

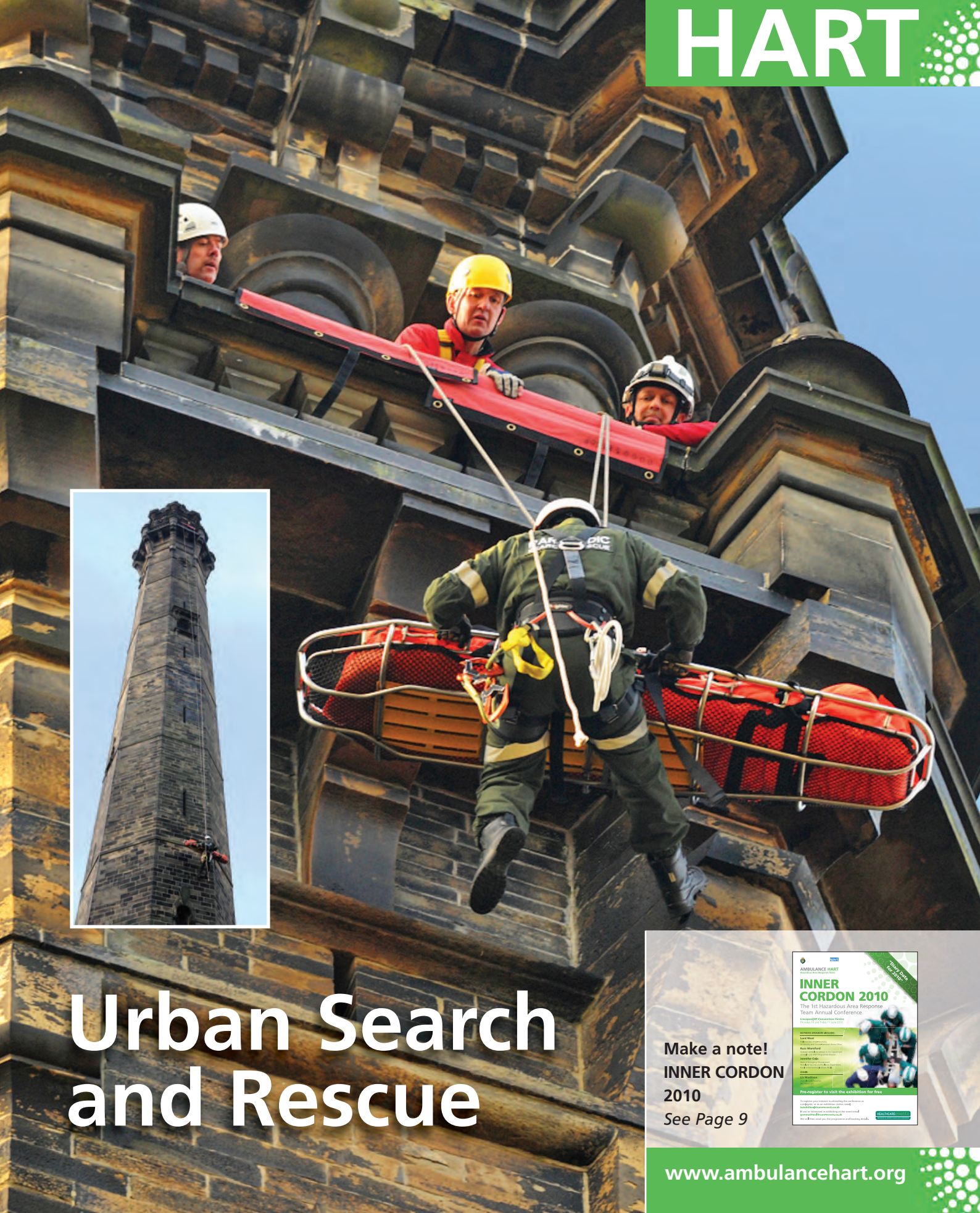


NHS

AMBULANCE HART
Hazardous Area Response Team


INSIDE

HART



Urban Search and Rescue

Make a note!
INNER CORDON 2010
See Page 9



INNER CORDON 2010
The 1st Hazardous Area Response Team Annual Conference
University of Coventry Centre
Coventry, CV4 7EJ

2010 Date for the Diary

Inner Cordon 2010
Date: 11-12 November 2010
Venue: University of Coventry Centre
Coventry, CV4 7EJ
Registration: £100 (incl. lunch and refreshments)
Sponsorship: £1000 (incl. lunch and refreshments)
Sponsorship: £2000 (incl. lunch and refreshments)
Sponsorship: £5000 (incl. lunch and refreshments)
Sponsorship: £10000 (incl. lunch and refreshments)

Pre-register to visit the exhibition for free

For more information visit www.innercordon2010.co.uk
or contact the organisers on 02476 861111

Coventry



Russ Mansford,
Strategic Ambulance
Advisor to the
Department of
Health and HART
Programme Lead.

HART: A VALUABLE PART OF THE AMBULANCE SERVICE

Welcome to the third edition of Inside HART.

As you flick through this issue you will notice a significant focus on the HART Urban Search and Rescue (USAR) capability - one of the main aspects of our service that is genuinely out of the ordinary realm of 'normal' ambulance responses.

Dealing with incidents where patients are difficult to access, trapped underground or in collapsed structures or are injured at height, is obviously particularly challenging for any team of paramedics. It requires specialist training and specialist equipment to provide life-saving clinical assessment and care at the point of rescue – especially when it could take several hours to extract the patient concerned.

On-scene, the HART team must quickly achieve the respect and support of their fire and rescue colleagues. In a pressurised environment this is never going to be easy but from day one we have trained our teams alongside fire and rescue colleagues, and both groups have benefited from this close working relationship. Indeed, for many years ambulance services have worked closely with their emergency services partners and HART is simply an extension of this pattern.

I have heard reports on the grapevine of concerns that HART are sometimes seen as an 'elite' band of ambulance personnel. As the person in charge of rolling out HART teams across all NHS ambulance trusts I would like to use this opportunity to categorically state that they are not! HART teams are composed of ordinary paramedics who are trained, equipped and prepared to do extraordinary things to save the lives of seriously injured patients.

Of course large major incidents don't happen every day (and thank goodness they do not) but HART teams will not be sitting around twiddling their thumbs. A number of incidents each day tend to have something of the unusual about them where the additional knowledge and equipment HART personnel have can be put to work, supporting other responders or releasing colleagues to get on with the demand of Cat A calls. When the call comes in requiring their

specialist training and personal willingness to go into dangerous, hazardous environments you can be sure they will be ready to respond.

I believe we should all take comfort from the fact that we are now moving towards an ambulance service that has the genuine capability to provide more innovative clinical interventions than ever before through HART. The HART programme is a major good news story for the ambulance service, and its introduction significantly enhances the civil contingency infrastructure of the UK. It is not to be seen as a separate, 'elite' team but as a valuable and welcome part of the whole ambulance service.

I hope you enjoy this edition of Inside HART.

Advertise in this magazine!

Inside HART is one of the most targeted ways to reach the key decision makers and buyers within the UK emergency response community.

15,000 copies of Inside HART are printed and distributed to an estimated readership of around 30,000* people (*unaudited figure at time of press) working in the civil contingency and emergency preparedness fields, such as:

- HART Managers and HART operatives
- Senior people in the Department of Health and at the Home Office
- Staff at all NHS ambulance service trusts in England, and at trusts in Scotland and Wales
- Clinicians involved in emergency and urgent care
- Police, Fire and Rescue Service professionals
- Civil contingency responders and emergency planning leads across the NHS and local government
- Those with responsibility for planning for (or responding to) a chemical, biological, radiological, nuclear or explosives (CBRNE) threat or incident
- Military personnel (such as Military Liaison Officers)
- Urban Search and Rescue teams
- HM Coastguard and related marine agencies
- Academics and researchers.



HART QUIZ RAISES £742 FOR HEROES

The regular pub quiz held in the Sergeant's Mess at the HART Training Faculty at Winterbourne Gunner has raised a magnificent £742 for the Help for Heroes charity.

The quiz is held regularly with participants from the military and HART teams and is a welcome distraction from the rigours of the day's exercises. HART trainer Clayton Blight, who organised the donation to Help for Heroes, is shown here presenting the £742 to Fiona Gilbert from the charity on 08 December.

HART Training Lead Dave Bull would like to thank the Training Faculty and participants for raising funds to support Help for Heroes, and the RSM and staff in the Sergeant's Mess for the use of the venue.

For a media pack, please contact carl.rees@ambulancehart.org or telephone 01273 328140 or 07958 547727.

LONG WAY DOWN
This issue's front cover shows the Yorkshire HART team in action at an urban search and rescue (USAR) exercise with West Yorkshire Fire and Rescue Service at Wainhouse Tower in Halifax in December. The Grade II Listed building is 253ft high and has 403 steps inside. Photo credits: West Yorkshire Fire and Rescue Service.

HART 'SHOW AND TELL' AT HEALTH PROTECTION CONFERENCE

HART team members from East Midlands and West Midlands Ambulance Services joined forces with the West Midlands Fire and Rescue Service's Detection, Identification and Monitoring (DIM) team in September to give Health Protection Agency conference delegates a taste of the specialist services they can now provide.



The event - Health Protection 2009 – took place on 15th September 2009 at the University of Warwick, with regional HART teams being asked along to demonstrate the following to delegates:

- A HART Forward Command Vehicle – the most technologically advanced ambulance service vehicle ever produced
- A HART USAR vehicle (the all-terrain Nissan Navarra filled with specialist urban search and rescue kit)
- A HART personnel carrier
- A HART heavy equipment vehicle
- Specialist equipment such as multiple oxygen delivery units and PPE.

The West Midlands Fire and Rescue Service Detection, Identification and Monitoring (DIM) team, with whom HART teams work closely, (eg: at white powder and suspect chemical spillages) brought along their DIM vehicle. This carries specialist analytical equipment used for identifying the presence of substances, working out what they might be and how dangerous they are to personnel. The team also demonstrated their own personal protective equipment (PPE).

After the event, Dr John Simpson, Deputy Director of Emergency Response at the Health Protection Agency wrote to say, "I was very pleased to see how many people attended the HART show and tell, and also there has been a lot of very positive feedback about how informative and interesting the demonstration was. I am wondering whether we could make something similar an annual event."



NEWS LINES

HART news in brief

The first ever HART Conference will be held next June 10-11 at Liverpool's BT Convention Centre as part of a special event called Inner Cordon 2010. Organised by the HART Project Team, the event will be a central forum for all things HART-related and will be of interest to senior ambulance staff, HART teams and their multi-agency colleagues in fire and police.

Yorkshire Ambulance Service's HART Manager Mick Hardaker was interviewed by ITV Calendar at an RAF exercise his team were taking part in. "It was only short," says Mick, "but I managed to get a mention of HART in there!"

Paul Stevens started work as the HART Manager for South Central Ambulance Service in October and has been spreading the HART word ever since as he orchestrates the Trust's HART recruitment drive.

A HART Exchange Programme is being established to enable HART personnel to spend time and learn lessons from HART teams in other ambulance trusts. HART instructors will also get the opportunity to do learning exchanges with similar faculties in other countries.

The HART presence at the Emergency Services Show 2009 at Coventry in November was a resounding success, with many of the 4,200 visitors to the show stopping to chat to HART team operatives from East Midlands, West Midlands and Yorkshire Ambulance Services.

HART teams from Yorkshire and the North East joined forces with the HART team and other ambulance staff from North West Ambulance Service as part of the emergency response to the severe flooding in the Cumbria area.

Lord West, the Parliamentary Under-Secretary for Security and Counter-terrorism at the Home Office, has agreed to be the keynote speaker at Inner Cordon 2010, the first ever HART Conference which will be held 10-11 June, 2010.

The London Ambulance Service HART team boarded British Airways flight BA184 from Newark, US in November after several passengers mysteriously fainted during the flight. The team were wearing protective suits due to the risk of a hazardous materials incident.

A special online monitoring and evaluation tool called PROCLUS has been developed by the central HART project team. It was successfully piloted and then launched in Trusts in November.

In September, representatives from HART teams across the country joined hundreds of other mourners at the funeral of one of the first wave of London Ambulance Service HART Paramedics, Steve Wright, who was just 41 years old. Steve was an extremely popular and dedicated colleague who will be sadly missed.



Jamie Fountain,
HART USAR Lead

URBAN SEARCH AND RESCUE: WHAT IS IT?

Urban Search and Rescue (USAR) is nothing new. During the Blitz, rescue workers used USAR principles to rescue casualties trapped within collapsed buildings following the World War 2 bombings and to a certain extent some of these principles are still used today, alongside advanced technology and modern incident management principles.

For some time, several organisations have responded to disasters around the world with USAR teams to help those in need following earthquakes and other major events.

However what is new is the UK approach to implementing USAR for domestic resilience. The Fire and Rescue Service's New Dimension programme covered several disciplines including USAR and in 2006 it was looking to include advanced pre-hospital care within its USAR response. The concept of HART USAR was formed.

USAR can be defined as, 'operations that involve the search for and rescue of people in the urban or built-up environment, often - although not always - resulting from a structural building collapse.' The environment may require operatives to work in areas that are unstable, in confined spaces, or at height.

Having USAR-trained personnel within HART teams means that paramedics can safely enter a USAR environment with FRS colleagues to treat patients who may be trapped or where gaining access to the casualty is particularly challenging. These types of incidents are often protracted and the ability to provide definitive clinical assessment and care at the point of rescue is of obvious benefit to the patient; particularly where extrication time could be several hours.

During building collapse for example, research has shown that several injury patterns are common (such as crush injury) and providing the correct care can dramatically improve patient outcomes.

Types of incidents where USAR principles may be implemented include:

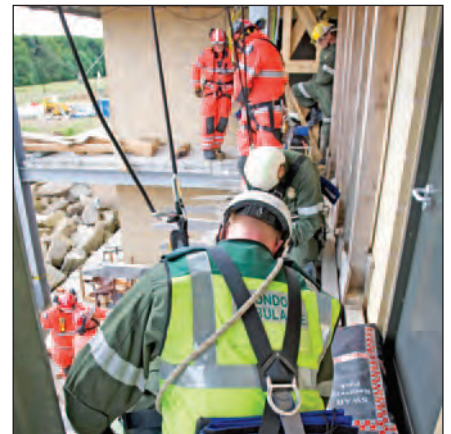
- Building collapse
- Industrial accidents
- Incidents at height
- Heavy vehicle transportation incidents
- Incidents below ground or in confined spaces
- Incidents where access to the casualty is difficult

FRS USAR teams use a variety of methods to find casualties including using search dogs, listening equipment and technical search cameras. Access to the casualty can be gained using an extensive armoury of tools including breakers, chain saws and rescue saws.

Propping and shoring can be implemented to stabilise structures and reduce the risk of further collapse; lifting and moving covers methods of safely moving large or heavy objects - again using a combination of cutting edge technology alongside long standing principles.

During HART USAR training, operatives gain an understanding of the role of FRS USAR teams and develop methods of working alongside each other to the benefit of patient care. HART are also therefore able to support FRS colleagues in what can be extremely challenging conditions. We are fortunate to have been able to develop an extremely good training faculty of dedicated trainers - with a mix of international experience and current HART operatives who work alongside multi-agency subject matter experts to deliver the training.

The course covers many relevant topics including health and safety, dynamic risk assessment, working at height, working in confined spaces, heavy vehicle transportation incidents and application of paramedic skills within the USAR environment. Experienced trainers are able to assist the candidates in developing tactics for delivering advanced pre-hospital care in challenging circumstances, for example in dark restricted spaces or at height.



The course is based around a 'building block' approach which ensures the candidates have the relevant theoretical underpinning knowledge and different aspects are introduced logically to form the package of HART USAR training. Candidates often comment that they would find large scale USAR exercises or incidents daunting at the beginning of the course but feel well informed and equipped to deliver pre-hospital intervention at such incidents after the course.

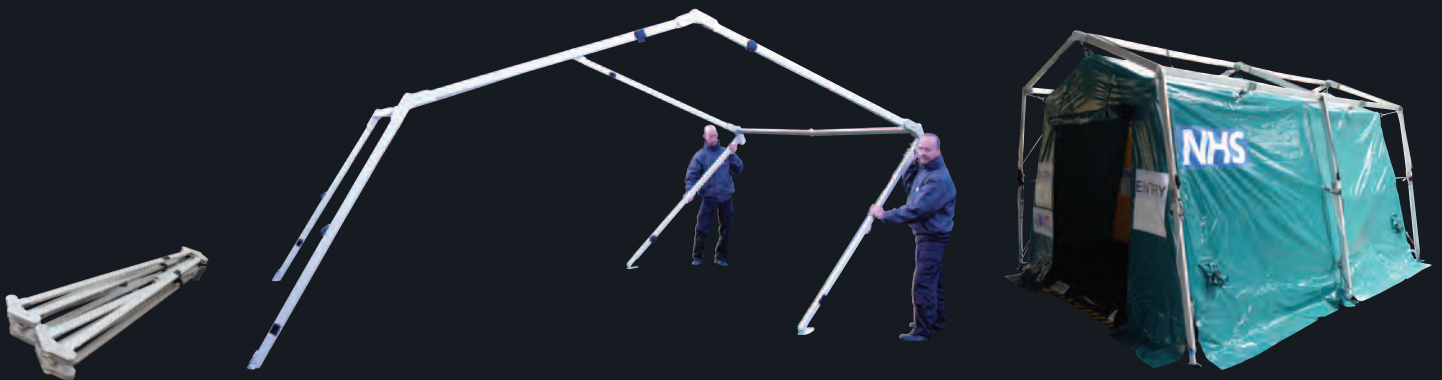
HART operatives may for example be required to assess casualties using search cameras remotely to help inform the extrication planning in conjunction with FRS colleagues. Sometimes gaining quick access to the casualty could result in further problems, so having the ability to include clinical assessment within the decision making process is of obvious benefit.

USAR skills within the overall HART response have been utilised at several incidents around the country - many of these are often featured in 'Inside HART' and on our website at www.ambulancehart.org. These incidents have included working in restricted spaces or at building collapses but also at less 'USAR specific' incidents such as the rescue of a parachutist who fell onto a high roof when his parachute failed to deploy correctly.

In short, the USAR element, as with HART in its entirety, is there to help support other ambulance and emergency services in their response to incidents that require a different approach and specialist training and equipment to help patients.

Jamie Fountain can be contacted via email at jamie.fountain@ambulancehart.org.

PRPS/VIP Decontamination



Now there's a better way



Since the award of the national Framework Agreement for 2nd generation Mobile Decontamination Units (MDUs), NBC has constantly strived for new and innovative developments. We are now proud to launch our new SAFEFRAME™ range - the very latest in leading edge shelter technology. The SAFEFRAME™ range can be used across a wide range of applications, with the SF15 (15 sqm) being specifically designed to meet the needs of PRPS/VIP decontamination.

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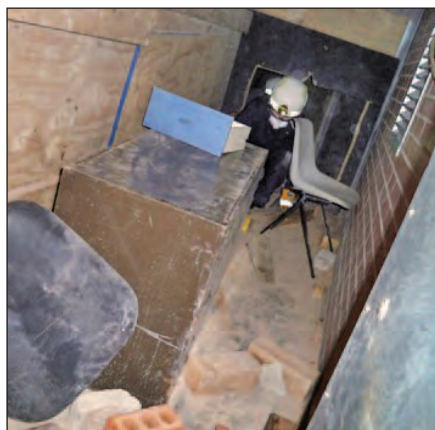
With a decon cell held within the shelter canvas holding a pre-installed water system, the unique NBC "all in one" solution further reduces set up and strike down time for operational staff, giving an average set up to full decon of just 5 minutes with 3 people.

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GOING UNDERGROUND

Kerri James, PR and Communications Assistant at North East Ambulance Service, followed the progress of the NEAS HART team as its members undertook each stage of the intensive HART training programme. In this article, Kerri gets to grips with USAR (Urban Search and Rescue) training.

Now that the HART team have been trained to use all of their Personal Protected Equipment (PPE) it was time for them to learn about the practicalities of trying to save lives as well as managing a major incident in an urban environment.

The training took place at the Fire Service College in Moreton-in-Marsh, Gloucester and is one of only two such facilities in the world, the other being in Texas in the United States. The college grounds cover approximately 40 acres and used to be an RAF base many years ago, and even the original flight tower remains in place.

As a result the grounds are littered with buildings that are perfect to simulate rescues within an urban context. The site even includes a scale size section of a motorway, as well as disused trains complete with tracks and crossings so students get the most authentic training experience possible.

The USAR training team is made up of Jamie Fountain – the national HART USAR lead - and instructors Clare Langshaw and Jason Fenard. The team have been based at the Fire Service College for a year, training HART teams from ambulance services up and down the country.

I went to visit NEAS students during the second week of their three week course, and was thrown in at the deep end to observe some practical exercises. Jamie took me ahead of the team into a simulated collapsed building to get in place to observe the exercise.

It was a lot scarier than I thought it would be and we had to crawl through an entrance tunnel that was only 2 feet wide, and ended up in a crawl space that wasn't much bigger.



Once the incident had been declared and the HART team arrived (their scenario was that they were attending to a collapsed terrace house with people injured and trapped inside), it became quite loud and very confusing. The whole exercise took place in the pitch black with the paramedics only having the torches on their helmets to see by.

NEAS were doing their training with paramedics from the East of England Ambulance Service. Martin Hambling, a paramedic with EAS said: "I think it makes the whole experience more realistic. On the scene of a real incident, it's likely that you're going to be interacting with people you don't know, from other emergency services and even other HART teams from around the country. It's important that you learn to work together quickly as you have to be able to trust them."

For each incident they must have a team leader whose job it is to keep track of the other team members whereabouts, record incident stats such as number of patients found, treatment given (amount of morphine etc) and to keep a log which could potentially be used in court if the incident is later found to have been caused by a criminal act.

The HART team are sent into the building in pairs and instructed to stay with their partner at all times. The first thing they do before treating any patients, is to search the space and make it safe by moving debris and furniture, to ascertain the number of injured parties and triage their priority as either P1, P2 or P3.

P1 = Immediate (injuries need immediate attention)

P2 = Urgent (patients whose condition is serious but not life threatening)

P3 = Delayed (walking wounded)

They must relay this information back to their team leader, and each pair is assigned to a patient. Now comes the hardest part, treating patients in the dark, cramped confines of an urban incident. The paramedics have to insert a cannula into prosthetic arms, give morphine, and any other treatment that is required while wearing safety gloves, goggles and dust masks as well as overalls and protective pads and helmets. Observations are fed to the crews by the trainers to monitor the dummy patient's status.

I'm not a claustrophobic person but with the dust mask on and the goggles which steam up

when you breathe, the panic is only ever inches away from the surface. It is very tempting to just rip the whole thing off.

Jamie said: "It's very true however obviously this is a training exercise. Operationally the situation may be much more dangerous but Paramedics will enter with Fire and Rescue Service Urban Search and Rescue colleagues who will gain safe access to casualties, and paramedics will then be able to stabilise and treat the casualty as required."

Clare said: "During a mass casualty situation the team would be required to very quickly assess multiple casualties in quick succession to inform the operational and clinical decision making process."



After another similar exercise, the team finished their practical exercises for the day and spend the rest of the afternoon in the classroom. They received a presentation from Graham Leedman from the Emergency Preparedness department of the Metropolitan Police, about preserving crime scenes while at an incident and also from trainer Jason about large scale incidents that have happened in the UK.

On the Friday, the team are given a talk on incidents involving railways to prepare them for the exercises that are planned for the rest of the morning. Mick McCarthy has been a trainer with the fire service for 12 years and teaches the class about the dangers of electricity. He shows them how to recognise live lines as well as who to call to get them switched off to reach a patient in a place of danger.

The first exercise takes place around a frighteningly realistic incident which involves cars that have come off the nearby motorway and crashed into a freight train. All the vehicles are real and the freight train is parked up on real tracks.

ONE OF ONLY TWO SUCH FACILITIES IN THE WORLD



The team have to search the area, triage the patients, treat them and get them safely back to the rendezvous point. This exercise was also multi agency with Mick playing the part of Fire and Rescue Service Silver Command working with the HART Team Leader to manage the incident.

The next incident was a similar set up and Caroline Davies of NEAS HART was chosen to take on the part of team leader. She admitted that she struggled with the incident log. She said: "I found it very confusing trying to keep the log with all the different bits of information that people are radioing back to you and also trying to keep track of everyone so you know that they're safe. I'd much rather be in there where the action is."

Clare reassured Caroline that she just needed to have more confidence in her abilities; after a deep breath and a check of her log notes Caroline was able to relay back all the events that had happened, perfectly to Clare.

One of the issues that had come up after talking to other operational staff in the region about HART was 'elitism.' The HART team were quick to reassure me that this is not the case. Marianne Ellison of NEAS HART said: "It is funny some of the rumours that we've heard about the team such as we are all getting our own parking spaces at the HART base in Monkton!. At the end of the day we are still

paramedics and will still be working on the road, it just means that we can help to get the ambulance Trust's skills into incidents we wouldn't normally be able to assist with."

Jason said: "Other operational staff in ambulance Trust's should not be worried about elitism among the HART team. The HART team are still paramedics, but just with a different skill set in order to support frontline ambulance crews. We also encourage students to think about HART as a national unit rather than a regional one."

After the training was finished I was very impressed with how the paramedics handled all of the exercises they were thrown into, they all stayed calm and focussed ensuring the best outcome possible for their fictional patients.



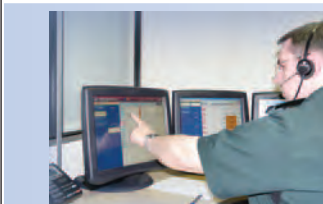
" During a mass casualty situation the team would be required to very quickly assess multiple casualties in quick succession to inform the operational and clinical decision making process. "

Clare Langshaw, HART Instructor



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Dave Bull,
HART Education and
Training Development
Lead

REALISM THE KEY TO EFFECTIVE HART TRAINING

As the Training Lead for all Hazardous Area Response Teams, I have had the opportunity to provide input on a huge variety of exercises, many of which are multi-agency, including live exercises planned with the Police National CBRN Centre.

High on any exercise planning agenda is realism for the responding emergency services. In basic terms, the scene needs to reflect as closely as possible the reality of the scenario.

When exercising clinically competent ambulance staff, it is always a challenge to provide realistic patients that test the normal thinking and clinical procedures. Highly skilled paramedics often find it difficult to relate to simple sand filled mannequins with presenting signs and symptoms displayed on written cards.

Of course there are many human patient simulators that are available when conducting live exercises, and even very in-depth cards displayed in book format that display changing symptoms that deteriorate or improve according to a timeline and dependent on treatment delivered.

When exercising HART operatives on national exercises we have been fortunate to use casualties from a specialist agency called Amputees in Action. The ability of these casualties to reflect the sometimes horrific injuries that operatives may be faced with in a real incident is amazing. This is not only during the exercise itself but also during the initial on

scene debrief, where the casualties provide genuine, concise and hard hitting feedback on the treatment that they received.

HART operatives who have been faced with exercise scenarios using Amputees in Action casualties have commented on the realism of the injuries and actions of the casualties whilst they are treating them. Such injuries that are made so very realistic by skilled moulage experts (moulage is the practice of applying fake injuries) are fortunately rare in the UK, however at the types of scenes where HART may deploy, there may well be seriously injured patients that need life saving interventions performed correctly and quickly.

The casualties are able to provide feedback on the operative's use of tourniquets and blast dressings as well as other information that may be vital to the survival of the patient. Often the need to communicate constantly and reassure the patient is emphasised. This is certainly no easy task when wearing PPE suitable for a USAR or CBRN environment; however the ability to use live casualties that accurately reflect the scenario certainly assists in the reinforcement of clinical skills application under pressure and the education of HART operatives in trauma care.

UNDER THE SPOTLIGHT

Amputees in Action Ltd was launched in September 2004 and started life as an agency that specialised in supplying amputees as extras and specialist action scene extras for the film and television industries.

The success of the agency led them to branch out in 2007 and they now work alongside the HART training faculty (among other agencies) to bring theatrical excellence, with special effects from the film industry replicating any injury, to any Casualty Simulation by providing Trauma Casualty Amputees (TCA's) and walking wounded for any medical or emergency training exercise.

John Pickup, one of the Directors of Amputees in Action Ltd, says:

"For us, it is all about adding realism to HART's training exercises. We get asked to provide all kinds of patient types, whether they are covered in blood, arrive screaming and angry or are simply dazed and confused. They must be exactly the same way patients would be in real life in the immediate aftermath of a major incident. The wounds look very realistic – so much so, that we have even had people faint on us before now!"

"Perhaps the best advertisement for our services came recently at the Emergency Services Show, where we had a stand. One of the HART paramedics came over and told me that he had found the training with our guys incredibly realistic and then just prior to the show, had been sent to do it for real, to apply a tourniquet to a serious injured patient. He told us that he hadn't faltered at all and the patient had been saved – which makes everything we do with HART so worthwhile."

The success of Amputees in Action continues apace and on 26th November 2009 at the CBI Growing Business Awards, John Pickup won the Leonard Cheshire Disability Stelios Disabled Entrepreneur 2009 Award, sponsored by 'Easyjet' entrepreneur Sir Stelios Haji-Ioannou and with a £50,000 cheque to the winner.





NHS

AMBULANCE HART
Hazardous Area Response Team

INNER CORDON 2010

The 1st Hazardous Area Response
Team Annual Conference

Liverpool BT Convention Centre
Thursday 10 and Friday 11 June 2010

KEYNOTE SPEAKERS INCLUDE:

Lord West

Parliamentary Under-Secretary,
for Security and Counter-terrorism Home Office

Russ Mansford

Strategic Ambulance Adviser to the Department
of Health and HART Programme Director

Jennifer Cole

Head of Emergency Management,
Homeland Security and Resilience Department,
Royal United Services Institute (RUSI)

CHAIR:

Liz MacKean

Journalist and Presenter,
BBC Newsnight



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CALL TASKING FOR HART TEAMS

By James Price, HART Manager for West Midlands Ambulance Service

The introduction of HART within NHS Ambulance Trusts presents significant issues with regards to call tasking.

All calls taken by the Ambulance Service are categorised using a system called the Advanced Medical Priority Dispatch System (AMPDS). It is not possible to alter the system to accommodate HART as the caller may not know what response is required to the incident they find themselves in.



Here at West Midlands Ambulance Service, we have taken a pragmatic approach. Basically this means if we cannot change the AMPDS system then we need to work with it and make it work for us!

We looked at all 1800 AMPDS codes and simply placed a 'yes' or a 'no' against the code to determine whether or not HART should respond to the call. Once the first six questions have been answered the call is categorised and passed to Dispatch who send the response listed on CAD, whilst the rest of the

questioning is completed by the call taker. This response can range from a motorbike or Rapid Response Vehicle to HART.

The codes have been listed on a simple spreadsheet. All the control rooms need to do is migrate that data to their respective CAD and they will find that call taskings for their HART teams will increase."

For more information please contact james.price@wmas.nhs.uk.



ACCESS ALL AREAS

KEEPING HART UNDER THE SPOTLIGHT

In this issue we turn the tables on the HART National Communications and Stakeholder Engagement Lead Carl Rees, to find out more about his role as a member of the HART Project Team and why it is important to keep HART in the limelight.

Can you give us an outline of your career to date?

I started out by doing a BA (Hons) university degree in public relations in Leeds whilst simultaneously working for a large PR consultancy called the Grayling Group. They were the days before email, and I spent most of my afternoons stood by the fax machine sending out press releases whilst chatting with the receptionists!

I then worked in a further education college as a marketing communications officer before moving to a job as PR Manager for Parkside NHS Trust in West London. After a couple of years I became Head of Communications at St Mary's Hospital in Paddington, London where I handled the media in the aftermath of the Paddington Train Crash. I loved working at Mary's – it was exciting and every day was different – and I met a lot of great contacts and worked for many good people, including Professor Ara (now Lord) Darzi.

I then set up a successful web development company specialising in NHS and DH clients which I sold in 2003 and returned to general communications, working for many clients including the old Ambulance Service Association. This is how I became involved in the HART Programme – a job I enjoy immensely.

What are the main aspects of your HART role?

On the HART Project Team my role is to provide objective communications advice and practical ideas that will help us achieve our programme aims.

On a day-to-day basis my job is about creating and maintaining the tools that help bring HART to the attention of our key stakeholders, and secondly to work with ambulance trusts and local HART teams to publicise the excellent and innovative work they do.

This involves things like developing the HART website and publications such as Inside HART, as well as organising films about what we do, sending out information packs to our key stakeholders and arranging our presence at external events such as the Emergency Services Show, 'show and tells' here and there and setting up our own conference event, Inner Cordon 2010.

I am also there to support trusts in the development of their own local HART communications strategies.

What is stakeholder engagement and why is it important for HART?

Essentially it is a fancy way of saying that we are involved in two-way dialogue with those people who matter most to the HART programme. We have a great many stakeholders; from our patients and other frontline colleagues at the sharp end, through to our commissioners who fund the work.

With so much competition for funding across the healthcare arena (and beyond) it is vital that we continue to explain what we do, keep our profile high and highlight the extra attributes that HART brings to the overall emergency service response.

I think HART is a genuine good news story for the ambulance service and we need to take advantage of as many of those as we can get.

What are the major communications challenges facing HART?

The first is an internal communications issue within trusts. I have picked up vibes that some people have felt that HART is being portrayed as some kind of 'elite unit' within ambulance services. This is categorically not the case. HART paramedics are paid the same as other paramedics and they will also spend time responding to the same jobs as other paramedic teams.

The point is that they have been specially trained to operate within extremely challenging and particularly dangerous environments. I like to think of them as ordinary paramedics who are willing to do extraordinary things. Going into a collapsed building in the pitch dark to save someone's life takes a lot of courage and commitment. So the challenge is, 'how do you publicise HART properly without creating a feeling of elitism among other ambulance staff?'

The second challenge is more of an external issue. HART can only be successful if our teams integrate well on-scene with their other frontline colleagues, in particular, the Fire and Rescue and Police services. We are fond of reminding people that this is actually the first time ambulance staff have been allowed inside the inner cordon since the Second World War – so it is going to take significant diplomacy and strong interpersonal skills between HART team leaders and their counterparts, before they are understood, respected and then ultimately requested at the scene as a matter of course.

The fact that we train closely with FRS has helped greatly, but anecdotal evidence suggests that this 'ideal' working relationship isn't going to happen overnight. We are doing a lot to communicate with FRS and Police and

we are starting to get real interest in the programme, so the hope is that this will develop organically as colleagues see at first hand the benefits of having HART on-scene.

What central services can you provide for local HART teams?

Despite limited resources I try to provide a complete communications service to all HART teams, in support of their own Trust communications teams. At one end of the spectrum this can involve setting up a HART email address or producing some business cards. At the other it can involve the provision of films and exhibition panels for use in HART recruitment drives and at 'show and tell' events.

We have a protocol in place that dictates that Trusts lead the way with their own local media initiatives, so I tend to get involved in supplying articles on HART to a range of specialist magazines.

What is the key communications event in the HART calendar?

The big date for your diaries is our first annual HART conference and exhibition called Inner Cordon 2010, which will take place next June 10-11 at the BT Convention Centre in Liverpool. Lord West, the parliamentary under-secretary for security and counter-terrorism at the Home Office has agreed to be our keynote speaker which is most exciting as he is a big supporter of HART. (There is an advert in this issue of Inside HART for those wishing to register their interest in this event).

It will be a great opportunity for everyone in the HART and extended resilience community to get together and focus on where we are going with HART. If this event is a success I am quietly hoping it could broaden out to fill a much needed gap and become an annual ambulance conference and exhibition covering all ambulance sectors and interest groups.

Anything else to add?

Only to say that it is a pleasure to work with people in the ambulance service. I've worked closely with all types of healthcare people from pharmacists to podiatrists, to primary care workers and heart surgeons, and I still marvel at how relatively quickly decisions get made and things get done in the ambulance world. Everything tends to be black and white and there is a real 'can-do' attitude in the ambulance service; something I admire and try to emulate with my communications work.

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FEEDBACK AND CORRECTIONS

Send your letters and feedback about HART, and any corrections concerning Inside HART to carl.rees@ambulancehart.org



Your feedback is greatly valued!

THINKING OF JOINING THE HART TEAM?

If you're considering joining the HART team in your own NHS ambulance trust, visit the recruitment section of the www.ambulancehart.org website.

You will be able to find out about the application process and see more about what the job entails. Please note to be eligible to apply you will need to have at least three years current ambulance operational experience.

HART DVDs AVAILABLE



Due to demand from our emergency services counterparts in France, we have now produced a number of copies of our recent HART film, *Ambulance Staff Inside The Inner Cordon* in French. These are now available.

If you would like any HART-related DVDs to help spread the word about HART, please email carl.rees@ambulancehart.org and specify how many of each of the DVDs you need:

- **Ambulance Staff Inside The Inner Cordon**
(aimed at a multi-agency audience)
– available in English and French
- **National Capability Mass Casualty Equipment Vehicles and NHS Emergency Dressings Packs**
– (also available on the HART website)
- **So You Want To Join HART?**
– aimed at potential HART team members
– (also available on the HART website)

FROM THE EDITOR

On page 8 of the Autumn issue of Inside HART we incorrectly stated that West Midlands Fire and Rescue Service attended an incident where a skydiver had landed on a roof in Whitchurch, Shropshire. Phil Clark of Shropshire Fire and Rescue Service has kindly pointed out that it was indeed Shropshire FRS who attended alongside the West Midlands HART team. Apologies to all and thanks to Phil for pointing out our error.

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INSIDE HART

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