

Integrated Urgent Care Professional Line Call Handler  
Audit Framework

<b>Version:</b>	<b>Owner:</b>	<b>Created:</b>
3.1	Sarah Eaton	Nov 2015
<b>Published:</b>	<b>Approving Manager:</b>	<b>Next Review</b>
12.02.2024	Lucy Grinnell	23.05.2024

### Introduction

The Professional Line enables community clinicians to access SevernSide Integrated Urgent Care services 24/7, via the Weekday Professional Line between the hours of 08.00-18.30 Monday-Friday, and the Out of Hours service at all other times.

Audits will be performed to ensure that we are ensuring a high level of Quality Care and Patient Care on every call coming into the Professional Line, with accurate data being collected and the appropriate action being taken by the Call Handler. We aim to answer every call with the utmost professionalism and customer service, leaving the caller confident with the service they have received.

Call Handlers will be audited monthly, with up to two calls being checked for each Call Handler. Months will alternate between incoming call audits and outgoing 'Safety call' audits. Call Handlers will be audited against 8 criteria, and will come out with an overall percentage score for each call which will demonstrate their performance level.

### Call Auditing Process

#### Call Selection

Incoming calls to be audited will be selected using the QR04 Sample Call Handlers report within Adatastra. The number of calls to be reviewed is 30% of all Professional Line calls within the month in question, and any Call Handler with more than two calls audited.

Outgoing calls to be audited will be selected by using the IUC advice exception report spreadsheet. The information analyst will add comments to each breached call to inform if it has been safety called and who is completing the call. This will then be filtered to each caller and calls will be selected at random. Each caller with more than two safety calls will be audited.

Calls will be accessed using the RecordX system, no calls will be downloaded or stored.

#### Individual Review

All call-taking staff (including Workflow and Capacity Coordinators and Shift Managers) will be routinely audited monthly. The Lead Call Auditor (LCA) will review a minimum of one call per Call Handler initially, with the possibility of the volume of calls reviewed increasing depending on the initial audit result. If a Call Handler achieves less than 100% on the initial audited call, another call will be audited. Each month, the LCA will communicate the results of each staff member's Call Audit with the staff member via email, copying in their Line Manager for information. New Call Handlers within their first month of working with SevernSide will have 4 of their calls audited.

### Audit Criteria – Incoming calls

Call Handlers will be scored against 8 criteria, outlined below.

#### Greeting (2 points maximum)

The Call Handler should politely greet the caller, introducing themselves using their name and the company name.

### Taking Demographics (4 points maximum)

The Call Handler should ask the caller for the following demographic details:

- Caller's contact number and name
- Patient's full name
- DOB
- NHS number
- Home address and current location
- GP Practice
- Patient's telephone number

The Call Handler **must** take the caller's contact number first before any other demographic detail, in order to allow us to reconnect with the caller should we lose the call.

The Call Handler should ask the caller for all demographic details, rather than reading what is already recorded on the system (eg. "What is their home address?" rather than "Do they still live on Hawkfield Way?")

### Caller Details (4 points maximum)

As well as their contact number, the Call Handler should take and record the caller's name, and if appropriate, their job title (eg. if caller is from a Nursing Home, Call Handler should record if they are a Nurse, carer, etc). The Call Handler should select the correct Relationship to Caller and assign the case the appropriate priority.

### Verifying Details (4 points maximum)

The Call Handler should double-check details given to verify accuracy. Phone numbers should be read back to the caller to confirm they are correct, and the Call Handler should always check and record the patient's current location. If the patient is not currently at home, their home address and current location should both be recorded on the case. Where a patient is in a Nursing/Residential Home or Hospital, the Call Handler should check if the patient is a permanent resident and if not, record the home address as well as the current location address. The Call Handler should validate the demographic details against those held on the NHS Spine, via the 'Lookup' function in Adastra.

### Recording Symptoms and Information (4 points maximum)

The Call Handler should record appropriate information which will assist the clinician making the callback. The Call Handler should ask for all relevant information depending on the type of call – eg. if caller is Paramedic on Scene, Call Handler should ask for CAD number, Obs, NEWS, EMIS permission. The Call Handler should ask if there is a Respect form in place for the patient **on all calls**. The Call Handler should ask questions if more detail is needed.

### Phone Manner (2 points maximum)

The Call Handler should represent SevernSide with professionalism and have a polite and pleasant phone manner. The Call Handler should build rapport with the caller.

### Next Steps (2 points maximum)

The Call Handler should clearly explain to the caller the process of what will happen next, including appropriate discussion of timeframes.

Confidence (2 points maximum)

The Call Handler should handle the call confidently, leaving the caller satisfied with the management of the call.

### Audit Criteria – Outgoing calls

Callers will be scored against 8 criteria, outlined below.

Greeting

Greets caller by stating their name, service name and clarifying their role. Checks who they are speaking with.

Reason for call

Apologises for the wait the patient has had and sets patients expectations.

Patient safety

Checks how the patient is feeling and if their symptoms have worsened or improved.

Time

Takes the appropriate amount of time to allow the patient to feel listened to and confident we know how they are feeling.

Documents changes

Clearly documents any the changes to the patient's symptoms, giving the clinical team a clear picture of the patient's situation. Asks and documents if the patient gives consent to access Emis.

Phone Manner

Caller is polite and professional, builds rapport with patient.

Next Steps

Caller clearly explains process of what will happen next and gives clear worsening advice to call back to 111 if needed.

Confidence

Caller handles call confidently, leaving patient satisfied that they will receive a call back.

### Scoring

The various criteria have different weightings, with some being worth a maximum of 2 points, and others 4. Criteria worth 2 points can be scored at either 2, 1 or 0, and criteria worth 4 points are scored at 4, 2 or 0. Overall points are totalled and a percentage score assigned.

The overall scores are colour-coded as follows:

<b>100%</b>	Call Handler displaying exemplary performance
-------------	---

<b>95-99.9%</b>	Call Handler displaying good performance
<b>80-94.9%</b>	Call Handler needs to work on weaker areas
<b>&lt;80%</b>	If Call Handler is red on one call, Line Manager/ LCA to keep a close eye on subsequent call audits. If repeated, Call Handler requires follow up from Line Manager and plan to improve performance

## Feedback

Call Handlers will receive feedback on their audits monthly via email. This email will contain the overall score gained for each call, the average score of the individual's audited calls for the month as well as the average score for the month across all Call Handlers. There is also a 'comments' column where specific feedback can be addressed. The Line Manager of each Call Handler (where this is not the LCA) will be copied in to the feedback email so that they can keep track of their team member's progress and can address feedback with them.

## Roles and Responsibilities

<b>ROLE</b>	<b>NAME</b>	<b>RESPONSIBILITY</b>
Lead Call Auditor	Sarah Eaton	<p>To carry out Call Audits for all staff taking calls via the Professional Line</p> <p>To maintain database and collate the results of each audit</p> <p>To attend monthly QPR Meeting and report on Call Handling performance</p> <p>To provide feedback to members of team and arrange training if necessary</p>
Team Manager	Assigned	<p>To assist in further training of Call Handlers causing concern. To occasionally assist the Lead Call Auditor with the Auditing process</p>

People Partner	Sarah Aubertin	To support in the Formal Performance Management process.
----------------	----------------	--

### Change Table

Date	Version	Author	Change details
20.07.2021	2.0	Hollie Gage	Re-write of full Framework, bringing it up to date with updated criteria and process
24/05/2023	3.0	Hollie Gage	Re-write of full Framework, bringing it up to date with updated process and combining with safety call audit framework to create one document
12.02.2024	3.1	Lucy Grinnell	Addition of new version table at the beginning, Sop title and version number in header, and change table.