Potential for Combination

of

Ambulance and Fire Services in Guernsey

October 2015

J P Le Page

Chief Fire Officer

Guernsey Fire & Rescue Service

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1. Introduction

This paper has been prepared by the Chief Fire Officer, Jon Le Page, following a request from Mr John Hollis, the Chair of the Steering Group looking into the options for Guernsey's Future Ambulance Service. The Steering Group was tasked with investigating all possible options and wanted to understand the potential for the Ambulance and Fire Services to be provided by one fully integrated Ambulance & Fire Service under the control of the States of Guernsey's Home Department.

Although it is not possible to give a definitive indication of how a combined Emergency Service would ultimately operate, without first carrying out detailed investigation and scoping work, the aim of this paper is to give the reader an indication of the possibilities that exist in order to accept or reject the idea for further exploration.

2. Local Drivers for Combined Services

The Fire & Rescue Service and the Emergency Ambulance & Rescue Service in Guernsey are small but complete emergency services. They resemble those in the UK in every aspect other than scale. Both Services are facing the need to modernise to keep pace with their UK counterparts and are also required to deliver on the Government's undertaking to reduce public expenditure. Both organisations are expected to operate more efficiently.

The comparatively small number of staff, limited amount of equipment and a traditional/insular position means that both Services face significant managerial and operational challenges. These severe capacity constraints limit their ability to meet the demands of modernisation change without extra investment. A collective approach through a combined Service will help to address this challenge in a more efficient manner than the two Services operating in isolation. Increasing capacity and driving out inefficiencies will provide the opportunity to redirect resources to areas of need, which will be essential in the future.

The local drivers for combined Services are:

- **Economies of Scale:** a combination provides an opportunity for delivering a more resilient level of emergency response coverage, using fewer personnel than is needed to deliver the same capability under two separate Emergency Services.

- **Economies of Scope:** more staff with a greater range of skills may also help to deliver a wider scope of Emergency Service response in the future at a lower cost than under two separate Emergency Services.

- **Economies of Re-structuring:** a combined Service will provide an opportunity for rationalising existing managerial, command, support and resource requirements.

- **Economies of Interoperability:** interoperability of the different individual disciplines has been proven to be critical to the overall effectiveness of the response and the success of the outcome. Staff working together on a daily basis for one organisation are more likely to establish effective working relationships and joint operational procedures.

3. Current Practice in UK and Other Countries

Both the Guernsey Fire & Rescue Service and the St John Ambulance & Rescue Service are aligned to their colleagues in the UK. They follow the UK's procedures, training and equipment. It is therefore important that comparisons are also made with UK and other Crown Dependencies that operate similar organisations.

3.1 Provision of Ambulance & Fire Services in the UK

There are no examples of combined Ambulance & Fire Services in the UK. Both these Services are provided independently of each other.

3.1.1 UK Fire Services

Fire Services in the UK are not formed nationally (with the exception of Scotland and Northern Ireland). They are provided by Local Authorities usually by a County Council or a Fire Authority.

In total there are 50 separate Fire and Rescue Services in England and Wales. Together with their counterparts in Scotland and Northern Ireland, they form the UK Fire and Rescue Service.

UK Fire & Rescue Services are now all hazard emergency responders, who are trained and equipped to deal with a wide range of emergencies. They have expanded their casualty care skills and equipment, with many Fire & Rescue Services providing a co-response to medical emergencies. Community safety promotion is now a core function of Fire & Rescue Service alongside enforcement of fire precautions legislation.

3.1.2 UK Ambulance Services

Emergency Medical Services in the United Kingdom are provided by publically funded Ambulance Services, known in England and Wales as Trusts. Each Service in England is specific to one or more local authority areas. The June 2005 report "Taking healthcare to the Patient", authored by Peter Bradley, Chief Executive of the London Ambulance Service, for the Department of Health led to the merging of the 31 trusts in to 13 organisations in England, plus one organisation each in Wales, Scotland, and Northern Ireland. Following further changes as part of the NHS foundation trust pathway, this has further reduced to 10 Ambulance Service organisations in England, plus the Isle of Wight (which has its own Island Primary Care Trust).

Public Ambulance Services across the UK are required by law to respond to four types of requests for care, which are:

- Emergency calls (via the 999 system)
- Urgent admission requests from Doctors
- High dependency and urgent inter-hospital transfers
- Major incidents

Ambulance Trusts and Services may also undertake non-urgent patient transport services on a commercial arrangement with their local Hospital Trusts or Health Boards, or in some cases on directly funded government contracts. This is an area where an increasing amount of private firms are taking business away from the Trusts.

Private Ambulance Services are becoming more common in the UK, performing a number of roles, including providing medical cover at large events, either alongside, or instead of the voluntary

sector providers. Some organisers use a private firm instead of a Voluntary Ambulance Service because of wider availability during the week (sometimes difficult for a voluntary service to cover) or for a wider range of skills, such as provision of qualified paramedics.

Some companies have been contracted to provide additional emergency crews and vehicles to supplement the core NHS staff at busy times, with a quarter of the UK Ambulance Trusts contracting private companies to front line work.

Traditionally the Ambulance Service had always operated outside of the hazardous cordon at incidents, however various major incidents in recent years, alongside the increasing threat of a chemical, biological, radiological or nuclear occurrence, has resulted in Ambulance staff being trained and equipped to work within a 'warm zone' environment, in order to provide decontamination to casualties and emergency services workers under medical supervision.

This has led to the development of Ambulance Service Hazardous Area Response Teams. These teams of paramedics are specially trained to work safely in such environments, even when there are contaminants or other serious hazards present (whether caused deliberately or accidentally) alongside the Fire & Rescue Service.

3.1.3 Ambulance and Fire Service Partnership Working

Although Ambulance and Fire Services are delivered separately in the UK, the Government has encouraged the Ambulance and Fire Services to work more closely together under initiatives for 'joined-up government' and 'customer-focused' Services. A good example of this is in Gloucestershire where all three emergency services are co-located on one site. The Gloucestershire Tri-Service Emergency Centre houses the Ambulance Service NHS Trust Headquarters, the Fire & Rescue Service Headquarters and the Police Force Headquarters, along with a Police Contact Centre and Fire, Ambulance and Police Emergency Control Rooms. Each of these Emergency Services operates separately, but with some shared accommodation, technology and information. The model has been praised by the Audit Commission and the Local Government Association for its cost effectiveness.

The greatest development in partnership working between the Ambulance and Fire Services has been driven by new more demanding response performance targets for the UK Ambulance Services.

This has encouraged them to work closer with other Emergency Services to provide a quicker response to life threatening medical emergencies, especially in rural areas.

The potential for Fire Services to play a role in co-response to medical emergencies has been recognised for some time. The first UK Fire co-response schemes were established in Wales in 1996. The Bain Report on the UK Fire & Rescue Service in 2002 recommended a significant expansion of a Firefighter's role in replacing paramedics as "first responders", with a view to increased efficiencies and economies by providing co-responder assistance to medical emergencies.

The Local Government Association outlined the practice of Fire & Rescue Service involvement in co-responding schemes: "Under a 'co-responder' scheme, Firefighters, when first to arrive at an incident, can administer first aid in the absence of a paramedic. This entails training of Firefighters in basic life-support skills, including use of automated defibrillators. An Ambulance is still dispatched to every co-responder call. As such, the role and workload of Ambulance staff is in no way affected by the scheme, but patient care is greatly improved and lives can be saved by the rapid availability of first-aid (particularly the use of defibrillators for victims of heart attacks)".

Since 2004, Fire & Rescue Services in the UK have expanded their clinical capability with Firefighters being trained in basic first aid and life-saving, the use of defibrillators, immobilisation collars, spine boards and oxygen therapy.

The UK Select Committee Report on the Fire & Rescue Service in 2006 also supported the growth of co-response. It stated "We are convinced of the life-saving benefit of co-response schemes and are concerned at the reluctance of some in the Fire & Rescue Service to participate in them. We recommend that the Government, in conjunction with the Department of Health, develop a national co-response protocol, which includes guidance on how co-response should be paid for".

This was supported by a study undertaken by the Pre-hospital, Emergency and Cardiovascular Care Applied Research Group, Coventry University. This concluded that Fire Service first responder schemes result in reduced collapse to defibrillation intervals and made a significant contribution to improving survival rates from out-of-hospital cardiac arrest. They stated that the introduction of these programmes would have maximum benefit if response time targets of less than eight minutes were set.

In 2008, the Department for Communities and Local Government (DCLG) commissioned Operational Research in Health Ltd (ORH) to examine Fire & Rescue Service co-responding with Ambulance Services in England and its future prospects. It reported that about 40 per cent of England's Fire & Rescue Services operated co-response in at least one of its Stations. The report concluded that constraints on expansion of Fire Service co-response were mainly in terms of funding and Union opposition. The funding issues centred on the share of funding for co-response call-outs in Retained Stations, which was to be provided by Fire & Rescue versus Ambulance Services, and related issues to do with crewing levels, mobilisation times and the frequency of call-out.

The Chief Fire Officers Association is now championing the development of the Fire & Rescue Service role and responsibilities with respect to Immediate Emergency Care. This includes development of the co-responder role, a stronger working relationship with other pre-hospital care providers and acknowledgement by the wider health community of the role of the Fire & Rescue Service in immediate care provision. Across the UK there are examples of good practice, such as Lincolnshire Fire & Rescue Service where 21 of their 38 Fire Stations co- respond to Priority One life threatening medical emergencies.

3.1.4 UK Combined Ambulance & Fire Services

The closest comparison that can be made to a combined UK Ambulance & Fire Service is Dublin Fire Brigade (DFB). DFB is the largest full time Fire Service in Ireland and in addition to normal firefighting roles they are responsible for providing an emergency Ambulance Service (since 1898) for Dublin city and county.

DFB provides a fully integrated Fire based Ambulance and EMS service, responding to 90,000 medical emergencies per year. All Firefighters are registered Paramedics with the Pre-Hospital Emergency Care Council (PHECC), which is an independent statutory body whose role is to establish and maintain register of pre-hospital care practitioners in Ireland. It should be noted that a Dublin Paramedic is equivalent to a UK Ambulance Technician and a Dublin Advanced Paramedic is equivalent to a UK Paramedic.

Dublin Fire Brigade operate 12 strategically located Ambulances (at Fire Stations) using operational Firefighters rotating from Fire to Ambulance duties. They also operate two Advanced Paramedic

vehicles with Advanced Paramedic interns from around the country travelling along as part of their internship with Dublin Fire Brigade Advanced Paramedics (24 in total).

All wholetime Fire Appliances in Dublin carry Firefighter/Paramedics and medical equipment such as defibrillators, oxygen therapy and paramedic response bags, so that patient treatment can begin immediately at Paramedic level by a Fire Appliance crew, as they are very often the first on the scene.

The DFB control centre mobilises to both fire and medical emergencies using ProQA Advanced Medical Priority Dispatch System (AMPDS), which assigns a priority code for each medical emergency, depending on the information received. This ensures the right response for the patient and provides pre-arrival instructions. For immediate life threatening incidents, the nearest Ambulance and Fire Appliance will be mobilised. 45% of Fire Appliance emergency responses are to life threatening medical emergencies and on 60% of occasions they arrive prior to an Ambulance in Dublin.

DFB states that the benefits of a Fire based EMS system are:

- Rapid response to all life threatening incidents
- Greater resilience, as over 100 personnel are trained to paramedic level and are available 24/7 for multiple/major incident conditions
- Patient treatment commences immediately on arrival of emergency crews
- Single emergency response culture which impacts positively on patient outcomes
- No Ambulance down time, because crews can be rotated
- Highly motivated and flexible workforce
- Better staff retention because of enhanced job satisfaction

3.2 Provision of Ambulance & Fire Services in British Overseas Territories.

In other British Overseas Island Territories such as Gibraltar, Barbados, the British Virgin Isles and Bermuda there has been some integration between the Ambulance and Fire Services, where the Fire Service usually provides the initial Emergency Medical Response, supported by medical staff from the hospitals. In the previous British territory of Hong Kong the Ambulance Service operates as a separate command under the Fire & Rescue Service structure.

3.3 Combined Ambulance & Fire Services in other countries.

It is common in countries where there has been no statutory public Ambulance Service that the Fire Service provides the primary Emergency Medical Services response (EMS), in addition to their response to fires and rescues. The United States, France, Holland, Belgium, Denmark and Germany are in this category.

In the larger metropolitan areas in these countries, Fire Services usually have both full-time Firefighters and medical staff, to undertake specific Firefighting and Ambulance responses, with support from Firefighters who co-respond to medical emergencies with the medical staff. In rural areas Firefighters are used in a dual role to provide both Ambulance and Fire response, including part time/volunteer Firefighters.

In countries with a statutory Ambulance Service, like Australia and Canada, Fire Services may play a supplementary role as co-responders, but this is not universal. There are examples of Fire Services in major cities having a co-response role in support of the statutory Ambulance Service – Melbourne in Australia, Montreal and Toronto in Canada, for example. But other cities in these countries have not followed suit. Accountability, funding and Union issues are common explanations for the lack of wider take-up.

In the United States emergency medical care is operated directly by the municipality services. This is either through municipality-operated Ambulance Services or private Ambulance Services funded by service fees and supplemented by local taxes, or as an add-on to the Fire Department or a combination of Ambulance service providers.

Where the Fire Department is the mandated EMS provider, a number of different models for the provision of EMS exist. Some operate their Ambulance Services as a separate division within the Fire Department i.e. the Ambulances are staffed by career Paramedics, not Firefighters and there is little exchange between the two sectors of the Department. In others, a proportion of staff rotates through Ambulance and Firefighting roles. In either model Paramedic level Ambulances may be supplemented by Firefighters on Fire Appliances providing a co-response.

The City of San Diego's Emergency Medical System has an innovative public-private partnership between the Fire Department and the San Diego Medical Services Enterprise. This provides seamless emergency care delivered by the Fire Department and private Ambulances.

In Australia, the Fire Service and the Ambulance Service usually operate separately. The main exception to this is the Metropolitan Fire and Emergency Services Board (MFB) in Melbourne. The MFB's Emergency Medical Response Program was established in 1998 by the State's Department of Health to help the Metropolitan Ambulance Service (MAS) improve response times and increase survival rates for cardiac arrest patients. MFB Firefighters are trained in CPR and their Fire Appliances are equipped with defibrillators, oxygen and other medical equipment. They are the first to respond to specific medical emergencies under the Emergency Medical Response First Responder Program (EMR).

In France, the provision of Ambulance Services is the responsibility of the 100 Provincial Departments, who each have a SAMU Service d'Aide Médicale Urgente (hospital-based Emergency Medical Assistance Service). Emergency response may be through the use of a Fire Department-based Ambulance, such as the Paris Fire Department, or by an Ambulance (labelled SAMU) staffed by a physician-led team (SMUR). The French philosophy is to provide more definitive care at the scene during life-threatening emergencies and a SMUR team, (consisting of a physician, a nurse, and an Ambulance driver) may elect to conduct the majority of the care at the scene prior to transport. SMUR teams are typically hospital-based. Over 60% of emergency calls attended by Fire Services in France are for medical emergencies.

In Germany the individual German states are legally responsible for the provision of Emergency Services, but typically delegate these responsibilities to the individual community level. Municipalities, (including both smaller communities and cities) are given responsibility by the State for equipping and operating Fire Departments ("Feuerwehr"). German law mandates the provision of Fire & Rescue Services' (including EMS) staffing and equipping according to levels which correspond to local population. In cities, this is usually provided directly by the Fire Prevention Bureau (sometimes called "Amt 37"); one of the higher-ranking Departments in a municipality. In some cases, the municipality will provide the Service directly, usually through the Fire Department. EMS may however be contracted out by the municipality to a number of other potential service providers, including both community (non-profit organisations) and privately owned companies.

4. The Effectiveness of Combined Ambulance & Fire Services

Assessing the effectiveness of combined Ambulance & Fire Services is difficult. Even in the UK, it has been difficult to measure the success or otherwise of the co-responding schemes. The DCLG report on Fire & Rescue Service co-responding found that none of the Fire & Rescue or Ambulance Services sampled, reported regularly on patient outcomes from the use of defibrillators by co-responders (either in terms of Return of Spontaneous Circulation (ROSC) or of successful discharge from hospital).

The main measure of success for co-responding is the response time, because, despite many advances in resuscitation and emergency cardiac care, it is recognised that the administration of effective CPR and rapid defibrillation remain the key factors that determine a successful patient outcome.

Current UK Ambulance standards require a response to reach 75% of cardiac arrests within eight minutes. The effect of reducing the response time to five minutes increases the rate of survival to discharge to 10%–11%, which is a relative increase of 56%–71%. High rates of survival have been reported when a cardiac arrest occurs in the presence of an Ambulance crew or GP equipped with a defibrillator. Ideally, a defibrillator would be available the instant the cardiac arrest occurred as the chances of a successful outcome diminish by about 10% with every minute that passes.

Fire & Rescue Service co-responding programmes aim to increase the survival rates, by providing early CPR/defibrillation from a local response. Fire & Rescue Service co-responders achieved the 8 minute target for nearly 70% of calls. Of particular interest is that in urban/rural areas, 78% of incidents co-responded to by the Fire Service did not have an Ambulance response within 8 minutes.

While this can be an effective means of providing rapid defibrillation, some studies have shown that as Fire & Rescue Service co-responders are often dispatched from strategic locations, similar to Ambulance crews, they have little influence on survival rates.

The Association of Ambulance Chief Executives has emphasised that co-responder schemes should not and cannot mean that Firefighters act as Paramedics, as this is a role for which they are not trained. They believe that “Firefighters qualified as Paramedics would find it very difficult to undertake the volume of clinical activity necessary to retain the skill levels required by the Health

Care Professions Council, which is a legal requirement to practice as Paramedic in the UK". This is a view that is shared locally, as the training required of a local Firefighter to maintain competence in the numerous procedures that are necessary to respond to the risks present on Guernsey is onerous and time consuming. This does not leave the necessary time available during each week, month and year in which to maintain clinical competence at Paramedic level.

A review of the emergency medical services provided by Dublin Fire Brigade found that the integration of the Fire & Rescue Service with the Emergency Medical services brings a major cost-benefit, as it allows total utilisation of its highly skilled and highly motivated workforce in any given situation or emergency.

A study by Mater University Hospital in Dublin also found that the improved quality of Emergency Pre-Hospital Care, through DFB Fire Appliances having a Paramedic on the crew, the Control Centre giving CPR advice over the telephone and the delivery of advanced pre-hospital life support, has positively impacted on survival from out of Hospital Cardiac Arrests.

It is clear from the international comparisons that combined Ambulance & Fire Services can operate in both metropolitan and rural areas. The degree of amalgamation between Ambulance and Fire Services appears to be very dependent on the historical development and organisation of emergency services, along with the characteristics of the communities they serve.

The success of total integration of Emergency Medical and Fire Services has been extensively documented by the United States. In the US, 51% of Fire Departments provide emergency medical services and of the 200 largest cities, 97% have Fire Service based emergency medical response. By offering first responder and patient transportation services, Fire Services include pre-hospital medical care as part of their commitment to public safety. Literature in support of combining Emergency Medical and Fire Services also emphasise the strategic advantages and increased levels of customer service.

The key feature of a Combined Emergency Service is that all personnel are trained not only in Ambulance care, but also as a Firefighter. These may be found in smaller towns and cities, where size or budget does not warrant two separate Services. This multi-functionality makes the most of limited resources or budget and provides a single team to respond to any emergency. A report by the International Association of Firefighters found that the pre-hospital '911' Emergency Medical

Response was one of the essential public safety functions provided by the United States Fire Services in support of community health, security and prosperity.

It should be remembered that there are significant organisational differences and standards between Ambulance and Fire Services in the UK (and Guernsey) compared to Europe or the US. Experience from the US has also highlighted that one of the most significant risks of merging two separate Emergency Services with their differing individual cultures is the many conflict situations and negative effects that could arise and compromise service delivery. The development of a strategy for conflict management would be necessary to facilitate any combination proposals in Guernsey in order to minimise the negative effects of conflict issues.

Anecdotal evidence suggests that the incidence of Firefighter deaths in the US is higher than in the UK and Europe. This could be as a result of the level (or standard) of safety critical training that US Firefighters carry out in comparison to their UK counterparts. There is a perception that the Firefighting training is diluted in order to allow time to respond to EMS calls, or to undertake EMS related training and paperwork. This will require careful analysis to ensure that Firefighter safety is not compromised as part of any combination carried out in Guernsey.

5. Synergy & Strategic Fit between the Services

5.1 Synergy between Services

There are obvious synergies between the Fire & Rescue Service and the Ambulance Service. Both are designed and resourced primarily to deliver an emergency response to life threatening situations 24/7.

The synergies between both organisations are further enhanced by the Joint Emergency Services Control Centre and other areas of co-operation and joint working, these include:

- A common Tetra emergency services radio system
- Joint response to emergency calls and a greater understanding of each other's roles
- The Services occasionally undertake combined training initiatives
- The Ambulance and Fire Services have developed a joint response to public decontamination incidents

- The Fire & Rescue Service has been equipped with defibrillators to enhance first aid provision. This has paved the way to co-responding to life threatening medical emergencies
- The Fire & Rescue Service assists Ambulance crews at incidents where extra resources are required, e.g. assistance with movement of casualties in confined areas or movement of bariatric patients. (This collaborative activity is currently under review and is expected to be increased as a result of the review)

5.2 Strategic Fit

Strategic fit is the degree to which an organisation's resources and capabilities are matched to deliver their services and support their strategy. An examination of the strategic fit between both Services in the following key areas would identify if a combined Service would improve their efficiency, effectiveness and resilience:

- Service Management
- Incident Command
- Administration and Support Services
- Operational and Training
- Resources (Accommodation, Vehicles, Equipment and People)

Each area should be examined by joint working groups (with Fire and Ambulance representation) in detail to fully understand the opportunities and challenges that a combination would create. Although a better understanding could alter the opinion detailed below, it is believed that the strategic fit is favourable for a combined Service to be created.

5.3 Operational Assurance and Risk

Any combination proposals must be considered against the primary functions of a Fire & Rescue Service and the Ambulance Service. Both Services are well regarded in the community and have a good track record of front line service. It is important that any combination of the Services does not alter that good standing, other than improving efficiency and effectiveness of service delivery.

The challenge in any combination of the two Services will be to optimise the strengths and opportunities that exist for each organisation, whilst minimising the risks. Only by achieving this

can the combined Service build on existing standards of service provision and deliver improvements.

Opportunities clearly exist to improve efficiency and effectiveness (through a combined Service), but these will be diminished quickly if all risks are not identified and managed.

In order to identify and assess the risks of a combination, a risk register would need to be created to capture all the risks. This risk register should be created before any decision is taken on fully combining the two Services.

6. Potential for a Single Management Structure

Both Services have similar hierarchal management structures with similar managerial competencies. The manager posts are uniformed, with managers having an operational command role within their respective Services. Both management structures have traditionally relied on adequate career progression and promotion of operational staff to management posts. This has required duplicate expenditure on management development courses. In recent years however, the Ambulance Service locally has recruited applicants into senior management posts who possessed management experience and qualification, but with no previous operational experience. Rather than providing management training, they provided subsequent command training applicable to the roles concerned.

The management structures of both the Fire & Rescue Service and the St John Ambulance & Rescue Service have seen significant changes in recent years. The Fire & Rescue Service's management structure is once again under review in order to replace the administrative support that the Service lost when the dedicated Fire Controllers moved to the Joint Emergency Services Control Centre.

Larger combined emergency service organisations have maintained their individual emergency identity through sharing resources and management, but maintaining a largely separate Fire and Ambulance specialist response. These include:

- Hong Kong Fire Services Department – www.hkfsd.gov.hk
- Montreal Fire Department (Canada) – www.ville.montreal.qc
- Dublin Fire Brigade – www.dublincity.ie

- Melbourne Fire Brigade – www.mfb.vic.gov.au

A combined Service management structure could create efficiencies (compared to the two individual management teams) by having single managers overseeing both disciplines at strategic (or Principal Officer) level, who are supported by middle and first line managers who have specific responsibilities according to the discipline they have operational experience in. They could continue to facilitate and manage Fire & Rescue and Ambulance responses independently, but being able to gain the support and assistance of a larger workforce. In time, cross fertilisation of management and command experiences may be sufficient to allow for management positions to be amalgamated into single dual discipline posts.

6.1 Single Management Structure Benefits

- A centralised Emergency Response Service.

A combined management structure under a single department would create a single co-ordinated team based emergency response regardless of specialism.

- Combined Strategic Planning

A single co-ordinated Emergency Service that has shared aims and objectives aligned to the States Strategic Plan. This will provide combined efforts i.e. community safety could cover all aspects of public health and fire safety.

- Greater Managerial Capacity and Resilience

Both Services have limited management capacity to manage organisational developments and changes. A single management team would provide greater resilience and capacity.

6.2 Single Management Structure Risks

- Lack of Service Knowledge to Manage Other Service Area

Existing Principal Officers of each Service have limited knowledge in the specific management (and no operational experience) of the other Service area. The Principal Officers of a combined Service will need to trust the advice and guidance of the Service specific managers below them when making strategic decisions.

7. Potential for a Single Command and Control Structure

Similar to the UK, the management of emergencies in Guernsey is based on three ascending levels of command management; they are Operational, Tactical and Strategic or perhaps more commonly referred to as Bronze, Silver and Gold.

Both the Guernsey Fire & Rescue Service and the St John Ambulance & Rescue Service have complementary command and control structures to manage operational incidents, either independently or jointly.

The command structure used by the Fire & Rescue Service is termed the Incident Command System (ICS) and the command structure used by the Ambulance Service is called the Major Incident Medical Management System (MIMMS).

ICS & MIMMS command structures have developed over the last decade to become best practice for both planning and managing a response to emergency incidents. Both the ICS and MIMMS are founded on a 'bottom up' approach in which operations are managed and decisions taken at the lowest appropriate level.

The shared aim of the Incident Commander (be that Fire or Ambulance) is to ensure:

- Delegation of tasks and functions to ensure full control is maintained with effective 'spans of control'
- Effective communications
- A risk assessment process which ensures safety considerations are at the forefront of any decisions
- A support system for all commanders
- A command system that can progressively expand to meet the needs of an escalating incident

The current approach to Incident Command (by both Fire and Ambulance) is encapsulated in seven key principles:

- Command – control resources and scene

- Safety – create a safe working environment for emergency responders
- Communication – emergency responders know their responsibilities and their part in the overall plan
- Assessment – for Ambulance this is a clinical assessment, for Fire it is a scene and resources assessment
- Triage – for Ambulance this is clinical (casualty focused), for Fire it is rescues and priorities
- Treatment – for Ambulance it is clinical, for Fire it is implementation of tactics
- Transport – to definitive care (Ambulance)

There are opportunities for a single command and control structure. This could be achieved by introducing a single command and control structure, similar to the existing Fire ICS and Ambulance MIMMS, which builds from the smallest emergency response to the largest incident. This would still allow for existing separate Fire & Ambulance response models to continue i.e. single response to specific rescue or medical events, whilst working to a model that builds into a joint Incident Command System as the event escalates.

This would create a clear model of 'command co-ordination', with Fire resources providing for a designated Bronze Incident Commander (Watch Commander). The specialist knowledge (clinical) that Ambulance staff provide must be maintained and although a Fire Manager has overall responsibility for scene safety and resources, the operational decisions (clinical) would remain with attending medical specialists. The Incident Commander can withdraw personnel (safety issues) but casualty prioritisation and treatment remains with medical responders.

This would be similar to incident command in the United States, which has developed a standardised emergency management system based on the US Fire Service Incident Command System. This comprehensive framework for emergency management, termed the National Incident Management System (NIMS), is designed to ensure a consistent approach to command and control of incidents and all emergency responders. Under NIMS the lead agency provides the unified incident commander.

There is potential for a combined Service to initially continue to facilitate Fire & Rescue and Ambulance responses independently, but with Fire & Rescue providing the Bronze Commander at an incident involving both disciplines, working to a model that allows for an incident to escalate, thereby necessitating a joint tactical commander (Silver).

7.1 Single Command Structure Benefits

- Improved Single Command Structure

A single effective way to manage incidents regardless of specialism.

- Standardised Command Concepts

Because there would be a single command structure, the concepts of command, the terminology and the training would all be standardised between the Services. This would remove any possibility of misunderstanding in the stressful command environment.

- Greater Emergency Service Resilience

Both Services (individually) have a finite number of Silver/Tactical Commanders to provide 24/7 cover. A single command structure would enable Silver Commanders (Fire or Ambulance) to undertake the role for either Service.

- Clear Single Incident Commander

At larger incidents, having a separate Silver Commander for Ambulance and Fire resources can lead to a conflict or duplication of effort. It may also create confusion over who is actually in charge of the incident.

- Shared Incident/Emergency Response Aims and Objectives

A single unified commander will ensure that there are clear aims and objectives for the successful resolution of the incident irrespective of the Service specialism.

- Improved Scene Safety

The Fire & Rescue Service has a very successful approach to incident command using the concept of dynamic risk assessment. This approach could be embedded in the operational response of both Services.

7.2 Single Command Structure Risks

- Lack of Specialist Command Knowledge

Merging command structures/management of any incident will still draw on specialist knowledge (Ambulance/Fire) and require designated specialist Sector Commanders. This could threaten the Incident Commander's tactical control, in-that 'specialists' may well see the Commander's tactics

as guidance for them (as the specialist) to interpret and implement according to their greater personal specialist knowledge.

- Training Investment Requirement

There will need to be considerable investment in training and development for individuals to successfully (and safely) work as a 'joint' Tactical Commander.

- Bespoke Command Structure

Both Services currently adopt UK national 'best practice' command and control structures. This gives access to command development, guidance documents and training. A single 'stand-alone' Ambulance & Fire Command and Control Structure in Guernsey, albeit similar to existing structures, would require bespoke guidance documents and training to be created and maintained locally.

8. Potential to Share Administrative/Support Functions

Both Services have differing arrangements for administrative and support functions. These include areas such as; Service administration and finance, HR support, IT support, fleet/equipment management and procurement, facilities management, training and development and management of income streams.

The Fire & Rescue Service currently employs one whole time equivalent post to perform Service administration tasks and one whole time equivalent post to perform fleet/equipment management and procurement. All other functions are supported by shared staff from the Home Department Central Services team or other corporate support teams within the States of Guernsey. Unfortunately, this level of support is known to be inadequate and work is currently being undertaken to ascertain what level of support is actually required to cover deficiencies within the Fire & Rescue Service.

It is understood that the St John Ambulance & Rescue Service employs at least four whole time equivalent posts in dedicated (non-operational) support positions (who are supplemented by a group of volunteers at key times), with other support functions being provided by other companies/organisations under contract agreements. This enables the St John Ambulance & Rescue Service to raise the 25% of extra funding required to operate the Ambulance Service in addition to the funding provided by the States of Guernsey.

A detailed review of the administration and support functions performed in both Services would need to be undertaken, but it is anticipated that it would find there to be many similarities in the work undertaken and therefore opportunities to merge the functions. Although it is known that the Fire & Rescue Service requires more staff in this area, it may be possible to avoid the need to take on any extra staff, if it is identified that a combination of the present posts would be sufficient to support a combined Service.

8.1 Single Admin/Support Structure Benefits

- Improved Business Partner Relationship

A combined Service could be supported by the Home Department's business partners as a dedicated 'blue-light' provision.

- Improved Financial Management / Processes.

This is particularly important during the early stages following a combination when senior managers will be looking closely at expenditure, savings and further possible efficiencies.

- An Improvement in Fleet Management

Management of the Ambulance Fleet could be made much more effective and efficient if combined with the Home Department's overall Fleet of vehicles.

- More Efficient use of Administrative Staff

Both services have a very small team of civilian staff providing administrative support. Combining both Service's administration teams will provide more effective support to managers.

8.2 Single Admin/Support Structure Risks

- Workload for Fleet Management and Equipment Maintenance

The Home Department Fleet Maintenance Team currently undertakes the routine servicing of the Ambulance Fleet of vehicles. There is not enough capacity to undertake other repair work that is required from time to time on the vehicles, which means that the St John Ambulance & Rescue Service is required to contract the work out to local garages. The same is also true for the repair and maintenance of all other equipment that the St John Ambulance & Rescue Service operates. A

review of this particular area of work would need to be undertaken to ensure that sufficient resources (human or financial) was in place to cover this area of risk effectively.

- Time Taken to Realise Benefits

The support requirements of a public organisation are different and more complex than a private organisation. As such, it will take time to fully integrate the support functions and realise the benefits.

- Lack of Admin Capacity

Whilst it is hoped that a combined administrative function would be more efficient, this is by no means certain and could not be calculated with any degree of accuracy at this time.

9. Potential to Combine Operational Roles

The primary roles of both Services is to deliver an emergency response to life threatening situations in the form of a 24/7 emergency response, sometimes jointly and sometimes separately. However, it is recognised that another primary role of the Ambulance Service is to also deliver non-emergency Ambulance Services. The Services already share the 999 call handling, mobilising and co-ordination provided by the Home Department's Joint Emergency Services Control Centre.

The operational role of the Fire & Rescue Service and the Ambulance Service is the area where the Services have the greatest synergy, but it also provides the greatest challenges for any proposed combination due to the cultural and operational workload differences of the two organisations. Within this section the term operational includes responding to emergencies, training and community safety.

9.1 Overview of Fire Service Operations

The Fire & Rescue Service is not only equipped and trained to fight fires; they respond to a wide range of different emergencies. Firefighters in Guernsey are multi-functional and are trained and equipped to respond to a whole range of emergencies that could result from the risks present in the Island. This is different to the UK, where each Fire Station specialises in basic firefighting and usually a single specialist role that is specific to the greatest risk in that Station's area. That Station is then supported by staff who possess different specialist skills from neighbouring Stations if they are required. Due to the isolated nature of the Island, this is not possible, meaning that all staff

members need to be multi-skilled. Guernsey Fire & Rescue Service has an extensive and continued training programme to ensure that operational personnel have sufficient underpinning skill, knowledge and understanding to perform their roles effectively and safely. On average a firefighter undertakes at least 8 hrs structured training per week in order to maintain competence.

The crewing standard for the Service is to maintain an operational crewing level of at least six firefighters, two Crew Commanders and one Watch Commander for each shift, in order to be able to establish an initial safe system of work at all reasonably foreseeable incidents. These crews are then supported by off-duty members of staff who form a structured recall to work system.

This is to ensure that five personnel crew 'Pump One' (a main firefighting & rescue appliance), whilst four personnel crew 'Pump Two' (secondary firefighting & rescue appliance). The crew of 'Pump Two' is also expected to split into two crews of two in order to respond with any of the Specialist Appliances that the Service maintains, such as the Emergency Tender, Water Carriers, Turntable Ladder, etc.

Over the last decade the Fire & Rescue Service has refocused its approach to risk reduction, so prevention is now a significant part of its work. This includes enforcing fire safety legislation, undertaking home fire safety visits, promoting community fire safety messages and working in partnership with other agencies and charities in order to make Guernsey a safer place in which to live and work.

9.2 Overview of Ambulance Service Operations

The St John Ambulance & Rescue Service provides emergency and high dependency care and transport for the people of Guernsey at a time when, through an accident or illness, they are most vulnerable. The operational frontline Service is made up of four clinical levels of staff, with the Paramedic (level 4) being the senior member clinically responsible for all the other levels. Paramedics are trained to use advanced life support techniques and can administer a range of drugs for the emergency treatment of a number of medical and trauma conditions.

It is understood that the minimum number of Ambulances that should be available 24/7 is two. Ambulances are crewed by three of the clinical levels, with a Paramedic responding as an individual secondary response. It is also understood that there is no formal standby system. Recall to duty (of

staff to cover high demand) is reliant on the goodwill of the staff to make themselves available when off-duty.

In addition to this, the St John Ambulance & Rescue Service also provides a non-emergency Patient Transport Service (PTS) for patients receiving treatment at Hospital and Day Centres, along with a Marine Ambulance, a line (cliff) rescue service, an inshore boat rescue service, a Community First Responder scheme, an Ambulance Reserve and a Medical Air Escort Service. Some of these services are performed by volunteers.

Although all other employees and volunteers are not normal 'blue-light' responders, they are trained as first responders and play an integral part in a Major Incident response, as they provide the vital extra staff resources required to deal with the large numbers of patients that have less serious injuries.

The Marine Ambulance and other 'Rescue' services are provided through the use of charitable funding and voluntary crews and are essentially part of the 'third sector' with regards to the way these services are provided. The command and control of the Rescue Services and the Marine Ambulance are however currently the responsibility of the Emergency Ambulance Service.

9.3 Combined Operation Potential

As previously stated, both Services usually operate at the minimum level of cover (based on UK standards) deemed appropriate for Guernsey. Both Services have challenging response times which are sometimes difficult to meet. This is very often the case when there is a delay caused by off-duty crews returning to work to crew a vehicle.

The two Services have very different specialised roles in response to emergency incidents, though they may cross over in some areas on a few incidents attended by both Services, primarily road traffic collisions.

If the two Services were to fully combine, it is felt that the operational roles of both Services should work collaboratively as separate teams/crews, working together as collective Groups/Watches/Shifts under the management of 'co-ordinating Group/Watch/Shift Managers'. This would involve the continuation of separate Fire & Rescue and Ambulance emergency

responses, but with dynamic collaboration and assistance being provided between the crews according to skills available and challenges being faced at any particular time.

Similar to Dublin Fire Brigade, a combination of operational roles would provide opportunities for an improved quality of service from a larger workforce with a wider and deeper skills base. In time, Ambulance trained staff could be trained in specialist roles connected to the Fire Service in order to make up a Fire Appliance crew if required. Similarly, Firefighters could be trained in enhanced emergency medical skills, so that they could provide a first response to life threatening medical emergencies as part of an Ambulance crew if required.

Although there is a significant drop in call rates for both Services during the night time (with the exception of weekends for the Ambulance Service), a cardiac or respiratory arrest would still require the attendance of two Ambulances and a property fire would still require the attendance of two Fire Appliances. Therefore, the number of Paramedics or Firefighters required 'on-duty' to provide an effective and safe emergency response would remain the same.

If selected staff were trained in a dual role, it may be possible to reduce the number of staff at night time by using the same crew to alternately crew the Fire Appliance or an Ambulance and thereby saving two posts during the low activity hours, this would ultimately produce a potential efficiency saving sometime after a combination of the Services had taken place and the staff had taken on new skills. Any simultaneous incidents during these hours would result in one Service not being able to respond appropriately, but this risk could be effectively mitigated if a robust and reliable recall to work system was established.

9.4 Benefits of Combined Operational Roles

- A single Guernsey Ambulance & Fire Service

This would create a single emergency response culture, which would enable the best mix of equipment and skills to be delivered to those in need of assistance, without fear of requiring inter-Service agreement or 'cross-charging' between Services for any assistance gained/provided.

- Highly Motivated Workforce

The variety of work and skills would create a highly motivated workforce with enhanced job satisfaction.

- Improved Response Times

Dual role staff would ensure a quicker response to life critical medical emergencies when all available Ambulances were committed with other patients, as staff on duty for Fire Appliance crewing could respond to an incident in an Ambulance rather than wait for 'off-duty' Ambulance crews to respond to the Station (before mobilising to the patient).

- Improved Emergency Service

The complete emergency service provided by one organisation would lead to an improved single 'casualty centred' approach from one team, rather than two distinctly different organisations attempting to work together after meeting at an incident.

- Joint Training Initiatives.

Potential to work together on operational training such as medical, rescue, command training courses.

- Combined Preparedness

A combination of operational roles would ensure joint incident planning and training, which has been traditionally difficult to achieve between the two separate Services due to different budget and staffing considerations.

- Improved Community Safety

The Fire & Rescue Service has been very successful at promoting community safety. A combination could facilitate joint community and partnership engagement on safety, health and fire issues.

- Improved Resilience

A dual operational role would increase opportunity for cross mapping of skills and therefore increase availability of multi-skilled emergency responders, which will provide greater resilience for larger incidents.

9.5 Risks Associated with Combined Operational Roles

- Lack of Public Support

The 2015 Public Consultation on Guernsey's Future Ambulance Service showed that 63% of the general public who responded to the consultation felt that the Island's Ambulance Service should

continue to be run by the St John Ambulance & Rescue Service. This may be due to the historical good service that St John has provided to the Island and the public's reluctance to change from a known success to something that they haven't experienced. Any combination will therefore need to be thoroughly investigated before implementation to ensure success is deliverable and extensive public assurances will need to be provided and subsequently demonstrated through successful delivery of services.

- Reduced Emergency Service Response at night

Any reduction in Ambulance and Fire cover during the night time period could result in delayed or reduced attendance as a result of simultaneous or multi-agency incidents occurring. This would lead to an increase in public safety risk and staff safety risk that would need to be fully mitigated before any reduction took place.

- Restricted Recruitment

The recruitment and selection of new members of staff (who have the potential to take on a fully combined Service role) may prove difficult due to the specific and wide ranging attributes required.

- Limited Dual Role Capability

The complexities and training requirements for a Paramedic or a Firefighter in Guernsey would limit the dual role to an Ambulance Technician/basic firefighting role.

- Difficult to Maintain Dual Competencies

It will be difficult to fully merge current staff roles with their differing skill sets, range of competencies and on-going training requirements. This will require significant investment for individuals to successfully attain skills and remain competent in a dual role.

- Dilution of Skills

A full merging of current staff roles could result in an unacceptable dilution of skills and expertise that was previously provided by dedicated professions from each Service. There is evidence of this with the Joint Emergency Services Control Centre.

- Capability to Perform Dual Role

Identifying both Ambulance and Fire staff able to act in a dual role; not all staff will either want to (or be capable of) carrying out the role of the other Service. This will reduce the number of staff that could potentially take on any dual role should they be identified.

- Staff Resistance to a Combined Service

The strong cultures associated with each Service may encourage staff to resist the change or place such obstacles that the benefit of a combination is reduced or lost.

- Extensive Future Ambulance Training Requirements

Routes towards Ambulance Technician and Paramedic qualification have undergone some radical changes in the past few years, which will ultimately mean that acquiring qualified staff in the future will become much more protracted (in comparison to how St John Ambulance & Rescue Service has vocationally trained its staff in the past).

10. Potential to Share Premises/Accommodation

Currently both Services operate separate and independent Fire and Ambulance Stations. These are used to house each Service's fleet of vehicles and equipment and to provide administration and staff welfare facilitates.

10.1 Fire & Rescue Service Premises

The Guernsey Fire and Rescue Service operates from two premises, being the main Fire Station and Headquarters in Arsenal Road, St Peter Port and a small Fire Station on the Island of Herm.

The Fire Station in St Peter Port is situated in the old town Arsenal. The building houses all of the Service's Fire Appliances and equipment. It has welfare facilities for the on-duty Fire Crews, space for storage, workshop facilities for Fleet/Equipment maintenance, offices for Service administration and a purpose built training block/drill yard.

The building (built in the early 19th Century) was originally constructed to house a Militia Artillery Regiment. Since moving to the site in the 1935 the Fire & Rescue Service has sympathetically adapted the buildings and the site in order to create a 'fit-for-purpose' Fire Station facility, whilst also maintaining the important architectural heritage of the site that is protected from development under law.

The site is ideally situated within the Island (due to its location and the road network that radiates from it) in order to enable the target response times to be achieved across the entire Island from a single location.

The site is owned and maintained by the States of Guernsey through the States Property Services section of the Treasury and Resources Department, which means that the costs associated with operating from the premises are free from any commercial levy or profit.

10.2 Ambulance & Rescue Service Premises

The St John Ambulance & Rescue Service operates from a single headquarters on the Rohais, St Peter Port. The Service commenced operations from the site in the 1930's and has adapted the buildings over the years to accommodate all of its vehicles, equipment, offices and rest facilities.

The site is shared with various other sections of the Commandery of St John, which owns the site and charges the St John Ambulance & Rescue Service rent for the use of the space it occupies.

It is understood that the shared site is not fit for purpose any longer, which has the potential to impede Ambulance responses. Due to the 8 minute Ambulance response target that the Service aims to achieve, it is not always possible to get to all areas of the Island from the Rohais base, which means that Ambulances are very often 'staged' at other locations around the Island in order to improve response times.

10.3 Opportunities for Sharing Premises/Accommodation

The internal layout of the first floor of the Town Arsenal building has not been materially altered for a great many years and (as a result) the size of the offices are rather extravagant in comparison with modern design specifications. The partition walls between the offices are of 'stud-work' construction and it is believed that there is huge potential to reorganise and modernise the layout of the first floor of the building in order to create modern accommodation that provides suitable facilities for a co-location of both Services.

Due to a rationalisation of the Fire Service's Fleet of vehicles, garaging space currently exists to house at least four Ambulance vehicles. This could be extended to provide extra garaging facilities if the workshop facilities were to be re-located or reorganised.

Obviously this potential could only be realised after planning permission, heritage consent and financial investment was secured, but it does indicate that it may be possible to co-locate a combined Service within a single States of Guernsey owned building, which would reduce the operating costs that are expended on building facilities.

10.4 Shared Premises/Accommodation Benefits

- Supports the States Property Services Strategy

Both Services have already undertaken an initial scoping study for sharing facilities in order to reduce costs associated with rents to private landlords. This co-location would enable some of those savings to be realised without the expense of a major new build in order to include the Law Enforcement Agencies.

- Supports Opportunities for a Combined Service.

A single Ambulance and Fire Station would support inter-service working and enable much needed inter-agency training to take place between incidents. It would also facilitate a full combination of the Services.

- Ideal Strategic location

A combined Station at the Town Arsenal maintains a strategic location on Island with ready access to all areas of the Island and town, which does not detrimentally alter the response arrangements of either Service.

10.5 Shared Premises/Accommodation Risks

- Staff Resistance to Sharing Space

Ultimately the potential for shared accommodation will only be possible if the current space dedicated to certain facilities is reduced in size and modernised. This may not be welcomed by some traditionalists, which could lead to some staff resistance.

- Access to Capital Funding

Currently no funding has been approved within the States Capital programme

- Interdependencies with the Home Department Shared Accommodation Project

One of the main drivers of the project is to create a purpose built Emergency Services co-located building that includes all elements of Law Enforcement. This is in order to transform their operations, whilst also releasing prime buildings for redevelopment onto the property market.

- Maintaining Operational Response During Construction

Developing the site whilst still operating the Fire Station will be difficult and will require detailed planning in order to mitigate all possible risks.

11. Conclusion and Recommendations

11.1 Conclusion

It is clear that a strategic fit exists between the Ambulance and Fire Services and there are opportunities across all levels of the individual Services to combine the efforts in order to create a truly efficient Emergency Service for the Island, which is solely focused on the best possible delivery of assistance to members of the community.

There are examples of combined Ambulance and Fire Service provisions throughout the World that work very effectively, with the UK being an exception. However, the NHS is struggling to maintain an effective Accident and Emergency service in the UK and the data that is available (to show the success of pre-hospital care) is not particularly favourable when compared to some other European countries.

There is therefore a compelling argument to suggest that Guernsey should look to places other than the UK in order to model its future Ambulance Service and look to combine the local Ambulance and Fire Services into one Government run organisation in the long-term.

Given that Guernsey looks to the UK for guidance on standards and best-practise, it is hardly surprising that there are two completely separate Ambulance and Fire Services in the Island, but is that cost effective and good value for money in such a small jurisdiction?

St John has provided an excellent service to the Island of Guernsey for more than seventy five years and it would be highly beneficial for it to continue to do so in its charitable/voluntary capacity with regards to cliff rescue, inshore boat rescue and marine Ambulance.

11.2 Recommendations

It is recommended that the Steering Group gives serious consideration to the future of the Emergency Road Ambulance Service in Guernsey ultimately being provided through a combined Ambulance and Fire Service run by the States of Guernsey Home Department.

It is further recommended that medical cover for the myriad sporting and social events that occur on the Island should not be exclusively provided by the Emergency Ambulance Service. It is recommended that coverage at these events should also be provided by private Ambulance Services. It is also recommended that the medical taxi service (PTS) should not be provided by the Emergency Ambulance Service. The cliff rescue, inshore boat rescue and marine Ambulance are all currently provided in a charitable/voluntary manner and it is recommended that this should continue.

Although this report has identified areas where a combined Ambulance and Fire Service has potential to work effectively and efficiently in the long-term, detailed analysis and study would be required in order to ensure that the provision of Ambulance and Fire Services in the Island did not diminish in quality as a result of a combination.

Due to the potential risks involved, it is recommended that a two stage approach to full combination of the two Services should be implemented. The first stage would see the two separate organisations work collaboratively together as one organisation. This would allow all risks to be identified and trials could be undertaken to test possible procedures and structures before committing to them.

Once sufficient experience had been gained, an informed decision could be taken as to whether a full combination of the two Services were acceptable (stage two), or if the collaborative approach should continue in order to deliver safe and effective services.

It is recommended that stage one should seek to co-locate the two Services as soon as possible in order to realise efficiencies, whilst also allowing for the closest possible working relationship.

Given the current contractual agreements (between the States of Guernsey and St John Ambulance and Rescue Service), it is recommended that the mid-term review of the contract would be an ideal time to make any contractual amendments necessary. This would enable the two Services to move forward with stage one, with a decision on moving to full combination (as stage two) being taken towards the end of the current contract period. This would provide the two Services with at least a year of close collaborative operations in order to fully investigate the merits and risks of full combination.