East Midlands Ambulance Service NHS Trust

LEICESTER, LEICESTERSHIRE & RUTLAND DIVISION

LOCAL DELIVERY PLAN 2015/16 (LDP)

1.0 Introduction

1.1 Leicester, Leicestershire and Rutland (LLR) Division operates across the counties of Leicestershire and Rutland and works with three Clinical Commissioning Groups (CCGs); Leicester City, West Leicestershire and East Leicestershire & Rutland. Additionally, we work across three local authority areas that do not naturally align with the CCG areas.

1.2 The divisional management structure is divided between service delivery and clinical; service delivery consisting of a Divisional General Manager, Service Innovation & Improvement Manager, Locality Managers and Team Leaders with the clinical management being a Consultant Paramedic, Locality Quality Manager and Clinical Team Mentors. The General Manager recently implemented a revised local structure that ensures a collaborative approach to divisional objectives with stronger links between service delivery and clinical leadership. This includes a combined team and rota for Team Leaders and Clinical Team Mentors

1.3 The Divisional workforce is configured to deliver A&E Operations (with no PTS contract currently held in Leicestershire) and consists of Emergency Care Practitioners (ECP), Paramedics, Emergency Medical Technicians and Emergency Care Assistants. This is supported by Administration and Domestic roles at Ambulance Stations and Divisional HQ.

1.4 Divisional Overview:

- Fleet:
  - *Dual Crewed Ambulance (DCA) - 53 (including x2 POLAMB, x5 Events (not a Divisional asset), x1 ECMO, x1 Bariatric/Incident Support Vehicle)*
  - *First Response Vehicle (FRV) - 26 (including x1 Events which is not a Divisional asset)*
  - *Manager Lease Cars - 5 (for "blue light" on-call and clinical response)*
- Estates:
  - *9 Ambulance Stations and 1 site vacant pending disposal*
  - *1 Fleet Workshop (within Gorse Hill Ambulance Station)*
  - *1 Divisional HQ (currently co-located with Narborough Ambulance Station)*
  - *1 Community Ambulance Station (CAS) - Phoenix House, Melton Mowbray*
  - *Clinical Education Centre (not within Divisional Management and subject to Estates review)*

1.5 The Leicestershire LDP covers four key areas; Operational Performance, Quality & Safety, People & Workforce and Finance, CIP & Efficiency. Also detailed is local CCG Intentions and Stakeholder Engagement to provide an overview as well as a summary of Business Continuity and Resilience.

1.6 The LDP key areas are also covered as key areas in the Divisional risk register which is reviewed at the monthly Senior Leadership Team Meeting (SLT). The risk register is considered as an integral component of our plans and actions, interlinking governance and meeting structures e.g. SLT to Performance Management Reviews or Risk and Safety/Divisional Partnership.

2.0 Operational Performance

2.1 Performance for 2014/2015 was challenging with outturn data below. Variance at CCG level (and urban versus rural performance) is a challenge faced as well as a concern highlighted by CCGs and Health Overview and Scrutiny Committees (HOSC). Whilst delivery of all core standards at CCG levels is not within current commissioning, the Division aims to improve not only performance standards, but also reduce average (percentile) times, long waits and associated risks.

Outturn 2014/15	Performance - Incidents (Response)									Performance - Telephony	
	RED 1 *(75%)*	RED 2 *(75%)*	RED *(75%)*	RED 1 *(95%)*	RED 2 *(95%)*	RED *(95%)*	GREEN 1 *(85%)*	GREEN 2 *(85%)*	URGENT *(90%)*	GREEN 3 *(85%)*	GREEN 4 *(85%)*
Leicestershire	**68.23%**	**69.84%**	**69.75%**	**97.21%**	**92.05%**	**92.34%**	**78.21%**	**79.34%**	**80.48%**	**86.84%**	**97.30%**
NHS East Leicestershire and Rutland CCG	53.80%	56.49%	56.33%	92.93%	85.84%	86.28%	76.61%	77.48%	78.03%	88.63%	97.30%
NHS Leicester City CCG	80.01%	80.52%	80.50%	99.40%	95.79%	95.99%	77.63%	79.60%	83.49%	86.16%	97.27%
NHS West Leicestershire CCG	62.97%	63.02%	63.01%	97.58%	90.84%	91.23%	80.04%	80.56%	79.25%	86.64%	97.33%

2.2 The areas of focus are:

- Optimising resource output supported by the correct, filled establishment and improved local/Trust abstraction management.
  - *Collaborative working between Resource Management Centre (RMC), Divisional Administrators and Team Leaders to provide optimum resourcing both 'live' and with mid and long term staff forecasting.*
  - *Ensuring skill mix is matched efficiently to provide best clinical outcome.*
  - *Reviewing current rotas and actively look to ensure best establishment is provided by way of recruitment, retention/staff development and transfers. A forecasting model is in place to determine future demand and therefore resource requirements prior to local implementation of optimised rotas to support the future operating model.*
  - *Continual engagement with local CCGs and EMAS Commissioning Leads to ensure that future contracting discussions and agreements consider reducing CCG level performance variance, therefore patient experience. This will include the new local Collaborative Commissioning Meeting format.*

- Continued collaborative drive of pre-handover turnaround improvement at Leicester Royal Infirmary (LRI).
  - *Dynamic provision of HALO to LRI at times of high demand and protracted delays in ED, seeking commissioner assurance for commitment to HALO role.*
  - *Escalation conference calls to establish improvements/actions required to reduce pre-handover delays and provide assurance for these actions/plans.*
  - *Membership of Demand/Inflow Group, focussing on a whole-system approach to demand and capacity management, exploring solutions for more localised care provision (versus Emergency Department).*
  - *Focus on patient experience and impact of delayed handover, including subsequent patients experiencing a delayed response.*
  - *Clear escalation process that has a sustained provision of high quality patient care and mitigating risk as the key objectives.*

- Build on Trust leading non-conveyance rate to realise further benefits, supported by staff clinical development and training supported by pathway development in conjunction with CCGs/other providers.
  - *Leicestershire outturn for Falls non conveyance for 2014/15 was 49% compared with the Trust of 46%.*
  - *LLR CCGs commissioned university provided Falls training for all Leicestershire Paramedics has commenced with a projected 10% increase of Falls non conveyance to circa 60-70%.*

- *Maintain membership of task and finish groups to improve usage of SPA, UCC and alternative care pathways across the healthcare community to reduce reliance on EMAS as a 'default' intervention.*
- *Utilisation of established dedicated EMAS Single Point of Access (SPA) number.*
- *Embed Pathfinder principles in supporting the appropriate patient pathway and outcome*
- *Maximise local support (dedicated and enhanced) from EMAS Clinical Assessment Team (CAT); not only to provide appropriate levels of Hear & Treat and crew advice/support, but to focus on minimising risk due to delayed patient response.*

- Call cycle management to realise efficiencies and sustain good practice e.g. mobilisation times – currently benchmarked with trust year to date average position.
  - *Appraisals (PDR/IPR) being the main driver on reviewing individual staff performance. Limited capacity and operational pressures have previously impacted; revised TL/CTM rota with protected time implemented to address.*
  - *'Live' review of calls by duty Divisional managers as required and addressed with staff as near as possible to the time of the exception.*
  - *Mobilisation times reviewed by management team as a KPI.*
  - *Continued review of Post-handover times – Outturn for 2014/15 was 10 minutes.*
  - *Review of Red exceptions on a daily basis, including patient impact, long waits as well as call cycle management.*

- Reduce CCG level delivery variability.
  - *Service Improvement and Innovation Manager (SIIM) continuing with CCG engagement to unify varying systems, processes and schemes that are currently led by individual CCGs i.e. Care home activity, alternative treatment centres and alternative care pathway scoping and implementation. Key factor is inconsistency and variability of service offerings.*
  - *Development of CCG Collaborative Commissioning Meetings to identify and address areas of concern.*
  - *Increase in the number of Community First Responder (CFR) and co-responder schemes to support service delivery in rural areas.*
  - *Active engagement with HOSCs, Healthwatch and other key stakeholders regarding commissioning and therefore patient impact (including assurance reports e.g. response time analysis).*

- Minimise potential clinical risk and adverse outcomes due to delayed response to patients.
  - *Monitor percentile times and time distribution measures, linking improvements in performance and patient outcome.*
  - *Provide localised CPI data to staff and stakeholders, identifying areas of good performance as well as focus of improvement required.*
  - *Promote crew/staff feedback as well as incorporate Serious Incidents, Formal Complaints and PALS findings in to Learning Review structure.*

3.0 Quality & Safety

3.1 The areas of focus are:

- Continually build on key measures e.g. ePRF, IR1 (untoward incident reports) and audit compliance, cascading local or Trust best practice where appropriate
  - *Renewed focus, challenge and support at PDR/IPRs undertaken by CTMs.*
  - *Continued monitoring of IR1s, ePRF and audit compliance, reviewed at the Divisional SLT (Quality and Safety Scorecard).*
  - *PALS continue to be focused on and are escalated as appropriate if delays/concerns are raised.*
  - *Ensure sharing of workload at times of diminished capacity/escalation restrictions e.g. Alternative Duty staff supporting local audits.*

- Improve capacity, visibility and importance of CTM and LQM roles within overall structure, to provide a supportive clinical structure.
  - *Revised divisional management structure to provide a joint CTM and TL presence in a designated divisional locality, in line with the current EMAS review of first line management and Trust Board paper as tabled by the Director of Operations.*
  - *LQM station presence to be linked to CTM allocation to locality areas, to maintain a consistent clinical leadership presence across the division.*

- Capitalise on proven track record of innovative solutions and close partnership working.
  - *Partnership working and renewed engagement with CCGs/Local Authorities and other healthcare agencies has brought a focused drive on the benefits EMAS can bring to the wider healthcare economy. This renewed working has meant inclusion and input with a renewed drive from these partners to adopt and respond to initiatives, schemes and projects involving and/or led by EMAS.*
  - *Future joint plans are heavily weighted towards admission avoidance, alternative care pathways and community based care provision in line with the Keogh report and IBP/future operating model.*

- Place the quality and safety priorities alongside operational performance delivery (Quality Everyday), linking to patient satisfaction, outcome and CQC compliance through integration.
  - *Improve collaborative working between LQM and LMs and therefore CTMs and TLs – build upon mutual understanding and support for overlapping objectives.*
  - *Provide an integrated structure and approach to acting upon audit findings and actions with clear roles and responsibilities.*
  - *Use of dashboard type reporting that visually indicates balanced scorecard delivery, ultimately to station/team/individual level.*
  - *Improve the continual improvement and learning (versus blame) culture within the Division.*

4.0 People & Workforce

4.1 A critical area of improvement for LLR is the building and on-going development of a true team concept:

- Ensure the management capacity and capability to support a modern NHS organisation.
  - *Continue with locality management plan and scope succession planning for divisional managerial post, both in operational and clinical leadership roles.*
  - *Ongoing monitoring of current work balance of CTMs/TLs and systems in place to facilitate managerial time to undertake roles efficiently and effectively, including the effectiveness of the rotas required to support the review of first line management.*

- *Continue with TL and CTM development and recruitment locally, supported by development and secondment opportunities for Paramedic staff.*
- *Encourage shadowing opportunities to improve succession planning and Team resilience*
- *Drive career progression for divisional managers through mentorship, coaching and Trust led development initiatives; Leadership and Management Master classes, East Midlands leadership Academy and the People capability Framework*
- *Ensure first line managers (including secondments) receive effective and valued PDRs.*

- Recruitment, on-going development (e.g. Management Development, Essential Education and PDR/IPR) and the retention of the correct workforce profile.
  - *Continue with regional and national recruitment of qualified staff including Paramedics.*
  - *Maintain working relationships with local universities with a view on recruitment of paramedics on completion of academic training.*
  - *Ensure locality level plans (LMs and LQM in partnership with HR, Finance and Education departments) with focus on workforce requirements with both recruitment and staff development to ensure retention of correct skill set profile.*
  - *Support the development of the Peer 2 Peer network, building on strong staff values.*
  - *Use LiA learning and staff feedback to improve induction and support for new starters in all roles.*
  - *Explore opportunities for staff development e.g. Learning Beyond Registration.*

- Supportive management behaviours that build the bridge between staff and managers, to contribute to a reduction in sickness, grievance and escalation of issues.
  - *Suitable, appropriate and fit for purpose locality offices with a station presence by Locality Managers, Locality Quality Manager and Locality Administrators on a more frequent basis.*
  - *Recruitment of HR Business Partner with a dedicated LLR remit.*
  - *Regular 1-2-1s between GM and SLT members; supportive and informal coaching and mentoring.*
  - *Ongoing local development plan for all managers to compliment organisational training.*
  - *Time out event early in 2015/16 to ensure future team development supports Divisional objectives and priorities.*

- An approach that involves and engages all staff and roles leading to participation in *their* Division's and Locality's future.
  - *GM monthly newsletter in place highlighting key divisional issues and status of the division – extends beyond traditional performance metrics.*
  - *Listening in Action (LiA) meetings have been held in Division in 2014/15 with reasonable attendance to date – support a transition of the LiA principles in to "business as usual".*
  - *Pilot schemes that have previously been available for those staff have been withdrawn from the division to support core resourcing shortfalls. This has impacted on moral and should be a consideration when looking at new methods of working when establishment is at sufficient levels.*
  - *Ongoing Band 6 Development to support the transition from Paramedic to first-line manager within the Division.*
  - *Succession and resilience planning for all management roles and functions.*

5.0 Finance, CIP & Efficiency

5.1 The transition to County based financial management has presented challenges in enhancing local financial controls and management. These need to be overcome by close working with Finance colleagues to ensure budget reporting, management and control.

- Ensure pay budget reflects current and future workforce profile, removing any risk or impact on front line service delivery and high quality patient care.

Contracted WTE	Months											
Resource	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ambulance Staff (non AFC)	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32
Ambulance Staff Band 4	41.92	41.92	40.72	40.72	40.72	51.72	43.72	40.72	41.72	42.72	42.25	42.32
Ambulance Staff Band 5	181.57	179.67	175.44	176.24	176.24	181.14	187.14	187.14	183.44	181.1	181.1	174.1
Healthcare Asst Band 3	109.9	122.9	117.8	117.2	116.8	136.8	137.8	136.8	132.8	128.8	130.3	130.3
Paramedic Lead Amb person	12	12	12	11	9	10	10	11	11	10	11	15
Paramedic Practitioner	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	1.6	1.6	1.6	1.6
Paramedic Supervisor	3	3	3	3	4	4	4	4	4	3	3	3
Grand Total	351.31	362.41	351.88	351.08	349.68	386.58	385.58	382.58	374.88	367.54	369.57	366.64

Proposed Frontline 15/16 Budget

Accident and Emergency WTE		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Accident and Emergency Frontline WTE		**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**
Paramedic		188.38	187.28	189.48	191.88	190.58	186.08	181.58	180.48	179.48	178.38	177.28	176.18	**183.9**
ECA		115.1	110.8	108.1	106.6	102.1	97.7	93.4	92.0	90.5	90.2	89.6	86.9	**98.6**
Technicians		47.5	47.9	48.3	52.6	63.8	69.6	96.9	99.4	101.9	103.3	104.8	109.4	**78.8**
Frontline Management		12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	**12.4**
ECP		2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	**2.6**
Other Frontline		0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	**0.3**
VAS / PAS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Overtime Reserves		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Total Accident and Emergency Frontline		**366.3**	**361.3**	**361.2**	**366.4**	**371.8**	**368.7**	**387.2**	**387.2**	**387.2**	**387.2**	**387.0**	**387.8**	**376.6**

- Ensure the division has an understanding on the main cost drivers in relation to Non-Pay expenses.
  - *The progression of a Divisional workforce review group with members of Recruitment, HR, Training, Finance, Staff-side and Operations to agree, set and confirm the workforce requirements short, mid and long term for LLR. This will build on the work of the Lead Locality Manager and ensure a collaborative and supportive approach to workforce planning.*

- Sustainable model of service delivery that removes reliance on third party resource (resulting in non-pay variance).
  - *In line with workforce projection requirements a focus on establishment and correct skill balance to provide core forecast resourcing.*
  - *Focus on overtime allocation to meet forecasted demand peaks.*
  - *Renewed focus on Additional Time Off (ATO) allocation and Annualised Hours Standard Operating Procedure (SOP) application at a Trust and Divisional level.*

- Timely intervention when variance occurs e.g. Fleet - understand and correct the root cause to support local budget management.
  - *The Divisional Finance Manager liaising with the Locality Managers and Senior Leadership Team to ensure that proactive management for budgets which are within their control as well as onward communication/follow up actions of areas of concern.*
  - *Greater SLT involvement and awareness of the budget setting process at the earliest possible stage.*
  - *Identify key expense areas of focus to concentrate on during the first part of the year.*
  - *Discuss with other divisional staff (e.g. Team Leaders) about where the division has an element of control over costs and how this can be managed.*

- Meaningful and realistic CIP scheme implementation and on-going management
  - *A summary of CIP 2015/16 Plan is provided below.*

CIP Category	CIP Summary	CIP Description	CIP Value
Pay	A&E Management	Absorb the Siim Role within the division	£ 33,000
Non-Pay	Accommodation	Savings through Accomodation utilisation	£ 34,000

Fig. 1

The Division has proposed 15/16 CIPs that include the SIIM role and accommodation at The Rosings.

6.0 Divisional Business Continuity and Resilience

6.1 The Division continues to engage with its partners on the Local Resilience Forum and the Local Health Resilience Partnership, together with numerous other Resilience related meetings.

During 2014 The Division participated in a number of live exercises to include a Mass Casualty exercise at East Midlands Airport and a Regional Counter -Terrorist exercise despite challenges of first line manager capacity and REAP 4 implications.

Key areas of focus

- *Ensure continuing compliance with Civil Contingencies Act 2004 by engagement in and participation with Local Resilience Forum*
- *Maintenance and regular review of Divisions Business Continuity Plan to ensure resilience*
- *To provide opportunities for Staff to be engaged in Emergency Preparedness either through training or exercising opportunities*
- *Formal quarterly reporting on resilience matters by the Divisional Resilience Manager to the General Manager*
- *Continuation of Emergency Services Liaison Group for early operational problem solving and sharing of information.*
- *Minimise the impact of Large Public Events by engagement with Event Organisers and giving appropriate advice through the Crowd Safety Advisory Groups*
- *To continue to build on the good working relationships with key Resilience Partners*
- *Continual horizon scanning to identify threat and risk and implement actions to minimise and or mitigate*

7.0 Local CCG Intentions and Stakeholder Engagement

7.1 The Leicestershire team have worked hard to build relationships with key stakeholders including the three CCGs over the last 12 months. In addition to a number of key meetings/forums as listed below, a joint EMAS/CCG Locality Meeting takes place monthly. This adds local relevance to the EMAS Collaborative Commissioning Meeting and supports strong and positive relationships within the area. This meeting also covers both performance, quality and safety and potential service development, identifying the links between each. The group recognise the challenges facing the health economy and work collaboratively to develop the role that EMAS plays in meeting these challenges.

7.2 Given the capacity of the Divisional Team, prioritisation of key stakeholder/external meetings ensures regular attendance at the following (but not exhaustive) key meetings:

Urgent Care Board	Integration Executive	NEPTS Group
Urgent Care Working Group(s)	Demand/Inflow Group	Mental Health Concordat/Board
Urgent Care Operational/T&F Groups	System Resilience Group (Exec attendee)	
EMAS Local Collaborative Commissioning Meeting (EMAS and all three CCGs/CCM)		
Local Resilience Forum	Local Health Resilience Partnership	Emergency Services Liaison Group
Better Care Together groups		
Healthwatch	Health Overview and Scrutiny Committees	

7.3 To ensure an integrated and collaborative approach, the initial draft and then latest version (v1.5) of the Leicestershire Local Delivery Plan was tabled and discussed at the EMAS Locality Meetings in November and December. In the December meeting (3rd December 2014) the entire agenda was set aside to review the LDP to ensure that it supported CCG priorities as well as identify potential links or requirements for 2015/16 commissioning and contracting arrangements. A further appendix will be added to the LDP upon receipt to ensure these discussions are incorporated and considered in future iterations of the plan as well as taken forward in contract agreements.

8.0 Divisional Meeting Structure

8.1 Following the introduction of the General Manager role and the reconfiguration of EMAS to County Divisional areas, the Leicestershire and Rutland meeting structure was reviewed and amended. This ensured a better level of localised (County) governance, scrutiny and assurance, whilst maintaining a degree of shared meetings.

Key changes were as follows:

South Divisional Partnership Forum – split in to two meetings (Leicestershire & Rutland and Northamptonshire)
South Divisional Health and Safety Group – split in to two meetings (Leicestershire & Rutland and Northamptonshire)

8.2 To ensure a collective and consistent SLT meeting format which supports the EMAS Performance Management Strategy, the meeting cycle and format was revised (Fig. 2), including updates Terms of Reference for the two Divisional meetings. The focus of the DPMR is to review the Divisional Balanced Scorecard and carry out key lines of enquiry in to exceptions in preparation for the central PMC, with the SLT taking place following the PMC to ensure future planning reflects key requirements and priorities, giving further scrutiny and review of the LDP, Balanced Scorecard and Risk Register:

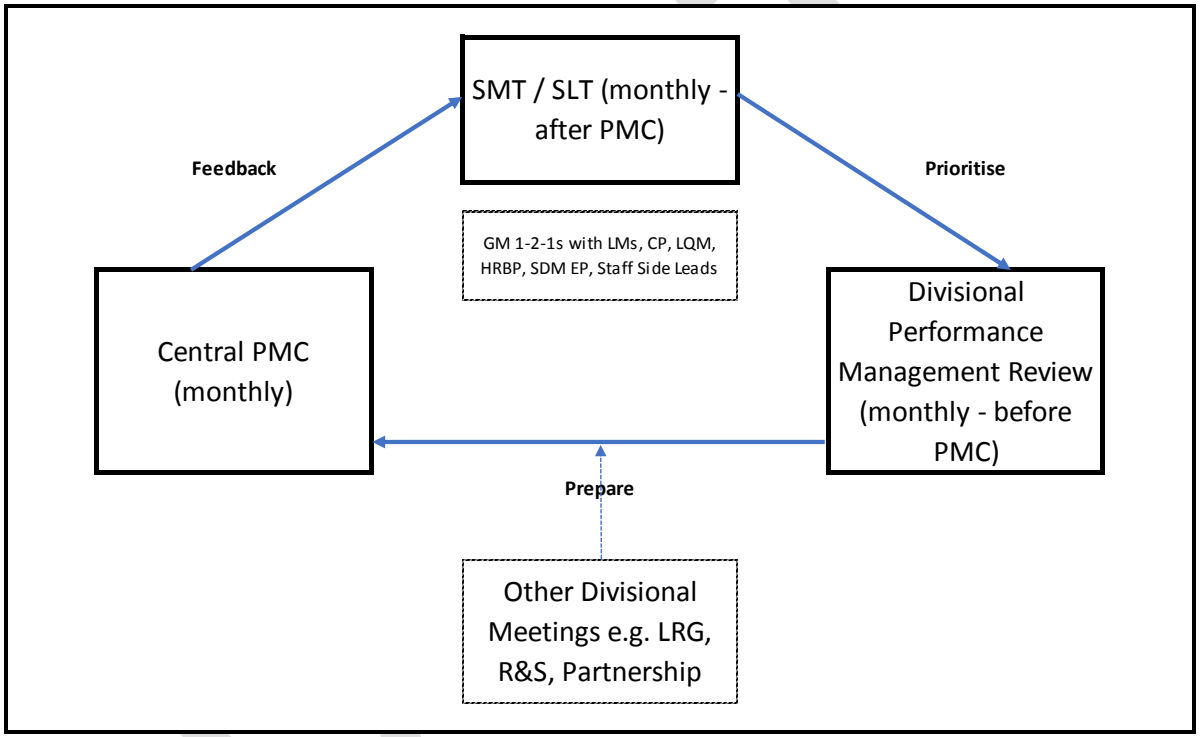


Fig. 2

9.0 Performance Management and Measuring Success

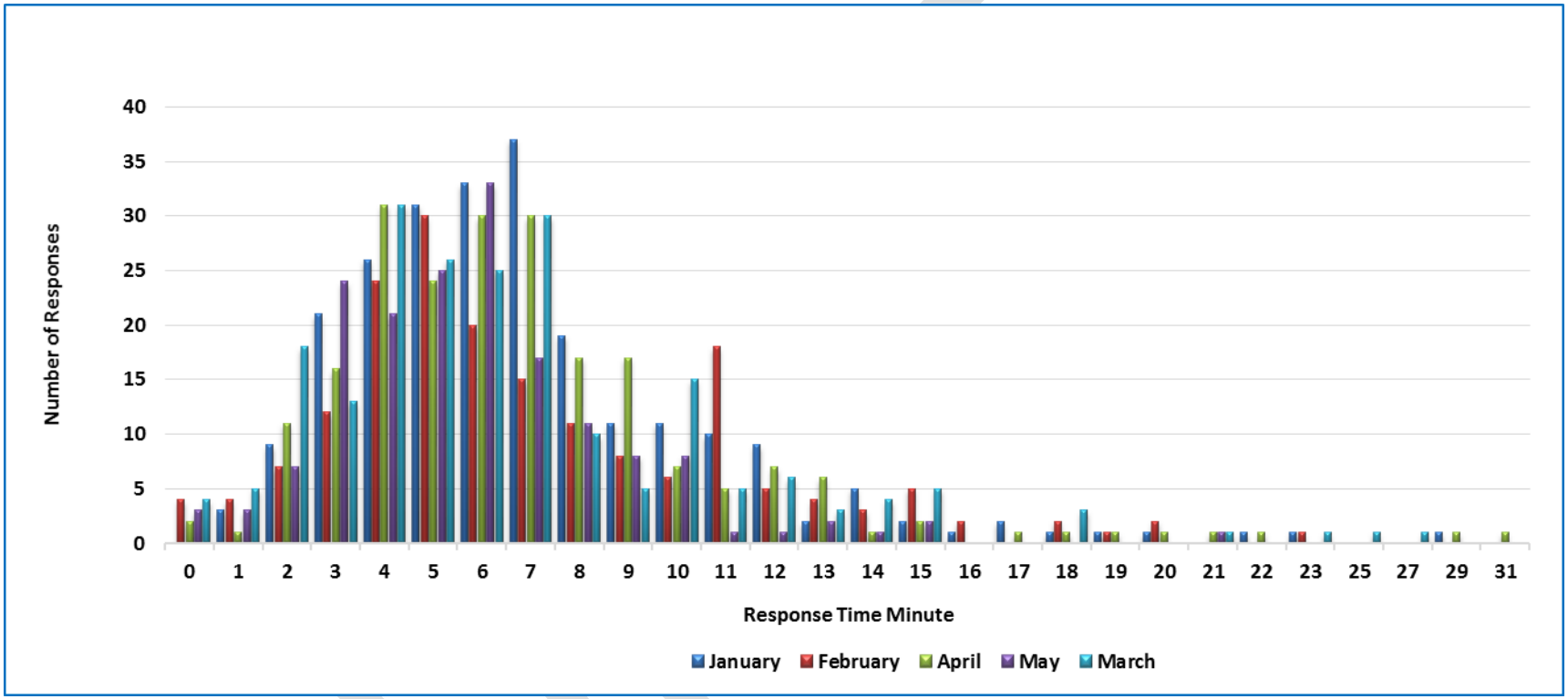
9.1 The monitoring and measurement of the effectiveness of this Local Delivery Plan will take place at both a local level and organisational level. Through the local Senior Leadership Team and Divisional Performance Management Review, review of the Divisional Balanced Scorecard of metrics ensures the continual monitoring of the effectiveness of the LDP, allowing refinement and ongoing development, as well as reassessing risk and mitigation.

9.2 The monthly Performance Review Meeting with members of the EMAS Executive Team ensures central scrutiny, challenge and support, focussing on the EMAS Balanced Scorecard and the effectiveness of local plans, including this LDP.

Appendix 1 – 2015/16 Divisional/CCG Performance (Percentile) Targets and Trajectory

To be added based upon local agreement at the end of Q1 2015/16.

Appendix 2 – Example of reporting used to link performance to patient experience



Red 1 response times by minute – LLR Division 2015 (to 27/5/15)

East Midlands Ambulance Service NHS Trust

Appendix 3 – EMAS CQI Scorecard

Help

Introduction | Overview | Trust View | Export | Compare | Charts | Narrative | Glossary

East Midlands (EMAS) for March 2015

East Midlands

Clinical Quality Indicator	Units	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	2013/14	2014/15
Time to Answer - 50%	mm:ss	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	n/a	n/a
Time to Answer - 95%	mm:ss	0:11	0:17	0:19	0:23	0:17	0:16	0:10	0:07	0:14	0:11	0:09	0:05	n/a	n/a
Time to Answer - 99%	mm:ss	0:50	0:57	0:59	1:05	0:56	1:00	0:42	0:38	0:52	0:39	0:35	0:28	n/a	n/a
Abandoned calls	%	0.28	0.45	0.45	0.69	0.46	0.54	0.38	0.18	0.59	0.65	0.28	0.11	1.20	0.43
Cat A8	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cat A8 - Red 1	%	76.5	74.1	74.4	70.7	70.6	72.7	72.6	72.8	63.0	68.5	68.0	72.9	71.3	71.6
Cat A8 - Red 2	%	77.1	74.6	74.3	71.6	72.5	72.0	72.2	71.5	58.2	65.1	66.2	70.9	71.5	70.2
Cat A8 - Red 1 - 95%	mm:ss	13:42	13:47	13:31	14:44	14:22	14:23	14:49	14:25	17:36	14:58	15:18	14:42	n/a	n/a
Cat A19	%	96.0	95.1	94.7	93.2	94.2	93.6	93.6	93.7	85.8	90.4	91.7	93.1	93.8	92.8
Time to Treat - 50%	mm:ss	7:48	8:09	8:09	8:41	8:30	8:37	8:29	8:38	11:25	9:49	9:36	8:46	n/a	n/a
Time to Treat - 95%	mm:ss	14:35	15:23	15:37	17:03	16:06	16:46	16:25	16:40	23:25	19:29	18:23	16:59	n/a	n/a
Time to Treat - 99%	mm:ss	21:58	22:58	24:13	27:16	24:17	25:35	24:58	25:30	39:04	31:04	28:46	25:53	n/a	n/a
STEMI - Care	%	81.5	78.2	76.6	80.3	83.5	88.2	77.0	83.3	70.5	-	-	-	76.8	79.9
Stroke - Care	%	98.9	98.4	99.3	98.1	98.3	98.8	98.8	98.8	96.3	-	-	-	97.3	98.4
Frequent caller	%	0.19	0.20	0.17	0.14	0.35	0.34	0.11	0.12	0.15	0.09	0.19	0.20	0.09	0.19
Resolved by telephone	%	6.6	6.9	6.9	6.9	7.7	7.7	7.4	7.3	7.8	6.8	6.6	7.4	4.3	7.2
Non A&E	%	31.3	30.5	31.7	32.2	31.9	30.9	31.3	31.5	32.0	30.9	30.0	30.3	33.1	31.2
STEMI - 60	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STEMI - 150	%	93.3	81.3	92.0	91.0	93.3	92.1	93.1	95.7	93.4	-	-	-	93.8	92.1
Stroke - 60	%	60.4	62.2	62.3	60.6	59.0	60.7	59.6	52.8	53.2	-	-	-	60.8	58.8
ROSC	%	16.5	17.0	15.2	20.5	22.8	22.7	16.7	19.5	21.0	-	-	-	16.2	19.0
ROSC - Utstein	%	28.1	25.0	24.0	36.4	38.7	43.5	53.3	34.8	41.2	-	-	-	33.7	35.4
Cardiac - STD	%	7.3	5.2	5.2	5.1	5.3	1.9	3.8	5.7	5.1	-	-	-	4.9	5.1
Cardiac - STD Utstein	%	17.2	9.5	4.8	10.3	17.9	10.5	23.1	19.0	22.2	-	-	-	17.9	14.9
Recontact 24hrs Telephone	%	9.5	6.8	7.5	6.8	6.7	6.0	7.8	8.1	4.8	7.4	7.1	8.2	6.8	7.2
Recontact 24hrs On Scene	%	4.1	4.2	4.5	4.9	4.8	5.1	4.8	4.9	5.4	5.5	5.1	5.2	6.0	4.9

Appendix 4 – 75th Percentile Monthly by CCG Report

		RED1	RED2
Month Commencing: 2015-01-01	NHS East Leicestershire and Rutland CCG	0:11:06	0:12:48
	NHS Leicester City CCG	0:07:46	0:07:18
	NHS West Leicestershire CCG	0:10:19	0:10:46
Month Commencing: 2015-02-01	NHS East Leicestershire and Rutland CCG	0:11:35	0:11:45
	NHS Leicester City CCG	0:07:32	0:07:31
	NHS West Leicestershire CCG	0:11:33	0:11:25
Month Commencing: 2015-03-01	NHS East Leicestershire and Rutland CCG	0:10:19	0:10:56
	NHS Leicester City CCG	0:07:34	0:07:27
	NHS West Leicestershire CCG	0:10:10	0:10:40
Month Commencing: 2015-04-01	NHS East Leicestershire and Rutland CCG	0:09:56	0:10:53
	NHS Leicester City CCG	0:07:37	0:06:51
	NHS West Leicestershire CCG	0:09:07	0:09:15
Month Commencing: 2015-05-01	NHS East Leicestershire and Rutland CCG	0:09:11	0:09:56
	NHS Leicester City CCG	0:06:54	0:06:55
	NHS West Leicestershire CCG	0:07:54	0:09:16

As of 27/5/15