



Wiltshire Health Select Committee

Date: 15 November 2012
Title: Wiltshire Emergency Operations Centre, Devizes
Presented by: Neil Le Chevalier, Executive Officer Performance and Delivery
Report Author: Jo Cogswell, Project Manager

1. Background

1.1 Great Western Ambulance trust board approved the GWAS estates strategy in May 2011. Three key areas of work were advanced as a part of the implementation of that strategy. These were:

- Bristol estate review
- Trust-wide offices review
- Trust-wide operations centre review

1.2 In October 2011 a report setting out the three key areas of work was presented to the Joint Overview and Scrutiny Committee. With respect to a review of operations centres that report highlighted the fact that future options would reviewed taking into consideration the following points:

- Responding to patient needs quickly, equitably and appropriately day or night
- The provision of a new clinical delivery model, following intelligent dispatch of resources and dispatch desk remodelling
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand
- Potential for increased efficiency and reductions in management overhead requirements by reducing the total number of locations
- In order to be considered as a potential provider of the 111 service there will be a need to increase capacity, efficiency and effectiveness of control rooms
- Resilience, through implementation of effective backup and contingency arrangements.

2. Trust-wide operations centre review

2.1 The project to review operations centres across the trust was directly influenced by the number of unknowns associated with the introduction of 111 and the competitive nature of the process to bid for the delivery of the service. In the absence of clarity over the requirements associated with bids for 111 services in the GWAS area a decision was taken to pause the implementation work until the outcomes and therefore the requirements of 111 were known.

- 2.2 GWAS was unsuccessful in securing a contract for the provision of 111 services. This knowledge has been factored into the current and future requirements for call handling, dispatch and resolution for GWAS.
- 2.3 The project has reviewed the provision of all operations centres within the trust, managing both emergency and non-emergency calls and dispatch. The project has recommended a model that will support cost-effective delivery of high-quality services to patients and the public, and meet the needs of the trust and the community now and in the future.
- 2.4 The following key points were taken in to consideration when future options were considered:
- Responding to patient needs quickly, equitably and appropriately day or night
 - The provision of a new clinical delivery model, following intelligent dispatch of resources and dispatch desk remodelling
 - Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand
 - Resilience, through implementation of effective backup and contingency arrangements
 - Potential for increased efficiency and reductions in workforce overhead requirements by reducing the total number of locations.

3. The need for change

- 3.1 The GWAS Cost Improvement Programme target for 2013/14 is a total of £4.316m. Within that the savings target a saving of £700,000 has been projected in the project initiation document for the implementation of the estates strategy, specifically the review of EOCs. This savings requirement is based on a reduction in both total running and staffing costs across the provision of the EOC service.

4. The national picture

- 4.1 The table overleaf sets out the numbers of Emergency Operations Centres operated by ambulance trusts in England.

Ambulance Trust	Number of EOCs	Size of population served	Calls received	Incidents with a response	Geographical area covered
East Midlands Ambulance Service NHS Trust	2	4.8 million	723,519	670,000	6,425 sq. miles
East of England Ambulance Service NHS Trust	3	5.83 million	863,474	693,382	7,500 sq. miles
Great Western Ambulance Service NHS Trust	3	2.4 million	320,800	264,000	3,000 sq. miles
London Ambulance Service NHS Trust	1 (2 in 2013)	7.5 million	1,494,207	1,058,132	620 sq. miles
North East Ambulance Service NHS Foundation Trust	2	2.6 million	600,000	363,000	3,200 sq. miles
North West Ambulance Service NHS Trust	3	7 million	1,100,000	900,000	5,400 sq. miles
South Central Ambulance Service NHS Foundation Trust	2	4 million	454,723	385,646	3,500 sq. miles
South East Coast Ambulance Service NHS Foundation Trust	3	4.5 million	688,714	523,422	3,500 sq. miles
South Western Ambulance Service NHS Foundation Trust	2	2.9 million	442,928	397,913	6,600 sq. miles
West Midlands Ambulance Service NHS Trust	2	5.36 million	863,782	805,000	5,000 sq. miles
Yorkshire Ambulance Service NHS Trust	2	5 million	751,910	615,893	6,000 sq. miles

Table One: EOCs by ambulance trust

- 4.2 The table illustrates that whilst GWAS is the smallest ambulance trust in England it is currently operating the same number of EOCs as much larger trusts both in terms of geography and number of calls.
- 4.3 Since the 2006 mergers from county ambulance services into the configurations listed in Table One, all trusts have reviewed their provision of EOCs and most have implemented rationalisation programmes.

5. Future of service delivery in the GWAS area

- 5.1 Services currently operated and managed by Great Western Ambulance Service NHS Trust are currently subject of an acquisition by South Western Ambulance Service NHS Foundation Trust. This does not have an impact on the proposals to close Wiltshire EOC, the strategic direction to reduce the total number of EOCs in the GWAS area is a clear part of the GWAS estates strategy and will yield benefits in terms of efficiencies and performance.
- 5.2 The acquisition is on target for completion on 1 February 2013. An integrated estates strategy will be prepared based the existing SWASFT and GWAS strategies, reflecting the geography of the larger area and the requirements of SWASFT once they are responsible for the delivery of GWAS services.

6. Current position

- 6.1 At the formation of the trust in 2006 GWAS took responsibility for three standalone EOCs. There were differences in staffing structures and technology across the three sites.
- 6.2 The trust continues to operate three emergency operations centres (EOCs), a shared Out of Hours control room and a separate Patient Transport Service (PTS) control room resulting in the operation of four separate locations. Significant advances have been made since the formation of the Trust most notably implementation of the following:
- A single Computer Aided Dispatch system across all three EOCs
 - Single telephony platform
 - Single radio systems allowing direct communication across the Trust
 - Standard working practices driven by the call handling protocols
 - Single EOC structure with uniform pay bandings and job descriptions
 - Centralised call handling (Acuma House, Bristol)
 - Centralised training / audit / development team
 - Ability to dispatch any available resource to any incident in the Trust's operational area from any EOC.
- 6.3 The Trust has three Emergency Operations Centres as a result of the legacy of the previous Ambulance Services. The outline business case demonstrated that a smaller number of EOCs will yield both efficiency savings and performance gains.

7. Findings of the review

- 7.1 Members of the Trust Board gave consideration to an outline business case on 27 July 2012. The report presented to the Board reviewed five possible future options. The outline business case demonstrated that a smaller number of EOCs will yield both efficiency savings and performance gains.
- 7.2 The project work concluded that in the long term a model of a single site EOC, with appropriate resilience and disaster recovery would be the most efficient and appropriate model for the GWAS area. The Trust Board considered all five options and agreed that the EOCs should be reduced from three to two.

- 7.3 A full business case setting out the rationale and supporting information for the implementation of a reduction from three to two EOCs in the GWAS area was approved by trust Board on 28 September 2012. The reduction from three to two will be achieved through the closure of Wiltshire EOC in Devizes. Wiltshire dispatch services will be run from Acuma House, in Bristol
- 7.4 Members of the public will not experience any change to the current 999 service that is provided by GWAS. Calls will be answered in the normal way and the most appropriate vehicle and clinician dispatched to respond to the call.

8. Reducing from three to two EOCs

- 8.1 The current arrangement for the delivery of EOC services can be described as a hub and spoke model. Acuma House as the primary facility is the hub with Wiltshire EOC in Devizes and Gloucestershire EOC at Gloucester Tri Emergency Centre (GTEC) in Quedgeley as the spokes. The business case development work included analysis to determine which of the two spokes could be closed.
- 8.2 Consideration was given to the operational requirements for the provision of emergency operations centre functions to serve the GWAS area. This was undertaken in terms of assured delivery of service and patient care, functionality, technical infrastructure, ability to sustain performance, capacity, resilience and business continuity and location in terms of sustainable employment base.
- 8.3 Wiltshire EOC was determined to be the more appropriate site to close the main reasons for this were as follows:
- Capacity in regard to disaster recovery and fall back arrangements – GTEC houses 14 dedicated fall back desks to be used in the event of a failure at Acuma House
 - GTEC is in closer geographical proximity to Acuma House in the event of failure at the hub this fall back can be operational quickly
 - The EOC fall back critical systems are located at GTEC
 - The recurrent savings as a result of exiting Wiltshire EOC are higher than those associated with exiting Gloucestershire EOC.
- 8.4 There is sufficient space at Acuma House to accommodate the required numbers of desks to operate the Wiltshire dispatch service. Some alterations will need to be made. These costs were factored into the considerations.

9. Implications of full business case

- 9.1 The full business case focuses on the reduction of three EOCs to two through closure of the Wiltshire EOC in Devizes. Services currently provided at Devizes are proposed to move to the EOC at Acuma House north Bristol.
- 9.2 The decision to close Wiltshire EOC and deliver dispatch services for Wiltshire from Devizes to Avon EOC will result in recurrent savings in excess of £700k as set out in the Cost Improvement Programme.

- 9.3 These savings are achieved through a combination of estates and running costs and a reduction in the total numbers of staff required to deliver the service. This reduction is due in part to some economies of scale.
- 9.4 The Head of EOCs is keen to retain staff from Wiltshire EOC in support of the proposed working model to reduce the total number of EOCs there has been a programme of vacancy management across the EOCs. Although the total number of FTE positions in the EOC will reduce when Wiltshire dispatch services are transferred away from Devizes there are a number of positions that have been filled with fixed term contracts or agency staff. This means that there are sufficient operational positions for all substantive staff currently based at Devizes should they wish to transfer to Acuma House.
- 9.5 There is a reduction in required management capacity that is achieved by reducing the number of EOCs. Whilst there will be some management positions at Acuma House some managers with experience and expertise may require the trust's support to secure suitable alternative employment.
- 9.6 The closure of Wiltshire EOC and the trust's decision to leave the tri service agreement at Devizes Joint Emergency Communication Centre represents a change to the way in which GWAS manages the dispatch service in the Wiltshire area. The four dispatch desks will be relocated to Acuma House.
- 9.7 999 call handling has been managed centrally at Acuma House since 2008. Acuma House is an accredited international centre of excellence and the only such emergency services facility in Europe to receive that accreditation four times in a row.
- 9.8 Alongside all 999 call handling Acuma House is the current location for dispatch services for the Avon area, for the clinical support desk, the special operations desk and the trust's EOC audit and training functions. By locating dispatch operation alongside our Clinical Support Desk, we will be able to provide better clinical assessment of patients in advance to ensure the right response is dispatched first time.
- 9.9 Members of the public will see no difference in the way in which they access or receive ambulance services. High standards of ambulance response and patient care will be sustained across Wiltshire and the entire GWAS area.

10. Stakeholder & community involvement

- 10.1 Work to advance the review of EOCs has included staff engagement workshops where staff from each of the EOCs and PTS Control including union representatives have had the opportunity to understand the challenges facing both the trust and the future delivery of EOC services and the possible options for the future.
- 10.2 Staff have participated in a number of workshops and given the opportunity to consider each of the possible options, the relative costs of those options and to give their views with respect to the pros and cons of each option. This information was developed further including the first possible steps towards rationalising the number of EOCs without compromising service delivery, performance and patient care.
- 10.3 The project team intends to continue to work with a staff engagement group through the implementation of the full business case.

11. Implementation & deliverability

- 11.1 A proposed move of services from Wiltshire EOCs to Acuma House will need to be implemented outside the winter pressures period. It is possible, subject to all required staff consultation and completion of required changes at Acuma House that this can be achieved in March 2013.

12. Conclusions

- 12.1 Dispatch services currently provided at Wiltshire EOC can be provided from Acuma House. The closure of Wiltshire EOC located at the Joint Emergency Communications Centre in Devizes will facilitate achievement of the 2013/14 CIP target for EOCs. This can be met without detriment to the delivery of the EOC service across the GWAS area. High standards of ambulance response and patient care will be sustained across Wiltshire and the entire GWAS area.
- 12.2 Staff currently based at Devizes will be supported to transfer employment to Acuma House or to seek suitable alternative employment within the trust.

Contact details

Neil Le Chevalier
Executive Officer Performance and Delivery
Neil.LeChevalier@gwas.nhs.uk
01249 858652