

Agenda

Meeting: Scrutiny of Health Committee

**Venue: The Grand Committee Room,
County Hall, Northallerton DL7 8AD
(See location plan overleaf)**

Date: Friday 6 November 2015 at 10.00 am

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Business

1. **Minutes of the meeting held on 4 September 2015.** (Pages 1 to 5)
2. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
(FOR INFORMATION ONLY)
 - Dentistry in Bedale, Hawes and Leyburn
3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Bryon Hunter, Principal Scrutiny Officer (*contact details below*) no later than midday on Tuesday, 3 November 2015. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);

- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

4. **Ambition for Health and Out of Hospital Care Initiatives across Scarborough and Ryedale Area** - Report of the Corporate Director Health and Adult Services, North Yorkshire County Council and the Chief Officer, Scarborough and Ryedale Clinical Commissioning Group

(Report to follow)

Purpose of the report: For the Committee to be briefed on plans to develop health and social care services across the Scarborough and Ryedale area.

5. **Annual Report of the Director of Public Health 2015**

(Pages 6 to 8)

Purpose of the report: For the Committee to be briefed on the Public Health issues for children, young people and their families in North Yorkshire and the measures being taken to address these issues.

Note

All County Councillors have already been sent a copy of the 2015 Annual Report of the Director of Public Health. Members are requested to bring their copy with them to the meeting. A limited number of copies will be available at the meeting.

6. **Measures to Mitigate the Closure of In-Patient Beds at the Lambert Hospital, Thirsk** - Report of

(Report to follow)

Purpose of the report: For the Committee to examine the extent to which robust plans across health and social care have been put in place to support people, particularly as the winter period is approaching following the temporary closure of beds at the hospital.

7. **South Tees Hospitals NHS Foundation Trust (STHFT): Overview of On-going Work following on from review by MONITOR in 2014 and Response to Care Quality Commission (CQC) Inspection 2015** – Presentation by Ruth James, Director of Quality, STHFT

(Pages 9 to 17)

Purpose of the report: For the Committee to be briefed on continuing work taking place across the Trust to address issues identified by MONITOR in 2014 and by the recent CQC Inspection.

8. **Yorkshire Ambulance Service (YAS) – Response to Care Quality Commission Inspection** - Report of Locality Director, North & East Yorkshire Clinical Business Unit, YAS

(Pages 18 to 22)

Purpose of the report: For the Committee to examine the Service's plans for addressing areas for improvement as identified by the recent CQC

9. **Work Programme – Report of the Scrutiny Team Leader**

(Pages 23 to 26)

Purpose of the report: To present the future Work Programme and to invite Members to comment/amend and suggest additional items to be included.

10. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

29 October 2015

NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

(b) **Emergency Procedures For Meetings**

Fire

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance.

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

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First Aid treatment can be obtained by telephoning Extension 7575.

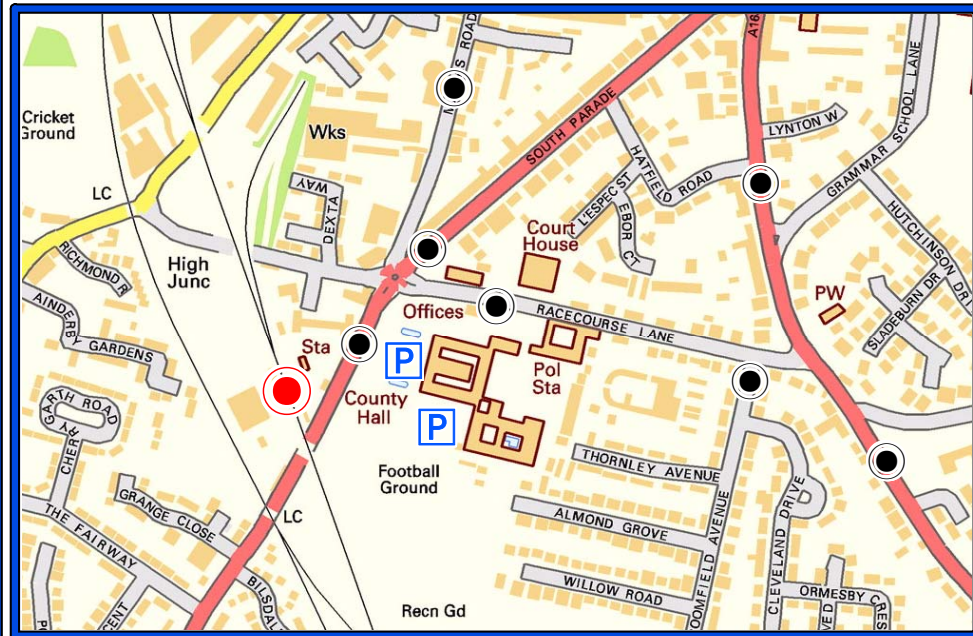
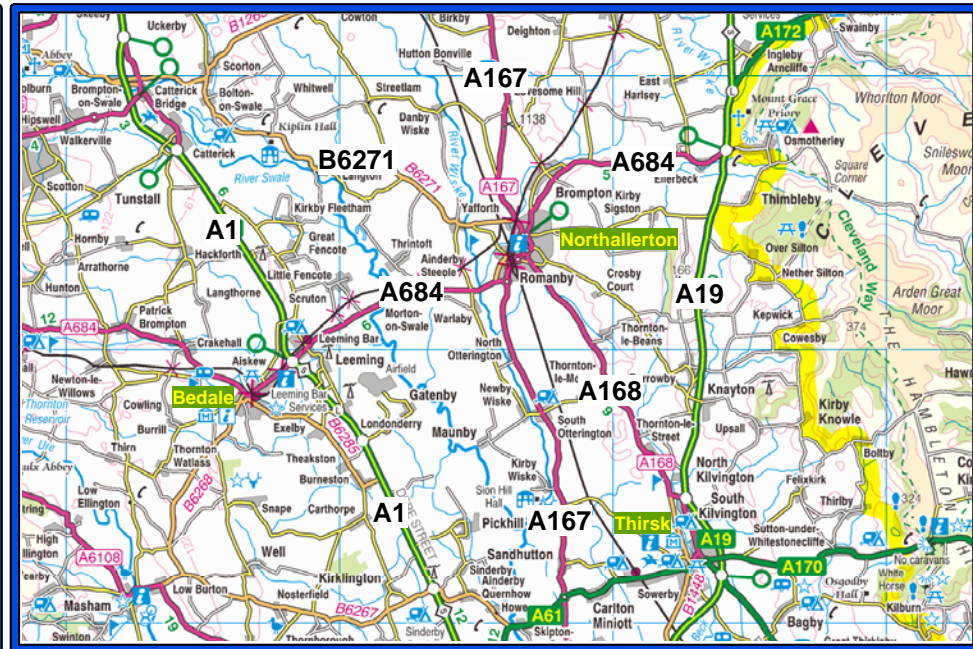
Scrutiny of Health Committee

1. Membership

County Councillors (13)							
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Party</i>	<i>Electoral Division</i>			
1	ARNOLD, Val		Conservative				
2	BARRETT, Philip		NY Independent				
3	BILLING, David		Labour				
4	CASLING, Elizabeth		Conservative				
5	CLARK, Jim	Chairman	Conservative				
6	CLARK, John		Liberal				
7	DE COURCEY-BAYLEY, Margaret-Ann	Vice-Chairman	Liberal Democrat				
8	ENNIS, John		Conservative				
9	MARSHALL, Shelagh OBE		Conservative				
10	MOORHOUSE, Heather		Conservative				
11	PEARSON, Chris		Conservative				
12	SIMISTER, David		UKIP				
13	TROTTER, Cliff		Conservative				
Members other than County Councillors – (7) Voting							
	<i>Name of Member</i>	<i>Representation</i>					
1	HARDISTY, Kevin	Hambleton DC					
2	CHILVERS, Judith	Selby DC					
3	GARDINER, Bob	Ryedale DC					
4	MORTIMER, Jane E	Scarborough BC					
5	BROCKBANK, Linda	Craven DC					
6	SEDGWICK, Karin	Richmondshire DC					
7	GALLOWAY, Ian	Harrogate BC					
Total Membership – (20)				Quorum – (4)			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	HESELTINE, Michael	1	GOSS, Andrew
2	BUTTERFIELD, Jean	2	SHIELDS, Elizabeth
3	BASTIMAN, Derek	3	
4	SWIERS, Helen	4	
NY Independent		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
Liberal		UKIP	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	SAVAGE, John	1	
Substitute Members other than County Councillors			
		1	VACANCY (Hambleton DC)
		2	VACANCY (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	HULL, Wendy (Craven DC)
		6	CAMERON, Jamie (Richmondshire DC)
		7	HASLAM, Paul (Harrogate BC)



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Northallerton National Rail Station



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County Hall

Northallerton
North Yorkshire
DL7 8AD

Tel : 0845 8 72 73 74



North
Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 4 September 2015.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)

County Councillors: Philip Barratt, David Billing, John Clark, Margaret-Ann de Courcey-Bayley, Tony Hall (substitute for County Councillor Elizabeth Casling), Michael Heseltine (substitute for County Councillor Heather Moorhouse), David Jeffels substitute for (County Councillor John Ennis), Shelagh Marshall OBE, Caroline Patmore (substitute for Val Arnold), Chris Pearson, David Simister and Cliff Trotter.

Co-opted Members:-

District Council Representatives:- Bob Gardiner (Ryedale), Councillors Jane E Mortimer (Scarborough), Karin Sedgwick (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

South Tees Hospitals NHS FT: Tricia Hart Chief Executive, Siobhan McArdle Director of Transformation and Val Gair (Head of Nursing)

Hambleton Richmondshire & Whitby CCG: Debbie Newton Chief Operating Officer

Tees, Esk & Wear Valleys NHS Trust: Adele Coulthard Director of Operations

NY Partnership Commissioning Unit: Janet Probert

Community Pharmacy North Yorkshire: Jack Davies

County Councillor Gareth Dadd

County Council Officers: Jane Wilkinson (Democratic Services), Bryon Hunter (Scrutiny), Wendy Balmain and Lincoln Sargeant (Health & Adult Services)

3 members of the press and public

Apologies for absence were received from: County Councillors Clare Wood, Val Arnold, Liz Casling John Ennis, Heather Moorhouse and District Council Representatives:- Keith Hardisty (Hambleton), Judith Chilvers (Selby), and Linda Brockbank (Craven),

Copies of all documents considered are in the Minute Book

89. Minutes

Resolved

That the Minutes of the meeting held on 12 June 2015 be taken as read and be confirmed and signed by the Chairman as a correct record.

90. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following matters:-

- **Care Quality Commission Inspections** (Yorkshire Ambulance Service, South Tees Hospitals NHS Foundation Trust and York Hospitals NHS Foundation Trust) – To be the subject of further discussion at the November meeting of the Committee.
- **Meetings with CCGs regarding Primary Care Commissioning** – The outcome of discussions between the Chairman and the CCGs to be reported to a future meeting.
- **Dentistry in Bedale, Hawes and Leyburn** – The Chairman read out a request from County Councillor John Blackie for the matter to be added to the agenda of the November meeting of the Committee. The Chairman said the Committee would discuss the matter under the Work Programme item.
- **Draft Health and Wellbeing Strategy** - The Chairman had sent a response suggesting the inclusion of a specific theme 'Dying Well'.
- **Scarborough and Ryedale CCG - "F.A.S.T." Campaign to Spot Signs of Stroke** – The CCG had issued a press release in response to the Committee highlighting the need for a stroke awareness and recognition campaign across the area.
- **Whitby Hospital** – HRW CCG had agreed to provide the Committee with regular updates regarding problems preventing Virgin Healthcare from taking over the contract for Community & OoHs Services in the Whitby area.

91. **Public Questions or Statements**

There were no statements or questions from members of the public.

92. **Temporary Closure of Lambert Memorial Community Hospital, Thirsk**

The Committee received a presentation from Tricia Hart, Chief Executive South Tees Teaching Hospitals NHS Foundation Trust on the temporary closure of the 14 bed ward at Lambert Memorial Hospital in Thirsk. The ward provides end of life care for patients as well as general rehabilitation, diagnostics and drug administration.

The decision to close the ward had been taken to address patient safety concerns that had arisen from staffing pressures due to by difficulties filling vacant nursing posts, inability to get sufficient temporary nursing cover through NHS professional and long-term sickness absence leave.

The Committee was advised that since taking over the management of the Lambert Hospital in 2011 the Trust had struggled to maintain staffing levels. A number of actions had been taken to try and address staffing issues including nursing staff from other hospitals providing cover but the current situation meant this was no longer sustainable.

No new patients were being transferred to the Lambert and existing patients were gradually being discharged. Six additional beds were being opened on the Rutson Ward at the Friarage Hospital.

The Trust said it had not taken the decision lightly and would review services in January 2016. A new cohort of newly qualified nurses in February could offer a solution.

The local member County Councillor Gareth Dadd addressed the Committee. He said he had major concerns about the closure and could not understand why nursing staff could not be transferred from among the 3,500 working at the Trust's other

hospitals. The closure came at a time when winter pressures would see an increased demand for beds and he urged the Committee and HRW CCG to call for the beds to be re-opened.

In the face of the national shortage of nurses and number of current nursing vacancies at both James Cook University Hospital and Friarage Hospital Members were sceptical that the new cohort of qualified nurses in February would offer a solution. Current shortages meant that nurses could choose where they wanted to work with many being attracted to agency working which offered higher rates of pay.

Wendy Balmain pointed out that staff shortages were not restricted to nurses, the Joint Health & Wellbeing Strategy had identified staffing shortages in domiciliary care as a priority. The Health & Wellbeing Board was currently engaged in scoping work looking at workforce issues.

The Chairman was concerned that the closure whilst initially described as being temporary could easily become long term.

The Trust strenuously denied suggestions from Members that the closure was a cost cutting exercise and that the Trust's stretched finances had influenced their decision. Members did not accept that finance together with poor workforce planning had not played a part in the decision making.

In summing up the Chairman said that in view of the seriousness of the concerns expressed that day a progress report on the matter would be referred to the next meeting of the Committee.

Resolved –

That the Committee expresses its deep concern at the closure of the ward at the Lambert Hospital and calls on South Tees Hospitals NHS Foundation Trust to announce a target date by which the beds will be re-opened.

That a further joint report be referred to the meeting of the Committee in November on how NHS and social care working collectively will mitigate the impact of these changes as plans are made for the winter period drawing on lessons from previous years.

93. Developments in the Tees, Esk and Wear Valleys NHS Foundation Trust

Considered -

The report of the Scrutiny Team Leader briefing Members on the outcome of the Care Quality Commission's (CQC) inspection of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT). The report also described work the Trust was carrying out to address issues highlighted by the inspection and summarised TEWVFT's plans for taking over mental health and learning disability services in the York and Selby area.

Adele Coulthard gave a presentation. She emphasised that all improvement actions needed to meet CQC essential standards had been met and that an overall improvement plan to address those areas the CQC had identified as in need of improvement had been developed.

In response to questions about delays in patient referral pathways Adele Coulthard agreed to speak to the member concerned outside of the meeting as it related to a specific complaint.

With regard to the Briary Wing at Harrogate District Hospital the Committee was advised that it was not proved possible to refurbish the existing facilities. Consequently an alternative site had been identified at Cardale Park, Harrogate. The Trust was currently working with an architect on an outline design with a view to submitting an application for planning permission

Members congratulated TEVVFT on the results of the CQC inspection and the improvements they had made to their estate.

Resolved -

That the Chairman write to TEVVFT congratulating them on the results of their CQC inspection and works to improvements estate in particular the provision of new Section 136 suites in Harrogate, Northallerton and Scarborough.

That arrangements be made for members to visit TEVVFT facilities.

That details of the mobilisation plan for taking over mental health and learning disability services in the York and Selby area be referred to the Committee in due course.

94. The Role of Pharmacy in Primary Care

The Committee received a presentation from Jack Davies, Chief Executive Officer, Community Pharmacy North Yorkshire on community pharmacy and enhanced services pharmacies could deliver in the future in North Yorkshire.

Members noted that no specific funding was available to pharmacies for them to build private consultation booths.

Members endorsed the provision of enhanced services by pharmacies which they said would help relieve pressure on GP surgeries as well as being cost effective.

The Chairman thanked Jack Davies for his information presentation. Pharmacies had the potential to provide benefits on many different levels which he hoped would soon be unlocked and he looked forward to receiving further reports in the future.

Resolved -

That the presentation be noted.

95. Joint All Age Autism Strategy

Considered -

The report of the Scrutiny Team Leader updating Members on progress developing the Joint All Age Autism Strategy and providing the Committee with an opportunity to influence and contribute to the content of the final version of the strategy.

Janet Probert summarised emerging themes from the consultation which was due to close on 11 September 2015. She highlighted a rise in the number of referrals and the commencement in the autumn of an adult autism/ADHD assessment and diagnostic service in North Yorkshire.

A Member pointed out the omission of transitions from the draft strategy which Janet Probert agreed to amend to include.

Members commended Janet Probert and her colleagues on the way they had continually engaged with the Committee on the development of the strategy and for organising and hosting what had clearly been successful consultation events.

The Chairman said that the Committee looked forward to being involved in the preparation of the implementation plan and in the on-going monitoring of that plan.

Resolved -

That progress made on the Joint All Age Autism Strategy be noted and further reports on preparation and monitoring of the implementation plan be referred to the Committee in due course.

96. Work Programme

Considered -

The Scrutiny Team Leader presented the Committee's programme of work scheduled for future meetings.

Items for inclusion on the Agenda for the November meeting to include:-

- Yorkshire Ambulance Service: CQC Inspection Results and Trust's responses
- Update on the Lambert Hospital Thirsk.

Members were given an update on progress of 'Future In Mind' (CAMHS) and the timetable for sign off of transformation plans. Members were advised that details of the content of locality plans would also be considered at the November meeting.

The Scrutiny Team Leader informed Members that the focus of the January would be Fracking with a view to the Committee's work being to inform the new Joint Local Minerals and Waste Plan. The Committee would not be considering individual planning applications for Fracking.

Resolved -

That the content of the work programme and schedule are agreed and noted.

Councillor Jim Clark highlighted to Members that as Jane Wilkinson would shortly be moving to a different post in the County Council this would be the last time she would be supporting the Committee. On behalf of the Committee, Councillor Clark thanked Jane for her work and wished her well in her new role.

The meeting concluded at 1.00pm.

JW

SCRUTINY OF HEALTH COMMITTEE

Friday 6 November 2015

Annual Report of the Director for Public Health for North Yorkshire 2015

1 Purpose of the Report

- 1.1 To present the Annual Report of the Director for Public Health for North Yorkshire 2015, "The health of our children: Growing up healthy in North Yorkshire."
- 1.2 The Scrutiny of Health Committee is asked to receive the report and to consider the actions that members can make to implement the recommendations.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my third report.
- 2.2 This year's report provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action.
- 2.3. The report uses a lot of the excellent information collated from the "Growing Up in North Yorkshire" survey and complements the North Yorkshire Children and Young Peoples plan "Young and Yorkshire".

3 Executive Summary

- 3.1 The report describes how every year some 6000 babies are born in North Yorkshire. The majority will be born into stable families with the resources to ensure they have the best start in life. Most will develop the skills and knowledge needed for them to be ready for school. The majority will learn and practice healthy behaviours and will develop into well-adjusted young adults with the educational attainment and life skills needed for the careers of their choosing. However, there are some children who will face adversity from the outset.
- 3.2 In this report, each chapter highlights some of the challenges that children and young people face at different stages of their lives. In some situations, these challenges can be removed or the impact reduced. However, this is not always possible and children and young people require help to be resilient – to overcome the obstacles that may threaten their development and progress into healthy and productive adulthood.

- 3.3 To illustrate the scale of the challenge in North Yorkshire the report notes that:
- 1 in 10 children are born into poverty
 - 2 in 5 are not ready for school
 - 1 in 5 start school with excess weight; increasing to 1 in 3 by Year 6
 - 1 in 4 secondary school children report having tried smoking or currently smoke
 - 1 in 3 report a low measure of resilience
 - 1 in 4 leave school without achieving 5 or more GCSEs or equivalent qualification including maths and English
- 3.4 In addition there are groups that are vulnerable and need additional support to build their resilience. These include 1,800 children and young people with a Statement of Special Educational Needs, about 600 young carers and 465 children in care. Lesbian, Gay, Bisexual and Transgender youth and young people from black and ethnic minority groups report higher levels of bullying compared to other youth.
- 3.5 This report notes some of the actions being taken to address these challenges and indicates where further action is needed.

4 Annual Report Recommendations

1. Child poverty

Strategies and plans that affect the health and well-being of children and young people should be assessed for their impact on childhood poverty. Agencies and professionals working with pregnant women, children and families should include national objective measures of child poverty in their assessments to ensure that appropriate support is available to help overcome the wider social, economic and environmental factors that can adversely affect the health of these children.

2. 0-5 Healthy Child Programme

On transfer of the 0-5 health visiting programme, NYCC should review current provision with partner agencies to ensure the future service delivery model is embedded as part of wider range of prevention and early help services available.

NYCC as lead commissioner should ensure there is a balance between targeted services for vulnerable groups and also universal services.

3. Parenting Programmes.

NYCC and partner agencies should ensure that there are a range of evidence-based parenting programmes on offer to all parents with a range of needs, which have the outcomes of building family resilience and reducing demands of services by enabling parents to self-help.

4. Childhood obesity

Partner agencies should agree a comprehensive 'Healthy Weight, Active Lives' Strategy, providing a strategic approach to encouraging children and young people to do more physical exercise and improve their eating habits. This should include initiatives to improve access to opportunities for physical activity and reduce factors in the wider environment that may promote obesity such as fast food outlets near schools.

5. PSHE in Schools

Schools should work in partnership with NYCC and other agencies to deliver high quality, consistent PSHE in line with the Department for Education guidance. , provide an age appropriate PSHE education for pupils.

Schools should explore different ways of tailoring and delivering lessons that is age appropriate, meets the needs of all pupils, and explores concepts that impact on risky behaviours such as healthy relationships and consent.

6. Maximise opportunities for Future in Mind

As highlighted in Future in Mind, although many schools support their pupils' mental health, more needs to be done to help schools develop knowledge about mental health, and also to develop a whole school approach to emotional health and wellbeing. There also needs to be better and easier access to specialist services for children and their families.

CCGs and Local Authorities need to maximise the opportunities provided by Future in Mind, and utilise available new investment to develop and deliver against their local transformation plans, with the aim of improving children and young people's physical and emotional resilience.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
14 September 2015

CQC action plan and update on Monitor's enforcement action

Ruth James – Director of Quality



CQC Inspection December 2014

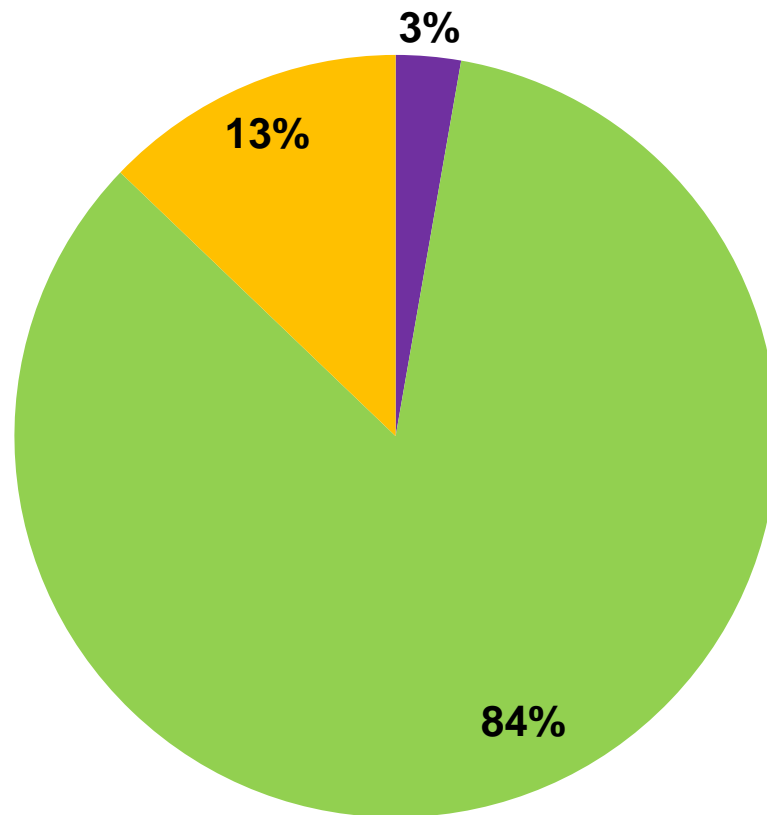
- James Cook University Hospital – ‘requires improvement’
- Friarage Hospital – ‘requires improvement’
- Community service - ‘good’

Overall Trust rating – ‘requires improvement’

CQC Summary of ratings

■ Outstanding ■ Good ■ Requires Improvement

Out of 105 individual ratings 89 are good or outstanding



‘Outstanding’ areas

There were several areas of ‘outstanding practice’ including:

- Therapeutic care volunteers
- Maternity services (James Cook and Friarage)
- Community midwives ‘baby buddy’ app
- Diabetes specialist nurses

‘Overall patients and their families spoke highly of the care they had received and staff supported people in a compassionate way’

Action plan

Our action plan is split into six workstreams:

- Staffing
- End of life care
- Medication
- Clinical standards
- Urgent care and accident and emergency
- Estate

Action plan update

- Actions relating to staffing, clinical standards and the estate are complete.
- Work regarding medication and end of life care is on going.

BUT.....

- We recognise that maintaining standards across all areas requires 'constant purpose'.

together we do the amazing

- Board review and sign off of action plan submitted to CQC around requirement notices
- Detailed action plan for all actions, reviewed and monitored by Quality Assurance Committee
- On-going ward level assurance processes
- Regular engagement meetings with the CQC
- Plan for focussed re-inspection

Monitor

- Enforcement action in place triggered by:
 - Financial position
 - Waiting times for planned operations
 - Rates of Infection with Clostridium Difficile
- Three year recovery plan submitted in September 2014

Recovery plan update

- On track to deliver year 2 of the three year financial plan
- Consistent delivery of 18 week waiting times since April 2014
- Externally validated clostridium difficile action plan in place, on going challenges which are mirrored across the country

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

Springhill 2, Brindley Way
Wakefield 41 Business Park
Wakefield
West Yorkshire
WF2 0XQ
Tel: 0845 1241241
Website: www.yas.nhs.uk

Date of inspection visit: 13-16 January 2015, 19
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

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****6 November 2015****Remit of the Committee and Main Areas of Work****Purpose of Report**

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) being consulted on the reconfiguration of healthcare and public health services locally;
 - b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
 - c) carrying out detailed examination into a particular healthcare/public health service;
4. The Committee's powers include:
 - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
 - referring contested proposals to the Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings up to May 2016 are:

2016

- 22 January, Venue: County Hall
- 22 April, Venue: Tbc

6. All of the above meetings start at 10.00am.

Areas of Involvement and Work Programme

7. The Committee's on-going and emerging areas of work involvement are summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

23 October 2015
Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL

Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2015 (as at November 2015)

(Note: Shading denotes period of on-going involvement/monitoring; ✓ = Confirmed agenda item)

	2015	2016		Additional Notes
<i>Scheduled Committee Meetings</i>	6 Nov	22 Jan	22 Apr	
Local Healthcare Services				
1. Hambleton, Richmondshire & Whitby CCG: Whitby – Out of Hours and Community Services + Whitby Hospital				
2. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future"				
3. Ambition for Health and Out of Hospital Care in Scarborough and Ryedale	✓			
4. South Tees Hospitals NHS Foundation Trust – On-going work following Monitor Investigation 2014 and CQC Inspection 2015	✓			
5. Measures to mitigate the temporary loss of beds at the Lambert Hospital, Thirsk	✓			
6. Short Stay Paediatric Assessment Unit, Friarage Hospital, Northallerton	✓			
7. Dentistry in Bedale, Hawes and Leyburn				
8. Mental Health Service in York/Selby area + Bootham Hospital				Tees, Esk and Wear Valleys NHS FT have recently taken over mental health services in the area from the Leeds and York Partnership NHS FT. Further involvement to be planned at mid cycle briefing on 11 December 2015.

	2015	2016		Additional Notes
<i>Scheduled Committee Meetings</i>	6 Nov	22 Jan	22 Apr	
9. New Models of Care in Harrogate				Timescale to be determined.
Strategic Service Developments				
10. Hydraulic fracturing (Fracking)		✓		Joint meeting with the Transport, Economy and Environment OSC. Objective will be to inform the Joint Minerals and Waste Plan
11. Child and Adolescent Mental Health Services (CAMHS)				Local action plan in response to publication of "Future in mind" national report further involvement by the Committee to be planned at the mid cycle briefing on 11 December 2015.
12. All Age Autism Strategy				Progress towards a delivery plan for the Strategy and further involvement by the Committee to be discussed at mid cycle briefing on 11 December
13. Primary Care Co-Commissioning				
14. National Review of Congenital Heart Surgery (Adults and Children)				Councillor Jim Clark continues to represent North Yorkshire on the Yorkshire and Humber Joint Scrutiny of Health Committee
15. 2015 Annual Report of the Director of Public Health	✓			Priorities in the annual report will inform the Committee's work programme during 2016/17
Performance				
16. Yorkshire Ambulance Service – Response to CQC Inspection	✓			To include ambulance response times in the Craven area as highlighted County Councillor Richard Welch.
17. York Teaching Hospitals NHS FT – Response to Care Quality Commission (CQC) Inspection				Timescale to be determined.