

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

08 May 2018

Title of the report:	East Midlands Ambulance Service (EMAS) Update
Section:	Delivery
Report by:	Joanna Clinton, Head of Urgent and Emergency Care Contracts, LLR
Presented by:	Joanna Clinton, Head of Urgent and Emergency Care Contracts, LLR

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs ...
Please state relevant Scheme of Reservation and Delegation provision (SORD)	Commissioning and contracting for clinical services ... approval of business cases for commissioning or decommissioning and/or investments or disinvestment in line with the financial scheme of delegation.
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	to update the WLCCG Governing Body on EMAS's performance against the Ambulance Response Programme (ARP) standards with a detailed focus on patient safety.
Discussed by	Urgent Care Team
Alignment with other strategies	STP, Operational Plan
Environmental Implications	-
Has this paper been discussed with	No

members of the public and other stakeholders? If so, please provide details	
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EXECUTIVE SUMMARY:

1. The purpose of this paper is to update the WLCCG Governing Body on EMAS's performance against the Ambulance Response Programme (ARP) standards with a detailed focus on patient safety.
2. To date EMAS have been unable to meet ARP standards and there have been concerns regarding prolonged waits and the impact upon patient experience and safety, including serious incidents with delayed response as a predominant theme. This report gives looks at performance and quality for LLR and West Leicestershire patients in the context of the CCG's contract with EMAS.
3. This report will also provide an update on the third phase of the Demand and Capacity review undertaken by ORH Ltd which provides detail upon the resource required to fulfil ARP standards.
4. A national variation to the NHS standard contract was issued in January 2018 to introduce ARP standards. EMAS have refused to sign the variation due to not having enough resource to meet ARP standards by September 2018. Commissioners are required to agree the national contract variation by the 30th of April 2018, and there is an expectation from NHS England that commissioners will invest in order to deliver national performance standards.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

BOARD MEETING

08 of May 2018

EMAS Update

INTRODUCTION

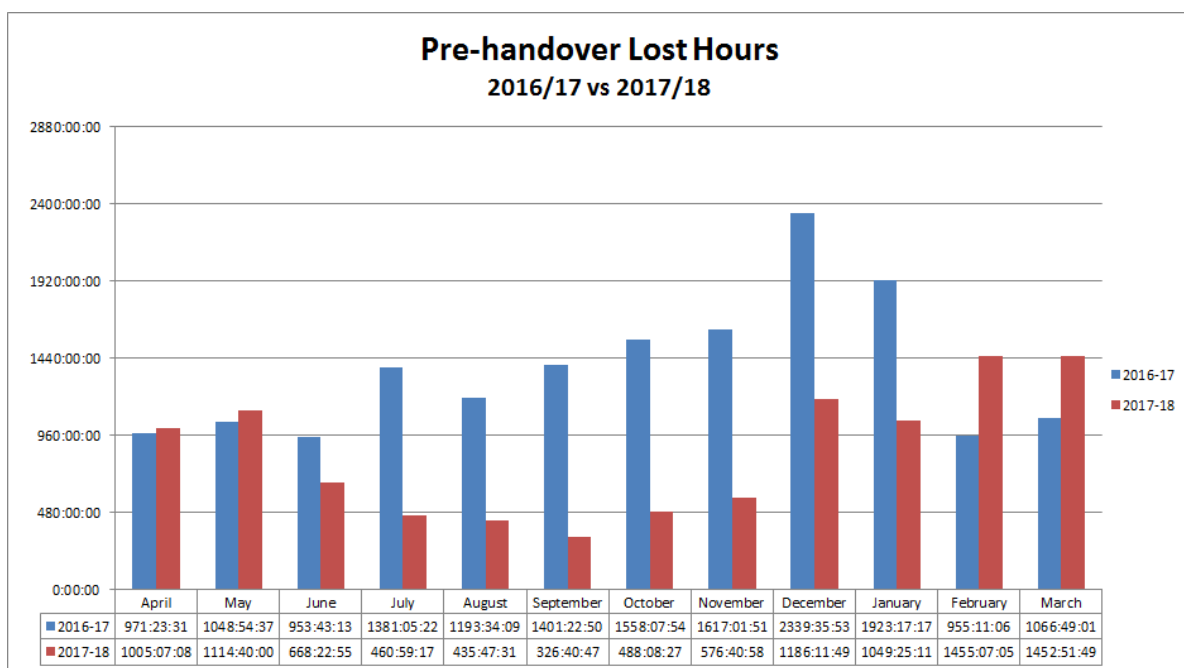
1. The purpose of this paper is to provide an update to WLR Governing Body on EMAS performance and quality.
2. The report will also provide an overview of the current contract negotiations underway with EMAS to agree ARP standards in 2018/19 following the completion of the Demand and Capacity Review undertaken by ORH Ltd.

BACKGROUND

3. EMAS began implementing ARP standards in July 2017, commissioner were advised at the time they wouldn't be able to formally judge EMAS upon the standards initially until April 2018 or enact any contractual penalties. Subsequent planning guidance has set a revised deadline of September 2018 for achievement of the national ARP standards.
4. EMAS now provides data upon the following standards and targets:
 - Category 1 (life threatening illnesses or injuries), 7 minute mean, 15 minute 90th percentile
 - Category 2 (emergency Calls) 18 minute mean, 40 minute 90th percentile
 - Category 3 (Urgent Calls) 120 minute 90th percentile
 - Category 4 (Less urgent Calls) 180 minute 90th percentile
5. EMAS have not met ARP standards since implementation and have cited various operational issues that have prevented them from meeting targets which includes:
 - i) The timeframe to consult on and implement new rotas to rebalance staffing from single crewed rapid response cars to double crewed ambulances
 - ii) Increase in front line resource levels required to be funded by commissioners based on Demand & Capacity review undertaken by ORH Ltd
 - iii) Handover delays
 - iv) NHS 111 activity referred to 999 service
 - v) Higher than expected C2 activity
6. Following the introduction of ARP EMAS commissioned ORH Ltd to undertake the third phase of the Demand and Capacity. This piece of work has now been finalised and concludes that EMAS will require additional 215.4 wte operational staff in order to meet trust –wide standards (not county). EMAS have since advised that this additional workforce will cost commissioners £10m in 2018/19 and a further £9 million in 2019/20. An open book analysis is currently underway in order for commissioners to understand what's driving these costings.

PERFORMANCE (see Appendix 1 for full detail)

7. March performance improved for Categories 3 and 4 for LLR, but Categories 1 and 2 have declined over the period since the implementation of ARP, coinciding with the onset of winter. However, for Category 1, EMAS performed better for LLR than the overall region. It is also noticeable that the Mean and 90th Percentile times for Category 2 have been increasing every month for LLR.
8. ARP performance data is now available by CCG, and it shows that there are wide variations in performance across the three CCGs in LLR. EMAS routinely perform better for Leicester City CCG, particularly for Category 1, where EMAS has consistently achieved the 90th Percentile and either achieved, or was close to achieving, the Mean Standard. East Leicester CCG in comparison to City and West receive the worst performance across all categories the main reason for this is the geography and rurality of East which impacts upon the time taken to arrive on scene.
9. Handovers continue to be problematic, causing lost ambulance hours and delayed response times, particularly at the LRI. There were 6,480 handovers at UHL in March, the percentage of patients handed over within the national 15 minute standard remained at just 30%, with the average pre-handover time remaining at 27mins compared to the national standard of 15 mins. Nevertheless the pre-handover position had greatly improved from 2016/17 to 2017/18 with the exception of February and March 2018 as the graph demonstrates below.



Key actions in place to assist with handover times include:

- Utilisation of blue zone to accommodate ambulatory patients off ambulances
- Conveyance direct to GPAU from ambulances
- 'Fit to Sit' from the ambulance assessment bay to front door
- Escalation protocol in place when the ambulance assessment bay has >8 patients
- EMAS HALO presence on site to liaise with ED staff and support flow
- Additional winter funding for EMAS crews to bring GP patients in earlier, to smooth late pm surges (now remodelled as dedicated 'Urgent' crews from April 2018)
- Rapid flow protocol, and oversight from ED flow manager

In April, handover times performance begun to improve, with 40% reduction in number of >1 hour handovers. However, this remains an area where dramatic improvements are required to prevent a repeat of the performance deterioration next year.

EMAS has also initiated a non-conveyance programme which includes staff performance audits and action learning sets as well as conveyance audits where patient has received little or no treatment.

10. Over the winter period EMAS were often levels of CMP due to increasing demand across the health system which has also impacted upon their response times.
11. EMAS will be implementing the following in order to improve the current performance positions.
 - the implementation of the new rotas which will be in place by the end of April 2018;
 - the introduction of the new urgent care tier which commenced the 2nd of April;
 - and the changes to the fleet mix which will be complete by the end of April 2018 (85% DCA: 15% RRV).

QUALITY

12. In December 2017 the coordinating commissioner identified a number of prolonged waits including :-
 - i) Longest C1 wait 138 minutes,
 - ii) Longest C2 wait 246 minutes,
 - iii) Longest C3 wait 1,025 minutes
13. There was concern that EMAS had not raised any prolonged waits to the coordinating commissioner or investigated through their internal incident reporting (IR1) or Serious Incident (SI) process despite having an agreed internal definition of prolonged waits. There was agreement from EMAS at GC8 Review meeting on 22nd December 2017 to investigate an initial group of patients identified by coordinating commissioner through their IR1 process. There has been no feedback provided to coordinating commissioner to date, and this continues to be chased. Additional prolonged wait data is shared with EMAS with a request to review it following their IR1 process.
14. A total of 27 serious incidents were reported across the region this contractual year up to 28th December 2017, with 20 of these reported since August 2017. In February 2018, Six serious incidents were reported. A paper reporting on Mortality Review was presented to EMAS Quality Governance Committee on 16th January 2018.
15. LLR Commissions have requested a deep dive into the resent SI's reported by the Leicestershire division, to which EMAS are happy to facilitate a review into the incidents after formal closure has been completed.

The review will not replace any processes already in place to review serious incident but it will allow a full understanding of the root cause of the incidents, an opportunity for collaborative working to support health wide economy in learning from these incidents and proactive planning for the future to reduce reoccurrence risks. This review will be scheduled for late June/early July.

16. EMAS have also agreed to work with commissioners to develop a C1 Prolonged Wait call review. This will be a Bi-annual review of prolonged waits per division with scope of reviews to include, but not be exclusive to, an identifiable period for example winter pressure, festive period or summer season.
The process is more advanced than previous calls reviews, and will track the patient journey from their initial 999 call through until hospital discharge.

17. Six high level incidents have been reported YTD by the division but the details of these haven't been shared with Commissioners.

During Q1 and Q2 (17-18) there were 23 incidents reported as high level, although details are not reported to commissioners; of those, seven had a theme of 'delayed response'. It is not known whether these are pre or post ARP standard changes. These incidents will form part of the call review planned for July 2018

18. A response from EMAS was received on 20th December 2017 with a number of reasons cited for the delays:

- vi) Increase in front line resource levels required to be funded by commissioners based on Demand & Capacity review undertaken by ORH Ltd
- vii) Handover delays
- viii) NHS 111 activity referred to 999 service
- ix) Higher than expected C2 activity

See appendix 2 for commissioner analysis in response to EMASs letter.

DEMAND AND CAPACITY REVIEW

19. ORH Ltd have now completed their final presentation in which a number of scenarios have been modelled identifying both the performance and resource impacts of varying:

- Demand levels
- Time at hospital
- Relief rates
- EOC staffing numbers

In order to meet ARP standards ORH Ltd have calculated that EMAS will require an additional 215.4 operational staff. In response EMAS has requested an additional £10 million investment from commissioners which for LLR results in a £1.9 million cost pressure for 2018/19.

20. Commissioners have requested an open book process in order to understand EMASs costings for additional investment, this piece of work is currently underway. Alongside this Commissioners have also requested performance trajectories at a county level from EMAS in line with the request to meet ARP by November 2018. Commissioners have also agreed that performance will be measured on a monthly basis.

Commissioners are required to agree the national contract variation by the 30th of April 2018. It is highly unlikely that this date will be met which is likely to result in NHSE mediation.

21. A separate paper will be presented to Governing Boards providing more details upon 2018/19 contract negotiations.

SUMMARY

22. Since implementation EMAS have failed to meet ARP standards which has resulted in prolonged waits for patients and impacted upon patient safety. EMAS have cited a number of factors with the most significant in relation to finance and being under-resource

23. The AEDB will continue to monitor handover delays and the actions identified in the report to ensure that impacts are reduced in terms of prolonged delays. The UEC and quality teams will continue to work with the lead commissioners using deep dives and call reviews to identify learning from these incidents and proactively plan to reduce reoccurrence risks.

24. Commissioner accept that additional investment will be required in order for EMAS to meet ARP standards however the amount agreed is currently being reviewed in order to ensure value for money for commissioners and a consensus on what should be included or not. Please note commissioners will only pay for performance when EMAS meet the trajectory agreed which will be set at county level.

25. NHSE have also advised that Commissioners will be expected to invest in EMAS to meet ARP standards

RECOMMENDATION:

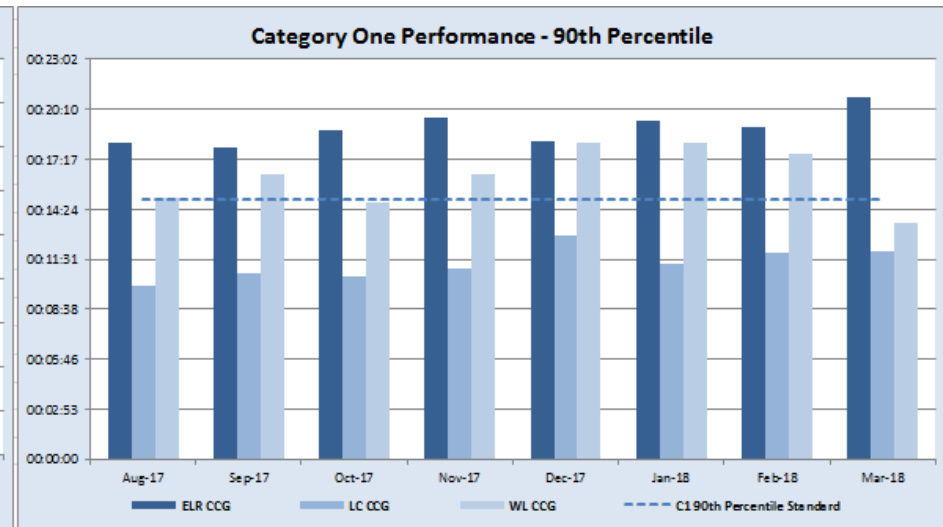
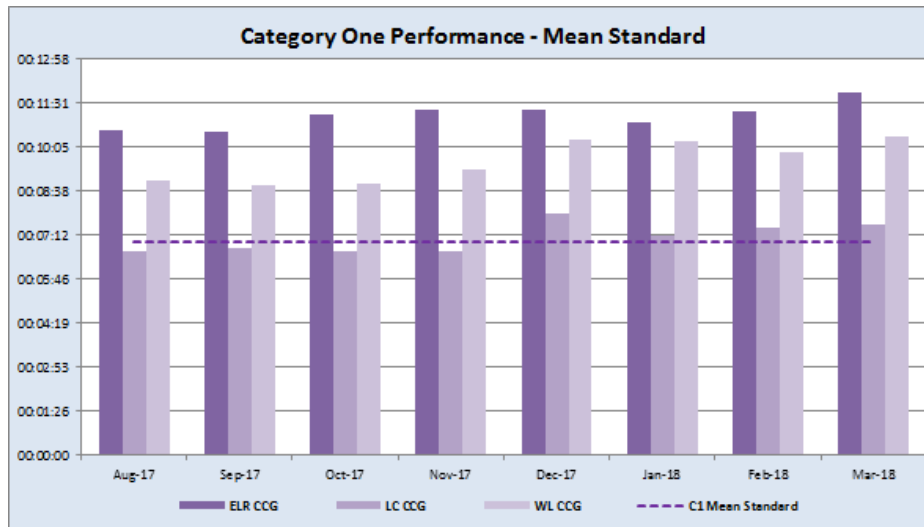
The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the EMAS update.

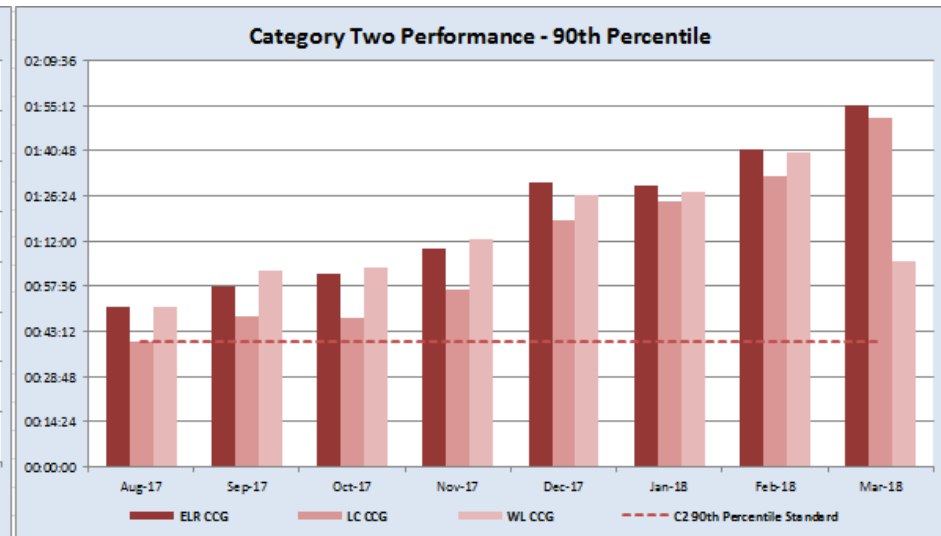
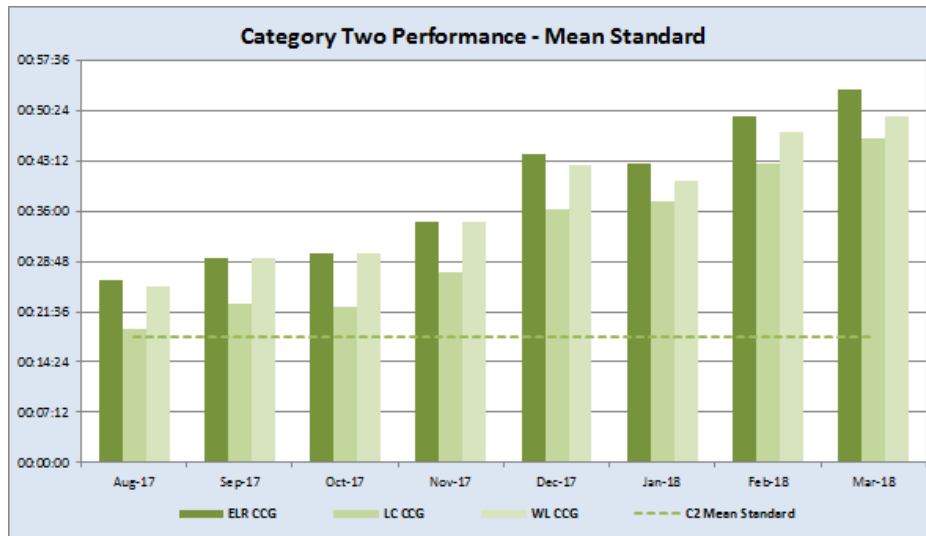
EMAS – West Leicestershire (WL) CCG

ARP Performance

			National Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Category 1 for people with a life-threatening injury or illness	Mean	EMAS	00:07:00	00:08:01	00:08:15	00:08:25	00:08:45	00:09:38	00:09:19	00:09:29	00:09:45
		LLR		00:08:24	00:08:25	00:08:27	00:08:45	00:09:36	00:09:06	00:09:10	00:09:29
		ELR CCG		00:10:38	00:10:34	00:11:10	00:11:19	00:11:17	00:10:54	00:11:16	00:11:53
		LC CCG		00:06:40	00:06:48	00:06:39	00:06:39	00:07:56	00:07:10	00:07:27	00:07:34
		WL CCG		00:09:00	00:08:49	00:08:53	00:09:21	00:10:21	00:10:17	00:09:56	00:10:27
	90 th Percentile	EMAS	00:15:00	00:14:08	00:14:52	00:14:52	00:15:41	00:17:13	00:16:46	00:16:32	00:17:31
		LLR		00:14:35	00:15:21	00:14:25	00:16:03	00:16:35	00:16:25	00:16:22	00:16:42
		ELR CCG		00:18:14	00:17:59	00:18:57	00:19:39	00:18:18	00:19:32	00:19:10	00:20:51
		LC CCG		00:10:00	00:10:45	00:10:32	00:10:59	00:12:51	00:11:15	00:11:52	00:12:00
		WL CCG		00:15:04	00:16:24	00:14:45	00:16:24	00:18:15	00:18:13	00:17:38	00:13:37

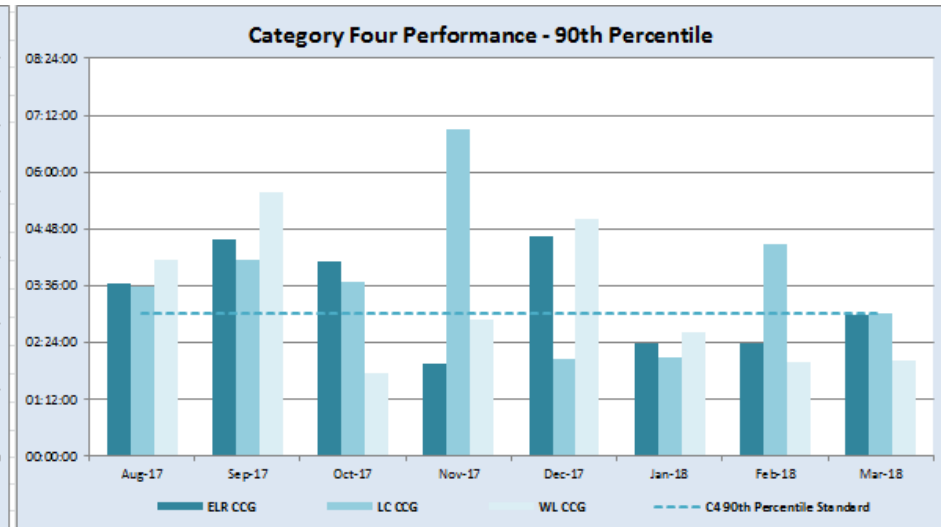
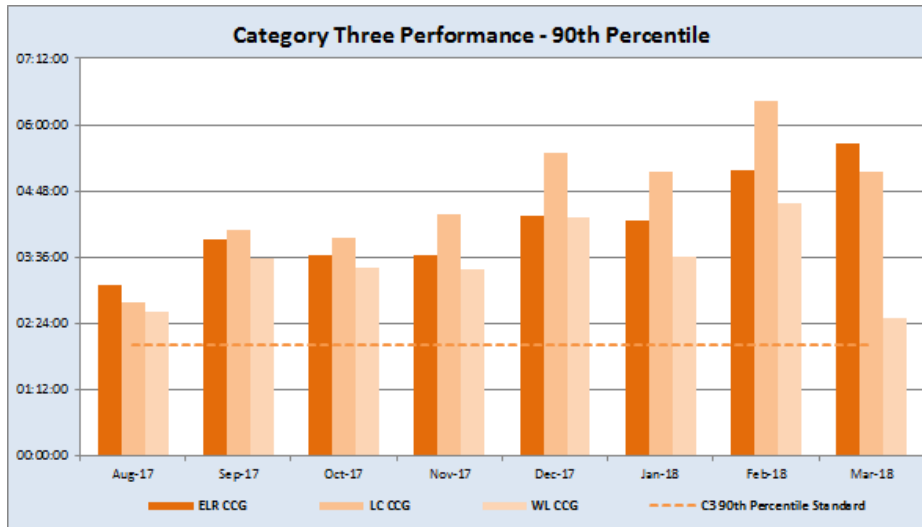


			National Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Category 2 for Emergency calls	Mean	EMAS	00:18:00	00:23:47	00:26:40	00:29:08	00:33:04	00:39:29	00:37:12	00:41:31	00:45:05
		LLR		00:23:19	00:27:01	00:27:20	00:31:47	00:40:54	00:40:00	00:46:10	00:49:31
		ELR CCG		00:26:09	00:29:11	00:30:01	00:34:33	00:44:16	00:42:51	00:49:33	00:53:21
		LC CCG		00:19:01	00:22:48	00:22:20	00:27:09	00:36:12	00:37:21	00:42:44	00:46:25
		WL CCG		00:25:16	00:29:23	00:29:57	00:34:30	00:42:33	00:40:16	00:47:20	00:49:38
	90 th Percentile	EMAS	00:40:00	00:50:44	00:56:35	01:02:33	01:10:55	01:26:09	01:22:21	01:30:37	01:40:18
		LLR		00:48:04	00:56:04	00:57:28	01:06:15	01:25:42	01:27:24	01:38:21	01:51:32
		ELR CCG		00:50:47	00:57:22	01:01:41	01:09:26	01:30:35	01:29:33	01:41:00	01:55:02
		LC CCG		00:40:03	00:47:57	00:47:17	00:56:42	01:18:41	01:24:24	01:32:30	01:51:07
		WL CCG		00:50:47	01:02:20	01:03:21	01:12:46	01:26:49	01:27:28	01:40:05	01:05:23



			National Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Category 3 for Urgent calls	90 th Percentile	EMAS	02:00:00	02:25:07	03:02:38	03:24:25	03:27:07	04:00:09	03:22:47	04:05:50	04:15:55
		LLR		02:46:26	03:49:12	03:37:42	03:49:45	04:51:18	04:09:10	05:24:10	04:54:51
		ELR CCG		03:05:37	03:55:09	03:37:23	03:38:06	04:21:34	04:16:08	05:10:42	05:39:32
		LC CCG		02:47:07	04:05:41	03:57:40	04:23:10	05:28:55	05:08:08	06:25:06	05:08:32
		WL CCG		02:37:11	03:34:14	03:23:35	03:22:43	04:18:17	03:36:45	04:33:51	02:30:13

			National Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Category 4 for Less Urgent calls	90 th Percentile	EMAS	03:00:00	02:17:58	04:16:55	04:20:22	03:49:11	04:42:22	03:18:06	04:05:34	03:12:13
		LLR		03:46:40	04:52:42	02:12:09	03:52:30	04:40:42	02:33:13	04:06:56	03:57:43
		ELR CCG		03:37:50	04:33:53	04:05:51	01:57:08	04:38:53	02:23:35	02:21:59	02:58:59
		LC CCG		03:35:12	04:07:46	03:41:06	06:54:01	02:02:27	02:05:26	04:27:30	03:00:54
		WL CCG		04:07:59	05:33:25	01:44:34	02:52:12	04:59:26	02:37:37	01:58:29	02:00:25

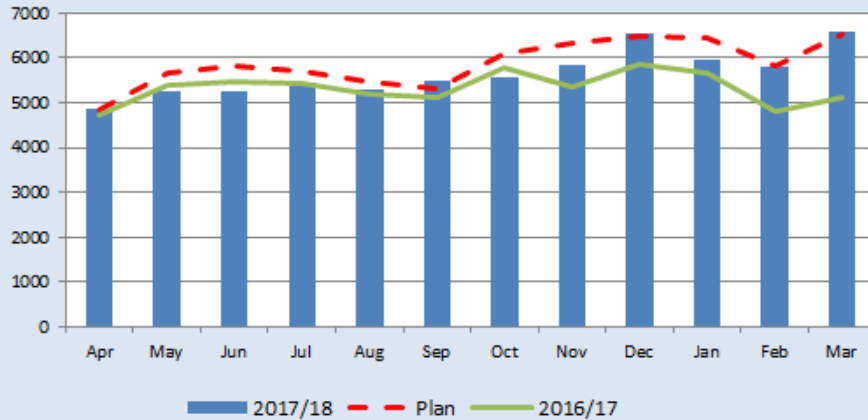


NTPS Activity

	Calls			Hear & Treat			See & Treat			See & Convey			
	17/18	vs Last Year (16/17)	vs Comm Plan	17/18	vs Last Year (16/17)	vs Comm Plan	17/18	vs Last Year (16/17)	vs Comm Plan	17/18	vs Last Year (16/17)	vs Comm Plan	vs EMAS Plan
EMAS Total	999,780	5.6%	-1.4%	157,856	8.3%	-3.5%	191,683	0.9%	-5.7%	460,499	-0.7%	-3.2%	-7.2%
LEICESTERSHIRE	202,187	4.7%	-5.5%	33,359	-1.7%	-21.0%	41,321	6.2%	5.1%	86,595	0.2%	-5.0%	-7.5%
ELR CCG	55,830	7.6%	-2.9%	8,663	6.3%	-11.5%	11,128	3.4%	0.4%	24,862	4.2%	-1.3%	-4.3%
LC CCG	78,421	1.5%	-8.7%	14,875	-2.4%	-22.4%	16,036	5.0%	1.5%	31,416	-5.8%	-10.5%	-12.5%
WL CCG	67,936	6.3%	-3.7%	9,821	-7.1%	-26.0%	14,157	10.1%	13.7%	30,317	3.7%	-1.6%	-4.4%

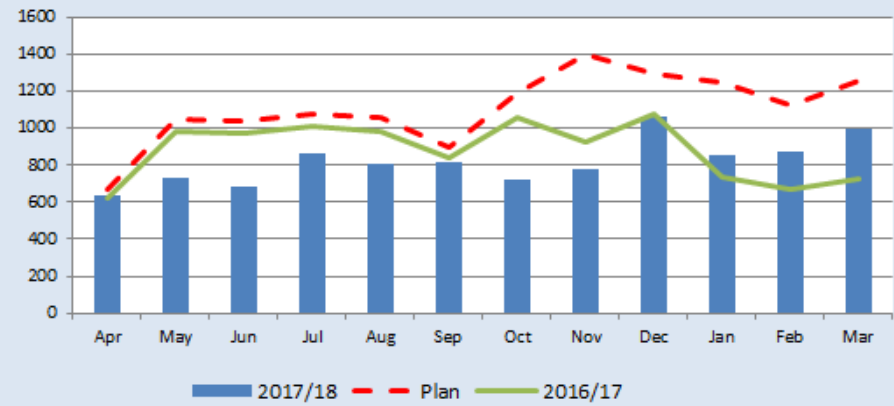
WL CCG - Calls

Activity vs Plan vs Last Year



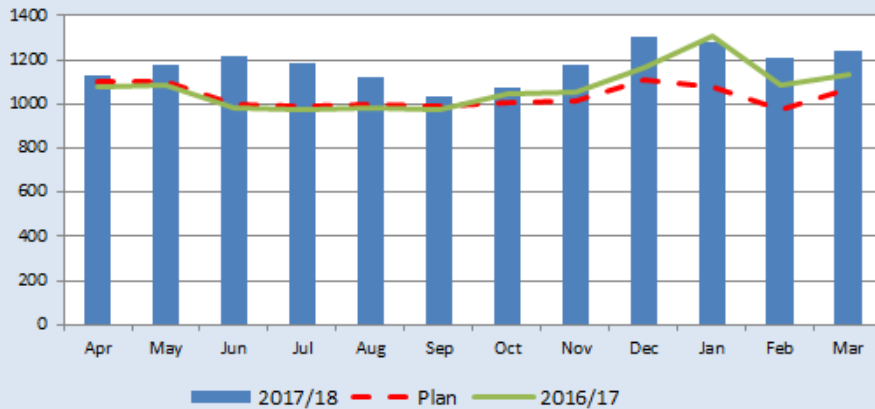
WL CCG - Hear & Treat

Activity vs Plan vs Last Year



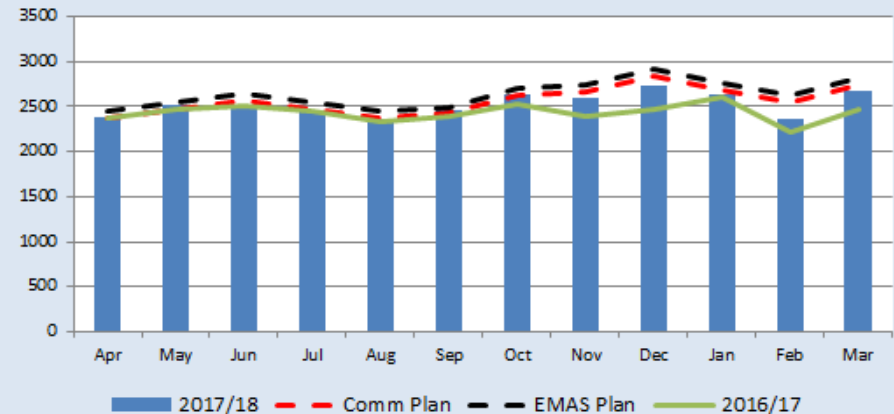
WL CCG - See & Treat

Activity vs Plan vs Last Year



WL CCG - See & Convey

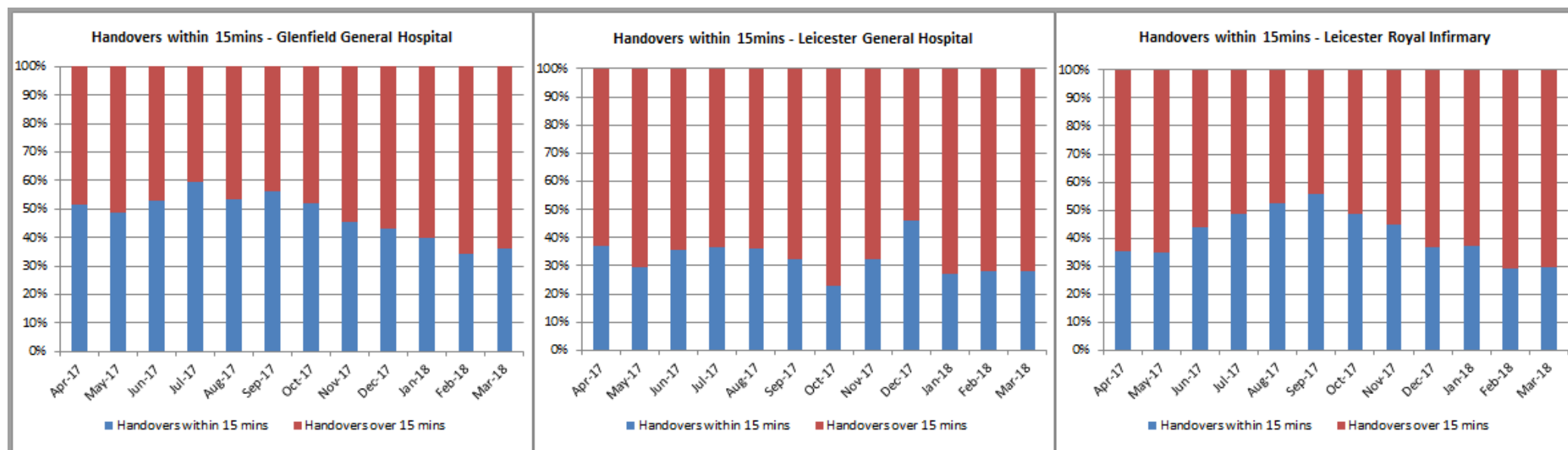
Activity vs Plan vs Last Year



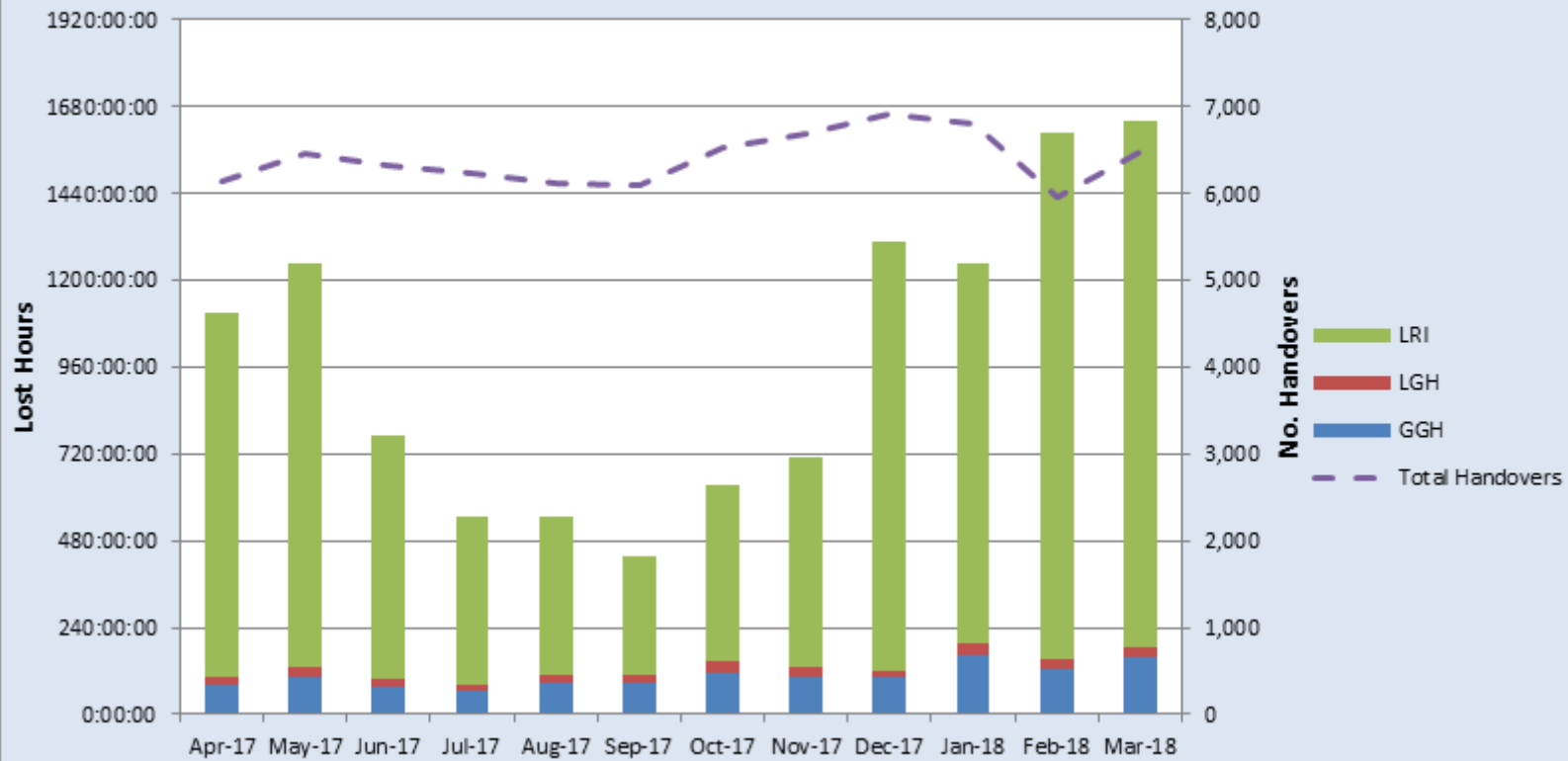
Handovers

EMAS - Pre-Handover Delays over 15 minutes													
Glenfield General Hospital	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD / Mean
Total Handovers	906	928	878	873	839	868	890	848	819	873	649	829	10,200
Number within 15 mins	468	451	465	518	450	488	463	385	353	348	221	298	4,908
% within 15 minutes	51.7%	48.6%	53.0%	59.3%	53.6%	56.2%	52.0%	45.4%	43.1%	39.9%	34.1%	35.9%	48.1%
Number delayed over 15 mins	438	477	413	355	389	380	427	463	466	525	428	531	5,292
% delayed over 15 mins	48.3%	51.4%	47.0%	40.7%	46.4%	43.8%	48.0%	54.6%	56.9%	60.1%	65.9%	64.1%	51.9%
Average pre-handover time	00:18:33	00:19:40	00:17:51	00:17:17	00:18:55	00:18:33	00:20:40	00:20:21	00:20:42	00:24:31	00:25:02	00:24:56	00:20:35
Total Pre-Handover Lost Hours	84:16:37	101:19:50	75:14:49	67:29:02	86:08:35	85:46:18	115:16:32	103:47:37	102:49:27	165:15:58	126:17:45	161:03:01	1274:45:31
Leicester General Hospital	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD / Mean
Total Handovers	145	165	152	132	156	133	153	155	141	137	124	121	1,714
Number within 15 mins	54	49	54	48	56	43	35	50	65	37	35	34	560
% within 15 minutes	37.2%	29.7%	35.5%	36.4%	35.9%	32.3%	22.9%	32.3%	46.1%	27.0%	28.2%	28.1%	32.7%
Number delayed over 15 mins	91	116	98	84	100	90	118	105	76	100	89	87	1,154
% delayed over 15 mins	62.8%	70.3%	64.5%	63.6%	64.1%	67.7%	77.1%	67.7%	53.9%	73.0%	71.8%	71.9%	67.3%
Average pre-handover time	00:22:03	00:24:49	00:23:35	00:21:17	00:21:47	00:24:57	00:27:06	00:25:17	00:21:12	00:26:47	00:27:09	00:26:54	00:24:24
Total Pre-Handover Lost Hours	20:16:30	29:49:40	25:29:53	17:04:59	20:58:27	25:31:42	32:52:29	29:53:48	19:18:14	29:49:58	28:31:10	26:35:47	306:12:37
Leicester Royal Infirmary	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD / Mean
Total Handovers	5,080	5,358	5,297	5,237	5,115	5,096	5,473	5,683	5,946	5,783	5,193	5,531	64,792
Number within 15 mins	1,797	1,880	2,331	2,540	2,676	2,846	2,657	2,539	2,175	2,147	1,522	1,648	26,758
% within 15 minutes	35.4%	35.1%	44.0%	48.5%	52.3%	55.8%	48.5%	44.7%	36.6%	37.1%	29.3%	29.8%	41.3%
Number delayed over 15 mins	3,283	3,478	2,966	2,697	2,439	2,250	2,816	3,144	3,771	3,636	3,671	3,883	38,034
% delayed over 15 mins	64.6%	64.9%	56.0%	51.5%	47.7%	44.2%	51.5%	55.3%	63.4%	62.9%	70.7%	70.2%	58.7%
Average pre-handover time	00:25:15	00:25:50	00:20:37	00:18:11	00:17:45	00:16:11	00:18:08	00:18:53	00:25:11	00:24:13	00:30:19	00:29:20	00:22:29
Total Pre-Handover Lost Hours	1005:07:08	1114:40:00	668:22:55	460:59:17	437:47:49	326:40:47	488:08:27	576:40:58	1186:11:49	1049:25:11	1455:07:05	1452:51:49	10222:03:21

UHL TOTAL	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD / Mean
Total Handovers	6,131	6,451	6,327	6,242	6,110	6,097	6,516	6,686	6,906	6,793	5,966	6,481	76,706
Number within 15 mins	2,319	2,380	2,850	3,106	3,182	3,377	3,155	2,974	2,593	2,532	1,778	1,980	32,226
% within 15 minutes	37.8%	36.9%	45.0%	49.8%	52.1%	55.4%	48.4%	44.5%	37.5%	37.3%	29.8%	30.6%	42.0%
Number delayed over 15 mins	3,812	4,071	3,477	3,136	2,928	2,720	3,361	3,712	4,313	4,261	4,188	4,501	44,480
% delayed over 15 mins	62.2%	63.1%	55.0%	50.2%	47.9%	44.6%	51.6%	55.5%	62.5%	62.7%	70.2%	69.4%	58.0%
Average pre-handover time	00:21:57	00:23:26	00:20:41	00:18:55	00:19:29	00:19:54	00:21:58	00:21:30	00:22:22	00:25:10	00:27:30	00:27:03	00:22:30
Total Pre-Handover Lost Hours	1109:40:15	1245:49:30	769:07:37	545:33:18	544:54:51	437:58:47	636:17:28	710:22:23	1308:19:30	1244:31:13	1609:56:00	1640:30:37	11803:01:29



Total Pre-Handover Lost Hours



Appendix 2 – Quality

Commissioner analysis

- i) Handover Delays – EMAS reported that between August 2017 and November 2017 all Counties, with the exception of Lincolnshire, maintained or reduced hours lost due to handover delays. As a region, there were approximately 1,000 fewer hours lost per month compared to 2016/17. There was a significant increase in lost hours in December 2017 but this marginally below December 2016 performance.
- ii) NHS 111 activity referred to 999 service – the number of calls passed from 111 have increased, some of which may be due to an increase in duplicate calls, though activity in November 2017 is consistent with November 2016. The coordinating commissioner has requested further information from DHU and EMAS in order to undertake further analysis.
- iii) Higher than expected C2 activity -C2 activity is between 4 - 9% higher than anticipated, though if upgrades are removed it is between 2 - 4% higher than expected.