



Your service, **your call**

Issue 6 Spring 2012

The newsletter for SECamb members

# Member receives award for her heart work

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Priscilla Chandro was only 37 when she suffered a massive heart attack at home. It's now nearly four years on and Priscilla has a very active life; she runs her own business, is involved with SECamb as a member and has attended a number of our workshops. She does voluntary media work for the British Heart Foundation (BHF) in her spare time as well as sitting on heart groups. Her story is uncommon but not unique. It is one from which SECamb has learned, and which she and the BHF hope others will learn from: young people have heart attacks, and women may experience different symptoms to men.

Priscilla's symptoms started with a headache, not something you expect to signify a heart attack. The ache started to radiate down into her arms, and as she went downstairs to get some tablets for the pain she passed out. She came round understandably panicked and called her parents, who dialled 999. An ambulance crew arrived, listened to her symptoms and said they felt it was probably flu. The crew offered to take her to hospital, but Priscilla didn't want to waste the hospital's time if it was just flu, so she declined. She visited her GP the next day as the crew had suggested and after performing an electrocardiogram (ECG) the doctor contacted the hospital, who after hearing Priscilla was fine apart from a dull ache in her chest, said she didn't need to go in.

The GP advised Priscilla to go to A&E in a couple of days if the ache persisted, which she did, where, after another two ECGs, they advised her she had suffered a massive heart attack. A stent was fitted almost immediately since her left artery was 100% blocked.

Priscilla says: "Having just turned 37 years old the month before, the term "massive heart attack" came as a complete shock to me and I promptly burst into tears at the enormity of it all."

Priscilla has done a lot of work to raise awareness of her story and help professionals and the public be more aware of the less common symptoms people having a heart attack may experience. She has been interviewed on the radio a number of times and had her story in women's magazines as well as national newspapers. Her feedback to SECamb on the ambulance crew who attended her initially has resulted in an article for all staff in our professional development magazine, Reflections, which reminded them about the different symptoms someone suffering a heart attack may present with.

During a heart attack, while experts still say severe or dull chest pain is the most likely indication of what is happening, almost half of women may in fact not experience chest pain, but rather become dizzy, have difficulty breathing and feel nauseous. An ECG is really the best way to tell what is going on. If you suspect you or someone you love may be having a heart attack dial 999 immediately.

Priscilla is pleased to be a member of SECamb and continues to work with us to help provide the best care for our patients. She has also just been given an award by the BHF for her media work to raise awareness of heart attack symptoms. Congratulations Priscilla, and keep up the good work.



## Spotlight on...

### Paramedic Steve Maxted

#### Tell us a little bit about yourself and your job

I joined the ambulance service in 1986 as a Technician and I then studied to attain the qualification for Paramedic. In those days, ambulances were dual purpose; we took patients to hospitals for day cases, as well as transferring patients from hospital to hospital around Eastbourne. Having attended to the day case patients, the ambulance would then respond to emergencies, in much the same way as it does today. Now, SECamb's Patient Transport Service and Emergency Ambulance Service use separate vehicles which are fit for purpose.

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Based at a local ambulance station or a large hospital along with other emergency crews, ambulance crews work shifts, including evenings and weekends, going out in all weathers at all hours of the night or day. We work closely with doctors and nurses in hospital accident and emergency departments, briefing them as we hand the patient over to their care.

As well as contact with patients, we also deal with patients' relatives and members of the public, some of whom may be very upset or sometimes aggressive. We also often work alongside the police and fire brigade.

#### How did you qualify as a Paramedic?

After working for the ambulance service for 10 years, I applied for the paramedic course. In the past paramedic training was under the jurisdiction of the Institute for Health and Care Development (IHCD), a course that lasted 12 – 15 weeks. The first four to six weeks were theory based in class, as well as practical scenario based. This was followed by hospital secondment where we learnt to intubate under the care of an anaesthetist, and a further two weeks in A&E learning to cannulate – put intravenous cannulas into

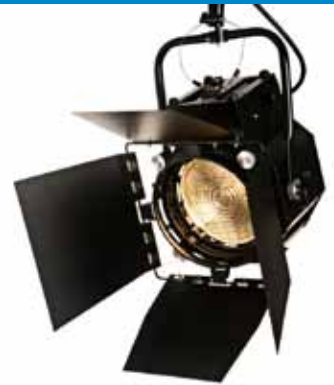
patients' veins, to provide emergency medication or fluids. I had to be signed off for these proficiencies before moving onto the next training. I then returned to the training school where my proficiency books were signed off and I was awarded the Green Paramedic Bag. After this I then worked under a tutor paramedic for two weeks before going out as a fully operational paramedic.

However, as the role of the paramedic has developed significantly during the last ten years or so, so has the training and education required.

Anyone wishing to work as a paramedic will now need to either secure a student paramedic position with an ambulance service trust, or attend an approved full-time course in paramedic science at university.

#### Where do you work?

I start my shift at Eastbourne ambulance station, but every day is different as we respond wherever we are called to. If



ambulances in nearby areas are busy, we can be asked to move closer to them to cover their area, or can provide cover between calls as needed. We go wherever patient demand is likely to be highest.

### What clinical procedures are you able to perform?

As a Paramedic, I am trained to carry out a range of what we call “invasive” clinical procedures, including intubating patients who need help in breathing and cannulating to allow the intravenous administration of drugs. I can administer a wide range of drugs including Morphine Sulphate intravenously and other pain management drugs which a Technician is unable to do and can administer an anti-clotting drug called Tenecteplase in cardiac care. This helps to break up clots to the coronary artery. I also set up infusion drips for patients who have a high blood sugar count, called DKA, as well as using infusion drips for patients with severe blood loss in various states of shock.

Ambulance crews are trained to drive what is in effect a mobile emergency clinic and to resuscitate and/or stabilise patients using sophisticated techniques, equipment and drugs. We might be called out to someone who has fallen from scaffolding, for example, or an elderly person with a suspected stroke.

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

I enjoy the challenge that comes with my job – every day is different, and presents different scenarios. We never know what we are being called to – but compassion underpins everything I and my crew-mates do. We want our patients to feel safe and want to help them at a time when they are greatly distressed. I feel a sense of satisfaction and pride from having attended to a patient at their most vulnerable time, and being able to help and reassure them.

### What would you like the public to understand about your job?

As an ambulance service and as individual clinicians we strive to do our best to save

lives but I really feel that there is also a great need for education to the public on basic life support and resuscitation skills. I feel that these skills should be taught in schools and to couples attending antenatal care - at every possible opportunity. I feel strongly about this because if members of the public were able to perform basic life support, they could help their friends and family before the ambulance crews get to the emergencies, and in this way help us to help them.

### Could you tell us about an incident you have attended where you felt really challenged and why?

There have been many since I started in 1986, so it is difficult to pick just one. However one that stands out for me was when we attended an elderly gentleman who had pain in his chest. He was understandably distressed and afraid as he was blind and almost completely deaf. His wife had passed away six months previously and her ashes were still in the bedroom with him. My heart went out to him, and as I put myself in his shoes, it really helped me to understand his distress. We reassured him as we administered the 12-lead ECG (a recording of the electrical activity of the heart) which showed that our patient was in severe Myocardial Infarction (MI). We treated him on the approved protocol C which focuses on compressions immediately before and immediately after shock for pre-hospital arrest, and took him to the Coronary Care Unit.

We were able to visit him a few days later and really pleased to find him doing quite well, no longer afraid or distressed. Perhaps the thought that this could have been my granddad, relative, friend, or neighbour is what touched me significantly.

It was really great when the service received a lovely thank you letter from this patient, who, after a hospital stay, was discharged to return home.

## Our News

### New patient transport service in Sussex

We are really pleased to announce that SECamb has been awarded the contract to provide transport for patients between their home, hospitals and other treatment centres across Sussex. This Patient Transport Service (PTS) contract is great news for patients as the various health trusts in Sussex have joined forces to agree one single contract to improve patient experience and efficiency.

NHS Sussex Chief Nurse Julia Dutchman-Bailey said: "Patients and clinicians helped us to shape this new service. Having one contract across Sussex will help us to ensure local people get a consistently high quality service whenever they need non-emergency transport".

Geraint Davies, Director of Commercial Services at SECamb, said "It is fantastic news for both the patients we serve and staff we employ".

We won this contract after a rigorous tendering and consultation period. Patients, clinicians and provider organisations were invited to take part in events to establish what was important in a patient transport service. This feedback was used to specify what the winner of the contract would need to provide.



#### Make Ready Centres open in Paddock Wood and Ashford

Staff from stations across parts of Kent and East Sussex were moved to two new Make Ready Centres during October and November 2011.

The Make Ready initiative offers significant benefits for patients. Specialist teams of staff are employed to clean, restock and maintain vehicles which means our clinical staff, who have routinely undertaken these tasks previously, can spend more time treating patients.

Under the Make Ready system vehicles are regularly deep-cleaned and swabbed for the presence of micro-organisms including MRSA and C Diff. To reduce the risk of vehicle breakdowns, on-site vehicle maintenance experts are on-hand to undertake routine checks and maintenance.

SECamb's Programme Director of Estates, Geoff

Catling said: "These new centres will ensure that our clinical staff are spending more time doing the job they are trained to do – treat patients".

Staff who once worked from Cranbrook, Crowborough, Maidstone, Sevenoaks, Tonbridge and Tunbridge Wells, will now begin and end their shifts at the Make Ready Centre in Paddock Wood. Staff from the old Ashford Station on Ellingham Way, Lydd, Folkestone and Dover now work from the Ashford centre. During their shift staff will respond from a network of strategically located ambulance community response posts, which provide facilities for staff between emergencies and have been situated in areas to ensure we reach as many patients as possible.

These centres are the first of 11 Make Ready Centres which the Trust is looking to introduce across the south east region over the next five years.

# Your Governors

Our Council of Governors has now been in place for a year. This first year we have been focused on getting the Council up and running effectively but now we are turning our attention to ensuring our members' needs are met, and providing more opportunities for you to meet and communicate with your governors.

## Annual member survey

Your governors are keen to hear your views about your membership. If you receive Your Call by post, you will find a membership survey inserted into the newsletter, along with a freepost envelope so you can post it back to us without paying for a stamp. If you receive this by email, please fill in the survey online: [www.surveymonkey.com/s/members\\_survey2012](http://www.surveymonkey.com/s/members_survey2012).

Additionally, you can provide feedback directly to the Membership Office if you prefer. The survey should take no more than ten minutes to complete and all responses are anonymous and confidential. Your views will help us improve the way we interact with you. We'll let you know the results of the survey and what we'll be doing about it in the next newsletter. Thank you in advance.

## Membership Development Committee

The Membership Development Committee (MDC) has been working on a number of things, including devising the annual membership survey. The MDC focuses on advising the Trust on its communication and engagement with members and has been deeply involved in helping to develop an 'Inclusion Strategy' for SECAMB.

This new strategy looks to ensure we effectively involve and engage with all stakeholders, including FT members but also our staff, volunteers, and patients, on issues that may affect patient care. We have held three workshops, run ten focus groups and sent out a survey (which went out to members who had said they were happy to complete surveys) since October 2012,



Members of Peppercorns learning disability group in Kent at an Inclusion Strategy focus group

and the final draft of the strategy is now ready to be presented to the Trust's senior management team. The MDC have been vocal about ensuring the strategy works for members and we look forward to telling you how you can get involved.



Governors considering the Trust's annual plans

## Non-Executive Director Appointments

6 One of the Council's most important jobs is to appoint the Non-Executive Directors (NEDs) of the Trust, and to set their terms and conditions. NEDs are vital to the Trust as they bring professional expertise from a range of industries and other parts of the public sector. The Council met on 30 January 2012 and reviewed the work of the Nominations Committee, which meets to make recommendations to the Council on these matters. The Nominations Committee had put forward a recommendation to the Council on what NEDs should be paid, after extensive consideration of the duties and time commitment of the role, and also of the terms and conditions of NEDs in other Foundation Trusts. In arriving at its recommendation, the Committee recognised the need to make a balanced decision based on remunerating NEDs appropriately for their time and expertise, but also taking account of the current economic climate. The Council approved the proposed remuneration of £13,000 per year for each of the NEDs, with a small increase for the Senior Independent

Director and the Chair of the Audit Committee, to reflect their more extensive responsibilities. This will take effect from 1 February 2012, and will be valid for two years, before there is any review.

At the same meeting, the Council approved the Committee's recommendation that one NED whose appointment was due for review, John Jackson, be reappointed on a 3-year term from 1 March 2012. John has accepted this offer.

## Annual Planning

Governors have been reviewing the Trust's annual plans and providing feedback. The governors' input will be incorporated into the Trust's plans for the coming year. The governors' feedback focused on improving communications and engagement with staff, being clearer about how well our service developments such as Make Ready are performing, providing relevant opportunities for staff to gain new skills, and keeping the public informed about possible changes to services.

# Governor activities

At each Council meeting, governors report on activity they have undertaken to meet members and recruit new members. Public governors have been busy giving talks to Rotary meetings in Surrey, attending Inclusion Strategy workshops with members, and recruiting via Local Involvement Networks (LINks) in Kent. Governors have also been to visit the new Paddock Wood Make Ready Centre to see it in action.

Staff governors are involved in helping the Trust refresh its culture and values and advising on staff engagement. Staff governors have also talked to new staff about being a Foundation Trust and what the Council of Governors does.

Members are encouraged to attend public Council meetings (see the back page for dates) and can meet their governors over lunch at these meetings.

## Choosing our vehicles

A number of governors participated in a recent workshop to help the Trust ensure our vehicles (or fleet, as we call them) are appropriate for patients' needs. As we continue to change the way we work to bring more care to patients rather than simply transport people to hospital, and as our patients are increasingly in need of non-emergency care, our vehicles and the equipment on them needs to change too.

Governors joined staff at a workshop to be briefed on the trends in patients' needs, and to consider the mixture of vehicles the Trust will need going forwards. Governors' input will be incorporated into our discussions with vehicle providers to ensure we have a fleet fit for the future.

## Your governors

Following feedback from members and governors we will now include a full list of your public governors in each issue of Your Call.

Contact your governor(s) if you want to know what the Council is doing on your behalf, or you wish to tell them your views about anything relevant to the ambulance service.

<b>Alison Arnold</b>	West Sussex
<b>Brian Rockell</b>	East Sussex
<b>Colin Hall</b>	Medway
<b>Gloria Parks</b>	Brighton and Hove
<b>Ian Smith</b>	Surrey
<b>Ken Davies</b>	Kent
<b>Margaret Bridges</b>	Kent
<b>Maggie Fenton</b>	Kent
<b>Marjory Broughton</b>	Surrey
<b>Paul Jordan</b>	Surrey
<b>Robin Kenworthy</b>	Kent
<b>Ted Coleman</b>	West Sussex
<b>Terry Daubney</b>	Surrey
<b>Terry Steeples</b>	East Sussex

Governors can be contacted via the Membership Office – any post or emails for governors will be forwarded directly to them. In addition, public governors have their own constituency email addresses:

**Brighton and Hove** - [bhgov@secamb.nhs.uk](mailto:bhgov@secamb.nhs.uk)

**East Sussex** - [eastsusgov@secamb.nhs.uk](mailto:eastsusgov@secamb.nhs.uk)

**Kent** - [kentgov@secamb.nhs.uk](mailto:kentgov@secamb.nhs.uk)

**Medway** - [medgov@secamb.nhs.uk](mailto:medgov@secamb.nhs.uk)

**Surrey (and NE Hampshire)** - [surgov@secamb.nhs.uk](mailto:surgov@secamb.nhs.uk)

**West Sussex** - [westsusgov@secamb.nhs.uk](mailto:westsusgov@secamb.nhs.uk)

# Get involved

## Become a First Responder

In the last issue of Your Call, we told you about how we are trying to work with our volunteers more effectively. Whilst there are a variety of opportunities to volunteer with SECAMB, the focus is currently on Community First Responders (CFRs), who are members of the community trained to respond to emergency calls through the 999 system. CFRs provide vital assistance to people who are ill or injured prior to the arrival of an emergency ambulance. In this financial year to date our CFRs have attended over 15,500 emergency calls and are a hugely important part of helping SECAMB get care to patients quickly.

We are working to increase the number of CFRs across SECAMB. Kent will see a big recruitment drive in the North of Kent, Rochester and Strood, and along the southern coastline. In Sussex we are recruiting in Pagham, Bevendean, Saltdean and the surrounding areas. In Surrey we are building new teams in Godstone and Sunbury.

We are currently running a training course each month, with space for 15 students on each.

If you would like to volunteer or find out more, please contact [kent.cfr@secamb.nhs.uk](mailto:kent.cfr@secamb.nhs.uk) / [surrey.cfr@secamb.nhs.uk](mailto:surrey.cfr@secamb.nhs.uk) / [sussex.cfr@secamb.nhs.uk](mailto:sussex.cfr@secamb.nhs.uk) or phone me on 0771 7720046. Thank you.

Peter Glover, Volunteer Development  
Co-Ordinator

## Research and development event

Before SECAMB introduces new treatments or clinical practices, robust research and development (R&D) must be carried out to ensure they will enhance patient care and outcomes. We want to ensure your views are taken into account when we make decisions about which projects to pursue and how, so will be holding our second R&D event for the public on Monday 18 June 2012 in Crawley.

Places are limited, so if you'd like to attend or know more, whether you attended the last event or you have never been involved before, please contact Louise Hutchinson, Patient Experience Lead at [louise.hutchinson@secamb.nhs.uk](mailto:louise.hutchinson@secamb.nhs.uk) or by telephone to 01273 897805.

## Make sure your options are up to date

To help us involve our members as you wish to be involved, we use the information you gave us when you became a member. You can choose as many options as you like, from:

- Attend events
- Comment on public information/ leaflets
- Complete surveys
- Take part in a panel or working group
- Find out more about being a Governor
- Be sent forms to recruit your family and friends

Please contact the Membership Office if you wish to check or update your engagement options.

## Public Board and Council meeting dates

28 March 2012

29 May 2012

30 July 2012

28 September 2012

For timings and venues, please contact the Membership Office no more than two weeks before the meeting date.

## 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

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