



North West Ambulance Service



NHS Trust



Delivering the right care, at the right time, in the right place

Report to Cheshire East Health and Wellbeing Board

September 2013

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Report to: Cheshire East Health and Wellbeing Board

999 Performance in Cheshire East

1. Introduction

Following attendance by North West Ambulance Service NHS Trust at the Cheshire East HWB meeting in May 2013, a request was made by the Board for a report from NWAS regarding performance in the Cheshire East area and associated improvement plans. The following report provides a description of performance in the area over the last four years, as well as initiatives to support demand management and performance improvement.

2. Activity and Performance

The Health and Wellbeing Board for Cheshire East has asked for information on the historic trends in emergency activity and performance. This presents a number of methodological challenges described below.

2.1 Rule changes

The rules for determining response time performance are set nationally by the Department of Health. In recent years there has been a succession of changes including the switch from Category A, B & C to Red and Green categories and changes to the clock start time from which the response time is recorded. Other changes include AMPDS (ambulance priority dispatch system) code set changes, change in government standard categories, and the move from PCTs to CCGs and improvements in determining an incident's geography.

In order to give as clear a picture as possible, it has been decided to carry out a retrospective review of our datasets, applying as accurately as possible the current set of rules. In this way we can make reasonably fair comparisons across the last four full years. All calls received via the 999 service are prioritised to determine the most appropriate response. The current reporting requirements for call categories are:

- **Red (also still referred to as Category A)**

Red 1, 8 minute response time - Life-threatening requiring intervention - ambulance response. Clock start time when call hits NWAS switchboard

Red 2, 8 minute response time - Immediately life-threatening - ambulance response. Clock start time once chief complaint established

- **Green**

Green 1, 20 minute response time - Serious but not life-threatening - Serious clinical need - ambulance response

Green 2, 30 minute response time - Serious but not life-threatening - Less serious clinical need - ambulance response

Green 3, - Non-life threatening - Non-emergency - telephone assessment/response

Green 4, - Non-life threatening - Non-emergency - telephone assessment

The current national targets relate to Red 1&2 response times. The Trust is contractually required to meet them for the North West of England. This year, we are reporting

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performance to our lead commissioners by NHS England areas, and the dialogue has started between our lead and local commissioners on local performance. The targets are:

- Red 1: Provide a response on site within 8 minutes in 75% of incidents
- Red 2: Provide a response on site within 8 minutes in 75% of incidents
- Category A19: Provide a conveying vehicle when required to 95% of incidents within 19 minutes

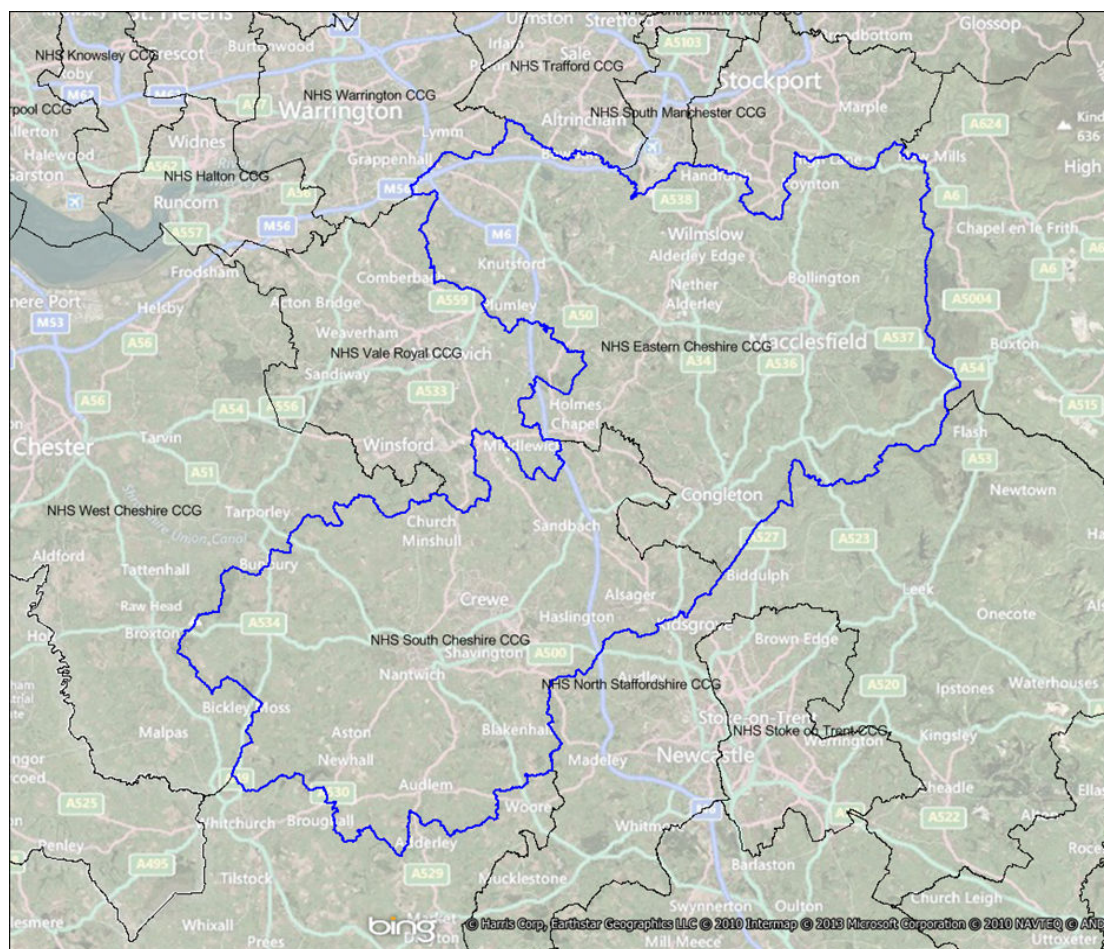
This report focuses on Red 1 and Red 2 activity and performance, but it should be noted that this represents less than half of overall activity. The proportions of the various categories are typically:

| | |
|-------|-----|
| Red1 | 3% |
| Red2 | 35% |
| Green | 61% |
| Other | 1% |

2.2 Geographical boundaries

Rather than attempt to define the various boundary changes in recent years in the NHS and local authorities, the approach adopts the current boundaries and applies them retrospectively. Activity is aligned to an area through the location of the incident, not home address or GP practice. This report therefore relates to activity in the area shown below:

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There are minor variations between authority boundaries and some of the postcodes that are used to identify locations. This will cause some variation in figures but these should not make a significant difference to the outcome.

2.3 Activity

It is important to note the context of the continuing increase in activity year on year that affects all ambulance services in England. A range of factors cause this, including an ageing population, patient expectations and their knowledge of the availability of alternative sources of assistance. Rising activity increases the pressure on services, and ambulance trusts have to improve their efficiency each year to maintain performance levels.

Increases in Red 1&2 (Category A) activity in Cheshire East over the last four years have been:

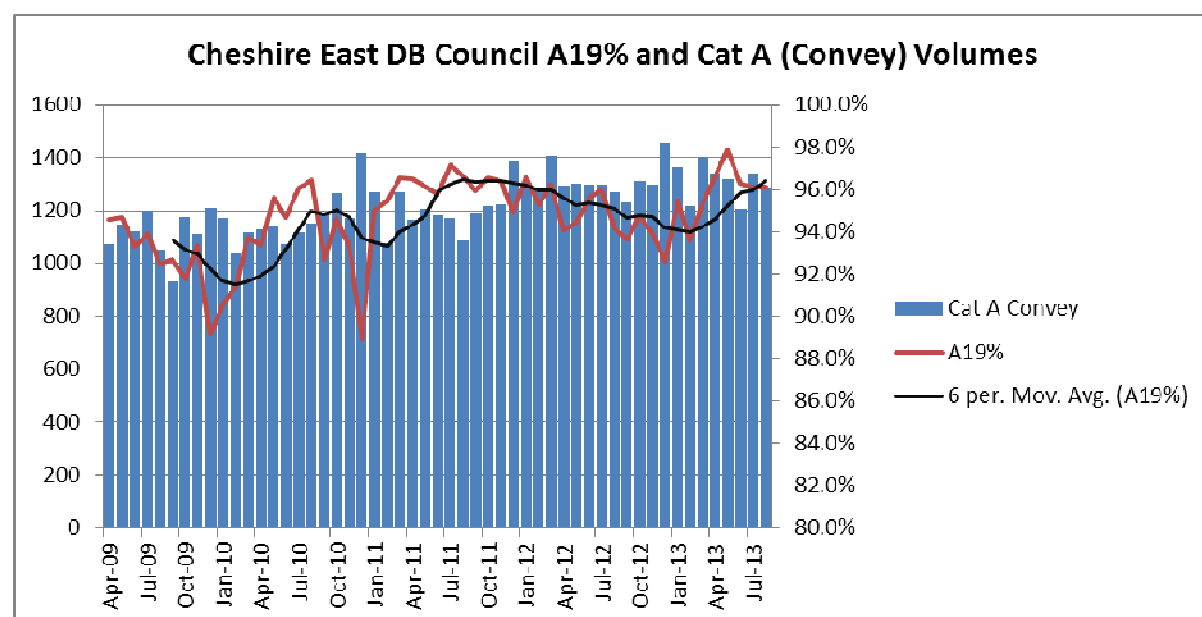
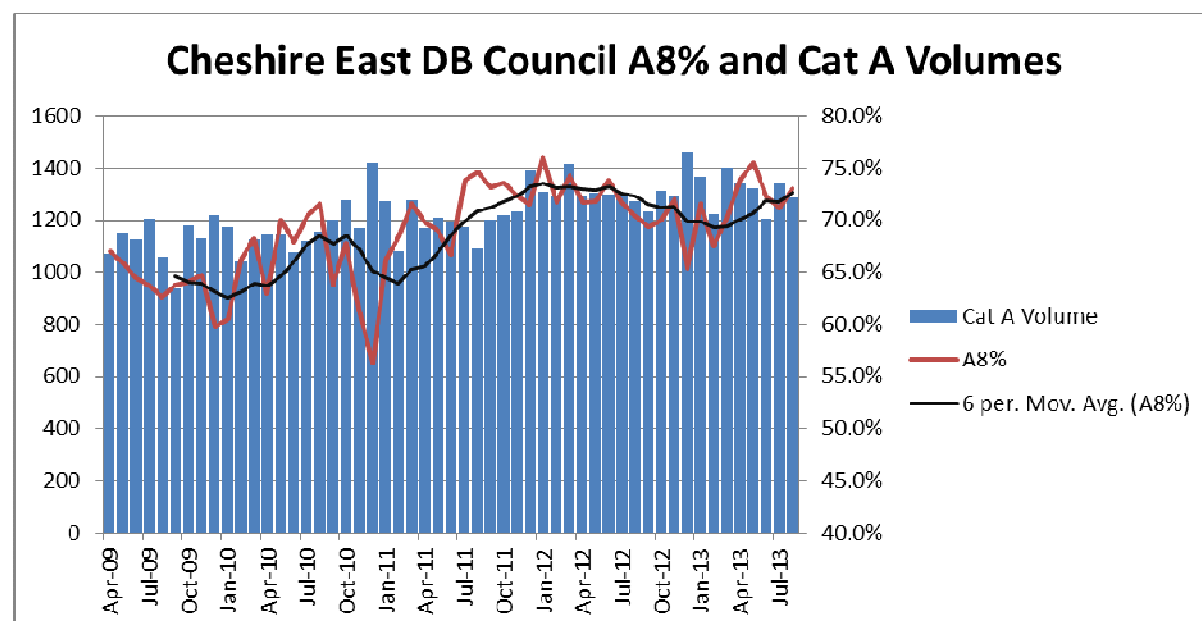
| Year | Cat A incidents | % increase year on year | % increase from 2009/10 |
|---------|-----------------|-------------------------|-------------------------|
| 2009/10 | 13414 | | |
| 2010/11 | 14330 | 6.83% | 6.83% |
| 2011/12 | 14890 | 3.91% | 11.00% |
| 2012/13 | 15758 | 5.83% | 17.47% |

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These figures relate to Red category calls only. Activity increases have been seen across all call categories. In the first five months of 2013/14 there has been an overall in year growth when compared to the same reference period in 2012/13 of 6.2% in Eastern Cheshire and 1.8% in South Cheshire. Within that growth the increase in Green activity has been 10.3% in Eastern Cheshire and 4.8% in South Cheshire.

2.4 Findings

Adopting the methodology described above, a set of graphs have been generated at Council and CCG level. The full set is included as an appendix to this report. The headline performance at Borough level using the longstanding A8 and A19 measures is shown overleaf:



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In these graphs the blue columns show activity levels in each month, the red line shows monthly response time performance and the black line shows a six month rolling average of performance

The main findings from this information are:

- There has been a rising trend in performance despite increasing activity levels. This is more apparent with A8.
- Performance has perhaps become less volatile over time with smaller variations seen in the most recent months. There were significant periods of reduced performance in the winters of 2009 and 2010. In subsequent years effective winter planning has ensured that the drop in performance over winter has reduced markedly.
- Although there has been a relative improvement over the last four years and the A19 target is now typically being met, there is still a shortfall in 8 minute performance

The position in the two CCGs in Cheshire East over the last four years is shown in full in the attached appendix 1. A more detailed tabular breakdown of performance in the current year is shown below. This reflects a clear variation between the two CCG areas. The A19 target is being met throughout the area, and there is a lower 8 minute performance in Eastern Cheshire compared with South Cheshire. The graphs in Appendix 1 demonstrate that the largest improvements in performance have been in Eastern Cheshire, where A8 was regularly as low as 60% at the start of the time period (2009/10). Although national targets are not yet being met, the position has improved to a position where A8 performance is regularly over 70%. It should be noted that there is great volatility in the Red 1 performance, which reflects the fact that they make up only about 10% of red calls, and so are highly variable.

Cheshire East response time performance 2013/14

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Cheshire East

| Month | Cat A Volume | | Cat A Convey | | R1 Volume | | R2 Volume | | A8% | A19% | R1_8% | R2_8% |
|--------|--------------|------|--------------|------|-----------|-----|-----------|------|-------|-------|-------|-------|
| Apr-13 | 1341 | 991 | 1341 | 1296 | 115 | 77 | 1226 | 914 | 73.9% | 96.6% | 67.0% | 74.6% |
| May-13 | 1320 | 997 | 1319 | 1291 | 97 | 76 | 1223 | 921 | 75.5% | 97.9% | 78.4% | 75.3% |
| Jun-13 | 1206 | 871 | 1204 | 1159 | 92 | 64 | 1114 | 807 | 72.2% | 96.3% | 69.6% | 72.4% |
| Jul-13 | 1345 | 956 | 1344 | 1292 | 111 | 72 | 1234 | 884 | 71.1% | 96.1% | 64.9% | 71.6% |
| Aug-13 | 1283 | 937 | 1283 | 1233 | 91 | 67 | 1192 | 870 | 73.0% | 96.1% | 73.6% | 73.0% |
| YTD | 6495 | 4752 | 6491 | 6271 | 506 | 356 | 5989 | 4396 | 73.2% | 96.6% | 70.4% | 73.4% |

South Cheshire CCG

| | | | | | | | | | | | | |
|--------|------|------|------|------|-----|-----|------|------|-------|-------|-------|-------|
| Apr-13 | 696 | 533 | 696 | 670 | 64 | 52 | 632 | 481 | 76.6% | 96.3% | 81.3% | 76.1% |
| May-13 | 639 | 494 | 639 | 623 | 42 | 31 | 597 | 463 | 77.3% | 97.5% | 73.8% | 77.6% |
| Jun-13 | 574 | 435 | 573 | 556 | 43 | 32 | 531 | 403 | 75.8% | 97.0% | 74.4% | 75.9% |
| Jul-13 | 646 | 463 | 646 | 628 | 53 | 30 | 593 | 433 | 71.7% | 97.2% | 56.6% | 73.0% |
| Aug-13 | 640 | 497 | 640 | 615 | 48 | 38 | 592 | 459 | 77.7% | 96.1% | 79.2% | 77.5% |
| YTD | 3195 | 2422 | 3194 | 3092 | 250 | 183 | 2945 | 2239 | 75.8% | 96.8% | 73.2% | 76.0% |

Eastern Cheshire CCG

| | | | | | | | | | | | | |
|--------|------|------|------|------|-----|-----|------|------|-------|-------|-------|-------|
| Apr-13 | 645 | 458 | 645 | 626 | 51 | 25 | 594 | 433 | 71.0% | 97.1% | 49.0% | 72.9% |
| May-13 | 681 | 503 | 680 | 668 | 55 | 45 | 626 | 458 | 73.9% | 98.2% | 81.8% | 73.2% |
| Jun-13 | 632 | 436 | 631 | 603 | 49 | 32 | 583 | 404 | 69.0% | 95.6% | 65.3% | 69.3% |
| Jul-13 | 699 | 493 | 698 | 664 | 58 | 42 | 641 | 451 | 70.5% | 95.1% | 72.4% | 70.4% |
| Aug-13 | 643 | 440 | 643 | 618 | 43 | 29 | 600 | 411 | 68.4% | 96.1% | 67.4% | 68.5% |
| YTD | 3300 | 2330 | 3297 | 3179 | 256 | 173 | 3044 | 2157 | 70.6% | 96.4% | 67.6% | 70.9% |

The North West Ambulance Service and NHS Blackpool as lead recognise the importance of minimising the variation between areas. We will therefore work with local commissioners and providers to improve performance in rural areas where the issue of distance makes it harder to meet response time targets.

2.5 Handover

North West Ambulance Service NHS Trust has been working closely with partners at both Macclesfield District General Hospital and Mid Cheshire Hospitals NHS Foundation Trust to improve handover performance.

Handover is the time taken for crews to physically hand over the care of the patient to a member of nursing staff at the Trust. The clock starts as the ambulance arrives at the acute provider trust and handover should be achieved within 15 minutes.

Poor handover times can result in reduced operational performance of both the ambulance trust and the hospital's emergency care service providing a poor overall patient experience of the NHS.

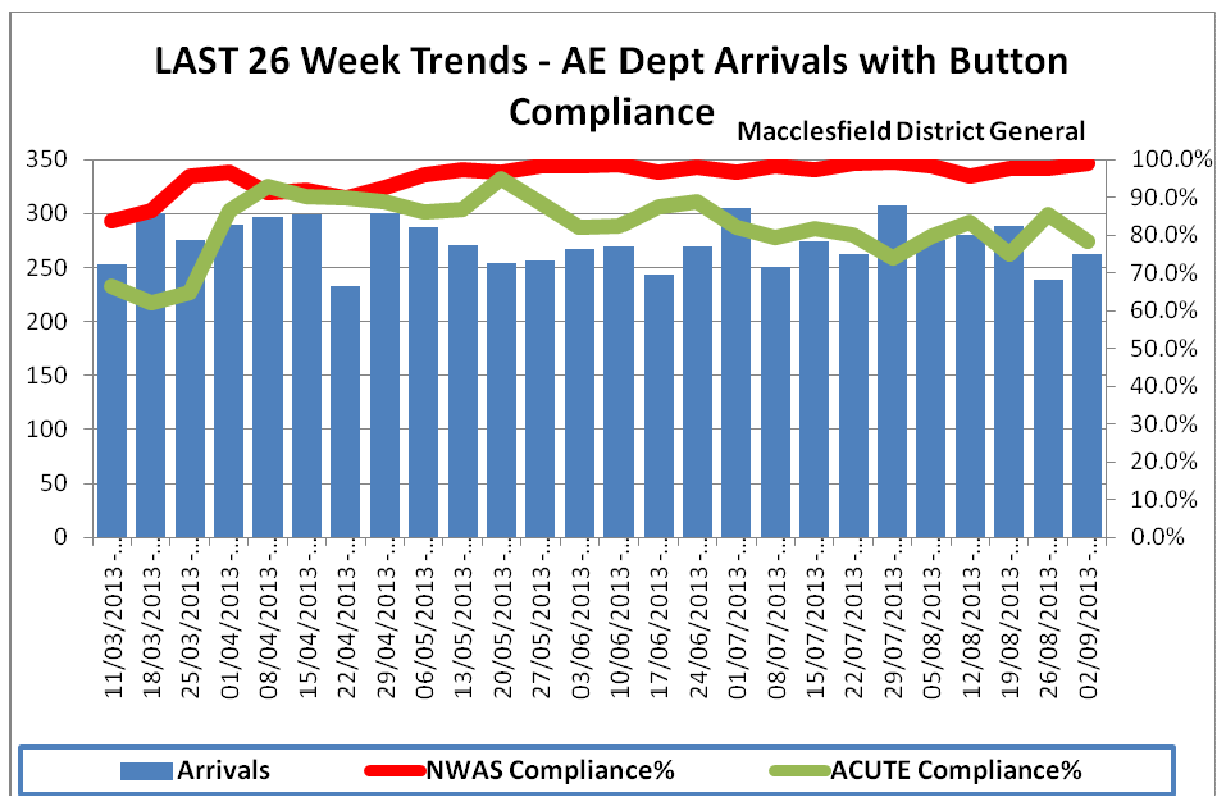
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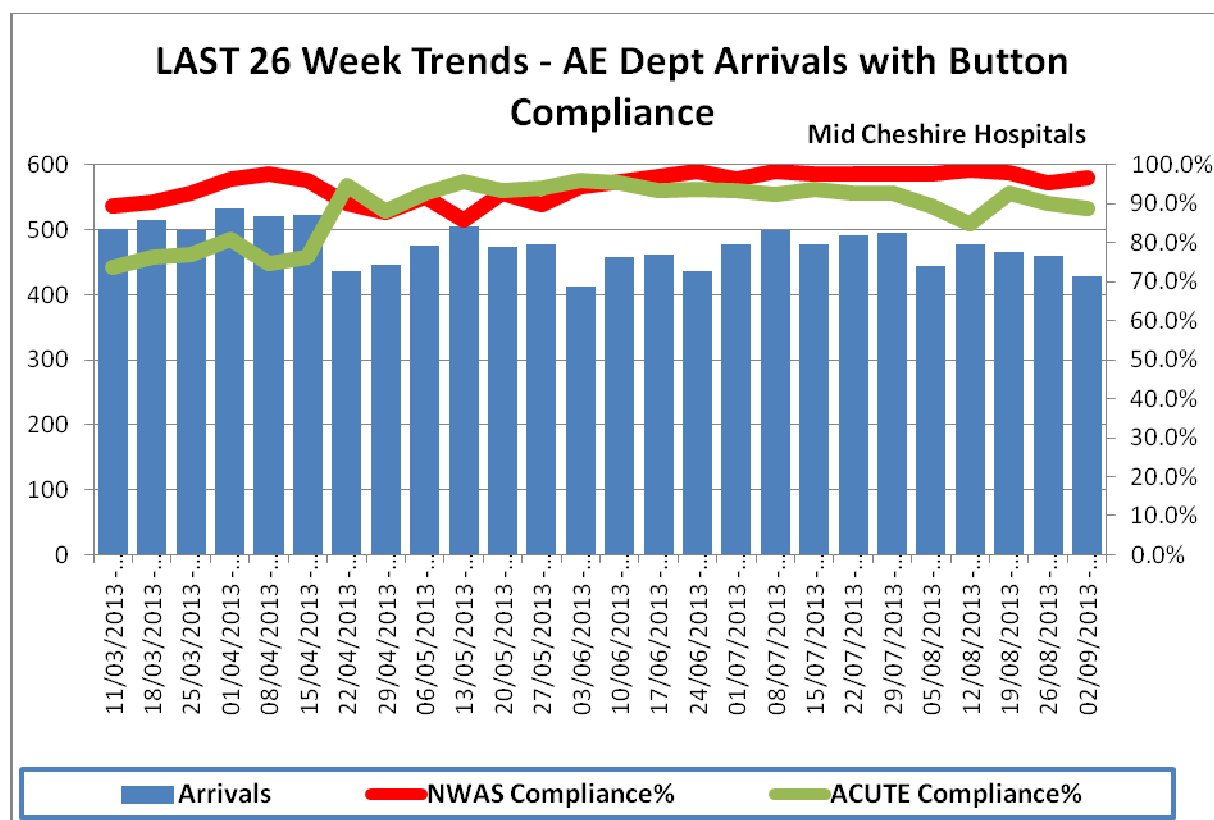
Handover is monitored using the Hospital Arrival Screens (HAS) located at various sites within the Emergency Departments. The crew will enter their PIN number on arrival, with the acute trust nursing staff entering their PIN on acceptance of handover of the patient. The times at each stage are recorded and monitored on a weekly basis. The final time recorded is the time the ambulance crew 'clears' ready to receive the next 999 call.

A number of measures have been put in place to improve performance and compliance:

- Introduction of Dual PIN – both parties have to input their PIN entries at the same time
- Introduction of Rapid Handover – patients, who fit certain criteria on paramedic assessment and where the patient can move unaided, will be asked to sit in the main waiting area of the Emergency Department and paperwork handed over to reception, freeing up crews to attend the next call. 'Rapid Handover' is entered on the HAS screen.
- At Mid Cheshire Hospitals, triage nurses have been placed at the ambulance entrance of Emergency Department solely to improve the handover process.

The graphs below illustrate handover compliance for the last 26 weeks at both Mid Cheshire and Macclesfield Hospitals.





There was marked improvement in compliance at the acute provider trusts when the dual PIN entry was introduced during April 2013. Nwas acknowledges the positive partnership working with acute hospitals which has demonstrated significantly improved handover times.

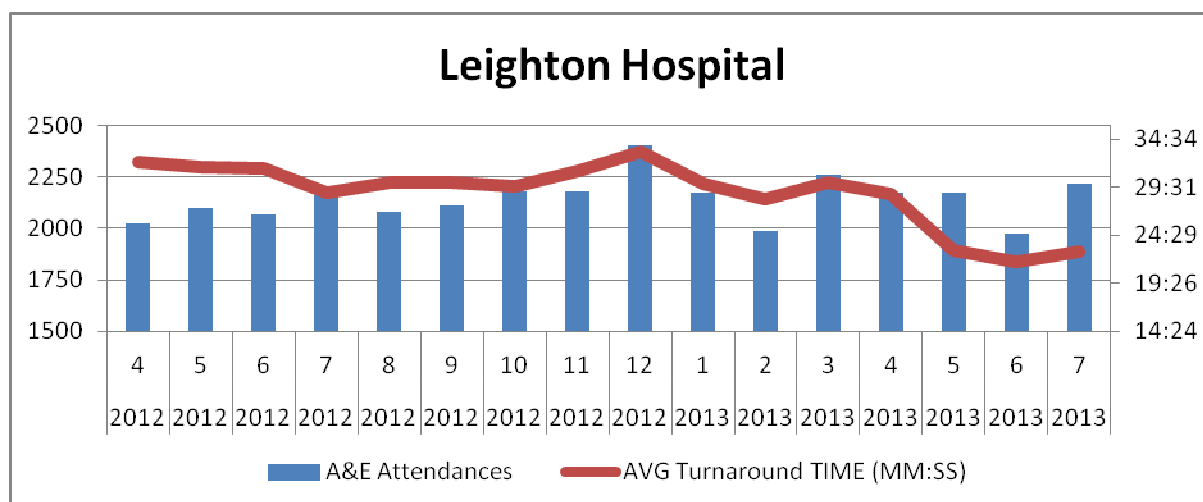
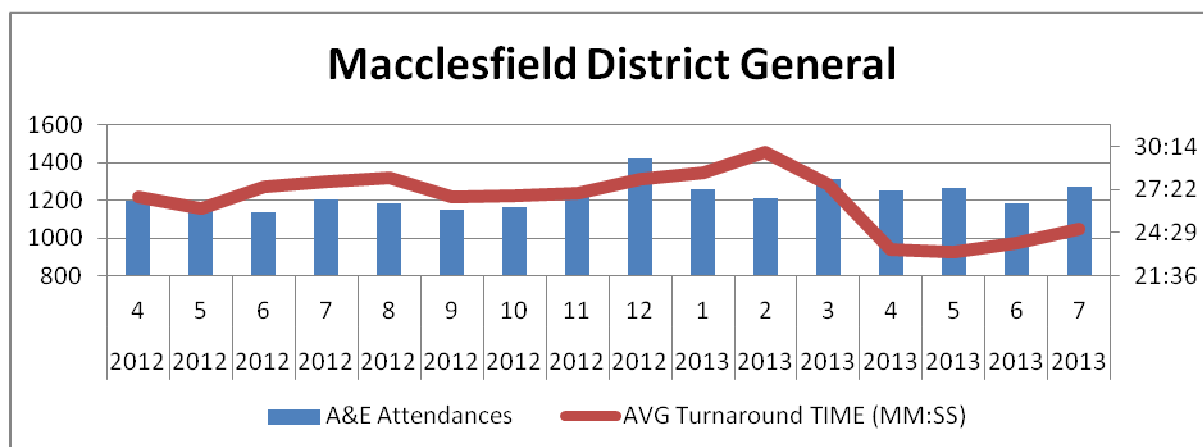
The table below illustrates the number of patients who have been handed over to acute staff using the Rapid Handover process for the month of August 2013:

| Acute Provider Trust | Mid Cheshire NHS FT | Macclesfield DGH |
|---------------------------|---------------------|------------------|
| Number of Rapid Handovers | 175 | 44 |

The steps taken to improve handover and turnaround performance have been positive and have resulted in a reduction of average turnaround time at both hospitals:

For Macclesfield DGH, from an average in April 2012 of 26:08 minutes peaking at 29:52 in February 2013 to a position in August 2013 of 24:40

For Mid Cheshire a reduction of over 9 minutes from an average in April 2012 of 32:14 minutes increasing to 33:16 in December 2012 to a position in August 2013 of 22:39



3. Commissioning and Funding Arrangements

NWAS is funded collaboratively by all 33 Clinical Commissioning Groups across the North West with a lead commissioner arrangement. This is currently undertaken by Blackpool CCG.

Funding levels are provided to deliver the national performance targets for the North West region which are:

- *Red 1 and 2: Emergency life threatening calls in 8 minutes for 75% of calls*
- *Category A: Red, emergency life threatening calls in 19 minutes for 95% of calls*

There are no national targets for category C (green calls).

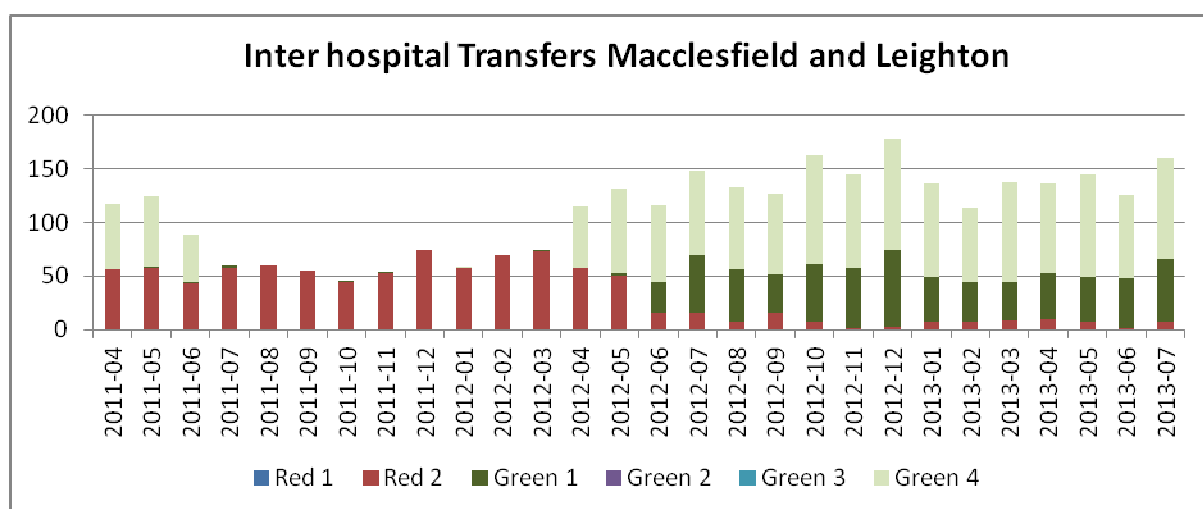
4. Operational Resources in East Cheshire

Recent investment monies to support increased activity have been provided by the collective CCGs. In East Cheshire the additional investment has been provide to fund two Rapid Response Vehicles (RRV); one to support the Poynton to Aldington area which has

always been a challenging part of East Cheshire. The other RRV covers the area between Winsford to Holmes Chapel. An indication of the resource levels provided is shown in Appendix 2, which gives the rostered vehicle provision from each of the stations in the two CCGs.

NWAS is seeing an increasing number of inter hospital transfers of patients to Specialist Units. Once a transfer out of area has been made, the crews may become the nearest responding resource to patients in other areas.

The graph below illustrates the number of inter-hospital transfers for East Cheshire hospitals between April 2011 and July 2013. There has been a marked increase in the number of transfers for Green 4 activity since March 2012.



5. Demand Management Initiatives

Demand on the ambulance service grows year on year and the Trust is working closely with partners to facilitate alternative pathways for patients who either don't require an ambulance response, or who following arrival of the ambulance are assessed as lower acuity and therefore could be better managed either in primary, community or alternative health care settings. The Trust will always ensure those patients who need an ambulance get one.

The Trust has developed a number of initiatives to support this, including:

- Urgent care 'Hear and Treat' service – where senior paramedics can undertake further triage of patients over the phone and refer to alternative services (when available).
- Paramedic Pathfinder – which enables NWAS staff to assess patients face to face and either refer them to alternative care services or leave them at home if considered safe to do so.

5.1 Hear and Treat

'Hear and Treat' is provided by NWAS Urgent Care Desk (UCD) which is manned by Senior and Advanced Paramedics to undertake secondary triage of patients who have already been assigned an ambulance. The UCD aims to provide patients with alternative services most appropriate to their condition rather than ambulance conveyance to the Emergency Department. The success of the 'Hear and Treat' initiative is dependent on UCD having access to alternative care pathways, and is heavily reliant on a comprehensive and up-to-date Directory of Services which not only supports NHS 111 call handlers, but also UCD clinicians to correctly and safely signpost patients to local services.

5.2 Pathfinder

Until recently, North West Ambulance Service has had constraints in its ability to leave appropriate patients safely at home, rather than transfer them to hospital. The development of the Pathfinder Tool has now enabled NWAS clinicians to work with other services to provide alternatives to hospital transfer. By using the Pathfinder Tool, NWAS staff can identify which patients can be treated by an alternative care pathway rather than conveyance to the Emergency Department. There are four main alternative pathway options available:-

- Convey the patient to another location – It is estimated that around 23% of patients that NWAS tend to could be conveyed to an alternative care provider e.g. Urgent Care Centre, for assessment, rapid access to diagnostics, treatment and discharge. The Pathfinder Team have presented Pathfinder to Ambulatory Care Pathways Group and it is thought that NWAS will be able to directly convey patients to the new Acute Assessment / Ambulatory Care Unit as part of phase 3 of the project. Other alternative locations for direct conveyance for patients with minor trauma have been highlighted as Congleton Minor Injuries Unit and Knutsford Community Hospital. These options are yet to be fully explored.
- Referral to dedicated GP Acute Visiting Scheme. NWAS participated in a pilot which took place to support winter pressures in Greater Manchester and parts of Lancashire last year. The pilot involved NWAS clinicians identifying low acuity patients using the Pathfinder tool and referring to a dedicated GP who could provide a 2 hour face-to-face response. A consortium of GP Out Of Hours Providers shared a rota to provide a dedicated GP to NWAS for these types of patients. The scheme was particularly beneficial for lower acuity patients; and particularly those who are elderly who currently are taken to A&E and often admitted; over half of the patients referred were over 70 years. The pilot evaluation demonstrated over 2200 patients were referred into the scheme 85% of whom did not require any further intervention. The remaining 15% of patients who required additional treatment were admitted in a planned way directly to the acute provider trust via MAU / SAU or as outpatient the following day(s). NWAS have made contact with East Cheshire NHS Trust GP OOHs Service to discuss partnership working for a GP Acute Visiting Scheme to support winter pressures this year.

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- Community Care Pathways are hand-held care plans which enable NWAS clinicians to refer the patient back to a community healthcare professional whom they are already known to e.g. GP, Community Matron, District Nurses, Community Respiratory Team, Rapid Response Services, to enable patients with certain conditions to be cared for at home reducing the need for hospital admission. The Pathfinder Team are working with East Cheshire NHS Trust to reinvigorate the existing Patient Passports Scheme to incorporate the principles of the NWAS Community Care Pathways. The two providers have been working together since early 2013 and are almost ready to pilot the passports with the Community Matron caseload of patients. The Task and Finish Group is now meeting every two weeks and is in the final stages of agreeing the pathway with a suggested go live date of October 2013. It is believed that once the Community Matrons have piloted the Passports, the scheme will be rolled out to other nursing disciplines within the Provider Trust.
- Self-Care Pathways – there are currently six Self Care Pathways. If a patient fits Self Care Pathway criteria, the patient is deemed safe to be left at home with advice and possible onward referral to community specialist services. Where no services are available to support the patient, the patient automatically moves up the pathfinder to ‘amber’ and then ‘red’ i.e. A&E, until there is a service identified to support them. NWAS are working in collaboration with East Cheshire NHS Trust and AQuA around a falls pathway.

NWAS are actively engaged in the Caring Together for Eastern Cheshire Programme which focusses on integrating health and social care services and wrapping care around the patients’ individual needs. This is a long-term strategy.

All of these initiatives support the reduction in demand on ambulance deployment and depend on effective system working and alternative services being available.

The Trust is also launching a Communication and Marketing campaign in October to help members of the public understand what they can expect from their ambulance service.

6. Future Plans for Performance Improvement

Performance Improvement is significantly dependent on Pathfinder and on the availability of alternative services in the community. Retrospective application of Pathfinder to around 500 patients across eight Emergency Departments in the Northwest has illustrated that 40% of these patients could be treated by the four listed alternatives pathways, hence reducing A&E attendances and the pressures on the acute provider trusts significantly. This would support NWAS performance, as the emergency ambulance resource would remain in the community served rather than being drawn into the acute provider trust unnecessarily.

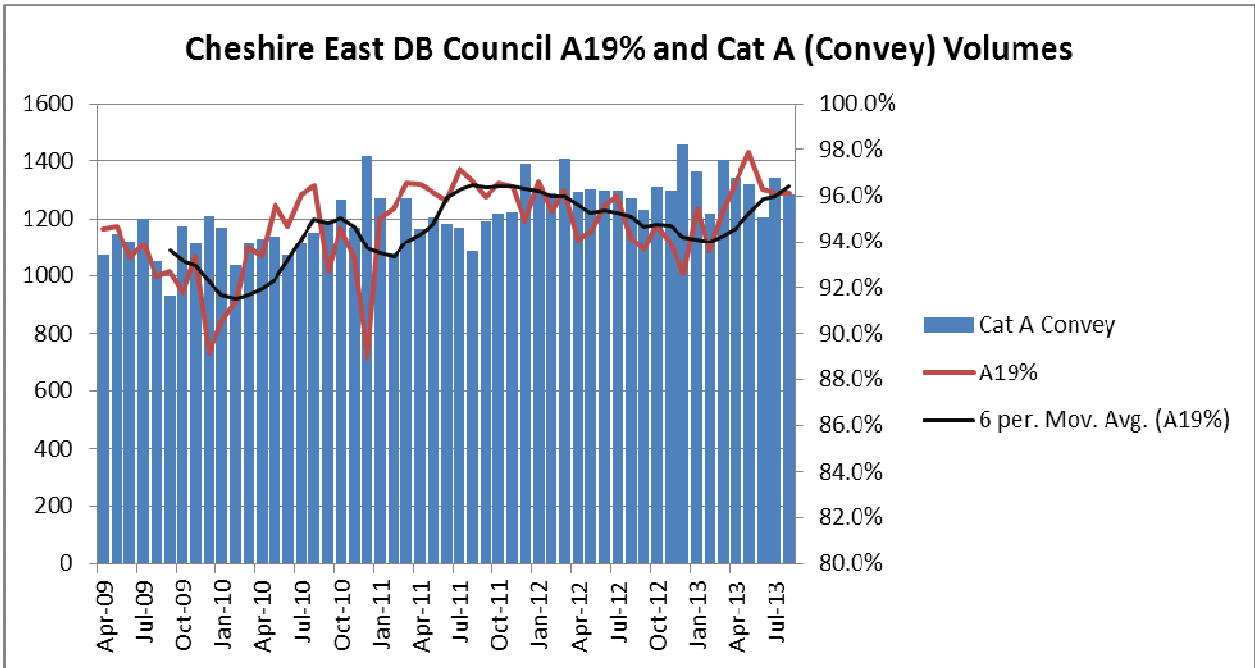
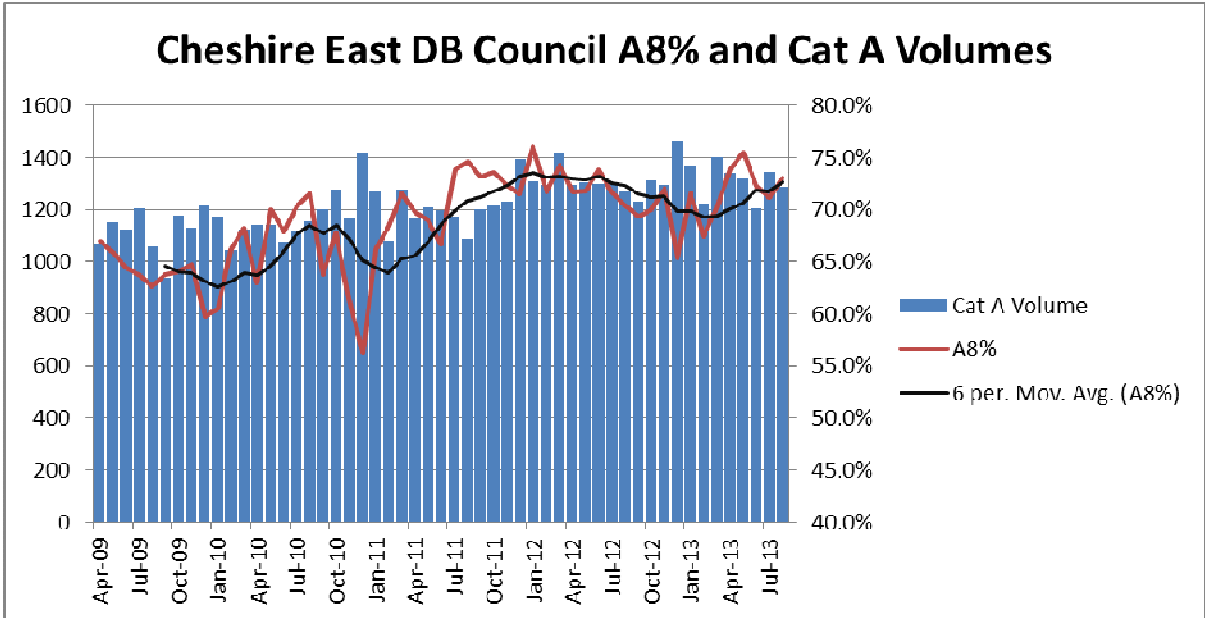
7. Recommendations

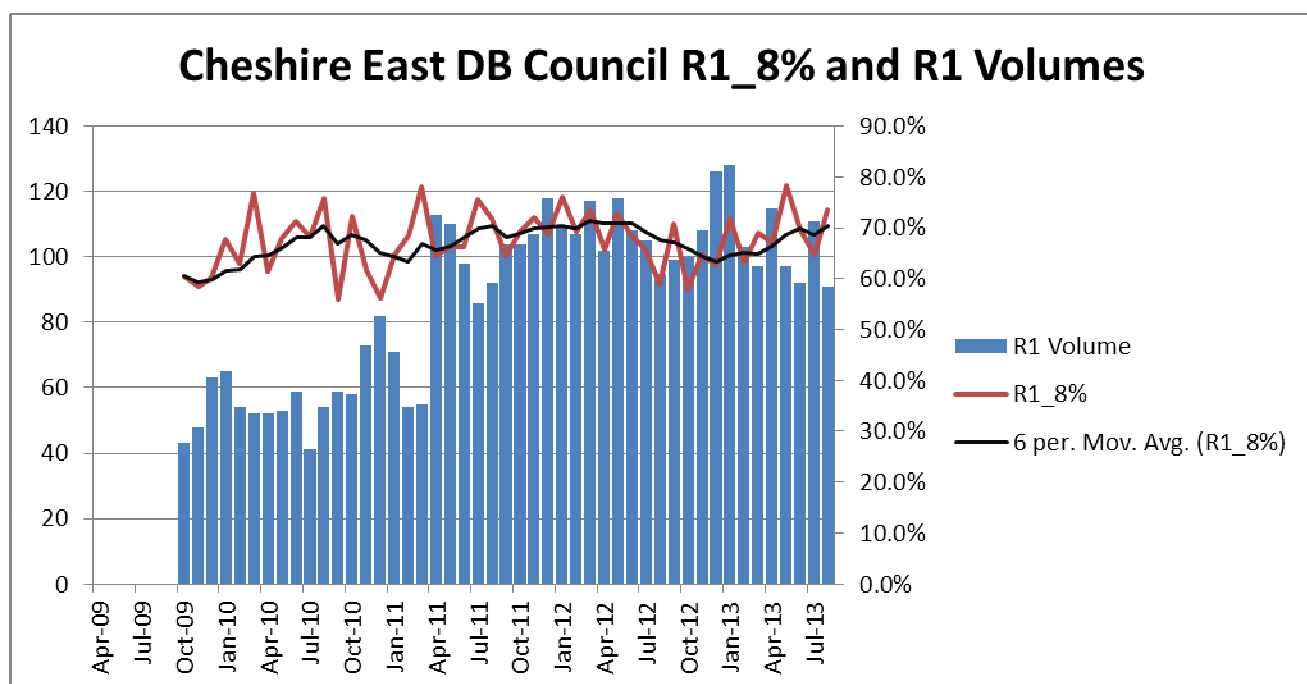
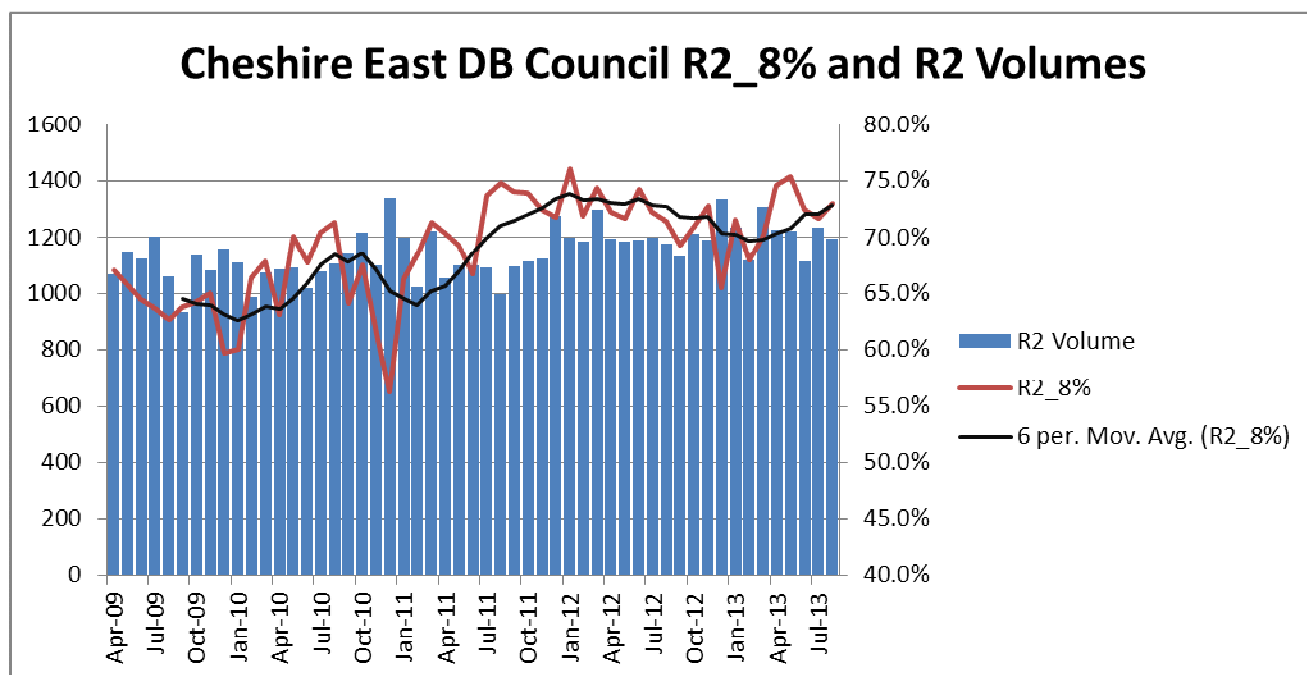
NWAS would like to work together with commissioning colleagues and other partners to drive forward the work around Pathfinder, the Integrated Care Model and other pathway

development initiatives. This is integral to improvements in the Urgent Care System both for ambulance service performance, and in reducing the number of patients requiring handover at the Emergency Department.

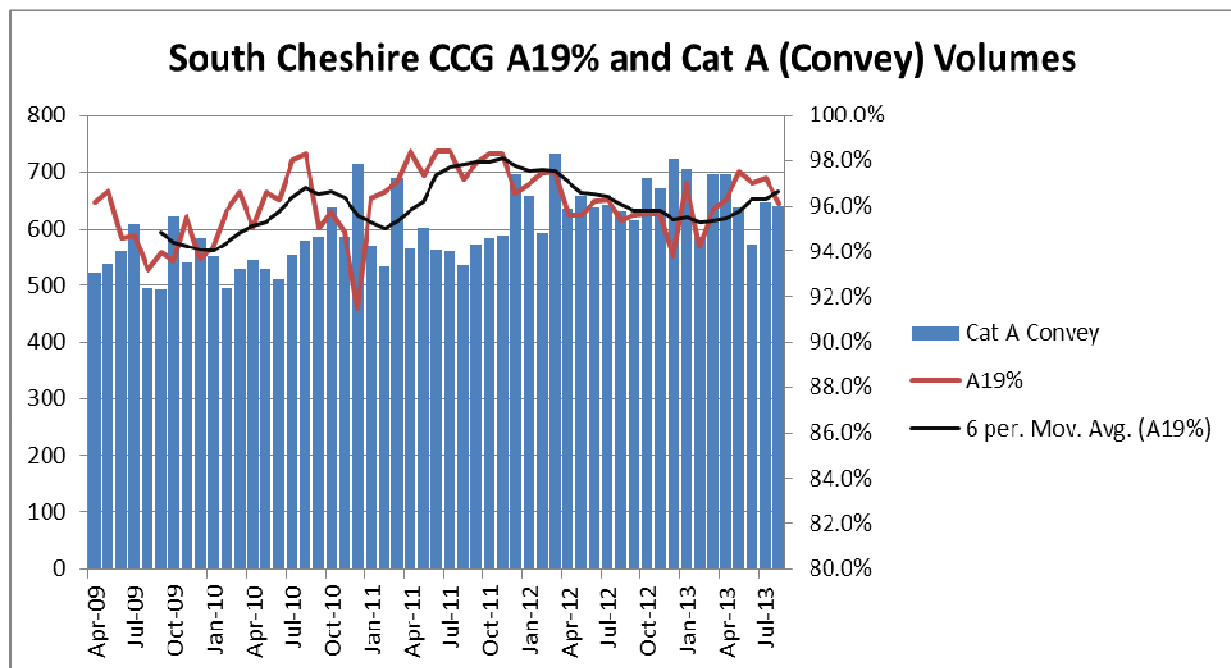
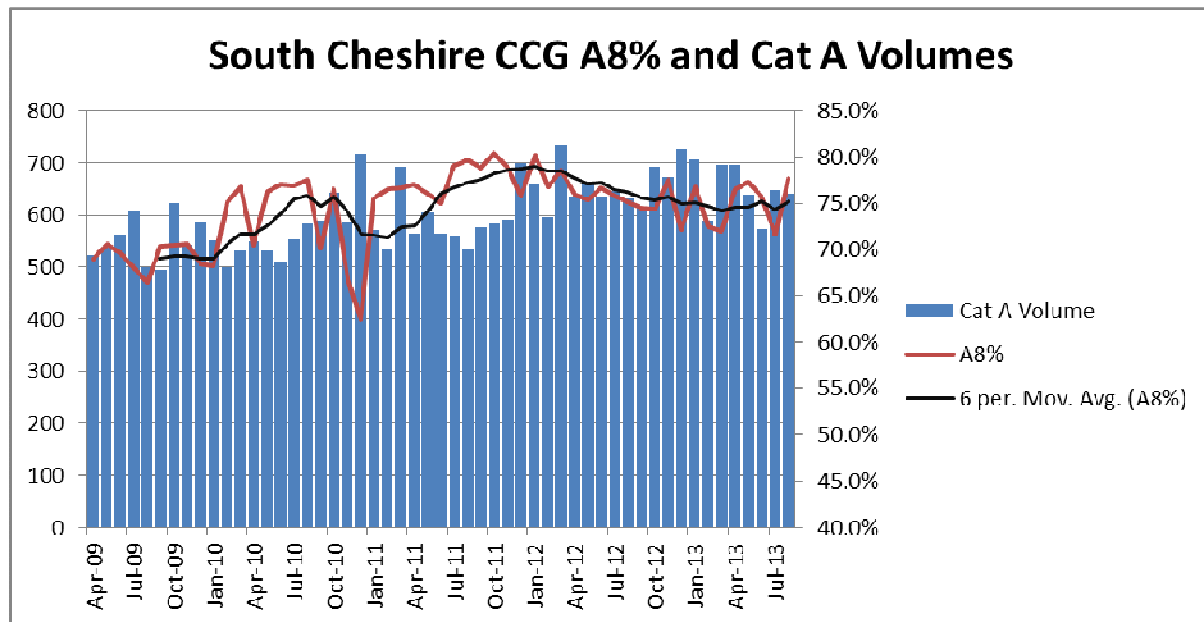
Appendix 1: Historical activity and performance trends

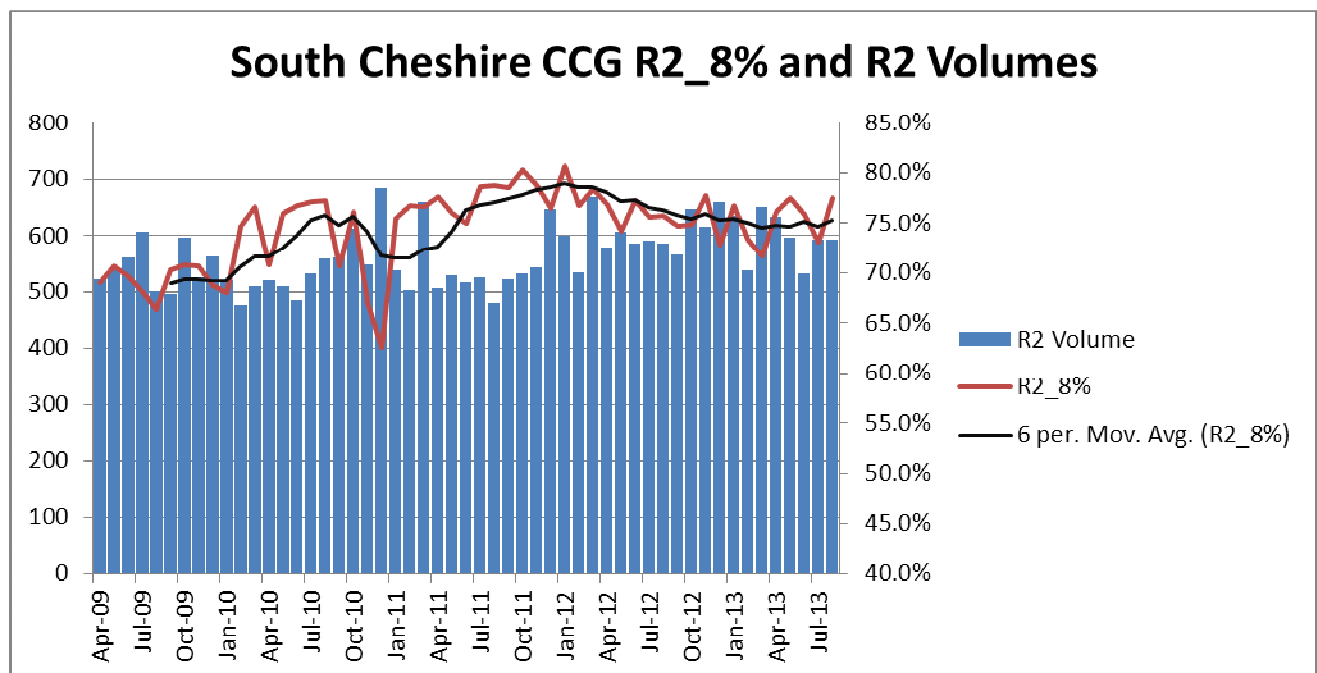
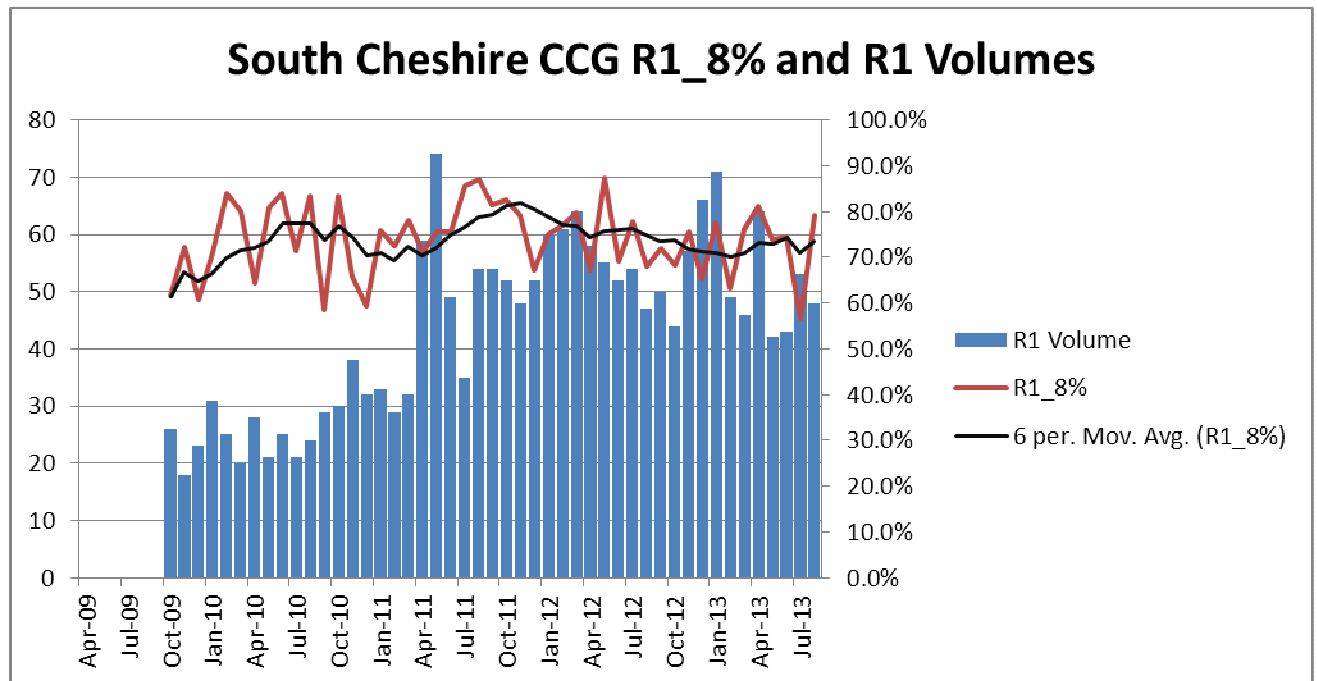
1.1 Cheshire East



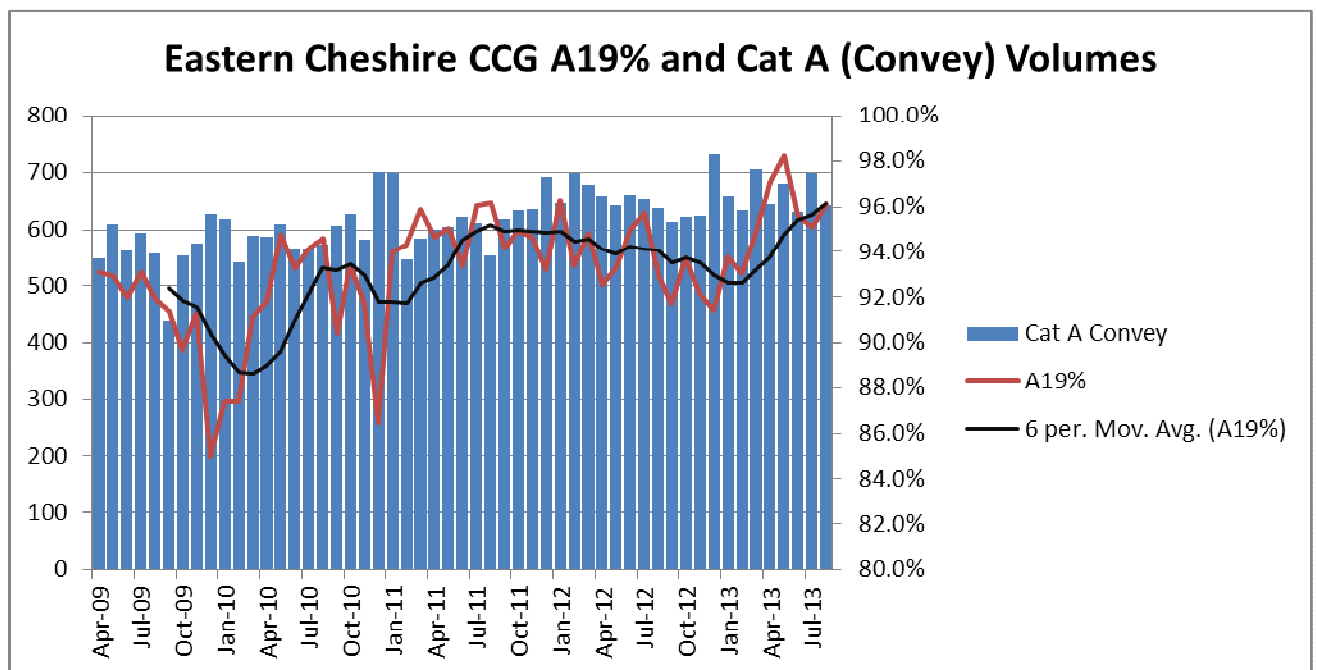
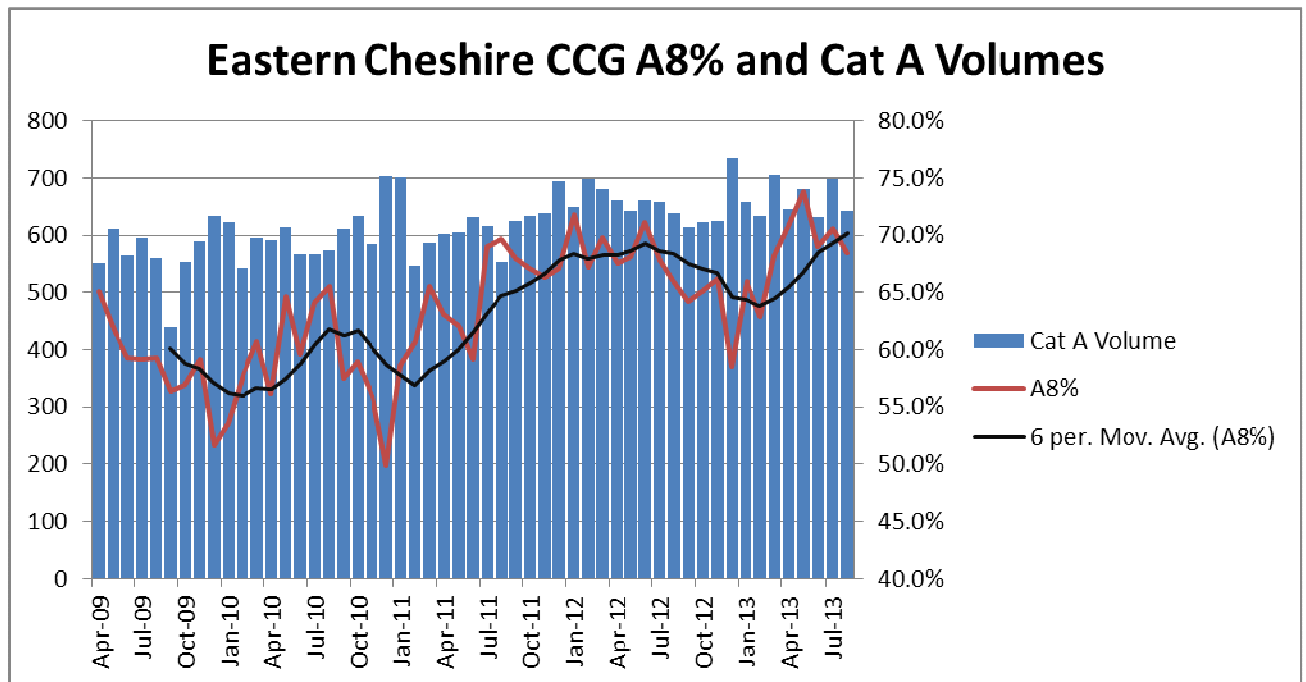


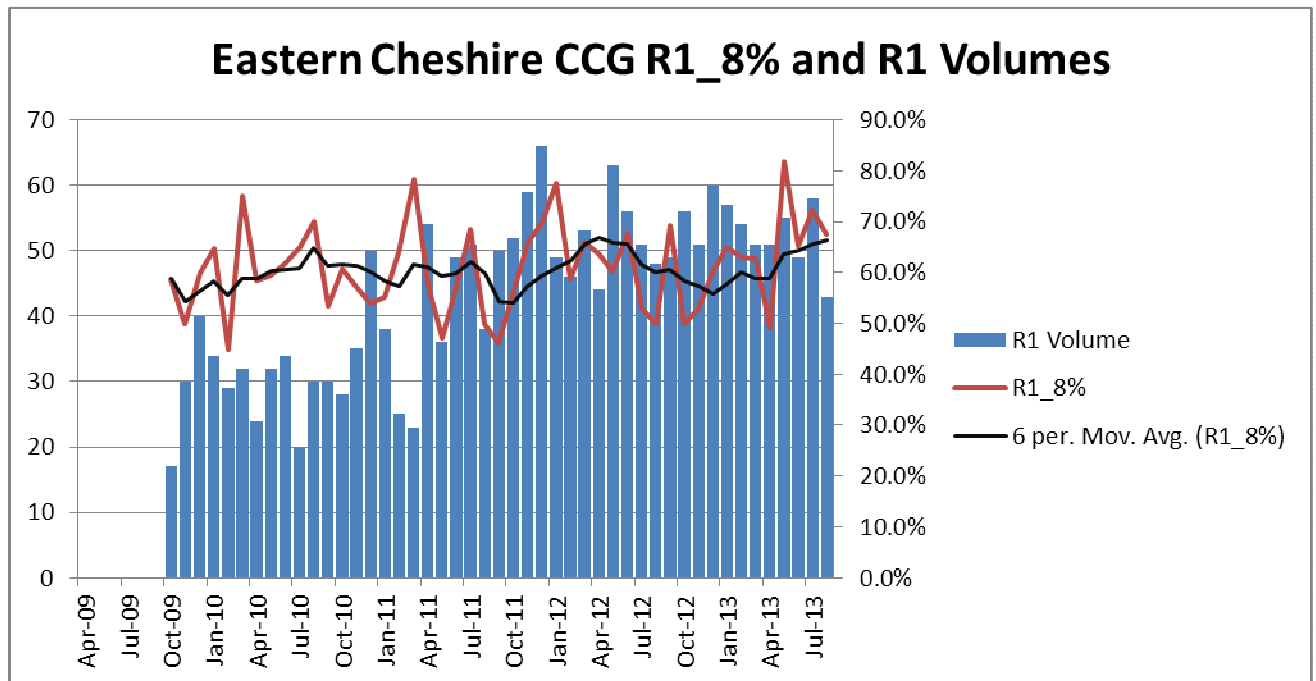
1.2 South Cheshire CCG





1.3 Eastern Cheshire CCG





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Appendix 2: Cheshire East – Rostered Ambulance Provision

Eastern Cheshire CCG

| | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|--------------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| | day | night | day | night | day | night | day | night | day | night | day | night | day | night |
| Knutsford | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Wilmslow | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Congleton | | | | | | | | | | | | | | |
| Ambulance | 2 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Macclesfield | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 | 2 x 11.5 | 1 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Poynton | | | | | | | | | | | | | | |
| RRV | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | |
| | | | | | | | | | | | | | | |

Note: RRV – Rapid Response Vehicle

North West Ambulance Service NHS Trust

South Cheshire CCG

| | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|-----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| | day | night | day | night | day | night | day | night | day | night | day | night | day | night |
| Sandbach | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Crewe | | | | | | | | | | | | | | |
| Ambulance | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Nantwich | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 11.5 | 1 x 7.5 | 1 x 11.5 | 1 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
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