

Mihaka, Moana

From: 9(2)(g)(i)
Sent: Tuesday, 7 November 2017 3:00 PM
To: Travers, Gavin; Patterson, Karl; Stevenson, Peter
Cc: Smith, Eric
Subject: IVR Feedback - Guy Fawkes Weekend

Afternoon gents,

As requested, here is some feedback of my experience with IVR over the weekend. I worked as a calltaker on Friday night and was the Duty Shift Manager Saturday night:

My perception is that it felt like we were answering more calls for Ambo/Police than we were answering for Fire. I also feel that the additional overtime staff brought in for Guy Fawkes workload were instead employed for Ambo/Police 111 call taking.

For both shifts, IVR was in operation for longer than it was not in operation. On Saturday night when IVR was deactivated, we had a 7-minute breather before reactivation. Presumably ICAP will provide you a report of the exact timings, but I recall the next time it was deactivated, the break was 4-minutes before reactivation. It was instantly apparent upon each activation as calls were immediately accepted for wrong services.

9(2)(g)(i) The first 111 call I was presented with was a drunk male reporting that his wife was suffering chest pains (F2409850). I made the decision not to follow your "IVR Instructions" and instead created a MED event for an immediate fire response. I followed the questioning process 9(2)(g)(i) I placed the caller on hold and attempted to reach Ambulance on CAT 5 for medical advice. Placing a 111 call on hold results in the caller hearing "have you tested your smoke alarm..." This is not something a caller wants or needs to hear when his wife is suffering chest pains. He disconnected the call. I have found this common across the entire weekend. As soon as calls were placed on hold, the callers hang up. I could not reach Ambulance on CAT 5, they did not answer. I rang back the caller and reassured him to remain on the phone while I got advice. I ended up having to ring 111 myself to reach Ambulance, but unfortunately another round of smoke alarm fire safety advice meant the caller hung up yet again.

I have an example from another watch where two attempts to seek advice on CAT 5 resulted in being transferred to dispatchers who refused to provide assistance. There is an example of a CAT 5 call being answered by managers in other parts of the country who cannot or refuse to assist. We also know that these calls are sometimes answered in a Centre that can't even see the copied events.

Other calls of note:

- Numerous Police events where we could not reach Police Communications staff on CAT 5. Staff asked whether they had to hand shake the call when transferring to another service. Your instruction does not give guidance here, so what we saw were calls being accepted on 111 by a switchboard staffed by FENZ employees and being immediately offloaded to an unanswered CAT 5 queue.
- The 9(2)(a) fire crew were dispatched to a patient bleeding (F2410702). In reality, they were sent into a dangerous domestic situation with an aggressive 16-year-old female who did not require an Ambulance.
- 39-week pregnant female in labour (F2410705) – was also asked if she had checked her smoke alarms (in between contractions).

Reporting

Your reporting process detailed in the "IVR Instruction" is flawed:

- We received numerous calls that were later abandoned. Where calls are presented to fire, they do have agents assigned. The process of looking only for call records which do not have assigned agents results in missing all the other abandoned calls presented where agents were assigned.
- The correct process would be to check each call record individually to identify whether the call was abandoned. This proved too time consuming on the night. I simply could not undertake this task as well as all my other duties. I had staff yelling across the room saying "that's another abandoned Jaron" – and I then had to try and find the call record. I pretty much gave up as it was near impossible to keep up.
- I checked if the other centres were checking and they were not. I was then forwarded an email from another Centre that I was not originally privy to which states 4 ICAP staff were sent to CentralComms to assist with call backs. I fail to understand if, or how they could identify Fire abandoned calls or what their role on the night was.
- There is no guidance in your instruction with what to do with these calls when a callback is engaged or is non-contactable.

Issues

1. Staff right across the country feel it is not acceptable to be sent a "Fire Communicator Reference for Ambulance Events" email after the IVR trial had started. This is not training.
2. Your instruction requires us to enter life threatening events as ADVISED events. This is unbelievable.
3. Another contradicting instruction advises us when a member of the public phones 111 asking for Fire with a medical emergency we are to respond. But when IVR is in place we enter ADV?
4. With no PRO QA or any training whatsoever you are having Fire Communicators triage medical incidents and decide ourselves whether to respond or not.
5. It proved impossible to obtain assistance/advice from Ambulance and/or Police via CAT 5 as expected under your "IVR Instruction."

Medical First Response/Co-response incidents

If we were to follow your "Instruction" this could be the expected work flow:

1. ADVISED event entered and copied to Ambulance
2. Unable to reach Ambulance to complete call. Presumably Ambulance complete their triage on the ADV sometime later and colour code event.
3. If coded a RED/PURPLE, incident may well be transferred back to Fire requesting assistance.
4. If no FFRU, the response is declined and we offer a co-response and then wait watching the event sit in the pending queue. The ADV event already sitting in pending is now joined by the MEDFR event in pending – both left undispached.
5. This is a complete merry-go-round of a disaster.

You can see this play out in event **F2410958**. A **baby not breathing and going blue** entered as an ADVISED event with a priority of 9. The event instantly disappears in amongst all the umu and hangi notifications because, in line with your "Instruction" we treat a hangi with the same priority as a baby not breathing. Even a TEVAC gets a higher priority than a baby not breathing. While holding her baby, the mother then gets the "have you tested your smoke alarm?" question and not surprisingly hangs up. Some 4-minutes after the create time Ambulance request a CO-RESPONSE. This is missed by the dispatcher (**ongoing issue raised by Union continuously since April 2014**) but miraculously spotted by another Communicator. Almost 6-minutes after the create time we dispatch **9(2)(a)**

Gavin, in our meeting of 19 July with Boyd we asked what delays, if any were acceptable. I advised you then of what was happening with life threatening emergencies sitting pending for 10-minutes. You said you'd get back to us. Members then raised concerns where an event was CANCELLED simply because Ambulance did not reply within 10-minutes to the co-response question, yet there was an available fire crew just blocks away (**F2372656**). I know the Union Exec also brought these issues to your attention. Then in our Shift Managers meeting of 16 October I asked you whether a 14-minute delay was acceptable and you would not answer. In all of these examples, the headline for

each event clearly states "AMBULANCE REQUEST FIRE ASSIST" – so I ask again, why are these delays knowingly allowed to continue? On Friday night, while IVR was in operation I observed first hand a 44-minute delay because the event was coded Orange. I don't believe IVR played a part other than contributing to poor information flow, however the patient did have to deteriorate to Purple before a fire response was initiated. It was too late and the patient died from blood loss (F2409937).

I've only touched on some examples, there are more. Speaking with staff in other centres, there are spin off issues that you may not have considered (I'm hearing from all centres of staff intending to book off sick, not accept OT's during future trials, avoiding calltaking, etc) – there is a lot of talk in all three Centres about what has been thrust upon them – I hope you will listen to your staff.

9(2)(g)(i)

Shift Manager

9(2)(g)(i)

Released under the Official Information Act

Mihaka, Moana

From: Patterson, Karl
Sent: Monday, 22 January 2018 1:25 PM
To: Southern Comcen Managers
Subject: Police call taking sessions

Gents

We have discussed getting Police reps over to the Fire pod to discuss aspects of the Police call taking process. I am not sure to what extent this has happened, perhaps not at all. The IVR process is not going away, and we can receive calls for the other agencies at any time IVR or not, as has been proven on a number of occasions.

To help familiarise with the Police call taking process we will try a different approach that may work easier for you. When staffing permits, can you please make a point of having our staff take turns sitting with Police call takers the same as we have done with St Johns over the years. This is not a training session but a familiarisation session so that if staff do receive calls meant for Police, they are a little more familiar with the types of calls they receive, and it also shows we take an interest in other emergency services work.

While Police Comcen Management are aware these sessions will take place, please clear these sessions with the Police Supervisor first, and let me know when everyone on your watch has had a good period observing.

Thanks

Karl Patterson
Centre Manager | Southern Fire Communications
68 St Asaph St | PO Box 136 Christchurch 8011



9(2)(k)

Email: karl.patterson@fireandemergency.nz

Web: www.fireandemergency.nz

Mihaka, Moana

From: Patterson, Karl
Sent: Tuesday, 21 November 2017 5:40 PM
To: Grace, Riwai
Subject: RE: IVR, SHW and ICAP

Hi Riwai

My responses below based on what I know and / or believe the current situation to be.

Thanks
Karl

From: 9(2)(g)(i)
Sent: Tuesday, 21 November 2017 5:36 a.m.
To: Patterson, Karl ; Munro, Chris
Subject: IVR, SHW and ICAP
Importance: High

Mörena

Karl and Chris

The email I sent to you on the 11th November with regards to IVR trial, Karl you responded that the trial had finished and our feedback and concerns would go to the Comcen Management Meeting last week for discussion. Looking at Gavin's email sent to you on the 6th November he was already talking about cold handover for ICAP being recommended on the 22nd November, What will this mean for our staff? **The recommendation is being put forward to the 111 Quarterly forum of the possibility of a Cold Transfer Process trial remembering that we are not the only emergency service involved in these discussions and what we recommend or otherwise impacts on more than just the Fire Comcens. We need to make sure this is actually an option before we canvas staff etc. The Cold Transfer Process would seem to have the advantages of the IVR but less of the disadvantages, and would hopefully address some of the concerns raised by staff during the several different email discussions that were sent during the recent IVR trial.**

As previously discussed with you Karl I have some real concerns about the process, lack of training, legal ramifications also how it could affect our staff **Your previous feedback regarding IVR was noted and forwarded for consideration with the other feedback received. Based on this, and management's own views at the current time, future IVR trials have been halted. As above, the Cold Transfer process should help alleviate some of these concerns but there is still planning to be done around how it would actually work. That is managements responsibility to sort and so that is what we are currently working on.**

It is disturbing that he has sent this to our region safety and wellbeing representatives as a heads up, but their hasn't been any discussion with the Actual staff who will be doing the job or even the NZPFU Comcen representatives. **Gavin forwarded to the Regional Reps because increasingly we are, and will, have more to do with them and as you pointed out, there is the potential for safety and wellbeing issues to occur. He also forwarded to the National Manager and Julie Maher Senior Advisor for the CIPSS process recognising the stresses that staff may be facing, and Derek Best from the NZPFU. Have you or your Union Reps discussed the trial with Derek? What was the result of these discussions?**

So my question is what is happening with regards to IVR/ICAP **As above**
Who have Comcen management discussed it with? I personally have discussed the process to date with a number of staff and possible future directions. There has also been email correspondence with all staff. We have to be patient and see what comes of tomorrow's meeting. Because like Fire have put a halt to future IVR trials, either Police or Ambulance could put a halt to any suggestions of a Cold Transfer process.

What are management doing to get Comcen staff buy in to this process

With this portfolio falling under my responsibility, I clearly outlined the benefits of the IVR to staff in the multiple correspondence sent out both in conjunction with Trial 1 (which incidentally went well with virtually none of the negative feedback of Trial 2) and Trial 2. At the time, evidence suggested that the IVR would help with the issues of Police (mainly) being unable to answer the volume of 111s they are receiving. You and I discussed the pros and cons of the IVR trial as well. Hopefully we get some traction with a trial of the Cold Transfer Process, the pros and cons of that would then be shared and I hope that you and other managers will assist in getting staff buy in to the process. That will all come when we have a better idea of the next step in the process.



9(2)(g)(i)

Shift Manager Brown Watch

9(2)(g)(i)

From: Travers, Gavin

Sent: Monday, 6 November 2017 12:00

To: Comcen Managers + Ops Managers <ComcenManagers_OpsManagers@fireandemergency.nz>

Cc: Warren, Roy <Roy.Warren@fireandemergency.nz>; Herekiuha, Pani <Pani.Herekiuha@fireandemergency.nz>; Fitzmaurice, Denis <Denis.Fitzmaurice@fireandemergency.nz>; Kingsbury, John <John.Kingsbury@fireandemergency.nz>; Maher, Julie <Julie.Maher@fireandemergency.nz>; Derek Best - NZPFU <Derek@nzpfu.org.nz>

Subject: IVR, SHW and ICAP

Importance: High

Hi All,

Roy, Denis, Pani, John, Julie and Derek this email is for your information. I will send you an additional email explaining some of the terminology.

Comcen Management,

As you will be aware the feedback has been increasing around Safety, Health & Wellbeing of our people, particularly when receiving 111 calls involving high stress or emotional complications. The IVR activation trial which is underway now has hi-lighted this for our communicators and I am going to assume none of us really expected just how many of these calls would come our way. This in my view, places emphasis on trialling a cold hand over of calls from ICAP to us, if for no other reason than what is a significant benefit of having ICAP screen and transfer our calls, resulting in a reduction of emotional or psychological tempered callers.

In the interim I would suggest you encourage your shift managers to talk to their counterparts in the Ambulance service and Police seeking an opportunity for someone from each agency to talk to the watches about handling the respective agency calls. Please ensure that you promote this approach and the following actions so everyone is aware that we are listening and pro-actively seeking a way forward.

- I will be talking to John Kingsbury today after his meetings about supporting our staff with a focus on psychological first aid.
- On Nov 14th I will be meeting with St John and we will be discussing
 - the questions we ask on their behalf
 - Call handover to them including cold transfers
 - An improved method of priority answering by St John when wanting to contact their Comcen.
 - As well as a range of other things, but for the moment this SH&W topic is my priority
- I will be seeking support for a trial of the cold handover by ICAP to agencies, at the 111 quarterly meeting on 22nd November.

In the meantime you should ensure you are familiar with the [Critical Incident & Personal Stress Support page](#) on the portal and be mindful the general philosophy to CIPPS is that “any door is the right door” in terms of seeking help or support. This means you should know where to go to receive support in managing those calls when or if they arrive. I have included the Safety Health & Wellbeing representatives from the three regions where the Comcen resides. This will at least provide a heads up to what might be an increasing issue for us.

I have placed a call to Derek Best and Peter Nicolle this morning to discuss the issue with them, as yet I have been unable to talk to them.

If anyone has any questions then please give me a call.

Regards

Gavin Travers

National Communication Centres & Medical Response Manager
Region 1 Headquarters, 2 Poynton Terrace, Newton, Auckland
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9(2)(k)

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NB: Please note the change of email address for all Fire and Emergency staff. We ask that you update your records to reflect the new format.

Mihaka, Moana

From: 9(2)(g)(i)
Sent: Tuesday, 7 November 2017 5:13 PM
To: Travers, Gavin; Patterson, Karl
Cc: Scott, Ian (Central Comcen); Tollison, Andrew
Subject: IVR Feedback

Hi all

I had a brief conversation with Karl yesterday re the IVR trial, discussing issues found on my watch that I thought you should also be made aware of.

We experienced three shifts where IVR was activated – all due to instances of high Police call volumes according to the IVR texts received.

Issue 1:

On one shift IVR was activated (and subsequently deactivated) seven times, with only minutes between each reactivation. The requirement to notify the Police Comms Inspector of each activation became a bit of a farce, and indeed I came to an agreement with the on duty Inspector that they were happy with their text notifications and there was no requirement for me to advise them as well. As long as this was confirmed with each shift change this worked well. However one Inspector was on his first shift after a long leave break and had no idea about IVR or what was supposed to happen – I had to explain the details and then left him to catch up on his emails and a rapid learning curve.

Issue 2:

Calltakers were very unhappy and concerned about having to answer Police and Ambulance calls with insufficient training. They were required to deal with highly distressed callers with very little guidance on how to handle both the callers and the information they were hearing. The calltaking prompts, particularly for Ambulance, are hopelessly inadequate. For example, we are supposed to ask if a patient is breathing – what are we then supposed to say when the caller says “no, what do I do?” “How do I stop the bleeding?” As for suicidal callers, how do we deal with them while waiting for another agency to answer/come to assist?

Issue 3:

Trying to transfer a call to Ambulance was nearly impossible. On one occasion our AES call was answered by an Ambulance dispatcher who refused to take the details and said they would find a free Calltaker. After two minutes holding for someone my Calltaker went back to the increasingly distressed caller and tried to keep them calm until Ambulance rang back to say put the call through. Another call was transferred on the AES line without a handshake and we were told later that the call went to the dispatch manager who was unhappy about not being told that it was an incoming 111 call. Other calls were simply not answered, leaving us to rely on Ambulance picking up the information from the events we had entered.

The same applied to trying to find a free Police Comms person to come over and listen to a call – there was often no one available to do this.

Issue 4:

Abandoned calls are not only the ones where a caller hangs up before we answer. There are also those callers who hang up after we have answered because they wanted Police or Ambulance and heard “Fire” instead. This resulted in my Calltakers having to ring the caller back to establish what was going on and if Fire were required – these calls are not identifiable in Solidus reporting and rely on the Calltakers doing their job correctly. It can also take the Calltaker out of service queues while they deal with these calls.

Issue 5:

Expecting distressed and panicking callers to a) actually listen to the IVR message and b) select the correct number for the required emergency service is a big ask. As the first number in the message is ours, Fire is going to be the option callers select in their haste to talk to someone and get some assistance if they haven't properly listened to or understood the IVR recording.

My comments:

My watch are some of the hardest-working and most conscientious operators we have, yet they were driven to talking about looking for other employment/resigning because they were so uncomfortable taking these calls. They were not adverse to the theory behind the IVR trial, just that they had not had sufficient (indeed any) training to deal with Police and Ambulance callers or the effect the calls had on themselves. Staff felt let down at the lack of consultation with the way this trial was implemented, and the lack of training and support. This is not a situation we should be expecting our staff to deal with without the resources they need. The potential for workplace stress-related absences and even legal action in the employment court is huge.

Essentially, if we are going to be additional Calltakers for Police and Ambulance then we must have the appropriate training and resources to process these calls in the best possible way – for the benefit of the callers and the health and safety of our own staff.

Obviously the other issues raised need to be discussed as well, but the effect on our staff is of the most concern.

For your consideration.

Regards

9(2)(g)(i)

Shift Manager, Green Watch

9(2)(g)(i)

Mihaka, Moana

From: Travers, Gavin
Sent: Wednesday, 8 November 2017 3:01 PM
To: Comcen Managers + Ops Managers; Wills, Jan (CentralCom); Phillips, Jaron
Subject: IVR Feedback

Hi Jan, Jaron

This is simply an acknowledgement to say thank you for your IVR trial feedback and that this is now an agenda item for the Comcen Management Tactical meeting on the 15th Nov.

We will come back to you after that meeting, in the meantime you should be receiving a copy of my email to Comcen Management where I have already engaged with a number of other parties discussing some of your points.

Regards

Gavin Travers

National Communication Centres & Medical Response Manager
Region 1 Headquarters, 2 Poynton Terrace, Newton, Auckland
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Mihaka, Moana

From: Patterson, Karl
Sent: Wednesday, 1 November 2017 1:22 PM
To: Comcen Managers + Ops Managers
Subject: IVR feedback and response required
Attachments: F2407582 IVR Trial Feedback ; RE: New IVR Trial

Hi Gavin

Update regarding feedback from staff on the IVR use (attached). My comments in Red and appreciated your thoughts on the outstanding items as soon as you are able. Appreciate other managers contribution as well please.

In summary, and to consider;

1. ~~Fire Shift Managers not being notified that IVR has been activated~~ IVR process updated and agreement between Spark, Police and Fire that the ICAP Supervisor will text each Supervisor, and ring the Fire Shift Manager who will verbally advise Police and other Centres, whose shift managers will notify their Police counterparts.
2. ~~Callers hanging up after hearing Fire, where is your emergency— suggestion to add requirement for call backs to hang ups as well as ring no answers.~~ IVR process updated to capture this requirement
3. When transferring calls on the AES line the Fire call taker needs to handshake with the other service call taker before releasing call ~~Can add this to the IVR Process, but do we also want to discuss with Police and Ambulance how we can speed up this process? Perhaps a nominated number of Police and Ambulance call takers have the AES queue at a slightly higher priority so we are not on hold like other members of the public on the 111 line? With Police we can get the supervisors attention and transfer the call to a selected call taker. With ambulance more difficult and delays have occurred such as with Tim Reynold's 'baby convulsing' last night~~
4. When carrying out handshake, explain to the Police / Ambulance call taker you are about to transfer a 111 call to them requesting Ambulance or Police and regarding an event already interCAD'd to them
5. Ambulance call transferred to WFA via AES line and connected with a dispatcher, the dispatcher said would have to transfer to a call taker but after 2 minutes no answer. Fire Call taker had to hang up and try again.
6. Call taken to '20 mth baby unconscious and having convulsions' in Southcoms. Due to call takers perceived seriousness of the incident Fire were also responded. Suggestion to explore training around providing basic CPR information to callers over the phone for those occasions when experiencing delays in Ambulance answering (could use back side of laminated 'question sheet' on each desk for quick reference – accessing via SOPs slow in the heat of the battle).
7. Amount of verbal feedback that staff do not feel adequately prepared for taking calls for the other agencies, in particular ambulance. Basic training would be well received. The questions are great but quickly end if the caller says the patient is unconscious and not breathing, and are of limited help when attempting to transfer the caller to a busy AES line. ~~Suggest we investigate option 3 above further~~
8. Note Shift Managers support of the IVR (Tim's email)

Thanks

Karl Patterson
Centre Manager | Southern Fire Communications
68 St Asaph St | PO Box 136 Christchurch 8011



9(2)(k)



Email: karl.patterson@fireandemergency.nz

Web: www.fireandemergency.nz

Released under the Official Information Act

Mihaka, Moana

From: 9(2)(g)(i)
Sent: Tuesday, 31 October 2017 11:00 PM
To: Patterson, Karl
Subject: F2407582 IVR Trial Feedback

Hi Karl,

F2407582 – 111 call meant for Ambulance received by Fire.

I took this call – distressed father with an unconscious 20 month old baby having convulsions. Due to my perceived seriousness of the call I responded Woolston and sent the Job to Ambulance via Intercad. I then attempted to transfer the call to Ambulance however the caller hung up before the call was connected.

I would like to suggest that we explore the idea of some sort of basic medical (CPR) training in the form of providing advise to callers. I understand that in most cases these types of calls will be easily handled by Fire call takers by taking the details and transferring the call to Ambulance. My concern is when we are unable to transfer the call in a timely manner e.g. no Ambulance call handlers available.

I am a reasonably experienced Communicator and Operational Fire Fighter 9(2)(g)(i)
I do believe however that the customer in this instance actually received help faster in the form of Woolston Fire than they might have normally if the call had gone direct to Ambulance.

I very much support the IVR system , as this case proves the caller was not connected to the correct service however they received help in a timely manner.

Cheers

9(2)(g)(i)

Shift Manager

9(2)(g)(i)

Mihaka, Moana

From: Wills, Jan (CentralCom)
Sent: Monday, 30 October 2017 8:45 AM
To: Patterson, Karl
Subject: RE: New IVR Trial

Hi Karl – for your info:

We had several periods of IVR activation yesterday morning. During these times Central answered some 111 calls where the callers hung up after hearing "Fire where is your emergency?" My communicators then initiated callbacks to those phone numbers to check if Fire were required.

It is not only abandoned prior to answering calls that need checking – it is hangups after answering as well.

Cheers
Jan

From: Patterson, Karl
Sent: Saturday, 21 October 2017 10:30 a.m.
To: Reynolds, Tim (Southern Comcen) ; Ruru, Megan ; Munro, Chris
Cc: Comcen Notifications
Subject: Re: New IVR Trial

Thanks Tim.

When shift managers carry out their regular checks while the IVR is activated, please select all 3 Centres Fire 111 queues. If a 111 call for another Centre shows as not being assigned to a call taker, check the other Centre's Shift Manager is aware.

If anyone has questions regarding this procedure or the IVR in general, please ask.

Thanks

Karl

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: "Reynolds, Tim (Southern Comcen)" <Tim.Reynolds@fireandemergency.nz>
Date: 21/10/2017 9:56 am (GMT+12:00)
To: "Ruru, Megan" <Megan.Ruru@fireandemergency.nz>, "Munro, Chris" <Chris.Munro@fireandemergency.nz>
Cc: Comcen Notifications <comcen.notifications@fireandemergency.nz>
Subject: RE: New IVR Trial

Hi All,

Sent on behalf of Karl.

Procedure

When the Spark IVR is implemented each Shift Manager in each Centre shall;

1. Log into Solidus Report Manager – Call Records.
2. Set the date and time range from the time the IVR was implemented until a time in the future.
3. Set the Service Group criteria to the appropriate Comcen. Example South 111, Central 111, North 111
4. Set the Caller Number field in numerical order. (Click on the header “Caller Number” this will put the numbers in numerical order. Makes it easier to identify duplicate calls.)
5. Monitor Call Records and refresh every 15 minutes to a time in the future to capture the most recent calls.
6. Any call that has no Agent assigned under the Agent field needs to be checked to ensure that no other calls were received. If no other calls were received , follow up with a call to the number to confirm no emergency or response is required.

Cheers

Tim Reynolds

Shift Manager

Southern Communication Centre

68 St Aspah St, PO Box 136, Christchurch 8140



9(2)(g)(i)

From: Ruru, Megan

Sent: Saturday, 21 October 2017 12:14 a.m.

To: Munro, Chris <Chris.Munro@fireandemergency.nz>

Cc: Comcen Notifications <comcen.notifications@fireandemergency.nz>

Subject: RE: New IVR Trial

Kia ora Chris,

Tonight at 2107hrs a text was received on the SM's mobile phone stating "From 111 ICAP: 111 IVR has been activated".

Another text at 2226hrs was received advising "111 IVR has been deactivated".

It appears this may be the process that ICAP are going to use rather than ringing the SM Southern as outlined in the email below.

The IVR ABANDONED 111s CHECK in Solidus Report Manager is still not loaded against Northern or Central however the report was run by accessing it through Southern's templates.

Cheers,

Megan Ruru

Shift Manager

Northern Communications Centre



9(2)(k)

megan.ruru@fireandemergency.nz
www.fireandemergency.nz

From: Munro, Chris

Sent: Wednesday, 18 October 2017 4:53 PM

To: Comcen Notifications <comcen.notifications@fireandemergency.nz>

Subject: New IVR Trial

All,

From tomorrow morning 19 October 2017 at 0700 Spark will begin a 3 week trial of the IVR. This trial period encompasses Labour weekend and Guy Fawkes.

This means that if the trigger point of **8 x 111s queued for longer than 40 seconds** is reached, the IVR will be activated by Spark.

The IVR is where a 111 caller has to push 2 for Fire, 3 for Ambulance, 4 for Police and bypass the ICAP 111 Operators – they go direct to the service they request, which if busy means they will queue until the next available operator becomes free to take their call.

Process

At any time the IVR is activated, a phone call will be made by the ICAP Supervisor to the Southern Fire Shift Manager who will then alert;

- The Fire Shift Manager in Northern and Central who will in turn advise their respective Police Shift Commander

In addition to this, a text will be sent to each Centre's Fire Shift Manager cell phone.

- While the IVR is activated, each Centre will have to run the 'IVR ABANDONED 111s CHECK' in Solidus Reporting to identify any 111s that have hung up before we can answer (located under Southern user templates in Solidus Reporting). Then ring these numbers back to confirm we have responded if necessary. Each Centre Shift Manager needs to work together to ensure all 111s have been actioned

The IVR will be deactivated after 30 minutes if a discussion between the ICAP supervisor and the busy agency determines the workload has reduced to below 5 calls queued.

Two important points to note;

1. If a caller rings 111, pushes 2 for Fire and abandons the call before we answer – we will need to initiate a call back to determine whether there is an emergency. A template has been created in Solidus Reporting called 'IVR ABANDONED 111s CHECK' under Southern's templates which shows all Centres abandoned 111s. This will be added to the other Centres templates. Southern Police have taken on the responsibility for checking for Police abandoned calls nationally. Given our semi virtual environment we can do it individually in each Centre rather than give the responsibility to one Centre. This provides checks and balances. **This report will need be run regularly** and shift managers should work together to ensure when new abandoned calls are identified they are actioned.

2. The recording at the ICAP that tells callers to 'stay on the line, delay in answering due workload' won't play when 111s queue at the busy service and the IVR is activated. We may want to look at the possibility of a similar recording at each agencies end for when the IVR is on.

Thanks

Chris Munro
Operations Manager
Southern Communications Centre



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Mihaka, Moana

From: Phillips, Jaron
Sent: Saturday, 21 October 2017 3:23 PM
To: Patterson, Karl; Stevenson, Peter; Smith, Eric
Cc: Reynolds, Tim (Southern Comcen); Wills, Jan (CentralCom)
Subject: FW: IVR feedback from Fire - 21 October

Hi all, duty inspector up here asked for my feedback on the IVR activations today.

Here's some calls we experienced for your info too.

Cheers,
Jaron

From: Phillips, Jaron
Sent: Saturday, 21 October 2017 3:22 PM
To: 'kerry.watson@police.govt.nz'
Subject: IVR feedback from Fire - 21 October

Hi Kerry,

As discussed today, it was immediately apparent as soon as IVR was activated as we experienced calls not meant for Fire:

- Member of public reporting someone "invading" their property... Realising they were answered by Fire, caller said "I didn't call for a fire truck and hung up"
- Another caller saying "I wanted Police"
- Another where our calltaker stayed on the phone to a male who had taken 22 sleeping tablets. We immediately dispatched a fire crew and remained on the line until Fire entered his property to provide first aid until Ambulance arrived.
- Several other calls which were disconnected after Fire answered – presumably they heard they were answered by Fire and hung up. These calls do not feature in our IVR abandoned report, nor do they stand out in call records as an agent has been assigned.

Cheers,

Jaron Phillips
Shift Manager



Dalley, Amelia

From: Patterson, Karl
Sent: Wednesday, 13 December 2017 5:44 PM
To: Comcen Managers + Ops Managers
Subject: RE: IVR meeting discussions

Should add...

IVR activation fatigue was discussed, in particular our concerns. The majority view was it is preferable not to activate the IVR unless actually required, rather than just forecast.

So this is the route we are taking.

From: Patterson, Karl
Sent: Wednesday, 13 December 2017 5:42 PM
To: Comcen Managers + Ops Managers
Subject: IVR meeting discussions

Hi

Result of today's meeting.

Police tension points discussed. Average issues for this weekend, short periods, nothing major (from Police perspective) although a couple of pretty poor performances expected. Because these relate to short periods and last weekend even the forecasted poor performance periods didn't eventuate in every case, it was discussed and agreed to not put the IVR on for scheduled periods unless trigger reached. If the trigger is reached it will go on with no discussion with anyone, just normal notifications.

Outside these trigger periods, it will be a discussion and with agency causing the issues. We are also keen to test the IVR to make sure the changes will actually work – in addition to the above. Expect some correspondence from Tania with tension dates / times and the agreed process most likely tomorrow.

Southern Fire will continue to notify Police (to make sure they have seen their texts). All Centres are to manage their own abandoned calls, but help each other if one Centre is busier etc. The agency causing the delays will be included in the text message, when they are happy for the cancellation of the IVR they are to return text stating so, or phone ICAP supervisor.

SM pagers will activate in addition to text messages. If this is successful we will remove the need for the ICAP phone call.

Cheers

Karl Patterson
Centre Manager | Southern Fire Communications
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Dalley, Amelia

From: Patterson, Karl
Sent: Wednesday, 17 May 2017 1:51 PM
To: Southern Comcen Managers & RSM; Comcen Managers + Ops Managers
Subject: Impact of multiple 111s on ICAP / Emergency Services
Attachments: Emergency_2C.WAV

Hi all

Gavin Travers and I attended the 111 Quarterly Meeting last week held between Spark and the 3 emergency services.

Spark raised concerns about the number of complaints (examples attached) they have had to field lately that were not due to the ICAP (Initial Call Answering Point, aka Spark 111 Centre), but overloading of one or more emergency service who were too busy to receive additional 111s.

They have requested we educate our staff (particularly Shift Managers) around the following common scenario so they can deal with any queries at the time rather than look to Spark for explanations.

Spark have approx. 6 operators on duty at night, and 8 during the day, often more for forecasted busy times. When a large number of 111s occur at the same time such as a MVA on a motorway, large fire, typical Saturday night for Police - the Spark ICAP operators very quickly get tied up with 111s, waiting for an available call taker at whichever emergency service(s) is impacted. While the ICAP Operators have 111 callers 'on hold', they are unable to receive further 111s for any of the 3 emergency services, even if there are plenty of call takers available, for example at Fire.

When this happens, the **attached recording** is played to the caller. Sometimes callers that hear this do not listen to the actual message but simply assume their 111 is not being answered, and complain that they got an 'answer phone message'. This can then translate into complaints to the emergency services when they do get through.

So we just need to remember if an emergency service is busy because of multiple 111s, as soon as all their call takers are tied up, Spark have to hold additional 111s until someone comes free. Because of this, when all the Spark operators are busy with queued 111s, they also cannot receive any additional 111s for any of the emergency services, regardless of how quiet they are.

Unfortunately, chucking more ICAP operators in the mix is not a viable solution. Police cause the biggest impact and are working on reducing their number of 111s through initiatives such as a Single Non-emergency Number (SNEN) coming on line in the near future and the Crime Reporting Line (CRL).

The use of the Integrated Voice Response (IVR) when 111 loading reaches a certain trigger threshold is also being discussed (press 2 for Fire etc.).

We should also remember, that in the past we have had issues with Solidus where no 111 calls could be presented to either Police or Fire. If both agencies go quiet it could be for another reason!

Thanks

Karl



Karl Patterson
Communications Centre Manager

New Zealand Fire Service

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