Standard Operating Procedure (SOP)
THE PLACING AND VIEWING OF ALERTS/TAGS FOR SAFEGUARDING ADULTS/CHILDREN AND ADULT LEARNING DISABILITY/AUTISM SPECTRUM

SETTING	Trust-wide - UHBW
FOR STAFF	All staff.
ISSUE	Safeguarding Adults & Children /Adult Learning Disability Alerts/TAGS

Standard Operating Procedure (SOP)

This Standard Operating Procedure will provide guidance for staff working within UHBW on the process of adding and viewing a safeguarding adult/children or adult learning disability Medway alert and/or careFlowTag

It is recognised that placing an alert/Tag can improve patient care by highlighting vital information that can be used prior, during and after the patient episode of treatment.

The placing and removing of these particular alerts/Tags will be the responsibility of either the safeguarding or adult learning disabilities team.

Patient Medway Alert
A patient alert is a method of highlighting some important information about the patient to a health professional and other members of staff. The alert may be regarding a patient at risk or preference, for example, learning disability, advanced decisions to refuse treatment, communication needs, etc., that will facilitate their care or may help identify potential problems or risk relating to the patient or their care.

You may see Child Protection Information Sharing (CPIS) alert, this will disappear a year after the Child Protection Plan is closed, you may also see FGM as an alert; you will need to follow the specific guidance for management of both. The Trust safeguarding alerts for children and young people living in the BNSSG area remain as part of the patients historic records, for e. g - CPP closed.

All staff will have a clear understanding of the Confidentiality, Information Sharing and General Data Protection Regulation (GDPR) which applies to all living patients, patient alerts and to any other part of a record held by the Trust. The presence of detail in any patient alert must not be discussed in public areas, or with anyone with whom it would be inappropriate.

When an alert becomes visible on the patients Medway record, the member of staff must make the rest of the team aware of this alert. After clicking 'ok' they MUST proceed to open the alert to read the most up to date information.

It is the duty of all staff that come into patient contact, to check on each occasion of patient contact, to ask, where appropriate, if the alert is still valid in order to pick up details of changes which may include any new alerts required.

Booking teams and clinical teams need to have local processes to ensure that alerts are checked in relation to ambulatory pathways such as endoscopy, outpatient pathways etc.

In the case of children under 18, the safeguarding alert should be discussed with the parent or guardian, if it is safe and appropriate to do so.

Within CareFlow, patients may have a safeguarding or learning disability Tag, this will tie in with the alert that is placed on Medway. **Staff on wards/depts. must not apply a safeguarding or learning disability/autism Tag to the adult patient record;** if no alert is visible they should contact the

safeguarding or learning disabilities team.

The staff within the safeguarding or learning disability teams will be known as 'Alert/Tag Coordinators' – they will gather information and in some cases check Connecting Care to validate diagnoses, etc. prior to placing an alert. This will provide a safe and robust governance process. Alerts will be placed by the adult learning disabilities team if a child is referred to them as part of transition.

It is possible for more than one alert/Tag to be allocated to a particular patient

- **Disability** – Learning Disability/Autism Spectrum
- **Staff Precautions** - – Child or Adult Safeguarding, Chaperone, Does not want to see a male/female clinician, Advanced Decisions, Lasting Power of Attorney, Violence or aggression to Trust staff etc.

The current NHS Resolution (formerly NHS Litigation Authority) states:-

• The organisation has approved documentation which describes the process for managing the risks associated with the quality of written and electronic clinical records.

• The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the quality of written and electronic clinical records.

• The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the quality of written and electronic clinical records.

ALERTS PRINT ON THE DISCHARGE SUMMARIES – PLEASE MAKE SURE ANY SENSITIVE OR CONTENTIOUS INFORMATION IS DELETED PRIOR TO SIGNING AND SENDING OR PRINTING DISCHARGE SUMMARIES

Process

Alert Coordinator will place an alert on patients Medway record and you will see the following, click the ok button:
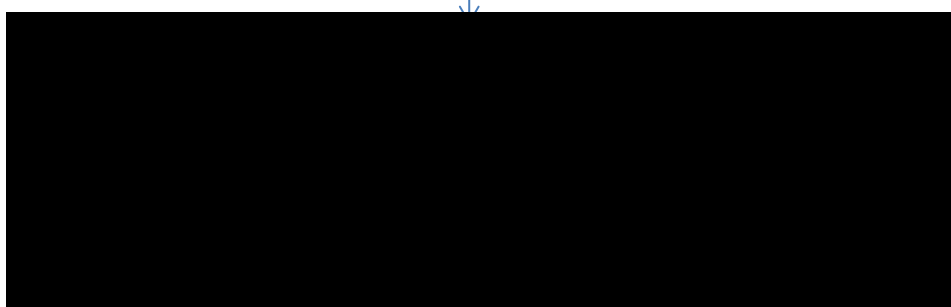
Click the Alert tab in the top left hand corner of Medway record, a drop down of all alerts will be evident. This will provide the staff member a quick view of the alert detail

Alternatively click on the home button top left corner and go into Green Menu button, click on Alerts and all alerts will be visible.

If you open an alert **DO NOT click on 'Close alert'**, either open another alert or go back to the home button

A Tag may appear on the patients care flow record, removal of this tag will be the responsibility of the Safeguarding/Learning Disability team. This will ensure inappropriate or time specific tags to be addressed timely. Alerts will be monitored by the safeguarding adults and children team on case by case basis or through an annual review. Child protection alerts will be reviewed routinely for removal once the person has reached 18 years of age. Learning Disability is a permanent diagnosis and will not need to be removed.

Table A

REFERENCES	https://www.gov.uk/government/organisations/nhs-resolution
RELATED DOCUMENTS AND PAGES	Safeguarding Adults and Children Joint Policy Learning Disability Policy
AUTHORISING BODY	Virtual Safeguarding Adults and Children Operational Groups, 24/11/2021 Learning Disability Steering Group 26/7/2021 & 8/11/2021
SAFETY	Domestic Abuse alerts are not currently included due to the sensitivity and transient nature of peoples relationships, with the exception of high risk alerts received via MARAC.
QUERIES AND CONTACT	Safeguarding Team █████████

Appendix 1 – Sign off process

Once your document has been written, it should go to the relevant group for approval. This might include the Steering Group for the relevant speciality, or the Governance Group for the relevant division, especially if the document covers many different specialities/departments.

If you are unsure of who your document should be signed off by, please contact ████████████████████████ where the team can advise you.

Once your document has been signed off, include the name of the authorising group in **Table A** above and send the document to ██████████████████████████████ for uploading. Please note: this can take up to **two weeks** to be completed.