

| MERSEYSIDE FIRE AND RESCUE AUTHORITY | | | |
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| MEETING OF THE: | AUTHORITY BUDGET MEETING | | |
| DATE: | 25 FEBRUARY 2016 | REPORT NO: | CFO/012/16 |
| PRESENTING OFFICER | CHIEF FIRE OFFICER | | |
| RESPONSIBLE OFFICER: | DAVE MOTTRAM | REPORT AUTHOR: | GM PAUL HITCHEN |
| OFFICERS CONSULTED: | | | |
| TITLE OF REPORT: | EMERGENCY MEDICAL RESPONSE TRIAL | | |

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| APPENDICES: | APPENDIX A: | NJC CIRCULAR 13/16 |
| | APPENDIX B: | MEMORANDUM OF UNDERSTANDING |
| | APPENDIX C: | CARDIAC ARREST MPDS CODE SET |

Purpose of Report

1. This report provides Members with an update on the introduction of a co-responding trial between Merseyside Fire & Rescue Authority (MFRA) and Northwest Ambulance Service (NWAS) as part of the ongoing Blue Light collaboration work. The trial will involve a joint emergency response to cardiac arrest incidents by MFRA and NWAS. The report details the work undertaken to enable the six month trial beginning in February 2016 in line with NJC Circular 13/15.

Recommendation

2. That Members note the contents of the report.

Introduction and Background

3. As part of the FRA national pay settlement in 2014 the NJC agreed to set up five work streams to examine the future role of the firefighter. One of the work streams addressed collaboration with the Health Service and specifically covered co-responding - the details of which are contained within NJC Circular 13/15 (attached as Appendix A).
4. NJC circular 13/15 invites FRAs to submit applications to undertake co-responding trials and in response to the invitation MFRA submitted an application to be one of the trial Services. The circular advises that FRAs need to discuss the trial with local trade union representatives and states the intention that all trials should be completed by early June 2016 at the latest after which the outcomes will be considered by the NJC. Following extensive discussions between officers with MFRS and NWAS representative bodies'

agreement was reached on 20th November 2015 for all MFRA fire stations to participate in the trial.

5. For the purposes of the co-responding trial with NWS, MFRA will only respond to category RED1 (999 or 112) calls to patients whose condition is immediately life threatening as a result of cardiac or respiratory arrest. Further details of these calls are contained within appendix 1 of the MOU which is appended to this report (Appendix B).
6. It is the Authority's intention to deliver a trial with NWS that is projected to conclude in line with the terms of NJC circular 13/15 (Appendix A) on 31st June 2016. The trial is expected to commence during February 2016 and will be phased in over a six month period and will ultimately include all MFRA stations.

Training & Disclosure

7. Implementation will be via a rolling program and is subject to the completion by all firefighters and supervisory managers of First Person on Scene (FPOS) training. This training covers all aspects of trauma care that firefighters would be expected to deal with at a fire or RTC incident including basic life support. NWS have evaluated the course syllabus and content and have confirmed that it satisfies their requirements for response to RED 1 calls in support of Paramedics.
8. The first stations to begin the trial will be Southport, Croxteth, Wallasey Crosby, Eccleston, Speke, Toxteth, Birkenhead and Wallasey. Further stations will be added following completion of necessary training and EDBS checks.

Enhanced Disclosure and Barring Service Check (EDBS).

9. Staff will be required to undertake an Enhanced Disclosure and Barring (EDBS) check. The completion of an EDBS check is a requirement placed on NWS by the Department of Health for any agent operating on their behalf who is making a patient intervention. The Authority had already instigated a work stream to complete EDBS checks for all operational staff prior to the decision to engage in co-responding.
10. It is anticipated that between 3 and 4 stations per month will be ready to start responding to Red 1 calls from February onwards, subject to the successful completion of FPOS training and EDBS checks being carried out. It is therefore anticipated that all stations will be co-responding prior to the conclusion of the trial period.

Equipment & PPE

11. All fire appliances are equipped with trauma packs which include general first aid items plus enhanced equipment such as an automated external defibrillator, oropharyngeal airways, suction device, C-Spine collars and oxygen delivery equipment. NWS have confirmed that the equipment within the MFRA trauma

pack is suitable for use at co-responder incidents. Agreement has been reached with NWAS, that when single use consumable items of equipment are used by MFRA crews when attending co-responding incidents, NWAS will replace all consumables on a one for one basis at no cost to the Authority.

12. The Authority's standard issue working rig for firefighters which is worn under PPE when responding to fire calls is considered appropriate for use when co-responding, although this will be kept under review during the trial. Nitrile examination gloves and eye protection should be worn at all times when providing medical assistance, both of which are included as part of the personal issue PIC (personal infection control) packs.

Predicted Mobilisations

13. MFRA have been provided with 3 years of data by NWAS. This data details the number and location of previous RED1 one incidents. The data has been analysed using MFRA incident response modelling software to provide a predicted impact assessment of how co-responding will affect MFRA's overall emergency response performance to life risk FRS incidents.
14. Data analysis indicates that if MFRA appliances responded to every RED 1 call received by NWAS it would total (on average) 7 per day. The overall impact upon our current attendance to life risk incidents would be a reduction of 1.4% from the current 95.4% within 10 minutes to 94% within 10 minutes. Members will be aware that the current response standard for MFRA requires attendance to life risk incidents within 10 minutes on 90% of occasions. In terms of actual attendance times this would lead to a predicted actual attendance time of 6.3 minutes (on average) from a current 6.1 minutes including call handling and it assumes that a fire appliance would spend 28 minutes on average at each RED 1 call.
15. MFRA appliances will be included as part of a pre-determined attendance to RED 1 calls received by NWAS in the Merseyside area. Emergency calls will be directed into Fire Control via existing phone line facilities and will include address and basic casualty details. This information will be used to create a co-responding incident within the Authority's mobilising system by Fire Control.
16. In the event that MFRS are experiencing high levels of activity the RED 1 call can be declined by Fire Control in order to maintain operational fire cover. NWAS will mobilise their RED 1 PDA irrespective of any MFRA attendance and importantly this attendance will not be re directed regardless of MFRA attendance.
17. The trial will provide an opportunity to test the practical application of co-responding from MFRA's perspective, and also test the communication channels between MFRA and NWAS. It will also more importantly evaluate the benefits of MFRA attendance to cardiac arrests on patient outcomes.

Risk Management

18. Risk assessments covering MFRA operational activities and safe systems of work are already in place and are suitable for crews attending co-responding calls. An activity specific risk assessment has been carried out and quality assured by the Health & Safety Department.
19. Currently there are no requirements for MFRA staff to be immunised for any work related tasks. As a result of this trial an evaluation of the Authority's current position on immunisation has been undertaken by officers and in conjunction with our Consultant Occupational Physician. The conclusion is that a Hepatitis B immunisation is not a requirement, as our current control measures mitigate any potential risks. However following consultation with representative bodies the Authority has agreed to provide immunisation against Hepatitis B to any members of operational staff who may request it.

Consultation

20. Consultation with staff representative bodies has been extensive including numerous joint station visits undertaken by officers, NWS colleagues and representative bodies from both organisations. A joint frequently asked questions document has been provided for our staff and updated frequently, following meetings between senior service managers, NWS managers, the FBU, the FOA and NWS representative bodies (UNISON and UNITE).

Equality and Diversity Implications

21. This report does not have any direct impact on the MFRA response to any one within 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) and this must be seen as 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 SI has been discussed with the Diversity and Consultation Manager through the EIA process.
22. An interim equality Impact Assessment has been completed and is attached at Appendix C

Staff Implications

23. Extensive consultation and communication has taken place with staff.
24. All staff will, prior to co-responding, have received training to ensure they are able to respond to cardiac arrest incidents as a co-responder.
25. The Service has invested in advanced and specialised training aids which assist with skills development and assessment of basic life support and CPR.

Legal Implications

26. The memorandum of understanding between MFRA and NWS has been jointly agreed by the MFRA legal department and NWS and has been signed off.
27. The MFRA legal team has confirmed that the Authorities existing indemnity provides cover for this activity for operational members of staff.
28. The Authorities insurers have confirmed that the activity that will be undertaken as part of a co-responding call is covered by the existing insurance policy.

Financial Implications & Value for Money

29. The Service originally had planned to complete FPOS training over a 3 year period, however the requirement for all firefighters to undertake FPOS training to partake in the trial has necessitated some costs being brought forward from future planned training budgets. As this is existing planned expenditure it can be contained within existing planned training budgets. The total cost of FPOS training will be approximately £180k
30. In the event that all operational members of staff take up the option of being vaccinated against Hepatitis B the total cost would be £50,500. The current uptake from staff stands at 171 which will cost £17,271.
31. The cost of EDBS checks and yearly updates is currently £40,584.
32. For the purposes of the trial there are no plans to seek financial remuneration from the NWS. NWS will however replace consumable items of first aid equipment following incidents.

Risk Management, Health & Safety, and Environmental Implications

33. Contained within paragraphs 18,19,25,26.

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

34. 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.
35. This initiative between MFRA and NWS will provide the public of Merseyside with the best possible service and aims to improve survivability rates for out of hospital cardiac arrest.

BACKGROUND PAPERS

GLOSSARY OF TERMS

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| SMG: | Strategic Management Group |
| MFRA: | Merseyside Fire & Rescue Authority |
| IRS: | Incident Recording System |
| FRS: | Fire & Rescue Service |
| Learnpro: | The services e learning platform |
| FPOS: | First Person on Scene (first aid and resuscitation training) |
| EDBS: | Enhanced disclosure & barring check |
| CPR: | Cardio Pulmonary Resuscitation |
| NWAS: | Northwest Ambulance Service |
| PIC Packs: | Personal Infection Control packs, issued to all staff as a control measure for use when casualty handling. |
| RED 1 Call: | NWAS highest call category. |