Jersey Care Commission
Care Standards
Specific Service Requirements
Ambulance Service
Patient Transport
Control Centre

Safe
Effective
Caring
Responsive
Well-led

SAFE

Standard 2. Learning Culture

We have a positive and proactive culture of safety based on openness and honesty. We listen to safety concerns, investigate and report safety events thoroughly, and learn from them to improve and embed good practices.

What this means to people:
I can voice safety concerns and the service takes these concerns seriously, investigates thoroughly, and learns from any safety incidents to improve practices.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 17 Workers
Regulation 22 Complaints and representations
Regulation 71 Requirements in respect of complaints procedure

2.2   Service Specific Requirements

2.2.1   Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines are being adhered to, ensuring that ambulance services align with recognised standards in the industry.

2.2.2   Protocols are in place for patients who have had a stroke or a heart attack, and there are timely procedures for direct access to the correct acute facilities for these patients.

2.2.3   The organisation ensures that patients are transported to the most appropriate setting for treatment, taking into consideration the specific clinical pathways, needs and conditions of each patient.

2.2.4   Staff can explain the procedures for making the decision not to convey people to the hospital, commonly known as 'see and treat,' demonstrating a clear understanding of when this approach is appropriate.

2.2.5   Suitable protocols are available for children of all ages and other patient groups, reflecting a patient-centred and inclusive approach to care.

2.2.6   Enhanced clinical advice and support are made available to crews through established mechanisms, ensuring that they can seek guidance when faced with complex situations.

2.2.7   The process of discharging patients from the provider's care is well-defined, including appropriate pathways and communication with other healthcare providers if necessary.

2.2.8   Crews are trained to identify patients with mental health problems, and there are protocols in place to guide their actions, promoting timely and compassionate care.

2.2.9   In assessing compliance with NICE or other guidance, considerations include:

- Details of the provider's Clinical Audit program supporting and monitoring the implementation of guidance.
- Utilisation of guidance implementation support tools, such as baseline assessment tools.
- Participation in national benchmarking audits (clinical/operational), displaying a commitment to continuous improvement and adherence to standards.

For Emergency Services Control Centre (ESCC):

2.2.10 Staff understand what to report and how to report it, ensuring that all incidents, including those occurring "in the field," are accurately documented and communicated.

2.2.11 Joint reviews of incidents are conducted with partner departments such Police, and Fire controls.

2.2.12 The service ensures that frontline staff, including remote workers, are informed about changes in policies or procedures resulting from safety incidents or alerts through regular updates, internal communications, and training sessions.

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2   Service Specific Requirements

3.2.1   Records management aligns with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, ensuring adherence to best practices and standards in the industry.

3.2.2   Patient records are clear and complete, with proper documentation that includes date, time, signature, and a unique identifier.

3.2.3   Records management is designed to keep people safe by maintaining the integrity and confidentiality of patient information.

3.2.4   Regular audits of records are undertaken to assess their completeness and accuracy, with necessary changes made to enhance patient safety.

3.2.5   Evidence exists to demonstrate that improvements are planned and implemented following record audits, reflecting a commitment to continuous enhancement of record-keeping processes.

3.2.6 The service ensures appropriate recording and communication of up-to-date Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and end-of-life care planning during patient transportation.

3.2.7 Crews are made aware of "special notes" through established communication channels, alerting them to patients with pre-existing conditions or safety risks.

3.2.8 Records are made and shared appropriately across staff delivering care and treatment, ensuring seamless communication and coordination of patient care.

3.2.9 Procedures are in place to assure that records traveling with the patient are handed over to relevant care/health staff at the receiving provider.

3.2.10 Clear arrangements are established for recording triage decisions during major incidents or mass casualty events, including casualty labelling for effective organisation and prioritisation.

3.2.11 The service has a defined process for managing and disposing of confidential waste, including confidential patient information, to maintain privacy and comply with data protection regulations.

For Emergency Services Control Centre (ESCC):

3.2.12 The service utilises a call prioritisation and response tracking system to categorize and manage incoming calls based on urgency. These systems are monitored through regular audits, performance reviews, and quality assurance checks to ensure patient safety and compliance with standards.

3.2.13 Special alerts/notes are in place to alert Control Room staff about patients with pre-existing conditions or safety risks.

3.2.14 The service has systems in place to identify callers and access information regarding their previous interaction with the service.

SAFE

Standard 4. Safeguarding

We work with people to understand what safety means to them and with our partners to make it happen. We focus on improving people's lives while protecting their right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure that we share concerns quickly and appropriately.

What this means to people:
I am listened to, respected and know that my identity and personal safety matters. Care providers and partners work together to make sure I am kept safe from harm, bullying, and discrimination.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 11 Safeguarding

4.2   Service Specific Requirements

4.2.1   The service thoroughly considers the roles of different staff groups and determines the appropriate level of both children's and adult safeguarding training for each group.

4.2.2   In cases where the level of training deviates from the intercollegiate guidance, the service can demonstrate the competence of staff in dealing with safeguarding issues.

4.2.3   Safeguarding referrals are made in a timely manner, reflecting the service's commitment to addressing and responding promptly to potential concerns.

SAFE

Standard 6. Safe Environments

We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

What this means to people:
- I feel safe in the care environment
- I am protected from harm caused by the use of faulty equipment
- I am protected from harm caused by any defect in the building/ambulance where my care is provided
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 11 Safeguarding
Regulation 18 Premises and equipment

6.2   Service Specific Requirements

6.2.1   New emergency double-crewed ambulance (DCA) vehicles are procured in accordance with the national ambulance vehicle specification.

6.2.2   The station environment is properly designed and/or maintained to ensure a safe and functional workspace.

6.2.3   The organisation has effective mechanisms for managing the replenishment of vehicle equipment and supplies at bases and between calls.

6.2.4   Medical devices are maintained by designated personnel, and the quality of service is assured through established protocols and standards.

6.2.5   Comprehensive records of equipment maintenance and schedules, including vehicles and medical devices, are maintained, along with appropriate insurance documentation.

6.2.6   Vehicle keys are securely stored to prevent unauthorised access.

6.2.7   The service ensures that equipment available is suitable for the intended role, including provisions for specific patient groups such as children.

6.2.8   Protocols are in place for dealing with faulty equipment on frontline vehicles, with decisions made based on safety considerations regarding whether a fault should result in the vehicle being taken off the road.

6.2.9   Transfer/retrieval teams bringing their own equipment are assured that it can be safely and effectively used on the vehicle through a validation process.

6.2.10   Vehicles used for the transport of patients who are detained under the Mental Health (Jersey) Law 2016 are appropriate and safe for this purpose.

6.2.11   The service has access to up-to-date satellite navigation systems, in compliance with the 2015 Patient Safety Alert, to ensure accurate and timely navigation during emergency responses.

For the For Emergency Services Control Centre (ESCC):

6.2.12   Staff are aware of infection prevention and control issues and take these into account when dispatching crews and providing advice to callers.

SAFE

Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this means to people:
- I always receive safe care and treatment delivered by competent staff
- Staffing levels and skills are planned and reviewed to provide safe care
- I know who my named nurse or key worker is and know how to contact them.

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 8 Person-centred care
Regulation 17 Workers

7.2   Service Specific Requirements

7.2.1   Rotas and shift patterns are designed to align with the demand for services, ensuring efficient coverage during peak periods.

7.2.2   The skill mix on ambulances is determined through a systematic approach that considers the complexity of cases, patient needs, and the expertise of available staff.

7.2.3   Staff undergo training on driving under 'blue lights' to ensure their competence in emergency response situations.

7.2.4   Staff receive training, where appropriate, to make them aware of the potential needs of individuals with mental health conditions, learning disabilities, autism and dementia.

7.2.5   Responsibilities and accountability for paramedics working as technicians are clearly defined through job descriptions, protocols, and training programs.

7.2.6 Guidance and training, including refresher training, are in place to prepare staff for supporting a patient experiencing a mental health crisis and to understand the legal powers in relation to transporting patients.

7.2.7 Staff receive training in behaviour de-escalation ensuring they have the skills and knowledge to handle challenging situations safely and ethically.

7.2.8 Staff are appropriately trained to provide a safe service to children of all ages, with specialised training addressing the unique needs of paediatric patients.

7.2.9 If the service is responsible for vehicle maintenance, staff competence is ensured through relevant training, certifications, and ongoing professional development.

7.2.10 Staff receive training in major incident response, covering protocols, coordination, and specific procedures to be followed during such events.

SAFE

Standard 8. Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of infection spreading and share any concerns quickly with the right people.

What this means to people:
- I can expect to receive care and treatment in a clean and safe environment
- I will not be exposed to a higher risk of infection when in hospital or in any other care setting
- I will be cared for in a way that reduces the risk of cross infection if I have a contagious condition
- I feel protected and appropriately cared for and do not feel isolated or alone.

Relevant regulatory requirements

Regulation 12 Cleanliness and infection control
Regulation 18 Premises and equipment

8.2   Service Specific Requirements

8.2.1   All vehicles are consistently clean and well-maintained to ensure optimal operational conditions.

8.2.2   Cleaning records are meticulously maintained and regularly updated, providing evidence that vehicles undergo regular cleaning.

8.2.3   In the case of seriously contaminated vehicles, crews have established procedures to thoroughly clean and sanitise them.

8.2.4   Staff actively maintain the cleanliness of vehicles throughout their shifts, and sterile consumables are stored correctly on ambulances.

8.2.5   There is a well-defined process for managing and disposing of clinical waste to adhere to safety and regulatory guidelines.

8.2.6   Where possible, crews are informed by about specific infection and hygiene risks associated with individual patients to ensure appropriate precautions are taken.

8.2.7 Personal protective equipment is provided on all vehicles to safeguard staff during patient care activities.

8.2.8 Staff consistently adhere to infection control principles, including regular handwashing, to minimise the risk of infection transmission.

8.2.9 The cleanliness of staff uniforms is maintained according to established protocols and hygiene standards.

8.2.10 Staff have designated sources for advice and support regarding infection control matters, ensuring access to reliable guidance when needed.

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:
- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

9.2.1 The service has mechanisms in place to manage medicines, taking into account the unique challenges of lone workers and storage on vehicles.

9.2.2 The organisation exhibits good medicines management practices, including the transport, storage, and dispensing of medications such as those in kit bags, medical gas cylinders, and controlled drugs.

9.2.3 Medicines are stored and secured appropriately, and daily checks are performed to ensure their integrity.

9.2.4 Stock issue and return are recorded systematically to maintain accurate inventory.

9.2.5 Clear storage arrangements are in place on vehicles and at depots to ensure proper storage conditions.

9.2.6 There is clear guidance on the administration of medication by staff in different roles, including parental and enteral medicines.

9.2.7 People have a reasonable expectation to be informed about the medication they have been given, and the reasons for administration are recorded. The receiving organisation/service is appropriately informed.

9.2.8 Medicines audits have been conducted, and actions have been implemented to address any identified issues or areas for improvement.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:
- I am involved in the planning of my treatment and care
- I am able to influence important decisions about my treatment and care
- I can give or withhold my consent freely
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2   Service Specific Requirements

For the Emergency Control Room:

11.2.1   The software system in use is a recognised and accredited platform.

11.2.2   Clinical advice and support are made readily available to call handlers through on-call clinical staff, digital resources, and decision support tools.

11.2.3   The service is delivered in accordance with national guidelines, including NICE and JRCALC standards.

11.2.4   Control room staff have access to standardised pain assessment tools, such as pain scales and symptom checklists, to remotely evaluate a caller's pain level. This information is used to prioritise the urgency of the response, provide appropriate clinical advice, and guide dispatch decisions to ensure timely and effective care.

EFFECTIVE

Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

What this means to people:
- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared Responsibilities

12.2   Service Specific Requirements

12.2.1   Handovers between ambulance staff and receiving teams are effective and involve clear communication, documentation, and structured handover protocols that reflect the level of care being delivered.

For Emergency Services Control Centre (ESCC):

12.2.2   The service identifies and flags "special notes" or alerts for certain patients, including DNACPR orders and advanced care plans or directives, to ensure that staff are aware of and can respect the patient's preferences and clinical decisions during emergency care.

12.2.3   The service coordinates closely with various healthcare providers to ensure seamless patient care and efficient service delivery:

- Hospitals: the service communicates directly with Jersey General Hospital to provide pre-alerts for incoming patients, manage capacity issues, and ensure appropriate handovers.

- GPs and Other Professionals: The service facilitates urgent ambulance transfers requested by GPs and other professionals, including for patients detained under the Mental Health (Jersey) Law 2016 or those experiencing a mental health crisis.

- Health and Community Services (HCS): The service collaborates with HCS to refer patients connecting them to the appropriate community resources.

- Air Ambulance: The service coordinates with air ambulance services for rapid response and transport in cases where specialised or time-sensitive care is required.

EFFECTIVE

Standard 13. Supporting people to live healthier lives

We help people take charge of their health and well-being so they can have independence, choice, and control. We assist them in living healthier lives and, when we can, reduce their need for future care and support.

What this means to people:
- I feel empowered to take control over my own health
- I am helped and supported when I am unable to care for myself
- I am encouraged to live independently for as long as I am able to do so
- My immediate family will be able to receive carer support when they need it
- Services and staff help me to manage my care, treatment, health and well-being.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

13.2   Service Specific Requirements

13.2.1 Frequent patients are identified and supported to access different services where appropriate.

For Emergency Services Control Centre (ESCC):

13.2.2 The service has access to a range of referral pathways, including community health services, mental health teams, social care service, and specialist support services, to direct callers to the appropriate resources based on their needs.

13.2.3 Frequent callers are identified through monitoring systems and are supported by a dedicated team to develop tailored care plans and facilitate access to alternative services where appropriate.

EFFECTIVE

Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

What this means to people:
- The care and treatment I receive is constantly monitored so that improvements can be made
- I receive the best care possible for my condition
- I am consulted about new or recommended treatments for my condition.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

14.2   Service Specific Requirements

14.2.1   The proportion of patients discharged after treatment at the scene or following onward referral to an alternative care pathway is regularly monitored and reported.

14.2.2   The proportion of patients re-contacting the service within 24 hours following treatment and discharge at the scene is tracked to assess the effectiveness of care provided.

14.2.3   The service participates in and responds to national audits such as MINAP (Myocardial Infarction National Audit Project) and SSNAP (Stroke Sentinel National Audit Project).

14.2.4   Figures from the national MINAP and SSNAP audits are reviewed and used to guide improvements in the care and treatment of patients experiencing myocardial infarction and stroke.

For Emergency Services Control Centre (ESCC):

14.2.5 The service monitors re-contact rates and utilises this data to identify trends, assess service quality, and implement improvements to enhance patient care and outcomes.

EFFECTIVE

Standard 15. Consent to care and treatment

We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment.

What this means to people:
- I am well-informed and understand my rights
- Services and staff consistently respect and uphold my right of consent and choice
- I understand I can change my mind at any time or in respect of any particular treatment.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

15.2 Service Specific Requirements

15.2.1 Crews are clear about their responsibility in obtaining consent, and they can provide recent examples demonstrating their understanding and application of consent procedures.

15.2.2 The service has a policy on the use of the Capacity and Self-Determination (Jersey) Law 2016, and staff follow it as part of their practice.

15.2.3 In situations where a person lacks mental capacity, staff consider best interest decisions under the Capacity and Self-Determination (Jersey) Law 2016, ensuring that decisions made align with the legal framework.

15.2.4 The service ensures that patients detained under Article 36 of the Mental Health (Jersey) Law 2016 are conveyed in line with appropriate codes of practice and professional guidance, adhering to legal requirements.

15.2.5 The service promotes practices that aim to avoid the need for restraint, emphasising alternative strategies and de-escalation techniques to manage challenging situations.

15.2.6 In cases where restraint becomes necessary, the service ensures that it is used in a safe, proportionate, and monitored way. Staff are trained to apply restraint techniques that prioritise patient safety and minimise the risk of harm. Regular monitoring and reviews are conducted to assess the appropriateness of restraint use.

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CARING

Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

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What this means to people:
- I am always treated with kindness, empathy, compassion and respect
- I am listened to, and my views are taken seriously
- I know how to complain when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

16.2   Service Specific Requirements

16.2.1   Staff ensure, as far as possible, that dignity is maintained during treatment and care in a public place by adopting privacy measures, using appropriate equipment like screens or curtains, and communicating with patients in a discreet and respectful manner. They prioritise the individual's comfort and modesty during public interventions.

16.2.2   Dignity during transport within and to and from a vehicle is maintained by providing patients with appropriate covering, utilising privacy screens when needed, and assisting patients with discretion and respect during the process of getting in and out of the vehicle.

16.2.3   For vulnerable groups, such as bariatric or psychiatric patients, staff ensures their dignity is maintained during transport by using specialised equipment and procedures tailored to the specific needs of these groups. This includes ensuring privacy and sensitivity to the unique challenges these patients may face.

16.2.4 Staff show respect and caring towards relatives and carers traveling with patients by providing clear communication, addressing their concerns, and involving them appropriately in the care process, where there is appropriate consent in place. This includes explaining procedures, keeping them informed about the patient's condition, and offering support as needed, but not at the expense of timely treatment to the patient.

16.2.5 When a patient's condition deteriorates in the presence of a relative or carer, staff address the situation with transparency and empathy. They communicate openly about the changes in the patient's condition, involve the relative or carer in decision-making where appropriate to the extent possible, and provide emotional support during challenging moments. This ensures a compassionate approach to both the patient and their accompanying family or carers.

16.2.6 Staff members consistently demonstrate understanding and maintain a non-judgmental attitude when interacting with or discussing patients with mental health conditions, including autism, learning disabilities, and dementia diagnoses.

For Emergency Services Control Centre (ESCC):

16.2.7 Staff receive training in de-escalation techniques, effective communication skills, and emotional resilience to help them remain calm and respectful when handling distressed or abusive callers.

CARING
Standard 17. Treating people as individuals
We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and, unique backgrounds and protected characteristics.

What this means to people:
I am treated as a unique individual. Care providers go beyond a one-size-fits-all approach and ensure that my care, support, and treatment are tailored to meet my specific needs and preferences.

Relevant regulatory requirements
Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

17.2   Service Specific Requirements

17.2.1   Staff ensure that patients, relatives, and other parties are supported during distressing events by providing immediate emotional support, offering clear, sensitive and honest communication, and involving appropriate resources, such as counselling services, when needed. They prioritise the emotional well-being of those involved.

17.2.2   When patients die in the services care, staff provide compassionate and empathetic support to relatives. This includes offering condolences, explaining the situation sensitively, and facilitating access to additional support services, such as bereavement counselling.

17.2.3   In cases where a patient dies prior to arrival at their destination, staff offer empathetic support to relatives and other involved parties. They communicate openly, provide necessary information, and assist in making arrangements or accessing additional support services as required.

17.2.4 Staff offer emotional support to patients who are self-harming, distressed, anxious, or confused. This includes adopting a compassionate approach, actively listening to the patient's concerns, and involving mental health professionals when necessary.

17.2.5 The values of kindness, dignity, respect, compassion, and empathy for those experiencing a mental health crisis are embedded in service delivery. Staff are trained to demonstrate these values, ensuring that individuals in crisis receive care that is not only clinically effective but also sensitive to their emotional and psychological needs. This approach contributes to a holistic and patient-centred approach to mental health care.

For Emergency Services Control Centre (ESCC):

17.2.6 Staff provide emotional support to patients who are self-harming, distressed, anxious, or confused by using empathetic communication, active listening, and de-escalation techniques.

17.2.7 The values of kindness, dignity, respect, compassion, and empathy are embedded in service delivery, ensuring that individuals experiencing a mental health crisis receive care that prioritises their emotional well-being and safety.

CARING

Standard 18. Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

What this means to people:
I am informed about my rights, and staff actively involve me in making choices and decisions about my care, treatment, and well-being.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 7A Visitors and involvement in the community
Regulation 8 Person-centred care

18.2   Service Specific Requirements

18.2.1   Patients have proposed treatment and options explained to them through clear and comprehensible communication. Staff use layman's terms and ensure that patients have sufficient information to make informed decisions about their care.

18.2.2   Staff ensure that patients' views are taken into account, and consent is obtained, particularly in emergency situations, by providing information about the proposed intervention, risks, and benefits. They seek verbal or written consent whenever possible, considering the urgency of the situation.

18.2.3   In situations involving a person experiencing a mental health crisis, staff may invite family and friends to be involved or accompany the individual. This is facilitated through open communication with the patient, understanding their support network, and ensuring the involvement aligns with the patient's preferences.

For Emergency Services Control Centre (ESCC):

18.2.4 Staff engage with callers by using clear, non-technical language and confirming understanding through active listening and repetition. They may also request callers to repeat the advice back to ensure clarity and provide additional explanations if needed.

RESPONSIVE

Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this means to people:
I have care and support that is coordinated, and everyone works well together with me.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

21.2   Service Specific Requirements

21.2.1   The organisation has established arrangements to access translation services, facilitating effective communication with individuals from diverse linguistic or communication backgrounds.

21.2.2   The needs of specific groups, including those with learning disabilities, mental health illnesses, dementia, bariatric patients, hard of hearing or deaf individuals, and partially sighted or blind individuals, are understood, influencing the care they receive.

21.2.3   Staff are equipped to deal with violent, aggressive or non-compliant patients, ensuring the safety and well-being of both staff and patients.

21.2.4   The organisation complies with the accessible information standards, ensuring that information is accessible to people with diverse communication needs and disabilities.

21.2.5   The provider addresses potential differences between different communities or parishes served by implementing strategies that account for variations. Efforts are made to ensure equitable performance and outcomes for patients across all served areas.

21.2.6   The service actively listens to and responds to local opinions and concerns about variations in responses across the Island. Feedback mechanisms are in place to gather input from the community, and adjustments are made to enhance overall service responsiveness.

21.2.7   The provider collaborates with other healthcare providers to reduce hospital admissions. Strategies include appropriate referral pathways, community-based care initiatives, and increasingly close coordination with primary care and social services.

21.2.8   Following "see and treat," the provider ensures that patients are referred to other health or social care providers as required. Protocols are in place for event ambulance services to align with these referral processes.

21.2.9   The provider works in partnership with hospitals to reduce waiting times at the Emergency Department, implementing efficient handover processes and communication channels between ambulance and hospital staff.

21.2.10 Patients are directed to the appropriate service based on their specific needs, with consideration given to alternatives to the Emergency Department when appropriate. The provider underscores the importance of aligning patients with the most suitable care setting. For cases requiring air transport, the service ensures that the same care standards are maintained.

21.2.11 Clear lines of responsibility and accountability are established for the provider's staff and those from hospital-based transfer or retrieval teams, ensuring a coordinated and effective approach to patient care.

21.2.12 Agreed care pathways with other providers are in place to ensure that patients receive treatment aligned with the best outcome. These pathways are regularly reviewed and updated for optimisation.

For Emergency Services Control Centre (ESCC):

21.2.13 The service provides alternative contact options, such as text messaging services or online chat platforms, to accommodate individuals who may have difficulty using traditional voice telephony. These facilities ensure accessibility for people with hearing or speech impairments and support effective communication for diverse needs.

21.2.14 The service coordinates closely with other emergency services and agencies to ensure the safety and efficiency of responses:

- Police: The service collaborates with police to safeguard staff and patients, sharing "special notes" and risk information where necessary to ensure appropriate support and protection during high-risk situation.

- Fire and Rescue: The service works with fire and rescue services during complex incidents, such as road traffic collisions, hazardous environments, or major incidents, to provide coordinated responses.

- Other Services: The service engages with locally relevant services, such as the coastguard, to handle emergencies in specialised or hard-to-reach areas, ensuring a cohesive and comprehensive response strategy.

RESPONSIVE

Standard 25. Equity in access

We ensure that there is equal access to care, support, and treatment and seek to ensure it is provided when it is needed.

What this means to people:
I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 19 Premises and equipment

25.2   Service Specific Requirements

25.2.1 Actions are taken to address handover delays in the emergency department.

25.2.2 The service's performance on response times for professionally requested transport, including hospital to hospice, hospital to airport/helipad and hospital to home is regularly assessed and acted on.

25.2.3 Other healthcare professionals can request an ambulance for hospital to hospice transfers and hospital to home transport, particularly for end-of-life care, ensuring a coordinated and efficient process.

25.2.4 Action is taken to ensure that resources are strategically deployed where they need to be at the time required.

25.2.5 Response, on-scene, and turnaround times are actively monitored to ensure efficiency and adherence to established standards.

For Emergency Services Control Centre (ESCC):

25.2.6 The service monitors the status of calls through a centralized call management system that tracks each call's progress, updates real-time status, and assigns resources based on need.

25.2.7 Calls are prioritised using a triage system that assesses the urgency, clinical risk, and specific needs of the caller, ensuring that high-risk or life-threatening situations receive immediate attention, while non-urgent calls are managed within appropriate response times. Regular audits and performance reviews are conducted to ensure that response standards are met consistently.

WELL-LED

Standard 32. Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

What this means to people:
- I am looked after by an organisation where staff are clear about their roles and work within their competencies
- I can expect to receive the best care and treatment available
- My care provider is committed to delivering safe care
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

Relevant regulatory requirements

Regulation 17 Workers
Regulation 18 Premises and equipment
Regulation 19 Reviewing quality of service
Regulation 21 Notification of incidents, accidents, and other events
Regulation 24 Financial viability
Regulation 26 Commissioned services
Regulation 27 Absence of manager

32.2   Service Specific Requirements

32.2.1 All staff, including remote and lone working staff, are provided with clear information to identify different leads, their roles, and responsibilities within the organisation.

32.2.2 Operational road staff, including those working remotely or alone, receive sufficient support from their managers to ensure their well-being, productivity, and alignment with service goals.

32.2.3 The governance framework is designed to provide assurance that Mental Health (Jersey) Law 2016 procedures are diligently followed within the organisation.

32.2.4 Coordination arrangements are in place to facilitate collaboration with various services and agencies, including but not limited to Jersey General Hospital, Jersey Fire and Rescue Services, charity/private ambulance providers, States of Jersey Police, Jersey Coastguard, Royal National Lifeboat Institution (RNLI) Jersey.

32.2.5 There is a credible emergency/major incident response plan and policy in place to guide the organisation's actions and responses in times of business continuity issues or major incidents.

32.2.6 Ambulance crews understand their roles in major incidents, and they actively participate in planning and rehearsals to enhance preparedness and coordination.

32.2.7 Major incident response rehearsals with other agencies are held regularly to ensure effective collaboration and seamless responses during emergencies, fostering a coordinated approach to major incidents.