

**NORTH YORKSHIRE COUNTY COUNCIL****SCRUTINY OF HEALTH COMMITTEE****6 November 2015****Developments in the Yorkshire Ambulance Service****Purpose of Report**

1. The purpose of this report is to:
  - a) summarise a range of service developments in the Yorkshire Ambulance Service (YAS), including measures being taken in response to the recent Care Quality Commission Inspection;
  - b) inform Members of action being taken in the Craven area to improve ambulance response times against national standards.

**Introduction**

2. Vince Larvin, Locality Director, Emergency Operations, North & East Yorkshire, Yorkshire Ambulance Service NHS Trust will be attending the meeting to provide information with an initial overview on performance and activity. This will include:
  - “Double Crewed Ambulance Intra Facility Transfer” vehicle provision to cover the changes to services at Friarage Hospital Northallerton following the Acute Service Reconfiguration issues re maternity & paediatric patients being transported to James Cook University Hospital.
  - Recently commissioned Urgent Care Practitioner transport models of care across Hambleton, Richmondshire and Whitby.
  - Stroke divert arrangements.
  - Organisational Research for Health review to rosters & vehicle deployment, ratio of Rapid Response Vehicle/ Double Crewed Ambulance against performance overall.
  - Proposed reduction in Rapid Response Vehicles by 196 unit hours per week and an increase in Double Crewed Ambulance unit hours of 123,
  - management of mobilisation/booking on/sickness absence/Turn Round Times/Urgent Care Practitioners/defibrillators and in the future potential to work with other blue light agencies.
  - Improvements in Ambulance Care Quality Indicators
3. The Care Quality Commission Inspection published in August of this year assessed YAS overall as “Requires Improvement.
4. An extract from the CQC’s Summary of Findings is shown in APPENDIX 1.

### **Ambulance Response Times in the Craven Area**

5. County by Councillor Richard Welch has raised concerns over response times in the Craven with Julian Smith MP and with your Chairman, County Councillor Jim Clark.
6. Ben Holdaway, Locality Director West Yorkshire will be attending to provide information on the current levels of performance against each of these targets, how performance compares to national targets and what is being done to improve performance across the Craven area.

### **Recommendation**

7. That Members comment on the robustness of YAS' plans for addressing the issues identified by the CQC Inspection and on plans to improve response times across the Craven area.

**Bryon Hunter**  
**Scrutiny Team Leader**

**County Hall**  
**NORTHALLERTON**

**28 October 2015**  
**Background Documents: None**

Yorkshire Ambulance Service NHS Trust

# Yorkshire Ambulance Service NHS Trust HQ

## Quality Report

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January 2015, 9 February 2015  
Date of publication: This is auto-populated when the  
report is published

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

### Ratings

#### Overall rating for this ambulance location

Requires improvement



Emergency and urgent care

**Requires improvement**


Patient transport services (PTS)

**Requires improvement**


Emergency operations centre (EOC)

**Requires improvement**


Resilience

**Requires improvement**


# Summary of findings

## Letter from the Chief Inspector of Hospitals

Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1 July 2006 when the county's three former services merged. The trust covers North Yorkshire, South Yorkshire, West Yorkshire, Hull and East Yorkshire covering almost 6,000 square miles of varied terrain, from isolated moors and dales to urban areas, coastline and inner cities. The trust employs over 4,670 staff and provides 24-hour emergency and healthcare services to a population of more than five million.

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS) and Emergency operation centres (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed. There is also a Resilience and Hazardous Area Response Team (HART).

Our inspection of the ambulance service took place between 12 to 15 January 2015 with unannounced inspections on 19 January 2015 and 9 February 2015. We carried out this comprehensive inspection as part of the CQC's comprehensive inspection programme.

We inspected four core services:

- Emergency Operations Centres
- Urgent and emergency Care
- Patient Transport Services
- Resilience Services including the Hazardous Area Response Team:

Overall, the trust was rated as requires improvement. Effectiveness, safety, responsive and well-led were rated as requires improvement. Caring was rated as good.

Our key findings were as follows:

- At the time of inspection four out of the six executives were in substantive positions however there had been a recent loss of the Chief Executive and a history of change at executive level within the trust. .
- There was below national average performance over Red 1 and 2 targets and an increased number of complaints which did not meet the trusts 25 day response times. The trust reported during this period an increase in activity across all services.
- The trust were in the process of changing the culture in the organisation from performance target driven to one of professional/clinical culture.
- There was a history of poor staff engagement and relationships between senior management and workforce. There was a recent introduction of new rotas and meal breaks had a further negative impact on relationships.
- We had significant concerns within the HART service about the checking of equipment, a large number had passed its expiry date and assurance processes had not detected this. There were also inconsistencies with checking of breathing apparatus and the processes observed did not follow best practice guidance. We re-visited the HART base two days after the announced inspection and one month later to check that changes had been implemented in response to our concerns.
- Development work had been undertaken to strengthen the assurance and risk management process and these showed improvement, but lacked maturity. Issues were found on inspection for example there were security issues at one station, cleanliness of ambulances across the region, but particularly at the HART unit demonstrate a lack of robustness with misleading results giving rise to false assurance.
- The trust had major difficulties in recruiting staff, national shortages of paramedics contributed to the trusts difficulty in recruiting paramedics which impacted on the ability to be responsive and also enable staff to attend training and other activities.

# Summary of findings

- The trust was working hard to be more outward facing, working in partnership with commissioners and improving consultation with patients and public.

We saw several areas of outstanding practice including:

For the trust:

- The trust's 'Restart a Heart' campaign trained 12,000 pupils in 50 schools across Yorkshire.
- The trust supported 1,055 volunteers within the Community First Responder and Volunteer Care service Scheme.
- Green initiatives to reduce carbon in the atmosphere by 1,300 tonnes per year.
- The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence.
- Mental health nurses working in the emergency operations centre to give effective support to patients requiring crisis and mental health support. This included standardised protocols and 24 hour access to mental health pathways and crisis team.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The trust must ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed.
- The trust must ensure that equipment and medical supplies are checked and are fit for purpose.
- The trust must ensure all staff are up to date with their mandatory training.

In addition the trust should:

- The trust should ensure all staff receive an appraisal and are supported with their professional development. This must include support to maintain the skills and knowledge required for their job role.
- The trust should ensure risk management and incident reporting processes are effectively embedded across all regions and the quality of identifying, reporting and learning from risks is consistent. The trust should also ensure staff are supported and encouraged to report incidents and providing feedback to staff on the outcomes of investigations.
- The trust should ensure all ambulance stations are secure at all times.
- The trust should review the provision and availability of equipment for use with bariatric patients and staff are trained to use the equipment.
- The trust should review the safe management of medication to ensure that there is clear system for the storage and disposal of out of date medication. The trust should also ensure oxygen cylinders are securely stored at all times.
- The trust should ensure records are securely stored at all times
- The trust should ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet.
- The trust should all staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The trust should ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve.
- The trust should ensure there are appropriate translation services available for staff to use to meet the needs of people who use services.

In addition, the trust should consider other actions these are listed at the end of the report.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**