



Your service,
your call

Issue 29 Winter 2020

The newsletter for SECAMB members



Philip Astle, CEO

Dear member,

A message from Philip Astle,
Chief Executive Officer of
South East Coast Ambulance
Service NHS Foundation Trust.

“When you receive this newsletter, we will be nine months into the global pandemic, in the midst of winter, and fast approaching the EU Transition date. A lot has changed in the last nine months and things will continue to change, but our commitment to being there for our patients when they need us, remains the same.

With the night’s drawing in, and the days getting shorter and colder it can be tough on our physical and mental health all round. It’s especially important to look after yourself and others at this time of year and there are a variety of online NHS resources that can help with this. Please remember that our enhanced NHS111 Clinical Assessment Service was launched in October and is available 24 hours a day 7 days a week if you need some help but are unsure where to turn. You can read more on this on pages 2 & 3.

I wanted to give you an update on our performance. We pick up your 999 calls as fast as any service and we have a greater range of expert clinicians to give immediate advice than we have ever had before. However, our performance in getting physical help to patients remains challenged and variable for a variety of reasons. We have more staff unavailable because of the Covid threat but we know we have more to do to improve our performance. It remains a key focus for our Operational team and for the Trust as a whole.

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In response to this, the Trust has developed a detailed 999 Performance Improvement Plan which pulls together actions being taken in several areas. A key focus of the plan is to maximise the resources available on the road to respond to patients. This includes ensuring that we can safely return as many staff as possible to the workplace (after isolating etc.) and maximising support to the front-line from other areas of the Trust.

Finally, I could not write to you without saying a HUGE thank you to all our colleagues both frontline and in support, our volunteers, and the public for their continued support during this extraordinary time. Stay well.”



The transformation of NHS111

NHS111 (a service that can help if you have an urgent medical problem and you're not sure what to do) has come a long way since its launch in 2013 and, in the south-east of England, another phase of transformation is underway to improve the offer for patients.

This began with a new Clinical Assessment Service (CAS) which went live on 1 October 2020, as part of a new five-year contract for Kent, Medway and Sussex led by South East Coast Ambulance Service NHS Foundation Trust, working in conjunction with not-for-profit social enterprise Integrated Care 24 (IC24).

The CAS now means that when you call 111 (free from mobiles or landlines 24/7), or access the service via www.111.nhs.uk, if required by the health condition you are contacting us about, you can speak to a wider range of healthcare professionals, including GPs, paramedics, nurses, midwives, mental health professionals,

dental nurses and pharmacists who will be able to assess symptoms over the phone, issue prescriptions and directly book onward care appointments if needed.

The launch of the contract and CAS is the first of several enhancements via the NHS 111 service for patients across Kent, Medway and Sussex - in Surrey the 111 service is provided by Practice Plus Group, and in Surrey Heath and North East Hampshire South Central Ambulance Service operates 111.

Over the coming months, NHS111 will integrate more closely with our 999 service and existing out-of-hours care, including providing access to evening and weekend GP appointments, home visiting services, minor injury units, urgent treatment centres and Accident & Emergency departments. Across the NHS, by the end of the year, patients will also be booked a time slot at Emergency Departments if this is deemed the most appropriate service to help and support them.

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Understanding 'NHS111 First'

NHS111 First is part of a national integrated programme to improve outcomes and experience of urgent care. To keep patients safe and allow them to maintain social distancing, patients should, if practical, call NHS 111 first before going to an Emergency Department.

NHS111 will then book a time slot at the Emergency Department, or at the most appropriate local service for the patient. This forms part of the 'NHS111 First' initiative – positioning 111 as the first port of call for urgent care. However, if you or someone you know is experiencing a medical emergency, you can still attend the Emergency Department or call 999.

Emergency: Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk.

Urgent care: Call 111 if it's not a life-threatening emergency, you or the person you're with needs urgent medical advice, or you are unsure what to do.

NHS England have asked that all Integrated Care Systems in England implement 'NHS111 First' by 1 December 2020. Integrated Care Systems are NHS organisations, in partnership with local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Contact NHS111 to:

- * Ensure you get the right help. Call 111 to make sure you get the right care in the right place. This could be self-care or through an appointment with a GP, or by going to a pharmacist or urgent treatment centre.
- * Benefit from a booked time slot. If you need to go, 111 can book you a time slot into the most suitable service for your needs.
- * Help keep you, your family and friends safe and maintain social distancing. Contacting NHS111 in advance means we can keep everyone safe who is waiting in a clinical setting.

What it's like behind the scenes at NHS111 CAS

The Pharmacist

Hinal Patel is one of the Clinical Pharmacists working within the NHS111 Clinical Assessment Service helping patients identify and address medicines-related issues, undertaking minor ailments triage and providing self-care advice. She also acts as an expert resource for her colleagues around medicinal overdosing, medicines optimisation and pharmaceutical care and is training to be a prescriber.

Hinal says, "I see my role as reducing pressure on other parts of the system like GPs, urgent treatment centres and A&E. I'm part of a multi-disciplinary team and colleagues are so supportive and work with each other. For example if I'm helping a patient with a medicines enquiry only to notice they have a mental health issue, once I have done the pharmacy bit I can



Hinal Patel

pass on to my mental health colleague to give them the accurate advice, support and signposting they need.

You feel satisfied that you have helped that individual in all aspects and not just one. I have done that on several occasions. The patients are getting the care and advice they need in a timely manner in one place, which is also a better use of NHS resources and taxpayers' money."

The Health Advisor

During the pandemic NHS111 underwent rapid expansion as call numbers skyrocketed and people sought medical advice from the safety of their own homes. Many of the new Health Advisors recruited by SECamb at this time had been furloughed from their previous roles, made redundant or were simply compelled to help and are still with us now.



Claire Sumpter

Claire Sumpter had previously worked in very customer-focused roles requiring strong communication skills, but says, "This is the first time I have held a role where I am truly helping people. In the course of a shift you'll take calls that range

from minor insect stings, repeat prescription requests and cold/flu symptoms, to managing calls from suicidal patients, or pregnancy related

emergencies. You never know what each call will bring, but I do know that when I go home, I have provided help to the patients that have contacted us, and it feels really good."

John O'Sullivan, Associate Director for Integrated Care (999 & 111), adds: "For our frontline operations colleagues, having our own in-house CAS means we can be more responsive, and have closer dialogue with our colleagues on the road. For patients, we have already seen a noticeable uplift in pharmacy, dental and mental health cases coming through which helps alleviate pressure on other parts of the health system.

We are also seeing a reduction of up to 70 seconds in average call handling time, as Health Advisors find the new system easier and more intuitive to navigate.

Overall, we are able to utilise the benefits of this multi-disciplinary team to a far better extent than we've ever been able to before - it's all really good news and so far, so good."

Spotlight on...

Paramedic Practitioners

Paramedic Practitioners (PPs) specialise in the fields of Urgent and Emergency Care and can treat some of our patients in their homes with their additional skillset, therefore not needing to transfer the patient to hospital. We hear from Kim Alexander, a Paramedic Practitioner based out of Redhill and Gatwick Operating Unit on her career journey to date and what working as a PP for SECamb is like in real life.


How did you become a Paramedic Practitioner?

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I started my working life in a hospital as a Health Care Assistant at the age of 18. I gained so much experience in that role; it helped me realise that caring for people was the vocation for me.

I then went on to work for a patient transport service to gain further experience. Whilst doing this, I attended night college to get the qualifications needed to become a Paramedic. This allowed me to get into university, where I completed a three-year BSc in Paramedic Science. After a few years of working as a Paramedic, I started my university course to become a Paramedic Practitioner.

Why a PP most people ask? Well to be honest, initially I did not know why! All I knew was that I wanted to progress within the ambulance service and the wider NHS. During the time I was working as a Paramedic, I had been to quite a few traumatic jobs and attended many deaths: although there is plenty of support, after a while it does start to get to you and I felt like I wanted to focus more on treating patients in their homes. I was also keen to return to education.



After looking into the PP role, I found my niche. The main focus is on ensuring patients have the right care, in the right place, with the right people, at the right time. This is, of course, easier said than done!

The PP role enabled me to complete a Post Graduate MSC Diploma focusing on primary and urgent care. This gave me the skills I needed to further assess and deal with patients that have chronic illnesses and acute or acerbated versions of those illnesses. We are also able to manage patients with potential infections by giving antibiotics. PPs carry further pain relief for patients to be managed at home as well as carrying additional medications which can be used for patients in an end of life care situation.

What does a shift as a PP usually entail?

So, a usual PP shift means you will either be on the PP hub desk calling crews back for joint decision making when they are with a patient and need advice, or, you are out in a paramedic practitioner vehicle seeing relevant patients yourself.

On a typical PP day on a car I would arrive 15 minutes early (well I try) as everyone knows trying to get a PP car ready is like packing for a week's camping holiday with a family of 5 (see photo on page 5)!

Once packed and ready to roll I will look at the computer aided dispatch system to see if there are any referrals from the night or any PP appropriate jobs. Often now, there is someone working on the PP hub desk which means they will be able to find and task us to the right kind of jobs. Having the PP hub desk 'phone a friend' option is amazing as just like in other health care areas, discussing treatment plans with colleagues is encouraged.

The first few jobs I go to are normally patients that have fallen in the night and have sustained an injury or wound that needs attention. These are sometimes patients that require further pain relief or antibiotics.



Kim living her best life alongside a specialist paramedic practitioner vehicle!

What was the most memorable job you have attended?

One of the most memorable jobs that I attended was a lady in her 80s who asked her grandsons to get some apples for her off the apple tree at the end of the garden. Once they had left, she decided that they did not pick the nicest ones, or perhaps had kept the nice ones for themselves, so she got a ladder and decided she would have a go herself! Subsequently, she found she was not as agile as she thought, and she caught her leg causing a laceration that required suturing. The whole time I was there dealing with the wound, she was getting a lecture from her daughter about not using the ladder, but she didn't care – she got the apples that she wanted!

What is the most satisfying part of the PP role?

I would have to say looking after end of life patients; comfort care is an essential part of medical care at the end of life. They are often very emotive jobs; from experience, I can say, that you are sometimes the person that walks into a scene of sheer panic with family members not often understanding what is happening. Our role is to gently take control and ensure the family is supported whilst making sure the patient is comfortable. I am often left feeling content and that I have done

my job well after visiting these patients. It is an honour to witness a dignified death.

I feel I get sent to a good variety of PP jobs that are suitable for me, but I also get to maintain my skills as a Paramedic in an emergency setting. I still get more than my fair share of category 1 calls which are our most urgent and this keeps me on my toes.

How do you wind down after shift?

So, at the end of the day, once I have unpacked the 'camping gear and the family of 5', I have a long drive home (made longer by the A217 being closed).

This is normally made better by a pack of sweets and some cheesy music to sing along to whilst decompressing from the day's shift.

Interested in a career in the ambulance service?



Whether you are interested in a frontline or support role; SECAMB would welcome your application. You can read more on the types of frontline roles available within our Trust here: <https://careers.secamb.nhs.uk/> and all our vacancies, including support roles, can be found on the NHS jobs website.

Latest Make Ready Centres progressing well

In our Summer 2019 edition you heard how the Trust ensures it stays responsive to patients living across our large and diverse geographical area. This includes the gradual co-location of smaller, out-dated ambulance stations into purpose-built, larger ambulance centres called Make Ready Centres (MRCs).

We already have eight Make Ready Centres in Ashford, Chertsey, Hastings, Paddock Wood, Thanet, Tangmere, Polegate and Gatwick where operational staff, managers, scheduling and fleet staff, occupational health and wellbeing professionals are all based together.

At the MRCs, modern training and rest facilities mean improved working environments for these staff, while the on-site vehicle preparation system minimises the risk of cross-infection and frees up frontline staff - who historically had to clean and re-stock their own ambulances - to spend more time treating

patients. It also keeps vehicles on the road for longer: specially trained operatives regularly deep-clean, re-stock and check vehicles for mechanical faults.

Last year's reported plans for three more MRCs in Medway, North Surrey and Brighton have progressed well with Brighton set to become operational this winter. Chamberlain House, as it will be known locally (after Professor Douglas Chamberlain, who founded the first Paramedics in Europe in Brighton during the 1970s), is located in the parish of Falmer, close to Brighton & Hove Albion Football Club's AMEX Stadium and the Universities of Sussex and Brighton.

Alongside the new MRC, the service provided to the region will be maintained through a number of dedicated Ambulance Community Response Posts (ACRPs). An ACRP is a place which provides rest facilities for staff between emergencies. The locations for the ACRPs

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Artist's impression of the MRC at Falmer



Artist's impression of the new Banstead site.

▶ have been strategically matched with patient demand to ensure we reach as many people as quickly as possible when needed.

Over in North Surrey, our former Headquarters at The Horseshoe, Banstead has had planning permission granted to replace the old, outdated building with a three-storey facility which will host operational teams from Epsom, Leatherhead, Redhill, Dorking and Godstone. Construction starts early next year, and it is scheduled to re-open in Spring 2022. Again, this central hub will be supported by local ACRPs to ensure broad coverage.

Meanwhile, we've had the green light to pursue perhaps our most ambitious development yet over in Medway. This four-story, purpose-built development at Bredgar Road in Gillingham has been designed to accommodate a new Make Ready Centre as well as our 999 Emergency Operations Centre (East) and NHS 111 Clinical Assessment Service control room teams, currently based in Coxheath and Ashford.

This change will vastly improve the working environment for our East EOC 999 and 111 colleagues and mirror the Trust's West Emergency Operations Centre, which opened in Crawley in 2017. Additionally, having both 999 and 111 services housed in the same building will facilitate greater sharing of best practice and, where feasible, will enable the Trust to optimise functions between the two. It's a positive move forwards and SECamb will become only the second ambulance trust in the country to unite our 999 and 111 services in this way.

We'll keep our members updated as work progresses on these builds.



Artist's impression of the new build in Medway

Day in the life of a Dispatch Team Leader



Nathan ready for his shift ...

Hello, my name is Nathan. I have been working for SECamb in the Emergency Operations 999 Centre in Coxheath in Kent for the last five years.

I am currently on secondment as a Dispatch Team Leader after working as a Dispatcher for a while for the Trust. The main role

of a Dispatcher is to allocate the nearest most appropriate resource to an incident, whether it be a response car or ambulance or a specialist resource (such as a Paramedic Practitioner) with extra skills and training. Dispatchers are responsible for incidents being attended in a timely manner and as a Team Leader I look after and oversee the Dispatchers in my team. Here is my diary of a day at work in my role.

05:30 I arrive to work 30mins before every shift so I can get myself awake and ready for the day! I then go upstairs and wait for my colleagues to arrive: we normally have a little pre shift moan about how tired we are and how little sleep we got the night before, and we eagerly watch the clock until dead on 05:59 before we dare to get up out of our seats to head into the control room.

06:00 We all walk into control; I receive a handover from the night Dispatch Team Leader (DTL) regarding any hospital delays or incidents that happened overnight. Today I notice that we only have four Dispatchers scheduled to work in Coxheath and two covering from the West of the region - that's only six and we have seven core desks and need cover for meal breaks. I quickly get on the phone to call the DTLs in the West to beg, borrow and steal extra staff if I can.

06:30 The day Dispatchers walk in to take over from the night staff. I cover their desks the best I can so they can log in and get set up whilst I'm trying to clear their screens by logging off night

crews that have finished their shift and are ready to go home. I welcome newly signed on crews with a "good morning" on the radio whilst still trying to resolve any staffing issues we are going to have today.

07:00 Time for our morning conference call to discuss any issues for today and to look ahead and plan for the next few days. This is one of many conference calls that will take place throughout the day to discuss any challenges being faced. These meetings involve staff from the control room and road staff to discuss how we can improve our service to our patients. This could include addressing call volumes, hospital delays or staff shortages.

08:30 A serious sounding maternity call has come through for resources to be dispatched to. The Dispatcher does a really quick job of allocating two Double Crewed Ambulances (DCA), they also dispatch an Operational Team Leader (OTL) for support for the crews and a Critical Care Paramedic (CCP) to the incident as it sounds like a tricky birth. Whilst I listen into the call, it doesn't sound as serious as the initial assessment so the Dispatcher is advised to stand down one of the DCAs as we have multiple calls outstanding that they could be used for instead. The crew on scene update us saying they are able to deal with the call and that it was not as critical as first thought. The CCP and OTL are also stood down from the call whilst en-route and return to their bases as they are not needed to support this incident.

09:45 Medway hospital now has eight of our crews outside in ambulances waiting to handover their patients, so I have asked the local OTL to travel to the hospital to liaise with site management to get our crews freed up.

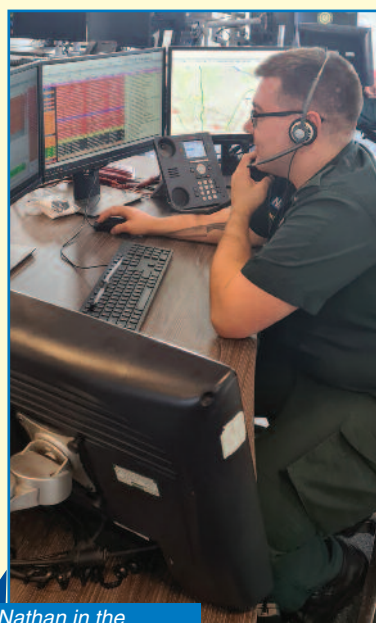
11:00 I notice a call in the stack for a patient with a broken ankle located in the woods in the North Downs. They are 1.5 miles away from the nearest road. I call the Hazardous Area Response Team Leader and get them assigned to the call as they have specialist equipment and training for extricating patients from non-conventional situations. The team get the patient out of the woods and on the way to hospital without any additional resources needing to attend. SECamb has two Hazardous Area Response Teams available to them 24/7. One is based in Ashford in

Kent and one in Gatwick in West Sussex. These teams consist of ambulance clinicians who have undergone significant additional training in the use of specialist equipment and vehicles. This enables them to safely treat patients in the 'hot zone' of a major incident, or at other incidents with environments such as smoke-filled buildings, a water rescue, or where potentially dangerous materials are present.



Dispatcher's map of north Kent with available resources on their way to incidents or hospitals.

12:00 Meal break window is now open; I go about arranging cover to make sure frontline colleagues get a well-earned break. We have just moved into Surge Management Plan (SMP) level three; the plan is a structured framework to ensure that in times when the Trust is unable to meet operational demand, or is likely to experience operational challenges, they prioritise their resources to address those patients with the greatest clinical need. Level one means the service is running well and can attend incidents in a timely manner, at the opposite end of the spectrum - level four means the Trust is struggling with meeting the demand for its services. I am currently holding twenty-five category three (C3) calls and ten category two (C2) calls in the East Kent area. Calls are triaged into one of four categories, C1 being the most urgent and C4 being less urgent. All resources for



Nathan in the middle of his shift ...

SECamb are available for the whole area we serve (Kent, Surrey, and Sussex) so when one area is holding calls, we must send crews from another area to support.

13:00 Currently getting swamped with admin work. I am closing off a massive amount of duplicate calls where more than

one member of public has called for the same incident. I'm also managing downtime requests from crews who may need to be off the road to restock medicines, complete paperwork, or if the ambulance has any faults.

14:00 The Joint Response Unit (JRU) has now booked on for the afternoon and I am allocating them suitable jobs from my ongoing stack of calls. The JRU is a new idea from North Kent where police and Paramedics work together on the same vehicle and will attend jobs where both services are needed including mental health, assaults, and road traffic incidents.

16:00 Whoop! Two hours to go until my shift finishes.

16:15 We are still in SMP3 and still holding twenty-six calls which are awaiting resources to be assigned to them. In the West Kent area, we are still trying to put a big handful of our crews on meal break so they can eat! I go through my admin work making sure that everything is up to date on the calls outstanding, and that all notes are completed in the jobs we have dispatched crews to. I am also reviewing the call stack to check there are not any critically ill patients that need upgrading.

18:00 I am looking at the exit door with puppy dog eyes waiting for my colleagues on the night shift to walk through the door. I prepare and give my handover to my colleague and apologise for all the calls we have left that are still to dispatch on. It's been a busy one today. I collect my stuff and head home to get some rest, ready to do it all again tomorrow!

Thanks to all who attended our online Annual Members Meeting

Our Annual Members Meeting (AMM) took place on the 4th September 2020 online via a Microsoft Teams Live event - this was a first for the Trust and our members! Thank you to all those who attended the event to learn more about their local NHS ambulance service.

We peaked at 165 live attendees on the day and this included public and staff Foundation Trust members and members of the wider public. We also saw a number of attendees from London Ambulance Service, the Care Quality Commission, Healthwatch and Clinical Commissioning Groups attend.



SECAMBTrust



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Watch online:

If you were unable to join us on the day, you can watch the event online by searching for SECAMB Trust on YouTube.

You'll then be able to catch up on our latest news, including the Chief Exec's year in review, an update on our financial position and performance, plus a report from our Lead Governor Nicki Pointer on how the Council has represented members this year. We also had a lively Q&A session – thanks to all members who asked some great questions as part of this.

SECAMB Chief Executive, Philip Astle said: "I encourage people to find out a little about how their local ambulance service works by watching our AMM video. The last few months have, of course, been very challenging for our staff and volunteers as they respond to patients at this difficult time. The Trust has adapted very quickly to new ways of working, including this being a very different AMM to other years. I'd like to thank everyone for their commitment and also thank the public for the incredible support shown to SECAMB and the whole NHS."



We also launched a new compilation film at the AMM of our colleagues and volunteers

talking honestly about their experiences during the pandemic. This video alone is well worth a watch to understand the wide-ranging impact the pandemic has had on all of us. It can be found on our YouTube channel.

It was a full day for some as a good number of members also chose to observe the online Council of Governors meeting, which took place in the morning prior to the AMM. At this meeting, your Governors sought assurance on the Trust's 999 performance, changes in the Trust's clinical education provision and the preparations for the launch of the new NHS111 Clinical Assessment Service. The Council also looked back at the work of its committees over the last year including the recruitment of Non-Executive Directors and the member engagement activities that had taken place.

You can also watch the Council meeting online on our YouTube channel. The next Council meetings take place on the 1st December and 4th March and you can find information on how to observe these meetings on our website.

Why do we have an Annual Members Meeting?

As part of the Trust's constitution, we must hold an Annual Members Meeting to present the Trust's Annual Report and Accounts and any report of the auditor on the accounts to our members at this meeting.

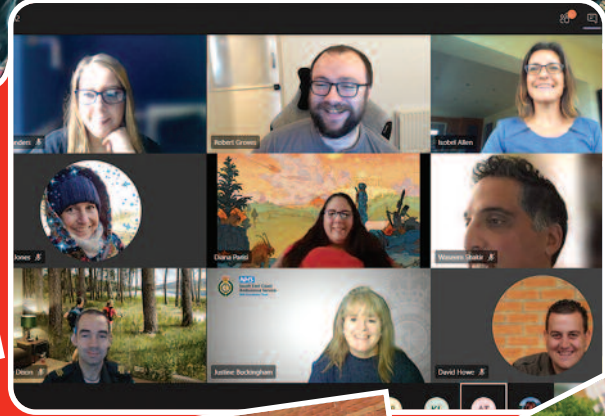
You can find a copy of the Trust's Annual Report & Accounts on our website. If you do not have access to a computer and would really like a copy of the Annual Report & Accounts, please get in touch with the Membership Office. We have a limited amount that we can send out by post, it is however expensive to do this as it is a very heavy document, so where possible – please view it online.

Pandemic in pictures

As Covid19 swept the UK in March 2020, Team SECamb had to rapidly adapt its ways of working to deal with the pandemic, all while keeping our patients at the forefront of everything we do. We asked colleagues to send over photos that encapsulated their pandemic experience to date.



(Taken before wearing facemasks in vehicles was mandatory.)



Your Local Public Governors

Nicki Pointer

Public Governor for Lower East
(East Sussex / Brighton & Hove)
& Lead Governor

Marianne Phillips

Public Governor for Lower East
(East Sussex / Brighton & Hove)

Leigh Westwood

Public Governor for Lower East
(East Sussex / Brighton & Hove)

Harvey Nash

Public Governor for Lower West
(West Sussex)

Nigel Robinson

Public Governor for Lower West
(West Sussex)

Amanda Cool

Public Governor for Upper West
(Surrey / NE Hants / West London)

Chris Devereux

Public Governor for Upper West
(Surrey / NE Hants / West London)

Geoffrey Kempster

Public Governor for Upper West
(Surrey / NE Hants / West London)

Brian Chester

Public Governor for Upper West
(Surrey / NE Hants / West London)

David Escudier

Public Governor for Upper East
(Medway / Kent / East London)

Sian Deller

Public Governor for Upper East
(Medway / Kent / East London)

Cara Woods

Public Governor for Upper East
(Medway / Kent / East London)

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Any post or emails

(FTmembership@secamb.nhs.uk) for Governors via the Membership Office will be forwarded directly to them. Full contact details can be found at the bottom of this page.

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

Howard Pescott

Sussex Community NHS Foundation Trust
Deputy Chief Constable

Deputy Chief Constable Nev Kemp, QPM

Surrey Police

Staff Elected Governors

Christopher Burton

Paramedic Practitioner &
Operational Staff Governor
Christopher.Burton@secamb.nhs.uk

Malcolm Macgregor

Paramedic Practitioner &
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