



## HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 12 NOVEMBER 2014

### REPORT OF EAST MIDLANDS AMBULANCE SERVICE (EMAS) NHS TRUST

#### LEICESTERSHIRE DIVISIONAL UPDATE

##### Purpose of report

1. The purpose of this report is to:
  - Provide key performance information for the EMAS Divisional area of Leicestershire, split to CCG level;
  - Provide an update on frontline staff recruitment, specifically Paramedic grade staff;
  - Summarise the strategic direction of EMAS from the transition of Better Patient Care to the Integrated Business Plan;
  - Provide an overview of the current Estates proposals and alleviate concerns regarding the impact of station closures.

##### Policy Framework and Previous Decisions

2. Following the previous EMAS attendance at the Health Overview and Scrutiny Committee meeting held on 11<sup>th</sup> June 2014, the Committee requested a further update for 12<sup>th</sup> November 2014.

##### Background

3. Committee members previously sought information and assurances regarding EMAS' delivery of key operational performance, specifically to a level that was appropriate to the group's area. **Appendix 1** provides the overall EMAS Leicestershire Division's key operational performance measures and can be summarised as follows:
  - Red 1 improved from 66.67% in October 2013 to 70.00% in October 2014
  - Red 2 improved from 68.95% in October 2013 to 70.93% in October 2014, despite a significant increase in demand (3868 v 4341 incidents)
  - Red 19 (conveying target) improved from 92.51% in October 2013 to 92.80% in October 2014, despite increase in demand and ambulance delays at Acute Trusts
  - Reduction in Trust level percentile times for Red incidents when compared with 2013/4:

	2013/14	2014/15 YTD
Red 1 75 <sup>th</sup> Percentile	8:35	8:15
Red 2 75 <sup>th</sup> Percentile	8:40	8:16
Red 19 95 <sup>th</sup> Percentile	20:26	19:47

\* Please note that Percentile Times are currently reported at EMAS level only

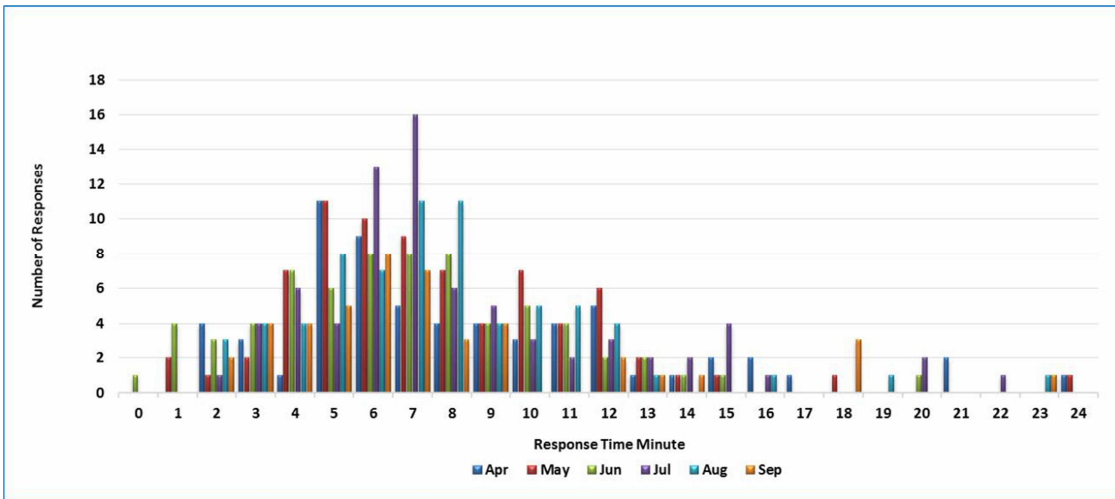
- Variable daily/weekly/monthly performance for Red 1, Red 2 and Red 19 minute targets; initial improvements difficult to sustain as demand often outstripped resource levels (or demand forecast)
- Deterioration of Green 1 and 2 performance, more evident when demand increases
- Continual achievement of the hospital post-handover turnaround target of 15 minutes – this is often considered to be the Ambulance element of the target
- Continual failure to meet the hospital pre-handover turnaround target of 15 minutes – this is often considered to be the Hospital element of the target
- The significant operational impact of delayed pre-handover – for the sites covered in this report, over 6000 operational hours have been lost by EMAS for the year to date due to pre-handovers exceeding 15 minutes. October 2014 saw the greatest pressure with over c1200 hours lost with 58% of handovers taking longer than the required 15 minutes.

4. In addition to providing an overall EMAS Leicestershire position, the table below identifies the Year to Date key contractual performance targets (as of 31/10/14) which are set at County/Divisional level and levels of delivery by CCG for information purposes:

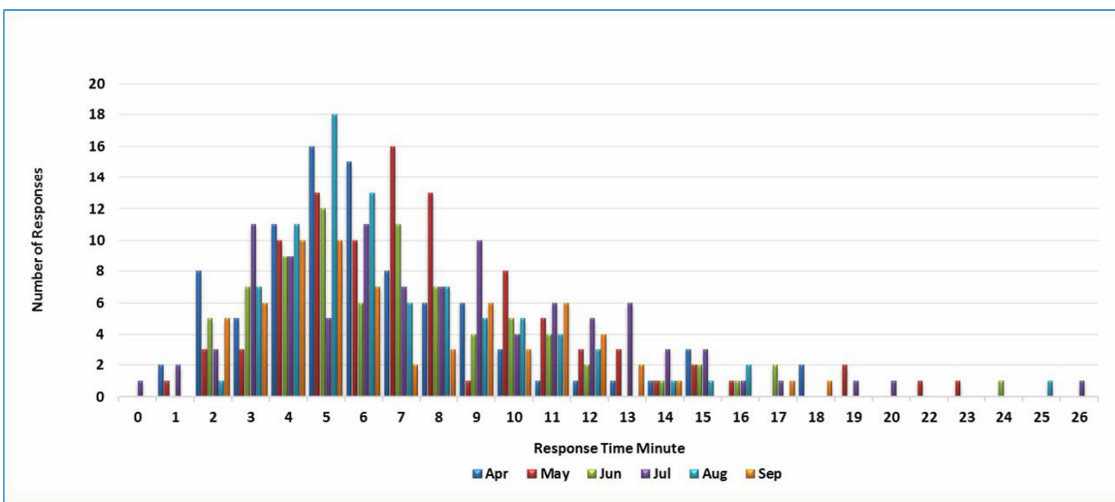
Updated to 31/10/14

	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%)
<b>LEICESTERSHIRE</b>	<b>70.20%</b>	<b>73.01%</b>	<b>72.83%</b>	<b>98.07%</b>	<b>93.56%</b>	<b>93.85%</b>	<b>81.01%</b>	<b>82.04%</b>	<b>80.97%</b>	<b>86.75%</b>	<b>97.19%</b>
NHS East Leicestershire and Rutland CCG	57.14%	60.08%	59.88%	95.31%	88.49%	88.95%	79.55%	80.61%	78.49%	89.76%	96.90%
NHS Leicester City CCG	80.29%	83.13%	82.95%	99.66%	96.77%	96.95%	80.82%	82.33%	84.57%	86.54%	97.35%
NHS West Leicestershire CCG	64.70%	66.41%	66.29%	97.73%	92.19%	92.55%	82.42%	82.91%	79.04%	84.71%	97.20%

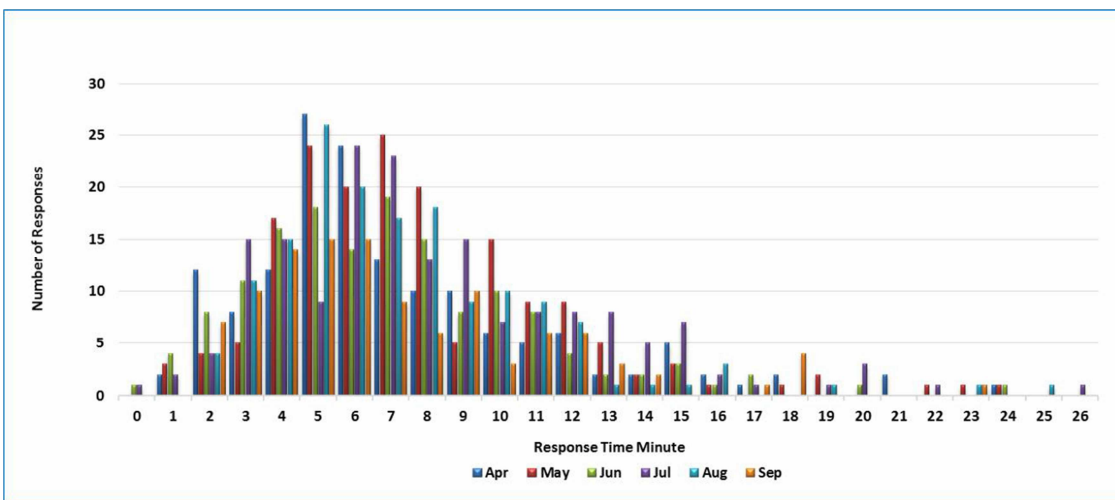
5. EMAS and the Leicestershire team do not underestimate the challenges faced in delivery of performance targets, especially in more rural areas. Divisional implementation of the EMAS Performance Improvement Plan is primarily aimed at improving and maximising our available resource hours to meet the demand forecast. The key focus has been on the recruitment of staff to our established level (last training cohort will be available to Operations in November 2014) and a reduction in staff absence. The placement of new staff considers both the need to increase our relief capacity as well as filling vacant lines across the Division.
6. The Red (8-minute) response performance challenge is greatest within rural areas of EMAS and Leicestershire. Further opportunities to expand Community First Responder capacity in these areas will be explored. Development of new or enhanced patient care pathways will be identified to enable more patients to be treated in their community, for example Loughborough Urgent Care Centre, leading to EMAS resources remaining available in areas to support our response capability.
7. There is a commitment to reduce the exceptions (or long waits) experienced by some patients and users of the service. This is most critical for the Red 1 category of life threatening emergency which requires a response within 8 minutes. The graphs overleaf show the time taken to respond to such emergencies in Leicestershire (excluding the City CCG area) during Q1 and Q2 of 2014/15:



East Leicestershire and Rutland CCG – Red 1 Response Times by Minute



West Leicestershire CCG – Red 1 Response Times by Minute



Combined ELRCCG and WLCCG – Red 1 Response Times by Minute

8. The improvement in response times have also translated into an improved Return of Spontaneous Circulation (ROSC) figure for EMAS, increasing from 13.5% in March 2014 to 22.7% in August 2014. ROSC is the key clinical measure used for the most critical life-threatening condition of Cardiac Arrest.

9. An area where Leicestershire Division has made significant progress is in the non-conveyance of patients. The information is shown for EMAS, County Divisions and by CCG within **Appendix 2** and is effectively the measure of the patients who after contacting an ambulance, are not subsequently conveyed to a (type 1 or 2) Emergency Department. Leicestershire is currently achieving a level of 46% for the year to date (against an EMAS average of 42.6%) and now often achieves over 50% on some days.
10. This not only benefits the patient by providing the most appropriate level of treatment (often in or near to their home) but also eases the pressure on the overall urgent and emergency care systems. This level of achievement has been through close and collaborative working with partner providers, CCGs and our own development of care pathways, supported by a directory of services. In addition, EMAS has invested and committed to enhancing the capacity and capabilities of the Clinical Assessment Team based within our Emergency Operations Centres, providing clinical advice and support to both the patient directly and via our own clinicians on scene at an incident.

### **Proposals/Options**

11. Currently EMAS provides operational performance information to three levels based on commissioning agreement; Trust, County (consisting of the CCGs areas within) and for each of the 22 CCGs. The Trust is currently developing a standard information pack to provide a consistent and appropriate level of information split to Local Authority and therefore Scrutiny area level. It is expected that this information pack will support more localised and focused discussions in future financial reporting years.

### **Consultation**

12. As part of the EMAS *Being the Best* change programme, widespread stakeholder and public consultation was undertaken, primarily focused on the Estates reconfiguration. The Estates programme was largely paused pending a more detailed review of the Estates Strategy to support the overall EMAS Integrated Business Plan.
13. An Estates Strategy update was presented to the EMAS Board on 28<sup>th</sup> October 2014 which confirms that EMAS wish to take a more pragmatic approach to the development of its Estate footprint:

*Over the next few months we will be working with staff, stakeholders and the public to look at what would be an appropriate solution for our premises, taking account of all of the factors..... This work will look at three types of estate, ambulance stations; our education estate and our headquarters facilities.*

14. In terms of EMAS Accident and Emergency Operations and Leicestershire Division, this can be summarised as follows:
  - The move away from Divisions to a five County approach, recognising the importance of working closely with all our partners (health, social care and other emergency services in those counties)

- Our key role in those counties in the development of urgent and emergency care, which incorporates the recommendations from the Keogh review, whereby support to our patients in their communities and reducing conveyance to hospital is critical
- The continued tightening of public finances and the increased focus on ensuring our Fleet and Information technology solutions have sufficient investment so that they are fit for purpose for the future
- The importance of taking account of the views of our staff, our stakeholders and the public in the decisions we take around how our services are configured.

## **Resource Implications**

15. The Committee sought reassurance that EMAS was committed to recruitment of frontline staff, specifically the Paramedic grade. The table below summarises the progress made by EMAS in Leicestershire Division in terms of not only recruiting to the funded establishment level, but also enhancing the clinical skill mix by maintaining Paramedic grade staff levels despite turnover:

Contracted WTE	Months							
Resource	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	
Paramedic Lead Amb person (Team Leader)	12.00	12.00	12.00	12.00	11.00	9.00	10.00	
Paramedic Supervisor (CTM)	4.00	3.00	3.00	3.00	3.00	4.00	4.00	
Paramedic Practitioner (ECP)	3.60	2.60	2.60	2.60	2.60	2.60	2.60	
Ambulance Staff Band 5 (Paramedic)	180.34	181.57	179.67	175.44	176.24	176.24	181.14	
Ambulance Staff Band 4 (Tech)	41.92	41.92	41.92	40.72	40.72	40.72	51.72	
Healthcare Asst Band 3 (ECA)	110.90	109.90	122.90	117.80	117.20	116.80	136.80	
<b>Total</b>	<b>352.76</b>	<b>350.99</b>	<b>362.09</b>	<b>351.56</b>	<b>350.76</b>	<b>349.36</b>	<b>386.26</b>	

\* Paramedic numbers will increase further in October as staff become HCPC registered

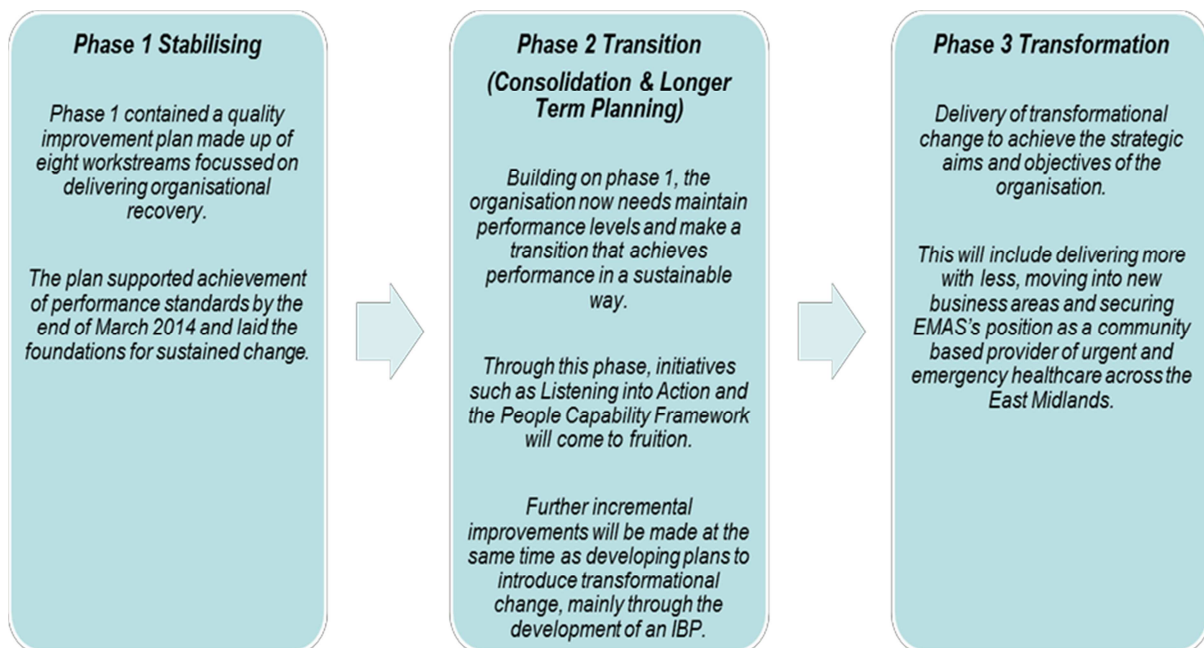
16. The Divisional Management Team are working closely with the EMAS Recruitment Team to ensure this position is sustained, given that locally, regionally and nationally, Ambulance (and specifically Paramedic qualified) staff turnover has increased. Leicestershire Division has experienced the loss of Paramedic staff to other providers, for example Urgent Care Centres.
17. The other main area of concern for Leicestershire Division is the recruitment and retention of Team Leader and Clinical Team Mentor roles. These Paramedic trained staff are the first line managers of our frontline workforce and vacancies jeopardise the consistent delivery of broad objectives for example, sickness case management, staff appraisal and promoting clinical improvement. A rolling recruitment process is in place and as part of a local management capacity review, suitable staff for development roles will be identified. As an interim measure, support from other areas of EMAS has been sought, pending permanent recruitment to vacant posts.

## **Timetable for Decisions**

18. **Better Patient Care, Integrated Business Plan and EMAS Strategies – Timelines**

Recognising the specific quality, finance and performance challenges faced by the organisation during 2013/14, EMAS established its Better Patient Care Programme

(summarised in the diagram below) in Quarter Three of 2013/14 as the quality improvement programme to put the organisation on a credible trajectory to improve patient care, resetting the role, culture and effectiveness of the organisation.



### **Integrated Business Plan**

19. As an NHS Trust, we were required to submit a first draft of a strategic five year plan on 20 June 2014, consisting of an Integrated Business Plan (IBP), a Long Term Financial Model (LTFM) and a Workforce Plan.
20. In production of the EMAS Integrated Business Plan (IBP), we developed a vision for the organisation underpinned by six strategic objectives:

### **Vision**

21. We are a healthcare provider. We provide healthcare on the move and in the community, and our vision is for:

“EMAS to play a leading role in the provision, facilitation and transformation of clinically effective urgent and emergency care delivered by highly skilled, compassionate staff, proud to work at the heart of their local community.”

22. We believe this will support CCGs and other health and social care providers across the East Midlands in the delivery of a long-term, sustainable healthcare system.

### **Strategic Objectives**

23. Achieving our vision is dependent on the delivery of a number of strategic objectives:

**Our Quality:** We will respond to our patients with a high quality service which consistently meets national ambulance targets quality indicators.

**Our Reputation:** We will be recognised nationally as a reliable provider of high quality out of hospital and community based care across the East Midlands.

**Our Innovation ambition:** We will be recognised nationally as a leading innovator in out of hospital and community based care.

**Our Integration approach:** We will work in partnership with our local health care, social care, and voluntary sector partners to deliver and enable integrated patient services and care pathways across the East Midlands.

**Our People:** We will consistently develop and support our people to be highly skilled, highly motivated, caring and compassionate professionals.

**Our Efficiency:** We will make the most effective use of all our resources, delivering upper quartile performance on our indicators for money, staff, premises, and fleet.

The delivery of the vision and strategic objectives is managed by the development, implementation and monitoring of our specific strategies via the Better Patient Care Quality Improvement Programme workstreams.

### **Strategies**

24. In developing the first draft of our IBP, we identified a number of key underpinning strategies to be refreshed (noting a number of other additional strategies are scheduled to be reviewed):
  - Clinical and Quality Strategy
  - Workforce Strategy
  - Fleet Strategy
  - IM&T Strategy
  - Estates Strategy
25. The strategies are being developed together and in line with the overall strategic objectives.
26. First drafts have been presented to the EMAS Board and will now be subject to a period of engagement with stakeholders and finalised by the end of 2014/15 alongside formalising our Integrated Business Plan. See below for more information.
27. **Clinical and Quality Strategy:**  
Patients are at the centre of all our services and the focus of all our efforts is the desire to deliver high quality, compassionate and effective care.
28. This strategy will set out our approach to the national clinical priorities: emergency and urgent care, mental health, the frail elderly, long-term conditions, end of life care and public health and prevention. It is central to the delivery of our draft five-year plan, and is interdependent on our Workforce, Fleet, IM&T and Estates Strategies.
29. **Fleet Services (vehicles) Strategy:**  
We provide emergency and urgent treatment and care at the scene of the incident and in our emergency vehicles. Together with the people to provide the care, our

fleet is therefore very important. This strategy will include a fleet replacement plan and proposes a four-year investment programme to help create an improved fleet size and age profile.

30. **Information Management and Technology (IM&T) Strategy:**

We need to ensure colleagues have access to the right information and communication systems, and that our information management and governance processes enable us to fulfil our mission to achieve the highest standards in emergency and clinical care.

31. Our future plans will have important implications and requirements for our IM&T, and this strategy will address the issues as well as detailing how the IM&T developments will support the delivery of our objectives.

32. **Developing our Estates Strategy:**

At our Board meeting in October, we set out how we want to develop our Estates Strategy, including a timetable for developing and agreeing a set of plans which will see us produce a full Estates Strategy for consideration in March 2015.

33. Importantly, the strategy will be formed while considering several criteria including operational efficiency, staff and public engagement, economics (ensuring estates operating costs support future efficiencies and investment is affordable within the overall Capital Plan) and communications.

34. As the previous strategy was paused last year, we will carry out this review over the next few months, in conjunction with colleagues, the public, and our stakeholders, as well as our new management team so that any future changes make sense to us all.

**Conclusions**

35. Clearly Leicestershire Division is demonstrating variable improvement levels across the balanced scorecard of Operational, Quality and Safety, Workforce and Financial objectives. The key principles of *Better Patient Care* are continuing to be applied both organisationally and locally.

36. There are areas that Committee members can take assurances that genuine improvements are being made but EMAS is committed to provide an increased level of consistency that is sustainable for the future.

37. Leicestershire Division now has a stabilised management structure that is fully engaged with key stakeholders including the broader urgent care network. By continual partnership working, improvements such as those seen in patient non-conveyance will extend to other key objectives.

38. To support this further, the Division will be reviewing and updating local (and locality) delivery plans to ensure these focus on areas of underperformance, to provide a sustainable approach to our response to patients. This will incorporate and build on key aspects of the EMAS and Divisional Performance Improvement Plan which aims to maximise the availability of the appropriate staff hours, aligned to current and future demand levels.



**Background papers**

Progress report on development of strategies underpinning the EMAS Integrated Business Plan 2014-15 to 2018-19

<http://www.emas.nhs.uk/EasySiteWeb/GatewayLink.aspx?alld=57918>

Better Patient Care Progress Update

<http://www.emas.nhs.uk/EasySiteWeb/GatewayLink.aspx?alld=57893>

Developing our Estates Strategy

<http://www.emas.nhs.uk/EasySiteWeb/GatewayLink.aspx?alld=57936>

**Circulation under the Local Issues Alert Procedure**

This report predominantly refers to the EMAS Divisional area of Leicestershire, which consists of the three Clinical Commissioning Group areas within. These are the commissioned and contractual reporting levels for EMAS.

**Officer to Contact**

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**List of Appendices**

Appendix 1	EMAS Leicestershire Operational Scorecard
Appendix 2	EMAS/Divisional/CCG Non-conveyance rates

**Relevant Impact Assessments****Equality and Human Rights Implications**

39. (This is the only mandatory impact assessment)

**Crime and Disorder Implications**

40. N/A

**Environmental Implications**

41. N/A

**Partnership Working and associated issues**

42. EMAS remains committed to working in partnership with staff, stakeholders/partners, patient and public groups.

**Risk Assessment**

43. N/A

## Appendix 1 – Operational Scorecard (as of 2/11/14)

### Leicestershire CCG Area

Updated to 2/11/14



East Midlands Ambulance Service **NHS**  
NHS Trust

Key - Performance
Over 5% below the target
Up to 5% below the target
Hit or exceed target

Key - Mobilisation
00:00:35 >
00:00:31 - 00:00:35
00:00:30 <

Key - Clinical and Post Handover Times
00:20:00 >
00:15:01 - 00:20:00
00:15:00 <

Key - Handover Turnaround Times
00:35:00 >
00:30:01 - 00:35:00
00:30:00 <

	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
<b>Performance</b>														
Red 1 (8 min)	75%	75.09%	69.26%	73.12%	65.93%	68.42%	70.19%	70.00%	100.00%					70.24%
Red 2 (8 min)	75%	76.33%	74.04%	75.28%	70.01%	73.65%	71.12%	70.93%	75.00%					73.01%
R19 (Red 19 min)	95%	95.46%	94.43%	94.92%	92.23%	94.12%	93.09%	92.80%	96.20%					93.86%
Green1 (20 min)	85%	85.62%	80.32%	82.49%	77.53%	82.74%	79.73%	79.41%	78.95%					81.01%
Green2 (30 min)	85%	84.26%	81.48%	86.75%	78.78%	84.34%	79.88%	78.83%	85.71%					82.06%
Green3 Telephony (20 min)	85%	79.86%	83.78%	94.08%	85.16%	87.84%	88.29%	87.05%	100.00%					86.79%
Green 4 Telephony (60 min)	85%	96.33%	98.92%	98.00%	97.11%	97.94%	95.28%	96.68%	100.00%					97.20%
Urgent (pick up within 15 mins)	90%	79.41%	78.81%	83.77%	80.13%	83.11%	84.71%	77.14%	100.00%					80.99%
<b>Activity by Call Type</b>														
	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
*999 Calls		6953	7272	7399	7822	7227	7384	8096	159					52312
Urgents		1067	1141	1014	1101	1038	1107	1130	17					7615
NHS 111		1400	1486	1294	1367	1502	1468	1605	42					10164
<b>Call Cycle Times</b>														
	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
**Mobilisation (seconds)	00:00:30	0:00:32	0:00:32	0:00:31	0:00:31	0:00:32	0:00:31	0:00:31						0:00:32
**On scene time		0:38:03	0:37:53	0:38:01	0:38:53	0:38:41	0:38:24	0:39:15						0:38:27
**On scene time (Conveyed)		0:27:34	0:27:16	0:27:36	0:28:48	0:28:45	0:28:54	0:29:28						0:28:21
**On scene time (non-conveyed)		0:47:26	0:47:36	0:47:06	0:48:26	0:48:01	0:47:23	0:48:00						0:47:42

George Eliot Hospital		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
Attendances at Hospital (All EMAS vehicles)			242	173	198	216	210	213	207	3					1462
Clinical Handover Times		00:15:00	0:16:33	0:17:24	0:17:30	0:16:16	0:17:42	0:18:34	0:18:05	0:18:40					0:17:25
Post Handover Times		00:15:00	0:10:53	0:10:18	0:11:45	0:11:14	0:10:47	0:09:38	0:10:43	0:13:33					0:10:46
Average Handover Turnaround Times		00:30:00	0:27:26	0:27:42	0:29:15	0:27:30	0:28:29	0:28:12	0:28:48	0:32:13					0:28:11
Glenfield General Hospital		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
Attendances at Hospital (All EMAS vehicles)			986	947	949	937	935	944	1014	25					6737
Clinical Handover Times		00:15:00	0:16:19	0:16:04	0:16:29	0:16:20	0:16:26	0:17:00	0:17:25	0:15:31					0:16:35
Post Handover Times		00:15:00	0:10:15	0:09:38	0:09:05	0:09:38	0:09:43	0:09:30	0:08:54	0:09:22					0:09:32
Average Handover Turnaround Times		00:30:00	0:26:35	0:25:42	0:25:35	0:25:58	0:26:09	0:26:30	0:26:19	0:24:53					0:26:07
Leicester General Hospital		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
Attendances at Hospital (All EMAS vehicles)			193	205	191	188	171	214	168	3					1333
Clinical Handover Times		00:15:00	0:20:13	0:18:45	0:19:19	0:17:33	0:19:11	0:18:25	0:18:23	0:13:30					0:18:49
Post Handover Times		00:15:00	0:11:13	0:10:11	0:09:52	0:10:38	0:10:31	0:10:25	0:11:53	0:04:50					0:10:38
Average Handover Turnaround Times		00:30:00	0:31:26	0:28:56	0:29:11	0:28:11	0:29:42	0:28:50	0:30:16	0:18:19					0:29:28
Leicester Royal Infirmary		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
Attendances at Hospital (All EMAS vehicles)			4746	5075	4637	4737	4801	4881	5231	92					34200
Clinical Handover Times		00:15:00	0:23:47	0:25:31	0:21:31	0:20:48	0:20:57	0:22:45	0:26:17	0:21:48					0:23:09
Post Handover Times		00:15:00	0:10:07	0:09:57	0:10:03	0:10:26	0:10:17	0:10:01	0:10:04	0:11:02					0:10:08
Average Handover Turnaround Times		00:30:00	0:33:54	0:35:28	0:31:34	0:31:14	0:31:14	0:32:46	0:36:21	0:32:50					0:33:17
Combined Hospital Turnarounds		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD /Average
***Clinical Handover Time (Leicestershire)		00:15:00	0:22:11	0:23:41	0:20:31	0:19:51	0:20:06	0:21:35	0:24:28	0:20:21					0:21:49
***Post Handover (Leicestershire)		00:15:00	0:10:12	0:09:55	0:09:57	0:10:21	0:10:13	0:09:57	0:09:58	0:10:40					0:10:05
***Turnaround overall (Leicestershire)		00:30:00	0:32:24	0:33:36	0:30:28	0:30:12	0:30:19	0:31:32	0:34:26	0:31:01					0:31:53
***Percentage of Handovers over 15 minutes			52%	56%	51%	50%	51%	53%	58%	51%					53%
***Percentage of Handovers over 20 minutes			37%	41%	34%	33%	35%	38%	44%	33%					38%
***Percentage of Handovers over 30 minutes			18%	21%	14%	13%	14%	17%	25%	14%					17%
***Percentage of Handovers over 45 minutes			8%	10%	5%	4%	4%	6%	11%	6%					7%
***Lost Hours for pre-handover			895:39:37	1081:48:18	705:41:24	652:51:04	679:20:57	838:46:06	1196:30:29	13:27:58					6064:05:53
***Lost Hours for post-handover			143:46:36	126:26:16	114:02:33	133:27:12	130:02:30	122:27:59	143:17:55	3:05:25					916:36:26

**Appendix 2 – Non-conveyance rates (as of 31/10/14)**

Updated to 31/10/14

	Outcome					Non Conveyance %
	Type1 & Type2	Other conveyed	H&T	S&T	Total	
<b>DERBYSHIRE</b>	<b>45381</b>	<b>683</b>	<b>7209</b>	<b>18488</b>	<b>71761</b>	<b>36.76%</b>
NHS Erewash CCG	4144	51	710	2054	6959	40.45%
NHS Hardwick CCG	4933	15	680	1975	7603	35.12%
NHS North Derbyshire CCG	12409	149	1674	4863	19095	35.01%
NHS Southern Derbyshire CCG	23895	468	4145	9596	38104	37.29%
<b>LEICESTERSHIRE</b>	<b>38804</b>	<b>604</b>	<b>8878</b>	<b>23632</b>	<b>71918</b>	<b>46.04%</b>
NHS East Leicestershire and Rutland CCG	10824	138	2075	6271	19308	43.94%
NHS Leicester City CCG	14445	291	4121	9435	28292	48.94%
NHS West Leicestershire CCG	13535	175	2682	7926	24318	44.34%
<b>LINCOLNSHIRE</b>	<b>52751</b>	<b>700</b>	<b>8032</b>	<b>25100</b>	<b>86583</b>	<b>39.07%</b>
NHS Lincolnshire East CCG	13542	80	2216	6893	22731	40.42%
NHS Lincolnshire West CCG	10445	288	1553	5820	18106	42.31%
NHS North East Lincolnshire CCG	9278	104	1329	3440	14151	34.44%
NHS North Lincolnshire CCG	8115	57	1113	3115	12400	34.56%
NHS South Lincolnshire CCG	6380	84	1054	3209	10727	40.52%
NHS South West Lincolnshire CCG	4991	87	767	2623	8468	41.06%
<b>NORTHAMPTONSHIRE</b>	<b>29272</b>	<b>438</b>	<b>6392</b>	<b>15733</b>	<b>51835</b>	<b>43.53%</b>
NHS Corby CCG	3008	208	673	1506	5395	44.24%
NHS Nene CCG	26264	230	5719	14227	46440	43.45%
<b>NOTTINGHAMSHIRE</b>	<b>50148</b>	<b>905</b>	<b>11582</b>	<b>27620</b>	<b>90255</b>	<b>44.44%</b>
NHS Mansfield & Ashfield CCG	10127	12	1881	4285	16305	37.89%
NHS Newark & Sherwood CCG	4636	591	951	2546	8724	46.86%
NHS Bassetlaw CCG	5454	29	961	2425	8869	38.50%
NHS Nottingham City CCG	16340	164	4383	10587	31474	48.08%
NHS Nottingham North & East CCG	5899	52	1809	3222	10982	46.28%
NHS Nottingham West CCG	4166	29	862	2385	7442	44.02%
NHS Rushcliffe CCG	3526	28	735	2170	6459	45.41%
<b>Out Of Area (Non EMAS CCG)</b>	<b>24</b>	<b>2</b>	<b>3</b>	<b>11</b>	<b>40</b>	<b>40.00%</b>
<b>Unknown CCG</b>	<b>106</b>	<b>2</b>	<b>4705</b>	<b>87</b>	<b>4900</b>	<b>97.84%</b>
<b>EMAS Total</b>	<b>216486</b>	<b>3334</b>	<b>46801</b>	<b>110671</b>	<b>377292</b>	<b>42.62%</b>

*All calls that have been passed from 111 as requiring an ambulance response either electronically or manually are not included in this indicator. County performance is now based on the CCG's within that county area.*