

CareFlow Electronic Patient Records (EPR) Alerts

Standard Operating Procedure (SOP)

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Glossary of Terms

Term	Definition
AIS	Accessible Information Standard
CAG	Change Advisory Group
CareFlow	System C suite of products
CCIO	Chief Clinical Informatic Officer
CPIS	Child Protection Information Service
CWP	Clinical Web Portal
EPR	Electronic Patient Records
IT	Information Technology

NHS	National Health Service
PAS	Patient Administration System
PDS	Patient Demographic Service
RBAC	Role Based Access
SOP	Standard Operating Procedure

1.0 Introduction

An alert is a notification system used in clinical decision making designed to provide real-time information and warnings to clinicians, about a patient specific condition/circumstance, adjustments in care or staff safety warnings.

Effective alerts provide information in a timely manner to users to support decision-making and reducing the risk of error, compliance with best practices and enhancement to healthcare practice.

CareFlow PAS allows electronic alerts to be added to patients' records, and these alerts appear at many transaction points within the system. It is possible for patients to have multiple alerts recorded.

CareFlow PAS alerts are only one of a number of potential sources of information relevant to clinical or safety factors. Other important sources of information that must be taken into consideration are (although this list is not exclusive):

- Hand-written clinical/medical records (skinny file/patient notes).
- Verbal questioning and confirmation of alerts from a patient/family or carers.
- Referral sources (electronic, verbal, written)
- Red patient wristbands indicating an allergy or sensitivity.
- Electronic patient record entry systems such as CWP (and/or other IT Systems)

The Royal Wolverhampton NHS Trust utilises the CareFlow PAS Alerts function to highlight important information about a patient to appropriate/relevant members of staff. The system is operated in the interests of both patient and staff safety.

The Trust recognises that the use of too many electronic alerts may cause the benefits to be lost or alert priorities to become unclear. In order for the patient alerts system to be effective, it is important that there is an immediate and significant benefit of staff being able to see/identify an alert quickly - which outweighs the risk of not having that information available.

It is also recognised that the recording of an electronic patient alert in no way replaces the need for clinical staff to detail potential problems more fully within individual patient's clinical notes and to discuss possible alerts directly with patients, relatives and carers.

2.0 Procedure Statement

This document explains the operational procedures to follow when using CareFlow EPR alerts as a method of highlighting essential staff or patient safety information. This SOP will detail the governance process that must be followed to:

- Ensure a constant and consistent approach across the Trust when dealing with both

Clinical and Patient Safety Alerts.

- Ensure Patient Alerts are applied, as appropriate, to a patient record in a timely manner.
- Ensure a clear process is available for adding new alerts.
- Ensure patient alerts are added following adequate assessment and validation
- Ensure a clear process for review and management of existing alerts is available and adhered to.
- Provide a safe and efficient service for the management of patient alerts
- Ensure staff at the Trust work in partnership with each other and external agencies (i.e. Social Care) to ensure patients and staff are protected
- To ensure staff are aware of the actions required should an alert be present

In adhering to this SOP, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

3.0 Accountabilities

3.1 Senior Accountabilities

The Group Director of Digital Technology is responsible for the overall strategic leadership, governance, and delivery of digital systems across the Trust, including the implementation and oversight of CareFlow PAS and associated digital programmes.

The Group Director of Digital Technology holds overall accountability for the governance framework relating to CareFlow PAS alerts. This includes ensuring that appropriate ownership, assurance, change control and monitoring arrangements are in place. Operational management of individual alert categories remains the responsibility of the designated alert owner(s) identified within Appendix 1 and any associated specialist services, policies and governance processes.

3.2 Departmental Manager / Matrons / Ward Manager / Clinical Director

Departmental leads are responsible for ensuring that they, and their staff, comply with this SOP. They must ensure that their staff undertake any necessary training identified for their services and staff needs.

3.3 All Staff

All staff are responsible for ensuring alerts are kept accurate, relevant and up to date and that change requests are made via responsible staff in line with this policy and the associated guidance. All staff must:

- View, note and observe alerts recorded on CareFlow PAS and required actions for every patient.
- Be aware the CareFlow Alert may not be the only source of Alert information for a patient and to view CareFlow Alerts in context with other sources of information.
- Where possible add CareFlow alerts as part of normal professional record keeping practices
- Keep alerts up to date - remove them/have them removed when no longer applicable.
- Make sure CareFlow alerts are accurate.
- Where possible and appropriate the wording of the CareFlow alert should be discussed

with the patient.

Where an alert category is identified as being managed by "All Staff", responsibility relates to the identification, recording, verification and maintenance of the alert during routine care delivery. This does not replace the accountability of the relevant specialist service, operational lead or existing Trust governance arrangements for assurance, policy compliance and quality oversight.

3.5 PAS Team

The PAS team are responsible for the creation of new alert types on CareFlow PAS following an approval process and for maintaining the available list of alerts. For new requests, a change request must be submitted and sent to Software Services and CAG with complete details of the request. Details must include:

1. Alert type
2. Alert group
3. Responsible owner
4. Responsible directorate
5. Governance procedures (how will the alert be managed and by whom?)
6. Relevant local SOP's/Policy

All new clinical alert types must be signed off by the CCIO/ACIO/Digital Matron prior to creation to ensure that they are clinically relevant and appropriate.

4.0 Procedure Details

4.1 What is an Alert?

Definition: CareFlow alerts inform, aid decision making and do not impede care. Alerts provide critical safety information that indicates an adaptation to the care that is provided to patients, which may also include considerations to staff safety.

An Alert Is:	An Alert Is Not:
Consistent across systems	Intended to be primarily used as a mechanism to report data
Is owned by a service or department	Intended to be primarily used as a mechanism to record patient diagnosis
Patient specific	Duplicated or a variation of another alert
Provides important patient information resulting in adjustments in care (e.g. reasonable adjustments)	Ambiguous/Unclear
Authorised following appropriate clinical assessment/validation	Clinically irrelevant to the patient's immediate care or needs
A prompt to conduct further analysis either through the existing medical record or via the patient themselves	Open to misinterpretation
Provides patient/staff safety information without which could result in patient/staff harm	

4.2 Viewing Alerts

The presence of a patient alert is indicated on the CareFlow PAS via a 'pop up' on the patient demographics record and by a red alert ribbon on the patient's banner across the top of the screen throughout CareFlow modules. Further detail regarding the alert can be accessed by selecting the alert within the patient banner or by accessing the Alerts widget in the patient homepage.

Alerts must be viewed at every interaction with the patient electronic record and assessed for their relevance. Verbal questioning and confirmation of alerts from a patient/family or carer is necessary to ensure the alerts remain valid.

4.3 Adding an Alert

To maintain consistency and accuracy of alerts they can only be added, edited or removed by specific staff. This will depend on the alert, for example the Learning Disability alert will be managed by the Learning Disability team (a list of alerts and owners can be found in appendix 1). If staff do not have access to CareFlow PAS, the alert must be communicated to and recorded by an administrative team with appropriate access.

Alerts must only be used for their intended purpose and only added to a patient record where they represent a true patient safety or staff safety notification.

All fields marked with a red asterisk (*) on CareFlow PAS must be completed when adding an alert, these are:

- Alert group*
- Alert type*
- Risk Level
- Reason
- Applied at*
- Applied by*

The Comments field should be used for minimal information only; where extensive detail is required this should be recorded in the patients medical records.

Some alerts such as CPIS will be automatically applied to a patient record through PDS.

4.4 Closing an Alert

Where an alert is no longer relevant or has been added in error this should be closed with immediate effect with clear documentation for the reason by selecting one of the following options:

- No longer required
- Added In Error
- Not authorised
- Other

Only staff with the appropriate RBAC permissions will be able to close alerts within CareFlow PAS. Access will be determined by both the type of alert and the ownership assigned to it.

To ensure accountability and clinical safety:

- A clear reason for alert closure must be documented.
- If the reason is not covered by predefined options, it must be recorded in the comments field.
- Closure actions must align with local procedures and governance standards.

This approach ensures that alerts are managed appropriately and that a clear audit trail is maintained.

4.5 Authorisation of Alerts

Some alerts require authorisation by the appropriate alert owner/s prior to approval (a list of alerts and which require authorisation can be found in appendix A). They can still be added to a patient record but will show as pending approval in the patients homepage (Electronic Case Notes) on CareFlow PAS. Alert owners are responsible for monitoring requests and for actioning these in a timely manner. Local SOPs must document local processes for authorisation. Where an alert is assessed as not appropriate by the alert owner, clear communication must be relayed back to the user/team who added/requested it and the alert closed with the reason 'not authorised' Additional comments must be provided in the comment box with the reason why the alert was not authorised.

4.6 Alerts Maintenance

All alert entries, edits or closures are electronically auditable and can be traced back to the user. It is the responsibility of all staff to monitor alerts frequently and update them following communication with the patient, relative or carer to ensure that they remain accurate. Alerts must be reviewed at every patient interaction and amended according to the current patients clinical condition and requirements.

Where alerts are owned by specific services there must be local SOPs in place detailing specific governance around the management and frequency of quality control. As a minimum, alerts must be reviewed every 12 months, to ensure accuracy, with the exception of those that are unlikely to change over time (e.g. Dementia). Some alerts will remain on a patient record indefinitely whilst others will be time bound and will require routine reviews to ensure they remain up to date. It is the responsibility of the alert owner/s to ensure that appropriate governance for the alert type is in place.

Any incident involving the omission, inaccuracy, inappropriate use, unauthorised amendment or failure to review a CareFlow PAS alert that results in, or has the potential to result in, patient harm, staff harm, information governance concerns or service disruption must be managed in accordance with the Trust's Incident Reporting and Risk Management processes.

CareFlow PAS will implement RBAC to manage user permissions related to editing and amending alert types. Access to specific alert functionalities will be determined by user roles, ensuring that only appropriately authorised individuals can make changes.

Local procedures will outline which user groups have the relevant permissions to add or manage specific alert types, in line with clinical and operational requirements.

To ensure safe and appropriate use, training must be completed prior to any access being requested.

Alert owners are responsible for ensuring alerts remain:

- Accurate
- Relevant
- Complete
- Timely
- Consistent with supporting clinical documentation

Alert owners must also ensure that local governance arrangements are established for the alert categories under their responsibility. These arrangements should include:

- Defined processes for reviewing alert accuracy, appropriateness and ongoing relevance.
- Routine quality assurance activities proportionate to the level of patient or staff safety risk associated with the alert type.
- Clear escalation routes for concerns relating to accuracy, appropriateness, misuse or non-compliance.
- Maintenance of any supporting local SOPs, guidance documents or operational procedures.

As a minimum, alert categories must be reviewed annually unless there is a documented rationale for the alert being permanent in nature or subject to alternative review arrangements.

Any significant concerns identified that may impact patient safety, staff safety, information governance or regulatory compliance must be escalated through existing divisional governance structures and, where appropriate, the Trust risk management process.

Organisational assurance regarding the creation, amendment, removal and governance of alert types is maintained through established EPR governance arrangements, the Change Advisory Group (CAG), and associated Trust governance processes.

4.7 Accessible Information and Reasonable Adjustments

4.7.1 Accessible Information

The DCB1605 Accessible Information Specification 1.1, otherwise known as the 'Accessible Information Standard', directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

CareFlow PAS enables the recording of accessible information via alerts, and it is the responsibility of all staff to ensure that patient's accessible information needs and preferences are recorded within their CareFlow record.

Upon registration or a patient search user will be asked:

1. Support Needed:
2. Visual Impairment:

Answering yes to either will prompt the adding of an accessible information alert to the patients CareFlow record; this includes where there is a requirement for an interpreter. The adding/removing of AIS alerts is not restricted to patient registration but should be considered at every contact with the patient to ensure they appropriately reflect the patient's requirements.

4.7.2 Reasonable Adjustments

CareFlow PAS is the Trust-approved system for recording all reasonable adjustments. Where reasonable adjustments are identified, they must be recorded as a patient alert within CareFlow PAS. If clinical teams do not have access to CareFlow PAS, the adjustment must be communicated to and recorded by an administrative team with appropriate access.

5.0 Equipment Required

CareFlow PAS, CareFlow PAS Alerts

6.0 Training

CareFlow training will be provided to all staff who require access on a role-based assessment.

7.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

8.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
X	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions are indicated in the Equality Analysis Impact Assessment which is attached as Appendix

9.0 Maintenance

Responsibility for ensuring this policy remains current and fit for purpose lies with the PAS Team, who will review it regularly and propose any necessary updates. Recommendations for changes or amendments will be submitted to the CAG for discussion and endorsement. Final ratification and approval of the policy will be the responsibility of the Group Director of Digital Technology.

10.0 Communication and Training

This SOP will be made available online to all staff who are required to access CareFlow EPR.

11.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Service owned alerts	Directorates	Internal monitoring agreed	Service-led	Service-led (local governance)
Trust wide alerts	CCIO/ACIO/ Digital Matron/PAS Team	Review at CAG when changes required	Annually or as required	Via CAG
Alert governance and ownership arrangements	PAS Team / CCIO / Digital Matron	Review of alert catalogue, ownership, governance arrangements and escalation themes	Annually	Report through EPR governance and CAG

Responsibility for monitoring the operational use of service-owned alerts remains with the relevant alert owner and service governance arrangements. Trust-wide oversight of the alert framework, including the creation of new alert types, ownership changes and governance requirements, will be maintained through established EPR governance arrangements such as EPR CAG. Concerns identified through local monitoring should be escalated through existing governance and risk management processes in accordance with Trust policy.

12.0 References

OP07 Health Records Policy
 OP12 IT Security Policy
 OP13 Information Governance Policy
 OP41 Induction and Mandatory Training Policy
 OP98 Data Protection Policy
 OP19 Accessible Information Policy
 DAPB4019: Reasonable Adjustment Digital Flag
 DCB1605 Accessible Information: Specification v1.1

13.0 Part A - Document Control

Procedure/Guidelines number and version: SOP38 V1.0	Title of Procedure / Guidelines: CareFlow Electronic Patient Records (EPR) Alerts	Status: Final		Authors: Lana Mitchell (Digital Matron) Director Sponsor: Group Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	V1.0	12/07/2026	Lana Mitchell	Original SOP
Intended Recipients: This SOP applies to all staff at The Royal Wolverhampton NHS Trust using CareFlow EPR.				
Consultation Group / Role Titles and Date: EPR Clinical Decision Group, EPR Steering Groups				
Name and date of group where reviewed		EPR Steering Group, EPR Clinical decision Group Group Policy Meeting – September 2026		
Name and date of final approval committee		Group Policy Meeting – September 2026 Executive Sponsor Approval – September 2026		
Date of Procedure/Guidelines issue		October 2026		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		September 2029 - 3 years		
Training and Dissemination: This document will be made available to all staff required to use CareFlow EPR via the trust intranet site.				
To be read in conjunction with: OP07 Health Records Policy OP12 IT Security Policy OP13 Information Governance Policy OP41 Induction and Mandatory Training Policy OP98 Data Protection Policy DCB1605 Accessible Information: Specification v1.1				
Initial Equality Impact Assessment: Yes Completed: Yes Full Equality Impact assessment (as required): Yes If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust-wide documents or your line manager or Divisional Management office for Local documents.				
Contact for Review		Lana Mitchell Digital Matron		
Monitoring arrangements		Review through EPR operational governance, PAS Team monitoring, CAG,		

Document summary/key issues covered.

The above SOP provides operational procedures to follow when using CareFlow EPR alerts as a method of highlighting essential staff or patient safety information.

Key words for intranet searching purposes

CareFlow, EPR, Alerts, CareFlow PAS

Appendix 1 - CareFlow PAS Alert List

Item	Alert Group Identifier	Alert Owner
ADHD	Medical Alert	Community Paediatrics, Learning Disability Team, Safeguarding
Anaesthetic Alert	Medical Alert	Theatres Waiting List
Autism	Medical Alert	Community Paediatrics, Learning Disability Team, Safeguarding
Child Protection Information Service	Safeguarding Alert	Safeguarding
Communication Preferences/Instructions	Accessible Information Alert	All Staff
Communication Support Used - Advocates	Accessible Information Alert	All Staff
Communication Support Used - Devices	Accessible Information Alert	All Staff
Communication Support Used - Other	Accessible Information Alert	All Staff
Communication Support Used - Sign Language	Accessible Information Alert	All Staff
Communication Support Used - Visual Aids	Accessible Information Alert	All Staff
Contact Format Required	Accessible Information Alert	All Staff
Contact Method Required	Accessible Information Alert	All Staff
CPIS Query Failed	Spine Alert	Safeguarding
Data Quality Issue	Spine Alert	Data Quality
Deaf	Accessible Information Alert	All Staff
Dementia	Medical Alert	Dementia Team
Development Delay	Medical Alert	Community Paediatrics
Diabetes	Medical Alert	Diabetes
Dialysis	Medical Alert	Renal
Difficult Airway	Medical Alert	Theatres Waiting List

Down Syndrome	Medical Alert	Community Paediatrics, Learning Disability Team, Safeguarding
End Of Life Care	Medical Alert	All Staff
Epilepsy	Medical Alert	Community Paediatrics
Glaucoma	Medical Alert	Ophthalmology
Haematology Patient	Medical Alert	Haematology/Oncology
Hard Of Hearing	Accessible Information Alert	All Staff
Hearing Impaired	Accessible Information Alert	All Staff
Heart Failure	Medical Alert	Heart Failure Team
High Profile Patient	Clerical Alert	Data Quality/Health Records
History Of Verbal Abuse	Staff Precautions	Security/All Staff
History of Violence	Staff Precautions	Security/All Staff
ID Fraud Victim Photo ID Required	Clerical Alert	Health Records
Infection Refer to Portal	Patient Alert	Infection Prevention
Interpreter required	Accessible Information Alert	All Staff
Known Allergy - Check Notes	Allergy Alert	All Staff
Learning Disability	Medical Alert	Community Paediatrics, Learning Disability Team, Safeguarding
Looked After Children	Safeguarding Alert	Community Paediatrics
Neuro Disability	Medical Alert	Community Paediatrics, Learning Disability Team, Safeguarding
No Female Staff	Staff Precautions	Security/All Staff
On Child Protection Flag	Safeguarding Alert	Safeguarding
Oncology Patient	Medical Alert	Haematology/Oncology
Open Access - Paediatrics	Clerical Alert	Paediatrics
Overseas Visitor	Clerical Alert	Overseas Team
Oxygen Sensitive	Medical Alert	Respiratory Centre
Pacemaker	Medical Alert	Cardiology/Waiting List
Paediatric Advanced Care Plan	Medical Alert	Paediatrics/Community Paediatrics

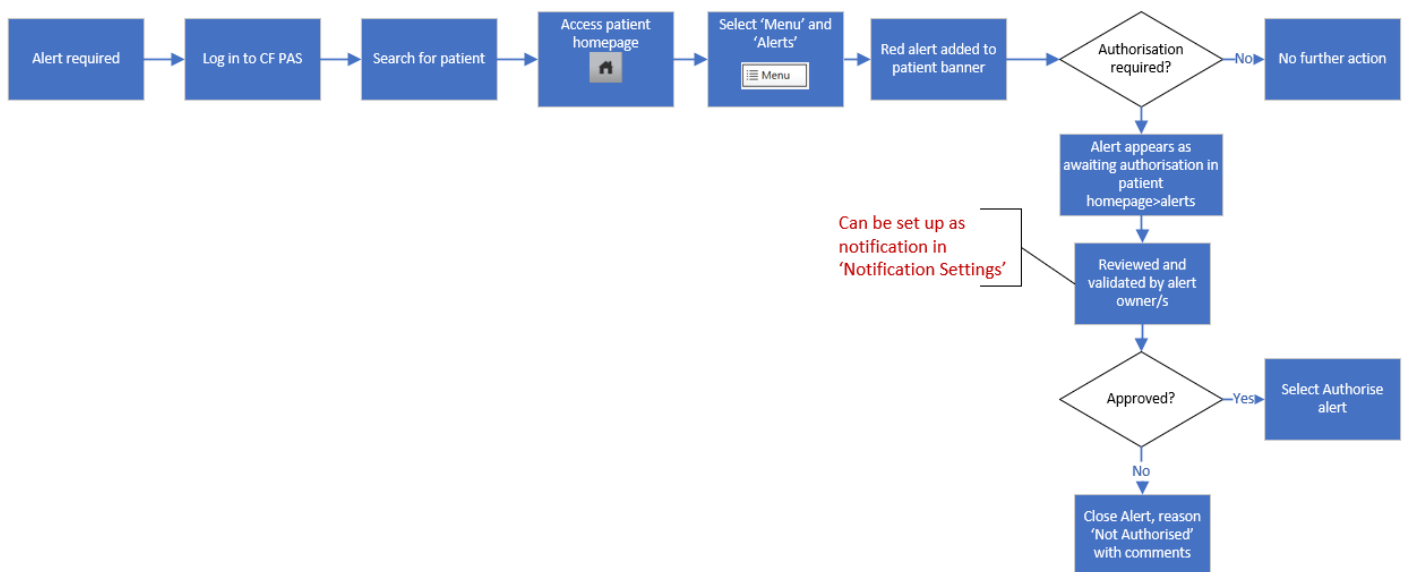
Parking Unsafe	Staff Precautions	Security Team/Community Teams/All Staff
Parkinsons Disease	Medical Alert	Parkinsons Team
Pets	Staff Precautions	Community Teams
Physical Disability Affecting Activity	Accessible Information Alert	All Staff
Physical Mobility	Accessible Information Alert	All Staff
Potential Duplicate from eRS	Clerical Alert	Data Quality
Professional Communicator Required	Accessible Information Alert	All Staff
Red Card Active	Staff Precautions	Security Team
Regular Attender	Clerical Alert	ED Regular Attender Team
Research Trial	Medical Alert	Research Team
Rheumatology Monitoring	Medical Alert	Rheumatology
Right to Restrict Data	Clerical Alert	Data Quality/Health Records
SEND	Medical Alert	Community Paediatrics
Sickle Cell	Medical Alert	Haematology/Oncology
Speech Difficult	Accessible Information Alert	All Staff
Speech Impairment	Accessible Information Alert	All Staff
Speech Impossible	Accessible Information Alert	All Staff
Steroid Dependence/Long Term Use	Medical Alert	Diabetes
Transition Care Plan	Medical Alert	Paediatrics/Community Paediatrics
Visit in Twos	Staff Precautions	Security Team/All Staff
Visual Impairment - Partially Sighted	Accessible Information Alert	All Staff
Visual Impairment - Registered Blind	Accessible Information Alert	All Staff
Visually Impaired	Accessible Information Alert	All Staff
Yellow Card Active	Staff Precautions	Security Team

Note: Alert owners listed below are responsible for the operational management, review and quality assurance of the associated alert category. Where multiple owners are listed, local governance arrangements must clearly define responsibilities and escalation routes. Where "All Staff" is specified, day-to-day responsibility for

maintaining the accuracy of the alert rests with staff involved in the patient's care, whilst overall governance, policy compliance and assurance remain with the relevant specialist service and Trust governance arrangements.

Appendix 2 – Adding and Closing Alerts in PAS

CareFlow PAS – Adding an alert



CareFlow PAS – Closing an alert

