



**AIR AMBULANCES UK**  
SUPPORTING AIR AMBULANCE CHARITIES

ISSUE 35 SPRING/SUMMER 2022

# airway

The magazine for the air ambulance community



## TREATING BABIES AND CHILDREN

The importance of confidence and culture

### COMPLETING THE DATA PATHWAY

Ambitious PHEM project advances

### BLOOD USE GROWS

But donor numbers drop

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## A HYBRID NOW AVAILABLE WITH A POWER SOURCE FOR EMERGENCY SERVICE WARNING EQUIPMENT.

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## FROM THE CEO

While air ambulance crews don't have the luxury of ignoring Covid-19, it feels something of a relief for it not to be the main focus of an issue of *Airway* for once. While it might get a passing mention, we turn our focus elsewhere this time. We'll come back to it of course, as new learnings emerge – and because the reality is that it hasn't gone away.

This issue we look at several other important issues in the air ambulance community. Our cover story is about paediatric care and how two air ambulance charities in particular have responded to the unique demands of transporting babies and children. It would seem that skills, experience, equipment, training and confidence in working with this patient group are the key ingredients. When it comes to time-critical inter-hospital paediatric transfers, there is also a vital level of collaboration required across a number of organisations. Read more on pages 10-12.

We find out more on pages 8-9 about a really crucial development for the whole sector, as the PRANA (Pre-Hospital Research and Audit Network) project seeks to harness the power of data from across the patient pathway to inform developments in pre-hospital care. PRANA aims to provide a secure and confidential clinical database of pre-hospital critical care activity in the UK and link it to existing national audits of critical care, trauma and out of hospital cardiac arrest, and to NHS longitudinal outcome data. The aim is to improve patient care with the support of data. This has been something of a holy grail for the sector for some time and it is exciting to see it reaching such a phase of development.

Another area of development in the sector is the growing number of HEMS teams carrying blood and blood products on board. Due to Covid restrictions, the number of blood donors has dropped substantially so we are delighted to have worked with NHS Blood and Transplant on the Daily Mirror 'Give A Pint To Save A Life' campaign to raise awareness and encourage new donors from all backgrounds to come forward. We take a look at the issue on pages 18-19 and you can read more at: <https://bit.ly/3wDn1Qe>

Drones and lasers continue to be a potential nuisance and, in the worst case, major safety risk to air ambulances and other crews. We were pleased to work with the Civil Aviation Authority in December 2021 to raise awareness of the potential dangers to lifesaving missions when flying drones - <https://bit.ly/3NhGdcf>. Read more about air ambulances' experiences on page 16-17.

We have more extraordinary missions featured on pages 13-15, including one involving a forklift which just goes to show that even with the most expert clinicians to help both at scene and in hospital, a bit of good luck can sometimes go a long way.

Catch up too on AAUK and air ambulance news, the 2021 Awards of Excellence, our regular guest article from the editor of the *Journal of Paramedic Practice*, and the latest innovations from our Member Spotlight this month, LFS.

I hope you enjoy the issue.



**Simmy Akhtar,**  
CEO, AAUK

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## Forthcoming events

5-11 September 2022	Air Ambulance Week, National
7-8 September	Helitech, ExCel London
13 September 2022	AAUK AGM Held online
21-22 September	The Emergency Services Show, NEC, Birmingham
14 November 2022	AAUK National Conference Edgbaston Stadium, Birmingham
14 November 2022	AAUK Awards of Excellence Edgbaston Stadium, Birmingham

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# AGEAS CHOOSES TO PARTNER WITH AAUK

In a huge boost for AAUK and all its members, Ageas UK, one of the largest car and home insurers in the UK, has chosen AAUK as its charity partner for 2022.

Through the partnership, Ageas will be engaging employees and customers to support the five air ambulance charities based near their offices in London (London's Air Ambulance), Manchester (North West Air Ambulance), Eastleigh (Hampshire and Isle of Wight Air Ambulance), Gloucester (Great Western Air Ambulance Charity) and Bournemouth (Dorset and Somerset Air Ambulance) as well as the other 16 air ambulance charities across the UK and AAUK itself.

The Ageas Executive Charity Ambassador Adam Beckett said: "It was really no surprise that this was our chosen charity for 2022 as air ambulances are very close to the hearts of a number of our colleagues who have first-hand experience of their work. The Ageas family is now busily planning fundraising activities to beat last year's fundraising success. I'm sure we'll succeed and no doubt we'll have a lot of fun as we do so."

Ageas employees are already busy planning their fundraising activities for the charity throughout 2022.

## UNIPART LOGISTICS FUNDRAISING PASSES £45,000



A partnership between Unipart Logistics and AAUK has now raised over £45,000 thanks to a team of six Unipart colleagues recently completing a gruelling 450km cycle ride between two air ambulance charity airbases.

The partnership came about as a result of a lifesaving mission to Unipart's Chief Commercial Officer, Claire Walters, who was critically injured in a cycling accident in Cornwall in 2019. Claire, who has since become an AAUK Trustee, was in collision with a car while cycling which left her unconscious and critically injured with a collapsed lung, fractured skull, broken ribs, collarbone and vertebra, a dislocated knee and facial injuries.

Cornwall Air Ambulance attended within minutes, rapidly delivering lifesaving equipment and a specialist Critical Care Team to treat Claire at the roadside before airlifting her to hospital where she spent days in intensive care.

After a gruelling period of rehabilitation, Claire and a team of colleagues completed a four-day 100 mile walk, raising over £23,500, then towards the end of 2021, Claire and a team of colleagues completed a tough, hilly 450km bike ride from the Wiltshire Air Ambulance airbase to the Cornwall Air Ambulance airbase, raising over £21,500.

## FOCUS ON LEGACIES

Each year thousands of lives are saved thanks to the generosity of gifts in Wills which fund lifesaving air ambulance missions across the UK. Throughout March, air ambulance charities called on members of the public to 'Give The Gift of A Lifetime' in their Wills through a donation to an air ambulance charity.

Over the last three years, gifts in Wills have contributed towards approximately 17,000 lifesaving missions as well as many operational and clinical developments for air ambulance charities.

## ONLINE CONFERENCE A HIT

AAUK undertook an all-online conference in November, running a series of presentations over five days, covering relevant topics for the air ambulance sector. The conference addressed diverse topics such as environmental sustainability, cardiac arrest survival rates, Facebook Fundraising, peer support and much more, with speakers including luminaries such as Professor Karim Brohi, Dr Phil Hyde, Professor Charles Deakin and Gerald Oppenheim, CEO, Fundraising Regulator.

The Conference this year will be in-person and is already booked in for 14 November 2022 in Birmingham. More details on the Conference's focus will be released shortly.

## AAUK'S PLATINUM JUBILEE MEDAL CALL

AAUK has led a coordinated response with air ambulance charities and MPs to request the inclusion of air ambulance crew in the award of the Platinum Jubilee Medal by writing to the Secretary of State for Health and Social Care, Sajid Javid MP. At the time of publication, air ambulance teams are excluded if they do not hold an NHS contract of employment despite them being emergency first responders who have worked alongside the NHS on the frontline Covid-19 response. We sincerely hope that this decision will be reversed and that air ambulance teams will be recognised for their lifesaving work. For the latest update please see our website: <https://bit.ly/3Ngyj2T>

## SHOW TIME

As the exhibition world returns to normal, AAUK is looking forward to supporting two



important exhibitions in the Autumn. Helitech Expo is the UK's largest event dedicated to helicopters, parts, accessories and services, bringing together leading manufacturers, suppliers, buyers and engineers to share their expertise in the Rotorcraft Industry. The show is open 7-8 September 2022.

The Emergency Services Show is the UK's leading annual showcase for the blue light sector, bringing together all disciplines from the emergency services sector to discover innovative technology and operational solutions, share experiences and learn about the latest developments. It takes place on 21-22 September 2022.





# INSPIRATIONAL LEGACY

AAUK received an incredible £84,000 donation from The Jude Morris Racing Foundation (JMRF), which was recently officially launched by Jude's family and with support from Michelin-starred chefs Paul Ainsworth and Tom Kerridge.

The JMRF was set up in memory of Jude Morris, a 17-year-old motocross rider who was killed whilst competing in The British Youth Championship at Duns, Scotland last August. Scotland's Charity Air Ambulance were called to the incident, but unfortunately Jude could not be saved.

Jude was described by the Auto Cycle Union (ACU) as "one of the leading youth riders within the UK" and was viewed as a rising star by the motocross community. He was also well known in the paddock for his eagerness to help others; he was an inspiration to many. Jude Dad's, Mark Morris, said: "He wanted to be British Champion, that's what he was working towards. You always know there is a risk and Jude had injuries like everyone else, but I don't think we ever thought something like this would happen." He said the family had received messages from across the motocross community, including from former world champions Stefan Everts and Jeffrey Herlings.

Jude's family set up a fundraising appeal in aid of Air



Ambulances UK in memory of Jude and in recognition of the importance of air ambulance support for riders travelling across the UK for their sport, and in just seven months, they raised £84,000. Mark Morris said: "Losing Jude was an absolutely tragedy for us as family. We also now know how much of an impact he had on the motocross community, so the work we are doing with the Foundation and our continued support of Air Ambulances UK is the best legacy we can create for him. We are really proud of the money we have raised and know it will go to the amazing work the crews and air ambulance teams provide to the community."

The Jude Morris Racing Foundation has been established by the Morris family to continue Jude's legacy and helps to provide a platform for aspiring motocross riders to develop. The JMRF will also continue to support Air Ambulances UK with their fundraising, with 20p in every pound being donated to AAUK, who then distribute the money to air ambulance charities.

Simmy Akhtar, CEO of AAUK, said: "We have been overwhelmed by the generosity of the motocross community, and we are incredibly grateful to the Morris family for choosing to support Air Ambulances UK in memory of Jude. Raising £84,000 in such a short space of time is an incredible achievement and is testament to Jude's talent and impact on the motocross community."

To find out more about the Jude Morris Racing Foundation visit: <https://jmracing-foundation.com/>

 Photos courtesy of the Jude Morris Racing Foundation.





# THE WINNERS!



Hundreds of members of the air ambulance community joined an online celebration of the nation's finest clinicians, aviators and fundraisers at the Air Ambulance Awards of Excellence 2021.

Awards were handed out to ten outstanding individuals and teams, whose stories were inspirational, astounding and humbling. The awards, which are independently judged, went to pilots, paramedics, doctors, fundraisers and volunteers at the online ceremony.

With the awards online for the first and hopefully last time, an enthusiastic audience listened to the remarkable stories of each shortlisted nominee, all of whom demonstrated excellence and commitment well above and beyond the call of duty.

Simmy Akhtar, CEO of Air Ambulances UK, said: "The nominations for the awards were truly outstanding and a great

reflection of the extraordinary professionalism, excellence and dedication of air ambulance team members and volunteers from across the UK. I would like to congratulate all of our very worthy winners and thank them for their valuable and inspirational contributions towards helping to save lives and provide the best possible patient outcomes for people in urgent need of lifesaving pre-hospital critical care. I would also like to thank Patrick Peal for his wonderful support and commitment to co-hosting."

The Air Ambulance Awards of Excellence return to terra firma this year and will be held at Edgbaston Stadium, Birmingham on 14 November 2022.



Bill Sivewright, recipient of the Lifetime Achievement Award, commented: "Receiving the Air Ambulances UK Lifetime Achievement Award is an enormous, humbling and unexpected honour. The enormity comes from the recognition of the incredible achievements of many outstanding individuals our sector has attracted over the years and to be chosen from such a cast is humbling in the extreme. The award was also unexpected because I don't feel that I've been in the air ambulance 'business' for that long, having started only eleven and a half years ago.

"However, it might seem longer because it has been coincident with an amazing period of development. We have seen huge changes in the field of pre-hospital emergency medicine and air ambulances in the UK have played an extraordinary catalytic role in that. I am certain that the early delivery of definitive care by air ambulances delivers not only benefits for individual patients but has a significant positive impact on the health economy overall and I know that the work underway to harness the appropriate data will finally prove this position unequivocally.

"It has been my privilege to play a part in these developments at both a local and national level. I am incredibly proud to have been a part of this movement and would like to thank AAUK, its members and, of course, Dorset and Somerset Air Ambulance specifically, for giving me the chance to roll my sleeves up and feel that I was doing good for all."

On receiving the Critical Care Practitioner of the Year Award, Liam Sagi said: "Just to be nominated for this award is a huge honour. I feel incredibly privileged to do my job and I love being able to help people at their worst hour so to be presented with this award is truly humbling. I am very thankful."

Matthew Jones, CEO of EAAA, added: "Liam is an absolutely outstanding member of the team who is not only brilliant in delivering pre-hospital emergency medicine for his patients but also brings boundless energy and enthusiasm to the workplace. He has done a fantastic job in supporting various charity projects over the last 12 months and I am utterly delighted that he has been recognised with this award."



**KSS**  
AIR AMBULANCE CHARITY  
KENT SURREY SUSSEX



## Campaign of the Year

### WINNER

Air Ambulance Northern Ireland

### Runners-up

Scotland's Charity Air Ambulance  
East Anglian Air Ambulance



## Charity Team of the Year

### WINNER

Air Ambulance  
Kent Surrey Sussex

### Shortlist

East Anglian Air Ambulance  
Lincs & Notts Air Ambulance  
Dorset & Somerset Air Ambulance



## Charity Volunteer of the Year

### WINNER

Myrtle Irvine, Air Ambulance  
Northern Ireland

### Shortlist

Reverend Ross Dilnot, Thames Valley Air Ambulance  
David Mantz, Air Ambulance Kent Surrey Sussex



## Critical Care Practitioner of the Year

### WINNER

Liam Sagi,  
East Anglian Air Ambulance

### Shortlist

James Yates, Great Western Air Ambulance Charity  
Jo Petheram & Kirsty Caswell, Dorset & Somerset Air Ambulance



## Doctor of the Year

### WINNER

Dr Phil Hyde, Dorset &  
Somerset Air Ambulance

### Shortlist

Dr Anne Booth, Magpas Air Ambulance  
Dr Asher Lewinsohn, Thames Valley Air Ambulance



## Innovation of the Year

### WINNER

Dorset and Somerset Air  
Ambulance

### Shortlist

Magpas Air Ambulance  
Thames Valley Air Ambulance



## Lifetime Achievement

### WINNER

Bill Sivewright, Dorset & Somerset Air Ambulance



## Pilot of the Year

### WINNER

Alan Petch, Great Western  
Air Ambulance Charity

### Shortlist

Dave Young, Scotland's Charity Air Ambulance  
Matt Sandbach, East Anglian Air Ambulance



## Special Incident of the Year

### WINNER

Lincs & Notts Air Ambulance

### Shortlist

Cornwall Air Ambulance  
Dorset & Somerset Air Ambulance  
East Anglian Air Ambulance



## Young Person of the Year

### WINNER

Henry Carpenter, Midlands  
Air Ambulance Charity

### Shortlist

Ryan Milligan, Air Ambulance Northern Ireland  
Ned Smith, Cornwall Air Ambulance  
Hattie Rowe, Great Western Air Ambulance Charity  
Murray Miles, Air Ambulance Kent Surrey Sussex





# AMBITIOUS PHEM DATA PROJECT IS UNDERWAY

*“As clinicians, we treat patients every shift and often wonder what happens next, both in hospital and through their whole NHS journey. We wonder if the interventions we made in the pre-hospital environment were useful to the patient, if the patient survived, what treatment they received in hospital, if they got back to optimal functioning. But this information simply hasn’t been easily available.”*

So say the project leads for the pre-hospital research and audit network (PRANA). PRANA is based within the University of Southampton and proposes to develop a national clinical audit of pre-hospital critical care to serve as a national collaborative asset. The PRANA team are: Mike Hepburn, James Bachelor, Phil Hyde, Rod Mackenzie, Mike Eddie, Rob Crouch and John Pappachan.

In the Spring 2021 issue of *Airway*, we looked at how AAUK and a number of air ambulance charities are exploring ways to complete the data pathway that would enable them to review NHS data, and to see if and how a HEMS intervention has made a difference to patient outcomes. The work that the PRANA team is undertaking now is seeking to bring about exactly that change but on a national scale and, importantly, covering the activity of NHS ambulance services and air ambulances.


*“To understand that level of information would be extraordinarily powerful to clinicians as we reflect on how we*

*cared for each of our patients and how their outcomes might influence the care of future patients,”* add the PRANA project leads.

## The issue

It is estimated that there are 40,000 patients per year treated by NHS ambulance services in England who could benefit from pre-hospital critical care interventions. Although these patients are proportionally a small subset of the medical and trauma patients cared for by ambulance services, the potential benefits in terms of reducing morbidity and mortality are disproportionately significant.


There is currently no nationally coordinated data collection regarding provision of pre-hospital critical care. Patient-specific data are collected by health services across the care pathway but information regarding treatments and their relationship to patients’ outcomes is not known, as linkage and subsequent analysis of such data is not currently achieved.

 Photo supplied by HIOWAA.







 Photo supplied by SCAA.

## A solution

PRANA aims to provide a secure and confidential, high quality clinical database of pre-hospital critical care activity in the UK. It aims to link this to the existing national audits of critical care, trauma and out of hospital cardiac arrest and to NHS longitudinal outcome data. In doing so, PRANA aims to support operational analysis, service evaluation and clinical audit and provide a basis for research and development. The intention is to improve patient care with the support of data.

The benefits of a national clinical audit of pre-hospital critical care are anticipated to be realised locally, regionally, nationally and internationally. They include, but are not limited to, the enabling of:

1. Improved understanding of pre-hospital disease
2. Improved diagnosis and treatments of pre-hospital disease
3. Improvements in patient safety
4. Planning of future pre-hospital services
5. Evaluation of the effectiveness of health policy within pre-hospital care
6. Identification of targets for disease prevention initiatives and policy

## Full engagement

Anyone working in the sector and aware of the sheer amount of data from disparate sources and the sensitivities around that data will realise that what PRANA is proposing is a huge undertaking. However, the team has been working alongside key stakeholders, including the Faculty of Pre-hospital Care, the National Ambulance Service Medical Directors (NASMeD), the Centre for Healthcare Analytics, the Clinical Informatics Research Unit, NHS Digital and AAUK, for some time and is making excellent progress.

See the Spring 2021 edition of *Airway* to read more about what East Anglian Air Ambulance have been doing around the use of data.



 Photos supplied by TVAA.

The PRANA project leads add: "It is important that our colleagues in the air ambulance community are thanked for their support in the development of this project to date, largely via AAUK and especially through the AAUK Chief Executives' forum".

The PRANA team continues to engage stakeholders across the UK to collaborate and support the development of a national clinical audit of pre-hospital critical care. The team recognises that such a development requires an enormous national collaborative effort and needs careful and transparent governance to succeed. The PRANA project team welcomes feedback and advice about this challenge.

**Please contact the PRANA team at the following email, if you have comments, questions or would like to support the development: [cfha@soton.ac.uk](mailto:cfha@soton.ac.uk)**

Airway will revisit this important topic in our Autumn 2022 edition, reviewing progress from the PRANA team.

# THE UNIQUE CHALLENGE OF PAEDIATRIC CARE

*Air ambulance charities across the UK are tasked to incidents involving children and many offer both HEMS and transfers. But how different is it working with children and babies compared to adults and what are the unique preparations clinicians make? We spoke to two air ambulance charities in the South-west about their approaches.*



Photo credit: yourdigitalmemories.co.uk.

## Great Western Air Ambulance Charity

GWAAC's 2021 mission statistics revealed that their annual call-outs to babies, children and teenagers doubled from previous years. Call-outs to babies made up 28% of the dispatches to this group. The charity is determined to be ready to respond as quickly as possible with the right equipment, treatment and skills.

The GWAAC Critical Care Team believes three key factors have made for an expert crew in neonatal and paediatric care:

1. Specialists in neonatal and paediatric care: the team is led by Critical Care Doctor and Consultant in Paediatrics, James Tooley, and Specialist Paramedic in Critical Care, James Yates. Dr Tooley is one of the only specialist neonatal and paediatric doctors working in pre-hospital critical care and James Yates is one of only two Advanced Paramedics in neonatal care in the UK.
2. The right equipment: GWAAC has recently invested in equipment specifically for babies, including newborn and premature babies.
3. A culture of sharing knowledge and embedding best

practice: Dr Tooley and James Yates make a point of passing their knowledge to the rest of the team and to the wider medical community.

Dr Tooley believes that having the right equipment and ongoing training vastly improves how effective pre-hospital care can be for babies and children. He says: "We're very lucky as a unit to have access to mannequins of all paediatric sizes, from pre-term infant to school age. Equally importantly, we also carry a wide range of sizes of equipment, allowing us to resuscitate and treat this vulnerable group."

Newborns, in particular, have different physiology to adults and can require a different approach in terms of treatment. James Yates adds, "It's about keeping things simple. Warmth and oxygen are two of the most important things."

It's also important to be able to make quick decisions regarding the medication to administer and the quantities needed. The GWAAC crew has a bespoke Page for Age handbook that outlines the medication and quantities that can be given to babies at different ages. It's a handy reference document that can speed up treatment.

The crew also has a new neonatal bag that is specific to premature newborns. It contains all the kit needed to meet the special needs of these tiny patients, such as a warming mattress and oxygen mask.

Other equipment includes:


- Monitoring equipment, such as an oxygen saturation probe for premature babies and blood pressure cuffs
- A child-appropriate ventilator with different size circuits
- An umbilical intravenous catheter for which Doctor Tooley has set up a training package

Dr Tooley and James Yates cascade their experiences



Photo supplied by yourdigitalmemories.co.uk.




 Photo credit: DSAA

and expertise down to the team - and beyond through conferences, talks and courses. Dr Tooley says, *"It's about changing the culture. We should challenge other air ambulances to get equipment for babies and children. Investment in equipment is a good starting place and ultimately the right training and equipment builds up confidence and speeds up treatment."*

GWAAC's Air Operations Officer, Pete Reeve, adds: *"As well as the changes in equipment, having two clinicians dedicated to neonatal practice means that we are able to train all of our staff to the highest levels in care provision. It is noticeable that staff members across the unit have become more comfortable with using ventilators for our very young patients when they require it on scene. Fortunately, seeing very ill young children is rare but this can mean that it can become daunting to treat them; however the training and level of discussion we have been able to enact means that confidence across the team is increasing all the time. This can only be good for our patients on the rare occasions we do see them."*

The other thing that confidence can help with when treating younger patients is the critical role of providing reassurance and a sense of calm to the family of the patient and others in attendance.

So what happens when you're tasked to attend to a baby or young patient. James explains, *"It's not dramatically different to how we prepare for any other patient. There's always a discussion en route around logistics and a potential course of action. Having that mental model in your head is important so you can act quickly. Having said that, you also need to be ready to break away from your pre-planning should circumstances change."*

In terms of preparing emotionally, the crew agrees that responding to a child or baby can be more challenging than a call-out to an adult. It's not so easy to adopt coping strategies

such as isolating that person as a patient. James says, *"A young patient usually comes with an emotional family and it makes you realise how integral that baby or child is to the family."*

## Dorset and Somerset Air Ambulance

Within the South-west and Wessex regions of England, critically ill and injured children receive specialist care in two centres: Bristol Royal Hospital for Children and Southampton Children's Hospital. The transport of seriously ill and injured infants and children within these regions is co-ordinated by specialist paediatric critical care transport teams: WATCH (Wales and West Acute Transport for Children Service) and SORT (Southampton Oxford Retrieval Team).

Every year, a small proportion of critically ill and injured children in the South-west who are referred to WATCH or SORT have time-critical emergency specialist care needs. Any delay in reaching the appropriate specialist care reduces the chance of a good outcome. In these time-critical cases, the transport of the child is often performed by the referring hospital themselves rather than the WATCH or SORT specialist paediatric transport teams. To do this, the referring hospital needs to use a local critical care team, often a consultant anaesthetist and skilled assistant from the hospital, which can leave them significantly understaffed.

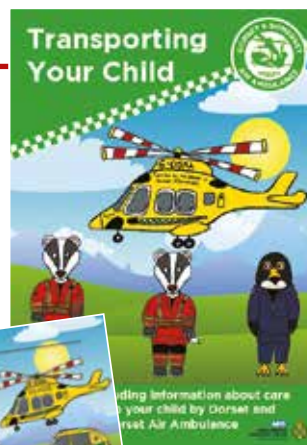
However, in 2016, DSAA realised that their helicopter-based critical care service, set up for immediate response and staffed with a critical care practitioner and doctor, could support time-critical, inter-hospital paediatric transfers, by working in collaboration with the regional paediatric transport services. With this in mind, they began to upskill their team with the aim of developing them to have the critical care competencies required of the Intensive Care Society and Paediatric Critical

Care Society (PCCS) transport standards. This was achieved through hospital placements within paediatric critical care units, formal lectures and simulation days by specialist paediatric transport team consultants and nurses. They upgraded equipment such as ventilator software to ensure they were suitable for paediatric and neonatal patients. The development programme continued for four years to ensure that clinicians gained significant exposure to paediatric critical care environments and had fully consolidated this into their practice.

In April 2020, a formal review by the clinical leads for SORT was successful and DSAA began formally supporting SORT with time-critical inter-hospital paediatric transfers at their request.

DSAA then worked in collaboration with the South Western Ambulance Service NHS Foundation Trust (SWASfT), WATCH and SORT, the South West Paediatric Critical Care Network, South West Paediatric Major Trauma Network, Severn Major Trauma Network and Peninsula Major Trauma Network to produce clear standards for HEMS teams involved with time-critical inter-hospital paediatric transport. These were based on the PCCS 2015 inter-hospital transport standards and were agreed by all three South-west networks and SWASfT in January 2021. These standards enable other HEMS services in the region to develop a similar capability.

Following a site visit and full governance review by the WATCH clinical leads in September 2021 and subsequent demonstration of compliance with the regional network standards, DSAA's time-critical inter-hospital paediatric



transfer service to the South-west region was expanded in support of both WATCH and SORT.

To date, DSAA has provided 15 time-critical paediatric transfers at the request of WATCH (six cases) and SORT (nine cases), which has enabled children with severe head injuries, spontaneous

intracerebral bleeds, burns and abdominal emergencies to be safely transferred from local hospitals to the regional children's hospitals in Southampton and Bristol for emergency surgery and ongoing intensive care. This has been in addition to the usual pre-hospital critical care activity and regional time-critical inter-hospital adult transfer service.

DSAA has developed a support leaflet and bravery certificate that provide information on what patients and their families can expect if a child needs to be transported by their team. The bravery certificate uses child-friendly characters that were created by Molly Watts, author of the 'Nurse Dotty' books.

GWAAC and DSAA are clearly two organisations that position themselves at the forefront of paediatric care – and with air ambulance charities being well known for continually pushing the boundaries of what's possible, what better cause to apply this approach to than children and babies?

## DSAA in action

One of the 15 transfers of time-critical children to specialist care centres made by DSAA was 13 year old James Clark. His family recall the situation:

It was Christmas morning in 2020. James woke up early being violently sick; it was black. We immediately called an ambulance and James was rushed into St. Mary's Hospital on the Isle of Wight, where we live. In A&E, they quickly realised he had a ruptured appendix and a potential bowel perforation.

James has a heart condition called Tetralogy of Fallot which he had repaired at Southampton Hospital when he was little. He also has DiGeorge Syndrome - a condition that can cause a range of problems, including heart defects and learning difficulties.

James needed an urgent operation. He would also need monitoring on intensive care, both before and after the procedure - a service that St. Mary's do not have for children. The surgical team at Southampton were consulted and they wanted to perform the operation that evening. With no ferry services operating due to it being Christmas Day, the hospital team arranged for Dorset and Somerset Air Ambulance to come and collect James and transfer him by air.

We were so relieved when Dr. Phil Hyde and Critical Care Practitioner Matt Sawyer arrived; however, we were terrified, as we knew that it was critical to get him to hospital. They prepared James for his transfer; they were so caring and kind and explained everything they were doing.

As only one person could accompany James on the aircraft, his dad Nicholas went with him. They tried to keep James occupied by showing him things out of the window. The flight was extremely quick and once they arrived at Southampton, he was taken straight down to have a three-hour operation. I am so pleased to say that it was successful.

Subsequent contact with Jo Petheram, DSAA's patient and family liaison nurse, was really helpful. She followed up on James's recovery and provided the names of the team that helped him. James remembers their kindness and he sent a card to them to say thank you.

Without the time-critical inter-hospital paediatric transfer service that Dorset and Somerset Air Ambulance provide, things could have been very different.



Photos courtesy of GWAAC and DSAA.



# FROM THE FRONT LINE

## TIMING IS EVERYTHING

Seventeen-year-old Zack Hancock was on his motorbike heading home to Bodmin, Cornwall, when he was involved in a serious road traffic collision. He was hit by a van and thrown from the motorbike, sustaining multiple life-threatening injuries.

Zack's friend witnessed the incident and called 999. Within just 15 minutes, Cornwall Air Ambulance chief pilot Adam Smith landed the helicopter in a nearby field. On board were critical care paramedics (CCPs) Jeremy Griffiths and Paul Maskell. CCPs Thomas Hennessy Jones and Louise Lamble also attended the incident in the charity's Rapid Response Vehicle.

Adam said: *"Everything came together to get us there at the quickest possible time. If the call had come five minutes earlier, we wouldn't have been finished with the night brief or had the N-VIS kit on board. Five minutes later, and it would have delayed our lift time while we planned a landing site in darkness. As it was, we had no delays, we were able to lift in two minutes and were the first on scene."*

When they arrived, they found Zack was awake but rapidly losing consciousness. He was mumbling, but initial observations showed he was in a very bad way. Zack had lost a lot of blood and several of his bones were pointing in the wrong direction. He had an open fracture to his femur, both arms were broken, and he had suffered a head injury.

Zack was the first patient in Cornwall to benefit from a blood transfusion at the scene of an incident: Cornwall Air Ambulance had launched the Blood on Board service just three days earlier.

With such extensive injuries, having four of the air ambulance crew at the incident, rather than the standard two, ensured the process of treating Zack was quicker. Trainee Louise conducted the pre-blood transfusion sample, while Paul set up to give the blood transfusion. Zack was given one unit on scene, along with tranexamic acid to help his blood to clot. Meanwhile Jeremy and Thomas administered ketamine and moved Zack into a pelvic bind.

Zack was transferred into the aircraft with Jeremy and Paul in the cabin with him. He was given another unit of blood en route to hospital. Thomas was in the TCM (Technical Crew Member) role in the front of the helicopter with Adam. Now in darkness, the crew switched to N-VIS to leave the scene. They had to fly out and around Bodmin Moor to avoid localised thunderstorms while heading to Derriford Hospital in Plymouth, the closest major trauma centre for the area. They arrived at the hospital after just 12 minutes.

Paul said: *"Zack sustained multiple injuries, he had lost a lot of blood and was very poorly when we arrived on scene. After lots of training to administer blood products, we felt so grateful to be able to provide that service for him. It gave us time to stabilise him and get him transferred to the major trauma centre in Plymouth. It is amazing to see the difference it can make."*

Zack underwent a 10-hour operation that evening, where his spleen was removed. He spent a further six hours in the operating theatre to repair damage to his broken bones and was in a coma for 11 days.

Donna Jewell, Zack's mother, said: *"To see Zack lying on the road with so many people working on him was awful, he was unrecognisable. Police told me to say goodbye to him; they didn't think he would survive the journey to hospital. Without this service I would not have a son. The care he received from everyone was amazing."*

Just six weeks later Zack was able to leave hospital and has continued to make fantastic progress in his recovery. He recently visited the airbase to meet the paramedics who helped him.



Zack Hancock



Zack Hancock with CAAT paramedics Paul Maskell, Jeremy Griffiths and Louise Lamble

# A MIRACULOUS ESCAPE

After a call reporting that a 41-year-old farmer was trapped on a piece of farm machinery, East Anglian Air Ambulance's Captain Eduardo Prato, Co-pilot Paul Smith, PHEM (Pre-Hospital Emergency Medicine) trainee Dr James Hale, CCP Andy Bates and Supervisor PHEM Consultant Dr Nathan Howes landed at the farm in Guyhirn, a remote part of the Wisbech Fens, in the dark. Walking into a very busy farmyard with ambulance and fire service awaiting their arrival, they discovered to their complete astonishment a forklift tine protruding several feet through the farmer Jonathan's chest. Despite this significant injury, Jonathan was still conscious and talking. At this point he had been impaled on the tine for over half an hour already.

The list of questions going through the crew's minds was long:

- How was he still alive?
- What were the extent of his injuries?
- Was he bleeding internally and if so, how much?
- How could they physically free Jonathan without moving him and making his injuries worse?
- How could they manage his pain? What drug would be best and how much to give?
- How would they get him to hospital with the forklift tine in place?



Jonathan

- Was he stable enough to survive a transfer to hospital?
- Should they take him to the nearest hospital or travel the extra distance to the major trauma centre?
- What if he suddenly deteriorated? How would they manage this? Would the tine need to be moved to permit resuscitation?
- Would he survive surgery?
- What was the risk of infection from the forklift tine?
- Had anyone ever survived such an injury?

Decision-making was key to the successful outcome of this incident. Upon their initial clinical assessment, they were quickly able to establish:

- The tine had entered through Jonathan's lower back and was protruding through the middle of his chest, between his ribs
- Jonathan's blood pressure was steady, indicating he was not catastrophically bleeding internally (although the liver, kidneys, bowels, stomach, vena cava and aorta were all along the path the tine had travelled through his body and at high risk of life-threatening injury)
- There was no choice but to cut the tine off the forklift and transport Jonathan with the metre-long tine in situ by road as he would not fit on the helicopter stretcher.

A key conversation with the fire service was which cutting tool to use and what to do if the cutting tool heated up the tine, and the risk this posed to cauterising Jonathan from the inside. An angle grinder (volunteered by the patient!) was the best option. The fire service erected a protective screen to shield Jonathan from the sparks, and wet towels around the tine protected Jonathan as much as possible from the heat transfer. Within 41 minutes of the air ambulance team arriving, Jonathan was free and in the ambulance.

Given Jonathan's apparently stable condition, the crew decided to brave the longer journey by road to Addenbrooke's, Major Trauma Centre and home to one of the best surgical teams in the country.

However, in order to get Jonathan there safely, they had to drive in a way that balanced smoothness and speed. A member of the ambulance crew physically supported the weight of the tine, with Jonathan sat upright on the ambulance trolley.

Incredibly, after seven hours of surgery, Jonathan survived with relatively minimal internal damage. In the words of his surgeon, Mr Emanuel Huguet, Jonathan was the luckiest man he's ever operated on.

He broke a rib and had some damage to his bowel and liver, but that was it. The wound took five months to heal properly, but Jonathan was out of hospital within two weeks to recover at home. A year on from the accident and Jonathan is completely fit and well.



Mr Huguet with the tine, post-surgery.



Jonathan reunited with Doctor Nathan Howes and CCP Andy Bates one year later





## NO MAN OR DOG LEFT BEHIND

A male hillwalker had sustained leg injuries in a fall in the remote Angus Glens and Scotland's Charity Air Ambulance lifted with Pilot Dave Young and paramedics John Pritchard and Alistair Daw on board. The weather at the base was wintry but fine for lifting, with warnings of more severe weather on the way.

*"We knew they were stranded in a remote glen where the weather would be pretty grim - with sub-zero temperatures and drifting snow," recalled Dave.*

SCAA had a weather window that Dave could take advantage of but the crew knew it was a race against time. Tayside Mountain Rescue Team faced a five mile walk through drifting snow and Coastguard Search and Rescue was over an hour away.

Flying and navigating proved challenging and although no strangers to the unique challenges of winter mountain and valley flying in Scotland, SCAA's team had to pick its way through the glens, mindful of low cloud, freezing winds and the treacherous 'mountain wave' activity.

Dave tracked back from the given grid reference and finally spotted the huddled group as they lay stranded some distance off the path. Conscious of drifting snow, Dave identified a fence and grass tussocks to use as indicators of snow depth and selected a flat area 100 metres up the hillside. His keen eye, experience at the controls and outstanding handling skills in punishing winds saw him calmly touch down in six inches of snow, ensuring the tail was clear of hazards.

*"I saw the paramedics sink into drifts up to their waists as they made their way down the hill with their heavy bags," said Dave. "I secured the aircraft, layered on more clothing and went to help."*

The paramedics found themselves faced with three patients - one being a large dog.

*"Only one was injured but all three were suffering serious hypothermia," said John. "We used our extreme weather kit to erect a bothy shelter over the trio and protect both them and us from the elements as we set about warming them up with heat pads and assessing and treating injuries."*

Experience told the crew that the biggest threat could be hypothermia and all three discussed the best way to get everyone off the hill to safety.

*"The shelter and heat pads were doing their job," said Alistair. "The injured man was well wrapped in our arctic bag and the father was becoming more lucid again. Even the icicles which had frozen*



Stuart and Cameron Currie with Oakley

*on the dog's face were starting to thaw."*

John adds: *"As air paramedics we would normally carry out certain procedures at the scene before lifting but in these conditions we had to complete the basics, ensure they were stabilised and get them off the hill - and fast."*

Having discussed the load and their fuel reserves, they had to make a decision: should they take a large dog?

*"There was no question in my mind that it was absolutely the right thing to do," said Dave. "Anyone - man or dog - left on the hill that day wouldn't make it. We were their only hope."*

Getting what was now three patients up the slope to the aircraft proved a mammoth team effort with Dave leading the way to ensure they followed the firmest route and avoided any deep drifts. With impressive foresight, he had recced a safe route back while making his way down the slope earlier.

With Alistair's paramedic expertise focused on the injured patient, John maintained a forward-facing position to assist Dave with navigation. Dave lifted expertly from the snow, coping with the blinding blizzard they created and adapting to the strengthening winds as they gained height. He forged a route through the glens to clear the mountains and speed his way to Dundee. Oakley the dog proved a model passenger, putting his paw into his master's hand as the engines fired up and keeping it there for the entire flight.

*"We've never done a mission like it," said John. "It was a once in a lifetime operation."*

Thankfully, all three patients made a full recovery and have since expressed their thanks to the team from SCAA that saved their lives.

 Photos courtesy of SCAA, CAAT, EAAA.

# TWIN DANGERS

As if the stakes were not already high enough for air ambulances, the scourge of laser attacks and the potential danger of drone strikes continue to be active concerns for HEMS teams everywhere.

## Drones

The Civil Aviation Authority (CAA) worked with AAUK and air ambulances around the country to launch a campaign in December, targeting members of the public who might be receiving drones for Christmas but who would also be unaware of the regulations surrounding them and the potential danger they can represent.

The British Airline Pilots Association, in evidence to the House of Commons Science and Technology Committee, said that helicopters are 'supremely susceptible to catastrophic damage' in the result of a drone striking any part of the helicopter, most notably the windscreen and rotors. Helicopters also tend to fly missions in situations where there is a likely increase in drone activity.

Jonathan Nicholson, Assistant Director of Communications, CAA, comments: "With more than 400,000 registered drone owners across the UK, we're asking all drone users to fly safely and to especially be on the lookout for low flying helicopters. In many cases when flying below 400ft (120m) drones and helicopters have equal access to airspace but in reality, a drone user is much more likely to see and hear an approaching helicopter. So, we ask drone users in those situations to keep their drones well away and land if possible. They can then help to make sure that life-saving helicopters can operate safely."

There have been a number of reports of drone strikes on helicopters abroad and in 2019 the crew of Helimed 98 (Yorkshire Air Ambulance Charity) was subject to a near-miss when returning to their base after a mission. Drone users and the groups that represent them are largely mindful of the issue, although some argue that the evidence that drones can seriously damage helicopters is limited.

That may be so, but common sense suggests that the consequences of a collision between a drone and a helicopter are potentially very serious, especially penetration of a



helicopter windshield. Even a near-miss could distract the pilot or cause them to abort a landing, delaying the provision of care to a patient.

Great Western Air Ambulance Charity (GWAAC) asks drone users to consider the following:

- Selecting a landing site is the most challenging part of a mission for a HEMS pilot. Don't make the pilots' job more complicated by operating a drone when they are trying to land.
- Don't fly close to a hospital. Causing an air ambulance helicopter to divert to another hospital could have serious implications for a critically ill patient.
- Don't follow emergency service vehicles on blue flashing lights. An air ambulance could follow shortly.
- Land your drone if you hear a helicopter. Wait until the helicopter is clear of the area before resuming your flight.



GWAAC pilot Alan Petch comments: "Drones are an exciting area of technology and offer potential uses across a spectrum of industries, including the emergency services. Recreational drone flying can be great fun. If drones are operated within Civil Aviation Authority (CAA) rules then there should be minimal conflict with air ambulance helicopters. All I would ask of recreational drone operators is that they stick to the rules and, if you think that a helicopter is trying to land in your vicinity, please keep your drone clear of the helicopter and land it safely. Please don't use your drone to film the scene of an incident. Keep your drone on the ground until the helicopter has departed the area. Whilst the helicopter is on the ground, feel free to come over for chat!"





## Lasers

While drones have their uses in our sector, laser pens most certainly do not. In 2020 Wiltshire Air Ambulance were the subject of four separate laser attacks and a further incident occurred in late 2021. Each of these attacks was reported to the local police at the time of the incident. Separately to this, Wiltshire Police were targeted in their NPAS helicopter and arrested a man for the offence in January.

Wales Air Ambulance suffered a laser attack last year too, and Magpas Air Ambulance suffered two attacks in November alone. At the time, the aircraft had a full team of clinicians and aviation crew on board.

One of Magpas's Pilots, Captain Chris Sherriff, explains, *"The effects of the laser depends on what type of laser it is and unless you're an expert, you'll rarely know the extent of the damage it can cause. From temporary short-term loss of vision to serious permanent damage, a laser attack can not only be extremely dangerous in the moment – when multiple lives are in your hands as the pilot – but it can also have a severe long term, debilitating impact too."*

Laser attacks are a criminal offence and the Laser Misuse (Vehicles) Act 2018 now means that offenders can face an unlimited fine and even face a jail sentence of up to five years

for endangering an aircraft.

Chris continues, *"We obviously hope that no one is doing this maliciously or intending to cause any harm – and you can often see the beam in the sky or it lights up the cockpit first and alerts you to the danger. However, it's important to remember that what may seem like innocent fun could have extremely serious consequences for all involved."*


Fortunately, the two occurrences have both taken place when the Magpas Air Ambulance team have been flying back from emergency incidents.

Wiltshire Air Ambulance Chief Pilot Matt Wilcock adds: *"Nobody should be shining laser pens at aircraft. You don't know who that aircraft is coming to help. As well as endangering our crew onboard and our helicopter, this could have impacted on our ability to respond to a life-threatening emergency."*

Describing his course of action if a laser is directed at him in the aircraft, Matt adds: *"Essentially it's 'look away, turn away, fly away' in that order. If you can then report the location of the laser attack to the local police, then that's important as we look to stamp out this trend."*

*"However, it's a safety-first approach and initially the priority is to egress the threat."*



 Photos courtesy of GWAAC and Magpas.

# DONOR DRIVE AS BLOOD USE INCREASES

**With AAUK figures, drawn from AAUK members who carry blood on board, showing a significant increase in blood transfusions given over the past three years, it is clear that access to blood and blood products is an increasingly integral part of many HEMS teams' armoury.**

However, a combination of factors – not least the pandemic – has led to a drop in the number of people making donations, prompting a new campaign by the NHS Blood & Transplant Service (NHSBT).

The figures show that the number of transfused units has grown from 850 in 2019 to 1447 in 2021, with 541 patients receiving a transfusion last year. The most common situations where blood was needed were: road traffic collision, penetrating injury (including stabbing) and cardiac arrest.

The increase in the amount of blood transfused can be explained by the fact that more air ambulances have begun carrying blood on board and carrying out pre-hospital transfusions and there has been an increase in shifts being covered by a full critical care team, where the resources and decision-makers on board mean the opportunity to give blood is greater.

NHSBT supplies blood to hospitals in England and then hospitals issue it to air ambulances to treat bleeding patients. NHSBT manages the supply by ensuring there is enough O-negative blood to support the air ambulances, and their teams work closely with air ambulances and hospitals to look at new ways to improve and develop the delivery of blood component transfusions.

NHSBT recently launched its biggest ever blood recruitment target – 100,000 new donors needed by the Spring. Their biggest focus has been on expanding their pool of O-negative donors, as well as recruiting more donors from Black and



## Ollie's story

In June 2019, the GWAAC Critical Care Team were called to Ollie Berry after he was involved in a serious road traffic collision. Ollie had cycled out of a side pathway and collided with a van, causing him significant injuries. Specialist Paramedic James Yates, Trainee Specialist Paramedic Pete Reeve and Doctor Tim Godfrey arrived on scene and saw that Ollie was rapidly losing a lot of blood.

The impact had resulted in heavy internal bleeding in Ollie's abdomen and severe damage to his liver. Having lost around six pints of blood, the team gave him a blood transfusion with all the blood and plasma they carry on board.

Having treated Ollie on scene, they had to get him to hospital quickly if he was to have any chance of survival. En route to Southmead Major Trauma Centre, Doctor Godfrey recalls:

*"On our way in Ollie was extremely unstable, he'd had all the blood products we carry and I remember thinking, 'We've run out blood, what are we going to do now?'. Then looking out of the window, I realised we were just outside Southmead Hospital."*

*"We gave Ollie all of the blood and plasma we carry; without them I have no doubt he'd have died before we could have got him to hospital. His life was saved because of those blood donors and the monetary donations of those who fund us to carry blood."*

After the incident, Ollie spent weeks in intensive care. However, he made a full recovery. Ollie says: *"Now fully recovered, I am delighted to still be here today. I know this is due to the amazing team that treated me. I can never really thank them enough."*

The blood GWAAC carries is specially prepared by the blood bank at Southmead Hospital, North Bristol NHS Trust, and is stored in military grade cooling boxes to ensure it is maintained at exactly the right temperature. The blood supply is replenished every 24 hours by FreeWheelers, also known as the 'blood bikers' – a charity that collects new blood from Southmead Hospital, delivers it to the airbase and then picks up and returns any unused blood back to the hospital so it can be used, to ensure that none of the blood products are ever wasted.



ethnic minority communities. O-negative blood is carried by air ambulances as this is the universal blood type.

Dr Laura Green, Consultant in Haemostasis and Transfusion Medicine at NHS Blood & Transplant, said: "Blood transfusion is an essential part of emergency treatment for severe bleeding, and any delay to starting transfusion can reduce the chances of survival. That's why the role of air ambulances across the country in delivering blood transfusions at the scene of an incident is crucial.

"The success of the Blood on Board scheme in saving lives is also down to those O-negative donors, whose gift of blood is vitally important in an emergency, or when a patient's blood type is unknown, because it is the universal blood type."


The new drive to recruit blood donors comes as NHSBT reports that hospitals in England were kept in good supply with blood during the pandemic by the smallest pool of donors in the 21st century. Around

three quarters of a million people in England donated blood during the height of the pandemic – almost 40,000 fewer regular donors than the year before.

Until recently the NHS intentionally relied on existing donors to fill the majority of appointments throughout the pandemic because they are far more likely to make a successful donation – a vital measure to make every donation count while social distancing reduced available chair space. This meant fewer appointments were available for new donors. Alongside the natural lifecycle of blood donors retiring every day, this led to the community of active donors shrinking last year to its lowest level since 1996.

Now, as life returns to normal and with fewer people donating regularly, the NHS needs new blood donors to play a crucial role in its recovery.



 Photos courtesy of LNAA and GWAAC.

## SUPPORT IN THE AMBULANCE AND BEYOND

By Aysa Mendes, Editor, Journal of Paramedic Practice

One of the most wonderful aspects associated with the rapid development of the paramedic profession is the diversity of roles in a variety of settings, from primary care and emergency rooms to prisons and hospices.

However, being spoiled for choice has perhaps led to many would-be ambulance paramedics opting instead for roles outside the ambulance service or even leaving the ambulance service to explore these roles. This can be seen as a positive thing for individual paramedics, for burgeoning roles and for the growth and expansion of the profession as a whole. But is it a positive thing for the ambulance services that are in desperate need of enough qualified staff, particularly now with the unrelenting workloads they face, as the Covid-19 pandemic drags on?

I would argue that in the grand scheme, yes, it is positive. The big picture is that those entering the paramedic profession, or other roles within emergency care, have always been at greater risk of being faced with traumatic events and experiencing work-related distress (Mildenhall, 2019). Now, however, instead of feeling either trapped within the ambulance services, or feeling forced to leave the profession altogether, there are myriad options where paramedics can continue to practise without the workplace stressors specifically associated with working in ambulance settings. In fact, many may even be more likely to stay, as the presence of a choice of options in itself can serve to make one feel less suffocated.

Furthermore, paramedics and other emergency care workers wanting to leave the ambulance service may be

an indicator of other problems that need to be addressed in an ambulance service's culture or leadership, and very often results from compassion fatigue or burnout, which has recently been highlighted in the Journal of Paramedic Practice (Beldon and Garside, 2022) and the Guardian newspaper (Campbell, 2022).


Problems with staff retention in the ambulance service only serve to highlight a need for increased support for staff, both for those who choose to remain within ambulance services—and for those who believe that the best option for their career and for their mental health is to leave.

Share your observations and experiences of burnout and staff retention with the air ambulance service by emailing us at [jpp@markallengroup.com](mailto:jpp@markallengroup.com)

Access your JPP subscription discount exclusively for AAUK members at <https://www.magsubscriptions.com/aaa25>

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 Image supplied by AdobeStock/AA+W

# AAUK ATTENDS THE ROYAL FOUNDATION EMERGENCY SERVICES MENTAL HEALTH SYMPOSIUM



AAUK CEO Simmy Akhtar was honoured to attend The Royal Foundation Emergency Services Mental Health Symposium in November 2021 where HRH The Duke of Cambridge announced Blue Light Together, a new package of mental health support for the emergency services.

Simmy attended to support leaders and representatives of emergency services organisations across each of the home nations, including Dr John Chatterjee, Consultant, Anaesthesia, Pre-Hospital Care, London's Air Ambulance, as a landmark commitment of mental health support was agreed as part of the Blue Light Together package.

The package has seen The Royal Foundation working together with emergency services leaders and partner charities to change the workplace culture on mental health and provide specialist support to emergency responders and their families. This support includes a mental health resource centre and a bespoke Mental Health at Work Commitment for the emergency services. The platform will complement Lifelines Scotland's website, which provides support to the emergency responder community across Scotland.

Simmy said: "It was an honour to attend the Symposium to show our support and commitment to the incredibly important work that is being done to support the mental health and wellbeing of emergency service responders, and their families. We are committed to working collaboratively to improve the culture around mental health and want our colleagues to know that support is available to them."

## CBE for Benger

Great Western Air Ambulance Charity's (GWAAC) founding Clinical Director and Critical Care Doctor, Professor Jonathan Benger, was awarded a CBE in the Queen's New Year Honours list for his services to the NHS - in particular during the pandemic. As Chief Medical Officer for NHS Digital, Jonathan has overseen NHS Pathways, NHS111 online, the NHS.UK website and the NHS app, all of which have been central to the pandemic response. Meanwhile, Daryl Brown, CEO, Magpas, received his MBE from HRH The Princess Royal on 15 March 2022 at Windsor Castle.

## EAAA pioneer retires

East Anglian Air Ambulance's first female flying doctor, Dr Pam Chrispin, is retiring after 14 years with the charity and a forty-year medical career. She joined EAAA in 2007, when all of EAAA's doctors were volunteers. Since then, she has helped to shape EAAA into what it is today. Dr Victor Inyang, Medical Director at EAAA, said: "Dr Pam Chrispin has been an inspirational leader and colleague at the East Anglian Air Ambulance."

## New module

Air Ambulance Kent Surrey Sussex has partnered with University College London Hospitals NHS Foundation Trust to create a new pre-hospital module for Airway Matters - the Trust's Massive Open Online Course (MOOC) which, since launching in 2020, has attracted over 30,000 learners from 165 countries.

The new module - which is the first pre-hospital open-access education content of its kind - explores the technical and non-technical elements that support the development of strategies for safe airway management in the pre-hospital setting.

## LAA Chair appointed

The Board of London's Air Ambulance Charity has appointed Bob Forsyth as the new Chair of its Board of Trustees. Bob has been a trustee of the Charity since 2017, leading the establishment of the Board's Audit and Risk Committee and chairing it for over four years. His appointment took effect when Mark Vickers, the previous Chair of Trustees, retired on 31 March after seven years in the role.

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

## EHAAT WELCOMES THE WESSEXES

In March, Essex and Herts Air Ambulance (EHAAT) hosted a visit by Their Royal Highnesses The Earl and Countess of Wessex, who took the opportunity to say thank you to a number of organisations for their outstanding work during the pandemic.



Their Royal Highnesses toured the new airbase at North Weald, where they met members of EHAAT's critical care team, charity staff and volunteers. They then spent time with representatives from the local hospitals in the region and spoke to airlifted patients and their families to hear first-hand about their experiences. People gathered representing the emergency services and voluntary support organisations, the armed forces and many EHAAT charity staff and volunteers. The Earl and Countess spoke to individuals to thank them for the work they do.

## EMERGENCY

Channel 4 has released a fly-on-the-wall documentary called "Emergency", which focuses on London's major trauma network and includes London's Air Ambulance's advanced pre-hospital care.

The documentary was filmed during the busiest month of summer 2021 and follows the minute-by-minute decisions made by medics across London as they treat the most critically-injured patients in the city. The programmes follow LAA dispatch, arrival and treatment at scene, through to hospital care and rehabilitation.

Three LAA patients featured across the four shows, broadcast between 28 February and 3 March, alongside two LAA medics, Dr Chloe Baker and Dr Jess Payne. Dr Baker said: "It never fails to fill me with wonder, the acts of kindness almost invariably performed by strangers when terrible things happen to people out and about. Nearly every patient we attend will have bystanders helping them, often covered in blood, cradling them in the road or sacrificing pieces of clothing or other personal effects to comfort or reassure the patient. It's truly amazing and never fails to make me feel grateful and humbled."





# SPACE TO INNOVATE

*"The service we offer became even more critical to our air ambulance clients during the pandemic, as so many other revenue streams were cut off or compromised," says Ged Jones, Chief Executive of LFS (Lottery Fundraising Services). "However, with no canvassing allowed during lockdowns and a limit on how proactive we could be, the pandemic also allowed us the time and space to review every single element of the business to see how we could deliver even more."*



Jen Glover

The first focus of LFS's review was digital integration. The company appointed Jen Glover as Head of Marketing & Digital and she has led the drive to enhance what can be offered on behalf of LFS's charity partners, including using digital channels more widely, more effectively and to be more tailored in their messaging. With raffles being something of a challenge during lockdown, LFS helped clients to persuade supporters

to use digital channels to support ad hoc raffles via QR Codes or hyperlinks to a unique landing page, followed by two-step authentication.

A Christmas campaign LFS ran for one charity saw a 381% increase in players and a nearly 400% increase in income using digital channels compared to their Spring campaign.

"It's all about being creative and innovative and looking for opportunities," says Jen Glover. "For example, we've run campaigns where we've identified all the players in the draw with a single ticket who have been playing for more than nine

months and we've asked them if they'd like a second chance to win. About 35% of them did. All of this was done through digital channels. We believe this was very much a reflection of the high regard in which everyone in the country was holding the whole of the medical profession, including air ambulance charities, for the way they were handling the pandemic.

"Apart from the benefits I've already outlined, the other two main advantages of this enhancement of the digital offer," adds Jen, "is that firstly, we've been able to give charities more information on supporters' behaviours, marketing preferences and so on – helping them to clean their database and tailor future communications; and secondly, going digital saves a lot of money on print and mailing costs, not to mention being more sustainable."

Another focus for the company in recent times has been recruitment; Ged explains: "It is a difficult environment for recruiting right now so we realised we needed to up our game even more with an industry-leading package to become the employer of choice. All of our full-time employees are well remunerated, receive a pension and have the flexibility of hybrid working, with three mandatory office days and two discretionary – not to mention a very rewarding job."

"Retention of our canvassers means recognising them for the skilled sales professionals they are and making sure they have all the training, equipment, uniform and support they need to do their job properly. This has resulted in very low attrition rates and our canvassers remain great ambassadors for the brands we work for."

LFS have one more trick up their sleeves and it launches this Spring. A brand new campaign will see LFS asking charity partners' lottery supporters to round up their support of £4.34 a month to £5.00. All the extra 66p contributions will go into a Superdraw at the end of the year, effectively creating a subscription-based annual model - all without having to send out a raffle. This will give charities an additional solid, sustainable income stream.

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Darren, Phil, Matt and Linda: the loyal team of canvassers at DSAA. The members of this remarkable team have been canvassing for between nine and 18 years.



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