



Brent Clinical Commissioning Group

Health and Wellbeing Board

2 June 2015

Report from NHS Brent CCG

For information

Brent CCG London Ambulance Service (LAS) - performance diagnostic and transformation business case

[Background](#)

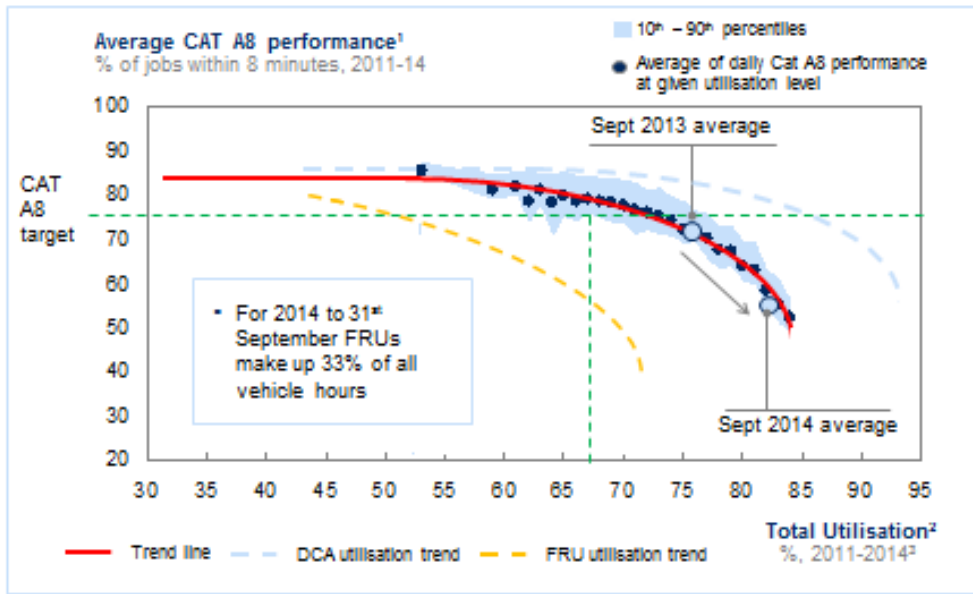
The external diagnostic review undertaken by McKinsey of LAS performance during 2014/15 identified high utilisation, increasing blue light (A8) demand and being under establishment as the main drivers of performance. A separate external clinical review identified that the service was operating safely.

LAS utilisation, the amount of time an ambulance is in active use, has been high when compared to other ambulance services, reaching 90% utilisation whilst ambulance providers outside London average 70-74%, lower utilisation means that there is more ambulance capacity to respond. The diagnostic review identified a direct relationship between utilisation and performance and in order to reach sustainable performance, LAS utilisation needs to be reduced and staffing levels increased.

[Diagnostic Review Key Findings](#)

The performance of London Ambulance service over the last two years was mapped against the level of total utilisation of Ambulance resources. This identified a direct relationship between utilisation and performance but also that there was a marked reduction in performance when utilisation was higher.

There is a fairly stable relationship between increasing utilisation and declining A8 performance



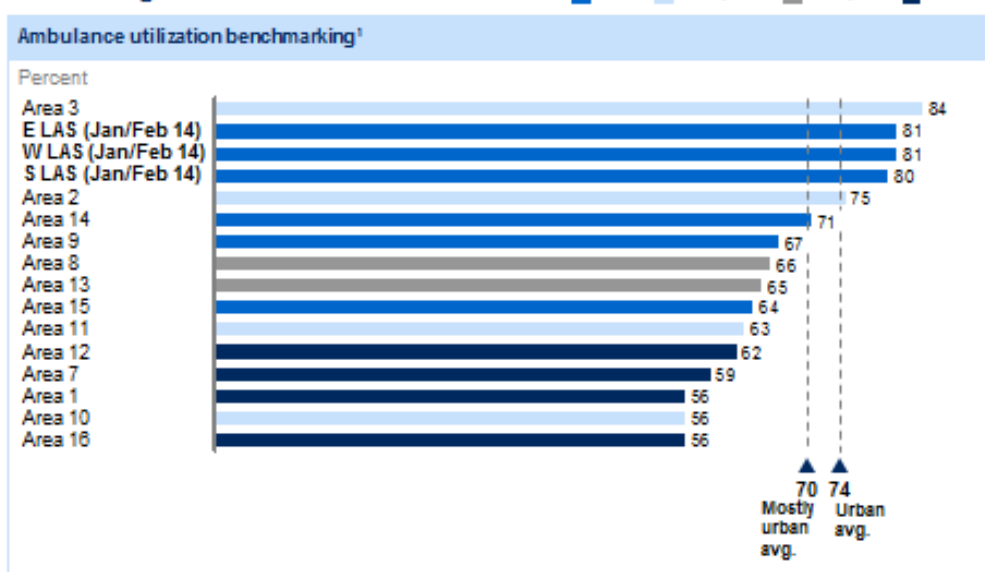
¹ Utilisation levels with <5 examples excluded
² Includes DCA, FRU, MRU, CRU and other
³ Utilisation = Sum of JCTs / Total available time

SOURCE: LAS response targets.xlsx, Efficiency Data Oct10-Sept14 ON.xlsx

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When benchmarking London Ambulance Service to other ambulance services across the country utilisation levels were higher when compared with services operating in urban areas.

LAS the highest ambulance utilisation rate in the urban areas, and the second highest in the almost urban ones



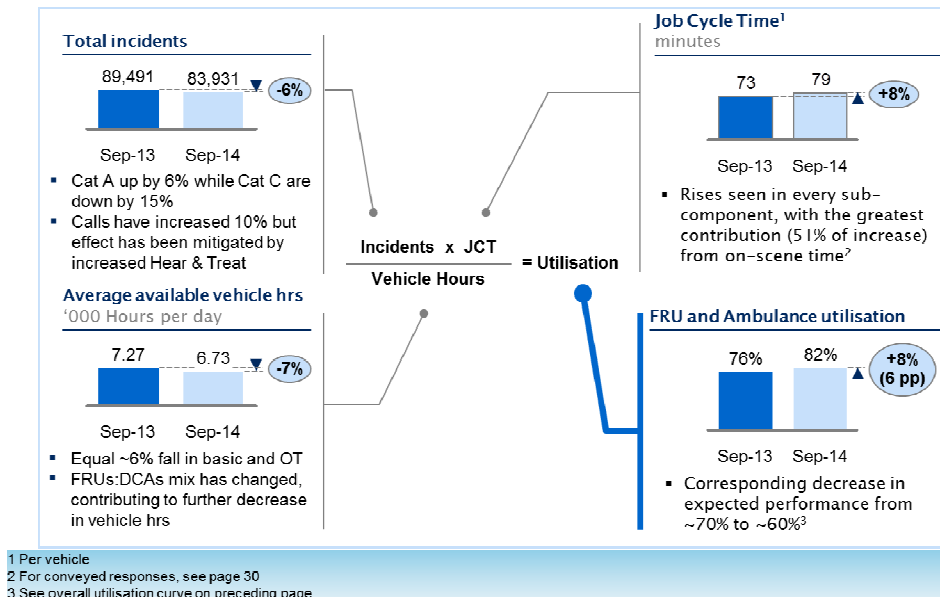
¹ This utilisation numbers are not directly comparable to the utilisation levels in the scenarios as this refers to ambulance utilisation levels while the different scenarios are calculating a total utilisation including ambulances, FRUs, and PAS

SOURCE: LAS, ORH Data

2

There were three main drivers of utilisation identified, the number of incidents requiring a double crew ambulance have increased by 6%, the reduction in the establishment has resulted in a decrease in available vehicle hours, the time taken for each job has increased, combining to increase utilisation of the available vehicles.

Three components have driven the increase in utilisation and the associated decline in A8 performance

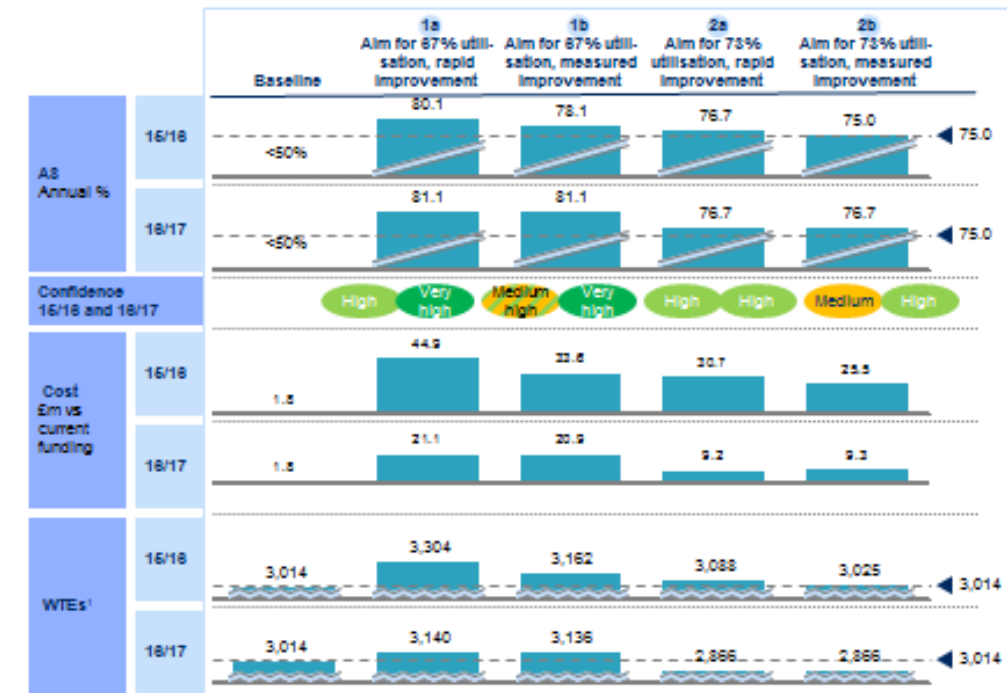


Transformation Business Case

The diagnostic work informed a business case, developed with Clinical Commissioning Groups (CCGs) across London working with London Ambulance Service on the options to achieve sustainable performance. These identified a range of schemes across staffing, vehicle capacity, training and productivity that support four options:

- **Option 1a** – An aggressive approach to increasing capacity in 15/16, providing a high theoretical confidence of A8 delivery in 15/16 at a cost of £44.9m in 15/16 and 21.1m in 16/17. This option was discounted by both LAS and CCGs due to the adverse impact on staffing as it required substantial and sustained levels of overtime not previously delivered by LAS staff.
- **Option 1b** - Adding capacity to deliver a target utilisation of 67% with a measured transition programme delivers 75% A8 performance in 15/16 and 16/17. It gives a medium to high confidence level of performance delivery in 15/16 and very high confidence level the following year. Cost is £33.6m for 15/16 and £20.9m for 16/17. This was identified as the preferred option.
- **Option 2a**- Adding less capacity compared to Option 1a and 1b resulting a lower level of reduction in utilisation at 73% utilisation rate in a rapid way with a medium confidence level of achieving A8 performance in 15/16 requiring £30m and high confidence for 16/17 needing £15m investment.
- **Option 2b** - Adding less capacity with a slower investment plan to deliver a target utilisation of 73% with a measured trajectory requiring a £26m investment in 15/16 and £9.3m in 16/17. With this option LAS will not start to recover performance until 16/17.

Summary of modelled scenarios



¹ Frontline WTEs excluding PTS staff

8

Next Steps

The investment case was agreed by the 32 CCGs across London in March 2015 which has also included a gateway process that incentivises the Trust to achieve the agreed performance improvement trajectory, for example meeting their recruitment plan.

The Trust's performance has improved over the last quarter and will continue to be monitored weekly against the agreed trajectory which has sustained delivery of 75% for A8 by September 2015.

Conclusion

The Health and Well Being Board are requested to note the increased investment into LAS services to improve performance.

Bernard Quinn
Director Delivery & Performance
Brent CCG (LAS Co-ordinating Commissioner)
20th May 2015