



History Marking Policy

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1 Introduction

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) has a responsibility to ensure that processes are in place to safeguard staff, patients and the public to facilitate the safe and appropriate delivery of care to its patients within a sound governance framework.
- 1.2. History Marking is a process whereby the address, phone number and/or person identifiable details of an individual can be marked on the Computer Aided Dispatch (CAD) system to alert staff to medical information, access details, or scene safety risks.
- 1.3. The Trust has developed a history marking policy to ensure that these processes are legal, accountable, proportionate, necessary and ethical.

2 Aims and Objectives

- 2.1 Its objectives are:
 - 2.1.1 To ensure that relevant patient information is added to the Computer Aided Dispatch (CAD) and reviewed in a timely manner as defined by the history marking procedure. This could include clinical information, access information or information relating to crew safety:
 - Where there is clinical information held by the Trust about an on-going condition, which may affect treatment or care delivered to a patient.
 - Where the patient (or other residents at the address) concerned are considered to represent an actual or potential danger to its staff or are known to behave in a manner that its staff may find intimidating or harassing.
 - Where information is available to the Trust that will facilitate the entry of Trust staff to secure premises, to deliver treatment to patients without delay.
 - Where members of the public wish to notify the Trust of information which may be relevant to their care.

- 2.1.2 To ensure that appropriate staff are notified when they are called to attend a person or address marked on the CAD; and to inform them of the contents of the record held.
- 2.1.3 To ensure that patients' rights are respected by notifying them, when appropriate, of the CAD entry and any changes made to it.
- 2.1.4 To institute a process which will enable staff to notify the Trust of patients and addresses that staff have highlighted as a risk to them or their colleagues due to an adverse incident.
- 2.1.5 To ensure that pertinent non-clinical (e.g., access details) information is added to the CAD.
- 2.1.6 All information will be held and shared in accordance with the Data Protection Act 2018
- 2.1.7 To ensure that each record is systematically reviewed and where appropriate removed or amended from the CAD.

3 Definitions

- 3.1. Throughout this document the following definitions will apply.
 - 3.1.1. **History Marking** - the process whereby information is obtained, validated and added against an address and or patient identifiable information to the Trust's CAD, for onward transmission to operational resources dispatched to an address/person about which information is held.
 - 3.1.2 **History Marking Group (HMG)** – the group that will meet monthly to review history marking applications received and to determine the appropriate action. If the group decide that a CCAD marker is required, they will discuss the categorisation. This group comprises representatives from Directorates across the trust, external partner organisations and patient representatives.
 - 3.1.3. **History Marker** – the term used for information which has been recorded on the CAD against a particular address/patient identifiable information.
 - 3.1.4. **Blue History Marker** – where medical/clinical information is available.
 - 3.1.5. **Red History Marker** – where information available makes it clear that staff have been physically or sexually assaulted or there was a serious threat of violence.
 - 3.1.6. **Amber History Marker** – where information available suggests that there is a risk to staff of abusive, aggressive, or inappropriate behavior. This includes inappropriate comments or negative behaviors relating to any protected characteristics.

- 3.1.7. **Green History Marker** – where there is non-clinical information available, such as how to find/gain access to premises or other location specific information. This could include but not limited to, dogs known to be dangerous or IPC concerns.
- 3.1.8. **Temporary History Marker** – On receipt of a History Marker Application, this will be processed by a Clinical Data Assistant and a temporary marker will be added to the CAD. In exceptional circumstances this may be done by the Duty Emergency Operations Manager (EOCM) This will then be reviewed by the HMG at its next meeting.

4 Policy Statement

- 4.1. By implementing this policy, the Trust acknowledges its responsibility to comply with its legal obligations to ensure that sound information governance arrangements are in place that balance its public duty to provide timely and effective treatment with its obligation to safeguard the wellbeing of Trust staff and patients.
- 4.2. By following this policy and the standards in this policy, the Trust is acknowledging its responsibility to manage its activities with integrity, fairness and appropriate transparency.

5 Arrangements

- 5.1. There are four interlinked strands to the History Marking policy:
 - 5.1.1. Record gathering (necessary, proportionate);
 - 5.1.2. Governance Process (accountable, proportionate);
 - 5.1.3. Data Subject Notification/Appeal (legal, ethical, proportionate);
 - 5.1.4. Legal compliance (legal, necessary)
- 5.2. **Record gathering**
 - 5.2.1. All staff requests for a history marker to be considered must be in the form of a completed History Marking Application/ Update form and supported by a Datix Incident Form (DIF-1). Verbal requests for a temporary marker being put in place immediately following an incident must be followed up with the application form/ DIF-1 as above.
 - 5.2.3. All requests for history markers from a member of the public, e.g., highlighting issues regarding access to their property, must be made formally, preferably in writing, to the Integrated Care (999&111) Clinical Team. However, where this is not possible, other forms of communication and representation will be considered.

5.2.4. All requests for history markers from any other source must be made formally, preferably in writing, to Integrated care (999&111) Clinical Team.

5.2.5. This policy relates only to the Trust's 999 service. The Trust's NHS 111 service arrangements will be covered by alternative policies.

5.3. **Governance Process**

5.3.1. The Trust's HMG provides a sound governance framework with which to review and monitor history marker requests. The HMG will meet monthly to ensure that history markers are dealt with in a timely and effective manner.

5.3.2. Minutes of the HMG meetings will be submitted to the Quality Governance Group (QGG).

5.4. **Data Subject Notification /Appeal**

5.4.1. Data subjects (persons about whom we hold information) have a legal right under the GDPR to know that the Trust is processing their personal data and if so, what that data is.

5.4.2. The Trust will write to the data subjects to inform them that a history marker exists, unless an exemption under the GDPR applies, or the circumstances suggest that this would be inappropriate.

5.4.3. Data subjects are entitled to appeal against the Trust processing their data in accordance with Section 10 of the GDPR.

5.4.4. Such appeals must be addressed to the Patient Experience Team. This will then be heard by the Caldicott Guardian, Medical Director or deputy, Chair or Vice-Chair of the HMG, Security Manager, and an operations manager (8a or above).

5.5. **Legal Compliance**

5.5.1. The history marking policy and supporting procedure ensure the Trust meets its duty of care to its staff and patients, and complies with statutory requirements, particularly in relation to the Data Protection Act 2018 and Health and Safety at Work Act 1974, and conforms to best practice and national guidelines.

6 **Responsibilities**

6.1. The **Chief Executive Officer** is the overarching Executive Lead for History Marking.

6.2. The **HMG Chair** is responsible for managing the History Marking Policy and History Marking Procedure.

6.3. The **HMG** is responsible for implementing the History Marking policy.

- 6.4. The **EOC Information Team** is responsible for maintaining the History Marking data on the CAD.
- 6.5. **Relevant Trust Managers** are responsible for ensuring that Emergency Operations Centre (EOC) and staff who provide direct patient care are familiar with this policy and associated procedure.
- 6.6. **All staff** must adhere to the History Marking Policy and History Marking Procedure.

7 Competence

- 7.1. All operational staff with direct patient contact receive conflict resolution.
- 7.2. The HMG comprises a diverse range of knowledge & skills required to ensure that decision making meets the Trust's legal, accountable, proportionate, necessary and ethical requirements and principles.

8 Monitoring

- 8.1. The HMG is responsible for monitoring the implementation of this policy. This will be achieved through identifying themes and trends at its monthly meetings, offering support and feedback to staff and escalating concerns and risks as required.

9 Audit and Review

- 9.1. The policy will be reviewed by the HMG at least every three years, or sooner if required as a result of learning from adverse incidents or changes in legislation, national standards or working practices.

12 References

Health and Safety at Work Act 1974, HMSO

Data Protection Act 2018, HMSO

Human Rights Act 1998, HMSO

SI 2000 No. 413 'The Data Protection (Subject Access Modification) (Health) Order 2000, HMSO

SI 2005 No.467 'The Data Protection (Subject Access Modification) (Social Work) Amendment) Order 2005, HMSO

Data Protection Good Practice Note: The use of violent warning markers, Information Commissioner, December 2006

Procedures for placing a risk of violence marker on electronic and paper records, NHS Security Management Service -- April 2010