Agenda No 3

AGENDA MANAGEMENT SHEET

Name of Committee	**Health Overview And Scrutiny Committee**
Date of Committee	**05 September 2007**
Report Title	**West Midlands Ambulance Service NHS Trust - Consultation on the proposed re-configuration of Emergency Operations Centres in the West Midlands**
Summary	Between the 2nd July and 1st October 2007, the West Midlands Ambulance Service NHS Trust is consulting on proposals to re-configure the five existing emergency operation centres within the region into two regional centres and one support centre. A copy of the consultation document is attached for the Committee's consideration. The Trust will be represented by its Chairman, Sir Graham Meldrum, CBE, OstJ, and Keith Prior, Locality Director Coventry & Warwickshire.
For further information please contact:	Phil Maull Senior Committee Administrator Tel: 01926 412834 philmaull@warwickshire.gov.uk

West Midlands Ambulance Service
NHS Trust

Consultation on the Proposed Re-configuration of Emergency Operations Centres in the West Midlands

2nd July – 1st October 2007

Contents

	Page
Introduction	2
Current Situation	3
Why Do We Need to Change	4
What Do We Want To Achieve?	5
Our Vision	6
The Proposal	8
Examples of Past and Potential Situations	11
Financial Planning	13
Frequently Asked Questions	14
The Six Consultation Criteria	18
What Happens Next?	19

1. Introduction

On 1st July 2006 ambulance services in England were re-organised to form larger Trusts. In the West Midlands this merged Coventry & Warwickshire; Hereford & Worcestershire and the old West Midlands and Shropshire Ambulance Services together to form the new Regional West Midlands Ambulance Service. Staffordshire Ambulance Service was not included in this amalgamation initially but they will join the West Midlands Ambulance Service on 1st October 2007.

The amalgamation has presented the new Trust with an opportunity to make significant improvements to the way that patient care is delivered. Drawing upon the ‘best practice’ from each of the legacy Trusts, the new organisation has been able to introduce new ways of working that has delivered direct benefits for patients throughout the Region. It is only through the detailed examination of the former Trusts that this progress has been possible.

The formation of the new larger Trust has also presented the opportunity to examine the way that the organisation deals with 999 calls and dispatches resources to the scene of emergencies. A huge amount of work has been undertaken to review what can be done to improve the service provided to patients and ensure that the Emergency Operations Centres are organised to meet future requirements. This includes looking at issues such as patient care, system infrastructure, operational efficiency, the changing demographics in the Region, and contingency planning not only for natural disasters but also the increased potential threat from terrorist activity.

The Department of Health (DH) commissioned a report into Control Rooms within the English ambulance services*, which makes recommendations, offers advice and sets out the minimum requirements for control rooms. Local work has also been carried out examining the systems that are currently in place.

All this work has led to the creation of a plan that the Trust believes would provide the organisation and the people of the West Midlands Region with Emergency Operations Centres (EOC) that are **‘fit for future purpose’**

* Report on Operating Models for NHS Ambulance Trust Control Rooms in England
– Mason Communication Ltd – May 2007

2. Current Situation

There are currently five standalone EOCs in the Region, each with varying levels of resilience, capacity and fallback arrangements. They are based in:

- Millennium Point, Brierley Hill
- Stone Road, Stafford
- Abbey Foregate, Shrewsbury
- Bransford, Worcester
- Dale Street, Royal Leamington Spa

The five centres use a multitude of different systems e.g. three different computer aided dispatch systems that cannot be linked together. They are based around geographic areas and are independent of each other except for the Birmingham and the Black Country (BBC) Emergency Operations Centre which shares its infrastructure with Shropshire. Whilst this gives benefits in terms of integrated working there are issues surrounding the resilience of the critical systems.

In total there are around 260 staff employed in the EOCs but the number of calls, and hence staff, are disproportionately spread between the Localities.

	BBC	Shropshire	Coventry & Warwickshire	Hereford & Worcestershire	Staffordshire	Total
Control Staff Employed	121	17	32	28	58	256
Total Seat Capacity	31	5	10	7	9	62
Peak Time Seat Usage	30	4	9	6	9	58
Call Demand Rates	867.7 36.2 per hour	115.3 4.8 per hour	293.0 12.2 per hour	211.9 8.8 per hour	300.0 14.0 per hour	1787.9 76.0 per hour

The table demonstrates that the Trust is almost at capacity in terms of its seat numbers within the current Emergency Operations Centres. It also shows that the BBC and Shropshire account for 58% of the total seat capacity and 54% of the demand activity. Failure of the system used by these two EOCs would mean that the remaining controls would need to more than double their activity immediately to maintain a safe 999 service within the Region. This is simpy not possible. Equally, with the current arrangements it is technically not possible to balance inbound calls around the remaining controls with the existing infrastructures nor would they be capable of maintaining services for a sustained period of time.

Prior to reconfiguration each EOC, except Shropshire, had a fallback facility that would be used in the event of failure; they were 'mothballed' but nominally ready should there be a catastrophic failure. Shrewsbury relies on Brierley Hill EOC to take calls in the event of a catastrophic failure. The fall back controls are tested on an ad hoc basis, which often reveals problems, undiscovered in the normal daily operation. This provides a significant risk to the Trust, as we cannot be certain that a fallback control will be available if and when required. None of the fallback facilities are fit for purpose.

3. Why Do We Need to Change

There are a number of reasons why the current configuration of five stand alone Emergency Operations Centres is simply not sustainable:

- We want to improve patient care across the Region through the use of more clinicians in the Emergency Operations Centre setting
- With a predicted call growth of between four and eight percent per annum the current situation does not provide adequate scope for expansion
- There is a clear need to implement common systems, operational processes and procedures on a Regional basis
- The Trust must ensure a robust, resilient and reliable operating environment that complies with the Civil Contingencies Act
- Not all operational targets are being met on a consistent basis
- The cost of introducing the new digital Ambulance Radio Project makes the use of Bransford and Shrewsbury cost prohibitive

The Trust is required to respond to a regional disaster or major incident whilst continuing to run its 'normal' day to day business.

The Trust has a legal requirements under the Civil Contingencies Act to ensure that there are adequate and appropriate arrangements in place to ensure continuity of services should any of its control rooms cease to function. The recent national report into EOC configuration for the Department of Health suggests,
"The overwhelming and inescapable disadvantage of standby sites is that the workers do not work there".

The solution for the Trust is to ensure that the working controls have sufficient capacity to accommodate the failure of any other centre. In addition, the control rooms need to have the capacity to manage a major incident within the region and to have the ability to control and monitor the resources from a central point whilst maintaining the normal workload day to day.

The reality of the situation is that if a 'do nothing' approach were taken, over the next few years, there would be a significant, and growing risk, that the organisation would not be able to respond suitably to the normal 999 calls it receives never mind a large or major incident. This would undoubtedly have a detrimental effect on patient care and would seriously affect our compliance with the Civil Contingencies Act.

Because of the size of the proposed new Centres, an unexpected sickness absence of staff would have a far smaller effect than for example in Shropshire where one absence could result in a drop in staffing of between 25% and 50% depending on the time of day. This advantage will ensure that the service provided to patients is maintained at 'gold standard' levels.

4. What Do We Want To Achieve?

Patients and their families now expect that their calls will be answered extremely quickly and that the patient receives appropriate care in the shortest possible time. Independent data shows that the Trust answers phones more quickly now than it has ever done before. However, it is recognised that this is still not enough if the Trust is to meet new operational targets due to be introduced in April 2008. The Emergency Operations Centres play a vital part in ensuring that the service meets the two key priorities identified by the patient so change is an absolute necessity.

The overriding ethos of any change is that it brings **direct benefits for patients.** Equally, changes must be **'fit for future purpose'** thus ensuring that the Trust can meet the ever increasing challenges of emergency care. We therefore want to achieve the following:

- Better patient care through further improvements in response times
- Ensure that the Trust has the capacity to meet future regional and divisional demand requirements
- Improve operational effectiveness e.g. managing activity peaks
- Implement common operational procedures and processes across the Region and in each division
- Implement common regional systems infrastructure
- Provide regional coverage but still with a divisional focus
- Meet duties under Civil Contingency Act, e.g. terrorist attack / mass public decontamination / natural disaster

Although this is a significant challenge, the Trust has given a commitment that there will be **no redundancies** associated with the changes. Indeed, the Trust is examining what extra staffing will be required within the Emergency Operations Centres in order to meet its new performance criteria.

Today's Service

- EOCs in each Locality dispatched by Division
- Local geographic knowledge provided by the crews and EOC
- Limited back up in the case of a disaster or major incident
- Staff coverage limited
- Diverse systems
- Use of legacy systems with restricted bandwidth and security risks

Tomorrow's Service

- Regional EOCs dispatched by division
- Continued local knowledge maintained by crews and EOC
- Significantly improved resilience and disaster recovery capability
- Common systems and operational procedures using 'best practice'
- Access to Regional resources
- Service supported by modern technology such as the digital Ambulance Radio Project
- More flexible resources
- More cost effective thus releasing resources for front line services
- Doctors on a Clinical Support Desk

5. Our Vision

As part of our vision to provide world class patient care to the people of the West Midlands Region, we are committed to setting up a 'virtual' Emergency Operations Centre. This would mean that each of the EOCs is linked together and operates as one.

Call Handling

As already mentioned, patients constantly tell us that they want to have the phone answered quickly. With each of the EOCs being linked, technology would analyse which operators are available and automatically route the 999 call to the first available call handler.

Best practice shows that a minimum of 95% of calls should be answered within five seconds of the call being received at the EOC switchboard. Although calls would continue to be sent to the geographically nearest EOC, if all call handlers were busy at that EOC, the system would automatically, without delay, re-route it to a call handler in one of the other centres who was free, whichever EOC they are at.

Ten or 15 years ago, local knowledge was a vital part of call handling. The reality of the situation now is that with latest technology almost every patient location can be determined before the caller has even spoken. Where this is not possible, staff would use well rehearsed questioning procedures. These would allow them to identify the most unusually named locations very quickly. This can be seen by the fact that people who have never lived in an area can be trained to answer calls quickly and efficiently. There are staff in each of the five existing centres who fall into this category.

It should also be noted that in cases where staff do have an excellent knowledge of the area the call has come from, it is vital that they do not assume they know the location of the caller and still follow the normal procedure to ensure no mistake is made.

Again technology can play a significant back up role. Mobile phones can now be triangulated to within a few dozen metres of the caller. Even on a very weak signal this narrows the area the caller is in down to 300 metres. Equally, caller identity on landlines is automatically matched to a database of addresses which contains the vast majority of homes and businesses in the Region. A mapping system in EOC is automatically populated with the information down to an individual house.

Dispatch

Moving to one dispatch system for the whole service would be a pre-requisite for the proposed system to work. Currently each of the EOCs only dispatches the vehicles that are based in the Locality. However, vehicles from Coventry & Warwickshire already convey patients to Redditch, while Hereford & Worcester vehicles transport patients to Selly Oak Hospital.

By having a system that is linked it would allow a far more integrated approach to be taken to dealing with incidents especially in areas that are close to the border between Localities. We already see, for example ambulances from Shropshire coming into the Hereford & Worcester area; Hereford & Worcester ambulances being deployed into Coventry & Warwickshire Locality; Coventry & Warwickshire vehicles are deployed to incidents in the BBC area; and BBC vehicles go into Staffordshire. As a Regional service this makes best use of resources to meet patient needs and ensures the timely arrival of emergency vehicles with patients.

The Trust operates in a Regional capacity; it must surely make sense to run it in a similar manner. Whilst the five EOCs have developed excellent links, the new 'virtual' control would make this even faster and more efficient which will have significant benefits for patients.

Having said that the Trust is acutely aware that there is a need to ensure appropriate cover is maintained in each Locality, whether it be rural or urban. It should also be recognised that crews will remain based in exactly the same locations as now, thereby maintaining local knowledge.

6. The Proposal

As already stated, the basis of the proposal for reconfiguration is based around what is best for patients. This follows the widely accepted Varney report*, which makes recommendations around the raising of standards within public services. The work looks at the critical success factors required to deliver a business and citizen focussed service with a key point being "Service delivery must be organised around the needs of the patient or business – not the needs of the organisation or its staff".

*Sir David Varney – A better service for citizens and business, a better deal for the taxpayer – December 2006

After assessing all of the information from the national and local work the Trust is faced with a number of options. Two were almost immediately ruled out:

- **Status Quo:** Doing nothing posed the greatest risks for the Trust as it is clear that the current systems will not be able to cope for much longer
- **Have one Emergency Operations Centre for the region:** From a resilience perspective this was not seen as a viable option. If the one centre suffered a catastrophic failure then there is a huge risk, even with a modern fall back facility, as all research shows that there is a time lag between the catastrophic failure and the ability to return to normality at the fall back facility

This left the Trust with three options; to have two, three or four Emergency Operations Centres.

The Trust has agreed on the following proposal and will consult on it:

Regional Centres	**Support Centre**
• Millennium Point, Brierley Hill • Tollgate, Stafford	• Dale Street, Leamington Spa

If the Brierley Hill Centre were to suffer a catastrophic failure the other EOCs are not large enough or have sufficient capacity to provide the necessary resilience until a fallback facility was available. To ensure that there is an ability to provide resilient EOC services there is a clear requirement to have two 'Regional' control centres offering the same size and capacity; they would be able to provide mutual assistance in the event of a catastrophic failure at one of the other centres. Currently, only the Brierley Hill centre is equipped to the standards for a regionally configured control system. The remaining controls are too small and lack the appropriate space to expand without very significant cost implications.

The above approach would allow the Trust to develop enhanced facilities e.g. a triage desk staffed by clinicians including Doctors. In addition, the Trust would have the capability of providing a regional approach to any major incident by concentrating particular activities at either, or both, of the two larger centres.

Due to existing infrastructure and available space, it is clear that the Tollgate site in Stafford has all the necessary technical resilience in place already and is therefore an ideal candidate for the second regional control centre. By expanding the current provision at Brierley Hill and creating a similarly sized facility at Tollgate the Trust would be able to provide seating for 100 staff between the two sites.

With two Regional EOCs the Trust would not require all of the capacity provided by the remaining controls at Leamington Spa, Bransford and Shrewsbury although a certain amount of additional capacity would need to be retained for the following reasons:

- Closure of too many controls over a short period could be destabilising

- The exact impact of the new performance management system due to come into effect next year has not been fully established and some further seating capacity may be required.

- A failure at one of the larger EOCs will affect the Trusts ability to respond to emergencies – having a "buffer" in the system would be beneficial in the event of a medium and long-term failure

With the recognition that a third facility is required, a comparison has been carried out looking at the advantages and disadvantages of Shrewsbury, Bransford and Leamington Spa. These are as follows:

	Advantages	Disadvantages
Bransford	• Space available to expand	• Costly for radio programme resilience (£150k) • Technology is significantly different to other controls and would require significant technology investment e.g. telephone system, vehicle tracking (approx £100k)
Leamington Spa	• Radio resilience cost effective • Staff use dispatch system of choice and can provide training • Centre currently delivers new performance targets • Leased from Fire Service at a competitive rate • Technology in use is similar to that in place throughout the region e.g. telephony, vehicle tracking and mobile data	• Very little space to develop further positions
Shrewsbury	• Space available • Very little space to develop further positions	• Requires significant expansion to accommodate additional seats • Building requires substantial investment to bring it up to modern standards (approx £100k) • Expensive to provide radio resilience (£150k)

Although the list is not exhaustive, it can be seen that whilst the EOC at Leamington has little room for expansion it has numerous other advantages in terms of costs and infrastructure that are beneficial to the Trust.

From the above information the optimum configuration for the Trust would be the retention and expansion of the Brierley Hill EOC, the development of a similar size facility at Tollgate with approximately 50 seats in each. The retention of the Leamington Spa centre would provide the Trust with ten further seats taking the total for the Region to 110.

Closure of the control centres at Bransford and Shrewsbury would, in the first instance, avoid spending at least almost £1 million to provide suitable technology and resilience to the same level as that in the remaining three centres. Savings created by the disposal of the Shrewsbury EOC would allow the current provision at the adjacent ambulance station to be upgraded.

No services are being removed and patients would continue to use the 999 emergency service in exactly the same way that they do now. Indeed it is anticipated that response times to callers would be improved as well as the ability to locate callers in a faster time frame thus improving patient care. Ambulances and staff will continue to be based locally with their local knowledge.

It is probably fair to suggest that most patients calling 999 do not know the location of the control centre which is handling their call, and in terms of service delivery, knowledge of the location is much less important than it used to be in terms of call handling due to questioning techniques and technology. Indeed, given it is impossible to know the entire area associated with the existing control rooms it is important that individual staff knowledge is not relied upon.

7. Examples of Past and Potential Situations

Case Study One

At about 6.40am on March 10th 1997 a series of accidents took place on the M42 between Junctions two and one involving no fewer than 160 vehicles. Three people died, 21 were seriously injured and a further 83 were slightly hurt. There was extremely dense fog at the time. The crash happened just as the night shift in the Emergency Operations Centre in Bransford was coming to an end. There were three staff on duty; a call handler, a dispatcher and the centre manager. Through no fault of their own they were completely swamped within seconds as literally dozens of 999 calls came through. Although staff from the next shift arrived shortly afterwards, the task at hand was far bigger than anything that the EOC could reasonably be expected to cope with. Despite this they performed magnificently given the almost impossible situation they faced.

Whilst the proposed new set up would undoubtedly struggle to cope with the volume of calls in a similar situation, there would be upwards of 30 staff immediately available to respond to 999 calls; extra resources would immediately be available to dispatchers and a regional response would be available to support the affected locality.

Case Study Two

On Friday 15th June 2007, the BT Telephone Exchange in Brierley Hill became flooded after torrential rain. At around 3.30pm many of the primary and secondary phone systems were knocked out. In total around 4,000 lines were affected in the area. Thankfully, the triple fallback resilience built into the Brierley Hill EOC meant British Telecom was able to confirm that not a single call was affected and vehicles were still dispatched efficiently. In the first few minutes after the outage staff were mobilised to go to a fallback building in Dudley. They were ready to start working when the primary phone lines were restored to normal operation just over 20 minutes after the initial problems. Had all lines been knocked out calls would have been diverted to other centres but there would have been no capability to dispatch vehicles.

If this were to happen under the new proposals, the calls would automatically be picked up by the other two Emergency Operations Centres. Even if the dispatch systems were affected, vehicles would still be deployed in a timely manner as there would be robust back up systems and an ability to switch all of the calls to the other centres. Whilst the other EOCs would be able to handle the additional capacity in the short term, staff from the affected centre would be moved to the others and be able to start work immediately as they would be exactly the same systems in use.

Case Study Three

On Wednesday 6th June 2007 there was a very serious road traffic collision in North Warwickshire. The first ambulance that arrived on scene immediately asked for a significant amount of back up realising they had up to six casualties, four with critical injuries. By the end of the incident the initial resources from Coventry & Warwickshire had been backed up by others from Staffordshire, the County Air Ambulance from Cosford and two BASICS Emergency Doctors. Sadly three people died in this accident.

Despite the tragic consequences this was a good example of the benefits of having a Regional ambulance service; however, had the proposed set up been in place, the extra resources could have been sent even more quickly because the dispatchers would have been able to see what was available instantaneously.

8. Financial Planning

Such a major project as this will undoubtedly have significant costs associated with it and the Trust has a responsibility to ensure cost effectiveness in all its activities. The following tables give an indication of the costs involved in the proposed changes.

Capital Costs		
Estates	Development of Tollgate Upgrades to Brierley Hill and Leamington	£400,000 £400,000
Dispatch System	Resilient Hardware Systems Software Systems	£250,000 £900,000
IT Systems	Voice Recording Telephony incl Call Handling Software Networking	£120,000 £350,000 £120,000
Total		**£2,540, 000**

Potential Capital Receipts	
Sale of Stone Road, Stafford	£1,800,000
Sale of Bansford, Worcester	£650,000
Part sale of Abbey Foregate site, Shrewsbury	£500,000
Total	**£2,950,000**

Annual Cost Savings Associated with Three EOCs Compared to Five	
Networking costs	£100,000
Facilities including accommodation costs	£100,000
Reduced costs of implementing new performance systems	£300,000
Total	**£500,000**

There will be no compulsory redundancies. Any cost savings from the project will be re-invested in local front-line services.

9. Frequently Asked Questions

Q. Surely closing a control room like Shropshire will lead to a huge loss of local knowledge which will ultimately mean patients lives will be put at risk?

A. There is no doubt that the staff that work in our Emergency Operations Centres do build up a good knowledge of the areas that they cover from looking at the maps on the dispatch systems. However, it is unrealistic to expect them to know Oswestry, Telford, Whitchurch, Craven Arms and all the villages and towns in between intimately because they probably have not been to the majority of them. However; the crews that are based in these areas have. Many know their local area 'like the back of their hand', therefore local knowledge would not be lost. We are keen to retain as many of the existing staff as possible and transfer their undoubted skills to one of the other EOCs. We already dispatch by Division e.g. Herefordshire, the Black Country, Central Zone in the Coventry & Warwickshire Locality. There is no plan to change this so staff would continue to dispatch in the areas they already know.

Q. Although most people know satellite navigation is good, it isn't perfect; think of all the stories we hear about lorries and even emergency vehicles being sent down bridal ways. Are you relying on technology too much.

A. Definitely not. Technology has moved forward in leaps and bounds in the last decade and continues to do so. It is true that ambulances carry satellite navigation but it would be foolhardy to rely on it completely. As already stated, the crews generally know the areas they work in extremely well; many have lived locally all their life. They also have map books on each ambulance to assist them. In addition, when a 999 call comes in, the call handlers automatically check the location of the incident with the caller and asks questions about how easy it is to find. They will ask for information about the colour of a car on the driveway; will perhaps ask the caller to put all their lights on if it is at night to assist crews. Very often they will back the technology up by asking if the caller can see local landmarks which will confirm locations. This information is passed to the crews as they are on route. Technology has made a huge difference. If you dial from a landline, the computer system automatically populates a mapping system that identifies individual properties. Information is also pre-programmed that gives advice on access if it is not straightforward e.g. in a shopping centre. Mobile phones have also made a huge difference to 999 calls. The technology that would be introduced will be able to triangulate where a caller is. Even on a weak signal it will narrow the area down to 300-metres, but it is often down to as little as 30-metres. There are documented cases where it has allowed ambulance crews to locate people trapped in cars who do not know where they are.

Q. We all know how tight budgets are in the NHS; these changes are not based on improving patient care but a need to save money aren't they?

A. The amount of money being invested in Emergency Operations Centres has never been higher and is continuing to grow. This is not just associated with the resources being invested in technology. The number of staff being employed is rising steadily and a number of Localities are actively recruiting at present. We are also assisting staff to develop their skills so that they can provide an even better service. Any money saved would be re-invested in the other centres so there is no cost saving involved; it is purely about improving the service to patients.

Q. There are bound to be job losses if the Shrewsbury and Bransford EOCs close?

A. There will be no redundancies. The Trust is committed to finding jobs for everyone who might be affected by any forthcoming change. This might mean working at one of the other EOCs in the region, but could result in staff either moving into operational road staff positions. Others may choose to work in back office functions. Each member of staff would be dealt with on an individual basis to ensure the best possible alternative outcome is found. We recognise that these staff have excellent skills and we want to keep them working in our EOCs so that we can retain their expertise.

Q. Hereford and Worcester has always been a high performing area; to quote the old adage, "if it ain't broke, don't fix it."

A. We have to recognise that the ambulance service has moved forwards in leaps and bounds in the last few years. Staff are more highly trained than ever; new treatments such as thrombolysis have been introduced that are having a dramatic impact on the lives of patients. Equally, call numbers have increased at a astonishing rate. Nationally they are up by almost 70% in the last nine years alone; this is reflected locally too. With such changes it is simply not possible to keep things as they have always been.

Q. What sort of changes are you proposing to improve patient care in Hereford and Worcester?

To ensure we meet patient expectations we have to embrace change. This can range from more and better trained staff, newer and more capable vehicles, technological advances in our EOCs, new treatments, alternative patient pathways such as the use of walk in centres, minor injuries units, providing advice over the phone, bringing other health care professionals in to deal with patients in the comfort of their own homes. A rural area such as Hereford and Worcester brings particular difficulties due to the distances involved. By using technology, local knowledge and new ways of working we can improve on the performance and raise standards even higher.

West Midlands Ambulance Service was one of only two regions in England to achieve all of its performance targets in 2006-07. We have done this by embracing change, using the best practice that is available throughout the region and rolling it out to the other areas. We are absolutely certain that by taking on board these changes we will provide the people of the Region with a better ambulance service than it has ever seen before.

Q. Will any relocation assistance be provided to staff moving to new locations?

A. Yes. Requests would be considered on the individual merit using standard terms and conditions

Q. Will voluntary redundancy packages be offered to staff not willing and/or able to relocate?

A. We envisage no redundancies

Q. How robust will the new systems be versus the previous systems?

A. The new EOCs would be some of the most resilient in the country with multiple back ups. There would be no requirement for traditional fall back facilities as all calls would be answered by the first available call assessor automatically wherever they are based.

Q. What will happen when staff become ill or unexpectedly absent in the new set-up?

Because of the size of the new Centres, an unexpected absence would have a far smaller effect than for example in Shropshire where one absence could result in a 25% drop in staffing. All staff are offered support if they become ill; this will continue.

Q. Can we still be certain that the appropriate response will be deployed, e.g. paramedic with a rapid response vehicle and how can this be assured?

A. The new set up would provide a far wider range of resources for the dispatchers to use. This would include clinicians in the EOC who can triage patients with less serious conditions over the phone. By having an interactive virtual centre resources can be used far more sensibly ensuring patients receive an even better service than they already do. The Trust will continue to publish data based on the Localities that will show the individual performance.

Q. Will any buildings be sold or disposed of, as a result of the proposed strategy?

A. It is anticipated that the Bransford site would be sold. Part of the Shrewsbury site would be sold with the proceeds being used to upgrade facilities for the ambulance crews based there.

Q. If any buildings are sold where will the money go?

A. Any resources that are realised through reorganisation would be re-invested in frontline services be they 'on the road' or within the Emergency Operations Centres.

Q. If the performance of the new model proves to be 'unsatisfactory', can we reverse and go back to a 'five control room environment'?

A. We are confident that the new model would lead to a substantial improvement in performance. No disposals would be made until such time as the new systems are up and running.

Q. If agreed, when will the new strategy be implemented?

A. The three month consultation finishes on 1st October and the Trust Board meets on the 9th October to take a final decision. If the Board agrees to the proposals, it is unlikely that any significant changes would be made before the end of 2007.

Q. Will the pay, terms and conditions be changed for all the new and remaining staff operating the new Emergency Operation Centres, e.g. regional parity across the Centres?

A. The Trust is working with Staffside to standardise terms and conditions for staff in all areas of the Trust. All staff are assessed using the national Agenda for Change pay system.

Q. What will happen when incoming call activity increases dramatically; will we have sufficient capacity?

The ability to answer calls in other centres automatically would mean that it would be far easier to deal with any peaks in demand. The proposal has been designed to look at expected future demand.

Q. Will Community First Responders (CFRs) continue to play the role they do in the current set ups?

A. Yes. We see CFRs as being an integral part of the service that the Trust provides. Dispatching them, for example, patients in cardiac arrest is known to save lives. The key to this is getting them on the road as quickly as possible. Under the proposals there will be dedicated dispatch functions ensuring that they are mobilised as quickly as possible.

10. The Six Consultation Criteria

We have based our consultation on the Cabinet Office Code of Practice on Consultations. We will consult as widely as possible using a range of methods over a period of 13 weeks.

Our proposals are clearly laid out in this publication and would see the number of Emergency Operations Centres reduced from five to three. There will be no compulsory redundancies. We are asking for responses to be with the Trust by Monday 1st October 2007.

This document is available on request by post or via e-mail; from our website; and has been sent to a large number of key stakeholders. It is available in a number of languages and in Braille. We are keen to hear from the full range of communities regardless of race or ethnicity within the West Midlands.

The feedback we receive will be placed on our website or can be requested by post or e-mail from Trust Headquarters. The feedback will be discussed at an Extraordinary Trust Board meeting on Tuesday 9th October 2007.

We are pleased to hear views about the consultation process. If you have any views, please send them to the Director of Corporate Services, Diane Lee at Regional Headquarters in Brierley Hill.

We have endeavoured to follow best practice during this consultation.

11. What Happens Next?

The Trust Board has agreed that the proposal outlined here is a good starting position but this is by no means necessarily the final decision. The Board and Trust is committed to entering into meaningful dialogue with all interested parties. We want to know what people think of the proposal.

Issues such as this can become very emotional as they are not easy subjects to address. Having said that, doing nothing is not an option; the Trust needs to move forward to improve patient care, performance and resilience. If you have a view, we want to hear about it. You can tell us what you think and why you believe in your views via a number of methods: We will be holding a series of public meetings across the Region. The dates will be advertised on our website **www.wmas.nhs.uk** and through the local media. You can also feed back your views via the website.

- We will be speaking to key stakeholders such as our staff, the Trade Unions, local authorities including Health Overview and Scrutiny Committees, MPs, other health service organisations, Patient and Public Involvement Forums, and many other voluntary organisations and interested groups
- You can write to us and let us know what you think. Please write to:

  West Midlands Ambulance Service Headquarters
  EOC Reconfiguration Consultation
  Millennium Point
  Waterfront Business Park
  Brierley Hill
  West Midlands
  DY5 1LX

- You can also e-mail your thoughts to **consultation@wmas.nhs.uk**

Please have your views with us by no later than **Monday 1st October 2007**

A summary of all of the views expressed will be placed on our website at end of the consultation. For a small charge, a copy can also be sent by post to you should you request it.

The Trust Board will consider all of the views expressed at an Extraordinary Trust Board meeting on Tuesday 9th October 2007 at 10.30am. The Board will then take a final decision. The meeting, which will be held in public, will take place at Osprey House, Albert Street, Redditch, B97 4DE