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Private and Confidential

Mr Derek Winter
Senior Coroner for the City of Sunderland
Civic Centre
Burdon Road
Sunderland
SR2 7DN

10th January 2018

Ref: YO/AG/HMC1320

Dear Mr Winter

Inquest into the death of Mr Darren James Powney (Deceased)

Response of the North East Ambulance Service NHS Foundation Trust (NEAS) to the Regulation 28 Report to prevent future deaths

I am writing in my role as Chief Executive of NEAS and further to your Regulation 28 Report for the prevention of future deaths dated 10 November 2017 as issued following the Inquest into the tragic death of Darren which commenced on 6 November 2017.

In your report, you highlighted the following concerns:

"Although a lot of work has been done, I am concerned there appears to me more to be done, implemented and trained upon sooner, rather than later. Nearly a year on and, although the new protocol may be on the cusp of being agreed, there is nothing firm enough in my view in place with a clear training programme. In any event I hope my Report will give the necessary impetus to conclusion and implementation".

The Trust will address each point you have raised in your matters of concern below.

Use of caution and information 'Flags'

During the inquest [REDACTED] provided written and verbal evidence to explain that the Trust uses a number of sources to add information 'flags' to patients' addresses. The evidence included the procedure titled 'Adding and Reviewing 'Caution' Flags for Violence and Aggression Procedure'. This sets out the process for violence and caution flags to be placed on to the system without delay and ensure that, crews have information available to them regarding any potential risks to their safety.

Temporary flags added by NEAS staff are reviewed within 3 months, which allows time for a full investigation. All flags are, however, reviewed as soon as possible to validate their appropriateness. As detailed in the aforementioned procedure exhibited at the inquest, the review date for flags will usually be after 6 or 12 months of the date of the incident which prompted the flag, unless otherwise arranged. The process for reviewing the flags includes a number of clear steps and can result in an extension or removal of a flag. In this case I am aware that the flag was reviewed and deemed to remain appropriate,

It is clear from this case that the information contained in the flag was used in isolation to inform the crew of potential concerns, without accessing additional information or attending the scene to conduct a more robust dynamic risk assessment.

In order to address this we have ensured that when a crew does not feel safe to proceed and access a property, without police support, based on the 'flag' this is then escalated to the Clinical Operation Manager or the Assistant Services Manager on duty so they may review all information available and speak directly to the crew on scene.

When such a situation occurs we will ensure an incident report is logged to enable a constructive conversation with the appropriate senior staff within NEAS and the Police. It will also enable the Trust to look at themes and trends relating to this situation.

As part of the organisational restructure we have reviewed how we manage Special Patient Notes and have appointed a team focused on this and 'Frequent Callers'. We are currently reviewing our existing Standard Operating Procedures, which will be completed by March 2018.

Joint Operating Procedure review

As confirmed at the inquest, there is a Joint Operating Procedure (JOP) between the Trust and the three local Police forces. The aim of the JOP is to provide guidance to the Police in relation to when the Trust will attend to provide medical assistance and to provide guidance to the Trust in relation to the powers and responsibilities the Police have in responding to incidents involving medical matters.

As discussed at the inquest and as a result of Darren's death, the JOP was reviewed by Alan Gallagher, the Trust's Head of Risk, and Chief Superintendent Sav Patsalos, of the Northumbria Police as it was identified that clarification was required regarding who should attend patients when the risk assessments of the two services differ. This has resulted in the creation of an escalation process which was incorporated into the JOP. This enables a review of all information available, oversight of the situation and prompt action. Any cases where this situation has occurred will be reported via the Trust incident reporting system and will be brought to the attention of the Strategic Head of Operations.

To provide assurances I can confirm that since the inquest the escalation process has been followed by our staff and it has been successful. One example was a case which was escalated to a Clinical Operations Manager. A Clinical Care Manager was subsequently deployed to support a crew at scene. This matter was resolved without incident or delay and provided direct support and learning for the staff involved. Since the introduction of the escalation process we have not encountered any negative impact on staff or patient safety

The Trust has continued to work with the 3 local Police Forces to promote and develop the JOP. The most current version of the JOP is version 14 and includes an update in light of the new Ambulance Response Programme (ARP) which replaces previous language/terms with the new ambulance categories. The Trust can confirm that the changes are simply relating to ambulance response categories. The main content remains unchanged from that shared at the inquest. A copy of the latest JOP is enclosed.

The Trust can confirm that the JOP is currently being used by the stakeholders and will continue to evolve as part of the Trust's collaborative work with Police colleagues. Whilst the JOP has not as yet been formally collectively launched, plans are being made for the various Executive teams to meet and jointly sign the current version. The dates suggested for this meeting commence on the 6th February 2018 with partners being asked to provide availability. The plans also include a joint media launch so the work can be publically shared to show the on-going collaboration between the emergency services. The Trust would however like to assure you that this is more of a ceremonial matter linked with promoting our collaboration. As stated above all three Police Forces and the Trust have agreed the JOP and use it in our daily routines.

Improved awareness and understanding of the JOP by frontline staff

It was apparent that we needed to ensure our communication to frontline staff regarding the JOP was more robust and following the inquest dedicated time was spent with the paramedic crew involved in the case to reflect and learn from this incident.

We have undertaken a range of measures to ensure staff understand the JOP and how it applies to them in practice as follows:

- Staff briefing – a briefing document (entitled “Reducing demand on police and ambulance service Briefing”) was cascaded onto staff using the Trusts electronic alerts system, which enables monitoring of staff receiving the document. (see enclosed)
- Memorandum – in order to reach every member of staff working in the frontline we have sent a memorandum (entitled "*Caution Markers/Flags and Dynamic Risk Assessments Memorandum*") signed by the Chief Operating Officer, Head of Risk and a member of Unison. This was circulated using our electronic alerts system. (see enclosed)
- Internal publication (The Pulse) – a specific update has been written regarding the JOP and will be published in the January edition, scheduled for circulation in January.
- Information and instruction – we recognise the important role Clinical Operations Managers, Clinical Care Managers and Assistant Services Managers (Dispatch) have in operationalising the JOP and have therefore held face to face sessions led by the Head of Risk to ensure they are familiar with the JOP / dynamic risk assessment process.
- Meetings – The Head of Risk has attended meetings with Emergency Operations Centre managers to ensure the JOP has been discussed with call handlers, dispatch staff and those working in the Clinical Hub.
- Phased roll out of the updated JOP – this was led by the Head of Risk and enabled true engagement and discussion with key staff
- Assurance – we have a process of ‘Ride Outs’, where the Clinical Care Managers observe the practice of our front line staff in the Emergency Service, and included as part of this assurance process is a discussion with the staff member regarding dynamic risk assessment and the JOP. ‘Ride Outs’ are performed on a twelve week roiling program, depending upon service pressures.
- The Emergency Operations Centre staff have monthly 1:1’s with their line manager whereby feedback on the knowledge of the call takers, dispatch staff and clinicians of the JOP / dynamic risk assessment has been reviewed.
- Incident management – reporting and investigating incidents relating to incidents where police do not agree with the risk assessment to support crews on scene will be managed by operational managers, in line with the Trust Incident Reporting policy. Oversight of themes and trends will be undertaken by the Risk Department and the Head of Risk will feedback key findings to the Police to support the refinement of the JOP.
- New staff – from January 2018, as part of local induction the need to cover the JOP / caution markers and flags / dynamic risk assessment is identified for call takers, dispatch staff, clinicians, frontline crews, Clinical Care Managers, Clinical Operations Managers and Assistant Service Managers (Dispatch) to ensure they are aware and familiar with the procedures in place to keep patients and themselves safe. Completion of local induction is monitored by the Organisational Development Dept.

Dynamic risk assessment

Undertaking a dynamic risk assessment is central to the work we do in delivering safe patient care as an Ambulance Trust. In order to reinforce to front line crews key areas to consider when informed that there is a flag relating to possible violence and aggression, a sticker has been developed to be placed in the front of the vehicle with prompts to consider prior to requesting police support.

Following agreement with the relevant departments this is currently being produced and will be in all vehicles by the end of March 2018.

Operational crews receive conflict resolution training, breakaway training and dynamic risk assessment training as part of Statutory and Mandatory training, this also includes use of the joint decision making model. The Trusts data currently shows that **88%** of operational staff have received statutory and mandatory training.

The main element of the risk assessment is conducted on scene by operational staff. In this case the crew felt attendance posed a high risk due to the numerous caution flags held on the system. This intelligence was provided by Northumbria Police. The Trust has a specific policy covering this area as well as standard operating procedures. The flags are presented to crews via the vehicle Terrafix system and/or verbally onto rapid response when travelling to scene.

THRIVE training plan

The Police use a THRIVE assessment model (Threat, harm, risk, investigation, vulnerability and engagement) to assist in prioritising whether a situation is a high, medium or low, with associated actions relating to each level. In order to support collaborative working based on a shared understanding the Trust has embarked on a programme of equipping Emergency Operations Centre (EOC) staff with an understanding of this model and how it can be used in practice. THRIVE is a model aimed specifically at EOC staff and not operational staff.

All staff have received a briefing in relation to the Joint Operating Procedure and THRIVE. Information is also accessible on the internal communications site (Lamp) for EOC staff. Specific training on the THRIVE process is planned for remainder of the financial year with a target to deliver this for **75%** of EOC staff by end of March 2018. Further training will then be incorporated into our training plan.

Originally THRIVE training was planned to commence earlier in 2017/2018; this was however delayed due to the need to work with Northumbria Police to create a NEAS specific package. Delivery was further delayed due to previously planned priority mandatory training such as NHS Pathways updates, Safeguarding and more recently the National Ambulance Responses Programme (ARP). Subsequently the Trust has planned to focus on this training during November and December, unfortunately due to the extreme pressures faced over this period it was not possible to provide the training. During this time the Trust was operating between level 3 and 4 on the Resource Escalation Action Plan (REAP), see enclosed REAP plan.

The main reason NEAS have introduced this training is to align knowledge across emergency services so we can understand their calls grading process. In essence we will use this to consider factors alongside the NHS Pathways triage.

We are making arrangements to discuss with Police colleagues whether shared THRIVE training with Police and Ambulance operations centre staff may add further value to improve shared understanding of roles, services, pressures and constraints in order to build on the positive and collaborative relationships between the Emergency Services..

Review of 'frequent callers' procedure

It was discussed at inquest that Darren had called for an ambulance on 21 occasions from May 2016 – December 2016. The Trust has reviewed the standard operating procedures we have for managing frequent callers, and the drafts are currently out for consultation, with a plan to have these approved by March 2018.

The Special Patient Notes team will also oversee the Frequent Caller activity and be responsible for implementing the updated SOP's, when they are approved.

We have tested our flagging system to provide assurance that it is highlighting 'frequent callers' and are establishing a wider internal multi-disciplinary group, to include patient safety and safeguarding to review cases and refer on to primary care for case review / Multi-disciplinary Team involvement.

Staff safety

We are committed to keep our staff safe, wherever possible and we are trialling 'Body Worn' cameras. These are devices which will be worn by our operational staff members and the trial is to commence in early 2018. The Trust will look at the feedback and review whether the use of the cameras has had an impact on reducing violence and aggression against staff.

Further collaboration with the Police

The Trust has a number of other initiatives with its neighbouring Police forces. These all fall under the banner of 'joint demand reduction', the overarching aim being collaboration across the region. The initiatives include meetings at Chief Officer level, a senior management group and working groups to implement change. Elements of the work being undertaken include;

- Direct access for operational staff into each control room i.e. Police can call the Trust's control room directly for medical advice/triage and the Trust can call Police control for advice/assessment. In the event of a serious incident direct contact between control rooms will also occur;
- A forcible entry agreement being in place between the Ambulance service, the Fire service and the Police;
- The Trust provides support for Clinical Governance arrangements within Northumbria Police and for specialist units (firearms and public order teams) within Cleveland Police and Durham Constabulary;
- Existing information/intelligence sharing agreements;
- Existing Safe Haven (an alcohol reception facility) in Newcastle city centre with Northumbria Police;
- Ongoing joint operations for periods of high demand, (e.g. the Christmas period – Operation Ginger) etc.;
- Joint road safety campaigns with the Police and Fire services;
- Trust meetings with the Police innovation lead;
- Joint working on mental health projects involving the Police service, the Trust and Mental Health Trust;
- Joint safety work for major exercises;
- Joint training exercises such as the recent marauding terrorist firearms attack (MTFA) held across the region, i.e. Operation Custodian at the Metro Centre.
- We are in the process of arranging the re-printing and re-issuing of the advice cards previously issued to the Police following the introduction of ARP. The local Fire and Rescue Services and some Street Pastor services have also requested copies of these cards;
- Other Police forces have requested, and received, a copy of the JOP to assess local implementation.

These initiatives have already provided a number of benefits, including a reduction in demand upon each emergency service due to improved understanding and improvements in the formal processes that are followed. For example police colleagues would be provided with a 30 minutes ambulance response for all requests, unless a life threatening case. Since the introduction of the JOP these calls are triaged to ascertain the most appropriate level of support. This in itself has reduced the time spent on scene by police officers waiting for an ambulance which was often not necessary. This has also reduced the number of queries raised by the police if officers on scene for prolonged periods of time, when in fact it was not appropriate to allocate an ambulance response.

The reduced demand allows an improved response time for all stakeholders attending appropriate cases. These initiatives also ensure that resources are appropriately used, through improved collaboration and staff/public safety.

Conclusion

In summary I can confirm the following:

- The Trust and Police colleagues have implemented version 14 of the JOP;
- The new escalation process has been applied successfully;
- The JOP has been agreed and implemented by all stakeholders;
- A Briefing and a Memorandum have been disseminated to staff which specify the process staff should follow when there is a warning marker on a property, including the various factors that need to be taken into account in their risk assessment and the fact that the service user's property should be attended by the crew in order to carry out the dynamic risk assessment;
- Training is being rolled out to Emergency Operations Centre staff in relation to the Police risk assessment THRIVE;
- Operational staff have received dynamic risk assessment training as part of their annual statutory and mandatory training;
- Operational staff have received conflict resolution training and breakaway training as part of statutory and mandatory training;
- Dashboard stickers have been developed to provide more information about police assistance;
- Alan Gallagher has met with the various managers in order to ensure the information is being disseminated;
- Our staff's knowledge and awareness of the JOP is to be audited;
- The Trust continues to collaborate with our emergency service colleagues and other partners.

I can also confirm that in order to improve nationwide learning, the Trust have disseminated both the Regulation 28 Report and our response to other Ambulance Trust colleagues across the country. The Care Quality Commission is also aware of the Regulation 28 Report and shall receive a copy of this letter of response.

I hope that the steps that have been taken address the matters of concern which you have highlighted. If the Trust can be of any further assistance please do not hesitate to contact myself or Alan Gallagher, Head of Risk at the Trust.

Yours sincerely,



Yvonne Ormston
Chief Executive

Enclosures

Joint Operating Procedure (JOP) version 14
Staff briefing, joint demand reduction programme
Memorandum, risk markers/flags and dynamic risk assessments
Resource Escalation Action Plan (REAP)