



# Call Handler Audit Framework

| Version:   | Owner:             | Created:    |
|------------|--------------------|-------------|
| 3.5        | Sarah Eaton        | Nov 2015    |
| Published: | Approving Manager: | Next Review |
| 04/08/2025 | Lucy Grinnell      | 04/08/2026  |

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## 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 \(radar-brisdoc.co.uk\)](https://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 month of working with SevernSide will have 5 of their calls audited.

## Calls to be Audited

Calls to be audited will be actioned 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*

## Call Selection

Incoming calls to be audited will be selected by performing an advanced search in CLEO by call handler, this search will find all entered cases.

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

## 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
- 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 (e.g. "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,
- Call Handlers 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.  
Or, 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,.

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 – e.g. 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 |

**The call audit target performance is 95% or above.**

## 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.

Should the call handler have two consecutive\* amber audits, this will be flagged by the LCA to the individuals line manager who will contact the call handler to ensure that they are aware of any required actions and to offer any additional training, support or coaching.

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

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

### **Red Audit Scores**

Call Handlers who receive a red audit (below 80%) will be immediately flagged to their line manager by the LCA. The line manager should contact the call handler to ensure they are aware of the immediate improvements required and to arrange any additional training, support or coaching.

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

## **Roles and Responsibilities**

| <b>ROLE</b>       | <b>NAME</b>                      | <b>RESPONSIBILITY</b>   |
|-------------------|----------------------------------|---|
| Lead Call Auditor | Team Manager – Call Handler Lead | <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                         | To assist in further training of Call Handlers causing concern. To occasionally assist the Lead Call Auditor with the Auditing process  |
| 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.  |
| 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<br>Weekday Professional line<br>Out of Hours Calls<br>Safety Calling<br>Also change to number of audits per call handler to be changed from 1 to 2<br>Changed name of LCA from Sarah Eaton to TM |
| 13.09.2024 | 3.4     | Sarah Eaton   | Update to introduction page (Page 3)<br>Call Selection process updated to include selection via call recorder log and handler extension. (Page 4)<br>Audit feedback section clarified (Page 6)<br>Addition of escalation measures around Amber and red Audits (Page 7) |
| 07.07.2025 | 3.5     | Sarah Eaton   | Cleo update  |