



To: All Members of the Community Safety and Protection Committee  
(and any other Members who may wish to attend)



The Protocol and Procedure for visitors attending meetings of Merseyside Fire and Rescue Authority can be found by clicking [here](#) or on the Authority's website:

<http://www.merseyfire.gov.uk> - About Us > Fire Authority.

J. Henshaw  
LLB (Hons)  
Clerk to the Authority

Tel: 0151 296 4000  
Extn: 4113 Kelly Kellaway

Your ref:

Our ref HP/NP

Date: 3 April 2019

Dear Sir/Madam,

You are invited to attend a meeting of the **COMMUNITY SAFETY AND PROTECTION COMMITTEE** to be held at **1.00 pm** on **THURSDAY, 11TH APRIL, 2019** in the Liverpool Suite at Merseyside Fire and Rescue Service Headquarters, Bridle Road, Bootle.

Yours faithfully,

A handwritten signature in black ink that reads 'K. Kellaway PP.'.

Clerk to the Authority

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**MERSEYSIDE FIRE AND RESCUE AUTHORITY**  
**COMMUNITY SAFETY AND PROTECTION COMMITTEE**

**11 APRIL 2019**

**AGENDA**

**Members**

Brian Kenny  
Roy Gladden  
Lynne Thompson  
Denise Allen  
Peter Brennan  
Janet Grace  
Paul Tweed  
Lisa Preston  
Lesley Rennie

**1. Preliminary matters**

Members are requested to consider the identification of:

- a) declarations of interest by individual Members in relation to any item of business on the Agenda
- b) any additional items of business which the Chair has determined should be considered as matters of urgency; and
- c) items of business which may require the exclusion of the press and public during consideration thereof because of the possibility of the disclosure of exempt information.

**2. Minutes of the Previous Meeting (Pages 5 - 10)**

The Minutes of the Previous Meeting, held on 5<sup>th</sup> February 2019, are submitted for approval as a correct record and for signature by the committee chair.

**3. Acquisition of Funding for CRM Activities (Pages 11 - 16)**

To consider Report CFO/015/19 of the Assistant Chief Fire Officer, concerning funding obtained within Community Risk Management (CRM) Departments during 2018.

**4. Safe Havens (Pages 17 - 26)**

To consider Report CFO/014/19 of the Assistant Chief Fire Officer, concerning the use of Community Fire Stations as Safe Havens; and recorded activations submitted through the Merseyside Fire & Rescue Service (MFRS) intranet portal.

**5. Community Public Access Defibrillators (Pages 27 - 52)**

To consider Report CFO/013/19 of the Chief Fire Officer, concerning the installation of Community Public Access Defibrillators (CPADs), at a cost of £15,000.00, which is inclusive of purchasing 26 defibrillator cabinets and hardwire connection to defibrillator cabinets. CPAD's will be sited as near to the running call boxes as is practical and will be provided with protruding signage.

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If any Members have queries, comments or require additional information relating to any item on the agenda please contact Committee Services and we will endeavour to provide the information you require for the meeting. Of course this does not affect the right of any Member to raise questions in the meeting itself but it may assist Members in their consideration of an item if additional information is available.

**Refreshments**

Any Members attending on Authority business straight from work or for long periods of time, and require a sandwich, please contact Democratic Services, prior to your arrival, for arrangements to be made.

## MERSEYSIDE FIRE AND RESCUE AUTHORITY

### COMMUNITY SAFETY AND PROTECTION COMMITTEE

5 FEBRUARY 2019

#### MINUTES

**Present:** Councillors Roy Gladden, Lynne Thompson, Peter Brennan, Janet Grace, Brian Kenny, Paul Tweed, Lisa Preston and Lesley Rennie

**Also Present:**

**Apologies of absence were received from:** Cllr  
Denise Allen

#### **7. CHAIR'S ANNOUNCEMENT**

Prior to the start of the meeting, information regarding general housekeeping was provided by the Chair to all in attendance.

The Chair confirmed to all present that the proceedings of the meeting would be filmed and requested that any members of the public present who objected to being filmed, make themselves known.

No members of the public voiced any objection therefore the meeting was declared open and recording commenced.

#### **1. Preliminary matters**

Members considered the identification of declarations of interest, any urgent additional items, and any business that may require the exclusion of the press and public.

Resolved that:

- a) no declarations of interest were made by individual Members in relation to any item of business on the Agenda
- b) no additional items of business to be considered as matters of urgency were determined by the Chair; and
- c) the following item of business required the exclusion of the press and public during consideration thereof, due to the possible disclosure of exempt information:

- Agenda Item 6 “Part 2 EXEMPT minutes” contains EXEMPT information by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

## **2. Minutes of the Previous Meeting**

The Minutes of the previous meeting of the Community Safety & Protection Committee held on 4<sup>th</sup> September 2018, were approved as a correct record and signed accordingly by the Chair.

## **3. Membership of Fire & Police Collaboration Committee**

Members considered report number CFO/0006/19 of the Monitoring Officer, concerning the approval for the membership of the reconstituted Fire & Police Collaboration Committee (F&PCC); and the provisional schedule of meeting dates.

Members were informed that the Policing and Crime Act 2017 requires both the Police and Fire and Rescue Authorities to keep opportunities for collaboration under review in the interests of efficiency and effectiveness.

MFRA established the F&PCC on 14<sup>th</sup> July 2015, however on the 27<sup>th</sup> July 2017 the Police and Crime Commissioner for Merseyside (PCC) became a full Member of MFRA, so the F&PCC came to an end. The PCC requested to leave the Authority, also requesting that the F& PCC be reconstituted and on 18<sup>th</sup> October 2018, this request was approved.

The proposed Membership of the Committee would be as follows:

- Cllr Les Byrom, Chair of MFRA and Chair of the F&PCC
- Cllr Sharon Sullivan, Vice Chair of MFRA
- Cllr Lynne Thompson, Opposition Member of MFRA
- Jane Kennedy, Police & Crime Commissioner for Merseyside
- Emily Spurrell, Deputy Police & Crime Commissioner for Merseyside

The provisional dates for the Committee are:

- 21<sup>st</sup> February 2019
- 2<sup>nd</sup> July 2019
- 24<sup>th</sup> September 2019
- 21<sup>st</sup> January 2020

Members asked what the quorum for this Committee would be and it was confirmed that it would be 3 Members consisting of the Chair or Vice Chair of MFRA and PCC or Deputy PCC for Merseyside. It was also added that this Committee is not a decision making Committee and they would report anything of importance back to MFRA.

Members resolved that:

- a) the membership of the reconstituted Fire & Police Collaboration Committee, be approved.
- b) the schedule of provisional meeting dates for the Committee, be noted.

#### **4. SERVICE DELIVERY PLAN AUGUST TO NOVEMBER 2018 UPDATE**

Members considered report number CFO/003/19 of the Chief Fire Officer, concerning performance against the objectives and the performance targets/outcomes as set out in the Service Delivery Plan 2018/19 for the period August to November 2018.

Members were informed that while this report is for the period August to November the data used is cumulative from April to November 2018.

A presentation was delivered to Members by Jackie Sutton - IRMP Officer, in support of the report, which highlighted the following:-

- There are 54 functional plan action points for 2018/19:- 2 are on hold and 4 have been completed. Many of these actions rolled over from 17/18 and will continue through 18/19 as they are ongoing projects. Information was provided on the detail of these
- There was extremely hot weather in June and July which had a massive impact on some incident types, although the performance has generally been under target since August and even during the bonfire period.
- There were 148 less primary fires this year, than by 30<sup>th</sup> November 2017.
- The attendance standard has been achieved on 92.8% of occasions.
- Carbon output has not gone up.
- In 17/18 the shifts lost to sickness was 4.41% and this year it is 2.93%, which is under the 4% target.
- Accidental dwelling fires were under target which is consistent with last year's performance, however they did show a peak during June.
- Up to 30<sup>th</sup> November 2018 there had been 2 fatalities in accidental dwelling fires, however sadly in January 2019 there were a further 2, an 87 year old male and an 85 year old female. We will continue to target those considered most at risk for home safety interventions such as Safe and Well.
- Of the 58 injuries in accidental dwelling fires 13 were recorded as serious, meaning the majority were minor such as checks for slight smoke inhalation.
- Deliberate fires in non-domestic premises have fallen this year. A large proportion of these incidents were in prisons and the number of them has gone up not down.
- The number of deliberate vehicle fires has been an ongoing problem, but so far this year numbers have fallen with 105 less incidents than in 2017.
- The total number of incidents attended along with the number of fires attended are within 10% of target.

- False alarms are closely monitored. Aside from hospitals the majority are sheltered accommodation and are recorded as faults, but we are working closely with them to manage their systems, as we don't want to discourage calls.
- There have been 76 less Anti-Social Behaviour fires this year than at November 2017. 9 incidents were violence at work related and these were recorded on OSHENS which allows our partner organisations to target areas of risk.
- There were 4092 more emergency calls received by November than last year. In July there were 6076. This has now fallen below target most months and within 10% of target during November with 2191 calls.
- 4297 total secondary incidents were attended, which is 326 more incidents than last year. 1751 of these incidents were in June and July.
- The total number of special services attended is slightly more than last year. While this shows as over target, there has been much discussion about if we really want to decrease the numbers we attend. For 19/20 there will be no target and it will be quality assurance.
- Road Traffic Collisions (RTC's) are over target this year.
- There have been 236 injuries in RTC's, of which 45 were considered serious. 3 fatal RTC's have taken place to date this year. MFRS only attend approximately 1/5 of RTC's in Merseyside and our partners Merseyside Police use data recording, known as Killed and Seriously Injured (KSI), which shows a decreasing trend for injuries and fatalities in RTC's.
- 32406 total Home Fire Safety Checks (HFSC's) have taken place to 30<sup>th</sup> November 2018. 25683 were conducted by Operational Crews, even though HFSC's were suspended in June and July due to spate conditions. 5660 safe and well visits were completed by Prevention Advocates.

Members asked if the target was met for the number of special service incidents attended and were advised that 5 years of data is used to set the Authority's performance targets. The CFO described the benefit to the public in relation to such activity. Emergency Medical Response was provided as an example of the benefit of such work.

Members thanked Jackie for her presentation and asked if we have got data from HFSC referrals to other agencies such as adult social care. Members were informed that this question could not be answered at the time of asking, but were told that the service do hold that information. It was suggested to Members that this would be a good question for a future Scrutiny Committee.

Members praised the HFSC presentation that was given to Liverpool City Council before Christmas 2018. The figures presented at these astounded Councillors and the presentation was said to be conducted to a high standard. It was recommended by Members that this is shown to more organisations. Members of other Local Authorities added that they would recommend this presentation for their own districts.



Members were informed with regards to the number of fatal fires the Service had responded to (4 fatal fires to date) including the most recent double fatal fire that had occurred in Old Swan. Members were made aware that there would be a campaign on Friday 8<sup>th</sup> February 2019. This campaign is ran in order to provide community reassurance, Members were invited to attend along with firefighters, volunteers and advocates.

Members resolved that:

- a) the attached reports for publication on the website, be approved; and
- b) the make-up of partner referrals for HFSC's, to be considered as part of the scrutiny process.

## **5. Arson Reduction Strategy Progress Report**

Members considered report number CFO/008/19 of the Assistant Chief Fire Officer, concerning the outcomes of the Arson Reduction Strategy, following significant progress on arson convictions.

Members were advised that our Incident Investigation Team (IIT) have been effective in securing convictions over individuals.

Members had previously received a presentation regarding the work IIT do. The presentation gave Members an insight into the effort that is put into investigations, such as the Echo Arena Car Park fire which was a large profile case.

The HMI inspectorate praised the IIT and were impressed with the 20 convictions made over a 12 month period. 15 of these convictions had entered early guilty pleas.

Members were informed that the recent success of Operation Milna demonstrated the effectiveness of partnership working between MFRA and Merseyside Police. Over 100 bin fires were attended in the Wavertree area and as a result of increased police patrols and MFRA assurance visits, the perpetrator was identified and charged with a number of acts of arson. The perpetrator was sentenced to a 15 year custodial sentence in November 2018.

MFRA will continue to support and improve the skills of our staff. The IIT receive a significant amount of training and due to the qualifications, skills and experience, they are classed as an 'expert witness' in a court.

IIT officers are being trained with the capability that meets the Code of Practice for Fire Scene Investigators and the expertise set by the International Standards Organisation.

Members commended IIT and the fantastic work they do to secure so many guilty pleas. It was asked by Members that we encourage fire prevention by publicising our convictions to deter arson.

Members resolved that:

- a. the effectiveness of fire scene investigations when working in partnership with Merseyside Police in securing arson convictions, be noted;
- b. the efficiencies gained by the public purse due to our partnership working in Arson reduction and the quality of evidence presented in the Authority's fire scene investigation reports, be noted;
- c. the effectiveness of the Arson Reduction Strategy in increasing the safety of communities in Merseyside by preventing deliberate fire setting, be noted; and
- d. the Corporate Communications department will broadcast the consequences of actions and penalties that can be received for arson, to help prevent it, be approved.

**6. Part 2 EXEMPT minutes**

The Exempt Minutes of the previous meeting of the Community Safety & Protection Committee held on 4<sup>th</sup> September 2018, were approved as a correct record and signed accordingly by the Chair.

Close

Date of next meeting Thursday, 11 April 2019

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

| <b>MERSEYSIDE FIRE &amp; RESCUE AUTHORITY</b> |  |                       |                      |
|---|--|-----------------------|----------------------|
| <b>MEETING OF THE:</b>                        | <b>COMMUNITY SAFETY &amp; PROTECTION COMMITTEE</b>   |                       |                      |
| <b>DATE:</b>                                  | <b>11<sup>TH</sup> APRIL 2019</b>  | <b>REPORT NO:</b>     | <b>CFO/015/19</b>    |
| <b>PRESENTING OFFICER</b>                     | <b>ASSISTANT CHIEF FIRE OFFICER</b>  |                       |                      |
| <b>RESPONSIBLE OFFICER:</b>                   | <b>AM KEEN</b>   | <b>REPORT AUTHOR:</b> | <b>SM IAN MULLEN</b> |
| <b>OFFICERS CONSULTED:</b>                    | <b>GM RYDER, SM PANG, SM DANIELS, SM HARLAND, SM MULLEN, SM CUNLIFFE, YOUTH ENGAGEMENT TEAM, MIKE BURATTI &amp; JO HENDERSON</b> |                       |                      |
| <b>TITLE OF REPORT:</b>                       | <b>ACQUISITION OF FUNDING FOR CRM ACTIVITIES</b>   |                       |                      |

|                    |                        |
|--------------------|------------------------|
| <b>APPENDICES:</b> | <b>APPENDIX A: NIL</b> |
|--------------------|------------------------|

### **Purpose of Report**

1. To inform Members of funding obtained within Community Risk Management (CRM) departments during 2018.

### **Recommendation**

2. That Members note;
  - 2.1. That £737,500 in funding has been secured over the past financial year to provide community safety initiatives across Merseyside. This includes £19,000 from MFRA, the net secured funding being £718,500.
  - 2.2. The effectiveness of securing funding for CRM activities.
  - 2.3. The impact of funding on community based activities.

### **Introduction and Background**

3. Merseyside Fire and Rescue Authority's (MFRA) Community Risk Management (CRM) Community Safety departments actively engage with stakeholders and partners to promote safer stronger communities across Merseyside.
4. Within CRM Community Safety a number of separate departments have secured funding to provide services. The departments include:
  - Sefton Community Safety Partnership (CSP) – Street Intervention Team
  - Liverpool CSP – Street Intervention Team
  - St Helens CSP – Knife Crime, Street Doctors across Merseyside
  - Knowsley CSP – Street Intervention Team
  - Road Safety - Merseyside Road Safety Partnership
  - Youth Engagement :
    - Fire Cadets in Liverpool, St Helens, Knowsley, Sefton and Wirral
    - Princes Trust – Courses across Merseyside

### **Partnerships funding**

5. MFRA CRM departments have secured funding over the past 12 months as follows:

| No | Dept.                       | District  | Amount                                  | Description for use of funding   |
|----|-----------------------------|---|---|--|
| 1  | CRM IIT Partnerships        | Pan Merseyside  | £8k (£6.5 Knife Crime Fund & £1.5 MFRS) | Street Doctors – 40 sessions across Merseyside targeting youth groups who may be exposed to knives.  |
| 2  | CRM – Partnerships Knowsley | Knowsley  | £15K                                    | Street Intervention Teams – New Start-up. Aim to engage with young people in ASB areas, signpost to other activities   |
| 3  | CRM – Partnerships Sefton   | Sefton  | £15K                                    | Street Intervention Teams – New Start-up. Aim to engage with young people in ASB areas, signpost to other activities   |
| 4  | CRM - Road Safety           | Pan Merseyside  | £241K                                   | Funding is for Merseyside Road Safety Partnership (MRSP) Communications including MRSP Website   |
| 5  | CRM - Road Safety           | Pan Merseyside  | £8K                                     | Funding is for Merseyside Road Safety Partnership (MRSP) Communications including MRSP Website – Rollover due to budget underspend   |
| 5  | CRM - Road Safety           | Pan Merseyside  | £173K                                   | Funding for Innovations, for e.g. we have used funds to procure Black box Telematics (SATSAFE) and Virtual Reality   |
| 7  | CRM - Road Safety           | Pan Merseyside  | £20K                                    | Funding for the Driving for work thematic group – managed through Wirral Council, driving for better business  |
| 8  | CRM – Youth Engagement (YE) | Merseyside  | (£7.5K)                                 | Funding through Princes Trust programme.   |
| 9  | CRM – Youth Engagement (YE) | Liverpool   | £28K (£18K LCC and £10K from MFRS)      | Street Intervention Teams – Across Liverpool to engage with young people in communities experiencing ASB and deliberate fire setting.  |
| 11 | CRM – Youth Engagement (YE) | Princes Trust (Jan 18 to July 18) - St Helens College | £123K                                   | Princes Trust courses for those 16-25 who are facing challenges where attendance on this course could assist in future employment opportunities through skills acquired on the course. |
| 12 | CRM – Youth Engagement (YE) | Princes Trust (Aug 18 to July 19) – Wirral College    | £82K                                    | Princes Trust courses for those 16-25 who are facing challenges where attendance on this course could assist in future employment opportunities through skills acquired on the course. |

|               |                        |                        |             |   |
|---------------|------------------------|------------------------|-------------|---|
| 13            | CRM - Arson Reduction  | Liverpool              | £1K         | Provision of tipper truck for debris removal over bonfire period  |
| 14            | CRM – Arson Reduction  | Liverpool / Merseyside | £1K         | Funding for Social Media campaign to promote targeted safety messages on Facebook and Twitter over bonfire period |
| 15            | CRM – Youth Engagement | Pan Merseyside         | £10K        | Fire Cadets – funded through sponsorship  |
| 16            | CRM - Management       | Pan Merseyside         | £5K         | Funding from Scottish Power for enhancements to child education fire safety book to include electrical safety.    |
| Total Funding |                        |                        | £737,500.00 |   |

6. Use of funding has allowed numerous activities to be undertaken within Merseyside to promote safer stronger communities as follows:

6.1.Reductions in arson and deliberate fire setting over the bonfire period. A 6.6% reduction was recorded when compared to similar dates in 2017.

6.2.Increased interactions with young persons in Liverpool, Sefton and Knowsley at event specific times, dates and locations as part of the Street Intervention Team program.

6.3.Events promoting safer road users have been held in all districts using virtual reality systems.

6.4.Street Doctors commissioned 40 sessions whereby Junior Doctors met with youth groups to promote the dangers of knife crime, actions in an emergency and consequences regarding the need to carry knives.

6.5.Princes Trust programmes delivered across Merseyside for 16-25 year olds aimed at developing young people's skills to strengthen their job prospects.

6.6.Fire Cadets - run in a number of fire stations across Merseyside for 13-18 year olds, at Wallasey, St Helens, Bootle, Southport, Croxteth and Kirkdale.

7. Outcomes from Community Risk Management Activity:

7.1.Arson and deliberate fire setting is used as a weapon by organised crime groups. Fire has been used as part of domestic abuse, as part of hate crimes and also to conceal other crimes. Reducing arson is a key factor in keeping the communities safe as possible.

7.2.Anti-Social Behaviour fires for 2019 are showing a 3% drop from last year, this is despite the spell of warm weather during the summer of 2018.

7.3.A reduction of 22% in incidents have been recorded in deliberate car fires in the current year. This is down to 497 incident from 640 in 2017/18.

7.4. Fires in dwellings that have been deliberately set are showing the biggest reduction from 183 in 2017/18 to 121 this year, or down 33%

7.5. A further reduction through partnership working and funding has been seen in persons killed or seriously injured (KSI) in road traffic collisions (RTC). The figures are showing a 12% reduction with 493 KSI this year, compared to 551 KSI last year.

| Title   | 2018/19 | 2017/18 | 2017/16 | Percent change from 2017/18 compared to 2018/19 |
|---|---------|---------|---------|---|
| Deliberate ASB fires (small fires)                    | 4095    | 4220    | 4158    | 3% reduction                                    |
| Deliberate Vehicle fires                              | 497     | 640     | 617     | 22% reduction                                   |
| Deliberate dwelling fires                             | 121     | 183     | 175     | 33% reduction                                   |
| Road Traffic Collisions – Killed or Seriously injured | 493     | 551     | 599     | 12% reduction                                   |

*(Figures up to 22/03/2019 – further 9 days data may alter figures slightly)*

## **Equality and Diversity Implications**

8. Arson is frequently used to target victims of hate crime, which frequently include individuals with protected characteristics. Anti-social behaviour fire setting can affect various communities however it is more prevalent in the poorer areas of Merseyside.
9. Youth Engagement actively promote service and youth provision in hard to reach areas and offer opportunities for Fire Cadets in Bootle, Southport, St Helens, Kirkdale, Croxteth and Wallasey.
10. RTC Reduction have provided from outreach sessions across Merseyside.

## **Staff Implications**

11. MFRA staff have been utilised as part of their core functions to assist in the delivery of funding campaigns. This included Corporate Communications, IIT, Arson Reduction Advocates, CRM Advocates, Youth Engagement staff and Road Safety staff/
12. External partners have been commissioned to assist in the delivery of some services through the funding such as Junior Doctors from Royal Liverpool Teaching Hospital, Local Authorities (Wirral Council), staff from Merseyside Road Safety Partnerships and Youth Engagement activities from Wirral and St Helens College.

13. Reduction of arson incidents enhances the safety of fire crews through reducing the number of fire related attendances across Merseyside.

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### **Legal Implications**

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14. Funding is provided through various streams and all have stringent requirements for compliance with numerous legislation. This must be conformed to in order for the funding to be made available. Each funding applicant is responsible for the compliance of the associated legislation.

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

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15. Funding allows the provision of Street Intervention Teams, Road Safety Initiatives, Targeted deliberate fire setting interventions and education packages for incidents which have a detrimental impact on the communities of Merseyside, such as knife crime.

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

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16. The MFRA activities under the numerous acquired funding streams substantially reduce risks that would otherwise endanger the lives, property and environment in Merseyside and the safety of fire crews attending fires, road traffic collisions, threats to life and other special service calls.

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

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17. The effectiveness of the Community Risk Management departments increases the safety of the community of Merseyside through the reduction of risk from fire; RTC and anti-social behaviour. In turn this reduces the use of MFRA response resources to deploy to emergency incidents across the county allowing them to be available when needed.

18. The positive impact of education, engagement, attendance at community safety events and arson reduction activity significantly increases efficiencies to the public purse and combined with the reduction in fire loss strengthens the local economy.

19. The reduction of arson incidents, education to prevent RTC's and other unwanted events directly increases the safety of firefighters by reducing the number of incidents where fire crews are exposed to risks.

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### **BACKGROUND PAPERS**

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NONE

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### **GLOSSARY OF TERMS**

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|            |                               |
|------------|-------------------------------|
| <b>CSP</b> | Community Safety Partnerships |
| <b>CRM</b> | Community Risk Management     |

|             |  |
|-------------|--|
| <b>KSI</b>  | Killed and Seriously Injured (road traffic collisions) |
| <b>MFRA</b> | Merseyside Fire and Rescue Authority                   |
| <b>MFRS</b> | Merseyside Fire and Rescue Service                     |
| <b>RTC</b>  | Road Traffic Collisions                                |
| <b>IIT</b>  | Incident Investigation Team                            |
| <b>YE</b>   | Youth Engagement                                       |



| <b>MERSEYSIDE FIRE &amp; RESCUE AUTHORITY</b> |  |                       |   |
|---|--|-----------------------|---|
| <b>MEETING OF THE:</b>                        | <b>COMMUNITY SAFETY AND PROTECTION COMMITTEE</b>   |                       |   |
| <b>DATE:</b>                                  | <b>11<sup>TH</sup> APRIL 2019</b>  | <b>REPORT NO:</b>     | <b>CFO/014/19</b>                             |
| <b>PRESENTING OFFICER</b>                     | <b>ACFO MOTTRAM</b>  |                       |   |
| <b>RESPONSIBLE OFFICER:</b>                   | <b>AREA MANAGER KEEN</b>   | <b>REPORT AUTHOR:</b> | <b>STRATEGIC SAFEGUARDING MANAGER JOHNSON</b> |
| <b>OFFICERS CONSULTED:</b>                    | <b>GROUP MANAGER THOMAS<br/>T/ARSON MANAGER BURATTI<br/>LEGAL SERVICES<br/>EQUALITY AND DIVERSITY TEAM</b> |                       |   |
| <b>TITLE OF REPORT:</b>                       | <b>STRATEGIC MANAGEMENT AND USEAGE OF MFRA SAFE HAVENS</b>   |                       |   |

|                    |                    |                                   |
|--------------------|--------------------|-----------------------------------|
| <b>APPENDICES:</b> | <b>APPENDIX A:</b> | <b>EQUALITY IMPACT ASSESSMENT</b> |
|--------------------|--------------------|-----------------------------------|

### **Purpose of Report**

1. To inform Merseyside Fire and Rescue Authority (MFRA) of the use of Community Fire Stations as Safe Havens and recorded activations submitted via the Merseyside Fire and Rescue Service (MFRS) intranet portal.

### **Recommendation**

2. That members;
  - a. Note the contents of this report.
  - b. Note that, given the national, local and regional priorities in respect of Organised Crime Groups (OCG) and the prevalence of knife and gun crime, MFRA staff will review processes and raise awareness regarding Safe Havens across MFRA Community Fire Stations.
  - c. Note that the majority of Safe Haven activations are triggered by individuals with one or more vulnerabilities that place them at a heightened risk of threat or harm. As such the overarching responsibility will be placed under the management of the Strategic Safeguarding Manager, Community Risk Management.

### **Introduction and Background**

3. A Safe Haven is a location that offers a place of safety to any members of the public, including children and young people who feel unsafe in any situation. The Safe Havens also provide individuals with the opportunity to report hate crime and/or domestic violence.

4. The Safe Haven initiative was introduced following the murder of 16 year old Jimmy Mizen in Burnt Ash Hill, south London on 10<sup>th</sup> May 2008. Following this a London Citizen's Scheme was introduced in London whereby shops and public buildings could join to give refuge to adults at risk and children and young people.
5. In January 2011, Liverpool became the first city outside of London to set up Safe Havens to help people who felt threatened by violence. City Centre Community Fire Station became the first MFRA premises to join the initiative.
6. All MFRA Community Fire Stations are now designated Safe Havens.
7. Service Instruction (SI) 0798 describes the process should a Safe Haven require to be activated. The member of MFRA staff who is approached must carry out a Dynamic Risk Assessment (DRA) that involves managing the potential changing situation.
8. The relevant Community Fire Station will contact Fire Control who will create an incident log, make the fire appliance unavailable and inform a Station Manager.
9. MFRA Staff will then consider a person centred approach to the situation and where appropriate consider a collaborative solution with partner agencies that may include Police, North West Ambulance Services, Social Services. Consideration should also be given to utilise the British Red Cross Emergency Response Service (ERS) who are able to offer additional support to individuals and where appropriate transportation to a more sustainable place of safety.
10. The person will be assisted until the vulnerability has passed (i.e. the risk has been removed or reduced to an acceptable level, and the person is deemed safe to leave the Community Fire Station).
11. During the period of 01/04/2016 to 10/03/2019 there have been **18** reported Safe Haven activations in MFRA premises. The most activations were reported at City Centre and St Helens Community Fire Stations (4 each) and Bootle/Netherton Community Fire Station (3).
12. The majority of the above reported activations were due to either suspected mental health issues and/or threats to individuals.
13. All Safe Havens are resolved with the assistance of relevant partners or the individual leaving the station of their own accord. Where appropriate Merseyside Fire and Rescue Service will engage with the individual to undertake a Home Fire Safety Check.

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#### **Equality and Diversity Implications**

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14. An Equality Impact Assessment has been completed which is attached as Appendix 1

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**Staff Implications**

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15. Fire Appliance(s) are made unavailable for the duration of the Safe haven activation.
16. A Station Manager will be informed and may decide to mobilise to the station.
17. The Strategic Safeguarding Manager will consider appropriate multi-agency engagement and interventions with relevant partners.

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**Legal Implications**

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18. MFRA has a duty of care to its employees who may be providing assistance under the scheme with safety of employees remaining paramount. This should be captured within a risk assessment.
19. Any visitors attending MFRA should comply with all the relevant health and safety guidelines.

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**Financial Implications & Value for Money**

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20. Safe Haven signage was donated by City Safe.
21. Installation for all 23 Community Fire Stations cost approximately £2500.

---

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

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22. A Dynamic Risk Assessment is to be completed by the officer based on the situation at the time.

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

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23. Members of the public already consider Community Fire Stations as places to seek assistance and Safe Havens are an extension of that perception.

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**BACKGROUND PAPERS**

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Nil

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## **GLOSSARY OF TERMS**

|             |                                      |
|-------------|--------------------------------------|
| <b>MFRA</b> | Merseyside Fire and Rescue Authority |
| <b>SI</b>   | Service Instruction                  |
| <b>DRA</b>  | Dynamic Risk Assessment              |
| <b>ERS</b>  | Emergency Response Service           |
| <b>OCG</b>  | Organised Crime Groups               |

# Merseyside Fire and Rescue Service

## Equality Impact Assessment Form

|  |                                  |
|--|----------------------------------|
| <b>Title of policy/report/project:</b>   | <b>Safe Havens.</b>              |
| <b>Department:</b>   | <b>Community Risk Management</b> |
| <b>Date:</b>   | <b>23 March 2019</b>             |
| <b>1: What is the aim or purpose of the policy/report/project</b>  |                                  |
| <i>This should identify “the legitimate aim” of the policy/report/project (there may be more than one)</i>   |                                  |
| <p>The Safe Haven initiative was launched on 12th January 2011 and builds on the model operating in London. All Community Fire Stations and various shops and buildings across Merseyside are designated Safe Havens.</p> <p>A Safe Haven is a location that offers a place of safety to any members of the public, including children and young people who feel unsafe in any situation. The Safe Havens also provide individuals with the opportunity to report hate crime and/or domestic violence.</p> |                                  |
| <b>2: Who will be affected by the policy/report/project?</b>   |                                  |
| <i>This should identify the persons/organisations who may need to be consulted about the policy /report/project and its outcomes (There may be more than one)</i>  |                                  |
| <p>Various Multi-Agency Partnerships, including Community Safety Partnership (CSP), Safeguarding Adults Boards (SAB) and Local Safeguarding Children’s Boards (LSCB) – Made up of following Partner Agencies:</p> <p>MFRS personnel<br/>Local Authority<br/>Merseyside Police<br/>Youth Services<br/>Department of Adult Social Services<br/>Department of Children’s Services<br/>Anti-Social Behaviour Team<br/>North West Ambulance Service<br/>Third Sector Partners</p>                               |                                  |

### 3. Monitoring

*Summarise the findings of any monitoring data you have considered regarding this policy/report/project. This could include data which shows whether it is having the desired outcomes and also its impact on members of different equality groups.*

#### What monitoring data have you considered?

MFRA Safe Haven Activations

#### What did it show?

Data shows that between the period of 01/04/2016 and 10/03/2019 there were 18 Safe Haven activations by MFRA Community Fire Stations, these were:

Station 11 (City Centre) – 4  
Station 50 (St Helens) – 4  
Station 33 (Southport) – 3  
Station 30 (Bootle/Netherton) – 2  
Station 20 (Birkenhead) – 2  
Station 19 (Croxteth) -1

The reasons for activations were:

Threats – 7  
Mental Health – 6  
Self-Harm/Neglect – 3  
Domestic Abuse/Violence – 1  
Hate Crime – 1

The breakdown of activations are:

White British – 15  
White Other – 3  
Males – 11  
Females – 7  
Adults – 14  
Children & Young People – 4

### 4: Research

*Summarise the findings of any research you have considered regarding this policy/report/project. This could include quantitative data and qualitative information; anything you have obtained from other sources e.g. CFOA/CLG guidance, other FRSSs, etc*

|  |  |
|--|--|
| <p><b>What research have you considered?</b></p> <p>Government and Local Policies regarding Organised Crime Groups and Gun and Knife Crime.</p> <p>Hate Crime</p>  | <p><b>What did it show?</b></p> <p>£200m Youth Endowment Fund to tackle violence</p>   |
| <p><b>5. Consultation</b><br/> <i>Summarise the opinions of any consultation. Who was consulted and how? (This should include reference to people and organisations identified in section 2 above)</i><br/> <i>Outline any plans to inform consultees of the results of the consultation</i></p> |  |
| <p><b>What Consultation have you undertaken?</b></p> <p>CSP – Crime &amp; Disorder Reduction Partnership</p> <p>MFRS</p>   | <p><b>What did it say?</b></p> <p>Previous consultations was taken in 2011 by Wirral District. This should be reviewed as part of the recommendations of the MFRA report:</p> <p>Figures suggest that the 16-24 age-groups are most at risk from street crime but anecdotally a lot of such crimes go unreported. This can arise from ‘street culture’ and mistrust of the Police but under reporting makes statistical analysis difficult.</p> <p>As such crimes, by nature, have been perpetrated against vulnerable people; an easily recognisable and accessed place of safety is desirable. The ‘Safe Haven’ scheme could provide this.</p> <p>The Service is willing to allow its Wirral Community Fire Stations to be designated as ‘Safe Havens’. It is hoped that once these are established the scheme will be extended by the Local Authority to shops and businesses across the Borough to provide numerous points of access to ‘Safe Havens’.</p> <p>Members of the public already see Fire Stations as places to seek assistance and this scheme would purely be an extension of that perception. Security, Safeguarding and reporting protocols are already in place to protect the vulnerable.</p> |

## 6. Conclusions

*Taking into account the results of the monitoring, research and consultation, set out how the policy/report/project impacts or could impact on people from the following protected groups? (Include positive and/or negative impacts)*

### **(a) Age**

The scheme would have a positive impact on younger people who are victims, or perceive to be at danger, of street crime by providing immediate recourse to a place of safety. 'Joint Strategic Needs Assessment' demographic figures for Merseyside can identify concentrations of young persons, by ward, allowing targeted interventions. More generally, as recorded crimes fall in the vicinity of 'Safe Havens' all age groups would be positively impacted upon.

### **(b) Disability including mental, physical and sensory conditions)**

As 'Safe Havens' are to be identified by an illuminated sign, this may have a negative impact upon members of the public with vision problems. There would be no negative impact upon disabled persons, as access would only be need to the ground floor of the Community Fire Stations.

### **(c) Race (include: nationality, national or ethnic origin and/or colour)**

Those members of the community who are at risk from hate crime due to their race will be positively impacted upon by the scheme as they will have access to an immediately available place of safety. All Station Managers have completed Level 2 Safeguarding (constantly reviewed) and Operational Crews have been delivered a Safeguarding Awareness presentation.

### **(d) Religion or Belief**

Those members of the community who are at risk from hate crime due to their religion or belief will be positively impacted upon by the scheme as they will have access to an immediately available place of safety.

### **(e) Sex (include gender reassignment, marriage or civil partnership and pregnancy or maternity)**

MFRS Safeguarding policies, dynamic risk assessment and increasing availability of CRB checked personnel would mean there would be no negative impact on this protected group. An internal 'Learnpro' package covering all the 'Safeguarding' issues will be developed and this must be completed by all members of staff.

### **(f) Sexual Orientation**

MFRS Safeguarding policies, dynamic risk assessment and increasing availability of CRB checked personnel would mean there would be no negative impact on this protected group.

### **(g) Socio-economic disadvantage**

As ASB and street crime hotspots are found in the more deprived areas of Merseyside, the reduced crime rates around 'Safe Havens' will have a positive impact upon those communities.



## 7. Decisions

*If the policy/report/project will have a negative impact on members of one or more of the protected groups, explain how it will change or why it is to continue in the same way.*

*If no changes are proposed, the policy/report/project needs to be objectively justified as being an appropriate and necessary means of achieving the legitimate aim set out in 1 above.*

### **Negative impact. Group b.**

As the scheme will be initially run at Community Fire Stations, it will be promoted as such. It is believed that the locations of local fire stations are well known and that the buildings are easily identifiable thus negating the need for additional identifiers. However, as this negative impact has been highlighted by this assessment, close monitoring of activations will take place to evaluate access arrangements.

As extension of the scheme would be the responsibility of the Local Authority to progress and take ownership of, they would have to produce their own EIA which would need to take into account what reasonable measures could be put in place to mitigate this item. Through C.S.P., the outcomes of this assessment will be communicated for evaluation. Where other schemes are running, an illuminated sign is the only indicator of a 'Safe Haven'.

## 8. Equality Improvement Plan

*List any changes to our policies or procedures that need to be included in the Equality Action Plan/Service Plan.*

## 9. Equality & Diversity Sign Off

***The completed EIA form must be signed off by the Diversity Manager before it is submitted to Strategic Management Group or Authority.***

Signed off by:

Date:

| Action Planned | Responsibility of | Completed by |
|----------------|-------------------|--------------|
|                |                   |              |

For any advice, support or guidance about completing this form please contact the [DiversityTeam@merseyfire.gov.uk](mailto:DiversityTeam@merseyfire.gov.uk) or on 0151 296 4237

**The completed form along with the related policy/report/project document should be emailed to the Diversity Team at:**

**[DiversityTeam@merseyfire.gov.uk](mailto:DiversityTeam@merseyfire.gov.uk)**

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|   |   |                       |                      |
|---|---|-----------------------|----------------------|
| <b>MERSEYSIDE FIRE &amp; RESCUE AUTHORITY</b> |   |                       |                      |
| <b>MEETING OF THE:</b>                        | <b>COMMUNITY SAFETY AND PROTECTION COMMITTEE</b>  |                       |                      |
| <b>DATE:</b>                                  | <b>11 APRIL 2019</b>  | <b>REPORT NO:</b>     | <b>CFO/013/19</b>    |
| <b>PRESENTING OFFICER</b>                     | <b>CHIEF FIRE OFFICER</b>   |                       |                      |
| <b>RESPONSIBLE OFFICER:</b>                   | <b>JANET HENSHAW</b>  | <b>REPORT AUTHOR:</b> | <b>STEWART WOODS</b> |
| <b>OFFICERS CONSULTED:</b>                    | <b>JEAN JONES – FACILITIES MANAGER</b><br><b>ROB EEDLE – HEALTH AND SAFETY</b><br><b>GEORGIA QUINN – LEGAL</b><br><b>RUTH BALE WILSON – OPS EQUIPMENT</b> |                       |                      |
| <b>TITLE OF REPORT:</b>                       | <b>COMMUNITY PUBLIC ACCESS DEFIBRILLATORS</b>   |                       |                      |

|                    |                    |   |
|--------------------|--------------------|---|
| <b>APPENDICES:</b> | <b>APPENDIX A:</b> | <b>HEALTH &amp; SAFETY REPORT/RISK ASSESSMENT</b> |
|                    | <b>APPENDIX B:</b> | <b>DRAFT MEMORANDUM OF UNDERSTANDING (MOU)</b>    |

## Purpose of Report

1. To advise Members of the installation of Community Public Access Defibrillators (CPADs), at a cost of £15,000.00, which is inclusive of purchasing 26 defibrillator cabinets and hardwire connection to defibrillator cabinets. CPAD's will be sited as near to the running call boxes as is practical and will be provided with protruding signage.

## Recommendation

2. That Members;
  - a. Note the purchase and fitting of the CPADs to all Community Fire Stations.
  - b. Note the findings of the feasibility report and risk assessments carried out by Health and safety at Appendix A

## Introduction and Background

3. Following a site visit to Saughall Massey Community Fire Station during its construction, the CFO noted that Wates Construction had placed a CPAD on the hoarding of the site. The CFO requested that the placing of CPAD's on MFRA Community Fire Stations be explored.
4. Meetings have been held with MFRA Legal Team, Health & Safety Team, Operational Equipment Team, and North West Ambulance Service (Nwas) to discuss requirements.

5. The Health and safety team completed a review of MFRA sites and carried out a risk assessment at 3 locations, to determine travel time to access the defibrillator by MFRA staff inside the building.
6. NWS require a Memorandum of Understanding between NWS and MFRA to enable the CPAD cabinet to be registered with the NWS Community Resuscitation team and registered on the NWS emergency system.
7. MFRA will be responsible for the maintenance of the CPAD cabinets and NWS require weekly checks of each defibrillator to ensure its status remains operational. The existing checking of defibrillators is contained within 'weekly standard checks' and the results are registered on the MFRA Red Kite system. NWS have agreed that a monthly email detailing results will meet this requirement. Operational Equipment have agreed a process for this with NWS.
8. Following a meeting with MFRA Legal Team, NWS and Estates a Draft MoU has been agreed subject to minor changes. (Appendix B attached)
9. The cabinets are approved by NWS and each cabinet will need to be hardwired to the mains for the purpose of a small heater / light within the cabinet.
10. Upon completion of the installation and registration being in place NWS will inform its Emergency Operation Centre (EOC) of the installation details and the code for the external cabinet. Once the EOC confirms the registration the site will become live.
11. The code for accessing the Cabinets will be the same for each location and will be distributed to station staff and Fire control.

---

### **Equality and Diversity Implications**

12. An Equality and Diversity impact assessment has been completed for the installations of defibrillators across all station locations (appendix c). This identifies a positive impact from the access to defibrillators within the local communities.

---

### **Staff Implications**

13. Following the initial project staffing implications will be minimal, the external cabinets will form part of the pre-planned maintenance programme of the facilities management supplier and the weekly check carried out by station staff with a monthly Red Kite email to NWS via ops equipment.

---

### **Legal Implications**

14. A draft MoU has been agreed between MFRA and NWS which clearly sets out legal implications.

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**Financial Implications & Value for Money**

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15. The initial cost for the project will be £15,000.00, the subsequent costs for maintenance of the external cabinets will be minimal and a mix of external cabinets have been identified, with stainless steel cabinets for sites exposed to sea salt etc. and mild steel cabinets for all other sites, both cabinets have a 5 or 10 year guarantee.
16. The cost can be found within existing capital budget lines.

---

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

---

17. MFRA Health & Safety Team have carried out risk assessments and site specific assessments and no impacts were raised for the project. There are no environmental implications. Appendix A attached
18. There remains a small risk of damage and theft to the Defibrillators, the cabinets will be positioned in a prominent place at the front of each station and with clear signage, wherever possible in a position covered by cctv.

---

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

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19. The installation of the community defibrillators assists in our mission for safer stronger communities.

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**BACKGROUND PAPERS**

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N/A

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**GLOSSARY OF TERMS**

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|             |  |
|-------------|--|
| <b>CPAD</b> | Community Public Access Defibrillators |
| <b>NWAS</b> | North West Ambulance Service           |
| <b>EOC</b>  | Emergency Operation Centre             |

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## The Provision & Use of Community Public Access Defibrillators – Station Wide



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# Community Public Access Defibrillators – Station Wide

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## 1. Considerations

The following observations should be considered in the decision process;

- The use of an AED constitutes a medical emergency of the highest category. Early defibrillation is a crucial part of the chain of survival and although there is no legal requirement for an employer to provide AEDs, it is recommended that Merseyside Fire & Rescue Service make the equipment available in accordance with the results of the first aid needs assessment & AED risk assessment set out in Appendix A.
- That MFRS consider relocating its station Automated External Defibrillator (AED) externally to allow / facilitate public access
- Estates team to consult with NWS & MFRS Litigation Team regarding NWS M.O.U (Memorandum of Understanding) on C.P.A.D (Community Public Access Defibrillators)
- That Estates Team consider the production of an AED service instruction to reflect CPAD (Community Public Access Defibrillators). This information should be captured to reflect the NWS MOU and what stations need to do for full compliance
- Estates department consider sourcing a suitable 'fit for purpose' external AED box housing to include the following;
  - IP66 rated against dust and water
  - Protected against corrosion with an outdoor powder coat
  - Stainless steel keypad lock
  - Internal battery powered LED light that activates in darkness on a motion sensor and can be used as a removable torch
  - Painted in a high visibility colour
  - A Thermostatically controlled heater will ensure the device is housed at an optimum temperature
  - Internal hook to accommodate any defibrillator without carry case
  - Viewing window to easily check status of AED
  - Concealed hinges
- That stations consider carrying a spare set of defibrillator electrodes in the event of C.P.A.D being used

## 2. Purpose

The Estates Team requested H&S to undertake a review of its station AED requirements with a view of relocating/mounting its AED's (Automatic External Defibrillator) externally to allow community access. The intention is to provide C.P.A.D (Community Public Access Defibrillators) in the community which will be fully accessible by dialing the emergency services via its 999 or 112 numbers.

This report provides considerations for the relocation of station AED's to be mounted externally on stations to become C.P.A.D.s (Community Public Access Defibrillators). The need for an AED is based on a suitable and sufficient first aid risk assessment whereby all influencing factors have been carefully considered by the Health & Safety Manager and Estates Manager. For full risk assessment summary see Appendix A & B.

The proposal is to move/mount AED defibrillators on stations along with the acquisition & purchase of defibrillator security boxes by the Estates team. Please note: AEDs must comply with the Provision and Use of Work Equipment Regulations (PUWER) and will require regular maintenance and inspection. There is no statutory requirement for employers to provide defibrillators in the workplace. Health and Safety Executive (HSE) guidance states that, if you decide to provide a defibrillator in the workplace, it is important that those who may use it are appropriately trained.

HSE refers to the Resuscitation Council for further advice and guidance. The Resuscitation Council states that, in a workplace situation, it will be sensible to train first aiders or appointed persons in the use of an AED. However, all operational personnel are FREC (First Response Emergency Care) trained which includes AED's.

SCA (Sudden Cardiac Arrest) is an important cause of death in all developed western countries. In Europe, around 1 in 1,000 of the population suffers SCA each year, so in the UK there are likely to be approximately 60,000 cases annually (Resuscitation Council). In England, the ambulance service attempt resuscitation in approximately 25,000 cases per annum but at present, only a small proportion survive.

After a cardiac arrest, every minute without CPR (cardiopulmonary resuscitation) and defibrillation reduces someone's chance of survival by 10 per cent (Resuscitation Council). For the best chance of survival, a shock to the heart should be delivered within the first 3 minutes; therefore early access to a defibrillator is vital. Moreover the average response time for emergency medical services in a typical community is approximately 8 minutes (heart start).

### 3. First Aid Needs Assessment - Defibrillator

Merseyside Fire & Rescue Service have provided an AED defibrillator to all its 26 fire stations based throughout Merseyside. These AED's can be currently accessed by employees, contractors or visitors to fire service premises when crews are in and available. As stated, whilst Employers have no obligation to provide first aid for members of the public, the HSE strongly recommend that employers take them into consideration when carrying out a first aid needs assessment.

To comply with HSE recommendations Merseyside Fire & Rescue Service have carried out a first aid needs assessment based on the service's single and double storey stations which constitute the bulk of MFRS premises throughout Merseyside. The location of the AEDs has been taken by providing an AED to a person within a 3 minute timeframe (*Resuscitation Council*).

Although walking speeds can vary greatly depending on many factors such as height, weight, age, terrain, surface, load, culture, effort, and fitness an average human walking speed has been recorded for the assessment based on an average human being which is 3.00 miles per hour (mph); this would equate to a maximum travel distance of approx. 400m for older individuals (*Walks & Treks – British Heart Foundation*). For the purpose of the assessment **Fig 1.** (\*denotes the nearest Ambulance/Hospital Location). This provides an AED risk assessment for those risks noted in **Fig 2.**

**Fig 1.** Station Location

\* Nearest Ambulance / Hospital Station

- Station 32 – Formby Fire Station – 1 storey station >6 miles
- Station 11 – City Centre Fire Station – 2 storey station <3 miles
- Station 25 – Wallasey Fire Station – 2 storey station <6 miles

**Fig 2.** The assessment considered the following risks at each site:

- Work Activities e.g. operational duties, gym use, manual handling & equipment
- Community room activities
- Location/Remoteness
- Footfall
- The nearest accessible AED
- The nearest Ambulance Station
- The distance from the nearest Hospital /Accident & Emergency Unit

Of the three stations assessed station 11 & 25 both have a prevention & protection teams on the 2nd floor of the buildings. Both Station 11 & 25 are day crewed only with Station 32 a LLAR station.

Stations, not just those that are day crewed, will require a decision to be taken regarding suitable 'custodians' as noted in NWAS M.O.U for C.P.A.D.s in the event they are used by members of the public. And more so, if crews are unavailable / out of station.

All three stations are equipped with fully functional gyms onsite which are used by operational personnel & in some cases NWAS personnel. Station 25 however, has its own heartbeat gym which is used daily by members of the public from the local community and is equipped already with a fully functional AED which is managed by Wirral Heartbeat.

The nearest ambulance/hospital stations to these locations are between 3 - 6 miles away. However, Station 32 is shared with NWAS and is staffed with an ambulance crew. However, ambulance crews are not always available, or on station, and are away from station frequently. Therefore, the following first aid needs observations should be considered in the decision making process;

That considerations for 1 defibrillator are;

- Facility has only one floor
- Size of the facility is < 150,000 sq. ft
- Outside work area is < 2 acres
- There are no areas inaccessible to responders

Additionally, In the presence of any of the following factors an additional AED should be considered:

- For every 150,000 sq ft over 150,000 sq ft
- For every additional 2 acres of outside work area
- For every 3rd floor of a multi-floor building
- For every inaccessible work area/floor
- For every Specialized Response Team that requires their own response equipment

#### **4. Maintenance**

Each defibrillator self-tests vital functions automatically on a daily, weekly and monthly basis to ensure it is ready for use. The lithium battery shelf life is 5 years or 200 shocks. Adult electrode pads have a 30 month shelf life however they must be replaced after each use. It is recommended that a spare set of electrodes are kept on station in the event of the defibrillator being used.

The Public Access Security Box should plug into a standard wall socket and feature frost protection heating, status lights, internal light to aid night user, single hand entry and pre-set locking codes as required. Signage for public access defibrillators should be used to show where it is located.

A visual inspection of the defibrillator and public access security box is required on a weekly basis. A process will need to be put in place for the AED to be checked regularly by an onsite responsible person to ensure there is no damage to the defibrillator or security box.

## **5. Vandalism**

It is worth noting that acts of vandalism may be carried out on C.P.A.D.s and as a result could affect the use of the machine and first aid response. The Public Access Security Box must have a mechanical lock which can only be accessed with a pre-set code. To access the AED the user must first call 999 or 112 and quote the box number, the 999 or 112 operator will then issue the user with a 4 digit code to release the box and dispatch an ambulance.

## **6. Legal Implications**

In English law, for someone to be held liable it would have to be shown that the intervention had left the victim in a worse situation than if there had been no intervention. No case brought against someone who tried to provide first aid has been successful in the UK, where the courts have tended to look favorably on those who try to help others.

There is currently no legislation in place to make AED's mandatory in the workplace. However there are efforts being made to promote the introduction of legislation to make the provision of AEDs mandatory in the workplace, schools, sports venues, and certain public buildings.

## **7. Equality & Diversity Implications**

The Equality Act is relevant to the decision in this report as the decision relates to eliminating discrimination, advancing equality of opportunity, or fostering good relations between different people illustrating Merseyside Fire & Rescue commitment with regards to the health, safety & welfare of staff and members of public.

A full Equality Impact Assessment (EIA) has not been carried out, because while there are some equalities impacts, it is not proportionate to carry out a full EIA.

## 8. Site Images

For assessment purposes, the Images show the current AED locations (Fig's 1, 3, and 5). (Fig's 2, 4, and 6) show potential / mounting areas for C.P.A.D's

### Station 32 - Formby Fire Station

Fig 1



Fig 2



### Station 11 – City Centre

Fig 3

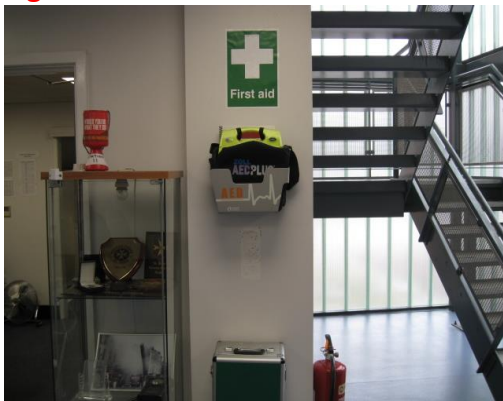


Fig 4



### Station 25 – Wallasey Fire Station

Fig 5



Fig 6



## 9. Appendix A - Risk Assessment – Defibrillator

**10. Appendix B – AED Needs Assessment**

## **11. Defibrillator Guidance**

- *The Health and Safety (First-Aid) Regulations 1981*
- *CPR, AEDs and the Law – The British Heart Foundation*
- *A guide to Automated External Defibrillators (AEDs) – Resuscitation Council*
- *Cabinets for public-access defibrillators – Resuscitation Council*
- *NWAS Memorandum of Understanding – Community Public Access Defibrillators*





North West Ambulance Service



NHS Trust

Delivering the right care, at the right time, in the right place

## Memorandum of Understanding

**Community Public Access Defibrillators (CPADs)**

**(Section 3.7 onwards)**

**and**

**Static Automated External Defibrillators (AEDs)**

Asset no: \_\_\_\_\_

Site: \_\_\_\_\_  
Page 41

## Document revision record

| Version | Date of amendment | Date of release | Amendment by                                   | Reason for amendment  |
|---------|-------------------|-----------------|--|---|
| PROOF   | 24/02/2016        |                 | S. Harris                                      | Creation of document  |
| 1.0     | 09/03/2016        |                 | R Hussey                                       | Comments  |
| 1.1     | 13/04/2016        | 14/04/2016      | D.McNally                                      | Wording and sign off  |
| 2.0     | 17/05/2016        | 17/05/16        | CRT Managers                                   | Change of wording and defib form added  |
| 2.1     | 20/12/16          | 20/12/16        | C Pickstock                                    | Addition of CPAD online portal link   |
| 2.2     | 21/3/17           | 21/3/17         | C. Pickstock                                   | Amended internal check form-pg 9  |
| 2.3     | 22/03/2017        | 22/03/2017      | R. Hussey                                      | Additions to 3.11 – Cabinet advice  |
| 2.4     | 5/6/17            | 5/6/17          | C Pickstock                                    | Amendments to front cover and S 2.6, 3.2, 3.7, 3.10-12<br>Amendment to check form instruction |
| 2.5     | 17/7/17           | 17/7/17         | CP/RH  |   |
| 2.6     | 19/07/2017        | 19/07/2017      | R. Hussey                                      | Creation of section 4. Defibrillator availability.  |
| 2.7     | 15/03/2019        | 15/03/2019      | G Quinn – Merseyside Fire and Rescue Authority | Amending to suit the requirements between NWAS and MFRA                                       |
|         |                   |                 |  |   |
|         |                   |                 |  |   |
|         |                   |                 |  |   |

|                   |   |                 |             |
|-------------------|---|-----------------|-------------|
| Document:         | Memorandum of Understanding: CPAD and Static Defibrillators | Page:           | Page 2 of 8 |
| Author:           | Complementary Resource Department                           | Version:        | 2.6         |
| Date of Approval: | 17/05/2016  | Status:         | Active      |
| Date of Issue:    | 17/05/2016  | Date of Review: | 01/09/2018  |

## 1. Introduction

- 1.1. This Memorandum of Understanding defines the responsibilities of the two parties, North West Ambulance Service NHS Trust (NWAS/the Trust) and Merseyside Fire and Rescue Authority (the Site) in the provision of Automated External Defibrillators (AEDs) and Basic Life Support (BLS) to persons suffering a sudden cardiac arrest, until the arrival of the statutory ambulance response.
- 1.2. Both parties shall comply with all statutory obligations, enactments and regulations and legal, professional and ethical requirements relating directly to its provision of services. As soon as is reasonably practicable, both parties shall notify each other of any incident or proceedings arising from a breach of its responsibilities that may affect its ability to fulfil its obligations under this Memorandum of Understanding.
- 1.3. Each party will take full responsibility for its own risk. The Trust has Clinical Negligence cover which covers trained members of the responder scheme engaged on authorised activities and working within their protocols. The Trust will provide Insurance for its own assets. Where equipment is not supplied by the Trust, the Site will be responsible for arranging insurance to cover the loss, theft or damage of the AED and or the cabinet.
- 1.4. The period covered by this Memorandum of Understanding is from the date of signing and shall continue until either party terminates the Memorandum by written notification to the other party, notwithstanding the need for review.
- 1.5. Termination of this agreement will be in writing by either party, with a minimum of one month's notice.

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## 2. Responsibilities of the Trust

- 2.1. The AED's, any cabinets and consumable items are to be supplied by the Site and will remain the property of the Site.
- 2.2. The Site will be responsible for any maintenance to the equipment.
- 2.3. In the event of an AED being deployed and the electrode pad packet either being opened, or the pads being placed on a patient the Trust will endeavour to visit the site and, subject to operational capacity:
  - i. Provide a liaison between the Site and the Trust to facilitate an effective debrief following a cardiac arrest.
  - ii. Download the AED to access the incident data for audit and feedback to the Site & ongoing clinical care of the patient if required.
- 2.4. **At CPAD sites** - the AED is available 24 hours a day for public use:
- 2.5. The Trust will ensure that the AED is repatriated to the Site as quickly as possible after any use or other incident which involved it leaving the Site. *A yellow repatriation tag and unique asset number will be provided at time of registration.*

## 3. Responsibilities of the Site

- 3.1. Where an AED is provided in a workplace, it is classified as work equipment under "The Provision and Use of Work Equipment Regulations 1998". Failure to inspect the equipment and to train persons in its use would be a breach of the regulations by the employer.
- 3.2. In the event of an AED not being in working order, or being unavailable for any other reason, the Site will contact the Trust as soon as possible to inform them of the AED's status. *The status of the AED should be checked weekly and maintained for internal use.*
- 3.3. Where the Site is required to train its staff in AED use and BLS, this should be completed to a standard in line with the latest Resuscitation Council (UK) Guidelines.

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- 3.4. The Site will identify consumable items including but not limited to, electrode pads and batteries prior to the relevant expiry date as soon as is reasonably practicable and in time to replace them before the expiry of the current items.
- 3.5. **At CPAD sites**, (regardless of device ownership) the site will be responsible for the replacement of battery packs, batteries, electrodes upon expiry or deployment.
- 3.6. The Defibrillator Cabinet will be maintained by the Site. Whilst the Cabinet is within its Warranty period, the Manufacturer will have responsibilities for any faults identified.
- 3.7. The Site will inform the Trust in the event of an AED being deployed as soon as the Site becomes aware of the deployment and informing the Trust should the site need to go 'off line' and not be available for any reason.
- 3.8. **At CPAD Sites:**
- i. All CPAD sites must be reported to NWS Community Resus Team and further approved before they can be considered functional and registered on NWS emergency system. This is to confirm that the proposed location is suitable for easy access by laypersons and as far as practicable, free from obvious risks. Appropriate signage must remain in place. *NWS will provide a minimum standards check list.*
  - ii. Each CPAD site will have a designated 'Custodian' who should be identified at the beginning of the CPAD development *and documented on the registration form.*
  - iii. The Custodian will be responsible for checking the cabinet and AED equipment weekly to ensure its status remains operational. Copies of those checks will be logged on the Red Kite system. The Site will give evidence of these checks upon request by the Trust.
  - iv. The Site is also responsible for liaising with the Trust regarding the repatriation of the AED once deployed.
- 3.9. *NWS can advise on supported equipment prior to the site going live but choice of equipment should comply with NWS minimum standards checklist. Coded cabinets should comply with NWS recommended and preferred code and confirmed prior to CPAD registration. Where NWS provides advice and guidance on CPAD cabinets available, it is done in good faith and the Trust is in no way responsible for any failures or faults of those Cabinets, including access failures.*

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3.10. Upon liaison with the NWS CPAD team, a satisfactory return of a signed Memorandum of Understanding, a Custodian being in place, the Trust will inform its Emergency Operations Centre (EOC) of the installation details and a code for the external cabinet. *Only Once EOC confirms this registration the site will be deemed live.*

**4. Defibrillator availability and state of readiness**

4.1. The availability and rescue ready status of any Defibrillator is dependent on manufacturers recommended checks, and those periodic checks indicated by NWS being undertaken by nominated person/s on site. Should NWS send someone to access Defibrillator equipment in an emergency, or any person undertaking to access the Defibrillator equipment themselves, it is done so on the understanding that the Defibrillator equipment will be in place, easily accessible and in a rescue ready state. NWS is in no way responsible for equipment not in place, or that is difficult to access, or not in a rescue ready state of operation. Recommended and periodic checks as indicated will mitigate the risk of Defibrillator equipment not being available or in a rescue ready state.

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.

**On behalf of the Trust:**

Name: Nick Blair \_\_\_\_\_  
 Area: Cheshire & Merseyside  
 Community Resuscitation Development Officer

Signature \_\_\_\_\_

**Nick Blair**  
**North West Ambulance Service**

\_\_\_\_\_

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**On behalf of the Site:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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**AED**

|  |   |
|--|---|
| <b>AED (Automated External defib)</b><br>Located internally <input type="checkbox"/>     | <b>CPAD (Community public access defib)</b><br>Located externally to the site in a cabinet <input type="checkbox"/> |
| <b>Number of AED's or CPAD's on site</b>   |   |
| <b>Site name or owner</b>  |   |
| <b>Site type (e.g. school, gym)</b>  |   |
| <b>Full address of AED or CPAD must include postcode</b>                                 |   |
| <b>Exact location of AED or CPAD (e.g. outside on wall/<br/>main reception)</b>          |   |
| <b>Between what times of the day is the AED or CPAD<br/>available</b>                    |   |
| <b>Defibrillator make and model</b>  |   |
| <b>Defibrillator serial number</b>   |   |
| <b>External cabinet make and model</b>   |   |
| <b>CPAD Access:</b><br>Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> | <b>CPAD unlock code</b><br>(provided by NWAS prior to installation) <input type="text"/>                            |
| <b>Date AED or CPAD placed</b>   |   |
| <b>Contact guardian name for the AED or CPAD</b>   |   |
| <b>Contact guardian number and email address</b>   |   |
| <b>Asset Number (for internal use only)</b>  |   |

Please note the details provided are for information only, with no transfer of responsibility to NWAS of privately owned AED's. By completing this form you agree the Ambulance Service can direct members of the public in certain emergencies to access the equipment.

It is important to ensure that your AED is checked weekly to maintain a good condition and is accessible at all times during premises opening hours. If you are registering a CPAD please ensure that the defibrillator and cabinet are checked weekly. These checks need to be reported to NWAS. Please ensure there is 24 hour accessibility to the cabinet and signpost the location of your AED or CPAD locally. Further details and local contacts can be found on the CardiacSmart website [www.cardiacsmart.nwas.nhs.uk](http://www.cardiacsmart.nwas.nhs.uk).

Please send this form via email to [Nicholas.Blair@NWAS.NHS.UK](mailto:Nicholas.Blair@NWAS.NHS.UK)

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# Equality Impact Assessment (EIA) Reporting Form

*For any advice, support or guidance about completing this form please contact the DiversityTeam@merseyfire.gov.uk or on 0151 296 4236*

**Section 1: EIA Details**

|  |   |
|--|---|
| <b>1.1) Author</b>   | <input type="text" value="Jones, Jean"/>                            |
| <b>1.2) Responsible Officer</b>  | <input type="text" value="Woods, Stewart"/>                         |
| <b>1.3) Function</b>   | <input type="text" value="Estates"/>                                |
| <b>1.4) Department</b>   | <input type="text" value="Select a Department..."/>                 |
| <b>1.5) What is the status of this EIA?</b><br>If "Revision" is selected, please ensure "1.7) Date of EIA" is revised and "1.5.1) Which sections have been revised?" is completed. | <input type="text" value="New"/>                                    |
| <b>1.6) Title of EIA</b>   | <input type="text" value="Community Public access Defibrillators"/> |
| <b>1.7) Date of EIA</b>  | <input type="text" value="26/03/2019"/>                             |
| <b>1.8) What does the EIA relate to?</b>   | <input type="text" value="Project"/>                                |
| <b>1.9) Title reference of SI/policy/report/event/project</b>  | <input type="text" value="Community Public Access Defibrillators"/> |
| <b>1.10) SI Policy Number of SI/policy/report/event/project</b>  | <input type="text" value="CPAD"/>                                   |

**Section 2: Initial Assessment**

**2.1) What are the legitimate aims or purposes of the SI/policy/report/event/project?**

The project is to install Community Public Accessible Defibrillator cabinets and defibrillators to MFRS sites to provide rapid lifesaving intervention to members of the public suffering from cardiac arrest and prior to the arrival of medical assistance.

**2.2) Who will be affected?**

**2.3) Which of the protected groups below does this impact on for an initial assessment?**

| Protected Characteristics    | Positive Impact                  | Negative Impact       | Neutral               |
|------------------------------|----------------------------------|-----------------------|-----------------------|
| Age                          | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sex                          | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Race                         | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disability                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religion & Belief            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gender Reassignment          | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Marriage & Civil Partnership | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pregnancy and Maternity      | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sexual Orientation

Socio-Economic Disadvantage

**2.4) Has there been any positive or negative impact identified as part of the Initial Assessment for this SI/Policy/report/event/project?**  Yes  No

**2.5) Please supply supporting comments as to why you feel there is no positive/negative impact caused as part of the Initial Assessment for this SI/Policy/report/event/project?**

Community Public Access Defibrillators are widely endorsed by NHS, British Heart Foundation and the Resuscitation Council UK, and they have been widely distributed throughout the UK in public places.

### Section 3: Monitoring

Summarise the findings of any monitoring data you have considered regarding this SI/policy/report/event/project. This could include data which shows whether it is having the desired outcomes and also its impact on members of different equality groups.

**3.1) What monitoring data have you considered?**

As this is a new project no historical data is available as yet.  
Once the CPAD's go live they will be tested weekly and the results recorded on MFRS Red Kite system with the monthly results being sent to North West Ambulance Service for their monitoring purposes.

**3.2) What did it show in relation to Equality Impacts?**

N/A

**3.3) What future monitoring of effects/outcomes will be recorded?**

The equipment will be tested on a weekly basis with the results being sent to NWAS thor their records.  
NWAS will inform MFRS of outcomes in the event of a CPAD being used.

**3.4) Supporting Document**

 No file attached

### Section 4: Research

Summarise the findings of any research you have considered regarding this SI/policy/report/event/project. This could include quantitative data and qualitative information; anything you have obtained from other sources e.g. CFOA/CLG guidance, other FRSs, etc.

**4.1) What research have you considered?**

NWAS consulted during scoping of project and all data provided by NWAS was positive

**4.2) What did it show in relation to Equality Impact?**

Not applicable

**4.3) What did the exercise tell in relation to Equality Impact?**

Not applicable

**4.4) Supporting Document**

 No file attached

**Section 5: Consultation**

Summarise the opinions of any consultation. Who was consulted and how? (This should include reference to people and organisations identified in 3.2). Outline any plans to inform consultees of the results of the consultation.

**5.1) What Consultation have you undertaken to help identify any further equality issues?**

Meeting have been held with a number of departments within MFRS and NWAS

**5.2) What did it say?**

Health & Safety completed a risk assessment and surveys of a number of MFRS sites and concluded that the requirements of the British Heart Foundation were met. A Memorandum of Understanding is required between MFRS and NWAS and a draft MoU has been agreed via MFRS Legal Team.

**5.3) Which Groups/persons?**

NWAS, MFRS Health & Safety, MFRS Legal, MFRS Operational Equipment, Cheshire FRS

**5.4) Supporting Document**

 No file attached

**Section 6: Conclusions**

Taking into account the results of the monitoring, research and consultation, set out how the SI/policy/report/event/project could impact on people from the following protected groups? (Include positive and/or negative impacts)

**(a) Age**

Age equality and the way a policy, practice, service or function affects people of different ages, especially younger people and older people. It remains lawful to target services at people of different ages or to have age rules governing access to services or training.

CPAD's should not be used on children under 8 years of age, there should be no negative impact on all other age groups.

**(b) Disability (including mental, physical and sensory conditions)**

Disability equality and the effects on different disabled people, deaf people, people with a long-term limiting illness and people associated with disabled people, such as carers, parents of disabled children.

There should be no negative impacts to this group

**(c) Race (include: nationality, national or ethnic origin and/or colour)**

Race equality and the effects on ethnic and racial minority staff, customers and communities. Race includes colour, ethnic or national origin, nationality or caste.

There should be no negative impacts to this group.  
The use of a CPAD is recognised as a medical procedure.

**(d) Religion or Belief**

Religion and Belief based equality and the way in which policies, practices, services of functions affect people from different religious or belief based groups. This includes observance of religious and cultural requirements/practices of staff and customs and it also covers non-belief.

There should be no negative impacts to this group.  
The use of a CPAD is recognised as a medical procedure

**(e) Sex (include gender reassignment, marriage or civil partnership and pregnancy or maternity)**

Sex equality and the effects on men and women, boys and girls. For example, the experiences of lone parents, working women, women from BME communities, victims of domestic violence, boys and young men, fathers etc.

There should be no negative impacts to this group.  
The use of a CPAD is recognised as a medical procedure

**(f) Sexual Orientation**

Sexual Orientation equality and whether services are delivered fairly and respectfully to lesbians, gay men, bi-sexual and heterosexual people. This will mean ensuring that services or policies recognise the needs of lesbian, gay, bisexual and heterosexual customers and respect their family structures and relationships.

There should be no negative impacts to this group.  
The use of a CPAD is recognised as a medical procedure

**(g) Socio-economic disadvantage**

Socio-economic Disadvantage: Although not one of the 9 protected groups M&RS recognise that Socio-economic disadvantage affects many deprived communities within Merseyside.

There should be no negative impacts to this group.

**Section 7: Decisions**

If the SI/policy/report/event/project will have a negative impact on members of one or more of the protected groups, explain how it will change or why it is to continue in the same way. If no changes are proposed, the SI/policy/report/event/project needs to be objectively justified as being an appropriate and necessary means of achieving the legitimate aim set out in 3.1

There are no recognised negative impacts on the protected communities at this time

**Section 8: Actions (Admin Use Only)**

**8.1) Actioned Required**  Yes  No

**8.2) Details of Action Required**

**8.3) DAG Consultation Required**  Yes  No

**8.4) Approved**  Yes  No

**8.5) Responsibility Of**

**8.6) Completed By**

**8.7) Review Date**