South East Coast Ambulance Service NHS
NHS Foundation Trust

Kent, Medway, Sussex (KMS) 111 Clinical Tail Audit Procedure

Contents

1 Scope

1.1. South East Coast Ambulance (SECAmb) 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, and building capacity and capability for continuous improvement.

1.2. SECAmb as the prime provider, with IC24 as its sub-contractor, mobilised the new 111 Clinical Assessment Service (CAS) to deliver the Kent, Sussex and Medway regional Integrated Urgent Care (IUC) solution from 1st October 2020.

1.3. The implementation of this service has increased the type of cases that, following a non-clinical NHS Pathways triage, are either directly (as interim NHS pathways outcomes) or via the Directory of Services (DoS) referred to the 111 CAS.

1.4. The variety of case types are defined through the NHS Pathways assessment of the call handler, which results in a disposition code (Dx Code). This disposition code determines the outcome of the assessment with a designated type of service to meet the needs of the patient, the method of how this will be facilitated with the service and the timeframe to be completed within.

1.5. This procedure defines the case breach definitions by Dx Code for clinical call backs and the associated actions, parameters and reporting led by SECAmb with IC24 in the completion of the KMS 111 Clinical Tail Audit.

1.6. The KMS 111 Clinical Tail Audit is an objective assessment of the extent of the wait the patient experienced, and the activities that took place, between the end of the non-clinical NHS Pathways triage by the Health Advisor/Service Advisor (HA/SA) and the time of successful contact by a clinician in completing the call using the KMS 111 Clinical Tail Audit Tool. This assessment gives a Final Risk Score, with a clinical review of the case to evaluate a defined level of harm to assess if the risk to the patient requires further investigation.

1.7. This procedure is applicable to all KMS 111 Clinical and KMS 111 Leadership Team staff.

2 Procedure

2.1. Real time cases within the KMS 111 Clinical queue are reviewed continuously through the KMS 111 CAS Clinical Navigator. Those cases that have breached the defined 'clinical call back times' as identified within this procedure are identified to the Operations Manager Clinical and CAS Clinical Navigator Team daily 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 KMS 111 Clinical Tail Audit Procedure is to assure the safety of cases which breach clinical call back times. To do this, an agreed number of cases are identified which have met a breach tolerance level as stipulated by each disposition within this procedure, to be audited against a risk based 'KMS 111 Clinical Tail Audit Tool'.

2.3. The 'KMS 111 Clinical Tail Audit Tool' is completed by a trained and approved Clinical Tail Audit auditor.

2.4. The functionality of the tool will be described further within this procedure (see **4 KMS 111 Clinical Tail Audit**).

2.5. The KMS 111 Clinical Tail Audit uses pre-determined parameters clarified by the auditor to clinically assess any risk that may be introduced or increased as a result of delayed clinical contact against a Clinical Risk Matrix, which will result with a Final Risk Score for each case assessed. These audits are saved with no Patient Identifiable Data captured or retained. All Clinical Tail Audits scoring a Final Risk Score of 4 will be considered as a DIF-1 for further investigation at the discretion of the Clinical Tail Audit auditor. All Clinical Tail Audits scoring a Final Risk Score of 5 **must** be entered into the SECAmb Datix system as a DIF-1 for further investigation.

2.6. The KMS 111 Clinical Tail Audit also ensures a clinical review of the case to evaluate a defined level of harm, assessing the risk to the patient and defining at which point the auditor will be required to enter an incident to the SECAmb Datix system as a DIF1 for further investigation.

3 Identification of Breaches

3.1. As identified earlier within this procedure, the NHS Pathways triage results in a Dx Code determining the outcome of the assessment with a designated type of service to meet the needs of the patient, the method of how this will be facilitated with the service and the timeframe it is to be completed within.

3.2. The Trust's Cleric Clinical Workflow Solution (CWS) identifies this 'disposition code' to indicate a level of priority within the IUC CAS Clinical Queues (CSD Stack) by colour and breach marking where a case may have exceeded the NHS Pathways specified timeframe for a 'call back'.

3.3. Within the KMS 111 IUC Contract through the Appendix A1 - SCHEDULE 2A KMS IUC CAS Service Spec 2020-2023, 'Call Backs from Clinicians' is clarified with the following excerpt –

'Call backs must be conducted according to the urgency of the call, based on clinical judgement and within any specified time limits as appropriate, with the caller given an accurate indication of time. Calls outside this time must undergo a clinical audit review. An audit protocol will be agreed to ensure good governance and to maintain patient safety. Commissioners and the Provider will review audits via the Clinical Quality Review Group. Clinicians undertaking telephone consultation must work within any governance requirements set out by the Provider and in line with any national NHS England governance standards.'

3.4. The NHS England IUC Service Specification (August 2017) continues to provide the current guidance to outline 'timeframes' for clinical call backs by disposition (*pages 108 – 113*). However, not all KMS 111 IUC CAS dispositions are included within these specifications.

3.5. SECAmb KMS 111 clinical leads held a joint key stakeholder engagement meeting involving 111 and 999 clinical teams, IC24 clinical and training leads with the Trust Critical Systems teams to review the clinical prioritisation marking and ensure alignment with NHS specifications, whilst also reviewing those where time parameters have not been provided.

3.6. Key learning from IC24 and their experience in CAS service delivery was involved with rationales applied in ensuring Dx prioritisation is synonymous across our systems.

3.7. Reports are supplied as required through the Trust Power BI platform for cases which have breached each of the KMS 111 IUC CAS dispositions for clinical call back.

3.8. In agreement and accordance with the KMS 111 IUC CAS contractual requirements, a number of these 'breached' cases will then be audited through the KMS 111 Clinical Tail Audit.

3.9. In addition to these contractual requirements, over-auditing of breached cases may be determined as recommended and agreed at relevant

management or oversight forums (e.g., Clinical Governance Group, 111 Senior Leadership Team, etc.)

3.10. Tail Audits will be undertaken using the KMS 111 Clinical Tail Audit Tool. The auditor will need access to, and familiarity with, relevant forms and reports in order to be able to input the data required.

4 KMS 111 Clinical Tail Audit

4.1. The risk-based 'KMS 111 Clinical Tail Audit Tool' has been developed following delivery of Clinical Tail Audit within the previous KMSS 111 IUC Service requirements (2013 – 2020).

4.2. The tool provides an objective assessment with a defined 'level of harm' in relation to the extent of the wait the patient experienced, and the activities that took place between clock start and clock stop times.

4.3. The process of KMS 111 Clinical Tail Audit is comprised of two components:

- The KMS 111 Clinical Tail Audit Power BI Solution
- The KMS 111 Clinical Tail Audit Tool

Clinical Tail Audit Power BI Solution

4.4. Where the KMS 111 Clinical Tail Audit Power BI Solution identifies the longest breaches, the following information is retrieved for evaluation in order to reference the case and conduct the calculations required for risk assessment:

- Case number – Full case number from Cleric as the original case created by the HA / SA, or in the event of a CAS referral through the Directory of Services (DoS), the second case number from the newly created case received through ITK to the KMS 111 IUC CAS Cleric CSD Stack.
- Date of case.
- Clock Start Time – Marked by the end of the HA/SA triage where a disposition has been reached, or in the event of a CAS referral through the Directory of Services (DoS), the time the case is received through ITK to the KMS 111 IUC CAS Cleric CSD Stack.

- Time to CSD Stack – Case directed within Cleric to the CSD Stack for NHS Pathways Interim outcomes, or in the event of a CAS referral through the Directory of Services (DoS), the time the case is received through ITK to the KMS 111 IUC CAS Cleric CSD Stack.

- Clock Stop Time – When a clinician successfully contacts the patient / caller and completes the case or closes the case in accordance with the Trust case closure policy.

- Interim disposition code and description of disposition.

- Final disposition code and description of disposition.

4.5. The Power BI solution will assess the time difference between the 'Clock Start' and 'Clock Stop' time for clinical call back time and evaluate this logic against the defined 'breach times' by disposition, as specified within this procedure to determine level of breach.

4.6. There are five levels of breach are indicated as below:

Call Back Time	Call Back Time Mins	Low Level Breach	Medium Level Breach	High Level Breach	Critical Level Breach
15 Mins	15	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
30 Mins	30	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
20 Mins	20	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
1 hr	60	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
2 hrs	120	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
4 hrs	240	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
6 hrs	360	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
12 hrs	720	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2
24 hrs	1440	Time x 1.25	Time x 1.5	Time x 1.75	Time x 2

4.7. The defined level of breach is then indicated to the auditor within the KMS 111 Clinical Tail Audit Power BI Solution.

Clinical Tail Audit Tool

4.8. The information returned and presented to the auditor through the KMS 111 Clinical Tail Audit Power BI Solution is then reviewed and input to the KMS 111 Clinical Tail Audit tool, through user-based access to Microsoft Forms, where the information can be stored and accessed, as well as provide a reporting framework as required.

4.9. The following questions are answered and input:

- Cleric Case number
- Date of case
- Final Case Priority – This is selected from the following options:
    - Ambulance Dispatch CAT 1
    - Ambulance Dispatch CAT 2
    - Ambulance Dispatch CAT 3
    - Ambulance Dispatch CAT 4
    - Emergency Treatment Centre (not MIU)
    - Primary Care Urgent (within 24 hrs)
    - Primary Care Non-Urgent (over 24 hrs)
    - Other Service Non-Urgent (e.g., Pharmacy)
    - Consult and Complete
- Breach Risk Rating – This is selected from the following options:

    1 = Non-Breach
    2 = Low Level Breach
    3 = Medium Level Breach
    4 = High Level Breach
    5 = Critical Level Breach

- Consequence Risk Rating – The consequence is the potential of the clinical impact of the case as presented with the facts from the case review undertaken. The auditor can collate from the case review and 'Consequence' is selected from the following options:

    1 = Insignificant
    2 = Minor
    3 = Moderate
    4 = Major
    5 = Extreme

- Clinical Evaluation – Here, free text is entered to explain the rationale for the 'Consequence Risk Rating' and any other relevant clinical details.
- Final Risk Score – this is a numerical value 1-5, entered following calculation using the below risk matrix and is considered at final risk score of 4 and mandated at final risk score of 5 to enter this case to Datix:

Risk Rating			Consequence				
			1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Breach Risk Rating	5	Critical Level Breach	3	4	4	5	5
	4	High Level Breach	2	3	3	4	5
	3	Medium Level Breach	2	2	3	3	4
	2	Low Level Breach	1	2	2	3	4
	1	Non-Breach	1	1	2	2	3

- Select one or more Patient / Clinical Classifications:
    - NHS Pathways Illness
    - NHS Pathways Injury
    - Patient / Nature of call type - Mental health concern
    - Patient / Nature of call type - Dental health concern
    - Patient / Nature of call type - Asymptomatic caller (e.g. Health Information)
    - Patient / Nature of call type - HCP Call
    - Patient / Nature of call type - Palliative Care / End of Life
    - Patient over 18
    - Patient Age Under 18

- If considered or mandated for a DIF-1, the contents of the Tail Audit is uploaded as part of the DIF-1 incident.

- Harm Review Selection – this is based on the clinical assessment of the breached time / consequence risk rating, priority of case and any other associated factors, which may include final outcome of patient e.g., conveyed to Emergency Treatment Centre under emergency ambulance condition.
    - Near Miss - Any event, circumstance or situation that could have resulted in an incident but did not due to either chance or well-timed intervention e.g., Slips/Trips which avoids injury but had the potential to cause injury.
    - No Harm - An incident which did not result in injury or illness
    - Low - Incident required further observations, minor treatment or caused minimal harm Injuries which required first aid or additional monitoring.

- Moderate - Incident resulted in further treatment and caused short-term harm Incidents or injuries which require surgery and / or additional follow up treatment.
- Severe - Incident caused permanent or long-term harm. This includes injuries such as amputation, permanent loss of sight/feeling, permanent damage to brain or internal organs.
- Death - Patient who died as a direct result of SECAmb actions or following on from injury sustained in SECAmb care. This does not include patients who died in the community which were not as a result of SECAmb.

- Select Classification of call – The auditor will review the type/nature of call and select as appropriate from the fields presented to the auditor to support thematic analysis of Clinical Tail Audit in 111.

- Additional Notes – here the auditor may capture or record any notes not recorded elsewhere within the audit.

- Submit – Here the Auditor submits the final audit, where all details, including the auditor, time and date of audit are recorded.

4.10. In the event of a Datix incident being raised, this will be assigned by the auditor to a member of the 111/999 Operations Manager Clinical Group.

4.11. **Patient Welfare Calls and Patient Welfare Texts**

4.12. In the event of Patient Welfare Calls (PWC) or Patient Welfare Texts being noted within the clinical review, these must be captured within the clinical notes and inform consideration to the consequence weighting.

5 Auditor Notes and Completing the Audit

5.1. Clinical Tail Audit can only be completed by clinical staff who have been trained and competent in the application of this procedure and use of the tools and guidelines as provided by this procedure and within training.

5.2. Auditor notes may be added to the tool as free text. Auditor name and audit date are also entered into the tool.

6 Actions Following Completion

6.1. The Operations Manager Clinical Group report monthly on the Clinical Tail Audit activity, incidents and actions to the Quality, Performance and Workforce Report issued to commissioners.

7 Definitions

7.1. **ARP** (Ambulance Response Programme) - Following the largest ambulance clinical trials in the world, NHS England implemented a new ambulance response standard across the country - this is known as the Ambulance Response Programme (ARP). The new standards were introduced in SECAmb on 22 November 2017.

7.2. **CAS** (Clinical Assessment Service) - The CAS is a term which has been developed by NHS England for the provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service offering patients access to clinicians, both experienced generalists and specialists (such as Dental Nurses and Mental Health Practitioners).

7.3. **CAS Clinician** (Clinical Assessment Service Clinician) - CAS Clinician is a generic term for all clinicians working within the CAS under the leadership of the CCN.

7.4. **CSD** (Clinical Support Desk) – The CSD Stack is the CAD naming convention for the clinical queue.

7.5. **CCN** (CAS Clinical Navigator) - The 111 IUC CAS Clinical Navigator (CCN) responsible for delivering the leadership, management and clinical skills required to provide oversight of the incidents requiring clinical support within the 111 IUC CAS, and the Clinical staff working within the 111 IUC CAS allocated to deliver these functions, thus mitigating risk and improving patient safety. The CCN additionally provides the coordination, escalation and liaison between provider organisations for resources working within 111 IUC CAS. CAS Clinical Navigators report to Operations Managers Clinical.

7.6. **Datix** - Datix is a web-based incident reporting and risk management software for healthcare and social care organisations.

7.7. **DIF-1** (Datix Incident Form 1) – DIF-1 is SECAmb's web-based form for reporting an adverse incident, formerly known as IWR-1 (Incident Web Reporting 1)

7.8. **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.

7.9. **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).

7.10. **IC24** (Integrated Care 24) - IC24 is a not-for-profit social enterprise providing services across the South and East of England, including the NHS 111 service, clinical assessment services, face-to-face urgent care appointments and home visiting.

7.11. **Microsoft Power BI -** Power BI is a business analytics service by Microsoft. It aims to provide interactive visualizations and business intelligence capabilities with an interface simple enough for end users to create their own reports and dashboards.

7.12. **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.

7.13. **Patient Welfare Call** (PWC) – A Patient Welfare Call will be carried out where a clinical call back has been delayed and is conducted by trained and competent 'Patient Welfare Callers', utilising full NHS Pathways Core Module where required.

7.14. **SECAmb** (South East Coast Ambulance Service) - South East Coast Ambulance Service NHS Foundation Trust is part of the National Health Service (NHS). SECAmb respond to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across the region.

8 Responsibilities

8.1. The **Chief Executive Officer** has overall responsibility for this procedure.

8.2. The **Medical Director** has responsibility for matters relating to clinical governance in respect of this procedure.

8.3. The **Executive Director of Operations** is responsible for the strategic operation of this procedure.

8.4. The **Associate Director for Integrated Care (999 & 111)** is accountable for ensuring the full implementation of this procedure across the KMS 111 IUC CAS and the Trust's EOCs where appropriate. The Associate Director for EOC is also accountable for the full implementation, monitoring, auditing and review of this procedure.

8.5. The is **Head of Clinical Operations for Integrated Care (999 & 111)** is responsible for ensuring the full implementation of this procedure across the KMS 111 IUC CAS and the Trust's EOC Clinical Team where appropriate. The Head of Clinical Operations for Integrated Care (999 & 111) is also responsible for the full implementation, monitoring, auditing, reporting and review of this procedure.

8.6. **Operations Managers Clinical** (OMC) are responsible for completion of the Tail Audits according to this procedure across KMS 111 IUC CAS and their Trust EOC and their Clinical Team where appropriate.

8.7. **All IUC Clinical and Leadership Teams** must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within.

9 Audit and Review (Evaluating Effectiveness)

9.1. Audit and review of KMS 111 Clinical Tail Audit Procedure is the responsibility of the Head of Clinical Operations for Integrated Care (999 & 111), who reports to the Associate Director for Integrated Care (999 & 111).

9.2. 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.

9.3. 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).

9.4. 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.

9.5. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

10 Associated Documentation

10.1. KMS 111 IUC Contract through the Appendix A1 - SCHEDULE 2A KMS IUC CAS Service Spec 2020-2023, 'Call Backs from Clinicians'

11 References

11.1. NHS Digital – NHS Pathways (https://digital.nhs.uk/services/nhs-pathways#summary)

11.2. The NHS England IUC Service Specification (August 2017 - *Pages 108 – 113*) (Integrated-Urgent-Care-Service-Specification.pdf (england.nhs.uk))

12 Financial Checkpoint

12.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

12.2. This document has been confirmed by Finance to have no unbudgeted financial implications.

13 Equality Analysis

13.1. 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.

13.2. 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.