

CO- RESPONDING

REPORT OF CHIEF FIRE OFFICER



For Approval

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to enable the elected members of the Cleveland Fire Authority to consider the development of a Memorandum of Understanding (MOU) with North East Ambulance Service (NEAS) to re-introduce EMR / Co-responding, on a voluntary basis, in East Cleveland.

2. RECOMMENDATIONS

- 2.1 Cleveland Fire Authority elected members are requested to:
- Note the contents of the report
 - Support the reinstatement of the co-responding in East Cleveland
 - Approve the attached draft Memorandum of Understanding between North East Ambulance Service, NHS Foundation Trust and Cleveland Fire Brigade

3. INTRODUCTION

- 3.1 The Ambulance Service has the statutory responsibility in England for pre-hospital emergency patient care. Traditionally it was the sole organisation responding to such emergency calls. However, Government has encouraged other agencies and volunteer groups to work with ambulance in this area, especially in rural communities.
- 3.2 In recent years there has been consideration of encouraging a closer working relationship between the blue light services including, for example, the work of the Joint Emergency Services Interoperability Programme (JESIP). More recently, the Government in England implemented a duty for emergency services to collaborate through the Policing and Crime Act 2017.
- 3.3 Historically, pre-2017, the Fire and Rescue Service considered emergency medical response (EMR) as a viable form of collaboration, with substantial potential benefits across the UK. There was and remains a consensus and a degree of logic to extending the existing role for the fire and rescue service (FRS) in the delivery of health care.

- 3.4 For many years Cleveland Fire Brigade has operated a co-responding scheme or an emergency medical response from our community on-call fire stations in East Cleveland. This joint emergency medical response service with our partners at the North East Ambulance Service (NEAS) complement our professional health care colleagues by playing a supporting role in out-of-hospital emergency medical care.
- 3.5 Since the COVID pandemic, NEAS paused the service delivery of co-responder schemes in East Cleveland while they undertook a review.
- 3.6 Recognising the high levels of demand which severely test the NHS and Ambulance Service capacity and resilience has led to enhanced collaborative working with local fire and rescue services. Like many fire and rescue services, Cleveland Fire Brigade are now able to support the health and social care sector, and specifically NEAS with an attendance at out-of-hospital cardiac arrest cases when Brigade's capacity and capability allows.
- 3.7 This MOU actions and supports that arrangement.

4. CO-RESPONDING

- 4.1 *Co-responding* is defined as a response to a medical emergency by Fire & Rescue Services using trained personnel (and by other emergency services such as police and armed forces likewise), at the request of Ambulance Services.

5. BACKGROUND

- 5.1 Historically, the issue of the Fire and Rescue Service supporting the Ambulance Service and Health Sector with emergency medical response to immediate life-threatening incidents has been the subject of various research projects, government reviews and national trials. Below is a chronology and synopsis of that work.
- 5.2 **2006**, a parliamentary Select Committee Report on the Fire and Rescue Service recommended the development of a national co-response protocol to encourage the two emergency services to pursue co-responder schemes.
- 5.3 **2008**, Department of Communities and Local Government (DCLG) commissioned ORH Ltd to undertake a research project to gather, analyse and present information on co-responding, trauma care and community first responding, including information on the current co-responding equipment being employed both inside and outside of the FRS. In addition, the research will consider the various funding arrangements between Ambulance Service NHS Trusts and FRS's for call outs.
- 5.4 **2009**, the research project concluded providing information relating to:
- Assets currently held by, used and available to co-responders
 - The nature and scope of agreements held by co-responders with Ambulance Trusts together with information on other signatories to such agreements
 - Deployment history and procedures

- Issues concerning clinical governance of co-responders
- Funding arrangements and the associated costs of co-responding
- Training needs for co-responding, particularly in comparison to the training needs for time-critical advanced first aid
- Additional equipment, components, training and practices to develop and enhance FRS co-responding good practice where shortfalls may exist.

5.5 **2010**, DCLG were at the stage to progress the development of a national co-response protocol by establishing a cross functional working group.

5.6 **Since 2010** and the change of personnel within Government Departments (DCLG/DoH) and a change of Government, the appetite to pursue the matter dissipated.

5.7 **2015**, in July 2015, of the nationwide Emergency Medical Response trial¹ provided a further opportunity for the Fire and Rescue Service to demonstrate its wider role in saving more lives and enhancing its value and reputation to local communities.

5.8 The nationwide Emergency Medical Response trial of 38 approved schemes operating in 36 fire services has provided unequivocally evidence that there are new collaborative opportunities for the Fire and Rescue Service (FRS) to support the health and social care sector in general and the Ambulance Service in particular.

5.9 **2016**, the Association of Ambulance Chief Executives (AACE) and NFCC (formerly CFA) signed a Consensus Statement on Saving Lives and Improving Health and Wellbeing

5.10 **2017**, the published independent evaluation report by the University of Hertfordshire, entitled *“Broadening Responsibilities: Consideration of the Potential to Broaden the Role of Uniformed Fire Service Employees”*, underpins the local evidence from GMC and other fire and rescue services and concludes that:

- Appropriately trained and equipped firefighters co-responding to targeted, specific time-critical medical events, such as cardiac arrest, can improve patient survival rates.
- Given that firefighters generally are highly trained for rapid intervention, expanding their role to include serious medical emergencies looks likely to be in the public interest.
- The evidence showed that the fire and rescue service are able to reach incidents as a whole before ambulance services in 62% of cases and, in time-critical incidents, such as cardiac arrests, they arrive sooner than ambulances in 93% of cases. The speed with which the fire service can respond to such a call is key to potentially improving survival probability and life expectancy.

¹ The Fire and Rescue Service (FRS) is not funded to provide response to medical emergencies, however it is already carried out in some FRSs by employees on a voluntary basis. The trial is part of a review of the terms and conditions of firefighters by the National Joint Council for Local Authority Fire and Rescue Services, looking at the current and future demands on the service and profession.

- From a cost benefit perspective, the economic evaluation concluded that the benefits of firefighters carrying out co-responding are substantially greater than the costs, with a return on investment of between £5.67 and £14.40 per £1 invested.
- There are a number of areas where, not unsurprisingly given these are trials, further consideration or work may need to be undertaken for example mental wellbeing support, training above the minimum level set for the trials in order to meet the potential demands of a broader range of medical incidents, mobilisation, data collection and sharing of best practice.
- The potential to expand wider work in prevention such as slips, trips and falls; dementia awareness; and other activities should continue to be explored.

- 5.11 **2020/21**, the pandemic was a huge challenge for all emergency services, and the HMICFRS highlighted how fire and rescue services continued to respond to fires and other emergencies, while also supporting communities through one of the most difficult periods in our country's history. Most FRSs were involved in proactive work from driving ambulances and joining multi-agency teams responding to deaths in the community, to delivering food and medicines to the most vulnerable which provided untold community benefit.
- 5.12 **2022**, the LGA Employers (England) and the NFCC publish their strategic direction for the Fire and Rescue Service entitled "Fit for the Future". To reflect the changing societal environment, risks and demands a key ambition was to protect the most vulnerable people in our communities, tackling health inequalities that put their wellbeing at risk including responding to urgent medical emergencies, such as heart attacks, in advance of the ambulance service.
- 5.13 In addition, recent high levels of demand have severely tested the NHS and Ambulance Service capacity and resilience have led to enhanced collaborative working with local fire and rescue services. Many fire and rescue services now support the health and social care sector, and specifically the ambulance service when demand is high and when fire service capacity and capability allows. Recognition of this cross-sector collaborative working has instigated high level discussions between the Home Office and the Department for Health and Social Care. Ministerial support for enhanced collaboration between the fire and ambulance services is high.
- 5.14 National progress has been slow, with uncertainties over funding and with long-standing opposition from the Fire Brigades Union to the implications of co-responding on issues such as the contractual obligations, funding, training, liability and workload of their members. This FBU opposition culminated in 2006 in a High Court decision, confirmed on appeal in February 2007, that a Fire Service has no right to compel a fire officer to participate in co-responding schemes.
Consequently, Fire and Rescue Service involvement in co-responding remains a voluntary activity.

6. MEMORANDUM OF UNDERSTANDING (MOU)

- 6.1 The basis of the MOU (**attached at Appendix 1**) is that Cleveland Fire Brigade will deliver emergency medical services or support ambulance crews on scene in accordance with the Agreement, however, for the avoidance of doubt, the Brigade does not guarantee the availability of co-responders to deliver the service.

- 6.2 The emergency service will initially operate for a six-month pilot period and cover the following medical scenarios:
- Cardiac arrest (over 16 years old only)
 - Maintenance of a patient's airway
 - Oxygen therapy including assisted ventilation.
 - Cardio-pulmonary resuscitation (CPR)
 - Defibrillation using a semi-automatic AED
- 6.3 The MOU covers the arrangements necessary to carry out the emergency response service including:
- Training – annual training in Basic Life Support (BLS) and the use of Automate External Defibrillators (AEDs)
 - Equipment – NEAS shall provide the replacements for all consumable items
 - Vehicles – CFB will provide the emergency response vehicles
 - Finance – NEAS will provide funding on a cost recovery basis
 - Governance - NEAS will provide a governance review on a quarterly basis on matters including training, DBS compliance, incident attendance, patient records, etc.
 - Indemnity and Insurance – both parties maintain appropriate insurance arrangements
- 6.4 **Scheme Benefits**
- The proposal for CFB's involvement in Out-of-hospital Cardiac Arrest (OHCA) and Emergency Medical Response (EMR) in East Cleveland in support of NEAS and the wider community has a number of benefits:
- It offers the opportunity to contribute to transformation and service redesign as part of the Government's wider fire and rescue sector reform
 - It provides the UK FRSs with options to contribute to wider community resilience, improving patient outcomes and reducing inequalities in society
 - It enhances and further maximises on the role of the firefighter
 - It provides the UKFRS with an opportunity to link-in emergency response aspect with wider prevention and protection agenda beyond that of building safety

7. CONSULTATION

- 7.1 The implementation of the MOU is subject to consultation and engagement with staff in East Cleveland and discussion the recognised Representative Body (FBU) to reach a formalised agreement.
- 7.2 An indicative implementation for the proposed Co-responding Scheme is to be confirmed and will be subject to the above consultation.

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