

## MERSEYSIDE FIRE AND RESCUE AUTHORITY

### PERFORMANCE REPORT TO THE PERFORMANCE AND SCRUTINY COMMITTEE

119 MAY 2016

**SUBJECT:** MFRA/NWAS COLLABORATIVE RESPONSE TO  
CARDIAC ARREST INCIDENTS TRIAL UPDATE MAY  
2016

**REPORT NUMBER:** CFO/040/16

**APPENDICES:** APPENDIX A: JOINT STATEMENT ON BEHALF  
OF GMB, UNISON AND FBU  
APPENDIX B: EIA

**REPORTING OFFICER:** DEPUTY CHIEF FIRE OFFICER

**RESPONSIBLE OFFICER:** AM DAVE MOTTRAM – DIRECTOR OF  
OPERATIONAL RESPONSE

**OFFICERS CONSULTED:** GM PAUL HITCHEN

### Purpose of Report

1. To request that Members review the performance of the co-responding trial between Merseyside Fire & Rescue Authority and Northwest Ambulance Service (NWAS). This trial is being undertaken in accordance with the requirements of the NJC Circular 13/15.

### Introduction and Background

2. Members approved report CFO/012/2016 12/16 on 25<sup>th</sup> February which provides the details of the Emergency Medical Response (EMR) trial which would see MFRA responding with NWAS to assist at cardiac arrest calls (Code Red One).
3. The trial commenced on 29<sup>th</sup> February 2016 and was launched at Southport Fire Station by the DCFO and interim Chief Executive of NWAS.

4. Media coverage of the launch included local press TV and radio. The Services corporate communications team also utilised social media extensively to publicise the launch.
5. Three stations (Southport, Speke and Wallasey) began the trial on 29<sup>th</sup> February 2016. It was originally proposed that a phased roll out would take place which would enable all MFRA stations to participate in the trial before its conclusion. Unfortunately at this time it has not been possible to extend the number of stations involved beyond the initial three, due to opposition raised by NWS GMB and UNISON unions. Work is ongoing with the representative bodies at the joint services working group, to expand the trial as originally intended. (See appendix A)

### **Current Position**

6. For the purposes of this report two complete months (March and April) of data have been utilised.
7. During the 2 month period MFRA assistance has been requested by NWS on a total of 54 occasions. Of these requests attendance was made on 31 occasions and on 12 of these occasions, MFRA staff carried out or assisted with CPR.
8. Of the 3 responding stations EMR incidents accounted for 11.59% of operational activity (Southport 14.46% Speke 12.23% Wallasey 7.79%).
9. During the 2 month data sample period there have been no occasions when a life risk fire related incident has simultaneously taken place whilst appliances have been attending an EMR incident. There have been 3 occasions when fire control have declined to respond to an incident due to overall appliance availability and to maintain cover at the 10 key locations. There is no evidence of there being an impact on overall response times since the introduction of the co-responding trial.
10. Data protection and patient confidentiality makes following up on the outcome for casualties that MFRA have assisted with at incidents very challenging. Predominantly feedback is limited to either “on scene” outcomes or contact with the attending NWS crews post incident. There have been five occasions when a positive outcome has been achieved on scene as a result of CPR and defibrillation (a positive outcome being a return of spontaneous circulation (ROSC)). In conjunction with NWS Officers are currently following up on these incidents to ascertain if any lives have ultimately been saved.
11. Measures to manage the potential traumatic effects of this type of incident on our staff are in place and have been implemented after every EMR incident. A Station Manager is mobilised on each occasion to support crew welfare utilising the Critical Incident Stress Management (CISM) process.

12. The Authority is reporting to the NJC via a web based survey on a monthly basis and will continue to do so until the conclusion of the trial on 30<sup>th</sup> June 2016.
13. Feedback from crews has been predominantly positive which has been widely communicated to staff. There have also been a number of positive learning points for MFRA and NWAS which have been identified through the MFRA debriefing process and which are being addressed by the working group.

### **Next Steps.**

14. A working group has been established and is chaired by MFRS Director of Response. The membership of the group includes MFRA and NWAS senior managers and the representative bodies of both organisations. This group meets monthly to review progress to date, consider outcomes, improve ways of working and address any matters arising.
15. The NJC trial is due to conclude on 30<sup>th</sup> June 2016. The NJC have not yet provided any information on what the next steps will look like after 30<sup>th</sup> June.

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### **Equality and Diversity Implications**

16. This report does not have any direct impact on the Service response to any of the equality protected groups in Merseyside. The emergency medical responses will cover all members of the public regardless of their protected group (except those 12 years and under) which delivers a positive improvement on current response times, critical to saving life . There are no perceived equality and diversity issues to consider in relation to those staff delivering the EMR at this stage of the trial. The Service Instruction has been discussed with the Diversity and Consultation Manager through the EIA process.
17. An interim Equality Impact Assessment has been completed, see Appendix 2.

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### **Staff Implications**

18. Extensive consultation and communication has taken place with staff and this is considered to be an ongoing process.
19. Prior to undertaking EMR all staff have received training to ensure they are able to respond to cardiac arrest incidents as a co-responder. Currently in excess of 75% of staff have been trained in FPOSi
20. Prior to undertaking EMR incidents all staff require an EDBS check. Currently 60% of staff have successfully completed this process

21. Since the original report the Service has invested in additional advanced and specialised training aids which assist with skills development and assessment of basic life support and CPR.

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### **Legal Implications**

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22. The memorandum of understanding between MFRA and NWAS has been jointly agreed by the MFRA legal department and NWAS and has been signed off.
23. The MFRA legal team has confirmed that the Authorities existing indemnity provides cover for this activity for operational members of staff.
24. The Authorities insurers have confirmed that the activity that will be undertaken as part of EMR is covered by our existing insurance policy.

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### **Financial Implications & Value for Money**

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25. There are no financial implications related to this update. Overall financial implications of the trial were detailed in CFO/012/2016

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### **Risk Management, Health & Safety, and Environmental Implications**

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26. Contained within paragraphs 16,17,23,24.

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### **Contribution to Our Mission: *Safer Stronger Communities – Safe Effective Firefighters***

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27. Studies into survival rates of out of hospital cardiac arrest confirm that early intervention and delivery of CPR and defibrillation alongside a team based approach to ensure high quality CPR significantly improve survivability. This initiative between MFRA and NWAS will provide the public of Merseyside with the best possible service and aims to improve survivability rates for out of hospital cardiac arrest.

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### **Recommendation**

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28. That Members;
  - a) Review the performance of the co-responding trial between Merseyside Fire and Rescue Authority and North West Ambulance Service (NWAS).

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### **BACKGROUND PAPERS**

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**CFO/12/16**    Emergency Medical Response Trial

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### **GLOSSARY OF TERMS**

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<b>NWAS</b>	Northwest Ambulance Service
<b>FPOSI</b>	First Person in the Scene
<b>IRS</b>	Incident Reporting System
<b>EMR</b>	Emergency Medical Response
<b>LEARNPRO</b>	The Service's e learning platform
<b>EDBS</b>	Enhanced disclosure and barring check
<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>PIC PACKS</b>	Personal Infection Control packs, issued to all staff as a control measure for use when casualty handling
<b>POSC</b>	Return of Spontaneous Circulation
<b>RED 1 CALL</b>	NWAS highest call category