



COMBINED FIRE AUTHORITY

17 JULY 2018

EMERGENCY MEDICAL RESPONSE UPDATE

REPORT OF HEAD OF COMMUNITY RISK MANAGEMENT

PURPOSE OF REPORT

1. To provide members with an update on the Service position with emergency medical response (EMR).

BACKGROUND

2. In 2015 the National Joint Council (NJC) for Local Authority Fire and Rescue Services requested Fire and Rescue Services to take part in a trial with Ambulance Services to provide EMR. This trial was linked to negotiations within the NJC on broadening the role of a firefighter and pay negotiations.
3. The Service took part in the trial and EMR commenced at Consett, Seaham and Darlington stations on 11 January 2016, at Stanhope utilising the Community Safety Responders (CSRs) from 7 March 2016 and following an extension of the trial, at Barnard Castle and Middleton-in-Teesdale from 1 December 2016.
4. In October 2016, the Service was successful in securing funding from the Systems Resilience Group (SRG, now known as Local Accident and Emergency Delivery Boards or LADB) to cover the costs of the extension of the trial from July 2016. This funding was fully utilised by August 2017.
5. On 13 September 2017, the Fire Brigades Union (FBU) Executive Council met to discuss the outcomes of their member consultation in relation to a pay offer, following which they rejected the pay offer and issued a circular to their members instructing them to cease the EMR trial from the commencement of day shift work (07:00 hrs) on Monday 18 September 2017.
6. On 14 September, the Employers side confirmed the FBU rejection of the pay offer and the withdrawal of FBU support for the EMR trials, however, they noted that negotiations were to continue.

CURRENT SERVICE POSITION WITH EMR

7. CSRs at Stanhope have continued to deliver EMR, as this is part of their job description. For all other personnel, any continuation of EMR outside of the NJC trial would be subject to Fire Authority approval and agreement with staff to continue on a voluntary basis as this function

does not form part of their role map. The Authority have also been clear that any EMR provision should be subject to securing funding to cover costs so that the provision of EMR does not have a detrimental impact on the Service's budget.

8. Discussion has taken place with station personnel to ascertain their willingness to continue delivery of EMR on a voluntary basis, outside of the NJC trial. Personnel at Barnard Castle, Middleton-in-Teesdale, Stanhope, Sedgefield and Crook have agreed to provide EMR.
9. An additional £129,000 of funding has been secured with the support of the County Durham and Darlington LADB, however, this funding is specific to the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) area. This area covers all the stations willing to deliver EMR but any expansion into other areas, outside of DDES CCG area, would require alternative funding streams.
10. Talks have taken place with the North East Ambulance Service (NEAS) regarding funding for EMR and an agreement in principle has been reached. A memorandum of understanding (MOU), which sets out the collaborative working agreement between CDDFRS and NEAS, has been written in draft and is under discussion to agree the final detail. The main difference with the new MOU when compared to the NJC trial is the category of calls will only include cardiac arrest and peri arrest, which will significantly reduce call volumes but maintain delivery to the most life-threatening medical cases.
11. Due to the funding provided by the LADB and agreement with NEAS who provided station personnel with refresher training, Barnard Castle and Middleton-in-Teesdale stations recommenced EMR from 09:00hrs on 9 March 2018.
12. Sedgefield and Crook stations had not previously taken part in the NJC trial. These stations are currently undergoing necessary disclosure and barring service (DBS) checks prior to commencing training.

RECOMMENDATIONS

13. Members are requested to:
 - a. **note** the contents of the report.

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