



STATES OF JERSEY AMBULANCE SERVICE

2017 AMBULANCE ANNUAL REPORT



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Chief Ambulance Officer Foreword

I am pleased to introduce the Ambulance Service 2017 Annual Report. The report illustrates some of the highlights of the year and sets out what we are doing over the next few years to continue providing and improving the service we deliver.



- **What have been the highlights of 2017?**
 - In 2017, we reached 98% of calls classed as category A (immediately life-threatening) within 19 minutes and 68% within 8 minutes.
 - Our Clinical Director introduced a new clinical governance framework, including the introduction of staff clinical governance meetings. These meetings give staff chance to input into new ways of working, new procedures, patient pathways and medical equipment. It gives management the opportunity to communicate with staff and gives staff the opportunity to undertake clinical audits and feedback their results, enabling learning and improvements in service delivery.
 - Work continued to prepare and plan for changes within the service to support P82 work streams such as the Advanced Paramedic Service and the Care Hub. These are two important pieces of work to help curb the rising demand in medical 999 calls.
 - I would like to thank all our staff including volunteer teams for providing a professional and dedicated medical response on behalf of the Health and Social Services Department (HSSD) to our service users. We continued to receive many letters of thanks to our staff for their kindness and compassion which continues to show the support we receive from the community of Jersey.
 - Working closely with many island charities, we provided advanced medical support at major events and exercises throughout the year. We also help promote the need for people to act quickly in the event of a medical emergency, in particular when someone's heart has stopped, which includes the use of Automated External Defibrillators. There are now over 30 of these in the community which have public access 24/7 with hundreds more situated in private businesses and this is a great achievement for a small community.

■ **What pressures have faced the Ambulance Service in 2017 and how has the Service responded to them?**

'999 calls' increased again by 304 calls in 2017 compared to 2016, with 309 more calls responded to in the same period.

In order to address the rising demand for emergency medical services, we maintained ambulances on standby at Bel Royal and Five Oaks. Further analysis of calls was undertaken to identify the resources required to manage the increasing demand and a workforce plan was completed. This led to further funding being allocated for 2018 to increase our Intermediary Ambulance Service to 7 days per week. In addition, five Frontline staff will allow us to place a single responder in a car in addition to the three Frontline ambulances currently resourced.

Work continued in 2017 to collocate our Combined Control Centre with other Health and Social Service single points of contact in order to ensure we can best meet the needs of our patients. The use of an international medical triage tool would allow us to pass on calls from the ambulance triage system that may not require an ambulance response to a clinician for further investigation and advice. This will help reduce the number of ambulance responses and allow us to deal more appropriately with urgent and life-threatening calls.



Peter Gavey SR Para
Chief Ambulance Officer
SR Para, CMgr MCMI, MC Para, SBStJ

Ambulance Clinical Director Foreword

Over the last 12 months, our Jersey Ambulance Clinical Governance Framework has further enhanced the delivery of modern healthcare to patients in their local communities, by means of open quarterly meetings with all staff. All ambulance staff have further contributed to a robust clinical audit programme, and presented at both HSSD Audit Days and the HSSD Quality Improvement Project Final (achieving 2nd prize for our work improving pain relief in children before they reach hospital).



Other in-house healthcare audits presented were benchmarked to the new 2017 Joint Royal Colleges Ambulance Liaison Committee Guidelines (JRCALC – the UK Ambulance best practice guidelines released in September), and looked back at our recent pre-hospital sepsis management, and non-traumatic chest pain management. As a result, we have identified strategies to further enhance best possible healthcare for all patients with these conditions in Jersey.

Other successful innovations during 2017 in collaboration with other healthcare providers were the introduction of local Patient Group Directions (PGD) for paramedic prescribing of Intravenous Paracetamol for reducing pain, as well as extending the PGD for Intranasal Diamorphine to help reduce adult severe pain in both the community and the Emergency Department.

Looking ahead

We intend to work with our colleagues in the hospital in order to roll out new Sepsis, Spinal Trauma, and Out of Hospital Cardiac Arrest patient care pathways throughout 2018 and beyond.

The further investment in enhanced numbers and skill-set of ambulance staff achieved in 2018 should allow further exciting developments with a wider scope of practice, new pre-hospital interventions and heightened best care provided to our all patients before they reach hospital – bringing advanced healthcare to patients in our community.

A handwritten signature in black ink, appearing to read 'John McInerney'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Professor John McInerney
Ambulance Clinical Director
BM FRCEM DIMC

Bringing Healthcare to the Patient

For many islanders, the journey from the scene of the incident to hospital discharge may begin in an ambulance, either on a blue light - racing through traffic - or a more sedate, gentle ride into hospital, but the role of States of Jersey Ambulance Service is not just about the transport of patients to hospital. From the instant the ambulance doors close, our crews work fast - to assess the situation, scene safety, number of casualties and possible need for other blue light services. The crews need to provide initial treatment - often life-saving - and provide reassurance to patients, relatives and bystanders. They complete a patient report form documenting observations and treatment which forms part of the all-important patient handover to the hospital. The handover also involves a verbal discussion with the Emergency Department nursing and medical staff.

Back at station, the work continues; there may be follow up paperwork to complete, de-briefing sessions to attend within HSSD and with other agencies regarding particular incidents, or joint-working with hospital colleagues to discuss learning outcomes and improve the overall patient experience. Many of our staff are following the higher education route so are involved in many CPD activities both in and out of working hours.

We wish to thank our Clinical Governance Director, John McInerney (Emergency Department Consultant), for introducing and chairing our Ambulance Clinical Governance meetings where our staff not only share good practice but work with the hospital to streamline and standardise processes across HSSD departments such as working in line with the Emergency Department for early diagnosis of life-threatening conditions such as sepsis, heart attacks and strokes and other areas of shared working.

As an Ambulance Service, we pride ourselves on being able to bring healthcare to the patient and we often receive feedback from our clients: last year, we received approximately 50 messages of thanks which are always gratefully received by our staff.

We look forward to sharing with you what the Ambulance Service achieved last year; foremost for the patient and also within the Health & Social Services Department.

Frontline Operations

Emergency Ambulance & Paramedic Service

We have 32 Frontline staff, made up of Ambulance Paramedics and Emergency Medical Technicians.

We respond to 999 emergency medical calls and urgent calls from GPs and health clinicians and provide a high-level medical care, pre-hospital service across the island 24/7.

We are at the frontline of the Health & Social Service department, providing three emergency double-crewed ambulances during the day from 0700-2200hrs and have two emergency double-crewed ambulances at night.

Our staff are very highly trained to manage a wide and varied range of emergency and urgent calls.

Emergency Combined Control

Within the Combined Control Centre, located at Ambulance Headquarters, our Officers answer 999 calls for both the Emergency Ambulance and Fire and Rescue Services. Utilising an internationally recognised emergency call triage system our staff are able to gather appropriate information whilst providing lifesaving support and instruction to the callers whilst simultaneously deploying the appropriate response across the Island. The Combined Control Officers use an emergency priority dispatch system to categorise the severity of the reported illness, injury or incident to ensure that the most critical patients receive the timeliest and most appropriate response.



The processing and coordination of non-emergency calls is also a major function of the Combined Control Centre with daily GP admissions into Jersey General Hospital and associated health services. The Centre also manages the transfer of patients between Health and Social Services sites in support of the varied treatment requirements along-side the Patient Transport and Patient Transport Control Services.

The Combined Control Centre is responsible for the monitoring of the Occupational Therapy Departments Community Alarm Service (CAS) ensuring that more vulnerable members of our community are able to maintain a potentially lifesaving link with designated support and key holders. The out of hours GP Coop service is also administered via the Combined Control Centre between the hours of 23:00 and 08:00 seven days-per-week.

Maintaining key links with both Ambulance and Fire Services across the UK is a major part of the work carried out by the Combined Control Centre. This is most evident in the organisation of local and national transport for the Jersey Emergency Transfer Service (JETS). This multiagency working is also a vital element of maintaining support links with mutual aid services and support networks across NHS trusts and Fire Services.

There are between two and three Combined Control Officers on duty within the Combined Control Centre, 24 hours-a-day 365 days a year.

PTS (Patient Transport Services)

PTS operate transport services for patients to and from hospital out-patient appointments, inter-hospital transfers and day centres.

PTS operate Monday to Friday. Patients are wheelchair users or those who cannot travel by public transport and who need assistance.

All PTS staff are trained up to the *First Person on Scene* medical qualification and respond to assist frontline and intermediary crews as required.

Intermediary Crew

The intermediary crew has now been in operation for three years.

It provides a link between the Frontline Operations and Patient Transport Services. It runs Monday to Friday between 0900 and 1700hrs and in 2018 it will be covering Monday to Sunday between 0830 and 1830hrs.

The intermediary crew transports stretcher patients which frees up emergency ambulances. The crew is also responsible for transporting patients to and from the airport for charter flights.

The crew act as first responders for emergencies when frontline crews are all dispatched to calls.

Patient Transport Control Centre

The Patient Transport Control Centre is responsible for ensuring the smooth planning and daily coordination of the Patient Transport Service (PTS). Integrating with the hospital system, Trakcare, our PTS Control Officers plan for our Patient Transport vehicles to ensure patients are collected to attend vital clinic and follow up appointments within various health care settings.

Alongside the daily planning, a duty Control Officer coordinates the daily movements of our fleet of transport vehicles whilst also making adjustment to the vehicle runs based on cancellations and patient needs.

The Centre is staffed with one Planning Officer and one Control Officer Monday to Friday.

Co-Responders

The St John Ambulance, Airport Rescue & Fire Service, States of Jersey Fire & Rescue Service and Normandy Rescue act as Co-responders for the Ambulance Service. During situations when an Ambulance Service response is not immediately available or a resource is closer, qualified staff provide first aid care for certain medical, life-threatening conditions until an ambulance arrives on scene.

Voluntary Services

Community First Responders Scheme (CFR)

States of Jersey Ambulance have a small team of voluntary CFR who are trained up to the Qualsafe Awards, Community First Responders Level 2. The CFR – if in the right place; at the right time – will respond to the scene of an emergency to give life-saving first aid before the arrival of an ambulance.

Ambulance Support Unit (ASU)

The Ambulance Support Unit are a group of volunteers who support the Ambulance Service at major incidents and who also support St. John Ambulance at various events. Volunteers undertake regular training sessions to maintain standards of practice.

Voluntary Car Service

The Voluntary Car Service is a small group of volunteers who transport patients who are mobile to and from hospital appointments in their own car. They receive a small fuel allowance for their services. All Voluntary Car Service members are trained to a basic first aid qualification.

Clinical Development & Training

The Clinical Development & Training team organise and deliver mandatory clinical training, annual major incident and specialist training for all staff. The team also provide training courses to outside organisations. They work closely with the Nurse Education Centre and Resuscitation Officer ensuring clinical training remains a key priority for our clinical staff.

Emergency Preparedness, Resilience & Response

Exercise Resilient Islands/Jaguar took place between 06 and 10 March 2017. This large-scale multi-agency maritime major incident exercise incorporated the Ministry of Defence as well as all of Jersey's Emergency Services.



Command Pod - In December 2017 the Emergency Preparedness, Resilience & Response Department took delivery of a Command Pod with a freestanding Flyaway Satellite provided by Excelebrate Technology Ltd. This new piece of equipment will aid communications from the scene of a major incident as well as acting as resilience for our Combined Control Centre and Hospital Switchboard.

Ambulance Intervention Team Exercise – Refresher training was provided to a specialist team of Paramedics utilising advanced medical equipment, ballistic protection and techniques. This training, which took place in December 2017, will enable the highly trained team to work with Jersey Police to provide advanced medical life support within a potentially dangerous firearms incident.



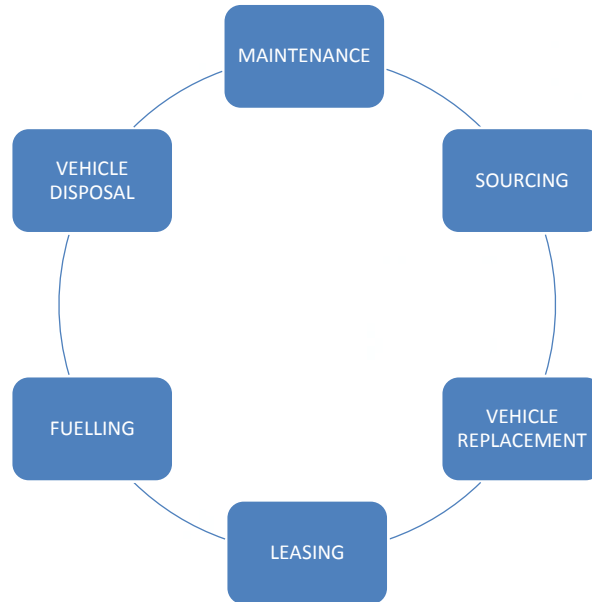
National Inter-agency Liaison Officer (NILO) – Following the attendance of a Paramedic at a NILO Course at the Fire Service College, Moreton-in-Marsh in November 2017, the Ambulance Service now has two NILO trained officers. Two further officers will attend the course in 2018.

Normandy Rescue – Members of Normandy Rescue undertook a QA Level 3 Award in First Response Emergency Care in November 2017. The additional skills obtained whilst working towards this award will be used when they provide medical cover at various events around the island including motorsports.



Fleet and Technical Services

The Fleet and Technical Services Manager is responsible for the management of the ambulance vehicle fleet and all HSSD vehicles which involves:



The team consists of three people who manage clinical stock replacement, medical equipment purchasing and maintenance, building maintenance, infection control for ambulance vehicles as well as oversight of infection control procedures and health and safety for the ambulance service.

There are currently 124 vehicles, from frontline to annual lease vehicles that are replaced on a regular 7-8 year basis.

HSS Fleet Management by Area		
Ambulance	Hospital Services	Community
Frontline	Engineers	Disability Service
Rapid Response	Stores	Child Development
Intermediate	Catering	Children Services
See & Treat	CSSD	Residential Service
Major Incident	Gardeners	Mental Health
PTS	Porters	Maternity
GP Co-op	O2 Service	Physiotherapy
		O.T. Department
25 vehicles	31 vehicles	68 vehicles

Our Three Fast Response cars were replaced by two Rapid Response vehicles and One See and Treat vehicle and the Major incident fleet was brought up-to-date with the addition of a 2nd Incident Support Unit.

**Rapid Response vehicle****Incident Support vehicle****See and Treat vehicle**

The See and Treat vehicle will be used by Advanced and Specialist Paramedics who will ease up pressure on both Frontline Services as well as the General Hospital by being available to deliver certain treatments to patients directly without the need to transport patients to hospital according to need.

Lucas Automatic CPR Devices and Raizer lifting equipment have been added to latest equipment made available on Frontline vehicles allowing the States of Jersey frontline ambulance staff to deliver the best possible service to those who require it.

The introduction of an Intermediate vehicle has eased up the work load on the Front Line crews, as well as supporting the PTS department.

HSSD Community also benefitted from an additional six specially adapted vehicles to cater for the specialised needs of clients using these vehicles. These include Children's and Adult Services and those departments dealing with clients with special needs.



The HSS Engineering Department have also benefitted from replacement of essential vehicles allowing them to continue providing their excellent repair and maintenance service across the HSSD estate.

The Ambulance Station was fully covered by recordable CCTV for the safety and security of all staff and visitors. While we still occupy the current site, every effort has been made to keep the area and fabric of the station in a safe and sound condition for all staff and visitors.

Another positive is the Infection Prevention and Control Audit which took place with all the recommendations being or in the process of being addressed. Infection Control in respect of Frontline and PTS vehicles was once again highlighted within the report due to the diligent work of our Infection Control Operative who has now taken on partial restocking of the Frontline Ambulances.

The new way of ordering stock and supplies through Supply Jersey was embedded.

The Ready Use Stores System on station was again improved to meet with needs of our clinical crews.

The Health, Safety and Security of staff while on or off-station, as well as visitors to station, is everyone's responsibility. Health & Safety auditing recording and training duties were continually improved - and continue to be improved – through the introduction of an action plan based on a HSSD audit. In addition, manual handling and risk assessment processes were put in place.

Staff safety in the work place was also improved by the introduction of MAYBO Conflict Management Training.

Ambulance Vision, Mission and Values

Vision

To provide the right care at the right time to ensure those with the most life-threatening problems receive the most urgent and clinically appropriate response.

Mission

We will provide the highest standard of care and compassion to those in need of our Services in the community we serve.

Our Values

We put our patients and their families at the heart of everything we do

We aim to deliver the highest standard of public Service to Jersey through continual training and development of staff

We aim to treat all patients, staff and colleagues with respect, consideration, dignity and courtesy

We will always act with integrity

We aim to improve what we do and promote flexibility and openness to change

We strive to achieve success in all we do by working together

SoJ Values

Always Respectful

Customer Focus

We Deliver

Constantly Improving

Better Together

Our People

Investment in our staff in 2017 covered clinical training and development, career development and succession planning.

Clinical Development & Training

Ambulance Paramedics and Technicians attended clinical updates which included training in areas such as:

- **Advanced & Basic Life Support**
- **Fire Safety**
- **Major Incident**
- **Safe Handling**
- **Advanced Life Support Skills Update – Childbirth Emergencies in the Community**

Some members of staff also undertook training in:

- **Chemical Biological Radioactive Nuclear (CBRN)/Decontamination**
- **Dementia Awareness**
- **Practical Obstetric Multi-Professional Training (PROMPT)**

The Training Department ran an 8-week course for new staff in January, February and March, and several courses for the Ambulance Support Unit (ASU).

Meetings & Conferences

Training Officers attended various UK meetings and conferences to facilitate the progression of Ambulance Service training and clinical development.

Patient Transport First Response

The second intermediary crew attended a First Response Emergency Care course locally in January 2018.



Joint Emergency Services Interoperability Principles (JESIP)

- All Ambulance Commanders and Combined Control Centre staff attended an annual Jersey Emergency Services Interoperability Programme update.



Operational (Bronze) and Tactical (Silver) Incident Command Course

- Four leading paramedics attended Operational Commander courses and one Operations Manager attended a Tactical Incident Commander course.



Firearms Intervention Team Training

- In partnership with South Western Ambulance Service NHS Foundation Trust, our Ambulance Intervention Team undertook a Firearms Intervention Team training update.



Powered Respiratory Protection Suit (PRPS)

- Staff received update training on PRPS Suits which enables them to work in certain environments to provide medical care where the air is contaminated.



Exercise Resilient Islands/Jaguar

- Ambulance staff and voluntary assets took part in an exercise on board a ship as part of a wider States of Jersey exercise. This tested the on-scene medical support for a large scale incident.

Career Development

Further Resilient Leader Training took place in order to develop leadership and management capabilities.

Recruitment

Last year, we welcomed the following staff to our team:

- 1 Operations Manager
- 2 Intermediary Crew Care Assistants
- 1 part-time Control & Planning Officer
- 1 Ambulance Technician
- 1 Combined Control Centre Officer

In total, we employ approximately 70 full-time and part-time staff.

Other Staff News

- 1 member of staff received a 25-year service award.

Communicating with our Staff

We continued to provide timely communications to keep our staff informed of major developments and we worked in partnership with our union colleagues alongside a formal consultation and negotiation framework.

The Ambulance Clinical Governance meetings are now embedded, providing colleagues the opportunity to discuss, challenge and shape clinical practice as reflective practitioners.

Communicating with the Community

Last year, we launched our Ambulance twitter page, as well as keeping the Public informed through local press coverage.

Communicating with States-wide departments

We also launched our intranet page in consultation with the States of Jersey web team and in line with the latest guidelines, adopted from the UK government, which has recently refreshed both their intranet and internet pages based on evidence-based research on how we should write for our customer to make our information both accessible and relevant. The next step will be to review update our pages on the States of Jersey website.

2017 Partnership Working

Training External Organisations

As in previous years, the Service provided training courses to a number of outside organisations including:




<ul style="list-style-type: none">● Community First Responders 
<ul style="list-style-type: none">● Health & Social Services Health Care Assistants

The Ambulance Service also worked in partnership with the Island's primary and secondary schools in delivering scenario-based safety messages. Support was also provided to the Youth Service initiative **On Two Wheels**.

We also hosted visits from local Brownie and Guide units.



European Restart a Heart Day

The European Restart a Heart Day was held on 16 October 2017.

The event in Jersey was a great success with numerous people attending the demonstrations and taking advantage of the opportunity to practice cardio pulmonary resuscitation (CPR). Two sites (St. Helier and Les Quennevais) were staffed in conjunction with the General Hospital Resuscitation Team.

<p>Reached 98% of immediately life-threatening calls within 19 minutes and 68% within 8 minutes</p>	<p>2017 – OUR IMPACT</p>	<p>Development of 2 Frontline staff to achieve paramedic registration</p>	<p>Following cardiac arrest, 24% of patients transported to the Emergency Department survived to hospital discharge</p>
<p>Introduced Staff Clinical Governance meetings</p>	<p>Training delivered 13 courses to staff and outside agencies.</p>	<p>Achieved 2nd prize at the HSSD Quality Improvement Project Final for work improving pain relief in children before they reach hospital in conjunction with the Emergency Department</p>	<p>Emergency calls were up last year by 3.43% compared to 2016</p>
<p>Diamorphine trial/audit</p>	<p>Launched intranet page</p>	<p>3 Lucas devices introduced to Frontline for use in cardiac arrests</p>	<p>Four leading Ambulance paramedics attended Operational Command Courses</p>
<p>Introduction of Jersey Ambulance Clinical Governance Framework</p>	<p>Introduced a second intermediary crew for 7 day working</p>	<p>Launched Ambulance Twitter page</p>	<p>Introduction of local Patient Group Directive for paramedics to administer Intravenous Paracetamol for reducing pain</p>

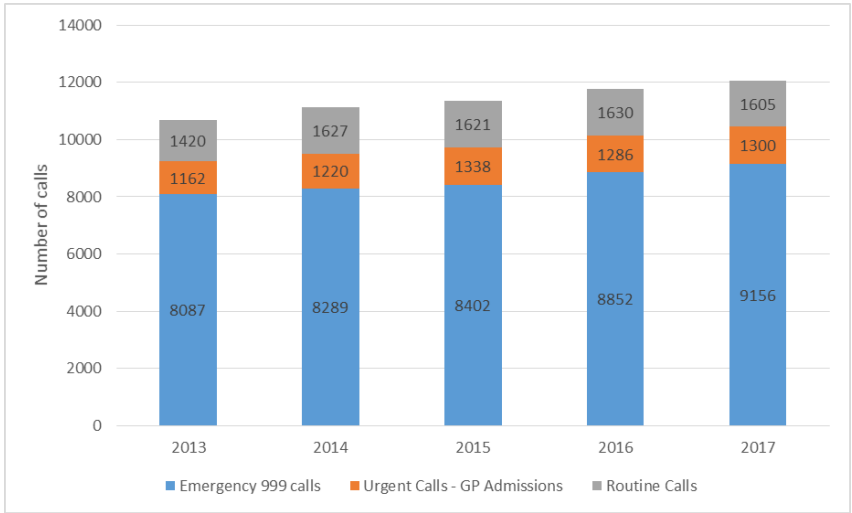
2017 Performance

Incident Statistics

In 2017, the Service received 9,156 emergency 999 calls, 1,300 urgent requests and 1,605 routine calls. Our Patient Transport Service undertook 31,643 patient journeys, 7,751 of which were by volunteers from our Hospital Car Service. 246 air ambulance flights were undertaken, transferring patients for emergency specialist treatment in the UK.

5 Year Comparison – Total Number of Calls

Category	2013	2014	2015	2016	2017
Emergency 999 Calls	8,087	8,289	8,402	8,852	9,156
Urgent Calls – GP Admissions	1,162	1,220	1,338	1,286	1,300
Routine Calls	1,420	1,627	1,621	1,630	1,605
TOTAL	10,669	11,136	11,361	11,768	12,061

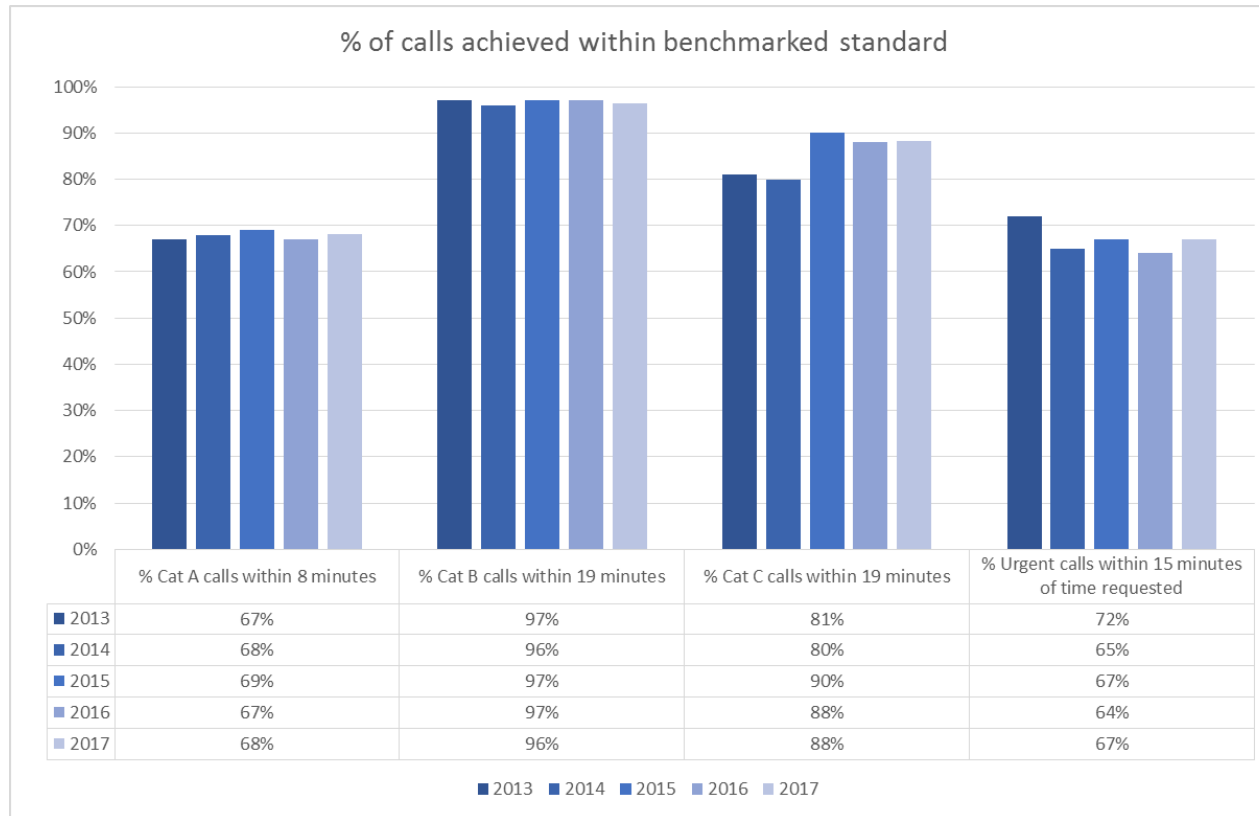


**EMERGENCY 999 CALLS
WERE UP LAST YEAR BY
3.43%
COMPARED TO 2017**



**EMERGENCY 999
CALLS
HAVE INCREASED BY
13.22% IN
THE LAST 5 YEARS**

5 Year Comparison – Response Times for Emergency Calls Key



Category A calls are where the situation is immediately life-threatening. Performance times are monitored as those reached within 8 minutes – in England the Government has set a target that 75% of category A calls are reached within 8 minutes and 95% receive a vehicle capable of transporting within 19 minutes.

Category B calls are where the situation is serious but not immediately life threatening. Performance times are monitored as those reached within 19 minutes – we aim to reach 95% of category B calls in this time

Category C calls are where the situation is less serious and not life-threatening. Performance times are monitored as those reached within 19 minutes – we aim to reach 95% of category C calls in this time

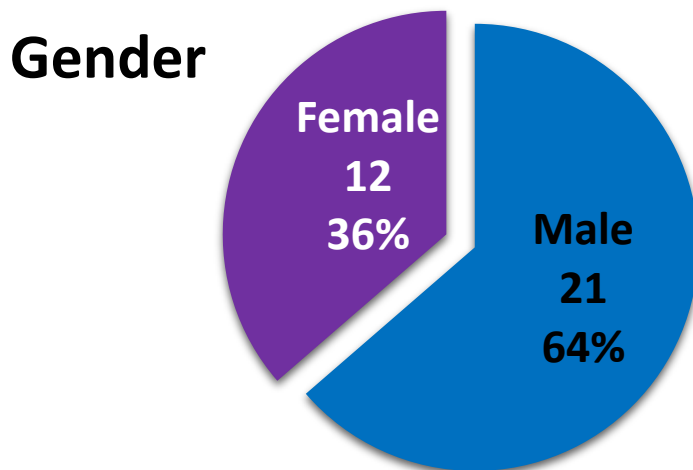
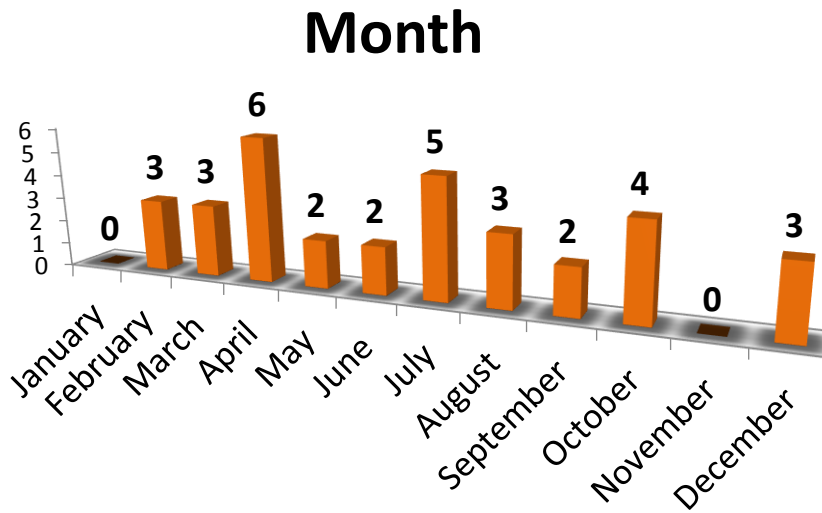
Urgent calls are from a GP requesting an urgent transfer of a patient, for example to hospital. Performance times are monitored as reaching the destination within 15 minutes of the time requested.

Cardiac Arrests Transported to the Emergency Department 2017

During 2017, the Ambulance Service rolled out further pre-hospital cardiac arrest interventions, which has led to an improvement in the survival rate of resuscitated victims on an equal success level with the best ambulance services in Europe.

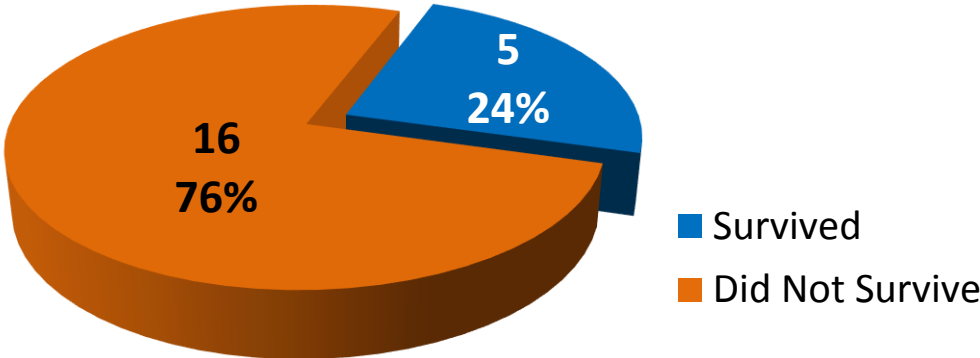
There were 128 cardiac arrest calls. 95 patients were declared deceased at the scene (utilising internationally recognised protocols) following either unsuccessful advanced cardiac life-support interventions by ambulance staff or because further resuscitation would have been futile and unethical.

33 patients with cardiac arrest were transported to the Emergency Department.



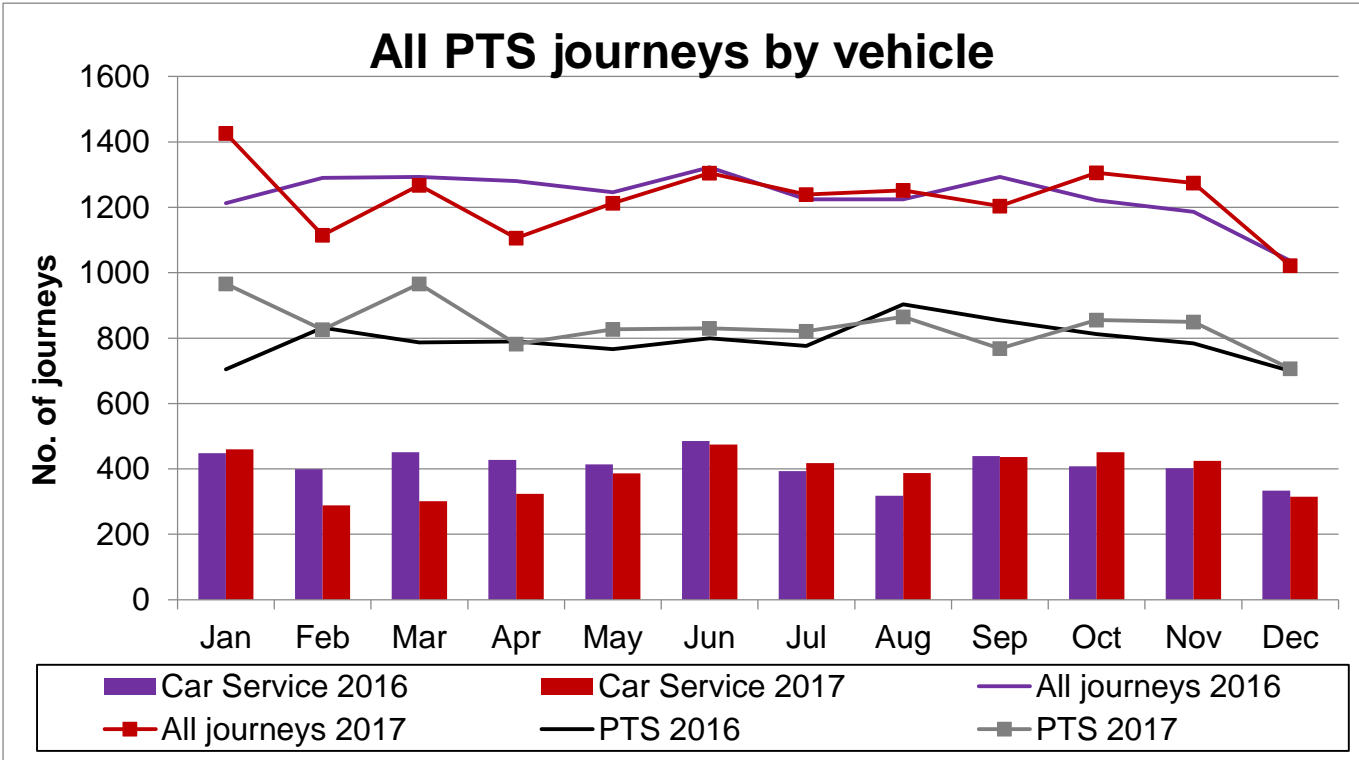
Of the 33 patients, 21 had a pre-hospital Return of Spontaneous Circulation of which 5 (24%) survived to hospital discharge. In England, only about 7-8% of people in whom resuscitation is attempted by ambulance services survive to hospital discharge.¹

Outcome



¹ Resuscitation to Recovery A National Framework to improve care of people with out-of-hospital cardiac arrest (OHCA) in England, March 2017.

Patient Transport Services (PTS)



PTS CARRIED OUT 14,729 VEHICLE JOURNEYS,
TRANSPORTING 31,643 PATIENTS IN 2017

Priorities for 2018

<p>Governance</p> <ul style="list-style-type: none"> ● Improved Management Reports ● Aiming for accreditation for use of triage system
<p>Finance</p> <ul style="list-style-type: none"> ● Management of budgets within Service areas ● Business cases to support requirements for uniform, equipment, vehicles and staffing
<p>Customer Service</p> <ul style="list-style-type: none"> ● Development of strategies to improve communication with Customers ● Initiatives to improve patient care with an emphasis on patient safety
<p>Staff Development</p> <ul style="list-style-type: none"> ● Leadership training ● Succession planning ● Delivery of our Workforce Plan (5/10 year) ● Higher Education opportunities for staff ● Service Re-design to meet the needs of the Acute Service Strategy and Future Hospital ● Improve Staff Welfare at Work
<p>Clinical Governance</p> <ul style="list-style-type: none"> ● Clinical Policies and Procedures ● Enhanced pathways of care ● New Clinical Performance Indicators aligned to clinical interventions ● Advanced and Specialist Paramedics for a see and treat or refer service ● Clinical Audit
<p>Digital Technology</p> <ul style="list-style-type: none"> ● States of Jersey E-rostering ● HSS IT Strategy ● Electronic Patient Report Forms ● Control System upgrades