SevernSide
Integrated Urgent Care

Call Handler Audit Framework

Version:	Owner:	Created:
3.5	Sarah Eaton	Nov 2015
Published:	**Approving Manager:**	**Next Review**
08/12/2025	Lucy Grinnell	29.09.2025

Contents

SevernSide
Integrated Urgent Care

Introduction

Within SevernSide, Call handlers play an integral role in enabling community clinicians to access SevernSide Urgent Care services through incoming service lines. In addition, call handlers support SevernSide patient safety measures, by making outgoing calls to patients (safety call) where required.

Full details of all professional line callers and the safety calling process can be found within the call handling handbook on Radar: Call Handler Handbook – Radar (radar-brisdoc.co.uk)

To ensure that we are delivering high levels of patient care and quality care, audits will be performed on all operational call handling roles. The aim of these audits is to ensure that every call coming into the service:

- is answered with professionalism, with the caller experiencing high levels of customer service
- has accurate data added to each case and excellent record keeping
- is assigned the correct case type and call back time
- leaves the caller feeling confident with the service provided

Call Auditing Process

All call-taking staff (including Workflow and Capacity Coordinators and Shift Managers) will be routinely audited monthly.

Audits will be actioned each month by the Lead Call Auditor (LCA) and follow a quarterly rotation to cover all service areas and outgoing safety calling, this rotation is outlined below. The Call Handlers are audited against 8 criteria that equates to an overall percentage score for each call which will demonstrate their performance level.

A minimum of two calls will be audited and their average performance score, along with any feedback will be shared with the call handler and their line manager (Where this is not the LCA).

All new Call Handlers within their first six months of working with SevernSide will have 5 of their calls audited.

Calls to be Audited

Calls to be audited will be actioned each month in the following quarterly rotation:

- Weekday Professional Line Calls -incoming
- Out Of Hours Calls – incoming
- Safety Calls -outbound

Wherever possible a variation of call types will be listened to for incoming calls

Audits should be actioned by the LCA to ensure that they completed by the SDT monthly Quality and Performance Review (QPR) held on the 3rd week of each month.

Call Selection

Incoming calls to be audited will be selected using either by logging into the call recorder and selecting two random received calls to the call handler's extension.

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 can 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 appropriate call recording platform, no calls will be downloaded or stored.

Audit Criteria – Incoming calls

Call Handlers will be scored against 11 criteria totalling 25 points:

Greeting (2 points maximum)

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

Taking Demographics (3 points maximum)

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, reading back the number given (1 point)

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

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

The Call Handler should ask the caller for all demographic details, rather than reading what is already recorded on the system (e.g. "What is their home address?" rather than "Do they still live on Hawkfield Way?"). Any information given should be double checked by the call handler. (2 Points)

Verifying Details (6 points maximum)

In addition to checking all information as given, the Call Handler should

- Match the demographic details against those held on the NHS Spine (4 point)
- 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. (2 Points)

Caller Details (2 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 (e.g. 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.

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, the required information for each caller is listed within the call handling handbook on Radar. The Call Handler should also ask questions if more detail is needed.

Phone Manner (6 points maximum)

The Call Handler should represent SevernSide with professionalism and have a polite, pleasant and empathetic phone manner. The Call Handler should build rapport with the caller, demonstrate active listening and handle the call confidently, leaving the caller satisfied with the management of the call. (4 Points)

The Call Handler processes the call in an appropriate time frame that fits in with the needs of the call. (2 Points)

Next Steps (3 points maximum)

The Call Handler should clearly explain to the caller the process of what will happen next, including appropriate discussion of timeframes. (2 Points)

Call Handler adds the case with the appropriate priority (1 Points)

Audit Criteria – Outgoing calls

Callers will be scored against 8 criteria, outlined below.

Greeting (2 points maximum)

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

Reason for call (4 points maximum)

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

Patient safety (4 points maximum)

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

Time (2 points maximum)

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

Documents changes (4 points maximum)

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 (2 points maximum)

Caller is polite and professional, builds rapport with patient.

Next Steps (4 points maximum)

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

Confidence (2 points maximum)

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 1 point, and others 2 and 4. Criteria worth 1 point can be scored at 1 or 0, criteria worth 2 points can be scored at either 2, 1 or 0, and criteria worth 4 points are scored at 4, 3, 2, 1 or 0. Overall points are totalled and a percentage score assigned.

The call audit target performance is 95% or above.

The overall scores are colour-coded as follows:

Status	Description	Audit Requirements
100%	Call Handler displaying exemplary performance, demonstrating excellent knowledge and patient care	2 cases to be routinely reviewed as per schedule by LCA
Green 95-99.9%	Full achievement – Call Handler has demonstrated excellent knowledge and patient care	2 cases to be routinely reviewed as per schedule by LCA
Amber 80-94.9%	Partial achievement – improvement is required	LA to advise line manager. Following month – 5 cases to be reviewed by line manager until individual achieves green performance. Three months of consecutive amber performance will see the individual move to red performance actions.
Red Under 80%	Call Handler is not meeting required standards in the role and needs to show significant improvement.	LCA to advise line manager for immediate performance review within 5 working days.
Purple	New Starters in probation (or in first 6 months of role)	5 Cases to be listened to

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 for the month across all Call Handlers as group and the required audit target performance of 95% or above. 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 any feedback, development or performance areas with them.

Amber Audit Scores

As outlined, the line manager of each call handler will be copied into the email informing them of their audit performance. Any call handlers who score 80-94.9% (Amber) will be given specific feedback detailing areas for immediate improvement.

Following an amber audit, subsequent audit(s) should be increased to 5 cases until the individual achieves green audit status.

Should the call handler have two consecutive* amber audits, this will be managed in line with a red audit outcomes.

*Audits that follow each other consecutively in calendar months or the same audit type that scored below 95% in the previous rotation.

Red Audit Scores

Call Handlers who receive a red audit (below 80%) will be immediately flagged to their line manager by the LCA, who will manage this in line with a performance management plan.

The line manager should meet face to face with the call handler within 5 working days. This meeting should ensure that the call handler is aware of the immediate improvement required, arranging the required training or support within a detailed action plan.

As part of this plan, and depending on the reasons for the red audit, the line manager may consider it unsafe for the call handler to remain working independently on shifts, in this case they should be buddied up or put into training hubs.

Within the first week of this meeting, or after the call handlers next shift, whichever is sooner, the line manager should also review the call handler's performance by listening to 5 calls.

Reviews should then continue weekly, until the call handler achieves the call audit target performance of 95%.

The LCA should be copied into all reviews actioned by the line manager.

Any call handlers who do not show an improvement in performance and meet the required standards of call handling, will continue to be managed in line with the BrisDoc performance policy.

Purple Audit Scores

For all new call handlers (or those new to the call handling role) who are awaiting competency sign off, but are in supported shifts, will have 5 calls audited. These audits should be used to assess any learning and training requirements and should happen on a regular basis rather than just monthly for assurance.

All Audits should be feedback to the call handler, copying their line manager, with very clear feedback if they have not achieved the required 95%. The call handlers line manager should then contact them, if required, to offer additional support or training.

It is expected that all audits within this pre-competency sign off period, may not initially meet the required performance, however the call handler will not achieve competency sign off until their audits are within the target performance range.

The line manager may consider an extension, or termination of employment, in line with our probationary processes, if concerns over call performance are identified and not resolved.

Audit Reporting

The overall audit score performance should be reported at QPR and should include any common themes are learning areas and any call handlers that are on a red or amber review.

Roles and Responsibilities

ROLE	NAME	RESPONSIBILITY
Lead Call Auditor	Team Manager – Call Handler Lead	To carry out Call Audits for all staff taking calls. To maintain database and collate the results of each audit To attend monthly QPR Meeting and report on Call Handling performance To provide feedback to members of team and arrange training if necessary.
Team Manager	Assigned	To assist in further training of Call Handlers causing concern. To occasionally assist the Lead Call Auditor with the Auditing process
People Partner	Assigned	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.
25.06.2024	3.2	Sarah Eaton	Addition of target performance under performance table and inclusion of requirement to feedback to all line managers and Co-owners when sending feedback Page 5
14.08.2024	3.3	Sarah Eaton	Change to audit process to include rotation of call audits, quarterly Weekday Professional line Out of Hours Calls Safety Calling Also change to number of audits per call handler to be changed from 1 to 2 Changed name of LCA from Sarah Eaton to TM
13.09.2024	3.4	Sarah Eaton	Update to introduction page (Page 3) Call Selection process updated to include selection via call recorder log and handler extension. (Page 4) Audit feedback section clarified (Page 6) Addition of escalation measures around Amber and red Audits (Page 7)
02/09/2025	3.5	Sarah Eaton	Full Review if documentation and current audit process to include a revised audit criteria and scoring for call audits.