



Pre-Hospital Critical Care and Retrieval Service

Governance Report – Summary

Reporting period: 1 to 30 September 2010



This report is a summary of the monthly Governance Report submitted to the Clinical Governance Committee, and shared with the Ambulance Trust as a means of reporting against our Service Level Agreement. The full report is available from the Helimedix Manager, Natalie Norman, if required. It includes additional sections on:-

- Team member's currency
- Maintenance status of transport platforms and equipment
- Duty Advice Doctor (DAD) activity
- Significant Events

The SLA commenced in September 2007 and much of the report will show our achievement from this date as well as the current month and previous month.

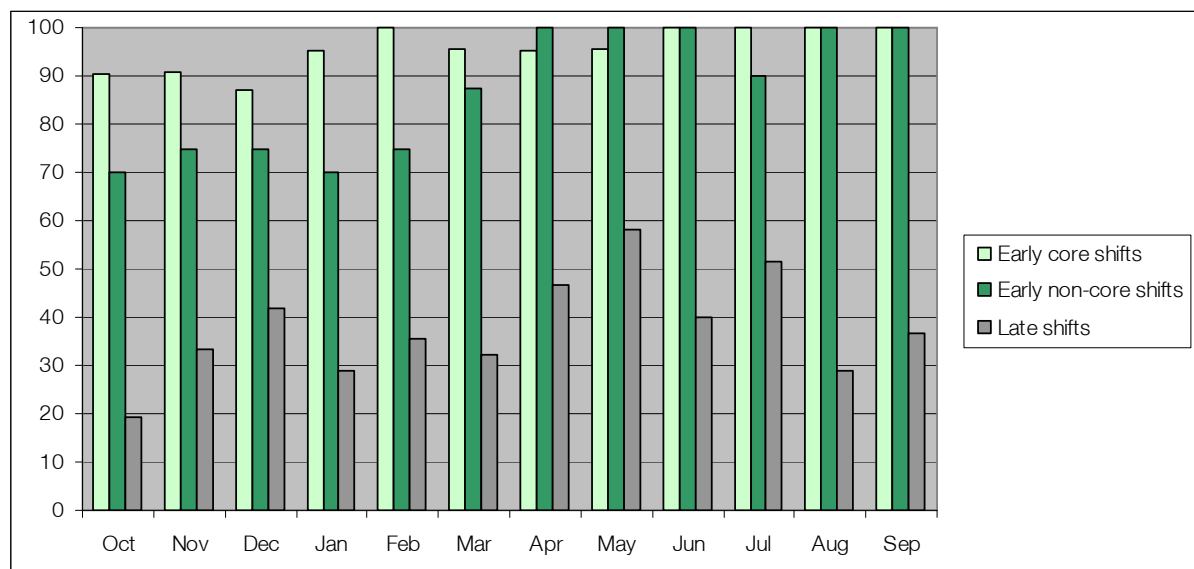
1.0 Staffing

1.1 The table below summarises the staffing of the service during September 2010.

A shift is staffed only with a current EMT Doctor and EMT Paramedic, and there are 2 shifts each day – early (0700-1700) and late (1600-0100). We refer to ‘core’ shifts which are those agreed within the terms of the SLA i.e. early shifts Sunday to Thursday.

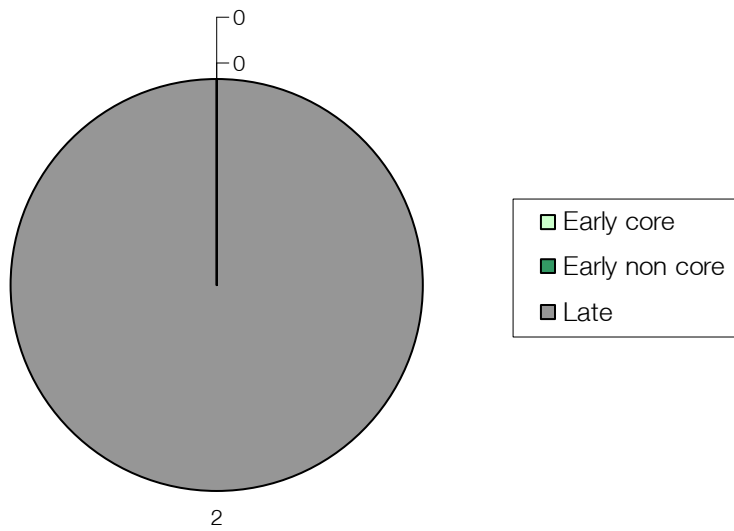
Shifts and staffing (% of hours provided)	September 2010	August 2010	SLA To date (from 10 September 2007)
Core Shift Cover Sun to Thu, 07.00 to 17.00	100%	100%	96.1%
All Shift Cover Sun to Sat, 07.00 to 01.00	75.6%	70.1%	61%

1.2 The graph below shows the percentage of cover provided for each month, for the past 12 months.

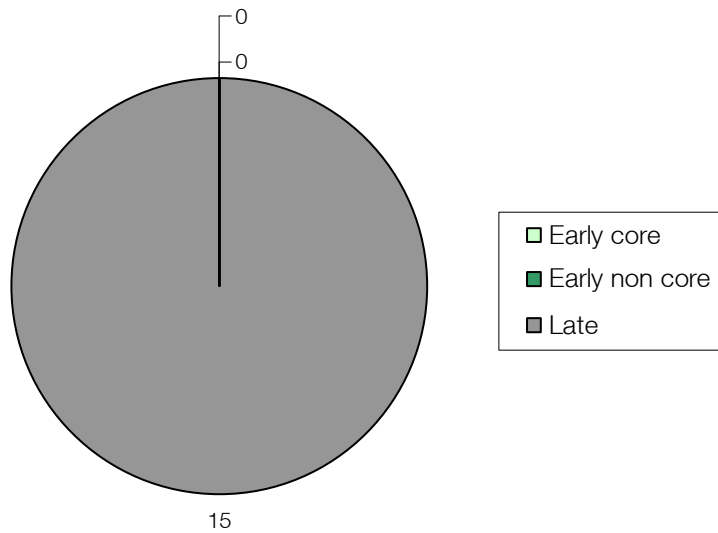


1.3 Of the 60 shifts available during September, 19 were not covered for the following reasons:

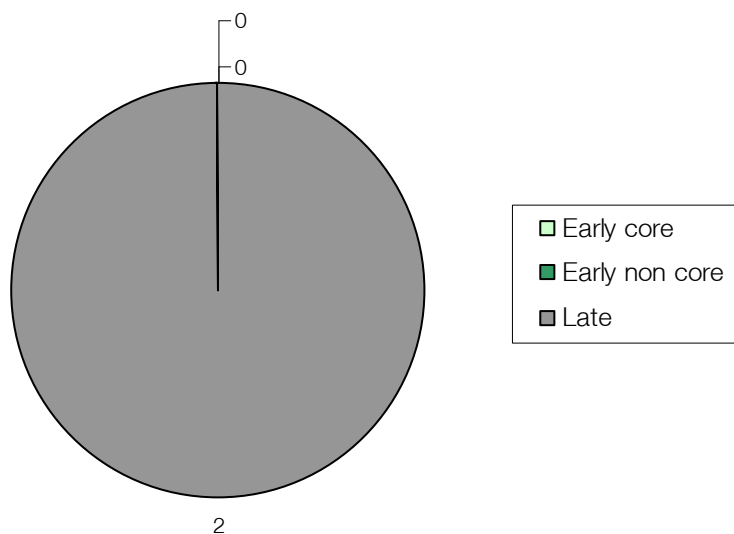
No Doctor Available



No Team Available



No Paramedic Available



2.0 Activity

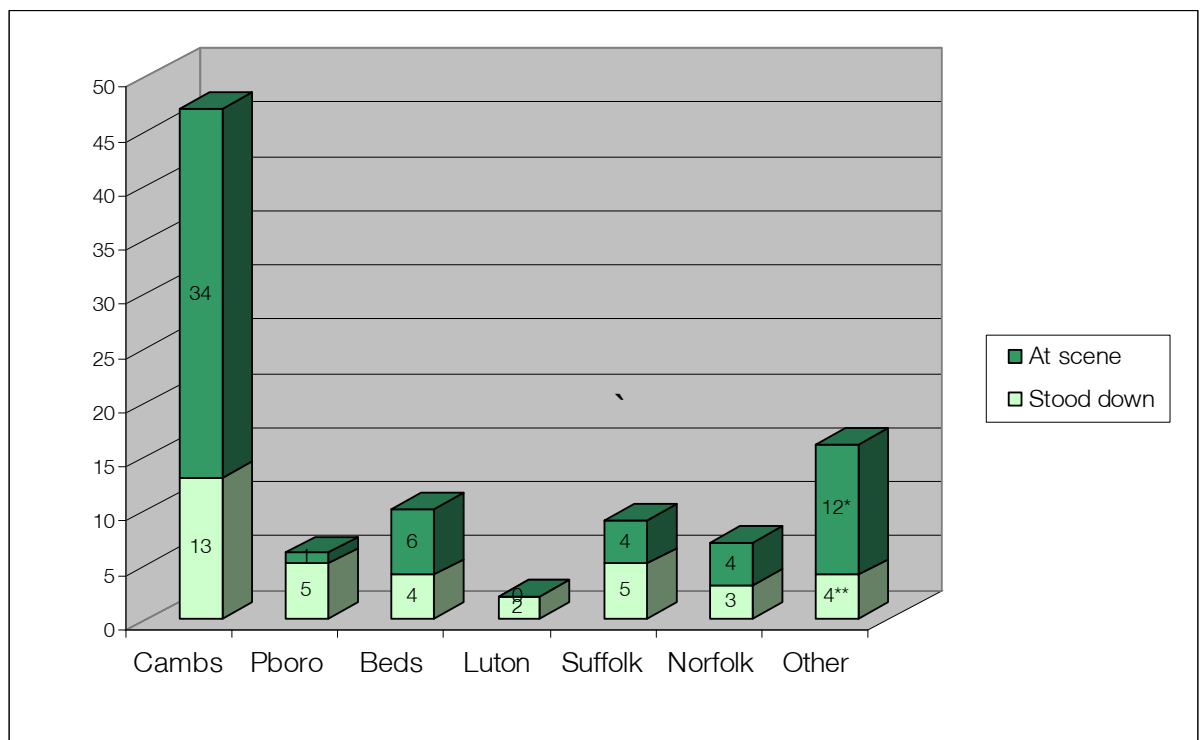
2.1 The table below summarises the activity of the service during September 2010.

Operational Activity - All Shifts	September 2010	August 2010	SLA To date (from 10 September 2007)
Number of automated notifications	368	303	20533
Number of activations	97	77	2615
Average number of activations per day	3.23	2.48	2.35
Stood down following activation	36	39	1201
Stand down rate	37.1%	50.65%	45.93%
Number of scene attendances	61	38	1414

2.2 Area of activity

The Team responds primarily to incidents within the counties of Cambridgeshire and Bedfordshire, but is able to respond to all counties in the East of England and those neighbouring areas. We report our activity by Primary Care Trust (PCT) area which in some cases may differ to county boundaries.

Graph 1 – activations (split into ‘stood down following activation’ and ‘scene attendances’) by PCT in Cambs and Beds (Cambridgeshire, Peterborough, Bedfordshire, Luton, Suffolk, Norfolk and Other)

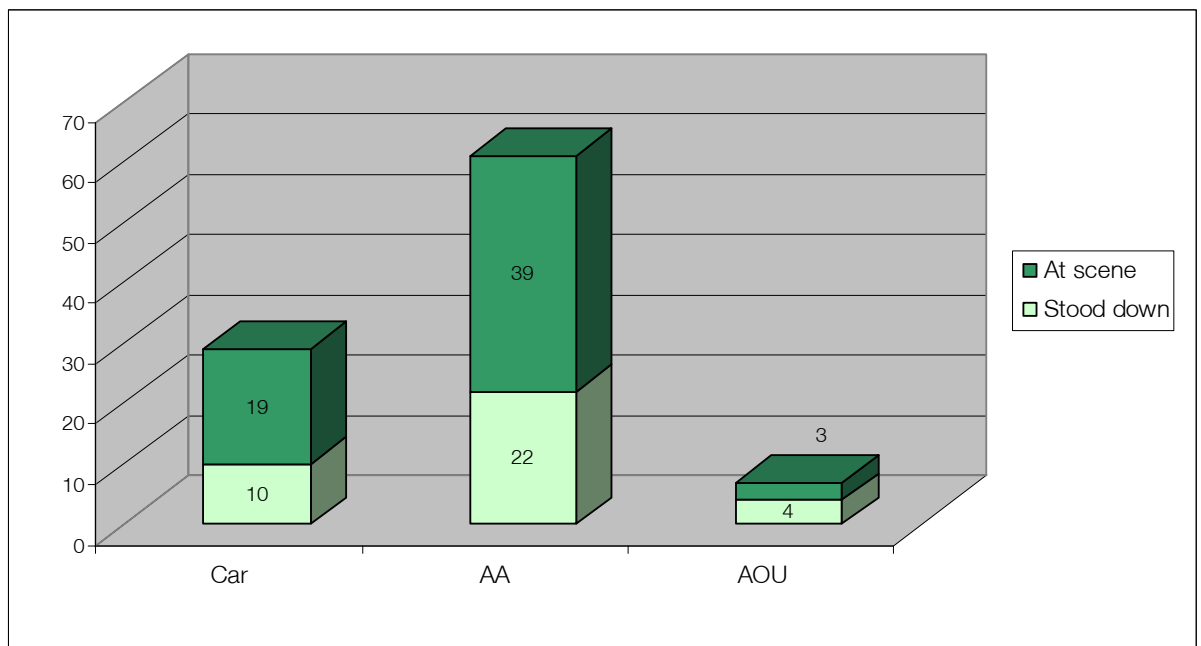


* The Helimedix team attended one incident in Northampton.

** The Helimedix team was stood down from one incident in Essex, two E N Hertfordshire and one Northants.

2.3 Operational activity by transport platform

Graph 2 – activations (split into ‘stood down following activation’ and ‘scene attendances’) by road, Air Ambulance, and Air Operations Unit.



There were no night hems missions in September

2.4 Transport platform availability

2.4.1 Availability of the transport platforms during service operating hours

	Response Vehicle (Lexus) (actual number of hours and % of total possible)	Air Ambulance (actual number of hours and % of total possible)	Police Helicopter (actual number of hour and % of total possible)
All early shifts (07:00 to 17:00)	300/300 100%	241.17/300 80.4%	239.58/300 79.9%
Core early (Sun-Thur 07:00 to 17:00)	220/220 100%	174.83/220 79.5%	171.58/220 78%
Non-core early (Fri/Sat 07:00 to 17:00)	80/80 100%	66.33/80 82.9%	68/80 85%
Late shifts (16:00 to 01:00*)	240/240 100%	0	208/240 86.7%
All possible shifts	540/540 100%	241.17/540 44.7%	447.58/540 82.9%
All possible shifts August 2010	405/558 72.6%	261.58/558 46.9%	457.75/558 82%
All possible shifts SLA to Date (10 September 2007)	18897.5/20106 94%	7071.33/20106 35.2%	11613/20106 57.8%

* Figures calculated on 9 hour shift duration so that 16:00-17:00 period isn't duplicated between Early & Late shifts.

3.0 Regional activity

The Clinical Coordination Centre (CCC) was introduced on a 12 month trial from 1st April 2010. The main purpose of the centre is to identify and dispatch the appropriate specialist resources (four air ambulance assets, HART/USAR and BASICS). The CCC operates between the hours of 07:00 – 18:00 7 days a week.

A monthly report is produced by the centre which reports on the regional activity and is circulated to all organisations involved in the delivery of the services. This report does not detail any deployments outside of the current CCC operating hours.

3.1 Summary table of regional air ambulance activity

	Early Shifts	Early shifts with doctors	Late shifts with doctor	Early shift scene attendances	Late shift scene attendances
Essex – EHAAT (08.00 to 18.00)	DATA NOT PROVIDED BY EEA				
Herts - EHAAT (08.30 to 16.00)					
Norwich - EAAA (07.30 to 17.30)					
Wyton - Magpas (early 07.00 to 17.00 late 16.00 to 01.00)	30/30 100%	30/30 100%	11/30 36.7%	50	11

4.0 Clinical care

4.1 Patients attended by team

The Team made contact with 57 patients within this period, and patient report forms have been completed satisfactorily and reviewed for 57 patients. All cases involving a pre-hospital emergency anaesthetic, procedural sedation or death will be reviewed by the Helimedix Clinical Director with the Team at the Pre-hospital Forum.

Incidents at which patient attended:

AMPDS Code	Categories	Qty (in Sep)
01	Abdominal pains	
02	Allergies	1
03	Animal attack	
04	Assaults	
05	Non-traumatic back pain	
06	Breathing problems	2
07	Burns/explosions	1
08	Carbon monoxide	
09	Cardiac/respiratory arrest	4
10	Chest pain	2
11	Choking	
12	Convulsions/fitting	
13	Diabetic problems	
14	Drowning/diving incidents	
15	Electrocution	
16	Eye problems/injuries	
17	Falls/traumatic back injury	11

AMPDS Code	Categories	Qty (in Sep)
18	Headache	
19	Heart problems	
20	Heat/Cold exposure	
21	Haemorrhage/laceration	1
22	Industrial/machinery accident	
23	Overdose/ingestion/poisoning	
24	Pregnancy/childbirth/miscarriage	
25	Psychiatric/suicide attempt	
26	Sick person (specific diagnosis)	
27	Stab/Gunshot wound	1
28	Stroke (CVA)	
29	Traffic Accidents (RTC)	29
30	Traumatic Injury (specific)	6
31	Unconscious/passing out	1
32	Unknown problem	1
35	Healthcare Professional on scene	1
T	Pre-arranged transfers	

Age range of patients attended

0-8	9-15	16-35	36-60	>60
4	5	15	20	13

Area in which patient attended

Cambs	Pboro	Beds	Suffolk	Norfolk	Other
32	1	5	3	4	12

* Four patients were treated in Hertfordshire, six in Essex, one in Lincolnshire and one in Northamptonshire.

4.2 Pre-hospital emergency anaesthesia (PHEA) audit report

4.2.1 Team members undertook five pre-hospital emergency anaesthetics during the month.

- 04/09/10 Thetford, Norfolk Male in 30's fall down stairs with major head injury. PHEA for airway protection and neuroprotection. Transfer by air to Addenbrooke's Hospital.
- 17/09/10 Little Downham, Cambs 14yo male hit by car with major head injury. PHEA to protect airway and brain. Transfer by air to Addenbrooke's Hospital.
- 25/09/10 Chatteris, Cambs Male in 80's in RTC with severe facial and head injuries. PHEA to protect airway and brain. Transfer by land to Addenbrooke's Hospital.
- 27/09/10 Somersham, Cambs 18yo male in rollover RTC with major head injury. PHEA for neuroprotection and transfer by road to Addenbrooke's Hospital.
- 28/09/10 Cambridge Male in 40's fall from height with major head injury. PHEA for neuroprotection and ventilation. Transfer by road to Addenbrooke's Hospital.

4.3 Pre-hospital procedural sedation audit report

4.3.1 Team members undertook six procedural sedations during the month:

- 01/09/10 Woodwalton, Cambs Male in 20's in motorcycle RTC with open limb fractures. Procedural sedation to facilitate splinting. Transfer by road to Addenbrooke's Hospital
- 04/09/10 Leighton Buzzard Male in 40's with femur fracture playing football. Procedural sedation to facilitate splinting. Transfer by road to Luton Hospital.
- 23/09/10 Cambourn, Cambs Female in 50's in RTC with ?pelvic fracture. Procedural sedation to facilitate extrication. Transfer by road to Addenbrooke's Hospital.
- 23/09/10 Cambourne, Cambs Female in 20's in RTC with multiple lower limb fractures. Procedural sedation to facilitate extrication and splinting. Transfer by road to Addenbrooke's Hospital.
- 25/09/10 Eaton Socon, Cambs Female in 80's hit by car with multiple limb injuries. Procedural sedation to facilitate splinting. Transfer by road to Addenbrooke's Hospital.
- 25/09/10 Heybridge, Essex Male in 50s in motorcycle RTC with multiple limb fractures. Procedural sedation to facilitate splinting. Transfer by air to Addenbrooke's Hospital.

4.4 Pre-hospital cardiac arrest

4.4.1 Team members attended five pre-hospital cardiac arrests during the month:

15/09/10	Thetford, Norfolk	Male in 40's in cardiac arrest on arrival of team. ALS as per SOP and pronounced dead on-scene.
17/09/10	Wattisfield, Norfolk	Female in 50's in RTC. Cardiac arrest with ROSC after one shock. Transferred to Addenbrooke's Hospital by air.
18/09/10	Bedford, Beds	Male in 50's in motorcycle RTC, in cardiac arrest on arrival of Team. Resuscitation as per Traumatic Cardiac Arrest SOP. Pronounced dead on-scene.
20/09/10	Weeting, Norfolk	Male in 60's found collapsed, in cardiac arrest on arrival of team. ALS as per SOP and pronounced dead on-scene.
22/09/10	Ramsey, Cambs	Male in 60's in cardiac arrest on arrival of Team. ALS as per SOP and pronounced dead on-scene.

4.5 Hospital disposition

4.5.1 Hospital patient conveyed to

Addenbrooke's	Hinchingbrooke	Peterborough	Bedford	LTDUN	Other
19	11	3	1	2	10

4.5.2 Seven patients were discharged with advice from the scene of the incident by the Helimedix team and not conveyed to hospital.

4.5.3 Four patients were pronounced dead on the scene of the incident by the Helimedix.

4.5.4 10 patients were conveyed to another hospital in the region.

- Princess Alexander Hospital, Harlow (2)
- Queen Elizabeth Hospital, Kings Lynn (1)
- Barnet Hospital (1)
- West Suffolk Hospital (1)
- Coventry Hospital (1)
- Lister Hospital, Stevenage (2)
- Southend Hospital (1)
- RAF Lakenheath Medical Centre (1)

4.6 Secondary Transfer

4.6.1 No patients were transferred by the team during the month.

5.0 Compliments and Complaints

5.1 A letter had been received from the relatives of a patient treated in May which included a quote from his parents, "We are so grateful to the Magpas volunteers. We were told at the hospital without there [sic] swift and excellent help given at the scene, our son would not be here today."

5.2 No complaints had been received.

5.0 Media and Public Relations activity

5.1.1 Activity and publicity advised to media by news line and emailed press releases during the month regarding PHCCRS:

Date	Incident	Location
01/09/2010	RTC	A1066, Rushford
01/09/2010	RTC	Woodwalton, Cambs
09/09/2010	Fall	Odell, Bedford
14/09/2010	RTC	A1081 St Albans Road, South Mimms
15/09/2010	RTC	Spexall, Nr Halesworth, Suffolk
16/09/2010	RTC	B1115 at Brent Eleigh, Nr Sudbury
17/09/2010	Bike V Car	Ely Road, Little Downham
17/09/2010	RTC	RTC on A143 Nr Wattisfield, Suffolk
25/09/2010	Pedestrian V Car	Eaton Socon
25/09/2010	RTC	Eriswell, Lakenheath, Suffolk
25/09/2010	RTC	Malden, Essex
26/09/2010	RTC	A12, Stratford St Mary
26/09/2010	RTC	Chatteris
27/09/2010	RTC	B1050 Somersham
28/09/2010	Fall from scaffolding	Cambridge City