



AMBULANCE *UK*

DEDICATED TO THE AMBULANCE SERVICE AND ITS SUPPLIERS

In this issue

The power of Critical Communications
.....

Life Connections 2016 Review
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A New Paramedics Perspective
on dealing with Major Trauma
cases
.....

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“ Everbridge’s critical communications platform exceeded our expectations. Thanks to Everbridge the trust is saving between £70,000 and £80,000 a year. This equates to five or six extra ambulances on the road.”

Oliver Tovey, Resilience Officer
South Western Ambulance Service NHS Foundation Trust

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EDITOR'S COMMENT

Welcome to the December 2016 edition of Ambulance UK, and it hardly seems possible that we are coming to the end of yet another year, one which has continued to present the Ambulance Service, and indeed the wider NHS, with considerable operational and financial pressures.

Since my last editorial in April, I have unfortunately been on an enforced period of absence, during which I experienced both the 'excellence', and the 'not so good' services that the NHS provides on a daily basis. I would also like to take this opportunity of conveying my personal thanks and warm appreciation to Terry, Sam and the Media Publishing team for their kind support throughout this period.

"It is important that we continue to focus on what represents best operational and clinical practice, and develop a service-wide cultural attitude that embraces and values the role of the service."

Although it has only been some 7 months, there has been a number of 'seismic' events that have incurred during this period, such as the vote to leave the European Union, a new Prime Minister, a significant Government Cabinet re-shuffle, Opposition Leader election, and more recently, the US Presidential election. I have no doubt, that all of these will, either directly or indirectly, impact on the NHS, which continues to operate under enormous pressure. Disappointingly, the Chancellor's Autumn Statement on the 23rd November failed to mention the NHS and Social Care, and therefore, did little to address or ease the looming financial crisis. Of course, £10 billion had already been committed to the NHS budget over the next six years, but most 'commentators' would suggest that this falls short of what is actually required, so the current fiscal pressures are set to continue, if not escalate! On the positive side, the Chancellor did announce £10 million of grants from the LIBOR funds to a number of air ambulance service charities, as well as a welcomed £2.35 million grant to the Ambulance Service Charity to provide Post Traumatic Stress Disorder (PTSD) for Ambulance Service staff and their families.

Falling performance standards, increased A&E attendances and hospital admissions, delayed hospital discharges and escalating financial pressures, all contribute to an increasingly untenable situation, especially, as historically, the winter months brings additional operational pressures into an already over-stretched system. Naturally, despite these pressures, we must not lose sight of the excellent work carried out each day by the NHS in delivering first class emergency and urgent care, which makes a real difference in the clinical outcomes for patients. We are also fortunate to read, within each edition of Ambulance UK, the numerous day to day 'heroics' of the modern day ambulance service, and therefore, we must ensure that we continue to deliver a service that is 'fit for purpose' both in the public safety, as well as the public health, environment.

As we approach 2017, it provides the opportunity to look forward and consider, despite the growing and continuing presence of fiscal and operational pressures, what developments and opportunities, will present themselves to the Ambulance Sector, as the NHS strives to introduce a true 24/7 Health Service and continue the paradigm shift to providing more integrated, or converged care, within the community setting.

I would admit that it is really difficult to see how the next twelve months will feel any different, as sustainability remains key, and no doubt, the ambulance service landscape will continue to evolve and change, as politicians and key influencers continue to search for those health and social care policies that will facilitate the shift in the way in which the providers of pre-hospital emergency and community care can effectively respond to the needs of all patients. It is important that we continue to focus on what represents best operational and clinical practice, and develop a service-wide cultural attitude that embraces and values the role of the service, and one which is totally committed on improved patient outcomes by delivering the right level of care in the right place at the right time.

As we enter the special festive period, may I, on behalf of all at Ambulance UK, wish you, your family and colleagues a very enjoyable and peaceful Christmas, as well as a prosperous and healthy New Year.

Barry Johns, Co-Editor Ambulance UK

THE POWER OF CRITICAL COMMUNICATIONS TECHNOLOGY IN HEALTHCARE

Nick Hawkins, Managing Director EMEA, Everbridge



The definition of a crisis can alter dramatically dependent on industry and the stakeholders involved. The magnitude of a crisis in healthcare is unpredictable and can evolve quickly. Efficient management of an emergency can be the difference between life and death. What should healthcare communications professionals look for in an emergency notifications provider?

Central to the success of critical communications platforms are two key functions. The first is the capability to deliver messages using a variety of different methods – known as multi-modal communications. The second is effective two-way communication, which is the ability for recipients to respond to emergency notifications quickly and easily, acknowledge receipt and confirm actions or declare status.

Importance of multi-modality

No communications channel can ever be 100% reliable 100% of the time, so multi-modality transforms the speed at which people receive the message. Multi-modality facilitates communication via more than 100 different communication devices and contact paths including email, SMS, VoIP calls, social media alerts and mobile app notifications, amongst many others. It is even possible to integrate critical communications platforms with tannoy systems or digital signage to deliver a more effective and holistic communications strategy.

The March 2016 terror attacks in Brussels showcased how important multi-modal communications are in the modern world. Belgium's response to the attacks was complicated by a communications blackout, understaffing and a series of false alarms. During the attack, the mobile phone network went offline, making standard mobile communication impossible. The team at Brussels Airport made its public Wi-Fi discoverable and free, allowing anyone with a Wi-Fi enabled device to connect, send and receive messages. Without access to a variety of communication channels, those in the midst of the attack would have been unable to contact friends, family and colleagues to let them know they were safe or in need of assistance.

Emergency services resorted to emails, iPad messages and a radio communications system called Astrid which medical staff found too complicated and time consuming. Lt. Col. Eric Mergny who coordinated the medical response at Brussels Airport said that Astrid limited his communications to the point where he was unable to check which local hospitals had the capacity to take patients. This led to the

miscommunication that hospitals were full which later turned out to be incorrect. An advanced multi-modal communications platform such as Everbridge could have eliminated confusion and streamlined responses to limit fatalities.

Two-way or no-way

Just as multi-modality ensures that it is easier to receive a message, two way communications makes it simpler to confirm a response. In a critical emergency every second counts, so organisations can use communications platforms to create and deliver bespoke templates that require a simple push of a button to respond to. In doing so, the level of response to critical notifications can increase significantly.

For instance, if a crisis breaks out in central London, local hospitals can send a notification to staff in the vicinity to find out if they are available to help. The message will have the option to reply with "I am available" or "I am not available" with one-button press, enabling a clearer picture of staff availability within minutes.

Combined, these two functions enable organisations to respond smarter and faster to employees in need. In situations where multi-modal communications and response templates are deployed together, response rates to incidents increase from around 20% of recipients to more than 90%.

Another important requirement in healthcare is patient confidentiality. Healthcare professionals must seek a solution which can provide secure modes of communication to eliminate compliance concerns. Critical communications platforms such as Everbridge offer a variety of secure messaging applications to encourage collaboration between on-call teams whilst ensuring patient privacy is a priority.





Deploying a critical communications platform

Businesses have traditionally been early adopters of critical communications platforms but there has been increasing interest and support amongst emergency services. To illustrate this point there are two specific scenarios where the Everbridge critical communications platform has been recently deployed.

- **South Western Ambulance Service NHS Foundation Trust**

South Western Ambulance Service NHS Foundation Trust provides emergency and urgent care services across a fifth of England. The Trust employs more than 4,000 staff members, responsible for 96 ambulance stations, three clinical control rooms, six air ambulance bases and two hazard response teams.

Everbridge's mass notification system enabled the Trust's emergency response teams to notify and alert key stakeholders of major incidents. The availability of multi-modal delivery has increased staff notification responses by 138%, whilst text-to-speech functionality has reduced staff response times from more than 60 minutes to less than four, helping to increase the Trust's visibility of major incidents—ensuring its resources are deployed quickly and efficiently.

Oliver Tovey, Resilience Officer at the Trust, discovered that by routing all its communications through the Everbridge platform, the Trust would save £70,000 to £80,000 a year. "That's a cost-saving that equates to five or six extra ambulances on the road," he commented.

- **Guy's & St Thomas' NHS Trust**

Guy's & St Thomas' NHS Foundation Trust runs three hospitals in London: St Thomas' Hospital and Evelina London Children's Hospital; and Guy's Hospital. In total Guy's & St Thomas' NHS Foundation Trust treats more than two million patients per year, with a daily footfall that exceeds 30,000 people.

The Resilience Management team is led by Resilience Manager Jess Child. Incidents that challenge the efficient running of the hospital include loss of power, loss of IT functionality, supply chain disruptions and security incidents. Jess' team ensures these never impact on patient care.

The Trust is using the Everbridge critical communications platform to streamline incident responses and improve communications to more than 1,100 Trust employees, including clinical and administrative staff.

The Trust's Incident Management team can send a templated message which recipients can respond to immediately by choosing one of three different options: on site; off site and available; off site and not available.

This provides the Incident Management team with a rapid assessment of who is available and who can be deployed to help with an incident, alongside the ability to quickly send follow up information to staff who are available to assist and fill resource gaps if needed. When testing the Everbridge platform the Trust received an 80% response rate to messages within two minutes of the message being sent.

Conclusion

With a rise in the number of critical events worldwide, it is more important than ever that emergency services have the tools to locate and communicate with staff, in a timely, measurable manner; even when traditional routes of communication are unavailable. Healthcare must plan for the unexpected. With a critical communications platform costs can be significantly reduced and lives can be saved.



LIFE CONNECTIONS 2016

Cold and grey, yet even in the car park handshakes and smiles. Another Life Connections, it's early morning and there is a bustle as exhibitors fill their stands whilst exchanging comments and catchups.

It always surprises me how much networking goes on even this early in the day. It is a special kind of camaraderie that cuts through the greyness of the moment and tomorrow afternoon when they pack up for another year it will be a bittersweet parting of friends not competitors. But this is LC, new tools for the trade, better ways of working and in recent years an exponential increase in expert knowledge and opinion. That said, as a clinician how can you walk past a marvellous device that not only audits resuscitation in real time but allows remote monitoring as well. I know that in terms of clinical support it would be marvellous if those contacted for senior advice could actually see the same observations as the attending crew, it's not magic it's technology.

Paramedics are getting younger, or is it just me getting older! For me the Paramedic conference is the keystone of LC, it's not just the high class CPD accorded to the event but watching and listening to a crowd of individuals with a shared vision for the future of the profession, young and not so young and in opening the event Professor Julia Williams summed it up perfectly speaking succinctly about the need for change and the shift from what was primarily a transport role to one where diagnostic reasoning, different skills and engagement in infrastructure based on solid research is the norm. Perhaps I'm not so grey after all, anyone who says that the Paramedic profession is in its infancy is misguided at best. It is the fastest growing of all the health care professions with an massive growth in research and Julia clearly struck a chord with those present setting the scene for a conference with a difference.

It became clear quite quickly that the days of chalk and talk and ambulance service silo working are long gone. In the first presentation of the day, Stuart Blatson shared his perspective on the challenges of major incident planning on an international scale. The complexities of multi-agency working in Lebanon he described brought back personal memories of my time spent on the Palestinian border, and demonstrated



that where once people looked to the USA for direction the medical and strategic expertise found in the UK is now a much sought after commodity to the wider market. Speaking about volatility, uncertainty, complexity and ambiguity he gave a fascinating insight into mindsets that are different perhaps from at home but no less able to produce co-ordinated effort when the chips are down.

Thanks to John Talbot with his talk on legal highs, taking me back to school in this one, but nonetheless an important topic since there are around 350 legal, now illegal drugs, that are part of popular youth culture. Exploring the physiology of their action, their impact on neurotransmission, which John described as an oceanic boundless mess, was practically useful. For me the level of questions, on quite in depth toxicology, at the close of his talk demonstrated how far science in Paramedic practice has come.

We fail traumatically injured elderly patients.....simple and stark truths from Sir Keith Porter as he delivered the day's keynote speech. A subject of personal interest or more accurately vested interest at my age, Sir Keith delved into issues that are the subject of national importance given that older people represent the fastest growing section of the population. The big message, older people may sustain covert damage even when falling from their standing height, treated aggressively the outcomes are good, left undiagnosed occasionally fatal.

As always lunchtime and breaks are a networkers dream. Interest and trials with equipment in the exhibits and discussions with peers from other services on many facets of pre-hospital practice. It's a nice time for grabbing a new stethoscope or book and catching up with the latest clinical trials, who's who and what's going on in the north or south. Common purpose and shared vision despite those irksome time targets, is what comes from this gathering over lunch, just sometimes a pity that those farther up the pecking order from the frontline can't be present to listen in.

Into the afternoon and its all go across the site. There are so many aspects to LC that's it's impossible to visit them all and it might probably





be good idea to make up a portfolio ticket for next time so people can choose from the extensive menu of speakers and subjects available. From motorsport to difficult airways and from first response to critical care, LC is fast becoming the pinnacle of CPD opportunities.

Last item on day one in the CFR conference, Steve Pratten and Mark Bryers hosted a group discussion about various aspects of the CFR profile. Judging by the response this is a subject close to the heart of almost all the participants with enough material shared to extend the conference by days. It was a fitting close to the first day and demonstrated that at every level enthusiasm for prehospital care is endemic.

If day one was busy, day two reminded me of rush hour on the Piccadilly line. It was obvious that there had been a fair amount of networking the previous evening amongst the exhibitors as everyone was not only on first name terms but had shared ideas, contacts and maybe the odd glass. Business as usual though and with the high volume footfall, the stamina and unceasing enthusiasm for their products never ceases to amaze me. By the time packing up arrived, it looked like everyone had had a fruitful if tiring couple of days. To sum up the importance of the exhibits at Life Connections and how the audience see them as an integral part of the experience, as one speaker put it, "There's a lot of Gucci kit out there today," the tools obviously remain a vital part of the trade. Another day with several conferences, Resuscitation leads, First Aiders and Paramedics with a special interest in critical care, but all with a common purpose...to do it better!

Filled with humour but rewriting the book with deathly seriousness, David Halliwell with his typical flair for presentation, charged the audience with his obvious enthusiasm for resuscitation. He exploded what for many of us has underpinned our practice for years with a simple but effective description of the things that really happen in CPR.



Watching a myocardial cell shrivel and die on an electron microscope put the whole thing in perspective...poor CPR kills!

Every Paramedic I know has a thirst for more advanced skills. Critical Care is not just about that but about the importance of understanding when those skills are relevant. This year's dedicated CC conference had something for everyone from resuscitation to trauma management and key speakers at the highest levels in their professions. I particularly enjoyed Neil Thompson's discourse on sedation, and Fliss Clark's massively enthusiastic delivery on the subject of asthma. Neil proving one thing quite simply, that sedation has benefits but also risks, understanding these is as important as knowing the skill. I could

probably have listened to Fliss for another hour, her care and share attitude to her specialist subject had the packed room enthralled. It's not just knowing your stuff but about getting the message across which she managed with a smile and subtle humour. Just two in a field of expert speakers from anaesthesia to trauma management in a list which would look at home in any medical textbook.



I think most people underestimate the commitment and contribution of first aid providers. If saving lives in its entirety is viewed as a chain, then the care provided by the first person on scene is the vital first link. It seemed fitting therefore to spend time listening to the content provided for their conference and if I thought it would be jargon free and low key I couldn't have been more wrong from the concepts of paediatric patient assessment without equipment to participation in major incidents and standards of training. The day had it all knowledge, skills and demonstrable enthusiasm for patient care.

So that's it for another year, just time to chat with people as they prepared to leave and measure LC as a success by the complete absence of negative comments and huge amount of smiles and chat as delegates left. Anyone with any doubts about LC would be wisely advised to book early for next year and come see..

A NEW PARAMEDIC'S PERSPECTIVE ON DEALING WITH MAJOR TRAUMA CASES

Murphy's Law - Air goes in and out, blood goes round and round, any variation on this is bad.

As with most professions, most newly qualified Paramedics want to be the best they can; performing their job to a high standard, helping people whilst hopefully developing good working relationships with peers and colleagues. The latter in recent years is easier said than done at times - as creatures of habit we don't like change, and the ambulance service is no different. As graduates of each new progression or training route emerge feathers are ruffled, and so new paramedics not only have to develop their skills as an autonomous practitioner but also breakdown the barriers that some people erect. Two perceptions, which can be actualised, of new paramedics are they'll be 'gung ho' in their actions thinking they know it all because they went to university (books can only teach a small proportion of this job, people don't fit the rules!), or the timid creatures who are deemed too young to know what they're doing (new paramedics who join the profession later in life don't always have so many negative views of their competence from people who don't know them yet based on appearance).

The formative period of paramedic training is spent being mentored generally by an experienced clinician who enables academic knowledge to be built on and developed through exposure to practical and real situations. Although skills are honed at these times, there is always what many would call their comfort blanket, the mentor's presence securing their confidence even if only in the background. Throughout the educational years Paramedic students may believe this is the hardest part of the process, working on their first cardiac arrest, assisting with delivering a baby or attending a major road traffic collision - once all the 'firsts' have been undertaken they only need to pass the exams and will be ready to take on the world.

Once you have proven your competence and passed all qualifying criteria a Paramedic will become registered and hopefully get their first job, however this is the hard part only just beginning. All the firsts you experience as a student pale into insignificance once you qualify and are out on the road alone, then the firsts begin.

The increasing numbers of student paramedics and courses providing the tuition leads to the pool of experience being dwarfed and so newly qualified staff will work together, or with students themselves and so there is limited opportunity to benefit from experience when the case doesn't match the textbook as so often happens.

With major trauma patients there is a good chance they won't be able to tell you their symptoms due to reduced consciousness, and figuring out what clinical signs they exhibit can be tough in the middle of night with torrential rain - if on a double manned ambulance you can try to move them onboard, but only if it is safe to do so, and they're not entrapped; if you're a solo responder there is nowhere to go until back up arrives, police and fire will often do a fantastic job trying to support you but the reality is what they can do is limited in the clinical sense - you have to

assess the patient and come up with a plan, what can you see that may kill them first, what can't you see that may kill them quicker? Are their observations okay, or are they compensating which develops into decompensation with potentially little warning and rapid decline until you reach irreversible shock. Some patients are very good at hiding signs of internal bleeding until they reach peri-arrest stage, at which point you don't want to be pre-hospital at all but in a suitable theatre for preference. Add in bystanders, friends, relatives and your assessment just got a whole lot harder, emotions run high but as a professional people look for to save lives you can't be impaired by emotion which is easier said than done and even years of honing this ability a job will always occur that puts you back to square one for a reason known or unknown. This however doesn't mean Paramedics should be apathetic and detached, we just need the ability to turning it on and off at the right time, almost in self-preservation for the jobs that you will never be able to forget.

Gung Ho Superheroes

Of course, these traits aren't limited to newly qualified staff, some clinicians never lose these characteristics however some newly qualified staff can portray the mindset that they are now qualified, have experience from their student days and so are now fully equipped to deal with everything - this generally involves using all the kit in their bag and every drug vaguely indicated. This can however of course be dangerous, less is sometimes more, with delaying transport for unnecessary interventions leading to poorer outcomes for some patients. Becoming tunnel visioned is also a high-risk trait; If distracted by dealing with the open fracture or being overzealous with the intraosseous gun that they can go back and tell everyone about, whilst the airway is occluded the patient will likely die. Securing an airway may not be something to write home proudly about, but if it saves a life then that is why we're here in the end.

With tunnel vision a red mist can ensue, therefore forgetting scene safety priorities, leading to an increase in casualty numbers:

1. You!
2. Your crew-mate
3. Bystanders - in trying to help they could put themselves in danger, leading to becoming a casualty
4. Other emergency and support services (fire, police, highways, gas, electric - these people generally keep you safe, or make scenes safe for you to enter)
5. The patient - you can't help them if you become a casualty.

Experience provides the opportunity to develop an ability to know when not to intervene, which is as valuable as knowing when to intervene - less can be more for some patients in some situations, this does not however advocate withholding important treatment for example analgesia!

For those not fully understanding how to use research, which is important for building an evidence base to provide best care, then as valuable as articles can be they can also be dangerous when used out of context. If one singular article has been read and the clinician believes that is best practice, patients may suffer - research needs to be read in context with so many factors of quality and generalisability considered; however, clinicians who have recently done a research module at university think they understand how it all works. Reading singular pieces and then implementing the outcome that is found, without service regulation or policy adaption if required leaves a clinician endangering patients and lacking support if an adverse event occurs.

Those newly qualified clinicians that have these traits risk developing reputations of recklessness, with staff not wanting to work as crew-mate to that clinician because of the risks perceived. This also spreads to peers with people being concerned that all newly qualified will be the same after one or two bad experiences.

Currently we have increasing awareness and support for staff suffering with mental health difficulties due to the stress of the job, or cases they've been to. Staff who have a bravado or 'gung ho' attitude risk harming themselves, due to damage from what they have seen being hidden behind the mask and so people don't see the signs to offer support when needed; friends and family will have been told the stories of what they've done - the big road traffic collisions with multiple horrific injuries and entrapments possibly requiring tourniquets and intraosseous access, but not be told how hard it can be to go home at the end of the day after giving news to someone their relative has died despite your best efforts, or the person they were trapped within a wreckage was fatality crushed. These feelings may not hit straight away but at some point they will, and with support networks can be managed, but if hidden whether unintentionally or deliberately to hide perceived weakness, problems will only fester.

Rabbit in headlights

In contrast to staff when they first start being filled with confidence that they've passed and are almost invincible, are those staff who arrive at a case and although during their placements they were happy with skills required and began developing their judgement, alone without their safety blanket of a mentor makes all the decisions bigger and much more hesitant. In extreme cases the clinician may freeze and not be able to do anything on scene - possibly stemming from extreme fear and nerves, or past personal experience.

Most times they know what to do with the case they are faced with, as you shouldn't be successfully qualifying without the required ability and knowledge, yet they are too nervous or anxious to utilise skills in case they get it wrong or harm someone. This may range from struggling to judge airway intervention adequacy, through to whether to administer a drug or not. If another Paramedic arrives on scene a sigh of relief will often be present with a willingness to handover the lead to this person, then following any instructions given - for example, knowing someone needs a splint but only initiating the action once told to.

Experience is valuable but not all 'old school' clinicians may adhere to current best practice - this could be lack of awareness of recent developments, or it could be a conscious decision they have made because the 'old ways have always worked, why change now?' The latter

group may see this new paramedic characteristic as open to adaption into their ideology, almost grooming them into their way of working, but without the support that following policy and teaching would provide.

'Cry wolf alert syndrome' due to lacking confidence in how to deal with potentially poorly patients, these clinicians may call in pre-alerts to the A&E department exceedingly frequently. Indiscriminate pre-alerts can also saturate finite resources in A&E departments. Some of the cases may require a pre-alert for a bed and some level of medical team waiting, however many will witness A&E nurses putting the alert phone down and saying to the expectant team 'it's only a John Smith alert' leading to the potential that when this clinician does bring a very poorly patient in, the pathway is inhibited because people don't fully believe the judgement call, in extreme cases this may result in a bed not being prepared and even not having a full team not waiting.

Withdrawal can be transferred home, what you have seen at work you don't want to inflict on your loved ones, but you feel unable to share with anyone at work in case they judge you for freezing or mocking you for being affected because you're new. Everyone goes through it to some extent during their career, and knowing it's okay to be affected because we're all human will support you so much.

Within my first few months of being qualified I had the baptism of fire everyone dreads; a time which developed me as the clinician I am now - however terrifying it was at the time. I fell more into the latter trait of newly qualified clinicians, scared that making the wrong decision would lose the newly acquired and prized registration. This ranged from my first traumatic arrest where the doctor on scene asked me to intubate while they undertook a clamshell thoracotomy - during previous arrests I had successfully tubed, and had practiced multiple times in scenarios on mannequins; however, the pressure I put myself under due to the nature of the case we were dealing with was immense, fortunately I was successful allowing reassurance to eventually sink in that I could do it. Following a motorbike versus car collision a patient showing haemodynamic instability through a dropping blood pressure and rising heart rate, with the mechanism for a potential pelvic fracture I knew a pelvic binder should be utilised - however was hesitant that I had made the correct decision until a more experienced Paramedic, and so in my opinion senior clinician arrived, who confirmed they thought it an appropriate action. Many of the cases I saw, I took home and constantly revisited in my mind on days off leading to increased worry that I should have acted differently however didn't want to bother other people talking about them, and couldn't discuss with my family. This impacts your whole life when you can't switch off, making it difficult to enjoy your days off and even make the most of your days at work which can be fantastic. The struggle was however evident to others and senior colleagues made the approach to check I was okay, and support me through what is a difficult time for many - they never judged and became a support network I can still rely on several years later; they taught me that everyone can struggle and doubt themselves with difficult cases however much experience you have but also asking for help isn't something to be ashamed of. For newly qualified clinicians you will rarely be prepared enough to deal with major trauma due to the difficulty in creating realistic re-enactments during training, and the unpredictable nature of placement hours on shift, but how you develop from there is important and how quickly you can get the situation under control along with your attitude in the aftermath. The experiences we all have develop us as clinicians and people; CPD and training days are excellent opportunities to practice skills and be updated on the latest themes, but they will never match dealing with real patients or the emotions that arise on the job.

NEWSLINE

WAA

Detailed plans for Wiltshire Air Ambulance's proposed new home submitted

WILTSHIRE Air Ambulance (WAA) has submitted detailed plans for its proposed new home on land at Outmarsh Farm, Semington, near Melksham.

The charity was granted Outline Planning Permission for the site in February 2016 by Wiltshire Council and it carried out public consultation on the proposed design of the operations centre in June 2016.

The new home will bring together WAA's helicopter, aircrew and charity team onto one site for the first time. The site at Outmarsh Farm is ideally situated in the centre of Wiltshire as it would allow the helicopter to reach all parts of the county within

11 minutes, as currently happens from its base in Devizes.

Kevin Reed, Head of Operations at WAA, said: "The response we had to our proposed plans for our new home during our latest public consultation was overwhelmingly supportive. We currently lease a hangar at police headquarters in Devizes for our helicopter and aircrew and we rent offices in Calne for our charity team. Having a purpose-built facility will enable us to have full control over our future and bringing together the aircrew and the charity team onto one site will improve our service.

"As Melksham does not have an ambulance station, we believe that Wiltshire Air Ambulance would provide enhanced medical cover for the area. Our paramedics are trained in critical care skills and as well as responding in our helicopter, they can also respond to emergencies such as road traffic collisions, heart attacks and strokes in a Rapid Response Vehicle (car)."

The design of WAA's proposed new home is a two-storey building of just under 1,500 square metres.

Set helicopter departure and approach routes have been identified to avoid populated areas. In addition, no fly zones will be applied over Bowerhill, Berryfield and Semington, unless the helicopter is attending those areas.

The new planning application can be viewed online at www.wiltshire.gov.uk and the reference number is 16/09699/FUL.

EEAST

Mental health initiative gets boost

A project to make sure patients experiencing a mental health crisis have rapid access to care has received £200,000 to develop and deploy two new specialist vehicles.

The Mental Health Street Triage is a partnership between the East

of England Ambulance Service NHS Trust (EEAST), Bedfordshire Police, East London NHS Foundation Trust, Bedfordshire Clinical Commissioning Group and Luton Clinical Commissioning Group. The service started in June and is a team consisting of a paramedic, police officer and mental health professional responding to mental health calls across Bedfordshire. The team attends incidents where there is an immediate threat to life – someone threatening to self-harm – or where a third party has called the police or ambulance and expressed concern for someone.

Following the launch, feedback from patients identified that they would prefer a response from the team in a vehicle that does not look like a police or ambulance response car. At the same time the partnership wanted to develop a vehicle that provided space and privacy for a physical assessment to be made by the paramedic and a mental health assessment to be made by the nurse.



A 3D Image of Wiltshire Air Ambulance's proposed new home on land at Outmarsh Farm, Semington

Simon King, senior locality manager at Eeast, said, "Our patients told us what would make the service better and I am delighted that we have secured this funding to procure two new vehicles based on their feedback. It will also ensure that the Mental Health Street Triage team can provide a rapid response to people in a crisis in modern purpose built vehicles and transport them in comfort if required to do so."

Simon continued, "This initiative is a great example of partnership working; getting a whole range of organisations together to help improve lives and offer better care, protection and treatment."

Chief Inspector Jaki Whittred, from Bedfordshire Police, said "I'm delighted that the panel have recognised how important the Mental Health Street Triage partnership is in delivering the right help to people in mental health crisis. Bedfordshire Police are committed to working with our health colleagues to ensure that we continue to develop and sustain our street triage scheme and this funding award will really assist us in doing so"

SECAMB

Restart a Heart campaign creates '8500-strong pool of life-savers' across the region

South East Coast Ambulance Service NHS Foundation Trust (SECamb) inspired local schools and children's groups to drive forward CPR awareness as part of the Europe-wide initiative Restart a Heart.

The Trust achieved the amazing results of training close to 8,500 children and some adults in 88

locations across Kent, Surrey and Sussex.

By linking with the Resuscitation Council's European Restart a Heart Day and the British Heart Foundation, SECamb provided young people with the skills they need to help save a life. The Trust had aimed to provide the training to some 3000 children but a 74 strong team of volunteers far exceeded these expectations.

During the week 12-18 October, volunteers including Community First Responders, SECamb staff, as well as colleagues from the fire service delivered the life-saving training.

More than 30,000 people suffer cardiac arrests outside of hospital in the UK every year. If this happens in front of a bystander who starts CPR immediately before the arrival of an ambulance crew, the patient's chances of survival double.

Today, if someone suffers a cardiac arrest out of hospital in the UK, they sadly have less than a one in ten chance of surviving.

SECamb's Volunteer Operations Manager Emma Ray said: "We were delighted to take part in this initiative as a Trust for the first time. We were putting the emphasis on training young people by giving them confidence to act quickly and now they know how to perform CPR they can take this skill with them throughout their life and even encourage others to follow suit.

"It is thanks to everyone who volunteered their time that we have been able to reach out to so many people. The numbers are just incredible and the children embraced their new skills with enormous enthusiasm. I congratulate each and every one of them and I am very proud of their achievements."



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*Capnography for the Nonintubated Patient in the Emergency Setting.
Craig A. Manifold, CA, et al.
J Emerg Med. 2013;45(4):626-632.

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NEAS

North East Ambulance Service rated 'Good' by the CQC

Inspectors highlight outstanding practice as well as areas to improve

England's Chief Inspector of Hospitals has rated North East Ambulance Service (NEAS) as "Good" following a Care Quality Commission (CQC) inspection of its wide range of services earlier this year.

The CQC team included more than 50 inspectors assessing the 999 emergency operations centre; urgent and emergency care services; patient transport services; emergency planning and resilience; and NHS111 against their five domains of safe, effective, caring, responsive and well-led services.

Their report concluded: "Overall, we rated all of the five key domains as good, which meant the overall rating for the trust was also good."

NEAS Chief Executive Yvonne Ormston said: "I am delighted that our service has been rated as 'Good' overall. This is fabulous news for our organisation and testament to the care and professionalism that all of our staff dedicate to our patients and service. Our workforce is dedicated to providing the best possible patient care, often in incredibly difficult circumstances and I am pleased on their behalf that this has been recognised."

"More than 2.7 million people across the North East rely on our services and the CQC has recognised the pivotal role we are playing in the development

of urgent and emergency care services in our community."

Inspectors' comprehensive assessment of NEAS took place from 18-22 April and was followed-up with an unannounced return on 4 May to review services. The CQC found a culture of passion and enthusiasm with a focus on the patient. Patients told inspectors they were happy with the care they received.

Several areas of outstanding practice are highlighted in the CQC report, including the introduction of advanced practitioners to care for patients with chronic and multiple conditions in the community; paramedic research and development; the enrolment into the MIND blue-light mental health programme to support ambulance staff; and the "flight deck" system which monitors hospital capacity and demand in real-time to manage pressures in the system and divert patients to alternative care when necessary.

The CQC report also highlighted that ambulance performance standards were not being achieved and that NEAS had a shortage of paramedics.

Mrs Ormston added: "While we have demonstrated that our service is good for patients, we know there are areas we need to improve. We are doing everything possible to recruit paramedics and we are working with NHS commissioners and hospitals to relieve the pressures of handover delays."

"These are national issues affecting all ambulance services, but the CQC rating is an encouraging acknowledgement that we are doing everything possible to address these issues."

Eight of the ten ambulance services in England have now been inspected with the new ratings and only one other has achieved an equivalent rating from the CQC. In the North East region, the NEAS rating sits alongside three other trusts rated as "good," three trusts rated as "outstanding" and four trusts rated as "requires improvement."

To read the full report, visit www.cqc.org.uk/provider/RX6/

HIOWAA

Hampshire and Isle of Wight Air Ambulance crew benefit from pioneering new immersive simulation training suite

Hampshire and Isle of Wight Air Ambulance (HIOWAA) crew will benefit from a pioneering new immersive simulation training facility at the charity's new airbase in Thruxton, near Andover.

The new facility provides a number of functionalities, including the ability to project a series of mock incident scenes, complete with movement and sound. The crew are currently able to simulate a multitude of different training environments; from a busy nightclub to a Hampshire forest. HIOWAA will continue to add to the scenes available, including the New Forest, the Helipad at St Mary's Hospital Newport and the resuscitation room in University Hospital Southampton.

HIOWAA's Consultant Paramedic, Els Freshwater, commented 'This exciting piece of equipment allows us to safely

practice many of the technical and non-technical skills that are required of a critical care team. At a recent training day we were able to simulate a number of scenarios, including a patient who had fallen in a forest, a cyclist who had been knocked off a bicycle on a busy road and a pedestrian who had been hit by a van in a residential area.'

Valuable learning takes place, not only during the scenarios, but also in the subsequent debrief, giving the crew time to reflect on their performance and how things might have been done differently if a similar situation had occurred in 'real life'. Formal training sessions will take place in the HIOWAA immersive training suite on a regular basis, as well as impromptu training sessions whilst the crew are on duty, allowing them to refine essential skills.

Other items of new kit include the iSimulate; a simulated patient monitor. The iSimulate allows Education Facilitators to provide realtime feedback on a patient's condition to the crew as they provide treatment. The more realistic the simulation, the more the crew are able to immerse themselves in the situation and practice important skills. Colleagues act as bystanders and training manikins are dressed in real clothes in order to make each scenario even more realistic.

HIOWAA CEO Alex Lochrane commented 'Hampshire and Isle of Wight Air Ambulance is one of the few Air Ambulance services in the country to benefit from this pioneering technology. The new immersive training suite is an example of our commitment to remain at the forefront of pre-hospital emergency care, continually improving the service that we are able to provide to our patients'.

Iqarus Immersive Training Centre

Innovative UK / European training centre puts first responders / healthcare professionals in the heart of the action

An innovative training centre in Hereford, UK puts front-line medical professionals through their paces in high-risk, high-pressure situations. Using ground-breaking training technology, it is designed to increase medical proficiency and physical and mental resilience in remote and hostile environments.

From climatic extremes to post-conflict zones, the new Immersive Training Centre combines carefully replicated street scenes, professional actors, sound, weather and other special effects to provide first-hand experience of saving lives in high-stress locations, from a close protection rescue under fire, to a mass casualty incident in the chaos of a crowded city.

The first of its kind in Europe, this specialist facility has been created by Iqarus, a global provider of intelligent health solutions to organisations that need to operate safely in remote and difficult environments. It has been developed in collaboration with international emergency and rescue services, NGOs and the defence, health, security and

energy sectors, and leverages Iqarus' insight and experience delivering healthcare for clients in zero-failure tolerance environments.

Ged Healy, Executive Director of Training and Development at Iqarus believes the best way to improve front-line training is to replicate the intense pressures that responders will face. He commented: "It is one set of skills to work efficiently when confronted with a life-threatening injury. It's another to keep your focus and perform effectively in a life-threatening situation.

"At Iqarus, we train thousands of people every year, many of whom work in mission-critical environments where even minor incidents can have major consequences. We know that the most effective training experience is a realistic experience. By combining battle-tested medical protocols with

cutting-edge technologies, we've taken real-life simulation to a new level, creating the challenges of environmental extremes in a low-risk training space."

The 8,000 sq.ft of dynamic simulation space can be used to create bespoke training environments, with any scenario, anywhere in the world. Facilities include:

- Desert, jungle and arctic training rooms with simulated weather conditions and sound effects
- A street scene with collapsed, two-story building, with explosive special effects, dust and smoke
- A changeable street scene which transports users from Europe to the Middle East, and beyond
- A burnt-out building with collapsed upstairs and flooding area

- Realistic home structure with false wall, escape hatch and tunnel
- Area for road traffic collision simulation
- Stereo surround speakers with four sound zones
- State-of-the-art cameras and a two-way communications system allowing trainees to work independently, without the support or intrusion of an instructor
- Professional actors and accurate and realistic prosthetics
- Overhead drones and HD CCTV throughout.

Adds Ged Healy, "We've considered every detail, from the language on the labels in our 'shop' to the mulch on the rainforest floor. It's the most realistic training facility anywhere in Europe, and so far the feedback is extremely good."



NWAS

Children of North West Ambulance Service staff ask the public to consider who is behind the uniform, as violent incidents increase

As incidents of violence and aggression against ambulance staff increase, North West Ambulance Service, and children whose parents work for the Trust, are asking the public to consider the person 'Behind the Uniform' as part of a campaign to raise awareness of this shocking statistic.

In 14/15, ambulance staff reported 608 incidents of verbal abuse and threatening behavior from members of the public but in 15/16, this number rose by 27 per cent to 755. The majority of these acts of aggression are aimed at emergency ambulance crews but staff working for the non-emergency patient transport service, call centres and 111 operators have also reported being targets of abuse.

In terms of physical assaults – NWAS saw a rise of five percent in 15/16 (390) compared to 14/15 which saw 371 recorded assaults.

The objective of the Behind the Uniform campaign is to highlight that the Trust's staff are people just like everyone else, with homes, friends and families and that these acts can be hurtful both physically and mentally and will not be tolerated. The campaign's highlight is the release of videos featuring the children of NWAS staff explaining how they feel when their parents go to work and they hear of people being 'mean' to them.

Scarlett, aged 10, describes how her father Paul, a Paramedic,

had to have surgery for a knee injury after he was assaulted by a patient in the back of an ambulance, resulting in him having to be off work for six months.

Hermoine, aged five, is very adamant when she talks about mum, Hannah, an Emergency Medical Dispatcher in the Greater Manchester call centre; she states: "You wouldn't like it if I shout at your mummy, and I wouldn't like it if you shouted at my mummy!"

NWAS Chief Executive, Derek Cartwright comments: "In my role, there is nothing worse than being told that one of our staff has been attacked while trying to do their job and hearing the views of their children really brings it home.

"Our staff are not just Paramedics, Technicians, Despatchers or 111 Health Advisors – they are mums, dads, brothers, sisters, sons and daughters. There is more to them than a uniform or voice on the telephone and for them to have to go home to their families hurt or upset is not acceptable."

The Trust has convened a dedicated group to tackle the issue of violence and aggression against staff. Made up of frontline staff, managers and union representatives, the group's remit is to raise awareness amongst the public and staff, some of whom may wrongly believe that it is a part of the job and ignore minor incidents when it happens to them.

As part of the campaign, staff will also be given materials advising them on what to do if they are verbally or physically assaulted and encouraging them to report all incidents, no matter how minor, so they can be logged and, if necessary, a warning placed on the assailant's address.

Over the next two weeks, the Trust will be using social media to highlight violence and aggression statistics and real case studies, as well as asking staff to use the hashtag #behindtheuniform to say something about themselves unrelated to work.

Derek explains: "We hope that staff, by using the hashtag, will show that there is someone behind the uniform, with thoughts, feelings, hobbies, interests and families and as such, feel pain, hurt and upset like every other human being.

"We will be making a concentrated effort to encourage our staff to report all incidents of verbal or physical aggression, and where appropriate, to request that Police investigate all reported cases. We are looking at how we can improve training and learning amongst senior managers in how to support staff in such cases so they feel that they have the full support of the Trust behind them."

Assaults against NWAS staff can come in many guises – the majority of Control staff incidents involve callers shouting and swearing at or threatening staff,

while those on the road can face the horror of a physical attack resulting in injury. Statistics show that the majority of assaults occur on a Saturday between the hours of 18.30 until midnight. The aggravating factors in most cases of aggression and violence are alcohol and drugs.

Adds Derek; "There are incidents where the overriding factor is the medical condition itself – mental health problems, head injury and seizures can all lead to patients acting aggressively but our staff are fully trained in recognising these conditions and how to deal with them. However, even in these circumstances, we hope our staff would report the assault.

"The real issue is when people get angry – they may have waited longer for an ambulance than they expect, they may be unhappy with the treatment being given or the questions our call takers have to ask each caller but regardless of this, there is no excuse for attacking someone who is trying to help you or your loved one."

In the words of Delilah, aged seven, "Please be kind to my mummy, she's trying to help."



WAS

Welsh Ambulance Service call handler named Dispatcher of the Year

A Welsh Ambulance Service call handler has been recognised as Dispatcher of the Year.

Louisa Ansell, who works in the Trust's South East Clinical Contact Centre at Vantage Point House, Cwmbran, was presented with the accolade at the International Academies of Emergency Dispatch's (IAED) annual UK Navigator Conference in Bristol.

Louisa was one of five of the Trust's Emergency Medical Dispatchers who were nominated for the award out of a total of 15 candidates from ambulance services across the UK and Ireland.

Each Trust nominates candidates and submits an audio file demonstrating how they dealt with a difficult caller, extraordinary circumstance, or achieved a positive outcome.

In Louisa's case it was the way she handled a call from a care home where a female resident had become unresponsive and was having difficulty breathing,

which helped her to win the trophy.

Among the criteria considered for the IAED Dispatcher of the Year are compliance to protocol, teamwork, initiative to further professionalism and education, and ability to function well under stress.

The 38-year-old, from Abercarn near Newport, said it was experience which enabled her to remain calm when dealing with calls to patients facing life-threatening emergencies.

"I've been call taking for three years now for the ambulance service and obviously the longer you do it, the more you become in tune to it by constantly monitoring the situation," she said.

"I've done so many CPRs and they're not easy calls by any standard, but you just want the best outcome for the patient.

"We tell people to put the patient onto their back and maintain the airway, then we stay on the line with that person until the ambulance crew arrives.

"We're constantly checking if the patient is still the same, if anything's changing and how the patient's breathing is.



Welsh Ambulance Service call handler Louisa Ansell pictured alongside fellow nominees for the Dispatcher of the Year Award.

"In that case the phone was right by the patient and you could hear that their breathing had changed.

"We've got a breathing tool which is used to check every time they take a breath in, so when I checked I wasn't happy with what I could hear and we started CPR immediately."

The four other Welsh Ambulance Service call handlers up for nomination were Elizabeth Robins, Sophie Wise, Nicola De Gare Pitt and Aaron Mathews.

Louisa was so surprised to receive the award that she had check with her colleagues that hers' was the winning entry, as she didn't recognise her own voice when it was played over the speakers.

She said: "I thought we had quite good odds that one of us would win it as there was so many of us, but you don't ever think it's going to be you.

"At first they just played the recording so it took a few minutes to realise it was actually me.

"I looked at my colleague and said 'Was that my voice?' and she said 'I'm not sure' so I looked at Andrew (Tucker - Medical Priority Dispatch System Facilitator) and he told me it was.

"I'm really proud as we've only ever had one other person who's won it so that was really nice.

"All of our managers were there so it was also nice to be recognised in front of them.

Brian Jarvis, the Trust's Clinical Contact Centre Manager for the South East, said: "We are all really proud of Louisa's achievement and her award is highly deserved.

"For so many Emergency Medical Dispatchers from the same ambulance service to be shortlisted is unprecedented and it's a testament to all who were nominated."



Welsh Ambulance Service call handler Louisa Ansell receives the Dispatcher of the Year Award from Pam Stewart, the International Academies of Emergency Dispatch's Chair of the Board of Certification.

"I've done so many CPRs and they're not easy calls by any standard, but you just want the best outcome for the patient."

Winter is coming

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SEECAMB

New ambulance centre to begin operations

Ambulance crews have begun operating out of South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) newest Make Ready Centre in Polegate, East Sussex.

A phased opening saw clinicians begin to report to the new centre, located at the Polegate bypass roundabout, Monday 17 October.

All of Heathfield, Hailsham and Eastbourne ambulance crews will be reporting to the new centre by the end of this week. They will be joined by colleagues from Newhaven and Uckfield on October 31, when the centre will be fully operational.

SECAmb's Make Ready system minimises the risk of cross-

infection; frees up front-line staff, who historically have cleaned and re-stocked ambulances, to spend more time treating patients; and keeps vehicles on the road for longer. Specially-trained operatives regularly deep-clean, restock and check vehicles for mechanical faults.

While ambulance staff will start and end their shifts from the new centre the service provided to the region will be maintained with a number of dedicated Ambulance Community Response Posts, (ACRPs), where staff can rest between calls. Shifts will also begin and end on a staggered basis to ensure that ambulance cover is maintained in all areas served by the new centre.

The Trust is retaining an ambulance community response post at all of its ambulance station locations but the introduction of Make Ready means that the Trust does not require large stations to

store equipment and restock and maintain vehicles. Eastbourne will be serviced by two ACRPs and a response post has also been established in Seaford.

The Trust will also continue to explore other potential sites across its region for additional response posts based on patient demand.

SECAmb Paramedic and Operating Unit Manager Giles Adams said: "A lot of work has taken place ahead of the centre becoming operational and we're really pleased to now be welcoming staff. This way of working ensures we have a system in place where our staff are spending more time doing the job they are trained to do – treating patients.

"The aim is to minimise the time when crews are not available to respond to patients. Crews will still respond from the same towns under this system but will begin

and end their shifts at staggered times at the new centre with a vehicle prepared for them that is fully operational. The new centre also ensures crews have access to modern training facilities and increased support from management."

SECAmb has already developed four purpose-built Make Ready centres in Ashford and Paddock Wood in Kent and Crawley and Tangmere in West Sussex. It also has Make Ready Centres in Chertsey, Hastings and Thanet.

What is Make Ready?

The Make Ready initiative significantly enhances and improves the service SECAmb provides to the community.

It minimises the risk of cross-infection; frees up front-line staff, who currently clean and re-stock ambulances, to spend more time treating patients; and keeps vehicles on the road for longer.



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The initiative ensures that specially-trained operatives regularly deep-clean, restock and check vehicles for mechanical faults.

Make Ready Centres are supported by a network of ambulance community responses posts (ACRPs) across the area with staff beginning and ending their shifts at the new centre.

During their shifts, staff will respond from the ACRPs which will provide facilities for staff. These are located based on patient demand.

LAS TV documentary prompts pizza praise

Ambulance staff are feeling the love as they're hailed 'heroes and heroines' by the public following a TV documentary.

Messages of thanks have been pouring in since the tell-all 'Ambulance' three-part series was broadcast in September and October.

Donuts and chocolates have been delivered to frontline crews to say thank you for the difficult job they do and one father of two was so moved by the 999 call takers that he bought a slice of pizza for all 100 of them on duty!

Adam Ralph, 36, from Putney, said: "They're heroes and heroines and I was struck by their caring nature as I watched the programme. They were dealing with all manner of calls, from suicides to parents struggling with their children, and being a parent myself I think I'm much more empathetic these days.

"The people working in the ambulances are really under-appreciated – they're working for a great cause which they really do from their hearts, not just for their monthly wage.

The teacher added: "I think people like that sometimes just need a pat on the back. I don't normally do random gifts but I just wanted to let them know they're doing a wonderful job."

The BBC1 series, which attracted 4.5 million viewers, followed ambulance crews as they treated patients across the capital including people who had taken drug overdoses, been stabbed or become unwell at home. It also featured emergency call takers answering 999 calls and the difficult and often emotional conversations they have including trying to convince a caller to cut a man down who was hanging to try and save his life.

Watch Manager Graham Seamons said: "Taking and dispatching 999 calls is an extremely demanding job and it's great that the public have been able to see the difficult decisions we have to make on a daily basis.

"We do this job because we want to help people, but it is really touching to be recognised in this way and the pizza went down very well with the team!"

WAS Statement on six-month extension of the Trust's clinical response model

Chief Executive Tracy Myhill said: "We're delighted that the Welsh Government has decided to extend our clinical response model pilot by a further six months. This will allow us to continue to build on the progress we have made as we go into the winter period.

"Since the pilot was launched last October, we have achieved our target of reaching 65 per cent of red calls to patients facing life-

threatening emergencies within eight minutes every month.

"During the last two months we have also reached this all-important goal in every single health board area as a result of our ongoing work to ensure this is delivered on an equitable basis across Wales.

"While other emergency calls are not subject to a time-based target, patients can rest assured that we are monitoring and reporting on the quality of care that we provide to them.

"This data is available in our ambulance quality indicators via the Emergency Ambulance Service Committee website. Ambulance model delivery in Wales continues to lead the way in the UK with NHS England now piloting a similar approach.

"We would like to take this opportunity to thank our dedicated staff, without whose efforts the success of the response model to date would not have been possible, and we will continue to evaluate its progress."

AANI Air Ambulance Northern Ireland seeing Double

AANI are delighted to announce Babcock Mission Critical Services Onshore as the aviation supplier of the Charity's two aircraft. They will also provide aviation training and the pilots of both helicopters.

Babcock has decades of

experience in providing Helicopter Emergency Medical Services (HEMS) across the UK and currently operates from more than 20 UK bases, responding to hundreds of emergency calls every week.

AANI Trustee Ray Foran says he is delighted "After a European wide tender process we are pleased to announce Babcock as our HEMS provider. The contract will initially run for 3 years with a possible extension for a further two years."

Tim Shattock, Managing Director of Babcock said: "I am extremely pleased AANI has selected Babcock to help them bring this vital new lifesaving service to the people of Northern Ireland. I'm looking forward to working with AANI and their stakeholders as we prepare to get operations underway."

AANI Chairman Ian Crowe says "Having two air ambulances permanently based in Northern Ireland will significantly reduce maintenance downtime. The two EC 135 helicopters will be fully equipped HEMS aircraft. Having one helicopter on duty every day will ensure Air Ambulance Northern Ireland is there for those who need it."

"On behalf of the Trustees we want to thank everyone that has supported the Charity to date in establishing this important lifesaving service."

Work is continuing to finalise the Memorandum of Understanding with the Northern Ireland Ambulance Service over the coming weeks.



SWASFT

SWASFT tops clinical research table

South Western Ambulance Service NHS Foundation Trust is the top ambulance service in England for running the most clinical research studies to inform and improve patient care and treatments in the future.

One hundred per cent of all the NHS Trusts in England are offering the opportunity to participate in health research to patients according to a league table published by the National Institute for Health Research (NIHR) Clinical Research Network (CRN).

The 2015/16 NIHR Research Activity League Table shows all NHS Trusts in England are delivering clinical research, providing thousands more patients access to better treatments and care.

For the second consecutive year running South Western Ambulance Service NHS Foundation Trust (SWASFT) is the most research active ambulance service in England out of 10 ambulance services.

SWASFT has achieved an unprecedented increase in the number of clinical research studies its frontline emergency crews are offering their patients. In 2015/16 SWASFT recruited 2,341 people to eight research studies compared with 386 participants enrolled to four studies in 2013/14.

South Western Ambulance Service NHS Foundation Trust Chief Executive Officer Ken Wenman said: "We are delighted to be the top ambulance service in England for running the most clinical research studies. We pride ourselves on being a forward thinking organisation, putting patient care and safety at the heart of everything we do.

"By participating in research initiatives we can directly help patients to receive even higher

standards of clinical care. Our research and development team continue to work incredibly hard embedding a research culture across the organisation and has already made incredible progress. This is extremely challenging when taking our geography into account. The Trust's workforce operates from over 100 sites across an area spanning one fifth of England."

Mr Wenman added: "On behalf of the Trust, I would like to formally acknowledge the hard work of the research team and sincerely thank our clinical staff for their support and participating in these important studies."

Plymouth-based paramedic Mary-Jean Tucker, who is one of over 500 paramedics SWASFT has trained to be research active, said: "My main priority is my patients and providing the best possible care for them. Taking part in clinical research not only provides my patients with additional treatment options but also gives me a better understanding to manage their condition. Clinical research is an important step in discovering new and more effective treatments, improving our knowledge and patient care now and in the future."

Promoting, conducting and using clinical research to improve treatments for patients is part of the NHS England Constitution. The NIHR Research Activity League Table provides a picture of how much clinical research is happening, where, in what trusts and involving how many patients.

Commercial research activity is an added feature for the 2015/16 league table. Collaboration with industry is vital to enable the NHS to deliver first class clinical research, speeding up the development and availability of new treatments, therapies and diagnostics.

The data shows that a record number of commercial contract research studies have been delivered by NHS trusts in England over the last five years [650 in 2015/16].

NHS Kernow Clinical Commissioning Group area (Cornwall & Isles of Scilly) is ranked joint top CCG nationally for conducting 19 commercial clinical research studies.

Primary care research in GP practices and community healthcare settings is also highlighted as part of the report. Last year over 42% of GP practices in England recruited people to NIHR research studies.

Chief Executive Officer of the NIHR CRN, Dr Jonathan Sheffield said: "The NIHR League Table this year shows every NHS Trust in England is now research active. Evidence clearly shows research active trusts have better patient outcomes with 605,000 people across England participating in research in the NHS in the last year. The outlook is very encouraging. The league table results are a great achievement for all involved and highlight the growing commitment to research from the NHS and patients."

Chris Whitty, Chief Scientific Adviser to the Department of Health, said: "The support and infrastructure provided by the National Institute for Health Research has helped increase year on year the number of research opportunities offered within the NHS. Commercial partnerships supported by the Clinical Research Network continue to play a key role in bringing world-class research studies to the UK, benefiting our health service and ensuring new treatments are available to patients as quickly as possible."

WMAS

Trust first in country to achieve dual awards

The Trust's Fleet Services Department has become the first of any emergency service in the country to scoop two prestigious accreditations.

Not only have the staff met the exacting standards set out in the

Freight Transport Association (FTA) 'Van Excellence' award for the 3rd year running, but they have also picked up the Institute of Road Transport Engineers (IRTE) Workshop Accreditation. WMAS is the first emergency service in the country to achieve this.

To achieve these awards, the Fleet Services Department has had to demonstrate exceptionally high standards in areas such as audit best practice and a range of compliance tests in areas such as the premises worked in, equipment, technical staff, management and clerical staff, documentation, quality and appearance.

General manager for Fleet Services, Tony Page, said: "For the past 18 months our workshop teams have been attending training courses in vehicle fuel injection, diagnostics, electronics, air conditioning and the like. Seven of our engineers have already progressed to 'Master Technician' level with many more working towards this. Our end to end processes and level of data contained in our fleet management system have also been well received by the IRTE experts visiting our facilities.

"One of the biggest challenges we face is keeping up to date with the ever increasing complexities of the ambulances that we maintain. Part of the accreditation is to be able to demonstrate that our staff are not only suitably qualified but that they are undertaking ongoing training to keep up with vehicle technology advances. This is something that has been standard practice in the aviation industry and is now being rolled out with our vehicle engineers.

"These two awards reflect the professionalism and amazing dedication of our fleet services team to make sure that our operational staff always have vehicles available to respond to patients in their hour of need. These awards demonstrate that we have not only one of the most modern fleets in the country, but they are also amongst the safest and best maintained anywhere."

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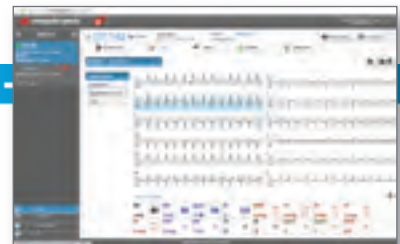


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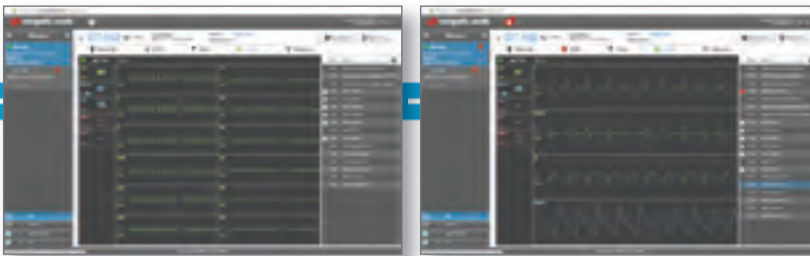
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^[1] Rao A et al. (2010 Feb): Impact of the prehospital ECG on door-to-balloon time in ST elevation myocardial infarction. Providence Hospital and Southfield, USA



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SECAMB

Trust committed to improvements following publication of CQC report

The Care Quality Commission (CQC) has published its report following a planned inspection of South East Coast Ambulance Service NHS Foundation Trust (SECAMB) in May.

The report gives the Trust a 'good' rating for its service being caring but highlights a number of areas of concern. The report judges the Trust to be 'inadequate' overall and today NHS Improvement is considering placing the Trust into special measures.

SECAMB is committed to improving the quality of its service and would like to reassure the public that it has already been working hard to implement a

number of important changes. The Trust also welcomes the additional support placement into special measures would offer.

Acting Chief Executive, Geraint Davies said: "While we are pleased that the dedication and care of our staff is highlighted as good in this report, we are sorry that we have not met the standards expected in a number of other areas.

"Following initial feedback from the CQC we have already been working on and implementing a number of improvements. I would like to reassure everyone we serve that I, along with my senior team, am committed and focused on ensuring these necessary changes continue. We are determined to implement the changes required to restore confidence in our service."

"I would also like to take this opportunity to point to the

enormous amount of excellent work undertaken every day by our staff across our region, often in challenging circumstances, to respond to and treat patients, be it responding to a major road collision or saving the life of a patient in cardiac arrest.

SECAMB already has a recovery plan in place and has taken action across a number of areas to address concerns including those set out below.

- Although recruiting and retaining enough staff remains a significant issue for the Trust, 60 new front-line staff have joined the Trust since 1 April – 18 Paramedics and 42 ECSWs, with a further 289 staff (144 paramedics, 84 Emergency Care Support Workers and 61 Associate Practitioners) in the pipeline to join us by April 2017. 53 new Emergency Medical Advisors (999 call-takers) have joined the Trust already, with a further 40 in the pipeline for the

remainder of the year. In NHS 111, 62 new Health Advisors (HAs) have started this year and a further 36 HAs are in the pipeline to join over coming months.

- We have strengthened our systems for the management of medicines and taken action to address the issues identified. We have audited the drug rooms in all stations. In all locations controlled drugs are stored in line with the legal requirements. Non-controlled medicines are stored in lockable cabinets.
- A detailed action plan focused on recruitment, retention, operational performance, staff engagement and external stakeholder engagement has been developed for NHS 111. As a result performance has steadily improved and in August surpassed performance trajectories, agreed with commissioners, on all measures.



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- The Trust has undertaken a Trust-wide Infection Prevention & Control (IPC) awareness campaign, rolled out extra training and recruited IPC Leads in every operational area. To support this, all operational areas are undertaking regular spot-checks and audits to ensure that improved standards are maintained.
- The Trust has worked hard to raise awareness of safeguarding processes to all staff, as well as creating a new process for on-going monitoring of safeguarding referrals by operational staff. There are now new formal links in place between safeguarding and complaints to close any gaps between the two processes.

The report also highlights areas where the Trust does well. These include:

- The CQC reported how caring our staff were and how they behaved with kindness and understanding towards patients, even when faced with difficult situations.
- 111 call takers treated callers as individuals and treated them in a non-judgmental way
- The Trust encourages staff to take on additional roles and responsibilities and provided training and support to enhance the paramedic roles. The specialist paramedics' roles such as the critical care paramedic had expanded and developed.

Geraint Davies added: "I fully recognise that this is a challenging time for the Trust and accept that these are serious concerns which we must address. We understand the seriousness of placement into special measures but would value the additional support that this would offer us. We expect that the move will mean the work we have already started can continue at pace."

YAA

New Yorkshire Air Ambulance finally takes to the skies

The first patients have been carried by Yorkshire's new, state-of-the-art air ambulance.

The £6m Airbus H145 helicopter has taken to the skies over Yorkshire following the completion of crew training and a full medical fit-out.

The first jobs for the crew of the new H145 included a fall from height near Lofthouse, and a horse rider from High Hoyland near Barnsley who required transferring to Leeds General Infirmary for treatment.

It is based at Yorkshire Air Ambulance's flagship Nostell Air Support Unit near Wakefield. A second H145 has been ordered from Airbus and will be operational by the end of the year, flying from the rapid response emergency charity's northern base at RAF Topcliffe, near Thirsk.

The new aircraft offer exceptional flight performance and will have

significantly lower operational and maintenance costs. The H145 is night capable, enabling longer flying hours, and is used by military, police and air rescue services throughout the world.

Yorkshire Air Ambulance has been planning the replacement of its two, ageing MD902 Explorer aircraft for several years. The purchase and fitting out costs have been met through planned savings, grants, careful budgeting and the amazing generosity of the people of Yorkshire.

YAA Chairman Peter Sunderland said: "It was a hugely exciting and very proud day for us and the people of Yorkshire.

"As a charity we had been working towards this day for so long. Many years of careful planning, research, saving and budgeting have gone into the process to ensure we have chosen the right aircraft for the people of Yorkshire.

"A year after signing the contract, the first of our new H145s started operational flying at the weekend.

"This helicopter belongs to the people of Yorkshire and will do for

the next 20 to 25 years. I am very proud to say we now have a level of service which is probably the best of any air ambulance charity in the UK."

Air ambulance doctors and paramedics have been involved from the start in the medical fit out of the H145s which provide a much larger cabin area to treat patients in flight, and will carry the latest medical equipment.

Paul Gowland, YAA Director of Fundraising, said: "For the people of Yorkshire to raise the amount of money they do to enable us to buy these new aircraft is just astonishing.

"The H145 will enable us to fly an increase of 30 per cent more missions a year, to take an extra 30 per cent more people to major trauma centres and potentially 30 per cent more people will be alive."

Yorkshire Air Ambulance still needs to raise £12,000 every single day to keep its helicopters flying. The charity serves 5million people across Yorkshire, attending on average, more than 1,000 incidents a year.



Yorkshire Air Ambulance's new helicopter which is now in service

LAA

London's Air Ambulance teams captured in photography exhibition

Movements of the life-saving charity London's Air Ambulance have been captured and unveiled as part of a photography exhibition.

Members of the public, who have captured the advanced trauma team in helicopter and rapid response cars en route to critically injured people in London, have been submitting their photos in a social media competition.

More than 150 people entered and 12 shots were selected, which have been printed in a 2017 calendar with proceeds going to the charity.

Interim CEO of London's Air Ambulance, Charles Newitt said: "The team and I would like to thank everyone who took part in the competition. There were some brilliant photographs and judging proved very difficult.

"By getting involved and buying a calendar you are helping to raise money for our charity, so that we can continue to provide an advanced trauma team for the 10 million people that live and work in London."

The exhibition and competition has been supported by Calumet Photographic, which hosted the event at its Drummond Street store in London.

Jon Warner, Managing Director of Calumet Photographic, which has its head office in Tilbrook, Milton Keynes, as well as an online shop and eight stores across the country, said: "Supporting charities is hugely important to us as a company and we cannot think of a better organisation to support than London's Air Ambulance.

"We know the work they do is extremely important and the team have helped to save tens of thousands of lives over the years. The calendar showcases some truly amazing talent, as well as reminding people of what an important job the medical crew do."

Calumet Photographic is a leading photography equipment retailer supporting amateurs and professionals.

It also provides rentals, runs workshops, offers a student membership scheme, and has studio spaces available to hire for shoots.

Calendars are priced at £8.50 and can be bought at <http://londonsairambulance.co.uk/support-us/communityfundraising/calendar-2017>



SWASFT

South Western Ambulance Service research team shortlisted for prestigious national award

The Research and Development Team from South Western Ambulance Service NHS Foundation Trust (SWASFT) has beat off stiff competition and been shortlisted for a

prestigious national accolade within the Health Service Journal (HSJ) awards scheme.

The impressive entry, made by the Trust's Research Facilitator, Maria Robinson, has been successful in reaching the final within the 'Clinical Research Impact' category sponsored by the National Institute for Health Research (NIHR). She, along with a number of colleagues from the team, joined other finalists in London to give a presentation in support of their entry, before the winners are announced at a ceremony on 23 November.

The nomination, entitled, 'developing and embedding a research culture in SWASFT' focuses on the changes, benefits, impacts and results of working collectively as an organisation to push research up the corporate agenda and use the studies and outcomes to the mutual benefit of patients and staff.

SWASFT's research team has been involved in a number of ground-breaking projects in recent years and has moved from a position of not being involved in research projects at all, to being the ambulance service recognised as 'most involved in research' in the Guardian League Table for 2015/16.

They have seen further successes at the 999 EMS Research Forum this year, winning the award for the highest quality research, and the best poster. Last year the Trust was awarded the forum's prize for 'Best Use of Routine Data' and in 2014 won the award for the research most likely to influence practice. This means over the last three years SWASFT has won every prize given by this prestigious pre-hospital research forum. Recent achievements also include SWASFT becoming the first ambulance service to sponsor an NIHR Health Technology Assessment (HTA) funded trial.

Sarah Black, who heads up the Research and Development function at SWASFT, is delighted that the hard work of the team has been formally recognised and said: "The results of research studies are invaluable and shape our daily lives. This is particularly true of the healthcare sector, and the studies we're involved with have the potential to make a really positive difference to patients. We are seeing many benefits from our continued investment in research and I would like to acknowledge the hard work of the team, which has led to our nomination, we are looking forward to further showcasing our achievements during October's presentation, and attending the ceremony in November this year."

EMAS

East Midlands Ambulance Service receives gong at UK Heart Safe Awards

Ambulance crews covering Swadlincote have received an award for their efforts to save lives through early resuscitation.

The East Midlands Ambulance Service was crowned the winner at the UK Heart Safe Awards event which was held in Manchester, as its community response team won the Emergency Services Team of the Year Award.

Michael Barnett-Connolly, East Midlands Ambulance Service's head of community response, said: "We are delighted to win the award in recognition of our regional Community Public Access Defibrillator initiative and collaborative work with the fire service and community first response colleagues across the East Midlands."



Mary Spier, Steve Pratten and Mandy Lowe from the community response team on stage receiving their award.

"Thanks to our initiatives we are helping more lives to be saved through early resuscitation and defibrillation.

"Well done everyone, a great achievement by the whole community first responder

and co-responder community."

Volunteer colleagues at Trent Community First Responder Scheme in Nottingham were also recognised for their efforts, winning the Community First Responder Scheme of the Year Award.



Mary Spier, Steve Pratten and Mandy Lowe from the community response team ready for the award night

LAA

London's Air Ambulance Medical Director Dr Gareth Davies named as one of London's Most Influential People

London's Air Ambulance's Medical Director Dr Gareth Davies has been named as one of London's most influential people by the Evening Standard in its annual Progress 1000 list.

It is wonderful recognition for all that Dr Davies, Medical Director & Trustee of London's Air Ambulance and Consultant in Emergency Medicine, Pre-hospital Care & Emergency Preparedness with Barts Health Trust, has contributed to pre-hospital care throughout London and the rest of the UK.

Dr Davies joined London's Air Ambulance as a registrar in 1993 and has been responsible for the education and training of staff since 1996 when he became Medical Director. He is renowned for the standards he has delivered in pre-hospital medical care and leading on the introduction of innovative procedures which are now copied across the world. These procedures include resuscitative thoracotomy (open-chest surgery), and rapid sequence induction of anaesthesia with intubation. Gareth has been the lead consultant at many of London's major incidents, including the Paddington Rail Disaster and the 7th of July 2005 Bombings.

Speaking after the announcement Dr Davies said;

"It is a great honour to be named as one of the Evening Standard's Progress 1000.

"When I set out to train as a

doctor I couldn't have imagined I would be part of London's Air Ambulance for over 20 years. In my time I have witnessed huge advancements in the care that is provided to victims of serious injury in London and the rest of the UK. We are continuously able to save lives of people that previously wouldn't have survived their injuries and this is what I am passionate about.

We have grown so much, but it has really been a team effort by all at the charity, Barts Health, London Ambulance Service and indeed the whole of London. We couldn't do what we do without you."

The Progress 1000, in partnership with Citi, and supported by Berkeley Group, is the Evening Standard's celebration of London's most influential people.

EEAST

Grandfather thanks ambulance staff for "not giving up on him" after cardiac arrest

A Cambridgeshire grandfather has thanked ambulance staff for "not giving up on him" when he went into cardiac arrest.

Trevor Whitby had his heart shocked **16 times** and was in intensive care for six weeks after he collapsed at his Wisbech home on 13th April.

The retired forklift driver was reunited with the five ambulance staff who helped save his life. He also presented £350 to the East of England Ambulance Service NHS Trust (EEAST) Charitable Fund.

The 70-year-old can not remember a three-month period of this year. However, he said he will always be grateful to Daniel Hansen, Matt Webb, Dave Lang, Kyle Everett and Martyn Harrell.

He said: "It is very emotional. I cannot express what I feel for them. I can not thank them enough for not giving up on me."

His wife Sarah called 999 at just before 2.45am concerned after Trevor went pale and clammy and was having a heart attack. He was being assessed by Daniel, Dave and Matt and was getting dressed when he collapsed and went into cardiac arrest.

The ambulance staff managed to resuscitate him and rushed him to the Queen Elizabeth Hospital to be stabilised before being successfully treated for a blocked coronary artery at the Norfolk and Norwich University Hospital.

Trevor, who had a heart attack 16 years ago, says he "feels great" and for his 70th birthday in July he asked family and friends to donate money and raised £700 to be split between EEAST's charitable fund and the critical care unit at the QEH.

Kyle added: "You could tell Trevor was a fighter because his heart kept restarting and he went into cardiac arrest so many times that we went through two drugs bags. It is one of our most memorable jobs. It is unbelievable to see him so well now."

All systems go for new PTS contract

It was all systems go for West Midlands Ambulance Service when the non-emergency patient transport services (PTS) contract for Wolverhampton and Dudley was officially handed over.

The multi-million pound contract means the Trust will complete

about 160,000 patient journeys a year to New Cross and Russells Hall Hospitals as well as a number of other venues. The contract is for 3 years with an option of a further 2 years.

The contract, which was awarded after a competitive tender, means WMAS now provides transport for over one million patient journeys a year across our contracts. It is also the first time that WMAS has provided this service in this area for many years. WMAS has taken over the contract from NSL Limited.

The contract will operate from strategically based sites in Dudley and Wolverhampton, with a control room at Trust Headquarters in Brierley Hill.

Those eligible to use the contract will include those having certain outpatients appointments, day procedures and regular treatments such as renal dialysis, cancer treatment and physiotherapy.

WMAS has worked closely with Dudley and Wolverhampton CCGs to develop a service that will deliver a range of improvements for patients:

- Dedicated booking hubs for each area, providing travel advice for patients
- A new hospital based self-service kiosk to allow patients to register when they are ready for collection which reduces waiting times and improves patient experience
- Patients can opt into an SMS text service which will inform them of their appointment travel details
- Specially trained staff to ensure patients receive the best possible care and are sympathetic to their needs

- WMAS has invested in a specially designed fleet of vehicles that include the latest technology

WMAS Commercial Services Director, Mark Gough, said: "This is excellent news for the West Midlands Ambulance Service and re-affirms our commitment to try and grow our PTS services as much as possible.

"We now have over 60% of the PTS market in the West Midlands and we are working hard to grow that still further through the excellent level of service that we provide.

"An incredible amount of hard work has already been put in to make sure we are ready and we will continue to work hard to ensure we provide the best service possible to patients."

Paul Maubach, Chief Executive Officer, Dudley CCG said: "We are delighted that the new service provider is up and running and we will continue to work with them to provide a high quality of service to our patients.

"Patients are still encouraged to make their own way to NHS appointments wherever possible. However, if they have a mobility issue, which means they are unable to travel by car, taxi, public transport, or community transport, they can contact PTS to see if they are eligible for transport.

"This service will operate on the same criteria as previously but we are keen for patients to make a note of the new number to call to avoid any inconvenience at the time of booking."



Some of the control staff: (L – R) Helen Wentworth, David Davies, Jayne Lewis, Ruth Hampson

Steven Marshall, Director of Strategy and Transformation from Wolverhampton CCG added "All parties are committed to continuous improvements for our patients and we are looking forward to working in partnership to deliver a high quality service."

8.30am and 5.30pm.

- Patients in Dudley will have a new number to call to make their transport bookings: 01384 679 047.
- Those in Wolverhampton should continue to call the Royal Wolverhampton NHS Trust on 01902 694 999.

An eligibility criteria will continue to be used as before as set out by Dudley and Wolverhampton Clinical Commissioning Groups and is designed to identify your actual medical and mobility requirements. The booking offices for both areas are open Monday to Friday between

Please ensure you have the following information to hand when you call: Name, date of birth; NHS Number; pick up and destination addresses including the postcodes; GP name and practice address; and the date and time of your appointment.



Some of the staff who transport the patients: (L – R) Andrea Tucker, Clark Williams and Julie Pearson

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WAA

Thanks a million!

Wiltshire Air Ambulance's Lottery and Superdraw have achieved a major milestone – by generating £1 million in income.

In addition, the number of people playing the charity's award-winning lotteries - just over 35,500 - is an all-time high.

As well as raising money to keep the charity's helicopter flying and saving lives, members who play the Superdraw can win up to £25,000.

One of the latest winners of the Superdraw, Sharon Pottinger-Jones, of Highworth, near Swindon, scooped £22,439, less than four months after she joined. She has made a donation from her winnings to Wiltshire Air Ambulance (WAA).

Mrs Pottinger-Jones said:

"Wiltshire Air Ambulance is such a good cause. It serves the county and one day anyone of us might need it. I couldn't believe I had won the Superdraw prize, I would encourage people to take part."

Earlier this year the charity won the Lottery Operator of the Year at The Lotteries Council Awards 2016.

Rebecca de la Bedoyere, Senior Fundraising Manager at WAA, said: "We'd like to thank Sharon for making a donation from her Superdraw winnings to Wiltshire Air Ambulance. Our lotteries are our biggest, single source of income and it's incredible to think that, simply by signing up and paying from £1 a week, our lottery members are raising enough to cover almost a third of our running costs."

"Wiltshire is a big county with a small population, so to have reached a combined membership of over 35,000 across the Lottery and Superdraw is a fantastic achievement. We'd like to say a huge thank you to all our lottery members for their support and also to the lottery canvassers who work hard to spread the word about our award-winning lotteries."

"We'd love even more people to sign up, as it really gives us a secure, reliable income that enables us to keep flying and saving lives – and of course everyone who joins is in with a chance of winning!"

Each chance in WAA's regular lottery costs £1 a week and it has a top prize of £1,000 a week. Each chance in the Superdraw costs an additional £1 a week. Players of WAA's lotteries must be 16 years of age or over. For more

information about the lotteries go to www.wiltshireairambulance.co.uk

WAS

Welsh Ambulance Service makes final of Alzheimer's Society's Dementia Friendly Awards

The Welsh Ambulance Service has made it to the final of the Alzheimer's Society's Dementia Friendly Awards 2016.

The Trust has been shortlisted as one of three finalists in the Dementia Friendly Organisation of the Year – Health and Social Care category.

The nomination was made in recognition of work carried out in the Swansea area in partnership with Dementia Friendly



Wiltshire Air Ambulance aircrew celebrating the charity's Lottery milestone

Communities (Swansea) to help people living with dementia.

The Trust, with support from Swansea Lions Club and Abertawe Bro Morgannwg University Health Board, made three pledges to help the cause – one of which was to raise awareness amongst Swansea locality staff by delivering Dementia Friends Awareness sessions.

A patient referral pathway has also been piloted, whereby crews who suspect a patient has dementia but is undiagnosed can refer that patient to the health board's Acute Clinical Response Service for further assessment.

Crews also promote the Lions Club's Message in a Bottle scheme and give out 'This Is Me' leaflets, a form that people with dementia or their carers can complete which tells healthcare professionals about their needs, preferences, likes, dislikes and interests.

Swansea-based Clinical Team Leader Leigh Keen, who has been leading on the work, said: "It's absolutely fantastic that our hard work has been recognised.

"It's something that we've been working on for the last two years and it's really nice to see awareness of dementia being raised in the Swansea area amongst staff, who have shown a real enthusiasm to attend the Dementia Friends sessions.

"I know eight patients have been referred as part of the pathway, which not might sound like a lot, but the difference it could make to each individual patient is massive."

Louise Platt, the Trust's Head of Operations for the Abertawe Bro Morgannwg health board area, said: "It's a real honour to have been nominated and more importantly it's about improving patient care within the area and enhancing the education of our staff."

The Dementia Friendly Awards are an annual celebration of the achievements of individuals, organisations, projects and partnerships in creating dementia-friendly communities around the UK.

The awards recognise the part that everyone has to play in creating safe, friendly and supportive communities for people with dementia.

This year's finalists have been selected by people with dementia and their carers, as well as a judging panels of industry experts.

Jeremy Hughes, Chief Executive Officer for Alzheimer's Society said: "This is our biggest and best ever Dementia Friendly Awards with a record number of nominations and a number of new awards this year.

"The variety and quality of submissions really demonstrate the success and commitment across England, Wales and Northern Ireland to build Dementia Friendly Communities which bring about positive change for people affected by dementia at a local level. I wish all the finalists the very best of luck."

One in eight paramedics off sick or hurt as health service 'pushed to breaking point'

Around one in eight paramedics were off work due to sick leave or injury during a two-month period this year, with an MLA claiming the health service is "being pushed to breaking point."

Figures obtained under a Freedom of Information request and seen by The Irish News show that on every weekend from St Patrick's Day until the end of May, an average of around 50 staff across Northern Ireland were unavailable.

On one weekend at the end of March, five paramedics were off sick in Enniskillen Ambulance Station alone.

Across the Ambulance Service, including administrative staff, more than 10 per cent were not in work over the two-month period.

The paramedic shortages led to private contractors and voluntary crews being forced to cover shifts, with only six ambulance stations across the north having a full response team available on one weekend in March.

Following shortages in July, the Ambulance Service predicted staffing levels at weekends would not return to normal for several months.

Ulster Unionist health spokeswoman Jo-Anne Dobson said the figures were "deeply concerning".

"While there are many different reasons behind why individuals are on sick leave, what is abundantly clear is that the health service is being pushed to breaking point, which is clearly affecting the health and morale of the dedicated and highly professional staff.

"The difficulties in the local health service have been spiralling over the last 18 to 24 months, and now it appears the crisis is spreading to also engulf the Ambulance Service."

The Upper Bann MLA added: "I call on the minister to do everything she can to assist our healthcare professionals."

A spokeswoman for the Ambulance Service said several measures were in place for staff, including a health and wellbeing strategic group, counselling services and a pilot mental health scheme.

"NIAS takes seriously its responsibilities in relation to the health and wellbeing of our staff, particularly as we are aware of the stressful environments in which our frontline and support staff operate.

"Based on hours lost, the absence level within the Ambulance Service for 2015/16 was 10.43% of planned hours.

"We have on occasion had reason to engage voluntary and private ambulance services who will be tasked to non-emergency work or, where appropriate, to provide transport to hospital following patient assessment by NIAS clinical staff."

The NIAS spokeswoman added: "The Trust is undertaking a review of its attendance management procedure and associated policies to ensure that we support staff during absence and to prepare them for a manageable return to work."



Around one in eight paramedics were off sick or injured every weekend during two months earlier this year

Community first responders take delivery of new vehicle

An off-road vehicle has been bought by Sonning Common's community first responders.

They raised almost £16,000 in 15 months to pay for the Vauxhall Antara so they no longer have to use their own cars on call-outs.

The new 4x4 has green and orange livery, the official colours of first responder vehicles.

People who donated towards the cost of the vehicle were invited to the official handover, which took place at Sonning Common Vauxhall.

The Fleming family gave £7,000 and Persimmon Homes donated £1,000, as did both Sonning Common and Kidmore End parish councils. Community singing group Nottakwire and the Hare and Hounds pub in Woodlands Road both gave £500.

In addition, Sonning Common Vauxhall knocked £2,000 off the price of the vehicle. Chris Brook, who co-ordinates the first responders, said: "We would not have managed this without huge support from the village — many people organised events to help us raise the money.

"We also had quite a lot of private donations and I think that is because people realise it is a good service."

The vehicle will be used by Mrs Brook, who lives in Kidmore End, and the other first responders, Adam Negus and Sue Abbott, who both live in Sonning Common.

Mrs Brook said: "We want to thank the garage for their support and everyone else involved."



The first responders have been going since 2008 and have attended 650 calls in that time, being first on the scene in 70 per cent of cases.

WAS

Welsh Ambulance Service launches Promises to Older People

The Welsh Ambulance Service has launched a list of promises to older people who use its services.

Over the last few months members of the Trust's Patient Experience and Community Involvement team have engaged with hundreds of older people to find out how they would like to be treated.

There are over 800,000 people in Wales aged 60 or over, which accounts for more than a quarter of our population.

This is expected to rise to over one million people in the next 20 years.

'Our Promises to Older People' was launched to coincide with International Day of Older Persons and includes pledges to treat older people with dignity and respect, provide good information and communication if a patient has sensory loss and to recognise the signs of people with dementia.

The Trust was recently shortlisted in the final of the Alzheimer's Society's Dementia Friendly Awards for its work to help patients with dementia in the Swansea area.

Claire Bevan, Executive Director of Quality, Safety and Patient Experience for the Welsh Ambulance Service, said that the promises will help the Trust to focus on the individual care needs of older people across Wales.

She said: "We know that a high number of older people use our services regularly, whether calling 999 in a medical emergency or using our Non-Emergency Patient Transport Service for hospital appointments.

"We want to make sure that the services we provide meet individual needs of older people and to ensure that they have a good experience when in our care.

"Our Promises to Older People are important to us, and we would like to thank everyone who took part in the consultation for their contribution to inform the development of Our Promises for Older People."

The list of promises has been hailed as an example of good practice by Older People's Commissioner for Wales, Sarah Rochira.

She said: "'Our Promises to Older People' is an excellent example of how to communicate with older people and their families in a way that is both meaningful and relevant.

"Setting out these commitments in such an accessible format, with a strong focus on values and outcomes, makes clear the high standards older people have a right to expect when accessing services provided by the Welsh Ambulance Services NHS Trust.

"I have written to the Cabinet Minister for Health to highlight 'Our Promises to Older People' as an example of good practice and hope that other service providers across Wales will soon adopt similar approaches to communicate with those who use and rely upon their services."



Alison Johnstone, Patient Experience & Community Involvement Manager, holds up the Welsh Ambulance Service's Promises to Older People

SAS

New Ambulance Response aims to save more lives

The Scottish Ambulance Service is to pilot a new response system which aims to save more lives and improve the quality of care for patients.

Patients with immediately life-threatening conditions, such as cardiac arrest, or who have been involved in serious road traffic incidents will be prioritised and receive the fastest response.

In less urgent cases, call handlers may spend more time with patients to better understand their health needs and ensure they send the most appropriate resource for their condition.

The move follows similar changes in Wales and parts of England which have proven highly successful - leading to faster response times for critically-ill patients.

The new response model has been developed following the most extensive clinically-evidenced review of its type ever undertaken in the UK - with nearly half a million calls examined. It is the first major change to the time-based targets system since 1974.

It will be introduced by the Scottish Ambulance Service before the end of the year and piloted for 12 months.

Pauline Howie, Chief Executive, Scottish Ambulance Service, said:

"The new model is the result of the most extensive clinically-evidenced review of this type undertaken in the UK and focuses on improving patient outcomes, rather than simply measuring the time it takes to respond.

"It will allow us to respond faster

to more patients with time-critical, immediately life-threatening conditions. In other situations, we will safely and more effectively identify and send the right resource first time for patients, resulting in better overall clinical outcomes.

"The focus on time based targets for ambulance responses has changed little in around 40 years and does not take account of the advances made in clinical development of pre-hospital care.

"Prior to the introduction of the new model, we will engage further with our staff, patients and stakeholders, maintaining the process throughout the pilot as part of a programme of continuous improvement."

The Chief Medical Officer has reviewed the clinical evidence supporting the new response system and approved the implementation of this pilot. A report on the outcomes will be submitted to the Scottish Government at the end of the 12 month period.

Scotland's Chief Medical Officer, Dr Catherine Calderwood, said:

"The Scottish Ambulance Service has undertaken a rigorous review of its clinical data, involving a full year of actual patient outcome data being analysed.

"What the analysis showed was that the current coding system does not always accurately identify some patients' conditions as immediately life-threatening. And that other codes were getting an eight minute response, although the patient's condition had no time critical response requirement.

"I am persuaded by the extensive clinical evidence that the Scottish Ambulance Service has put forward and know that patient safety is at the heart of these changes.

"We will keep this pilot under close review over the next 12 months to ensure that we are seeing the improvements to patient safety and patient outcomes that are expected."

Scottish Ambulance Service Chairman, David Garbutt, said:

"Saving more lives and improving patient outcomes is fundamental to the development

of pre-hospital care in Scotland.

"This new model is a significant step forward in delivering the Board's vision for continuous improvements in the quality of care for our patients and we welcome the support of the British Heart Foundation Scotland."

Dr Mike Knapton, Associate Medical Director at the British Heart Foundation, said:

"I am pleased that this new clinical response model is based on evidence, unlike the eight-minute standard response time which was a pragmatic target set in 1974.

"The quality of patient care, before a person even reaches hospital, has improved dramatically over the years and we understand that today's operational practices should evolve to reflect that.

"In the event of a cardiac arrest, time is critical and the best way to get professional help is to call 999 without delay. I'll look forward to seeing the results of this pilot to ensure that heart patients continue to receive timely and quality care."



SCAS

SCAS is the first ambulance trust in the country to be rated 'Good' by the CQC

South Central Ambulance Service NHS Foundation Trust (SCAS) is delighted to announce that the Trust has been rated as 'Good' following an inspection of its wide range of services earlier this year.

Will Hancock, Chief Executive of South Central Ambulance Service NHS Foundation Trust said: "I am delighted to report that our service has been rated as 'Good' overall. This is fabulous news for our organisation as we are the first and only ambulance trust to get a 'Good' rating across ambulance trusts in England. I would like to thank our caring and professional staff for all their hard work and dedication".

As a result of their inspections they observed that we have the most caring, compassionate and dedicated staff working for us. In particular the Non-Emergency Patient Transport Service (NEPTS) was identified as delivering 'outstanding' care to its patients, as staff developed supportive and trusted relationships with regular users.

SCAS welcomed the inspection from the Care Quality Commission (CQC) which was thorough, robust and comprehensive in its approach. The CQC team inspected all of the services provided; visited 20 resource centres (ambulance stations), air ambulance sites, clinical co-ordination centres and 10 acute hospitals. They observed thirteen emergency ambulances crews, seven non-emergency patient transport crews and spoke to around 350 members of staff across the Trust.



The findings identified that staff were positive about working for the Trust and recognised the value of their service. They also concluded that patients and their relatives were involved in their care and treatment decisions and patients were treated with dignity and respect, while being assessed and treated appropriately using best practice and utilising current national guidance.

The CQC noted that SCAS has an open culture which encourages the reporting, thoughts and feedback from staff in order to provide learning and improvements for staff and for patients.

Over four million people rely on the services SCAS provides which means SCAS more than ever is committed to continue, at pace, to deliver the improvements already identified by the CQC and continue to work in partnership with other stakeholders in achieving this.

Mr Hancock continued: "Whilst we have demonstrated excellence in several areas, there are also areas where we need to continue to make improvements. The CQC recognised that the service is operating in an environment of unprecedented demand; yet despite this we are committed to finding a way to manage that demand to enable us to meet response times and ensure that

patients are responded to safely and appropriately. The CQC found that our staff are proud to work for the organisation; however there were pressures on the service from the demand which were affecting staff morale and work-life balance. This was further compounded by the national shortage of paramedics. The CQC acknowledged that we are actively recruiting and developing all grades of staff to improve this."

The inspectors identified a number of areas of outstanding practice for which SCAS is incredibly proud. These included the Trust's strategy of developing new services for patients to ensure we deliver the right care to patients, at the right time and in the right place, and working with external partners to ensure that we manage the ever increasing demands placed on our services. They also commented that SCAS gives good peer and management support and provides innovative training which includes the use of a specialist simulation vehicle. Finally it was clear to them that the Trust works in partnership with communities, organisations and universities to develop services and further career development.

This report is testament to the hard work, dedication and commitment shown by all staff working across all our services in SCAS.

EEAST

High hopes for fire and ambulance service link

Suffolk Fire and Rescue Service (SFRS) is working in partnership with the East of England Ambulance Service NHS Trust (EEAST).

A partnership between ambulance staff and firefighters will be launched with five fire stations trialling co-responding in Suffolk.

Operational fire crews in Suffolk are now set to begin a scheme in which firefighters will respond to certain medical emergencies within their communities.

The scheme sees Suffolk Fire and Rescue Service (SFRS) working in partnership with the East of England Ambulance Service NHS Trust (EEAST).

Five fire stations from across Suffolk have been selected to take part in the trial. Sudbury, Long Melford, Haverhill, Lowestoft South and Felixstowe, will provide a total of nine appliances for the trial, which runs until February 2017.

Under the scheme these fire stations will respond with EEAST to cardiac arrest incidents to provide potentially lifesaving interventions. Firefighters, along with paramedics and community first responders will be deployed to these incidents.

To date, around 100 operational firefighters, crew and watch commanders have been selected to enter the trial, with nine appliances in Suffolk providing a medical response to some of the busiest areas in the county for these types of incidents.

Suffolk Fire and Rescue Service crews are already trained in

providing lifesaving treatment, with appliances already carrying defibrillators and trauma bags, but have now received additional training from EEAST, as well as being provided with additional lifesaving equipment to ensure patients receive a consistent level of treatment from all responders attending cardiac arrests.

The training given to firefighters will enable them to provide treatment to patients alongside ambulance and community co-responder colleagues. EEAST ambulance and medical crews are always assigned to attend these priority incidents and will continue to do so.

Suffolk Fire and Rescue Service assistant chief fire officer Dan Fearn said: "The scheme is part of a national trial and Suffolk Fire and Rescue Service is positive and ambitious about continuing our collaboration journey with blue light partners in the county in order to ensure we are doing all that we can to protect and assist the communities of Suffolk when in need.

"We have fantastic departments and teams right across the Service and this trial will see crews utilising in many cases, years of operational experience and expertise in dealing with life critical incidents.

"I would like to extend my thanks to all of those involved from both organisations for their hard work and professionalism in making this trial possible."

Matthew Hicks, Suffolk's County Council's cabinet member for environment and public protection said: This trial further demonstrates the services commitment to collaboration and improving the service we provide to the communities of Suffolk. The multi-agency project team, comprising of Blue Light

responders, representative bodies and service specialists have engaged fully with the concept of co-responding, and it is great to see Suffolk continuing with its track record of improvement, innovation and collaboration."

Wendy Risdale-Barrs, regional Blue Light Collaboration lead, said: "We already work closely with 999 colleagues and this is an extension of our partnership to help patients with an immediately life-threatening condition.

"Building on the collaborative work already undertaken through community first response (CFR), public access defibrillation and RAF co-response schemes, we also believe co-response schemes can add significantly to our ability to respond to patients quickly and start basic life support. We know that the quicker someone starts CPR and gets a defibrillator to a patient in cardiac arrest the better chance they have of surviving."

Water way to transport a patient

The belief that ambulance staff never encounter two days the same was proved beyond doubt when a patient and the crew treating him took to a narrowboat in order to get him back to the ambulance.

West Midlands Ambulance Service had been called to the Staffordshire and Worcester Canal near Boggs Lock in Gailey to reports of a patient on a narrowboat with a leg injury. One ambulance was sent to the scene.

A West Midlands Ambulance Service spokesman said: "The crew parked as close as possible to the patient but still

faced a walk of about a mile down the towpath, carrying their equipment with them.

"Once with the patient, a man thought to be in his 60s, they assessed him and treated him for a leg injury, on which he was unable to apply weight.

"Faced with a dilemma of how to get the patient back to the ambulance in order to transport him to County Hospital, Stafford, the crew were offered a cruise back up the canal by Richard Gray of Birmingham and Midland Marine Services who was working nearby.

"Ambulance staff carefully assisted the man on to the awaiting boat before cruising up the canal back towards where the ambulance was parked.

"He was then moved on to a stretcher and carried the final part of the journey on to the back of the ambulance before being taken to hospital.

"This was certainly one of the more unusual jobs for our staff to come across and thanks go to Richard for his assistance in helping the patient on to the back of the ambulance as quickly as possible."



Warwickshire Hearts train 200 people in CPR in one day

Warwick-based charity set up in memory of a seven-year-old girl helped to teach CPR to 200 people in just one day.

The Warwickshire Hearts, which is a collaborative project between Warwick District Community First Responders, Waterside Medical Centre and Evelyn's Gift, helped to train people at Coten End Primary School in CPR for 'Restart a Heart Day'.

Training sessions at the Warwick school were from 9am to 7.30pm and around 200 people, including pupils, teachers and councillors took part. Evelyn's Gift was set up in memory of Evelyn Smith, who died in 2013 after having a viral and bacterial infection of her upper respiratory tract.

The charity helped to provide the lifesaving training. Helen Smith, Evelyn's mother, said:

"Evelyn's Gift feels privileged to have been part of Restart a Heart Day. A huge thank you to the Warwick Community First Responders, the Warwickshire Hearts trainers and the West Midlands Ambulance Service who worked so very hard throughout the day."

Since Evelyn died and through our Warwickshire Hearts joint project we have now trained more than 1,700 local people in CPR and this is proving to be a wonderful legacy to Evelyn and an opportunity to potentially save the life of someone you love.

"To help continue Evelyn's legacy, I urge you to book yourself onto our free course."

EEAST

Suffolk co-response scheme set to launch

A life-saving partnership between the ambulance and fire services is being extended thanks to a new co-responding trial in Suffolk.

Earlier this year, the East of England Ambulance Service NHS Trust (EEAST) started to team up with the region's six fire and rescue services for a pilot that involves firefighters attending cardiac arrests.

The scheme began in Felixstowe, Haverhill, Lowestoft South, Sudbury and Long Melford on 21st October on a trial basis.

This sees firefighters being deployed in response cars - as well as ambulance clinicians and volunteer community first responders - to calls where a patient is not breathing and their heart has stopped beating.

Wendy Risdale-Barrs, EEAST Regional Blue Light Collaboration Lead, said: "We already work closely with 999 colleagues and this is an extension of our partnership to help patients with an immediately life-threatening condition.

"Building on the collaborative work already undertaken through community first response (CFR), public access defibrillation and RAF co-response schemes, we also believe co-response schemes can add significantly to our ability to respond to patients quickly and start basic life support. We know that the quicker someone starts cardiopulmonary resuscitation (CPR) and gets a defibrillator to a patient in cardiac arrest the better chance they have of surviving.

"The ambulance service will continue to send clinicians to such patients as a top priority, but the best thing for the patient is to get someone trained in basic life support to their side as quickly as possible."

Firefighters are already trained in basic life support and are equipped with defibrillators, and ambulance colleagues will provide on-going training.

The pilot scheme with the six fire and rescue services in the East covers 20 locations.

Suffolk Fire and Rescue Service Assistant Chief Fire Officer Dan Fearn said: "The scheme is part of a national trial and Suffolk Fire and Rescue Service is positive and ambitious about continuing our collaboration journey with blue light partners in the county in order to ensure we are doing all that we can to protect and assist the communities of Suffolk when in need. We have fantastic departments and teams right across the Service and this trial will see crews utilising in many cases, years of operational experience and expertise in dealing with life critical incidents.

"I would like to extend my thanks to all of those involved from both organisations for their hard work and professionalism in making this trial possible."

Cllr Matthew Hicks, Suffolk's County Council's Cabinet Member for Environment and Public Protection, said: "This trial further demonstrates the Services commitment to collaboration and improving to service we provide to the communities of Suffolk. The multi-agency project team, comprising of Blue Light responders, representative bodies and service specialists have engaged fully with the concept of co-responding, and it is great to see Suffolk continuing with its track record of improvement, innovation and collaboration."



EEAST

'No excuse' for attacking ambulance staff after new figures show 19% increase in assaults

"She was drunk."

"He had taken drugs."

"She cannot remember."

"He is very sorry and regrets his actions."

These are statements made by defendants in court. However, there is no excuse for attacking ambulance staff.

That's the message from bosses at the region's ambulance service, which has experienced a 19% increase in reported violence in the last year.

New figures reveal that there were 232 physical assaults against East of England Ambulance Service NHS Trust (EEAST) staff in 2015/16, compared to 195 in 2014/15.

Criminal sanctions were brought against 66 people in the last year.

Chief Executive Robert Morton said: "It is appalling that some people are violent towards our staff when they are trying to help and provide the best possible care to patients. There's no excuse for attacks on our staff.

"One assault against a colleague is one too many and can have a devastating impact on individuals and their families.

"It is unacceptable and we work closely with police to ensure that criminal proceedings are brought against those who attack front-line staff."

Case studies

Southend senior paramedic Dil Patel has worked for the ambulance service for 12 years.

"I was on a night shift last summer and I was called to an altercation outside some shops. As I arrived the patient was quite aggressive and was being held back by his mates. He was diabetic and agreed to be checked over, but he didn't like it when I told him that I was not giving him a lift home.

"He walked towards me and at that stage the police turned up because he had smashed some windows. He was in the ambulance swearing and he struggled from three police officers and punched me and bit

"We were so cautious when we went in, but it was a very cramped environment and it was hard to get away. It was horrible and frightening because I thought he was going to strangle me. He pushed me against a wall causing bruising to my head and he threw the heart monitor at my colleague. "It was not nice giving evidence in court to be near him and to look at him again.

"I had three weeks off work because my confidence crashed and when I came back to work, I did not want to work on my own

Graham Hillman was on duty in Huntingdon, Cambridgeshire, last October when he was called to an intoxicated patient who lashed out and broke his glasses. He was then spat at. His attacker was jailed for 16 weeks and ordered to pay £125 compensation.

"It is one of the most disgusting things that one person can do to another. Lashing out is bad enough, but spitting is disgusting. It makes me more wary and realise that not everyone is grateful to see us or fully in control.

"It is not the first time I have experienced violence, but is the first time I felt it needed to be reported and press charges. The sentence validates the view that this behaviour is totally unacceptable. We were off the road for four hours because of what he did.

"As 999 emergency ambulance staff, our only concern for our patients is to help them in every way that we can. We should be able to do this without fear of being attacked, assaulted or having our personal property damaged in the process of doing so."

"On average I'm being assaulted at least once a year and it is becoming more common because we are going to more of these types of jobs. "

one of the police officers. I had a graze on my chin and I gave a statement to the police."

The man was given an unpaid work order and ordered to pay £100 compensation.

"On average I'm being assaulted at least once a year and it is becoming more common because we are going to more of these types of jobs. You try and do everything you can to avoid being assaulted, but sadly it is part of the job."

Bedfordshire paramedic Lola Arch was assaulted by a man in Luton last July. He was ordered to pay fines and compensation in court. She's worked for the ambulance service since 1999.

"It was July 2015 in Luton and we were given a verbal warning by control about this individual.

and my line manager worked with me to build my confidence up. I was fearful of going to similar patients and scenarios. I did not expect it to happen to me."

Emergency Medical Technician

TVAA News

Thames Valley Air Ambulance introduces new CEO

Thames Valley Air Ambulance is delighted to announce that Amanda McLean has been appointed as its new Chief Executive Officer.

Amanda joins at an exciting time when Thames Valley Air Ambulance (TVAA) has greatly evolved its service enabling the Charity to attend to more patients than ever before and begins to set plans in place for further enhancements. TVAA recently introduced new capabilities to respond to incidents in darkness as well as by day. In addition, a new land response vehicle with enhanced level medical equipment has also been introduced, along with specialised advanced training facilities for the air ambulance medics.

An experienced charity leader, Amanda was most recently UK Director at WCRF UK (the cancer prevention charity) and prior to that has been Chief Executive at both Prostate UK and the Institute of Fundraising.

Chairman of Trustees, Sir Tim Jenner comments; "These are exciting and progressive times for TVAA as we continue to expand and improve our service across the Thames Valley community. Amanda has the strategic vision and strength of leadership that we need to take the Charity to the next phase. I am confident her significant experience will benefit Thames Valley Air Ambulance".

Amanda read law at Oxford University. After graduation, she began her career in the third sector with Action for Children before helping to start a leadership development charity, the Windsor Leadership Trust. During her time working with charities, Amanda has gained

substantial experience and achieved success in fundraising, business management, communication and developing relationships.

Living in the heart of Berkshire with her husband and two teenage children, Amanda speaks about her new role; "As a resident of the TVAA area, I have admired what is my local air ambulance for a long time. I am thrilled to be joining this fantastic organisation and hope to build on its success and development of Prehospital Emergency Medicine. We all have a collective ambition for our service to reach, treat, and save more patients. By working with our communities and our partners; I intend to strive onwards with this aspiration".

WAS News

Welsh Ambulance Service honours colleagues at Staff Awards 2016

The Welsh Ambulance Service honoured its staff and volunteers at an awards ceremony in Cardiff.

The Lord Lieutenant for South Glamorgan, Mrs Morfudd Meredith, presented awards for Her Majesty the Queen's Long Service and Good Conduct Medal for staff with more than 20 years in the Emergency Medical Service (EMS).

Retirees were also recognised at the service at the SWALEC Stadium, as well as non-EMS staff who had dedicated 20 years or more.

This year, as well as those traditional awards, the Trust introduced category awards – six in total – which are aligned to its new behaviours.

Time was also taken to honour colleagues who have died while on duty and in service.

Speaking at the ceremony, Chief Executive Tracy Myhill said: "I never cease to be amazed and inspired by the professionalism and excellence our staff and volunteers display across all aspects of their work with the Welsh Ambulance Service.

"Our staff awards are a fabulous way to show our appreciation and recognise the sterling efforts of our people."

The ceremony also saw the presentation of two special awards.

The Gail Williams Award, which is sponsored by Michael Williams and his daughters Megan and Sioned in memory of his wife and their mother, Gail Williams, pays tribute to those who have provided clinical excellence in the pre-hospital setting.

This year it was presented to EMS staff Nick Ozzati, Phil Watts and Helen Collins who are all based in Llanelli.

In April they responded to a group call to a young baby in cardiac arrest.

Through their joint efforts they achieved a return of spontaneous circulation and thanks to their actions, the child has now left hospital.

Head of Clinical Operations, Greg Lloyd, said: "The team selflessly put the needs of the patient first and displayed excellent teamwork in a demanding and highly emotive situation."

The Trust also presented its Dr Jennifer Bucknell Community First Responder (CFR) Award, which recognises those who have gone the extra mile to deliver first aid to their community.

The award, which was inspired by sudden death of the popular Cardiff University student and first responder, went jointly to Tomos Hughes and Bryan Foley.

Bryan Foley has dedicated his time to assisting others for over 12 years as a CFR and, of the 5,000 calls the Barry team has attended since they started, it is believed that Bryan has personally attended well over 3,000.

Since Tomos qualified in 1999 he has attended hundreds of 999 calls within the Conwy Valley, supporting members of the public who were experiencing a life-threatening incidents. He has also provided 39 villages with a life-saving defibrillator.

In the Trust's category awards, Paramedics Andrew Parker, based in Pontypool, and Cwmbran-based Jeff Lewis, were recognised for Valuing Difference for the kind and considerate treatment they gave to a patient with dementia who suffered a fall.

Ambulance Liaison Officer Helen Radcliffe from the Non-Emergency Patient Transport Service (NEPTS) received the Working Together award for the work she has done to improve transport services for dialysis patients in the South East region.



Meanwhile, the award for Taking Responsibility went to NEPTS call taker and supervisor Carl Phillips for his efforts to strengthen relations in his team and enhance the service for patients.

The recipients of the Personal Excellence award were Human Resources Business Partners Hilary Caffrey Matthews, Michelle Morse and Cath Mulligan and Communications Specialist Lois Hough for facilitating the 'Big Bang' recruitment event in Cardiff, which led to the recruitment of more than 30 Paramedics.

The Chief Executive's award recognises those who consider the needs of others, and was given to Carmarthen EMS staff Tom Bloomfield, John Wilkins and Jonathan Griffiths for their commitment to improving relations in the workplace and in the community.

The final award of the evening was the Chair's Award, which recognises people working across teams and boundaries for the benefit of others.

It was handed to NEPTS General Manager for Central and West, Joanne Rees-Thomas, for continuously modelling great public service behaviours and showing warmth and kindness to those around her.

Chair Mick Giannasi said: "It has been a wonderful and inspirational evening and we are absolutely delighted to share and celebrate the hard work and achievements of our colleagues.

"Awards such as this remind us of the work which our staff and volunteers undertake day in and day out, often in very difficult circumstances."

The Trust would like to thank Ortus Technology, Swansea University's College of Human and Health Sciences, Blake Morgan Solicitors, Ridler Webster and Scarlet Design Group for sponsoring the event, as well as staff at the SWALEC Stadium for hosting it.

AAA News

Northern Ireland duo join Association of Air Ambulances Membership

The Association of Air Ambulances (AAA), which represents the majority of air ambulance operations in the UK, is delighted to announce that Air Ambulance Northern Ireland and the Northern Ireland Ambulance Service Health and Social Care Trust have both joined the Association as full members.

This means that the AAA now represents 20 air ambulance charities, 13 ambulance services and 37 of the Helicopter Emergency Medical Service (HEMS) aircraft in operation across the UK.

Full members are ambulance services and air ambulance charities that are committed to ethical fundraising, collaboration, have a unified vision of improving patient outcomes and abide by the Association's Code of Conduct. All members can access a tailor made range of benefits, services, information and resources, together with statistics and clear guidance on improved charitable, operational and clinical best practice.

Clive Dickin, National Director of the AAA, said: "We are absolutely delighted to have both Air Ambulance Northern Ireland and the Northern Ireland Ambulance Service Health and Social Care Trust join our membership. The AAA's strategy is to improve patient treatment through shared knowledge and collaboration, so to see the Association's membership grow to reflect almost the entire UK HEMS network is a real tick in the box for patient care."

Ian Crowe, Chairman of Air Ambulance Northern Ireland said:

"I would like to thank the AAA Board for accepting AANI as members. We very much appreciate the support that AAA have afforded us over the past two years and in particular the support in our successful application to the Chancellor for banking fine funds. We have been working diligently to establish HEMS in NI, which we had hoped to commence in September 2016, as per our application to the Chancellor. However, following questions about the launching of a Doctor led service, the project is now behind target as we await the feedback of the Chief Medical Officer who is reviewing the clinical governance, capability and resilience of that style of service. The AANI believe an initial Paramedic staffed model would allow the service to start very soon, delivering lifesaving care to medical and trauma patients. This would then allow time for the advanced critical care teams, which should include doctors, to be trained within a structured clinical governance program."

Dr David McManus, Medical Director for Northern Ireland Ambulance Service Health and Social Care Trust concluded by saying:

"The Northern Ireland Ambulance Service is delighted to become a member of the Association of Air Ambulances and looks forward to working with AAA as we deliver

a HEMS in NI together with our charitable partner Air Ambulance NI. NIAS is committed to delivering high quality, safe patient care and we welcome the opportunity to learn from the experience and expertise of the wider AAA membership and very much value their support."

More information on the Association of Air Ambulances can be found by visiting: www.aaaa.org.uk.

NASRMF News

National responder role for EEAST manager

An ambulance manager has landed a lead role on a national body for volunteer life-savers.

Wendy Risdale-Barrs has become Secretary of the National Ambulance Services Responder Managers Forum (NASRMF).

She has represented the East of England Ambulance Service NHS Trust (EEAST) on the forum for the last two years, and is looking forward to the new role: "This is a very positive role on a body that looks at best practice for community first responders and how to develop CFRs.

"It is a new challenge and an opportunity to help shape a nationally co-ordinated approach for the development and promotion of responders to provide the best patient care."

As the service's Regional Blue Light Collaboration Lead, Wendy has this year overseen the launch of co-response schemes with fire and rescue services, resulting in firefighters attending more than 350 patients in cardiac arrest in the East since May.

The national forum meets quarterly to discuss issues relating to CFRs and co-responders and the promotion of defibrillators in communities. There are about 12,000 responders nationally, with 1,000 in the East of England.

They are trained by ambulance staff to respond to medical emergencies such as cardiac arrests, patients with breathing difficulties, chest pain, allergic reactions, chokings and diabetes emergencies.

For more information about becoming a CFR, visit <http://www.eeastamb.nhs.uk/join-the-team/community-first-responders>

WAS News

Welsh Ambulance Service appoints new Director of Planning and Performance

The Welsh Ambulance Service has appointed a new Director of Planning and Performance.

Hannah Evans, who previously held the post on an interim basis, has been awarded the role permanently following a full recruitment search.

Hannah, who is based in the South East Region Headquarters at Vantage Point House in Cwmbran, first joined the Trust as Head of Strategic Development in June 2015 before taking up the interim post in September of the same year.

Her previous experience includes roles as Head of Planning at the Welsh Government and Assistant Director of Planning at Aneurin Bevan Health Board.

Hannah, who lives in Cardiff, said she was delighted to be able to build on the work she has started since joining the service.

She said: "I am very proud to have been offered the post of Director of Planning and Performance for the Trust.

"Working for the Welsh Ambulance Service is a privilege and I have witnessed first-hand the

fantastic work carried out by our colleagues to provide quality care to patients across Wales.

"I'm now looking forward to carrying on the improvement journey that we have already set out on."

Chief Executive Tracy Myhill said: "We are delighted that Hannah has accepted the Director of Planning and Performance role.

"Her wealth of knowledge and experience of NHS planning at Health Board and Welsh Government levels has already proved invaluable to us.

"Having strong, collaborative, inclusive and courageous leadership is crucial to the organisation and Hannah's contribution to the Executive Team during her tenure as Interim Director has clearly demonstrated such qualities and approach.

"We would like to congratulate Hannah and wish her every success as she takes up the position on a substantive basis."

News

Noel Brady - passing away of our esteemed colleague

It is with a sense of great personal sadness that I wish to confirm the passing away of our esteemed colleague, friend and mentor Noel Brady SBStJ, RIP; Staff Officer and Member of St John Ambulance Ireland since 1939. Noel has been a loyal and dedicated servant to his community through his Membership of St John Ambulance Ireland for close to 80 years.

Indeed, it was in Noel's honour that we inaugurated a 75 years' service medal when Noel reached that milestone a few short years ago. Noel – or 'Uncle Noel' as so many of us knew him affectionately – was for many years a member of City of Dublin Division of St John. He rose to become its Superintendent, before he was eventually persuaded to accept promotion to National Headquarters staff. In that context, we may have taken Noel out of City of Dublin Division, but we never really took City of Dublin out of Noel.

Noel's time with St John Ambulance was one of immense achievement across all aspects of our work. He was a prodigious 'public duty man', a ferociously competitive 'competitions man',

with a huge amount of success to his name. He always sought to mentor and encourage the new members and our younger Cadet Members. He always sought to represent the interests of the rank and file members in his, very respectful, communications with a succession of Commissioners. His work within and on behalf of St John Ambulance Ireland was further recognised when Noel was invested as a Serving Brother of the Order of St John.

Noel is probably the last member of St John Ambulance Ireland who had memories of our founding Commissioner, Sir John Lumsden, who served until his death in 1944. In the few short words here, I cannot do justice to Noel's achievements but they were many; Noel will be celebrated and fondly remembered by us all in St John in the days, weeks, months and years ahead.

Noel achieved all he did for St John with the steadfast support of his late wife Maura and his two children, Frank and Colette. For all the time and service he gave us, Noel still put family first and we remember Maura in particular at this time, as they are reunited in God's presence. We offer our heart-felt condolences to Noel's son Frank, daughter Colette and their respective families at this sad time.

Noel was the epitome of a man of his generation; generous to a fault with his time and energy, but carrying his immense achievements so very lightly.

Commissioner John Hughes



Hannah Evans, the Welsh Ambulance Service's Director of Planning and Performance.



News

Winners!

The nation's finest clinicians, aviators and fundraisers are celebrated at the Air Ambulance Awards of Excellence

Over 250 guests celebrated the best and brightest from the air ambulance community last night at the national Air Ambulance Awards of Excellence 2016.

Awards hosts, BBC News reporter and presenter Sophie Long and Helicopter Heroes presenter Rav Wilding handed out 11 Awards to outstanding individuals and teams, whose stories were inspirational, astonishing and humbling. The awards, which are independently judged, went to pilots, paramedics, doctors, fundraisers and volunteers who collected their trophies at a ceremony held in central London last night.

An enthusiastic audience listened to the remarkable stories of each shortlisted nominee, all of whom demonstrated excellence and commitment well above and beyond the call of duty. Every winner was cheered to and from the stage, not least 6 year old Isobel Pilsworth, winner of the Outstanding Young Person Award, whose incredible fundraising activities after her Dad survived a cardiac arrest captured the hearts of the audience.

Chair of the Judging Panel, Jim Fitzpatrick MP, said: "The stories we heard about the work being done by the nation's air ambulance services were truly remarkable. What a tonic these stories are in turbulent political times. I would like to congratulate every single one of the nominees and send a message to the winners of the Awards that they truly are examples of what can be achieved through teamwork, expertise, courage and determination."

Below is a list of all the winners:

Air Ambulance Campaign Award

WINNER: Hampshire and Isle of Wight Air Ambulance

Sponsor: Lottery Fundraising Services

Charity Staff Member of the Year

WINNER: Susie Croft

Sponsor: Milestone Aviation Group Ltd

Charity Volunteer of the Year

WINNER: Jamie Edghill

Sponsor: Tower Lotteries

Air Ambulance Doctor of the Year

WINNER: Dr Mark Wilson

Sponsor: Leonardo Helicopters

Innovation of the Year Award

WINNER: Devon Air Ambulance Trust

Sponsor: Sloane Helicopters

Lifetime Achievement Award

WINNER: Alastair Wilson

Sponsor: Specialist Aviation Services

Air Ambulance Paramedic of the Year

WINNER: Erica Ley

Sponsor: BMW Government and Authorities Division

Air Ambulance Pilot of the Year

WINNER: Steven Norris

Sponsor: Safran UK

Special Incident Award

WINNER: Wales Air Ambulance

Sponsor: Airbus Helicopters

Outstanding Young Person Award

WINNER: Isobel Pilsworth

Sponsor: Babcock MCS Onshore

AAA Chairman's Award

WINNER: Bill Sivewright

LAS News

Paramedic's half-century of saving lives in London

One of the longest serving paramedics in the UK is still saving lives in the capital after 50 years at London Ambulance Service.

Kevin Walker, 70, still rides his bike from his nearby home to Ilford Ambulance Station where he has spent his whole career, having returned to work part-time after just one month spent in retirement.

"The highlights have definitely been resuscitating people," said Kevin, who was awarded in the Queen's Birthday Honours list for his work as a paramedic. "I joined up because I wanted to try and help people and I still enjoy the job. Being a paramedic makes you feel you're doing something worthwhile."

One of his most memorable moments was saving the life of a woman he knew as a receptionist in one of the hospitals he took patients to.

"When you see someone you know in cardiac arrest, it's not nice," said Kevin. "Thankfully we brought her back and when I was out shopping she came up to my wife and said 'your husband saved my life'."

Before the city had fully felt the effects of a series of clean air acts it was subject to thick 'pea soup fogs' and Kevin recalled how they had to navigate the streets with burning torches to reach patients and take them to hospital in the late 1960s.

He said: "They used to put a third man on the ambulance who would walk in front with a foot-long wax taper. Between walking to the patient and then to hospital they could end up walking about seven miles.

"In those days we didn't do so much treatment; if the patient was badly injured we just had to try and stop the bleeding and get them to hospital as quickly as we could."

The state-of-the art ambulances Kevin uses today, fully equipped to deal with a range of emergencies and navigate quickly through the city streets, are a far cry from the original fleet.

He added: "The vehicles then were old diesels; you could do about 50 miles an hour going downhill with the wind behind you. In the winter they wouldn't start so we had to put a mattress on the only petrol coach in our fleet then push the diesel ambulances around the yard until they started."

Assistant Director of Operations Ian Johns said: "By any measure Kevin is an extraordinary man who has committed his life to making sure people are taken care of."



All the winners with Sophie Long and Rav Wilding

Physio-Control Launches LIFEPAK® CR2 Defibrillator

New LIFEPAK AED Response System Offers Connectivity, Intuitive Design and Unique Technology to Analyse Heart Rhythm during CPR.

"In order to save more lives from sudden cardiac arrest, we must save time," said Mathieu Badard, Vice President & General Manager EMEA and South Asia, Physio-Control. "The LIFEPAK CR2 is designed to help rescuers provide higher quality CPR and to provide the fastest first shock when defibrillation is needed¹. Everything about it is designed to increase user confidence. The LIFEPAK CR2 harnesses the benefits of connectivity to provide a foundation for better care throughout the entire rescue chain of survival and to simplify AED program management."

The LIFEPAK CR2 features an attractive design with an array of new technology, including an industry first: *cprINSIGHT™* technology that allows chest compressions to continue during ECG analysis, helping to increase hands-on time and reduce the longest pauses in

CPR, which can improve survival outcomes^{2,3}. A Child Mode button reduces defibrillation energy for paediatric patients using the same electrodes, and an optional bilingual feature enables the rescuer to toggle to a second pre-set language.

Using Wi-Fi® or cellular connectivity in designated markets, the self-monitoring LIFEPAK CR2 connects to LIFELINKcentral AED Program Manager to enable an organisation's AED manager to remotely monitor and manage device readiness issues such as low battery or expired electrodes. This helps ensure the device is always ready to use when needed. The LIFEPAK CR2 also reports via LIFELINKcentral when a device is being used and pads have been placed on the victim by transmitting near real-time email alerts.

A complete system of care must quickly come together to maximize a victim's chance of survival. To support incoming emergency services and professionals providing care at the receiving hospital, the LIFEPAK CR2 can be configured to send near real-time event data via Wi-Fi, including measured heart rhythm and shocks delivered, to incoming emergency services using the LIFENET® AED Event



"The LIFEPAK CR2 Defibrillator with LIFELINKcentral AED Program Manager seamlessly connects the complex links in a cardiac arrest emergency response – from total system readiness to effective bystander use and early emergency response notification," said Ryan Landon, Vice President and General Manager, AED Solutions, Physio-Control. "By maximising connectivity to medical caregivers while minimising delays in administering lifesaving therapy, the LIFEPAK CR2 with LIFELINKcentral AED Program Manager provides continuity across the entire system of care."

The entire LIFEPAK AED Response System combines new technology along with connectivity and simplicity to keep AED program managers and rescuers focused on what matters – saving more lives.

Information about the LIFEPAK AED Response System can be found on the Physio-Control web site at:

www.physio-control.com/cr2.

- 1 Physio-Control Internal Semi-Automatic AED Comparison Usability Study, August 2016
- 2 Christenson J, Andrusiek D, Everson-Stewart S, et al. Chest compression fraction determines survival in patients with out-of-hospital ventricular fibrillation. *Circulation*. 2009;120:1241-1247.
- 3 Brouwer T, Walker R, Chapman F, Koster, R. Association Between Chest Compression Interruptions and Clinical Outcomes of Ventricular Fibrillation Out-of-Hospital Cardiac Arrest. *Circulation*. 2015;132:1030-1037.



Qatar's Hamad Medical Corporation Ambulance Service goes live with Valentia Technologies CareMonX PTS CAD and CareMonX MDT

HMC Ambulance Service in Qatar has implemented Valentia's Technologies CareMonX Patient Transport Services CAD and CareMonX Mobile Data Terminal systems, this being the latest milestone in its progressive rollout of the wider CareMonX EMS suite.

Following today's go-live, all call-taking, triaging and dispatching activities for scheduled services involving ambulance transport and mobile doctor home

visits throughout Qatar will be managed by *CareMonX* PTS CAD. Scheduled air ambulance services and international repatriations will also be managed by the system. More than 15 control room positions are involved.

CareMonX MDT, operating on Panasonic Toughpad Android OS devices, has been installed in more than 70 Patient Transport and Mobile Doctor services vehicles.

Today's go-live also sees the seamless integration of *CareMonX* PTS CAD and *CareMonX* MDT systems with Valentia's EMS Rostering and Fleet Management systems which were implemented in HMC Ambulance Service earlier in 2016. Furthermore, next month will see HMC Ambulance Service commencing operational use of Valentia's *CareMonX* ePCR system across its entire clinical workforce, comprised of over 900 paramedics and 200 vehicles.

Announcing go-live, Director of Healthcare Coordination at HMC Ambulance Service Thomas Reimann stated: "Today is an important milestone in HMC's strategic plan for the modernisation of its Ambulance Services through the progressive implementation of world-class EMS technologies. We look forward to exploiting the capabilities of the *CareMonX* EMS platform to deliver improved healthcare services to Qatari residents and visitors alike."

Valentia Technologies' President Technology, Dr Ahmad Javad, stated: "Valentia Technologies looks forward to continuing to working in close partnership with HMC Ambulance Service to achieve realisation of HMC's vision to become a recognised leader, not only for use of modern EMS technologies, but also for bringing service innovation and change to the wider out-of-hospital healthcare landscape in Qatar".

"We look forward to exploiting the capabilities of the CareMonX EMS platform to deliver improved healthcare services to Qatari residents and visitors alike."





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