



EOC Surge Management Plan No Send Audit Procedure

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1 Statement of Aims and Objectives

- 1.1. This procedure defines the actions carried out by South East Coast Ambulance Service NHS Foundation Trust (the Trust) Emergency Operation Centres (EOC) personnel when conducting a Surge Management Plan (SMP) No Send Audit.
- 1.2. The EOC SMP No Send Audit is an objective assessment of all incidents where a 'no send' outcome was reached. This assessment evaluates the decision making, surge status and clinical review for every call where a no send decision has been made. Any non-compliant audits are highlighted for further review.
- 1.3. The EOC SMP No Send Audit identifies incidents where a no send has been reached by the Emergency Medical Advisor (EMA) which has then been overridden by the EOC Clinician upon review. These incidents are raised for further review with feedback provided to staff.

2 Principles

- 2.1. Cases that have been triaged to a C3 or C4 disposition and do not meet any of the No Send exclusion criteria will be advised of the no send decision by the EMA. This decision is then reviewed by an EOC clinician prior to the incident being closed.
- 2.2. The principle of the SMP No Send Audit procedure is to assure the safety of cases which have been given the no send decision. To do this, the Trust reviews every incident which has been closed as 'no send demand management' on the Computer Aided Dispatch system (CAD) . These cases are audited against a risk-based 'SMP No Send Audit tool'.
- 2.3. The SMP No Send Audit evaluates the risk to patients against a list of criteria, which will result in a final score for each case assessed. All non-compliant SMP No Send Audits require entry into Datix as a DIF1 for further investigation.

3 Identification of Staff to Carry out Audit

- 3.1. The SMP No Send Audit evaluates the risk to patients against a list of criteria, which will result in a final score. The No Send Audit can be carried out by suitably trained members of staff, who must be capable of identifying clinical risks and concerns.



4 Identification of Staff Training Requirement

- 4.1. Training will be provided by a suitably experienced member of staff.
- 4.2. This training is supported by the 'How to complete SMP No Send Audits' document. (Appendix1).

5 Identification of No Send Incidents

- 5.1. No Send incidents are identified within the CAD by searching for the closure reason 'No Send Demand Management'. These cases are then uploaded onto the No Send Audit spreadsheet on a monthly basis.
- 5.2. Incidents identified as being a No Send which have been reviewed by an EOC clinician and then sent on will also be reviewed using the No Send Audit process.
- 5.3. The data will be captured on a monthly basis prior to data cleansing taking place, with the aim of completing 100% of the required audits.

6 Criteria and Weighting

- 6.1. Audit criteria is based on the following elements:

Element	Weighting
Was this a Hear and Treat/HCP/hospital transfer calls?	0
Was SMP level 3 or 4 in place at the time of no send?	10
Was appropriate documentation and notes of SMP added to the CAD/NHS Pathways call record?	5
Is the patient's age identified or identifiable through NHS Pathways triage pathway – Infant,adult etc?	5
Was the incident reviewed by an EOC clinician within an hour?	5
Was the clinician accredited with one of the Trust's approved Clinical Decision Support Software (CDSS).	5
Was the incident reviewed against the SMP Exclusion criteria by the Clinical Reviewer and were any of the exclusion criteria met?	10
Does the incident identify a vulnerable patient or clinical concern not captured within the notes?	10
Have there been any complaints/incidents raised relating to this incident at point of audit?	5
Did the Post review (up to 24 hours following initial call) identify are attendance to the same patient as a result of the No Send decision?	5
Total	60



Figure 1 – Element/Weighting table

- 6.2. **Was this a Hear and Treat/HCP/hospital transfer call? – Weighting = 0**
- 6.2.1. Identify whether the incident was a Health Care Professional (HCP) call/hospital transfer and would have not been accepted under SMP level 3.
- 6.2.2. This is weighted as 0 as we would not have sent a resource to this incident.
- 6.3. **Was SMP Level 3 or 4 in place at the time of no send – Weighting = 10**
- 6.3.1. Identify whether the Trust was in SMP level 3 or 4 at the time the no send was delivered.
- 6.3.2. This is weighted as 10 as we should not be 'No Sending' on any incidents unless we are in surge 3 or 4.
- 6.4. **Was appropriate documentation and notes of SMP added to the CAD/NHS Pathways call record? Weighting = 5**
- 6.4.1. Identify whether the Emergency Medical Advisor (EMA) added appropriate notation to the CAD and/or the NHS Pathways (NHSP) record.
- 6.4.2. The notes added should make it clear that the incident met the criteria for a 'No Send' under SMP.
- 6.4.3. This is weighted as 5 as although notes should be added the call may meet the criteria for a 'no send'.
- 6.5. **Is the patient's age identified or identifiable through NHS Pathways triage pathway – Infant, Adult etc? – Weighting = 5**
- 6.5.1. This is to identify whether the patient met the age exclusion criteria for SMP no send. This can be picked up from the age field on the CAD screen or if not recorded there it can be found from the NHSP triage screen.
- 6.5.2. This can be picked up from the age field from the CAD screen or if not recorded there it can be found from the NHSP triage screen
- 6.5.3. This is weighted as 5 as the patients aged under 2 or over 75 are excluded from SMP no send.



6.6. **Was the incident reviewed by an EOC Clinician within an hour? – Weighting = 5**

6.6.1. This is to identify whether there was a delay in clinical review following the No Send being delivered by the EMA and being accepted by the caller.

6.6.2. This has been weighted as 5 due to the potential delay in patient care as a result of the incident waiting for a clinical review and call back.

6.7. **Was the clinician Clinical Decision Support Software (CDSS) accredited? – Weighting = 5**

6.7.1. This identifies whether the clinician reviewing the case was trained in either Clinical Decision Support Software (CDSS) currently supported by the Trust.

6.7.2. It is recognised that during times of Surge there may be Clinical Welfare Callers supporting EOC Clinical who are not CDSS trained. These staff may review the no sends. However, staff who are trained in CDSS have a greater understanding of the systems in use within the EOC.

6.7.3. This is weighted at 5 due to the greater understanding of the EOC clinicians over the Clinical Welfare Caller staff

6.8. **Was the incident reviewed against the SMP Exclusion criteria by the Clinical Reviewer and were any of the criteria met? – Weighting = 10**

6.8.1. This identifies whether the clinician undertaking the review checked to see whether the incident met any of the agreed exclusion criteria for no send.

6.8.2. When the incidents are being reviewed by the clinicians it should be documented that they have reviewed the incident in line with the SMP exclusion criteria.

6.8.3. This enables the auditor to identify any exclusion criteria which may have been missed by the clinical reviewer at the time the no send was delivered in the EOC.

6.8.4. This is weighted at 10 so the importance of the review and recognition of the exclusion criteria is reflected in the audit.

6.9. **Does the incident identify a vulnerable patient or clinical concern not captured within the notes? – Weighting = 10**



- 6.9.1. This enables the auditor to identify any concerns they may have relating to safeguarding and/or clinical concerns within an incident which has had a no-send delivered.
- 6.9.2. This is weighted at 10 to highlight the importance of considering safeguarding when we are delivering no send at times of high demand. It also allows us to capture any clinical red flags which may have been missed at the time of the incident.
- 6.10. **Have there been any complaints/incidents raised relating to this incident at point of audit? – Weighting = 5**
 - 6.10.1. This identifies whether there have been any complaints received from the public or other services relating to this incident.
 - 6.10.2. It will also allow the auditor to identify whether any internal incidents have been raised relating to this incident.
 - 6.10.3. Identifying these will enable the Trust to investigate fully and understand whether the no send formed part of the complaint or incident.
 - 6.10.4. This is weighted at 5 as we need to understand what impact no send may be having on complaints and incidents.
- 6.11. **Did the post review (up to 24 hours following initial call) identify a re attendance to the same patient as a result of the 'No Send' decision? – Weighting = 5**
 - 6.11.1. This identifies whether the Trust has received further contact regarding the same patient.
 - 6.11.2. This is weighted at 5 to reflect the possibility of a patient deteriorating following a no send decision.

7. Criteria weighting and scoring

- 7.1. The SMP audit is scored out of a possible 60, with 10 different criteria making up the score.
- 7.2. Each of the 10 criteria are scored either 0, 5 or 10 depending on the level of risk within each given criteria.
- 7.3. A score of 50 or less results in a non-compliant SMP no send audit and a DIF1 will be completed on the Datix system.

8. Auditor notes



- 8.1. Auditor notes may be added to the right hand columns on the audit tool as free text.
- 8.2. The auditor will then save the audit with the button on the tool.

9. Actions Following No Send Audit Score

- 9.1. For all incidents which score 50 or less and are therefore non-compliant a DIF1 will be completed on the Datix system. The audit will form part of the evidence of the investigation.

10. Responsibilities

- 10.1. The **Chief Executive Officer** has overall responsibility for this procedure.
- 10.2. The **Medical Director** has responsibility for matters relating to clinical governance relating to this procedure.
- 10.3. The **Director of Operations** is responsible for the strategic operation of this procedure.
- 10.4. The **Associate Director for EOC** 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.
- 10.5. The **Senior Clinical Operations Manager** 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.
- 10.6. **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.
- 10.7. **All EOC Clinical and Leadership Teams** must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within.



11. Competence

- 11.1. Levels of competence (education and training) required by the Trust are defined and evaluated in the relevant roles pertaining to this procedure.

12. Monitoring

- 12.1. Monitoring compliance with the procedure is the responsibility of Operations Managers Clinical, who report to the Senior Clinical Operations Manager.

13. Audit and Review

- 13.1. Audit and review of SMP No Send Audit procedure is the responsibility of Operations Managers Clinical, who report to the Senior Clinical Operations Manager.
- 13.2. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 13.3. 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).
- 13.4. 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.
- 13.5. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.
- 13.6. The staff completing the audits will have regular peer review sessions to ensure competency on the role.

14. Equality Analysis

- 14.1. 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.
- 14.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor



or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

15. Associated Documentation

- 15.1. Surge Management Plan
- 15.2. Training Guideline: How to Complete No Send Audits

16. References

- 16.1. NHS Digital – NHS Pathways (<https://digital.nhs.uk/services/nhs-pathways#summary>)
- 16.2. Manchester Triage System (<https://www.triagenet.net/classroom/>)

17. Glossary

- 17.1. 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.
- 17.2. CDSS (Clinical Decision Support Software) – CDSS is the generic term used to describe the triage software supporting the EOC clinicians with their decision making while carrying out telephone triage.
- 17.3. Datix - Datix is a web-based incident reporting and risk management software for healthcare and social care organizations.
- 17.4. 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)
- 17.5. EMA Emergency Medical Advisor is the member of staff who takes the original 999 call and carries out an assessment using the NHS Pathways Triage System
- 17.6. 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).



- 17.7. 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.
- 17.8. HCP Health Care Professional is a health worker who is registered with a professional body within the United Kingdom. Health Care Professionals may book ambulance to carry out routine and emergency journeys from home address to hospital or can arrange inter-hospital transfers.
- 17.9. No Send 'No send' is the term used to describe the decision not to send an ambulance response to a patient when the Trust is at times of high demand.
- 17.10. SMP (Surge Management Plan) is the plan used by the Trust to determine what actions need to be taken when demand is increasing and decreasing. There are 4 levels within the current surge plan ranging from level 1 (Business as Usual) to level 4 (the Trust is experiencing extremely high demand).



Appendix 1 – How to complete SMP No Send Audits (Guidance)

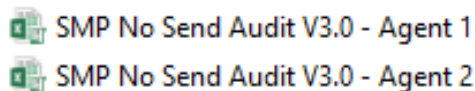
1. Open internet explorer
2. Go to favourites and open CAD online – click on the menu on the left then enquiries



3. Open following path:

Departments (T:) > Clinical EOC Safety Audit > SMP No Send Audit

4. Open SMP No Send Audit V3.0 – Master (And then the relevant agent number depending on which one you have been assigned)
- 5.



6. At the bottom of the excel sheet you will see tabs. You will need the SMP Audit tab in red. Click on this tab and then click on the clear fields tab to



ensure the fields are all clear.

7. On the Info tab, the ones that are highlighted in grey have been completed and the ones that are white need to be completed, they automatically go grey later in the process. You will be assigned the dates that we need you to complete so work through the list that you find on the tab.

8. Start completing the boxes on the excel sheet SMP Audit tab.

9. From the info tab click into the cell with the case number in it and copy the case number. Put case number into CAD online and open



10. The EMA name is found by clicking on Call Audit tab at the bottom of the



page on CAD online

scroll all the way to the bottom and

the name that first appears



on the left is the EMA name.

11. Clinically reviewed by box. If you scroll up the Call Audit tab towards the top the clinician name that has reviewed it will be found (to know the clinician names, on the excel sheet there is a tab labelled as names, this is all the clinicians).

Names

12. CAD number, this is the long case number on the front screen of CAD Online,

Call ID:



Call ID:

13. Auditor name, this is your name.

14. Initial category – this is found on CAD online in the call audit section. This will be C1, C2, C3, C4, C5. You can find this by clicking Ctrl F then typing C1 etc into the little search box that comes up on the tool bar at the top and keep clicking enter until you reach the bottom. and then pressing enter.

Find: C3

15. Final category – this is found the same way as the initial category but is the last rather than the first category that comes up.

16. Call date. This is the case date.

17. Moving onto the main audit section. Q1 – Was this a hear and treat / HCP / hospital transfer call. Hear and treat - this is a case that is any other disposition than an ambulance one, they should not be in the SMP audit required list, but there will sometimes be one there if a case has been closed incorrectly. To find out whether it meets this read through the notes – these are found on the front page of CAD online – scroll down a little, or they will be

in the Pathways Sum. tab. Pathways Sum. or it will be listed as an HCP call as the diagnosis on the main screen on CAD online.

18. Question 2 re surge level. If you have access to the database log this will be found there if not an e mail should be sent to you with the log of the surges that you can reference. It will tell you the times that it goes into each surge.

19. Question 3 appropriate documentation, it should be recorded in the case notes – main case screen on CAD online and scroll down – if they were in surge something along the lines of “Clinician review - please see notes - no



send demand management plan - purple surge - patient advised to contact own gp or make own way to ed” should be documented. If there is nothing in the case then this should be marked as a negative.

20. Question 4 – age – on the front screen of CAD online it should have an age in the top section. If there is no age there click on the Pathways Sum section and the age range for the pathway should be showing. If neither of these are there and there is no documentation of age then mark as a negative.

Caller: (Anonymous)
Tel: (Anonymous)
Patient: (Anonymous)
Age: Adult (16+ years)

Patient Age 46 Years

21. Question 5 – was the case early exited to a clinician – Look at the Pathways sum. tab and scroll through the notes to see whether it has been early exited? If it has then mark as a positive.

22. Question 6 – was the clinician pathways / MTS accredited, if you do not know the clinicians, on the tabs on the excel sheet at the bottom there is a tab on the rt called names, this is all the names of the clinicians that are employed by EOC and are accredited.

23. Question 7 – Case reviewed against SMP criteria. Page 16 of the SMP, check to see whether the case meets any of the exclusion criteria. They may not have made notes to reflect it does not meet the exception criteria but if it should meet the criteria and should have been sent on and they have not justified why it is a no send then mark as a no and mark question 8 as a yes.

24. Question 8 – Identify or meet the exclusion criteria. If it does meet the criteria and there is no justification in documentation then mark as a yes.

25. Question 9 – Does it identify any vulnerable patients / clinical concern, read the notes and case details in pathways sum. tab to see if any details that highlight this.

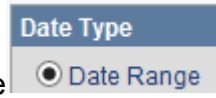
26. Question 11 – has there been any complains / incidents raised – if any complaints or incidents have been raised then there will be a note written onto the case. If there are no notes then the answer if no.



27. Question 12 – post review incident. Open a new tab on the internet. Go to favourites and open info – performance reports



in the date tab **Date** select



date range then in the date values box select the start date as the case date and then the end date as 72 hours (3 days) later.

Date Values	
Start Date	18/09/2018
End Date	21/09/2018

28. Select the Other tab. **Other** Open CAD online and copy the house number and road name or house name and road name – this will need playing around with as it is temperamental. Paste into the source address section in the other tab in info,

Source Address

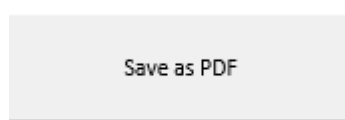
ensure there are no , put in there as it does not like them. Scroll to the bottom of the page and click

generate report. If nothing comes up then you may have to search on the road name and search through cases that come up for the correct address.

29. On the left side there will a number to reflect the amount of calls that have been made to that address in that time period. If this is more than 1 then click on the number and then open each case by clicking on the case number on the left to read through the comments and pathways tabs to see if the case is of concern / risk. If not then select no.

Audit Date	09/11/2018
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30. The audit date should self-populate.



31. Click “Save as PDF”



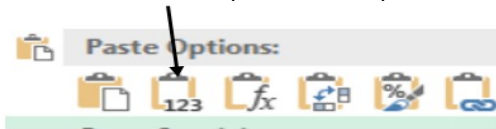
32. The section at the bottom will auto populate with needing an IRW-1 or



compliant audit – see below if needs IRW-1.

33. Open the tab on the excel sheet SMP No Send Log. **SMP No Send Log** Select the cells A4 to J4 and copy.

34. Paste as values (Paste 123) in next available cells



35. In the last box at the end of the row put in whether the IRW-1 had been completed or not.

36. If you complete an IRW-1 then put the W number that is populated in the end box.

37. Click the little save button at the top of the excel sheet



38. On CAD online add call note “SMP no send audit completed = compliant / non-compliant”

39. Return to the SMP Audit tab, **SMP Audit** Click the Clear Fields button and you are ready to start the next one.

40. At the end of completing SMP Audit go into the archive folder at the following location and drag the sheet into the relevant month.

[Departments \(T:\) > Clinical EOC Safety Audit > SMP No Send Audit > Archive No Send Audits](#)

41. To complete the IRW-1 for ones that highlight as needing an IRW-1 please see below for section assistant



SECAmb Datix Incident Form (DIF1)



Click here for the DIF1 User Guide

Click here for the Incident Policy and Procedure

Details of Incident

* Date of Incident (dd/MM/yyyy) ?	07/11/2018
* Time of Incident (hh:mm) If time unknown please enter 00:00	01:30
CAD No (If Applicable)	01234567
Call Sign (If Applicable)	
* Type of Responder (e.g. CFR/PAP/Fire and Rescue)	SECAmb

* Description of Incident Please enter facts not opinions Do not use names of patients or staff, use initials or job titles. Names can be input under person affected or employees contact form below.	SMP no send audit for surge demand management requiring investigation.
* Action Taken Enter action taken at the time of the incident to make the person or area safe.	SMP Audit and IRW-1 completed.

Location of Incident	
Trust	South East Coast Ambulance NHS Foundation Trust
* Location (type)	Emergency Operation Centre
* Location (exact)	West EOC

Incident Coding	
* Type	Incident affecting Patient/Service User
* Category of Incident	Timeliness / Delay
* Subcategory of Incident	Initial resource delayed

The location (Exact) will be either West EOC or East EOC depending on where the address of the case is.



Incident Harm Level

* Grade of Harm: Event being reported caused NO HARM / INJURY

* Specific Harm: No known harm incurred
Please click here for guidance

Duty of Candour

People Affected

Person Affected Clear Section

Contact role: Person Affected

* Type: Patient

* Subtype: Patient
Please select or reconfirm the type of the individual affected by this incident

* First names: Joe (Or Unknown)

* Surname: Bloggs (Or Unknown)

* Address: 1 The Street
The Town
The County
ZZ99 1ZZ
for staff please use C/O and your ambulance station

* Was the person injured in the incident?: No

Add another

Additional Information

Other SECAMB Employees Involved/Witnessed the Incident?

Other Contacts Involved, Police, Fire, Public?

Are there any documents to be attached to this record?

Is this incident reportable to SIRS?
Security Incident Reporting System

Details of person reporting the incident Clear Section

Reporter

* First names: Your First Name

* Surname: Your Surname

* SECAMB E-mail: Youremail@secamb.nhs.uk
Please provide your work SECAMB email address (important - please do not use non "Secamb.nhs.uk" email addresses). This will be used to provide feedback regarding the incident / occurrence being reported.

Details of Reporting Person

* Directorate: Operations - EOC

* Op Area/Department: EOC Clinical

* Station/Team/Office: EOC Clinical West

Pick either EOC Clinical West or EOC Clinical East depending on which area you work in.

Your Manager

* Your Manager: Seels, Claire - Clinical Advice Manager
Please select your OTL/EMATL if not found then your OM / EOCM or Head of Department from the drop down list. If your manager is not listed please select DATIX ADMIN.

Submit Cancel