Emergency Communication Nurse System Quality Assurance Policy & Procedures

Clinical Support Desk

Date TBC

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Version 1.1

Document Control Sheet

Version	Date	Author	Summary of changes	Document Status
Draft 1.0	17.01.2022	Dr Mike Brady	The document was drafted and sent for review by the IAED and medical director for PSI, trade union colleagues (CR), the service manager for CSD and Practice Educator for implementation.	DRAFT
Draft 1.1	28.03.2022	Dr Mike Brady	Feedback requested and received from: Practice education team Senior clinician team Head of education & professional head of nursing Service manager CSD Trade Union (RCN)	DRAFT
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Approvals

Name	Title	Date
CPAS (Approved)	Clinical Priority Software Group	23.03.2022
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Contents

1. Introduction

The Welsh Ambulance Service NHS Trust ('WAST') utilises both the Medical Priority Dispatch computer-based prioritisation System ('MPDS') and the Emergency Communication Nurse System to respond to emergency 999 calls. These systems are regulated by the International Academy of Emergency Dispatch (IAED), an organisation providing an overarching and robust clinical governance structure.

LowCode is the software application developed by Priority Solutions Inc., which electronically integrates and operates the Emergency Communication Nurse System™ (ECNS™). The ECNS is the triage system implemented directly in Emergency Medical Services (EMS) communication centres to provide alternative referral options to patients.

At the core of LowCode lies an automated clinical content product. LowCode includes a series of symptom-specific, gender-specific, and age-specific protocols, which emergency communication nurses and paramedics use in situations to interpret callers' symptoms and direct those callers to an appropriate Recommended Care Level. In addition, each protocol features a logically structured questioning sequence, from high acuity to low acuity, thus ensuring that critical symptoms are identified early on in the process.

All ECNS users receive a structured training package which includes the Medical Priority Dispatch System and Remote Clinical Decision-Making training. All MPDS and ECNS training they receive must be undertaken by a fully qualified MPDS and ECNS Instructor, trained and accredited by the International Academies of Emergency Dispatch (IAED).

2. Policy Statement

Section 1: ECNS Point of Care assignment processes and system change requests: This part of the document outlines the processes required to safely support the implementation of planned and urgent change to the Dispatch Cross-Reference ('DCR') table and systems related to MPDS and ECNS.

Section 2: The purpose of this part of the document is to encompass all policies and procedures relating to the quality assurance of ECNS performance.

This document will be updated and reviewed as required by service and organisational change.

3. Scope

Section 1 of this document applies to WAST staff involved in implementing required changes to the systems or DCR and the points of care of ECNS.

The processes and procedures described herein apply to all WAST staff involved in the management of emergency 999 calls and will supersede any current guidelines or Standard Operating Procedures (SOP).

This policy should be read and applied alongside the IAED ECN-Q Performance Standards, the IAED code of conduct and ethics, and the Clinical Support Desk (CSD) SOP.

It is recognised that the product, policies and procedures from the IAED refer to emergency communication nurses but that this policy applies to nurses, paramedics, advanced practitioners, and approved mental health practitioners.

4. Aim

The Trust aims to deliver an enhanced service for the population of Wales, ensuring patients are prioritised safely and accurately, receiving the most appropriate response and interim care instructions for their needs.

Many patients calling 999 do not require an emergency ambulance response and can benefit from an enhanced secondary triage using Lowcode. Many patients may require an ambulance, but this response may be delayed due to whole system pressures. Such patients can benefit from an enhanced secondary assessment also to safety check them, provide instructions, and in some cases, refer to more appropriate alternative care providers.

5. Objectives

All enhanced triages of 999 calls by CSD clinicians must be processed utilising ECNS according to the International Academies of Emergency Dispatch (IAED) and the CSD SOP. Other triage programmes (such as Physician Triage Assessment and Streaming) may be covered within alternative policies and procedures.

ECNS users' adherence to local policy, coaching tips and best practice guidance will ensure that patients receive an optimal level of care.

Section 1

6. ECNS Eligible Codes and System Change Requests

6.1.   MPDS Coding

Following prioritisation, an **Emergency Medical Dispatcher** (EMD) selects the determinant code. MPDS determinant codes are made up of three or four pieces of information:

- A number based upon the chosen protocol (1-32, 35)
- A letter, A to E (Alpha, Bravo, Charlie, Delta, Echo) and the Greek character Omega (Ω), represent the **determinant level** of the response required
- A sub-determinant number providing specific information about the patient's condition
- A suffix letter may be included, giving further information relating to the patient's condition or circumstances

The questioning pathways ('Case Entry' and protocol 'Key Questions') within MPDS are designed to ensure that emergency 999 calls are prioritised to an appropriate response based upon likely clinical need. The outcome of this prioritisation may include referral to the Clinical Support Desk and entry into the ECNS for further triage.

The IAED recommend that **the Trust's Medical Director locally defines determinant level responses**. This should include the number of responders, the particular level of expertise (e.g., Advanced Life Support) if the case is suitable for enhanced clinical assessment and the time frame within which a response or clinical triage is desired.

Both the Trust's Medical Director and the IAED will work together to agree on which determinant codes are suitable for automatic referral for enhanced triage and which codes are not automatically referred but can be manually entered into the ECNS. Moreover, they will also agree on the maximum queue ageing and dispatch ageing times (upon which a case will be presented back to dispatch for resource assignment). Appendix 1 contains the Master MPDS UKENHO Referral Chart to Lowcode template for changes to be made and submitted.

6.2.   Clinical Response Model

Since October 2015, WAST has used the Clinical Response Model (CRM) to categorise ambulance responses. Moving away from time-based measures for category 'A', 'B' and 'C' calls, the new model uses three colour-based categories, Red, Amber, and Green; as set out below:
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CALL	RESPONSE	PERFORMANCE
RED Highest Clinical Priority Response (Immediately Life Threatening/ Imminent Death) E.g., Respiratory/Cardiac Arrest	• HOT response in 8minutes • Clock start at chief complaint	Performance measure = 8-minute arrival at incident (time critical)
AMBER 1 High Clinical Priority Response (All Other Life-Threatening Emergencies), E.g., Cardiac Chest Pains / Strokes	• HOT response • Clock starts at full MPDS code	Performance measure = Clinical Indicators (compliance with care bundles) for key conditions cardiac care, stroke care, fractured hip/neck of femur
AMBER 2 Urgent Clinical Priority (Serious, But Not Immediate Life Threatening) E.g., Diabetic Problems	• HOT response • Clock starts at full MPDS code • Crews should use their clinical judgement to respond appropriately. This will most often be at normal road speeds with no blue lights.	Performance measure = Clinical Indicators (compliance with care bundles) for key conditions cardiac care, stroke care, fractured hip /neck of femur
GREEN 2 Non-Urgent Clinical Priority (Neither Serious Nor Life-threatening) E.g., Fainting recovered & alert	• COLD response • Clock starts at full MPDS code • Crews should use their clinical judgement to respond appropriately. This will most often be at normal road speeds with no blue lights.	Performance measure = Clinical Indicators (compliance with care bundles) for key conditions cardiac care, stroke care, fractured hip /neck of femur
GREEN 3 Suitable for Automatic Clinical Telephone Assessment (CTA) E.g., Poisoning (without priority symptoms) /Spider bite	• CTA by NHS111 / CSD • Calls excluded from CTA (E.g., patient not able to receive a return call from Clinician) are to be treated as GREEN 2	Performance measure = report on disposition rates (E.g., self-care, referral to another agency)

Each MPDS **determinant code** must be assigned to a **Response Category,** stored on the Trust's 'DCR' table. Such levels include the automatic referral to the ECNS.

Accountability for assigning the Trust's determinant codes to a determinant level rests with the Medical Director. The Trust's Management Team have formally approved that:

- Changes to the DCR table must be authorised by the Medical Director or a delegated tier 3 member of the team
- Formal ratification of changes to the DCR table will be through the Trust's Management Team
- The Medical Director can independently authorise urgent change (e.g., patient safety issues) to the DCR table without formal ratification or impact analysis, although this will be sought as soon as possible following the change

When undertaking **any** review of the DCR table, to ensure a validated evidence base is applied to decision making, the following principles will be used:

The Medical Director will assign the Trust's service standard according to current, validated evidence-based guidelines. Any allocation to a lower response category than that recommended by evidence-based resources will be justified via a risk assessment, including impact analysis. The Trust's service standard may be assigned to a higher determinant level than other UK Ambulance Trusts in response to patient safety issues.

It is recommended that any change to the DCR table is benchmarked with other UK Ambulance Trusts. It is recommended that changes to the Clinical Response Model - CRM, which result in changes to the allocation of categories of response to the DCR, are subject to external expert clinical scrutiny, initiated by the Medical Director

6.3. MPDS Response Assignment, ECNS Point of Care Assignment, and Associated System Changes

The DCR table will be reviewed routinely annually to ensure it is maintained in alignment with the required standards. If a full review has taken place within the twelve months (i.e. due to Clinical Response Model development), then the routine review will be put back to twelve months from that review.

The Medical Director or a delegated member of his/her team **must** be present to undertake a full review of the table. A Senior Manager from each of the MPDS, ECNS, EMS Co-Ordination Clinical Contact Centre (EMS CCC) Service Delivery, ICT Systems, Health Informatics and Concerns Teams **must** be present to undertake a full review of the DCR table.

Appendix 2 summarises the overarching processes to support routine, non-urgent and urgent changes to the DCR table and associated MPDS systems.

Impact assessments must be undertaken to support the implementation of changes to the DCR table and associated systems by the Service delivery, MPDS, and ECNS Teams (Appendix 3).

Following full implementation, where possible, the checks will be repeated on live systems prior to the Service Delivery team 'going live with the new process.

Section 2

7. Application of ECNS in the live environment

7.1. ECNS System

ECNS provides standardised interrogation questions, ECNS Recommended Care Levels (RCLs), Points of Care, instructions and supplemental information for the users, such as topic overviews and clinical rationales. The Medical Director has approved ECNS and the information it contains for use within the Welsh Ambulance Service Trust.

ECNS shall be used on all calls where CSD clinicians undertake a clinical triage.

A software program containing ECNS protocols (LowCode™) shall be loaded for (IAED) certified ECN users at each position.

Hard copies of ECNS protocols for use by users shall be made readily available as a resource or as an alternative in the event of computer/system failure.

7.2. Patient Interrogation

All attempts to obtain information from the caller will be made by utilising good communication techniques and verbalising the questions as written in ECNS

If the scripted question is not understood or the caller does not initially provide an answer, the ECNS user may re-phrase the question (as described in the current version of the ECN-Q Performance Standards) to elicit the most reliable answer. In addition, at times, patients may require support from carers or family members to understand questions.

ECNS provides a heavily evidence-based set of clinical triage questions, set out in a reductionist way that considers factors such as age and gender,

Questions should only be omitted if:

- The caller is in immediate danger, and continuing interrogation would jeopardise the safety of the caller
- The answer is unquestionably obvious
- The caller has already spontaneously provided the answer
- The question is non-applicable to the caller (although this seldom applies)
- The ECN is shunted to another algorithm.

ECNS users may adjust the script to address first-party callers. e.g., "How old are you?" vs "How old is he/she?" as described in the current version of the ECN-Q Performance Standards.

For languages that the ECNS user is not fluent in speaking, they will follow the process outlined in the "Language Translation" section of the Standard Operating Procedure.

7.3.   Recommended Care Levels (RCLs)
The ECNS algorithms will be used to select the most appropriate RCLs based on all information from the call intake and algorithm questioning processes. The ECN will select the appropriate ECNS RCL for that patient's presentation and history.

7.4.   Self-Care Instructions and Post-Dispatch Instructions
The ECNS user giving instructions will follow the algorithm, giving instructions appropriate to each individual call and avoiding free-lance information. Follow up information from reputable sources can also be provided to the patients (111 Wales, NHS Choices, or Great Ormand Street Hospital).

8. ECN Certification

Telephone triage and remote clinical decision-making are clinical specialities and require experienced clinicians with high levels of autonomous clinical acumen. In that vein, the Trust will look only to use experienced, highly autonomous band six staff (preferably with a minimum of foundation level degree and five years post-registration experience) to undertake remote clinical decision making using ECNS.

Paramedics specifically must be band six working towards or having fully completed the Trust Band 6 Paramedic Portfolio Framework.

The individual ECNS users' responsibility is to ensure that their ECNS and EMD registration with the IAED is current at all times whilst in the employment of WAST. Any registration lapses will be treated as a breach of contract.

ECNS certified staff, who must also be EMD certified staff, will be required to maintain their qualification and submit a recertification application every two years.

In order to recertify, the ECNS user must complete and pass an IAED recertification examination for EMD and ECNS, undertake CPR/BLS updates every two years and submit a record demonstrating that they have completed 24hrs of EMD Continuing Dispatch Education (CDE) and 12 hours of Continual Professional Development as per IAED guidelines. (See Appendix 4 for CDE Completion Document).

The ECNS Practice Education team will advise the employee when recertification is due to expire and advise them to ensure they complete the

recertification online. In addition, the ECNS team will provide, where possible, opportunities to attend/complete the required CDE hours.

All CDE should be recorded using the IAED Learning Portal.

If the employee's line manager becomes aware that an individual is not appropriately registered and is out of recertification, the circumstances must be investigated. If the ECNS certification becomes expired, suspended, or is revoked for any reason, they may be removed from active triage until the situation is rectified. This depends heavily on the situation leading to the non-certification.

Where an employee has allowed their registration to lapse, despite a reminder and insufficient mitigating circumstances cannot be evidenced, the employee will be managed under the Trusts disciplinary policy. However, where mitigating circumstances are evident, the employee must submit an application to re-register as an EMD or ECNS user under the IAED lapsed certification policy.

Where an employee is being managed under the Trusts capability policy, they may be suspended from triaging calls until further training is received and improvement is demonstrated. If the employee's contract is terminated under capability, the Trust will inform the IAED for their certifications to be revoked.

9. CPR Update

The Trust ensures that CPR training is available for ECNS users when required. The ECNS Practice Education team will inform the ECNS user and their line manager when CPR updates are due to expire. The line manager's responsibility and the individual ECNS user will be to ensure their attendance at a Trust's biannual CPR training programme or a Practice Educator facilitated CPR session.

On completion of the training, the ECNS user must inform the ECNS Practice Education team, who will update their ECNS training record.

10.   Continual Professional Development Education

The Trust will provide a number of hours of Continual Professional Development (CPD) each financial year; the exact number is to be determined prior to each financial year. This education will align with the **Core Skills Training Framework** for England and Wales and be advertised through normal internal routes.

ECNS users, as registered clinicians in the United Kingdom, have to maintain a minimum number of hours CPD a year also, which is their responsibility to do. Such CPD (required for revalidation or HCPC renewal, for example) can be used and recorded as ECNS CPD.

The ECNS Practice Education team will also host regular CPD sessions (remote & face-to-face) across Wales, accounting for learning needs identified by ECNS users, line management, and ECNS audit themes and trends data.

11. Quality and assurance auditing procedure

Emergency calls will be audited using a database called Advanced Quality Assurance (AQUA). This system provides: -

a) Quantifiable measurement of call quality
b) Information and reports to improve ECNS user performance
c) Presentation of data and reports in an understandable format
d) Proof of performance through documentation
e) Minimises risks to the Trust and patient through continuous quality monitoring
f) Reduces errors and improves performance through the auditing process

Audits will be based on current IAED Performance Standards and the IAED ECNS Accredited Centre of Excellence (ACE) Standards.

Each Emergency Communication Nurse – Quality (ECN-Q) Auditor within the ECNS Practice Education team will be required to complete the ECN-Q certification, which they must recertify every two years.

The overall aim of this procedure will be to provide a full understanding of the audit process, ensuring fair and appropriate auditing of ECNS calls, with full support provided to all ECNS users during their clinical practice.

This procedure will also provide guidance for the non-compliance call by ensuring that these calls are dealt with promptly and uniformly, including any remedial and/or education issues.

11.1. Call audit Procedure

A random selection of calls will be audited from the ECNS system, ensuring that each ECNS user is fairly and adequately represented.

Calls will be listened to by the voice recording system and then assessed using the Computer Aided Dispatch (CAD), LowCode call log and AQUA systems in line with policies and procedures.

The performance of each ECNS user will be individually reviewed every month, which will include the previous three months' performance.

An individual compliance report will be produced and shared with the individual ECNS user.

In addition to the monthly individual compliance report, a 6-monthly report will be generated and fed back to the ECNS user on a one-to-one basis by their line manager.

Non-compliant (NC) areas will be highlighted on the non-compliant feedback form, and the expected levels of compliance will be noted.

All reporting must be carried out confidentially, professionally and supportive throughout the Quality Assurance (QA) process. All audits will be sent to the ECNS users line manager also.

One-to-one feedback for non-compliant (NC) audits will be given to the ECNS user, by either the line manager (who should preferably be ECN-Q Trained) or a member of the ECNS practice education team, at the commencement of the ECNS shift, where possible. In addition, the ECNS Practice Education team can explore more in-depth feedback during a tutorial, if required.

There is no requirement for the person undertaking feedback to have listened to the call itself, as the areas of compliance are marked clearly within the call audit summary.

If there is no ECN-Q trained staff member available to deliver feedback, feedback should be delivered by a non-ECN-Q trained Line Manager. This should be followed up in more detail, at the earliest opportunity, by an ECNS-Q trained member of staff.

If an ECNS user is audited whilst under mentorship, this should be highlighted on the documented feedback form; the mentor should be included in the feedback process

Once the ECNS user is signed off from mentoring, the random audit process will begin.

Some audit outcomes may be delayed if requested due to issues arising from a complaint or serious untoward incident. However, the ECNS user should still receive feedback and an action plan where appropriate.

If an ECNS user triggers the plan during their probation period, support from the Practice Educators can be requested when required.

11.2.   Non-Compliance
Cases in the non-compliant level contain at least one critical deviation or at least two major deviations.

11.3.   Low Compliance
Cases in the low compliance level fall below the non-compliance threshold. They contain at least one major and two moderate deviations or at least one major, one moderate and two minor or at least one major and three minor or a minimum of 3 moderate deviations.

11.4.   Partial Compliance
Cases in the partial compliance level fall below the low compliance threshold but contain at least two moderate and three minor deviations or at least one moderate and four minor deviations or a minimum of five minor deviations.

11.5.   Compliance
Cases in the compliance level contain one or more minor deviations but fewer than the number of deviations shown for partial compliance level. This means that four minor or one moderate deviation and three minor deviations or two moderate and two minor deviations all fall within the compliant level.

11.6.   High compliance
Cases in the high compliance level contain no deviations at all.

12.   Performance Development Plans

Performance Development Plans (PDPs) can be triggered by the ECNS user failing to comply with AQUA's performance development plan threshold report.

A Performance Threshold report can also be used to identify any ECNS user not meeting a defined standard of compliance. It is generated using no less than three months of data and assigns values to each level of compliance as follows:

High Compliance	10
Compliant	8
Partial Compliance	5
Low Compliance	2
Non-Compliant	1

An Agency Cumulative Value is calculated based on all calls audited in the selected time period. The standard deviation of the performance level measures the spread in performance, and the Senior Practice Educator then identifies anyone falling below this threshold.

Any ECNS user not meeting that threshold would qualify for the Performance Development Action Plan 1 (Appendix 5) and will apply to every ECNS user, without exception.

The PDPs can be triggered through random and/or focused audits.

The ECNS users' line manager will be included in the PDP process alongside the ECNS user. When a user triggers Action Plan 1 in two consecutive months OR three months out of six months, they will automatically progress to Action Plan 2.

When an ECNS user is on an Audit/Supervisor Support Stage 2, the Auditor must randomly select specific types of calls relating to the PDP. When an

ECNS user has completed the enhanced audit as part of Action Plan 2 and fails to meet the IAED standards the following month, they will automatically progress to Action Plan 3.

If an ECNS user reaches an Education Support Stage 3, this will be coordinated by the ECNS Practice Education Team, and the Service Manager for CSD will be informed. The audits will be temporarily suspended to allow the Senior ECNS Practice Educator to conduct a review, develop an action plan, and deliver any educational requirements. Following this, target audits will be recommended to check to understand and make an improvement.

If an ECNS user triggers three individual action plans within a rolling 24-month period, they will be referred to the CSD Service Manager to discuss their performance.

When an ECNS user has completed the mentoring and live-call audit as part of Action Plan 3 and fails to meet the IAED standards the following month, the CSD Service Manager will send a progress report for review.

When an ECNS user has triggered Action Plan 3 three months out of twelve months, a progress report will be sent to the Assistant Director of Operations (Integrated Care) for review.

Any request for a period of target audit not triggered by the process must be authorised by the CSD Service Manager.

13.   Focused Case Review

Focussed case reviews are; any audits that are not randomly selected.

Where possible, all special case reviews will be completed within the timescales set by the Requester. For example, high – 1-2 weeks; Medium – 2-3 weeks; Low – 3-4 weeks; Very Low – No Priority.

Specialist clinical services, such as mental health practitioners may choose to undertake random but focused case reviews for quality assurance and improvement.

Special case reviews can be excluded from PDP triggers for random audits.

14.   ECNS User Audit Case Review Process

Any ECNS user can ask, via the line manager, for an audit to be reviewed again. If the ECNS user still disagrees with the outcome, this may be escalated to the senior ECNS Practice Educator for review.

Each case will be reviewed on an individual basis by the senior ECNS Practice Educator, who will make an informed decision on whether to request an independent audit by an alternative ECN-Q or by the IAED.

15.   Trust Requirements

When the Trusts procedures override ECNS principles or code of ethics, the Auditor will provide the appropriate agreed feedback through the senior ECNS Practice Educator.

Accredited Centre of Excellence status can be revoked if audits are not maintained, and the required level of audits are not reached each month.

16.   Individual Compliance

Individual ECNS user compliance figures are collated each month to monitor performance and highlight themes and trends. Any learning or development needs identified will be addressed by the ECNS Practice Education team. In addition, this information will be communicated to individual line managers to assist them in identifying the requirement for performance management measures.

Individual compliance reports will be published monthly and distributed to the ECNS user and their line manager, detailing their compliance levels for the previous month. In addition, the Practice Educator will recommend coaching/training as required.

17.   Customer Service and Telephone Techniques

The Trust is committed to providing excellent customer service. ECN-Q audit performance standards define the desired behaviour for customer service. This reflects the IAED and the Trust's commitment to providing confident, compassionate and personalised care for all callers, patients and victims.

Customer service is a standard element of all ECNS call audits, and users must maintain the required customer service standard, and failure to do so will invoke the non-compliance procedure.

The ECNS users line manager must be alerted to any cases of poor customer service, and feedback should look to understand how and why this occurred.

A leading question is a question that prompts or encourages the answer wanted, which are prohibited. Such questions are clinically dangerous and very often bias a clinical triage. Examples include questions stated in a way that begins with "**You haven't** hit your head, have you?"; "**You don't** have any pain there, do you?"; "**You've not** felt unwell then?".

Leading question use is a standard element of all ECNS call audits, and users must not use leading questions, and failure to do so will invoke the non-compliance procedure.

Clarifying questions can be used, and ECNS users are encouraged to re-ask any question they note themselves asking in a leading way. In addition, the

ECN should clarify any information not clearly understood but should ask for the information in an open-ended, non-leading manner to provide clarification.

Once the information has been gathered in a structured non-leading manner, it is appropriate for the ECNS user to re-confirm or paraphrase the information already documented.

18. Compliance Feedback Procedure

A compliance feedback procedure outlines how an ECN user's compliance with ECNS should be monitored and managed. In addition, the procedure describes how feedback, training and coaching should be provided if compliance falls below the required IAED standard (See Appendix 6).

Performance standards include: non-compliant, low compliance, partial compliance, compliance and high compliance. In addition, audit compliance will be classified according to the level of deviation from the accredited scoring standard practice, as outlined in the IAED approved ECN-Q audit Performance Standards.

The ECNS Practice Educator and the individual's line manager or deputy must be notified via email of all audited calls. Any non-compliant calls of a serious nature must then be reported to the Senior ECNS Practice Educator, who will report and make recommendations to the CSD Service Manager.

Where an ECNS User does not reach the monthly performance standard or performance trends causing concern are identified, the line manager will devise an informal performance support plan with support from the ECNS Practice Educator. The performance support process should also follow the Trust's capability policy

The ECNS Practice Educator will retain a copy of all documentation relating to; compliance, recommendations, coaching and training and send a copy to the individual and their line manager for their records.

This policy applies to and does not preclude the additional application of performance management or other existing disciplinary processes when considering individual cases of gross negligence and/or improper behaviour or cases of failure to apply the ECNS code of ethics.

19. Compliance for newly qualified ECNS users

The individual's line manager will closely monitor newly qualified ECNS users' practice. Additionally, the ECNS Practice Education team will ensure the individual's line manager is notified of any identified compliance trends and themes.

The senior ECNS Practice Educator and the CSD Service Manager must be notified if a newly qualified ECNS user compliance or related practice demonstrates performance deficits, despite initial line management and

prompt ECN-Q support. In that case, the senior ECNS Practice Educator and the CSD Service Manager will review and make recommendations under the Trust policy.

Where a new ECN user fails to achieve the required standards, additional online training will be given, following consultation with the ECNS Senior Practice Educator/Practice Educator and line manager. In addition, consideration should be given to the capabilities of the individual under the Trust's capability policy and or disciplinary policy.

This policy applies to and does not preclude the additional application of performance management or other existing disciplinary processes when considering individual cases of gross negligence and/or improper behaviour or cases of failure to apply the ECNS code of ethics.

Non-Complain random audits for new starters (first 3 months) will be held within a separate folder in AQUA, as these staff are learning, and as such, won't count towards ACE figures. Audit and audit feedback will be the same.

20.   Adverse Incidents and Complaints Requests for Audit

The ECNS Practice Education team will consider any request for audit raised due to concerns activity. Where it is identified that the concern involves an ECNS issue, the team will arrange for a formal case review audit to be carried out (See Appendix 7)

Where it is identified that there is no underlying ECNS issue and a formal case review audit is not required, the ECNS Practice Education team will provide written feedback on the informal call review template (see Appendix 8).

Where there is no phone recording for the case and or a technological failure has resulted in there being unusable audio recordings, a practice educator may review the summary care record in ECNS and complete an informal call review, documenting the lack of audio or usable audio recording. A datix Must be completed in cases of recording failure.

21.   ECNS Return to Work

All qualified ECNS users who have a substantial period of time off work will be offered a tailored return to work plan. Such plans may be started due to paternity, maternity, sickness, or special leave and are designed to provide the ECNS user with any updates, learning, themes, and trends to return to work safely. In addition, the ECNS user will be provided online and focused call audit review feedback.

Timeframes

All qualified ECNS users who have not utilised the ECNS from the date of their initial certification, for six months but not exceeding twelve months, will be required to attend a one-day training course arranged between the users' line manager the ECNS Practice Education team.

All qualified ECNS users who have not utilised the ECNS from the date of their initial certification for twelve months will be required to attend a three-day recertifying ECNS training course arranged between the users' line manager the ECNS Practice Education team.

The ECNS Practice Education team will arrange all training sessions in conjunction with the individual ECNS user's line manager. Training must also include non-ECNS training updates, process changes, and locally defined policy and guidance updates.

It will be the responsibility of the CSD management team to inform the ECNS Practice Education team of the staff member's return to work with a **minimum of seven days'** notice. In addition, the individual line manager must complete the return-to-work Request Form (see Appendix 9 and forward it to their ECNS Practice Educator. This will allow the ECNS team to prepare an individualised, robust 'return to work' programme. Return to work re-training will be eligible for CDE hours.

22.   ECNS Mentorship

All new ECNS users, following completion of their induction, will undertake a preceptorship period. During their preceptorship period, the ECNS user will be supported by a mentor who will observe their practice and document their progress.

All mentors must demonstrate good customer care skills and excellent knowledge of ECNS, CSD policies, and supporting guidance.

The role of the mentor will also be to support and supervise the ECNS user following a return-to-work programme or performance support programme once the ECNS Practice Educator has completed sign off.

The mentor will work closely with the ECNS Practice Education team and be required to support the ECNS user when new practices or guidelines are introduced and give feedback to the ECNS Practice Education team should problems arise.

Non-Compliant random audits for new starters (first 3 months) will be held within a separate folder in AQUA, as these staff are learning, and as such, won't count towards ACE figures. Audit and audit feedback will be the same.

If a mentor does not consistently maintain an appropriate standard of compliance when taking calls, consideration will be given as to the appropriateness of their continuing to act as a mentor.

23.   ECNS Coaching

Each ECNS Practice Educator will aim to provide bi-monthly coaching sessions for each ECNS user. The ECNS Practice Education team will prioritise coaching sessions to ensure ECNS users receive ongoing support in maintaining and improving their call taking practice and provide an opportunity for the ECNS user to identify learning needs. Coaching sessions depend on the CSD operational team's capacity to provide protected time offline.

All coaching activities will be monitored and documented within the ECNS coaching tracker.

If it is identified through audit or concerns that the ECNS user requires extra coaching, the ECNS user's line manager must complete the 'request for performance support' document and forward it to the ECNS team for consideration (see Appendix 10).

The ECNS Practice Education team will produce a monthly coaching bulletin to document trends, themes and best practices. The document will be shared and discussed with the ECNS user during their individual coaching session

24.   ECNS Coaching Tips and Guidance

When new processes, procedures or scripts are introduced within EMS CCC's, the ECNS Practice Education team will produce a guidance document to support the ECNS user.

Any new procedures that become 'outdated' or are replaced with a new practice will be archived accordingly. The version control within the document will remain live, thus ensuring an audit trail for all processes is maintained

All guidance documents or scripts that are produced must be agreed upon and ratified within the appropriate clinical and management forums.

The ECNS Practice Education team, with the assistance of the CSD Service Manager, will ensure that all new procedures and practices are trained to EMS CCC staff on an individual or group basis. Where appropriate, competencies will be used to evidence assessment of learning or in the case of straightforward dissemination of information, a signature will be requested to acknowledge that the learner had read and understood information.

To re-enforce best practice, the ECNS Practice Education team will produce a coaching tip designed on a coaching tip template. The coaching tip will be published within the CSD Learning Zone on the intranet. Coaching tips must not introduce new practices or operating processes.

25. ECNS Proposal for change

A proposal for change should be submitted to IAED, where it is identified that the ECNS requires either a functional or clinical change. Any of the following may identify the need for change:

- Review of accredited clinical evidence bases
- Concerns activity
- Identified performance trends
- Identified compliance trends
- Identification of functional discrepancies or improvements
- Feedback forms

Completed change forms must be forwarded to the senior practitioner educator for review of the evidence, who will then form an opinion, present that to the correct internal governance structure, which, if agreed, complete the submission process to IAED.

The proposal for change form can be accessed at:
http://howis.wales.nhs.uk/sites3/page.cfm?orgid=136&pid=29152

Ultimately a Proposal for Change (PFC) will be completed electronically for suggested changes to the ECNS protocol (IAED website) and a Change Request Form (CRF) for suggested changes to the LowCode software or interface (PDF form fillable request).

26. Equality

In accordance with the Equality Act 2010, this policy has been subjected to an EqIA. This has enabled resources to be targeted effectively and, where required, help to reduce inequalities. The EqIA is a process to find out whether a Policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

Evidence gathered at the initial stages by undertaking an initial screening has determined the relevance of the policy and how it affects people as service users, members of the public and employees of the Trust and has indicated that a full EqIA is not required.

The policy will have a positive effect on all relevant groups.

27. AUDIT AND MONITORING, AND RECORD-KEEPING

The Welsh Ambulance NHS Services Trust (WAST) recognises the importance of sound records management arrangements for clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of

actions and decisions and representing a vital asset to support daily functions and operations. In addition, records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

28.   REFERENCES

International Academies of Emergency Dispatch (2019), ECN-Q Performance Standards. The International Academies of Emergency Dispatch® Quality Improvement Program.

29.   Appendix

Appendix 1: Master MPDS UKENHO Referral Chart to Lowcode template

MASTER MPDS 13.3 UKE (NHO) Referral Chart to LowCode
Template - Updated 26 May 2020

This correspondence confirms that the local medical authority has signed off on the activation of the determinate codes selected below as appropriate for secondary triage and the medical authority assumes full responsibility for this decision.

By:		Date:	

Enter the appropriate value in the Priority, Queue Aging Max and Dispatch Aging Max columns

AMPDS	NATURE DESCRIPTION	DISPATCH CODE DESCRIPTION	Suffix Description	IAED	Agency Proposed	Priority	Queue Aging Max	Dispatch Aging Max
01O01	Abdominal Pain / Problems	Males < 15						
01O02		Females < 12						
01A00		Override						
01A01		Abdominal pain						
01A02		Non-traumatic testicle or groin pain (male)						
01A03		Pain worse with moving or coughing						
01C00		Override						
01C01		SUSPECTED aortic aneurysm (tearing/ripping pain) ≥ 50						
01C02		Diagnosed aortic aneurysm						
01C03		Fainting or near fainting ≥ 50						
01C04		Females with fainting or near fainting 12–50						
01C05		Males with pain above navel ≥ 35						
01C06		Females with pain above navel ≥ 45						
01D00		Override						
01D01		Not alert						
01D02		Ashen or gray colour reported ≥ 50						

BLANK MPDS 13.3 to
PSIAM STOP UKENHC

Appendix 2: Implementation of routine, urgent and non-urgent changes to the DCR table and associated systems

Routine 12 Monthly DCR Review Multidisciplinary Team

Proposal for non-urgent change from Team identifying need:
- MPDS Team
- ECNS Team
- Service Delivery Team (CCC or road based)
- Service Development
- Health Informatics
- Concerns Team

Urgent (High Level of Clinical Risk)

Proposing team prepare SBAR in consultation with ECNS, MPDS, Service Delivery and ICT Systems teams

↓

Submit identified change(s) to appropriate reviewing clinical forum for review (SBAR) include:
- ECNS/MPDS/ICT Systems Teams map testing pathway for change
- Service Delivery & Training Impact Analysis
- Health Informatics Impact Analysis
- Benefit/Dis-Benefit Analysis
- Equality Impact Analysis

Proposing team submit identified change (SBAR) to Medical Director/ (delegated tier 3 Team Member)

↓

Medical Director/delegated tier 3 team member agree urgency of change

↓

- Health Informatics Team submit impact analysis (unless immediate priority)
- ECNS Team, MPDS Team & ICT Systems Team complete Critical Systems Work Project Pathway & Request for Change Form (RFC)
- Medical Director/delegated tier 3 team member sign off approval on RFC
- Implementation of DCR or systems change completed by ICT Systems Team as soon as possible
- MPDS & Service Delivery Teams ensure staff training and support needs are met immediately

Submit clinically reviewed SBAR to Management Team for formal ratification

ECNS / MPDS Team complete RFC; ICT Systems Team complete Critical Systems Work Project Pathway; Medical and other nominated Directors sign off approval for RFC

- National ICT Change Advisory Board (CAB) receives updated CPAS approval
- Implementation of DCR or systems change completed by ICT Systems Team
- MPDS & Service Delivery Teams implement training & support requirements

MPDS & ICT Systems Teams submit RFC and associated documents to clinical forum & CAB as soon as possible

↓

- MPDS, Health Informatics and Service Delivery Teams (& where appropriate Concerns Team) evaluate and report effect of DCR or systems change

Appendix 3: Service delivery & training impact assessments

SERVICE DELIVERY & TRAINING IMPACT ASSESSMENTS			
1. Does the change/scheme directly or indirectly impact upon the response capacity of service delivery resources? YES NO *If 'YES', please complete parts 1(a), 1(b) & 1(c)*	1(a) Briefly describe the direct/indirect impacts *(e.g., increased RED 2 calls; prolonged call time; increased Cat C transfers; offline training time)*	1(b) Include a 3-12 month (as appropriate) data profile related to the recommended change *(e.g. increase/decrease in higher/lower responses; % EMS calls affected; regional variations)*	1(c) Are there any steps that can be taken to limit adverse direct/indirect impacts? *(e.g. MPDS compliance audit; monitor post-change data & unexpected effects; operational process measures)*

2. Does this change require workforce development?
YES   NO
 	
If 'YES', please complete parts 1(a), 1(b) & 1(c)
	1(a) What is the expected **TOTAL** time required to prepare for workforce development (*including training needs analysis, training plans, lesson or self-directed learning materials)*?	1(b) Which teams are required to support workforce development for this change?
		  NATC
		  ECNS Team
		  MPDS Team
		  ICT/HI Teams
		  Service Delivery Team
		  Service Development Team
			1(c) What is the total time required to complete the workforce development programme for each staff group *(document staff groups, band, training periods, time required for competencies or supervised practice)*

3. Does this change affect any existing Trust guidance, policy or procedure? YES NO *If 'YES', please complete parts 1(a) & 1(b)*	1(a) List any documents, together with their ownership *(e.g., Service Delivery, MPDS, Service Development*, ICT) that require amendment as a result of this change:	1(b) Date changes made:	Changes made by:

4. BENEFIT/DIS-BENEFIT MATRIX

Area	Benefit	No Change	Dis-benefit
Performance Improvement	☐	☐	☐
Managing Demand	☐	☐	☐
Response and Handover	☐	☐	☐
Patient Safety	☐	☐	☐
A&E Waiting Times	☐	☐	☐
Patient Flow / Discharge	☐	☐	☐
Financial (Health Care Network Efficiencies)			
Legislative			
Political			
Risk Addressed			

5. EQUALITY IMPACT ASSESSMENT SCREENING TOOL	YES/NO	COMMENTS
1. Does the policy/guidance affect one group less or more favourably than another on the basis of: • Race • Gender • Religion or Belief • Sexual orientation (incl. lesbian, gay & bisexual people) • Age • Disability • Language		
2. Is there any evidence that some groups are affected differently?		
3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4. Is the impact of the policy/guidance likely to be negative?		
5. If so, can the impact be avoided?		
6. What alternatives are there to achieving the policy/guidance without the impact?		
7. Can the impact be reduced by taking different actions?		

Appendix 4: CDE completion document

General Requirement
1. Submit verification of required Continuing Dispatch Education (CDE) during the two-year recertification period.
2. Submit verification that CPR certification (or course completion) is still current for EMD.
3. If not previously fulfilled or if a new version is available, successfully complete the Online Universal Telecommunication Essentials Course (OUTEC). This is required to qualify for the use of the current versions of MPDS®, FPDS® PPDS®, or ECNS™.
EMD
1. Submit verification of 24 hours of CDE during the 2-year recertification period. Each credit hour is based on 1 hour of participation.
2. Submit a copy of a current, valid CPR card that meets the National Safety Council, American Heart Association, American Red Cross, European Resuscitation Council, or equivalent standards.
3. Successfully complete the IAED's "open protocol" 50-question recertification exam with a score of at least 80 percent
4. Submit your completed recertification application.
ECNS
1. **Hold current EMD certification (and recertification per IAED requirements, including 24 hours of CDE for EMD).**
2. Submit verification of additional 12 hours of nursing CE during the 2-year recertification period. Each credit hour is based on 1 hour of participation.
3. Successfully complete the IAED'S ECNS "open protocol" 50-question recertification exam with a score of at least 80%.
4. Submit your recertification application to the IAED. **This is a joint ECN and EMD recertification application.**

Categories	EMD Examples	Maximum Hrs an EMD will be allowed to claim	ECNS Examples	Maximum Hrs an ECNS user will be allowed to claim
Official Academy-Created Educational Products and Programmes	• Quizzes from the AMPDS Journal or developed by the AMPDS Facilitator	NO Maximum	• Attendance at Navigator conference or dispatch related seminars • Reading Principles of Emergency Medical Dispatch (Current Protocol Version)	Maximum 10 hours Maximum 6 hours
Workshops and Seminars	• EMDs may receive CDE Hours when attending any workshop, training course or system updates e.g. • MIS System Updates • ARRP Training • MPDS Updates • No of hours) • Major Incident • Moving and Handling • Child Welfare and POVA • PDR Workshop • Management Sickness workshops • Clinical Awareness	Total 16hrs 8hrs per year	**Individual agency offering specifically designed ECNS courses:** • WAST training by the guest of an internal trainer or expert • ECNS updates • Practice Coaching sessions • Audit levelling sessions • ECNS Clinical Supervision • Clinical awareness days • Mandatory training for EMS CCC staff (Violence and aggression remotely, customer service). **The Regulatory body (NMC, HCPC) recognises Continual Professional Development.**	Maximum 10 hours Maximum 10 hours

			- Training course - Higher education course - Reflection exercise - Undertaking, reviewing, or contributing to research - Teaching - Observation shifts (write up)	

Appendix 5 – Performance Development Plans

Action Plan 1

An ECNS user who triggers Action Plan 1 will meet with the ECNS Practice Education team/line manager on their next available shift to review their monthly random audit performance. All random audit Incident Reports for the previous month will be discussed with the CRITICAL and MAJOR deviation areas given priority focus and feedback comments supported.

The ECNS user will be advised to progress to Action Plan 2 if their next monthly performance does not achieve compliance standards OR if they trigger Action Plan 1 twice within a six-month period. In addition, a monthly email will be sent to the line manager to identify those ECNS users who have triggered Action Plan 1 and to arrange available dates/times for the above meetings to take place.

Where an ECNS user fails to meet compliance standards in just one area, Action Plan 1 will **not** automatically be triggered. Instead, the ECNS user's performance will be monitored for the following two months, and if the same area drops below compliance standards again, then Action Plan 1 will be implemented.

Action Plan 2

An ECNS user who triggers Action Plan 2 will meet with the ECNS Practice Education team/line manager on their next available shift to review their monthly random audit performance and progress through Action Plan 1. In addition, all random audit Incident Reports for the previous month will be discussed with the areas of CRITICAL and MAJOR deviation given priority focus and feedback comments supported.

The ECNS user will be advised that they will receive additional Focused Case Review audits for their next two shifts. Three calls will be randomly selected from each shift and reviewed by the QAA. A second meeting will be arranged with the ECNS user and line manager to provide enhanced feedback. If the six additional calls fail to meet standards, the ECNS user will be progressed to Action Plan 3. If the six additional calls meet standards, then no further action is taken.

The ECNS user will be advised that they will be progressed to Action Plan 3 if their next monthly performance does not achieve compliance standards OR if they trigger Action Plan 2 three times within a nine-month period.

A monthly email will be sent to the line manager to identify ECNS users who have triggered Action Plan 2 and arrange available dates/times for the above meetings to occur.

Action plan 3

An ECNS user who triggers Action Plan 3 will meet with the ECNs Practice Education team/line manager on their next available shift to review their monthly random audit performance and progress through Action Plan 1 and 2. All random audit Incident Reports for the previous month will be discussed with the areas of CRITICAL and MAJOR deviation given priority focus and feedback comments supported

The ECNS user will be advised that they will receive mentoring on duty for their next two shifts. The line manager will meet the ECNS user and perform a live-call audit session following the two shifts. A second meeting will be arranged with the ECNS user and line manager to provide enhanced feedback and to review the Incident Reports of the live-call audits. If the overall performance in the live-call session fails to meet required standards, a progress report will be sent to the Associate Director to assess if re-training is required for the individual staff member or if the case should be handled through the Capability Procedure. If the overall performance in the live-call session meets the required standards, then no further action is taken.

The ECNS user will be advised that a progress report will be sent to the Associate Director for assessment if their next monthly performance does not achieve compliance standards OR if they trigger Action Plan 3 three times within a twelve-month period. In addition, a monthly email will be sent to the line manager to identify those ECNS users who have triggered Action Plan 3 and to arrange available dates/times for the above meetings to take place.

Appendix 6 – Feedback Method

The Academy-recommended timing and method of feedback is determined by comparing the Compliance Level with the Quality Improvement Review Matrix below. Effective quality improvement is all about tracking trends.

With limited time and resources, it may not always be possible or practical to provide feedback for every case reviewed. In these situations, the Quality Improvement

Review Matrix helps the ECN-Q prioritise his or her time, so the most urgent problems (Non-Compliant cases) are addressed first. Although each agency must identify its own feedback timeframes, the IAED has provided recommendations for each Compliance Level in the Quality Improvement Review Matrix.

Compliance Level	Feedback Time	Feedback Method
High Compliance	Immediate	Individual Feedback with Incident Performance Report
Compliant	Routine (trends)	Individual Performance Report
Partial Compliance	Routine	Individual Feedback with Incident Performance Report
Low Compliance	Urgent (72 Hour Goal)	Individual Feedback with Incident Performance Report
Non-Compliant	Immediate	Individual Feedback with Incident Performance Report & Action Plan

Appendix 7: Request for concerns audit

Send request and following information to practice education team
- Incident number
- Date of incident
- Type of concern (complaint, adverse incident, serious adverse incident)

Formal audit required

YES → ECNS team complete audit and update concern log

NO → Provide informal review feedback using template

ECNS Auditor send completed audit to senior ECNS educator to QA if required and return to requester. Copy in ECNS users Line Manager.

Practice Educator / Line manager to give feedback on audit review to ECNS user (compliant or non-compliant), ensuring completed, and signed feedback form is securely stored in ECNS users electronic file.
Feedback to be given as soon as reasonably possible

Training/Learning needs identified

YES → Line Manager to develop an action plan with the ECNS user, noting identified learning needs. Forward & discuss action plan with senior educator

NO → Senior ECNS Educator to draft training support plan & arrange training/coaching as required

Completed training documentation to be forwarded to line manager and placed in ECNS users electronic P-file

Appendix 8: Informal call review feedback ECNS Call review Feedback

Form available online: **HERE**

* Required

* This form will record your name; please fill in your name.

[ ]

1. ECNS User Name: *

[ ]

2. Region: *

[ ]

3. Incident Number: *

[ ]

4. Reviewer Name:

[ ]

5. Job Title:

[ ]

6. Requestor:

[ ]

7. Complaint/adverse incident

[ ]

8. Date of Request:

[☐]

9. Date Reviewed:

□

Relevant issues identified

10. Call intake:

11. Protocol selection:

12. Protocol questions:

13. Recommended care level:

14. Case exit score:

15. Customer service score:

16. Call Review Feedback: *

17. Formal Audit Review Requested? *

⭕ Yes   ⭕ No

18. Formal Audit Review due to incidental finding, unrelated concern? *

⭕ Yes   ⭕ No

Appendix 9: Return to work support request form

Form available online: <u>HERE</u>

* This form will record your name; please fill in your name.
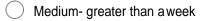
[   ]

1. ECNS User Name

[   ]

2. Job Title

[   ]

3. Region

[   ]

4. Date of Request

[☐]

5. Priority- timeframe of return

◯ Low - greater than a month

◯ Medium- greater than a week

◯ High- within the next week

6. Length of absence

[   ]

7. Specific learning needs are identified by a team leader. Please include any outstanding training (i.e. clinical awareness, version updates)

[   ]

8. Are there any working hour restrictions that the member of staff can work?

◯ Yes ◯ No

9. If so, what are these restrictions

10. Is the staff member able to travel?

◯ Yes

◯ No

11. If so, where can they travel to?

12. Planned date and time of first shift back

13. Date RTW arranged

☐

Format: M/d/yyyy

14. Facilitator carrying out the RTW

15. Re-certificate Date

☐

Format: M/d/yyyy

Appendix 10: Request for ECNS performance support

Form available online: **HERE**

* Required
* This form will record your name; please fill in your name.

```
[                                        ]
```

1. ECNS Users Name:

```
[                                        ]
```

2. ECNS Users Line Manager:

```
[                                        ]
```

3. Region: *

```
[                                        ]
```

4. Date of request:

```
[                                    ☐ ]
```

5. Priority for support: *

◯ High

◯ Medium

◯ Low

6. Are there any working hour restrictions that the member of staff can work? *

```
[                                        ]
```

7. Please outline your concerns and specifically what type of support the ECNS user may benefit from: *

8. Has this request been discussed with the ECNS User?

Requests for support should always be discussed with the ECNS User *

◯ Yes   ◯ No