



AIR AMBULANCES UK
SUPPORTING AIR AMBULANCE CHARITIES

ISSUE 37 SPRING/SUMMER 2023

airway

The magazine for the air ambulance community



THE TIME IS NOW

Diversity: time for action

KNOWLEDGE IS POWER

The data every fundraiser
needs to know

PATIENT STORIES

Tales from the
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From the Chief Executive

Welcome to another issue of Airway, and a particularly warm welcome if this is the first time you've seen our bi-annual magazine.

You may be having a look during, or after, Badminton Horse Trials, presented by Mars Equestrian, which has this year chosen AAUK as its Charity of the Year. This prestigious event attracts top eventers from all over the world, along with tens of thousands of visitors, and I can't tell you just how excited we are to have been chosen. We have a presence at the event this year and have been looking forward to sharing our lifesaving work with the riding community.

In this issue we have our usual mix of news and features, and you'll see in the news that this has been a particularly busy time in gaining new members: we have a new air ambulance charity member, which is fantastic for the organisation and the cohesion of the sector as a whole, and we feature County Air Ambulance (the HELP Appeal), Network ROI and Bluestep - three excellent new members who, in their different ways, can enhance any air ambulance charity's operations.

Our cover story this month looks at the critical issue of diversity and equity in the air ambulance sector. This feature from Gemma Howlett, Lead on the National Paramedic Apprenticeship Programme, makes insightful moral and business cases for increasing diversity and equity across the board. We would love to hear from any air ambulance charity making strides in this area.

Our other main feature this issue comes from fundraising specialists AAW Group, who share fascinating detail on fundraising across the whole charity sector and within the air ambulance sector in particular. The data is often surprising and is food for thought for anyone involved in fundraising in these challenging economic times, who must decide where their most fruitful avenues are.

Finally, please note the dates to the right, especially two AAUK events: our Annual Conference and Awards of Excellence moves to the end of November and will this year be held in Reading; while we have a new Fundraising Conference this year in June. I'd love to see you there.

Do enjoy the issue.



Simmy Akhtar,
CEO, AAUK

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Forthcoming events

8-10 June 2023	Rotortech UK, Sywell Aerodrome, Northants
13 June 2023	AAUK Fundraising Conference, Midlands Arts Centre, Birmingham
4-10 Sept 2023	Air Ambulance Week, UK
19-20 Sept 2023	Emergency Services Show, NEC, Birmingham
26-27 Sept 2023	Helitech, Excel, London
30 Nov 2023	AAUK Conference & Awards, Reading FC, Reading

Contact Details

Email: info@airambulancesuk.org
Website: www.airambulancesuk.org
Telephone: +44 (0)1564 339958



Editor -
Nick Campion
info@airambulancesuk.org
07958 695778

REGISTERED OFFICE ADDRESS

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70 MPs SUPPORT AAUK PARLIAMENTARY RECEPTION

After a hiatus in AAUK's events in Parliament, a special parliamentary reception at the House of Commons in March saw the air ambulance community welcomed back with open arms. Over 70 MPs attended the event, which was designed to raise awareness of the lifesaving work of the UK's air ambulance charities.

Stephen Metcalfe, Conservative MP for South Basildon and East Thurrock, hosted and opened the event, followed by Simmy Akhtar, Air Ambulances UK CEO, and key speaker, Paul Dille. Paul, from Cookham in Berkshire, collapsed while playing golf in Milton Keynes. Thames Valley Air Ambulance (TVAA) reached the golf course 30 miles away in 16 minutes. Paul had multiple cardiac arrests and 13 defibrillator shocks were administered by TVAA en route to the hospital.



Photo Credit AAUK.

Paul defied the odds, and following doctors operating on a blood clot blocking his heart, he has made a remarkable recovery and is back at work full-time.

The reception aimed to raise matters of importance and the priorities of the sector through engagement with political leaders and policy makers on key issues.

The key issues raised at the reception were:

- Increased demand and increased costs
- Safe access to patient data
- Access to, and engagement about, helipads and landing sites.

Simmy Akhtar, Air Ambulances UK CEO, said: "We were delighted to host the Parliamentary Reception at the House of Commons for the first time since 2019 due to the impact of Covid-19. It was wonderful to see so many parliamentarians attend and it demonstrates MPs and Ministers have high regard for the air ambulance community and the vital role that the sector plays in the Urgent and Emergency Care System. We look forward to working with key stakeholders on challenges and issues facing our sector."



CYBER FOCUS

AS NETWORK ROI JOINS AAUK

Unfortunately, UK charities - including air ambulance charities - are not immune to cyber-attacks and regularly have to deal with the repercussions of such an attack. This can be catastrophic and undo years of good work. This is not the only challenge that charities face, as technology moves at an unprecedented speed. Many are still settling into the move to home working and addressing the security implications of employees' devices no longer being fixed in an office setting. Therefore, it is an excellent time to welcome Network ROI as an associate member of Air Ambulances UK.

With 20 years' experience, Network ROI manages IT infrastructure for clients across the UK - including air ambulance charities.

Ken Morton, Account Manager at Network ROI, explains: "We are proud of the work we do in the charity sector. We have been working with David Sinclair at North West Air Ambulance service for four years and we have published a case study that you can

read on our website. We have been building on our expertise in this sector and understand the challenges that air ambulances face."

Challenges that air ambulance charities face include:

- Protecting your charity against cyber crime
- Bring Your Own Device issues and remote working
- Digital transformation projects such as moving to the Cloud
- IP telephony solutions and the benefits they bring
- Prompt and appropriate triaged responses when IT issues occur.



Sajid Saeed, Alastair Hoey and Magda Dabrowska from Network ROI.

Ken continues: "We provide a free IT advice service to all of our fellow members and will be proactive in informing you about issues of concern regarding various aspects of IT in this sector."

With a focus on cyber-crime, Network ROI provides 'phishing' testing and training for clients, as well as offering their Harmony Shield cyber security proactive detection system. Cyber criminals are highly sophisticated coding experts who break into secure IT systems and use phishing to try and trick staff into divulging passwords; this training can show employees how to not fall into their traps.

All Air Ambulances UK members are entitled to a free and confidential cyber security check-up. Network ROI are trusted partners of the Government- and Police-backed Cyber and Fraud Centre and have already helped hundreds of organisations with cyber security checks, advice, solutions and Cyber Essentials accreditation.

Network ROI would be pleased to assist members regarding any IT issues, concerns or strategy planning.

Contact ken.morton@networkroi.co.uk to begin a discussion.

GIFT OF A LIFETIME

AAUK continues to support its member charities to encourage legacy giving through its Gift of a Lifetime campaign. By giving the air ambulance cause a collective national share of voice, AAUK hopes to ensure audiences are aware of how vital gifts in wills are in enabling air ambulance charities to save lives every day across the UK. Between 2018 and 2020, gifts in wills funded over 17,000 lifesaving missions as well as many operational and clinical developments for air ambulance charities and in 2021 over £53 million was generated from gifts in wills for air ambulances.

There is scope for even further development, with legacies overall worth £3 billion a year to charities in the UK. Although there has been a considerable rise in the number and quality of legacy campaigns being run by air ambulance charities, AAUK believes that collectively even more can be done and urges further long-term campaigns under the Gift of a Lifetime banner.

Have you left a legacy for an air ambulance charity in your will?

<https://www.airambulancesuk.org/legacies/>

TWO NEW MEMBERS FOR AAUK

AAUK has announced that The Air Ambulance Service (TAAS) and County Air Ambulance Trust – most well known for supporting the HELP Appeal, which raises funds for helipads - have become members.

TAAS operates the national Children's Air Ambulance and two local air ambulance services: Warwickshire & Northamptonshire Air Ambulance (WNAA) and Derbyshire, Leicestershire & Rutland Air Ambulance (DLRAA).

The Children's Air Ambulance is a national service focusing on the high-speed transfer of critically ill babies and children and flying them from one hospital to another for specialist care.

Simmy Akhtar, AAUK CEO, said "We are extremely pleased to welcome The Air Ambulance Service to our air ambulance community. We look forward to supporting, championing and representing their invaluable work as they continue to provide their specialist lifesaving efforts. By working in collaboration with our colleagues across the UK we are better able to work towards our shared objective of saving more lives together, whilst supporting innovation to achieve the best possible



specialist care for patients no matter where in the UK they are."

Acting TAAS CEO Emma Peake said: "We are delighted to join Air Ambulances UK and look forward to working collaboratively with other organisations across the country as we strive to enhance the vital, lifesaving services our charities provide.



"We want to work towards saving more lives, wherever and whenever we are needed most, and being aligned to a national network of similar organisations will only support our shared objective."

Meanwhile the County Air Ambulance HELP Appeal, the only charity in the country dedicated to funding NHS hospital helipads, has so far donated over £40 million towards 25 brand new helipads and 20 major upgrades. It has over 60 helipad projects in the pipeline.

This year alone, new helipads are expected to open in Brighton, Salford, Sheffield Children's and Airedale, with funding upgrades to existing helipads in Barrow in Furness, Carlisle and Kilmarnock. The HELP Appeal has contributed to all of these.

Robert Bertram, Chief Executive of the HELP Appeal says: "Helipads help save lives and provide a seamless and quick connection between air ambulances and Emergency Departments. Helipads can help to significantly change the outcomes of critically ill patients because saving time really does save their lives."



AAUK CHOSEN BY TRINITY HOME CARE GROUP

After a company-wide vote, Trinity Homecare Group has announced their Charity of the Year for 2023 as Air Ambulances UK.

The Trinity Homecare Group started over 20 years ago when a husband and wife team founded a small care agency in Wimbledon. They wanted to make a difference to peoples' lives and after all this time, that has never changed.

Simmy Akhtar, AAUK CEO, said "We look forward to working with the Trinity Homecare Group and we are thankful that the partnership will help air ambulance charities to save even more lives."

Andrew Needham, CEO of Trinity Homecare Group, said when announcing the chosen charity to all team members: "It's important that as an organisation we live our values, but also that what we care about includes our wider community. Together we can make a positive contribution to how many people Air Ambulances UK are able to help. I want to thank every one of our team for the many nominations we received for our Charity of the Year."

The Trinity Homecare Group teams are now planning ideas for fundraising events that will take place throughout the year in support of AAUK.

SUPERCHARGE YOUR FACEBOOK CHALLENGES WITH BLUESTEP

The lockdown period of Covid meant that Facebook Challenges became critical to many air ambulance charities and the challenges have now become part of their fundraising portfolios. But could they be even better? Well, yes! AAUK member Bluestep have partnered with Givepanel to help member charities supercharge their Facebook Challenges.

Bluestep already provides a comprehensive design, merchandise, storage and fulfilment offer but the company's charity specialists can now support you with all things digital too – including those Facebook Challenges.

Together with GivePanel, Bluestep can offer members a bespoke package, tailored to their particular needs and budget.



This package might include the creation of digital and printed assets, the design and sourcing of merchandise and the fulfilment of challenge incentives: a full-service package that takes care of everything.

Bluestep also offers an ad management service, with detailed daily reporting. Specialists will monitor ad performance and respond to what they discover to implement strategies to ensure your challenge is the very best it can be.

Finally, Bluestep can assist in building and maintaining that personal connection between your charity and fundraisers through group moderation and on-page messaging.

If you'd like a quote, go to <https://givepanel.typeform.com/its-a-match>

Karl Simons, Senior Growth Manager at Bluestep, adds: "Facebook Challenges is just the latest in what we have to offer members. Since we became affiliated members last Autumn, we've loved supporting members with merchandise such as prepping Thames Valley Air Ambulance with t-shirts, sweatbands, bags and shoelaces for their Mission40 challenge; and supplying bespoke medals for both Air Ambulance Kent Surrey Sussex's and Scotland's Charity Air Ambulance's fundraising challenges. It's been a real privilege helping you all."

To find out how Bluestep can supercharge your fundraising, get in touch on 01604 879608 or email karl.simons@bluestepsolutions.com

HENRY RAISES OVER £6,000

The 2021 winner in the Young Person of the Year category of the Air Ambulance Awards of Excellence, Henry Carpenter, has completed yet another fundraising challenge. Henry, whose life was saved after a serious farming accident, by Midlands Air Ambulance, has now raised over £6,000 for all air ambulances across the UK, thanks to completing a 300 miles in three days cycle challenge.



AAUK'S NEW FUNDRAISING CONFERENCE

AAUK has responded to members' wishes by developing a brand new conference just for fundraisers. The inaugural Fundraising Conference is being held on 13 June 2023 at the Midlands Art Centre, Birmingham, with around 12 speakers - including from air ambulance charities - talking about a whole host of fundraising disciplines.

Speakers already confirmed include representatives of:

- Summit Fundraising and Hampshire and Isle of Wight Air Ambulance
- Run for Charity
- Scotland's Charity Air Ambulance
- Legacy Futures
- MuchLoved.

SWIFT TRIAL TAKES OFF

A new clinical trial to improve trauma care began in December and continues to recruit new participants as it seeks to explore the value of air ambulance crews carrying whole blood from one donor for transfusion instead of separate red blood cells and plasma.

If the trial shows patient benefit, it could reduce trauma deaths in civilian accidents and also on the battlefield, and in any situation where delaying a transfusion by seconds or minutes could be critical.

Patients in the trial will receive 'whole blood'. This is blood as it taken from the arm of a donor. It includes all the different blood components together, such as red blood cells, plasma, and platelets. Previous studies, including from Afghanistan, have indicated this could have better outcomes.

Currently, most trauma patients treated in hospital or by air ambulances receive a combination of the different blood products separately.

Carrying and transfusing one blood product could be lighter and simpler. It could enable faster transfusions at a time when every minute counts and it could make the transfusion process easier and reduce risk, a crucial benefit in difficult and fast-moving incidents.

There is also evidence from past studies and reviews that transfusion with whole blood could lead to reduced mortality and reduced brain injury. However, only a full randomised control trial such as SWIFT can provide answers.

Funding for the trial has been provided by NHS Blood & Transplant (NHSBT), the air ambulance charities, and the



Ministry of Defence (MOD). The air ambulance charities taking part in SWIFT are:

- Air Ambulance Charity Kent Surrey Sussex
- Dorset and Somerset Air Ambulance
- Essex and Herts Air Ambulance
- Great North Air Ambulance
- Great Western Air Ambulance Charity
- Hampshire and Isle of Wight Air Ambulance
- London's Air Ambulance
- Magpas Air Ambulance
- North West Air Ambulance
- Thames Valley Air Ambulance.

Over two years, SWIFT will recruit 848 patients. One group of patients will continue to be given transfusions of red blood cells and plasma separately, with platelets given on arrival at hospital. The other group of patients will receive transfusions of whole blood at the scene. The effects of the two different treatments will be compared by looking at survival in the two groups and the amount of blood needed over the first 24 hours after injury.

Major trauma kills more than 5,400 people every year in the UK. Observational studies in military and civilian settings have reported a 12-14% absolute reduction in 30-day mortality with a pre-hospital red blood cell transfusion.

Dr Laura Green, co-principal investigator for SWIFT and Consultant in Haemostasis and Transfusion Medicine at NHSBT, said: "The role of air ambulances in providing blood transfusions at the scene of an incident is crucial - delivering the most challenging treatments in the most challenging environments.

"Any delay to starting transfusion during traumatic blood loss can reduce the chances of survival. We hope that SWIFT will show there are logistical and procedural benefits in giving a blood transfusion of all the components in a single bag - and ultimately improved outcomes for patients.

"We are grateful to be working in partnership with air ambulance organisations and the Defence Medical Services to drive innovation and provide even better care to critical patients. We are also incredibly grateful to our O Rh negative donors, whose universal donor blood is critical in trauma transfusion - including in this trial."

Watch the video on YouTube.



Photo Credit TVAA.

UKRAINE REFLECTIONS

Last summer, Great Western Air Ambulance Charity (GWAAC) Critical Care Doctors James Tooley, Ed Valentine and Andrew Heavyside along with Specialist Paramedics in Critical Care Pete Reeve, Callum Sutton and Matt Robinson went to Ukraine as volunteers to deliver lifesaving first responder care to civilians. Now in Spring 2023, Pete, Matt and Callum reflect on what they did, what they saw and what they learnt.

Pete comments: "I don't really know what I expected. I was surprised by just how much life was continuing as normal, especially walking around Lviv that first evening with street artists playing songs and games with the crowds.

"The Ukrainians seem to really enjoy making speeches and at the end of each day someone from the group spontaneously got up and stood in front of everyone to thank us for what we'd done. That was pretty amazing. How did it make me feel? There were a few tears in my eyes; seeing how grateful they were was something really powerful.

"The worst bit was leaving, without a doubt. There was a kind of survivor's guilt where I knew I was coming home to safety and leaving them all behind in a war zone. None of them chose for this war to come to them and we got to walk away to safety, and they are still there.

"I think we were seven guys that wanted to rescue a whole country. It's easy to think that we did so little, compared to what needs to be done, and to become disheartened about the impact we had, but it's really important to remember the good we did do."

Callum adds: "I remember, during training, how everyone was getting stuck in, even a great-grandmother – she got her white skirt and shoes plastered in fake blood.

"Another trainee came back on the second day to be a translator; she said she'd taught her family overnight what she had learned from us. I'm still in touch with the translator and I've had feedback that they are carrying the kit we gave them (dressings etc.) in their handbags.

"The best feedback was hearing how they were going to pass on their new skills to others. We can't treat all the patients in Ukraine, but we can influence the care that others can provide. Before we



 Photo Credit GWAAC.

went, we talked about whether to go to the front line – we could either treat maybe 15 people on the front line - or teach a group and help hundreds.

"It was horrible to see the devastation. You could smell the cordite; it made it real. Seeing a destroyed hospital – I can't imagine standing on the helipad at the BRI and thinking of it all destroyed."

Matt explains: "It's a very hardy nation. They're keen to get on with their lives. The amount of damage to property and life is disheartening but they're just getting on with things.

"We delivered very hands-on practical training, so everyone went away with valuable skills; some came up to say thank you for also giving them the confidence to use these skills.

"The best bits were seeing people come away feeling like they've gained something. The worst bit was feeling like we could do more; we didn't really feel ready to return to the UK.

"It was the camaraderie and humour that helped us cope with things just like it does back home when we're dealing with critical care on a daily basis."

AAW 2023

Air Ambulance Week 2023 will take place 4-10 September this year, with all air ambulance charities being encouraged to build on the developments of previous years to create a nationwide week of awareness and support. Further details on this year's theme are yet to be released but charities are encouraged to consider lighting up key local buildings for Air Ambulance Week – a very visual reminder that works well to raise awareness both in person and across all media.

CONFERENCE & AWARDS: NEW DATE AND VENUE

The highlight of the air ambulance calendar for many people, the AAUK Air Ambulance Conference and Awards of Excellence will this year be held on Thursday 30 November 2023 at Reading Football Club. More details will be released soon but it is hoped that the choice of venue, easily reached by car, train and air, will make the event accessible for all.

DIVERSITY: THE TIME IS NOW

The problem with the word 'Diversity' is that these days it can come with a whole load of baggage, assumptions and prejudices. For some people, it can feel like the focus is over the top and it's just not relevant to our everyday lives. But it is. It is relevant for every air ambulance charity, ambulance service, employee and patient. Paying attention to diversity is not only a moral obligation if we believe in a just society but it also makes total business sense.

Gemma Howlett, Principal Lecturer at University of Cumbria and Lead on the National Paramedic Apprenticeship Programme, who presented at the AAUK conference in November, explains why embracing the challenge of widening access and accepting diversity, equity and belonging in our profession is critical for success:

I want the world to be fairer, with better access for everyone to education and work opportunities, unrestricted by the colour of your skin, your gender, your disability, your sexuality or any other protected characteristic or uniqueness. When considering diversity, we also have to think beyond the protected characteristics categories: it is important to understand there is a deeper level of diversity that incorporates what people think, their experiences, how they view the world, how they form opinions, and so on. This cognitive diversity is influenced by factors such as upbringing, education, where you grew up, what you read and watch, who you associate with and other similar factors.

So on one level, diversity is more obvious and often visual, while the second level is not immediately apparent. The first category - the more visual diversity - can include factors such as dress, body language, tattoos as well as race, gender representation such as 'typical masculine or feminine' traits and these are often what we form our early views and opinions on - essentially the things we immediately notice about someone. This happens often before we get to know anything about them.

Most people, on the surface, agree that people should have equal opportunities but we are a long way from that so there must be barriers currently, and we will explore these a bit later. First it is important to consider why diversity, representation and equal opportunities are important.

Beyond it being the right thing to do in terms of social justice and equity, there is also evidence to show that diversity within teams makes an organisation more successful. Professor Catherine Phillips dedicated her life's work into looking at diverse teams and discovering why they were successful



if they embraced all levels of diversity. Professor Phillips conducted various trials where she gave homogenous groups and diverse groups the same task to complete simultaneously. When asked to report on how a task went before hearing the results, the homogenous group would always report a high level of success while the diverse group found it uncomfortable, didn't think they'd done a good job, thought they'd taken too long to get to their answer and hadn't done well. In reality the success levels of the diverse group were actually objectively higher, but it was the discomfort of the situation, of being in a group of people not like them, of the challenge, critique and questioning that was present due to the diversity of thought and experience that made the task feel harder and made them question or doubt their success.

So why would this be so? Well, firstly, it's nice when people agree with you, when you have your views validated and to feel a commonality with people. The source of the other group's discomfort - the challenge that comes with working with a range of different views and experiences - was actually the source of their success.

Looking specifically at healthcare teams, research shows



that there are benefits to staff, patients and across whole systems; diversity improves access, choice and patient satisfaction. The more diverse our care teams are, the more of our patients are represented.

Diverse recruitment strategies give you a wider talent pool. Efficiency, productivity and innovation are also shown to be improved. A truly diverse organisation that really lives its values is also a safer place to work: there is less sexual harassment and bullying in organisations that allow people to bring their whole authentic selves to work. People often feel safer, if allowed to be their authentic selves, to report or discuss mental health and wellbeing issues rather than hiding them due to fear of negative consequences.

Barriers

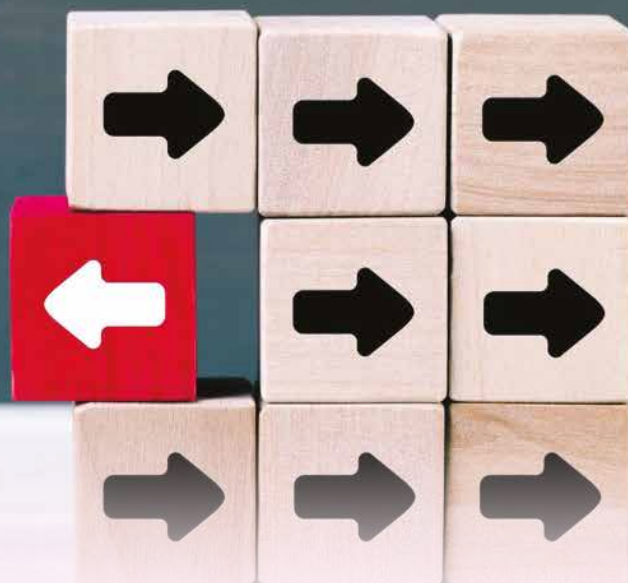
So, given all this, why are more teams not more diverse? Let's look at some of the barriers. If you look at your department, if you don't have gender equity, if you don't represent the populations you serve, then you must have barriers up. They may be there unintentionally but that doesn't change the fact.

It's important to note at this point that some of those

barriers will be deep-seated societal issues and not related specifically to your organisation.

Recruitment often represents a major barrier. You may think your vacancies are open to everyone, and anyone can apply. But if you're not reaching certain demographics because of where you advertise or how the ads are written, then they're not going to be truly inclusive. Ask yourself how you make your reach as wide as possible. If you find that only a certain demographic is applying for your roles over and over again, then there's something in your comms and marketing that is not reaching diverse groups of people – so you're limiting the pool of people you are recruiting from.

Another barrier is where an organisation may have diverse recruitment strategies but once employees have joined the team, they might find they're not allowed to be their authentic selves, to have an equal voice, to challenge practices and they'll become demotivated quickly and will leave the organisation. So if your company is in the early days of trying to increase diversity, then it's critical that company culture and practices allow those diverse recruits to find their place in the organisation and help to embed that cultural shift.



Bias

We also need to look at bias. We are all biased – it's innate to us and our survival. We must examine and understand all biases including the biases that we may not even be aware that we have: our implicit or unconscious bias. However, and this is important to note, what we cannot do is blame our unconscious bias for our failings or negative behaviours and actions once we are aware of them. We must understand our biases, own them, and educate ourselves in order to prevent them negatively or incorrectly influencing decisions or actions we take. This can be an uncomfortable journey of self-awareness and critical reflection, but it is essential.

So where does bias come from? Some of our bias comes from the unconscious part of the brain which is situated in the limbic system, which is what kept us alive as we look back in our evolution. It is all about survival. The brain processes all the incoming data and quickly categorises everything that comes through your senses - and anything that sits outside of what your brain sees as normal is treated as a threat. It can make us jump to conclusions, to categorise people or situations from pre-existing views or opinions. The trigger is something unfamiliar or unexpected, which therefore, according to our brain in that moment, may be dangerous; these days unfamiliar doesn't have to mean dangerous but your brain can often respond in the same way, flooding the system with cortisol when encountering something unfamiliar or unexpected; this is a stress response.

Allied to this is the human propensity to form tribes to keep themselves safe in a hostile world, and anyone outside of that tribe can be seen as a threat. We still do this to a certain extent: we like to spend time with people like us, who think like us and who make us feel safe.

This directly feeds into the recruitment process and leads to certain types of bias. A piece of research by one company showed that their middle management was very similar in demographic, thought, experiences and how they looked at problems. What they identified was that the recruitment panel

that they used for that layer of management was always the same. So this company set up a mock recruitment for a made-up role for this panel and hired six actors to play the part of interviewees and briefed them on what to wear, how to enter the room, what to say and how to present themselves. They put hidden cameras in the room.

What they were trying to capture was the very initial response to when the person came in the room, and what they saw was a very immediate, visceral reaction before the game face came on. What also happened was that the person who got the job wasn't necessarily the person who gave the best answers but the person who looked most like the panel and gave the answers most aligned with the panel's own thoughts. This is known as affinity bias. They subsequently put more diverse panels together at that – and other – levels of the organisation.

You also have conformity bias, with everyone conforming with the strongest person in the room. This is when the culture is such that no-one feels able to speak out, to challenge the status quo. There's also gender bias, with people believing women should be in certain roles and not others, and women always being expected to take the minutes in meetings – sometimes even very senior women.

You need to ask yourself about barriers in your organisation. It can seem daunting but I like black tennis player Arthur Ashe's quote, 'Start where you are, use what you have and do what you can.' This puts you in a much more positive place of seeing what you can do, not what you can't.

Self-reflection

As well as organisational reflection, it's also important to have self-reflection. Looking at my own story, I never used to notice what was going on around me regarding diversity, never questioned the often majority white male hierarchies that I saw in the organisations that I worked for. I have educated myself a lot around this since but I had to understand my own barriers, my own self, to examine firstly why I didn't notice it

for a long time and, when I started to notice, why for a long time I did not feel comfortable or confident in calling it out, why I felt like I had no voice. So this is my story: I grew up in a socio-economically deprived area of South Wales where we were told by teachers not to aim too high because of where we came from. I'm also a woman and have been taught by society to be compliant, to be a 'good girl' and not shout or be angry; and I'm also gay and I grew up under section 28 in a time where homosexuality was prohibited from being mentioned in schools. So at best, my identity was invisible; at worst, it was wrong and that filled me with shame and an awareness of my difference. My reaction was to get my head down, get on and fit in as best I could. I wasn't about to start shouting about all-male hierarchies, inequality, class systems and LGBTQ+ rights.

But eventually I did start to see it. In my work life, I started to wonder why it was all white men in senior management positions, why some amazing female clinicians were just not getting the jobs, why there were hardly any people of colour in the rooms I sat in or the vehicles or the crew rooms. So I educated myself, and I continue to do so, speaking to and learning from people who are not like me, who face different challenges or maybe have not faced many challenges, people with a different view and lens through which they view the world, different opinions and, just as the evidence says organisations are richer for it, I truly believe I am a better version of myself.

One of the things we must reflect on is privilege. Now I know this kind of discussion can get very heated but it's a fact that in the lottery of birth, you may have been given certain privileges – white skin, good family income, good support networks, a gender seen commonly in power structures. As part of your reflective journey and understanding self, understanding one's own privileges is essential. It's important that people with privilege seek to learn from and about other groups of people and understand their experience.

Organisational reflection

As well as this personal reflection, you also have to look at your organisation – and this can be difficult too. You may be very proud of your organisation, what it stands for and what it achieves. The air ambulance sector does some truly remarkable things, has some fantastic people and saves lives – there is lots to be proud of. But in terms of diversity and inclusion, you have to go on this difficult journey.

There's an excellent pre-hospital clinician and researcher called Jessica Thomas-Mourne whose research focuses on gender equity in HEMS clinicians. She went out nationally to female clinicians who either work within HEMS or have applied or thought of applying to HEMS. She asked about what sort of barriers they experienced or expected to experience as they sought to become part of the HEMS community. Some of the things people told her were:

- there was a real sense of you need to know the right people or you're not getting in
- there is bias in the recruitment processes e.g. predominantly male panels appointing people who look like them
- fitness test barriers, with some tests being more appropriate to a man and a man's body
- extreme expectations to even put an application in – this could be a product of the buoyant recruitment market and employers are trying to narrow the pool but it counts against those people who have simply never had access to opportunities because they don't know the right people, they might have care responsibilities, they might have had to work lots of overtime and so on
- the social media representation of HEMS was offputting: the depiction of the usually male hero figure made some applicants feel they wouldn't be welcome or successful in their application
- the lack of flexible working and part-time roles.


Whether you agree or don't agree with these findings, this is what came from the research and we must pay attention to it. Air ambulance charities do amazing things and there is clearly huge ability in your organisations, so you have the people capable of making the changes needed. There's also loads of experts on this, all too keen to help you on this journey. It's time to start challenging the policies and practices in your organisation to help create a fairer, more equitable world and an even higher-performing organisation.

We can't just leave this work to those who are on the receiving end of this unfair situation. It cannot be down to people in underrepresented groups to fix the problem – it will never be solved this way. Everyone needs to be an ally, needs to be part of the solution. You need to challenge misogyny, sexism, racism every single time you encounter it, challenge what is often dismissed as banter. You need to be the person to invite another colleague into the conversation who doesn't feel they're able to speak up or isn't being given the space to do so. Don't make decisions and write policies in homogenous groups – always look for diversity of thought and opinion. Think about the words you use: 'Take it like a man', 'Oh, she's one of the lads – we like her': this sort of language creates barriers.

This all means you might just have to get comfortable with being uncomfortable for a while. It's difficult to reflect on yourself and your company but you have to keep it on the agenda and keep pressing for change. It can be a long journey but the conversations will become easier. There are definitely things that all of us can do.

We would love to hear from you if your organisation is making strides in this area.

Please email info@airambulancesuk.org

 Photo Credit AAUK / Gemma Howlett

FOOTBALL SEARCH LEADS TO LIFE-THREATENING BRAIN INJURY

Every minute counted when schoolgirl Betty Boland sustained a serious head injury in a freak accident. Her Mum picks up the story:

Our daughter Betty was six and a half when she had a horrific freak accident after school; it was days before the end of the school term. She was playing outside and had gone to look for her football which had disappeared into the shrubs at the end of the garden. She decided to climb on the roof of our neighbour's workshop to see if it was there and fell 12ft through the roof, landing on her head.

Betty sustained a life-threatening brain injury and in the blink of an eye, our lives flipped upside down. It would be 17 days before we would return home again.

Within minutes of calling 999, a first responder arrived, quickly followed by the ambulance service paramedics. They made the decision to call for the assistance of Dorset and Somerset Air Ambulance - a decision that would prove to be crucial, given the nature of Betty's injuries.

After doing as much as they could for Betty on the ground, we were both put inside the ambulance and taken to Westland's helicopter base where the air ambulance had landed. There we met the critical care team who provided further assessment. Betty had a suspected closed head injury; if there was any bleeding inside her head (which was feared, due to her reduced conscious level), she needed to get to a specialist children's hospital that could perform neurosurgery as soon as possible.

The air ambulance team prepped us for take-off. They were so calm and told me what to expect when we landed; within 20 minutes we were on top of the helipad at Bristol Royal Hospital for Children.

We were greeted in Bristol by an emergency room full of briefed professionals and not a moment was wasted; Betty was intubated and rushed for an MRI scan and X-rays. These showed that she had fractured her skull, had bruising and several bleeds on the brain and she had damaged her lungs.

Betty spent five days in intensive care in an induced coma, while the incredible paediatric intensive care unit team did all they could to stabilise her and manage the pressure within her head, to protect her brain from damage as the bleeding and swelling developed. After some really scary touch-and-



Photo Credit DSAA

go moments, the staff were able to reduce the sedation and Betty began breathing independently. She was taken off the ventilator and as the effects of the medication faded, it was time to see what, if any, lasting damage there was.

Gradually, Betty came back to us in every way and we moved through the different hospital wards, which offered various levels of care, before we were ready to be discharged. We walked away with some dissolvable stitches, owing a million thank yous and a new-found level of gratitude.

Throughout our experience, Jo Petheram and Kirsty Caswell (Dorset and Somerset Air Ambulance's patient and family liaison nurses) were heaven-sent. They were able to get us into a bedroom within the Ronald McDonald charity house near the hospital. This meant that one of us could be with Betty 24/7, while the other could get some rest. They had all the experience to explain what we could expect with regards to Betty's treatment and what was happening along the way. They continued to follow up with us during our time at the hospital - and when we got home - to check if we needed any support.

Unbelievably, Betty was able to go back to school with her friends in September, when the new term started. We have since been back for a few check-ups and fortunately there is no lasting damage!

We are forever indebted to the team at Dorset and Somerset Air Ambulance. The time saved by airlifting Betty to Bristol was critical and that is why she is still here with us today. She remembers nothing about the incident, mostly only the puddings in the hospital!

The DSAA team that attended Betty's incident were: Phil Hyde, Dave Thom and Max Hoskins. Also in attendance from the ambulance service were: Joanne Male, Michael Harris and Justin Prangell.



HOLDING ON

22-year-old Angharad Elliott was on a family holiday when she suddenly suffered a seizure on the coast path and fell 40ft from the cliff.

Angharad, who suffers from severe epilepsy, had been out for a day at the beach with her family when it happened. Her mum, Jo, spotted her in a rock pool within a ravine below. She climbed down while Angharad's dad called for help.

Cornwall Air Ambulance was tasked to the scene, with Critical Care Paramedics Lisa Ball and Pete Storer on board. As they flew overhead, they managed to locate the patient, but due to the steep cliffs on either side couldn't land nearby, and instead had to land in a field high above the beach, which is notoriously difficult to access. They made a dynamic risk assessment and judged the uneven terrain would make it too dangerous to carry their 20kg kit bags to the scene. Instead, they grabbed vital drugs and left the rest of the kit on the coast path. In order to get to the patient, Lisa and Pete had to climb down to the beach then scramble across the rocks.

Within minutes the ravine Angharad was lying in was flooded with water. They quickly moved her a few metres further from the incoming tide. With the water levels rising, the crew wanted to reach a dry area high enough from the water that would enable them to carry out an assessment.

With the weather conditions and sea state worsening, the main priority was to safely evacuate Angharad as soon as possible. Due to the remote location, the crew had no communication with the South Western Ambulance Service control room or the Cornwall Air Ambulance helicopter pilot. They could only communicate with the coastguard via radio. There was no sign yet of the coastguard helicopter, which would be able to winch them directly from the scene.

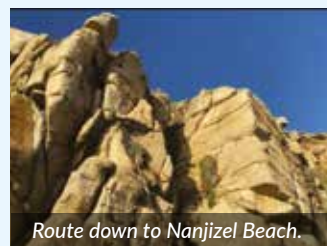
In less than 20 minutes, the waves were crashing over the ledge. With the situation becoming more precarious by the minute, the crew had to make a quick decision whether they would stay with Angharad and Jo or evacuate. An impossible situation to find themselves in; they knew if they left, they would both drown. Pete and Lisa thought first of the patient and made the decision to remain on scene, despite the risk to themselves. They stood between the crashing waves and the patient, using their body weight to pin them down to the rocks.

Lisa Ball, Critical Care Paramedic, recalled: "We were sheltering behind rocks with waves crashing over us all. We were using all our strength to hold them in place; if we didn't, they would have been washed into the sea. The conditions were getting worse: no-one would have got into that water and come out alive. The power of the waves would have thrown us against the rocks. Pete and I looked at each other, we work together a lot, and we both knew what the other was thinking. We couldn't leave them."

When the Coastguard Search and Rescue helicopter arrived, Angharad was winched directly from the rocks, followed by Jo and Lisa. Once they were in the aircraft, despite being hypothermic herself, Lisa attended the patient, monitoring her vital signs and giving her oxygen. Pete was the last to



Lisa Ball (centre) and Pete Storer (right) with Julie Lane from Award sponsor, Ageas.



Route down to Nanjizel Beach.



Ravine where patient landed.

 Photo Credit AAUK / CAAT

be winched into the helicopter. Angharad needed rapid stabilisation for traumatic injuries and was taken to the Royal Cornwall Hospital.

Angharad had suffered a cracked skull at the back of her head, a big wound on the front of her head, her lungs had collapsed, she had three crushed vertebrae in her spine, her pelvis had come off her spine, she suffered multiple fractures in her feet, and a knee ligament was ruptured.

As she was being prepared for surgery, she suffered a cardiac arrest and was revived by the hospital team. She spent nine months in hospital, during which time she underwent multiple surgeries.

One year on, and now 23, Angharad is still recovering. She still struggles to walk long distances without being in pain and is waiting on another operation. Remarkably the incident has significantly reduced the number of seizures she suffers every month, from around 20 to just two.

Reflecting on what happened that day, Angharad said: "I don't remember it at all, I remember the day before and then 10 days later. I find it interesting knowing what happened, I'm not scared of it, it doesn't upset me, I just think it's amazing that I did survive it and that people helped me; I'm very lucky. With severe epilepsy I've learnt to deal with things very well."

Jo added: "Seeing Pete and Lisa, I don't want to use this word loosely, but they were like angels walking along. Those guys came down despite the sea coming in, the extraordinary courage that they showed, and at no point did I get the sense they would leave us. Around 30 seconds after Pete was winched by the helicopter the rock was covered with water. I feel very humbled that they cared so much about us. If they didn't come, we would have drowned without a doubt."

FUNDRAISING: KNOWLEDGE IS POWER

How to maximise fundraising income during a cost of living crisis

Imogen Ward and Tobin Aldrich founded the AAW Group, alongside Mark Astarita, in 2016 and over the past seven years have been helping charities and the not-for-profit sector maximise income generation and engagement activities. Clients have included a number of air ambulance charities so it is a sector they know well. Here Imogen and Tobin reflect on the challenges and opportunities ahead.

AAW have been fortunate to work with several air ambulance charities over the past five years and it's been fascinating to see the development and growth of this sector over this period. Most of our air ambulance clients come to us with a relatively strong track record in certain fundraising areas (for example in lottery fundraising or community

giving) and our job is to help them move to the next stage of development to match the growth in operational demands.

At the heart of everything is insight: there is simply no scope for a strategy or implementation plan that is built on pure assumption; there must be a foundation of knowledge that informs decisions.

It's always useful to start with the bigger picture of where the broader charity sector is in the UK. Below is a table which gives us a snapshot of voluntary fundraising figures for the year 2021.

Income from individuals - whether in the form of cash donations, regular giving (via direct debits) or legacies - has always represented the bulk of giving and this has remained unchanged in recent years.

Whilst it is important for organisations to explore potential income from corporations, funding institutions and via High Net-worth Individuals (HNWI), clearly the greatest opportunity to secure broadly unrestricted funds comes from the general public.

Of course, as we will see below, in real terms we are seeing a year-on-year decline in this area and the UK is far from an



Imogen Ward.

AREA	£bn	%
Individual giving	£10.7bn	58%
– of which gifts over £1m	£0.3bn	2%
– of which online	£0.7bn	4%
Legacies	£3.0bn	16%
Corporates	£0.9bn	5%
Foundations / Trusts	£3.0bn	16%
TOTAL	£18.3bn	



easy market to navigate. However, the good news is that along with animals, children, religion and disaster relief, the medical and health sector is one of the best supported causes in the UK. And air ambulances, with their strong community-based appeal, direct impact and very visual proposition, generate a significant amount of public support and affection.

Dig deeper

Let's go a little deeper into the numbers.

First, individual giving: this has been static for several years, experiencing a brief rise during Covid but then dropping back to previous levels, with 2021 income at £10.7bn. Income from many fundraising channels has declined since the mid-2010s, while digital income has grown and become significant to many charities for the first time during the pandemic. Many charities are now struggling with income from appeals and one-off giving.

Second, trusts and foundations, which give away £3bn a year, a figure that is increasing slowly although this sector can be unpredictable due to trust asset portfolio volatility. 2020 saw many trusts and foundations increasing their giving as a result of the impact of the pandemic. Demand from charities remained high in 2021 and 2022 but in reality the amount a lot of these institutions could give had declined.

Third, individual philanthropy: the size of the market for major – ie over £5,000 – gifts from individuals is hard to



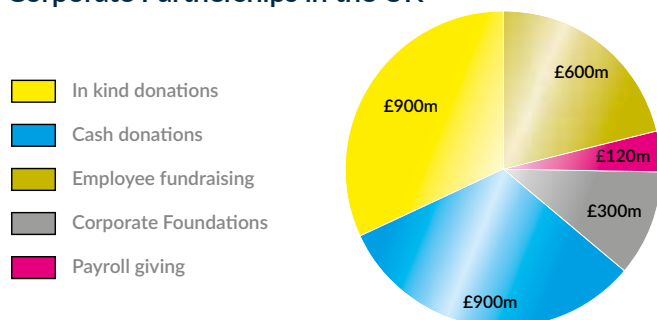
quantify but probably somewhere over £1bn a year. Despite the increasing wealth of the top 1% in the country, there is no real evidence that giving is increasing. Although every air ambulance dreams of a gift of a very large sum of money, these gifts remain extraordinarily rare: in the last year for which there is data, there were only 30 such gifts of over £1m. Philanthropy generates a very small percentage of fundraising for most charities.

Fourth is another sector that perhaps appears more lucrative than it really is: corporate giving. Corporates give only around £0.9bn a year to charities in the UK; this figure is static at best and possibly declining. However, if staff and customer fundraising and gifts-in-kind are included then the value rises to £3bn a year through companies. Despite the relatively low level of giving, this is an incredibly competitive area, with only a small number of very big charities having reliable large-scale income from companies.

Finally, legacies: these are worth around £3bn to charities in the UK, with 90% of the value of legacies coming from around 6,000 residuary estates each year – that's 1% of deaths. The amount that charities receive from legacies is growing and forecast to reach £3.6bn by 2025. Over the next 20 years, legacies will rise further on current trends as the baby boomer generation passes.

Whilst the older, more traditional charities such as the Royal British Legion or the RNIB continue to have increased income from this area, other less 'institutionalised' charities are gaining ground. Local causes such as hospices, regional hospitals and air ambulances are arguably the fastest growing sectors for legacies with many already performing strongly.

Corporate Partnerships in the UK

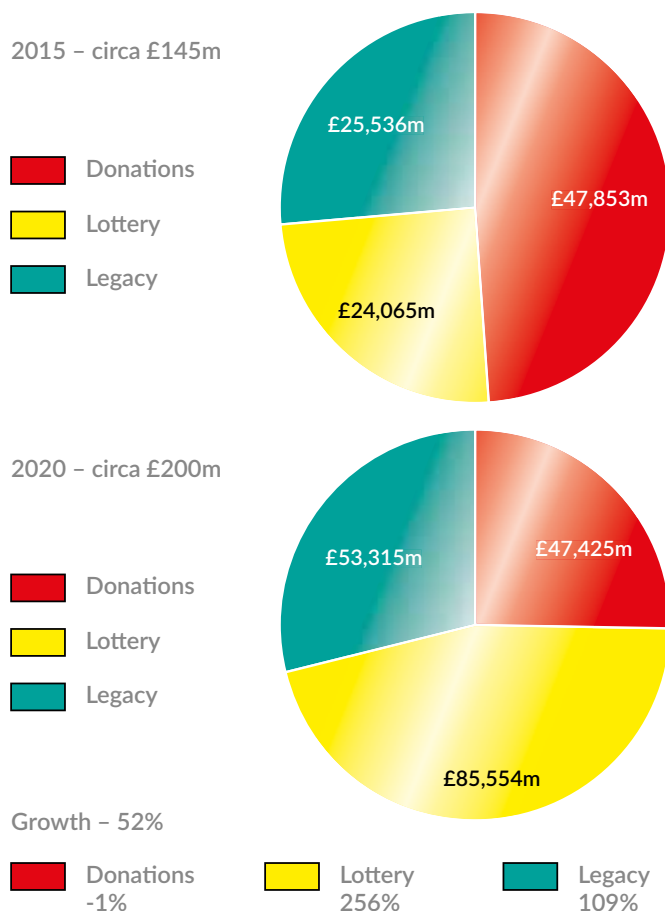


The air ambulance sector

Income levels at air ambulance charities across the UK vary widely, so it is impossible to talk about a 'typical' air ambulance charity: each will have different histories, different demands, different demographics and so on.

What is clear is that as an overall sector, the amount raised has increased significantly in the past five years. The chart below indicates this growth.

The Air Ambulance Sector Income 2015 vs 2020



Looking at donations alone and how many donations each air ambulance charity receives per 1,000 members of their population, the whole air ambulance movement raises as much money in a year as the British Red Cross or Macmillan; only CRUK raises more per head of population than air ambulances.

Donating via a lottery programme is a high performer for a lot of air ambulance charities and the predominant areas where most of our clients in this sector have invested over the past 5-10 years.

Where we see there is potential to develop this area is to look at lottery players in a less transactional way; these aren't gamblers but donors - this means that they actively want to engage more with the charity they are funding.

All air ambulance charities that we have worked with have both a high potential to increase the number of players, and more crucially, the opportunity to develop each individual's support to give in other ways. There is a strong correlation between lottery players and legacy givers.

Challenges

So what are the challenges air ambulance charities face currently when it comes to fundraising? Well, recession plus inflation at 10% is not exactly an economic picture that fills charities with hope. Not only does it take spare money out of the pockets of those who might give to charity but it also significantly increases the cost of keeping services running. The result of this economic environment is that all fundraising channels are more congested than ever, there is more competition in the weekly lottery space, and other causes - such as food banks and poverty-focused charities - are understandably gaining prominence.

Community fundraising hasn't really recovered from Covid and also the nature of volunteering is changing, while many volunteers are getting older.

Perhaps the most important aspect to consider when developing your fundraising programme is how well you understand the entire community that you seek to serve.

Often our clients will receive significant amounts of support



from a few areas of their patch but will have cold spots where support is low.

Air ambulances need support from the whole community - you just can't afford to miss audiences. Your message is relevant to everyone - young and old, the wealthy and less well off, those living in cities and urban areas and those in very remote districts. We've also seen some clients look to develop initiatives and appeals where they can reach certain communities - the British Asian community for example - that have a huge potential to give but are sometimes overlooked as a constituency.

What next?

The next big thing in fundraising is not a phrase or philosophy that you need to base your fundraising strategy on! Let other, bigger charities find out the potential for crypto or invent the next virtual fundraising event. You simply need to watch carefully and take things that work to your audiences.

However, there are a number of things that we do know:

- Supporters increasingly expect to find you in digital channels and will judge you by the quality of the digital experience
- Donors' expectations will continue to get more demanding and people will increasingly expect you to treat them as individuals. Focus on developing the best supporter engagement and donor experience
- Donors will increasingly look for demonstration of impact. You need to be able to continually show the difference you are making and have the ability to tell the story in a compelling way
- Video continues to be more and more important as a communications medium.

In summary, times are tough but the air ambulance sector has the potential to continue to develop and grow.

Air ambulances have lots of fundraising opportunities but the easy days of fundraising are over; going forward you will need a laser focus on reaching your key audiences with relevant and engaging communications and ways to support.



Tobin Aldrich.

You need to become insight driven and develop diversified fundraising portfolios, and you will need a step change in digital.

You obviously want the best possible people working in your organisation but the recruitment market for fundraisers remains very competitive. Be creative. Think about how you can grow your own and develop your team.

Maybe think about how freelance or consultancy support can help you in the short term to reach long-term goals – you don't always need to create a role with overheads to get to the next stage.

As you as a sector and as an organisation evolve and grow, you will need to make sure that your Board of Trustees are the absolute best they can be for you – keep doing a skills audit and consider whether getting in different voices, skills, experiences and backgrounds will help you.

Finally, be confident in your brand, impact and ability to connect with your communities: people want to support you because every person who lives or works in your area could need you at any time.

To find out more about maximising fundraising opportunities, contact imogen@aawpartnership.com

 Photo Credit AAW / AAUK.



AIRBUS DELIVERS UK'S FIRST FIVE-BLADED H145 TO YORKSHIRE AIR AMBULANCE

Four years ago Airbus Helicopters announced at the Heli-Expo show in Atlanta that it was re-launching its best-selling H145 helicopter with an innovative five-bladed, bearingless rotor.

The result was to increase the useful load of the helicopter by 150kg while delivering new levels of comfort, simplicity and connectivity. The response from the operating community was overwhelming.

In March this year Airbus was delighted to deliver formally the first of the new models to enter service in the UK – to independent existing H145 operator Yorkshire Air Ambulance (YAA.) A second will follow it into the YAA yellow-painted fleet in the coming months.

Steve Waudby, Director of Aviation at YAA, said: *"We're delighted with our new D3, G-YAAA, and to be the first customer in the UK to receive the new model straight from the production line. As existing H145 users we already knew the benefits the helicopter brings to an operator like ourselves, but what particularly attracted us to upgrading to the D3 was the smoother flight as a result of the 5-blade rotor, and all the technological advancements too. Another advantage is that it's also slightly lighter, because the anti-vibration equipment has been removed, which means we can carry another half an hour's worth of aviation fuel, allowing us to stay airborne and go to a lot more jobs before we must return to base to refuel. We are looking forward to welcoming our second helicopter, G-YORX, to the fleet in June."*

The five-bladed helicopter can lift 150kg more than its four-bladed predecessor and the additional performance can equally



Peter Sunderland MBE, DL (Trustee and Chairman, YAA) and Richard Cove (Head of Pilot Training at Airbus Helicopters UK).



Paul Holmes, Acting HEMS Clinical Operations Manager, YAA.

be translated into increased range and endurance. Crews and patients alike benefit from an even smoother ride thanks to the rotor's aerodynamic characteristics and bearingless design.

But it is not just the new rotor that the new bird – G-YAAA – features. Its aeromedical configuration is at the leading edge of the HEMS sector. For instance, an integrated camera system lets the crew observe the area behind and below the aircraft for increased safety, and the same system enables rotors-running loading of patients for rapid transfer when time is critical.

On-board Wi-Fi permits in-flight updating of patient records and a highly advanced data communications system will allow the transfer of patient data to the destination hospital to help medical staff prepare.

Doctors and paramedics also love the Bucher wheeled stretcher system that greatly eases loading and unloading of patients without the manual lifting previously required.

AIRBUS



📷 Photo credits: YYA.

SCAA CELEBRATES ITS FIRST DECADE

This year, Scotland's Charity Air Ambulance (SCAA) marks its 10th anniversary. It was 22 May 2013 when Scotland's first and only air ambulance charity launched its paramedic-led service with a Bolkow 105 taking to the air from its base at Perth.

Ten years later, the charity operates two air bases - each with an EC 135 helicopter and a BMW X5 rapid response vehicle - at Perth and Aberdeen airports, covering the vast 30,000 square miles of the Scottish mainland and its many islands.

In that time, the charity has raised around £48 million through public donation and responded to nearly 5,000 HEMS, medical emergencies and patient transfers.

Now one of Scotland's best known and most respected national charities, SCAA has flown more than 80,000 nautical miles, flying help and hope to remote and rural communities in every corner of the country - often with consultant-led EMRS critical care teams on board.

SCAA is unique in that it works alongside the UK's only two Government-funded helicopter air ambulances, all being tasked through the country's 999 service, delivering a unique working partnership. SCAA's launch cemented the third sector's place in emergency service pre-hospital care delivery and has since proved a vital cog in the country's life-saving capabilities.

SCAA CEO David Craig commented: "Everyone in Scotland should take time on this 10th anniversary to acknowledge the significant amount of time and dedicated effort that was involved in the incredible achievement of setting up SCAA."

"In our first decade, we have saved and improved thousands of lives and it's important to thank everyone who has been with us during those 10 years and acknowledge all those who have helped us reach this milestone - be they crew, staff, volunteers, trustees, sponsors, donors or supporters."

SCAA will be staging a series of events throughout the year to mark the anniversary.



AAUK and air ambulance colleagues were pleased to join Airbus Helicopters at their House of Commons reception. Simmy Akhtar, Chief Executive of AAUK, is seen here with Helena Holt, CEO of Devon Air Ambulance and Jonathan Jenkins, CEO of London's Air Ambulance.

Busiest year

Air Ambulance Charity Kent Surrey Sussex (KSS) has reported that 2022 has been the busiest year in its 33-year history. Between 1st January 2022 and 31st December 2022, the charity's crews responded to 3,224 incidents, 64% by helicopter and 36% by Rapid Response Vehicle. 1,353 of the call outs were to incidents in Kent, 757 to Surrey and 947 to Sussex.

Film award success

Great Western Air Ambulance Charity (GWAAC) brought home silver in the People's Choice Award at the Smiley Charity Film Awards. Hundreds of people voted for a film that re-tells what happened to GWAAC patient Jasmine when she stopped breathing, and how the GWAAC crew helped save her life. Over 400 charities entered the film awards.

Do you have any news you'd like to share in Airway? Then email info@airambulancesuk.org to be considered for the next issue.

GALE BOWS OUT

After 16 years with Essex & Herts Air Ambulance, Cliff Gale has retired as Operations Director. Cliff joined the charity in 2007, having spent 30 years with Sussex Police where he gained hands-on experience managing the police air operation. Since joining EHAAT he has helped the charity achieve numerous milestones whilst setting the foundation for its substantial growth.

Cliff has been commended by his colleagues for helping to create clinical governance in pre-hospital care in the early days of air ambulance services. Among his many achievements are: playing an instrumental role in expanding the charity's operations into Hertfordshire; cementing EHAAT's future with its airbases at Earls Colne and North Weald; and purchasing its first owned helicopter.

Cliff will continue to work with the charity part-time to oversee the implementation of its carbon reduction strategy, alongside other projects. However, he is handing over the operational reins to Paul Curtis, who becomes EHAAT's new Aviation & Operations Director.

Paul has over 25 years in the aviation industry, piloting helicopters for the military, air ambulances, the police and for the offshore oil and gas industries. He has also flown for Jet2, flying Boeing 737s.



Cliff Gale & Paul Curtis.

Credit EHAAT

GOLDEN HOUR MILESTONE

More than 200 major trauma patients have been recruited for a pioneering £10 million research project looking at early detectors of probable susceptibility to in-hospital infection and/or multi-organ failure. The 'Golden Hour' study, which began in 2014, is being led by Research in Emergency and Acute Care Team at the Queen Elizabeth Hospital in Birmingham and is supported by the National Institute of Health Research (NIHR). The study aims to improve patient outcomes by developing tests to help clinicians treating those who have suffered a major trauma to spot the early signs of whether patients are more likely to develop a serious infection or multi-organ failure in hospital in the days and weeks following the initial injury.

The research is being supported by the critical care paramedics and pre-hospital emergency medicine doctors at Midlands Air Ambulance Charity and West Midlands Ambulance Service University NHS Foundation Trust, who collect blood samples from appropriate patients during the first hour of treatment.



Credit MAAC

A PARAMEDIC'S VIEW

By Aysha Mendes, Editor, Journal of Paramedic Practice

I recently did something unbelievable.

I drove out to a beautiful retreat in nature to attend a 45-minute breathwork session; then, I plunged—deliberately—into an icy river, in the thick of Canadian winter.

As might be expected, upon submerging my body into the water (which was about 2°C), my fight-or-flight response kicked in. My heart rate increased and my breathing felt momentarily out of control. However, I focused my breath, consciously slowing it down, particularly on the exhale. Within seconds, it fell into a controlled rhythm and calmed me down.

Our ancestors' sympathetic nervous system, which is responsible for our fight-or-flight response, would kick in when there was an actual threat to their lives such as running away from a wild animal. Once they were safe from the animal, their nervous system would regulate back down to parasympathetic (rest and digest) mode. However, in today's day and age, it is rare that we are running away from an actual life-threatening danger.

Yet, our species has not yet evolved to the point that our bodies understand that road rage, screaming children, and other daily stressors, such as those encountered while working in the air ambulance service, are not wild animals. This results in our bodies regularly amping up into fight-or-flight mode, but not coming back down. Many of us are just regularly living in a high-stress state, which is a health recipe


for disaster and completely conducive to developing disease. Some people may find themselves in the opposite state, where they feel numb, detached and disassociated. However, when our nervous systems are in a regulated state, rather than living in one of these two states of either hyperarousal or hypoarousal, we are in an optimal zone where we're able to deal with stress more effectively (Neff, 2023).

Learning how to breathe correctly and also how to regulate our nervous systems during times of stress is essential. Breathwork and cold immersion are both ways that I'm finding are supporting me to do this. The lessons the body learns about how to regulate itself during a period of intense stress are not forgotten and carry over into everyday life. The resilience and mental toughness developed when the mind can powerfully override what is happening with the body are qualities that can come in very handy at what can be described as arguably one of the most challenging times in recent history—both within and beyond healthcare. One of the most important lessons to implement in today's high-stress climate is to place mind over matter—after all, we are stronger than we think.

Share your experiences with the JPP at jpp@markallengroup.com and access your subscription discount exclusively for AAA members at <https://www.magsubscriptions.com/aaa25>

References

Neff MA. Up and down regulation: how to regulate your nervous system. 2023. <https://neurodivergentinsights.com/blog/up-and-down-regulation> (accessed 20 February 2023)

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