

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

Fourth Delegated Legislation Committee

DRAFT STRIKES (MINIMUM SERVICE LEVELS: NHS AMBULANCE SERVICES AND THE NHS PATIENT TRANSPORT SERVICE) REGULATIONS 2023

Monday 27 November 2023

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The Committee consisted of the following Members:

Chair: DR RUPA HUQ

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| † Anderson, Lee (<i>Ashfield</i>) (Con) | † Hillier, Dame Meg (<i>Hackney South and Shoreditch</i>) (Lab/Co-op) |
| † Bacon, Mr Richard (<i>South Norfolk</i>) (Con) | † Morris, Grahame (<i>Easington</i>) (Lab) |
| † Baillie, Siobhan (<i>Stroud</i>) (Con) | † Shanks, Michael (<i>Rutherglen and Hamilton West</i>) (Lab) |
| † Baker, Duncan (<i>North Norfolk</i>) (Con) | † Stephenson, Andrew (<i>Minister of State, Department of Health and Social Care</i>) |
| † Blomfield, Paul (<i>Sheffield Central</i>) (Lab) | † Wakeford, Christian (<i>Bury South</i>) (Lab) |
| † Burgon, Richard (<i>Leeds East</i>) (Lab) | † Watling, Giles (<i>Clacton</i>) (Con) |
| † Djanogly, Mr Jonathan (<i>Huntingdon</i>) (Con) | Yohanna Sallberg, <i>Committee Clerk</i> |
| † Edwards, Ruth (<i>Rushcliffe</i>) (Con) | † attended the Committee |
| † Elphicke, Mrs Natalie (<i>Dover</i>) (Con) | |
| † Gideon, Jo (<i>Stoke-on-Trent Central</i>) (Con) | |
| † Gwynne, Andrew (<i>Denton and Reddish</i>) (Lab) | |

The following also attended (Standing Order No. 118(2)):

- Johnson, Kim (*Liverpool, Riverside*) (Lab)
Maskell, Rachael (*York Central*) (Lab/Co-op)

Fourth Delegated Legislation Committee

Monday 27 November 2023

[DR RUPA HUQ *in the Chair*]

Draft Strikes (Minimum Service Levels: NHS Ambulance Services and the NHS Patient Transport Service) Regulations 2023

6 pm

The Minister of State, Department of Health and Social Care (Andrew Stephenson): I beg to move,

That the Committee has considered the draft Strikes (Minimum Service Levels: NHS Ambulance Services and the NHS Patient Transport Service) Regulations 2023.

It is a pleasure to serve under your chairmanship, Dr Huq. I will start by declaring an interest: for the past nine years, I have been a community first responder with the North West Ambulance Service.

During strike action, our utmost priority is to protect the lives and health of the public. Minimum service levels—or MSLs for short—will give the public much-needed reassurance that vital ambulance services will continue during strike action. During this year's strike action, some unions, including ambulance unions, have put in place voluntary arrangements for covering essential services, but such arrangements are entirely dependent on the good will of unions and staff. Even where they are in place, there is uncertainty and inconsistency throughout the country, creating an unnecessary risk to patient safety.

Richard Burgon (Leeds East) (Lab): Will the Minister give way on that point?

Andrew Stephenson: The MSLs for ambulance services will allow trusts to plan more effectively for strike action and take decisions about patient care sooner. Today, we are debating the secondary legislation necessary to enable NHS trusts to implement MSLs for ambulance services during industrial action.

Grahame Morris (Easington) (Lab): Will the Minister give way?

Andrew Stephenson: Informed by responses to our public consultation, we have set the MSL to ensure that employers can issue a work notice to provide that all calls about a person with a life-threatening condition, or where there is no reasonable clinical alternative to an ambulance response, receive a response as they usually would on a non-strike day.

The regulations also provide for an MSL in respect of healthcare professional response requests, inter-facility transfer requests and non-emergency patient transport services.

Grahame Morris: Will the Minister give way?

Richard Burgon: Will the Minister give way?

The Chair: It looks like he is not giving way.

Andrew Stephenson: The MSL that we have set is broadly in line with the services provided by most ambulance services during the strikes earlier this year. We do not want to restrict an individual's ability to strike more than is necessary to protect the lives and health of the general public.

The Government recognise that these regulations will restrict the ability of ambulance workers to strike. That is why we have committed to engage in conciliation in the event of a national dispute over ambulance services in the future, if unions agree that that would be helpful. That is a significant and appropriate commitment. It recognises that we are restricting the ability of some workers to strike so that we can safeguard the public's right to life and health. We hope that—we would strongly encourage this—NHS employers will do the same for local disputes.

While the territorial extent of these regulations is England, Scotland and Wales, the territorial application of this instrument is limited to England. That is because, while employment rights and duties, and industrial relations, are reserved matters, health services are largely devolved and the responsibility for delivering health services in Scotland and Wales falls to their respective Governments.

I am pleased to be bringing forward this legislation today. The regulations will enable us to protect the lives and health of the public during strikes. MSLs in the ambulance services will give the public much-needed reassurance that vital ambulance services will continue during strike action, and ensure that NHS employers can provide lifesaving services when the public need them most. I commend the regulations to the Committee.

6.3 pm

Andrew Gwynne (Denton and Reddish) (Lab): It is a pleasure to serve under your chairmanship, Dr Huq. I reassure the Minister that I am not stalking him, and that my hon. and good Friend the Member for Bristol South (Karin Smyth)—will hopefully be back in her place soon, when she has recovered from her illness.

I am pleased to respond for the Labour Front-Bench team today and to confirm that, as with every stage of the passage of the Strikes (Minimum Service Levels) Act 2023 through this place, we will oppose the regulations today. The Government's approach to this issue has been a complete and utter failure. On their watch, we have had the worst strikes in the NHS in decades. Rather than get around the table and negotiate, they have sought to lay the blame at everyone's door but their own.

Rachael Maskell (York Central) (Lab/Co-op): I refer the Committee to my entry in the Register of Members' Financial Interests. Does my hon. Friend agree that the regulations are completely unnecessary because life and limb cover is covered in the Trade Union and Labour Relations (Consolidation) Act 1992, so it is already in statute?

Andrew Gwynne: My hon. Friend is absolutely right. It begs the question why, other than for political expediency, we are wasting our time here debating the regulations, which are needless for precisely the reason she sets out.

As I was saying, rather than getting around the table, the Government are laying the blame elsewhere. The result of that is this shoddy piece of legislation that is unworkable, impractical and will put an intolerable burden on employers. I am not alone in this view. It will come as a surprise no doubt to Members opposite who have been drummed in here by the Government Whips to support this measure, but we have plenty of allies on the Government Benches.

The Transport Secretary has already admitted that the regulations will not work. The Education Secretary does not want them. I will give the new Health Secretary and the Minister here the benefit of the doubt, as they come fresh from their latest rides on the ministerial merry-go-round, but looking at the track record of their predecessors, any notion that the regulations are born out of concern for safety is for the birds. The primary legislation that the regulations amend does not even mention the word safety once. So when it comes to the ambulance workers affected by the regulations, the Government have been taking them for fools.

In the consultation that was used to help to develop the regulations, the Government said:

“Instead of expecting that employers will always issue work notices to ensure MSLs are met, we recognise that they may be able to secure the same level of coverage through voluntary derogations, and they can continue to agree and rely on these instead, as long as they are confident that the MSL will be met.”

They go on to say:

“Where employers decide that voluntary agreements are sufficient, this will give union members more flexibility on strike days; instead of either being on strike, or not, they can choose to strike but leave the picket line if needed, as they do currently.”

However, the end product before us today is a mile apart from this, setting high levels of service on 999 triage, community transport and non-emergency transport that are simply unworkable.

Grahame Morris: My hon. Friend is making some really important points. Earlier today I attended a similar Committee on a statutory instrument that related to the UK Border Force and Passport Office. I am not a barrister, but some forceful legal arguments were put from the Opposition Benches about the UK’s responsibilities under international law. A term I heard that I was familiar with was what is deemed to be reasonable. In this context, it is about what is proportionate. That ties in exactly with the point that was just made: this is disproportionate and unlikely to stand up to a legal challenge. Why are we wasting our time considering the regulations when they are not worth the paper they are written on?

Andrew Gwynne: My hon. Friend is absolutely right and comes to the same conclusion as our hon. Friend the Member for York Central (Rachael Maskell). The regulations are not just unnecessary; they are completely unworkable. It is all about getting an appropriate political headline to disguise the fact that this Government have failed on the NHS, to the point that its staff are going out on strike like never before. The Government want to avoid the blame for those strikes, yet each and every one of those days lost to strike action across our NHS has one root cause—this Tory Government.

Rachael Maskell: My hon. Friend is making a powerful speech. The Health and Social Care Committee had an inquiry looking at the ambulance service and industrial action therein. NHS Employers and the NHS Confederation said they did not want the regulations, and they would not use them. Could the Minister give us his response to the employers saying they do not want the regulations?

Andrew Gwynne: My hon. Friend makes a really important point. It is a tragedy that the Minister saw fit not to give way to Opposition Members, who would have asked, as I am sure my hon. Friend the Member for Easington sought to, that very question. We know why they will not answer our questions on this: it is because they have been found out. They know, like we know, that the regulations are unworkable, unnecessary, and a political game. It is dog-whistling at its worst, and if this the best the Government can do at the fag end of their administration, the sooner the general election comes, the better. Then we can get serious people in the Department for Health and Social Care who will try to fix the mess the Government have left behind.

We know the regulations are unworkable, because the Government’s own impact assessment tells Ministers that. The impact assessment states:

“Engagement with stakeholders suggested the issuing of work notices would be challenging and time-consuming as this process will involve consulting with a number of unions about the number of workers to be identified and the work to be specified before issuing a work notice”.

The Government have further proposed to compensate for the reduction in the ability to strike, by committing to engage in conciliation for disputes—engagement being a novel concept for the Minister and the Government. However, the impact assessment, which I assume the Minister has read, warns them again:

“Introducing a commitment to engage in conciliation could result in unintended consequences and undermine effective functioning of pay and conditions collective bargaining arrangements for over 1.1 million staff on Agenda for Change.”

Despite the Government’s own impact assessment telling them time after time that the regulations will simply not work, they have pressed ahead anyway. They have brought in Back Benchers to get the regulations onto the statute book. They are putting petty party politics ahead of patient safety, just as they have done at every stage of this process.

I am sure the Minister in closing, as he did in opening, will stand up and talk about the need to keep the public safe. Public safety should absolutely and rightly be paramount when it comes to the delivery of public services, but I should not have to remind the Government that that principle is already enshrined in law, given that they introduced the legislation in government, as my hon. Friend the Member for York Central set out. Under section 240 of the 1992 Act, it is unlawful for a worker to endanger life through breaches of contract, including during strikes and industrial action. I will take no lectures on safety from the Government Benches who have shown time after time that they are incapable of managing our national health service.

Rachael Maskell: I should mention that I used to be the head of health at Unite, and I organised industrial action ballots across the country, which would have

[*Rachael Maskell*]

included the ambulance service. The reality is that during industrial action good dialogue is needed between the employer and the trade union to ensure that safety and that those critical calls are responded to. Does my hon. Friend agree that this will sully that relationship and put more patients at risk rather than that protection and support that the Ambulance Service and the trade unions already work towards?

Andrew Gwynne: I absolutely do. Who would have thought it? Good dialogue works. Talking from one side of an argument to another works. Trying to bring people together to understand a position, and trying to work through it, works. Who would have thought it? Frankly, if the Minister and his predecessors had thought that good dialogue works, they would have tried to bring all sides together at the start of the process, tried to understand the issues behind the strikes that we have seen in our NHS, and tried to resolve them before the strikes took hold. The strikes happened because that did not happen. My hon. Friend is absolutely right: at the local level, the way to avoid such conflicts is to sit down and discuss them. My worry, as is her worry, is that these regulations will unpick that desire to work together and, at worst, they could inflame the situation on the ground. That is why she is absolutely right yet again.

The Government have no practical solutions. They are just demonising frontline staff to try and score political points—the same frontline NHS staff who put their lives on the line to get us all through the pandemic. The same people we were thanking when we banged our pots and pans in the street. The same people who, at a moment's notice, drop everything to try and save us at our time of need. It is utterly shameful. The idea that those staff—dedicated public servants—do not care about the safety of their patients is nonsense. We have seen voluntary agreements put in place during strikes; life and limb deals struck on a trust-by-trust basis to respond to local needs; and picket lines broken every half an hour to attend life-threatening calls. What were Ministers doing? Taking cheap shots from the sidelines rather than getting around the negotiating table and finding a way through.

The result? We end up with the regulations before us today. They do nothing to provide security to staff. They do nothing to keep patients safe. They simply do not work. Do not just take my word for it: a union general secretary says—

Lee Anderson (Ashfield) (Con): This will be true then.

Andrew Gwynne: The hon. Gentleman might sneer at working people and the organisations that represent them. Frankly, we could do with some minimum service agreements for Tory MPs because I think the good folk of Ashfield would rather he represent them than tour the GB News studios time after time. This is an attack on working people and he should be ashamed of himself.

The union general secretary says:

“The NHS can only function with the goodwill of its incredible staff and attacking their fundamental right to take action will alienate them even further and do nothing to help patients and the public.”

The director of a human resources consultancy says:

“It's better to deal with the underlying issues than add further legal complexity to what are already difficult situations.”

The chief executive of the NHS Confederation—I do not hear any heckling now—says:

“This new legislation... does not address the fundamental concerns facing NHS staff. Instead, it could be seen as an attempt to silence workers in their hour of need and to sweep the problem under the rug.”

That is the chief executive of the NHS Confederation saying that. I hope the hon. Member for Ashfield is listening. NHS Providers has made the case as well, saying:

“Our view is that this... would add a further challenge to industrial relationships, at a time when the NHS most needs to protect them.”

That is not some fantasy left-wing cabal. Unions, industry and the sector are speaking with one voice to say this simply will not work.

If that is not enough for the Minister, let us look further afield. We are told that the legislation will bring us into line with the likes of Spain and France. Well, I am sorry to spoil the story, but minimum service levels do not work there either. Between 2010 and 2020, with these measures in place, France lost almost six times as many strike days as the United Kingdom, and Spain lost more than twice as many. In Spain, minimum service levels have also led to messy legal battles, delaying solutions to industrial action. In June, the International Labour Organisation intervened, telling the Government that they must

“ensure that existing and prospective legislation is in conformity” with the international rules on freedom of association, and added that the Government must seek technical assistance from the agency's experts. That was the first time since 1995—also under a Conservative Government—that the British Government have been asked to take such a step.

If the Government wanted to bring us more closely in line with the standards of our European neighbours, they could bring forward the employment Bill, rather than do the hokey-cokey with it, and stop threatening to sack NHS staff; but they will not because that does not fit with their agenda of stoking division. Whereas Labour has promised to deliver an employment rights Bill within the first hundred days of the next Labour Government entering office. That is the difference.

Ministers might use the excuse of the Government only following the pay review bodies and that these regulations underpin that process, so let me tackle that in advance. It is the Government who are responsible for how public services are run. It is their constant attempts to stoke division that are continually undermining confidence. Thanks to this Government stretching our NHS to breaking point, we have a recruitment and retention crisis across the system. Only Labour would work constructively with the pay review bodies, ensuring that they take recruitment and retention into account and deliver a fair deal for staff.

Rachael Maskell: My hon. Friend talks about the impact that the Government have had on NHS staff across the system. The NHS workforce survey shows that there is a disproportionate impact on people working in the ambulance service and in patient transport, where sickness levels are double that of many other professions.

When I visit picket lines, I hear that people are there because they are so broken and burned out, and these regulations will only exacerbate that. They are on those picket lines to save their profession and ensure their patients are protected. Is it not right that these regulations do not come forward before the workforce crisis is addressed?

Andrew Gwynne: My hon. Friend raises a really important concern, because we have massive numbers of vacancies across the health and care system in England. We need to do all we can, not just to recruit the doctors, nurses, care staff and ambulance drivers of tomorrow, but to retain the ones of today. I fear that if the measures that we are considering today are implemented, they will worsen the recruitment and retention processes rather than help to fix them. As I say, she makes a really important point.

The concept of “minimum service” is simply alien to staff and patients under this Government. Day after day, we are confronted with the impact that 13 years of Conservative Government has had on our ambulance services. Just last week, I heard of the tragic story of Christopher Hart from Suffolk. Christopher called 999 at 1 am and his case was deemed a category 2 call, meaning an average wait of 40 minutes and a target wait of 18 minutes. However, when an ambulance finally arrived at Christopher’s home at 9.30 am, eight and a half hours later, Christopher had sadly died. The coroner deemed that the delay had:

“directly contributed to Christopher’s death.”

Stories like Christopher’s are all too common across the country. I know that Members on both sides of the House are keenly aware from their own constituents of the devastating impact that ambulance delays can have. In my area of Tameside, we had the tragic case of Patricia Green, who, trapped alone on the floor at home after a fall and with her breathing deteriorating rapidly, waited nine hours for an ambulance. Sadly, Patricia later died in hospital. In the coroner’s report on Patricia’s death, we heard that the delays on that day were not unusual and that they had not got any better by the day of the inquest into her death. However, we have a Government who, rather than doing something about that, are intent on inflaming tensions and stoking division, and have no plan whatsoever to fix the crisis in our ambulance services. Frankly, they have run out of plans and they have run out of ideas, full stop.

Rather than talking about minimum service levels for ambulance services, why does the Prime Minister not consider minimum service levels for his own Government? It is Ministers, not hard-working NHS staff, who time after time are failing to deliver minimum staffing, service and safety levels for the British public. I am sure that, in replying to this debate, the Minister will extol the virtues of the regulations, but the fact is that such regulations have not worked before, they will not work now, and they will not work in the future, which is why the Labour party firmly opposes the regulations today.

6.28 pm

Grahame Morris (Easington) (Lab): It is a pleasure to serve under your chairmanship, Dr Huq, I think for the first time.

I am really pleased to be able to speak in this important debate and I pay tribute to my hon. Friend the Member for Denton and Reddish for his excellent speech. He has

covered many of the points that I had wanted to make, but this debate is so important that I hope you will forgive me, Dr Huq, if I emphasise some of those points, as well as adding a few more.

I should declare an interest as a member of Unite the union. I am a very proud member and I think I am still chair of the parliamentary group. In fact, I am a member of many trade union groups. When I had a proper job, I worked for the NHS for 17 years, so I am very familiar with the important work done by NHS staff at every level—ambulance and patient transport drivers, doctors, nurses, porters, paramedics and technical staff. It is a joint effort and we really should applaud them all.

The draft Strikes (Minimum Service Levels: NHS Ambulance Services and the NHS Patient Transport Service) Regulations 2023 are, frankly, the latest draconian and unworkable assault on our political, democratic and civic rights. At the beginning of this debate, I wondered whether I should raise a point of order when several Labour Members sought to intervene on the Minister, in order to seek clarification. I thought my role was to hold the Executive to account, and I thought the role of this Committee, of which I am a member, was to scrutinise the legislation. How on earth can we do that if the Minister will not take interventions? I hope that in his concluding remarks he will address some of the points that have been made.

We also have to think about why ambulance workers and other NHS staff take industrial action. It is not because they are bored. They are dedicated public servants, who do not take strike action lightly. Their actions are driven by the cost of living crisis—the huge increase in the cost of electricity, gas, utilities, transport, rents and everyday groceries. I was going to ask the Minister if he knew the price of a packet of Lurpak. It is incredible how the prices of basic staples have gone up over the past year or so. No wonder groups of workers are enraged and forced to take industrial action.

I want to make a point about our legal obligations. Although I have heard reports that the Conservative party would do away with the European convention on human rights, the convention is still on the statute book at the moment. As a nation, we have an obligation, as do the Government, under international law and international treaties. Article 11 states:

“Everyone has the right to freedom of peaceful assembly and to freedom of association with others, including the right to form and to join trade unions for the protection of his interests.”

The right to form trade unions and to take industrial action is further enshrined in the International Labour Organisation’s convention 87 and in article 6, clause 4 of the European social charter. I would be interested to hear the Minister’s justification for this action, because in an earlier SI, I heard the Immigration Minister talking about proportionality in terms of that regulation’s intention not to ban strikes but to ensure that there was a minimum level of service cover. That point may well be challenged in the courts.

My fear is that this SI and the others in the same family disregard our obligations under those agreements and Britain’s pariah status of having the weakest trade union rights and workplace protections in the developed world will continue. Only Russia and ourselves are in conflict with the international treaties. That is a club that we really do not want to join. The global rights

[Grahame Morris]

index published by the International Trade Union Confederation shows the UK to be a regular violator of workers' rights.

This SI will erode ambulance workers' rights without addressing the causes of the industrial action—in other words, the cost of living crisis—and, as my hon. Friend the Member for Denton and Reddish suggested, without seeking some mutually acceptable route to negotiation and a reasonable settlement of this and other disputes. That is perfectly reasonable if the political will is there to do it. If, on the other hand, the political will is to grandstand and demonise groups of workers—organised labour, dedicated doctors, senior doctors, ambulance workers, Border Force, train drivers and others—it is likely to be counterproductive.

As I mentioned, taking industrial action is a last resort for workers. They much prefer to have meaningful negotiations with their employer, but the ability to withdraw labour is usually enough to prompt conversations and achieve a resolution prior to any strike taking place. This legislation is an attack on individual freedoms, without any prospect of improving industrial relations, but instead souring them. I will also say that surely the aim of Government and management must be to have, not a love-in, but a workable relationship and a harmonious workplace. Management use the term “reform”; I do not think any of my colleagues are against changing working practices to ensure that they are complying with modern standards and requirements, but it has to be done in a fair and reasonable way.

Regarding this set of regulations on the NHS ambulance service and the NHS patient transport service, the language used in the consultation document is, as my hon. Friend said, very different from the regulations before us. Indeed, it bears repeating that the document says that in consultation with the trade unions:

“Instead of expecting that employers will always issue work notices to ensure MSLs are met, we recognise that they may be able to secure the same level of coverage through voluntary derogations, and they can continue to agree and rely on these instead, as long as they are confident that the MSL will be met.”

Surely we do not need to be brain surgeons or rocket scientists to understand that that is the way forward, but it is very far from where we are in the regulations. The regulations say that all 999 calls are to be “answered and triaged”. Ambulances are to respond to calls about people with a

“life-threatening condition or illness... for whom there is no reasonable clinical alternative”

or assistance at the scene, or transport to hospital. Patients are to be transferred from community settings to hospitals where their condition is life-threatening, or there is no reasonable alternative to an ambulance. Non-emergency transport is to operate as it would on a non-strike day.

Particularly in relation to the non-urgent patient transport, I do not know how we can say that is proportional or reasonable if it is going to have to operate a 100% service. These regulations are not workable. I have visited several picket lines during the last two disputes in my constituency. Some were members of my own union, some were members of the GMB and some were members of Unison. On each occasion, even though very generous agreements were arranged, the members

of the trade union involved in the dispute were more than willing, when they received the call, to man their ambulances and patient transports in response to the requests and calls. Even though some of the calls may not have been life-threatening, they were quite happy to do that. I do not think we should characterise them as being uncaring, because that is certainly not the case.

That is not just my opinion; the Government's own evidence states that

“the issuing of work notices would be challenging and time-consuming”—

a classic bit of understatement. The imposition of minimum service levels would provide far less flexibility than the existing voluntary arrangements—so why would you do it? As NHS providers have highlighted, it is difficult to quantify the number of staff required for service delivery in advance of the strike. Under the voluntary arrangements, ambulance staff have agreed—and I have witnessed this—to leave their picket line to respond to patients' needs; this would not be an option under the statutory scheme. So it may well be dangerous to go down the statutory route if the service is not as flexible in being able to respond.

NHS Providers said that plans for ambulance minimum service levels

“would add a further challenge to industrial relationships, at a time when the NHS most needs to protect them.”

It said that minimum service levels

“will not replace the need for derogation and staff recall arrangements but will make them harder to achieve.”

When we use a sledgehammer to crack a nut—when we use words such as “conflict” and “combat”—we lose the good will of hard-working and dedicated individuals, so why would they make the effort to accommodate management's requests, either then or at any other time?

The proposal that the Government would compensate for the reduction in the ability to strike by committing to engage in disputes is unworkable, and their own impact assessment said so. The lack of scrutiny and co-operation with trade unions while the regulations were being written is deeply concerning. There is a long-standing history of constructive, joint working between NHS employers and trade unions. We know that it is custom and practice for life and limb cover to be agreed on by unions locally and by trusts during industrial disputes. Those agreements protect patients at the same time as respecting the fundamental right of health workers to strike. That was amply demonstrated during the ambulance service strikes between December 2022 and February 2023.

Government-imposed minimum service levels will further poison industrial relations in the NHS. The Government have a vital role in securing harmonious industrial relations and creating the right framework. However, it is concerning that, when presented with an issue, this Government's first instinct is to erode workers' rights and protections. The best way to safeguard public services is not through confrontation, but through seeking to adopt a co-operative approach, conciliation and a negotiated settlement.

I note the concern of NHS Providers in its consultation response to the Government. As my hon. Friend the Member for Denton and Reddish said, it warned that the proposed legislation would damage local and national

relations and, far from limiting disruption, likely make the situation and industrial relations worse. The Government do not seem to want to negotiate and offer a fair pay settlement. Does the Minister believe that forcing through minimum service standards is likely to address or increase the number of vacancies in the NHS? I believe that the number is currently about 124,000, but I might be mistaken.

Our NHS staff are world class, with skills that are in global demand and recognised internationally. Our doctors, nurses, specialists and healthcare professionals will simply vote with their feet and take up opportunities in an emerging global health market that values and rewards their skills.

Rachael Maskell: My hon. Friend is making such powerful points. In the Strikes (Minimum Service Levels) Act 2023, the employer has the right to remove a worker's protection. Surely that will just escalate the retention crisis and make things even worse not only for the other workers but for the employer.

Grahame Morris: I agree with my hon. Friend. We have seen that with the drain of staff to Scotland, where better terms and conditions were being offered. That has had a particularly marked impact in my region, near the Scottish border. The Government should be negotiating rather than undermining employment rights and terms and conditions.

This debate goes beyond minimum service standards: it is about the type of society we want. Do we want combat or conciliation? Do we want a society where the Government can mandate people to work against their will, underpaying and demoralising them until they choose to work in countries elsewhere that better value their contribution? Or do we want a society where the Government set out their goals and targets for the NHS, utilise the vast knowledge and experience we have in the system, and properly pay the workforce? The UK Government should turn their focus to introducing safe levels of staffing throughout the year, not just on strike days.

I am sure I am not the only Member who has had issues with the NHS ambulance service—in my case, the North East Ambulance Service. On several occasions—not on strike days, but on other days—there have been terrible failings by the service, and I blame senior management and processes. Whistleblowers have highlighted some appalling failures, which the Government and Ministers should be addressing in my area and others. We want a Government that believe in the NHS, the importance of public health, and the people who make all that possible by providing an excellent service, often in difficult circumstances. Let us not forget that these are the people we applauded on our doorsteps during the pandemic, but who the Government would have us reward by taking away a basic employment right.

The Hippocratic oath says, "First, do no harm." I ask the Minister to consider the evidence and recognise that these regulations are harmful to all our constituents, including his and mine, to health workers and to the NHS. I ask him not to take these needless actions, which will simply harm industrial relations without deriving any lasting or meaningful betterment. Let us have an agreed settlement to the underlying issues of pay, terms and conditions in the midst of a cost of living. I urge all Members to vote against this SI.

6.46 pm

Richard Burgon: It is a pleasure to serve under your chairship, Dr Huq. I do not want to make a meal of the Minister's refusal to even acknowledge the presence of Members trying to intervene, but it speaks to a wider truth about the way in which the Government have dealt with workers in our national health service and with people who have raised real concerns about this legislation right across the board. Lots of people who work in the health service, whether ambulance workers or others, feel that there has been a real arrogance from the Government towards them and a real lack of willingness to listen or to engage, and the Minister—reading from his script and saying neither yes or no as MPs tried to raise valid questions—ended up personifying that.

Is the Minister aware that, in the most recent ambulance strikes, Unison reached agreements with every single ambulance trust before the strike date? Is he aware that agreements on emergency cover at employer level are far more flexible than a national agreement, because they are tailored to reflect differing local service needs and to fit the variation in anticipated core volume in each trust?

As the shadow Minister, my hon. Friend the Member for Denton and Reddish, made clear in his excellent speech, this really seems to be about playing politics and chasing headlines; it is nothing to do with a practical desire to fix the problems in our NHS. As he also made clear, if we in Parliament are serious about this issue, we need to tackle the root causes of why the strikes happened in the first place.

I know that this delegated legislation is about the ambulance service, but Members should just think back to the headlines. People were shocked when nurses, in an almost unprecedented fashion, felt it necessary to ballot for strike action. The question any reasonable person would ask in that rare circumstance is, why on earth did that happen? The reason NHS workers, including nurses, felt the need to do that is that they felt they had not been treated with respect by the Government. This Government have presided over a cost of living crisis, and despite the excellent work that NHS workers do for patients day in, day out in our communities, they felt that they were not getting paid a fair wage.

It really galls people outside this place to see the way Government Ministers have depicted our ambulance workers, and NHS workers more widely. People will not forget some of the awful things Government Ministers have said in TV interviews about these dedicated public servants in our NHS. The Minister talks about minimum service levels, but the truth is that NHS staff, including ambulance workers, go the extra mile day in, day out. They go further than they have to; they do more work than they are expected or required to. Why? Because they care. That is why they end up working in our national health service.

Others have spoken about the reality on strike days. I attended a picket line at an ambulance station in my constituency and spoke with the ambulance workers there. On that very day, they left the picket line to go and look after somebody they were concerned about, so the picture the Government paint is very different from the reality we see on the ground.

As the shadow Minister said, all of this is happening against the background of complete failure in the NHS. Should the Government not listen to their own evidence

[Richard Burgon]

about how unworkable the practices we are considering will be? Their very own impact assessment notes:

“Engagement with stakeholders suggested the issuing of work notices would be challenging and time-consuming as this process will involve consulting with a number of unions about the number of workers to be identified and the work to be specified before issuing a work notice, communicating with workers, who may disagree with being named or query whether they are/are not named, updating rosters which may not align with strike action, and/or updating privacy notices.”

Even the employers’ body, NHS Providers, speaking of the plans for ambulance minimum service levels, said:

“Our view is that this Bill would add a further challenge to industrial relationships, at a time when the NHS most needs to protect them.”

If an NHS employers’ body is raising such concerns, why on earth are the Government ploughing ahead regardless, unless it is for cheap political headlines and to play politics with our NHS?

All of this really puts at risk the good will that exists between everybody who works in our NHS, including the employers, ambulance staff and others. It is because of that good will and that care for patients that agreements between unions and ambulance trusts are brokered each time; that is why ambulance workers left picket lines on strike days to do everything they could to save lives. So this measure is concerning indeed.

People outside here will wonder why the Government plough ahead and seem almost to demand a higher level of delivery on strike days than on other days. It seems a lot like that: they seem committed only to driving up delivery on strike days. What about all the other days? What about the 99% of days over the last 13 years when there has not been strike action in our national health service? I certainly wish the Government would put as much effort into thinking about service levels—funding proper service levels and staffing proper service levels—on those days as they do when they are trying to engage in this political stunt.

I will leave it there, but people following this debate will be shocked that, for the purpose of a political stunt, the Government are seeking to treat our NHS ambulance workers like a political football and doing so in a way that has no roots in the practical day-to-day realities in our NHS on those rare strike days or on the vast majority of days when there is no strike action.

6.54 pm

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): It is a pleasure to serve under your chairmanship, Dr Huq. I should declare an interest, as I am a member of Unite. I do not receive any financial benefit: I pay them; they do not pay me.

We should not be here in the first place. No ambulance worker wants to strike. They do this because of the Government’s lack of investment in staff, in our NHS—particularly in the ambulance service—and in public services generally. Ambulance workers have a very stressful work life: they work at full tilt about 90% of the time they are on duty, which is extremely high compared with other emergency services. When the Public Accounts Committee, which I am privileged to chair, looked at this issue a number of years ago, their salaries were so

low that more money had to be injected into ambulance trusts around the country just so they could maintain minimum staffing levels.

That was compounded by the tentacles of the former Member for Tatton, George Osborne, who, when he was Chancellor, froze public sector workers’ pay for a Parliament and then increased it by only 1% per annum. That left those vital public services—ambulance workers among them—at a lower level of pay than they should have been. That was then compounded when we were hit by a cost of living crisis, largely down to the incompetence of the former Prime Minister and the Government’s 13 years of rule.

That has led to real concerns about safe levels of staffing. There is concern about the cost of living, but concern about safe levels of staffing is really what is driving frontline workers, whether nurses or doctors. That is what we hear from them—that is why they are concerned. They want their voice to be heard. I have spoken to people who were really concerned about having to strike but who said, “We are doing it for the safety of our patients.” As the shadow Minister, my hon. Friend the Member for Denton and Reddish, said, these were the people we were applauding during covid. How hollow those pots and pans sound now, when the Government are riding roughshod over those vital public sector workers.

On the specific point of minimum service levels and the way in which the strikes have been paraded about and painted by the Government, the whole set-up is always about smoke and mirrors, myths and obfuscation. Ministers have been on national media making completely false statements. They say there was no national cover on strike days—well, there is no national employer of ambulance services, so who were the ambulance staff supposed to negotiate with on a national level? They are not employed by the NHS; they are employed by trusts, whether the London Ambulance Service in my area or others.

Every single trust had a protocol in place with the strikers for providing care, thanks to Unison’s negotiating on the ground to deliver it. It is extraordinary: as Unison says, the claims that there has been a refusal to provide a national safety net are just not true. Cover agreements were made with every ambulance trust at a local level. That was really critical. Unison reached agreement with every ambulance trust before the strike date.

On every picket line, there was a Unison picket supervisor, and we will come to picket supervisors in a moment, because there is a particular legal point to make about them. Those individuals carried a radio and were in direct contact with the employers—the individual ambulance trusts, in this case. When an emergency call came through, workers jumped straight into the ambulances, which were kept ready on the picket line. The attacks are therefore mean-spirited and wrong and a sign of the Government’s obfuscation. It is shameful that people who aspire to be in government—and are in government, in this case—play such games.

There are further questionable matters. As TUC lawyers have explained, this proposal is unnecessary and unworkable, and it cuts across the law. We are discussing the Strikes (Minimum Service Levels) Act 2023 as it pertains to ambulance workers. As colleagues have highlighted, the right to strike is protected by the Human

Rights Act 1998 and article 11 of the European convention on human rights. It therefore has legal underpinning, yet the Government are trying to ride roughshod over it.

The Government have also taken on the challenging issue, and significant legal grey areas, of picketing. It is unclear what reasonable steps would need to be taken to make sure a trade union knows whether its actions break the law. We are tying up staff, their trade union representatives, employers and many lawyers—who, I am sure, will be making a mint out of this—in deciding what is to be done. With the timeframes involved, it is not practically possible to do that. This is a deliberate tactic; it can only be that, because the Government have lawyers at their behest who are able to work on such matters. The Government must know what they are doing. They are just making these things incredibly difficult.

There is also the issue of retrospective application. When legislation is passed, there is a discussion about when it will apply, and the retrospective element of this legislation remains unclear. The Strikes (Minimum Service Levels: Passenger Railway Services) Regulations 2023 apply to action balloted for before 20 July 2023, when the 2023 Act received Royal Assent, but the point at which the first work notices would be issued remains uncertain. There are a lot of complications, which I do not have time to go into. I am not a lawyer, but I can work out that there are problems here, so I hope the Minister will answer that point about when this legislation applies retrospectively and what needs to be done for it to come into action.

This is about disrespect for ambulance staff and dog-whistle anti-strike politics, but citizens, who are the neighbours, partners, parents, children and colleagues of ambulance workers, know what they see. They know when they see their friends and neighbours coming home exhausted after a hard day's work. They appreciate knowing that there is an ambulance service, and they know that the service is broken and ambulances are not attending in time, but that is not down to the staff; it is down to the lack of investment in our ambulance service by this Government over 13 years. Staff do not want to strike, and it is the Government's failure that they are there in the first place.

We can add to this the arrogant disregard for Parliament and a proper scrutiny process. We are doing our best here, but there are 10 Government Members and seven Opposition Members in this room. Interestingly, at one point I counted eight Government Members on their phones, not listening at all to my colleagues. This truncated parliamentary timetable is a real problem, and the Government's explanatory notes even talk about the challenge, saying:

“The impact on the public sector of the instrument in conjunction with the 2023 Act is that NHS ambulance workers in England will lose their automatic protection from unfair dismissal if they go on strike despite having been named in a valid work notice and their employer has given them notice of the work notice in line with section 238A(9) of the 1992 Act, as inserted by part 2 of the schedule to the 2023 Act.”

In simple terms, that means we are putting many staff at risk of losing their jobs for exercising a human right in law.

The House of Lords Delegated Powers and Regulatory Reform Committee was critical of the lack of detail in the main Bill and called for these measures to be included

on the face of the Bill, yet here we are in Committee Room 10 today. I am sure that other Committees will meet this week to discuss similar measures for other sectors, and there have been others today. These measures are being discussed in small Committee Rooms, barely noticed and nodded through by a Government majority.

The Lords are critical. Employers are unhappy, as others have said, so I will not quote them. The trade unions have pointed out the many complex legal issues, as well as the impact on staff. Staff are at risk, but who wants to be the test case? This will put a chill on people being able to withdraw their labour, and I go back to where I started: people working in our ambulance service do not want to withdraw their labour. It is not something they have done lightly; it is something they have done almost with embarrassment, because they want to keep doing their job well, but they cannot do their job well with a lack of resources.

I ask the Minister to answer these specific questions. Is he confident that this is ECHR compliant? Does he acknowledge that there was universal coverage across the country on the days of strike action by ambulance workers? If not, can he explain what he means by there not being universal coverage? Can he explain the impact on pickets and the role of the picket supervisor in law if this statutory instrument is passed? Can he explain when this legislation will apply and whether it will apply retrospectively to any ballots that have taken place?

The Chair: The Minister is not actually obliged to take interventions, but he can do so, as many Members have pointed out.

7.4 pm

Andrew Stephenson: It is great to respond to all Members, and I will take interventions now; I just thought it was important at the start of the Committee, when I had five minutes, to set out the basis of the regulations and get that on the record. I will try to address as many of the points raised as possible.

First, I recognise the strength of feeling on this subject, which was expressed on Second Reading and Third Reading as the Bill passed through the House. I get why people are very passionate about this. Let me be clear that we are not ending people's right to strike; that is an important element of our industrial relations, and we accept that all strikes will lead to disruption, but we need to get the balance right between workers and the public. It is important to remember that voluntary agreements between employers and trade unions—several Members touched on that subject—can still be agreed ahead of industrial action. These regulations provide a safety net for trusts and reassurance to the public that vital emergency services will be there when they need them.

Dame Meg Hillier: What does the Minister think will be the difference between what is happening now and what will happen when this measure comes into place? As voluntary agreements have been in place and have worked very well, what does he think this will add?

Andrew Stephenson: As I set out, I believe that this is an important safety net. I was asked by several Members, including the hon. Member for Leeds East, whether I

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was aware of the voluntary arrangements. I am aware of them and that they were agreed with all 11 trusts, but there were differences between the 11 trusts across England, and those arrangements were entirely dependent on the good will of unions and staff. Even when those agreements are in place, because of the differences, and because some were agreed only at the last minute, there is uncertainty and inconsistency across the country, which poses an unnecessary risk to patient safety. We believe that that is not good enough.

Dame Meg Hillier: I thank the Minister for giving way again; this is an important issue. Is he suggesting that what is provided for staff in the London area by the London Ambulance Service as a voluntary agreement under a picket is exactly the same as should be provided in the area of Yorkshire that my hon. Friend the Member for York Central (Rachael Maskell) represents? There are hugely different circumstances; does he not think that a blanket national approach would be a completely wrong-headed thing to do?

Andrew Stephenson: No. I think that a national minimum service level is important. That is why the Government have introduced this legislation; it is an important safety net that provides reassurance to the public.

Grahame Morris: This important point needs clarifying, because SIs like this are coming forward in parallel in various sectors; there are four today, and there will probably be more to follow. On the rationale of having the application of minimum service standards for ambulance service workers and patient transport, will the Minister answer the point that my hon. Friend the Member for York Central (Rachael Maskell) raised in relation to section 240 of the 1992 Act? The explanatory notes published for the regulations say that that legislation “already makes it an offence for a person to wilfully and maliciously break a contract of service or hire, knowing or having probable cause to believe that the consequence of doing so, either alone or in combination with others, will endanger human life or cause serious bodily injury.”

But the note goes on to say:

“However, this is a higher threshold than the Government is seeking to provide through MSLs.”

Well, why bother then? We already have a higher threshold.

Andrew Stephenson: I hear what the hon. Gentleman is saying—[*Interruption.*] Exactly. If we look at what happened during the strike action by the ambulance service in December 2022, there was an incident when a hazardous area response team was unexpectedly unavailable, despite all sides agreeing that they should work. There have also been cases where fewer call handlers turned up to work than we had been expecting. Also, some of the agreements did not prioritise some category 2 calls, such as those for strokes. Some of us in this room were debating World Stroke Day last week. We would all agree that it is critical that such things are prioritised.

The Government are trying to set a minimum service level to ensure that people have reassurance. We want to ensure that this is not subject to last-minute negotiation, but that there is a minimum service level that will

provide the service levels that people would expect. There will still be disruption; anything that can be dealt with by other means will be disrupted. The strike will still have an impact, and workers will still be able to go on strike. This is about delivering a minimum service level that can provide reassurance to our constituents.

The shadow Minister made the point that we should get round the table. I would like to say, politely, that we are already getting round the table. Since the Secretary of State was appointed two weeks ago, she has met the NHS Staff Council and the British Medical Association. Our predecessors worked constructively with the unions, representing staff on the agenda for change contract, and a deal was agreed with those staff in May. Of course, that includes many of the ambulance service workers we are talking about, so a deal was agreed through negotiation.

Only today, the Government put forward an offer that will modernise the consultant contract and reform consultants’ pay structure. The British Medical Association and the Hospital Consultants and Specialists Association will put that deal to their members this week. We are working constructively with the health unions to address the challenges, but that does not take away from the fact that the Government believe that we need the minimum service level.

Rachael Maskell: The employer does not want the regulations to be brought forward, so they do not issue a notice. They sit down in a voluntary capacity, as they always do, with the trade unions to come to local arrangements. How will that change things for the Minister? He is not the employer and does not have jurisdiction over any of the industrial environment, so what difference will the regulations make?

Andrew Stephenson: I would be delighted if all 11 ambulance trusts across England agreed voluntary arrangements with their local trust—[HON. MEMBERS: “They did!”]—and the measure did not have to be used. I have just given clear examples of where that fell short of what I believe that people should reasonably be able to expect on a strike day. I hope that the legislation is not used and that comprehensive voluntary agreements are reached. The Government’s view, however, is that in such cases not all the circumstances we want to be covered, and which are included in the minimum service levels, were covered on those days.

Dame Meg Hillier: Will the Minister give way?

Andrew Stephenson: I will first address the point made by the hon. Member for Easington about human rights legislation and how we sit with the International Labour Organisation. We are confident that the new minimum service level legislation is compatible with our national and international obligations. The ILO has recognised that minimum service levels can be an appropriate way to balance the right to strike with protecting essential public services, especially where there is a risk to the lives and health of the public. We firmly believe that introducing minimum service level regulations is necessary to mitigate the risk of strikes in ambulance services having an impact on people’s health.

Grahame Morris: Does the Minister recognise that that is a qualified interpretation, based on the proportionality of what the Government are proposing in particular sectors in particular circumstances? Personally, I would not be too confident—I was going to say “cock-a-hoop”, but I do not know whether that is parliamentary—about the legal advice, because this might still fail under challenge.

Andrew Stephenson: I recognise that there is a difference of opinion here and that this is unchallenged—it will be decided in the courts—but the Government are confident of our position in this area.

Dame Meg Hillier: The Minister is sticking close to a couple of areas where he said services failed during a strike, but services are failing every day because of the stress and strain on an overstretched ambulance service, wherever it is in the country. How can he point to things that arise as a result of a strike, but bear no responsibility or have any care for what happens on an ordinary day of the week?

Andrew Stephenson: We all know that there are huge pressures on the ambulance service. I started by declaring an interest: for up to nine years, I volunteered with the ambulance service and served alongside paramedics and other ambulance service workers. I have seen the huge stress that they are under, and I pay tribute to all of them for their absolutely incredible work. That is why, back in January 2023, the Government published an ambitious delivery plan for the recovery of the emergency and urgent care services, and it is why ambulance services are receiving £200 million of additional funding this year, to grow capacity. That is also why that funding comes alongside 800 new ambulances, including specialist mental health service vehicles.

We have made significant investment over the years, and not just in the past few years. The number of NHS ambulance and support staff has increased by more than 45% since 2010. We know, however, that we need to go further. That is why this Government were the first Government ever to introduce a long-term workforce plan. NHS England was mandated to train 3,000 paramedic graduates nationally per annum from 2021 to 2024, increasing the domestic paramedic workforce to meet future demands on service.

In response to a debate last week, I talked about the 2,200 more undergraduates we have enrolled in paramedic science courses in England in 2021-22 compared with 2019-20—that is a 30% increase. The number of qualified paramedics in the NHS has grown from over 15,500 in January 2019 to more than 18,500 in January 2023. There are pressures, but we are working with the unions and employers to address them and ensure that the ambulance services recover from the effects of the pandemic and other challenges.

The hon. Member for Hackney South and Shoreditch also raised the issue of whether the regulations were retrospective. After the regulations come into force, a union would first have to give an employer notice of a strike, so they do not have a retrospective effect.

I hope that I have addressed the majority of the points raised by Members in the debate.

Mrs Natalie Elphicke (Dover) (Con): I wanted to intervene at the opening, specifically in relation to 999 calls and the provisions proposed under regulation 4. Regulation 4(2)(a) says that emergency calls will be “answered and triaged as they would be if the strike were not taking place on that day”.

I would also like to pay tribute to the incredible work of the South East Coast Ambulance Service, which is under great pressure. I welcome the Minister’s comments on the investment that is being made.

I recently came to the aid of a constituent who was in a road traffic accident. The response of the ambulance service and the paramedics was outstanding, but what happened with the 999 call was not up to the standard that it should have been. It was very difficult to get through to the 999 number. I am very concerned that the standard will be the same as any other day: that standard has to be improved. On a strike day, we can expect the pressure of making sure that 999 is responsive to be all the greater. Will the Minister have a look at that, and can we have a meeting to see what more can be done to improve the 999 service?

Andrew Stephenson: Turning ambulance response times around and improving ambulance response times and 999 call handling are important parts of our recovery plan, and that is being implemented, so hopefully all our constituents will see the benefit of that. Like my hon. Friend, I went to the aid of a constituent nine years ago, which is why I became a community first responder. When I challenged the North West Ambulance Service NHS Trust at a meeting at its headquarters, saying, “What more can you do to improve ambulance response times in my seat?”, it put the challenge back on me. It said that, in addition to extra resources and various other things, Pendle is one of the areas that does not have enough community first responders, who back up and support the professionals. That is why I have volunteered with the ambulance service for the past nine years: to help the professionals deliver the excellent patient care we know they all want to deliver.

Andrew Gwynne: I want to find out the Minister’s thinking on the extent to which the Government will push these regulations when they are in place. What would the Minister’s view be on an NHS employer—for the purpose of this Committee, an NHS ambulance trust—that decides to maintain its current, informal arrangements at a local level rather than issuing a notice?

Andrew Stephenson: If ambulance trusts across England can agree voluntary arrangements with trade unions that meet the minimum service levels, so these regulations are never used, I would be delighted. However, these regulations need to be implemented to provide a safety net for the public and confidence that whatever is agreed will be at the minimum service level or above. I very much hope that these regulations are not used. I hope to work constructively with the trade unions to ensure that they are not. As part of the introduction of the regulations, we have made a commitment to work more closely with employers and trade unions to ensure that more voluntary arrangements that are comprehensive

[Andrew Stephenson]

and cover all the things we would want them to be implemented, rather than having to fall back on work notices.

Andrew Gwynne: I just want to follow the logic here. If an NHS ambulance trust enters into an informal arrangement with the trade unions, and it is satisfied that the arrangements in place on a strike day are adequate, but the Minister feels that they are not, what will the Minister's view be in those circumstances? Will he force action by the NHS trust? Indeed, can he force action on NHS trusts, who are the employers, rather than the Minister?

Andrew Stephenson: The minimum service level that we are discussing was agreed on following a significant consultation and responses, and that is the level that has been set. I believe the level we are setting is the minimum service level—I do not believe we are setting it at a level that is overburdensome or overly restrictive on people's right to strike. I believe that this is being set at the right level. Therefore, if voluntary arrangements can be made that meet that minimum service level, I very much welcome that, and I welcome unions and employers working together to agree that without us having to resort to work notices.

Dame Meg Hillier *rose*—

Andrew Stephenson: I will take the hon. Lady's intervention, but then I will have to bring things to a close.

Dame Meg Hillier: I am amazed that the Minister talked about the consultation, which is a bit of an open goal. Some 76% of people did not agree with the proposals, so I would suggest that they do not really have popular support.

The Minister is also talking about recovery in the NHS; this is his Government. He may not want to admit this, but it is 13 years of this Government that has brought the ambulance service to its knees. If they are increasing ambulance staff by 30% in a year, that is

a sign that there was a very big problem, and this is being done to get it back to anywhere near where it should be—and it is still not where it needs to be. I think the Minister needs to be careful about using the word “recovery” as though it is somehow a magic wand to improve things.

Andrew Stephenson: As I said earlier, the number of people working for ambulance services across England is now 45% higher than in 2010. I appreciate that it is not enough, but if the hon. Lady says that there are massive staff shortages now, just imagine how bad they were under the last Labour Government. In terms of public support, the last YouGov opinion poll that I saw on this actually showed that 59% of people support these measures, with 37% strongly supporting them.

These measures are an important and proportionate step in order to ensure patient safety and protect patients' lives during strike action, and I commend them to the Committee.

Question put.

The Committee divided: Ayes 10, Noes 7.

Division No. 1]

AYES

Anderson, Lee	Edwards, Ruth
Bacon, Mr Richard	Elphicke, Mrs Natalie
Baillie, Siobhan	Gideon, Jo
Baker, Duncan	Stephenson, rh Andrew
Djanogly, Mr Jonathan	Watling, Giles

NOES

Blomfield, Paul	Morris, Grahame
Burgon, Richard	Shanks, Michael
Gwynne, Andrew	Wakeford, Christian
Hillier, Dame Meg	

Question accordingly agreed to.

Resolved,

That the Committee has considered the draft Strikes (Minimum Service Levels: NHS Ambulance Services and the NHS Patient Transport Service) Regulations 2023.

7.23 pm

Committee rose.