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NATIONAL JOINT COUNCIL FOR LOCAL AUTHORITY FIRE AND RESCUE SERVICES

To: Chief Fire Officers
Chief Executives/Clerks to Fire Authorities
Chairs of Fire Authorities
Directors of HR (Fire Authorities)

Members of the National Joint Council

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9 May 2017

CIRCULAR NJC/06/17

Dear Sir/Madam,

Technical Working Group
Co-responding and wider work trials

1. Circular NJC/5/17 advised that the National Joint Council (NJC) would be setting up a joint Technical Working Group in connection with the above trials.

2. We write to advise you on the current position.

3. The joint Technical Working Group (EMR workstream trials) had its first meeting on 12th April and agreed:

   (i) The purpose of the Group -

   Where jointly agreed as advisable, to develop guidance on those matters of operational concern identified via the respective sides of the NJC (including as appropriate those in the University of Hertfordshire report), according to priority.

   (ii) Meetings will be chaired by the Employer and Employee Secretariats on an alternate basis.

   (iii) Confidentiality:

   To note that discussion while developing the appropriate outcomes is confidential. This provides a basis for more open and effective discussion. Communications more widely and as appropriate will be handled by the Joint Secretaries in the usual way.

4. The Group will seek external expert advice from third parties on some issues where appropriate.

5. Since then the Group has met on two further occasions and a schedule of future meeting dates has been identified. It is recognised that completing its work at pace is important but that must be balanced against the need to ensure good and effective outcomes are reached.

6. Examples of the Group's initial priorities are:

- Mental well-being
- Inoculations
- Training
- Common data standards and data sharing between ambulance services and fire and rescue services
- Local Technical Working Groups
- Mobilisation

7. Discussion has covered each of the above areas, exploring the types of issues that will form the necessary guidance in each case.

8. As above, the Group will be continuing to deal with these issues and other issues which have been identified as quickly as possible. For example, the Group intends to come to a position on the issue of inoculations by the time of the NJC meeting on 1 June 2017 and to provide an update on the other work being progressed and in particular in respect of mental well-being issues.

9. In order to inform the work of the Group at this stage, two surveys have been issued to fire and rescue services. Copies of both are attached. Analysis is underway on the responses to the local Technical Working Groups survey. The mental well-being survey is currently open and responses are awaited.

10. Further updates on the work of the Group will be issued in due course.

Yours faithfully

SIMON PANNELL
MATT WRACK
Joint Secretaries

Appendix 1

Local Technical Working Group survey

(a) Does your FRS already have in place a joint group that considers any operational issues identified during your trial?

(b) If the answer to (a) is yes, is that group a function of your joint health and safety committee?

(c) If the answer to (b) is no, does the joint group include FBU health and safety representation?

(d) If the answer to (c) is no, what part does your local health and safety committee play?

Appendix 2

Mental well-being arrangements survey

An area of focus agreed by the NJC Technical Working Group, established as a consequence of the experience gained through the EMR trials, is mental well-being arrangements in fire and rescue services.

This survey is an important information gathering exercise in order to inform the Technical Working Group of the current position.

Responses should be returned to rachel.stevens@local.gov.uk by **31st May 2017**

Thank you.

Note: References below to 'EMR' refer to medical related work such as co-responding.

1. ACCESS TO TELEPHONE SUPPORT

   a. Does your Service have a telephone counselling support service?
   b. Is this available 24/7?
   c. If yes, is the 24/7 accessibility brought to the attention of staff on a regular basis for example through "promotion" in house literature?
   d. Can it be accessed by your staff from home?
   e. If yes, is this access-from-home facility brought to the attention to staff on a regular basis for example through "promotion" in house literature?
   f. Are staff able to access the telephone counselling without notifying colleagues* or managers?
   g. Are staff able to access the telephone counselling without seeking permission from line-managers/managers?

   *here, the reference to *colleagues* includes direct crew / watch based line managers.

2. ACCESS TO FACE TO FACE SUPPORT

   a. Does your Service have a face to face counselling support service?
   b. Please provide a summary description of your face to face counselling service e.g. is it in-house or out-sourced; is it stand-alone or a part of the occupation health service provision?
   c. Is this available 24/7?
   d. If yes, is the 24/7 accessibility brought to the attention to staff on a regular basis for example through "promotion" in house literature?
   e. Can it be accessed by your staff from home?
   f. If yes, is this access-from-home facility brought to the attention to staff on a regular basis for example through "promotion" in house literature?
   g. Are staff able to access the face to face counselling without notifying colleagues* or managers?
   h. Are staff able to access the face to face counselling without seeking permission from line-managers/managers?

   *here, the reference to *colleagues* includes direct crew / watch based line managers.

3. COUNSELLING SERVICES

   a. What number of counsellors do you have available at any one time over a 24 hour period?

b. Does your counselling service provider already provide counselling to (an) ambulance service(s) for assisting paramedics? (It is recognised that you may not have access to this information. If so, please indicate that in your response).
c. If no, has the counselling service sought information, dialogue and advice from counselling services that do to ensure they are familiar with the specific issues that arise in respect of EMR and reviewed their practice / arrangements accordingly? (If the answer to (b) was 'not known' please mark the response to this question as not applicable).
d. What is the minimum qualification requirement for individual counsellors that you require from your counselling service provider?
e. What arrangements do you have in place for periodic engagement between the FRS, the counselling service provider and occupational health with a view to maintaining a continuous review of (i) counselling policy and practice (ii) operational practice and policy?

4. FRS's COUNSELLING AND WELFARE POLICY

a. Does your FRS have a specific counselling and welfare policy?
b. If yes, please provide a copy?
c. Was it reviewed specifically to account for the introduction of EMR?
d. Has it been reviewed since the introduction of EMR trials?
e. When was it last reviewed?
f. When is it next due for review?

5. FRS MANAGERIAL MONITORING

a. Does your service record the number of EMR incidents that each firefighter attends including basic data such as (i) type of medical assistance administered (ii) whether the casualty was considered dead on FRS arrival (iii) whether the casualty died whilst in FRS care and (iv) whether the patient died within any specified period after leaving the FRS care?
b. What records does your FRS keep regarding the details of care / treatment administered by crews in the event of the FRS or its personnel being called to an inquest?
c. Does your FRS have any trigger points / criteria that initiate some form of intervention to check /monitor mental well-being for those attending fatalities arising from EMR?
d. If yes, (i) what are they (ii) what is the action that is initiated (iii) what is the process / criteria involved in the selection of those carrying out the intervention?
e. What is the process by which the outcomes of the initial intervention is used to inform (i) health monitoring for the individual (ii) ongoing service policy review in respect of EMR?
f. Is the process in e(i) published and known to firefighters?
g. Is the process in e(i) published and known to union industrial relations representatives?
h. Was the process in e(i) the result of consultation with union health and safety representatives?
i. Are union health and safety representatives included when reviewing the process in e(i)?
j. Are union industrial relations representatives included when reviewing the process in e(i)?
k. Is the process in e(ii) published and known to union health and safety representatives?
l. Was the process in e(ii) the result of consultation with union health and safety representatives?
m. Is the process in e(ii) published and known to union industrial relations representatives?
n. Are union health and safety representatives included when reviewing the process in e(ii)?

o. Are union industrial relations representatives included when reviewing the process in e(ii)?

6. TAKE UP OF COUNSELLING SERVICE / OH FACILITIES RE MENTAL HEALTH ISSUES BELIEVED TO BE ASSOCIATED WITH EMR

a. How many individuals undertaking front-line EMR service delivery (headcount)?
b. How many are (i) wholetime (ii) retained (iii) day crewed (iv) other (named) duty system?
c. Telephone facility. How many employees have been referred to the counselling service by FRS management during the period 1 May 2016 to 1 May 2017? Referred broadly means (i) formally (ii) strongly advised.
d. Telephone facility. How many employees under (a) above referred themselves to the counselling service during the period 1 May 2016 to 1 May 2017?
e. How many employees under (a) above have been referred to Occupational Health by FRS management? Referred broadly means (i) formally (ii) strongly advised
f. Face to face facility. How many employees under (a) above have been referred to the counselling service by FRS management during the period 1 May 2016 to 1 May 2017? Referred broadly means (i) formally (ii) strongly advised
g. Face to face facility How many employees under (a) above referred themselves to the counselling service during the period 1 May 2016 to 1 May 2017?
h. How many employees under (a) above have been referred to OH by FRS management during the period 1 May 2016 to 1 May 2017? Referred broadly means (i) formally (ii) strongly advised.
i. Re questions c,d,e,f,,h - how many employees took up the offer/advice?
j. How many employees under (a) above, if known, sought counselling services external to the FRS arrangements/ facility during the period 1 May 2016 to 1 May 2017?
k. How many employees under (a) above are known to have sought help /assistance from their GP during the period 1 May 2016 to 1 May 2017?

Note: It is recognised that an FRS may not have access to the information sought in (j) and (k). If so, please indicate 'not known'

7. LIMITING AND/OR STOPPING EMR WORK

a. Does your FRS have a policy that advises staff to self-identify if they believe that their experience of EMR is affecting their mental health and that they should flag this to the line managers?
b. Does your FRS have a policy that advises staff to self-identify if they believe that their experience of EMR is affecting their mental health and that they should flag this to trade union representatives if he/she has anxieties re what to do about it?
c. Does your FRS have a policy that advises line mangers to identify if they believe that a subordinate's experience of EMR is affecting their mental health and that they should flag this to the higher managers?
d. Does your FRS have a policy that advises personnel to identify if they believe that a peer's experience of EMR is affecting their mental health and that they should flag this to the line managers?
e. Does your FRS have a policy that advises personnel to identify if they believe that a peer's experience of EMR is affecting their mental health and that they should flag this to trade union representatives if he/she has anxieties re what to do about it?
f. Does your FRS have arrangements in place to ensure that each self-referral/ referral is recorded and then monitored with appropriate confidentiality safeguards?
g. What best describes the default position of your policy? Is it (i) to limit emergency medical response for the individual whilst the matter is considered / addressed (ii) to request the individual to maintain EMR response whilst the matter is considered / addressed (iii) to expect the individual to maintain individual response whilst management considers the matter?

8. PEER SUPPORT

   a. Do you provide any training for managers and other employees on dealing with mental health issues?
   b. Has it been designed developed upgraded to specifically take into account problems that may arise from EMR activity?
   c. Who provides this training to each workforce group: (i) HR managers (ii) senior line managers (iii) direct crew/watch level line managers (iv) firefighters (v) external organisation.
   d. What qualifications / training do those providing the training have ?
   e. What measures were taken to design the content of the training?
   f. Did it involve those who are experienced in and who advise on peer support mechanisms / delivery for ambulance staff?
   g. How long has your EMR trial been in place?
   h. If undertaken internally, how often is the training refreshed, and by who for (i) HR managers (ii) senior line managers (iii) direct crew /watch level line managers (iv) firefighters?
   i. If undertaken externally, how often is the training refreshed?

9. WHAT OTHER SUPPORT MECHANISMS OR PROMOTIONAL MATERIAL DO YOU HAVE IN PLACE FOR HELPING PEOPLE WITH MENTAL HEALTH ISSUES

   a. Do you place it on your intranet?
   b. Is it in a prominent location on you intranet?
   c. Do you have posters in the station and other workplaces?
   d. Do you have material regularly placed in in-house publications (whether hard copy of electronic)
   e. Please supply details of any other mechanisms not listed above