

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **18 September 2014**

By: **Assistant Chief Executive**

Title of report: **South East Coast Ambulance Service NHS Foundation Trust –
Emergency Operations Centres (EOCs)**

Purpose of report: **To consider the Trust’s plans for reorganisation and development of
its Emergency Operations Centres.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the presentation from South East Coast Ambulance Service NHS Foundation Trust (appendix 1);**
 - 2. To provide any advice or guidance to the Trust on its ongoing engagement with local stakeholders.**
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1. Background

1.1 SECAMB’s plans for reorganisation and development of its EOCs are outlined in the presentation attached at **appendix 1**. This includes an overview of its approach to engagement with stakeholders.

1.2 HOSC is recommended to consider the Trust’s plans and to make any suggestions as to how the Trust can ensure appropriate and effective ongoing engagement with interested stakeholders in East Sussex.

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SECamb Emergency Operations Centre (EOC) reconfiguration project: engagement with HASCs/HOSCs



The future of our EOCs

- ✚ Our vision: putting patients first, to match international excellence through our culture of innovation.
- ✚ We want to be able to provide the best possible 999 service to the area served by your HOSC – consistently achieve a performance standard of answering 95% of our calls within 5 seconds & build on and expand the clinical capacity within our EOCs (health hubs)
- ✚ To achieve this we need to ensure we can develop the right environment to manage growing demand and the changing clinical complexities of patient needs.



The future of our EOCs contd.

- ✦ Approximately 400 staff currently employed in our three EOCs.
- ✦ Currently manage 2,400 emergency calls a day (850,000 a year).
- ✦ Demand has grown by 25% since 2007 and is forecast to grow by 5% year-on-year.
- ✦ Mixture of increasing number of calls, complexity of patient need, and length of call; we are now able to provide more clinical advice over the phone

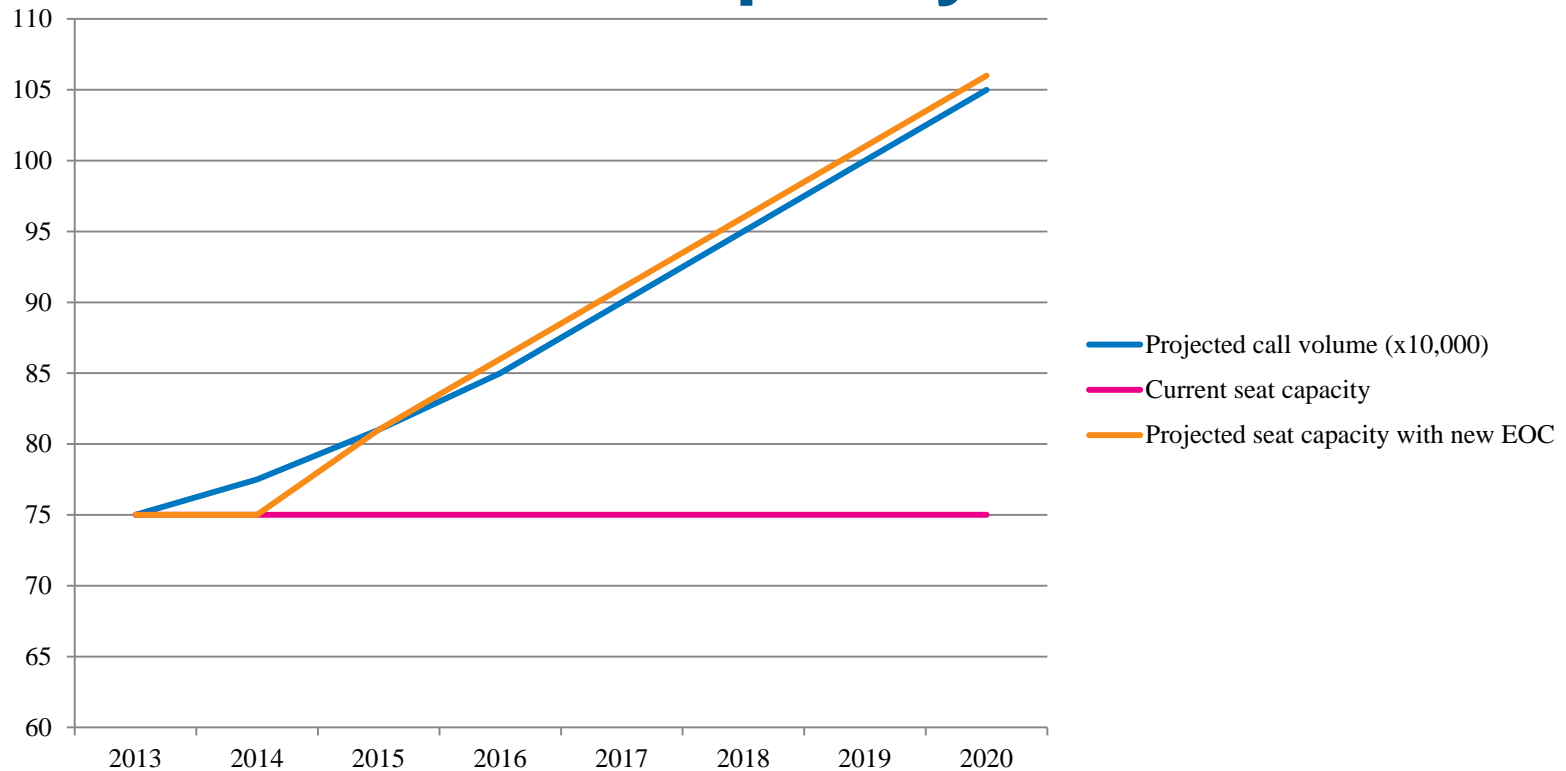


Drivers for Change

- + Lack of EOC capacity
- + Condition of current estate
- + Increased resilience
- + Lewes Regional Office and EOC lease break clause – February 2017



Current EOCs have now reached capacity





Our proposals

- ✚ Our strategic planning includes, therefore, a new configuration of our current EOCs.
- ✚ Three options were looked at and the likely impact each would have on the service was assessed:
 - ✚ Three EOCs (remain as we are)
 - ✚ One large central EOC (rejected on resilience grounds)
 - ✚ Two EOCs (chosen option)



Two EOC configuration

- + Moving to a two EOC model was found to be the most practical out of the three options.
- + A two EOC configuration will enable us to:
 - + Manage up to 1.5 million 999 and urgent calls a year by 2028 (based on 5% annual increase).
 - + Meet growing demand for 'Hear & Treat' service – providing the right clinical support over the phone.
 - + Improved resilience of service by providing capacity for additional facilities at either site in event of system failure and greater sharing of workload at peak hours.



Two EOC configuration cont...

- + Improve inbound call handling using virtual EOC sharing system.
- + Better retention, recruitment, working practices, culture and management with two 'balanced' EOCs.
- + Equip staff with a better working environment to ensure they have the right tools to meet the needs of patients.
- + Increase range of services by allowing greater emphasis on new technologies and expertise such as remote diagnostics and clinical advice.



Two EOC configuration - summary

- ✚ Represents significant investment in development of EOCs
- ✚ Likely timescales – to be in place by late 2016/early 2017
- ✚ No planned redundancies – about increasing staff numbers, not decreasing
- ✚ Potential locations not yet agreed – optimum would be Kent and North Sussex/Surrey border



Reasons for engagement

- ✚ Following legal advice and previous discussions with the HASCs, we understand that statutory consultation is not required for reconfiguration of EOCs, as there is no change to the way patients access or receive services provided by the Trust.
- ✚ However, we are keen to deliver very best engagement with elected representatives, patient and public advisory groups, and with staff.
- ✚ Therefore, we are seeking your views and advice on how best to engage with these audiences.
- ✚ We also recognise that some issues may have to be handled sensitively when it comes to relocation and reconfiguration.



Commissioner view

- ✚ The number and location of Emergency Operations Centres is at the discretion of SECAMB (the provider)
- ✚ SECAMB must ensure they:
 - ✚ Meet performance standards across their area of responsibility (Kent and Medway, Surrey and Sussex)
 - ✚ Manage operational capacity in a way which supports the delivery of a safe and effective emergency ambulance service, engaging with local healthcare systems
 - ✚ Provide an appropriate level of resilience, and ability to meet their nationally specified emergency response requirements.
- ✚ Commissioners welcome the SECAMB review of operational arrangements and the engagement that they are undertaking.



Initial engagement plan

- ✚ Initial meetings with HASCs/IHAG.
- ✚ Launch of public engagement with announcement at Trust Board 25 September 2014.
- ✚ Follow-up meetings with HASCs/HOSCs/Trust patient groups.
- ✚ Workshops for EOC staff.
- ✚ Meetings with CCGs/GPs/elected representatives.



Initial engagement plan cont...

- ✚ Distribution of engagement literature to public including local public and patient groups.
- ✚ Media announcements at key milestones.
- ✚ Dedicated section on the Trust's website.
- ✚ Dedicated internal comms programme including intranet, regular updates and FAQs, linked to workforce/HR plan.



Questions/suggestions?