

Nottinghamshire and City of Nottingham Fire and Rescue Authority Community Safety Committee

EMERGENCY FIRST RESPONDER WHOLETIME TRIAL SUMMARY

Report of the Chief Fire Officer

Date: 24 March 2017

Purpose of Report:

To update Members on the wholetime emergency first responder trial.

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1. BACKGROUND

- 1.1 Emergency first responding (EFR) is the attendance of fire service personnel at medical incidents in support of emergency calls to the ambulance service. The close proximity of fire crews to some incidents allows them to attend the emergency prior to the arrival of the ambulance service, allowing life-saving intervention, or stabilisation of a patient, to occur as soon as possible.
- 1.2 The EFR trial saw crews attend 'Red 1' and 'Red 2' incidents. These are incidents that are categorised as 'critical to life' such as cardiac arrest, difficulty breathing, chest pains or serious bleeding.
- 1.3 Members will be aware, from the paper presented to the Community Safety Committee in January 2017 that three wholetime duty system (WDS) stations had undertaken EFR duties for a period of three months, as part of the National Joint Council (NJC) trial. These stations were Carlton, Worksop and Edwinstowe.
- 1.4 This was in addition to the two retained duty system (RDS) stations, Newark and Harworth, who had been undertaking this role since April 2015, as part of the NJC trial.
- 1.5 The trials within the WDS and RDS have been undertaken on a voluntary basis with full representative body inclusion and compliance with the NJC trial.

2. REPORT

- 2.1 Since the start of the trial, the wholetime crews have attended 676 EFR incidents, of which 62 were classified as the more serious 'Red 1' category; a category that includes patients in cardiac arrest, where every second counts towards the patient's chances of survival.
- 2.2 Of these calls, Carlton attended 341 incidents, Edwinstowe attended 266 and Worksop (where only one watch is taking part in the trial) attended 69.
- 2.3 Crews attended incidents in the same format as any other emergency call, with the call from East Midlands Ambulance Service (EMAS) going to Fire Control who then mobilised crews to the incident. Crews, once alerted by Control, have taken an average of six minutes to attend the incident address.
- 2.4 Nottinghamshire Fire and Rescue Service (NFRS) was first on scene at 387 incidents and were detained at the scene of these incidents for an average of just under 40 minutes.
- 2.5 EMAS has a target of attending 75% of 'Red 1' and 'Red 2' calls within eight minutes and NFRS has met this target at 297 of the incidents (76.7%).

- 2.6 During the three months of the trial, the Service reported seven incidents where an appliance was committed to an EFR incident and may have been the nearest appliance to a simultaneous call which was reported to Fire Control if it had been available at its home station. None of these incidents were 'life risk' incidents. All seven incidents were handled in accordance with existing protocols for simultaneous demand.
- 2.7 Crews attended 19 EFR incidents involving fatalities during the trial. The welfare of crews has been monitored through monthly meetings with Occupational Health, Officer welfare calls and visits, monitoring of exposure to incidents involving fatalities and establishing notifications to managers for all incidents involving fatalities and incidents where cardio pulmonary resuscitation (CPR) has been given by crews.
- 2.8 NFRS crews carried out action at 76% of incidents during the trial, however Carlton crews were only required at 60% of the incidents they attended. This was due to the actual emergency differing from that which was initially reported to EMAS control.
- 2.9 There were five incidents reported where patients refused treatment from crews and one report was submitted during the trial reporting verbal abuse being received by a crew.
- 2.10 During the trial, crews have recorded five 'return of spontaneous circulation' at incidents. This is deemed to be the highest level of medical success in acute, pre-hospital emergencies. There have also been a number of incidents where crews saved people from chocking, swallowing their tongue and suffocating; undoubtedly the trial has saved lives.
- 2.11 Crews, and the Service, have received a number of cards and letters of thanks from patients and their families, including gifts and donations to The Fire Fighters Charity. One such letter has been sent to the Chief Fire Officer, Chief Executive of EMAS, local MP, Chair of the Parish Council and the Fire Brigades Union (FBU) General Secretary, Matt Wrack, for the attendance and intervention of NFRS crews.
- 2.12 Crews have reported the benefits of increased activity levels and the increased opportunities for operational 'blue-light' driving, exposure to medical incidents and working with EMAS colleagues, as well as the additional medical skills being used at non-EFR incidents.
- 2.13 A survey was circulated to all personnel taking part in the trial to gauge opinion of a number of factors relating to the trial.
- 2.14 63% of respondents reported that the introduction of EFR had had a positive effect on their working day and 60% reporting a positive effect on their job satisfaction. The majority of personnel highlighted how they felt that the trial had had a positive effect on their community with personnel highlighting both positive and negative responses from members of the public when a fire appliance arrives.

- 2.15 In total, 70% of respondents reported that they would like to see EFR continue. Of the 30% who reported that they would not, a number stated that they would support the continuation of EFR if changes were made to how it was delivered and the incidents which were attended (for example, not attending mis-diagnosed incidents).
- 2.16 The attendance at EFR incidents has seen an increase in the number of safeguarding referrals through the Service, and associated work in the Community Safety Team. There have also been a number of home safety checks referred to the Service and carried out at EFR incidents, where appropriate.
- 2.17 In January, the decision was taken to relocate one of the retained EFR trials from Newark to Collingham due to a lack of availability at Newark. This has seen Collingham crews maintain near 24/7 availability since 22 January, and attend over 50 EFR incidents in six weeks.
- 2.18 The WDS trial stopped on 17 February 2017 as originally scheduled. This has enabled the Service to compile this evaluation feedback, ensure it is passed on to the NJC trial nationally and take steps to improve the practice of EFR for future engagement by reviewing the operational procedures and equipment associated with it.
- 2.19 The national position in relation to EFR is still under negotiation as currently, the role does not fall within the fire fighter role map (contract of employment). NFRS is awaiting the conclusion of these negotiations in order to advise Members on the future of EFR.
- 2.20 Following recent NJC negotiations, the FBU have scheduled a recall conference for 21 March 2017 during which the future of EFR will be debated. Service management will await the outcome of any decisions reached by the recall conference to inform Members of the options in relation to WDS EFR within Nottinghamshire.
- 2.21 The RDS trial is separate from, and not affected by, the cessation of the WDS trial and continues at this time.

3. FINANCIAL IMPLICATIONS

- 3.1 The use of wholetime personnel for the EFR trial saw an increase in unplanned overtime and 'spoilt meal' expenditure of just over £2000 in the three months of the trial.
- 3.2 The agreed memorandum of understanding with EMAS outlined a single payment of £5,000 to cover the cost of the three month trial. EMAS also provided all associated equipment for the trial.

4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS

- 4.1 A voluntary approach to engagement with the trial was taken with personnel. This led to three of the four watches at Worksop declining to take part in the EFR trial.
- 4.2 The national NJC trial has been extended until 21 March 2017, pending a recall FBU conference where a decision will be taken on whether to extend participation in the national NJC trial.
- 4.3 The training required to undertake the EFR role was provided by the Service's trainers and has been adopted as part of an 'up-skill' in medical skills that all operational personnel will receive in 2017.
- 4.4 Additional monitoring and support was put in place for crews in relation to the increased number of incidents involving fatalities that are being attended.

5. EQUALITIES IMPLICATIONS

An equality impact assessment was undertaken and the assessment highlighted the beneficial impact to particularly vulnerable and rural communities who may benefit from the earlier attendance of emergency care.

6. CRIME AND DISORDER IMPLICATIONS

There are no specific crime and disorder implications arising from this report.

7. LEGAL IMPLICATIONS

- 7.1 There are no specific legal implications arising from this report.
- 7.2 Collaboration with EMAS may assist in satisfying the requirement for collaboration from the Police and Crime Bill 2017.

8. RISK MANAGEMENT IMPLICATIONS

There may be a corporate reputational risk from the withdrawal of EFR response to local communities, however this will be proactively managed through close liaison with media outlets to highlight the reasoning for the withdrawal of this provision.

9. COLLABORATION IMPLICATIONS

- 9.1 The EFR trial has seen NFRS collaborating with East Midlands Ambulance Service in the provision of immediate emergency care to people within our communities.
- 9.2 The EFR trial has been delivered in collaboration with other fire and rescue services in the East Midlands through sharing of resources, training and guidance in order to increase efficiency of the project and enhance community outcomes.

10. RECOMMENDATIONS

That Members note the contents of this report and agree to receive a further update following the outcome of national negotiations.

11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

None.

John Buckley
CHIEF FIRE OFFICER