


Appendix B



North West Ambulance Service 
NHS Trust

MEMORANDUM OF UNDERSTANDING

A collaborative working agreement between

NWAS NHS Trust

and

Merseyside Fire and Rescue Authority

Recommended by	Andrew Redgrave
Approved by	
Approval Date	

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Responsible Director	Executive Medical Director
Responsible Manager (Sponsor)	Dave Kitchin, Head of Service, CAM Area
For use by	Merseyside Fire and Rescue Authority

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1. Introduction & Clinical Basis

April 2015 senior managers from MFRA and NWAS met to explore opportunities for life saving response collaboration. A key area of interest was how the Seattle model of Emergency Medical Services (EMS) could be applied within Merseyside. There was universal acknowledgement that Basic Life Support duties could be provided by appropriately trained MFRS Firefighters, when responding to cardiac arrest incidents, whilst Advanced Life Support duties would continue to be provided by the professional medical staff of NWAS. This enhancement would complement the already professional service provided by NWAS; in no way would it ever be developed to replace an ambulance response. Evidence available demonstrates by using Firefighters to provide the initial Basic Life Support in cardiac arrest incidents survival rates could be dramatically increased. NWAS and MFRA, in the interests of the people of Merseyside, have agreed to pursue the creation of procedures that will save many more lives through early application of Cardio Pulmonary Resuscitation (CPR) and Automatic External Defibrillation (AED). This Memorandum of Understanding (MoU) outlines the arrangements and the relationship between the North West Ambulance Service NHS Trust and Merseyside Fire and Rescue Authority to operate a MFRA responder schemes within the Merseyside area. This document will also outline the role and responsibilities of the MFRA responders.

This memorandum is binding in honour only and is not intended to be a contract of employment.

The proposal is to look at a new solution that does not replace ambulance crews but complements the service they provide, and facilitates a new collaborative approach across - Merseyside. It will deliver against the aspirations of NHS England, Government and local authorities for improved collaborative working across all blue light services

The MoU outlines the arrangement and the relationship for NWAS to deploy MFRA firefighters trained and equipped with defibrillators in a live environment on fire appliances with blue light response to cardiac arrest codes as defined by NWAS. The intention of this partnership is to strengthen the links in the chain of survival to become more robust to further enhance patient care, patient experience and patient outcomes from sudden out of hospital cardiac arrests.

The North West Ambulance Service and MFRA are committed to providing the highest quality of pre-hospital care and treatment of cardiac arrests- Research has shown that if a cardiac arrest victim is defibrillated immediately their chance of survival is 85%. These odds decrease by 10% for every minute that passes without treatment. At present in Merseyside the survival rate is less than 10%; our vision is to improve survival rates and to compete with other European Countries (Sweden and Denmark) and Seattle where survival rates are higher than 20%.

The challenge of delivering Basic Life Support (BLS) and defibrillation to patients suffering from a life-threatening condition in the first few minutes has brought about many changes in the "out of hospital" care environment. The evidence for improved survival from providing a robust "Chain of Survival" is clear.



NWAS is working to provide robust second and third links to the chain in the form of good Cardio Pulmonary Resuscitation (CPR) and early defibrillation by the use of MFRA in situations where they could be at the patient's side more quickly than the emergency ambulance response and certainly when this might take longer than 8 minutes to reach the patient. MFRA response standard to "Very High Life" risk incidents is five minutes, which they can achieve on 95% of occasions. The research evidence is clear; the longer a patient is in cardiac arrest and without any resuscitation attempted the lower the chances of response to treatment and survival.

This MOU is not a substitute for the primary emergency medical providers NWAS. It is intended that trained MFRA responders will attend all cardiac arrests, however the Ambulance Quality Indicator (AQI) recorded will be the time (Red 1) that the first NWAS resource arrives on scene.

When acting as Responders, suitably trained and equipped Fire-fighters from -MFRA will administer lifesaving medical treatment in the form of CPR and the utilisation of an Automated External Defibrillator (AED) and stabilise the situation until the advanced medical care personnel from NWAS arrive.

Except where stated otherwise, the clinical guidelines for attending cardiac arrests agreed between the parties will be defined by the NWAS Executive Medical Director and only varied to reflect the development of new clinical evidence or accepted clinical practice.

First Response systems have proven to be clinically effective and have formed an integral part of the immediate care system in some communities for many years. The Governance Framework outlined within this MOU is aimed at ensuring the safety of -MRFA Responders and patients through reducing potential risks and providing consistent, safe, supportive processes and systems of work.

The Trust has approved documentation which describes the process for managing the risks associated with responder schemes. As a minimum, the approved documentation must include a description of:

- a) Duties
- b) Selection arrangements including those required of stakeholder organisation
- c) Scope of practice
- d) Minimum standards of staff training which reflects national guidelines
- e) The organisations expectations in relation to periodic proficiency checking arrangements.
- f) requirement for storage of equipment
- g) ambulance control procedures
- h) processes for monitoring the effectiveness of all of the above
- i) Culpability Cover

This document addresses each of these issues with respect to the -MFRA First Responder scheme.

2. Administration & Management

The NWAS Chief Executive and the Executive Management Team, along with the Chief Fire Officer and the Fire Authority will share overall responsibility for the -MFRA Responder Scheme.

Day-to-day operational management and monitoring is delegated to the Community Resuscitation managers, supported by the individual local -MFRA scheme coordinator.

Strategic clinical oversight is delegated to the NWAS Assistant Medical Director (Service Delivery), working in partnership with the MFRA Director of Operational Response.

MFRA will have a named local Scheme Coordinator who will support their teams and act as a focal point for administration and communication with NWAS. Agreement between each MFRA Coordinator and the relevant Community Resuscitation Manager will be reached over the distribution of responsibilities in this regard.

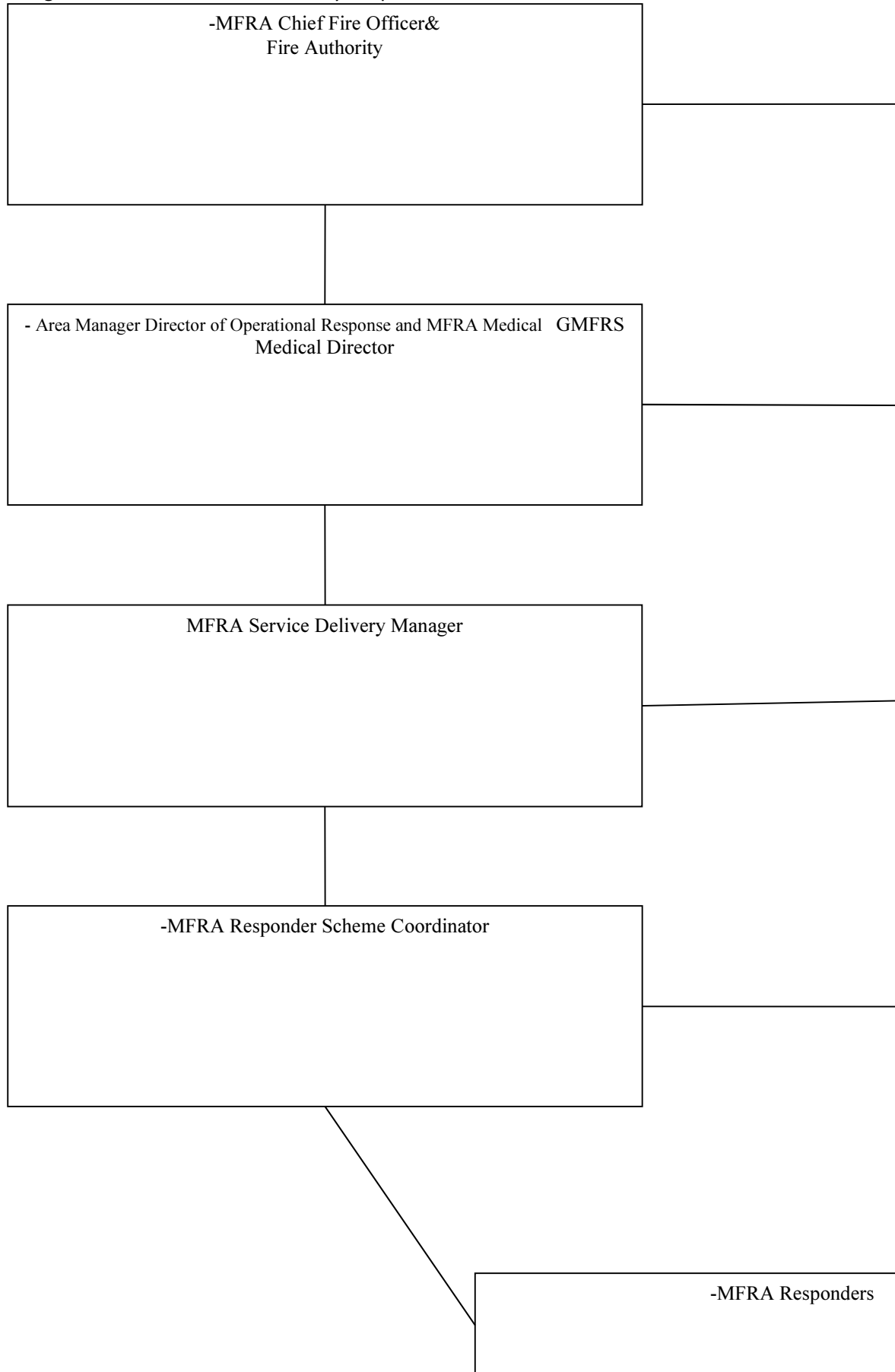
3. Accountability

This scheme has clear lines of accountability as defined by Figure 1. These schemes will be jointly managed by the MFRA and NWAS.

This MOU is specifically for the Merseyside Fire and Rescue Authority Responder scheme. This scheme will be jointly managed by MFRA and NWAS. MFRA will operate as agents of NWAS whilst acting on its behalf. Any amendments required to this MOU will be presented to the '-Merseyside Collaboration Programme Board' for discussion and agreement.

Operations: The NWAS Duty Control Room Manager shall be ultimately responsible for all decisions regarding deployment of medical resources including MFRA assets in line with this MOU. The senior NWAS Clinician on scene shall be ultimately responsible for all clinical operations at the incident.

Figure 1: Management structure for Community Responders



NWAS Executive Management Team & -MFRA Chief Fire Officer

Accountable for the Trust's / FRS clinical governance arrangements including the quality and safety of care delivered by MFRA Responders

NWAS Director of Operations & Director of Operational Response

Responsibility for approving any clinical governance related policies, procedures or consequential Memoranda of Understanding (MoU). Will refer policies to the Trust Board for approval but will approve procedures and MoUs for implementation

NWAS & -MFRA Director of Operational Response

The Medical Directors will be delegated appropriate powers to be the Executive Director accountable for ensuring the Trust has a robust clinical governance framework for the delivery of care by -MFRA Responders.

NWAS Assistant Medical Director

The Assistant Medical Director (Service Delivery) will be responsible for overseeing the development and implementation of clinical guidelines and clinical procedures for MRFA.

NWAS –CAM Head of Service / Fire Service Strategic lead

Responsibility for the overall management of MFRA First Responders to include:-

- Management of the operational performance of the team
- Maintenance and oversight of the training requirements
- Identification of the requirement of post incident debriefing of/and performance feedback to MFRA Responders.
- Ensuring that all personnel have appropriate Occupational Health Support.
- Sanctioning any MFRA Responder related financial costs

NWAS Community Engagement Manager

Responsibility for all Community Resuscitation Teams and Complementary Resources responding on behalf of North West Ambulance Service

NWAS CAM Community Resuscitation Team Manager (CRT)

The Community Resuscitation Manager will be responsible for the day to day operational management of -MFRA Responders, in respect of links to NWAS, including the provision of any training and supporting the teams. They will be responsible for implementation of any policies, procedures or MoUs in relation to -MFRA Responders.

Responsibilities also include:-

- Effective liaison between -MFRA Responders and NWAS

- Ensuring that all MFRA Responders have undergone an 'enhanced' Disclosure and Barring Services check.
- Analysis of existing data to monitor and provide feedback on performance
- Scrutinising the frequency of calls
- Confirming welfare support arrangements for MFRA Responders through post incident debriefing

-MFRA Responders

When -MFRA staff are responding to cardiac arrests they will be required to adhere to relevant policies, procedures and MoUs, both clinical and non-clinical, which are approved by the NWAS EMT when delivering care to patients on behalf of NWAS.

4. The Role of the -MFRA Responders

When available to respond, the role of -MFRA Responders is to provide appropriate response and emergency aid, as defined by the scope of practice and clinical procedures defined by NWAS, to a person in cardiac arrest, at the behest of the ambulance service.

The -MFRA Responders will not be called upon to any cardiac arrests for which they have not been trained, competency checked and signed off. Both NWAS and -MFRA will ensure that it has taken every reasonably practicable step to ensure that MFRA Responders are not knowingly dispatched to incidents that are not cardiac arrests.

5 Selection Process

-MFRA Responders must have undergone the relevant enhanced DBS process and achieved the necessary competencies as agreed by NWAS and -MFRA.

To assist with the provision of a resilient system, NWAS shall accept the delegation from -MFRA of responsibility with regard to the checking and keeping copies of necessary human resource documentation, valid Basic Life Support and AED training, up to date Disclosure and Barring Service (DBS) disclosure, indemnity through existing insurance provisions, Hepatitis B immunity certificate, driving license and motor vehicle insurance. A written affirmation of compliance with this schedule will be provided by -MFRA to NWAS annually.

Given that the relationship is between NWAS and the individual Fire Service organisation and that the relationship is managed via a MOU then confirmation of the eDBS status of the staff concerned (within those organisations) can be via a letter from the Chief Fire Office to NWAS. In addition NWAS would reserve the right to randomly select staff from the Fire and Rescue Service organisations to check the presence of the eDBS certificate.

6 Scope of Practice

The scope of practice for -MFRA Responders is the area in which they have the knowledge, skills and experience to respond safely and effectively that meets NWAS standards and does not pose any further danger to the public or the patient.

MFRA will provide its Responders with suitable training to cover the scope defined, using the principles contained within the existing -Merseyside Fire and Rescue Authority Training

course. The specific level of training will be agreed jointly by the MFRA and NWS Medical Directors.

MFRA Responders must ensure that they are practicing safely and effectively within their given scope of practice, and do not practice in the areas where they are not proficient to do so under the terms of this Memorandum of Understanding and the agreed levels of training.

Where a MFRA Responder is identified as working outside their scope of practice, this must be reported to the CRT Manager and will be subject to investigation utilising the policies of MFRA.

It is acknowledged that -MFRA First Responders are employees of r Merseyside Fire and Rescue Authority and, as such, -MFRA will take primacy in the investigation process and any subsequent actions where necessary.

7 Training

-MFRA will provide suitable training for -MFRA Responders to cover the clinical scope defined and agreed by both of the Medical Directors.

This will ensure competency in the following:-

- Basic Life Support (BLS)
- Use of an External Automatic Defibrillator (AED)
- Oxygen Therapy
- Airway Management
- Scene Safety
- Actions when mobilising to a call
- Use of communications equipment
- Core training elements, including Health & Safety issues and Infection Control
- -MFRA Responders End of Life Care (EoLC)

All -MFRA Responders will be required to pass the Final Assessment to enable them to be accepted to undertake first responding activities.

MFRA Responders will undertake annual refresher training and a proficiency check as part of their ongoing maintenance of skills relating to Basic Life Support and use of a defibrillator.

The aim of the -MFRA Responder End of Life Care self-managed learning pack is to improve the knowledge and understanding around EoLC and all -MFRA responders will be familiarised with this pack. NWS care for a large number of end of life patients; responding to 999 calls when families require support or patient's condition becomes worse.

-MFRA and NWS will ensure that all MFRA responders have greater knowledge and understanding on how to recognise EoLC patients, understand relevant care planning documentation and know what to consider when making decisions about resuscitation.

Each -MFRA Responder will have a training file which will document the following:

- Details of the initial training course and the responder's results

- Record of refresher training
- Copies of any relevant training certificates
- Evidence of accreditation of prior learning (APL) if applicable
- Summary of all external medical / clinical qualifications
- Details of any identified training needs and the action subsequently taken
- EoLC self-managed learning pack completed and signed

This will be maintained by -MFRA and audited by the NWAS CR Manager.

8. Standards of Conduct

-MFRA Responders will be expected to observe the high standards of discipline and conduct expected of a professional service whilst engaged on NWAS duties. These standards must be highlighted during the training programme and will include such issues as patient confidentiality and inter-professional communication.

NHS Constitution

The NHS Constitution establishes the core principles and values underpinning the delivery of NHS Services in England. It establishes the responsibilities and values to which all NHS organisations and those working for them should adhere, both in delivery of care and in their day to day activities in the workplace with colleagues, patients and members of the public. NWAS fully adopts the NHS Constitution and also sets out its own core values and guiding principles. All responders are expected to familiarise themselves with the NHS Constitution and NWAS core values and to ensure that their behaviours reflect these at all times when they are assisting NWAS.

Any complaint or reported breach of conduct involving a -MFRA responder, whilst responding to a cardiac arrest will be investigated under MFRA Policies and Procedures.

9. Mobilisation

Mobilisation to cardiac arrests will be via the local NWAS Emergency Control Centre (EOC) and according to the agreed AMPDS (Advanced Medical Priority Dispatch System) dispatch criteria for cardiac arrests.

The mobilisation will be via established direct line phone. The Officer in charge (Fire Control) will confirm if the -MFRA appliance can /cannot to mobilise to the incident.

If the MFRA cannot respond the -MFRA Control manager must log the reasoning for this decision.

The -MFRA Responders will then mobilise to the NWAS incident via Fire Control.

On arrival at scene the MFRA Responders will notify their arrival to Merseyside Fire Control via the Mobile Data Terminal. The -MFRA crew must continue to follow MFRA operational procedures. On completion of responding duties the MFRA Officer in Charge will update Merseyside Fire Control as to the availability of the crew to attend other incidents.

Any further incident information will be passed direct through control to control when necessary.

The -MFRA Responders will not attend an incident without the agreement of EOC. It is acknowledged that the public may ask for urgent medical assistance by, for example, calling directly at Fire Stations. In this case -MFRA must inform the NWAS EOC as soon as is practicable. Any safety information and any perceived additional risk will be passed by NWAS EOC to Merseyside Fire Control and the responding NWAS resource.

All mobilisations should be driven to in accordance with the current Road Traffic Act and Highway Code.

It is the responsibility of NWAS to ensure that any patient is transported to the appropriate medical care facility. MFRA will not provide transport for the patient.

10. Infection Control

Infection control is a key component of patient care. When attending patients first responders may be at risk of spreading infection. To prevent the risk of cross infection -MFRA responders are required to follow standard precautions.

The principles of Infection control are covered in the NWAS Community Responder training manual section 5.9, page 55/56 and this will be covered during the -MFRA training. The standard precautions are as follows:-

- Hand Hygiene
- Personal Protective Equipment
- Hi Visibility Jackets
- Contaminated Clothing
- Contaminated Equipment
- Hepatitis B

NWAS infection control policy can be viewed on the NWAS-responder info website and will be provided to the -MFRA.

11. Governance Processes

Whilst -MFRA Responders are expected to operate in accordance with the governance arrangements described in this framework, they must also engage in a process of continual risk assessment. If unacceptable levels of risk are perceived, the -MFRA Responder is expected to take steps to mitigate that risk to the best of their ability.

All responders will receive instructions or training from -MFRA on how to conduct risk assessments.

Complaints and Commendations and learning points arising from the operation of the –MFRA Responder scheme will be shared and reported through both organisations.

12. Confidentiality

Responders may see or hear things of a confidential nature, including referring to the diagnosis and treatment of patients. This information must not be divulged to, or discussed with any person other than the relevant medical professionals unless authorised to do so by a manager of NWAS.

-MFRA Responders must adhere to both organisations policies and regulations relating to patient confidentiality. This adherence ensures compliance to the Data Protection Act (1998).

The management of all data and records will conform to the requirements of the Data Protection Act. The Trust Caldecott Guardian will oversee these processes and ensure compliance with legislation and guidance concerning the storage and use of data.

Any requests made under the Freedom of Information Act (2000) will be referred to and handled by the appropriate organisations manager.

13. Clinical Record keeping

–MFRA will utilise their own Patient Report Form (PRF) for each individual incident that they attend at the behest of NWAS. The PRF will be in duplicate with no personal identifiable information on copies held by both the -MFRA and NWAS.

-MFRA responders must complete all of the “Bold” areas on the PRF for every cardiac arrest attended.

The person completing the documentation must identify themselves on the PRF utilising their MFRA PIN number.

The completed PRF must be passed to the NWAS attending ambulance clinician as part of the patient handover process.

PRF copies must be forwarded to the –MFRA coordinator, the coordinator should then arrange with the NWAS CRT Manager for collection and audit.

A copy of the PRF is to remain with the –MFRA for audit.

The CRT Manager on conjunction with the -MFRA coordinator will arrange for the data to be downloaded from the AED as a soon as practical and for copies to be kept secure (respective line managers must be informed).

14. Media/Publicity

Should there be a need to respond to any media enquiry and / or promote any incident attended by both NWAS & -MFRA under this MOU a joint agreed response will be given. This will be co-ordinated through each organisations communications / press office.

If either NWS or -MFRA are required to respond to any enquiry relating to the nature of this MOU, both organisations must be informed and be involved in the agreed response eg Freedom of Information request.

15. Incident Reporting

All incidents, near misses or injuries sustained by -MFRA Responders acting on behalf of NWS or by a patient whilst in the care of -MFRA Responders should be reported using a -MFRA Incident Report Form. NWS EOC and Merseyside Fire Control must be informed immediately by the -MFRA Responders should they or a patient in their care sustain an injury or have an accident. Health and safety representatives will be informed as required by organisational policies If the incident is an RTC, then -MFRA must have appropriate reporting mechanisms and support in place and ensure that NWS are notified.

An adverse incident is an unexpected or undesired event involving the Trust's operations which has given rise to loss or harm to the Trust or to any individual, or has resulted in serious patient dissatisfaction. A Near Miss is an event which, from chance or skilful management, would have become an adverse incident or accident.

Incidents must be reported to the CRT Manager within 24 hours of the event and they will forward the issue to the Trust Risk and Safety Team.

-MFRA Responders acting as agents of the Trust remain the employees of -MFRA and will therefore conform to the MFRA Accident / Near miss reporting procedure.

16. Investigations/Interviews/Commendations

Formal written or oral complaints relating to -MFRA Responders should, in the first instance, be handled according to the Trust's complaints procedure.

Where a patient letter of thanks or commendation is received as a result of a -MFRA Responder's activity, this will be recognised by NWS / -MFRA and a copy should be placed in the responder's portfolio and personal record file.

The Trust /-MFRA will investigate any complaint in an impartial, fair and reasonable manner and if the Responder(s) is not satisfied with the way the investigation has been handled, they will be entitled to appeal directly to an appropriate more senior manager within -MFRA.

-MFRA Responders may be required to provide a statement to the police or participate in a police interview given their role as a first person on scene. The Trust and MFRA undertakes to fully support MFRA Responders during this process and a suitable member of the Trust/ MFRA management team and Trade Union representative will always be present during such interviews. A copy of any statement given to the police by a Responder should, if possible, be held by the Trust and the MFRA.

MFRA Responders may also be interviewed, in accordance with current policies, as part of an internal investigation.

17. Liability

MFRA will at its own cost and in accordance with existing arrangements, procure insurances to cover its obligations under this agreement including employer liability and public liability.

MFRA is responsible for ensuring that individuals are authorised in claiming the exemption of speed and ensuring compliance with sec 19 [High Speed Driving Registration]. MFRA staff must be adequately trained and qualified/requalified to do so.

MFRA must notify in writing to NWS that they are compliant with sec 19 (when enacted) and that staff are adequately trained and qualified/requalified.

Whilst MFRA are acting as agents for the Trust and responding in motorised vehicles, there is no difference, from an insurance cover perspective, to them responding to F&R related incidents compared to responding for:

- 'Ambulance purposes or for the purpose of providing a response to an emergency at the request of an NHS Ambulance Service' as per the current Deregulation Act 2015.

It remains the responsibility of MFRA to notify their insurers of the additional response 'providing a response to an emergency at the request of an NHS Ambulance Service' and to ensure that they are fully covered and insured for vehicle accident, damage and or injury.

It is the responsibility of the employing authority (MFRA) to ensure legal compliance by ensuring that staff who are expected to respond under emergency driving conditions have received the appropriate level of training that provides them with the authority to execute legal exemptions under the Road Traffic Act 1988 section 87.

NWS has clinical negligence cover for members of the MFRA Responder scheme engaged on NWS authorised activities and working within their approved scope of clinical practice.

NWS will cover the replacement or repair of any equipment funded or supplied by the ambulance service to the scheme.

NWS will authorise and insure (providing MFRA have adhered to section 17, paragraph 5) MFRA staff who may be required to drive NWS rapid response vehicle on a non -blue light/siren basis, no exemptions under the Road Traffic Act 1988 can be claimed whilst driving any NWS vehicle.

It is important to emphasise that a member of MFRA who may be requested to drive a category 'B' liveried vehicle for Trust business must do so in a non-response capacity, as exemptions cannot be claimed in this instance as it would be unjustifiable in respect of 'ambulance service purpose' This is primarily due to the nature and journey type, whereby it would not be used in the capacity of responding to a 999 call

18. Finance

Any financial charges are to be determined locally and reviewed annually. However it is an agreement that for the duration of this MoU that no costs will be levied to NWS

19. Monitoring and Review

This document will be monitored for its effectiveness by the Merseyside Blue Light Collaboration Group.

Each viable cardiac arrest will be reviewed, reported, audited, data downloaded, and quality assured by NWAS and MFRA. Nominated person(s) will be responsible for ensuring that this information is collated, documented and reported back to each organisations leads in preparation for the scheme review meetings.

The data collected will form the basis of the end of year study into this project including lessons learnt.

A regular scheme review will take place bi-monthly.

20. General

MFRA will deliver the responder scheme in good faith and in accordance with the principles of this agreement however the responder scheme is secondary to the delivery by MFRA of its statutory functions and is subject to the exigencies of the service.



MEMORANDUM OF UNDERSTANDING
NWAS NHS Trust
and
Merseyside Fire and Rescue Authority.

- I confirm that I have read and understood the Memorandum of Understanding and agree to comply with the requirements set out within that document
- It is not intended that this Memorandum of Understanding is a legally binding contract

NWAS Director of Operations

UNISON GM Area Convenor

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

MFRA Chief Fire Officer

MFRA FBU Brigade Secretary

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____