



# Computer Aided Dispatch (CAD) Markers Policy

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Final 1.0	5 <sup>th</sup> November 2015	EqlA Assessment Stage 1 approved at ELB
Draft 1.1	April 2017	Reviewed following risk marker review

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

<b>Version</b>	<b>Date</b>	<b>Comments (i.e. viewed, or reviewed, amended approved by person or committee)</b>
Draft 1.2	March 2019	Reviewed to ensure compliance with the Data Protection Act 2018
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Draft 4.1	Augus 2024	Recommended at EOC Clinical Advisory Group
V5.0	September 2024	Approved by CRG

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

Document Reference	Health and Social Care Act 2012 (Regulated Activities) Regulations 2014 Data Protection Act 2018 Freedom of Information Act 2000 Mental Health Capacity Act 2005 Report of Accident, Incident, clinical Incident, Near Miss, Injuries, diseases, Dangerous Occurrences, Adverse Incidents and Disseminating Medical Device alerts and Serious Untoward Incidents Information Commissioner's Office (ICO) Guidance December 2006 – Data Protection Good Practice Note – the use of violent warnings markers
Recommended at	EOC Clinical Advisory Group 19 August 2024
Approved at Date	Compliance and Risk Group 2 September 2024
Review date of approved document	October 2026
Equality Analysis	Equality Impact Assessment Stage 1 – Initial Screening (results from the screening process identified full assessment not required at this stage)
Linked procedural documents	Confidentiality: Code of Conduct Policy. Policy for the management of patients with defined individual needs. Safeguarding Adults policy and procedures. Safeguarding Children and Young People policy & procedures. ESOP 39 Data Protection policy. Health and safety policy. Information & data security policy. Violence and aggression reduction policy
Dissemination requirements	All managers, staff & volunteers via email and intranet To be published on the Trust's public web site

Part of Trust's publication scheme	Yes
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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

## Contents

Purpose/Introduction.....	7
Policy Scope.....	7
Risk Markers CADMarkers@eastamb.nhs.uk .....	8
1.1 New marker requests following an incident. ....	8
1.8 New marker requests from Police Forces and Counter-Terrorism. ....	11
1.9 New marker requests from External Agencies .....	11
1.10 Actioning of the CAD marker .....	12
1.11 Review of Potential Risk to Staff markers .....	12
Medical Conditions (Patient Specific Protocol)	
CADflags@eastamb.nhs.uk.....	13
1.12 General information on a medical condition not requiring specific action.....	14
1.5 Review of Medical Conditions markers.....	15
1.6 Infection, prevention& control markers.....	15
Information CAD Markers.....	16
1.7 Access Information .....	16
1.7.1 Private Property access information.....	16
1.7.2 Public access information.....	16
1.8 Resilience Markers.....	17
1.9 Control Of Major Accident Hazards (COMAH) sites .....	17
1.10 Hazardous environments .....	17
1.11 Markers for staff/volunteers working for or on behalf of EEAST.....	17
Safeguarding markers .....	18
Data Protection.....	19
Appendix 1: CAD Marker Flowchart – Risk Markers.....	20
.....	20
Appendix 2: CAD Marker Flowchart – Medical Markers .....	21
POL042 – Computer Aided Dispatch (CAD) Markers Policy V5.0	5

**Appendix 4: Equality Impact Assessment..... 25**

## Purpose/Introduction

The aim of this policy is to ensure compliance with all relevant legislation in relation to specific patient or location information held on the Computer Aided Dispatch (CAD) as CAD “markers” (previously known as CAD flags or warnings in some instances). The CAD is the software used within the Trust Emergency Operations Centres (EOC) to triage calls and deploy ambulance resources. The policy also allows the Trust to provide staff with the information they require to provide the best patient care regarding specific patient information and/or known risks to staff safety.

Under the Current Data Protection Legislation, the Trust is also obliged to release to the patient any information it holds about them or their address. Therefore, there must be an approved process for and evidence as to why information is stored on the CAD system.

All communication via email in relation to patient identifiable information in relation to this policy must be sent **to and from** secure email accounts in line with the Trust email policy. The Trust has a dedicated secure email address for communication in relation to this policy which are:

Risk Markers - [cadmarkers@eastamb.nhs.uk](mailto:cadmarkers@eastamb.nhs.uk)

Medical and other markers – [cadflags@eastamb.nhs.uk](mailto:cadflags@eastamb.nhs.uk)

Personal accounts for the CAD makers team should be avoided and where possible the use of the generic accounts should be utilised.

## Policy Scope

This Policy applies to all operational staff including EOC and covers markers stored on the CAD in relation (but not exclusive) to:

- Potential Risk to Staff (for example history of violence)
- Medical Conditions (for example Specialist Pathways)
- Access Information (for example key codes)
- Safeguarding (for example missing persons)
- Police & Counter terrorism markers

This policy also covers the appropriate review and removal of the above.

EEAST will only place markers on confirmed individuals. If we are not able to verify the person a marker will not be placed.

This process will be owned by the Medical Director who has overall accountability for the associated clinical governance.

### **Risk Markers** [CADMarkers@eastamb.nhs.uk](mailto:CADMarkers@eastamb.nhs.uk)

If any risk markers relate to a patient under the age of 18, the CAD marker team will inform the Safeguarding team of the request for a marker. Safeguarding can review and assist with the wording of the flag if appropriate.

#### **1.1 New marker requests following an incident.**

This procedure is to establish an evidence-based format of recording markers of violence or potential violence on to the CAD system that is recorded and compliant with all legislation, but can be easily accessed, when required, to protect the health and safety of crews & volunteers attending any address recorded as a site of violence or potential violence.

After an incident when a staff member or volunteer has been exposed to actual or potential violence of any type, the staff member or volunteer should request that a temporary CAD marker be placed on the CAD system for the address in question.

The EOC Duty Manager (DEO) will enter the temporary marker on the CAD system, The wording must be precise, based upon facts and not be subjective. The date for expiry should be set at 45 days and the type of marker should be temporary. The marker should contain a patients name and DOB where possible.

On completion of the event, the staff member or volunteer are to complete an incident report via Datix and notify their line manager. The staff member / volunteer should also contact the Police where thresholds have been met for reporting to the Police.

The Investigating Officer (IO) are then responsible for completing an investigation of the incident raised through Datix. This IO must recommend either to remove the temporary marker or convert to a



permanent marker. Where a marker has been requested a risk proforma MUST be completed with every Datix (Appendix 3) and attached to the Datix. The IO must message the CAD Markers team through the DATIX system. This is the only way a flag will be placed on the system. Without the notification the CAD markers team will not be aware of the need of the marker.

If no confirmation is received within 45 days of the incident, then the marker will be automatically expire off the CAD system (This will mean it's not visible). Internal escalation will occur at this point.

If the investigator requires more time to investigate, they should contact the CAD Markers team via Datix to request a 45 day extension to the temporary marker along with the reason for delay, ideally this should be done before the 45 days of the marker being placed on the system to prevent the marker being removed from the system.

If there is a request for Police to attend with crews the marker this must be validated with the Health, Safety & Security team and agreement with the appropriate constabulary.

If the Datix is purely to relay third party information (i.e. the crew have been given information by an external agency whilst treating a patient), the Trust will require written documentation from the external agency. This will be the responsibility of the Local Management Team to provide. If no information is received this marker will not be put on.

### 3.2 Weapons on scene

Where a firearm is seen, the crew should consider whether they need to withdraw. The crew must report the information to the police immediately, irrespective of whether they deem the weapon to be a genuine firearm or not. A Datix must be submitted, including the police reference number, and a CAD Marker must be requested.

Where weapons, other than firearms are seen, the crew should consider the intent of the persons present and if necessary call

police. In any case a Datix should be submitted and they should consider requesting a CAD marker.

### **3.3 XL Bully Dogs**

Due to the inherent risks of XL Bully Dogs, if the crews believe that an XL Bully is present at the scene, or frequents the location, irrespective of the dog's behaviour, a CAD marker must be requested and will be added. If information is then received confirming that it was not an XL Bully, the marker will be removed, unless the dog had been acting in a dangerous or uncontrolled manner.

If a marker is requested in relation to XL Bully dogs, this Information must be shared with police.

### **3.4 Use of Body Worn Camera**

Body Worn Cameras are intended to reduce the risk of violence and aggression towards staff. If a crew attend an incident with a risk CAD Marker, they should consider utilising BWC if available.

### **3.5 Patients detained in prison**

If information is received that a patient is detained in prison this must be confirmed in writing from the appropriate external agency. The CAD Marker will be updated as follows: "patient is currently in prison, expected release date..."

If the patient has been sentenced to an extended period, beyond the review date of the marker, consideration will be given to removing the marker. This will be considered on a case by case basis dependent on the risks involved.

### **3.6 Risk markers for those present – not patient**

Where information suggests that others present at the scene may pose a risk to crews, a CAD Marker will be considered providing that the name, date of birth and address of the person(s) are provided along with the specific cause for concern. The marker will enable crews to safely manage the scene and ensure that appropriate resources are available so not to delay attendance unnecessarily.

If a marker identifies a previous risk from others present, EOC will try and ascertain if the person(s) is present.

Where an address is identified as having a specific risk, but it is not possible to be specific as to the person or people involved, a CAD marker will be considered. The marker must be supported with intelligence from police. e.g. address linked to county lines drug activity and presence of firearms.

### **3.7 Risk markers for patients living outside of EEAST footprint**

Where a CAD marker is present on an address outside of the EEAST area, it will be reviewed and managed in the same way as markers within the EEAST area.

CAD markers outside of the EEAST area should be within a distance that it is foreseeable that crews may be asked to attend.

If EEAST create a CAD marker for an address out of area, this information will be shared by the CAD Marker team with the relevant ambulance trust for that area.

### **1.8 New marker requests from Police Forces and Counter-Terrorism.**

If we receive any risk intelligence from Police forces a CAD marker will be created, these requests are to be made in writing or by email to the CAD markers team and will be retained for 12 months.

If we receive any risk intelligence from Counter-Terrorism Police a CAD information marker will be created. Due to the sensitivity of these markers an email request is made to the designated EEAST staff member with the correct security clearance. A face-to-face meeting needs to take place with an authorised EEAST resilience manager to enter these markers onto the CAD. Limited information is given. They will be retained for 12 months. CT markers will only be accepted from the Counter-Terrorism unit of the Police. Regular reviews will take place which are directed by the Police.

### **1.9 New marker requests from External Agencies**

If a request has been made from an external agency for a risk marker the Trust will require supporting documentation, which includes the patient's name, DOB, address and where possible the

patient's NHS number. It should also include clear information on what the risk is and how that organisation has become aware of the risk (i.e. Internal adverse incident, criminal record)

This will then need to be reviewed by either the Complex Case Lead/Frequent Caller Lead or EOC clinical Lead and/or taken to the next CAD Markers Governance Group (CMGG) meeting.

### **1.10 Actioning of the CAD marker**

The CAD Marker team must ensure that the recommendations are actioned within 30 days post recommendation. This may include retaining or removing the marker, as requested by the CMGG/investigator / local teams.

- The CAD Marker team will either remove the temporary CAD marker or convert to a permanent marker setting the date for the annual review on the basis of the recommendation.
- If additional information is required by the group to make a decision, the CAD Marker team will liaise with the relevant operational line manager to acquire the additional information needed.

The annual review will be highlighted by the CAD Marker team, If no information is provided it will be reviewed by the CMGG with the information they have at the present time. This review should consider if any further incidents have taken place involving the named individual and consider the details given during the original investigation and any further incidents in order to decide whether the marker should be removed or extended. This is up to the discretion of CMGG.

### **1.11 Review of Potential Risk to Staff markers**

Such markers will be reviewed at an appropriate and agreed timeframe by CMGG once the marker has been on the system for 2 years. This review will include:

- Validity of information
- Life status checks are completed annually.
- Appropriate wording of marker

- Level of restriction (i.e. No solo responders)
- Threat and harm level against staff/volunteers.

If further information is required, it will be reviewed by the CAD Marker team by contacting the local management teams or the HSS team.

### **Medical Conditions (Patient Specific Protocol)**

[CADflags@eastamb.nhs.uk](mailto:CADflags@eastamb.nhs.uk)

This information is held to assist EEAST clinicians with information and decision making in relation to specific clinical needs. Requests directly from patient will not be accepted, the CAD Marker team will ask the patient to contact the HCP best connected with their care to request a marker (i.e. GP or specialist for their treatment). Crews have access to Systm 1 so we are able to access more information. There are some categories that EEAST will not flag. Each request will be evaluated and a decision made.

If the request is purely to advise EEAST that the patient has a medical condition which is included in the "Management of Specific Condition" (ESOP39) ESOP then the marker will not be added to the system.

Markers will not request a priority response, if a priority response is requested by the HCP then the marker will be amended to require escalation for the CCORD for review. If advice on how to treat the patient is included, then this must be within the scope of the Ambulance Service. If this is not within the scope of practice, then a Patient Specific Protocol (PSP) will be added which will be signed off by EEAST associate Medical Director or someone with delegated authority. PSPs are detailed more in the Policy for management of defined users.

If a request to transport to a specific destination (i.e. Emergency Department) which would be different to the nearest receiving ED, this will only be on agreement from EEAST associate medical director or someone with designated authority. These will be considered on an individual basis. Wording on the marker will have the caveat that at times of extreme operational pressure (where we

have outstanding 999 calls in the community) this will be at the discretion of the Duty manager in EOC on that shift. EEAST will not place a marker for any patients that are 'red carded' or refused treatment due to their behaviour.

### **1.12 General information on a medical condition not requiring specific action**

A decision will be made as to whether a marker needs to be added to the CAD if the request has come from the Patients GP, Consultant or other HCP's connected to the patients care. These markers will remain for 2 years, the marker will be removed if requested by the HCP or the patient is deceased (which is checked yearly by the CAD Marker team). It is the responsibility of the requesting HCP to keep EEAST informed of any medical changes or if the patient changes address. We will not flag information that we are able to access within other systems. EEAST do not hold DNACPRs or advanced wishes for over 18s unless they form part of a PSP/Plan.

## **4.2 Frequent callers**

The CAD Marker Administrator will refer the information to the EOC Clinical management team or the Frequent Caller Lead for consideration and establishment of the terms of the Marker (as per the Policy for Patients with Defined Individual Needs).

In line with the Frequent caller Plans outlined within their policy, CAD Marker team will check the appropriate system every 6 months and remove if the patient is deceased or has moved out of our operational area. If the marker is still valid, it will be extended for 6 months and the process repeated.

## **4.3 Bariatric Markers.**

Where a patient is classed as bariatric a medical marker will be placed to ensure the early activation of additional resources. This will be on the advice of the HCP caring for the patient. These will be monitored in line with all clinical/medical markers.

## **4.4 Flagging to call carers/family to assist with Triage.**

There are times when we may need to use a carer/family member to assist with triage. These will be requested through CAD flags and



individually assessed. These will have oversight from the Associate Medical Director. These must be available 24/7 and physically with the patient to assist with triage. If on a Frequent caller plan this will be added to the Flag to assist with telephone triage.

### **1.5 Review of Medical Conditions markers**

Such markers will be reviewed on an annual basis by the CAD Marker team who will check for life status on the appropriate system. They will be clinically reviewed every two years unless something changes. If the patient is deceased, the marker will be removed. If the patient has moved residence, the marker will be moved to the new address unless the patient has moved out of EEAST's area.

### **1.6 Infection, prevention& control markers.**

There are occasions when it will be deemed necessary to place a CAD marker on the control system within the Emergency Operations Centres (EOC's) where there is an identified Infection, Prevention and Control risk.

The length of time this "marker" will stay on the address or patient of each call will be dependant on the risk associated with each infection our staff may come across during their work.

To assist in guiding how long a marker can be on an address or patient the 'A-Z of Infectious Diseases' as written by the National IPC Group for AACE. If there is a need for specialist advice, then either the Head of IPC or the IPC Practitioner can be contacted.

With regards to the period of time any 'CAD Flag' would need to be placed on a patient or address of a patient it would be for a period of 6 calendar months and providing there have been no further reports of infections the 'marker' can be removed from the CAD.

For any suspected or confirmed incidents where there has been a communicable infectious disease the Infection, Prevention and Control Team need to be informed as early as possible to enable correct contact tracing and cleaning and decontamination processes carried out.

## Information CAD Markers

Within the CAD system we hold a number of other information markers including access instructions, specialist instructions or hazardous sites.

### 1.7 Access Information

#### 1.7.1 Private Property access information

Within the CAD system it is possible to store information such as:

- Access codes to buildings and key safes
- Information to assist staff in finding caller location.
- Access codes to public locations (Such as bollards or fire gates)

Patients, Family, or someone acting in the interests of a patient can request a Key safe marker to be added to the system, this is completed either in writing using the key safe request form or using the webform both located on the Trust's Website. Key safe markers will be retained for 3 years, it is the responsibility of the requestee to update, request a deletion or to reapply to extend the Key safe marker. Consent must have been gathered from the patient unless they are unable to consent due to lack of capacity.

Communal access codes or gates maybe given by a building / landowner will be retained for 3 years.

If a patient (or someone acting in their best interests) has requested a communal code to be added to the system which would allow access to more than their property (i.e. gate code to a private estate, or code for the communal door to a block of flats) then the marker will be stored against their address rather than a communal address or CAD feature. We will use Polygons for some of the access information.

#### 1.7.2 Public access information

If the request has come from a local authority or Highways England for a bollard or access gate within a public road (i.e. Bollard to a high street) the marker will be placed on the system as a feature and will remain indefinitely unless informed by the requestee to remove. It is the responsibility of the requestee to inform EEAST of any changes to the code.



### **1.8 Resilience Markers**

Marker requests authorised by the Head of Resilience will be actioned, if there are any concerns these will be escalated to the Complex Case Lead or Frequent Caller lead. This shouldn't be used to override the patient specific protocol for clinical treatment of a specific patient.

Resilience Markers will be reviewed with the requestee every 2 years and will be retained on a 2-year basis (or less if approved by the Head of Resilience)

### **1.9 Control Of Major Accident Hazards (COMAH) sites**

Requests for Control of Major Accident Hazards (COMAH) sites will be added to the CAD system and retained indefinitely. The CAD Marker team will contact the requestee every 2 years to confirm the marker is accurate. The marker will be removed when requested by the requestee or resilience.

### **1.10 Hazardous environments**

Attending crews can request a marker to be placed on an address where there is an environmental hazard concern, (i.e. unsafe stairs, hoarding). The crew will need to complete a Datix detailing the hazards at the site. These markers will be retained for 3 years and will be worded in a way to prevent delayed attendance. Where possible they will be attached to a patient's name to enable life status checks, if a patient moves property the marker will be removed and will not be placed on the new address. The marker will be removed if a crew advice the CAD markers team that the property is no longer in a hazardous state. A SPOC referral must also be completed for any onward referrals.

### **1.11 Markers for staff/volunteers working for or on behalf of EEAST.**

We would not routinely flag staff/volunteers. If in the extreme event that a marker is required this will be authorised on an individual basis and we would never use the name of the member of staff, only their ERS number.

### Safeguarding markers

Patients with a safeguarding marker will not be informed of the CAD marker on their address / name. This is due to the nature of the marker and to avoid any harm.

The below timescales are for retention of the marker, once the marker has reached the retention period the CAD marker team will remove the marker unless there are specific concerns.

Markers maybe removed earlier if requested by the safeguarding team or if the patient is deceased.

Type of Marker	Retention Period
National Alert for missing Person	6 months
Vulnerable/ High Risk patient info (e.g. issues based on past experiences, high risk suicide)	2 Years
Child Protection Notification regarding Unborn Baby	6 Weeks after estimated due date**
Risk marker for child	Safeguarding – Retained for 2 years or when reaching 18 years. Datix – Retained for 2 years then reviewed at CMGG.

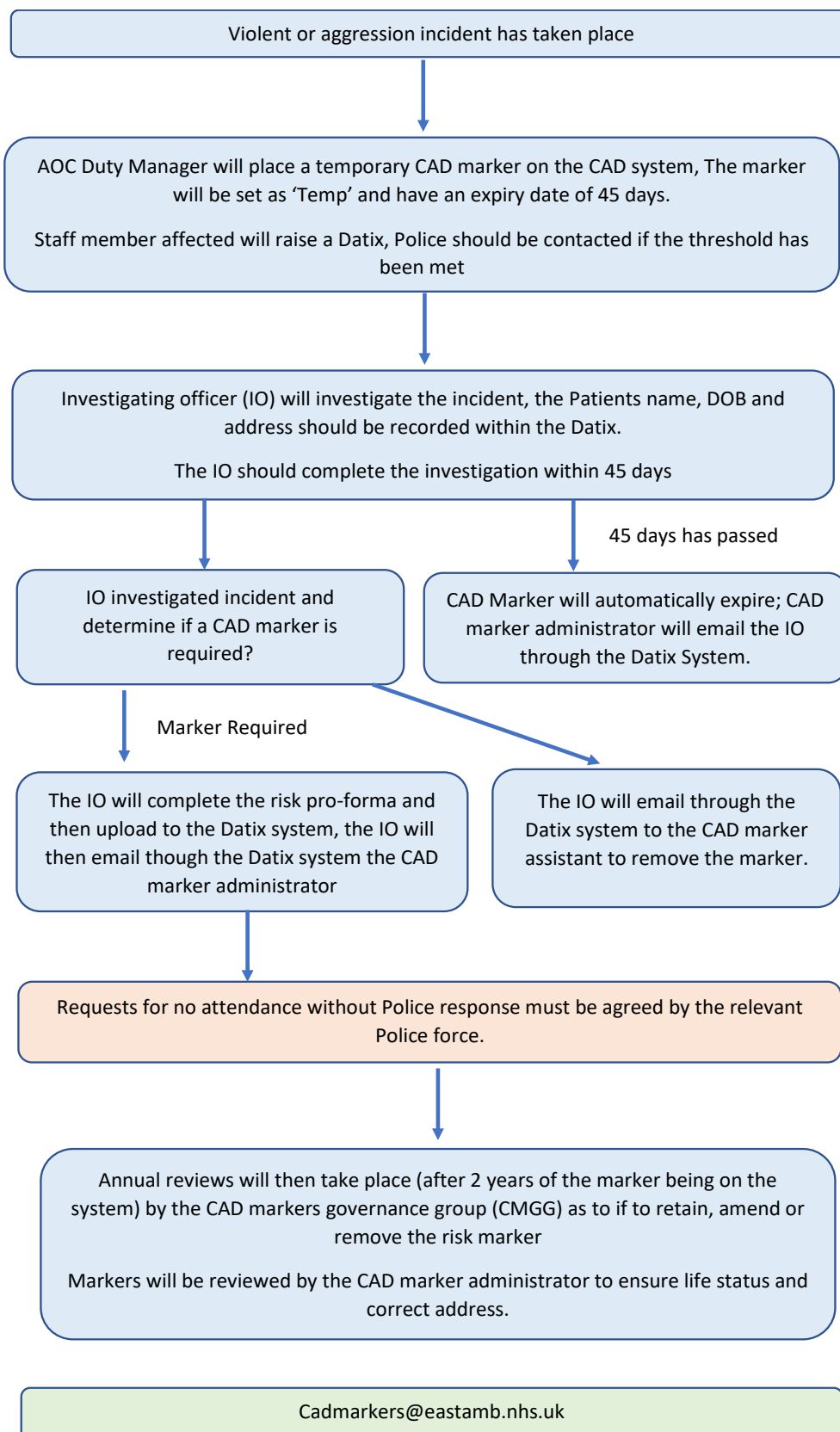
\*\* Unborn baby alerts will automatically expire after 6 weeks of the estimated due date and will not be confirmed with safeguarding.

## Data Protection

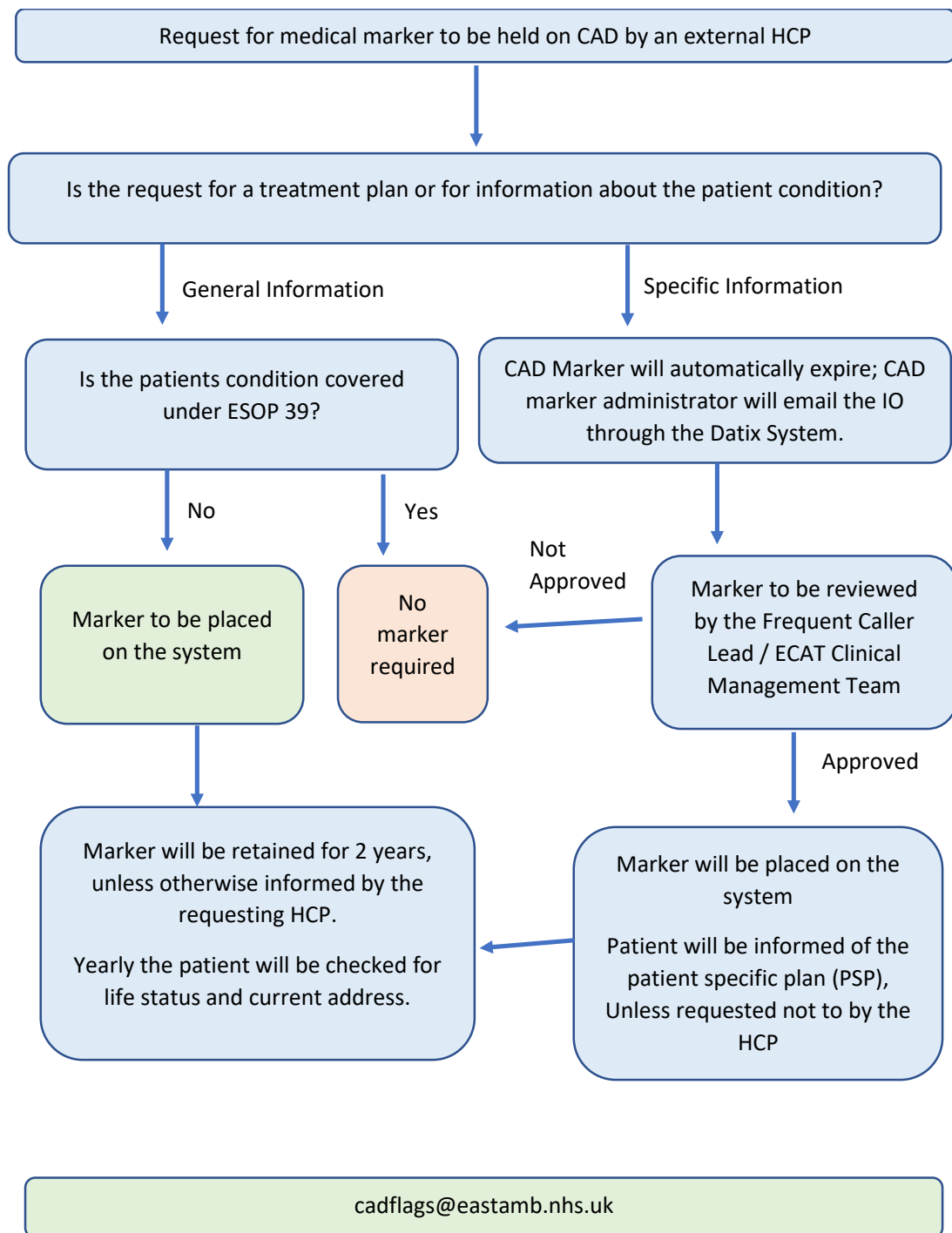
All information will be processed and handled in line with the current Data Protection legislation. For full information regarding this, please see our Privacy Notice – Patients and Public which can be found at:

<https://www.eastamb.nhs.uk/about-us/GDPR/Privacy%20notice%20-%20patients%20and%20public.pdf>

## Appendix 1: CAD Marker Flowchart – Risk Markers



## Appendix 2: CAD Marker Flowchart – Medical Markers



## CAD Marker Request Form

A CAD Marker is to ensure that staff are aware of an additional risk.

It can relate to an individual or a location.

Please complete this proforma for the CAD Marker to be made permanent – it will expire after 45 days otherwise.

Please then attach the proforma to the Datix and send a Datix message to the CAD markers team to action.

WEB Reference	
Address	
Name	
DOB	

If the marker relates to a premises, not a specific person (e.g. hazardous substances, multiple persons) please make this clear in the supporting information at the end of the form.

Risks to crew	
Violence towards crew	
Threats made with weapons	
Threatening behaviour towards crew	
Verbal abuse	
Sexual assault	
Inappropriate comments or behaviour	
Persistent invasion of personal space, warned but continued	
Uncapped needles and drugs paraphernalia	
Dangerous animal uncontrolled	
Dangerous animal e.g. snakes, spiders etc	
Staff prevented from leaving	
Violence towards another	
Threatening behaviour towards another	
Deliberate self-harm	
Hazardous substances	
Structural hazards	
Other:	

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

Suggested variations	
Request Police to attend *	
Request Fire and Rescue Service to attend *	

\* Police and FRS are responsible for deploying their own resources so there cannot be a pre-planned guaranteed response unless arranged via the Health, Safety and Security Specialist and in agreement with the external agency.

Supporting Information – **this must be completed for every CAD marker.**

This section should be a clear and objective summary of the incident and the risks identified. Please include specific details e.g. comments made, observations

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

### **Additional information:**

If agreed, the marker will remain in place for 2 years, following which it will be reviewed.

If a marker is extended, it will be for an additional 12 months.

**Markers may delay the response to a patient and as such the evidence must be clearly documented.**

If there is no supporting information then then CAD will be rejected, or delayed as further clarification will be sought.

In certain circumstances, depending on clinical need and a dynamic risk assessment, the suggested variations will not be possible. This

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

will be considered and managed by the EOC in conjunction with local managers.

### **Review by the CAD Marker Team**

CAD Marker approved Yes / No

Completed by:

Health Safety and Security Team consulted Yes / No

### **Wording of CAD Marker**

Date CAD Marker inputted:

Expiry date of CAD Marker:



## Appendix 4: Equality Impact Assessment

EIA Cover Sheet																			
Name of process/policy	Computer Aided Dispatch (CAD) Markers Policy																		
Is the process new or existing? If existing, state policy reference number	Existing POL042																		
Person responsible for process/policy	Complex Case Lead																		
Directorate and department/section	EOC																		
Name of assessment lead or EIA assessment team members																			
Has consultation taken place? Was consultation internal or external? (please state below):	Internal																		
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>×</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state)</td> </tr> <tr> <td colspan="2">Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	×	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
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Other (please state)																			
Training programme.																			

Equality Analysis																							
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The aim of the policy is to ensure compliance with all relevant legislation in relation to specific patient or location information held on the computer aided dispatch (CAD) as CAD markers. The CAD is the software used within the trust emergency operations centre (CAD) to triage calls and deploy ambulance resources. The policy also allows the trust to provide staff with the information they require to provide the best patient care with regard to specific patient information and/or known risks to staff safety along with other relevant information.</p>																							
<p>Who does the policy/procedure/practice/event impact on?</p> <table border="0"> <tr> <td><b>Race</b></td> <td>×</td> <td><b>Religion/belief</b></td> <td>×</td> <td><b>Marriage/Civil Partnership</b></td> <td>×</td> </tr> <tr> <td><b>Gender</b></td> <td>×</td> <td><b>Disability</b></td> <td>×</td> <td><b>Sexual orientation</b></td> <td>×</td> </tr> <tr> <td><b>Age</b></td> <td>×</td> <td><b>Gender re-assignment</b></td> <td>×</td> <td><b>Pregnancy/maternity</b></td> <td>×</td> </tr> </table>						<b>Race</b>	×	<b>Religion/belief</b>	×	<b>Marriage/Civil Partnership</b>	×	<b>Gender</b>	×	<b>Disability</b>	×	<b>Sexual orientation</b>	×	<b>Age</b>	×	<b>Gender re-assignment</b>	×	<b>Pregnancy/maternity</b>	×
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<b>Gender</b>	×	<b>Disability</b>	×	<b>Sexual orientation</b>	×																		
<b>Age</b>	×	<b>Gender re-assignment</b>	×	<b>Pregnancy/maternity</b>	×																		
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>EOC clinical review group.</p>																							
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>Monthly figures are produced on the number of markers on the system. Audits reported monthly to note the review of markers. Datix can be monitored for any breaches of this policy.</p>																							
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No</p>																							
<p>Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:</p>																							

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:  
The policy allows for patients with specific needs to be flagged so we are able to treat them more individually. This policy encompasses all. It also assists on protecting our staff/volunteers from a safety aspect.

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Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:  
No.

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**Action Plan/Plans - SMART**

Specific

Measurable

Achievable

Relevant

Time Limited

**Evaluation Monitoring Plan/how will this be monitored?**

Who Complex Case Lead

How The auditing of the markers & CMGG for risk

By Each month reports

Reported to EOC Clinical Lead

## Appendix 5: Computer Aided Dispatch CAD Markers Policy Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Monthly figures of CAD markers .	Spreadsheet to be circulated to EOC clinical lead & other members of the team.	Spreadsheet with figures taken from the portal	Monthly and shared via email	Spreadsheet	Reported via Complex case lead monthly KPIs for reviews of flags	EOC clinical group via EOC clinical lead	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders