



**AIR AMBULANCES UK™**  
SUPPORTING AIR AMBULANCE CHARITIES

ISSUE 31 MARCH 2020

# airway

The magazine for the air ambulance community



## A HELPING HAND

Patient Liaison roles take off

### THE MCQUEEN CHARTER

Spreading understanding on  
mental health

### AIRWAVE TRANSITION

Progress brings cautious  
optimism

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## FROM THE EDITOR

It's fair to say that the emergency services were behind the eight-ball when it came to mental health for a long time. Busy looking after other people, it took a while to realise that they also had to look after their own. Times, though, have changed.

All of the emergency services are now very aware of the need to look after the wellbeing and mental health of their staff and not for the first time, the air ambulance community has shown leadership and agility in finding ways to walk the walk rather than just talk the talk. This issue, our two main features explore two very different aspects of HEMS life but are joined by a common thread of recognising others' humanity and acting accordingly.

I'm very grateful for the contribution of Kirsty McQueen and Sarah Atkins in the article on pages 8-9 about the McQueen Charter. The Charter was put together by Kirsty McQueen, who spoke so eloquently and movingly at the AAA Conference in November, and Sarah Atkins, Head of HR at East Anglian Air Ambulance. Kirsty's husband Carl was a gifted doctor who worked in the air ambulance community and died by suicide in 2016. The Charter is designed to guide HEMS on the best way to support the mental health of those who work in any role within the sector.

What is striking is that the Charter doesn't get lost in procedural detail, boxes to tick, surveys to take, conditions to be diagnosed; it focuses on how we relate to each other, how we support each other and how we can be there for someone who's struggling. You can't speak to Kirsty and Sarah for long without the mention of kindness and we would all do well to heed their message on that.

Our other main feature this issue is around the relatively new Patient Liaison roles that a number of air ambulance charities have introduced. These are fascinating roles, which do not have a direct clinical function but, like the McQueen Charter, are rooted in understanding our common humanity. Those charities that have created these roles have recognised the impact that devastating incidents and their aftermath can have on patients and families alike, and they have also recognised their own unique position to help. I spoke to a number of air ambulance charity employees in Patient Liaison roles and couldn't help but think how fantastic these roles are, how grateful patients and families must be, how ideal the individuals are for their roles - and how refreshing that a role has been created where the primary metric appears to be that of reducing the distress of other people.

On pages 4-5, we review the changes that have happened as of 1 January this year, with the merger of the AAA and Air Ambulances UK. Make sure you get yourself to the AGM on 1 April if you want to influence the organisation's future direction.

We also hear the latest news about the elongated process of transitioning away from the Airwave communications network. There seems to be progress... see page 7.

We have another interesting comment piece from the editor of JPP, and we hear about Air Ambulances UK's incoming Chair - both p6.

I hope you enjoy the issue.



Nick Campion,  
Editor

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**STOP PRESS:** In the time it took to write *Airway* to the moment I'm writing this, the world has changed dramatically. The word **Coronavirus** wasn't even on our lips as we put this issue together and now it is the only word on anyone's lips. So please accept the delay in publishing this issue and also our apologies for producing a PDF version only. Despite this, you will notice a refreshed look to go with the refreshed organisation; and still some fantastic content, as always. Finally, let me add my thanks to all those on the front line of tackling this pandemic and looking after those who are suffering. Thank you all.

## Forthcoming events

With the current circumstances meaning no events are going ahead and planning for future events is impossible, there are no event listings this issue.

The Air Ambulances UK AGM will go ahead as a virtual meeting: contact [info@airambulancesuk.org](mailto:info@airambulancesuk.org) for more information.

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# AIR AMBULANCES UK MERGER COMPLETE



Liz Campbell

With the New Year came a new organisation: the Association of Air Ambulances and Air Ambulances UK are now united under the Air Ambulances UK banner. While the discussions leading up to this point have been rumbling along for years, it is fair to say that once the two organisations got the green light from members to unify, the process has been brisk, hitting all the deadlines along the way.

In a letter to members, Interim Chair Liz Campbell told them that she appreciated members' support during the unification process and she laid out a new membership structure and associated benefits which she believed would represent even better value for members.

Liz said that the new organisation would be in an improved position to deliver greater impact in key aims such as:

- delivering clinical and operational innovation and development
- representing and advocating the needs of the sector through effectively shaping and influencing national Government policy
- growing commercial interest in the sector to increase efficiency, cost-savings and funding
- increasing fundraising income through national corporate partnerships, trusts and major donors
- raising awareness of the lifesaving work of the sector and the key issues it faces.

The key changes to the membership structure are:

- Previous Full and Associate Membership has been replaced with:
  - **Air Ambulance Charity Membership:** exclusively for the UK's 21 HEMS air ambulance charities. This is now the only type of membership which includes voting rights
  - **NHS Partner Membership:** exclusively for national and regional ambulance services and NHS Trusts
  - **Vital Partner Membership:** for clinical, operational and fundraising businesses and organisations critical to the delivery of air ambulance services
- Previous Affiliate Membership has been replaced with **Support Partner Membership**, which is available to businesses and organisations wishing to support the air ambulance sector, but that are not critical to service delivery.

The membership fee for Air Ambulance Charity Members remains the same as 2019, while offering a greater range of benefits and impact.

This applies also to Vital Partner Membership, whose new name is designed to better reflect the critical role and contribution these partners play in the daily delivery of the UK's air ambulance services. Air Ambulances UK says that Vital Partner Membership will now include more opportunities for national engagement, PR and brand exposure, fundraising activities and commercial investment. There will also be new

national innovation, and development programmes and projects delivered at a local level across the UK present a range of business benefits.

Speaking to Airway, Liz Campbell reflected on the first couple of months of operations for the new organisation: "People told us our deadlines were too ambitious but we're hitting them and I'm grateful for both the hard work of the head office team and the support of members in helping us to do that."

"We have an excellent new Chair, who is shadowing me to ensure she is ready to hit the ground running when she takes over officially on 1 April. We had a very strong response to our advertisement for the role and have chosen an outstanding candidate. The recruitment of the new Chief Executive is going well and, again, we have had some exceptional candidates."

"The executive team have been working well together and have made themselves a strong team thanks to the way they had already been collaborating so well in the lead-up to the merger. Becky Steele will leave the organisation in March and I would like

to thank her for working so very hard in enormously challenging circumstances. I completely understand her desire to take on a new role nearer to her home and her family. We wouldn't be where we are without her and I wish her every success.

"The Interim Board has met and is in regular electronic communication in order to make all the decisions needed to allow the newly-elected Board to pick up the baton seamlessly in April."


"There is still much being done behind the scenes on the technical and financial elements of bringing the two organisations together to enable that smooth transition too."

"Any Air Ambulance Charity Member can put themselves forward for election to vacancies on the Board, so the AGM on 1 April is the next major milestone. I hope to see many members of all kinds there."

'The Air Ambulances UK AGM will be a virtual meeting on 1 April 2020, where voting will take place by proxy.

## AIR AMBULANCES UK – MEMBERSHIP TYPES AND BENEFITS

### MEMBERSHIP TYPES

	 <b>Air Ambulance Charity Membership</b> Available to: 21 UK HEMS Air Ambulance charities	<b>NHS Partner Membership</b> Available to: National and regional NHS Ambulance Services and Trusts	<b>Vital Partner Membership</b> Available to: Clinical, operational and fundraising organisations critical to the delivery of air ambulance services	<b>Support Partner Membership</b> Available to: Organisations and businesses wishing to support the air ambulance sector but are not critical to service delivery
Vote at General Meetings	✓			
Invitation to General Meetings	✓	✓	✓	
Government Affairs Programme	✓	✓	✓	
Operational, clinical, fundraising and communications committees	✓	✓	✓	
Commercial Partnership Programme	✓	✓	✓	✓
Operational, Clinical and Policy Development Programme	✓	✓	✓	
Knowledge sharing and networking Programme	✓	✓	✓	
National Fundraising Programme	✓	✓	✓	
National Research and Publishing Programme	✓	✓	✓	
National Media Relations Programme	✓	✓	✓	✓
Membership Discount and Offers Programme	✓	✓	✓	✓
National Events Programme	✓	✓	✓	
National Exhibition Programme	✓	✓		
Use of the Air Ambulances UK logo (restrictions apply)	✓	✓	✓	✓
Access to an exclusive Members Only area of the Air Ambulances UK website (forthcoming late 2020)	✓	✓		
Your logo and corporate information on the Air Ambulances UK website	✓	✓	✓	✓
Promotion across social media channels	✓	✓	✓	✓
Quarterly publication	✓	✓	✓	✓



# AIR AMBULANCES UK ANNOUNCES NEW CHAIR

As Airway went to press, Air Ambulances UK announced that the new Chair for the organisation had been appointed. The new Chair who will lead the recently-merged organisation into a new era is Heather Benjamin.

Heather begins in her position on 1 April 2020 and has been selected to provide strong and dynamic vision and leadership. She will be overseeing the delivery of membership services; research, clinical and operational development; Government policy and lobbying; specialist knowledge-sharing committees and forums; and national public and media relations. She will work very closely with the new Chief Executive; the recruitment process for this role is nearing its completion, ready for the right person to start work in the summer.

Heather will also be at the heart of Air Ambulances UK increasing its fundraising income from national partnerships with businesses and organisations, alongside growing commercial opportunities.

Heather brings a wealth of experience to her Chairmanship of Air Ambulances UK, having held senior and Board positions with several large corporate businesses as well as not-for-profit and membership organisations.

Her previous corporate roles have included Chief Procurement Officer at Centrica and Senior Independent Director on the Boards of Portsmouth Water and the Cheque & Credit Clearing Company.

She is currently a Non-Executive Director at Supply Chain Coordination Ltd, a new organisation which manages the sourcing, delivery and supply of healthcare products, services and food for NHS Trusts and healthcare organisations.

Heather has previously been a Trustee of Volunteering England and The Academy of St Martins in the Field international orchestra. She also served as Chair of Trustees for learning-disabled organisation Walsingham Support for six years before being appointed as its Honorary Vice-President when she stepped down last year.

Heather commented: "I am honoured to be leading such an important organisation into an incredibly exciting new era which will see it drive forward innovation, development and funding for the UK's lifesaving air ambulance charities and wider sector."

Heather replaces current Chair Liz Campbell, who said: "I believe Heather's professional experience and personal traits perfectly combine to provide exemplary leadership delivered with a compassionate and collaborative approach. This is so central to the values of Air Ambulances UK and its stakeholders and will successfully drive forward this new era."



Heather Benjamin

## UNFIT FOR PURPOSE: RETHINKING CHRONIC PAIN

By Aysha Mendes, Editor, JPP

We are all familiar with hearing about drugs that are being used for different purposes than they have been licensed for. Similarly, numerous adverse effects are now being seen as a result of the World Health Organization pain ladder being used for non-cancer chronic pain—a purpose for which it has never been validated for, and for which there is sparse evidence.

The WHO analgesic step ladder (or pain ladder) was created for the management of cancer pain, and is a simple model to aid in slowly introducing and up-titrating analgesics incrementally, starting with non-opioids, and progressing towards mild and then strong opioids, according to a patient's reported pain levels. However, as the National Institute for Health and Care Excellence (NICE) (2017) aptly points out: 'Using the WHO ladder in people with chronic pain, without taking into account the complexity of the person's individual needs, preferences for treatment, health priorities and lifestyle, may contribute to inappropriate prescribing.'

The consequences of applying the pain ladder to patients with non-cancer chronic pain include severe physical and mental side effects, drug misuse, dependence and withdrawal issues, and even drug poisoning. According to a report commissioned by Public Health England (2019) and published last year, for most people with non-cancer-related chronic pain, opioids cannot provide adequate clinical benefit when weighed up against the risks of dependence, overdose poisoning and harms to others in the community.

What is needed now in addition to ensuring that patients can quickly access specialist pain management from the time of referral, is an overarching cultural shift, whereby medical organisations, regulatory bodies and educators recognise the importance of non-pharmacological interventions in the prevention and management of disease and pain, increasing public investment made in such programmes. Research is also needed to evidence the effectiveness of these interventions, and significant action is required to educate and support the public, and reinforce patients' increasing awareness regarding their own roles in the management of their health and wellbeing.

Share your thoughts with JPP at [jpp@markallengroup.com](mailto:jpp@markallengroup.com) and access your subscription discount exclusively for AAA members at <https://www.magsubscriptions.com/aaa25>

### References

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# CAUTIOUS OPTIMISM



Mick Hanks

We have been reporting on the complex programme to transition away from the Airwave communications network for some time. Are we reaching the final stretch? We asked Mick Hanks, Stakeholder and Project Lead for the A2G Project, to give us the very latest update. Mick writes:

## ESMCP Background

One of the essential elements supporting the emergency services' response to any incident is a robust and seamless communications system. Indeed, over the years numerous high-profile post incident reviews have highlighted this fact.

As previously reported in Airway, the Home Office have embarked upon a programme which will transform the way in which our Emergency Services in Great Britain have access to critical communications.

The Emergency Services Mobile Communications Programme (ESMCP) will see the transition of 107 Emergency Service Organisations from the current Airwave Network, to a new Emergency Services Network (ESN) based on existing 4G LTE technology, to be completed prior to the planned national shutdown of Airwave in December 2022.

This will support both critical voice and, for the first-time, mobile broadband, bringing with it some exciting opportunities to enhance service delivery.

The change of networks will also require a whole host of new software, hardware and control room upgrades, across all Emergency Services Organisations with around 300,000 users.

The Ambulance Radio Programme (ARP) has an overall role to ensure the transition of the Ambulance Service across England takes place in a timely and efficient manner and that the new product is fit for purpose operationally. The ARP is working closely with colleagues from Wales, Scotland and the other emergency services to achieve this.

## Progress on ESN Air

The ARP continues to work closely with the Home Office on a product known as ESN Air, overseeing the transition of HEMS Air Ambulances onto the new network, and it is pleasing to report some exciting progress in this area.

## New Aircraft Communications System (ACS)

In August 2019 the Home Office awarded the £64m contract for the provision of the new Aircraft Communications System (ACS) to Cobham Plc, who are already well established in the provision of communications equipment into the existing fleet.

Since the award, the ARP have been actively involved with all key parties to develop the product further to meet operational needs.

Keen to ensure that the product accurately reflects HEMS needs, all charities were invited to participate in product development workshops towards the end of last year and



Picture credit TVAA

pleasingly several were able to take part.

This will result in the first prototype ACS becoming available over the coming months, enabling early testing to take place, initially in the lab, but moving quickly on to early flight tests.

Each of the HEMS charities will be given the opportunity, where possible, to witness this work order to identify any early issues and to build confidence as things progress.



## Air to Ground Network

It's also pleasing to report advances in the development of the new Emergency Services Air Network.

A dedicated 4G Air Network provided by EE is now being built to ensure communications between 500ft and 10,000ft, integrated with the new Emergency Services Ground Based Network providing connectivity below 500ft.

The Air Network build has already commenced and it is expected that a small test network operating on the dedicated frequency will be available by April 2020.

This is excellent news and will enable early flight testing of the new prototype ACS very shortly afterwards. Again, air ambulance practitioners will be invited to witness this process and/or comment accordingly.

## Further activity

In addition to the updates given above, there is a whole host of other activity also underway.

These include: planning for operational trials; training needs analysis; service management requirements; technical integration; data security; and commercial and procurement strategies for installation on to aircraft.

The delivery of ESN Air remains technically complex, disproportionately costly and challenging to deliver within what remains as a very tight timeframe. It is, however, an essential element in the delivery of a high-quality emergency services response to our communities, and as such there can be no compromise on quality.

There are further challenges ahead, and certain dependencies on other parts of the overall Programme which are beyond our control may impact upon us.

However, I have been absolutely delighted with the ongoing levels of engagement from all of the charities and their MROs and would describe my mood as cautiously optimistic at this stage.

# A CHARTER FOR KINDNESS AND COMPASSION

You may have heard of the McQueen Charter. It is quietly becoming a key component of many air ambulance services' commitment to their staff and, by extension, to their communities. In many ways, its message is very simple but its impact can be transformational.

The McQueen Charter is ostensibly about supporting the mental health and wellbeing of those in the air ambulance community - but its message is bigger than that because it is not about diagnosis or treatment or tick-the-box training. It is fundamentally about how we treat each other and treat ourselves; how we work together and support each other; and how kindness and compassion within the workplace can help prevent tragedies.

The Charter was put together by Kirsty McQueen, wife of Dr Carl McQueen (1981 – 2016) and Sarah Atkins, Head of HR at East Anglian Air Ambulance. Kirsty and Sarah also received support from a range of friends and peers.

A gifted doctor, Carl worked in the air ambulance community and died by suicide in 2016. The Charter is designed to guide Helicopter Emergency Medical Services (HEMS) on the best way to support the mental health of those who work in any role within the sector. It is inspired by Carl's memory but is not a direct response to every aspect of his case. It is built upon a foundation of insight gained from lived experience of the tragedy of such a loss and a desire to learn from this and make a difference.

The idea for the McQueen Charter was conceived by Sarah. She became aware of Carl's death around the time she lost a close friend to suicide. Their cases were very different but it left Sarah with a feeling of helplessness - but also a desire to help change things. Sarah decided the best place to start was in an area she could both understand and influence, so being an HR specialist in an air ambulance, Sarah started looking at how HEMS can improve in its dealings with mental health in the workforce. Kirsty's initial motivation for getting involved in the project was to ensure that the piece of work that was inspired by her husband was authentic and truly reflected what he was about. However, it soon became much more than that as she began to recognise its potential.

Sarah and Kirsty spent many hours on the phone discussing ideas and experiences. Sarah would typically send Kirsty a working copy of the Charter and then Kirsty would take the time to digest it before calling Kirsty to discuss, refine and distil the content back and forth until it was as good as they could make it. Sarah was



Dr Carl McQueen

able to take the insights Kirsty provided, as well as drawing on her own workplace experiences, to create a tangible set of actions and advice that could be used by any HEMS setting.

It was also a revelation for Kirsty to experience the reaction of her young children Eliza and Leo to the project. Despite their young ages, they immediately grasped the concept that what happened to their Daddy might not happen to someone else's if his story was shared for others to learn from. Leo and Eliza decided they wanted to be part of that process and Kirsty and Sarah were pleased to make that happen. Eliza and Leo's video, which forms part of the McQueen Charter presentation, is a powerful demonstration of how

the Charter, far from being a paper exercise, contributes to a legacy that keeps alive the memory of both a deeply loved family man, and also a passionate doctor who wanted to make a difference.

What is essential in adopting the McQueen Charter is that everyone at a senior level understands it, believes in it and wants to have it in place. The executive team and trustees at EAAA didn't need any persuading to implement the Charter and even though their own Head of HR helped write it, there were still many tasks for individuals to commit to - rather than leaving it as a job for HR - to make it happen.

The initial steps of the Charter's implementation were:

1. Presenting the Charter to staff
2. Delivering a staff survey on mental health to understand the current picture
3. Putting together a mental health steering group to own key activities and report their progress back into the executive team.

There are now copies of the McQueen Charter scattered across the offices of EAAA. It was a really proud moment for Sarah - and a moment when she knew the staff were 'getting it' - when she received an email from an employee that said: "The thing I most like about The McQueen Charter is the specifics. There seems to be quite a lot of virtue-signalling in the Twittersphere that really achieves nothing. Basically just extra laminated signage! This is really specific and specialty-specific. I like that a lot."

Although she hasn't been directly involved with Charter implementation in a HEMS environment, Kirsty has been kept aware of its impact. Encouragingly too, Kirsty has been able to personally see the benefits of its ethos on a broader scale.

One aspect covered by the Charter is the challenge of speaking out. There is a shared responsibility to create a culture of inclusion where everyone feels valued and respected; being open about our individual mental health, far from demonstrating weakness, could instead be seen as sharing our strength. Kirsty reinforces this message when promoting the Charter, openly discussing aspects of her own turbulent mental health journey in a bid to share what







Sarah Atkins and Kirsty McQueen

***“...the implementation of the McQueen Charter is so achievable, with the potential for organisations to see great benefits from the introduction of some small but considered changes.”***

Kirsty McQueen

she has learned and potentially empower others with the hope in her story.

Just as you can't help someone up a hill without getting closer to the top yourself, Kirsty has also learnt from this experience, gaining a deeper insight into just how effective this process of opening up can be. After her presentations, people always approach Kirsty to express their gratitude for her sharing, so honestly, her circumstances and the insights she has gained. These people, who are virtual strangers, often go on to share stories with her about the way that mental health has impacted them either directly or through supporting family or friends. Kirsty says it is a very moving and valuable experience and she always feels immensely privileged that they have given their time to make that connection with her. It also makes her incredibly hopeful that this is a reflection of how the Charter translates into practice in the environment for which it was created. Kirsty and Sarah hope that people who respond so strongly to Kirsty's story will then be strongly motivated to help integrate the McQueen Charter into their organisation.

Two of the main elements of the feedback Kirsty and Sarah receive after their presentations is the focus on perceptions and the promotion of kindness. The two work best in tandem, encouraging people to resist labelling behaviours and people and putting them into boxes. No doubt, this can be difficult - one person's 6 is another person's 9 depending on where they stand - but people must be encouraged to see each other's views as valid perspectives. Simply aiming to understand another's perspective narrows the gap between people and helps everyone feel more comfortable and less guarded.

Kirsty recommends just to ask ourselves if our words or

behaviours were coming from a place of kindness. When she says this in presentations, it really gets people thinking about how the little things can make such a big difference. Kirsty speaks of how the Charter is full of these 'little things' - and she remembers it was the little things that filled her conversations with Sarah early in the Charter's development; when she was reflecting on Carl's life, Sarah intuitively picked up on and recognised these little things could be built into the document with the potential to really instigate change. The wonderful consequence of this is that the implementation of the McQueen Charter is so achievable, with the potential for organisations to see great benefits from the introduction of some small but considered changes.

Carl took his own life and his family were left devastated. This is, sadly, not an uncommon occurrence; suicide is the leading cause of death in males of his age group. Around a quarter of the population struggle with adverse mental health but as a topic of conversation it is can still be relatively uncomfortable. The purpose of the McQueen Charter is not to address these things directly but to acknowledge the implications they may have and to help create a working environment where people are encouraged to recognise and accept their individual responsibilities in building a safe, informed and nurturing culture.

A copy of the Charter was posted to every air ambulance chief executive in the UK in late January. Alongside the Charter was an offer from Kirsty and Sarah to help support implementation in any way they can. You can download a copy of the Charter at [www.eaaa.org.uk/mcqueen](http://www.eaaa.org.uk/mcqueen) and where organisations implement the Charter in their organisation, they are invited to publicise their commitment to it on their own platforms.

# AFTER THE STORM

## How patient liaison roles help patients and families after devastating incidents

**"Within the next three or four years, the Patient Liaison role will become a sub-specialty in air ambulance charities." So says Adam Crosby, Patient Liaison Manager for Thames Valley Air Ambulance (TVAA).**

It was only in 2014 that the very first such role was created when London's Air Ambulance (LAA) appointed Frank Chege as the UK's first Patient Liaison Nurse. Since then, various air ambulance charities have watched Frank's role develop, learned from his experience and now several charities have created that role in their own organisations. However, it's still very early days says Adam: *"At the moment, there are no standards or criteria for what works - and that's partly because it is still a new and developing role but it's also because charities are all set up differently, have different demographics, different hospital and trust models, and provide their services according to their unique situation."*

Dorset and Somerset Air Ambulance (DSAA) created two part-time Patient and Family Liaison Nurse roles last year: Jo Petheram and Kirsty Caswell. They spent their first few months meeting patients, making contacts at the local hospitals and identifying what it was that they could do that would benefit patients and their families the most. Jo explains: *"Having modelled ourselves initially on Frank's model, we realised that we had to adjust that model to accommodate the unique area we cover. Some things have gone as expected, other things we've adjusted according to the needs of the patients and families."*

Despite differences in their operating models, all Patient Liaison Managers and Nurses deliver certain key services, including explaining to patients and their families the pathway of their pre-hospital care - for example, what interventions were made at the scene, why they were treated this way, why anaesthetics were used, why they can't remember what happened or have altered memories because of the drugs they were given, and why they may have been taken to a hospital that was far from home. Working with bereaved relatives is another

key element, with the extent of the liaison being entirely dictated by the needs of the family. Sometimes, one visit and an explanation will be enough, sometimes relatives just need a shoulder to cry on, and sometimes it really helps for the relatives to meet the team that was tasked to their loved one's incident. The Patient Liaison

Managers and Nurses also perform the happy role of bringing recovered patients to the base to meet the team that helped them - a hugely rewarding moment for all concerned. There is also an important signposting role, ensuring patients and families are referred on to any specialist support they might need.

So who gets support? *"At the start we were trying to focus on everybody but this is just not possible"*, says Jo. She and Kirsty study the database of patients and speak to the crew to establish who might need a visit. The crew also give out cards to patients and family so they too can start the process.

*"You just never know what people are going to need,"* Jo continues. *"Some are happy with one conversation, others just want a referral for counselling, while others have a burning question, for example: 'Why did I go to one hospital when another is closer?' or 'Why was the helicopter still on the ground 30 minutes after the patient was taken on board?' or 'Why did my loved one have a hole in their chest when I saw them?'. We initially try and see a family in a ward rather than cold-calling on the phone; usually I'll leave it a week or even a month, depending on how unwell the patient is - and sometimes people just need a bit of time to get over the shock."*

For Adam Carr and Tony Stone, Patient Liaison Managers at Essex & Herts Air Ambulance (EHAAT), it can be the simplest interventions that are the most effective. *"We are active Critical Care Paramedics splitting our work 50:50 with the Patient Liaison role so questions about the treatment someone received are fairly straightforward for us to answer,"* says Adam. *"However, we have come to understand that for a patient, having a complete blank about what happened in a life-changing experience can cause great anxiety. We don't talk about the incident itself that led to HEMS being called but we do explain everything about what our team did."*

Tony adds, *"Another important role is to be able to signpost people to other organisations effectively. Before we started, we researched all the organisations in the area that we might signpost people to and we went to meet them to find out what they could offer, how we could refer, how we could ensure we didn't overwhelm some of the smaller charities and so on. We've found that in moments of crisis, people just don't have the capacity to find these types of organisations and really appreciate us telling them."*

TVAA's Adam Crosby says that when he started out in the role, he expected to be responding to lots of trauma incidents but it



Adam Crosby



DSAA, Jo and Kirsty

Picture credit TVAA



***"By its very nature, the air ambulance is aggressive, procedure-based and often invasive but with this role, people are able to see the softer side of HEMS. I might not save someone's life but I can help people to recover."***

Adam Carr

Picture credit TVAA

has been the opposite. He tends to visit people at home rather than in hospital and sees first-hand how medical incidents can be very traumatic for both patients and families. He finds that he not only provides all of the services already mentioned (listening, explaining, signposting) but he is also able to provide practical help with things like getting hold of the mortgage company and credit card company if the main breadwinner has been incapacitated or has died. He can help the family discuss medical care and medications. And since the charity began featuring in a TV series, he also helps patients and families navigate that too.

Because of the nature of the incidents attended by HEMS, Adam does have to deal a lot with those who have been bereaved. He says: "I give families the opportunity to meet with us in a specially designed safe room at our headquarters. There are always questions that families want to ask and it can be so powerful to meet the people who were with their relative as they passed away."

Often the biggest challenges for those working in this relatively new field is integrating with peers and partners. Jo from DSAA says that the police have really welcomed the role and invited her and Kirsty to conferences to speak about it, as well as referring people on to them. A bigger challenge is establishing the Honorary Contracts with the hospitals so they can come and go, talk to patients and access medical teams and records. Jo says: "hospitals and trusts have to ensure patients and staff are safe and everything is legal, so with ours being not

only a new service but a new concept, it's taken a bit of time to work through the process. This is a new idea so it's critical that we continue building relationships and trust all the time."

There are unseen and perhaps unanticipated advantages too. Adam Carr from EHAAT says, "This work means we have our finger on the pulse when it comes to understanding how families actually experience us and our service. There's always so much to learn from their feedback and this role allows me the time and space to hear all that. Themes have definitely emerged that can inform our practice in the future include feedback around analgesia, patient temperature and more."

TVAA's Adam Crosby agrees: "In my role, as well as being able to provide crews with clinical feedback and letting them know how a former patient is, I also provide a good bridge between operations and support staff. I feed back to fundraisers as well as clinicians and I invite former patients to HQ so the fundraisers can meet them. It just makes sure everyone feels involved and a part of the patient's journey - because they are."

One thing all Patient Liaison Managers are agreed on is that when they are dealing with patients and families, theirs is never a fundraising role. It is critical that those receiving care understand that it is provided entirely without obligation.

Those working in the Patient Liaison role have all kinds of different backgrounds, although all are clinical which seems important in order to deliver the role, and work in a wide range of different ways. They have one thing in common: they love it. Adam Carr comments: "By its very nature, the air ambulance is aggressive, procedure-based and often invasive but with this role, people are able to see the softer side of HEMS. I might not save someone's life but I can help people to recover."

Adam Crosby adds, "What the charity gives me in this role that the NHS just cannot give is time. I love what I do."



Tony Stone (L) and Adam Carr



# DSAA HITS 20

Dorset and Somerset Air Ambulance (DSAA) went online for the very first time at 8.00am on 21 March 2000; 52 minutes later they were tasked to their first mission. Back then, the service operated during daylight hours in a Bölkow 105 helicopter and carried a crew of two paramedics and a pilot. Twenty years on, the service has developed beyond recognition, now providing an air and road-delivered critical care service for 19 hours a day, using their AW169 helicopter and critical care car.

The charity is celebrating their 20th Anniversary by showing how far they have come over the years with thanks to public support. They are also highlighting ways in which individuals, organisations and groups can donate or fundraise in aid of the charity.

Bill Sivewright, Dorset and Somerset Air Ambulance CEO, said: *"Over the years, technology, clinical practice, regulation and even patient expectation has changed dramatically. However, the changes we have made voluntarily have been based on evidence and have all passed a simple test: will this benefit the patient? This approach has served us extremely well and has prevented us from making unnecessary and potentially expensive mistakes along the way, whilst ensuring that the things that have changed, have all mattered."*



## OUTSTANDING!

As Airway went to press, both Thames Valley Air Ambulance (TVAA) and Air Ambulance Kent Surrey Sussex (KSS) revealed that they have been rated outstanding by the Care Quality Commission (CQC) across all five of its inspection key lines of enquiry.



**Air Ambulance**  
Kent Surrey Sussex



With only one in 20 registered health and social care services currently rated as Outstanding, this result recognises these two organisations as among the best emergency care providers in the country.

We will bring you more on this story next issue.

## TREATING PATIENTS WITH RESPECT

The East of England Ambulance Service has signed up to the new ReSPECT process that provides a written record of patients' treatment preferences.

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) is an approach to patients thinking about and discussing their future care and treatment preferences, then making and recording clinical recommendations with a healthcare professional based on those.

The ReSPECT process, a national initiative, aims to encourage individuals to consider, discuss and document their recommendations for their clinical care. This includes decisions about CPR, but also focuses on treatments that should be considered as well as those that are not wanted, or would not work.

Patients' preferences are then recorded on a standardised, easily recognisable form that is used and recognised by health and care professionals.

## NEWS IN BRIEF

### Busiest year

Hampshire and Isle of Wight Air Ambulance (HIOWAA) responded to 2,262 call-outs in 2019, compared to 1,429 in 2018 - an increase of 58% and their busiest year on record. Cardiac arrests accounted for 28% of all call-outs, while road traffic accidents accounted for 17%. HIOWAA had increased paramedic and doctor numbers as well as its fleet of Critical Care Team Vehicles in 2019.

### Donations on tap

Cornwall Air Ambulance has launched an innovative contactless donation window at the front of its Truro store, allowing shoppers to donate at any time of the day. Customers who walk past the shop will be able to tap their card or smart phone on the contactless payment point on the window to donate a fixed fee of £3. Once they have donated, an interactive screen will play a video showing the difference their donation will make.

### Calls barred

A frequent caller who wasted more than £46,000 of East Midlands Ambulance Service (EMAS) money and repeatedly appeared in court charged with nuisance calls has been sent to prison. Ms Coogan had been managed by EMAS's Frequent Callers Team since July 2018 and had repeatedly appeared in court where she was warned to stop making false 999 calls. She was sentenced to 12 months in prison.

### Academy reboot

An emergency services' initiative for young people in the South West to develop lifesaving skills is continuing its success, launching for the third time this year. The initiative is for young people to develop knowledge and understanding of the emergency services alongside volunteering opportunities and social action.

### Public Hearts

South Central Ambulance Service is supporting the Public Hearts Scheme, which aims to increase the public's access to lifesaving automated external defibrillators (AEDs). The scheme was set up in 2017 by PC Matt Hammond at Gloucestershire Constabulary and is expanding across the Thames Valley area. It is a partnership between local licensed venues, South Central Ambulance Service (SCAS) and Thames Valley Police.

**Do you have any news you'd like to share in Airway? Then email [emma.carter@airambulancesuk.org](mailto:emma.carter@airambulancesuk.org) to be considered for the next issue.**

# LINCS & NOTTS GETS HELP WITH HELIPAD LIGHTING

New helipad lighting has been installed at three landing sites frequently used by Lincs & Notts Air Ambulance. The new lighting was only possible thanks to a £69,000 donation by the HELP Appeal, the charity dedicated to funding helipads.

The installation of these new lights will be an invaluable addition for the crew on board the helicopter, who regularly use these landing sites when responding to some of the most critically ill and seriously injured patients across Lincolnshire and Nottinghamshire. The state-of-the-art landing lights have made each site significantly more visible during low visibility and landing at night.

Lewis Ingamells, Chief Pilot at Lincs & Notts Air Ambulance, said: "Having these new modern night landing aids not only gives us lit landing sites for aircraft refuelling during the hours of darkness at targeted locations, but it provides us with lit diversion destinations for weather or planning around one of the largest response areas - 3,500 square miles - covered by any single air ambulance in the UK.

"The introduction of Night Vision Goggles has required an update of technology not just in the aircraft but to the ground infrastructure to support our 24/7 operations. These lights bring the latest technology with infrared lighting for night vision goggles, pilot-controlled functionality, all whilst offsetting our carbon footprint with 100% solar technology."



## WORK BEGINS ON TWO NEW AIRBASES

Construction of Essex & Herts Air Ambulance's new airbase at North Weald Airfield has begun. EHAAT CEO Jane Gurney got work underway at a short breaking ground ceremony attended by VIP guests, charity trustees, volunteers, a former airlifted patient and EHAAT's critical care team as well as members of the construction team.

In addition to housing one of EHAAT's two helicopters and two of its rapid response vehicles, the new premises will include areas for training, mentoring, patient liaison and fundraising. Part of the new airbase will be a dedicated interactive visitor centre which will allow the charity to welcome and engage with the local community.

Meanwhile East Anglian Air Ambulance (EAAA) staff, patients, supporters and volunteers all grabbed a spade to mark the start of the building works for the eagerly anticipated 24/7 EAAA Norwich base. Once completed, the new home of EAAA will allow the charity to operate its helicopter 24 hours a day from Norwich Airport.

The doctor and critical care paramedic teams already operate 24/7 by rapid response vehicle from Norwich, taking emergency equipment, medication and skills to patients in need. But by flying 24/7 from Norwich in the near future, the charity estimate they will be able to attend hundreds more patients a year than they can currently reach by car at night.



## UNEXPECTED DONATION IN THE BAGGING AREA

Air Ambulances UK has received a £20,000 donation from B&M through the retailer's plastic carrier-bag charge grant scheme. It is the second time B&M Stores has provided national support through its plastic carrier-bag charge. Nikki Wright, Head of Fundraising and Communications at Air Ambulances UK, said: "We are incredibly grateful for the continued national support from B&M and their customers, which will help air ambulance charities save more lives in communities right across the UK."



## LIFE THROUGH THE LENS

Wiltshire Air Ambulance has been the subject of a special exhibition by Sony Europe ambassador and award-winning photographer Terry Donnelly, who spent four days on assignment with the aircrew and charity staff in Wiltshire, producing some stunning images of their work.

An exhibition of 65 prints ran for a week at the WAA airbase in Semington, before moving to the headquarters of the Royal Photographic Society in Bristol.





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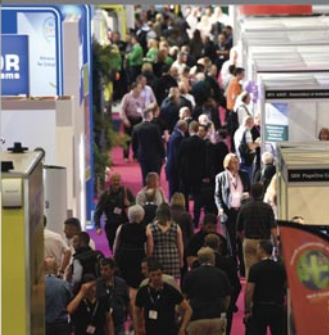
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