



Dispatch Audit Policy & Procedure

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1 Scope

- 1.1. This document defines the quality assurance and practice development processes for grade of staff working within the Emergency Operations Centre (EOC) who:
- Use Computer Aided Dispatch (CAD) to Manage resources.
 - Use Control Room Operator Positions (CROPS) to communicate with resources.
- 1.2. The standards of use for Dispatch are set out in the respective Trust policies and procedures and Trust Operational or Clinical Bulletins. These are the approved standards that practice will be compared to during audit.

2 Responsibilities

- 2.1. The **Chief Executive** has overall responsibility for risk management, clinical safety and governance within the Trust.
- 2.2. The **Executive Medical Director** is the Caldicott Guardian and has overall responsibility for Clinical Governance, including the Emergency Operations Centre (EOC), within the Trust.
- 2.3. The **Executive Director of Nursing and Quality** has responsibility for matters relating to regulatory compliance (data protection), risk management, health and safety relating to this procedure.
- 2.4. The **Executive Director of Operations** has overall responsibility for Emergency Call Compliance processes within the Trust.
- 2.5. The **Associate Director for Integrated Care (111 & 999)** is responsible for ensuring application of processes, procedures, performance and compliance within the EOCs in the Trust.
- 2.6. The **Operating Unit Manager for Dispatch (OUM)** is responsible for ensuring that the compliance and quality assurance process is taking place within the EOC & IUC and ensuring that appropriate support/actions are undertaken.
- 2.7. The **Education and Training leadership team across the EOCs** have responsibility to ensure that lessons from audit activities are used to inform learning and development activities.



- 2.8. All EOC Dispatch staff must ensure that:
- They are familiar with the content and application of this procedure and their responsibilities contained within. Any questions on this procedure must be raised initially with the individual's line manager.

3 Who will carry out audit?

- 3.1. Dispatch audit and practice development will only be undertaken by suitably recognised and trained individuals.
- 3.2. Individuals are responsible for maintaining their own skills and competence in audit. Recognising that this involves a high level of competence in dispatch (ensure regular dispatch shifts are completed, minimum of 1 per month), a good understanding of the relevant Standard Operating Procedure (SOP), understanding of local policy, advanced
- 3.3. All individuals who are trained to audit will undertake levelling periodically to ensure a fair and balanced audit process is in place.
- 3.4. A register of those who are trained to audit and their participation in levelling activities will be maintained.
- 3.5. Those who audit as a major part of their role will have one audit bi-monthly reviewed by the lead auditor in East & West EOC and assessed against.

4 What is the transition from initial training to audit?

- 4.1. After completing initial classroom Dispatch training, individuals will receive at least 12-15 mentor shifts, after this period the dispatcher will be signed off initially to dispatch solo or put on a support plan for further support. Those who have been signed off solo will ideally (where capacity allows) have an audit in the interim before their final assessment. The reasoning for this is new dispatchers are naturally more prone to making mistakes and any incorrect ways of working should be identified early and rectified.
- 4.2. Once final assessment has been completed, ongoing audit will be as per normal parameters outlined in section 5. Auditor's will work in conjunction with the individual's line manager to provide audit and practice development.
- 4.3. Auditing will be used as a tool for monitoring and evidencing any development needs identified during the mentoring and training process.



5 How many audits will people receive?

Dispatchers will have several audits per month dependant on the tier they are in (1,2 or 3).

5.1. Line managers will set the tiers for their team members monthly. Auditors can give recommendations on tiers based on audit results; the decision ultimately belongs to the staff member's line manager, who will provide the relevant information as to the rationale for being in which tier.

5.2. Tier 1 – Staff where there is evidence of quality issues such as non-compliant audits, observed unsafe practice, poor KPI's and/or adverse incidents arising from their dispatching.

Tier 2 – Staff who have passed their final dispatch assessment but are in their probation period, (These staff can be moved to tier 1 if there are concerns raised but cannot be moved to tier 3 until they have successfully completed their probation).

Tier 3 – Staff who have evidenced they are performing well and there are no concerns regarding their competency.

5.3. Target number of audits per month:

Tier 1 – 3 Audit per Month (completed in different desks, where possible)

Tier 1 – 2 Audits per Month (completed on different desks, where possible)

Tier 3 – 1 Audit Bi-Monthly (every other month)

5.4. An audit tracker will be maintained to monitor number of audits.

5.5. Due to audit capacity, it may not be possible to facilitate the number of audits required per month. In the event of this happening, audits will be prioritised by tier. Tier 1 is the highest priority, followed by tiers 2 and 3.

6 Live Audit

6.1. Live audit should be carried out using the Dispatch Quality Assurance Live Audit Checklist, as per appendix C.

6.2. Audits will be completed without notice generally, however consideration to be given for those with reasonable adjustment passports.



- 6.3. The auditor will utilise covert eaves drop feature on the CROPs for the purposes of dedicated audits only and set up their CAD to match the desk of the dispatcher they are auditing. The use of covert eaves drop shows in the history for managers.
- 6.4. Audits will last 90 minutes, should the dispatcher take a break during their audit, this should be noted, and the audit recommenced on their return, so they have a full 90 minutes observed.
- 6.5. Audits must not be completed if a dispatcher is remote covering a desk in the neighbouring EOC.
- 6.6. If a competency does not come up in the 90-minute period, a dispatcher will receive compliant for that competency (e.g. if there are no C1 calls the dispatcher will receive full for category 1 allocation and shown as not observed).
- 6.7. Where possible auditors should not complete audits on dispatchers on their own team unless for reasonable adjustments agreed by line manager.
- 6.8. Audits will not start at beginning of shift; dispatchers will be given a 15-minute protected period to allow logging in and settling in.
- 6.9. No patient or staff identifiable information should be attached to the audit, in accordance with GDPR Information Security & Risk Management Policy along with the;
 - Records Management Policy
 - Data Protection Act 2018
 - Common Law Duty of Confidentiality
 - Caldicott Principles
 - Information governance policy
- 6.10. For non-compliant or partial competencies, evidence should be included for the purposes of feedback and appeals (E.G CAD incident number, map snippets, radio times/logs and callsigns, this list is not exhaustive). Patient or staff identifiable information cannot be snipped due to GDPR.
- 6.11. Once completed the audit checklist should be saved in PDF form to ensure the document cannot be altered.
- 6.12. On completion the audit tracker will be updated (see user guide in DTL teams folder).
- 6.13. The competency checklist is designed for use by an auditor in EOC but not side by side with a dispatcher. Auditor must maintain visual and auditory awareness of the dispatcher for context.



- 6.14. Any developmental feedback should be documented and given face to face after each audit as per Appendix A for it to be considered in their practice going forward and followed up by the dispatcher's line manager.
- 6.15. During an audit, if the auditor observes any practice that compromises safety, they must intervene immediately, or escalate to a DTL to rectify. Any need to intervene would result in a non-compliant audit.
- 6.16. Example scenarios requiring intervention might be:
- Not assigning the closest appropriate resource to a C1 call.
 - Failure to identify a site safety concern and act accordingly.
 - Losing control of a busy desk resulting in multiple inefficiencies resourcing high acuity incidents. [This list is not exhaustive; the auditor will maintain discretion with intervention.]
- 6.17. There are three ways in which an audit would become non-compliant.
- Compulsory Competencies not achieved.
 - A score of <86% is achieved.
 - The auditor has any concerns that practice during the audit was not safe leading them to intervene.
- 6.18. Those who fail to meet the required competency level, and if their line manager deems it suitable a development action plan should be considered, and they potentially can be moved to Tier 1 audit level.

7 Provision of Feedback

When Audits Are Compliant:

- 7.1. Wherever possible, feedback should be given face-to-face immediately, in a private and comfortable location. After face-to-face feedback. Audits should be saved in the individual's audit folder located in the DTL folder on teams and must be emailed to the auditee and their line manager.
- 7.2. An Audit feedback form must be completed (Appendix A) and sent to the dispatcher and their line manager following feedback.
- 7.3. An Audit reflection form must be completed (Appendix B) and sent to their line manager following feedback. This must be completed by the end of the next working shift.
- 7.4. Compliance figures will be entered into the relevant database by the auditor and performance reports will be produced monthly.



- 7.5. If there is any practice observed in which the dispatcher has excelled this will be highlighted to their line managers and dispatch OUM for recognition.

One or More Non-Compliant Audit

- 7.6. Line managers are responsible for investigating issues that have caused non-compliance and developing a suitable support plan where required in collaboration with a trainer, coach and/or EOCM. The support plan will be individually tailored according to the situation. Consideration should be given to use of reasonable adjustments passports, dispatch training team, the dispatch zone page and other learning resources. The line manager should also consider the use of mentoring shifts with a coach.
- 7.7. If a further non-compliant audit is received, within three months of the original non-compliant audit. Advice should be sought from HR in line with the capability policy.
- 7.8. The auditor should decide whether the non-compliant audit(s) are classed as low or high risk. In line with table below, Auditors are encouraged to seek support and share this decision where required.

Low Risk	<p>There may be several indicators partially achieved that have led to non-compliance, however, in general handling of channel was safe enough.</p> <p>The individual is thought to be safe to handle the channel with feedback when they are next available.</p>
High Risk	<p>The auditor may have identified concerns around the safety of the individual to continue dispatching.</p> <p>For example, non-compliance in the compulsory part of the audit.</p>

Managing Low-Risk Non-Compliance

- 7.9. The auditor should decide whether the non-compliant audit(s) are classed as low or high risk. In line with table below, Auditors are encouraged to seek support and share this decision where required.
- 7.10. Feedback must be given face to face, ideally by the auditor.
- 7.11. An Audit feedback form must be completed (Appendix A) and sent to the dispatcher and their line manager following feedback.



- 7.12. The relevant tracker should be updated to document that feedback has taken place.
- 7.13. An Audit reflection form must be completed (Appendix B) and sent to their line manager following feedback. This must be completed by the end of the next working shift.
- 7.14. Audit feedback form (Appendix A) and the Audit reflection form (Appendix B) should be saved in the individual's Microsoft Teams folder and emailed to the auditee and their line manager. The relevant tracker should be updated to document that feedback and reflection has taken place.
- 7.15. If the auditee is not available for face-to-face feedback, review GRS to see who the next EOCM/TL is on shift to provide feedback at earliest opportunity to the auditee.
- 7.16. If there are two or more 'low risk' non-compliant audits, a note should be added to the next month's audit tracker detailing that the previous month was a 'non-compliant month'.

Managing High-Risk Non-Compliance

- 7.17. The risk should be escalated immediately to a manager (e.g. EOCM), EOCM can escalate to the Oum in hours or EOC Tactical on Call out of hours for situations where there is a conflict of interest.
- 7.18. A discussion should be held as to whether it is appropriate for the individual to be placed on restricted duties and suitable next steps. For example: sitting the individual with a mentor or auditor for the remainder of shift and organising further mentoring shifts.
- 7.19. An Audit feedback form must be completed (Appendix A) and sent to the dispatcher and their line manager following feedback.
- 7.20. The relevant tracker should be updated to document that feedback has taken place.
- 7.21. An Audit reflection form must be completed (Appendix B) and sent to their line manager following feedback. This must be completed by the end of the next working shift.
- 7.22. The dispatcher's line manager is responsible for next steps and developing a support plan. This can be done with support from the training department. In accordance with the Capability policy and procedure.



- 7.23. The support plan will contain identifiable areas for improvement and time frame, this can vary from 3 to 7 shifts. An audit reflection form (Appendix B) must be completed by the auditee after every shift following the guidance in the support plan.
- 7.24. If there is one or more high risk non-compliant audit, a note should be added to the next month's audit tracker detailing that the previous month was a 'non-compliant month'.
- 7.25. A DIF-1 should be completed for any incident where patient harm could have occurred due to the dispatcher's actions.
- 7.26. It is well recognised that fear and anxiety block learning. As such, audit must be promoted to provide a positive, safe, non-blame approach for the continuous improvement of patient outcomes, patient experience and staff experience.
- 7.27. All written feedback must include these critical elements:
- Give a desired goal and timeframe. (3 to 7 Shifts)
 - Include what didn't go well , using specific examples
 - Provide advice on how to improve in future. Refer to a policy or learning tool that effectively demonstrates this point
- 7.28. Bear in mind the following principles to ensure feedback is perceived as positive and constructive;
- Write directly and personally to the individual. E.G. "I really liked the way you..."
 - Show an understanding of why the individual might have taken the course of action they did.
 - Show empathy for the context of the channel and the impact that this might have had on the individual. E.G. "it was busy with lots of jobs coming in at once..."
 - Strongly emphasise the positives; there will always be areas of good practice! Audit is as much about reinforcing effective practice as it is about providing development
 - Consider referencing best practice guidelines and local policy. E.G. Dispatch SOP and/or Dispatch related documentation on the Zone
 - Provide learning materials, such as 'Hot Topics'
 - Be mindful of scenarios where an auditee is acting under the instruction of a senior colleague. Audit should focus on the practice of the individual being audited and their compliance with the competencies for their role.
 - Wherever possible encourage the individual to find solutions. E.G, "if you were to do it again, what would you do differently?"



- The auditor should be mindful of how staff will receive and process feedback, taking into consideration reasonable adjustment passport

8 Audit Appeals

- 8.1. If an auditee does not understand or agree with feedback, they should first discuss the case with the auditor to reach shared agreement. This discussion should be recorded on the Audit feedback form (Appendix A).
- 8.2. If an agreement is not reached, the auditee must speak to their line manager for clarification on the issues to be raised.
- 8.3. The line manager should clarify issues where possible. If necessary, they should review the audit and the provided evidence and raise an appeal if concerns remain. If the auditee and the line manager cannot reach a shared agreement, the line manager must raise an appeal.
- 8.4. The appeal request must be sent within 14 days of the audit to the audit appeals email address.
- 8.5. The area lead auditor (ALA) will undertake this review within 7 days, and their decision will be final. If there is insufficient evidence to make an informed decision a new audit will be completed by the ALA.
- 8.6. The outcome of the appeal will be fed back to the individual by the line manager. Feedback should also be arranged for the original auditor if their audit was not upheld by the ALA.



9 Audit Reporting

- 9.1. The ALA or nominated deputy will provide monthly data to the Dispatch OUM and this will be shared with the Integrated Care Leadership team and governance group.
- 9.2. The report will contain compliance by EOC dispatch function, and any local issues encountered.

10 Audit and Review

- 10.1. Dispatch OUM supported by ALAs will write a quarterly and annual report for the Quality Performance Framework (QPF) which will monitor compliance with the procedure, recommend and report any changes required within the procedure to the Clinical Governance Group.
- 10.2. The procedure document will be reviewed at least every three years by the Dispatch Audit Working group; or earlier if required due to change in local/national guidance and/or policy; or because of an incident that requires a change in practice.

11 Equality Impact Analysis

- 11.1. An EIA has been undertaken and no adverse impact has been identified.
- 11.2. 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.
- 11.3. 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.

12 Associated Documentation

- 12.1. Dispatch Standard Operating Procedure
- 12.2. Ambulance Radio Communications Procedure
- 12.3. Capability Policy & Procedure



- 12.4. Information Governance Policy
- 12.5. Data Quality Policy



Appendix A – Audit Feedback

Staff Member Name/Payroll Number	
Date of Audit	
Date of Feedback	
What went well during the Audit? (Give examples and make them specific)	

<p>Area for Improvement? (Give examples and make them specific)</p>	
<p>What was the impact this had on the situation?</p>	

<p>What advice, tools or support is available to manage what went wrong?</p> <p>(Eg, extra mentoring, policy review, advice, training)</p>	
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What suggestions could be given for the Dispatcher to take away to build on from this audit?

(Actions must clear, measurable, achievable, realistic and must have a deadline for completion.)

Is a review date required? (If yes, set one with the Dispatcher)	
Auditor views on how feedback was recieved	
Is Occ Health/Wellbeing referral required?	
Auditor Signature	

Date	
Line manager notes regarding feedback and audit and any supportive actions to be taken	
Line Manager Signature	
Date	
Staff Member Signature	
Date	

Important Please Read

- Please ensure the staff member is offered appropriate support ensuring access is provided for occupational health or wellbeing if required.



Appendix B – Audit Reflection Form

Staff Member Name	
Date of Feedback	
What happened during the Audit - what did I do well and what didn't I do so well?	
What impact did my actions have for my desk, call, the patient or the crew	
What will I do differently next time?	
What actions should I complete to help me prepare for	



similar situations in future? (Actions must be clear, measurable, achievable, realistic and must have a deadline for completion)	
Review date	
Line Manager Feedback After Actions Complete	
Due Date	
Line Manager Signature	
Date	



Staff Member Signature	
Date	

Important Please Read

- If any assistance is required completing this reflection form, please speak to your line manager, the auditor, or Dispatch training team who will be happy to assist.



Appendix C – Dispatch Audit Tool

<h1>Dispatch Audit Tool</h1>		Dispatcher Name:			Date:	
		Team:			Time:	
		Auditor Name:			Desk:	
		SMP:			DTL:	
Section	Competency / KPI	FULL	PARTIAL	NOT ACHIEVED	SCORES	Comments / Remarks



Compulsory	1.1	Category 1 Allocation - All C1 calls must be allocated within 30 seconds - If a C1 is missed due to DISPATCHER delay then this competency is Not Compliant.	Full or N/A	15	
	1.2	Appropriate and timely deployment - Resources are assigned in an appropriate and timely manner in line with the dispatch standard operating procedures whilst also utilising intelligent dispatch modelling. Incidents should be resourced correctly with no crew being assigned to arrive at duplicate calls.	Full or N/A	15	
	1.3	Scene Safety - Any scene safety concerns are acted on; calling Police, informing OTL etc. Any call you dispatch on must be opened and reviewed for scene safety concerns.	Full or N/A	15	
All competencies must be achieved in Compulsory or the Audit is automatically failed					



General	2.1	System Sign On - Correctly monitoring the channel they are dispatching and 'Default' as well as monitoring the neighbouring OU. The CROPS must be set up accordingly monitoring the correct Talk Groups.	Full or N/A	3	
	2.2	Crew Sign on/vehicle change/EOS - Crews are correctly signed on with GRS sheet updated, observers logged on, student paramedics signed on or discrepancies raised. Correct base locations and shifts showing. EOS arrangements adhered too.	Full or N/A	3	
	2.3	Communication - Correctly logged in to the desk telephony extension and 'Auto In' selected. The dispatcher must also demonstrate they are using appropriate means of communication for collaborative working. E.G. Informing CCD of critical incidents in a timely manner. Incident escalation to DTL/OTL where appropriate.	Full or N/A	3	



KPIs	3.1	Meal Break Compliance - Correctly follows MB policy, breaking crews at the nearest suitable base and follows extraordinary actions when required. Crew stood down for break in a timely manner (target of 5 minutes from arriving at base).	Full or N/A	3	
	3.2	Clear to Next status - Ensures minimum downtime between crew clearing and receiving their next status <1 minute unless delays justified such as sharing with neighbouring OU	Full or N/A	3	
	3.3	Responses Per Incident - On average RPI should be 1.08 - Any incidents with more than one resource assigned should be justified	Full or N/A	3	
	3.4	STEPS Compliance - All crews are contacted by 45 if no update received. Information correctly recorded on CAD - crews further delayed on scene are escalated to OTL - STEPS /code to be used	Full or N/A	3	



	3.5	At Hospital/Post Handover - Crews are contacted at 15 minutes At Hosp & Post Handover to confirm delays and issues	Full or N/A	3	
Best Practice	4.1	Sharing Resources - Considers cross-border dispatch, both offering their own resources and utilising other ODAs resources. Any drive times of over 45 minutes escalated for review	Full or N/A	3	
	4.2	OOS Reason - Correct OOS reasons are used, reason added in notes and any delays escalated to DTL & OTL	Full or N/A	3	
	4.3	CSP Actions - All CSP actions are carried out promptly and correctly	Full or N/A	3	
	4.4	System Status Plan - Where possible the SSP is covered in order with exceptions to this justified.	Full or N/A	3	
Pre-assignment	5.1	Outstanding Incidents - Incidents are being regularly opened and reviewed with notes and plans as required	Full or N/A	3	
	5.2	Duplicates - Duplicate calls are cross-referenced and closed in line with the duplicates policy or referred to a TL for further guidance if needed.	Full or N/A	3	



Post-assignment	6.1	Allocation - Nearest and/or most appropriate resource (inclusive of RCM's, CFR's & Fire Responders) utilising the intelligent dispatch model assigned - if not notes for justification.	Full or N/A	3	
	6.2	Mobile Delays - Any crews delayed going mobile >60seconds are noted why and crew contacted in a timely manner with concerns escalated to OTL/DTL.	Full or N/A	3	
	6.3	Diverted/Stood Down - The correct stand down option is selected for crews stood down or diverted.	Full or N/A	3	
	6.4	Back-up - Back-up requests are recorded correctly, actioned and broadcast as required.	Full or N/A	3	
	6.5	General Broadcasts - All C1 incidents and Grade 1 back-up must complete a general broadcast.	Full or N/A	3	



Radio Etiquette (ABCs)	7.1	Accuracy - Information is passed accurately and precisely over the radio.	Full or N/A	3	
	7.2	Brevity - Radio transmissions are kept to a minimum, with just relevant details passed.	Full or N/A	3	
	7.3	Clarity - Radio transmissions are clear and concise - speed, rhythm and rate of speech constant - phonetic alphabet used.	Full or N/A	3	
	7.4	Security - Consider radio transmissions as a 'public broadcast', consider who may hear the information - Ask if 'free to speak' or contact via telephone if possible/needed.	Full or N/A	3	
Notes for Auditor		COMPLIANT		100	Feedback to Dispatcher



Unless **Non-Compliance** can be proven then
Compliant should be selected.