



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: Wednesday 11th March 2026

Subject: Collaboration and partnership working between Ambulance, Fire and Rescue and the Police services in Coventry

1 Purpose of the Note

- 1.1 To brief the Health and Social Care Scrutiny Board on the working processes, practice and relationships which underpin the collaboration between Ambulance, Fire and Rescue and the Police.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to:
- a) Note the content of the briefing note and presentations shared by the Emergency Services Partners.
 - b) Identify any further relevant recommendations for partners or relevant Cabinet Members.

3 Information and Background

- 3.1 The three emergency services have a long history of collaboration and close working relationships, spanning day to day combined emergency responses to incidents daily, through to major incident simulation, training and response.
- 3.2 Most of the work of the ambulance service doesn't require the input of the other emergency services, its sick patients needing a health and care response.
- 3.3 However, there are several examples where the emergency services do provide a combined response, for examples at Road Traffic Accidents or responses to incidents in hazardous conditions. Hazardous areas such as incidents at height, flooding and fires with injuries amongst others.
- 3.4 Whilst such situations are a daily occurrence across the West Midlands, these examples represent a small minority of cases in the emergency ambulance workload. With the police, it would be less than 10% of our workload, with F&R, even less, perhaps less than 5%.
- 3.5 Whilst referring to sister emergency services, I would like to put on record our grateful thanks to the police, it was the police jointly responding with WMAS to a

concern for welfare in Wolverhampton in 2020 who undoubtedly saved the lives to two paramedics. Upon opening the door to the paramedics, the patient they were responding to immediately stabbed both. The police officers attending were able to immediately tazer the individual and control him, preventing further potentially fatal injury before additional help could arrive.

- 3.6 Whilst WMAS doesn't refer patients directly to Fire and Rescue or the police for that matter, F&R are part of a wider community 'offer' locally and elsewhere, so for example in the Coventry and Warwickshire area, they support SWFT to discharge and re-settle patients at home. As an addition to the above, WMAS do refer patients to WMFS for 'Safe & Well' visits, where the Fire & Rescue Service looks to reduce risks in the home. WMAS are a strategic partnership and are one of the top 5 referral partners that WMFS have, having submitted over 3000 referrals for vulnerable people over the last 3 years.
- 3.7 In other areas of the West Midlands, such as Staffordshire, F&R are also support community teams around falls prevention and response, as part of an integrated offer in the community.
- 3.8 The three emergency services have open and established communications lines with significant collaboration and partnership working. This is underpinned through a number of joint forums, training and planning, they are set out below:
 - All three services are part of the Local Resilience Forum (LRF's) which cover Local Authority areas.
 - All three services are also part of the Local Health resilience partnerships (LHRP) across the West Midlands.
 - Positive networking through National Interagency Liaison Officer roles (NILO) which Police, Fire, Military and ambulance services all have designated colleagues for live incidents, risks, planning and preparation.
 - Positive networking through JESIP (Joint Emergency Services Interoperability Programme) courses throughout year with commanders from all blue light partners, Cat 2 responders and some high-risk site colleagues
 - Senior leader engagement between blue light partners – for example recent input from WMAS with assessments for Deputy Chief Fire Officer recruitment process
 - Joint working with HART (Hazardous Area Response Teams) and WMFS Technical rescue teams for training on a regular basis – focused on hazardous area activity, e.g. incidents at height, in flooded areas, or buildings at risk
 - Testing and exercising on a regular basis with small scale & large scale exercising along with table exercises.

- There is a tripartite agreement between WMP, WMAS & WMFS where a MOU has been created for supporting a response where forced entry is required and there is a real or immediate threat to life. WMFS will attend to support our blue light partners under the differing categories available and use or specialist training and equipment to enable the least impactful method of entry where WMAS are unable to gain access and WMP are unable to resource or attend an incident. This MOU is signed by representatives from all three blue light services. This is a response activity that is carried out multiple times daily.
- 3.9 It was commonplace for F&R and Ambulance Services to share common infrastructure, including stations for example, WMAS did historically to within the West Midlands.
- 3.10 West Midlands Fire Service are committed to and have a willingness to be open to sharing estates and facilities, although we recognise that we operate very different model across our blue light partners, so any partnership or collaborations need to be mutually beneficial. This is evidenced through a number of collaborations with WMP, the more recent conversations are considering the use of Solihull Fire Station.
- 3.11 However, over the last ten years or so, WMAS has moved to a “make ready model” where we now have 15 large Hubs covering the West Midlands, one of which is in Coventry.
- 3.12 Having a Hub enables us to base spare vehicles and equipment, to have 24/7 operational management on site, mechanics working 24/7 to maintain vehicles and our vehicle prep officers, who restock and clean ambulances, saving paramedic staff time.
- 3.13 It also means we have the most modern and up to date buildings for our staff to work out from, for their breaks, education and teaching and training.
- 3.14 Having our operational managers based on site 24/7 also enables our managers to be present to provide support and welfare to our staff, day and night.
- 3.15 WMAS previously used to operate from c100 sites, where such resilience, infrastructure, productivity and efficiency was not possible, neither did operating from so many sub scale sites offer value to the taxpayer. This model worked previously, when it was commonplace for the ambulance service to respond to patients from the station and would return, that hasn’t happened now since perhaps the 1990s.
- 3.16 Now ambulances leave to respond, ideally return for meal breaks, or indeed only return once their shift has ended. Once the ambulance crew leaves their hub, they are essentially ‘out’ and may well not return until there end of shift.
- 3.17 An area of significant collaboration between all three emergency services is on major incident response and management.
- 3.18 All agencies attend planning meetings for collaborative approach to planning and ensuring objectives are set
- 3.19 The three emergency services also work together to ensure post incident lessons are also learnt after significant incidents that occur in our region, for example

following the Babbs Mill Lake tragedy, where four young boys tragically lost their lives to drowning in 2022.

3.20 Recent large-scale exercises involving all three services are set out below:

- .1 Exercise Bitemporal II – CBS arena in Coventry, simulating a marauding terrorist attack.
- .2 Exercise Balthazar – Birmingham Airport x4 multi agency tabletop exercise simulating an air incident
- .3 Exercise Bitemporal III – Birmingham City FC, multi-agency exercise for a marauding terrorist attack
- .4 Exercise Tangra – simulating a regional health outbreak
- .5 Exercise Bitemporal IV – Coventry – multi agency event simulating a marauding terrorist attack.
- .6 Exercise Astral Convention – NEC, a multi-agency event simulating an air incident – (note this was the biggest exercise ever undertaken in West Midlands)
- .7 Exercise Pegasus – National NHS tier 1 exercise – via Local Resilience Forum, simulating a response to national Pandemic (6 dates)
- .8 Exercise Artculus – non specialist responder exercising – series of live play exercises, multi-agency across West Midlands
- .9 Exercise Impertior – series of exercises testing collaborative control room functions and commencement of large-scale incident
- .10 Exercise Shadowline – Birmingham City FC corporate function – multi agency – hazardous substance / marauding terrorist attack

3.21 The three emergency services undertook a significant joint training exercise in Coventry at the CBS stadium / arena.

3.22 Rather than write about it, we ask the HOSC to view the video, where committee members can see just how the three emergency services work together

[CBS Arena MI video WMAS](#)

4 Health Inequalities Impact

4.1 There are clearly benefits to the communities we serve and our staff collectively from the emergency services working closely together.

4.2 From responding to support the police with a sick or injured victim of crime, to our staff requiring police assistance with a violent patient. From all three services responding to road traffic collisions to the unthinkable, a major incident or terror attack.

4.3 Previous discussions have also been had about F&R responding to suspected cardiac arrests, given they carry defibrillators. F&R have for many years utilised their defibs if they are first on scene to an incident which requires a combined response.

4.4 The position on this is that WMAS would support it on the basis F&R operate community first responder schemes, in line with our other volunteer responder

schemes, which means they receive training and support from WMAS and operate under our clinical governance.

- 4.5 Setting up a community first responder scheme would also remove the risk of making F&R resource unavailable for an emergency requiring their own dedicated response.
- 4.6 F&R have started to carve out a role in assisting vulnerable people to live more safely and independently, preventing the future potential emergency. WMAS welcomes the integration of F&R within NHS community teams to augment their offer.
- 4.7 A growing number of F&R and Police Stations do have defibs located on the exterior of their buildings, this enables WMAS to task callers to retrieve them for use.
- 4.8 We would also ask the council to review local authority owned buildings for defib location, to make them available to the local communities they are based in, should there be a cardiac arrest in the vicinity.

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