

For Publication

**Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge
Group
23 March 2017
Item No. 8**

REPORT AUTHOR: HEAD OF OPERATIONS

**SUBJECT: EFFECTING ENTRY FOR MEDICAL EMERGENCIES
PILOT RESULTS**

For further information on this Report contact: SOC Ian Evans
Strategic Operational Commander
Tel No: 01234 845028

Background Papers:

None

Implications (tick ✓):

LEGAL		FINANCIAL	
HUMAN RESOURCES		EQUALITY IMPACT	
ENVIRONMENTAL		POLICY	
CORPORATE RISK	Known	OTHER (please specify)	
	New	CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE

To provide Members of the Service Delivery Policy and Challenge Group with interim information on outcomes from the pilot of providing assistance to gain entry to premises in case of medical emergency.

RECOMMENDATION

That Members of the Service Delivery Policy and Challenge Group consider the report provided.

1. Background

- 1.1 Historically, where East of England Ambulance Service NHS Trust (EEAST) have required assistance to gain entry to premises in case of suspected medical emergency, they have contacted Bedfordshire Police (BP) for assistance, with BP staff using their statutory powers and skills to force access, allowing EEAST to enter and tend to the patient.
- 1.2 Collaboration work between EEAST, Bedfordshire Fire and Rescue Service (BFRS) and BP identified that the use of BFRS resources to assist EEAST could provide a threefold improvement to service delivery, by reducing the response time in support of EEAST staff, by removing the demand from BP for attending such incidents and by BFRS staff attending with appropriate equipment to successfully gain entry and minimise potential damage to the property.
- 1.3 BFRS has statutory powers under the Fire and Rescue Services Act 2004 to gain entry, by force if necessary, without the consent of the owner or occupier. These powers can apply to medical emergencies ('...reasonably believes an emergency of another kind to have occurred').
- 1.4 A Memorandum of Understanding between EEAST, BP and BFRS was signed under which BFRS agreed to provide EEAST with assistance to gain entry to premises for the purposes of providing emergency medical treatment for a six month trial period from 1 July 2017.
- 1.5 The pilot arrangements remain in place pending full evaluation in conjunction with the collaboration partners. This paper provides interim information on the outcomes of the pilot up to 28 February 2017 (eight months).

2. Pilot Interim Outcome Evaluation

- 2.1 Appendix 1 provides summary data on incidents attended in a series of tables taken from the BFRS incident log maintained on SharePoint for evaluation purposes. The following statistics are drawn from this data.
 - Up to 28 February 2017 BFRS received a total of 278 calls
 - BFRS attended scene on 220 occasions (Table 2)
 - BFRS was first on scene at 63 incidents (Table 2)
 - BFRS made access at 75% of incidents attended (164 of 220) (Table 3)
 - A risk to life was found to be involved on 51% of occasions (83 of 164) (Table 4)
 - BFRS effected entry without any property damage on 66% of occasions (109 of 164) (Table 5)
 - BFRS provided or assisted medical treatment on 46 occasions (Table 6)
 - Boarding up was required on 26 occasions
 - The majority of incidents attended are in the populous urban areas (Table 7)

2.2 As set out above, there were three key benefits anticipated from BFRS taking over from BP in assisting EEAST to gain entry:

1. Reduction in attendance time in support of EEAST.
2. Removing demand on BP resources.
3. More effective service with reduced level of property damage.

2.3 Whilst full evaluation with collaboration partners has not yet taken place, the statistics above appear to support the conclusion that BFRS taking on the role of effecting entry in case of medical emergencies is improving the effectiveness of emergency response to the community.

2.4 Whilst there have been no issues at the majority of incidents attended, there are a range of issues that have been identified during the trial which need to be explored with collaborative partners, these include:

- On a number of occasions there have been significant delays in the attendance of EEAST to incidents that BFRS has been requested to attend. In a small number of cases this has resulted in BFRS providing patient care for extended periods and BFRS resources being tied up at incidents.
- Delays by EEAST in requesting the attendance of BFRS to incidents
- Issues regarding call handling and passing relevant information between control centres.
- Complaints relating to boarding up services regarding the quality of service and charges.

3. Recommendation

That Members of the Service Delivery Policy and Challenge Group consider the report provided.

**STRATEGIC OPERATIONAL COMMANDER
IAN EVANS
HEAD OF OPERATIONS**

Summary Data on Incidents Attended

Table 1 – Incidents where BFRS did not attend scene

Reason for Non-attendance	Total
Access Gained Prior to FRS Arrival (Police / Ambulance)	2
BFRS Stood Down En-route	39
BFRS Stood Down Prior to Mobilisation	17
Grand Total	58

Table 2 – Emergency Service First in Attendance

Emergency Service First in Attendance	Total
Ambulance	150
Fire	63
Police	7
Grand Total	220

Table 3 - Action taken to gain access.

Action take to gain access to premises	Total
Access Gained - Ground / Flat Level	127
Access Gained via Ladder	37
No Action - Access Gained Prior to FRS Arrival (by Public)	14
No Action - Access Gained Prior to FRS Arrival (Police / Ambulance)	34
No Action - OIC Risk Assessment	8
Grand Total	220

Table 4 – Assessed level of Emergency upon gaining access

Assessed level of Emergency	Total
Risk to Life Involved	83
Minor Risk to Health and Safety	56
No Emergency	25
Grand Total	164

Table 5 – Damage caused by BFRS in Effecting Entry

Damage caused in Effecting Entry	Total
No Damage	109
Minor Damage	49
Significant Damage	6
Grand Total	164

Table 6 – Patient Treatment Provided

Patient Treatment Provided	Total
BFRS Provided Patient Care	11
EEAS Assisted by BFRS	35
None	174
Grand Total	220

Table 7 – Attendance by Station and Duty System

RDS Stations	Total	WDS Stations	Total
Ampthill RDS	7	Bedford WDS	33
Biggleswade RDS	9	Dunstable WDS	43
Harrold RDS	2	Kempston WDS	20
Leighton Buzzard RDS	7	Leighton Buzzard WDS	1
Potton RDS	2	Luton WDS	70
Sandy RDS	1	Stopsley WDS	16
Shefford RDS	6	WDS Total	183
Toddington RDS	3		
RDS Total	37		

Table 8 – Learning Points/Issues through the Pilot

Learning Points/Issues Identified	Total
None	184
Minor	27
Significant	9
Grand Total	220