

NEW AMBULANCE SERVICE FOR SOUTH WEST

South Western Ambulance Service
NHS Trust

Patient Advice and
Liaison Service
(PALS)

Pull out
contact
guide

PAGE 8&9



Award
winners in
London

PAGE 6 & 12



Call
Connect
2008

PAGE 13



South Western Ambulance Service
NHS Trust

twentyfourseven



Livesaving toddler

How would you cope if a close member of your family was too ill to speak to an ambulance controller? Could you take over and remain calm? This was certainly no problem for two year old Gabriella Bottomley from Bournemouth.

Tiny tot Gabriella took over a 999 call that her mother made to the ambulance service after she was no longer in a position to speak to the controller.

Calmly, the little girl told Emergency Medical Dispatcher Karen Ford, based at St Leonards in Dorset, that her mummy was awake before informing Karen of her mum's name. She answered every question asked of her

and continued to check her mum's condition.

Brave Gabriella stayed on the phone until Bournemouth ambulance crew, Lisa White and Melissa Hall (pictured here with Gabriella and her mother) arrived and treated her mum Carla. She even tried to open the door to let them in but was not able to reach the door handle.

Karen Ford, who works in the East

Division Communication Control Centre reports for 'twentyfourseven',

"Gabriella was absolutely fantastic and a great help. She answered all my questions, despite being concerned that her mummy was poorly. She stayed on the phone talking to me for several minutes until the ambulance crew arrived.

She achieved something absolutely remarkable for her age and we in

the Communication Control Centre were all really impressed with her achievements, especially considering she is just a tiny tot of two years!"

Technician Lisa White and Paramedic Melissa Hall based at Bournemouth Ambulance Station treated Gabriella's mother and were extremely impressed by the little girl's actions. Lisa reports,

"She is a brilliant little girl and was

really chatty and helpful. I wish her and her mum well and hope she continues to have a good onward recovery."

Fortunately, Gabriella's mother did not need to be taken to hospital and was treated at home. Although her complaint was not deemed life-threatening, it had the potential to develop into something much more serious.

Well done Gabriella!

Proud to be taking first class healthcare to the residents and visitors of Isles of Scilly, Cornwall, Devon, Somerset and Dorset

Editor's Comment

Welcome to the red hot Summer edition of 'twentyfourseven' that is fresh off the press and packed full of the very latest news for ambulance services in the South West.

For those of you planning a Summer get away, turn to page 4 & 5 and take a look at some fantastic holiday top tips to keep you healthy on your travels. Medical Director for the trust, Gillian Bryce, is keen to actively promote an important public health message that 'prevention really is better than cure'.

As the new ambulance service for the South West just keeps getting better and better, see page 15 for an overview of the latest strategic plan that Chairman, Heather Strawbridge, is at the forefront of leading with the full support of the newly formed and dynamic Board. (Full view on www.swast.nhs.uk.)

Those of you without web access might have wondered how else to contact the ambulance service. Turn to pages 8 & 9 which have been designed to provide a handy guide on the variety of ways to access help. Please keep this information safe in case you need to contact us in whatever way suits you best.

Finally, you can't fail to spot the numerous and much coveted accolades and awards that continue to be won by staff, both at the frontline and behind the scenes. Well done to everyone for the tremendous patient care that takes place 'twentyfourseven' 365 days of every single year! See you in the Autumn!

Lynne Paramor
PR & Communication Manager

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Strengthening resilience by joining forces

Chief Executive, Ken Wenman and Head of Resilience, Chris Chambers, recently travelled to Jersey in the Channel Islands to discuss pioneering new plans and to forge closer links for the provision of support, advice and liaison in the event of a major incident.



These high level talks with Ambulance Chief colleagues from the States of Jersey Ambulance Service and the Guernsey Ambulance and Rescue service were a huge success.

The multi-service meetings were held on the island of Jersey, where the two day trip comprised several crucial meetings to discuss the key issues regarding major incidents in terms of planning, communications and strategy.

The main reason for the visit was to sign a Memorandum of Understanding (MOU) between the ambulance services of the States of Jersey, Guernsey and South Western Ambulance Service.

The idea behind the increasing

cooperation between ambulance networks is to ensure that, in the event of a major incident, a support network could be provided to an allied ambulance service within a few hours.

This pledge builds on existing positive relationships between the ambulance services on the Channel Islands and throughout the UK as a whole, which have been strengthening since the 1990's due to

incidents such as the foot and mouth outbreak and fuel shortages.

The need for pro-active planning and support alliances has also been highlighted since the pressure on emergency services following the terrorist atrocities in New York's 9/11 and London's 7/7.

In the event of a major incident, the Channel Islands has limited resources but through this new partnership approach the Islands can be

supported and supplemented by South Western Ambulance Service operational personnel.

On the other hand, the Channel Islands have a wealth of commanders, who would prove a valuable resource on the mainland if ever the need arose.

The necessary training has been completed to ensure that in the event of a major incident help could be provided with immediate effect.

Zero tolerance campaign launch

The trust has a 'zero tolerance to violence' policy to ensure staff do not have to tolerate or suffer any injuries whatsoever whilst carrying out their lifesaving jobs.

The ambulance service is openly committed to the belief that staff should never be subjected to violent or abusive behaviour. Prosecuting perpetrators of crimes such as hoax callers or those who attempt to abuse staff is seen as one of many ways to eradicate these types of shocking crimes.

Detering would be attackers by taking a tough stance and working with other agencies such as the Police to pursue prosecution is helping raise the profile of this subject.

This technique is stimulating local debates and so putting the subject

into the public domain. In addition, the trust is launching a campaign to promote previous successful 'zero tolerance' campaigns. A whole new raft of measures are being put into place and these include:

- Informing the members of the public we serve by releasing information to the print and broadcast media;
- Garnering support from members of the public and partners;
- Taking appropriate action to prevent, wherever possible, recurrence;
- Offering and providing appropriate support and assistance to individuals;
- Seeking legal action against identified assailants;
- Identifying high risk areas such as addresses and those staff groups particularly at risk;

- Identifying any training needs or areas for improvement and investing in delivery of courses or support;
- Providing evidence to support prosecution or claims for compensation;
- Profiling and deterring those who may attack or abuse;
- Clamping down on violent incidents;
- Ensuring staff have a work environment free from violence, abuse and insults.

The trust is launching this hard hitting campaign in 'twentyfourseven' with supplementary printed key messages on eye catching publicity material.

The aim of this high profile campaign is to make sure members of the public are aware that violence against staff will not be tolerated.

Hoax caller prosecution success

The Trust is delighted to report that a hoax caller has been successfully prosecuted.

The calls were made to the service in September last year and the culprit appeared in court in the following April.

The consequences of wasting emergency services time resulted in community punishment totalling 100 hours, community rehabilitation of 12 months and £30 worth of costs incurred to the criminal.

It is hoped that there will be many more prosecutions of this nature as the Trust reinforces the message that hoax calls and any abuse towards staff of any kind will not be tolerated.

Proud to be taking first class healthcare to the residents and visitors of Isles of Scilly, Cornwall, Devon, Somerset and Dorset

Like all front line staff starting a shift, Wadebridge Paramedic Richard Hambly had no idea what lay in store for him on a Sunday in March when he booked on to a rapid response vehicle (RRV) in preparation for his shift.

This special feature aims to highlight some of the extreme difficulties experienced by frontline staff during a working shift within sometimes very challenging work environments.

This article reminds us all that, tragically and sadly, emergency service rescues do not always end in a heartwarming and lifesaving experience. However, staff are trained to remain positive and emotionally resilient so that they can continue to deliver front line emergency life saving services which do result in many hundreds and thousands of lives being saved.

One of the things which spur frontline staff on and from which many draw comfort is the fact that their intervention provided the best possible help at a particular point in time for those or others who summoned help.

March Case Study

The wet, windy weather and grey day was setting the scene for things to come. Ending up as part of a two-man crew, Richard and crew mate Paul were dispatched to a flooded quarry, where a diver had got into severe difficulties.

A need was identified for the patient to be conveyed to Derriford hospital in Plymouth and arrangements were made for the patient to be taken by air. Due to the appalling weather conditions the air ambulance could not be dispatched and so a Seaking rescue helicopter was scrambled.

Accessing the patient, who was in cardiac arrest, was extremely challenging and the journey to reach the casualty was hazardous in itself. It took a total of six people to carry the patient to the awaiting helicopter.

Richard was requested to accompany the helicopter crew to Derriford in order to provide emergency care on route but despite everyone's best efforts, sadly the patient died.

Barely back in the helicopter, the Seaking crew were dispatched to an incident on Dartmoor involving a teenage girl who had fallen in to water and got into difficulty. The crew rescued the girl from the water and began CPR but tragically she died the following day.

After the second incident, Richard was to return to his crewmate at Wadebridge, so the crew decided to drop him off at RAF St Mawgan on route to their base at RNAS Culdrose. This he was grateful for, several hours after the start of the shift he was soaking wet, cold and hungry.

However, it was soon decided that children taking part in the Ten Tors event needed to be evacuated promptly from Dartmoor due to the

A day in the Life of a Paramedic



adverse weather conditions and the terrible tragedy that had befallen the girl just hours before.

Both parties of walkers were taken to Okehampton in two separate missions. Satisfied in the knowledge that the walkers were safe, the

Seaking crew began their journey to drop Richard off at RAF St Mawgan.

Not quite reaching St Mawgan, the crew were diverted to Mullion, where unfortunately, two people had been washed off the harbour wall by the rough seas, caused by the

gale force winds. The skilled winchman picked up the first patient whom Richard began treating by successfully draining his airway and applying CPR. The second patient had now been successfully winched on board. Richard treated her very briefly before they reached the Royal Cornwall Hospital. Sadly again, neither patient survived.

After hospital transfer it was 7pm (1900 hrs) and after a brief spell at RNAS Culdrose for refuelling purposes for both the helicopter and crew, Richard headed back to Wadebridge, showered, restocked his drugs and intubation kit before booking off and heading home.

Feedback

Richard and the Seaking crew received extremely positive feedback from allied healthcare professionals and staff alike on the day's events. Richard was praised for retaining high degrees of professionalism and working so successfully in an

'unfamiliar' environment.

Due to the tragic outcome and nature of these incidents, all of which were featured in either the local or national media, or both, understandably Richard found it hard to cope with the situation mentally on arrival home.

There was a subsequent debrief of the day's events at RNAS Culdrose, which Richard attended before he joined the crew for a fly-by at the funeral of one of the patient's treated on the day.

Heading home Richard was called to a cardiac arrest in the Lands End area – with the Seaking crew this time it was successful and the patient survived and made a good onward recovery.

This reminds us all of the ultimate feeling of real job satisfaction, whether frontline or behind the scenes, that we are all working together and striving to help improve patient care and emergency and urgent responses by 'doing our bit' for South Western Ambulance Service.

Holiday fever

Medical Director, Gillian Bryce, is now spearheading an exciting new programme of public health work for the ambulance service. She is keen to push forward a crucial message as the summer fever is upon us. She wants to get everyone thinking about a more proactive approach to their health by pursuing a “prevention rather than cure” attitude.

Everyone looks forward to their summer holiday, lounging around in balmy hot weather (we hope!), sipping long, cool, icy drinks by the side of the pool or taking leisurely strolls in colourful and beautiful countryside but how many times have we all been caught up in, quite literally, holiday fever?

There's nothing worse than being struck down by an illness whilst in the middle of your hard earned and eagerly awaited summer holiday.

Unfortunately, statistics show that an amazing 6 out of 10 people will actually be struck down with ailments such as headaches, insect bites, sunburn, diarrhoea or heat rash. Therefore, Medical Director Gillian has prepared a special summer top tip feature for 'twentyfourseven' to help everyone prevent this happening. Useful information on how to effectively deal with some of the most common issues has been included should any of these occur.

Top tip insurance

Make sure you purchase appropriate cover before you go abroad as costs for healthcare can spiral way out of control for even minor ailments. Don't forget accessing healthcare abroad will not be the same experience as accessing free NHS healthcare from the UK.

However, if you are in Europe, a European Health Insurance Card will get you the same treatment as a local person in that country. Your local post office can provide details on how to apply for this which was formerly known as a 'Green Card'.

Top tip jobs

If you are off to the Mediterranean you won't need to think about any jobs



but if you are going slightly further you will need to see your GP or practice nurse to find out what you might require depending on your destination. Try and do this well in advance of your holiday.

Top tip first aid

One of the first things to pack in your case is a first aid kit. The top five recommended items to pack are anti-diarrhoea tablets, as well as re-hydration sachets, painkillers, an insect repellent and anti-histamines, along with some heartburn and indigestion remedies.

Top tip travel sickness

Children often suffer from this unpleasant ailment and some of the symptoms include feeling sick, dizziness and suffering from

headaches because the brain is receiving mixed messages from your eyes and the balance mechanisms in your ears.

To prevent this, try having a small snack before you leave home, as this will help keep the stomach settled. Drink plenty of fluids but avoid fizzy pop drinks, water is always the best option. Sitting in the front seat of the car can help or try sitting in the middle seat of the back of a car.

On a boat, sit on the top deck and face the direction of travel, looking out at the horizon. On a plane, try and get a seat over the wings. Sucking on a sweet during take off and landing can also help ease the pressure on ears.

Top tip sunburn

The best way to avoid sunburn is to use the right sunscreen for your skin. Avoid the sun in the middle of the day and ensure you never fall asleep under the harmful rays. However, many people opt to top up the false tan during the holiday and simply sit in the shade to avoid any possibility of burning.

Staying in the shade all the time is probably not practicable, so ensure you apply sun lotion at least half an hour before going outside. Finding out what factor to use can be confusing

but as a general rule, if you normally stay out in the sun for 5 minutes in the UK before your skin starts to turn

pink, a sun protection factor (SPF) of 15 could offer 75 minutes (15 X 5 minutes) before your skin would start to burn. At this point, putting on more SPF 15 will not give you any further protection, nor will it stop you burning.

If you stay out in the sun for longer, you must increase the SPF level of your sun protection. Remember when you are abroad, the sun's strength can increase substantially so you need to choose a much higher SPF level than you would normally use in the UK.

If you do burn, there are ways to relieve it. Have a cold shower and apply lots of soothing aftersun lotion, drink plenty of water and make sure you don't go out in the sun again until the redness has gone. "Prevention is better than cure", so always slip on a hat and sun shades, slap on the lotion and slide into loose cotton clothes that cover you up.

Top tip prickly heat

This manifests as a red skin rash that causes a most uncomfortable prickling or burning sensation. It

happens when sweat glands are blocked by dead skin cells and bacteria, so when your body tries to cool you down by perspiring, it becomes trapped, causing an itchy rash and sometimes even blisters, usually under the arms and around the waist.

Put on loose cotton clothing, keep the room temperature cool, have cool baths or showers and try using aqueous calamine cream. Confusion can occur with this ailment as many people muddle it up with polymorphic light eruption (PLE), a reaction to the sun, because it causes very similar symptoms.

Top tip tummy bug

Significantly though, PLF appears on sun-exposed skin, unlike prickly heat. Typical problem areas are chest, face, legs and arms. Staying out of the sun will prevent PLE as will using a high protection sunscreen and wearing sun protective clothing. Remember "prevention is better than cure".

Avoid these by always washing your hands properly before eating, choose foods that have been cooked from fresh and are served piping hot avoiding dairy products, shellfish and food left uncovered. Drink bottled water instead of tap water.

If you do become a victim make sure you drink plenty of water and take an anti-diarrhoea product. If you have a fever, blood loss or are vomiting continuously with your diarrhoea, you should always seek medical advice from a healthcare professional.

Top tip where to find out more

UK advice and help on any of the above topics or other health care needs can be accessed by contacting:

- NHS Direct 0845 46 47 or www.nhsdirect.nhs.uk (they can also let you know where any of the below are, including their opening hours, if you are a visitor to the area);
- Pharmacies;
- GP surgeries;
- Minor Injury Units (MIUs);
- Local Treatment Centres

Patient Transport Services (PTS)



Changes to the way PTS operates are underway across the trust's four counties and these are at different stages of implementation for each area.

Given the complexity of the ongoing changes and the many groups involved, there are many important key messages for patients and carers which include:

- The changes are happening in line with national guidance;
- The changes have been discussed and agreed with local councillors (Overview and Scrutiny Committees);
- They apply to non-emergency transport - '999' and GP calls are not affected;
- Most patients get to hospital using their own transport/family/friends;
- There is a countywide bus-pass scheme for older people and those with disabilities;
- The trust is working with county councils to make further improvements to public transport
- The changes will mean a better, more-responsive ambulance service for those who really need it - our most vulnerable patients;
- Ambulance transport is designed for people who need the skills of the crew to care for them on their journey;
- The new 'rule of thumb' is that ambulances are only for people who clearly require medical supervision, best clarified by asking: How do you travel the rest of the time (for example to the shops or the library?);

The new car service will be more local, run by community

transport associations;

- There will be single points of contact for bookings and information about the transport options available to patients;
- The new car service offers opportunities for volunteer drivers to transfer from the ambulance service to the voluntary sector;
- There will be opportunities for new drivers to help their community;
- There will be an in-house control centre to help health professionals with criteria, transport options and bookings;
- Patients will be charged 40p per mile for their journeys with the car service, but can reclaim over half the cost if on benefits;
- The cost of each journey will be made clear at the time of booking;
- Drivers will collect the money from all patients without exception, enabling those eligible to reclaim on arrival without stigmatisation;
- The frequent-use scheme is unchanged, with weekly or monthly passes available, with the full cost reclaimable for people on benefits;
- There are good public transport links across the counties including park and ride;
- Patient transport currently has to be funded from clinical budgets, so cost-savings will bring immediate benefits to care and services - including ambulances for those who need them

If you would like to find out more, contact your Patient, Advice and Liaison Service (PALS) which operate from all NHS Trusts to obtain the very latest news on how to access these services in your particular area.

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Paramedics receive accolade from the Navy

Skilled Paramedics Allan Cottle and Dave Pascoe, based at Falmouth ambulance station in Cornwall, are the first ever civilians to receive the Kodima trophy from 771 Royal Naval squadron based at RNAS Cudrose.

Both Dave and Allan are qualified aircrew and have made outstanding contributions to 771 search and rescue squadron over the past 12 years. Giving a lot of their own time, as well as dedicated flying time as agreed by the Trust, Dave and Allan, along with Ian Penhaligon, the Chief Air crewman for 771 Squadron at the time, pioneered the medical training and care given to casualties by search and rescue teams.

Ian Penhaligon is a trained Paramedic and now works for the Trust at Carbis Bay Ambulance Station. Allan Cottle has co-ordinated this successful initiative for ten years, along with several other navy personnel.

In addition to flying on the aircraft and treating casualties, Dave and Allan provided the squadron with its first medical equipment prior to funding given by the MOD.

This equipment was funded by FLEET (Front Line Emergency Equipment Trust) which is spearheaded by Wadebridge



Paramedic Supervisor, Norman Trebilcock, who organises a number of local fundraising activities, the proceeds of which help to fund medical equipment.

Allan took the liaison lead between military search and rescue and the ambulance service, which has developed so successfully that the RAF has adopted the model.

The continuation of this programme has allowed other Paramedics to support 771 squadron in the search

and rescue role, and crews have now been empowered by training so that when a front line ambulance service member is not accompanying the crew, they can administer some of the techniques independently, which is obviously of huge benefit to the patient.

Due to the extensive training provided by the College of Search and Rescue Medicine, of which Allan is a part, many MOD and Navy staff are becoming trained Paramedics.



Members of the 771 squadron also regularly work on front line ambulance vehicles with Paramedics in a third manning capacity.

A total of 12 front line Trust staff work on a rota basis, with one member of staff going out each Wednesday with a search and rescue team from 771 squadron. This scheme is the only one of its kind operating throughout the country.

Allan's input is invaluable due to his expertise and knowledge which has fed into his role as a faculty member of the College of Search and Rescue Medicine.

Both paramedics are also active in fundraising and helping local communities and those further afield, as both are affiliated to Helston based charity Shelterbox and have visited Sri-Lanka to deliver aid and help with the clean-up operation.

The success of Dave's input is also evident by some of the rescues of

which he has been a part including the Boscastle floods in 2005 where he helped to rescue people from the roofs of houses.

The Kodima Trophy is an extremely select award and never been given to civilians before.

The official presentation took place recently and both men had no idea that they were being given an award as their presence was requested at the squadron hangar at RNAS Cudrose under false pretences. The entire 771 squadron, which equates to in excess of 100 people, were all waiting to formally commend them.

The trophy is the name sake of a ship that sunk in 2001 in heavy gales 21 miles south of Fowey in Cornwall.

A helicopter was scrambled from RNAS Cudrose, which airlifted off the crew and there was no loss of life. Dave and Allan's names are on a plaque at the squadron as well as on the trophy that they each received.

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The trust is very proud of the four air ambulances that it is fortunate enough to crew. Undoubtedly, these valuable resources have helped in the ongoing quest to save lives.

Trust flies high

The staff who crew the helicopters, as with all front line staff, do an excellent job.

At times, faced by challenging circumstances in remote locations, the crews rush to provide patients with the highest standards of care before conveying them to hospital as quickly as possible.

As well as working in isolation, very often the air ambulance crews work productively with operational staff on front line, land resources.

The success and frequent usage of the air ambulance is evident, with the recent announcement by the Devon Air Ambulance Trust, who reported its 1000th mission recently.

The call was to a trauma incident in a remote location to a lady who had been trampled by cattle and sustained injuries.

Case study

Devon Air Ambulance Pilot, Nigel Hare, was also called to a remote location recently, which resulted in a challenging but rewarding rescue at a level above and beyond the call of duty.

On Saturday 6th May, he was working alone with the Pilot Pete Martin, when they were dispatched to an incident involving a lady with

a leg injury who had fallen on the moors, after picking up Paramedic Steve Thompson, who was working on a rapid response vehicle (RRV) out of Okehampton.

The expert coordination of the incident was controlled by Nikki Bolt, operating on the Helicopter Emergency Medical Services (HEMS) desk in the Communication Control Centre in West Division (Exeter).

The coordinates of the patient's location had to be decoded and converted into an Ordnance survey grid reference before the patient was reached.

After discovering that the incident occurred in a steep ravine, it was not possible to land the aircraft near to the patient so, as the pilot hovered over the aircraft, Nigel jumped out and proceeded to climb the final 20 metres downwards to reach the patient.

Nigel soon discovered that the patient was not able to mobilize herself due to the nature of her injury and there was no path, it was quickly established that the patient would need to be winched out.

At this point there was no mobile communications with Ambulance Control and Nigel needed to act quickly. Through the communications with the pilot still hovering in the

helicopter, he soon realised that the nearest search and rescue helicopter was over an hour away due to commitment at another incident.

After providing treatment to the patient, the decision was taken to land the air ambulance a quarter of a mile away, and ask Paramedic Steve to bring the rest of the equipment on foot.

Not long after, the crew received an update informing them that the helicopter to winch the patient had been diverted to yet another emergency. With the weather closing in and the need to move the patient prior to the arrival of the helicopter in order to winch her safely, Nigel and the team decided that they needed some further manpower.

The air ambulance flew back to collect Holsworthy crew Mike and Jemma, the additional land crew, with Nigel on board, whilst Steve waited with and cared for the patient.

It was the first time that either of the crew members had ever been in an air ambulance, but they were soon back with the patient and decided that after Nikki in Ambulance Control announced yet another time delay with the rescue helicopter because they needed to refuel, it was quickly established that the crew would have

to rescue the patient themselves.

Nigel and his crew mates were concerned with the low cloud and poor visibility that it would be impossible to fly in such conditions, yet doggedly and persistently they moved the patient up the 20 metres to the top of the ravine which took in excess of 30 minutes and involved tying the long-board to the rocks.

Once the successful team effort had been completed, it was necessary to convey the patient on the quarter of a mile journey to the helicopter.

The Holsworthy land crew returned to their vehicle via the helicopter before the air ambulance took off again to the hospital this time.

Due to the lack of fuel, it was not possible to fly directly to the hospital and so the patient made the final stages of her journey via land ambulance. The patient was delighted by her somewhat unusual care pathway but thanked everybody involved, as ultimately, they had compromised their own safety in the quest to get her to the nearest hospital. Without the skilled communication levels and experience provided by Nikki Bolt in Ambulance Control, none of the rescue efforts could have been coordinated so effectively.

Well done to all involved.

Impressive new High Tech Communication Centre

The trust is incredibly excited about the ongoing significant work with the new sophisticated and impressive Communications Control Centre in East Division, St Leonard's in Dorset.

The Centre is still under development but phase one has successfully been implemented with the Dorset and Somerset Urgent Care Service (UCS) and PROMIS staff now happily in situ and keen to show off the new facility here. (PROMIS is the name of the rota management system in Dorset.)

The committed and dedicated team of professional Information Technology (IT) experts employed by the trust have provided a tremendous transitional service for everyone involved.

Special thanks are recorded here to Dorset based staff Chris Kyriacou and Ben Laird, also to all the staff in UCS, especially Pat Hyde and Ellenor Peaty for their sterling support and enthusiasm.

Watch out for a more indepth feature on this fantastic new resource centre for the ambulance service in future editions of 'twentyfourseven'.

Farewell to Chief

Lyn Paver, the Chief Executive of the Devon Air Ambulance Trust (DAAT) during the charity's most successful period, is stepping down to take over a similar post with the Thames Valley Air Ambulance.

She joined DAAT in 1998 before becoming Chief Executive in 2001 and has led some of the charity's most significant initiatives including acquiring an EC135 – the new generation of emergency helicopter, introducing a second aircraft for North Devon and extending the flying hours to seven days a week as well as establishing new air ambulance bases at Middlemoor in Exeter and Eaglescott near Torrington.

Lyn reports for 'twentyfourseven'
"DAAT is now in its 15th year and I feel I'm leaving it in good shape. I'm going to Thames Valley where there are very similar challenges to face as those that prevailed when I took up my current position."

The trust wish Lyn all the very best for the future.

How to contact South Western Ambulance Service NHS Trust

This handy pull out guide has been designed to help you access the appropriate help when you have concerns or questions about the ambulance service in the South West. Why not put this guide in a safe place for future reference, for example, keep it with your telephone book.

There are numerous ways to contact the ambulance service but the easiest and by far the most simplest method is to contact the newly revamped and modernised Patient, Advice and Liaison Service (PALS).

This patient led service was first launched a couple of years ago but recent changes have seen a marked improvement in the availability of the service, not least because the team are now centralised at Trust HQ in Exeter.

This has resulted in much more resilience and capacity to ensure patients, carers and staff can always be sure that there will be an on the spot response within week day normal office hours.

What difference will PALS make to the local NHS?

PALS focuses on improving and developing the local NHS by listening to your concerns, suggestions and queries and acting upon them, where possible.

How independent is PALS?

PALS has been set up by the NHS and is not an external organisation. However all staff will put the interest of the patients first.

What does the PALS service provide?

The service provides:

- On the spot advice and support to

patients, their families and carers;

- On the spot advice and support to staff;
- Accessible information on how to navigate the plethora of NHS services;
- A dedicated team of staff to listen to your concerns, suggestions or queries;
- Opportunities to have your voice heard, feedback or simply comment upon the ambulance service
- Join in the work of the Patient and Public Involvement (PPI) or Equality and Diversity teams.

How soon can I expect a response?

We have set ourselves a target to try and acknowledge your request within 2 working days and respond within 25 working days.

What if I'm not satisfied?

If the PALS service does not resolve matters we will refer you to our Complaints Manager. We will fully explain all other options of help to you.

How to contact PALS

Office hours are 9am to 5pm Monday to Friday. Write to South Western Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter, Devon EX2 7HY

Tel 01392 261585

Fax 01392 261560

Email pals@swast.nhs.uk

“ This patient led service was first launched a couple of years ago but recent changes have seen a marked improvement in the availability of the service ”

How to make a *complaint*

If you are not satisfied with the treatment or service you have received from the ambulance service, you are entitled to make a complaint and receive an appropriate response.

The NHS complaints procedure applies to the NHS in England (except for NHS Foundation Trusts).

Who can complain?

A complaint can be made by a patient or person affected or likely to be affected by the actions or decisions of an NHS organisation or primary care practitioner. A complaint can also be made by someone acting on behalf of the patient or person, with their consent.

What is the time limit for making a complaint?

You should complain within 6 months of the event(s) concerned or within 6 months of becoming aware that you have something to complain about. The trust has discretion to waive this time limit if there are good reasons why you could not complain earlier.

Local Resolution

The first stage of the NHS complaints procedure is called 'Local Resolution'.

This initial process aims to resolve complaints quickly, as close to the source of the complaint as possible, using the most appropriate means; for example, use of conciliation.

However, if this does not work, you may continue with your complaint, either verbally or by writing, including

email to the Chief Executive or the Complaint Manager. See 'How to contact the complaints department'

If you make your complaint verbally a written record will be made by the Complaint Manager.

You will receive a response from the Chief Executive within 25 working days and be kept fully informed of progress as far as is practicable.

If your complaint spans several organisations or is very complex the Complaint Manager will seek your agreement to negotiate a longer response time to ensure that a thorough and comprehensive investigation is carried out.

Independent Review

If you are unhappy with the response to your complaint, you can

Your complaint - what happens next?

In order to help complainants understand the ambulance service process for handling complaints, a detailed leaflet has been produced called 'Your complaint – What Happens Next?'

This publication is sent out with an acknowledgement letter of the initial complaint and the target time for the information to be dispatched is within 2 working days.

The leaflet sets out these explanations:

What can I expect?

On receipt of your letter, telephone call, email, fax or the feedback form contained in the 'Tell Us About It' leaflet, your complaint is registered and you will receive an acknowledgement letter.

You are entitled to see any information held on our computer database relating to your complaint under the Data Protection Act.

A copy of your complaint is forwarded to an investigating

officer who may contact you or request a home visit to resolve your complaint as quickly as possible.

When the investigation is complete a full report of your complaint will be reviewed by the Service and personally by the Chief Executive. You will then receive a full and comprehensive reply which answers all points raised.

How soon can I expect a response?

We aim to complete our investigations and provide you with a response within 25 working days. Unfortunately delays may occur because more complex details might be required. You will of course be informed of the reasons for any delays.

What if my complaint involves other organisations?

If your complaint involves other organisations, we will work with their complaints team to ensure a joint investigation is carried out. We will keep you fully informed of all actions.

What action will be taken?

When the service has been poor, an apology will be made and appropriate redress considered. Details on any action which has been taken to prevent the problem happening again will be outlined in your response letter. Disciplinary action may be taken after a complaint has been made if proven valid but this is considered separately under a different procedure, and is confidential to the Trust.

What if I am not satisfied?

This section mirrors the information of supplementary and independent sources of help featured in the How to Make a Complaint section above.

Who can help with my complaint?

The trust has a responsibility to ensure all concerns and complaints are dealt with according to NHS regulations.

The trust's Complaint Manager will provide complainants relevant information on the correct procedures and what to do or expect at each stage of the process.

How to make a *complaint*

ask the Healthcare Commission for an 'Independent Review' of your case.

The Healthcare Commission is an independent body established to promote improvements in healthcare. You can contact the Commission at: Healthcare Commission, FREEPOST NAT 18958, Complaints Investigation Team, Manchester M1 9XZ

Tel 0845 601 3012

Email complaints@

healthcarecommission.org.uk

Website www.

healthcarecommission.org.uk

The Parliamentary and Health Service Ombudsman

If you remain dissatisfied after Local Resolution and an Independent

Review, you can complain to the Health Service Ombudsman.

The Ombudsman is completely independent of the NHS and Government. You can contact the Ombudsman at: Millbank Tower, Millbank, London SW1P 4QP

Tel 0845 015 4033

Where can I get further advice and help?

The Independent Complaints Advocacy Services, known as ICAS provide further advice and support to people who want to complain about the NHS. They can be contacted on 0845 120 3782 or visit www.dh.gov.uk.

Round the clock advice

can also be obtained from NHS Direct on 0845 4647 or try their new

online service at www.nhs.direct

If you prefer to see someone face to face there are numerous local Citizens Advice Bureau (CAB) across the four counties of Cornwall & the Isles of Scilly, Devon, Dorset and Somerset. Your local phonebook can provide details of their opening hours and locations.

How to contact the Complaints Department

Open during office hours from Monday to Friday. Write to South Western Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter, Devon EX2 7HY.

Tel 01392 261505

Email publicrelations@swast.nhs.uk

Respect and dignity - Our commitment to you... Your commitment to us...

For patients or others who have recently made a complaint or are possibly thinking of making a complaint about the ambulance service but perhaps feel concerned or frightened about the process, an explanatory leaflet has recently been designed and launched to help put everyone's mind at rest.

This initiative was as a result of analysing complaint letters and talking to members of the public who were in contact with the Complaints Department regarding some of the concerns raised about the entering the complaints process.

The Complaints team recognised that some people are very concerned about making a complaint and fully understand this task may seem daunting.

The team wanted to respond to this issue and to assure everyone of the dignified process in place to handle complaints. They further wished to provide reassurance to complainants that they should feel comfortable about commenting on their experience, even though this might be difficult.

By receiving important feedback when things go wrong the staff concerned can reflect and take forward the experiential learning from the lessons learnt to ensure that any mistakes will not happen again.

A clear audit of complaints is managed and this helps the organisation as a whole to identify any trends for improvement. These regular data analysis exercises form the basis of anonymised case studies that further inform trust educational training courses.

This continuous cycle of learning is helping the trust to become a listening organisation that learns and acts upon patient feedback.

Respect and dignity

To further reassure members of the public that the trust takes all feedback very seriously, a professional team of dedicated independent staff are based at the ambulance service trust headquarters in Exeter.

These staff are trained to deal sensitively and respectfully with complaints or feedback on services. They work within the Chief Executive's Directorate which demonstrates the

importance the trust puts on this patient focussed work.

Overcoming fear

In the past, some members of the public have commented that they are frightened to make a complaint for fear of discrimination in the future if they require help from the ambulance service again. The new Respect and Dignity leaflet is aimed to reassure complainants that this will not happen.

Our commitment to you

In order to assure complainants of the ambulance service's genuine commitment to provide an open, transparent and equitable service, whether views have been fed back to the trust or not, the new leaflet explicitly states a pledge to provide a first class emergency and urgent care service free from discrimination or prejudice.

Equality and diversity

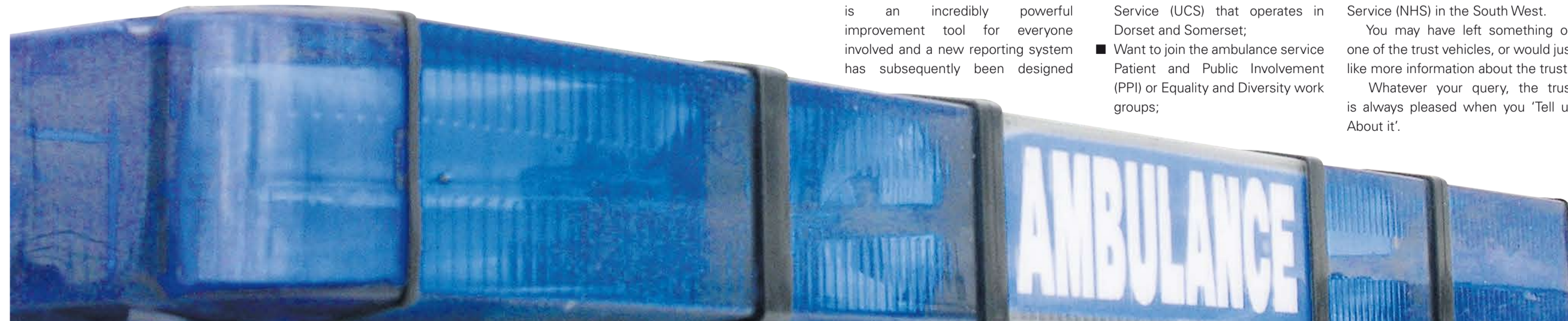
Find out more about this wholehearted commitment by reading our Equality and Diversity strategy and associated work at www.swast.nhs.uk / Publications / Disability Equality Scheme.

Your commitment to us

We know that members of the public would also like to demonstrate their commitment to staff by ensuring that they too pledge to treat staff with respect and dignity.

Please remember that you can support ambulance staff by cooperating with their requests. For example, staying calm, carefully listening and responding to questions about an accident or experience. This can save valuable minutes for the crews and help them assess the situation fully and obtain crucial facts to ensure all casualties receive the right treatment.

Why not visit www.swast.nhs.uk and view the new leaflet to find out more on how the trust is taking forward this transparent and open approach to providing reassurance to members of the public and staff that everyone will be treated fairly and free from discrimination. You may even wish to feedback some views by using the interactive link on the site.



Strengthening a diverse workforce

The trust is pleased to have been involved in setting up the new role of an Emergency Care Support Worker (ECSW) that will be rolled out within ambulance services over the forthcoming months. The ECSW is an evolving role with changes taking place at a national level on an almost weekly basis.



Course design team

The brand new cutting edge course was designed by staff within the ambulance service, most notably Paul Jones and Keith Dickson from Bournemouth and Steve Knowles and Jon Knight from Plymouth.

This initiative will enable the trust to strengthen its diverse workforce to ensure patients receive the optimum emergency and urgent ambulance response service.

What is their role?

The Emergency Care Support Worker (ECSW) will provide support and work under the supervision of a qualified ambulance practitioner.

They may occasionally be required to act under their own initiative when managing patients in acute, immediately life threatening conditions, in order to provide immediate resuscitative measures but only until more qualified help arrives.

Well done to these enthusiastic members of staff who were keen to shape the development of these important new roles for the ambulance service.

How long is their course duration?

- 3 weeks driving to include blue light training;
- 5 weeks clinical training;
- 1 week of close supervision in practice.

The first courses for the trust will be piloted courses for the NHS with close monitoring and scrutiny of the role to ensure that it is fit for purpose.

What will an ECSW actually do?

They will provide invaluable support to ambulance qualified clinicians. Their range of duties will include:

- Driving all types of ambulance vehicles under all conditions as required;
- Developing a good working knowledge of all medical and moving & handling equipment in use by the trust, and relevant applications of both;
- Developing a good working knowledge of communication systems used by the trust (eg Mobile Data Terminals (MDT), Automatic Vehicle Location Systems (AVLS), radio communications);
- Carrying out the baseline observations as directed by clinicians;
- Assisting clinicians with advanced skills such as Intubation, Needle Cricothyrotomy, Needle Thoracotomy and Venous Cannulation;
- Performing basic life support with automated defibrillation;

- Developing airway management skills using Adjuncts;
- Carrying out primary survey basic assessment skills to identify 'time critical' patients and report their findings to clinicians;
- Providing Oxygen and Entonox under the direction of a clinician. This list of skills is by no means exhaustive but provides an overview on how ECSWs will work and become fully integrated within an ambulance operational frontline team.

Will they be professionally accountable?

They will consistently:

- Practice within the legal and ethical boundaries of their work role;
- Practice in a non-discriminatory manner;
- Maintain confidentiality and obtain informed consent;
- Exercise a duty of care;
- Know and understand the professional and personal scope of their practice and when to seek assistance from more qualified practitioners;
- Maintain their level of knowledge and their fitness to practice and career-long self-directed learning;
- Reflect on their performance and practice by exploiting reflected and experiential learning techniques to continuously improve practice;
- Participate in learning programmes to maintain skills and knowledge, in line with developments and changes in clinical practice.

Will they have professional relationships?

They will:

- Work effectively as part of a multi-disciplinary team and in partnership with other

professionals;

- Understand the need for effective communication throughout the care of the patient;
- Provide valuable support to staff, patients, relatives and carers.

Will they be able to identify basic health and social care need?

Yes. They will:

- Undertake immediate scene survey and risk assessment in order to establish the presence of hazards;
- Be able to undertake an immediate and basic patient assessment, sufficient to identify life-threatening conditions;
- At the request of the qualified ambulance practitioner prepare and apply patient monitoring equipment;
- Inform the qualified ambulance practitioner of changes in the patient's condition;
- Assist the practitioner in completing and maintaining appropriate patient records.

Do they have a role coordinating equipment and resources?

They will:

- Undertake daily serviceability checks on:
 - Vehicles;
 - Clinical equipment;
 - Communication equipment;
- Use communication / data equipment to input, store, retrieve and transmit information;
- Ensure the safe and legal storage of all equipment, drugs and medical gases;
- Use equipment and resources in a way which minimises waste and impact upon the environment;
- Be able to store and dispose of hazardous substances such as

clinical waste and sharps in line with current policies and procedures;

- Identify potential equipment shortages and restock as required;
- Drive a range of ambulance vehicles safely and appropriately according to the patient's condition;
- Use equipment in line with manufacturer's guidelines and employers procedures to transfer and transport patients safely and in a manner which minimises any negative impact upon their condition and promotes improvement in a patients condition.

Will they support patient care?

An ECSW will:

- Be competent in the basic principles of first aid, basic life support and resuscitation.
- Be able to use simple adjuncts in order to maintain a patient's air way during resuscitation.
- Be able to use an automated external defibrillator (AED) as part of the resuscitation in patients suffering cardiac arrest.
- Assist the qualified ambulance practitioner in the preparation and use of patient care equipment and techniques.
- Assist the qualified ambulance practitioner in the preparation and administration of drugs in line with local policies and procedures.
- Employ the principles, kinetics and current best practice when moving and handling patients.
- Use equipment in line with manufacturers guidelines and employers procedures to transfer and transport patients safely and in a manner which minimises any negative impact upon their condition.

Somerset first Citizenship Award

Three dedicated community responders, who work tirelessly within their local community, have been formally recognised and awarded citizenship awards.

This was marked by a presentation at Bruton Community Centre in Somerset last month when the Mayor and Somerset County Councillor, Justin Robinson, presented Cynthia and Richard Jeffery and Carol Walsh with an award.

This official commendation is part of the new 'Citizenship Award Scheme' and this is the first time that it has been presented, so the three community responders should be especially proud of their achievement.

The trust is delighted that the community responders have been given an award that is so well deserved. To show its support, Operations Manager for the East Division, John Dyer, attended the presentation along with Emergency Care Practitioner Terry Wiltorn, who reports for 'twentyfourseven'.

"Community Responders are a pleasure to work with and play a crucial role within their locality. I am delighted that Cynthia, Richard and Carol have been formally commended for the great work that they do and I look forward to working with them in the future."

Cynthia, Richard and Carol are all community responders operating as part of the Bruton responder group.



The trust is delighted that the community responders have been given an award

The Trust was presented with three well deserved awards from the Ambulance Service Institute (ASI) recently. The prestigious award ceremony took place in the House of Commons, London, last month.



Trust staff scoop prestigious awards

The trust's Chief Executive, Ken Wenman, was honoured to travel up to London with the award winners where they were pleased and proud to collect their much coveted awards.

Beating off stiff competition from other ambulance trusts throughout the country, the awards for 'Innovation', 'Special Incident' and 'Control Staff' were awarded to staff currently working for the South Western Ambulance Service.

The Falls Team, based at Derriford ambulance station collected the award for 'Innovation' and pointed out that they did this on behalf of all the falls teams working across the Trust.

These pioneering new initiatives have seen the creation of innovative falls teams supplemented by specially designed clinical support vehicles based at various stations across the trust's vast geographical area.

The teams comprise of several crew members, who operate as Urgent Transfer Care Assistants (UTCAs),

alongside a Paramedic Supervisor.

These highly skilled personnel are trained in life support and have an additional portfolio of skills specifically relating to people who have suffered as a result of a fall.

Across the four counties within which the trust operates; Cornwall and the Isles of Scilly, Devon, Dorset and Somerset, falls in elderly people account for a significant proportion of emergency calls which result in patients not being taken to hospital.

Equipment like the patient focused Mengar Elk cushions are frequently used, which are air cushions used to lift people from the floor that help to prevent further pain and discomfort for patients.

The enthusiastic Plymouth team had beat off tough national competition to win the prestigious Award for 'Innovation' which was marked by the ceremony at the House of Commons.

Falls teams also operate in Bournemouth, Yeovil, Exeter and Truro but the trust's Public Relations officer Melodie Juste chose to work with the

Plymouth team for their nomination on behalf of the whole of the trust.

The trust's innovative teams, have access to specialist clinical support vehicles and benefit from access to cutting-edge lifting equipment. This is helping to prevent other emergency vehicles and resources from being sent to non-injury falls patients who do not need to be conveyed to hospital.

The clinical support vehicle is a new concept for UK ambulance services and the trust is one of a few in the country to enjoy the benefit of these operational units.

The ambulance and crews operate a 7 day service from 0600hrs until 2200hrs. In a 20 day study period during December 2006 in the city of Plymouth, the falls vehicle attended a wide variety of incidents classified as non emergency, including 24 falls, 95 GP urgent admissions and provided emergency back-up to paramedic crews a total of 51 times.

The service is also provided in conjunction with Emergency Care

Practitioners, who work for the ambulance service and have an extended portfolio of skills, which includes the ability to treat patients in their own home and undertake GP referrals for patients who are at risk of continually falling.

This can take the form of rehabilitating them either in their own home or in a hospital setting. In addition to showcasing the diversity and versatility of the vehicle and team, this initiative demonstrates that the ambulance service is at the forefront of trialling preventative healthcare.

Additionally, the team give advice to those in 'at risk' groups and work in a multi-agency capacity with allied healthcare professionals, social services and other emergency services.

Ray McFadden, Nick Furze and Emma Whitelock who work out of Derriford ambulance station picked up the awards and proudly travelled to London on behalf of the other team members across the trust.

The 'Special Incident' Award was

presented to Mark Belcher, David Halford and Geoff Francis for their expert delivery of a breech baby, Jack, whose life was endangered after his difficult birth.

Jack's mother Valerie is delighted with Jack, her special delivery, and was delighted with the care provided to her by the three skilled staff.

The 'Control Staff' Award was collected by Ken Wenman on behalf of the control staff member, who handled a challenging call extremely well.

The PR and Communications team at the trust is constantly on the lookout for staff to blow their own trumpets regarding the excellent work that they do. The Communication team are extremely proactive in writing up numerous awards for staff and would like to express their thanks and appreciation to crews who are actively 'scribing' their work and sending it to trust HQ so that showcasing of innovation takes place on a national as well as local level.

Well done everyone!



Clock watching with call connect

Call Connect is due to be introduced to all ambulance communication centres nationwide next year.

The idea behind this new way of working is to improve patient experience by driving up the performance response times of ambulances and rapid response vehicles (RRVs) to 999 life threatening calls.

Currently, the timing of any emergency 999 call to the ambulance service officially starts once certain crucial data has been captured to ascertain the most appropriate response.

This includes three important pieces of information by the caller which are the location, telephone number and chief complaint.

However, from 1st April 2008, the 999 call will commence performance recording when the phone starts to ring in the Communication Control Centres. This means the clock starts to tick immediately.

This new improvement measure will certainly be challenging for all staff. The trust has already commenced work to predict what percentage of calls the Communication Control Centres would be recording if the criteria changes under 'Call Connect' had already been introduced.

Here is an example of the statistics which are helping the trust plan for and develop an appropriate 'Performance Improvement Plan (PIP)' to ensure the target response

times of reaching all Category 'A' life threatening emergency calls are met within 8 minutes which equates to only 480 seconds.

Actual statistics for Category 'A' calls for week 14 May to 20 May 2007

Dorset	83.83%
Somerset	68.55%
North and East Devon	78.14%
South and West Devon	85.78%
Cornwall	76.24%
Total	78.91%

Projected statistics for Category 'A' calls for week 14 May to 20 May 2007 if under Call Connect.

Dorset	68.94%
Somerset	63.17%
North and East Devon	69.45%
South and West Devon	76.87%
Cornwall	65.01%
Total	68.79%

The identified patient benefits of introducing the changes to criteria for starting the clock under 'Call Connect' are thought to be vast and include influencing the outcomes for patients with time critical conditions like, cardiac arrests, heart attacks, acute stroke symptoms, acute asthma attacks, anaphylactic reactions, severe and major haemorrhage and trauma injuries and meningitis and acute mental health issues including suicidal intents.





The ambulance service is at the forefront of engaging with local communities and enjoys the challenge of empowering and educating others in basic life support techniques that are saving lives.

Spearheading a rich wealth of community engagement

Alongside this important and highly valued public educational work the trust is actively promoting and providing opportunities for community engagement.

The trust is encouraging all members of the public, particularly patients and their carers, to feedback on their experiences of the ambulance service in order to work consistently towards improving and shaping a patient led service.

The Public Relations and Communications team is pleased to announce that they have taken delivery of a stock of cut price promotional materials which staff can take into schools and distribute at local events.

These bespoke 'goodies' have been designed around serious key public health messages which are backing up the government's exciting new public health strategy called 'Choosing Health;2005' which can be viewed on www.dh/publications.

In order to capture the fantastic work that all staff undertake within their local communities, the PR and Communication team has introduced a Patient and Public Involvement (PPI) events diary which is available to all staff on their new intranet.

The aim is to promote an important message to members of the public that the new Chief Executive, Ken Wenman, puts high on his agenda, engaging with members of the public.

This has been evidenced by the PR & Communication team being placed within the Chief Executive's Directorate last year when re-organisational change took place to help set the scene for the much welcomed modernisation of ambulance services throughout the UK.

This popular move of the team has really helped raise the profile of the Patient and Public Involvement (PPI) work that is putting patients at the very heart of the organisation in order to realise a truly 'patient led ambulance service' for the south west region.

The Patient and Public Involvement (PPI) diary can be viewed and information added to it as staff across the four counties can populate the required few fields with details of the events that they will be attending or have attended.

Impressively, data has already been captured for over an incredible 200 events, spanning a period of only months.

The nature of events attended by staff vary from pre-school and nursery school visits, where operational staff take along a vehicle and talk to the children about calling 999. Staff also show them around an ambulance as part of a school theme looking at 'people who help us' to large scale community events.

For the latter the dynamic new PR & Communication team take along a purpose built exhibition vehicle and join forces with front line staff to show educational DVD's, give resuscitation demonstrations and show children around ambulances.

This new PR vehicle is the first of its kind in the UK and the PR & Communication team were incredibly proud to take the keys last year and show off the vehicle to staff and local communities by attending as many events as practicable.

There are a lot of events to which the trust is unable to commit and a list of these, where volunteers are required, is on the trust's intranet site under a section named PPI events. This new initiative is helping foster support from front

line staff and encourage greater members of staff to participate in community events.

In return, the staff, not only develop closer links with the communities they serve but they are also adding vital information to their skills portfolios that are required to evidence their continuous development and experiential learning.

All schools welcome these successful local events which are extremely well received in the print and broadcast media. Requests for attendance are numerous to careers events at sixth forms, colleges and even universities too are also commonplace and very popular.

However, it is not only younger people that like to hear about the diverse work carried out at the frontline by the ambulance service. Many large scale community events and adult groups enjoy having a visit from an operational member of staff too.

Numerous staff volunteer for these events and use their own time to educate people about the rewarding career and jobs available to those who join the ambulance service, along with the challenges and difficulties faced by front line staff.

These volunteers deserve recognition and sincere thanks. Their efforts are much appreciated and a lot of feedback is received from schools in the form of thanks and praise for the professionalism and dedication shown by Trust staff.

Watch out for the September edition of 'twentyfourseven' when a specially prepared article will feature on the appreciations and thanks received at the trust for the staff who make up South Western Ambulance Service NHS Trusts.

Chairman reports on exciting new era

Heather Strawbridge is at the very forefront of championing the modernisation reforms within the newly formed South Western Ambulance Service NHS Trust (1 July 2006).

She is the Chairman of the ambulance service Board in the South West. Her wealth of experience as a Chairman, coupled with the full support of the dynamic new Board, has swiftly resulted in careful consideration of the type of organisation they wish to spearhead and develop.

They have completed numerous robust planning meetings in the short time the service has been created and this top level behind the scenes preparatory work has resulted in agreement on the way the Board wants to lead the ambulance service to operate its diverse range of services.

Dialogue with partners has also been achieved with a wide range of stakeholder comments invited and gathered which has fed into the process of change.

However, Chief Executive, Ken Wenman, is in the process of contacting key stakeholders to offer personal interactive presentations of the new strategic direction for the trust to actively promote further continuous engagement.

To assist with this aspiration of genuine engagement, the incredibly exciting new era for ambulance services in the South West is encapsulated within this specially prepared feature that aims to promote more comprehensive knowledge within the communities that the ambulance service serves.

In addition, this article hopes to stimulate wide ranging debates with partners to evoke much welcomed community engagement and involvement (see page over).

The Board of the service recognise that the real challenge for the ambulance service will be to genuinely engage with those groups and stakeholders deemed 'hard to reach'.

Find out more at www.swast.nhs.uk on how the trust will take this critical engagement and community work forward by viewing its dynamic new Equality and



Heather Strawbridge, Chairman of the South Western Ambulance Service NHS Trust Board.

Diversity (E&D) and Patient and Public Involvement (PPI) strategies and subsequent action plans.

Board commitment

The following declarations of purpose, aims and culture demonstrate how South Western Ambulance Service is pushing ahead with its tremendously successful transformational change programmes by striving to:

- Provide more choice and voice for patients, giving them real power, supported by strong commissioning;
- Empower staff and managers and give them the freedom to innovate and improve services with increased emphasis on quality;
- Secure financial incentives to improve care and promote sound financial management and best value;
- Achieve national standards and regulation to ensure quality, safety and equity;
- Achieve a sustained focus on information management and technology to underpin the reforms and deliver better, safer

patient care.

Purpose

To ensure the right response, first time and in time in order to achieve the best possible outcome for patients in need of emergency and urgent care or specialist patient transport.

Aims

- Treat all patients and staff with respect, dignity and empathy;
- Provide the best possible care to patients, at the right time, in the most appropriate setting;
- Ensure the highest possible value for money in the provision of services;
- Provide a workplace for staff that is safe and environmentally friendly;
- Ensure the Trust's workforce is representative of the diversity of its patients or in possession of sufficient knowledge and experience to understand those needs.

Culture

- The trust will:
- have a total orientation towards

and appropriately to ensure the best possible clinical outcome for the patient.

2. Clinical Effectiveness: Service development will be driven by evidence-based best practice which demonstrably improves clinical outcomes and patient experience.

3. Added-Value Services: Effective and efficient assessment, advice, diagnosis, treatment and patient transport services will be provided in situations where the technical, professional and specialist capability of the Trust offers optimum service solutions.

4. Urgent Care: Patients in need of urgent unscheduled care will receive the most appropriate response first time and in time. This will be achieved through providing and co-ordinating access to a range of urgent health and social care services as the area's information and communications hub.

5. Optimum Utilisation of Available Resources: Optimum utilisation of human and other resources, information technology, capital assets and funding will be achieved to enable the provision of an integrated healthcare service.

6. Organisational Development: The culture and working practices of the Trust will be transformed into a dynamic and responsive organisation that promotes innovation and adapts itself flexibly to change.

7. Social Enterprise: Innovative partnership working arrangements will be developed which are complementary to core service provision and contribute positively to local healthcare, the wider community or to the resourcing of the Trust.

8. Patient and Public Involvement: The Trust will ensure patients, carers and stakeholders, especially those who are seldom heard, have a much stronger voice and more involvement, to ensure their needs and preferences are central to the planning, development and delivery of all ambulance services. The invaluable foundation work of the Patient and Public Involvement Forum (to be replaced by Local Involvement Networks (LINKs) in December 2007), the nine Overview and Scrutiny Committees and the numerous community and voluntary groups across the four counties will be further developed to maximise patient led services.

8 high-level strategic goals

To translate its ambitions into meaningful action the trust aspires to achieve the following 8 high-level goals:

1. Emergency Care: The primary purpose will continue to be the effective assessment of immediately life-threatening conditions and to respond rapidly

If you would like to see the full comprehensive strategic plan which has been agreed by the Board please visit www.swast.nhs.uk.

Do you need professional first aid training?

If so, hang up your coat and look no further as South Western Ambulance Service is keen to offer bespoke training solutions for all your requirements.



The ambulance team provides opportunities within the four counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

The trust has been delivering successful training solutions to external companies, no matter how small, for many years, initially supplying HSE First Aid at Work courses to customers and businesses across Dorset.

The wealth of experience of this top team of trainers can supply a number of bespoke modern training courses and these include:

- HSE First Aid at Work
- HSE First Aid Refresher
- Advisory External Defibrillation / Refresher
- Oxygen Therapy
- Basic Life Support / Anaphylaxis
- Special Hazards (for companies with life threatening chemicals)
- Venepuncture
- Cannulation
- Sharps Awareness
- Manual Handling
- Chainsaw / Trauma Suspension for Tree Surgeons (a new course just commenced in June)

If you are interested in finding out how your company's training solutions might be solved by our individually tailored training packages please contact:

Somerset and Dorset

Kim Davis on
01305 257643
& 0797 396 3542
kim.davis@swast.nhs.uk.

Cornwall and the Isles of Scilly and Devon

John Richardson on
01392 261591
& 0797 468 2358
john.richardson@swast.nhs.uk.