

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 27 NOVEMBER 2013

REPORT OF EAST MIDLANDS AMBULANCE SERVICE

UPDATE ON IMPLEMENTATION OF THE ESTATES STRATEGY

Purpose of report

1. The purpose of this report is to provide an update to the Health Overview and Scrutiny Committee (HOSC) on the East Midlands Ambulance Service (EMAS) plans for ambulance stations within Leicestershire County.
2. Senior officials from EMAS will attend the November HOSC meeting to provide an update on the latest progress against the EMAS Estates Project plan and to answer questions.

Background

3. EMAS provides emergency 999 and urgent care services for the counties of Derbyshire, Leicestershire, Rutland, Lincolnshire (including North and North East Lincolnshire), Northamptonshire and Nottinghamshire. EMAS also provides Patient Transport Services in north and north east Lincolnshire and parts of Nottinghamshire.
4. The EMAS service area covers a territory of 6,425 square miles and incorporates a population of over 4.8 million. Each year 770,000 emergency 999 calls are responded to by 2,700 plus staff.
5. The EMAS service area is a diverse region and is characterised by year on year call growth reflecting population expansion in the East Midlands.
6. The EMAS operating model has three business units comprising the East, North and South divisions with the latter incorporating the counties of Leicestershire and Northamptonshire. These divisions operate out of 64 ambulance stations, both freehold and leasehold.
7. Most of the EMAS estate is aging with over £13m of backlog maintenance required. Many sites will worsen over time and it will be costly to bring them up to standard. They are not sustainable in terms of both efficiency and their impact on the environment.

Being the Best

8. Following a full scale review of how the service is managed EMAS established a change programme, Being the Best, with the aim of improving performance and raising levels of patient care. This programme incorporates changes to the ambulance service estate, a new service model and re-organising the management

structure. The programme includes improvements in how EMAS organises its fleet, logistics and vehicle “make ready” services.

9. Following the initial Being the Best proposals, the EMAS Board gave approval for an extensive formal public consultation which ran from September to December 2012. The consultation activities were wide ranging, with over 37,000 consultation documents circulated. This consultation ran in parallel with an internal staff consultation.
10. In relation to the EMAS estate, the Being the Best proposals featured the introduction of a hub and spoke model. A hub is a reporting base for staff including a variety of staff welfare facilities. Some of the hubs will also include fleet and make ready services to ensure vehicles are prepared and available to the support operations. This model will also incorporate Community Ambulance Stations (CASs) which are facilitated deployment points located strategically around the Trust’s locality in optimum locations to meet demand. Being greater in number compared to current Ambulance Stations, the CAS give frontline crews more access to facilities and more places to respond to calls from. They will have domestic services provided as required but are basically rest stops for crews. Being the Best aims to have the majority of all Community Ambulance Stations in shared premises. Discussions to this end have been planned with both Police and Fire Services in Leicestershire (and across the whole East Midlands).
11. The location of Hubs and CASs were chosen after considerable performance analysis of data, both historic and current. Using a specialist software tool the optimum locations have been selected to maximise ambulance response times.
12. Following the consultation and the estate optimisation exercises EMAS have chosen a mix of 28 hubs and 108 CASs as the preferred model. The Trust Board in March 2013 approved this model. The September Trust Board also authorised the twinning of certain existing stations once an appropriate CAS is in place. Twinning is the closure of redundant stations and will release capital to help fund the building or refurbishment of future hubs.
13. The hub and spoke model will enable the required changes in how support services are delivered and will help EMAS improve service performance, patient care, staff welfare and value for money.
14. Crews who move to another station base will notice a difference in terms of where they pick up their vehicle at the start of their shift and where they return it to at the end of their shift. The rest of their shift will remain as it is now. EMAS will continue to use strategic stand-by points, including at the new 108 Community Ambulance Stations (CAS), so we are in the right location to respond to the next 999 call.
15. CAS will bring improvement to colleague welfare in that crews can wait for the next call in more comfort in shared premises (with other NHS or emergency service organisations) or modular facilities, allowing crews to use toilet or drink making facilities and when scheduled, have their meal break.

Impact on the South Division

16. In the EMAS South Division (Leicestershire and Northamptonshire) there are planned hubs at:
- Leicester;
 - Kettering;
 - Northampton;
 - Hinckley;
 - Loughborough;
 - Ashby;
 - Melton Mowbray;
 - Market Harborough;
 - Brackley.
17. The additional CAS sites in Leicestershire are:
- Leicester West;
 - Loughborough;
 - Radcliffe;
 - Wigston;
 - Shepshed;
 - Coalville;
 - Leicester Centre;
 - Blaby;
 - Goodwood;
 - Melton;
 - Lutterworth;
 - Leicester North East;
 - Kirby;
 - Mountsorrel.
18. The table below provides information relating to the ‘twinning’ of ambulance stations in Leicestershire.

Twinned Station vacated	Identified CAS location	Current Status	Estimated date of operational CAS
Coalville to Loughborough	Loughborough	The plan is to “twin” Coalville with Loughborough station. EMAS are at an advanced stage of negotiation with a partner organisation to share a site at Coalville. However, this twinning is unlikely to occur until March 2014.	March 2014
Melton To Oakham	Oakham	This is an unusual site in that the local council hold the lease on our Melton site and have served notice that EMAS must vacate the premises by 31/12/13 as the site is to be redeveloped. A CAS site has been identified in commercial	December 2013

		premises in Melton and the staff will move to Oakham station at the end of the year. Eventually a new hub will be built in Melton but there is no date for this as yet.	
Lutterworth	N/A	Lutterworth is an existing station. There is no plan to vacate this site as yet so it will effectively become the CAS. Eventually Hinckley station will be refurbished as the hub	No change.
Narborough to Goodwood	TBC	The plan is to twin Narborough station with Goodwood. However this will depend on the exact location of the local hub so there is no date as yet for the Narborough twinning.	TBC
Ashby	N/A	Ashby will be the location for a new build hub so there is no need for a local CAS.	N/A
Divisional HQ	N/A	It is likely that this site will eventually be closed but there is no firm date as yet. The current proposal is that Gorse Hill will be the hub in this location.	N/A

Resource Implications

19. EMAS' improvement programme is not about reducing costs. It has always been about improving the response to emergency 999 calls, providing better care and improving the working lives of staff. The improvement programme has been designed using best practice examples of change already made in other ambulance services. For example, the West Midlands Ambulance Service has seen a positive impact on response times, particularly in rural areas, following the introduction of a hub and spoke model included Make Ready Teams.

Conclusions

20. In summary, the current EMAS estate is too big for purpose; stations remain empty for the majority of the day because paramedics are so busy out on the road; many premises are in the wrong location due to changes in road networks and communities growing
21. Moving to a hub-and spoke-model means that ambulances will be deployed more efficiently and will be nearer to patients. This is not all about the bricks-and-mortar of ambulance stations – many of which were built on assumptions more than 50-years ago.
22. Clinicians will be supported by Make Ready teams based at each hub and ambulance station to clean and stock emergency vehicles, thereby allowing the

skilled crews to get out on the road faster to respond to calls and ensuring that they have the right equipment with them.

23. The introduction of community ambulance stations will mean crews no longer have to return to large urban-centre ambulance stations during their shift and will be less likely to be drawn away from more rural areas.

Background papers

Report to the Adults, Communities and Health Overview and Scrutiny Committee on 27th November 2013: Being the Best Public Consultation Emerging Themes and Update.
Report to the Adults, Communities and Health Overview and Scrutiny Committee on 11th March 2013: Revised Proposals for the Estates Strategy in Leicestershire.

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