

**TYNE AND WEAR FIRE AND RESCUE SERVICE****Item No 9**

SUBJECT: EMERGENCY MEDICAL RESPONSE TRIAL: TWELVE MONTH UPDATE

MEETING DATE: 20 MARCH 17

REPORT OF: CHIEF FIRE OFFICER/CHIEF EXECUTIVE (CLERK TO THE AUTHORITY)

1 INTRODUCTION

- 1.1 The purpose of this report is to update members with information relating to the Emergency Medical Response (EMR) trial, covering performance and impact upon Service resources in the first twelve months of the trial.
- 1.2 Members have received periodic updates on the progress of the EMR Trial (minute 79-2015/16 and minute 47-2016/17).
- 1.3 Data contained in this report relates to the period: Monday 11th January 2016 to Wednesday 11th January 2017.

2 BACKGROUND

- 2.1 As part of the national EMR trial TWFRS, along with Durham and Darlington Fire and Rescue Service (DDFRS), Northumberland Fire and Rescue Service (NFRS) and Cleveland Fire Brigade (CFB), are co-responding to medical emergencies along with North East Ambulance Service (NEAS).
- 2.2 After analysis of both NEAS and TWFRS incident data, Newcastle West Community Fire Station (A) was selected as the pilot station, utilising both appliances (A01 and A02), for the duration of the trial.
- 2.3 Initially the trial was for a six-month period from January 2016. This was later extended by the National Joint Council (NJC) until the end of February 2017. The trial has continued to run at Newcastle West Community Fire Station, and has been able to assess the impact of EMR on both one and two pump Community Fire Stations due to the removal of A02 on 7th October 2016 as part of our IRMP actions.



3 EMR RESPONSE

- 3.1 Before the start of the trial, crews received enhanced training from NEAS and were required to have Disclosure Barring Service (DBS) checks to enable them to respond on behalf of NEAS.
- 3.2 The trial involves fire crews responding to medical emergency incidents within an eight-minute travel time of their location, to two types of incident (categorised by NEAS):
 - **Red 1** (Respiratory/cardiac arrest) - presenting conditions which may be immediately life threatening and should receive an emergency response within eight minutes.
 - **Red 2** – All other life-threatening emergencies which should receive an emergency response within eight minutes.
- 3.3 There are a number of exemptions in the Red 1 and Red 2 categories where NEAS will not request an FRS response. Examples include patients under 16 years old and maternity / gynaecological emergencies.
- 3.4 The national EMR trial has been supported by the Fire Brigades Union (FBU) during all stages of the NJC consultation. They are aware of the contribution that firefighters can make within this innovative collaboration between public services, for the continued safety of the public both now and in the future.

4. PROGRESS UPDATE

- 4.1 During the first twelve months of the trial (Monday 11th January to Wednesday 11th January 2017) TWFRS received 1036 requests from NEAS to attend Red 1 or Red 2 incidents.
- 4.2 **Number and Location of incidents:**
 - 4.2.1 Of these 1036 requests in the first twelve months of the trial, TWFRS attended 878 incidents. 282 of these attendances were recorded as having 'no service rendered'.
 - 4.2.2 TWFRS declined to attend 20 incidents: 11 due to A01 / A02 already being in attendance at another incident (6 EMR / 5 FRS incidents), 1 due to a fault on an appliance and 3 due to the location of the incident being considered too far

away from home station. On an additional 5 occasions, TWFRS declined requests for assistance at incidents considered 'outside of the scope' of the EMR trial, that had been made in error. There were 138 occasions where TWFRS were stood down by NEAS.

- 4.2.3 Of the 1036 requests, 10% were categorised as Red 1 and 90% as Red 2. This difference may be explained due to the number and location of NEAS resources in and around the Newcastle area that are prioritised to attend Red 1 incidents. This 10:90 ratio reflects the experience of the other FRS in the region involved in the pilot.
- 4.2.4 The majority of incidents were in the trial station, and surrounding, area. Figure 1 shows the incident location of these requests. Figure 2 provides a breakdown of requests by district.

Figure 1: Location of EMR incident requests

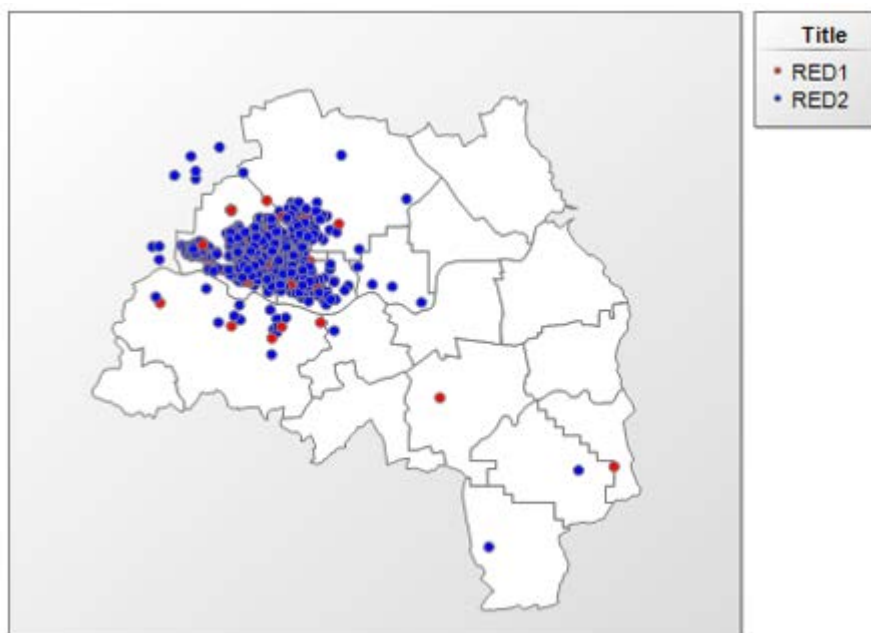




Figure 2: EMR incident requests by district

District	Requests	Attendances	Stand downs	Refusals / o/s scope
Newcastle	1003	858	127	18
Gateshead	18	10	7	1
North Tyneside	2	1	1	0
Sunderland	5	1	3	1
NFRS	8	8	0	0
Total	1036	878	138	20

4.2.5 TWFRS were asked to attend 33 incidents outside of Newcastle and the surrounding area, and accepted 30 of these requests (attending 20). This occurred where A01 / A02 were away from home station and within 8 minutes travel time of the incident location. For example, A02 attended an EMR incident in Houghton-le-Spring, Sunderland whilst on stand-by at Rainton Bridge Fire Station. TWFRS were stood down by NEAS on 11 occasions and Control declined two requests to due to location / travel time from Newcastle to Sunderland.

4.2.6 There were 868 requests within West Denton Station area, of which TWFRS attended 751 EMR incidents. This equates to 43% of all of the incidents (1729) within West Denton Station area.

4.2.7 During the first twelve months of the trial, TWFRS attended eight 'over the border' incidents in NFRS area (7 in Ponteland and 1 in Prudhoe).

4.3 Response and attendance times:

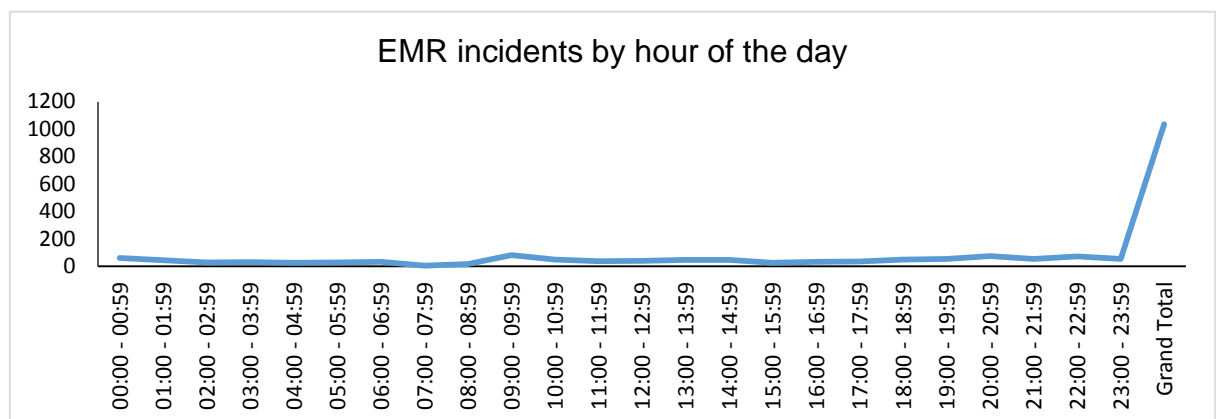
- The average TWFRS response time to an EMR incident ('time of call' to 'in attendance') is 7 minutes 4 seconds.
- There have been a small amount of incidents where response times recorded are longer, for example when further clarification of information was required from NEAS.
- The average time spent at the scene of an EMR incident by TWFRS crews is 15min 26 seconds. Crews were encouraged to take time with incident handovers to NEAS to enable learning and establish relationships with NEAS colleagues as part of the trial.

- The average time between TWFRS arriving in attendance and NEAS arriving in attendance at an EMR incident is 8 minutes 50 seconds. There have been occasions where a fire crew waited longer for NEAS to arrive, for example on one occasion waiting over 1 hour when the NEAS resource was redirected at a particularly busy time.
- On several occasions, NEAS could not provide an ETA for their resource to our Control room at time of call. This issue is addressed via the Joint Management Group.

4.4 EMR incidents by time, day and month:

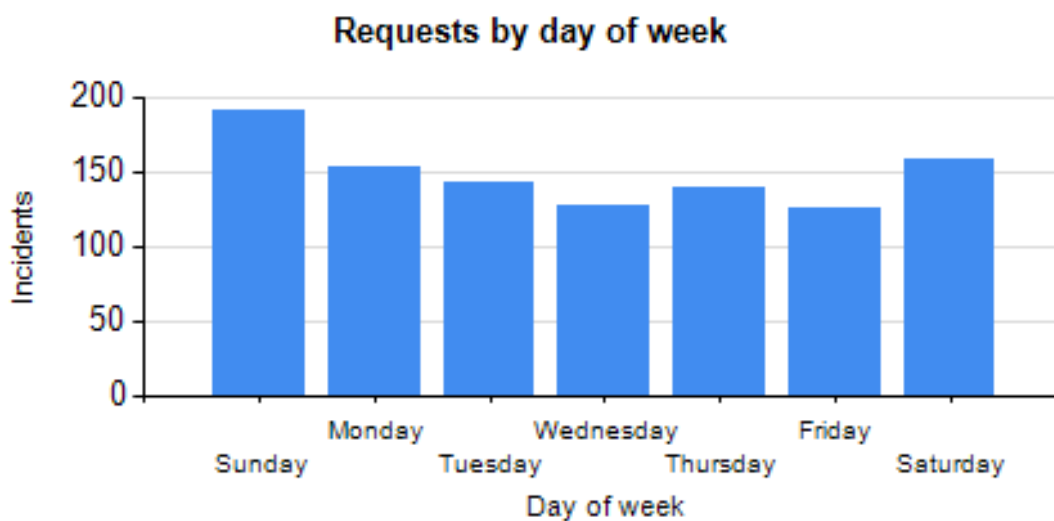
- 4.4.1 Requests for TWFRS assistance are less frequent between 0200 and 0859 hours, with peaks between 0900 and 1059 hours, 2000 and 2059 and 2200 and 2259 hours. Figure 3 below gives an hourly breakdown.

Figure 3



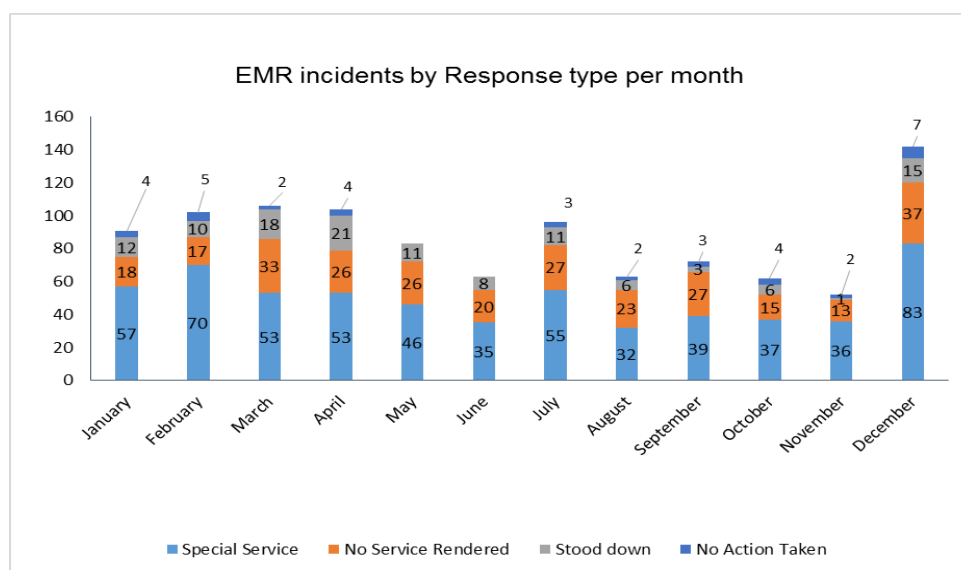
4.4.2 Figure 4 highlights Saturdays and Sundays have been the busiest days for receiving EMR requests from NEAS.

Figure 4



4.4.3 There was an increase in the number of requests during the month of December, as indicated in figure 5.

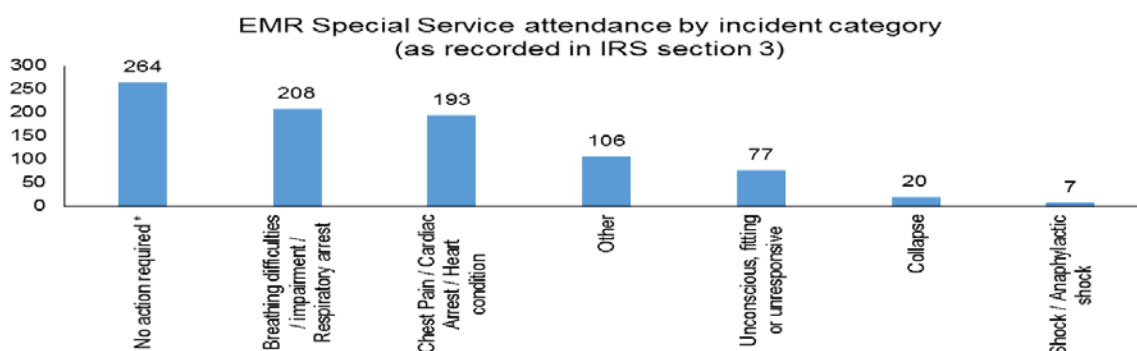
Figure 5



4.5 Types of EMR incident attended:

- 4.5.1 The majority of incidents attended, where action was taken, involved patients complaining of either 'breathing difficulties / impairment or respiratory arrest' or 'chest pain / cardiac arrest / heart condition'. Figure 6 provides a breakdown of type of medical emergency attended.

Figure 6: Types of emergency medical incident attended¹



4.6 Fatalities

- 4.6.1 There were 16 EMR incidents attended that resulted in a fatality (15 in Newcastle West (A) station area and one in Newcastle Central (C) station area).

4.7 Standbys and simultaneous incidents:

- 4.7.1 Of the 878 attendances, 163 (13%) resulted in a standby mobilisation. The vast majority of standbys were mobilised to cover attendance at a Red 2 EMR incident. The table below provides a breakdown of standbys by call sign.

Callsign	RED1	RED2	Grand Total
A01	13	144	157
A02		4	4
Y01*		2	2
Grand Total	13	150	163

¹ 'No action required' is recorded in the IRS when TWFRS attended an EMR incident where no medical intervention occurred.



**Crews from Alpha were staffing Y01 as part of the e-day staffing arrangements.*

- 4.7.2 Of the 878 occasions where a fire crew was in attendance at an EMR incident, there were 29 when a simultaneous (FRS) incident occurred within the trial station area. This represents 3% of the EMR incidents that our appliances attended during this period. Of these 29 incidents: 8 were false alarms, 18 were fires (8 primary and 10 secondary) and 3 were special service calls.
- 4.7.3 The number of injuries from accidental dwelling fires within the station area during this period reduced when compared to the 12 months prior to the trial (from 11 to 8).

5 CONCLUSION

- 5.1 The statistics indicate TWFRS have been able to meet the requirements of this trial effectively for the first 12 months, with a negligible impact upon the provision of fire cover in the West Denton and surrounding station areas. Even with the removal of A02 in October 2016, only 3% of EMR incidents occurred simultaneously with a fire call, and appropriate standby arrangements were in place. Additionally, there has been no increase in injuries from ADF in the trial station area during this time.
- 5.2 It is worth noting that the choice of station for the trial, along with staffing and fire cover arrangements that are in place, have been an important factor contributing to this result, that may not be replicated at other locations across the Service.
- 5.3 TWFRS are contributing to the national NJC evaluation, and additionally an external, regional evaluation of the EMR trial, co-ordinated by Cleveland Fire Brigade. This evaluation is being conducted by Teesside University and results are expected in early 2017.
- 5.4 A full TWFRS evaluation, collating both qualitative and quantitative evidence, is scheduled to take place following the conclusion of the trial.

6 LEGISLATIVE IMPLICATIONS

- 6.1 There are no legislative implications associated with this report.



7 FINANCIAL IMPLICATIONS

- 7.1 As previously reported to Members (minute 79-2015/16 and minute 47-2016/17), the cost of training staff to the level required by NEAS to participate in this pilot was £13,600.
- 7.2 The cost of Disclosure and Barring Service (DBS) checks was £1549.76 (32 x £48.43).
- 7.3 Full financial implications associated with the pilot will be included in the final evaluation and will need to be considered as part of any decision regarding the future of any co-responding schemes.

8 STRATEGIC PLAN LINK

- 8.1 This trial contributes to the strategic vision of creating the safest community and directly links to corporate goal one 'preventing loss of life and injuries from fire and other emergencies'.

9 EQUALITY AND FAIRNESS IMPLICATIONS

- 8.1 There are no equality and fairness implications associated with this report.

10 HEALTH AND SAFETY IMPLICATIONS

- 10.1 There are no health and safety implications in respect of this report.

11 CONSULTATION UNDERTAKEN

- 11.1 Fire crews at West Denton Community Fire Station and Control room staff were consulted about the progress of this trial throughout the first twelve months. A qualitative survey was issued at the 6 month point and this will be repeated at the end of the trial. Feedback from these activities has been considered and used to inform improvements throughout the trial period.



12 RECOMMENDATIONS

12.1 SMT is recommended to:

- a) Note the content of this report;
- b) Receive further reports as appropriate.

BACKGROUND PAPERS

The under mentioned background papers refer to the subject matter of the above report:

EMERGENCY MEDICAL RESPONSE (EMR) TRIAL: SIX MONTH UPDATE (Date TBC)