



Your service,   
**your call**

Issue 10 Summer 2013

The newsletter for SECamb members

# Annual Members Meeting

**All our members, patients and the public are invited to our Annual Members Meeting. This year, the event is being held at the Effingham Park Hotel, in Cophorne near Crawley on 26 September from 2-5pm.**

The event will include a range of stalls, highlighting many different areas of our work, the opportunity to meet our staff and learn more about what we do, as well as to meet the Council or Governors and the Board of Directors and hear about the Trust's activities over the past year. You will also be able to ask questions of the Board and the Council and light refreshments will be provided.

The hotel has free parking and is accessible by shuttle bus from Gatwick Airport, which is well-served by buses and trains from across the area.

To let us know you are planning to come, please contact Julia Leppard on 01273 484824 or Julia.leppard@secamb.nhs.uk. You could also register on our online form visit: [www.surveymonkey.com/s/SECamb2013AMM](http://www.surveymonkey.com/s/SECamb2013AMM)

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South East Coast Ambulance Service **NHS**  
NHS Foundation Trust

## Join us at our 2013 Annual Members Meeting



Find out about your ambulance service and meet our staff, Directors and your Public Governors.

Everyone is welcome, including non-members.

**When:** 26th September 14:00-17:00 hrs

**Where:** Effingham Park Hotel, Copthorne, RH10 3EU

**For more information: phone 01273 484824**

Please phone or email [Julia.leppard@secamb.nhs.uk](mailto:Julia.leppard@secamb.nhs.uk) to let us know if you are planning to come. Or visit:  
[www.surveymonkey.com/s/SECamb2013AMM](http://www.surveymonkey.com/s/SECamb2013AMM) to fill out our online form.

# Brain cooling system to improve outcomes for cardiac arrest patients.

SECamb is looking to improve outcomes for cardiac arrest patients by evaluating a system which directly cools patients' brains prior to their arrival at hospital.

The evaluation, which the Trust is jointly conducting with the Accident & Emergency department at Royal Sussex County Hospital in Brighton, will see some patients administered with a nasal spray which rapidly reduces the brain's temperature.

Using the RhinoChill IntraNasal Cooling System, an evaporating coolant liquid will be sprayed into the patient's nasal cavity – a large area situated close to the brain which acts as a heat exchanger – from the start of treatment until the patient arrives at hospital. Brain cooling with the system will then be maintained from when patients arrive at A&E until they are transferred to the Intensive Care Unit.

The cooling spray will be administered using the system to a total of 25 cardiac arrest patients as soon as they have been resuscitated and where treatment has been initiated by one of SECamb's Critical Care Paramedics (CCPs).

It is believed that cooling the brain following cardiac arrest can improve survival chances and also minimize any long-term neurological damage. A number of ambulance services in the UK, including SECamb, have already investigated and currently use various methods of initiating the cooling process before the patient arrives at hospital, such as cold saline drips and cooling pads. However, these methods do



not directly target the brain and instead rely on cooling the whole body and blood to achieve this effect.

The evaluation of the new system will assess its ease of use in an ambulance environment, the time it takes to reduce the patient's brain temperature to the optimal range of 32-24 degrees, the number of days the patient spends in intensive care, the percentage of patients surviving to discharge from hospital and the neurological status of surviving patients at their discharge.

The evaluation is expected to take approximately six months to complete.

SECamb Consultant Paramedic & Director of Clinical Operations, Professor Andy Newton, said: "The results of this evaluation should be extremely useful for SECamb and all ambulance services, as we strive to provide the very best care for our patients. We are excited to be the first UK ambulance service able to cool a cardiac arrest patient's brain while still at the scene, and know that we have played our part in giving them the best chance possible for a good recovery."

Dr Rob Galloway, Accident and Emergency Consultant at Royal Sussex County Hospital said: "We will be particularly interested in the results of this evaluation from a hospital perspective. It's an excellent example of two separate NHS organisations co-operating to streamline a vital process of patient management, thereby improving patient care."

# Spotlight on... 111

Dan Garratt and Lucas Hawkes-Frost speak to Liz Aston-Gregg of the Membership Office



NHS 111 is a new service that has been introduced to make it easier for patients to access local NHS healthcare services in England. Patients can call 111 when they need medical help fast but it's not a 999 emergency.

NHS 111 is a fast and easy way to get the right help, whatever the time.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

SECAmb is currently the largest national provider of the service and brings its leading edge service provision to this new service. We are working in partnership with Harmoni to deliver this service.

## Tell us a little bit about yourselves and your roles with the NHS 111 service

The Operational Manager function is split between 2 key roles.

**Dan:** I am responsible for the operational delivery of the service, including managing the health advisors to ensure that calls are answered within 60 seconds. I am also responsible for monitoring and minimising the number of abandoned calls (where callers hang up before the phone is answered), as we strive to give the best treatment and care to our patients.

My background has always been within the control room environment in a 999 setting, and although I am clinically trained to Emergency Care Support Worker (ECSW) level, I have worked in a management role for the majority of my career.

**Lucas:** I am the clinical and governance

lead for NHS 111, which means that I line manage the senior clinicians and am responsible for clinical safety, as well as having oversight of complaints, the Patient Advice and Liaison Service (PALS) for 111, and Serious Incidents Requiring Investigation (SIRIs).

I am a paramedic by training, with a fairly mixed background; I have been a clinical manager for a number of years, and also worked in education and training roles both within the ambulance service and in Higher Education. In addition to clinical leadership, I have held roles in patient safety and clinical quality. I joined the Trust in January 2013, coming from the East of England where I worked as a Clinical Manager. Professionally, I have a special interest in pain assessment and management and work closely with colleagues nationally on a number of projects focused on the improvement of pain management for patients.

## Where are you based?

We are based primarily in the Ashford 111 Contact Centre in Kent and liaise closely with the Dorking site. Both sites carry out the same functions and work together to ensure that performance is at its best level across both sites. From a governance point of view, we need to ensure that both sites are delivering a consistently safe and high level of service for patients.



There have been problems with 111 reported in the press. Can you tell us a little about them?

The early days of the service were challenging, and we are working hard to overcome the issues in order to provide a good service.

We have a much higher volume of calls, and therefore need a higher number of clinical staff, at weekends because the service is primarily an out-of-hours one, and peaks when other services are closed.

The data on which we planned the service originally was based on a lower estimation of demand at peak times; this was provided by pilot NHS 111 services. We found out very early on that there was a big variance between what we were set up to deliver and the actual demand. We are now in a better position as we continue to build up the system to become more sturdy and resilient; we have recently recruited 180 extra staff to bridge the gap.

What is the difference between NHS 111 and the previous service, NHS Direct, and what benefits will NHS 111 bring?

The main benefit of 111 over NHS Direct is that it is a single, easy to remember, free

number to dial, and it provides an easier route to the appropriate healthcare for the particular patient.

NHS Pathways, the system we use to triage or assess patients' calls, is a carefully constructed series of questions designed to eliminate the most serious ailments first, so that a patient can be directed to the most appropriate help as soon as possible. Patients are sometimes frustrated by the questions they are asked when they dial 111 – for example, if someone rings because they have earache they may be surprised to be asked if they have any difficulty breathing. This is necessary because our health advisors need to rule out anything more serious that a patient might be suffering from.

NHS Pathways is connected to a Directory of Services, which enables our health advisors to see which local services are available and open to patients. That could be A&E, an out-of-hours doctor, an urgent care centre or a walk-in centre, a community nurse, an emergency dentist or a late-opening chemist.

Where possible, the NHS 111 team will book patients an appointment or transfer them directly to the people they need to speak to.

If an NHS 111 adviser thinks a patient needs an ambulance, they will immediately arrange for one to be sent.

The data we are able to collect about which services are busy, and where there are gaps in services, is fed back to health commissioners which should allow them to commission services more accurately based on patients' needs in the future.

The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask patients questions to assess their symptoms, then give them the healthcare advice they need or direct them straightaway to the local service that can help them best.

Calls to 111 are recorded. All calls and the records created are maintained securely, and will only be shared with others directly involved with patient care.

As a Trust we are in a strong position to provide the best service to our patients because we have the flexibility and experience gained from our 999 service, and the two services work closely in parallel.

### What do you enjoy most about your job?

**Dan:** I enjoy building relationships with other providers and stakeholders; representing our Trust and the service we provide is very rewarding.

**Lucas:** It's an exciting time to be doing this work - linking patients up with the right care, and delivering what people need; and doing so safely. It is an exciting time to be working for the Trust.

### Could you tell us about an incident/call which you were involved in that made a big impression on you?

We are involved in large numbers of incidents and it would be difficult to find a single one that left a greater impression than others. In general, though, attending to calls involving mental health crises are very emotive, as the patient may be

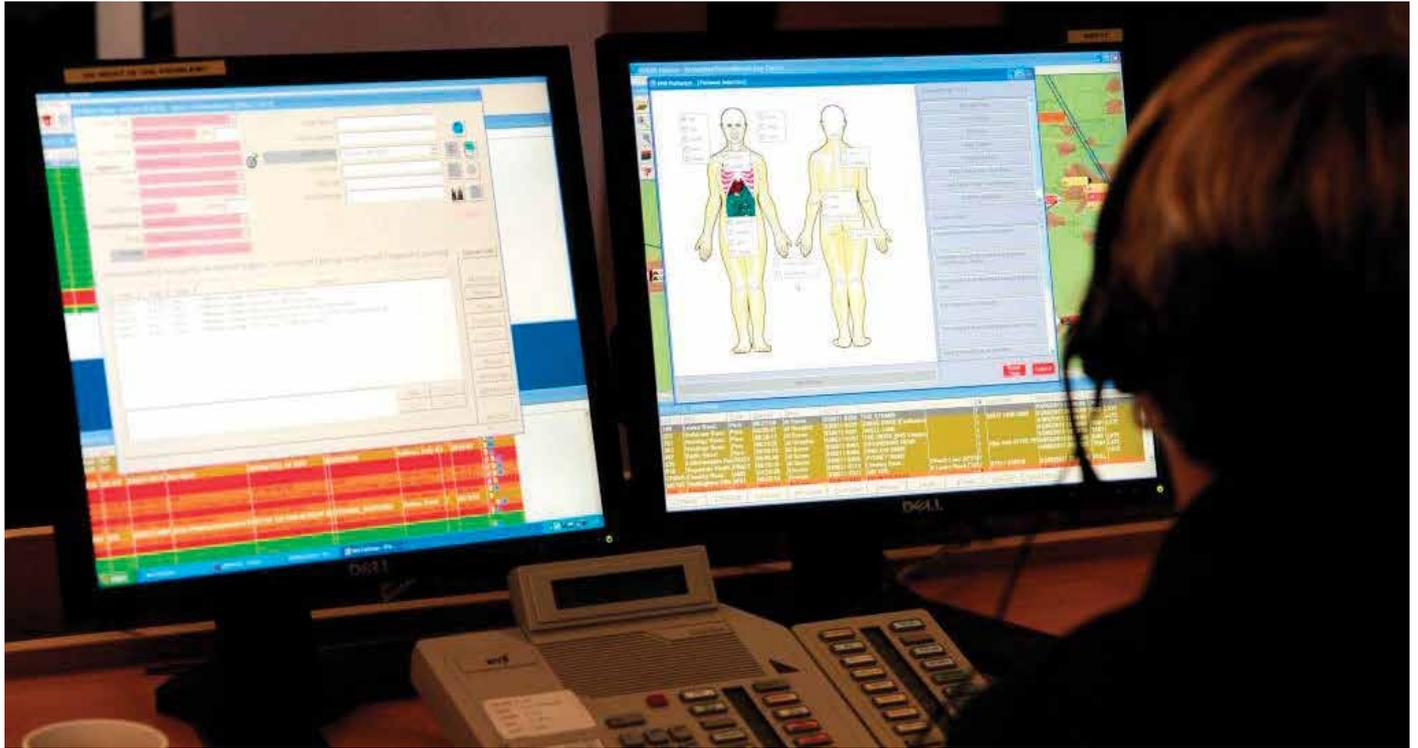


reluctant to give details and the specific needs of the patients are not always clear. Many patients calling with mental health emergencies have other medical conditions that need to be considered as well as social needs that may not be immediately clear on the phone. Although NHS Pathways is an excellent system for assessing patients' needs, patients calling with a mental health crisis as their main complaint are challenging to care for. For this reason, our health advisors are able to transfer the call to a clinician, a nurse or paramedic, who will have more professional expertise in managing a person's specific needs.

### Is there anything else you would like to say to our members?

We would like our members to be aware that the NHS 111 service is a national service that is very new and we are learning all the time. Despite significant negative press, our staff pressed on with great commitment and professionalism, delivering a good service within a challenging environment while being on a steep learning curve.

We are very grateful for the large number of compliments that we receive, and for the great commitment and professionalism amongst our staff, as we strive to continually improve the service we deliver to our patients.



## NHS 111 - an improving picture

A lot has been done over recent months to improve the performance of the NHS 111 service that we provide in our region. And it is encouraging to report that it is an improving picture. Additionally positive feedback is being received via a number of forums and in a number of ways.

**If you have feedback on your experience of using 111 we would love to hear from you. Please email [111.feedback@secamb.nhs.uk](mailto:111.feedback@secamb.nhs.uk) or telephone 01273 484832**

### “ You told us...

I would like to express my gratitude to Ian Chapman and Mark MacDougall from your Ashford station who visited our nursery on their days off to talk to the children and show them their medical equipment.

They planned a role play activity with the children which they loved. Ian and Mark encouraged the children to be involved and engaged them all in valuable lessons of first aid. The children were fascinated with watching what they were doing and how things work.

They made it fun and exciting whilst teaching the children what the ambulance service is really for! The children enjoyed being involved in having their ECGs taken, bandages on, and being on the trolley. Their dedication was exceptional, they took time for our children with English as an additional language and also our special needs children, making sure they all became involved. It truly was a fantastic morning. I would also like to thank their manager for allowing them to bring an ambulance on this day. It was amazing to see the children's faces as they saw it outside and they could go and see inside it. I have had brilliant feedback from the children's parents regarding how much information they have remembered and how much fun they had.

*Annika White, Shorncliffe Nursery Manager, Folkestone*



## The Francis Report and its implications for the Trust

**Most people hope never to have to use the ambulance service, but many do require our services at one time or another, and when they do we want their experience to be a good one, where they receive first-class treatment from kind, respectful and professional staff who are proud to work for SECamb.**

Many of you will have heard from the media about the recent public inquiry into the poor standard of care provided by parts of Mid Staffordshire NHS Foundation Trust between 2005 and 2008, which it is thought may have contributed to up to 1,200 unnecessary deaths, as well as sub-standard treatment for many other patients. A lawyer, Robert Francis QC, was commissioned to undertake the inquiry and published his report in February this year. In his report he suggests that the Trust had become so focused on finances and achieving foundation trust status that their main purpose – to care for patients – appeared to have been lost, leading to the development of a culture which included:

- A lack of openness to criticism
- A lack of consideration for patients
- Defensiveness
- Looking inwards not outwards
- Secrecy
- Misplaced assumptions about the judgements and actions of others
- An acceptance of poor standards
- A failure to put the patient first in everything that is done

## THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Chaired by Robert Francis QC

As a result of his findings, Robert Francis has made 290 recommendations that he hopes will help to minimise the possibility of such a catastrophe happening again, and while the main focus of the report is hospital services, many of the recommendations are applicable to the NHS as a whole, and all NHS organisations have been asked to demonstrate how they plan to respond to them.

Many of the themes and actions outlined in the recommendations are already part of SECamb's everyday approach such as listening to our patients to find out what they think of our services and how they might be improved, ensuring we recruit kind and caring staff who are trained to the highest level and who understand our patients' needs, and promoting our ethos of openness and honesty within the Trust. And while we believe that we always put the patient first, we know we mustn't be complacent and that we can always do more, and are taking these recommendations very seriously.

Therefore, we are developing an action plan to address all of the recommendations that are relevant to us as an ambulance service.

We will keep our members up to date on our review of the recommendations through this newsletter, and will be involving members by working with our Inclusion Hub Advisory Group as we move forward.

# Summer events

This year, SECAMB's Governors, with staff from the Membership Office, Community First Responders and frontline crews attended several events, some of which are listed below. We talked to thousands of people – and recruited over 1000 new members. If you were one of them, welcome to the Trust!

## Surrey County Show May 2013

We recruited 150 new members of the Foundation Trust.

## East Grinstead 999 day June 2013

We recruited 115 new members.

## Epsom Derby

The month of June was Gypsy, Roma and Traveller History Month and it was an ideal time for us to highlight our responsibilities to promote and advance health equality for Gypsy, Roma and Traveller staff and patients. People from these communities attend the Epsom Derby in great numbers and we were able to speak to them about our service, carry out blood pressure tests, demonstrate how to give effective chest compressions and also recruited 70 new members.

## Eastbourne 999 day July 2013

We recruited 220 new members. SECAMB had the lead organiser role this year.

## Kent County Show July 2013

We recruited 630 new members.



With our CFR volunteers at Kent County Show



Signing up new FT members at the Surrey County Show



Peter Glover explains how to do chest compressions at the Epsom Derby

## You told us...

A huge thank you to the paramedic crew who I believe were called Sarah and Jenna that attended to my un-well wife. They were extremely helpful and reassuring and stayed with my wife until I managed to get home. The team were kind, caring and very professional in every aspect of their job.

Clive Aylett, Boughton Monchelsea



## Member Satisfaction Survey – What you told us...

Thanks to all the members who found the time to complete our annual membership survey. We received 272 responses, giving us a flavour of what you think of your membership, this newsletter, and anything you would like to see changed.

As the saying goes, it's hard to please all of the people all of the time, but we're pleased that you have told us that, for the most part, you're getting what you want from your membership. Most people who responded felt they were able to get as involved as they wished, found the newsletter interesting and informative, and knew how to contact their governors if they wanted to.

### The key areas you highlighted for improvement were:

- To include more stories about patients and our frontline staff in the newsletter, to help you understand more about how the service actually works on the ground,
- To hold more face to face meetings in your local areas, where you can meet your governors and our staff and get more involved.

Both of these key recommendations are being considered by our Membership

Development Committee and we will update you on how we plan to address the issue of local meetings in the next newsletter. Since we work across such a large area it can be hard for us to meet our members in your localities. We do try to move around the South East when we hold our public Board and Council meetings (to which any member of the public may come – see the back page for the details of future meetings), we also hold an Annual Members Meeting (as advertised on page 1 and 2), and our governors are out and about over the Summer at a number of local events and shows, as we informed members in our last newsletter. We do hope you will have the opportunity to come and meet us if you would like – but we will be thinking hard about how we can be more accessible.

A summary of the outcomes of the survey is available in the Membership Zone on our website ([www.secamb.nhs.uk/get\\_involved/foundation\\_trust/become\\_a\\_member/member\\_newsletters.aspx](http://www.secamb.nhs.uk/get_involved/foundation_trust/become_a_member/member_newsletters.aspx)) or can be obtained by contacting the Membership Office. Thank you again if you took the time to tell us what you think.

# Trust installs defibrillators in residential homes

**SECamb has worked with the Abbeyfield Kent Society to install potentially life-saving equipment in its residential homes across Kent and its head office.**

A total of nine Automatic External Defibrillators (AEDs) have been installed. The defibrillators, which can deliver a shock to restart someone's heart if they suffer a cardiac arrest, are easy to use with the user instructed step-by-step how to safely administer the shock.

SECamb actively looks to increase the number of defibrillators across its region - its clinicians work closely with local groups including the Community First Responders it trains to identify areas which would be suitable locations for defibrillators.

Early defibrillation alongside effective CPR significantly increases the survival rates of patients suffering a cardiac arrest in the community.

It is thought a patient's chance of survival falls by approximately 10 per cent for every minute that they don't receive a shock from a defibrillator and effective CPR.

Julie Jones, Director of Care at the Abbeyfield Kent Society said: "We feel it is so important to support the ambulance service and their staff in providing the best care possible to not only our own residents, but also the local community. As one of the largest care providers in Kent it is wonderful that we can offer this service and be a key



source for the community should they ever find themselves needing the equipment.

Please contact our Volunteer Services team to find out more about this life-saving equipment: [Surrey.cfr@secamb.nhs.uk](mailto:Surrey.cfr@secamb.nhs.uk)  
[Kent.cfr@secamb.nhs.uk](mailto:Kent.cfr@secamb.nhs.uk)  
[Sussex.cfr@secamb.nhs.uk](mailto:Sussex.cfr@secamb.nhs.uk)  
 or phone 01273 484832

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*You told us...*

The ambulance man who came out to me when I had chest pains and an irregular heart-beat was great. He helped keep me and my mother calm, made jokes and basically was a rock. I am sorry I did not get his name but he was amazing.

*Joe Stanley, Chatham*

# Get Involved

We are currently seeking involvement from members who are online via email and would like to be part of a 'virtual' group undertaking reviews of changes we make to the way we work. This 'Virtual Equality Analysis' group will be asked to read through draft papers from time to time, to identify whether our suggested plans and policies meet the needs of all patients.

Equality Analysis (EA) is a tool aimed at improving the quality of our services by ensuring that we think carefully about the likely impact of our work on different communities or groups. It involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised, whilst opportunities for promoting equality are maximised.

An understanding of equality issues faced by people is desirable, though not essential, as EA guidance and/or training can be provided. please contact Anita Smith on [07826 445 670](tel:07826445670) or [anita.smith@secamb.nhs.uk](mailto:anita.smith@secamb.nhs.uk) for more information and to get involved.

## Your Governors

Please read the regional Governor Update enclosed

Jean Gaston-Parry	Brighton
Brian Rockell	East Sussex
Peter Gwilliam	East Sussex
Margaret Bridges	Kent
Ken Davies	Kent
Maggie Fenton	Kent
Robin Kenworthy	Kent
Ian Smith	Surrey
Terry Daubney	Surrey
Neil Baker	Surrey
Priscilla Chandro	Surrey
Ted Coleman	West Sussex
Tony Dell	West Sussex

## Board and Council meeting dates

Members are very welcome to come to our public Board and Council meetings. You can ask questions of our Board and Council. Please contact the Membership Office for more information on venues, or to let us know if you plan to attend so we have an idea of numbers.

Board	Council of Governors
September 26th 2013	September 26th 2013 (Also the Annual Members Meeting)
October 31st 2013 (about 1 hr. long at Banstead HQ)	
November 26th 2013	November 28th 2013
January 28th 2014	January 30th 2014
March 27th 2014	March 31st 2014

Governors can be contacted via the Membership Office – any post for governors will be forwarded directly to them. In addition, public governors have their own email addresses which are [firstname.lastname@secamb.nhs.uk](mailto:firstname.lastname@secamb.nhs.uk) e.g. Maggie Fenton would be [maggie.fenton@Secamb.nhs.uk](mailto:maggie.fenton@Secamb.nhs.uk).

## Please get in touch with the Membership Office if:

- You want more information about anything
- You have a story you want to share with us
- You have ideas for this newsletter
- Your contact details change
- You want membership forms or other literature to distribute

**Post:** Membership Office  
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East Sussex, BN7 2XW

**Textphone/minicom:** 18001 01273 484821  
**SMS/text:** 07770 728250