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To: All Members

Date: 13 March 2017

Dear Brother/Sister

Executive Council Background Statement for Recall Conference

Please find attached a Statement agreed by the Executive Council which sets out the background to the debate at the Recall Conference on 21 March.

Best wishes.

Yours fraternally

A handwritten signature in black ink, appearing to read "M. Wrack".

Matt Wrack
General Secretary

MW/sll

Att.

A fire and rescue service for the 21st century: Our campaign for investment, professional standards and professional pay

1. Background: the FBU debate on the future of our service

Since 2010, the FBU has been campaigning against the worst cuts to our service in living memory. Alongside our campaigns at national and local level, the union has been debating how to respond to the most sustained attacks on our service in recent history. The background to this has been the austerity programme driven by Westminster governments. This has slashed funding to the fire and rescue service, leading to cuts, closures and job losses on an unprecedented scale.

At the same time, central government has imposed wage restraint on the entire public sector since 2010. The fire service employers have entirely complied with central government demands to restrict pay. The result being, that when combined with imposed increase in pension and national insurance contributions and the rise in cost of living expenses the wages of firefighters have fallen. The TUC has calculated that this policy will leave 5.4 million public sector workers even worse off in real terms by 2020.

2. Undermining emergency response – justifying cuts

Throughout this period, there has also been a sustained attempt to undermine the effectiveness of the work of firefighters including fire safety inspection and checking. In particular there have been attempts to undermine the essential emergency intervention aspect of our work. Instead of seeing **prevention, protection and intervention** as three essential and integrated strands of the work our members undertake, there has been a clear attempt to reduce the importance of **emergency intervention**. This is then used to enable local fire and rescue authorities to cut emergency response, close stations, reduce emergency cover and increase 999 response times.

3. Trends in emergency calls

Our Conference has acknowledged that over a number of years there has been a downward trend in calls to fire and other emergencies. In addition there has been a related downward trend in fire deaths and injuries. The most recent data for 2015/2016 shows an increase in both fires and fire deaths. It is unclear at this stage whether this is incidental or reflects a reversal of the trends of the past two decades.

The FBU has consistently argued that a properly integrated and professional approach should be based on risk and on improving public safety and professional standards. Nevertheless, fire and rescue authorities have continued to cut stations, numbers of firefighters, appliances, appliance availability through measures such as dual or multi-crewing, appliance capability and crew numbers.

The arguments used to justify these cuts and closures are based around a 'demand' model which treats the fire and rescue service as though it were a commercial organisation selling a commodity. In this context Integrated Risk Management Plans (IRMPs) have generally become a mechanism for managing budget reductions rather than risk.

4. FBU Conference debates

In recognition of these aspects of the attack on our pay, our conditions and our service, and taking account of the trends in fires and other emergencies, our Conference has developed an emerging strategy over several years. This is reflected in the following policies agreed by Conference:

- Executive Council Statement (2013) - *The future of the fire and rescue service.*
- Executive Council Statement (2015) - *The future of the fire and rescue service.*

- Executive Council Statement (2015) - *Firefighters and response to medical incidents.*
- Executive Council Emergency Resolution (2016) - *NJC negotiations on future work of firefighters and fire and rescue services.*

In combination they constitute a strategic approach to tackle the various challenges we face:

- Cuts, closures and worsening response times.
- The pay freeze and fall in real wages.
- The need for national professional standards to protect the safety of the public and of firefighters.
- The response of the fire and rescue service to new and emerging risks to communities.

5. National Joint Council – five work-streams

As a result of these decisions of FBU Conference the union entered into discussions with the fire service employers through the National Joint Council (NJC). These discussions, under the remit of pay and conditions attempted to address the future direction of the service, the areas of activity and the type of work firefighters might undertake in the future. These were addressed under the following areas:

- a. **Environmental challenges** – e.g. flooding, inland water safety, snow, wild fires.
- b. **Emergency medical response (EMR)** – e.g. co-responding, falls, on-site trauma care, provision of community training.
- c. **Multi agency emergency response** – e.g. MTFA, joint working, issues falling out of JESIP.
- d. **Youth and other social engagement work** – e.g. arson reduction, working with risk of offending youth groups.
- e. **Inspections and enforcement** – e.g. schools, illegal homes, crown properties, expansion of unregulated business use, related fire safety advice.

These discussions looked at areas where work had already been taken on (sometimes without agreement) and at areas which might be considered for the future. The two most difficult areas of discussion have been around multi agency working (primarily MTFA) and emergency medical response.

6. MTFA

The discussions on MTFA have considered both operational aspects as well as issues relating to pensions, compensation and other matters relating to conditions of service. Good progress has been made in relation to the operational, procedural and safety issues. The conditions of service have been far more difficult and remain unresolved. This has not been assisted by an abject lack of serious engagement from the governments across the UK. Furthermore we have seen some unhelpful developments, not least from the Home Office not recognising funding requirements and the ill-considered view that they consider such activity to be contractual, despite the fact that neither employers nor employees have argued this.

7. Emergency medical response

The EMR issue was taken forward by the various trials agreed through the NJC. The aim of these trials was to consider whether EMR (co-responding) could be an appropriate area for fire and rescue service activity. The trials were also intended to address operational issues such as training, mobilising policies, types of calls and other such matters. Information was provided to researchers from the University of Hertfordshire in order to prepare an external, independent and professional assessment of the fire service trials.

The trials were extended to February 2017 by both sides of the NJC with the expectation that there would be sufficient usable data for the University of Hertfordshire researchers to produce a detailed analysis and draw conclusions and recommendations by January 2017.

Unfortunately that was not the case, primarily because of deficiencies in the data collected and maintained by FRSs and ambulance services. This included problems such as recording fire and ambulance response times, recording of cardiac arrests with other incidents and other data needed for more definitive analysis.

As a result of these and other factors this report was not available until late February 2017. This in turn has significantly delayed the ability to develop a business case for governments and to engage with the process of lobbying. The FBU has been clear that in all the areas of discussion under the work-streams the service needs sustainable plans and that this will mean investment in the fire and rescue service over the longer-term.

8. University of Hertfordshire report

The report from the University of Hertfordshire is welcome and we commend the authors for its production especially in the light of the difficulties they encountered.

Whilst this EC Statement does not provide a summary of the report, it is important to note some key issues.

The report identifies the valuable contribution which the FRS could make in saving lives and adding to general well-being and as such returning a societal value. Moreover the increase in calls which would result has the potential to make it far more difficult to close or downgrade stations and/or remove or downgrade appliances. The conclusions of the report provide an important pillar in our campaign to ensure that present resources are sustained and in fact improved.

9. Operational concerns over EMR trials – the need for professional standards

The University of Hertfordshire report identified various operational concerns arising from the EMR trials, which include co-responding and other trials of wider work. Although these were identified by managers, they reflect some of the concerns raised by FBU members participating in the trials on the front line.

At the end of 2016, the Executive Council sought details from officials and members on concerns and problems which had been encountered during the trials. A summary of the operational and organisational issues are appended to this EC Statement. The outcomes and next steps were reported to all members on 21 February.

These issues were brought to the attention of the national employers and discussions to address them are underway. In order to assess the more contemporary state of play a meeting of FBU co-responding practitioners was arranged for 17 March.

A similar process will be undertaken in respect of other (i.e. non co-responding) medical response and other trials.

These areas of concern include:

- a) Weaknesses in the Memorandum of Understanding (MOU) between the FRS and the ambulance trust.
- b) Lack of conformity of MOUs.
- c) Need for a best practice MOU.
- d) Liability issues for FRSs where they allow personnel to be mobilised to incidents outside of the MOU.
- e) Liability issues for FRSs where they allow personnel to be mobilised to patients within the scope of the MOU but where crews are inadequately trained and/or equipped.
- f) Inability of FRSs to defend themselves against criticism, litigation, HSE improvement notices etc. due to an absence of data/information held in-house and/or by NHS.
- g) Liability issues arising from an excessive delay in the attendance of an ambulance or the non-attendance of an ambulance.
- h) Inadequacy and lack of uniformity of funding arrangements between FRSs and ambulance trusts.
- i) Liability issues which arise from the risk of personal injury.

The Executive Council is clear that all the operational concerns identified by FBU members during the trials need to be addressed. If this area of activity is to be considered further then it can only be done on the basis of developing professional standards and best practice, addressing the issues of mobilising, training, categories of calls, health and safety matters, mental health and welfare issues, impact on other areas of work. The union has therefore made clear to employers and to governments that these concerns need to be addressed in order to create an acceptable model for EMR (co-responding) in the UK fire and rescue service.

10. The work-streams and the National Joint Council

While the two most controversial and difficult areas of discussion have been around MTFA and EMR, the wider discussions are much bigger and longer-term. They are about attempting to map out where our service and our profession should be over the coming decade and beyond. For the FBU, they are also about working to deliver the best possible pay and conditions for those working in our service.

These discussions have not been assisted by:

- The failure of governments and ministers across the UK to seriously engage with the issue. The University of Hertfordshire report identifies, for example, that one obstacle has been the lack of collaboration between ambulance trusts and the fire and rescue service in relation to data sharing.
- The growing attacks on the NJC by government ministers and sections of the employers. These attacks are designed simply to weaken the collective bargaining arrangements for firefighters in order to create a further race to the bottom in terms of pay and conditions.

The FBU has continued with discussions through the NJC but has urged government ministers and fire service employers to put an end to their attempts to undermine the collective bargaining rights of firefighters and, instead, to engage in a serious discussion about the investment needed to make our service sustainable.

Both sides of the NJC accept that EMR (co-responding) remains outside of the role map and therefore non-contractual until any such change is agreed by means of a collective agreement.

11. FBU research on pay

In relation to the strategy agreed by conference, the Executive Council has commissioned external research on the pay and conditions of firefighters. The first area of research has considered how wages have been affected by government pay policy and the impact of this on real wages. The second area is examining the work firefighters undertake from the perspective of job evaluation. Both areas are being developed with a view to building a campaign for improved pay, using an evidence-based case. At the most recent meeting of the NJC, it was noted by the employers that the discussions around the five NJC work-streams had started under the remit of pay and conditions and that this is where they should remain. The Executive Council has been clear throughout the work-stream discussions at the NJC that there must be progress on pay in order to make progress in building a service for the future. These discussions need to take account of the areas of new work already undertaken by firefighters and those which are under discussion and which are currently outside of the agreed role map.

The Executive Council presents this background document to conference to inform the discussion and debate.

Operational and organisational issues raised by FBU members in relation to EMR trials

Memorandum of understanding breaches

- Firefighters mobilised to calls outside the agreed categories in the trials
- Firefighters mobilised to calls outside agreed geographical area of the trials
- No ambulance/paramedic arriving following FRS response
- Very long gap between FRS arrival and paramedic arrival
- No foreknowledge of “do not resuscitate” (DNR) notices
- Enhanced Disclosure and Barring Service (DBS) being required by the FRS
- Impact on fire cover
- ‘Hidden’ costs to FRSs – fuel, wear and tear, PPE, training, inoculations
- Insufficient training for new EMR tasks
- Insufficient and/or inadequate equipment
- Health and safety matters.

Control

- Ambulance control not communicating with fire control on type of call/patient needing assistance
- Problems with triage – mobilisation to incidents not covered by the trials e.g. fits, children under 8, pregnant women, drug overdose
- Ambulance control mobilising directly without reference to fire control
- FRS response not logged by ambulance service

Additional PPE required

- Contamination of PPE then to be used for firefighting
- PPE that has been used for firefighting being worn when dealing with medical cases

Training

- Range of training: first person on scene (FPOS); immediate emergency care (IER); initial casualty assessment and treatment (ICAT); advanced community responder (ACR)
- Insufficient training before start
- Poor record keeping of training logs
- No refresher training programme.

Health and safety: mental health

- Mental health impacts of types of incident e.g. dead and very sick/old patients
- Mental health impacts of the frequency of incidents
- Mental health impacts of being unable to assist
- Mental health impacts of dealing with family, friends and the public
- Lack of effective post-incident care – debriefs, support, counselling
- Concerns re potential of Post-Traumatic Stress Disorder (PTSD)

Personal Protective Equipment (PPE)

- Contamination with blood, faeces etc
- Washing facilities on stations
- Sufficient change of clothes
- Knee protectors

Health and safety: infection

- Inoculation (for example for Hepatitis B) [whether or not; how it is delivered; who pays; how much]
- Infection control
- Needlestick injuries
- Implications for sickness absence management
- HIV checks for some potentially affected crew members

Health and safety: violence

- Verbal abuse
- Actual physical assault

Equipment

- Grab bags
- Specific medical equipment – pulse-oximeter, blood glucose test
- Problem re charging of equipment for use