



Your service,  
**your call**

Issue 26 Summer 2019

The newsletter for SECAMB members

## Come and learn all about your local ambulance service at our Annual Members Meeting!

We would love you to join us at the East Sussex National Resort on Friday 20th September to learn all about SECAMB and meet our staff and volunteers from across the areas we serve, at our Annual Members Meeting.

This event is for you, our members; however, you are welcome to bring friends and family with you!

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SECAMB Chair  
David Astley.

### Why attend?

"This is your opportunity as members of our Trust to hear directly from us on what we are doing to be better today and even better tomorrow for our people and our patients. We are a busy 24/7 service and it can be all too easy to overlook all the fantastic work that is taking place both on the frontline and in support services to provide the best possible service for our patients. Please do come along to our event to learn more. As members, we consider you ambassadors for our Trust. Your voice matters, so please do come along". David Astley, SECAMB Chair.

We will be hosting an exhibition where you can find out more about our 111 and 999 services, demonstrations on the latest technological and clinical projects that are making our service even better for our patients...and you can peek inside some of our ambulances at our vehicle display!

*Turn to page 2 to find out more and book your place!*



## Come along to our Annual Members Meeting

Friday 20<sup>th</sup> September 2019  
13:15 - 16:30  
East Sussex National Resort



## Please come along to our Annual Members Meeting

All our members, patients and the public are invited to attend our Annual Members Meeting (AMM) on Friday 20th September 2019 at East Sussex National Resort.

This is your opportunity to:

- Find out more about your local NHS ambulance service.
- Learn lifesaving resuscitation skills (CPR).
- Check out some of the newest ambulances on display and meet our staff.

- Find out more about working or volunteering with us.

At the meeting, you will hear from our new Chief Executive about our improvement journey and your Governors will be there to tell you what they have been focused on this year in representing you, our members. There will also be an exhibition of health and ambulance service information stands and some of our 999 vehicles on display outside the venue!



### Book your place:

It is free to attend, and friends and family are welcome to come along too! You can find out more and book online at [www.secamb.nhs.uk](http://www.secamb.nhs.uk) or through our online form here <https://bit.ly/2YLIfHA> you can also phone us to reserve your place on 0300 123 9180.



### When and where is it?

**Date:** Friday 20th September

**Time:** 13:15 Exhibition & vehicle display opens, 14:30 -16:30 Annual Members Meeting.

**Venue:** East Sussex National Resort, Little Horsted, Uckfield, East Sussex, TN22 5ES\*.

**Refreshments:** Tea, coffee and biscuits will be available from 13:30

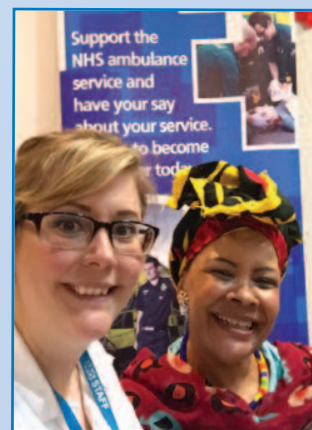
*\*We move around the areas we serve. Next year the event will be in Kent.*

### Getting there:

The venue has ample onsite parking (450 spaces). The nearest train station is Uckfield, which is 2 miles from the venue, and we can arrange a transfer from there if needed.

We have a Council of Governors meeting taking place before the AMM at the same venue from 10am – 1pm. Come along to see your Governors (who represent you) - in action! We have a number of elections in multiple areas next year for SECamb Governors, so observing a Council meeting is a great way to get a better understanding of this voluntary role, especially if you are keen to be more involved with the Trust.

Hope to see you there on the day!





# Help us help you!

Within the ever-changing landscape of the National Health Service (NHS) it can sometimes be tricky to know where is best to go for the medical attention you require. Your local ambulance service will always be there for anyone that needs us, but we hope that this handy poster will explain the range of healthcare options available to you and when they could be used. ►

## How do I know whether to call 999 or 111?

**If you think a patient is suffering from one of the following, you must dial 999 for an ambulance:**

- Heart attack (e.g. chest pain for more than 15 minutes).
- Sudden unexplained shortness of breath.
- Heavy bleeding.
- Unconsciousness (even if the patient has regained consciousness).
- Traumatic back/spinal/neck pain.

**You should also call 999 for an ambulance if:**

- You think the patient's illness or injury is life threatening.
- You think the illness or injury may become worse or even life threatening on the way to the hospital.



KNOW WHAT TO DO



South East Coast Ambulance Service  
NHS Foundation Trust



	Grazed knee. Sore throat. Hungover. Cough.	<b>Self-care</b>
	Diarrhoea. Runny nose. Painful cough. Headache.	<b>Pharmacy</b>
	Unwell? Unsure? GP surgery closed? Need help?	<b>NHS 111</b>
	Vomiting. Ear pain. Stomach ache. Back ache.	<b>GP Surgery</b>
	Choking. Chest pain. Blacking out. Blood loss.	<b>A&amp;E or 999 Emergencies only</b>

- Moving the patient/s without skilled people could cause further injury.
- The patient needs the skills or equipment of the ambulance service and its personnel.

You can use the NHS 111 service if you urgently need medical help or advice, but it is not a life-threatening situation. For less urgent health needs, you can contact your GP or local pharmacist in the usual way.

Choosing the right healthcare option means that you and your family will get the best treatment. It also allows busy NHS services to help the people who need them most.

**Help us spread the word! You can request an electronic copy of this poster by emailing:**  
**FTMembership@secamb.nhs.uk**



# Diary of a 999 frontline nightshift!

Emergency Care Support Worker  
Helen Yeo shares insight into a recent  
night shift with crewmate Paramedic  
Emma Sparkman.



Pictured: Emma on the left  
and Helen on the right on shift.

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**19:21** Arriving at base, I spy my crewmate for tonight, Emma Sparkman, who is more commonly known as Sparko! We collect our keys and kit and book on to the Mobile Data Terminal (MDT) in the ambulance, which shows us details of the jobs we are attending. We now have 15 minutes to perform our vehicle checks and prepare ourselves for whatever Saturday night may bring! Sparko notices that it is a full moon...

**19:45** The MDT screeches into life with a C3 call in Bognor for a woman with knee pain. We have four different call categories in order of priority. C1 & 2 are the most urgent, followed by C3 and then C4. (See page 6 for more on this).

**20:07** We arrive on scene to a lovely lady and her concerned family. She is due knee replacement surgery in the coming week, but is struggling to manage her pain. We contact the Out of Hours GP service who advise a new pain relief regime and send the appropriate prescription to a local pharmacy for a family member to collect.

**21:20** We book clear and are immediately dispatched to a C2 in Chichester for a patient

who is unconscious with noisy breathing. We pop the lights and sirens on and head off.

**21:32** We receive a Stand Down and are tasked instead to a C2 call in Bognor for a man with a blue foot!

**21:35** We receive another Stand Down and are re-tasked to the C2 in Chichester. There are more details about the patient on the MDT now and we realise it is one of our frequent callers who has regular dissociative seizures.

**21:47** After completing a full set of observations on scene, including an electrocardiogram (ECG) - which is a test that measures the electrical activity of your heart to show whether it is working normally - our patient is much calmer and declines further treatment. We leave her at home; with advice for her carers should she fit again.

**22:23** We book clear and are immediately sent to a woman with a head injury. This job is another C2 so on go the lights and sirens again.

**22:46** We book on scene with a very nice lady and her worried family. She has tripped on a rug and hit her head on a coffee table. She has a reasonably large laceration that requires further wound care at A&E. Our patient, and her son, offer to make their own way to hospital. We complete our checks to ensure this is wise, dress the wound temporarily, and give advice should our patient become unwell.

**23:11** We clear from scene and are tasked to provide urgent assistance to a Paramedic Single Responder who is located quite a way away.

**23:59** We arrive on scene to find our colleague, Brett, with a lovely gentleman who has Motor Neurone Disease. Earlier in the evening, he had an unexplained collapse, preceded by shortness of breath. With some flowerpot wrangling we manage to get our trolley in and out of his house successfully and head to hospital with our patient on board.



**00:29** We arrive at Worthing A&E. We hand over our patient to the nurse in charge and I then settle him into his assigned cubicle. We then race to the toilets for the first time in 5 hours!

**01:06** We push the clear button on the MDT and we are immediately tasked to a C2 Chest Pain in a rural area.

**01:21** We struggle to find the address. We call our dispatcher for more clues. She advises that our patient called up to say he had chest pain, but hung up mid-triage. They have been trying to call him back, but the phone is now switched off. We decide to try another very dark, very narrow lane nearby, and bingo! We have found the address!

**01:30** We book on scene. We have to go through a set of gates to access the property; I jump out with my torch and check there are no dogs, geese or goats waiting to welcome us! All appears clear, Sparko reverses into the driveway. A man and a large Labrador emerge from the house, luckily, the Labrador is friendly. He identifies himself as our patient and we seat him in the ambulance. He is behaving quite strangely, he says that he did have chest pain, but it has gone now. He tells us that he is Alpaca sitting for a friend, got a bit bored and has taken a mixture of cocaine and ketamine. He declines all offers of ECGs to look at his heart activity and further declines a trip to A&E. We now perform a Mental Capacity Assessment to ensure he is capable of making this decision. He passes with ease. We give him some paperwork and advise him to call again if the chest pain returns. We open the door of the ambulance to see him back into the house and are met by a gang of Alpacas peering at us through the dark!

**02:27** It's time for lunch!

**03:09** The MDT informs us that we are now headed to a C3 6 minutes down the road for an elderly gentleman who has fallen. The original call to 999 was made at 21:33.

**03:17** We arrive on scene and are met by our patient's son. He shows us to his father who has been lying on the tiled bathroom floor after tripping over a bath mat. It is always hard when

patients have been waiting a long time, but we have to prioritise the sickest patients in terms of urgent need. Although uninjured from the fall, he now needs to go to hospital due to complications from being on the floor for so long. Having helped him off the floor and got him changed into warm, dry clothes we left for the hospital.

**04:38** We hand over our patient at the hospital, clean and load our trolley, then set about the important task of making our first cup of tea of the night - it tasted divine!

**05:09** We are tasked to a job from our 111 service. The original call time was 21:33. The address is 3 minutes from hospital. Our patient explained that she had called 111 for advice regarding a rash on her legs and back that she had seemingly acquired while on holiday. It looked very much like some form of insect bite to us. We called the Out of Hours GP Service and were advised to take our patient to A&E, which we did.

**06:06** We hit clear once more and are immediately sent a C2 call for a man with breathing difficulties. The sun is now up, and our eyes are feeling heavier by the minute.

**06:31** We arrive on scene to find our patient is quite unwell. He is suffering an exacerbation of Chronic Obstructive Pulmonary Disease (COPD). We pre-alert the hospital while making our way there and are met in resus by a team who immediately took over care of our patient. On the way out, we are greeted by our previous patient with the rash who informed us that it was bed bug bites and that she had been sent home with some ointment.

**07:23** We hit the clear button for the final time and head back to base.

**07:29** We hand back our radios, keys and kit. We sign the controlled drugs back in. Dazed and blinking we stumble into the bright morning light and head home.

**08:02** I bowl through my front door, waking my poor husband and cats by jabbering on about full moons and alpacas! I proceed to make tea and toast then shower and change and finally...succumb to sleep!





# Responding to our patients



We serve an area of 3,600 square miles across Brighton & Hove, East Sussex, West Sussex, Kent, Surrey and North East Hampshire. It is a diverse geographical area, which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country!



James Pavey.

We have over 3,500 staff working across this area, and almost 90 per cent of our workforce are operational staff – those caring for patients either face to face, or over the phone at our 111 service or 999 emergency operations centres. We run a very busy and well-used service receiving just under a million calls a year!

To find out about how we respond to calls from our patients who live across the areas we serve we spoke to James Pavey, one of our Regional Operations Managers who is responsible for the operational performance of the Trust.

## How does the service respond to 999 calls?

“When a 999 call is received, it is prioritised depending on the information provided by the caller. We respond to people rather than places and our response is based on the category of the call that comes in, rather than the location of the call.”

“We have been regularly meeting our C1 & C2 targets, but know we have a way to go to improve our C3 & C4 call response times. We are actively focussed on improving our response times to calls for our patients.”

## I live in a rural area, what response can I expect when I call 999?

“We respond to people in need, in priority order. Wherever they are, if someone is having the most urgent need we will send the nearest available vehicle to that person.”

“I live in a rural area and I do not have the expectation that I’ll have all services on my doorstep as I would do if I lived in a densely populated urban area. So for example there is no supermarket where I live, I have to drive some distance to get there. The same rules have to apply to everything else including the ambulance service; there are more resources where there are more people.”

“There is a fine balance to strike between the rural and urban need. With the acceptance that we cannot respond in exactly the same way in a rural area, we will however prioritise in exactly the same way. Therefore, the patients with the most urgent need will get the nearest response. Which I hope you’ll agree is common sense.”

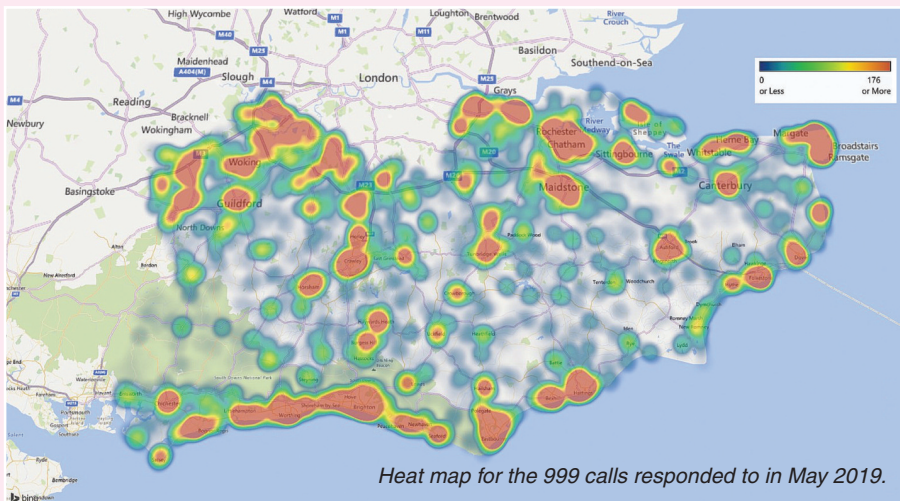
## My local ambulance station has closed. What does that mean for the people who live nearby?

“The simple thing to remember is that ambulance stations don’t save lives! You don’t need an ▶

Calls to our 999 service are categorised as follows:

CATEGORY	RESPONSE	AVERAGE RESPONSE TIME
<b>Category 1</b>	For calls to people with immediately life-threatening and time critical injuries and illnesses	The target for these calls is to respond in a mean average time of 7 minutes and at least 9 out of 10 times before 15 minutes
<b>Category 2</b>	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time	The target for these calls is to respond in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes
<b>Category 3</b>	For urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home	The target for these calls is to respond at least 9 out of 10 times before 120 minutes
<b>Category 4</b>	For less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist	The target for these calls is to respond at least 9 out of 10 times before 180 minutes





before the emergency service arrives. They are able to offer life-saving first aid further increasing the patient's chances of survival. SECamb currently has just over 300 CFRs spread across Kent, Surrey and Sussex and North East Hampshire. Our CFRs attend roughly 11,000 emergency calls per year of which approximately 3000 are categorised as life-threatening."

- ▶ ambulance station when you are having a heart attack. What you need is an ambulance crew or Community First Responder with you and a vehicle to take you to hospital."

"My first three night shifts on an emergency ambulance service 24 years ago were at a rural station. I did not attend a single patient on those three shifts; we were just waiting for something to happen. You just didn't go to as many incidents as your urban counterparts, so you effectively worked less hard which was a very uneven split of the workload!"

"Over the years, we had to find a balance in evening that out for the benefit of our patients and our staff. That is why we have now moved to large ambulance centres. Rarely did anyone respond from the older small ambulance stations as they were not best placed for a modern day response."

"We can support our staff and volunteers more effectively in larger centres, especially with onsite training which enables us to raise our standards of care. The move to large centres brings improved patient response and outcomes."

"So life has changed, it is about making sure we have someone to respond to the need, rather than a place to respond from."

### How do our Community First Responders (CFRs) help in rural locations?

"CFRs are volunteer members of their community who are trained to respond to emergency calls in conjunction with our 999 service. As they respond in the local areas where they live and work (which are often rural), they are able to attend the scene of an emergency within a few minutes, and often

"A community approach is needed for cardiac arrest. Time is of the essence and giving members of the public advice on how they can help when they call 999 about a cardiac arrest has become very effective over the years. Be assured we are there to help you when you need us – in person or over the phone."

### Co-locating ambulance stations

"Over the last 10 years we have embarked on a programme of co-locating ambulance stations into large ambulance make ready centres to improve our response to our patients. The buildings are modern and fit for purpose; staff can undertake training onsite and have rest areas that are more comfortable. The ambulance contents is standardised and stocked and cleaned onsite by special make ready operatives making it easier to use, as everything is located in the same place in each vehicle, plus all the equipment is serviced and more reliable."

"We currently have co-located ambulance Make Ready Centres in Ashford, Chertsey, Hastings, Paddock Wood, Thanet, Tangmere, Polegate and Gatwick with plans for new sites in Medway, North Surrey and Brighton in the near future. We'll keep our members up to date with our progress through this newsletter."

"We will always be working to improve our response to our patients. Our strategic aim is to be 'better today and even better tomorrow for our people and our patients' and that is something I as a member of staff, work hard to uphold."

If you want to understand more about the Trust's response time performance, you can find links to nationally reported data on our website.



## Reducing hospital handover delays improves patient experience

Around this time last year, we updated members on how the Trust was planning to engage with local health system partners to tackle the issue of hospital handover delays. While there is still a lot to do, we have made great progress and showcased this joint work at a recent best practice workshop for our system partners across Kent, Surrey and Sussex.

### Understanding the problem

Hospital handover delays occur when arriving ambulance crews are unable to handover the care of their patient to hospital staff in Emergency Departments (EDs). This might be because no one is available to meet them because they are all busy with patients, there is a shortage of beds, there's admin backing up at reception, or myriad other reasons.

National figures show one in eight hospital handovers were delayed by more than 30 minutes over winter 2017/18 and in that same year, SECamb alone lost over 68,822 staff hours to handover delays.

However, since a dedicated programme of work began, this loss has been reduced by 17%, meaning 12,000 SECamb hours were reclaimed in the year 2018/19. We achieved a 17% reduction in the numbers of patients who waited between 30 and 60 minutes for a handover, and a 34% reduction in the numbers waiting over 60 minutes.

### How we are tackling the problem?

All of this is very encouraging, but we know the improvements aren't universal and there are gaps across our Trust geography where handover figures are static or in decline. In May this year, we held our first system-wide hospital handovers 'stock-take' event in an attempt to engage with more colleagues from

our regional acute trusts, clinical commissioning groups, NHS England, NHS Improvement, police and community partners on ways we can do things better.

A short video, which can be found on our website in the 'Board stories' section, demonstrates where some fantastic pilot projects have been successfully adopted on this, within SECamb and at hospital trusts across the region.

These include an initiative called 'Fit2Sit' at Surrey and Sussex Healthcare NHS Trust, which has helped to reduce hours lost by 44%.



Ten days in a hospital bed leads to the equivalent of 10 years of muscle ageing in people over 80 years of age. Fit2Sit is about maintaining the mobility and independence of patients, both in the community and in Emergency Departments, by seating them wherever possible, as opposed to lying down on beds or trolleys; using wheelchairs instead of stretchers; encouraging patients to walk when clinically safe to do so and wearing clothes instead of pyjamas – all important steps in the recovery process. This approach not only improves patient safety and ►



## Our specialist vehicles:



**Double  
Crewed  
Ambulance**



**Non-  
Emergency  
Transport**



**Community  
First  
Responder**



**Specialist  
Resource**  
e.g. Paramedic  
Practitioner, Critical  
Care Paramedic,  
Falls Response,  
Joint Response Unit,  
Mental Health Triage  
etc.



**Single  
Response  
Vehicle**

pressure on NHS services, here at SECamb there are a number of projects underway to support patient flow and help us transform how we do things in the future to produce better outcomes for staff and patients.

The targeted dispatch model we use to respond is all about assigning the most appropriate vehicles and clinical staff to a 999 call so

- experience, but also maximises options for treatment next steps and improves flow around urgent and emergency care units and across the wider hospital.

At Royal Surrey County Hospital NHS Foundation Trust, the introduction of a dedicated nurse to receive and guide the process of ambulance handovers has improved their hours lost by 26%. Staff say the initiative has brought about “better communication, better allocation of beds and resources, improved relationships (with ambulance teams) and a speedier process, through which the patients benefit predominantly.”

At East Sussex Healthcare NHS Trust, they have developed new pathways so that paramedics can refer and convey patients directly to non-Emergency Department destinations, such as ambulatory care or a surgical assessment unit. This serves to reduce congestion at the ED front door and has improved handover delays by 27% over the last year.

### Looking at the bigger picture

Recognising that hospital handover delays are a symptom of more general, system-wide

that patients receive the right care, in the right place, at the right time, according to the acuity of their situation.

We also have the Surrey Heartlands Pregnancy Advice Line taking the pressure off Emergency Operations Centre staff, with trained midwives answering the concerns of parents-to-be, and the Joint Response Unit with Surrey Police helping improve our response to calls of a complex health and social care nature that require both a police and ambulance presence.

We have put in place specialist staff and vehicles to attend falls and mental health crisis calls, and we are bedding in new technology such as our Electronic Patient Clinical Record to make communications and on-the-job admin simpler and more efficient for staff.

Through communicating our ambitions and achievements so far and asking system partners to work more closely with us, we continue to improve our overall performance and, in particular, reduce the negative impact hospital handover delays have on patients, hospitals and SECamb staff. Together we can make a difference.





## Focus on: Dementia

Dementia is not a disease in its own right. Dementia is the name for a group of symptoms that commonly include problems with memory, thinking, problem solving, language and perception.

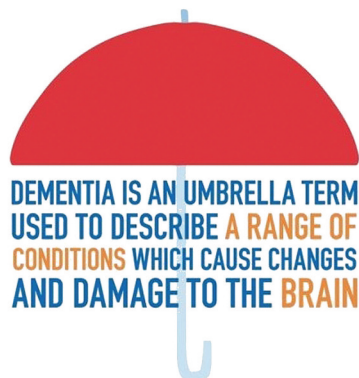
People often get confused about the difference between Alzheimer's disease and dementia. Alzheimer's disease (a chronic neurodegenerative disease) is a type of dementia and, together with vascular dementia (often brought on by a stroke), makes up the vast majority of cases. Dementia is caused when diseases such as these damage the brain.

The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia.

As you get older, you may find that memory loss becomes a problem. It's normal for your memory to be affected by stress, tiredness, or certain illnesses and medications. This can be annoying if it happens occasionally, but if it's affecting your daily life or is worrying you or someone you know, you should seek help from your GP.

However, dementia isn't just about memory loss. It can also affect the way you speak, think, feel and behave. **It is also important to remember that dementia is not a natural part of ageing** – so please reach out to your GP if any of the following resonates with yourself or someone you know.

- People with dementia can become apathetic or uninterested in their usual activities, or may have problems controlling their emotions.
- They may also find social situations challenging and lose interest in socialising.
- Aspects of their personality may change.



DEMENTIA IS AN UMBRELLA TERM USED TO DESCRIBE A RANGE OF CONDITIONS WHICH CAUSE CHANGES AND DAMAGE TO THE BRAIN

- A person with dementia may lose empathy (understanding and compassion), they may see or hear things that other people do not (hallucinations).

- Because people with dementia may lose the ability to remember events or fully understand their environment or situations, it can seem as if they

are not telling the truth, or are wilfully ignoring problems.

- As dementia affects a person's mental abilities, they may find planning and organising difficult. Maintaining their independence may also become a problem.
- A person with dementia will therefore usually need help from friends or relatives, including help with decision-making.

### Why is it important to get a diagnosis?

Although there is no cure for dementia at present, if it is diagnosed in the early stages, there are ways you can slow it down and maintain mental function.

A diagnosis can help people with dementia get the right treatment and support, and help those close to them to prepare and plan for the future. With treatment and support, many people are able to lead active, fulfilled lives.

### MORE INFORMATION

National Dementia Helpline  
Tel: 0300 222 11 22

Video on learning more about dementia  
<https://youtu.be/fmaEqI66gB0>

### Dementia Friends programme

Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. Visit their website to learn more about dementia and the small ways you can help.

<https://www.dementiafriends.org.uk/>



# SECamb news



## Care Quality Commission (CQC) inspection



**The CQC, who are the independent regulator of all health and social care services**

**in England, carried out their inspection of the Trust during June and July 2019.**

As a Trust, we tried to use the inspection as an opportunity to show the CQC the progress that we have made since their last visit. We know that we

definitely still have more to do and are not getting everything right, all of the time. However, we believe we are on the right track and making good progress, and hopefully this will be what was seen during the inspection.

The public outcomes of the inspection will be available later in the year, and we will share them with you. You can read our last inspection report on our website.

## New Chief Executive Officer starting in September



Philip Astle.

**As reported in our last member newsletter, we will be welcoming Philip Astle as SECamb's Chief Executive Officer on 1st September 2019.**

Philip joins us from South Central Ambulance Service where he is currently Chief Operating Officer.

"Philip said: 'I am greatly honoured to have been appointed to this role and look forward to working with the excellent team in place at SECamb.'"

You will get the opportunity to meet and hear from Philip at our Annual Members Meeting where he will give his initial reflections on joining the Trust, his current priorities and a look back at what the Trust has achieved so far.

Get the inside scoop on your local NHS ambulance service and book your place at our members meeting either online: <https://bit.ly/2YLIHfHA> or by calling the Membership Office on 0300 123 9180.

## Join Team SECamb!

**We have a broad range of roles both operationally and in a variety of support services. You can find our latest vacancies on the NHS jobs website by searching for 'South East Coast Ambulance Service'.**

There are many career opportunities open to people wishing to develop a career in the ambulance service. We have some important entry-level operational roles that can provide a springboard in to a career with us such as becoming an Emergency Care Support Worker or a 999 or 111 call handler.



You can read about these roles and other career opportunities within SECamb on our website where you can also sign up for our careers mailing list to receive updates and further information on working for us and recruitment days.



## Your Local Public Governors

### Nicki Pointer

Public Governor for East Sussex  
& Deputy Lead Governor  
FTMembership@secamb.nhs.uk

### Frank Northcott

Public Governor for East Sussex  
FTMembership@secamb.nhs.uk

### Marianne Phillips

Public Governor for Brighton & Hove  
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### Felicity Dennis

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North East Hampshire & Lead Governor  
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### Chris Devereux

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### James Crawley

Public Governor for Kent  
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...continued

### David Escudier

Public Governor for Kent  
David.Escudier@secamb.nhs.uk

### Roger Laxton

Public Governor for Kent  
FTMembership@secamb.nhs.uk

Any post or emails for Governors  
via the Membership Office will be  
forwarded directly to them.

**Appointed Governors  
representing stakeholder  
organisations are contactable  
through the Membership Office**

### Sarah Swindell

East Kent Hospitals University NHS  
Foundation Trust

**Vanessa Wood**  
Age UK

**Councillor Graham Gibbens**  
Kent County Council

### Marian Trendell

Sussex Partnership  
NHS Foundation Trust

**Assistant Chief Constable  
Nev Kemp, QPM**  
Surrey Police

## Staff Elected Governors

### Nick Harrison

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