

Document Type:	Standard Operating Procedure	
Reference Number : 2371	Version Number: 1	Next Review Date: 1 February 2022
Title:	Child Protection – Information Sharing (CP-IS) Standard Operating process for unscheduled care patient attendances.	
Document Author:	Named Nurse Named Midwife Operational Support Manager	
Applicability:	All TSDFT unscheduled care patient areas	

1. Purpose of this document

Identifying children / unborn babies who are currently subject to child protection plan or who are currently “looked after”, who reside out of area and are attending Torbay and South Devon Foundation Trust (TSDFT) services that are providing unscheduled care; to ensure that safeguarding children practice and information sharing process is followed.

2. Scope of this SOP

To outline the process for relevant staff to access the CP-IS system, via the NHS spine, when a patient from out of area attends TSDFT services providing unscheduled care.

3. Competencies required

Admin / Clinical staff - Access to NHS spine via smartcard and CP-IS access
Clinical staff - Knowledge of local safeguarding process (Child Protection policy G2075)

4. Procedure / Steps

- Patient (pregnant Mother / child / young person) attends area of unscheduled care e.g. Minor Injury Unit (MIU), Emergency Dept (ED), Short stay Paediatric Assessment Unit (SSPAU) or Antenatal/Labour care.
- At booking in, patient is noted to reside “out of area” i.e. Not Torbay / South Devon)

- Staff member completing booking in process logs onto NHS Spine using smartcard.
- Staff member enters patient data into system and identifies current address and GP details as “out of area.”
- Staff member checks for CP-IS status on patient NHS spine details. (**See Appendix 1**)
- If **negative** – no further action required – Clinician to follow local Child Protection Policy (G2075) if concerns are present despite negative on screen.
The CP-IS system does not currently have nationwide coverage and therefore a negative contact result is not definitive and should not replace professional concerns.
- If **positive** – staff member to print NHS spine CP-IS screen details and to provide them to Clinician who will be delivering patient care.
- Clinician **must** take this information into consideration , document in the patient record as part of the assessment process as per local Child Protection policy, and safeguarding the child accordingly.
- Clinician **must** complete appropriate referral / information sharing to support safeguarding of the patient.

5. Equality and Diversity

This SOP adheres to Trust Equality and Diversity policy and is outlined in the Rapid E(QIA) form attached.

Appendix 1 - [How to access the Child Protection- Information Sharing \(CP-IS\) information](#)

Appendix 2 – [ED process map / Reception desk process for walk in ED patients](#)

Appendix 1

How to access the Child Protection- Information Sharing (CP-IS) information

- 1) Log into the NHS Portal and access the Summary Care Record. This will only be available if your smartcard has the relevant roles and permissions

National Health Service Spine Portal



NHS Applications

Welcome to the Spine Portal. The portal now lists all applications. You will only be able to access those relevant to the role you have logged on with.

Note that all applications are launched in a child window.

- ▶ [Launch EPS Prescription Tracker](#)
- ▶ [Launch Summary Care Record \(SCR\)](#)
- ▶ [Launch End Point Registration Service](#)
- ▶ [Launch Digital DS1500 Service](#)
- ▶ [Launch Spine Reporting Service](#)
- ▶ [Launch MESH User Interface](#)
- ▶ [Launch Care Identity Service \(Replaces UIM, Calendra and CMS\)](#)
- ▶ [Launch Alert Viewer](#)
- ▶ [Launch MESH Online Enquiry Service \(MOLES\)](#)
- ▶ [Launch SUS : Business Intelligence Service](#)
- ▶ [Launch Demographic Spine Application](#)

- 2) The 'Find a Patient' screen will appear. Search for the patient NHS number only or by entering demographic information.
- 3) If there is a Child Protection Alert for this patient then a tab will be visible on the patient information screen

Nic-Qtp-Donotuse XXTESTPATIENTRDTK DoB 04-Aug-2003 Male NHS 999 027 6579 GP Practice B8161

Patient Details **Child Care Alert**

Key Demographic Information GP & Care Providers Contacts & Next of Kin Historical Information

- 4) Click on this tab and Child Protection information will be displayed along with the last 25 people to view this record. This page can be printed using the print option

Summary Care Record **NHS**

Nic-Qtp-Donotuse XXTESTPATIENTRDTK DoB 04-Aug-2003 Male NHS 999 027 6579 GP Practice B81617 Address Regus, Princess Exchange, 2 Princess Square, Leeds, West Yorkshire, UNITED KINGDOM, LS1 4JY

Patient Details **Child Care Alert**

Current Child Protection Information

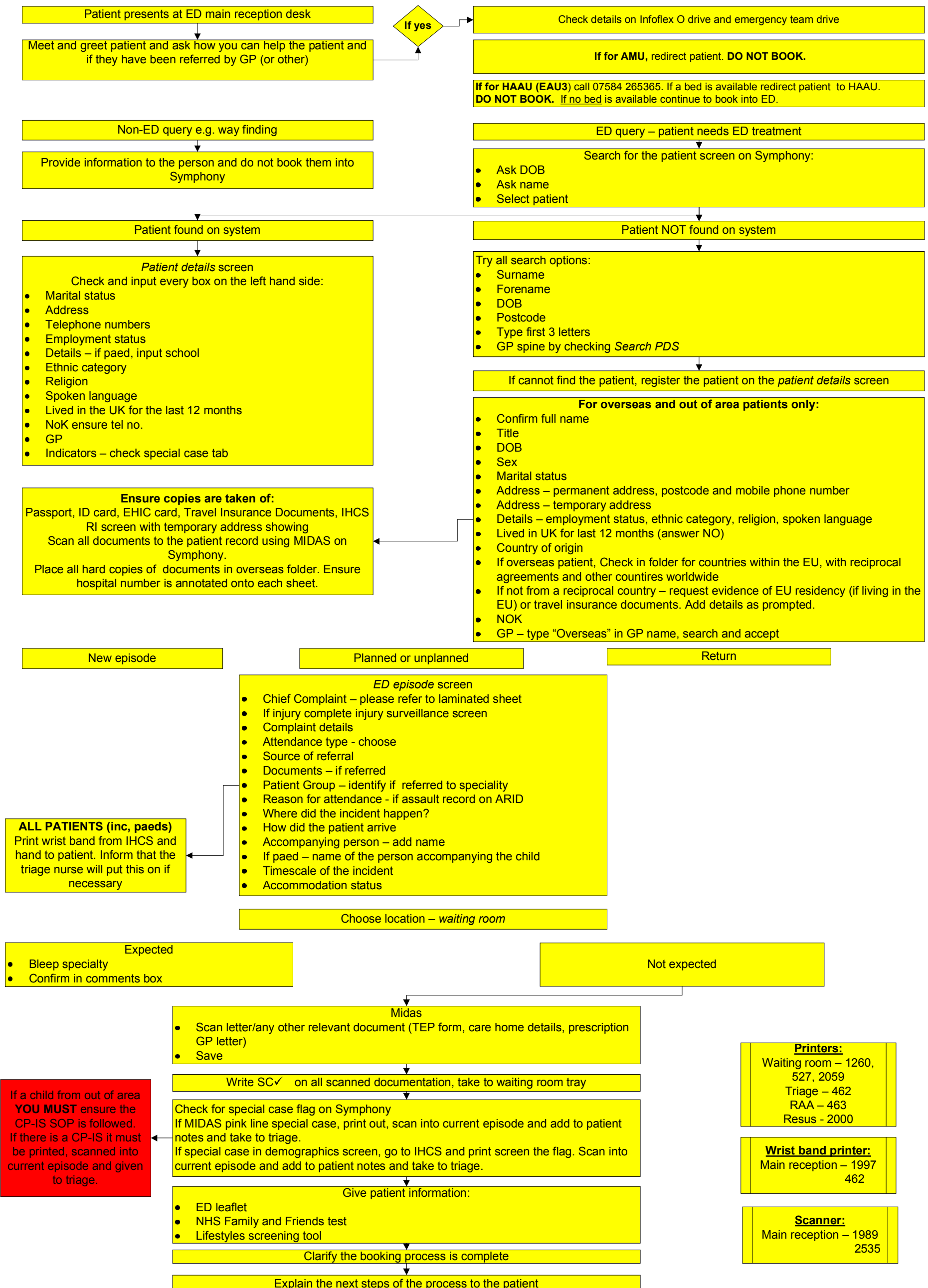
Type of Plan	Start Date	End Date	Responsible Local Authority	Emergency Duty Tel Number	Office Hours Tel Number
Child Protection Plan	15-Feb-2014	10-Oct-2024	HSCIC	tel:0734577777	tel:0207527200

Child Protection Information Previously Viewed By

This table outlines the date, healthcare worker and care organisation where a child's protection plan or looked after child's status has been accessed. Please note the information viewed is not necessarily the same as the current information shown above, as the Child Protection information may have changed over time

Date & Time	Viewer's Name	Role	Organisation
07-Nov-2018 11:33	Dr Jameson	Consultant	LIVEWELL SOUTHWEST
07-Nov-2018 11:20	Dodd	Clinical - Clinical Practitioner Access Role	NWAS999 Live (RX7)
07-Nov-2018 10:01	Mr Dixon	Admin/Clinical Support Access Role	POOLE HOSPITAL NHS FOUNDATION TRUST
07-Nov-2018 09:35	Mr Fensom	Admin/Clinical Support Access Role	LIVEWELL SOUTHWEST
07-Nov-2018 09:21	Miss Reardon	Health Professional Access Role	ROYAL CORNWALL HOSPITALS NHS TRUST
07-Nov-2018 09:11	Mrs Parnell	Clinical Worker	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
07-Nov-2018 08:08	Mrs Martyr	Admin/Clinical Support Access Role	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

Registration – Reception desk process	ED Map 1	Admin team working on the ED main reception
Patient cohort: Walk in ED patients	Owner: Alex Finch	Version 1.5 28/11/18



Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2371		
Document title:	Child Protection – Information Sharing (CP-IS) Standard Operating process for unscheduled care patient attendances.		
Purpose of document:	Identifying children / unborn babies who are currently subject to child protection plan or who are currently “looked after”, who reside out of area and are attending Torbay and South Devon Foundation Trust (TSDFT) services that are providing unscheduled care; to ensure that safeguarding children practice and information sharing process is followed.		
Date of issue:	1 February 2019	Next review date:	1 February 2022
Version:	1	Last review date:	
Author:	Named Nurse Named Midwife Operational Support Manager		
Directorate:	Child Health		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Safeguarding Children Operational Group		
Date approved:	5 December 2018		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
1 February 2019	1	New	Safeguarding Children Operational Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>	
Staff <input type="checkbox"/>		Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
General Public <input type="checkbox"/>		Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.