



# EOC Practice Development Team Annual Report 2023/24

Aspiring to be ***better today***  
and even ***better tomorrow***

# Contents

Executive Summary .....	3
Introduction .....	3
EOC Practice Development Audit .....	3
EOC Audit Requirements .....	4
a) Emergency Medical Advisor (EMA) NHSP Audits .....	4
b) EMA Live NHSP Audits .....	4
c) Clinical NHSP .....	4
d) In-line Support .....	4
e) Clinical Welfare .....	5
Overall Activity .....	5
Non-Clinical Audit Performance .....	5
NHSP Retrospective Non-Clinical Audits Completed .....	5
NHSP Retrospective Non-Clinical Audits Compliant .....	6
NHSP Retrospective Non-Clinical Audits with Feedback .....	6
NHSP Live Non-Clinical Audits Completed .....	7
NHSP Live Non-Clinical Audits Compliant .....	7
NHSP Live Non-Clinical Audits with Feedback .....	8
NHSP Clinical Audit Performance .....	8
NHSP Retrospective Clinical Audits Completed .....	8
NHSP Retrospective Clinical Audits Compliant .....	9
NHSP Retrospective Clinical Audits with Feedback .....	9
Clinical Inline Support (ILS) Audit Graphs .....	10
NHSP Clinical Inline Support Audits Completed .....	10
NHSP Clinical Inline Support Audits Compliant .....	10
NHSP Clinical Inline Support Audits with Feedback .....	11
EOC Trend Reports .....	11
Trend Reports .....	11
Abdominal Pain Calls (Non-clinical audit trend report) .....	12
RTC & RTC Rollover Calls (Non-clinical audit trend report) .....	12
Falls Non-Injury / Trauma Falls Calls (Non-clinical audit trend report) .....	13
Cardiac Arrest (Non-clinical audit trend report) .....	13
Back Pain Calls (Clinical audit trend report) .....	14
Hear & Treat / C3 Validation (Clinical audit trend report) .....	15
Falls (Injury & Non-Injury) Calls (Clinical audit trend report) .....	15
Trend Reports Learning and Action Plans .....	16
Levelling .....	18
Cardiac Arrest .....	18
Service Improvement Activity .....	19
Staff Engagement .....	20
Staff Survey .....	21
Next Steps .....	21
Appendix A – Abbreviations .....	22

# Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing outstanding clinical care that delivers the best possible patient outcomes. This report presents an overview of the Emergency Operations Centre (EOC) Practice Development team activities between 01 April 2023 and 31 March 2024. It provides the Trust Board, staff, commissioners and most importantly the public with an overview of the safety and effectiveness of clinical care.

The EOC Practice Development team is committed to raising the profile of EOC audit within the Trust and is dedicated in its aim that the annual EOC Practice Development Plan should be a valuable resource in the Trust's aim to improve patient outcomes and experience.

EOC Practice Development forms an integral part of the clinical governance framework, through which the Trust is accountable for continually improving the quality of the services and safeguarding high standards of care, by creating an environment in which clinical care excellence will flourish.

## Introduction

### EOC Practice Development Audit

EOC Practice Development (EOC Audit) is a quality improvement process which seeks to improve patient care using NHS Pathways (NHSP) to measure against specific indicators and enhance the implementation of any necessary change.

The EOC Practice Development Department was established in January 2020. Prior to this NHSP and Manchester Triage System (MTS – no longer in use in the service) audit completion compliance was not being achieved, staff were receiving limited non-compliant audit feedback, the Trust was not learning from this practice, and improvements in performance were limited. Since then, the focus has been:

- a) to increase EOC audit completion and audit feedback for both clinical and non-clinical audits
- b) to implement a service improvement plan comprising new trend audits
- c) in conjunction with the EOC training team, to identify persistently low marking indicators for inclusion in the annual key skills programme for localised training and development.

Full recruitment into the new team completed by October 2021. The department consists of two EOC Practice Development Managers (one managing the team in the East EOC and one managing those in the West EOC); four EOC Clinical Practice Developers and nine Practice Developers filling eight WTE positions; supported by an Audit Data Analyst responsible for admin', project and data management/reporting; and an Audit Coordinator who undertakes SMP (Surge Management Plan) No-Send and Clinical Tail audits.

The 2023/24 EOC Practice Development Annual Plan included continuing with NHSP auditing, audit feedback, Live Audit for non-clinical staff, in-day auditing for clinical staff, regular trend audit development and reporting, and ensuring all audit staff are involved in continuing professional development (CPD) via regular in-house and NHSP levelling sessions.

## **EOC Audit Requirements**

The NHSP audit requirements are:

- Tier 1: Five audits are required for colleagues who have been with the Trust for less than six months or have two or more non-compliant audits within the last month.
- Tier 2: Three audits are required for colleagues who have been with the Trust for over six months and have continuous compliant audits.

The NHSP audit requirements are 100% completion.

The EOC Practice Development Team undertake the following types of audits:

### **a) Emergency Medical Advisor (EMA) NHSP Audits**

These follow the national NHSP auditing framework and are completed retrospectively after the call has been taken by the EMA. One audit is completed per staff member per month. Additional audits including Marval requests for investigative purposes (incidents, serious incidents, safeguarding, coroners' reviews etc) are also completed as retrospective audits and are included in the monthly completion figures. The audits are completed in month, however Marval requests are received some weeks later resulting in some colleagues receiving more than one retrospective audit, and the overall monthly completion rate showing as greater than 100%. Feedback is provided by email for compliant audits. Non-compliant audits are fed back by the auditor via email if it is low risk, and face to face if it is high risk.

### **b) EMA Live NHSP Audits**

The majority of EMA Live NHSP audits are now completed Live (in real time). An auditor silently monitors a call being taken by an EMA and views/audits the call as it is being completed. Feedback is provided face to face immediately after the call. In-day auditing is where the call is audited on the same day but not as a live audit.

### **c) Clinical NHSP**

Currently all Clinical NHSP audits (clinician led calls) are completed retrospectively (including request audits for investigations). As per EMA audits, these are completed in month with feedback provided by the auditor and are included in the monthly completion figures. Where possible audits are completed on the same day as the call is taken for real time feedback.

### **d) In-line Support**

These audits commenced in May 2021 to ensure the advice given to EOC staff colleagues is correct, relevant, timely and following procedure. Currently only Clinical In-line Support is

audited, with a plan to introduce Operational In-line Support audits during 2024/25. Initially comprising one audit per staff member per month, this has since increased to three audits per staff member per month to provide more robust assurance. These audits are completed retrospectively.

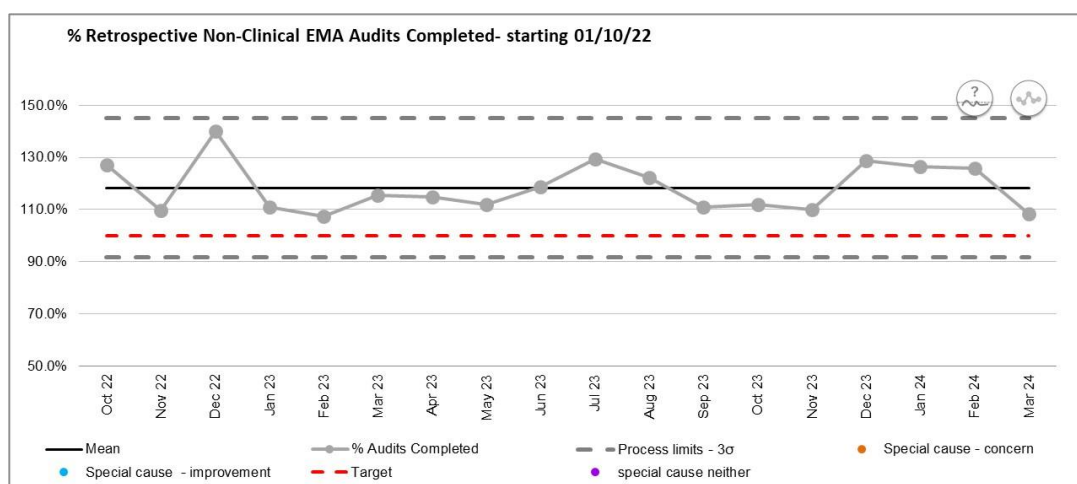
## e) Clinical Welfare

A small number of EOC colleagues were tasked to undertake welfare calls to patients waiting for an ambulance. These audits are to ensure the correct process is followed and the patient is managed safely. These are completed retrospectively using the same requirement as NHSP audits.

# Overall Activity

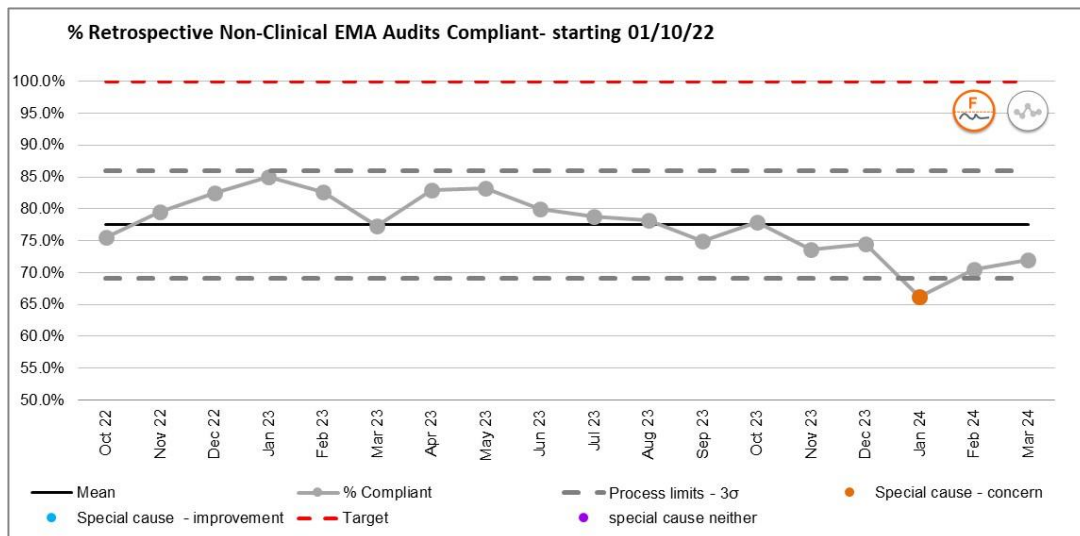
## Non-Clinical Audit Performance

### NHSP Retrospective Non-Clinical Audits Completed



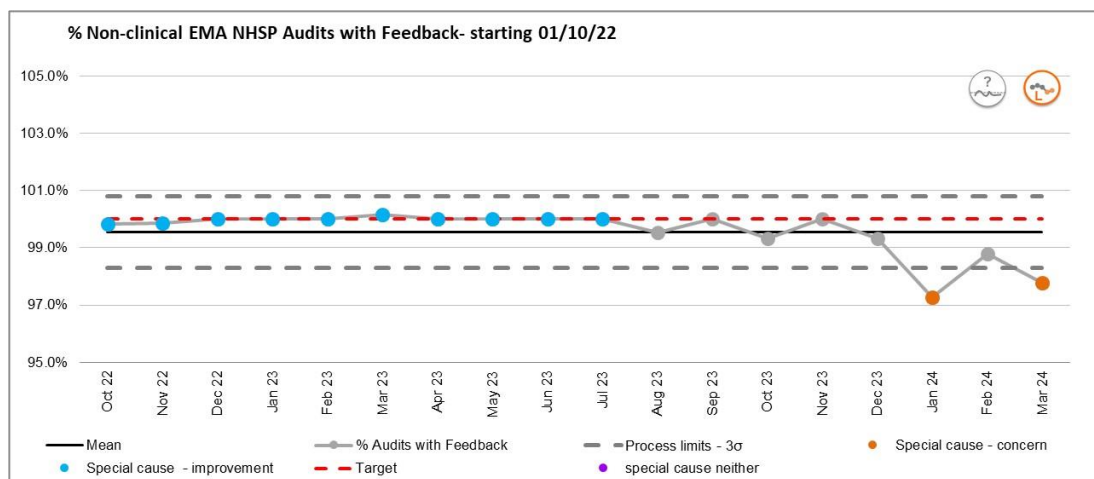
The above SPC chart shows the total audits completed for EMA's using the NHSP retrospective audit form. This form is a coaching tool and is more in depth than the Live Audit tool. Every EMA has at least one retrospective audit per month in addition to their Live Audits. Any additional investigation audits required (Marval requests) are also completed using retrospective audit. The SPC chart shows common cause variation with no significant change. Variation indicates inconsistently hitting, passing and falling short of the target since the target lies within the process limits.

## NHSP Retrospective Non-Clinical Audits Compliant



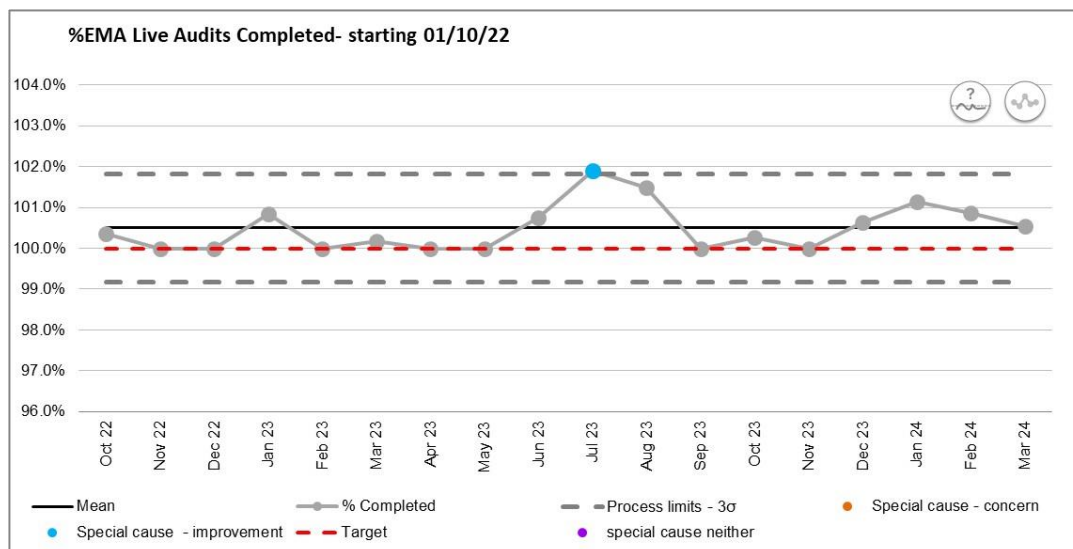
All NHSP audits are marked out of 100%. A compliant audit is an audit which is marked above 85%. The above SPC chart indicates the percentage of retrospective audits which were compliant for each month. The chart shows common cause variation and a declining compliancy performance noted since May 2023. Further analysis has been undertaken to understand this deterioration in more detail and an independent investigation review is commencing during May 2024.

## NHSP Retrospective Non-Clinical Audits with Feedback



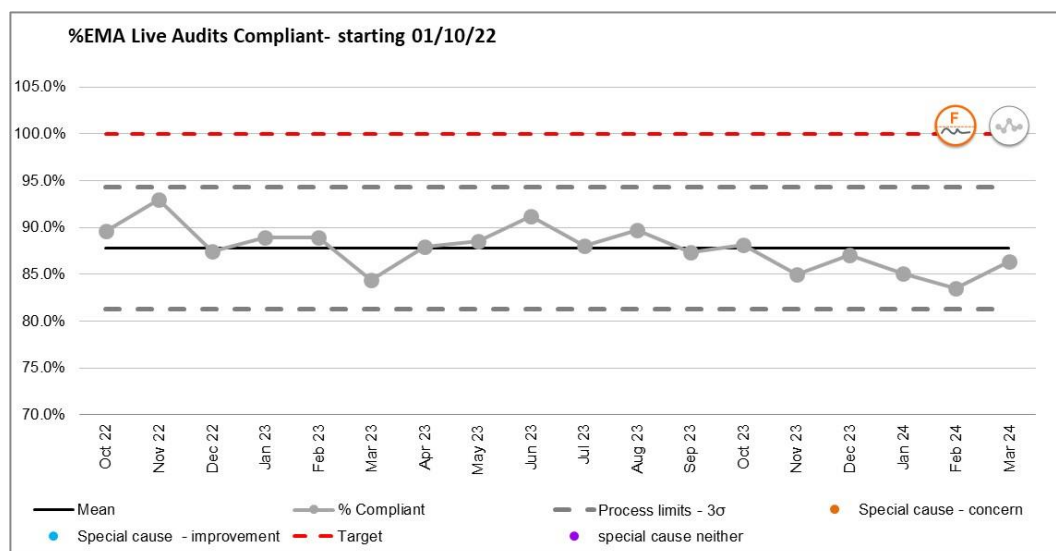
All audits are fed back to the EMA in a timely manner. The EMA Auditor's feedback compliant and non-compliant retrospective audits. Any developmental needs identified are discussed between the auditor and the EMATL. The SPC chart shows special cause with a reduction in feedback and variation (points in orange).

## NHSP Live Non-Clinical Audits Completed



Live Audit is a simpler audit tool than retrospective, which is more of a tick box exercise. This is completed in real time as the EMA takes the call and feedback is given face to face immediately after the call. This technique has been very successful for immediate feedback and coaching purposes as evidenced by the increase in EMA compliance rates. The SPC chart shows common cause variation with no significant change.

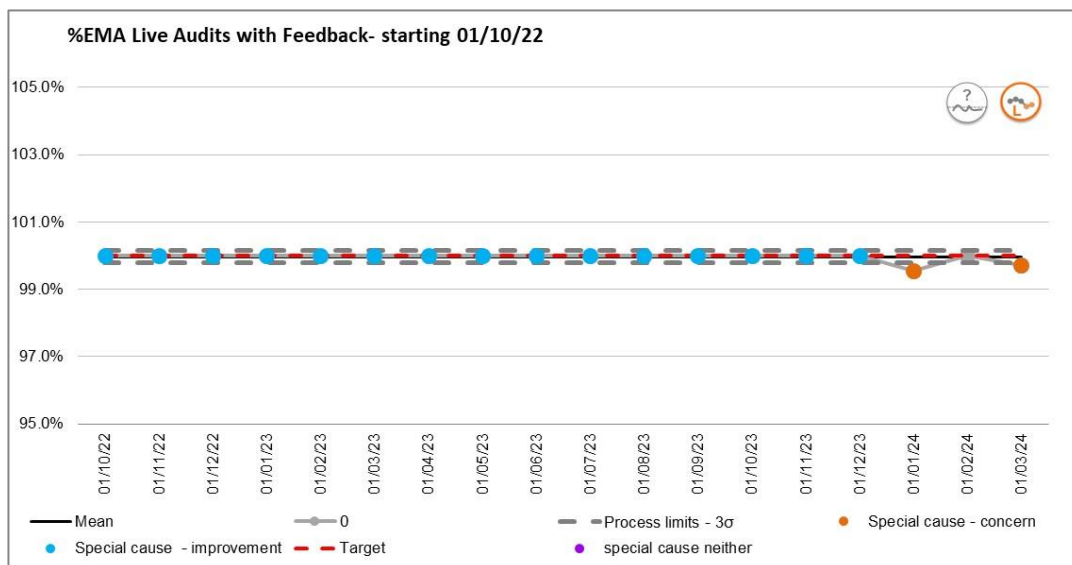
## NHSP Live Non-Clinical Audits Compliant



All NHSP audits are marked out of 100%. A compliant audit is an audit which is marked above 85%. The above graph shows the percentage of Live Audits which were compliant for each month. The SPC chart shows common cause variation with no significant change. Variation indicates consistently falling short of the target since the target lies above the process limits.



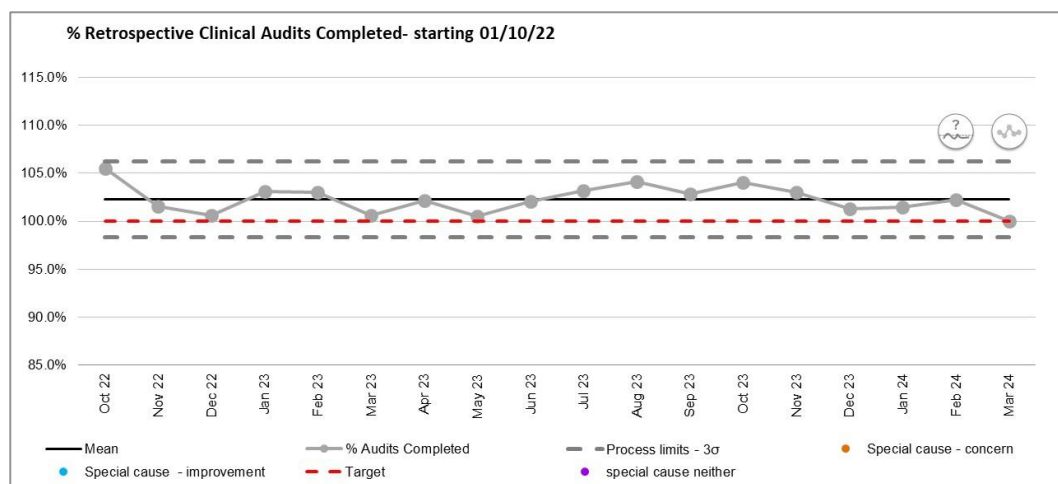
## NHSP Live Non-Clinical Audits with Feedback



Due to the nature of the audit being completed and fed back in real time (Live Audit as the call is being taken) we would always expect the above graph to be 100%. The EMA Auditor aims to feedback the audit immediately after the call was completed. In the rare case that a live audit is not fed back immediately after the call (usually because the EMA is at the end of their shift), feedback is done retrospectively. The SPC chart shows special cause with concerning variation (points in orange).

## NHSP Clinical Audit Performance

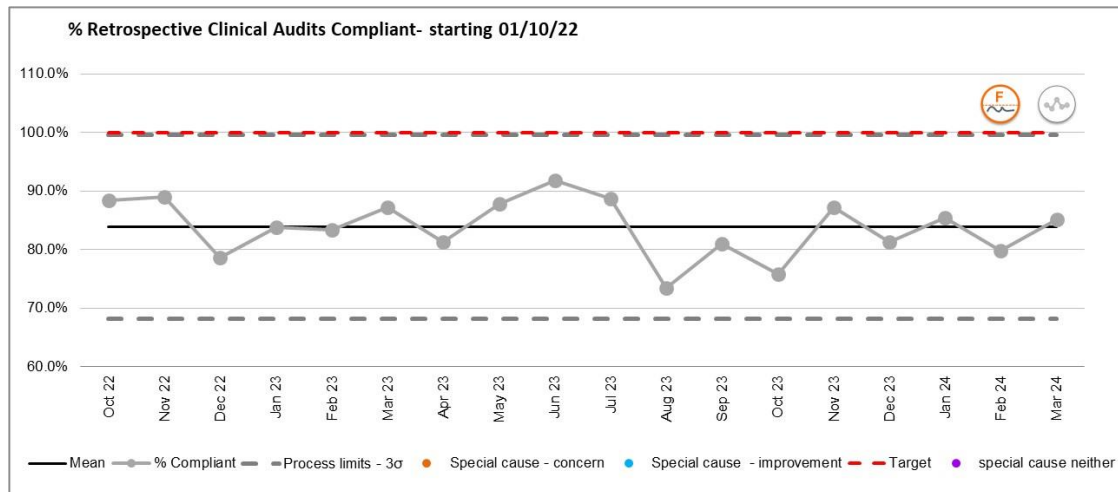
### NHSP Retrospective Clinical Audits Completed



The above SPC chart shows the total audits completed for EOC Clinical Supervisors using the NHSP retrospective audit form. This form is a coaching tool and more in depth than the Live Audit tool. Every clinician has either three or five retrospective audits per month dependant on their experience and audit history. Any additional investigation audits (Marval requests) are also completed using the NHSP retrospective audit. The chart highlights how the Clinical EOC Practice Development team are consistently completing all audit requirements every month with common cause variation within the process limits.

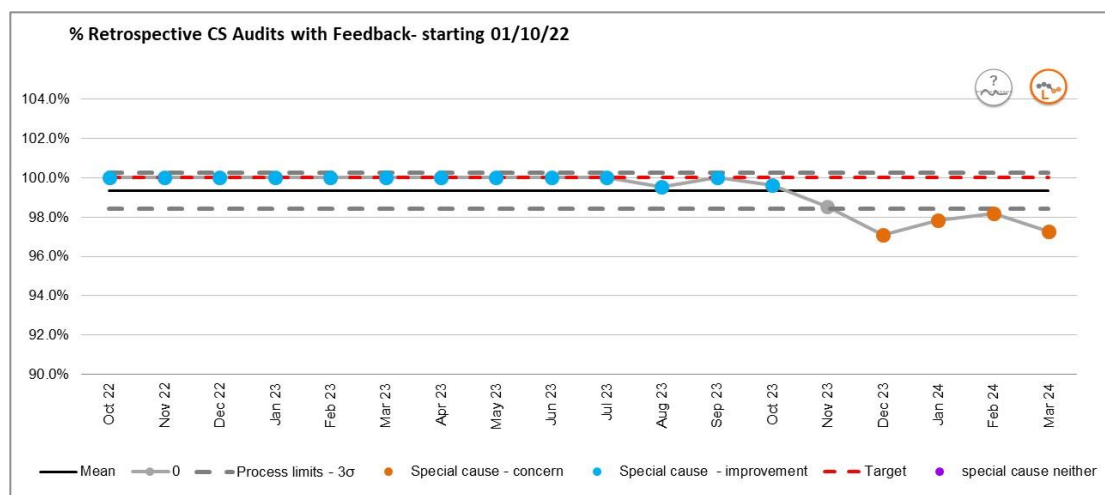


## NHSP Retrospective Clinical Audits Compliant



All NHSP audits are marked out of 100%. A compliant audit is an audit which is marked above 85%. The above SPC chart indicates the percentage of retrospective audits which were compliant for each month. Since the target lies above the upper process limit, this process is not capable and will consistently fail the target without process redesign. There is common cause variation with no significant change.

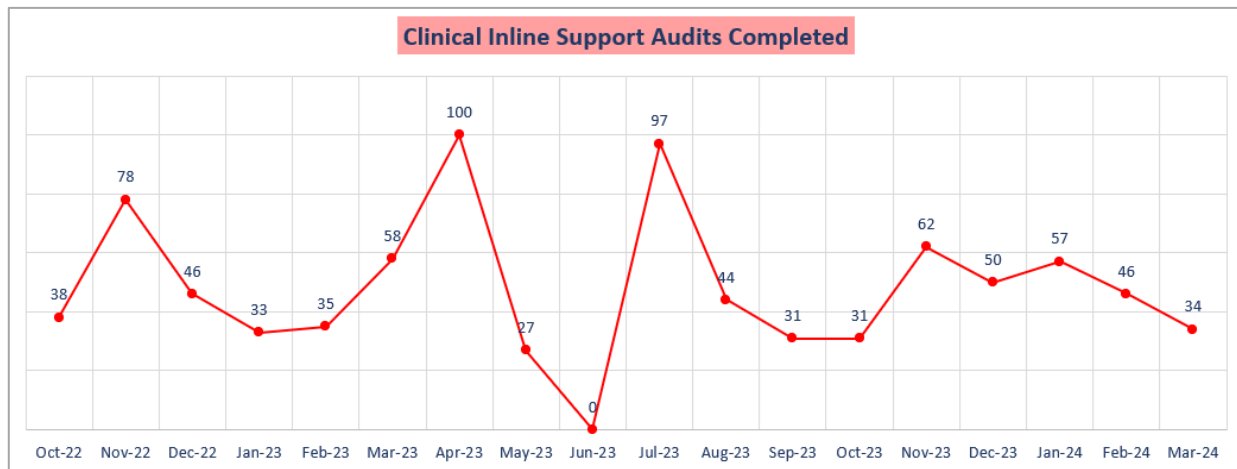
## NHSP Retrospective Clinical Audits with Feedback



Clinical Auditors' feedback both compliant and non-compliant audits to the Clinical Supervisors. The only exception would be if the auditor considered a call to be potentially dangerous and there was a possibility that the Clinical Supervisor would need to come off the phones for additional training/development. The Clinical Auditor would contact the Clinical Supervisor's manager (Clinical Safety Navigator) to raise the issues identified in the audit and they would feedback the audit and manage the situation accordingly. The SPC chart shows special cause with concerning variation (points in orange). Charts show this variation consistently every month due to the time it takes to feedback retrospective audits. This is why the highlighted months are the most recent. There is common cause variation with no significant change.

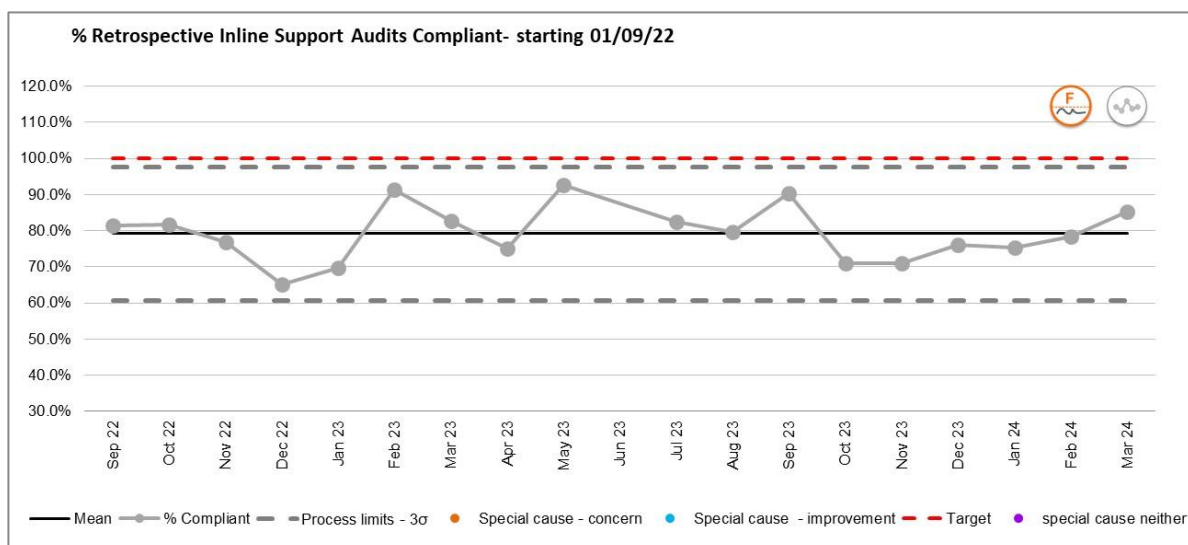
## Clinical Inline Support (ILS) Audit Graphs

### NHSP Clinical Inline Support Audits Completed



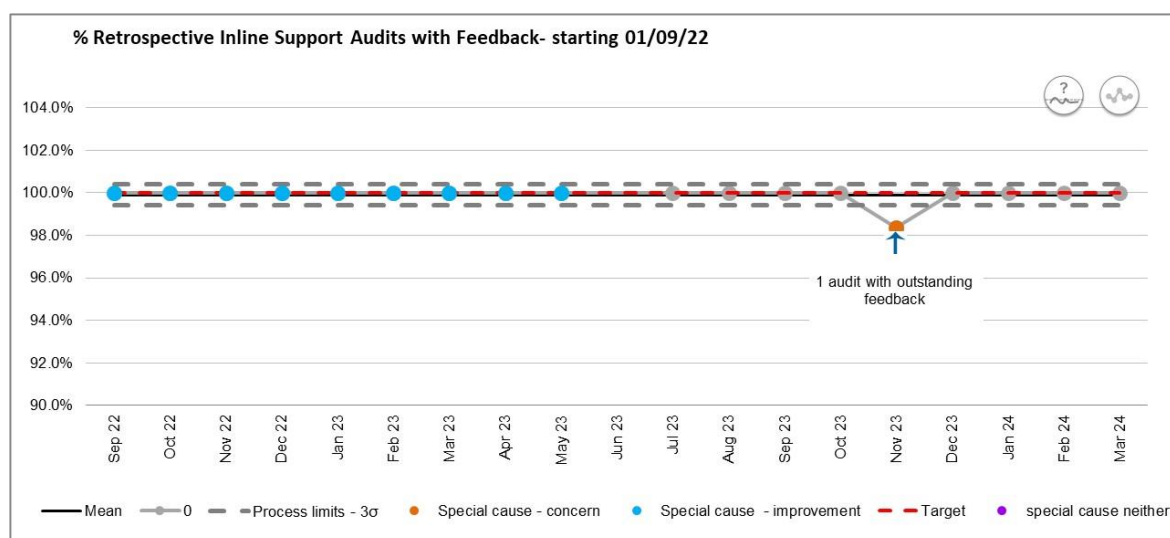
Clinical Supervisors support EMA's with immediate advice on complex calls via a headset. The Audit team review these calls and audit the Clinical Supervisor on how they managed the call, the advice they gave the EMA, and the clinical safety of the call using an Inline Audit tool. The graph above depicts the number of audits completed for Inline Audits each month.

### NHSP Clinical Inline Support Audits Compliant



Inline support audits have a pass mark of 91%. Staff are assessed based on their performance. These calls are reviewed for the way the clinician handled the EMA's concerns, the advice given and the clinical safety of the call. The audit tool has indicators which must be passed or failed for both the assessment and outcome of the call. Since the target lies above the upper process limit, this process is not capable and will consistently fail the target without process redesign. There is common cause variation with no significant change.

## NHSP Clinical Inline Support Audits with Feedback



Clinical Auditor's feedback both compliant and non-compliant audits to the Clinical Supervisor. The only exception would be if the auditor considered a call to be dangerous and there was a possibility that the Clinical Supervisor would need to come off the phones for additional training/development. The Clinical Auditor would contact the Clinical Supervisor's manager (Clinical Safety Navigator) to raise the issues identified in the audit and they would feedback the audit and manage the situation accordingly. The SPC chart shows common cause variation with no significant change. Variation indicates inconsistently hitting, passing and falling short of the target since the target lies within the process limits.

## EOC Trend Reports

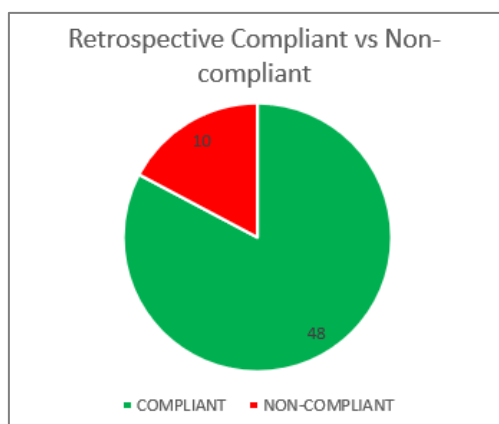
### Trend Reports

The team continued to produce bi-monthly trend reports, focusing on various patient conditions. During 2023/24 reports focused on Abdominal Pain Calls, Road Traffic Collisions (RTC) & RTC Rollover Calls, Falls Non-Injury/Trauma Falls, Cardiac Arrest, Back Pain calls and Hear and Treat.

These reports have consistently identified a risk with consistent low compliance with the NHSP audit indicator 6.1 "*operates within the boundaries of their role*". This was escalated via the governance route and added to the corporate risk register. Each report has an associated improvement action plan that is developed, agreed and managed with the reports overseen via the 999/111 Quality & Clinical Governance Group (QCGG). A new Call Handling Procedure was published in March 2024 by the EOC management team. It is anticipated this will further support the rectification of compliancy over the coming months.

## Abdominal Pain Calls (Non-clinical audit trend report)

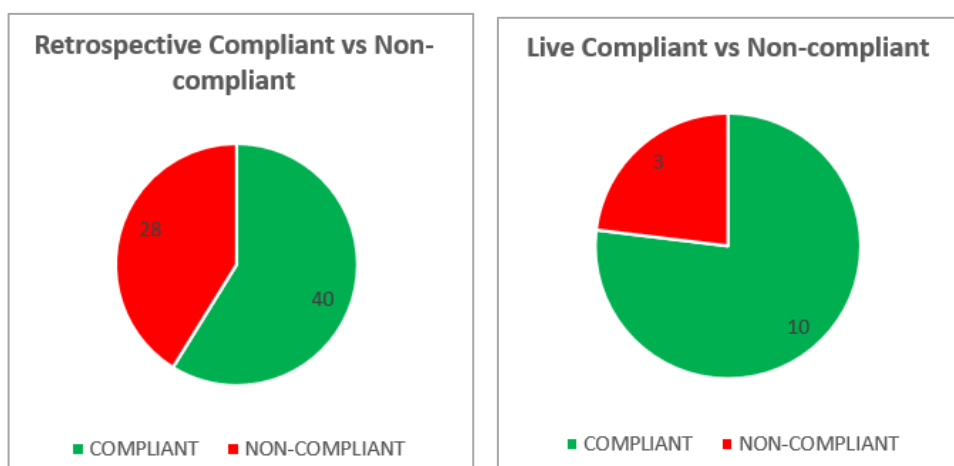
A total of 58 retrospective audits were reviewed in April and May 2023, demonstrating a compliancy rate of 82.75%.



The findings demonstrate areas of good practice particularly around the compliancy rate. This suggests the EOC staff are managing abdominal calls to a good standard. NHSP core competencies 2.2 and 8.1 were the lowest scoring areas. EOC staff were not consistently obtaining sufficient information for a safe and effective triage, which is having a slight knock-on effect on 8.1 which is the overall safety of the call.

## RTC & RTC Rollover Calls (Non-clinical audit trend report)

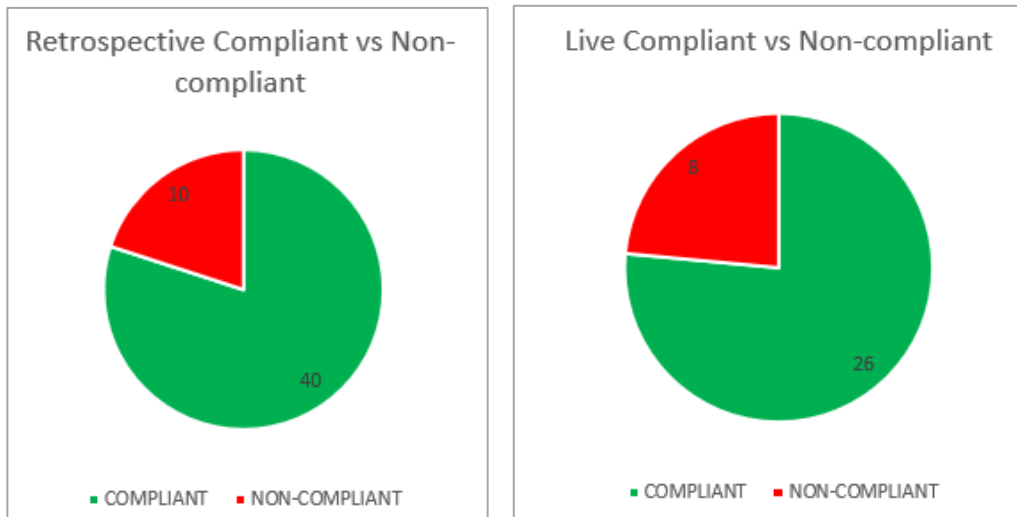
A total of 68 retrospective and 13 live audits were reviewed in August/September 2023. There was a compliancy rate of 58.82% for retrospective audits and 76.92% for live audits.



In retrospective audits, core competencies 6.1, 7.1 & 8.1 were the lowest scoring areas which suggested EOC staff were not following call handling procedures, not recognising RTC and RTC Rollovers, and triaging the wrong pathway, all of which were affecting the overall safety of the call. The new call handling procedure will help mitigate this.

## Falls Non-Injury / Trauma Falls Calls (Non-clinical audit trend report)

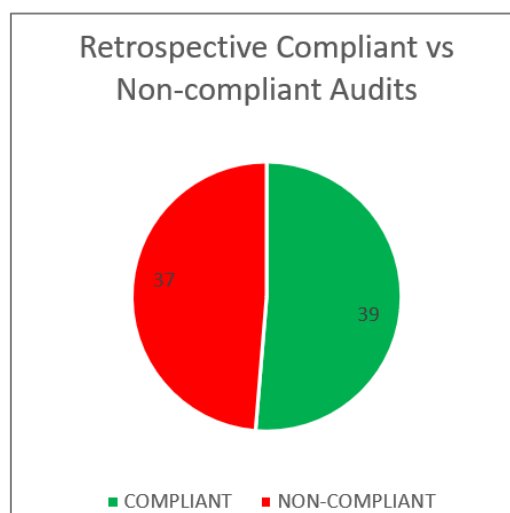
A total of 50 retrospective and 34 live audits were reviewed in January 2024, demonstrating a compliancy rate of 80% for retrospective audits and 76.47% for live audits.



The findings illustrated areas of good practice particularly around the compliance rate of Falls calls (at 80%) and suggested EOC colleagues are managing Falls calls to a good standard. In retrospective audits, NHSP core competencies 1.1, 2.2 and 8.1 were the lowest scoring. EOC colleagues were not consistently making an effort to speak directly to the patient, and not obtaining sufficient information for a safe and effective triage. Both of which adversely impact criterion 8.1 which is the overall safety of the call.

## Cardiac Arrest (Non-clinical audit trend report)

A total of 74 audits from March 2024 were submitted for review. This is less than the total number of EMAs employed as not all undertook a cardiac arrest call in month. There was a compliancy rate of 51.32%.



The findings demonstrated areas of poor practice, particularly around the compliance rate of cardiac arrest calls at 51.32%. Core competencies 2.2, 3.1, 4.1, 6.1 and 8.1 were the lowest scoring areas. EOC staff were not consistently obtaining adequate information, giving appropriate pre arrival information and following Trust policies/procedures, all which adversely impact competency 8.1 regarding the overall safety of the call.

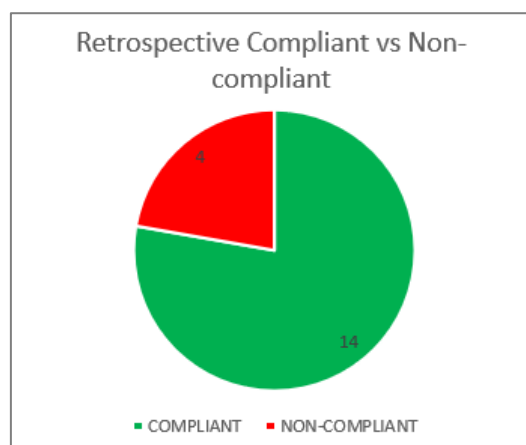
To manage this, a monthly Cardiac Arrest briefing paper was developed which includes an assessment of Hands on Chest times (this time is noted when the EMA commences CPR instructions via NICE voice recordings which are listened to by the audit team). Please see below for the monthly figures.

MONTH	COMPLIANCY RATE	HANDS ON CHEST TIME
May 23	55.56%	3 minutes 26 seconds
June 23	52.17%	4 minutes 27 seconds
July 23	50.00%	2 minutes 55 seconds
August 23	51.61%	3 minutes 43 seconds
September 23	56.76%	4 minutes 3 seconds
October 23	46.15%	3 minutes 41 seconds
November 23	58.33%	3 minutes 51 seconds
December 23	40.54%	3 minutes 14 seconds
January 24	55.00%	3 minutes 25 seconds
February 24	57.14%	2 minutes 28 seconds
March 24	51.32%	2 minutes 59 seconds

Following improvement work the Hands on Chest time has successfully decreased, meaning that CPR is being commenced as soon as possible for patients. The 999 national average for December 2023 – February 2024 was 2 minutes and 39 seconds.

### Back Pain Calls (Clinical audit trend report)

A total of 18 retrospective audits were submitted for review and evidenced a compliancy rate of 77.78%.

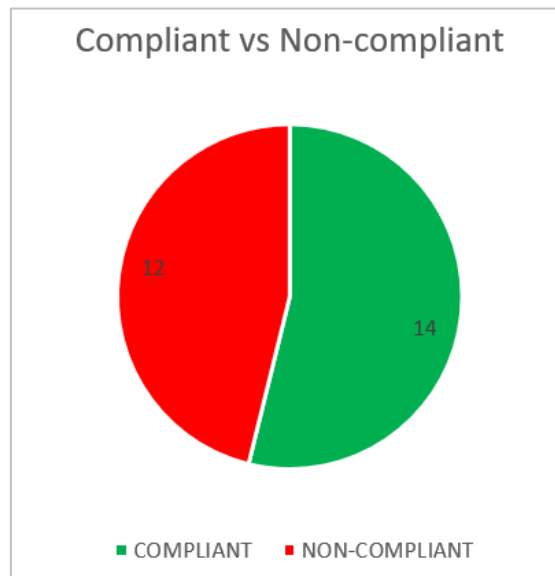


The findings demonstrated areas of very good practice particularly around the compliance rate of Back Pain calls which is 77.78% and suggests the EOC staff are managing these calls to a good standard. Core competencies 4.1, 4.2 and 8.1 were the lowest scoring areas and identified clinical EOC colleagues needed to improve the back pain management care advice for the patient to safely look after their condition at home, along with increased provision of interim care advice when the patient has been referred to other services. As previously, this impacted competency 8.1, the overall safety of the call.

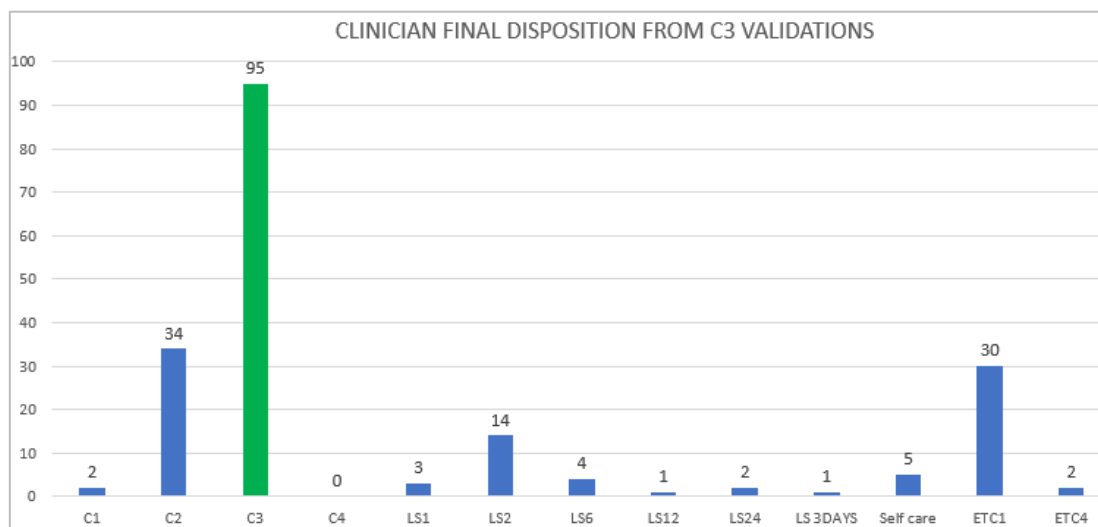


## Hear & Treat / C3 Validation (Clinical audit trend report)

A total of 26 retrospective audits were submitted and demonstrated a compliancy rate of 53.85%.



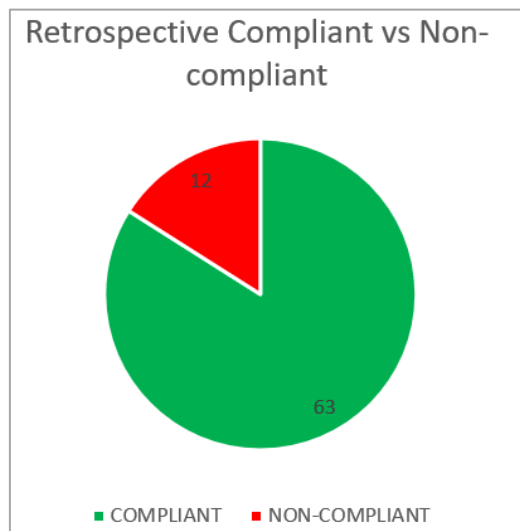
From 196 C3 validation calls, the Clinical Supervisors assessed and changed the dispositions of 101 calls. The dispositions of these calls are broken down below:



The outcome was different to that reached by the clinicians within their triage in 27% of calls audited. This was predominantly related to lack of probing. In 49% of calls where the outcome reached was different to that of the Clinical Auditors review, those calls did not need an ambulance.

## Falls (Injury & Non-Injury) Calls (Clinical audit trend report)

A total of 75 retrospective audits were submitted for December 2023 and demonstrated a compliancy rate of 84%.



The audits demonstrated areas of good practice, particularly around the compliance rate of clinical falls calls at 84% and suggests EOC colleagues are managing these calls robustly.

NHSP core competency 4.1 was the lowest scoring area. Improvements were identified whereby Clinical EOC colleagues need to give appropriate information including the Fallers flow chart to help manage these patients whilst waiting for care.

## Trend Reports Learning and Action Plans

<b>April – May 2023</b>	Abdominal Pain (Non-clinical)	2.2 Obtains adequate information for a safe and effective triage 8.1 Overall safety and quality of the call	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers. Report presented at EOC / 111 joint CGAG	Group discussion and suggestions on improving audit quality.
August – September 2023	RTC & RTC Rollover Calls (Non-clinical)	6.1 Operates within the boundaries of their role. 7.1 Navigates the system safely, effectively, logically and efficiently. 8.1 Manages safely to reach an appropriate outcome.	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers. Management of Risk 1611 on the Trusts Risk Register (continued low compliancy rate of 6.1). Report presented at EOC / 111 joint CGAG	Group discussion and suggestions on improving audit quality.

January 2024	Falls Non-Injury / Trauma Falls Calls (Non-clinical)	1.1 Makes efforts to speak directly to patient. 2.2 Ensures appropriate information is obtained to answer every question adequately. 8.1 Manages safely to reach an appropriate outcome	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers. Report presented at EOC/111 joint CGAG	Group discussion and suggestions on improving audit quality.
November 2022 – May 2023	Back Pain Calls (Clinical)	4.1 Information and advice are provided skilfully & accurately 4.2 The disposition is conveyed effectively, using the tools provided 8.1 Manages the clinical situation safely to reach a safe and appropriate outcome	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers. Report presented at EOC/111 joint CGAG	Group discussion and suggestions on improving audit quality.
August 2023	Hear & Treat / C3 Validations (Clinical)	2.1 Conveys questions skilfully, including own summary questions for purposes of validation 8.1 Manages the clinical situation safely to reach a safe and appropriate outcome	Reports shared with SLT 999 and QUAPPs The development of a clinical probing workshop to support clinicians where this competency can be improved. To repeat this audit report with the same terms of reference in 6 months following the delivery of the clinical probing workshops to measure their efficacy. Disseminate the learning of this audit trend to clinical stakeholders for their own consideration within their continual professional development. The agency staffing group does represent a key challenge and the EOC Clinical Practice Development team will support the Operations Manager Clinical team to scope the approach to this.	Group discussion and suggestions on improving audit quality was completed with Clinical OUM's in EOC.
November 2023 – December 2023	Falls (Injury & Non-injury) Calls (Clinical)	4.1 Information and advice are provided skilfully & accurately	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers. Report presented at EOC/111 joint CGAG	Group discussion and suggestions on improving audit quality.
March 2024	Cardiac Arrest (Non-Clinical)	2.2 Ensures appropriate information is obtained to answer every question adequately.	Report shared with QUAPS members, EOC teams & uploaded to the Zone. Report shared with EOC training managers.	Monthly Briefing paper and hand on chest time data presented monthly. Group discussion and suggestions on

		3.1 Listens carefully during the call and retains information. 4.1 Information and advice are provided skilfully & accurately 6.1 Operates within the boundaries of their role. 8.1 Manages the clinical situation safely to reach a safe and appropriate outcome	Management of Risk 1611 on the Trusts Risk Register (continued low compliancy rate of 6.1). Briefing poster completed monthly and circulated to visually disseminate findings and learnings. Due to the declining compliancy rate in this trend report the EOC Practice Development Mangers undertook a review to assess the possible reasons for this decline. Report presented at EOC/111 joint CGAG	improving audit quality.
--	--	--	--	--------------------------

## Levelling

Levelling sessions are part of the NHSP licence framework and are conducted to ensure calls are being audited consistently by the auditors. NHSP describe that minor differences in scores are not a major issue (c6-10% discrepancy) providing there is agreement on which calls are achieved/not achieved. However, the aim should be for audit scores to converge as the levelling session progresses. Colleagues need to be assured that regardless of who audits their call, there would be consistency if the score would mean achieve or not achieve.

Ongoing levelling sessions have continuously been undertaken throughout the year to maintain consistency within NHSP. This has been extended to all EOC and 111 auditors as well as the whole EOC Practice Development team, and more recently has also been extended to all CSNs who have been invited to participate too.

## Cardiac Arrest

Cardiac Arrest compliancy projects are continuing, with attendance at the Trusts weekly Cardiac Arrest Improvement meetings jointly with EOC Training and the EOC Managers to discuss projects to facilitate improvement. This year, the team have developed a CPR (cardiopulmonary resuscitation) poster; an interactive video; and screen shots via wall boards in all EOCs reminding staff of patient age ranges for CPR instructions, CPR compression rates and the early use of the defibrillator.

Monthly audits are undertaken on cardiac arrest calls and a briefing paper highlighting with ongoing compliancy and any areas of concerns shared. Following C1 (category 1) cardiac arrest calls, EMAs are asked to complete a questionnaire providing background information on what support the EMAs require, what went well on the call and where improvements could potentially be made.

The team are also supporting a C1 Silent Monitoring Project to support EMAs with cardiac arrest and trauma calls, to improve management of these calls in real time.

Hands to Chest times continue to be monitored and reported monthly.

## Service Improvement Activity

In addition to the audits and activities described above, the department have also:

- A) Published an EOC Practice Development Newsletter monthly on The Zone and shared with colleagues.
- B) An improved clinical and non-clinical audit tracker was developed and implemented to assist with trend and data analysis and reports reconfigured to align with SPC (statistical process control) chart reporting.
- C) A new Patient Related Data Solution (PRDS) was tendered and procured to enhance the management of the Trusts patient clinical records management and associated clinical audit function. An assessment of the feasibility to now adopt this solution to support EOC NHSP auditing is about to commence.
- D) The team continued to complete Welfare Audits for clinical staff members.
- E) Close liaison with the training department continued throughout the year to ensure audit findings informed EOC training and informed/developed key skills planning.
- F) The team worked closely with the EMA Team Leaders (EMATLs) to ensure existing coaches are up to date with their auditing skills and new EOC coaches undertake levelling.
- G) The team continued to work jointly with the EMATLs and EOC coaches when colleagues' development needs are identified in audits.
- H) The team continued to support the management of new recruits in EOC when required with diamond pod and sign off audits for both clinical and non-clinical colleagues.
- I) Business continuity resilience is provided to EOC at times of escalation.
- J) Monthly meetings have been introduced by the team with the CSN audit lead for EOC Clinical. All CSNs have also been invited to participate in clinical levelling sessions.
- K) CSNs are actively supported with the development of action plans for low performing clinical colleagues, which has since demonstrated improved compliancy rates during Q4 23/24.
- L) SMP and Clinical Tail Audits completion requirements have been reduced in October 2023 from 100 % to 25% (300 audits) per month for SMP and 15% (225 audits) for Clinical Tail audit due to continued high compliancy rates and insufficient staffing levels in audit, this should still give us a safe quality dip test in both areas. The

historical backlog has been cleared and these audits are on target to being one month behind. Due to the process of downloading data it is more practical to draw the previous months data for audit processing.

- M) Hot topics are shared with EMA's for coaching and learning purposes.
- N) Weekly and monthly performance and activity reports were compiled for stakeholders.
- O) The EOC Audit Data Analyst continues to contact line managers to remind them of any outstanding audit feedback that needs to be carried out for clinical and non-clinical audit.
- P) Regular 1-2-1s and appraisals with all team members have been maintained to ensure their professional development.
- Q) The department continued Peer to Peer live audits for quality assurance purposes.
- R) Monthly audit of the auditors by line managers continued, to ensure appropriate scoring and feedback is being provided.
- S) Ongoing engagement between all levels of EOC and 111 was maintained.
- T) Continued training for all staff to be qualified as Mental Health First Aiders.
- U) 'Audit of the Month' initiative continued for clinical and non-clinical staff with badges issues and colleagues recognised and published in the monthly newsletter.
- V) The team attend CAD training weeks and NHSP Core Module Two training weeks to introduce audit to the new staff members and to facilitate audit Q&A sessions.
- W) The team continue to support the mentoring of new clinicians and complete five sign off audits.
- X) Implementation of an 'ASK 999 training development & EMATL' email for EOC staff to submit any generic questions surrounding these areas.

## Staff Engagement

The EOC Practice Development team have implemented the following to ensure staff feel engaged with and have a voice to share their ideas, concerns, and development plans:

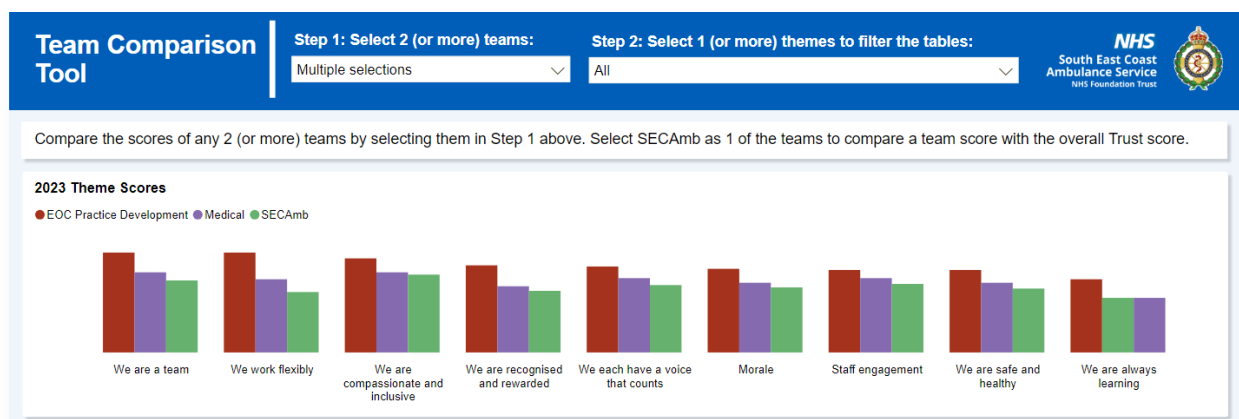
- a) The EOC Practice Development Managers hold weekly team meetings for staff to raise any issues or discuss any topics. This also provides a time for learning and development for all staff and group feedback/updates to be given.



- b) The EOC Practice Development Teams chat (via MS Teams) enables collaborative teamwork and supports requests for help when required.
- c) Team building days were held in September 2023 and February 2024 to help cement the relationships between all levels and locations of the team and support with professional development activities, alongside planning and audit allocations.
- d) Weekly Clinical practice developer meetings to discuss through team management and gain support if required from other managers.
- e) Monthly audit and EOC clinical meetings have been introduced to improve communications between the departments and engage in future planning.
- f) Wellbeing meetings have been commenced monthly for the staff to talk through any mental health issues or support they may be requiring from peers.

## Staff Survey

In the Trusts recent staff survey report, it was notable that the EOC Practice Development Team had significantly high staff satisfaction scores across all the criteria. A collaborative, team culture, coupled with openness, and integrity of leadership has ensured the whole team feel valued, respected and supported in the department, as reflected in their survey feedback.



## Next Steps

As the team embark on the annual plan for 2024/25, there are several areas identified for development and improvement which include as examples:

- a) Development of a new audit tool and updating of the tracker for both clinical and non-clinical audits.
- b) Continue with audit levelling, including combined service levelling.
- c) Implement the annual Trend Audit plan.

- d) Implementing a robust audit plan for the dual 111 and 999 staff.
- e) Continue the project work within the EOC Practice Development team and to continue to develop further local improvement projects.
- f) Implement the EOC Practice Development aspects of the Trusts Patient Related Data Solution.
- g) Further develop team dashboards and metrics for reporting.
- h) Continue to implement action plans for clinical colleagues in conjunction with clinical safety navigators.
- i) Ongoing commitment to monthly meetings with EMATL's East and West
- j) Continue monitoring of dual role EMA's.
- k) PaCCS audits for Clinicians
- l) Mentoring and sign off audits for all new Clinicians within the EOC
- m) Launch self-audit.

END

## Appendix A – Abbreviations

CAD	Clinical aided dispatch
CM2	Core module 2
C1, 2, 3	Category 1, 2, 3
CPD	Clinical Practice Development
CPR	Cardiopulmonary Resuscitation
CSN	Clinical Safety Navigator
EMA	Emergency Medical Advisor
EMATL	Emergency Medical Advisor Team Leader
EOC	Emergency Operations Centre
HCP	Health Care Professionals
ILS	In-line support
MTS	Manchester Triage System
NHSP	NHS Pathways
PACCS	Pathways Clinical Consultation Support Tool
PRDS	Patient Related Data Solution
QCGG	Quality & Clinical Governance Group
RTC	Road Traffic Collision
SMP	Surge Management Plan
SPC	Statistical Process Control