



London Ambulance Service

Estate Strategy

January 2011

Revised Draft



London Ambulance Service

Estate Strategy

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Executive Summary

1. The way in which the London Ambulance Service delivers urgent and emergency health care has changed significantly in recent years. Whilst facing the challenges of tougher response time targets, year-on-year increases in demand and tougher infection control guidance, the organisation has worked hard to provide care that is better tailored to the needs of all its patients. Looking ahead, the Service needs to ensure it has the right infrastructure to support the development of its services in the future.
2. A key area for change is the ambulance station estate. Numbering some 70 disparate properties (the Service's total estate comprises 96 sites), it is a portfolio that is recognised within the Service as being out-of-date, mainly in the wrong location and inadequate in terms of facilities and space for a modern ambulance service. In particular, lack of on-site management presence in many stations is considered a barrier to the people management aspect so essential to effect wider change management. In short, the Service is operating from an inefficient legacy estate.
3. This is closely followed by the control centre estate. Here the problem is different. The technology is modern and effective but there are issues with resilience with the majority of activity taking place in a single location with back-up facilities which do not mirror the main control room.
4. A preliminary property strategy for the operational estate has been developed that focuses on the ambulance station and the control centre but also considers other property types and uses, especially where such uses impact on the future shape or content of ambulance stations. It has been assumed that active area cover - the system whereby ambulance crews and single responders are placed on standby at strategic locations rather than waiting for calls at their ambulance station - will become the norm. The place of work for frontline staff will be the vehicle itself; the ambulance station becoming the "mother ship" for crew signing-on/off, rest breaks, training, staff management etc. The focus should therefore be on the human dimension rather than the ambulance station being a vehicle garage with supplementary facilities. This is not to discount the importance of the ambulance station playing a role in fleet management; rather it is to change the emphasis towards the crews.
5. In formulating the estates strategy, regard has been given to other parallel strategies (e.g. vehicle workshops) that are in various stages of development and has endeavoured, wherever possible, to anticipate the likely outcomes. Consideration has also been given to the changing training requirements.
6. Consideration has been given to a number of options with a conclusion that the Service should migrate towards having a smaller number of larger ambulance stations with better facilities. For the purposes of the strategy, a range of nine to 12 stations has been used which could provide the optimum blend between operational efficiency and the critical mass to sustain certain key on-site functions. This number would equate to three to four in each of the Service's three sector areas in the east, south, and west. This number is for illustrational purposes only and it should be recognised that a strategy to migrate to fewer sites is likely to take at least 10 years given the nature of the property market.
7. Assuming 12 such stations, the design template for each station would accommodate the needs to support approximately 35 vehicles divided into five key components: crew facilities, management/administration, training,

storage and vehicle preparation. The space allowances recognise the demands of the shift system and that activity levels will be higher at crew change-over time.

- (i) *Crew facilities* include signing on/off and briefing, showers and locker room, an area for dirty disposal that meets infection prevention and control guidance, catering facilities, parking and improved hand hygiene facilities. Catering comprises a kitchen, vending machine, drinks dispenser and space at table to eat; it does not include a staffed canteen facility. In addition there will be IT facilities to allow crews to access e-mail/internet and carry out on-line training. On-site parking will be provided for approximately 80 private cars; one per shift member plus some spares to manage capacity at shift changeover and for visitors/people with disabilities etc.
 - (ii) *Management/Administration facilities* include space for the ambulance operations manager, the duty station officer, team leaders, trainers, and support staff such as administration together with meeting rooms etc.
 - (iii) Each station will include a *training* room supplemented by on-line training facilities. This will facilitate the proposal to build training into the rosters and avoid the need for staff to travel elsewhere. The training room can also be used for other functions .e.g. school visits.
 - (iv) To minimise waste it is proposed that *storage* space be provided not just for day-to-day consumables but also for daily signing-out of valuable items such as crew radios, defibrillators as well as controlled drugs. Compliance with infection control guidance regarding the storage of consumables and equipment will be given the highest priority and the complexity of storage implies a dedicated stores administrator.
 - (v) *Vehicle preparation* includes stores and vehicle preparations ("make ready"), cleaning and minor on-site mechanical work to complement the major centralised workshops. It includes facilities to accommodate a small number of vehicles under cover for make ready etc. with the residue being parked outside but with access to charging points.
8. A smaller number of larger ambulance stations presents various challenges. Location is critical. Stations need to be sited within the Greater London Authority area, inside the M25 and close by major arterial roads to facilitate access to active area cover deployment spots and return to the station for the shift rest break. Equally, they need to be accessible by staff. In an ideal world, considerable reliance would be placed on access to public transport. However, the nature of shift work, the radial nature of most public sector routes and the potential micro-location of the station will result in the majority of staff using private vehicles to get to work. Proximity to public transport is therefore a desirable rather than an absolute.
9. Equally, the larger ambulance station with its increased parking requirement for both ambulances and private vehicles will require a quantum leap in footprint. Site availability is already a constraint; adoption of the larger ambulance station will be likely to push their location further from the centre. However, the use of active area cover mitigates any impact on patient care as ambulance staff are located at strategic locations. There

- is a high probability that the industrial estate will be the favoured location where space, access and value combine to the optimum. Security and resilience will be key issues to address.
10. Whilst the estates strategy does not cover implementation or affordability, consideration has been given to a number of options – to build a bespoke facility or to convert an existing building; to use the Service’s own financial resources or to enter into some form of public/private partnership arrangement. Whichever route is adopted, it recommended that the Service pilots the concept of the larger ambulance station, perhaps one in each of the sector areas, to test and develop both the concept and the method of implementation. This would involve close cooperation with staff and unions and could in itself be used as a major example of positive change management.
 11. The strategy has been based on the assumption that active area cover will become the norm. This raises the question of whether the ambulance stations will need to be supplemented by fixed satellites where crews can await calls, take rest breaks etc. It was concluded that mobile deployment and the fluid nature of demand should not require fixed satellite points. Crews will have access to such facilities during their daily visits to hospitals and that there is also scope for them to use public facilities (e.g. coffee shops) on an informal basis. However, this can be tested as part of the pilot exercise.
 12. There may be pressure to retain a number of existing sites to supplement the larger ambulance stations, perhaps as satellites. The need for these will emerge, or not, but affordability of the new strategy will be influenced by the potential for disposal receipts and revenue savings through rationalisation of the ambulance estate.
 13. With regard to **control centres**, it is clear that operating principally from a single building that has low levels of security and which is located in the flood plain does not provide an adequate level of resilience and there are challenges to managing infectious illness such as flu within a densely populated single space.
 14. The strategy here is to migrate to two independent control centres with a third control centre used for training purposes. Each control centre should be capable of meeting 100 per cent of demand but normal operations will be split equally between the two centres.
 15. A central London location is not required on operational grounds. Alternative locations have not been determined but an analysis of control centre staff home addresses suggest that locations below a north-east/south-west transect through London are likely to maximise staff retention.
 16. An outline business case for **fleet workshops** to be centralised in two or three locations has already been approved. The new ambulance stations therefore assume only minor maintenance functions (e.g. oil/battery/bulb checks) and some make ready; the rest being undertaken at the workshops.
 17. A preferred option for the provision of **training** has not been determined as a strategy for future training requirements and delivery has yet to be developed. However, some provision at the new ambulance stations has been assumed and this could potentially release some existing facilities.
 18. There may be scope to re-evaluate the need for a central **storage** facility (currently at Deptford) by reviewing whether manufacturers and suppliers

- can supply directly to the larger ambulance stations and whether there is a need for bulk deliveries to be broken down and repackaged within the service. This may result in Deptford being released for disposal.
19. The strategy has also considered the **Patient Transport Service (PTS)** and its impact on larger ambulance stations. PTS is differentiated by the fact that, with certain exceptions, it provides services procured via relatively short term competitively tendered contracts through a different and separate vehicle fleet of some 170 vehicles. The overnight/weekend vehicle parking requirements change according to the scale and location of the contracts currently in force. Unlike the 24/7 nature of the emergency response service, operations are principally 8am to 5pm, five days a week.
 20. PTS could, in effect, be a separate standalone business with no major operational or clinical requirement to be co-located with emergency response vehicles saves for the fact that its staff members are part of the Service and that physical separation does not encourage a sense of common identity.
 21. The weakness of the current PTS model has been recognised and the NHS may recast the way that contracts are structured to allow a better matching of contractual length and property liability. Whilst there may be merit in increasing the footprint of certain ambulance stations to permit PTS overnight parking and shared facilities, the reality is that it will be difficult to anticipate which stations should be thus extended. An alternative might be to create one PTS enabled ambulance station in each sector area. Pending clarity on the new model, consideration should be given by the Service to procure PTS space requirements independently to the ambulance stations but keep the situation under review.
 22. If the ambulance station and control room strategies are implemented, a large proportion of the existing **HQ building** in Waterloo Road will be located elsewhere. The building itself is outdated and is complicated by a flying freehold of residential accommodation to the rear. The opportunity should be taken, once the control centre and ambulance station are provided elsewhere, to both reprovide the facility and take the opportunity to co-locate the other administrative functions currently at Fielden House, Pocock Street and Loman Street.
 23. The new HQ could either be provided as part of a redevelopment of the site or relocated elsewhere. There is no reason why normal commercial space could not be leased on the open-market. This would obviate a double decant and provide the opportunity to sell the existing site raising a capital receipt to help fund implementation of the wider strategy.
 24. Where do the priorities lie? The first priority should be the provision of new control centres as it is perceived that this is where the Service is exposed to the greatest operational risk. This is closely followed by the introduction of fewer larger ambulance stations where significant change is required to improve efficiency and to allow effective change.
 25. Whilst the strategy considers the likely space requirements for the principal functions and sets out an indicative cost range for each, no consideration has been given at this point to affordability in general, the likely extent and timing of receipts from the disposal of facilities and alternative implementation options. This would form the next phase of the study if the general principles were accepted, but indicative costs for the next five years are set out below. There would be Capital receipts, but this is difficult to quantify at the moment and would be set out in more detail in the business case for each project.

Description	2011/12	2012/13	2013/14	2014/15	2015/16
Ambulance station- East reconfiguration 1	750,000				
Ambulance station – West reconfiguration 2		750,000			
Ambulance station South reconfiguration 3			750,000		
Ambulance station East reconfiguration 4				750,000	
Ambulance station West reconfiguration 5					750,000
Fleet 1 reconfiguration	1,000,000				
Fleet 2 reconfiguration		1,000,000			
HART 2 site West	1,000,000				
New control rooms			2,000,000	4,000,000	4,000,000
Estate Maintenance	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Total	3,750,000	2,750,000	3,750,000	5,750,000	5,750,000

26. The Service has already started some of the projects that this document refers to:
- A project board has been established for the new control rooms and an outline business case is currently being produced. It is anticipated that at least one new control room will be well on the way to being opened within the next three years.
 - The full business case for a new workshop is due to be approved by the board at which time premises can be secured and the work to open the new workshop started.
 - Business cases for the development of larger ambulance stations in each area are currently being prepared, with the one for a new station in the east area due to go to the board shortly. It is anticipated that the first of the new stations will be open in the next 24 months.
 - Premises for a HART facility in the East area has been secured and is due to open in January 2011.
 - A new event control has been developed at Devon's road, opening in October 2010.
27. The Service will consult on the proposals outlined within its estates strategy specifically with local groups that may be affected by any change and Patients forums/Linc, PCT's, NHS London, Unions and the Staff Council and other stakeholders.
- 27.1 On a London wide basis the Service will share the contents of the Strategy with NHS London as part of its Integrated Business plan and its Foundation Trust application process. Other stakeholders

and Commissioners will also be consulted on the proposals outlined in the Strategy.

- 27.2 At a local level the Service will consult with the local community/Patients Forum through community engagements events. It will contact other stakeholders such as PCT's, Local authorities, LFEPA, MPS and local NHS Trusts and GP's to keep them informed of any changes. The Business case process will ensure that at each stage consultation is carried out and recorded.

1. Introduction

- 1.1 Drivers Jonas were appointed by the London Ambulance Service (LAS) to produce a high level Estate Strategy to support the operational changes proposed in their Strategic Plan (2010 – 2015). The Plan sets the direction for the LAS NHS Trust and outlines how plans for service improvement and modernisation will be implemented.

Context and Brief

- 1.2 The LAS Strategic Plan sets out ambitious targets:
- Answering 95% of 999 calls within 5 seconds ;
 - Activation times within 2 minutes for a response vehicle for 95% of Category A calls;
 - A call back by a Clinical Telephone Advisor for Category C calls within 30 minutes in 100% of cases;
 - Arrival on scene within 8 minutes in 75% of cases for Category A calls ;
 - Arrival on scene within 14 minutes in 95% of cases for Category A calls.
- 1.3 The Strategy goes on to identify changes in the way that the service is delivered to meet these targets with particular emphasis on changes to the provision of access and response.
- 1.4 The LAS Strategic Plan has been developed in the context of changing Government policy and other initiatives:
- Government's 10-year "NHS Plan" (2000)
 - NHS planning and governance framework – "Standards for Better Health" (July 2004)
 - Department of Health's National Ambulance Review – "Taking Healthcare to the Patient: Transforming NHS Ambulance Services" (June 2005)
 - Health White Paper – "Our Health, Our Care, Our Say" (February 2006)
 - "Healthcare for London: A Framework for Action" (2007), Professor Lord Darzi
- 1.5 The population of London is also likely to change with planned growth in the Thames Gateway region and also through natural increases and immigration. The collective impact will result in significant change. These changes will subsequently impact upon the nature of demand for LAS services and its operation:
- affecting where patients are taken and transferred; and
 - Improving utilisation and cost effectiveness of the wider NHS estate.
- 1.6 More immediate to LAS however is the change to the performance targets set by the Government following the National Ambulance Review. As from April 2008, the way the 999 response times are measured changed – the clock starting from when the call is connected to the ambulance control room. Modelling carried out by ORH in November 2005 suggests that this will reduce the LAS's current performance by 25-30%. This change and the other policy initiatives present a challenge to the LAS and therefore this Estate Strategy seeks to identify operational models to help meet this.

Report Structure

- 1.7 This report is broken down into a number of Sections and covers all LAS operational assets. The properties therefore included are:
- Ambulance Stations
 - Control centres
 - Logistics / Workshops / Make Ready
 - Stores
 - Training facilities
 - Patient Transport Service (PTS)
- 1.8 The first part of the report sets out the **methodology** for completing the Strategy. The next part provides a summary of the **existing LAS estate** describing its size, quality and distribution. The report then goes on to look at each of the different operational property assets as listed above, setting out the **key issues**. Within each of these, **options** for the future composition of the LAS estate have been generated and qualitatively appraised. Many of the options are also interrelated as facilities can be shared or co-located. These are also discussed. The report concludes with a discussion of the various **implementation issues** around these options.

2. Methodology

2.1 In carrying out the Estate Strategy a number of activities were carried out:

- Literature review
- Data analysis
- Structured interviews
- Workshop
- Option appraisal

Literature Review

2.2 A number of key documents were reviewed to provide the context and background information on the LAS and wider changes in the health sector:

- LAS Strategic Plan (06/07 – 12/13)
- LAS Estates Strategy March 2003
- LAS Estate Strategy Review 2007
- 'New Ways of Working – Transforming Clinical Leadership', LAS
- 'Human Resource Information for Ambulance Services', NHS Modernisation Agency (Sept. 04)
- 'Configuration of NHS Ambulance Trusts in England', Department of Health
- 'Ambulance Improvement Checklist', NHS
- 'Best Practice Guidelines on Ambulance Operations Management', NHS Modernisation Agency (Nov. 04)
- 'Improving Ambulance Response Times', Department of Health (April 07)

2.3 The key messages from the background literature are that the health sector faces a number of challenges and that operational performance must be at its most efficient. More specifically, the key issues the LAS needs to address include:

- Changing nature and distribution of health facilities
- Optimising the location of stations and satellites
- Increase in number of incidents (but not necessarily taken to A&E)
- Capacity to accommodate growth in staff and vehicles
- Framework to deliver increasing staff training demands
- Potential increase in number of solo responders and fewer ambulances
- Supporting a 'three-tier' front-line workforce
- Supporting increase in productivity and therefore efficiency to help pay for increased activity
- Ensuring greater resilience in the provision of the service

2.4 The LAS has responded to this challenge and is seeking to implement its Service Improvement Plan and new ways of working – transforming clinical leadership and creating a service that responds appropriately to all patients.

Data Analysis

- 2.5 Data on the existing LAS estate was analysed to provide an understanding of its size, tenure, quality and suitability. A key component of this analysis also included reviewing the distribution and organisation of facilities across London. This analysis is summarised in Section 3 of this report.

Structured Interviews

- 2.6 A number of key staff at LAS were interviewed. These were fairly open discussions but structured by a number of questions sent to attendees in advance (see appendices).
- 2.7 The following staff were interviewed:

Name	Position
Michael Dinan	Director of Finance
Martin Flaherty	Director of A&E Operations
Jason Killens	Assistant Director of Operations (East)
Martin Nelhams	Head of Estates
Bill O'Neill	Assistant Director of Organisation Management
Russell Smith	Deputy Director of Operations
Peter Suter	Director of Information Management & Technology
Christopher Vale	Head of Support Services
Richard Webber	Deputy Director of Operations (Control Services)
Paul Webster	Performance Improvement Manager (Control Services)
Paul Woodrow	Assistant Director of Operations (South)

Workshop

- 2.8 Two workshops were held with a number of LAS staff, comprising some that were interviewed plus other additional staff who were not previously part of the consultation. The main purpose of the workshops was to provide a summary of feedback from the interviews; identify and discuss the key issues; and to build a consensus to inform the Estate Strategy.
- 2.9 The invitees and attendees for the workshop on future ambulance stations were as follows:

Name	Position	Name	Position
Helen Berry*	Corporate Finance	Greg Masters*	HR – Agenda for Change
Lizzy Bovill	Assistant Director of Operations	Richard Lee*	Ambulance Operations Manager Croydon
Martin Brand*	Head of Planning and Programme Management	Martin Nelhams*	Head of Estates
Martin Cook*	Ambulance Operations Manager, Greenwich	Bill O'Neill	Assistant Director of Organisation Management
Nic Daw*	Head of PTS	Tracy Pidgeon*	Ambulance Operations Manager Lambeth
Michael Dinan	Director of Finance	Sigurd Reinton	Chairman
Peter Dinicola*	Duty Station Officer	Peter Rhodes*	Duty Station Officer
Martin Flaherty*	Director of A&E Operations	Stephen Sellek*	Estates
Paul Gibson*	Performance Improvement Manager (West)	Russell Smith	Deputy Director of Operations
Richard Goodes*	Senior Buildings Surveyor	Peter Suter	Director of Information Mgt & Technology
David Jervis	Director of Communications	Chris Vale*	Head of Support Services

Jason Killens*	Assistant Director of Operations (East)	Paul Woodrow	Assistant Director of Operations (South)
Jon Knott	Acting Assistant Director of Operations (West)		

*** attendees**

2.10 The attendees for the workshop on Control Centres were:

Name	Position	Name	Position
Mike Dinan	Director of Finance	Peter Suter	Director of Information Mgt & Technology
Paul Webster	Performance Improvement Manager	Phil Flower	ADO Control Services
Martin Nelhams	Head of Estates		

2.11 The workshops provided a valuable discussion of the key issues and debate over a number of emerging options. A copy of the slides presented can be found in the appendices.

Option Appraisal

2.12 Options have been defined and tested through discussions at the workshops. Options were generated with a focus on the organisation of operational facilities rather than specific individual property solutions. As such only a qualitative appraisal of these options was carried out and this can be found in Sections 4 to 9 of the report.

3. Estate Assessment

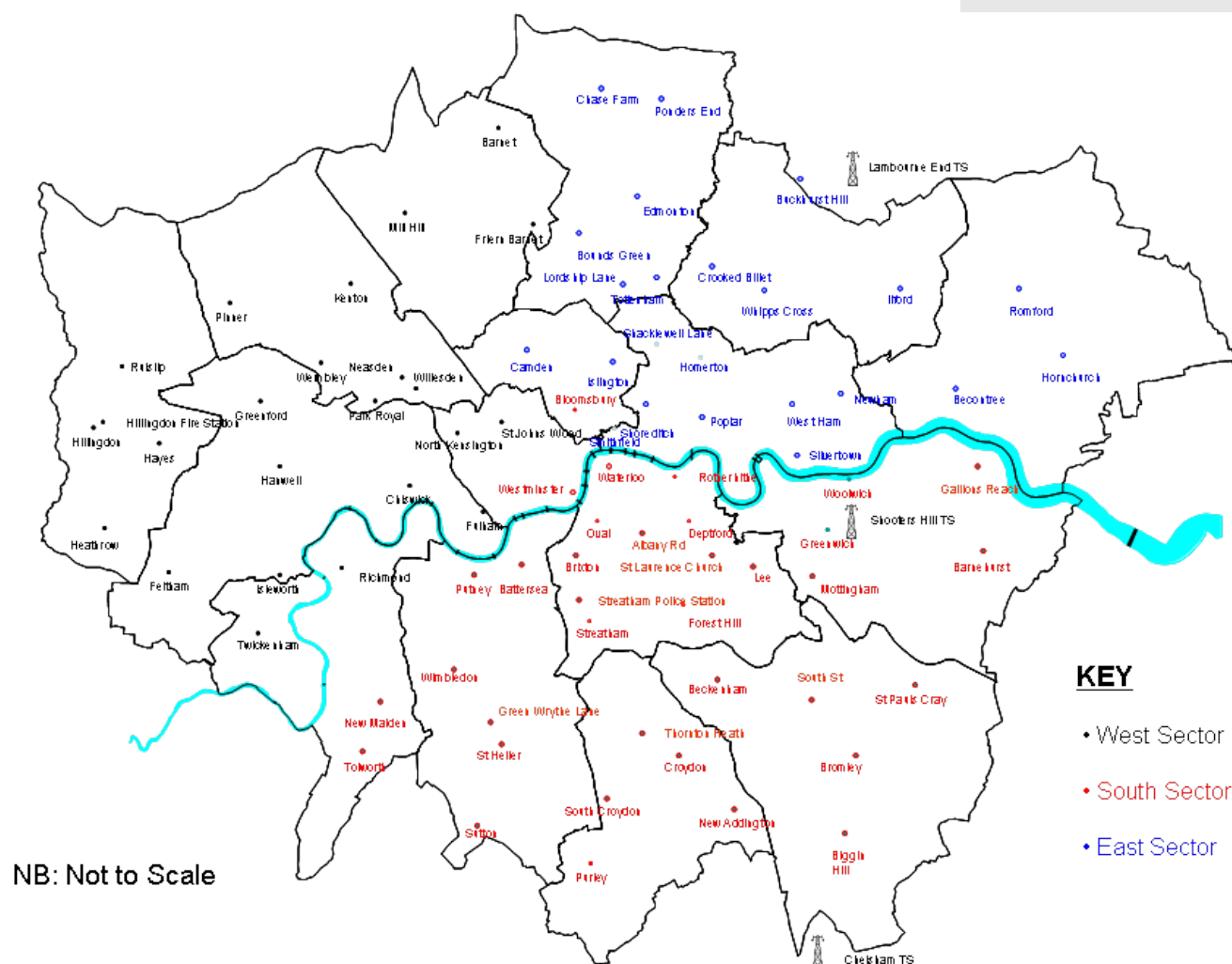
3.1 A full analysis of the existing LAS estate can be found in the appendices but is summarised below.

Composition

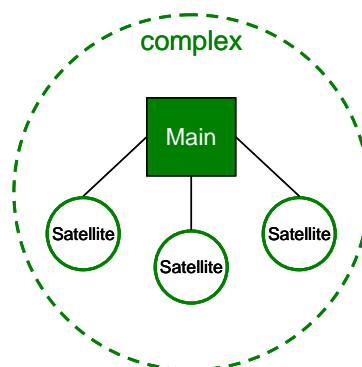
3.2 The LAS estate comprises a number of different properties to support the various different functions as set out below:

- Operational Delivery – ambulance stations, control centres
- Fleet – workshops
- Make Ready – at ambulance stations
- Logistics – store
- Training – training facilities
- Administration – HQ and other administrative offices

3.3 The core of the estate comprises approximately 70 ambulance stations within a total LAS estate of some 96 properties. Many of the stations have workshops attached; some have training facilities. They are fairly evenly distributed across London although vary significantly in terms of age, size and quality.



- 3.4 As the plan shows, the stations are organised into three areas – east, west and south. Within each of these areas are ‘complexes’ which comprise a ‘main’ station and a number of ‘satellites’. These ‘satellites’ vary, ranging from an ambulance station, a satellite station with only front line staff to fixed satellite point which could be a parking bay at another health facility



- 3.5 The LAS control centre is located at the HQ offices in Waterloo. There is a back-up facility in Bow but this is not manned and raises issues regarding resilience.

Size

- 3.6 The LAS ambulance buildings estate totals approximately 64,000 sq m and sites total 121,000 sq m. Ambulance stations vary in size ranging from approximately 700 sq m to 4,600 sq m – the average approximately 1,400 sqm. Most stations also have land for parking etc and the average total site area for an ambulance station is approximately 2,500 sq m.

Tenure

- 3.7 The majority of the LAS estate is held freehold (59%) but there are also a number of leasehold properties. Some leases are held on long terms expiring in 2030 / 50. One station has a lease expiry in 2011. A significant number of leaseholds have rent reviews before 2015. There is therefore a need to deliver some estate change in the relatively short term.

Quality

- 3.8 The estate has been surveyed by LAS and buildings graded A to D for a number of facets including quality. Grade A generally being ‘excellent’ and D ‘poor’. The results show that the majority of floorspace is considered Grade B (facility requires general maintenance investment only). In terms of ‘condition’ the majority of the estate is also considered Grade B. However, 97% of the estate is in need of some level of capital investment. In addition, in terms of statutory requirements the majority of the estate is compliant but needs constant expenditure to meet legal standards.

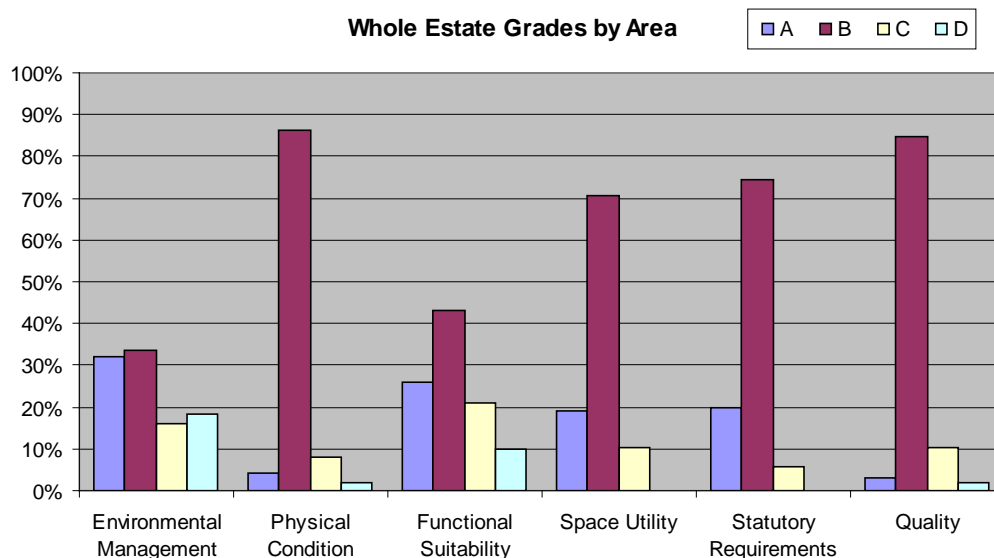
Functional Suitability

- 3.9 The functional suitability of properties across the LAS estate varies. The majority is considered Grade B.

Cost

- 3.10 The total annual cost (rent, rates and service charge) for the LAS estate is approximately £4.0 million. Of this, the leasehold estate costs £2.1m annually with rents at £1.8m.

Conclusion



- 3.11 The analysis shows that generally, the LAS estate measures up well using the NHS six facet survey. However, this survey is applicable to a broad range of NHS buildings and does not properly reflect all aspects of the LAS Estate. Many of the buildings are dated, not functionally fit-for-purpose and in poor locations in relation to operational demand... This not only affects operational performance but has an adverse affect on staff morale and can hinder people management.
- 3.12 The key finding is that there are too many ambulance stations and that they are mainly in the wrong location. This issue is explored in more detail in the next Section.

4. Ambulance Stations

- 4.1 This section sets out the key property and operational issues relating to ambulance stations. Options are then defined together with a description of their benefits and disbenefits, issues and risks.

Issues

- 4.2 The ambulance estate was originally developed to accommodate a smaller service operating to different performance criteria and with a Borough focus. Changes in the size and performance requirement has resulted in an ambulance estate portfolio that has:
- Too many stations for efficient operation
 - Inadequate facilities
 - Out of date
 - Poor quality
 - Mainly in the wrong location
 - Lack of on-site management presence
- 4.3 The LAS have been implementing a new style of working to meet the new challenging targets. Area Active Cover (AAC) involves the dynamic deployment of crews so that they are able to respond to incidents much more quickly. With the use of new software, the LAS is able to predict where the next call may come from and therefore dispatch crews to that area in advance so that they are closer to the call and do not have to respond from an ambulance station that is in the wrong location. In essence, this model of working means that once the crew has picked up their vehicle they do not need to return back to the ambulance station until their shift has finished – the vehicle becomes their place of work. The desired overall result is that calls are responded to within the target time and patients receive a better quality service.

Options

- 4.4 In order to support the AAC method of working and to address the estate issues the following options have been generated:

Option 1 – Status Quo

- 4.5 This option involves retaining the existing estate in its current form.

Benefits	Disbenefits	Risks
No disruption	Backlog maintenance liability to be funded	Operational performance affected
Limited capital expenditure	Perpetuates current inefficiencies	Risk to staff retention
No alternative sites to be identified	Stations in wrong location	
	Poor quality estate	
	Limited capacity to cater for present / future growth	
	People management still an issue	

- 4.6 This option clearly does not address any of the estate issues or support the new model of working.

Option 2 – Super Ambulance Stations

- 4.7 This option involves the development of a number of strategically located ‘Super Ambulance Stations’ (SAS). The issue as to what a SAS comprised of was discussed at the workshop. The list below provides what could be considered a ‘wish list’ of facilities. Comments are also provided showing the outcome of discussions as to whether the facility should be included:

Facility	Included?	Indicative size
Signing on / off facilities	✓	
Briefing facilities	✓	Dedicated room not necessary 50 sqm
(Management) offices	✓	(includes admin and meeting rooms) 90 sqm
Messing	✓	Limited provision – café style 85 sqm
Shower rooms / lockers	✓	Individual lockers required for all staff 125 sqm
Catering:		
Canteen	✗	Majority of staff would not be on-site so limited demand
Vending machines	✓	Allows flexibility to cater for staff at all times of the day / week
Self-catering	✓	Limited facilities such as kettle and toaster
Training suite	✓	Training room for more manual training plus PCs for e-learning 60 sqm
Creche	✗	Probably not appropriate but further investigations should be made
Gym	✗	Not appropriate – arrange corporate membership at private gyms
Prayer room	✗	
Store – daily consumables	✓	Limited store with couple of days worth of stock 40 sqm
Workshop	✓	Minimal provision only – ‘garage hand’ on site 80 sqm
Staff car parking	✓	Would like to reduce but staff accustomed to provision 80 spaces
Ambulance parking	✓	Needs to be developed in line with fleet management 35 spaces
Make Ready teams	✓	
TOTAL (plus circulation and other facilities not specified)		665 sqm

Note: figures are approximate

- 4.8 The consultation exercise showed that this approach to the future configuration of the LAS estate would be most appropriate – a fewer number of high quality stations with a mix of facilities and most importantly, in the right locations.

Quantity

- 4.9 There was some debate over the number of SASs however it was considered that a suitable range for the purposes of this document would be between 9 and 12 – therefore 3 or 4 per area, in order to provide some idea of potential cost and size of such a facility.

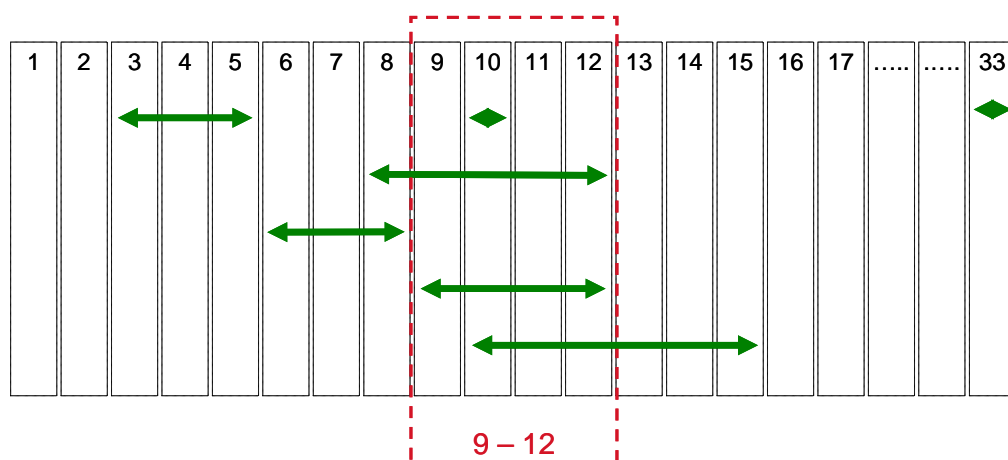
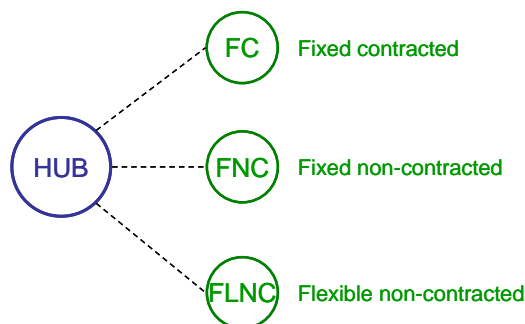


Diagram shows range of opinions for the appropriate number of SASs

4.10 There was also some debate as to whether these SASs should be 'hubs' with or without 'spokes'. In addition, what would a 'spoke' comprise?

4.11 Three different types of spoke were defined and discussed at the workshop. These are shown on the diagram opposite.



- Fixed contracted – a fixed facility formally contracted with a third party. For example, the hiring of a parking bay at a doctors surgery.
- Fixed non-contracted – a fixed facility but no formal contract with the owner. For example, the use of a parking bay at a hospital or PCT facility.
- Flexible non-contracted – a flexible facility with no contract or formal arrangement. For example, a non-formal agreement with the owners of a petrol station to park in the forecourt.

4.12 It was considered that fixed spokes would not be appropriate. However, it was felt that those 'satellites' that the LAS currently have should be retained as they only had very small revenue cost implications (peppercorn rents) and there would be no significant benefit in releasing them. These existing 'satellites' would be 'downgraded' so that they had just minimum facilities such as WCs. This would ensure that crews remained on AAC as far as possible and did not leave their vehicles for significant periods of time to use 'messing' facilities.

Location

4.13 These SASs would replace the majority of existing stations although some could be developed on existing sites should they be in the right location and have the capacity and taking into account the fleet strategy and the closure of existing workshops there are a number of sites that would be suitable as SAS's The exact location of these SASs has not been determined however the following parameters were agreed:

- Good access to major highways serving the 'catchment area'
- Good access to public transport
- No objection to an 'industrial estate' type location per se provided there was secure access for staff at all hours and days of the week

4.14 It is considered that with fewer ambulance stations there could be an issue of resilience. If one of the main access routes serving an individual SAS was blocked this could have a significant impact on the service. In addition, there is a growing concern over security for all emergency services. This would have to be borne in mind when determining locations for these SASs.

4.15 The option can be appraised as follows:

Benefits	Disbenefits	Risks
Estate rationalisation achieved	Likely significant capital expenditure	Ability to find appropriate sites
Good quality, fit-for-purpose accommodation provided	Potential affordability issues	Ability to dispose of existing stations
Backlog maintenance issues not applicable	Potential resilience issues	Town planning constraints on existing and new sites
Stations in optimal location		Ability to phase relocation
People management objectives achievable		

4.16 This option has a number of benefits that would deliver the estate required to support the new model of working. However there are a number of issues and risks in terms of the ability to implement the option and this would need to be tested further.

Option 3 – Combination of Existing Estate and SASs

4.17 This option would involve the retention of some of the existing estate and developing some SASs. The existing stations would be selected on the merits of their location and then quality. Having rationalised the number of stations it is likely that those retained would need improving – either by providing additional space or refurbishing existing space.

Benefits	Disbenefits	Risks
Limited disruption – implementation can be phased and managed within existing estate	Quality of estate likely to vary	Operational performance affected
Some backlog maintenance addressed	Location of stations not ideal	Risk to staff retention
Estate supports ability to effectively manage people	May be limited capacity	Potential town planning constraints on station redevelopment
	Alternative sites for SASs to be identified	

4.18 This option would go some way to providing the estate needed to support the new model of working but there would still be some limitations with capacity and the location of stations may not be ideal.

Conclusion

4.19 It is recommended that Option 2 be considered the preferred option. Successful delivery of it would significantly rationalise the estate and address all quality and suitability issues. The critical mass of facilities at a new SAS would support the vision for the high quality environment that the LAS should provide – a modern environment for a modern organisation. Appropriately located, the SASs would also provide the optimal distribution of hubs to support the new model of working.

4.20 The indicative size and cost of delivering an SAS based on 12 such facilities has not been explored in any detail, but indicative costs are shown

below. It is assumed that each SAS would accommodate approximately 35 vehicles (mix of ambulances and rapid response vehicles) and 70 staff at any one time. The SAS would provide some covered garage space plus open parking. The building would provide office space, training facilities plus mess room and total approximately 3,000 -3,500 sqm. The total site requirement would be approximately 0.5 - 0.8 acres.

- 4.21 Options for delivering the SAS have been explored – site acquisition and new build, and rent and fit-out:

New Build	Range (from)	(to)
Construction	£1.2m	£4.3m
Land acquisition	£0.8m	£7.6m
TOTAL	£2.1m	£11.9m
Rent and Fit-out	Range (from)	(to)
Fit-out	£1.0m	£2.0m
Rent	£0.3m per annum	£0.4m per annum
TOTAL	£1.3m	£2.4m

- 4.22 The table shows that there is a significant difference in the range of costs for the new build option as land prices vary and the specification of building has not yet been determined. Further work and analysis is required to determine which procurement route would demonstrate best value for LAS.

5. Control Centres

Current situation

5.1 At present, LAS has the following control centres and ancillary facilities;

- Emergency Operations Control at Waterloo
- Emergency Operations Control back-up at Bow
- Urgent Operations Centre (EBS/CTA/PTS) at Waterloo
- Incident Control Rooms at Waterloo and Bow
- Data Rooms at Waterloo and Bow

Issues

5.2 Whilst the current facilities operate effectively, LAS is exposed to risk through the lack of adequate resilience and back-up facilities should operations at Waterloo be disrupted for any reason.

5.3 Waterloo has low levels of security and it is considered that it could be rendered inoperable by an act of terrorism without significant difficulty.

5.4 Whilst there is a back-up at Bow, it would take some time to bring into operation as staff would have to physically move from Waterloo to Bow. Furthermore, Bow can only operate independently and not in parallel with Waterloo. Additionally, Bow cannot provide back-up for the UOC function.

5.5 Both Waterloo and Bow are located in the Thames flood plain.

Operational Requirement

5.6 To provide the requisite resilience, it is considered that LAS requires two separate, stand-alone Control Centres supported by a separate Training Centre for the control centre functions and to provide a test bed for new technologies.

5.7 Each Control Centre would comprise:

- An EOC incorporating 100% of LAS total requirement.
- GOLD Suite incorporating 100% of requirement
- An Incident Control Room incorporating 100% of requirement
- Data Rooms (one each for EOC and UOC) incorporating 100% of requirement
- An Urgent Operations Centre incorporating 100% of requirement
- An event control incorporating 100% of requirement

5.8 It is proposed that each of the two EOCs would operate at 50% of the requirement; i.e. each would be manned full time but only at half-capacity. In the event that one EOC was knocked-out, the spare capacity at the other would immediately be brought on-line.

5.9 It is proposed that the UOC would operate at 100% of requirement in just one of the two facilities; the other being retained purely as a back-up.

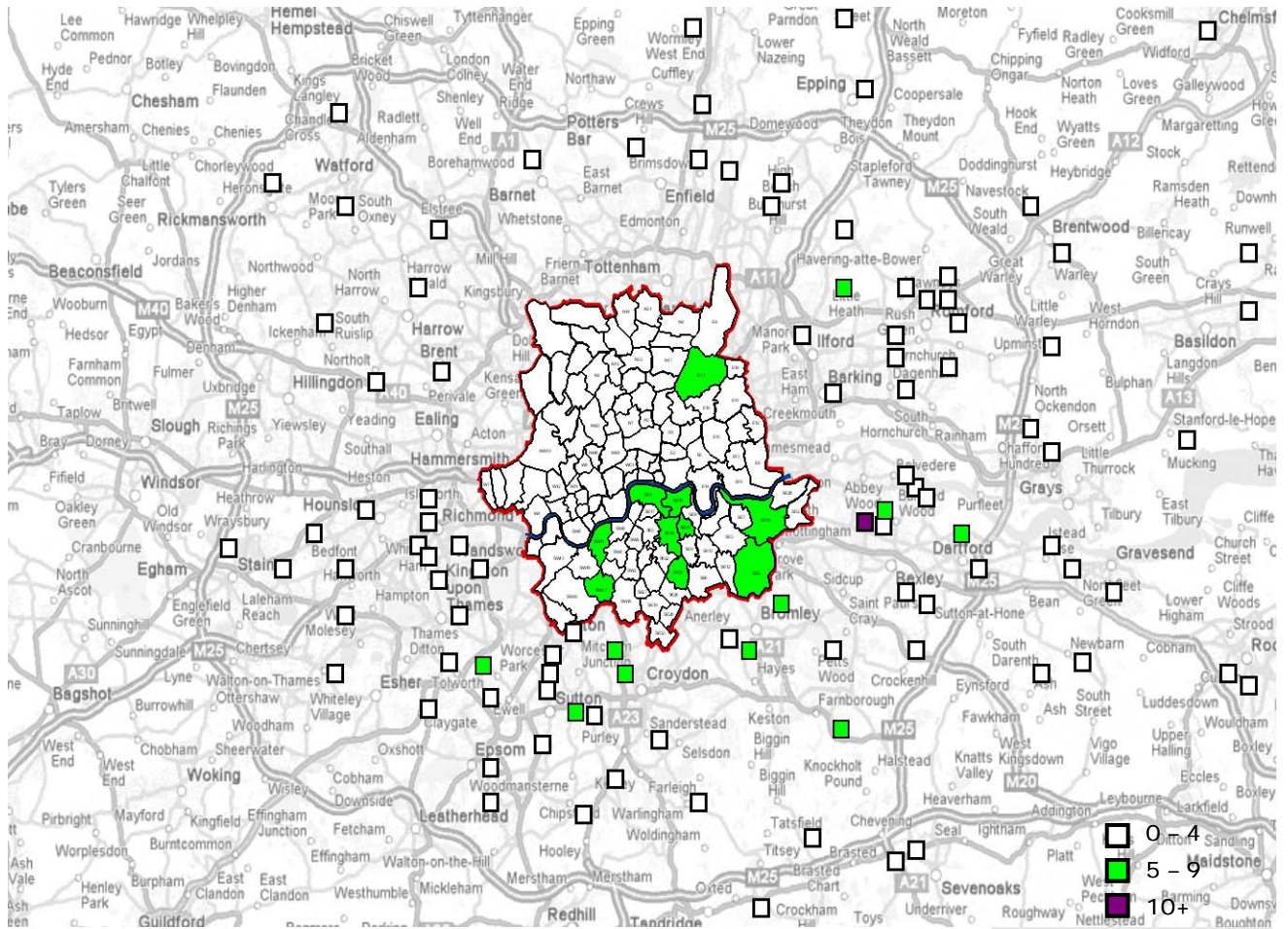
5.10 The UOC would cover the Emergency Beds Service only. Patient Transport Services would be accommodated within the new Super Ambulance Stations or their own sites.

5.11 It is proposed that the training facilities for Control Centre functions would continue at Bow, which would also serve as a test bed for trialling new technologies related to ambulance call taking and dispatch.

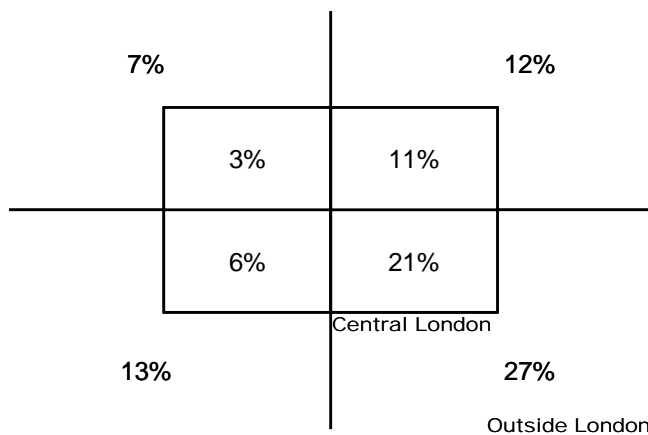
- 5.12 It would be possible to retain Waterloo and provide one new additional control centre. This would reduce the risk profile but perpetuates Waterloo's inherent weakness which could not be adequately overcome except at significant expense.

Locational Requirements

- 5.13 It is considered that the location of any new control centre should have regard to the following key requirements:
- Location within the GLA area for operational proximity and for “political” reasons
 - Out of the Thames flood plain for operational resilience
 - Independent in terms of energy / telecoms / water supply for operational resilience – this means that the two centres must be sufficiently distant to be supplied by different local power / telecoms and water distribution networks
 - Not on a south-west / north-east axis for operational resilience (prevailing wind blown CBR contamination)
 - Sufficiently close for speedy transfer of staff between centres to maximise speed of recovery should one centre be incapacitated
 - Access to public transport and arterial roads for sustainability and staff recruitment / retention.
- 5.14 Proximity to LAS HQ was not considered a key requirement provided a senior commander can access a control centre within 20 minutes.
- 5.15 A major factor in determining the future location of the control rooms will be the home locations and travel plans of existing staff. The home postcodes of current Control Room staff have been analysed and it is apparent that staff are distributed fairly evenly across the whole of London and the wider area. However, there are small concentrations and these are shown on the plan below:



5.16 The percentage split across London and the wider area can also be summarised in terms of general locality:



5.17 This suggests that one control centre should be located in the south-east quadrant with the second (assuming Waterloo is not retained) in either the south-west or north-east quadrants.

5.18 It would be possible to co-locate a Control Centre at one of the Super Ambulance Stations. However, there is no direct synergy between the functions and the space requirements of the combined facilities would further restrict site availability.

- 5.19 Locating a control centre within an already secure facility, such a Metropolitan Police or military establishment should be explored with the relevant authorities.

Accommodation Requirements

- 5.20 Security and operational resilience are paramount. The control centres need to incorporate appropriate protection against terrorism and to be independent in terms of power.
- 5.21 Air-conditioning is required to offset heat gain from the high levels of electronic equipment, to protect data room equipment and to ensure operational comfort in GOLD / ICR / EOC/event control when in use.
- 5.22 Locker rooms and showers should be provided having regard to the 24/7 hours of operation and because GOLD suite, ICR and EOC may be in intensive use for significant periods of time.
- 5.23 Whilst it is public policy to encourage the use of public transport, the reality of LAS operations necessitates a proportionately higher use of private cars, This results in a need for above average on-site parking which in turn increases the footprint of the site. As for Super Ambulance Stations, this will restrict site availability.
- 5.24 Compliance with Disability Discrimination legislation is axiomatic. However, the higher than average proportion of Control Centre staff with disabilities suggests design standards should exceed the statutory minimum.
- 5.25 Inclusion of a crèche is not considered to be economically justifiable. Similarly, it is understood that the provision of a prayer room is not LAS policy.
- 5.26 There is the option to provide canteen facilities as at Waterloo Road. However, there must be doubt as to its economic viability if current operations are spread over two centres rather than the one as at present.

Space Requirements

- 5.27 The indicative size and cost of delivering the new Control Centres have been explored and details can be found in Appendix. The size is based on a total of approximately 240 desks. The total space requirement is approximately 4,000 sqm and includes the control room, Gold command suite, Incident Control Room, Event control, office space, seminar room, wc/locker rooms, mess facilities and data centre.
- 5.28 Options for delivering the Control Centres have been explored – site acquisition and new build, and rent and fit-out:

	Single Control Centre		2 Control Centres	
	Range (from)	(to)	Range (from)	(to)
New Build				
Construction		£17m		
Land acquisition	£0.8m	£7.9m		
TOTAL	£17.8m	£24.9m	£35.6m	£49.8m
Rent and Fit-out				
Fit-out		£6m		
Rent	£0.45m per annum	£1.5m per annum		
TOTAL	£6.45m	£7.5m	£12.9m	£15m

Note: costs exclude IT equipment

6. Workshops / Logistics / Make Ready

6.1 The current configuration of LAS support facilities is:

- 13 workshops co-located with ambulance stations
- 1 logistics warehouse / store in Deptford
- 'Make Ready' at each complex

Issues

- 6.2 The need for 12 workshops has been tested in a separate 'Fleet Review' study. This is being reviewed by the Senior Management Group (SMG) imminently. A number of options were explored – (1) have a small number of dedicated workshops; (2) contract out the maintenance to a 3rd party; and (3) outsource the fleet to a 3rd party. It is understood that the most likely outcome of this study is the recommendation that the number of workshops be reduced to 2 or 3, creating greater efficiencies. Locations for these have also been investigated and it is understood the preferred option is to have workshops at Bow and Park Royal with a possible third in Streatham.
- 6.3 The consultation process revealed that there is an issue over wastage in the Service. Consumables and equipment go missing or are left to go out of date. There is a need for greater management of stock and stock control.
- 6.4 The current model for delivery of stock is also relatively inefficient. Stock is delivered to the warehouse where it is then re-packaged and distributed to complexes. In addition, some deliveries are direct from suppliers to complexes.
- 6.5 Resilience is also an issue. With only one store, if this was affected by flooding or a fire this would have a huge impact upon the Service.
- 6.6 Options as such have not been generated for these support facilities as many of these are under separate review. However, each of these areas is discussed below and some opportunities suggested particularly in respect of their synergy with the new SASs.

Workshops

- 6.7 As discussed, the workshops have been reviewed under the Fleet Review. The preferred option is to reduce the number of workshops to 2 or 3. Approval has been given by the board to close all the workshops in the west area and provide one new workshop as a trial. The search for suitable premises is currently being undertaken.

Logistics

- 6.8 The main issues to address for the logistics store are resilience and the need for increased efficiency. One option could be to have an additional store. This would be particularly appropriate if the SASs are implemented as delivering to a fewer number of SASs from one or two main stores would be more efficient. In addition, the consultation revealed that clinical staff and managers did not want to spend time dealing with stock but concentrate on operational delivery. Therefore with greater stock control and management at stores this could be achieved. The implementation of this option is likely to involve the 'Make Ready' service taking on more responsibility for stock control and this is explored in the next section.

- 6.9 Alternatively, with less ambulance stations to cater for, manufacturers could deliver supplies direct to the SASs. The need for bulk deliveries to be broken down and repackaged within the service would need to be explored. This could result in the current store at Deptford being released for disposal.

Make Ready

- 6.10 Make Ready are currently located at each complex. They are responsible for:
- Daily cleaning of vehicles
 - Regular deep-clean of vehicles
 - Re-stocking of vehicles
 - Daily check of vehicles to ensure they are 'road worthy'
- 6.11 Should the SASs be implemented it is likely that Make Ready would be retained at each SAS. If the Fleet Review option is implemented and the number of workshops reduced it would be sensible to split the duties of the Make Ready service. This option therefore proposes that these services are split between the SAS and workshops:
- At SAS – daily cleaning, re-stocking and management of stock, minor vehicle maintenance
 - At workshop – deep clean
- 6.12 This would improve efficiencies and help ensure that more vehicles are available for use. With larger Make Ready teams spread across a fewer number of locations this would also help mitigate the impact of any staff shortages / sickness to which current ambulance stations are vulnerable.

Conclusion

- 6.13 Options have been appraised for each of the key support functions. It is clear that to maximise operational efficiencies there needs to be a link between a number of these functions. There are synergies between many of the services and a change to one of them will impact upon another. In addition, a redistribution of services and responsibilities will help support these changes. For example, by increasing responsibilities of Make Ready at a SAS to include stock control and management means that a redefinition of the logistics service can be supported – having two stores from which stock is distributed to each SAS, or stock delivered direct to the SAS. In addition, a mobile mechanic could support Make Ready at the SAS to assist in minor repairs and ensure vehicles are kept on the road and available for use.
- 6.14 The Fleet Review will also impact upon the existing configuration of services. By reducing the number of workshops their utilisation and efficiency can be improved. This change is further enhanced and supported by having some elements of the Make Ready service at the workshop. The make ready contract is currently being reviewed and will be re-tendered in 10/11

7. Training Facilities

7.1 The LAS currently has 6 training facilities:

- Fulham
- New Malden
- Kenton
- Ilford
- Bromley
- Hannibal House, Elephant and Castle

7.2 Five training facilities are attached to ambulance stations and one is in an office block. The largest is Fulham where the ambulance station is subsidiary. Only Fulham, New Malden, and Bromley are considered fit-for-purpose.

7.3 Staff tend to be entering the Service more highly educated with degree-level qualifications. The training offered by LAS therefore tends to focus more on Continual Professional Development (CPD) rather than the need to train up staff.

Issues

7.4 The consultation exercise revealed that there is high demand from operational staff for training. LAS have responded to this by seeking to build in training time into staff rotas.

7.5 Planning for training is also problematic as it needs to be very flexible to respond to changing demands. Staff recruitment figures are set for the short-term and then the training needs determined from this. Operational staff are categorised into different levels so the training requirements for each also vary:

- A&E support workers
- Emergency Medical Technician
- Paramedic
- Emergency Care Practitioner

7.6 It is understood that the mix of staff within each of these levels is due to change and this means addressing the necessary training requirements to 'upskill' staff.

Options

7.7 Currently, a proportion of LAS training is delivered 'in-house' with the remainder delivered externally. This 'in-house' training is generally provided in 'classrooms' or on-line. Property options therefore need to seek to provide the appropriate amount of space to accommodate this 'in-house' provision.

Option 1 – Status Quo

7.8 This option involves retention of all 5 existing training facilities.

Benefits	Disbenefits	Risks
Limited disruption	Opportunity cost of retaining high value asset at Fulham	Effect on staff retention
LAS have sufficient capacity within	No efficiencies gained	Staff not skilled as training

estate to meet changing demands	compromised through poor facilities
Quality of facilities not sufficient	

7.9 This option does not address any of the issues identified and is considered non-feasible as there is a presumption that with the implementation of SASs all existing ambulance stations would be disposed.

Option 2 – On-site at SAS and Dedicated Facility

7.10 Option 2 involves the retention of a dedicated training facility i.e. Fulham as well as minimal provision at each new SAS. As Fulham is considered fit-for-purpose it would be retained and used for more specialist training. Some more generic teaching and learning space would be provided at a SAS probably in the form of a multi-purpose room plus a number of PCs for e-learning. The room would be bookable and therefore available for other purposes such as meetings and maximising utilisation. The PCs could also be bookable but available to staff on an ad hoc basis for personal learning rather than the structured learning delivered by LAS.

Benefits	Disbenefits	Risks
Retain specialist dedicated training facility	Opportunity cost of retaining Fulham	Implementation relies on delivery of SASs
Fit-for-purpose facilities developed at SAS		
Ability to respond to changing demands and deliver		
Potential reduced revenue costs by releasing training facilities		

Option 3 – On-site at SAS only

7.11 Option 3 involves providing training facilities only at an SAS. This would comprise the limited facilities as described in option 2 – a room for structured learning and a room with PCs for personal learning. The other training required would be delivered by a third party on their premises – a University or hospital for example.

Benefits	Disbenefits	Risks
Significant disposal receipts from Fulham	Reliance on third party to deliver training requirements and therefore less control over quality	Reliance on third parties
Potential reduced revenue costs by releasing training facilities		Insufficient quality training providers

7.12 This option would release all training facilities for disposal or re-use. Revenue costs should also therefore be reduced. Fit-for-purpose facilities would be provided at each SAS to supplement that training delivered off-site. This option would address the issues identified as well as provide the LAS with the ability to maintain some control over the training delivered. Training is being increasingly delivered through Higher Education Institutions so there is less demand or justification for a dedicated LAS facility. However it should be noted that there is a risk in being able to find appropriate third party training partners and their ability to respond to changing demands quickly.

Option 4 – Off-site: Outsource

7.13 The final option is to outsource all training requirements to a single, or number of, third parties. The courses would be delivered at their premises by potentially their staff or LAS staff contracted out. This would release all existing LAS training facilities for disposal or re-use.

Benefits	Disbenefits	Risks
Potential reduced property revenue costs	Limited control over training delivered	Reliance on third parties
Potential significant disposal receipts from released facilities	Need for monitoring and review of training quality	Insufficient quality training providers
	Training centres could be located outside of normal working area	Quality assurance

Conclusion

7.14 Whilst an appraisal of the options has been provided a preferred option cannot be recommended as the key factor in determining this is a definition of the organisation’s training requirements. This is a decision for LAS and further work would be required to investigate the availability and quality of external training providers. In the absence of a training strategy it would be inappropriate to recommend a property solution. However, providing some training facilities at the new SASs would be feasible and would release the existing training centres for disposal.

8. Patient Transport Service

- 8.1 The Patient Transport Service (PTS) operates across London on a contract by contract basis. It comprises approximately 170 vehicles. Demand is relatively predictable and therefore the distribution of vehicles can be planned.

Issues

- 8.2 The contract timeframe for PTS services tends to be approximately 5 years. This short timescale means that planning resources is an issue. Vehicles and staff can be obtained relatively easily but the estates implications are significant. Finding capacity within the estate to accommodate both people and vehicles is difficult and finding sites in the short-term for parking is also an issue. There is a mismatch between the contract period and property liability.
- 8.3 It is understood that a new pan-London contract framework for PTS services is to be announced shortly. PTS services would be divided into areas and then be delivered by a handful of selected providers. LAS are awaiting the outcome of this framework announcement but it is understood that LAS may be awarded the contract for the SE of London. This will obviously provide greater clarity as to the future demand for PTS services.
- 8.4 There is a wider issue for the organisation and whether the LAS should continue to deliver PTS services. There is limited sharing of facilities and staff with A&E operations so PTS could be a standalone business. Alternatively, LAS could not deliver any PTS services. For the purposes of this Strategy it is assumed that LAS retain PTS.

Options

- 8.5 There are two broad options for the future accommodation of PTS within LAS.

Option 1 – At SAS

- 8.6 This option assumes that PTS is retained and provision made at a SAS. There may not be a requirement for PTS at all SASs as it will depend upon the contracts awarded.
- 8.7 In terms of the facilities required it is envisaged that PTS could share ‘messing’ facilities but additional office accommodation would be likely. In addition to the built accommodation, it is likely that space would be required to park the vehicles. This could be significant but it is difficult to quantify at this stage given that the contract(s) scope is unknown.

Benefits	Disbenefits	Risks
Efficiencies through sharing of facilities	Additional long-term costs for a short-term income	Insufficient capacity at SAS
Staff inclusion / morale		Excessive space sought for SAS site

Option 2 – Not at SAS

- 8.8 This option would involve retaining PTS services but not providing any accommodation for their vehicles or staff at the new SASs. A commercial parking contract could be arranged for PTS to store their vehicles elsewhere. It is understood that the majority of PTS staff use the canteen facilities etc at hospitals anyway so it could be argued that there is no need

to provide any LAS facilities of this nature. Alternatively, PTS could use other existing LAS properties that could be utilised for parking and limited 'messing' facilities.

- 8.9 There is a significant difference in the estates implication between these two sub-options. The first would generate no space requirement but the second would with a potential requirement of approximately 170 parking spaces. The location of these spaces would need to be determined based on the PTS contract awarded.

Benefits	Disbenefits	Risks
Commercial Parking Contract		
No estate requirements	Staff 'detached' from LAS	Availability of sites / contracts
Disposal receipts from existing sites where appropriate	Greater flexibility	
On-site provision		
Staff 'belonging' to LAS	Potential significant estate requirement	Mismatch between contract timeframe and property liability
	Opportunity cost of retained sites	

Conclusion

- 8.10 A preferred option cannot be recommended as the future of the LAS's PTS is as yet undecided. This decision is likely to be influenced by the outcome of the NHS's review of the pan-London PTS service and contract framework. However, in order to provide the greatest flexibility for the LAS, an off-site property solution should probably be sought.

9. LAS Headquarters

Existing Estate

- 9.1 The LAS occupy a number of office properties to support their HQ and back-office functions. These are described below:

220 Waterloo Road, SE1

- 9.2 Generally the above building is no longer considered fit for purpose. The building is of monolithic concrete construction and originally was mainly cellular offices. The building has been adapted and extended over the last 10 years, but does not provide flexible office space. The building also suffers from chronic solar gain.
- 9.3 The building has very little by-way of raised/suspended floors which causes problems installing cabling, especially given the amount of IT used in the building. The usage of the power supply is almost at 100% of capacity and the local utility supplier has indicated that to supply more power a sub-station would have to be located on the site.
- 9.4 The site has 3 electrical supplies, 2 are from different sub stations, a UPS system and generator for essential services. All control rooms are air conditioned or comfort cooled. Some offices have comfort cooling.
- 9.5 There is insufficient storage in the building, although there are moves to transfer hard copies of records on to digital format. There is only one conference room in the building, which is often used as an Event control room and there are a limited number of meeting rooms.
- 9.6 The LAS hold the Freehold title to the site, which has flying-freehold flats at the Frazier Street end of the site.

St Andrews House, Bow E3

- 9.7 The LAS hold the freehold title to these premises which provide accommodation for a number of "central services", a back up control and a small area for control room training.
- 9.8 Whilst the building is not very old, being built in the early 90's, it does not provide very flexible space and has no raised floors, other than in the control room.

46 Loman Street, SE1

- 9.9 The LAS hold a 10 year lease on the premises which expires in 2013 with a rent review in 2008. The current rental is £136,000 with service charges of approximately £10,000 p.a. The LAS have the right to assign the lease.
- 9.10 Above includes kitchen, comms, room, 2 meeting rooms and break out area.
- 9.11 Toilets in common area. The offices were built in 2002 and provide good office accommodation with comfort cooling. There is no parking.
- 9.12 The LAS has recently taken a lease for the 4th floor at Loman street which expires in 2013, rental is £137,000 plus £10,000 service charge

8-20 Pocock Street, SE1

- 9.13 The lease on the above premises expires in August 2030 at a current rent of £176,387 and service charges of approximately £20,000. There is a break clause at 15 years. There is a right to assign the lease.
- 9.14 Above includes kitchen, one meeting room, break out area and toilets. The building was built in approx 2000 and provides good flexible office accommodation with comfort cooling. There is no parking with the premises, but the LAS have a lease for 12 spaces in Blackfriars road at a cost of approximately £16,000 p.a.

Fielden House, SE1

- 9.15 The LAS has a lease on the 3rd floor office until Sept 2011 at a current rental of £89,400 and a service charge of approximately £25,000. There is a rent review in 2008 and the LAS have a right to assign.
- 9.16 The LAS also has a lease of the 1st floor offices until Sept 2011 at a current rent of £87,000 and a service charge of approximately £25,000. This includes the rental of 5 parking spaces. These offices are occupied by the IM&T CAD2010 project team...
- 9.17 Above includes, kitchen, toilets and a number of meeting room.
- 9.18 The LAS has also taken short term leases at Hannibal House, Elephant and Castle for use by HR as Temporary Training facilities, Office accommodation in Southwark Bridge Road for use by IM&T as CAD 2010 testing and training facility and an additional floor at Loman Street, for use by the Olympic and Foundation Trust teams. This space has not been included in the space requirements below as they are all considered to be temporary facilities.

Space Requirements

- 9.19 We have analysed the existing properties to determine the amount of office space occupied for HQ and supporting functions:

Building	Total sqm	HQ / support functions
220 Waterloo Road		
Office Space	1,586	1,586
Storage including basement storage	210	210
Kitchen/canteen	220	22
Control rooms	626	
Locker rooms in toilet area	158	
Messroom	80	
Offices	43	43
Locker rooms in basement	110	
<i>Sub Total</i>	<i>3,033</i>	<i>1,861</i>
St Andrews House		
Office Area	650	650
Back up control room	505	
Locker rooms in toilet area	140	
<i>Sub Total</i>	<i>1,295</i>	<i>650</i>
46 Loman Street		

Floor area	625	625
<i>Sub Total</i>	<i>309</i>	<i>309</i>
8-20 Pocock Street		
Floor area	612	612
<i>Sub Total</i>	<i>612</i>	<i>612</i>
Fieldon House		
1 st floor	353	353
3 rd floor	322	322
<i>Sub Total</i>	<i>675</i>	<i>675</i>
TOTAL	6,240	4,423

9.20 The table shows that the existing space occupied for HQ and supporting functions totals 4,423sqm.

9.21 Future space requirements have been calculated based on existing staff numbers of 308. A 5% increase in staff numbers has also been assumed. In order to maximise space utilisation a 'percentage of staff requiring permanent desks' has been applied to the different workspaces:

Space Requirements	sqm	Total sqm
Directorate		
Strategic Development	151.5	
A&E	385.5	
Executive & Secretaries	254.0	
Communications	121.5	
Finance	471.0	
Human Resources	397.5	
IM & T	391.5	
Project Rooms	211.5	
Medical & Training	30.0	
<i>Sub Total</i>		<i>2,414</i>
HQ		
1 x large conference room	45.0	
1 x Director board room	40.0	
2 x large meeting rooms	75.0	
5 x small meeting rooms	105.0	
Toilets	97.1	
Quiet / study room	26.3	
Training room (with ancillary space)	25.0	
Welfare room	25.0	
Tea making facilities	36.0	
Reception area	50.0	
Non exec desks	100.0	
Testing suite	50.0	
<i>Sub Total</i>		<i>674</i>
Net Total		3,088
plus 10% circulation		309
TOTAL Requirement		3,397

Options

9.22 Three broad options have been explored for the future HQ accommodation:

Option 1 – status quo

9.23

Benefits	Disbenefits	Risks
No disruption to operations	Continued occupation of non fit-for-purpose accommodation	
No write-off of capital expenditure	Inefficient use of space if Control Centre, workshop and ambulance station moved from Waterloo	
	Sterilises Waterloo Road redevelopment option – opportunity cost	
	Difficult to share surplus space with 3 rd parties	

Option 2 – Single new standalone HQ

9.24

Benefits	Disbenefits	Risks
All management staff under single roof	Remoteness from 'front-line'	
Efficient use of space	Potential cost penalty of taking more space to co-locate 'back office' staff with management staff	
No requirement for specialist building		
Ability to take standard lease on commercial terms		

Option 3 – Split HQ – 'front-' and 'back-office'

9.25

Benefits	Disbenefits	Risks
Maximise cost efficiencies	Possible inefficiency of duplicating space	
Proximity to 'front-line'		

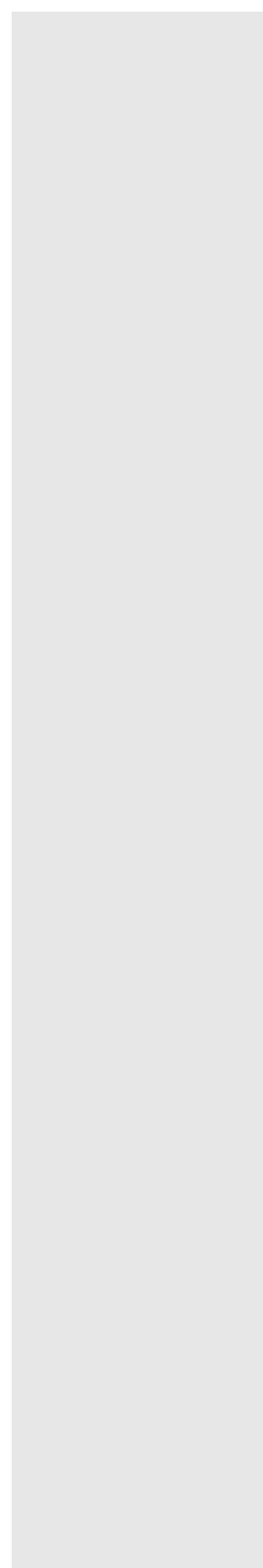
Conclusion

9.26 The indicative size and cost of delivering the new HQ has been explored and details can be found in Appendix 2. A total of 3,397 sqm would be required. Car parking space has been assumed on a ratio of 1 space per 2 staff. The indicative cost of implementing this is set out below:

New Build	Range (from)	(to)
Construction		£8.7m
Land acquisition	£1.3m	£12.7m
TOTAL	£10.0m	£21.4m
Rent and Fit-out	Range (from)	(to)
Fit-out		£2.6m

Rent	£0.7m per annum	£1.9m per annum
TOTAL	£3.3m	£4.5m

Note: costs exclude IT equipment



10. Conclusion and Implementation

- 10.1 The LAS is facing a number of challenges and is going through a period of transformation. Recent changes to performance targets have placed an even greater demand on operational efficiency.
- 10.2 The existing LAS estate is dominated by the ambulance station estate – over 70 stations distributed across London. This legacy estate is characterised by old buildings that are mainly in the wrong location. There are also too many stations for the efficient operation of the LAS's new model of working – Active Area Cover.
- 10.3 Property options have been explored to provide the framework for the estate change needed to support LAS operational activity. These options have focussed on the ambulance station estate but also include some of the necessary support functions. Preferred options for each function have been recommended where possible. These are summarised below:
- Ambulance stations – development of 'Super Ambulance Stations';
 - Control Centre – two independent control centres with a third control centre (Bow) used for training purposes;
 - Workshops / Logistics / Make Ready – workshops dependent on outcome of Fleet Review; potential for two logistics stores or no logistics store supported by enhanced Make Ready presence at the new SASs;
 - Training facilities – provision at each SAS but option dependent upon further work on training strategy;
 - Patient Transport Service – to be determined following pan-London contract framework review but maximum flexibility for LAS if off-site property solution can be sought; and
 - HQ – reprovide existing facility and take the opportunity to co-locate the other administrative functions.

Implementation

- 10.4 If the rationale behind the move to super ambulance stations is accepted, further work needs to be undertaken. This would include testing the following:
- Assess the availability of suitable sites for SASs
 - Understand the value of the existing LAS estate and therefore what capital may be available for re-investment
 - Explore the cost of purchasing sites and building / refurbishing space to create SASs
 - Town planning appraisal of sites to assess the relevant constraints and opportunities within the LAS estate
 - Explore procurement options to test affordability and that offer best value for the LAS
- 10.5 A similar exercise needs to be undertaken in respect of the Control Centres.
- 10.6 Further feasibility testing is recommended but it is considered that LAS has a number of options available for implementing the Estate Strategy – building a bespoke facility or converting an existing building; using its own financial resources or to enter into some form of public/private partnership arrangement. Whichever route is adopted, it is recommended that LAS

pilot the concept of the super ambulance station, perhaps one in each sector area, to test and develop both the concept and the method of implementation. This would involve close co-operation with staff and unions and in itself be used as a major example of positive change management.

