



EOC Clinical Tail Audit Procedure

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1 Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care, providing the tools to assure the quality of care, further improving and embedding governance and quality systems across the organisation, building capacity and capability for continuous improvement.
- 1.2. This procedure defines the actions carried out by South East Coast Ambulance Service NHS Foundation Trust (the Trust) Emergency Operation Centres (EOC) clinical personnel when conducting an EOC Clinical Tail Audit.
- 1.3. The EOC Clinical Tail Audit is an objective assessment of the extent of the wait the patient experienced, and the activities that took place, between Ambulance Response Programme (ARP) clock start and ARP clock stop, using the EOC Clinical Tail Audit Tool. This assessment gives a Final Risk Score and evaluates whether or not the case breached the Patient Welfare Call Procedure to determine if the risk to the patient requires further investigation.
- 1.4. This procedure is applicable to all EOC Clinical and EOC Leadership Team staff.

2 Procedure

- 2.1. Cases that have breached the ARP Category measure are identified to the Clinical Safety Navigator Team of the EOC to complete the review and determine the patient safety impact caused by breaching of the indicated response defined by patient triage.
- 2.2. The principle of the EOC Clinical Tail Audit procedure is to assure the safety of cases which breach ARP Category Response measures. To do this, the Trust identifies cases which require patient safety assurance. These cases are audited with the 'EOC Clinical Tail Audit Tool'.
- 2.3. The Clinical Tail Audit enable evaluation of the risk to patients. All Clinical Tail Audits scoring a Final Risk Score of 8 or above require entry into Datix as a DIF1 for further investigation.
- 2.4. The Clinical Tail Audit also evaluates compliance with the Patient Welfare Call Procedure criteria for the timely provision of Patient Welfare calls for patients waiting against ARP.



3 Identification of Breaches

- 3.1. Power BI reports identify cases which have breached ARP Disposition parameters to the extent that they require a Tail Audit.
- 3.2. Tail Audits will be completed for each incident identified and qualified as a breach and saved to MS Teams, as below process.
- 3.3. All cases with a Final Risk Score of 8 or above require an immediate DIF1, to be completed by the auditor.

4 EOC Clinical Tail Audit Tool

- 4.1. The EOC Clinical Tail Audit data is collected into Microsoft Forms.
 - MS Forms collects the following data:Date of case
 - Case number
 - Initial NHS Pathways (NHSP) Disposition Code (Dx Code)
 - ARP Clock Start Time
 - ARP Clock Stop Time
 - Incident numbers for any duplicate cases
 - Time of final triage outcome (where relevant)
 - Any non ARP resource allocation (type and time of arrival)
 - Final NHS Pathways (NHSP) Disposition Code (Dx Code) (where relevant)
 - Dispatch Priority Code
 - Clinical Upgrade / Downgrade Priority
 - Reason for call (problem)
 - Any clinical reviews and time completed
 - Any clinical welfare contacts / attempts, type of review and time completed
 - Patient specific factors:
 - Patient under 2 years old



- Patient over 74 years old
- Safeguarding concern identified
- Mental health concern identified
- Patient alone
- Fall where patient is left waiting longer than 2 hours
- Use of Fallers Flowchart where appropriate.

5 Risk Row Scoring

Figure 1 – Risk Row Summary Table

5.1. Clinical Welfare Calls

5.2. All attempted and successful clinical welfare calls are taken into account for the final Risk Score.

5.3. Calculation of time from triage outcome to ARP Clock Stop Time.

5.4. Determines the number of welfare calls expected to be completed within this timeframe based upon the requirement for welfare calls to be completed and evidenced as per Patient Welfare Call Procedure guidelines (see **section 10: Welfare Breach Evaluation** for timings).

5.5. Count of actual welfare calls completed.

5.6. Use of Faller Flow Chart (When Applicable)

5.7. Use of Faller Flow Chart guidance forms a weighted score toward the Risk Row identifier of the Risk Matrix, shown with weighting as below:

5.8. If the incident did involve a faller.

5.9. If the Faller Flow Chart guidance was used.

5.10. Additional Patient Factors Scoring

5.11. If any of the following additional patient risks are identified, the Tail Audit will add the risk weighting of 10 to the overall risk row score:

- Patient under 2 years old.
- Patient over 74 years old.
- Safeguarding concern.



- Mental health concern.
- Patient alone.
- Fall where patient is left waiting longer than 2 hours.
- No patient specific factors

6 Risk Column (Risk Rating)

6.1. The Risk Rating is identified by calculating the Likelihood against the Consequence as per Fig 7. An initial NHS Pathways triage will result in a Disposition Code, which is matched through ARP to category codes of dispatch or resource allocation (e.g. Hear & Treat) with an associated outcome. The initial triage outcome is classified in risk score relevant to the acuity of the outcome as below:

C1	Extreme
C2	Major
C3	Moderate
C4T	Minor
C4H	Minor

Figure 4 – Risk Score From Initial Triage Outcome

7 Final Risk Score

7.1. The below table is used to calculate the Final Risk Score between 1 and 10 in relation to patient harm.

		Risk Rating				
		Insignificant	Minor	Moderate	Major	Extreme
Risk Row Scoring	5	4	6	8	9	10
	4	3	5	7	8	10
	3	3	4	6	7	9



	2	2	3	5	6	8
	1	1	2	4	5	7

Figure 7 – Clinical Risk Matrix

8 Auditor Notes and Completing the Audit

- 8.1. Auditor notes may be added to the tool as free text.
- 8.2. The completed audit is then downloaded to Excel for data analysis.

9 Actions Following Completion

- 9.1. For all cases scoring 8 and above, the auditor must raise an incident as a DIF1 within the SECamb Datix system for investigation.
- 9.2. All cases will be recorded, along with their risk scores within a monthly report, and reviewed through the EOC/111 Quality Governance Group (QGG) and within the SECamb wider quality assurance framework.

10 Definitions

- 10.1. **ARP** (Ambulance Response Programme) - Following the largest ambulance clinical trials in the world, NHS England implemented a new ambulance response standards across the country - this is known as the Ambulance Response Programme (ARP). The new standards were introduced in SECamb on 22 November 2017.
- 10.2. **CAD** (Computer Aided Dispatch) - The CAD is the system used to record all data related to 999 and urgent requests of the Trust for ambulance assistance. It is primarily used by Emergency Operations Centre (EOC) staff to assess, prioritise and, if necessary, dispatch ambulance crews to 999 calls.
- 10.3. **CFR** (Community First Responders) - CFRs are volunteer members of their community who are trained to respond to emergency calls in conjunction with SECamb.
- 10.4. **Datix** - Datix is a web-based incident reporting and risk management software for healthcare and social care organisations.



- 10.5. **DIF1** (Datix Incident Form 1) – DIF1 is SECAmb's web-based form for reporting an adverse incident, formerly known as IWR-1 (Incident Web Reporting 1)
- 10.6. **Dx Code** (Disposition Code) - The code applied by NHS Pathways (NHSP) at the end of a triage determining the specific level of care required for the patient.
- 10.7. **EOC** (Emergency Operations Centre) - The Emergency Operations Centre (EOC) receives and triages 999 calls from members of the public as well as other emergency services. It provides advice and dispatches an ambulance service to the scene as appropriate. The EOC also provides assessment and treatment advice to callers who do not need an ambulance response. The EOC also manages requests by healthcare professionals to convey people either from the community into hospital or between hospitals. It also receives and triages 999 calls relating to major incidents, and other major emergencies, and dispatches the appropriate response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1).
- 10.8. **Fallers Flow Chart** - The Advice for Fallers Flowchart is used by clinicians in 999 and 111 for fallen patients with an ambulance disposition where the actual or anticipated response delay is greater than 30 minutes. Consideration is given to reassess the patient at 60 minutes.
- 10.9. **HART** (Hazardous Area Response Team) - HART is an NHS ambulance service initiative devoted to providing medical care to patients in the "hot zone" of hazardous environments.
- 10.10. **Hear & Treat** - 'Hear & Treat' is the telephone advice that callers who do not have serious or life-threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance.
- 10.11. **HEMS** (Helicopter Emergency Medical Service) - HEMS uses helicopters to respond to patients who have suffered trauma or serious medical emergencies.
- 10.12. **Microsoft Excel** - Microsoft Excel is a spreadsheet, an interactive computer application for organization, analysis and storage of data.
- 10.13. **NHSP** (NHS Pathways) - NHS Pathways is a clinical tool used for assessing, triaging and directing contact from the public to urgent and emergency care services such as 999, GP out-of-hours and NHS 111
- 10.14. **Patient Welfare call** – A Patient Welfare call will be carried out where a response to scene is likely to be delayed beyond the ambulance response



time set for the patient during the triage, or if there is a clinical risk identified.

11 Responsibilities

- 11.1. The **Chief Executive Officer** has overall responsibility for this procedure.
- 11.2. The **Medical Director** has responsibility for matters relating to clinical governance in respect of this procedure.
- 11.3. The **Director of Operations** is responsible for the strategic operation of this procedure.
- 11.4. The **Associate Director for Integrated and Urgent Care** is responsible for ensuring the full implementation of this procedure across the Trust's EOCs. The Associate Director for EOC is also responsible for the full implementation, monitoring, auditing and review of this procedure.
- 11.5. The **Head of Clinical Operations for Integrated Care (999/111)** is responsible for ensuring the full implementation of this procedure across the Trust's EOC Clinical Team. The Associate Director for EOC is also responsible for the full implementation, monitoring, auditing and review of this procedure.
- 11.6. **Operational Managers Clinical (OMC)** are responsible for ensuring the full implementation of this procedure across their Trust EOC and their Clinical Team. The OMC is also responsible for the full implementation, monitoring, auditing and review of this procedure at their EOC.
- 11.7. **All EOC Clinical and Leadership Teams** must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within.

12 Audit and Review (Evaluating Effectiveness)

- 12.1. Audit and review of Tail Audit procedure is the responsibility of EOC Practice Development Managers, who report to the Quality Improvement Lead.
- 12.2. The EOC Clinical Tail Audit, the audit results, and the calibration of the tool and the breached ARP Disposition parameters to the extent that they require a Tail Audit are reviewed at the QGG. .



- 12.3. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 12.4. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 12.5. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 12.6. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

13 Associated Documentation

- 13.1. Incident Policy and Procedure
- 13.2. Patient Welfare Call Procedure
- 13.3. Surge Management Plan

14 References

- 14.1. NHS Digital – NHS Pathways (<https://digital.nhs.uk/services/nhs-pathways#summary>)
- 14.2. NHS England – The Ambulance Response Programme (<https://www.england.nhs.uk/urgent-emergency-care/arp/>)

15 Equality Analysis

The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.