



Mental Health CAS Call Audit Framework

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Introduction

The Integrated Access Partnership enables patients in crisis and emergency service professionals on scene with patients, access to Mental health professional support and advice.

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 Auditing Process

All call-taking staff including shift managers will be routinely audited monthly and managed in line with audit requirements actions.

New starters who are working supported on shift, but not yet signed off regarding competencies, will be audited but will be managed as part of the probation process rather than audit requirement actions. New starters will have 5 of their calls audited.

The Lead Call Auditor (LCA) will review a minimum of two calls per Call Handler and communicate the results of each staff member's Call Audit with the staff member via email, copying in their Line Manager for information.

The calls to be audited will be incoming calls. They will be selected at random but wherever possible a variety of patient/3rd party and professional calls will be listened to.

Call Selection

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

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 6 criteria, outlined below. Full information can be found in the accompanying IAP Call Audit Master excel document.

Greeting

The Call Handler should politely greet the caller, introducing themselves using their name and the company name in line with the call handling script.

Taking Demographics

The Call Handler should ask the caller for the demographics as set out on the call handler script.

The Call Handler must take the caller's contact number, reading it back, 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?")

Patient details must be matched to the Spine.

Verifying Details

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. Relationship to caller must be recorded.

Recording Symptoms and Information

The Call Handler should record appropriate information depending on who is calling. The Call Handler should ask for all relevant information depending on the type of call as per the relevant call script. The Call Handler should ask questions if more detail is needed. The call handler must record whether the call is from the BNSSG or BSW commissioned area.

Phone Manner

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 demonstrating active listening. The call length should be reflective of the needs of the call, and remain bounded in terms of information gathering.

Next Steps

The Call Handler should clearly explain to the caller the process of what will happen next, including appropriate discussion of timeframes, and ensure the CLEO case is added with appropriate priority based on caller

Scoring

The various criteria have different weightings, depending on the importance of those criteria. Overall points are totalled and a percentage score assigned.

The overall scores are colour-coded as follows:

Status	Description	Audit Requirements
Red Under 80%	Call Handler is not meeting required standards in the role and needs to show significant improvement.	<p>1 - Line Manager to follow up with the individual within one week and agree support/immediate remedial actions and plan.</p> <p>2 - If improvement is not achieved manage in line with performance manager policy including Performance Management Plan</p>
Amber 80 – 95%	Partial achievement – improvement is required	<p>First Amber audit – Feedback with Line Manager copied - with learning highlighted</p> <p>Two consecutive Ambers</p> <p>OR</p> <p>Three in rolling 12 months (monthly audits)</p> <p>1 - Lead Auditor to feedback result to individual and Line Manager</p> <p>2 - Line Manager to follow up with the individual within two weeks and agree a plan for support/improvement</p> <p>3 – a minimum 5 calls to be audited for next audit Three months of consecutive amber performance will see the individual move to red performance actions.</p>
Green 95% upwards	Full achievement – Call Handler has demonstrated excellent knowledge and patient care	2 cases to be routinely reviewed as per schedule by Lead Auditor
Purple	New Call Handler following completion of training in first month of working for the service	5 cases of first solo shifts 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 feedback with them.

Audit Reporting

The overall audit score performance should be reported at the Severnside Ops Quality and Performance Review (QPR) meeting 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	<p>To carry out call audits for all Mental Health CAS call handlers.</p> <p>To maintain database and collate the results of each audit</p> <p>To attend monthly QPR Meeting and report on Mental Health CAS 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.</p> <p>To assist the Lead Call Auditor with the auditing process with new starters and those requiring improvement</p>
People Team	People Team Advisor/business Partner	To support in the Formal Performance Management process.

Change Table

Date	Version	Author	Change details
05/09/2024	DRAFT	Aimee Henley	Document created
31.10.2024	1	Aimee Henley	Document published
13.02.2025	1.1	Nat Ryan	Update based on revised criteria, updated next steps and inclusion of time frames for Team Manager
19.02.2026	1.2	Nat Ryan	Full review Updates to performance actions