

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 17 October 2013.

**PRESENT:** Councillors Dryden (Chair), Davison, Junier, G Purvis (as substitute for Cole) and P Purvis.

**PRESENT BY INVITATION:** Cleveland Police:  
Chief Inspector K Prudom

North East Ambulance Service NHS Foundation Trust:  
M Cotton, Assistant Director of Communications  
P Liversidge, Chief Operating Officer.

**OFFICERS:** J Bennington and E Pout.

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Biswas, Cole and McPartland.

**DECLARATIONS OF INTERESTS**

There were no declarations of interest made at this point of the meeting.

**13/22 MINUTES - HEALTH SCRUTINY PANEL 4 SEPTEMBER 2013**

The minutes of the Health Scrutiny Panel held on 4 September 2013 were submitted and approved as a correct record.

**13/23 EMERGENCY ACCESS TO JAMES COOK UNIVERSITY HOSPITAL**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives from Cleveland Police and North East Ambulance Service NHS Foundation Trust (NEAS) to discuss the emergency access to James Cook University Hospital.

The Panel was keen to receive further information on the current pressures regarding emergency access to JCUH and to seek reassurances and clarification with regard to the number and operation of ambulances for the Teesside area.

Members were reminded that at a previous meeting held on 25 July 2013 the Assistant Chief Constable had confirmed that meetings had been held with NEAS and health colleagues to discuss the winter pressures and also summer pressures. Whilst the situation had generally improved, Members had noted that there had been 25/30 interactions with NEAS where police support had been needed between April and 22 July 2013. Police Officers had been issued with guidance to assist them in situations where people may need medical support. The information provided outlined various options to pursue in different situations which included the use of walk in or drop in health centres where appropriate.

The Chair welcomed all representatives to the meeting.

Chief Inspector Prudom gave an update on the current situation and from the outset acknowledged that the overall position had improved since 13 July 2013. Between the period 1 April and end of September 2013 it was confirmed that Officers had experienced 50-60 incidences when delays had occurred in ambulances in attending. An assurance was given that tactics were in place in partnership with NEAS involving operational guidance and practical advice for Officers. Such guidance reflected the national decision making model and covered aspects such as proximity to A & E, timescale of any delays in sending an ambulance and nature of injury.

In response to Members' concerns an assurance was given that Police Officers would always act in the best interests of the public taking into account available guidance to assist in making an informed decision. Should there be a delay the Police Control Room worked closely with

the counterpart Control Room at NEAS to discuss the situation.

Paul Liversidge, Chief Operating Officer, NEAS, presented a report which confirmed that over the last eight months, NEAS had been actively engaged with all police forces within their operational area to improve responses to members of the public from their respective emergency services. It had been recognised that from an operational point of view there was a need for a better understanding to be gained of each service's pressures.

Following discussions and part of the overall improvements the Panel was advised that NEAS had created Help Cards for each of the three police services in the Trust area. Such cards a copy of which was included in the report circulated were to be issued to all Police Officers and control room dispatchers. The Help Cards gave Police Officers on scene with patients some questions to help NEAS call handlers determine the level of response the patient needed and also provided appropriate 'Signposting' advice for officers dealing with very minor ailments to walk-in centres and minor injury units within their operational areas.

In commenting on different scenarios it was recognised that during a period with a patient there could easily be a change of category and after a certain period of time it would be necessary for a police officer to receive an update on any delay. Incidences were often related to a crime and therefore it was understood that police officers had competing demands. An increased awareness by Police Officers of the need to provide appropriate and accurate information had improved the overall situation.

The report circulated showed the incident volumes per quarter from Cleveland Police over the period Quarter 3 October/December 2012/2013 to Quarter 2, July/September 2013/2014. Such information demonstrated that the vast majority of calls from Cleveland Police were generating G2 30 minute responses. In comparison the number of Red R2 calls was considered to be low.

The graphical information demonstrated that changes introduced in priority booking were now showing to have an effect. From Quarter 4, January to March 2013, there was a positive increase in the number of Red calls generated from Cleveland Police. As expected, it was pointed out that there was a noticeable decrease in incidents categorised as a G2. It was noted that although there was evidence of more accurate decisions being taken at incidences they were still below the organisation's average of 30%-40% but the trend was in the right direction.

In response to clarification sought from Members the procedures followed at an incident were explained in that Police Officers would contact their Control Room. It was pointed out, however, that elsewhere in the UK police officers had direct contact with the ambulance control centre. The representatives from NEAS and Cleveland Police concurred that there was potential for future development in this regard but there were currently compatibility issues between the two systems. Should this be pursued it was agreed that information on best practice would be sought in this regard.

It was reported that NEAS had a Government target to reach 75% of all Red category (potentially life-threatening) calls within eight minutes. The graphical information showed that NEAS response times to Red 2 calls from Cleveland Police had been maintained consistently above 75%.

Members' attention was drawn to the G2 performance (30 minute blue light) response times which showed a steady and very noticeable improvement. It was considered that this was attributable to the changes in incident categorisation of police calls. The positive change indicated that delays to police calls that fell into such a category were being significantly reduced.

It was confirmed that of the cases that were categorised as G3 performance (60 minute cold response) NEAS had maintained consistent performance of over 85%.

It was reported that the percentage of cases booked as Red calls had increased from Q4 to Q2 with the daily average for the Trust being in the region of 35% which although still

relatively low it was acknowledged that it was encouraging that figures were moving in a positive direction.

Graphical information demonstrated a steady increase in cases from Cleveland Police triaged as Red Calls (8 Minute responses) and showed a steady decrease in cases from Cleveland Police triaged as Green Calls (30 Minute responses). It was suggested that there was a positive correlation between the increases in Red calls to the decrease in Green calls.

As outlined in the report it was suggested that the data reflected the changes and improved working relationship between NEAS and Cleveland Police. Evidence suggested that NEAS were now receiving more relevant patient information to allow them to effectively prioritise emergency requests.

The Panel referred to Winter Pressure preparations and plans and were keen to seek an assurance that robust measures were in place for all relevant organisations. The NEAS representatives confirmed that lessons had been learnt from their perspective but needed assurances that the plans of other organisations were robust and in place. Following Members' questions regarding the extent of engagement in developing winter plans the Panel was advised of recent meetings with local health economy representatives in terms of the overall plans and discussions on disseminating information. Members suggested that it could be developed further in terms of sharing winter pressure plans at an earlier stage.

In commenting on whether there were sufficient number of ambulances to meet expected demand reference was made to a review of services undertaken to ensure resources met the required local and regional standards. The number of ambulances was dependant on the extent of the population. The rural areas of East Cleveland were considered to be a challenge within Teesside. Confirmation was given that the number of ambulances per population was similar to comparable areas in normal circumstances. It was confirmed that a further breakdown of the numbers and other initiatives being pursued could be provided. It was reiterated that it was not always about resources but taking the most appropriate course of action in partnership with other health professionals.

The Panel was also keen to seek assurances that there was an appropriate number of ambulance and trained personnel. The NEAS representatives confirmed that the numbers of personnel met current standards and local response rates being achieved. It was acknowledged that increasing the number of ambulances was not always the best way of achieving improved care for the patient. As previously discussed the focus was working in partnership with other health professionals and further develop other options including the use of walk-in centres, Out Of Hours service and role of health visitors in providing a broader range of services avoiding unnecessary admission to hospital where not appropriate.

The Panel was advised of the role of the voluntary sector in terms of the British Red Cross and St John Ambulance Brigade in respect of low priority calls. Whilst the significant contribution from the voluntary sector was acknowledged prior to the arrival of an ambulance Members emphasised the importance of raising the public's awareness to their role in such circumstances.

In discussing the joint arrangements it was considered that there was scope for earlier involvement with the local health economy and Cleveland Police as part of the overall planning process in terms of winter pressures.

The Panel identified a number of areas for possible future consideration which included the following:-

- earlier involvement of local health organisations and Cleveland Police in terms of the planning meetings in respect of winter pressures;
- improved inter communication between the Control Rooms of Cleveland Police and NEAS;
- raising public awareness of the role of St John's Ambulance Brigade and British Red Cross.

**AGREED** as follows:-

1. That all representatives be thanked for the information provided which was noted.
2. That following consultation with the Chair and Vice-Chair a report on the outcome of discussions be compiled and circulated to Members of the Health Scrutiny Panel prior to submission to the Overview and Scrutiny Board.