



**NOTTINGHAMSHIRE AND CITY OF NOTTINGHAM
FIRE AND RESCUE AUTHORITY**

COMMUNITY SAFETY COMMITTEE

MINUTES of the meeting held at Fire and Rescue Service Headquarters, Bestwood Lodge, Arnold, Nottingham, NG5 8PD on 24 March 2017 from 10.03 am - 11.15 am

Membership

Present

Councillor Eunice Campbell (Chair)
Councillor Roger Jackson
Councillor Dave Liversidge
Councillor Patience Uloma Ifediora

Absent

Councillor Ken Rigby
Councillor Sybil Fielding

Councillor Brian Grocock (Substitute for Councillor Sybil Fielding)

Colleagues, partners and others in attendance:

Wayne Bowcock	- Deputy Chief Fire Officer
Catherine Ziane-Pryor	- Governance Officer

15 APOLOGIES FOR ABSENCE

Councillor Ken Rigby – personal
Councillor Sybil Fielding - personal (Councillor Brian Grocock substituting)

16 DECLARATIONS OF INTERESTS

None.

17 MINUTES

The minutes of the meeting held on 13 January 2017, were confirmed as a true and correct record and were signed by the Chair.

18 EMERGENCY FIRST RESPONDER WHOLETIME TRIAL SUMMARY

Wayne Bowcock, Deputy Chief Fire Officer, presented the item which updates members on the Emergency First Responder (EFR) Wholetime Trial.

Whilst co-responding has been taking place with East Midlands's Ambulance Service (EMAS) for 15 years, the recent trial reported to members was limited to retained stations at Harworth and initially Newark (since moved from Newark to Collingham) and will continue to operate.

Prior to this most recent trial, by agreement with EMAS Carlton, Worksop and Edwinstowe stations were selected as the most appropriate locations, Carlton being important due to its proximity to the City, Edwinstowe and Worksop due to their strategic locations and rurality. The FBU supports the 3 month trial and as this is not a contractual duty, volunteers were sought from the crews at these stations.

100% of crews at Carlton and Edwinstowe volunteered, 25% of crews at Worksop volunteered with the remainder indicating interest in first responding dependant on the outcome of national union negotiations.

During the 3 month trial, a total of 676 potentially life threatening incidents which were classed as either 'Red 1', which includes cardiac arrest, and 'Red 2', which includes breathing difficulty, fitting and choking, were attended.

Crews don't attend all Red 1 and Red 2 calls as they are not trained to the same level as paramedics and do not carry the same equipment. Every time a crew were called out to an Red 1 or R2 incident, ambulances or paramedics were also dispatched to the scene. EMAS referred calls to Fire Control who then dispatched fire appliances, 50% of which arrived on scene first, with crews taking action at 76% of attendances and staying in attendance for an average of 40 minutes.

Whilst attending the 676 EFR incidents there were only 7 simultaneous Fire and Rescue related incidents, none of which were life risk calls. When this happened, the same procedure was applied by the Control Centre as if the crew were already attending a Fire and Rescue incident in that the next nearest available appliance was dispatched. During the trial, out of 676 attendances there were 19 fatalities but 5 incidents of 'return of spontaneous circulation' this is where the early intervention by medically trained people returns unaided breathing and pulse to someone who will otherwise die. There are also other examples where lives were directly saved e.g. choking.

In addition to collecting the required statistics and assessments for the trial, all crew members undertook a welfare interview following attendance at fatal EFR incidents as the circumstances of attending a casualty, often in their own home and with family and friends around them, is very personal and different to responding to a Fire and Rescue incident where the scenes are controlled and managed, particularly as fatalities are more common. Crews are able to decline EFR call-outs if they have attended a disturbing incident or have been very busy and need a brief time to prepare for further activity e.g. training

Overall it is generally believed that the trial worked well and EFR is worthwhile, has a positive impact for citizens and is rewarding for crew members. One issue which needs to be addressed on a broader scale is the misreporting of conditions. This is recognised by the Ambulance Control Centre which is duty bound to respond to calls reporting specific symptoms. It is a concern that some care homes claim that the patient has conditions for which an ambulance must be sent, to enable their patient to be taken to hospital for what is non-urgent care. Ambulance response categories will be changing in the near future and

it is likely that this will help with appropriate call classification and therefore use of the Fire Service for EFR calls.

Crews have generally been welcomed by people needing assistance, there were a small number of occasions where people stated that they had requested an ambulance. Examples of appreciation include gifts and letters to some crews and stations attending EFR incidents.

70% of crew members involved responded in a survey to say that they believed that the Service should continue with EFR as it makes a positive difference it adds to job satisfaction.

Crews involved and the FBU have agreed with the proposal for the trial to be extended until November 2017 while the negotiation on the longer term future of EFR continues at a national level. However, NFRS negotiations with the Ambulance Service need to take place to ensure that funding is made available. The cost to EMAS during the trial averaged £7 per call-out but this is not cost neutral to the NFRS.

Once the outcome of national negotiations is known, if agreed that EFR can be rolled out, subject to Fire and Rescue Authority approval, it will become part of the Fire and Rescue Service duties and a report will be submitted to the Fire and Rescue Authority.

Other trials across the country have also taken place by local arrangement. This means that there is no set standard, but a single standard of operation, in certain aspects of EFR, would be beneficial if the arrangement were to become permanent.

If a permanent agreement is reached, a media and marketing campaign would be launched to inform the public of the Fire Service's role in EFR.

Members of the Committee commented as follows:

- (a) EFR provides fantastic outcome for citizens and it's pleasing that crews are keen to be involved on a voluntary basis;
- (b) as long as call outs are appropriate and sufficient funds provided by EMAS, EFR appears to be efficient and beneficial to citizens;
- (c) there are concerns that EMAS may try to off load some of their issues, including cost implications, to NFRS;
- (d) the increased activity (particularly at Collingham Station where there are an average 50-70 call-outs per year but 76 EFR incidents were received during an 8 week period) results in more efficient use of NFRS resources and a higher public profile, both of which will help support the Service going forward;
- (e) it's important that the Service can continue with this welcome initiative to ensure that stations and crews remain active and therefore viable;

- (f) there are also to be stronger connections with the Police but too much integration with other specialised services could completely reconfigure the Fire and Rescue Service and that would not be desirable;
- (g) citizens need to be better informed and understand what the Fire and Rescue Service are doing, even at this point;
- (h) collaboration of emergency services is important, but so too are the financial considerations.

Wayne Bowcock responded to councillor's questions as follows:

- (i) ambulances are already allocated space and a charging points at 8 fire stations and there is a proposal for EMAS to share Police Station space at Newark, but this is yet to be confirmed;
- (j) Lincolnshire Ambulance Service are evaluating a Joint Ambulance Retained Service where fire crew will respond in an ambulance which will enable only a paramedic to be attend the scene, not another ambulance. The circumstances of ambulance use and availability is very different to Nottinghamshire as patients requiring hospitalisation may be taken by ambulance quite some distance to the North of the county and therefore those ambulances are unavailable to attend other incidents.

Members of the FBU requested and were invited to circulate a report commissioned from Hertfordshire University by the FBU on EFR. The report considered the survival rate of patients when Fire and Rescue Services attended EFR incidents and showed that the Fire Service attended 'Red 1' incidents within an average of 6 minutes which is far quicker than ambulances and therefore beneficial to citizens.

RESOLVED

- (1) to note the report;**
- (2) for verbal updates to be presented to the Committee as they become available;**
for a further report to be submitted to the Committee in 6 months' time or when national negotiations on EFR are concluded.

19 SERVICE DELIVERY PERFORMANCE

Wayne Bowcock, Deputy Chief Fire Officer, presented the item which updates members on the performance of Service Delivery between 1 December 2016 and 31 January 2017.

The following figures were highlighted with further, more detailed information, including retained availability, available within the report:

- (i) 1950 incidents were attended which is an increase of 476 during the same period in the previous year;

- (ii) this included:
 - 90 accidental dwelling fires;
 - 110 deliberate secondary fires;
 - 4 fatalities;
 - 7 reported casualties;
 - 843 special service calls (SSC), including
 - 96 road traffic collisions (RTCs)
 - 560 emergency first responding incidents assisting East Midlands Ambulance Service
- (iii) retained availability during January averaged 90% with Retford Station crews achieving 99.8%. It is noted that low availability can be a reflection of a rural community where retained fire fighters have to travel away from their immediate community to work;
- (iv) there were 32 incidents of interest during December and 26 during January;
- (v) exercise planning includes on-going programmes but also exercises to prepare for specific circumstances following actual problems and even deaths whilst attending incidents.

RESOLVED to note the performance update.