

## **SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)**

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Wednesday, 28th January, 2015 at 2.00 pm

*(A pre-meeting will take place for ALL Members of the Board at 1.30 p.m.)*

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### **MEMBERSHIP**

#### **Councillors**

J Akhtar - Hyde Park and Woodhouse;  
D Coupar (Chair) - Cross Gates and Whinmoor;  
B Flynn - Adel and Wharfedale;  
G Hussain - Roundhay;  
G Latty - Guiseley and Rawdon;  
S Lay - Otley and Yeadon;  
J Lewis - Kippax and Methley;  
K Maqsood - Gipton and Harehills;  
E Taylor - Chapel Allerton;  
S Varley - Morley South;  
J Walker - Headingley;

#### **Non-voting co-opted Member**

Dr J Beal - HealthWatch Leeds

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*Please note: Certain or all items on this agenda may be recorded*

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**Agenda compiled by:**  
Guy Close  
Scrutiny Unit  
Civic Hall  
LEEDS LS1 1UR  
Tel: 39 50878

**Principal Scrutiny Adviser:**  
Steven Courtney  
Tel: 24 74707

[www.twitter.com/scrutinyleeds](http://www.twitter.com/scrutinyleeds)

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p><b>No exempt items have been identified.</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>YORKSHIRE AMBULANCE SERVICE NHS TRUST</b></p> <p>To consider issues arising from the request for scrutiny at its meeting in December 2014 in relation to potential risks to patients being created by the Board of the Yorkshire Ambulance Service NHS Trust (YAS), highlighted by Unite the Union.</p>	1 - 20
7			<p><b>DATE AND TIME OF THE NEXT MEETING</b></p> <p>Tuesday, 24 February 2015 at 10.00am (pre-meeting for all Board Members at 9.30am)</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			<p><b>THIRD PARTY RECORDING</b></p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> <li>a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.</li> <li>b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.</li> </ul>	



Report author: Steven Courtney  
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)**

**Date: 28 January 2015**

**Subject: Yorkshire Ambulance Service NHS Trust**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary of main issues**

1. At its meeting in December 2014, the Scrutiny Board agreed to a request for scrutiny in relation to potential risks to patients being created by the Board of the Yorkshire Ambulance Service NHS Trust (YAS), highlighted by Unite the Union.
2. A letter from Unite the Union (presented at Appendix 1) was widely distributed, with a copy received by Leeds City Council. Following discussions with the Leader and Deputy Leader of Council, the Executive Member for Health and Wellbeing referred the matter to scrutiny for consideration.
3. At the meeting in December 2014, the Scrutiny Board also considered a written response from YAS in addition to some frequently asked questions. For completeness, these details are provided at Appendix 2 and 3, respectively.
4. In response to the request for scrutiny, the Scrutiny Board agreed to convene an addition, dedicated meeting to consider the issues highlighted. The Scrutiny Board also agreed to:
  - a. Seek additional information to support/ substantiate the concerns identified by Unite the Union.
  - b. Request responses from YAS (as the service provider) and NHS commissioners.
5. Additional information and input to the meeting has been requested from a range of key stakeholders, including Unite the Union, YAS, NHS commissioners, the NHS

Trust Development Authority (NTDA) and Unison. Local HealthWatch organisations have also been contacted to provide any local intelligence that may help the Scrutiny Board consider issues relating to service provision and patient safety.

6. Attached to this report is additional information provided by YAS, including performance data (and trend information) relating to the organisation's business operation in relation to:
  - Emergency response (999 calls);
  - Patient Transport Service (PTS); and,
  - 111 service.
7. Any additional information received will be provided for the Scrutiny Board either before or at the meeting.

#### Other considerations

8. In considering the issues at hand, the Scrutiny Board should be mindful that its remit is to consider the issues around the provision of services and any impacts on patient safety. It is not the role of the Scrutiny Board to adjudicate between YAS and any trade unions.
9. Furthermore, it should be noted that the Council's Scrutiny Board procedure rules identify a number of instances where the Scrutiny Board may not undertake a review. This includes (except in exceptional circumstances) any decision in respect of which there are 'ongoing judicial proceedings, Ombudsman or audit inquiry...'

#### **Recommendations**

10. The Scrutiny Board is asked to consider the details presented/ made available and determine any additional actions, activity and/or appropriate recommendations.

#### **Background papers<sup>1</sup>**

11. None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Unite the Union  
128 Theobalds Road  
London WC1X 8TN

Tel: 020 7611 2500  
Fax: 020 7611 2555



**CENTRAL OFFICE**

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2<sup>nd</sup> December 2014

I am writing to you as General Secretary of Britain and Ireland's largest trade union, Unite.

Regrettably I have to inform you of the potential risk to patients being created by the Board of the Yorkshire Ambulance Service Trust.

Unite members, paramedics on the frontline of service delivery, have exposed:

- Failure to meet national targets for emergency response
- Changes to the manning of ambulances that will put lives at risk
- Proposed cuts to the ambulance fleet despite rising demand
- Alleged manipulation of call-out data to meet targets

As a result of the failure of the YAS Board to heed the warnings of frontline staff and my members' unwillingness to be silenced on issues of patient safety, YAS has attempted to gag my Union by withdrawing our right to be consulted and disciplining Unite representatives on alleged 'trumped-up' charges.

As a key stakeholder with a responsibility to the public and in view of the Trust's imminent final application for Foundation Trust status, I am requesting your agreement for an urgent meeting with my Union to discuss the issues in more detail and to see how we can work together in the best interests of patient safety.

Can you contact my office (Lynne Goodwin: email [lynne.goodwin@unitetheunion.org](mailto:lynne.goodwin@unitetheunion.org), Tel: 020 7611 2592) as soon as possible.

Yours sincerely,

A handwritten signature in blue ink that reads 'Len m Cluskey'.

**Len McCluskey**  
**General Secretary**

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To:  
Local Council, Chief Executives  
Acute Trust Chief Executives  
Clinical Commissioning Group Chief Officers  
Yorkshire & Humber Local Healthwatch  
Scrutiny Committee Chairs

**Headquarters**  
Springhill  
Brindley Way  
Wakefield 41 Business Park  
Wakefield  
WF2 0XQ

Tel: 0845 1241241  
Fax: 01924 582217  
[www.yas.nhs.uk](http://www.yas.nhs.uk)

10 December 2014

Dear Colleague

**Re: Unite the Union Letter of 2 December 2014 regarding Yorkshire Ambulance Service (YAS) NHS Trust**

I understand that you may be in receipt of a general letter from Unite the Union which makes various allegations about patient safety. I wanted take the unusual step of writing to you directly to correct a number of factual errors and reassure you about our actions to date in respect of patients.

Firstly, I would like to reassure you that all YAS decisions are focused on continuing to deliver a high quality, safe and responsive service for patients. In order to achieve this we are continuing to increase our number of frontline paramedics year-on-year, maintaining our fleet numbers to match staff rotas and ensuring clinicians have the vehicles, equipment and training they need to care for patients.

I can also categorically state that the allegation that YAS is manipulating call-out data to meet targets is wholly false. In July 2013 the Care Quality Commission carried out an unannounced inspection. They observed our triage and re-grading system in practice and concluded that it was safe and fit for purpose.

This latest correspondence is against a background of industrial action commenced by Unite following YAS's decision to derecognise them in February 2013. This decision was taken for a number of factors including poor behaviour of local representatives and regional officers and the breakdown of the relationship between the two unions Unite and Unison. The majority of YAS staff are represented by Unison with only a small proportion (less than 8 percent) being members of Unite.

Since then, Unite has been in discussions with YAS about achieving formal re-recognition and rebuilding its relationship. We have been very clear with Unite that we will only be prepared to offer formal re-recognition once their relationship with Unison has been repaired, an agreement made about behaviours between the two unions and any differences resolved

at a local and national level. Unite representatives have previously committed to sign a protocol relating to behaviours, but to date they have been unable to secure this.

To that end, we have suggested ACAS conciliation with ourselves and both unions to try to seek a resolution. Unite's response to this, to date, has been to confirm that they will commence a negative campaign against the Trust.

Turning to the more important allegations in respect of patient safety, the position put forward by Unite is not correct and I would like to reassure you that, despite Unite's assertions, patients are not being put at risk by YAS. The enclosed frequently asked questions give more detail about the work we are doing to meet rising demand, the increasingly complex needs of patients and to develop a clinically-skilled workforce.

It is extremely disappointing that these allegations continue to be made and that Trust resource, that should be focused on delivering quality patient care, is being diverted to respond to this negative campaign.

If you have any questions about the work of the Trust or the issues that have been raised by Unite, please do not hesitate to get in touch. I, or a member of my Executive Team, would be happy to set up a meeting. Please contact my PA Dawn Cronian, email [dawn.cronian@yas.nhs.uk](mailto:dawn.cronian@yas.nhs.uk) or phone 01924 584066.

Yours sincerely



**Rod Barnes**  
**Interim Chief Executive**



10 December 2014

## Frequently asked questions: Unite the Union

### How is Yorkshire Ambulance Service managing increased levels of demand and related performance issues?

Ambulance trusts across the UK have been hit by increasing demand over the last few months. We, and other trusts, have analysed the data but there appears to be no single root cause. Overall demand for emergency ambulances is increasing year-on-year and this is reflected across the whole country. In Yorkshire and the Humber demand for the most seriously ill and injured patients ('Red' incidents) in the first six months of the year (April - September 2014) was up by 11.5% which equates to nearly 15,000 more 'Red' incidents in the year-to-date.

Yorkshire Ambulance Service (YAS) has tried to deal with this by putting more staff out over periods where we know demand is at its highest. The November 2014 figures for 'Red' response times have shown improvement with 72.15% of incidents responded to within the 8-minute target (the national target is 75%). We are working hard to continue this upward trend across the busy winter period.

### Why is Unite raising concerns around patient safety?

YAS is committed to the highest possible standards of patient safety. The YAS frontline workforce comprises state registered paramedics, emergency medical technicians and Emergency Care Assistants (ECA). Unite's concerns stem from the introduction of the role of Band 3 ECA to work alongside Band 5 paramedics on ambulances. The ECA is a well-established role used by the majority of other ambulance trusts to deliver an appropriate level of clinical support to their paramedic colleagues. They have all received the required level of training to carry out this role, including emergency 'blue light' response driving. Currently ECAs do not work on their own or paired with another ECA even if they are the only staff free to respond to an incident.

By implementing our five-year A&E workforce plan YAS aims to have a paramedic on every frontline emergency vehicle. This requires substantial investment to significantly increase our numbers of qualified paramedics as well as fully funding training for 450 staff to become paramedics.

When we were inspected by the Care Quality Commission (CQC) in July 2013 there were no concerns raised about the level of ECA training.

### **Why did Yorkshire Ambulance Service derecognise Unite?**

Unite the Union, which represents around 350 people or 8% of our workforce, was derecognised by YAS in February 2013. This action was due to an ongoing, unconstructive working relationship, particularly around difficult decisions that the Trust needed to make to ensure high quality care for patients going forward.

YAS continues to work with Unison and has continued to seek ongoing dialogue with Unite with assistance from ACAS.

### **What is the relationship between Unison and Unite?**

Significant differences have existed between Unite and Unison for some time. We have been involved in trying to bring the two parties together on a number of occasions and in October 2014 Unite agreed to develop a concordat between themselves and Unison. YAS agreed that when this was in place we would consider officially recognising them again and bring them back into the collective bargaining process. They have so far not delivered on this commitment.

### **What other issues have Unite raised concern about?**

Unite has stated that we have compromised patient safety by the introduction of changes to staff rotas and meal breaks. Changes to staff rotas and rest breaks were implemented after a period of consultation with staff and Unison, following a detailed and comprehensive review of our service which took place throughout 2013. They form part of changes we are making to improve our responsiveness for patients and increase operational efficiency.

The new rotas seek to improve the allocation of rest breaks and ensure the rest break period is a minimum of 30 minutes during a 10-hour shift and 45 minutes during a 12-hour shift. We are, and remain, disappointed with Unite's deliberate misinterpretation of this matter. Staff welfare is a key priority for the Trust and whilst we have to ensure our staff are available to respond to emergencies we balance this with adequate rest breaks for our staff.

Getting optimum rotas in place is a shared priority for YAS management and frontline staff and we have continued to amend them as issues have arisen with the full support of Unison. Unite has not been supportive of these changes or engaged in any constructive dialogue.

### **Why did Unite ballot for industrial action?**

Unite balloted its members on industrial action on the basis of de-recognition, not patient safety. So far it has carried out strike action of up to 24 hours on 17 dates since April 2013 without any concessions for the most seriously ill and injured patients.



# Yorkshire Ambulance Service (YAS)

Performance Data

January 2014



# Our Communities

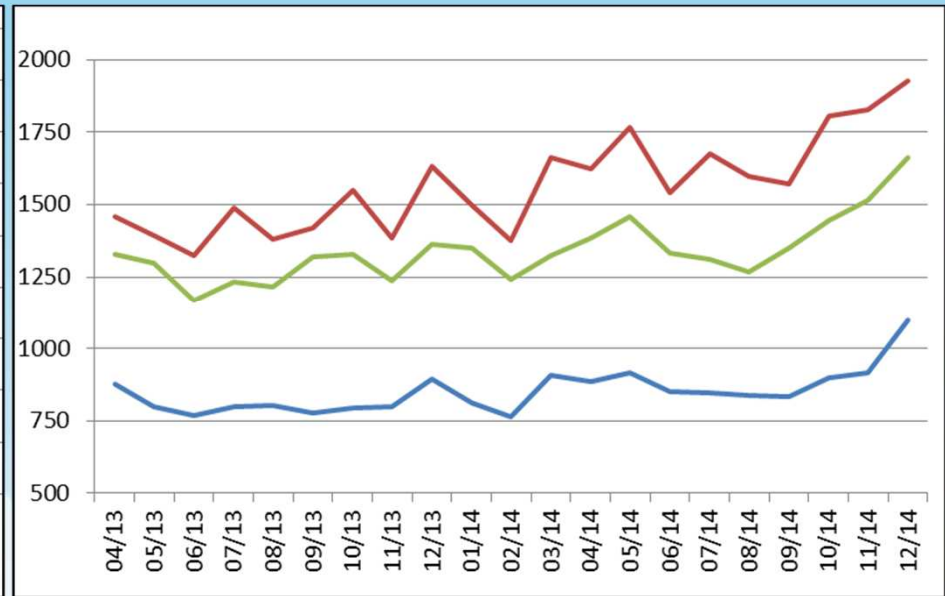
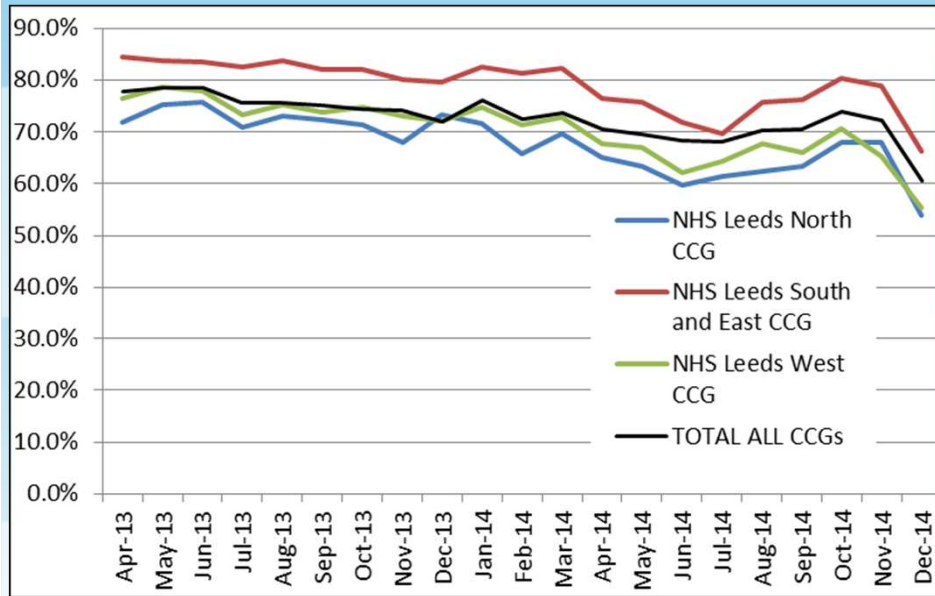
YAS is the only NHS provider serving the whole Yorkshire region

- Provides: A&E ambulance service; non-emergency Patient Transport Service; NHS 111 service; resilience and special services
- Covers the whole of Yorkshire and the Humber (over 6,000 square miles)
- Commissioned by 23 clinical commissioning groups
- Ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services.





# A&E Demand & Performance



## Performance vs Red 8 minute target

- To reach 75% of patients with life-threatening conditions within 8 minutes

## Demand

Numbers of calls requiring a Red response



# Clinical Performance & Safety

<b>Outcome from Cardiac Arrest – Survival to Discharge (UTSTEIN)</b>	
Leeds, Bradford & Airedale	33.0%
YAS	45.5%
National Average	26.8%
<b>Outcome from Cardiac Arrest – Survival to Discharge (Overall)</b>	
Leeds, Bradford & Airedale	13.3%
YAS	13.3%
National Average	9.0%

<b>Outcome from Stroke – arriving at hyper-acute stroke centre within 60 minutes</b>	
Leeds, Bradford & Airedale	59.8%
YAS	59.7%
National Average	60.9%
<b>Outcome from Stroke – received an appropriate care bundle</b>	
Leeds, Bradford & Airedale	98.8%
YAS	98.0%
National Average	96.9%
<b>Outcome from STEMI – received an appropriate care bundle</b>	
Leeds, Bradford & Airedale	65.0%
YAS	85.0%
National Average	78.8%

**Key:**

**ROSC:** Return of Spontaneous Circulation

**Utstein:** a set of guidelines for uniform reporting of cardiac arrest

**STEMI:** ST-elevation myocardial infarction – a type of heart attack suitable for primary angioplasty treatment

**Care bundle:** between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in given time period, rather than separately.





# Frequent Caller Management

- Leeds have funded dedicated frequent caller manager since October 2014
- Identifies issues experienced by these patients and works in partnership with other agencies to ensure access to the appropriate services and/or care package
- Improves quality of care for these patients and reduces pressure on the 999, NHS 111 and A&E services
- 76% reduction in call volume from seven frequent callers following intervention in November and December 2014



# Patient Transport Service (PTS)

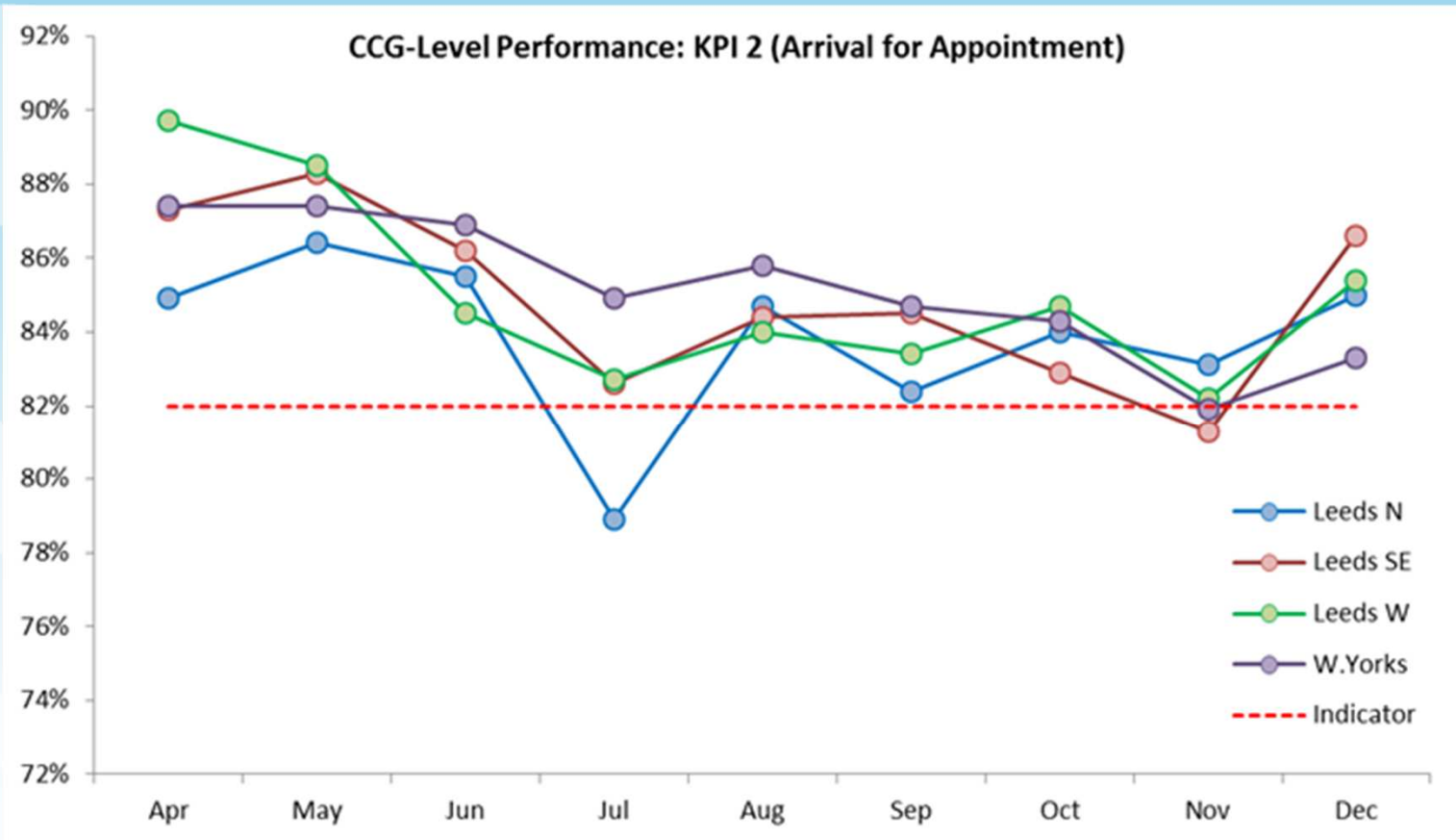
West Yorkshire Consortium performance: December 2014

Performance	KPI 1 % of patients picked up within 120 minutes before appointment	KPI 2 % of patients arriving between 0 and 120 mins before their appointment	KPI 3 % of pre-planned patients picked up within 90 minutes of being declared ready	KPI 4 % of on-day/short-notice patients collected within 120 minutes of being declared ready		
Indicator	93.0%	82.0%	91.0%	96.0%	Activity v Plan	
2013-14 YTD	93.7%	82.7%	92.4%	96.7%	YTD 14-15	437,755
YTD	95.1%	85.2%	92.6%	96.5%	YTD 13-14	430,135
Dec	94.7%	83.3%	91.8%	95.4%		
Dec Breaches	904	2890	1270	78	Dec% Var.	14.8%
Quality	Complaints	Concerns	Comments	Compliments		
Dec 4Cs	19	15	0	7		
Dec friends and family test results			64.2%			

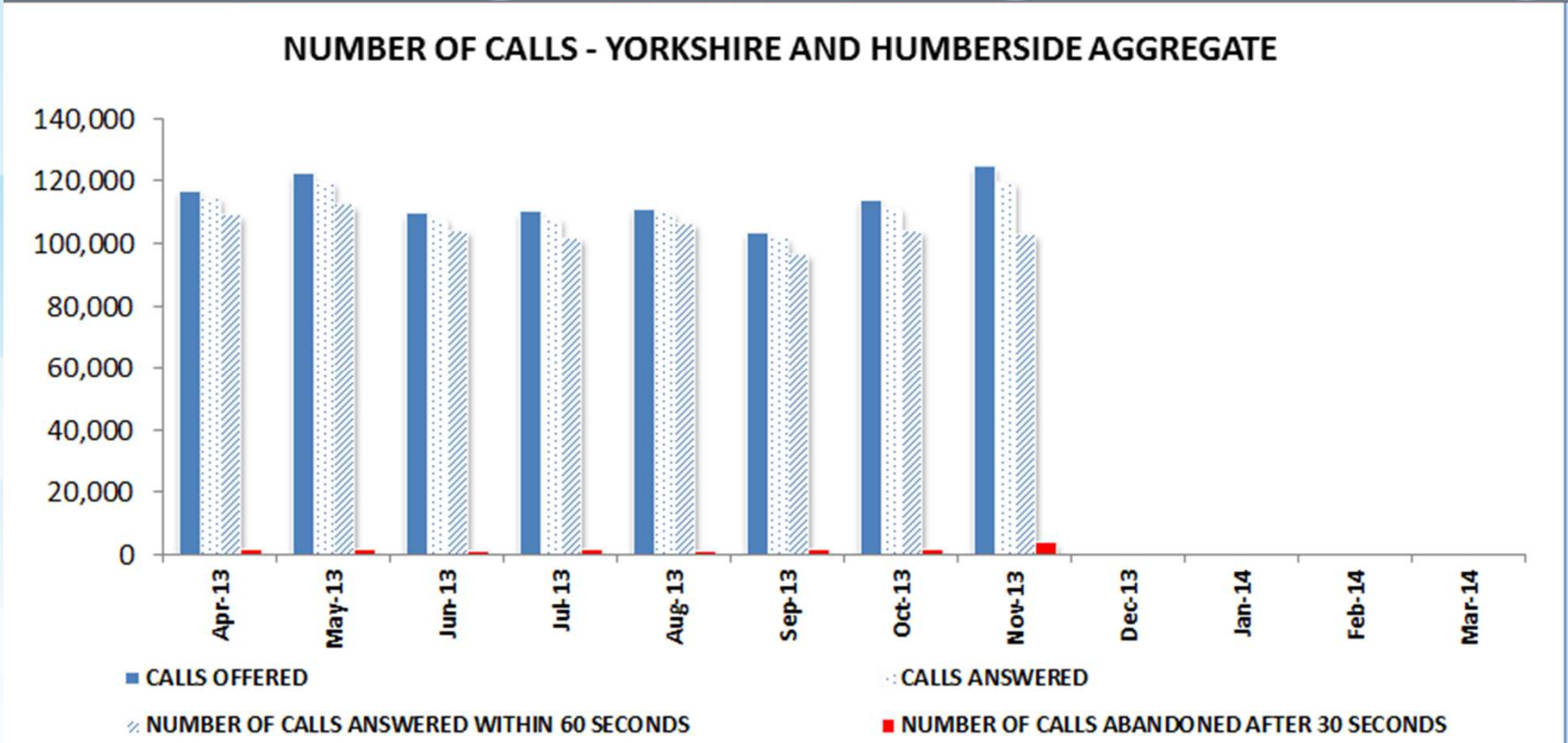
- 37% increase in demand over festive period
- Snow on 29 December had an impact on KPI delivery, but the majority of patients were still transported and attended their appointments
- 23% increase in stretcher demand compared to November in line with overall increase in demand from patients with more complex conditions



# PTS Performance – Leeds CCGs

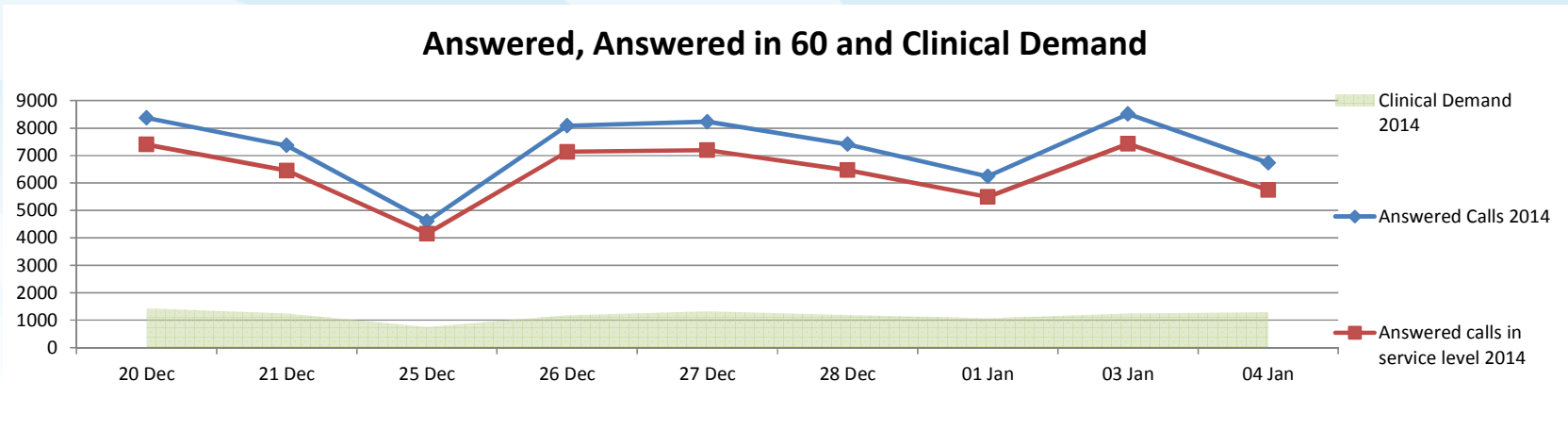
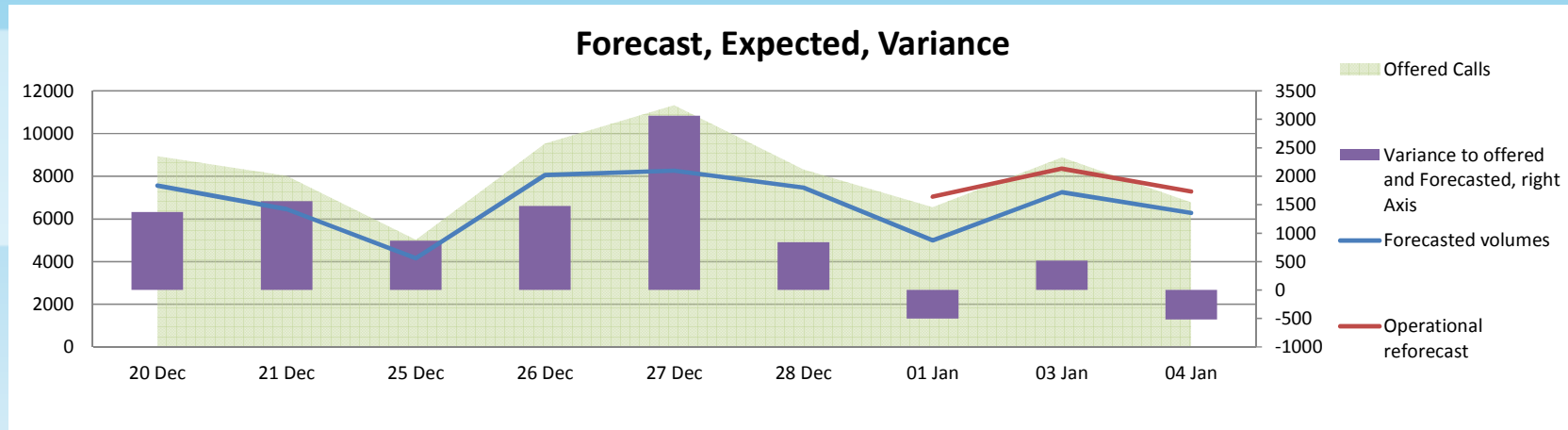


# NHS 111 Performance

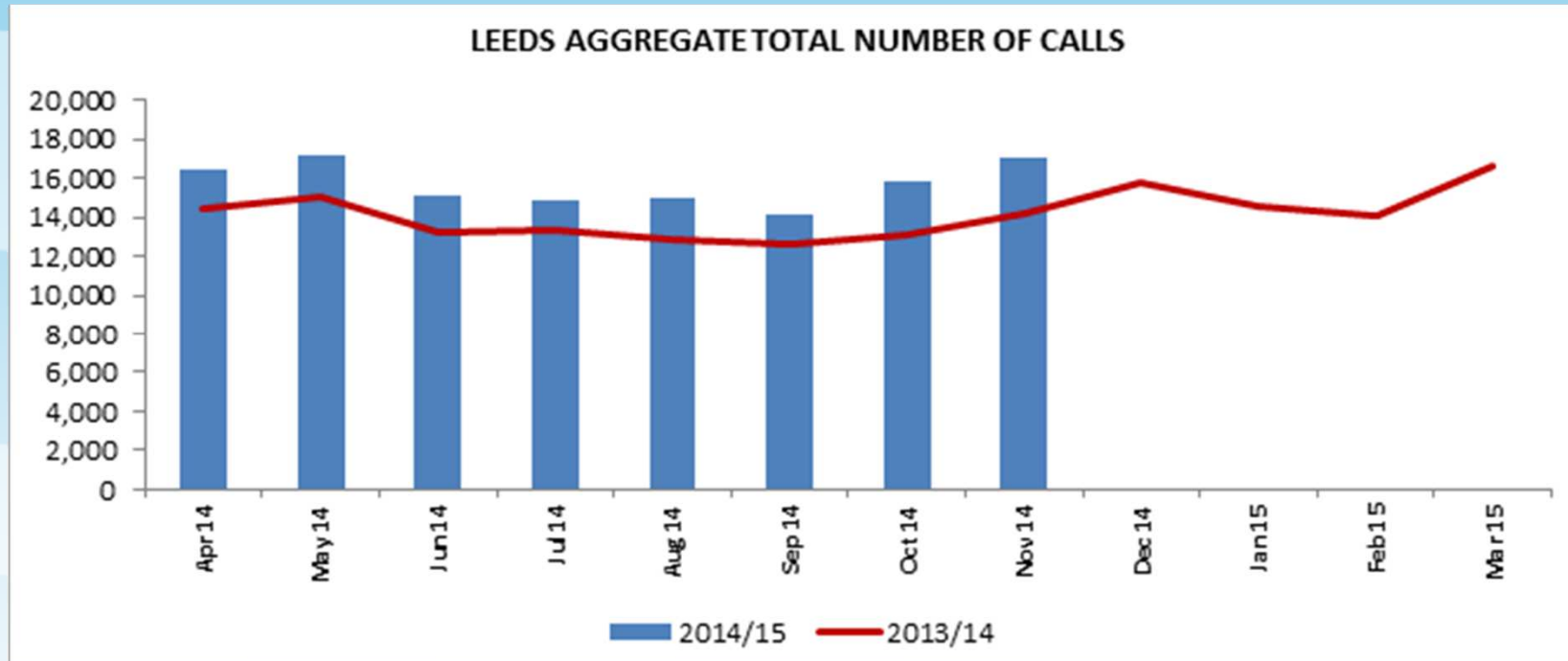


# NHS 111 Performance

## 2014-15 Festive Period



# NHS 111 Demand: Leeds CCGs



# Partnership with Staff

Partnership working is critical to the development and progression of our organisation

Following extensive and on-going staff consultation in 2014 we:

- implemented new rotas and rest break arrangements
- revised some of our operational policies
- are increasing access to clinical education and training
- opportunities for staff to enhance paramedic skills
- planning to introduce a new Band 4 role.

**Recruitment** to paramedic vacancies is a priority in common with other ambulance services across the country against the backdrop of a national shortfall.





# Response to Unite Claims

All YAS decisions are focused on continuing to deliver a high quality, safe and responsive service for patients.

The allegation that YAS is manipulating call-out data to meet targets is wholly false.

- CQC unannounced inspection July 2013. They observed our triage and re-grading system in practice and concluded that it was safe and fit for purpose
- Supported by a peer review by the Association of Ambulance Chief Executives (AAACE) in 2014 and
- an NHS West Yorkshire Audit Consortium review on behalf of the Trust's commissioners in 2014.

We are:

- Continuing to [increase our number of frontline paramedics](#) year-on-year
- Maintaining our fleet numbers to match staff rotas
- Ensuring clinicians have the vehicles, equipment and training they need to care for patients

The [Emergency Care Assistant](#) role is well-established and used by the majority of other ambulance trusts. They have all the required training to provide clinical support to their paramedic colleagues. Currently ECAs do not work on their own or paired with another ECA even if they are the only staff free to respond to an incident.

The recent correspondence and negative campaign is against a background of industrial action commenced by Unite following YAS's decision to derecognise them in February 2013. We have sought constructive ACAS conciliation which has been rejected by Unite.

