

MIDDLESBROUGH COUNCIL

OVERVIEW AND SCRUTINY BOARD

12 NOVEMBER 2013

<p>EMERGENCY ACCESS TO JAMES COOK UNIVERSITY HOSPITAL – Discussions with Cleveland Police and the North East Ambulance Service</p>

PURPOSE OF THE REPORT

1. To inform the Board of the findings and recommendations of the Health Scrutiny Panel, with regard to their investigation of the emergency access to James Cook University Hospital (JCUH).

RECOMMENDATIONS

2. That the Overview and Scrutiny Board notes the information submitted at the meeting today and endorses the recommendations contained within the report.

BACKGROUND

Evidence/Discussions to Date

3. At the panel's meeting on 25 July (Update on Winter Pressures), the panel heard from the Assistant Chief Constable, Cleveland Police about the experiences of his officers, where they had been asked to take injured or ill people to A&E at James Cook University Hospital (JCUH). The significant problems experienced during the winter of 2012/13 were acknowledged, however, more recent examples were given, including an incident that happened in June 2013.
4. The Assistant Chief Constable also confirmed that meetings had been held with NEAS and health colleagues to discuss the winter pressures, and also the current summer pressures. The panel were told that generally the situation had improved, but there had been a number of interactions with NEAS where police support was needed. The panel thought it would be appropriate to ask both organisations to attend a meeting so that they could discuss the issues further.

FINDINGS

5. At the panel's meeting on 17 October the Police updated their position and stated that the position had improved since July 13. Between the period 1 April to the end of September it was confirmed that officers had experienced 50-60 incidences when delays had occurred in ambulances attending.

- The panel learnt that NEAS had actively engaged with all the police forces within their operational area to improve response times. Positive meetings had taken place with senior management from both NEAS and the Police. During those meetings it became apparent that calls from Cleveland Police were not being assessed as effectively by NEAS as they could be with the information that was being provided. In particular from the police control room, rather than the officer on the scene. In an effort to improve this, NEAS created Help Cards for each of the three police services in the Trust area.

Help Cards

- The cards had two purposes, firstly to give police officers involved at the scene some questions that would help NEAS call handlers determine the level of response the patient needed. Police dispatchers would also have the cards so that if a police officer did not provide the information required from the cards at first request, then the dispatch officers would be able to prompt for more specific information.
- The second purpose of the cards was to provide appropriate 'signposting' advice for officers dealing with very minor ailments, so that they could inform the public about the most appropriate walk in centres and minor injury units within their operational areas. An example card was presented to the panel.

Impact of Help Cards

- The Police also detailed how they were assisting to help improve the situation. Including ensuring that the help card is distributed to the officers and control rooms.

Emergency response times

R1 – 8 minutes (respiratory or cardiac arrest)	R2 – 8 minutes blue light (other life threatening emergencies, chest pain, stroke, major blood loss)	G2 – (30 minute blue light) e.g. limb injuries, abdominal pain, RTCs with injuries, falls etc	G3 -(60 minute non-blue light)
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- Ambulance response time targets for emergency cases are 8 minutes, and 30 minutes for non-life threatening emergencies. The panel learnt that the majority of calls from Cleveland Police generated G2 responses, i.e. low-level emergencies, with a 30-minute blue light response rate in comparison with the number of Red R2 calls, i.e. 8-minute emergency blue light response rate. The statistics provided by NEAS showed that there had been a positive increase in the number of red calls generated and a noticeable decrease in incidents categorised as G2.
- The information presented showed that the ambulance service has a government target to reach 75% of all red category (potentially life-threatening) calls within 8 minutes. NEAS response times to R2 calls from Cleveland Police maintained consistently above 75%.
- NEAS acknowledged that the categorisation of a person's condition was very important and the correct categorisation has helped. The police agreed that

information has led to the improved categorisation of the person's situation and more accurate decisions being taken at the scene.

13. NEAS stated that they would never ask the police to take a person to hospital. However, the police offered assurance that they will always act in the best interests of the public and will, if the situation needed it, take someone to hospital.
14. It was noted that the Police and NEAS control rooms are able to talk to each other to establish an ETA (Estimated time of arrival). In some parts of the UK police officers had direct contact with the ambulance control centre and this is the preferred method of communication to gather more accurate patient details and information. Both representatives from the Cleveland Police and NEAS concurred that this was an area of potential development and they were looking at best practice in other regions. At present, police and ambulance personnel at the scene do not talk to their counterparts' control rooms and an organisational agreement on a communication protocol will need to be reached.

Preparations for Winter Planning

15. The panel were keen to seek an assurance that robust measures were in place for both organisations. It was noted that the Clinical Commissioning Groups (CCGs) are collectively responsible for the winter planning process and consider an assurance process on each winter plan. NEAS have recently undergone an exercise to assess their preparation for winter, which involved a number of organisations including Social Care; however, the Police were not involved. The panel felt, along with the police representative, that it would have been beneficial to involve the Police in that preparation for awareness.
16. Operatives from both the Police and NEAS control rooms do meet to discuss operations. On a strategic level the Assistant Chief Constable has attended a 'summit', which involved looking at how the whole system operates and how organisations worked together. Discussions were taking place at an operational level regarding putting resources in each other's control rooms.

Number of Ambulances

17. Discussions took place around the number of ambulances available in Teesside at any one time. NEAS assess activity and determine resources accordingly using a model. It was acknowledged that that model was 6 years old. NEAS confirmed that they have enough resources to meet the standard and currently that standard is being met. NEAS described their service as one of the best ambulance services in the country.
18. NEAS were confident that they have enough ambulances available in 'normal state of play' conditions. The panel learnt that the main problem occurred when ambulances got 'backed up' at A&E. The service can draw from resources elsewhere but that will lead to a dilution of service and slower response times. NEAS also has plans in place for delayed transfers and have the ability to take people to other hospitals.
19. NEAS currently has 14 double-crew ambulances; nine rapid response cars and six urgent care ambulances that start their shifts at stations across

Teesside. Under the A&E Review, these numbers will change to reflect the rise in demand and would increase to 16 double-crew ambulances; eight rapid response cars and six urgent care ambulances. However, due to the peripatetic nature of ambulance operations, ambulance resources on Teesside can be deployed to incidents in Durham or support Yorkshire Ambulance Service if requested. Equally, ambulances from Durham and Yorkshire can be dispatched to incidents in Teesside when needed.

20. It was said that adding another £600k ambulance to the fleet would not be the answer. What needs to continue to happen is to ensure that the health professionals work together and develop alternative options including promoting the use of walk-in centres and the use of the Out of Hours services and in providing a broader range of services to try and avoid any unnecessary admission to hospital.
21. As the panel wanted to compare performance across the region, information was subsequently received which detailed performance figures that were broken down by CCG area. The South Tees CCG also includes Redcar & Cleveland area, which is a mix of urban and rural environments and not be comparable with other CCGs which are wholly rural or wholly urban. By way of a comparison, when the PCTs were in existence last year (whose boundaries were coterminous with the local authority area), those comparisons were easier to make.
22. These tables are shown as follows

Table 1 - R8 Minute response Times

PCT	Target %	YTD Actual %
Northumberland Care Trust	71	68.23
North Tyneside	75	79.72
Newcastle	75	88.40
North of Tyne Area		79.24
Gateshead	75	78.90
South Tyneside	75	82.52
Sunderland Teaching	75	78.72
South of Tyne area		79.69
County Durham	71	65.62
Darlington	75	81.13
Durham		68.19
Stockton Teaching	75	75.01
Hartlepool	75	81.81
Redcar and Cleveland	75	71.47
Middlesbrough	75	84.48
Teesside		78.21
North Yorkshire and York		36.89
Out of Area/Unknown		33.78
Out of Area/Unknown		34.59
NEAS (North East PCTs only)		76.52
NEAS (All Incidents)		76.41

23. In 2012/13 Middlesbrough had the best response times within the Teesside area and compared favourably with the rest of the region.

Table 2 - R19 Minutes response

PCT	Target %	YTD Actual %
Northumberland Care Trust	95	93.78
North Tyneside	95	99.01
Newcastle	95	99.23
North of Tyne Area		97.26
Gateshead	95	98.00
South Tyneside	95	98.51
Sunderland Teaching	95	98.04
South of Tyne area		98.14
County Durham	95	95.01
Darlington	95	96.72
Durham		95.29
Stockton Teaching	95	98.29
Hartlepool	95	96.39
Redcar and Cleveland	95	94.69
Middlesbrough	95	98.89
Teesside		97.29
North Yorkshire and York		77.32
Out of Area/Unknown		80.20
Out of Area/Unknown	95%	79.49
NEAS (North East PCTs only)		97.03
NEAS (All Incidents)		96.99

24. Again, when comparing 19 minutes response times, in 2012/13 Middlesbrough had the best response times within the Teesside area.

25. 2013/14 Figures

Table 3 – R8 Minutes response times

Division	CCG Area	Target	YTD 01/04/13 to 30/09/2013
North of Tyne	NHS Northumberland	75	71.72
	NHS North Tyneside	75	83.40
	NHS Newcastle North and East	75	89.26
	NHS Newcastle West	75	92.29
South Tyne	NHS Gateshead	75	82.38
	NHS South Tyneside	75	86.27
	NHS Sunderland	75	83.93
Durham	NHS North Durham	75	73.11
	NHS Durham Dales, Easington, Sedgefield	75	69.00
	NHS Darlington	75	82.82
Tees	NHS Hartlepool and Stockton on Tees	75	79.02
	NHS South Tees	75	80.75
	NEAS (NE CCGs Only)	75	80.00
	NEAS (All incidents)	75	79.90

26. The above table shows that NEAS are meeting its target for R8 minute responses in the South Tees area (which includes Middlesbrough)

Table 4 – R19 Minutes response times

Division	CCG Area	Target	YTD 01/04/13 to 30/09/2013
North of Tyne	NHS Northumberland	95	94.16
	NHS North Tyneside	95	99.16
	NHS Newcastle North and East	95	99.53
	NHS Newcastle West	95	99.45
South Tyne	NHS Gateshead	95	98.48
	NHS South Tyneside	95	99.21
	NHS Sunderland	95	98.59
Durham	NHS North Durham	95	96.56
	NHS Durham Dales, Easington, Sedgefield	95	94.78
	NHS Darlington	95	96.78
Tees	NHS Hartlepool and Stockton on Tees	95	97.99
	NHS South Tees	95	97.87
	NEAS (NE CCGs Only)	95	97.50
	NEAS (All incidents)	95	97.45

27. The above table shows that NEAS are also meeting their target for R19 minute response times in the South Tees area.
28. The panel learnt that NEAS have contracts with both the British Red Cross and St John Ambulance who can be asked to attend G2 and G3 calls, i.e. those calls which involve non-life threatening emergencies and transportation. It was noted that the public should grow to expect that these two organisations would be asked to attend those 999 calls. They can also attend more urgent calls as a first response, if they are the nearest service available, because they carry a defibrillator and are fully trained to operate it, those calls would always be backed up by the immediate response of the NEAS service.
29. Following the meeting the panel were also informed that further discussions have continued between NEAS and Cleveland Police to examine incidents where the Police have either cancelled a request for NEAS to attend an incident or stood the ambulance down before it has arrived. This activity is not routinely collected and it is not currently known what impact this is having on both NEAS and Cleveland Police.

CONCLUSIONS

30. The panel made the following conclusions
- i. The panel acknowledged that the situation had improved, since the winter of 2012/13 and that some major work had been undertaken by both organisations in order to deal with the issues that were faced at that time. The panel agreed that there were still some issues that needed to be addressed including considering establishing protocols between police and

- ambulance systems which would enable officers at the scene to be able to speak directly to the ambulance control room.
- ii. The panel thought it would be beneficial for all emergency services to be involved in all stages of strategic planning for winter pressures.
 - iii. The panel thought that the public would be surprised to hear that on certain occasions, ambulances from the British Red Cross and the St Ambulance services would be dispatched. The panel were however reassured by the representatives from NEAS that the services of the British Red Cross and the St John Ambulance were not being used as a replacement for the ambulance service, rather as a 'supplement' to the provision. The panel were further reassured to hear that should such ambulances be sent that they were staffed with fully trained and capable staff and that they would always be followed up with a NEAS ambulance.

RECOMMENDATIONS

31. The Panel recommend the following

- i. That the Police and NEAS work together to review best practice and then implement a system which enables police officers and paramedics to be able to contact each others organisation's control rooms.
- ii. That NEAS ensure that the emergency services are invited to wider planning meetings
- iii. That the public are made aware of the contract NEAS has with the British Red Cross and the St John Ambulance. To seek to reassure the public that on occasions where those services' ambulances have been sent as a first response, that NEAS ambulances will also attend the scene within the target time response.

ACKNOWLEDGEMENTS

32. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Kathy Prudom, Chief Inspector, Cleveland Police
- Sean White, Assistant Chief Constable, Cleveland Police
- Mark Cotton, Assistant Director of Communications and Engagement
- Paul Liversidge, Chief Operating Officer, North East Ambulance Service

BACKGROUND PAPERS

a) Minutes of the Health Scrutiny Panel – 25 July 2013

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