



Essex Police, Fire and Crime Commissioner Fire and Rescue Authority

Decision Report

Report reference number: 022-24

Government security classification: Not protectively marked

Title of report: Casualty Care PHEM D Training

Area of county / stakeholders affected: Service wide

Report by:

Station Manager Richard Williams and Jenny White (Category Manager (Corporate Inc Fleet))

Date of report: 30/4/24

Enquiries to:

SM Richard Williams and Jenny White ([REDACTED])

1. Purpose of the report

The purpose of this report is to seek the approval for the awarding of the contract for casualty care training to be delivered to operational staff to Pre-Hospital Emergency Medicine (PHEM) D level.

2. Recommendations

The Commissioner is asked to:

- Approve the contract award to Cipher Medical following a tender process for casualty care training to be delivered to operational staff.

The contract will be for an initial term of two years, with the option to extend by a further 2 x one-year periods.

The costs of the contract over the initial two-year term are as follows:

Year 1 – 65 courses as a mix of two-day initial courses and one day refresher courses – totalling [REDACTED].

Year 2 - 65 courses as a mix of two-day initial courses and one day refresher courses – totalling [REDACTED]

If the contract extension is taken, we estimate the number of courses (and therefore the costs) to repeat in the same pattern.

- Delegate authority to the Chief Finance Officer to approve the purchase order in Dream.
- Execute the contract attached in draft form to this decision report following successful completion of the standstill period.

3. Benefits of the proposal

The main benefits of the proposal are:

- The pre-hospital emergency medicine (PHEM) D level of qualification certifies non-health care professionals (e.g. fire service personnel, police officers, Enhanced Community First Responders) to give pre-hospital care to patients as a secondary role.
- Operational staff are currently trained to PHEM D level, and the approval would maintain current operational standards.
- New personnel would be trained to the same standard, achieving the same certification and avoiding any skills gap.
- Operational staff, when trained to the PHEM D level, will fulfil the competency requirements listed in their individual PDR/Pro competency core skills section.

4. Background and proposal

Casualty care forms part of the core skills required under the National Occupational Standards for Firefighting. ECFRS is currently operating to level PHEM D. This is a nationally certificated qualification for non-health care professionals acting as pre-hospital responders, caring for patients in a secondary role. ECFRS has decided to take this approach in order to align its pre-hospital treatment to East of England Ambulance Service training, to enhance our patient care and develop collaboration between the services.

The PHEM D level of certification has been delivered to operational staff since 2019. The course is delivered in the format of a two-day initial course with a one-day refresher course delivered approximately 18 months later. Then, a further 18 months later, the two-day course is repeated and so on. Theory Casualty Care modules are also available for operational staff to access to maintain knowledge on the Learnpro platform.

The course format was obstructed by Covid 19, leaving some staff out of sync with the sessions that they attended. These have had to restart their training with the initial course where they were out of the certification timescales.

It is proposed to continue with the existing format and each course will have a different identifiable qualification for recording purposes.

During the Covid pandemic, the cost of these course went up significantly when the style of course had to change to use simulated dummies rather than student actors. Since Covid, this has remained the style that all the providers offer.

Originally, clinical governance overview and standardisation for this training course was also part of this requirement and contracted with the training however, given the requirement to handover to the East of England Ambulance Service Trust (EEAST) at scene, we wanted to include them

to quote for this work. The framework Lot used for the tender for PHEM D training does not include clinical governance; this is a separate Lot. The value for the clinical governance falls within our three quotes process and therefore a separate request for quotes process will be run for clinical governance only and EEAST, alongside the suppliers on the framework under the clinical governance Lot, will be invited to tender.

The scoring criteria used for the tender was as follows:

Criteria	Weightings
Quality	20%
Service Delivery	35%
Business Continuity	15%
Price	30%

The split between quality and price evaluation was taken from the main framework. The framework guidance does not state that you can deviate from this split, so we kept the same scoring for the tender, to ensure that the quality requirements of the training were supported fully. Business continuity and service delivery were scored relatively higher due to the coverage of the courses and quantity of the courses needed to ensure that they were supported as required.

Following a further competition from the national framework run by Cambridgeshire Fire and Rescue Service, we received three responses, out of the five invited suppliers that were approved on the framework.

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

5. Alternative options considered and rejected

Option One – Do nothing

- If the service did not proceed with a contract or PHEM D training, the current training levels would lapse and operational staff would be unable to assist casualties when first on scene and would have to wait on other emergency services to perform care instead. This would pose extreme risks to the care to casualties and mental health of operational staff as they would be helpless at those situations.

Option Two - Provide operational staff with a lesser certification

- An alternative could be to provide our operational staff with a lesser certification of PHEM A or PHEM B. These qualifications would be more suited to those individuals providing care to patients within in the workplace. This option would not fulfil the requirements required to deal with the type of injuries that operational staff are faced with.

Option Three - Provide in-house training

- Providing the training in-house by members of the training department. This option is not viable due to the organisation not having PHEM D level Instructors, and the training department not having the capacity to provide training to the number of operational staff that would require it.

Option Four – Proceed as described here by providing external training to PHEM D level

- Operational staff are currently trained to the PHEM D level of certification. The PHEM D syllabus covers how to treat patients with the nature of injuries that fire service personnel would be faced with due to the nature of their role within the community. The ongoing investment in providing casualty care training to PHEM D level to our operational staff will provide them with the confidence of knowledge from hands-on practical learning. It will also maintain the trust of the public and provide assurance of our fire and rescue service in terms of medical skills.

6. Strategic priorities

The provision of up-to-date training and the latest medical care techniques support the ethos of the Fire and Rescue Plan 2019-2024 and ensuring that the public of Essex are receiving the best possible fire and rescue service.

7. Operational implications

Renewal of the casualty care contract will continue to give assurance to our operational staff that they have been trained to a high standard, a standard that would be expected by the community that they serve.

8. Financial implications

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

12. Risks

The risk implications of casualty care training for operational staff are managed within the workstreams of the Operational Training department, Operational Policy department, Health and Safety department and Technical Services.

Risk title	Explanation of Risk
Provide a lesser certification	The PHEM D outcomes certification will provide the assurance that operational staff are trained to a level that provides the skills and knowledge to deal with casualties that have injuries that fire and rescue service personnel will be faced with in an operational environment. A lesser certification would fall short of providing that assurance for the service and the operational personnel.
Not providing casualty care training	Casualty care is a core skill that is required by all operational personnel. By not providing casualty care training at all, or to the appropriate level, the expectation of the communities that are served would not be met. Operational personnel require the skills, equipment, and confidence to be able to deal with casualties with certain injuries until they can be handed over to a medical practitioner.

13. Governance Boards

This proposal has been discussed with the Operational Training department and the Learning and Development department. Clinical governance has been provided by the existing provider, Cipher, throughout the duration of the current contract and we have had very positive feedback from the attendees on the training setup, structure and content.

The tender has not been presented at any governance boards as this is a continuation of training that we must provide to all operational staff and is not a change to the training currently delivered.

14. Background papers




Decision Process (022-24)

Step 1A - Chief Fire Officer Comments

(The Chief Fire Officer is asked in their capacity as the Head of Paid Service to comment on the proposal.)

.....I support this recommendation.....

Sign:  Date:.....30/4/24.....

Step 1B – Consultation with representative bodies

(The Chief Fire Officer is to set out the consultation that has been undertaken with the representative bodies)

.....N/A.....

Step 2 - Statutory Officer Review

The report will be reviewed by the Essex Police, Fire and Crime Commissioner Fire and Rescue Authority’s (“the Commissioner’s”) Monitoring Officer and Chief Finance Officer prior to review and sign off by the Commissioner or their Deputy.



Monitoring Officer

Sign:

Print: P. Brent-Isherwood

Date: 17 May 2024

Chief Finance Officer

Sign: 

Print:Neil Cross.....

Date: 30/4/24

Step 3 - Publication

Is the report for publication? **YES**

If ‘NO’, please give reasons for non-publication (Where relevant, cite the security classification of the document(s). State ‘none’ if applicable)

Subject to redaction, as set out below

If the report is not for publication, the Monitoring Officer will decide if and how the public can be informed of the decision.

Step 4 - Redaction

If the report is for publication, is redaction required:

- | | | |
|---|-------------------|---------------------------|
| 1 | Of Decision Sheet | YES |
| 2 | Of Appendix | YES (NOT FOR PUBLICATION) |

If 'YES', please provide details of required redaction:

Financial details for the courses, as still to be awarded to supplier and confidential in nature. Parts in yellow highlight to be redacted.
Appendices are not for publication.

Date redaction carried out: ...23/05/2024.....

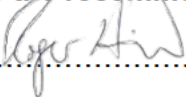
If redaction is required, the Chief Finance Officer or the Monitoring Officer are to sign off that redaction has been completed.

Sign:  Print: Neil Cross

Date signed: 23/05/2024

Step 5 - Decision by the Police, Fire and Crime Commissioner or Deputy Police, Fire and Crime Commissioner

I agree the recommendations to this report:

Sign:  (PFCC)

Print: Roger Hirst Date signed: 21/05/2024