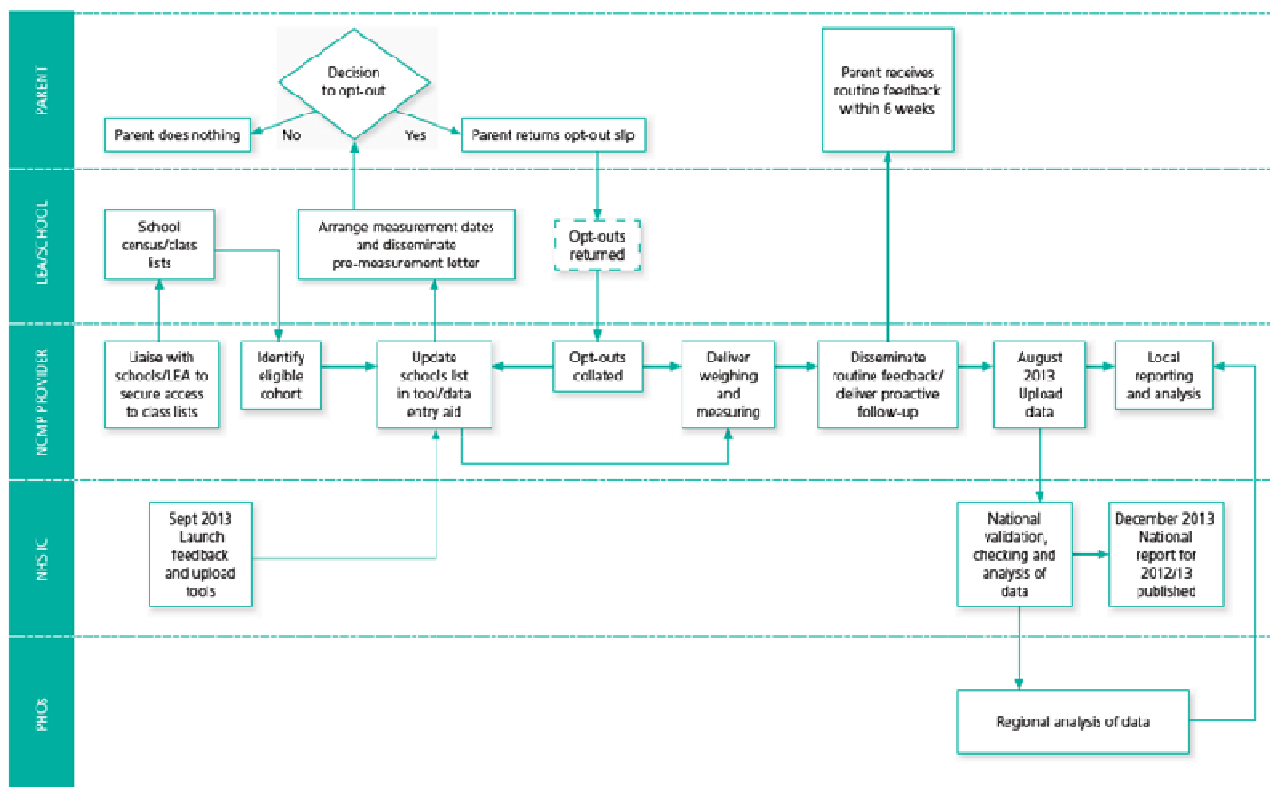


Diagram 11 Overview of the NCMP and the key delivery elements

4.11.2 National child measurement interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	NHS HSCIC	Anonymised height, weight and BMI data
CHIS service provider	Schools	Feedback on response rate and results
CHIS service provider	Local authority	Feedback on response rate and results
CHIS service provider	SUS	Maternity and Children's dataset
Commissioning Board	CHIS service provider	Specification
SUS	CHIS service provider	Maternity and Children's Dataset

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Schools	CHIS service provider	List of children in reception and age. Opt-outs (if school sent invitation letter)
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4.11.4 National child measurement interface requirements

Req Id	Requirement description	Priority
CHISCM001	The system must be capable of sending, storing and receiving the NCMP dataset.	MUST
CHISCM002	The system must be able to validate and maintain a list of all the schools within each CO boundary with the information held with the HSCIC.	MUST
CHISCM003	The system must enable the CO to create and submit a data file in line with HSCIC data requirements.	MUST
CHISCM004	Where data files for the HSCIC have to be produced, the system should be capable of running this as an automated and manual process. The system should have the flexibility to enable the CO to define an automated run with a manual override to create the data file.	SHOULD
CHISCM005	The system must be capable of using the editable template letter and tool available from the HSCIC website.	MUST
CHISCM006	The system must be capable of facilitating the export of the data to the upload tool available on the HSCIC website.	MUST
CHISCM007	The system must enable the CO to provide schools and the local authority with feedback on aggregate NCMP results in accordance with the guidance provided by the National Obesity Observatory.	MUST
CHISCM008	The system must be able to export data to the HSCIC or HSCIC Parental Feedback Tool and the Department of Health template letter.	MUST
CHISCM009	The system may use the IC tool and associated guidance provided by the HSCIC for gathering the measurement information.	MAY
CHISCM010	The system must validate the data at the point of entry.	MUST

4.11.4 National child measurement data requirements

Req Id	Requirement description	Priority
CHISCM011	The system must be flexible enough in its capability of using the essential and supplementary dataset. as guided by the National Child Measurement Programme: Operational guidance for the current year can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671	MUST

The NCMP dataset (at the time of writing this document) is as follows:

Essential data	
Data collected by the CO	Used by
Department for Education (DfE) school unique reference number (six-digit number – note that this is a number to identify the school and is not the unique pupil number)	CO and HSCIC
Pupil's first name	CO
Pupil's last name	CO
Sex (one character: M for male; F for female)	CO and HSCIC
Date of birth (DD/MM/YYYY)	CO (HSCIC only receives age in months)
Date of measurement (DD/MM/YYYY)	CO and HSCIC
Height (in centimetres, to first decimal place – ie measured to the nearest millimetre)	CO and HSCIC
Weight (in kilograms, to first decimal place – ie measured to the nearest 100 grams)	CO and HSCIC
Full home address	CO
Full home postcode (eight-character output area)	CO (HSCIC only receives lower super string)
Ethnicity (single-character NHS code, four-character DfE extended code, RiO Child Health System (CHS) compliant code or SystemOne CHS compliant code). To be marked “unavailable” if not sourced from school information management system or child’s health records. Mother’s ethnicity should not be used.	CO and HSCIC

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Supplementary Data	
Data Collected by the CO	Used by
<ul style="list-style-type: none"> • Name and contact information of the CO • Obesity lead (or other person responsible for the NCMP) • Where data have been stored (ie loaded directly into the HSCIC NCMP tool, previously stored in child's health record, or other) • Number of children withdrawn from the measurement and reason (at CO level), including: <ul style="list-style-type: none"> - parental opt-out - child opt-out - child unable to stand on scales or height measure unaided - child absent on the day of measurement; or - other reason • numbers of pupils eligible for measurement at each school and reason for any differences between the CO's pupil number denominators and those supplied within the upload tool (eg list of schools incorrect, school's pupil numbers incorrect). 	All data items sent to the HSCIC
<p>Whether the CO has routinely sent results to all parents and carers, or sent results only to parents and carers who requested them.</p> <p>If routine feedback:</p> <ul style="list-style-type: none"> • to all children measured; • to year 6 only; • to reception year only; or other. <p>If request only:</p> <ul style="list-style-type: none"> • number of requests by parents and carers for feedback 	All data items sent to the HSCIC
NHS number	CO
Home telephone number	CO

4.11.5 National child measurement core components

Req Id	Requirement description	Priority
CHISCM012	The system must record who measured the child and supplementary data per child per record.	MUST
CHISCM013	The system must be able to record the service provider and the service and associated properties.	MUST
CHISCM014	The system must be able to create, edit, view and validate a cohort of children in reception year who are pupils within the eligible schools at the appropriate time.	MUST
CHISCM015	The system must be able to create, edit, view and validate a cohort of children in year 6 who are pupils within the eligible schools at the appropriate time.	MUST
CHISCM016	<p>The system must be able to record the outcome of the measurement of the cohort for the appropriate measurement of children in the CO responsible geographical area, and record if the parent or guardian opt their child out, or the child is absent on the day of measurement, using the following terms:</p> <ul style="list-style-type: none"> • parental opt out • child opt out • pupils with Special Educational Needs (SEN) • child absent on day of measurement • other reason. <p>The system must be able to record:</p> <ul style="list-style-type: none"> • number of pupils not measured because school opted out • number of schools opted out • outcome of the measurement (see supplementary dataset available from the current National Child Measurement Programme http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671) 	MUST
CHISCM017	The system must have the flexibility to add and remove schools that are within each CO boundary.	MUST
CHISCM018	The system must be able to flag which letters need to be sent directly to the parent and which will be sent via pupil post.	MUST
CHISCM019	The system must be capable of exporting data from CHIS to the HSCIC using the upload and feedback tool.' The HSCIC will only accept data submitted through the tool.	MUST
CHISCM020	The system must be able to provide the response rate by	MUST

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	age group.	
CHISCM021	The system must be able to provide the prevalence of overweight and - obesity for the CO, for each age group as per the following categories: <ul style="list-style-type: none"> • underweight • healthy weight • overweight • obesity. 	MUST
CHISCM022	The system should use as a minimum excel spreadsheets to record the measurement data.	SHOULD
CHISCM023	The system should be able to produce lists of children provided by the schools, including for each child between 4-5 year olds and 10-11 year olds through direct user entry.	SHOULD
CHISCM024	The system must be able to validate the data before submission to the NHS HSCIC.	MUST
CHISCM025	The system must calculate and assign every record a BMI centile and provide the weight classification using the UK 1990 growth charts and clinical classification thresholds.	MUST
CHISCM026	The system must be able to record NCMP results.	MUST
CHISCM027	The system must be able to coordinate the posting-out of the results letter.	MUST
CHISCM028	The system must be able to support the transfer of NCMP school level data to HSCIC for analysis.	MUST

4.11.6 National child measurement reporting

Req Id	Requirement description	Priority
CHISCM029	The system must be able to coordinate the production of the results letter from NCMP". The system will need to include a quantity of background software currently in NCMP to do this.	MUST
CHISCM030	The system must be capable of producing a report of activity to date, eg letter status	MUST

4.11.7 National child measurement letter production

Req Id	Requirement description	Priority
CHISCM031	The system must be able to generate and send a letter to parents in line with the template provided by the Department of Health or enable the user to use the Parental Feedback Tool.	MUST
CHISCM032	The system must record that a letter has been sent.	MUST
CHISCM033	The system must be capable of sending a template generated letter to the children's parents or guardians, outlining the child's individual measurement results.	MUST
CHISCM034	The system must be able to create and send a standard letter to all parents/guardians, to inform them about the NCMP, providing them with the opportunity to withdraw their child if they do not want them to be measured.	MUST
CHISCM035	The system must be capable of create and send using the template from the NHS IC tool to enable the CO to send letters to the head teachers to initiate the measurement programme within the school.	MUST
CHISCM036	The system must be capable of using and editing and updating the Department of Health letter templates. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671	MUST
CHISCM037	The system must be able to create and send a letter to the child's GP or weight management service.	MUST

4.12 Supporting looked after children

Looked after children are recognised to have greater health needs than the general population and also these needs are more difficult to meet in view of mobility and change of carers. The health biography of looked after children can be more difficult to trace and thus needs to be carefully recorded and shared with those who have responsibility for them and also with the child themselves. The following requirements relate specifically to supporting looked after children.

4.12.1 Supporting looked after children overview

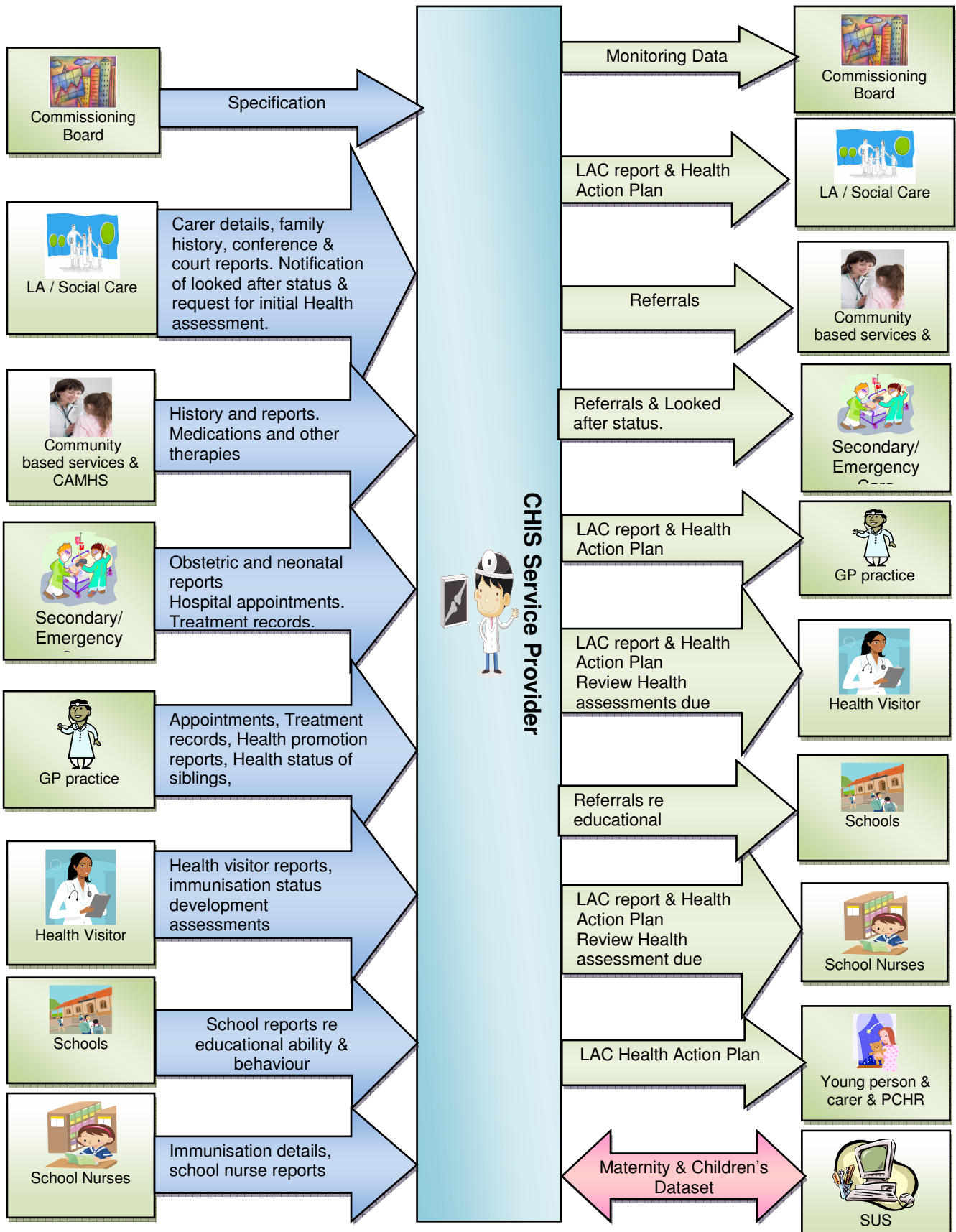


Diagram 12. External interfaces required for supporting looked after children

4.12.2 Supporting looked after children interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	Local authority/Social Care	Local Authority Care report and Health Action Plans
CHIS service provider	Community based services & CAMHS	Referrals
CHIS service provider	Secondary and Emergency Care	Referrals and Looked After Status
CHIS service provider	GP Practice	Local Authority Care report and Health Action Plans
CHIS service provider	Health Visitor	Local Authority Care report and Health Action Plans Review health assessments due
CHIS service provider	Schools	Educational assessments and referrals
CHIS service provider	School Nurses	Local Authority Care report and Health Action Plans Review health assessments due
CHIS service provider	Young persons, Carers and PCHR	Local Authority Care Health Action Plan
CHIS service provider	SUS	Maternity & Childrens Dataset
Commissioning Board	CHIS service provider	Specification
LA/Social Care	CHIS service provider	Carer details, Family history, conference & court reports. Notification of looked after status & protection plans Request for initial Health assessment.
Community based services & CAMHS	CHIS service provider	History and reports. Medications and other therapies

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Secondary and Emergency Care	CHIS service provider	Obstetric and neonatal reports Hospital appointments. Treatment records.
GP Practice	CHIS service provider	Appointments, Treatment records, Health promotion reports, Health status of siblings
Health Visitor	CHIS service provider	Health visitor reports, immunisation status development assessments
Schools	CHIS service provider	School reports re educational ability & behaviour
School Nurses	CHIS service provider (electronic interface not yet available)	Immunisation details, school nurse reports
SUS	CHIS service provider	Maternity & Children's Dataset

4.12.3 Supporting looked after children interface requirements

Req Id	Requirement description	Priority
CHISLA001	<p>The system must support the CO in being able to receive and send the following information electronically:</p> <ul style="list-style-type: none"> • care status from social care • parental responsibility • consent for assessment and examination (BAAF consent form) • previous and current addresses • social worker • birth parent • current carer • for review health assessment update on Healthy Child Programme and other actions • access to any court reports • profile of behavioural and emotional well-being from the consultant community paediatrician ("BAAF carer's report") 	MUST

4.12.4 Supporting looked after children core components

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Req Id	Requirement description	Priority
CHISLA002	The system must be able to identify children with a “looked after” status.	MUST
CHISLA003	The system must enable the CO to create a detailed initial health assessment for “looked after” children.	MUST
CHISLA004	The system must be able to record needs assessments “looked after” children.	MUST
CHISLA005	The system must enable the CO to create an action plan for “looked after” children.	MUST
CHISLA006	The system must enable the CO to update the action plan with outcome of the action plan.	MUST
CHISLA007	The system must enable the CO user to create a healthcare plan for a child being placed for adoption.	MUST
CHISLA008	The system must be able to mark a child's record with a “placed for adoption status”.	MUST
CHISLA009	The system should be able to remove a “placed for adoption” status when a child's final adoption order has been made.	SHOULD
CHISLA010	The system must be able to archive a child's healthcare plan when a final adoption order has made.	MUST
CHISLA011	The system must clearly highlight a child with a “looked after” status to a health professional during any formal review.	MUST
CHISLA012	The system must clearly highlight where a child with a “looked after” status has a child protection plan to a health professional during any review.	MUST
CHISLA013	The system must clearly highlight where a child with a “looked after” status has any identified special needs.	MUST
CHISLA014	The system must enable a health professional to record any special needs when attending to a child with a “looked after” status.	MUST
CHISLA015	The system must be able to produce summaries of the health history of a child/young person who has a status of “looked after” subject to the appropriate consent. This must include the child's family history where relevant and appropriate.	MUST
CHISLA016	The system must enable the CO to maintain a record of the health assessment and contribute to any necessary action within the health plan child/young person who has a status of 'looked after' subject to the appropriate consent.	MUST
CHISLA017	The system must enable the CO to support regular reviews of the clinical records of “looked after” children and young	MUST

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	people who are registered with them. In particular they should gather relevant information and make it available for each statutory review of the health plan for a child/young person whose status of “looked after” subject to the appropriate consent.	
CHISLA018	The system must support the CO's duty to capture the formal reviews of a “looked after” child's health when conducted in a health setting.	MUST
CHISLA019	<p>The system must support the CO's duty to capture the following information when formal reviews of a “looked after” child's health are conducted in a health setting including:</p> <ul style="list-style-type: none"> • report on health of birth parent (one for each parent) (use British Association for Adoption and Fostering (BAAF) “Public Health (PH)” forms) • obstetric report on mother and baby forms • neonatal report on child • health visitor records • school nurse records • hospital notes or summaries thereof • child health promotion (surveillance) reports • growth charts • feeding • routine development assessments • hearing and vision results • screening results including height, weight on school entry • PCHR • immunisation history in detail • dental history • health status of siblings • medications and other therapies • outstanding hospital or other clinic appointments • CAMHS or other service engagement • school reports • GP summary records. 	MUST
CHISLA020	<p>The system must be able to capture the following information when formal reviews of a looked after child's health from social care:</p> <ul style="list-style-type: none"> • care status from social care • parental responsibility • consent for assessment and examination consent for Stat IHA/RHA for child 	MUST

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	<ul style="list-style-type: none"> • previous and current addresses • social worker • birth parent • current carer • for review health assessment update on Healthy Child Programme and other actions • access to any court reports • profile of behavioural and emotional wellbeing (“BAAF Carer’s report”). 	
CHISLA021	The system must be able to record consent, and the extent of consent, to share summary and healthcare professional information from those with parental responsibility for the child/young person who has a “looked after” status.	MUST
CHISLA022	The system must be able to record that the child is registered with a dentist.	MUST
CHISLA023	The system must be able to record agreement about how much information to share with a carer.	MUST
CHISLA024	The system must be able to send, receive and store information detailing the number and percentage of looked after children that are called for routing vision/hearing screening and the outcomes of the screening.	MUST

4.12.5 Supporting looked after children coding

Req Id	Requirement description	Priority
CHISLA025	The system must be able to use coding specific to looked after children and children with disabilities.	MUST

4.12.6 Supporting looked after children scheduling

Req Id	Requirement description	Priority
CHISLA026	The system must be able to schedule regular reviews of a child’s health assessment.	MUST

4.12.7 Supporting looked after children reporting

Req Id	Requirement description	Priority
CHISLA027	The system must enable the CO to perform the statutory additional reporting required for looked after children.	MUST
CHISLA028	The system must enable the CO to monitor the requirements of regulations of the Adoption and Children Act 2002 www.legislation.gov.uk/ukpga/2002/38/contents	MUST
CHISLA029	The system must enable the CO to monitor the requirements of the Children Act (Miscellaneous Amendments) (England) Regulations 2002 www.dh.gov.uk/en/Publicationsandstatistics/.../DH_4004865	MUST
CHISLA030	The system must enable the CO to monitor the requirements of the guidance contained in “Promoting the Health of Looked After Children” on statutory and review health assessments.	MUST
CHISLA031	The system must enable CO to report that the child/young person is up to date with immunisations, particularly for those children residing in local authority care between specific dates.	MUST
CHISLA032	The system must be able to produce a report of the number and percentage of looked after children registered with a GP/dentist near to address of placement.	MUST
CHISLA033	The system must be able to produce a report detailing the number and percentage of looked after children with outstanding immunisations identified.	MUST
CHISLA034	The system must be able to produce a report detailing the number and percentage of looked after children failing routine screening for vision/hearing.	MUST
CHISLA035	The system must be able to produce a report detailing the number and percentage of looked after children referred to specialist services following assessment.	MUST
CHISLA036	The system must be able to produce a report detailing a broad diagnostic breakdown of referrals made.	MUST
CHISLA037	The system must be able to produce a report detailing percentage of looked after children referrals actioned and completed within three months, by diagnostic category.	MUST
CHISLA038	The system must be able to produce a report detailing the percentage of looked after children who had healthcare plans agreed by the first review.	MUST

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4.12.8 Supporting looked after children printing

Req Id	Requirement description	Priority
CHISLA039	The system must be able to print the agreement about how much information to share with a carer.	MUST

4.13 Supporting children with disabilities or complex healthcare needs

This section is in addition to the preceding and addresses social care and education support needs required by all children with disabilities or complex healthcare needs. All relevant children and young people should have all requirements in previous sections above as well as those that are contained within this section.

4.13.1 Supporting children with disabilities or complex healthcare needs overview

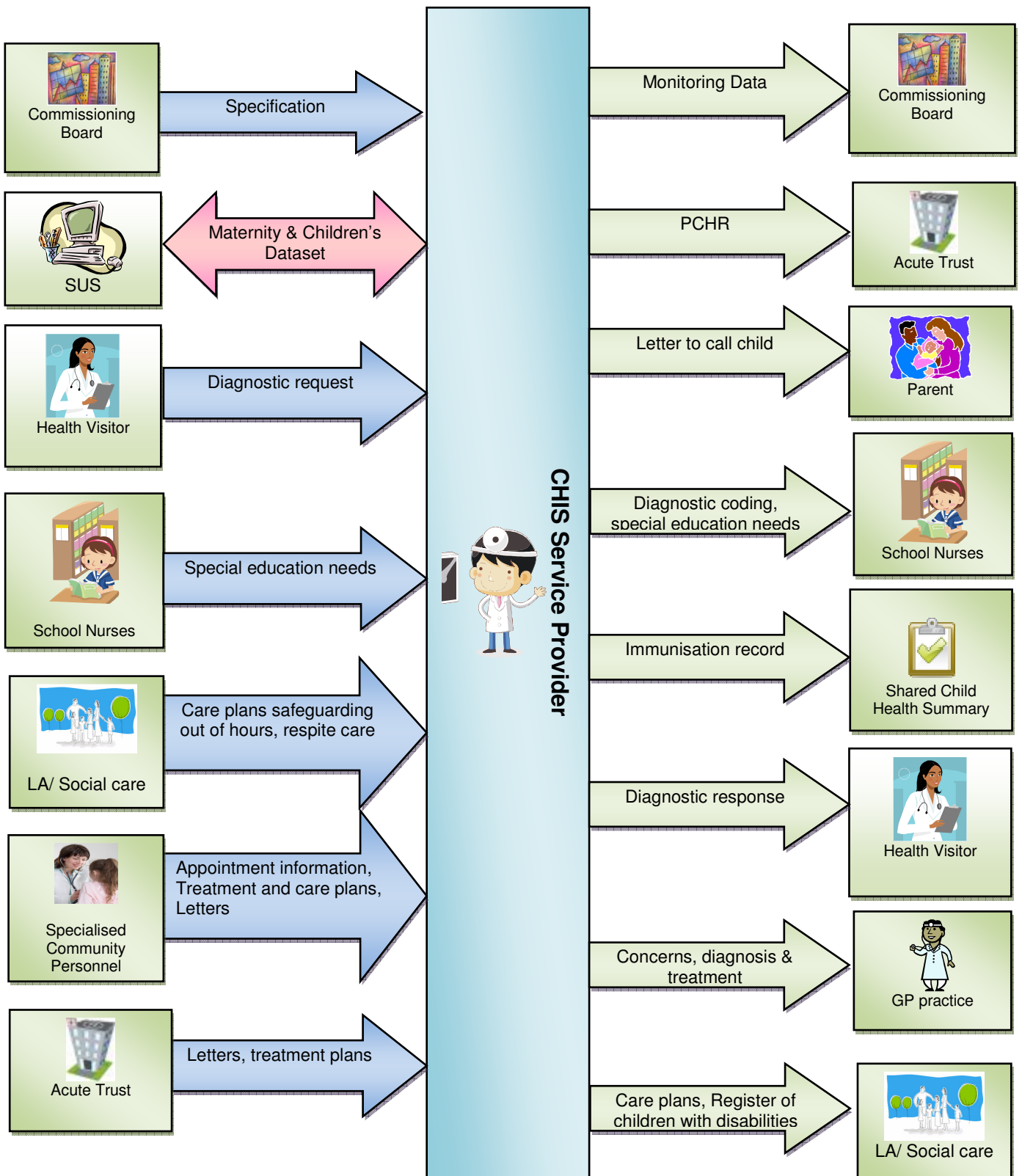


Diagram 13. External interfaces required to support children with disabilities or complex health needs

4.13.2 Supporting children with disabilities or complex healthcare needs interfaces

Originator	Recipient	Dataset/information
CHIS service provider	Commissioning Board	Monitoring data
CHIS service provider	Acute trust, neonates, neurodisability and community paediatric teams	PCHR
CHIS service provider	Parent	Letter to call child
CHIS service provider	SUS	Maternity and Children's Dataset
CHIS service provider	Shared Child Health Summary	Immunisation record
CHIS service provider	Health visitor and PCHR	Diagnosis response
CHIS service provider	Local education authority and schools	Diagnostic coding special educational needs
CHIS service provider	GP	Concerns eg diagnostic, and treatment given.
CHIS service provider	Local authority (e.g social care)	Healthcare plans Register of children with disabilities as per Schedule 2 of the Children Act 1989
Commissioning Board	CHIS service provider	Specification
Health visitor and PCHR	CHIS service provider	Diagnosis request
Local education authority and schools	CHIS service provider	Special educational needs
Social care	CHIS service provider	Care plans, safeguarding out of hours breaks and respite care
Acute trust, neonates, neurodisability and community paediatric teams	CHIS service provider	Neonate/paediatric, discharge, IP/op letters. Appointments information to GP, HC and school nurse. Discharge and outpatient letters treatment and

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		healthcare plans Routine health promotion
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4.13.3 Children with disabilities or complex healthcare needs interface requirements

Req Id	Requirement description	Priority
CHISDC001	The system must be able to provide data for the local authority register of children with disabilities as per Schedule 2 of the Children Act 1989 (http://www.legislation.gov.uk/ukpga/1989/41/contents) following data sharing protocols.	MUST

4.13.4 Children with disabilities or complex healthcare needs core components

Req Id	Requirement description	Priority
CHISDC002	The system must be able to record which children the CO is responsible for and whether a child is registered as disabled or has complex healthcare needs.	MUST
CHISDC003	The system must support the planning and delivery of services, over and above those designed for the population as a whole, to children and young people who have disabilities or complex healthcare needs.	MUST
CHISDC004	The systems must be able to maintain a full record of the assessment, care plan, treatment or interventions and outcomes for each child.	MUST
CHISDC005	The systems must enable the CO to comprehensively monitor a child's progress through the assessment of special educational needs procedures as outlined from Table 9 (Fields required for Special Educational Needs procedures) of the Information Requirements for Child Health Information Systems - Department of Health May 2012. http://www.dh.gov.uk/health/2012/05/chis-01-may-2012/	MUST
CHISDC006	The system must provide functionality to audit the process and timescale against assessment of educational needs.	MUST
CHISDC007	The system must have fields for the recording of the categories under which the child is registered.	MUST
CHISDC008	The system should support children with disabilities or complex health needs (when these information requirements become available).	SHOULD

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CHISDC009	The system must clearly highlight where a child has any identified special needs.	MUST
CHISDC010	The system must enable a health professional to record any special needs.	MUST

4.13.5 Children with disabilities or complex healthcare needs reporting

Req Id	Requirement description	Priority
CHISDC011	The system must be able to produce reports for: <ul style="list-style-type: none">• the number of children with any given disability• the need category• the severity category.	MUST
CHISDC012	The system must be able to produce a report of children with disabilities for whom the CO has a responsibility.	MUST
CHISDC013	The system must be able to produce reports for children on a disability register by age and category.	MUST

5. Non-functional requirements

5.1 Architecture and technical requirements

Ref	Requirement	Required response
<i>Overview</i>		
CPTS01	<p>The service will contain personal sensitive information.</p> <p>The CHIS service provider must ensure that all transactions with the service are therefore secure, and that information will be stored in a secure manner.</p> <p>Where encryption is used, it shall conform to NHS CFH or HM Government standards for encryption.</p>	<p>Each supplier must describe its overall approach to support security and encryption requirements.</p>
CPTS02	<p>The service shall comply with Technical Standards issued by HM Government. These can be found at: http://interim.cabinetoffice.gov.uk</p> <p>The purpose of the use of standards is to drive interoperability between health and local authority systems.</p>	<p>Each supplier must describe how it will achieve this.</p>
<i>General</i>		
CPTS03	<p>The architecture for all system components must conform to the principles and outline design described in this module.</p> <p>Each supplier must describe:</p> <ul style="list-style-type: none"> the overall design of the system components and the architecture that they propose, including a description, at each layer of the architecture, of the proposed technologies and their purposes any commercial off-the-shelf or bespoke solutions proposed the rationale for their proposal and any key benefits how connectivity to the service will be achieved how performance, integrity, scalability and resilience will be preserved. 	

<i>Meeting the requirements</i>	
CPTS04	<p>In describing the overall architecture, particular attention should be given to the following topics:</p> <ul style="list-style-type: none"> • how error handling will be managed, including contractual arrangements to cover instances of transaction failure and remedies for that instance • how data integrity and validation be applied, including the resolution of any conflicts in the information supplied by different source systems (eg differing addresses) • how the security requirements are supported • how the messaging requirements are supported • how the data requirements are supported • any limitations or constraints imposed by the service.
<i>Flexibility and scalability</i>	
CPTS05	<p>A key driver behind the architecture is the need for interoperability with local authority systems. Each supplier must therefore describe:</p> <ul style="list-style-type: none"> • how additional services and data would be added • how existing components (or systems) can be reused both in the initial deployment and in response to future change • the method by which scalability and performance will be achieved.
<i>Approach</i>	
CPTS06	<p>Each supplier must provide an overview of their approach to undertaking similar work, including a description of:</p> <ul style="list-style-type: none"> • their approach to design and deployment • issues encountered • relevant lessons learned • any issues that should be considered by the NHS to ensure a successful implementation.
<i>Benefits and outcomes</i>	
CPTS07	<p>Each supplier must describe how their architecture acts in support of the benefits and outcomes described above</p>
<i>Conformity with the delivery</i>	
CPTS08	<p>Each supplier must describe how they will meet the minimum requirements for, in particular:</p> <ul style="list-style-type: none"> • which components of the proposed architecture will be delivered at this stage • how phased implementation plans will be supported any additional functions it would be able to deliver.
CPTS09	<p>Each supplier must describe how its proposed architecture supports the vision as set out in the OBS document and contributes towards a child protection service.</p>

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	<p>Each supplier must provide an outline implementation plan, including any dependencies, showing high-level resource requirements, both from the supplier and the Department of Health.</p> <p>Each supplier must describe any proposals for initial data take on (including data cleansing) for the service.</p>
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5.2 Information governance

Ref	Requirement	Required response
<i>Overview</i>		
CPIG001	It must be possible for user administrators to disable access for a user account. In this case, the user shall no longer be able to access the system and contact details for that user shall no longer be available to other users.	Each supplier must describe how it will ensure that this functionality is possible.
CPIG002	<p>Only authorised end-points must be permitted to connect to the service.</p> <p>The mechanism for doing so may vary between systems that consume web-services to those that submit local authority data.</p>	Each supplier must describe how it will ensure end point authorisation.
CPIG003	<p>Access to the CHIS data will be determined at the local level with regards to who can access the information.</p> <p>The CHIS service must ensure that the relevant role-based access mechanisms are in place to support this.</p> <p>Role-based access could be, for example, clinician-only access, administrative staff, eg receptionists, or a combination of both.</p>	Each supplier must describe how it will enable this.

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<i>Secure communication</i>		
CPIG004	The confidentiality of personal data about a patient transmitted over the remote access links must be protected.	If cryptographic protection is not to be provided over all links, suppliers should say how they will distinguish those links that do not require it from those that do.
CPIG005	Messaging systems used to transmit messages containing personal data about a patient must keep a log of message transmissions. (This log will contain the time, origin and destination of the message, not its content.)	
CPIG006	Where appropriate, systems must provide notification of receipt of a message by a recipient (read receipt) when requested to do so by the originator.	
CPIG007	The network must provide acknowledgement of message submission.	
<i>Storage</i>		
CPIG008	Personal data about a patient must be stored within databases and/or files that are protected by an access control system.	
CPIG009	All personal data about a patient must be physically protected against theft, and either: stored in an encrypted format stored in an environment that is physically secure against other forms of access	Each supplier must indicate which of these options they intend to pursue. If the option is encryption, then they should describe how the cryptographic keys will be managed.
CPIG010	All personal data about a patient must be backed up: <ul style="list-style-type: none"> • in an encrypted format • stored in a physically secure environment (in this statement, backup refers to copies of data made for short- 	Each supplier must describe how they will manage the cryptographic keys.

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	term disaster recovery purposes, as distinguished from copies made for long term archiving purposes.)	
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5.3 Business continuity/disaster recovery

Ref	Requirement	Required response
<i>Business continuity</i>		
CPBC001	A business continuity strategy is required to meet any determined service levels.	Each supplier must describe its business continuity strategy.
<i>Disaster recovery</i>		
CPBC002	A disaster recovery strategy and solution is required to meet any determined the dervice levels.	<p>Each supplier must described its disaster recovery strategy and the scope of the proposed solution, identifying all potential disaster scenarios which recovery will be taken in order to maintain business continuity.</p> <p>Each supplier must describe the recovery plan, including:</p> <ul style="list-style-type: none"> • documented processes and procedures • roles and responsibilities.

5.4 Standards

Ref	Requirement	Required response
<i>Web services</i>		
CPST001	<p><u>SOAP</u> Where web-based services are required, they shall be developed and delivered in accordance with the latest SOAP standards.</p> <p><u>WSDL</u> Where web-based services are required, they shall be developed and delivered in accordance with</p>	

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	<p>the latest WSDL standards.</p> <p><u>UDDI v3.0</u></p> <p>Where web-based services are required to be published to a service directory, they shall be developed and delivered in accordance with the latest UDDI standards.</p>	
<i>HTTP</i>		
CPST002	Where HTTP is required, it shall adhere to the latest HTTP standards.	
<i>FTP</i>		
CPST003	Where FTP is required, it shall support restart and recovery and adhere to the latest FTP standards.	
<i>HL7</i>		
CPST004	<p>Where HL7 messages are required, they shall adhere to the latest specification.</p> <p>All messages need to seek the approval of HL7-UK and NHS ISB. HL7 is strategically aligned with the ISB HL7 strategic direction.</p>	

5.5 Audit

Ref	Requirement	Required response
<i>Overview</i>		
CPAU001	All actions performed within the service must be date; time and user stamped and be auditable.	Each supplier must describe how this requirement will be met.
CPAU002	The service shall retain audit information and ensure that it is tamper-proof by all service users.	Each supplier must describe how this requirement will be met.
CPAU003	The service must be able to provide audit report(s) enabling authorised personnel to identify patterns of service usage.	Each supplier must describe how this requirement will be met.
CPAU004	The CHIS service must be able to provide audit reports to enable managers and system administrators to identify patterns of service usage.	Each supplier must describe how this requirement will be met.
CPAU005	<p>The CHIS service must permit authorised users to easily identify:</p> <ul style="list-style-type: none"> • which users have viewed or amended which records, and from which organisation • when the service was accessed. <p>This shall be via a report within the service.</p>	Each supplier must describe how this requirement will be met.
CPAU006	It must be possible to determine whether an individual record was present on the system at any time in the past, and whether any record present was viewed.	Each supplier must describe how this requirement will be met.

5.6 Interoperability

Ref	Requirement	Required response
<i>Overview</i>		
CPIN001	The process of adoption requires an open publication and use within the NHS. Deployments based on the draft standards will be used to refine those standards and achieve successful implementations.	Each supplier must describe how it will meet this requirement
CPIN002	Final assurance and approval of standards will be via the NHS Information Standards Board	Each supplier must describe how it will meet this requirement
CPIN003	The service shall expose appropriate systems and interfaces through open standards, for redistribution, adaptation and amendment, to promote interoperability and support the NHS in further integrating its systems and services.	Each supplier must describe how it will meet this requirement
CPIN004	All technical standards should follow recognised professional approaches to the publication and record-keeping of the standard.	Each supplier must describe how it will meet this requirement

5.7 Data quality and data quality management

Ref	Requirement	Required response
<i>Overview</i>		
CPDQ001	All data within the CHIS system must have an identified author and custodian.	Each supplier must describe a data ownership model to be adopted, and describe how this will be used within CHIS.
CPDQ002	The identity of a patient in relation to their unique NHS number must be authenticated to enable information to be recorded against the correct patient	Each supplier must describe how information available to the CPIS will be available for use in the authentication of a patient.

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		<p>Authentication processes must maintain the confidentiality requirements of other patients.</p> <p>Access control measures must be implemented to maintain the confidentiality of the patient being authenticated.</p> <p>Each supplier must describe the use of any innovative methods to ensure access control measures will maintain the confidentiality of the patient being authenticated.</p>
CPDQ003	Procedures concerning the usage of data quality systems must be documented.	<p>Each supplier will develop documented procedures for the use of its systems.</p> <p>This will be assessed and developed further if required.</p>
<i>Managing inconsistencies in demographic data</i>		
CPDQ004	Where an inconsistency within personal demographic data about a patient exists this must be detected.	Each supplier must describe how it will identify and categorise inconsistencies within personal demographic data about a patient.
CPDQ005	Inconsistencies within personal demographic data about a patient must be resolved.	<p>Each supplier must describe:</p> <ul style="list-style-type: none"> • how inconsistencies will be resolved • the methods by which demographic data will be manipulated • where in systems containing personal demographic data about a patient the inconsistency will be resolved • when the inconsistency will be resolved • factors controlling the resolution of inconsistencies • how the resolution will be

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		propagated to systems containing personal data about a patient so that data integrity is maintained.
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Annex A: References

6.1 Functional requirements

Ref:	Title	Ref. Number and/or URL	Version
4.1	NHS Care Record Guarantee	http://www.nigb.nhs.uk/guarantee	2011
4.2	HM Government Information Sharing Guidance for Practitioners and Managers	https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008	2008

6.2 Newborn blood spot

Ref:	Ref. Number and/or URL	File CM Reference number or equivalent	Version
8.1	Newborn Blood Spot Messaging Requirements	NPFIT-FNT-CRD-SIPM-0025.05	1.5
8.2	Newborn Status Codes and Results to Parents Implementation Plan	SSC/IP/vD02	1.0
8.3	Maternity Services Secondary Uses Dataset Children and Young People's Health Services Secondary Uses Dataset	http://www.ic.nhs.uk/services/maternity-and-childrens-data-set/maternity-services-secondary-uses-data-set	1.1
8.4	Message Implementation Manual	NPFIT-FNT-TO-DPM-0491	8.0.00 Draft B
8.5	Child Health Status Code Specification	SSC/CHG/v2.0	2.0

6.3 Health promotion

Ref:	Title	File CM Reference number or equivalent
11.1	The Child Health Promotion Programme - Pregnancy and the first five years of life	Department of Health Gateway reference 9211
11.2	Healthy Child Programme - From 5-19 years old	Department of Health Gateway reference 12287
11.3	Framework for the assessment of children in need and their families	ISBN 0113224257

6.4 Immunisation

Ref:	Title	File CM Ref. Number or equivalent.	Version
12.1	Department of Health Green Book	http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/DH_4097254	
12.2	COVER data	http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1204031507699/	
12.3	Vaccination of Individuals with Uncertain or Incomplete Immunisation Status	http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156	April 2010
12.4	Department of Health: Website about ImmForm	http://www.dh.gov.uk/en/PublicHealth/Immunisation/DH_119387	October 2010
12.5	Department of Health: Key Vaccination information: Hepatitis B	http://www.dh.gov.uk/en/PublicHealth/Immunisation/Keyvaccineinformation/DH_125275	June 2011
12.6		www.immform	
12.7	Open Exeter HPV vaccination web service API	NPFIT-NHAIS-HOST-0308.06	V1

6.5 National child measurement

Ref:	Title	File CM Reference number or equivalent	Version
13.1	National Child Measurement Programme Guidance for Primary Care Trusts	Department of Health Gateway ref: 13682 http://www.dh.gov.uk/en/PublicHealth/Obesity/DH_073787	2010/11
13.2	The HSCIC, NCMP upload and parental feedback tools.	Tool download page https://ncmp.ic.nhs.uk/	N/A
13.3	The National Obesity Observatory NCMP analysis guidance for PCTs and public health observatories	www.noo.org.uk/noo_pub/ncmp	2009/10
13.4	The NHS HSCIC Information Centre's updated validation guidance contains	http://www.ic.nhs.uk/ncmp/validation	May 2011

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	details of child health system ethnic codes		
13.5	T.J., Growth Monitoring with the British 1990 growth reference. Archives of Diseases in Childhood, 1997. 76(1)	UK 1990 Growth Reference http://adc.bmj.com/content/76/1/47.full.pdf	
13.6	National Child Measurement Programme: Operational guidance for the 2012/13 school year	Current Department of Health NCMP guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671	
13.7		http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kc50	
13.8	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133671	Letter Templates	

6.6 Supporting children with disabilities or complex healthcare needs

Ref:	Title	Version
15.1	Framework for Assessment of Children in Need: Department of Health	2000
15.2	Together from the Start- Practical: Guidance for Professionals Working with Disabled Children (Birth to 3rd Birthday) and their Families: Department of Education and Skills	May 2003
15.3	Aiming High for Disabled Children: Better Support for Families: HM Treasury and Department for Education and Skills	2007
15.4	The Dignity of Risk: A Practical Handbook for Professionals Working with Disabled Children and their Families: Council for Disabled Children	
15.5	“Including Me”, Managing Complex Health Needs in Schools and Early Years Settings: Council for Disabled Children and Department for Education and Skills	2005
15.6	http://www.education.gov.uk/childrenandyoungpeople/sen/earllysupport/resources/a0067339/early-support-materials-and-resources	

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Additional supporting documentation from the Department of Health website:

[https://www.education.gov.uk/publications/standard/ arc.../2003](https://www.education.gov.uk/publications/standard/arc.../2003)

www.education.gov.uk/.../aiming-high-for-disabled-children-ahdc

<http://www.scie-socialcareonline.org.uk/repository/abstract/0091992.htm>

www.councilfordisabledchildren.org.uk/resources/cdcs.../including

Annex B: Child weight status

Calculating a child's weight status:

1. calculate the BMI: $BMI = \frac{10,000}{h^2 (cm^2)} \times w(kg)$
2. calculate the BMI z-score:
 - a. look up child age (rounded to the nearest whole month) and sex on the UK90 BMI centiles classification;
 - b. retrieve the corresponding L, M, and S values for use in the following formula (where y is the BMI score):

$$z = \frac{\left(\frac{y}{M}\right)^L - 1}{LS}$$

3. calculate the BMI p-score by converting the above z-score using the standardised normal distribution
4. children with a BMI p-score of ≤ 0.02 are flagged as 'underweight', those with a p-score > 0.02 and < 0.85 are flagged as 'healthy', those with a p-score ≥ 0.85 and < 0.95 are flagged as 'overweight' and those with a p-score ≥ 0.95 are flagged as 'obese'.

Please note that in point 2a above, exact age should be used where date of birth is available.

Please note that in point 2b above; z = z score; Y = child's measurement; L, M, and S are the LMS values from the lookup tables, for a child of that age and sex.

From the z score you can easily obtain a centile based on the 'standard' normal distribution; ie with mean of 0 and standard deviation of 1. This can be done using something like the 'normsdist' command in Excel.

Please note that the above process is for children aged 4 and over. For children aged 2-4, the UK/WHO growth reference should be used (<http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-chart-resources/uk-who-0-4-years-g>).

The attached spreadsheet shows the British 1990 Growth Reference (UK90) data for height, weight and BMI (as well as waist circumference and other measures). This sheet is taken from the 'LMS Growth' Excel add-in, which is available (for free) from here:

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<http://www.ucl.ac.uk/ich/research-ich/mrc-cech/research/studies/LMS-method>

The LMS data for the WHO 2006 Growth Standards, which should be used when calculating BMI centile for children aged 2-4 years, are available at:

<http://www.who.int/childgrowth/standards/en>

To get to the LMS values, you need to first click on the measure of interest (eg weight-for-age), then click on any of the tables under 'Expanded tables for constructing national health cards'. The LMS values are available in either of the 'z scores' or 'percentiles' charts, but you have to download boys and girls separately.

The WHO standard has now been incorporated into the growth charts recommended by the Royal College of Paediatrics and Child Health (RCPCH), which are available at:

<http://www.rcpch.ac.uk/growthcharts>

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I Needs		cases)		S		M		Local authority Staff for	
Soiling/Constipation	S	1 entry only	Referral management	RFM	Secondary	S	MEDIUM	M	childrens centres
Wetting School Non-Attendance	W	NAT	Attended	A	Adolescent (Year 12 and above)	A	LOW	L	LAS
LAC Assessment	BO	AD	DNA	D	OUTCOME (all cases)	OS	Outside service criteria	OS	
Adoption Preadoption advice for prospective adopters (mostly used by lac/cica team)	PAA	CPA	Cancelled	C	1 entry only	C	SPECIAL CATEGORIES	C	18 WEEK HEALTH RTT (see separate detailed sheet)
Child protection	CPA	CPB	Health Service	HSC	OK Discharge	D	Special Educational Needs	SE	First Treatment Given Previously
General	CPA	CPB	Cancellation	HSC	Advice/Discharge	A	Looked After Children	L	PRE
NAI	CPB	CPC	Last minute	LMC	Review Appointment	RA	Child Protection Register/Plan	CP	SUR
CSA	CPC	CPD	Cancellation	LMC	Review by MDT	RM	Children in Need - Designated	R	TCT
Emotional Neglect	CPD	CPF	Tel. Contact with CYP/parent	B	Review by Telephone	RT	Travellers/Asylum/Refugees	TA	LTR
Genital area 2nd op.	GSE	Other information received	Failed planned telephone contact	DB	REFERRAL MANAGEMENT	REFERRAL MANAGEMENT	Youth Offending Team	YO	TNR
BEHAVIOUR - EXPANDED		OIR	Text/email	E	New referral accepted	AC	Y.P. who sexually abuse others	Y	SA
Behaviour	B-A	Planned Multidisciplinary	Text/email	E	New referral rejected	RJ	Sudi/Coni	DI	ADT
Query ASD		case discussion	Text/email	E	New referral redirected	RE	Post Adoption School Attendance Problem	PA	
		MP	Decision about referral	PE	Decision about referral pending further information	PE	Common Assessment Framework	CA	New Decision to Treat after Long Term Review
			pending further information	N		N	Runaway	RU	Treatment Yet to be Decided
								N	YET

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		PURPOSE OF FOLLOW UP CONTACT						
Query ADHD/ADD	B-H	CYP/P invited but did not come	MV	1 entry only	Put on Waiting List for Surgery	LIS		
Query ADHD and or ADHD	B-B	CYP/P not expected	MA	Continuation of initial			Treatment at Future	FUT
Emotional	B-E	All B, MP and MV contacts to be timed in minutes		diagnostic assessment	Referral (Same Condition)	CST THE		
Sleeping Problems (as main reason)	B-S	Unplanned MDT	N	Query Original diagnosis or additional diagnosis			- Consultant	
Undifferentiated Behaviour ref	B-U	Telephone to professional	T	Review Medication			- Therapist	
				Review Condition Status Other - (expect to be audited)			- Nurse Specialist - Other Health Provider	NSP OPR
New Codes					Did Not Attend	DNA		

Dr Fawzia Rahman/April 2012

Annex D: Safeguarding information requirements (draft)

Field Name	Field type	Proposed values	Coded?
FAMILY CIRCUMSTANCES			
Mother's name	Text		No
Mother's address	Text		No
Mother's telephone number	Text		No
Mother's employment status	Drop-down list	<ul style="list-style-type: none"> • Full-time employment (including planned training) • Full-time employment (no planned training included) • Part-time education, training or employment • Unemployed by reason of health or disability • Unemployed • Other unemployed by reason of youth custody 	Yes
Mother's education status	Drop-down list		Yes
Father's name	Text		No
Father's address	Text		No
Father's telephone number	Text		No
Father's employment status	Drop-down list	<ul style="list-style-type: none"> • Full-time employment (including planned training) • Full-time employment (no planned training included) • Part-time education, training or employment • Unemployed by reason of health or disability • Unemployed • Other unemployed by reason of youth custody 	Yes
Father's education status	Drop-down list		Yes
Parent in prison	Drop-down list	Y or N	Yes

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Field Name	Field type	Proposed values	Coded?
Parent has been in prison	Drop-down list	Y or N	Yes
Family member in prison	Drop-down list	Y or N	Yes
Parent on probation	Drop-down list	Y or N	Yes
Parent has been on probation	Drop-down list	Y or N	Yes
Family member on probation	Drop-down list	Y or N	Yes
Main carer	Text		
Main carer relationship	Drop-down list		Yes
Young person is carer	Drop-down list	Y or N	Yes
Parent with physical disability	Drop-down list	Y or N	Yes
Parent with chronic illness	Drop-down list	Y or N	Yes
Parent with learning disability	Drop-down list	Y or N	Yes
Parent with mental health problem	Drop-down list	Y or N	Yes
Parent with substance misuse current	Drop-down list	Y or N	Yes
Parent with substance misuse in the past	Drop-down list	Y or N	Yes
Siblings at same address	Drop-down list	Y or N	Yes
Siblings looked after	Drop-down list	Y or N	Yes
Siblings at risk	Drop-down list	Y or N	Yes
Siblings in need	Drop-down list	Y or N	Yes
Names of siblings	Text		
Names of non-biologically related household members (step parents, partners, etc)	Text		
Household member with learning disability	Drop-down list	Y or N	Yes

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Field Name	Field type	Proposed values	Coded?
Household member with mental health problem	Drop-down list	Y or N	Yes
Household member with substance misuse current	Drop-down list	Y or N	Yes
Extended family (availability, health, support)	Text		
Smoking in household	Drop-down list	Y or N	Yes
History of domestic abuse	Drop-down list	Y or N	Yes
Accommodation type	Drop-down list	<ul style="list-style-type: none"> • Family home • Homeless • Traveller • Residential housing • Residential employment • Secure unit • Children's home/hostel • Care home • NHS hospital/nursing home • Mother and baby unit • Young offenders institution/prison • Residential school type of school (special needs/specialist/mainstream) • Residential placement • Bed and breakfast • Foster care – friends/relatives • Foster care – local authority own or other • Foster care – agency 	Yes

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Field Name	Field type	Proposed values	Coded?
Accommodation family setting	Drop-down list	<ul style="list-style-type: none"> • Independent living • Supported accommodation • Adoption parent(s) • Privately fostered • Lives with both parents • Lives with single parent • Lives with one parent and step parent • Lives with friends/relatives/former carers • Non-family setting (hospital, school) 	Yes
Date of placement	Date		
Date placement ends	Date		
PERSONAL CIRCUMSTANCES			
Smoking status	Drop-down list		Yes
Alcohol use	Drop-down list	Y or N	Yes
Self harm	Drop-down list	Y or N	Yes
Anti-social behaviour	Drop-down list	Y or N	Yes
Being bullied	Drop-down list	Y or N	Yes
Bullying others	Drop-down list	Y or N	Yes
Substance misuse	Drop-down list	Y or N	Yes
Sexual activity	Drop-down list	Y or N	Yes
Physical activity	Drop-down list		Yes

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Field Name	Field type	Proposed values	Coded?
Social services care plan	Drop-down list	<ul style="list-style-type: none"> • Child in need plan (or child's plan) • Child protection plan • Care plan (looked after children) • Adoption plan • Permanency plan • Placement plan • Health plan • Personal education plan • Pathway plan 	Yes
Date care plan started	Date		
Date care plan ended	Date		

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Field Name	Field type	Proposed values	Coded?
Looked after legal status	Drop-down list	<ul style="list-style-type: none"> • Interim care order C1 • Full care order C2 • Freeing order granted D1 • Placement order granted E1 • Single period of accommodation under section 20 V2 • Accommodated under an agreed series of short term breaks, when individual episodes of care are recorded V3 • Accommodated under an agreed series of short term breaks, when agreements are recorded (ie NOT individual episodes of care) V4 • Under police protection and in local authority accommodation L1 • Emergency protection order L2 • Under child assessment order and in local authority accommodation L3 • On remand, or committed for trial or sentence, and accommodated by local authority J1 • Detained in local authority accommodation under PACE J2 • Sentenced to CYPA 1969 supervision order with residence requirement J3 	Yes
Date status assigned	Date		
Date status removed	Date		

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Field Name	Field type	Proposed values	Coded?
Reasons for care	Drop-down list	<ul style="list-style-type: none"> • Abuse or neglect • Child's disability • Parental illness or disability • Family in acute stress • Family dysfunction • Socially unacceptable behaviour • Low income • Absent parenting • Children receiving services, but not in need 	Yes
At risk status	Drop-down list		Yes
Category of abuse	Drop-down list	<ul style="list-style-type: none"> • Neglect • Physical abuse • Sexual abuse • Emotional abuse • Multiple 	Yes
Special educational need	Drop-down list	<ul style="list-style-type: none"> • Statement of special educational needs made by the education authority including a requirement for health services • Statement not made but support required from health services • Statement made but no support required from health services • Statement not made and no support required from health services 	Yes

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Field Name	Field type	Proposed values	Coded?
Special educational need type	Drop-down list	<ul style="list-style-type: none"> • Cognition and learning needs • Specific learning difficulty (SpLD) • Moderate learning difficulty (MLD) • Severe learning difficulty (SLD) • Profound and multiple learning difficulty • Behaviour, emotional and social development needs • Behaviour, emotional and social difficulty (BESD) • Communication and interaction needs • Speech, language and communication needs (SLCN) • Autistic spectrum disorder (ASD) • Sensory and/or physical needs • Visual impairment (VI) • Hearing impairment (HI) • Multi-sensory impairment (MSI) • Physical disability (PD) 	Yes

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Field Name	Field type	Proposed values	Coded?
Disability registration	Drop-down list	<ul style="list-style-type: none"> • Blind • Partially sighted • Deaf with speech • Deaf without speech • Hard of hearing • Mentally ill, mental health problems • Learning disabilities • Physical disabilities • Mentally ill, mental health problems and other physical, sensory or speech disabilities • Learning disabilities and other physical, sensory or speech disabilities • Physical disabilities and other sensory or speech disabilities 	Yes
Date of registration	Date		
TRANSITION TO ADULT SERVICES			
Transition referral	Text	The referral from children's services to adult services for purpose of transition	
Referral specialty	Drop-down list	The specialty to which referred for adult services	Yes
Number of transition referrals		The total number of referrals to different services to transfer a young person's care to adult service	
Age at referral to transition services	Number		
First transition appointment	Date		
Last children's services appointment	Date		
Age at discharge from children's services	Number		
Length of time in children's services	Number		

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Field Name	Field type	Proposed values	Coded?
MEDICAL ASSESSMENTS			
Record medical examination request	Text		
Date seen	Date		
Seen by whom?	Drop-down list		
Consent to examination	Drop-down list	Y or N	
Physical examination	Text		
Others in attendance	Text		
General appearance/clothing/level of care	Drop-down list		
Behaviour and demeanour of child	Drop-down list		
Developmental status	Drop-down list		
Actual statement to local authority	Text		
Date made	Date		
By whom?	Text		
Actual statement to police	Text		
Date made	Date		
By whom?	Text		
Court witness	Drop-down list		
Date	Date		
Court attended	Drop-down list		
CAF lead professional	Drop-down list		
Record CAF	Text		
CAF completed	Date		
REFERRALS TO LOCAL AUTHORITY			
Content of telephone referral	Text		
Recipient of telephone referral	Drop-down list		
Date of telephone referral	Date		
Copy of "paper" referral sent	Text		

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Field Name	Field type	Proposed values	Coded?
Recipient of "paper" referral	Drop-down list		
Date "paper" referral sent	Date		
Referral sent electronically?	Drop-down list	Y or N	
Date referral sent electronically	Date		
Confirmation of receipt of referral received?	Drop-down list	Y or N	
Date confirmation of receipt of referral received	Date		
Details of next course of action received?	Drop-down list	Y or N	
Date details of next course of action received	Date		
Record details of next course of action	Text		
Results of initial assessment received?	Drop-down list	Y or N	
Date results of initial assessment received	Date		
Record results of initial assessment	Text		
SAFEGUARDING CONFERENCES			
Conference date	Date		
Location	Text		
Attendees	Text		
Reason	Text		
Type	Drop-down list		
Notes	Text		
Action plan	Text		

Annex E: Proposed shared child health record content

As outlined from the Department of Health’s Information Requirements for Child Health Information Systems.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf

Item	Population
Results of screening	All
Results of immunisation	All
Feeding	All
Gestation age	All
Head circumference	All
Weights (inc birth)	All
Height	All
Progress reviews	All
Significant acute or chronic disorder	Some
Significant family history	Some
Long-term disorders and therapy	Some
Intensive Healthy Child Programme	Few
Disability	Few
Special educational needs statement	Few
Child in need assessment	Few
Common assessment framework	Few
“Looked after” child assessment	Few
Child protection plan	Few

Annex F: Glossary of common terms and abbreviations

Term	Abbreviation	Definition
British Association for Adoption and Fostering	BAAF	A registered Voluntary Adoption Agency and Adoption Support Agency
Common Assessment Framework	CAF	A government paper which forms an important part of a strategy for helping children and young people to achieve priority outcomes
Children's and adolescent mental health services	CAMHS	NHS-provided services for children in the mental health arena in the UK.
Child protection	CP	A set of usually government-run services designed to protect children and young people who are underage.
Child protection plan	CPP	A plan devised by professionals to keep children safe from harm
Comma separated values	CSV	CSV is a common, relatively simple file format
Commissioning organisation	CO	An organisation that purchases healthcare services and/or systems to support such services
Department for Education	DFE	UK government department with responsibility for infant, primary and secondary education.
Deoxyribonucleic Acid	DNA	One of the three major macromolecules that are essential for all known forms of life. It contains the genetic instructions used in the development and functioning of all known living organisms
Further education	FE	Schools and further education colleges
File transfer protocol	FTP	A standard network protocol used to transfer files from one host to another host over a network
Health Level 7	HL7	An all-volunteer, non-profit organisation involved in development of international healthcare informatics interoperability standards

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Human papillomavirus	HPV	A virus which can be transmitted to a foetus during birth
Hypertext transfer protocol	HTTP	A networking protocol for distributed, collaborative, hypermedia information systems
Information governance	IG	A set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information to support an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.
Looked after children	LAC	Children subject to a care order, looked after by the state, according to relevant national legislation, including "accommodated" children on a voluntary basis
Multi-agency team	MAT	A group of professionals from health, education and social services all work together in order to meet individual needs of each child.
Medium chain acyl dehydrogenase deficiency	MCADD	A rare inherited disorder where your body cannot metabolise (break down) fat properly
Medicines and Healthcare products Regulatory Agency	MHRA	A government agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe.
National Health Service Information Standards Board	NHS ISB	The Information Standards Board (ISB) approves information standards for the NHS and adult social care in England
National Children's Measurement Programme	NCMP	A government-backed work programme to increase public and professional for engaging with children and families about healthy lifestyles and weight issues
Newborn and infant physical examination	NIPE	A holistic assessment of the health and well being of the newborn baby.
NHS Health and Social Care Information Centre	NHS HSCIC	England's central, authoritative source of health and social care information.
NHS Numbers for Babies	NN4B	A service to provide allocation of NHS numbers to newborn babies
Organisation Data Service	ODS	Facilitation of providing unique identification codes for organisational entities of interest to the NHS, for example NHS trusts or COs

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Personal child health record	PCHR	A health and development record given to parents/carers at a child's birth.
Personal Demographic Service	PDS	National electronic database of NHS patient demographic details such as name, address, date of birth and NHS number.
Simple object access protocol	SOAP	Protocol specification for exchanging structured information in the implementation of web services
Statutory order	SO	An official instruction (made by a judge or magistrate) that a child should be taken into care
Secondary Uses Service	SUS	A single source of comprehensive data that provides access to anonymous patient-based data for purposes other than direct clinical care
Team around the child	TAC	A model of service provision in which a range of different practitioners come together to help and support an individual child or young person.
Universal Description, Discovery and Integration	UDDI v3.0	Extensible markup language (XML)-based registry for businesses worldwide to list themselves on the internet and a mechanism to register and locate web service applications
United Kingdom Newborn Screening Programme Centre	UKNSPC	A Department of Health funded programme to assure high quality screening services for babies and their parents.
Technology Reference data Update Distribution	TRUD	Department of Health web to enable the download of reference files from the Department of Health Informatics Directorate.
Web services description language	WSDL v1.1	WSDL is an XML format for describing network services as a set of endpoints operating on messages containing either document-oriented or procedure-oriented information

Annex G: Document history

Amendment history

Version	Date	Amendment history
0.5	May 2012	Initial draft
0.6	May 2012	Second draft for review and comment
0.7	May 2012	Reviewed by Alex Hadjiilias
0.8	June 2012	Further comments included
0.9	June 2012	Changes following comment response
1.0	June 2012	Draft for review and comment following updates
1.1	June 2012	Update following comment responses
1.2	June 2012	Update following comment Responses
1.3	June 2012	Update following internal CfH review
1.4	June 2012	Update following comment responses
1.5	Jul 2012	Update following internal CfH rReview
1.6	Jul 2012	Removal of the Bidders section
2.0	Jul 2012	Final for Steering Group and clinical review

Further changes

Change	When
Updates following Steering Group review	Aug 2012
Updates following clinical review	Aug 2012
Final CfH review	Aug 2012

Reviewers

This document has been reviewed by the following:

Name	Title/responsibility	Date	Version
Sheila Shribman	National Clinical Director for Children, Young People and Maternity Services	Jul 2012	v1.6
Nick Adkin	Deputy Director – Health Visiting	Jul 2012	v1.6
Tom Barlow	Section Head, Immunisation	Jul 2012	v1.6
Helen Duncan	Programme Director ChiMat	Jul 2012	v1.6
Alex Hadjiilias	Connecting for Health	Jul 2012	v1.6
Nick Hicks	NHS CB	Jul 2012	v1.6

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Helen Arthur	CIO NHS NE/ NHS CBA CHIS Programme Manager	Jul 2012	v1.6
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Approvals

This document requires the following approvals:

Name	Title/responsibility	Date	Version
Child Health Information Systems Transition Steering Group	CHIS Transition Steering group	Aug 2012	v2.0

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Ref no	Doc reference Number	Title	Version
	17232	Information requirements for child health information systems – Department of Health	1 May 2012