



Collaboration and multi-agency working during the COVID-19 pandemic

Phase 1: 24 March 2020 (start of lockdown) – 21 May 2020

(now including new Appendix 5 with 2020/21 figures)

Produced by the south west fire and rescue services on behalf of NFCC South West





Ready. Willing. Able.

#ReadyWillingAble

During Phase 1 of the COVID-19 pandemic, fire and rescue services across the south west have been proud to provide:

- 200+** FRS volunteers to support the ambulance service
- 15** ambulances crewed by FRS staff
- 2.5%** per week increase in ambulance capacity (~400 patients/week)
- 75** Category 1 (immediately life threatening) emergency calls attended
- 1200+** calls allocated to FRS-crewed ambulances
- 2** babies delivered
- 9million+** items of PPE delivered by FRS staff
- 1** non COVID-19 major incident dealt with

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Introduction

Following growing worldwide concern about an emerging novel coronavirus towards the start of 2020, the World Health Organisation (WHO) declared a pandemic on 11 March in response to the rapid spread of the COVID-19 virus across the globe. At the time of the declaration, there were more than 20,000 confirmed cases and there had been almost 1,000 deaths in the European Region with northern Italy being particularly hard hit.

In the press conference declaring the pandemic the WHO Regional Director for Europe, Dr Hans Henri P. Kluge, said:

“More and more countries are now experiencing clusters of cases or community transmission. We expect that in the days and weeks ahead, the number of cases and the number of deaths will continue to rise rapidly, and we must escalate our response in such a way as to take pre-emptive action wherever possible. Such actions may help to delay the pandemic, giving health-care systems time to prepare and assimilate the impact.”

On 16 March, HM Government introduced daily televised briefings at No. 10 Downing Street – at which point the UK death toll from COVID-19 stood at 55 and the Government had yet to introduce lockdown measures. Over the next few days the situation escalated rapidly and on the evening of 23 March, the Prime Minister addressed the nation on television and announced a mandatory lockdown to try and slow the spread of the deadly disease. He said:

“The coronavirus is the biggest threat this country has faced for decades – and this country is not alone. All over the world we are seeing the devastating impact of this invisible killer. Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope; because there won’t be enough ventilators, enough intensive care beds, enough doctors and nurses.

“From this evening I must give the British people a very simple instruction - you **must** stay at home.”

With those words, the national challenge began with a lockdown which would eventually last for over 100 days. We were only allowed to leave our homes for very limited reasons including food shopping as infrequently as possible, one form of exercise per day, medical appointments or providing

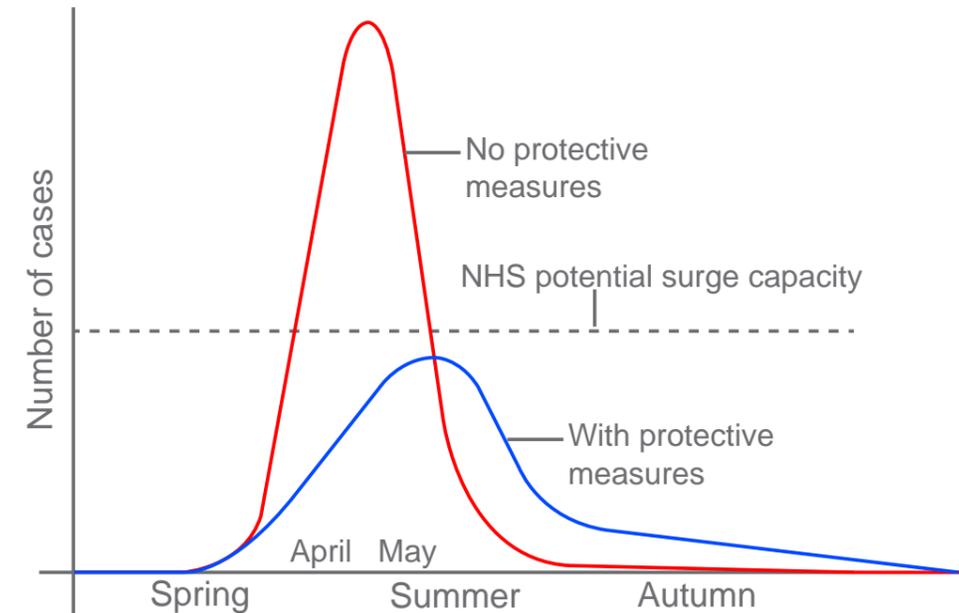
care to vulnerable people. Travelling to work was only permitted where it was impossible to work from home and we could not meet family or friends living outside our own homes. Technology rapidly assumed greater importance in our lives and we became much more familiar with apps like Zoom, MSTeams and Houseparty. The message was clear: **stay home > protect the NHS > save lives.**

On Friday 20 March, schools across the country closed their gates indefinitely and only remained open to vulnerable children and those of key workers. Exams were also cancelled. Traffic on the roads reduced sharply as people heeded the instructions to stay at home and levels across the south west in April fell to about 20% of those seen during the same period in 2019.

National Fire Chiefs’ Council COVID-19 position statement

In March 2020, the NFCC issued a position statement which confirmed that the Government’s objectives in the response to the pandemic were to deploy phased actions to contain, delay and mitigate any COVID-19 outbreak, using research to inform policy development. As a result, the NFCC issued a number of strategic intentions to fire and rescue services to be considered alongside local business continuity plans, flu pandemic guidance, Local Resilience Forums’ pandemic flu plans and public health advice issued to employers and the public. The advice reflected the Government’s decision to move from contain to delay – that is, action taken in order to slow the spread across the country and to lower the peak impact (or to ‘flatten the curve’) while moving it away from the winter season in order to protect the NHS.

‘Flattening the curve’



NFCC strategic intent: To **delay** and **mitigate** the impact of COVID-19 across the UK in order to protect our communities.

NFCC intentions:

- To proactively protect our communities and limit the spread of COVID-19.
- To ensure the safety and wellbeing of our staff in the pursuance of their duties.
- To maintain an effective **emergency response** – we will continue to respond to all incidents.
- To maintain essential **preparedness** activity – we will continue to prepare, train and exercise against foreseeable risk with a focus on core competencies.
- To **protect** our communities from fire – we will adopt a risk-based approach to protection activity, enforcement action will continue based on a suitable and sufficient risk assessment.
- To **prevent** the impact of fire and other emergencies on our communities – we will adopt a risk-based approach to prevention – very high risk interventions (home safety checks/safe and well visits) will continue based on a suitable and sufficient risk assessment.
- To ensure effective business continuity, procurement and recovery arrangements are in place throughout the sector.
- To ensure that the sector’s response is co-ordinated and integrated with other responding agencies, promote shared situational awareness and joint understanding of risk.
- To support a return to normality.



The Government’s action plan stated:

“Delaying the spread of the disease requires all of us to follow the advice. The benefits of doing so are that if the peak of the outbreak can be delayed until the warmer months, we can reduce significantly the risk of overlapping with seasonal flu and other challenges (societal or medical) that the colder months bring. The delay phase also buys time for the testing of drugs and initial development of vaccines and/or improved therapies or tests to help reduce the impact of the disease.

“Some actions will have social costs where the benefit of doing them to delay the peak will need to be considered against the social impact. The best possible scientific advice and other experts will inform any decision on what will be most effective.”

(Note: the NFCC strategic intent and intentions were subsequently updated in June 2020, but the March 2020 edition was current during Phase 1 of the pandemic which is covered by this report.)

FBU-NFCC-NJC Tripartite Agreement

On 24 March 2020 and following constructive tripartite discussions, the NFCC, Fire Brigades’ Union and the National Joint Council for Local Authority Fire and Rescue Services (‘the National Employers’) formally acknowledged that the fire and rescue service is a vital ‘blue light’ service that had the capabilities to support our communities through the national emergency caused by the COVID-19 pandemic. All three parties were in agreement that the wellbeing of fire and rescue service staff was extremely important, and so too was serving our communities during such difficult and challenging times.

Between 24 March and 23 April 2020 as the national response to the pandemic developed, the FBU, NFCC and National Employers developed and continually reviewed a Tripartite Agreement detailing the additional areas of work which could be undertaken by fire and rescue service staff as part of their contribution to the national effort in response to COVID-19. The sixth version of the agreement in force at the end of Phase 1 on 21 May 2020 is reproduced at Appendix 2 and included:

- providing support to the ambulance service – including driving ambulances (under both emergency and normal road conditions) to provide extra capacity and resilience;

- delivery of essential items such as food and prescriptions to vulnerable members of the community, including those shielding due to pre-existing health conditions which made them especially susceptible to coronavirus;
- providing assistance to HM Coroners and local authorities in the movement of excess fatalities during the pandemic;
- providing face-fit tests for the protective masks used by frontline NHS and clinical care staff working with COVID-19 patients;
- the delivery of personal protective equipment (PPE) and other medical supplies to NHS and care facilities;
- assisting in taking samples for COVID-19 antigen testing (swab tests); and
- the assembly of single-use face shields for the NHS and other frontline care staff.

Fire and rescue staff step up to assist

Against the background of the developing pandemic and the national agreement of areas where our staff could assist beyond their usual roles, volunteers from fire and rescue services across the south west stepped up to provide vital support to their communities despite the potential additional risks to their own health.

Discussions with South Western Ambulance Service NHS Foundation Trust quickly resulted in a regional agreement for phased ambulance support which was signed on 14 April 2020. Firefighters used their existing emergency driving and trauma care skills to work alongside ambulance service colleagues to respond to over 1,700 calls during Phase 1 of the pandemic and further details are provided in one of the case studies presented in this report.

In other areas, firefighters volunteered for a range of other activities detailed within the Tripartite Agreement including the delivery of food and prescriptions to vulnerable members of our communities, managing the logistics of storing and distributing vital PPE supplies and assisting HM Coroners with collecting bodies from the community and managing temporary mortuary facilities. The wellbeing of our staff remained paramount throughout and was carefully monitored as they undertook work which they would not normally be doing, often in highly stressful and emotive situations.

Throughout the pandemic, fire and rescue services across the south west have worked alongside our partner agencies to provide an integrated response to our communities’ needs. We have co-ordinated our contributions through well-rehearsed arrangements put in place by the Local Resilience Forums across the region whilst continuing to provide our critical services despite the additional pressures produced by the coronavirus pandemic.

Roy Wilsher, Chair of the National Fire Chiefs’ Council said:

“The way all fire and rescue services have adapted to the pressures of COVID-19 has been second to none. This is what the FRS does best – ensuring those who need help, receive help.

“At the same time, they have maintained the delivery of our core duties and their dedication and commitment has been clear to see. The fire and rescue service has stepped up and carried out this work professionally with the community at the heart of its response – our ‘can do’ ethic and the use of our existing skills, competence and capabilities has been exemplary.”

Conclusion

From the start of the COVID-19 emergency we set ourselves three clear strategic goals: to maintain our critical operations which protect lives and livelihoods; to protect the health, safety and wellbeing of all our staff and the public; and to remain agile, adjusting our response as necessary in the light of developments.

During Phase 1 of the pandemic we’ve faced three main challenges.

The first has been strategic: managing in ambiguous circumstances. There is still a lot we don’t know – about the virus, about how long social distancing will be necessary, about the longer term Government response, about how the economy will cope, and how the businesses and partners we work with will react – which is why we need to stay agile.

The second challenge has been operational. Our critical functions haven’t stopped during lockdown and, thanks to extensive business continuity planning we’ve always been here whenever our communities have needed us in an emergency. That said, the way in which many of our prevention, protection and corporate support activities have been delivered inevitably changed as many of our staff adapted to the challenges of working from home and, in many cases, juggled with additional

responsibilities of home schooling and caring for vulnerable friends and relatives.

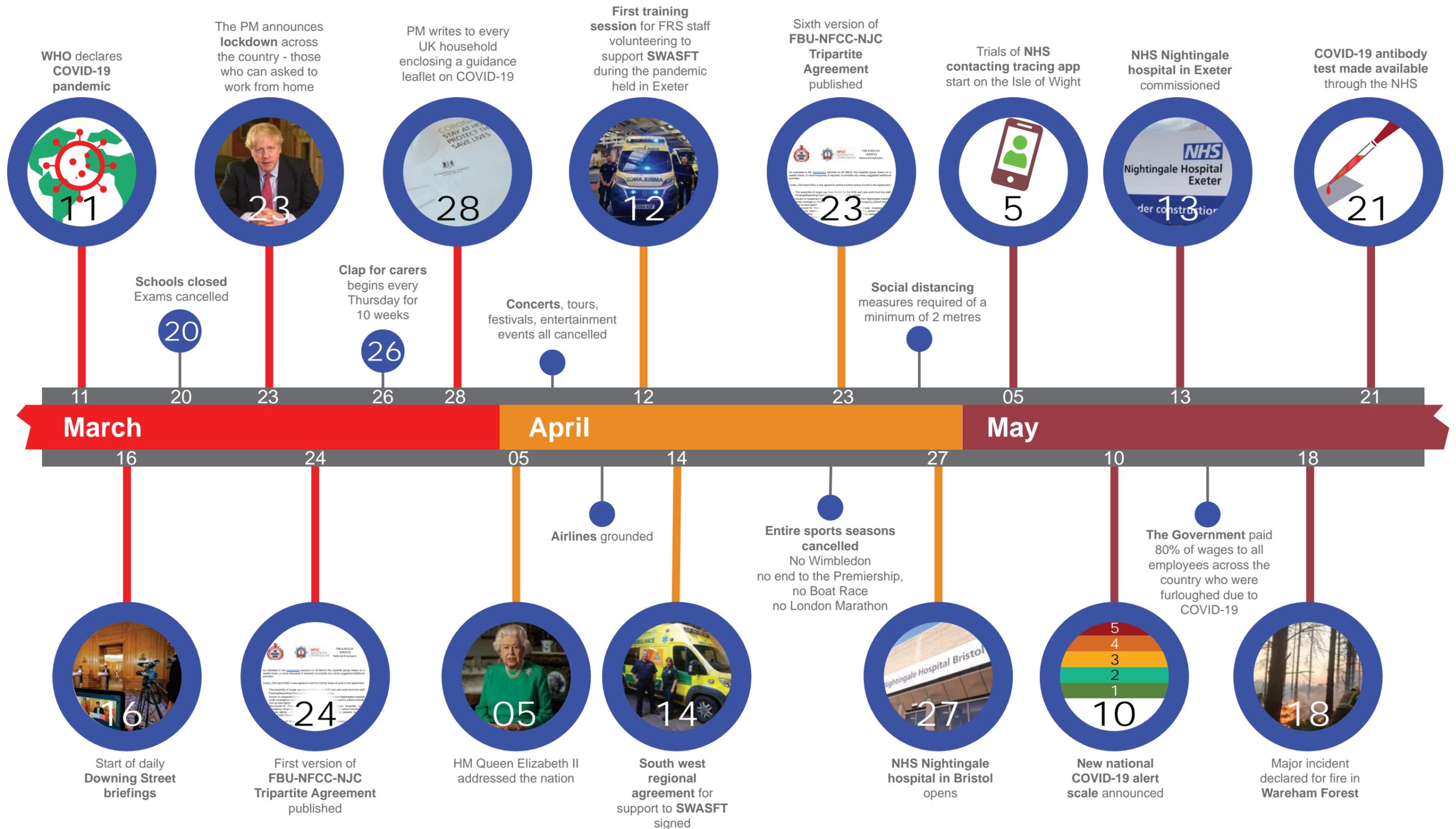
And the third challenge is the human element: maintaining staff wellbeing, purpose and morale. Some of our staff have welfare needs which cannot be met at home and many will have ongoing caring responsibilities which they need to balance with other aspects of their daily lives. As the restrictions of lockdown continue to ease, the ongoing welfare of our staff continues to be at the forefront of our minds.

On behalf of NFCC South West, Chief Fire Officer Mick Crennell said:

“Our incredible teams have risen to the challenge yet again, using their skills and experience to support our fantastic NHS and healthcare colleagues who have been working non-stop during the pandemic. As well as maintaining a full emergency fire and rescue service, our staff from across the whole region have worked incredibly hard to prevent the spread of COVID-19 and proudly assist our partners wherever we could.”

COVID-19 pandemic timeline

Phase 1: 24 March 2020 (start of lockdown) – 21 May 2020



Part 1: Activities under the Tripartite Agreement

Support to the ambulance service

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.5, 2.1, 3.1, 3.2

Situation:
 On 31 March 2020, South Western Ambulance Service NHS Foundation Trust (SWASFT) formally asked five of the six south west fire and rescue services (FRS) to provide ambulance drivers in support of surge planning and the wider NHS response to the COVID-19 pandemic emergency.

Task:
 SWASFT worked collaboratively with the FRSs to develop a Concept of Operations (ConOp) as a specification for this mutual aid request. This document included reference to the Tripartite Agreement, involved positive support from local union representatives, used the NFCC risk assessment and was signed off by SWASFT and all FRSs on 14 April 2020. As a result, SWASFT ambulance capacity increased by an average of 2.5% per week (approximately 400 additional patients per week).

Action:
 To facilitate the ConOp, SWASFT invested in a fleet of 15 additional ambulances, equipping them to SWASFT standards to meet patient needs effectively.
 The ambulance driver training for the FRS volunteers was delivered collaboratively across the region. The first training session took place in Exeter on 12 April 2020 and involved teams from both Cornwall Fire & Rescue Service and Devon and Somerset Fire & Rescue Service. The volunteers from all FRSs had their emergency response driving (ERD) 'blue light' qualification, most had first aid skills and all were required to have current enhanced DBS checks. Over 200 FRS volunteers have been trained across the region.



The project has attracted very positive media coverage across the region with the BBC covering the first training session at the Devon and Somerset Fire & Rescue Service Academy site at Exeter Airport. The first ambulances went live on 15 April at Torquay and Taunton, with the fifteenth in service by 6 May 2020. The ambulances were located strategically across the region at both ambulance and fire stations in order to maximise utilisation against predicted surge demands on SWASFT services as follows:

County (Fire & Rescue Service area)	Ambulance locations (call-sign)
Cornwall (Cornwall FRS)	Launceston (FS01), Newquay (FS02),
Devon (Devon and Somerset FRS)	Torquay (FS03), Exeter (FS04), Bideford (FS05)
Dorset (Dorset and Wiltshire FRS)	Dorchester (FS06), Bournemouth (FS07)
Somerset (Devon and Somerset FRS)	Taunton (FS08), Shepton Mallet (FS09)
Wiltshire (Dorset and Wiltshire FRS)	Salisbury (FS10), Swindon (FS11)
Avon (Avon FRS)	Nailsea (FS12), Bristol (FS13)
Gloucestershire (Gloucestershire FRS)	Staverton (FS14), Gloucester (FS15)

The number of incidents attended over Phase 1 of the pandemic increased as the fifteen ambulances were phased in.

The ConOp has two phases. The first phase involved ambulances to be crewed with SWASFT Emergency Care Assistants (ECAs) and to operate as Patient Support Vehicles (PSVs) attending lower acuity calls, although as can be seen below have been mobilised to Category 1 and Category 2 incidents where there has been immediate life risk and they were the closest asset, in order to deliver lifesaving interventions whilst awaiting arrival of SWASFT advanced medical skills. Initially the ambulances were driven under normal road conditions, but following further assessment by SWASFT – and in recognition of firefighters' blue light driving skills – the PSVs are now driven by the FRS volunteers using blue lights when deemed necessary in order to ensure rapid delivery of patient care.

Phase two will see the ambulances become dual-crewed with paramedics and attend all category types.

w/c	13/04/2020	20/04/2020	27/04/2020	04/05/2020	11/05/2020	18/05/2020	Totals
Cat. 1	1	6	11	15	26	16	75
Cat. 2	0	11	28	40	39	40	158
Cat. 3	5	12	27	55	50	70	219
Cat. 4	2	3	9	10	10	21	55
Cat. 5	3	5	15	29	33	29	114
HCP/ IFT Levels 3 and 4	12	25	72	104	109	142	464
Totals	23	62	162	253	267	318	1085

Notes:
Cat. 1 call: Ambulance calls that are classified as life-threatening and needing immediate intervention and/or resuscitation, eg cardiac or respiratory arrest.
Cat. 2 call: Ambulance calls that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport.



Result:

"The overall experience has been very worthwhile, interesting, and rewarding; it's given me the feeling of achievement and overcoming a new challenge. I have met some wonderful people within SWASFT, and have really enjoyed being able to have 1-on-1 contact with patients. It's been an amazing time and to have been part of this wonderful venture makes me very proud to have known I helped make a difference to our communities though a very difficult and challenging time within our country."

FRS Volunteer Ambulance Driver

"We are delighted about this partnership with fire service colleagues across the south west to support our frontline care of patients."

"The partnership will enable us to make more efficient use of our resources, and help us deal with the expected increase in demand over the upcoming weeks."

"This will mean we are better equipped to reach those most patients in need of our care, and ultimately to save more lives."

Derek McCullough, SWASFT Interoperable Capabilities Officer

And so far we have delivered two babies!

(See also Appendix 3: Total ambulance service assistance figures on page 43.)

“It’s been an amazing time and to have been part of this wonderful venture makes me very proud to have known I helped make a difference to our communities”

FRS Volunteer Ambulance Driver

“We are delighted about this partnership with fire service colleagues across the south west to support our frontline care of patients”

Derek McCullough, SWASFT Interoperable Capabilities Officer

Assistance to HM Coroner and body recovery

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.5, 2.1, 3.1, 3.2

Situation:

By 23 March 2020 hospitals, undertakers and crematoria were reporting a huge strain on the processing of the deceased due to the emerging pandemic. With an upsurge in expected demand, Local Resilience Forums (LRFs) stood-up Mortality Planning Cells to assist HM Coroners in Dorset and Gloucestershire.

On 26 March 2020 the second version of the formal Tripartite Agreement was signed by the NFCC, National Employers and the Fire Brigades' Union agreeing to additional activities being carried out by fire and rescue services in support of joint working in response to the pandemic. This included delivering essential items such as delivering food and medicines, driving ambulances and assisting ambulance staff, as well as transporting those who had sadly died with COVID-19.

Task:

The Mortality Planning Cell stated its strategic aim to “treat the deceased with dignity and respect and to ensure correct identification and certification, whilst protecting those who are involved in the process.” The cell needed to identify a temporary mortuary, staffed by attendants with the skills needed to look after the deceased, and set up a body recovery team (Gloucestershire FRS only) to collect the COVID deceased from hospitals and within the community and transport them to the temporary mortuary.

Action:

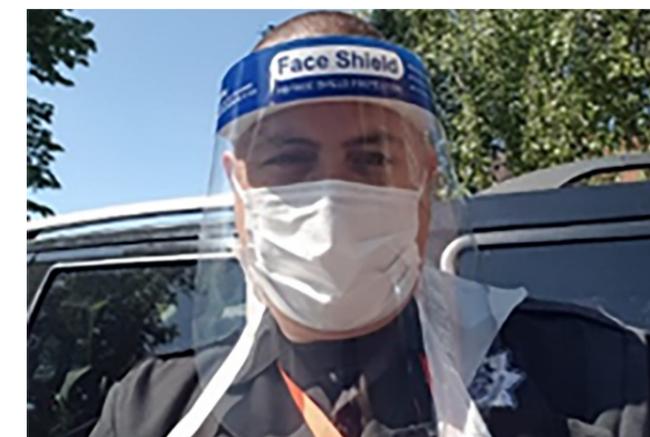
Avon Fire & Rescue Service and Devon and Somerset Fire & Rescue Service

Both Services were in a position to provide support to their respective Coroners if they received the request via their LRFs or councils. For Avon Fire & Rescue Service this meant being able to support body recovery in Bath & North East Somerset and South Gloucestershire, as well as providing administrative support to HM Coroner for Avon.

Dorset and Wiltshire FRS

Following the Tripartite Agreement, Dorset and Wiltshire Fire & Rescue Service sent a questionnaire to its staff asking for volunteers for the areas of work that were identified within that agreement. Twelve individuals (seconded wholetime firefighters) were selected to support the local LRF Mortuary Support Facility (MSF) with the receiving, processing and storing of the deceased. The facility had a capacity of 500 and was designed to operate alongside existing undertaker and mortuary arrangements. The 12 individuals were split into two teams of six, working a four-day shift pattern.

Every volunteer received an assessment from the Service’s Mental Health and Wellbeing Team which included health checks and a questionnaire. Whilst working in the MSF, the volunteers received regular welfare checks from the Service and once the facility had been stood down, a TRiM assessment was completed for each individual.





Gloucestershire Fire & Rescue Service

Gloucestershire Fire & Rescue Service had anticipated the need to assist, so had asked for volunteers prepared to work in the areas covered within the Tripartite Agreement – 63 individuals had put themselves forward for mortuary work and body recovery. Similarly, each of the volunteers received a mental health assessment and were selected on driving skills and availability. An administration team was appointed to organise and supervise a 24/7 body recovery capability. A dedicated phone line was set up, along with a 24/7 welfare facility and lease vehicles were retro-fitted for the task.

The body recovery team operated in pairs, three during the day and one at night. Eight mortuary attendants from Gloucestershire Fire & Rescue Service worked with police colleagues at the temporary mortuary to process and store the deceased by both day and by night. The Gloucestershire Fire & Rescue Service Welfare Cell made regular contact with all of its volunteers, and TRiM practitioners called each team member after each shift.

Result:

The team was set up and operational within a week of the LRF request. PPE was secured and a training day was delivered by police disaster victim identification (DVI) teams, HM Coroner and the fire and rescue service. 120 deceased from hospitals and the community were transported and stored in the first week. This freed up capacity in the hospitals. In total, 386 deceased were transported, processed and stored over the period of operation.

By 23 May 2020 capacity in hospitals, undertakers and crematoria had increased and the team was stood down. A strategic debrief took place on 10 June 2020 led by HM Coroner Katy Skarrett. The temporary mortuary has now been 'mothballed' in case there is a resurgence of COVID-19 and the team remains poised to restart operations if the need arises.

Learning:

- The value of mental health evaluation for staff.
- The value of joint working to resource operations.
- Critical incident debriefing (TRiM) and its contribution to outcomes.
- Flexibility and agility during major incidents.
- Agreements, method statements and risk assessments have been shared with other fire and rescue services.

Protective mask face-fitting and personal protective equipment

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.5, 2.1, 3.1, 3.2

Situation:

At the outset of COVID-19, the Fire Service National Employers, Fire Brigades' Union and the National Fire Chiefs' Council had recognised the COVID-19 pandemic as a UK-wide crisis that would increasingly test the capacity of the fire and rescue service (FRS) and other public sector service providers, in protecting the public from the impacts of the pandemic; particularly those groups who are most vulnerable and isolated, whilst mindful of the requirement to maintain the delivery of core responsibilities.

It soon became apparent that the need for frontline workers to be protected with the appropriate personal protective equipment (PPE) would overwhelm the current systems in place for delivery, storage and testing of PPE within many NHS settings - from hospitals, ambulance services and healthcare trusts.

Task:

There were two workstreams that needed support:

- The first was to look at the feasibility of FRS staff and/or equipment in supporting the fitting and testing of facemasks for frontline NHS staff.
- The second was to ease the pressure on the supply chains of the PPE, in regard to the storage and delivery of PPE to healthcare premises.

Action:

Generally speaking, FRSs have equipment and staff already trained in the fitting of face masks within each individual Service. However, there are many different types of masks and testing kits available.

Each FRS needed to ascertain if they could:

- supply already trained staff and equipment or train staff in this process, who could then assist the NHS in helping to protect its frontline workers; and
- ascertain where the pressures were within the PPE supply chain and where the local FRS could assist.

Result:

Face mask fitting

All the FRSs within the south west region have been supporting this workstream in one form or another.

Dorset & Wiltshire FRS has been supporting many key partners to ensure they have correctly fitted PPE. During May 2020, Dorset & Wiltshire FRS – who are accredited Health and Safety Executive face-fit testers – set up mobile testing pods. They fitted appropriate facemasks for ambulance, hospice and healthcare employees across eight different locations carrying out hundreds of tests to date. The team is now supporting vulnerable adults and children in Dorset by testing private healthcare budget holders at testing stations in Dorchester, Poole and Weymouth; whilst in Wiltshire and Swindon they are carrying out tests for GPs and





carers in the community. Following public health guidance, testing has been carried out for care providers who need to wear FFP3 masks in order for them to attend and care for patients who need aerosol generating procedures (AGPs), such as those on continuous positive airway pressure (CPAP) and ventilators. Wholtime firefighters have been supporting local ambulance crews to assemble PPE for South Western Ambulance Service NHS Foundation Trust (SWASFT).

Devon & Somerset FRS (DSFRS) personnel have also been trained to provide NHS/SWASFT qualitative facemask fitting. As of 18 May 2020, DSFRS has completed FFP3 face-fitting for the NHS Clinical Commissioning Group (35 nurses over four key high-risk sites).

Gloucestershire FRS staff are providing training to 320 care homes across Gloucestershire in the correct fitting of PPE and infection control. This work is ongoing and a further request has been made to support Phase 2 of the Government request to train domiciliary workers. Staff have also provided training in face mask fitting to the police COVID-19 response team and health workers.

Cornwall FRS staff have provided face-fit testing to Kernow Health CIC clinicians at Treliske training site, plus assistance in the urgent requirement to open an NHS dental surgery at Bude.

Delivery of PPE

Since the start of the pandemic lockdown, Cornwall FRS has been assisting in the delivery of PPE and other essential items to care facilities and other sites across Cornwall. This has been undertaken as part of the Local Resilience Forum organised PPE stock allocation. Stock distribution has been arranged from a central site at Cornwall Council's main offices in Truro (New County Hall) and co-ordinated by Cornwall FRS's trading arm (Phoenix

Services). Operational staff – identified through additional capacity, as a result of interim crewing arrangements and in line with social distancing – have then been utilised to deliver to sites, according to pre-arranged schedules. The number of deliveries per week has varied, depending on stock levels and demand, but has seen an average of approximately 10-12 operational staff per week used for this purpose

Gloucestershire FRS has supported the distribution of LRF deliveries of essential PPE to primary care, the local authority, Clinical Commissioning Groups and adult social care along with other organisations. This has included Gloucester North Community Fire Station being transformed into a distribution centre receiving deliveries of both LRF shipments and locally purchased items – these are then delivered by members of the Logistics Cell.

The Logistics Cell has delivered over two million items of PPE to those in need all over the county (as of 20 May 2020).

Avon Fire & Rescue Service has been assisting by providing storage of PPE at Weston-super-Mare Fire Station on behalf of the Avon & Somerset Local Resilience Forum.

Devon & Somerset FRS has been distributing medical supplies, that were initially delivered to Exeter, for further distribution. Middlemoor Fire Station was used as a distribution point with the off-loading of critical PPE/supplies. This activity was undertaken on three occasions by DSFRS personnel utilising a National Resilience telehandler.

Part 2: Maintaining our services – protecting our communities

Prevention

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

Prevention is a key function to reduce the number of preventable fires, fire- and road-related deaths and injuries in and outside the home in line with national targets, by promoting a greater awareness and improving attitudes towards community safety. The COVID-19 pandemic significantly impacted on the delivery of face-to-face community engagement prevention activities. To enable key prevention messages to continue to be delivered to members of the community, a greater emphasis on the use of other communication platforms was required, to disseminate prevention safety messages to a wider audience through social media channels.

Task:

In this unprecedented time, it has never been more important to communicate effectively. The COVID-19 pandemic changed the way we were able to communicate, making face-to-face community engagement impossible. Therefore, fire and rescue services throughout the south west sought to explore and utilise digital platforms to disseminate

prevention safety messaging for fire, road and water safety focusing on key messages, graphics, videos and photos shared on Facebook, Twitter, Instagram and TikTok to reinforce good behaviour and safe practice.

Co-ordinated communication plans were required in response to COVID-19 to ensure clear, consistent and effective fire, road and water safety messaging to raise awareness in addition to promoting the Government's COVID-19 media campaigns providing advice and guidance, to share information and maximise audience reach and engagement to reduce operational demand.

Action:

The Government campaign urging the public to stay at home to protect the NHS and save lives to fight coronavirus reinforced the importance of staying at home, to only leave to buy essentials, to do one form of exercise a day, to travel into work (but only where working at home was not possible) and for any medical or social care need. In light of the ongoing announcements from the Government



regarding COVID-19, fire and rescue services throughout the south west continued to respond to 999 emergencies during the coronavirus pandemic and robust contingency plans were put in place in order to minimise the impact and keep the public safe.

Systematic communication plans were co-ordinated to convey safety messages to the public regarding how they can help fire and rescue services and other 'blue light' emergency services by taking extra care and thinking about their safety during this period.



Fire, road and water safety advice and information was shared and communicated by means of radio, television, press releases and social media platforms. The development of the pandemic focused the prevention messaging designed to capture public attention by speaking to them directly, personally and considerately with helpful content and imagery to increase their safety and reduce unnecessary calls to the emergency services.

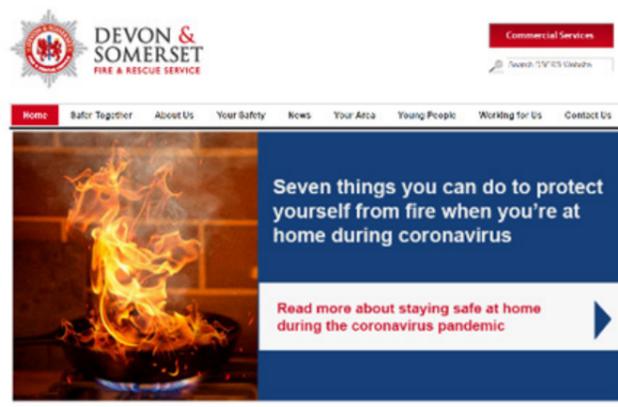
In road safety terms, although traffic had reduced dramatically as a direct result of lockdown, there was evidence to suggest that there were increased road speeds due to the much emptier roads during this period; this – coupled with the nature of a rural road network – posed an increased risk to all road users. It was also recognised that many more pedestrians and cyclists were visible due to quieter roads and people largely choosing to follow the guidelines of taking their permitted exercise from home, rather than driving anywhere in the early stages of lockdown: this led to the risk being greater for all road user groups.

Key messaging around pedestrian and cycle safety was vital, along with the important messaging to car drivers including speed and vehicle checks, as well as the need to exercise an increased awareness of safety and consideration for all road users during a period when all emergency services remain stretched.

As restrictions eased, road safety messaging remained a priority to reduce those killed or seriously injured on the roads. The public were encouraged to adopt safer practices, promote and share road safety advice across their own social media platforms to help deliver important messages whilst community engagement remained a challenge.

A risk-based approach was adopted for the delivery of home fire safety checks (HFSCs) to the most high-risk households, with the focus on protecting the most vulnerable – therefore, promotion of fire prevention safety messaging was paramount. With people confined to their homes for a prolonged period like never before, and numbers in households increased at any one time, leading to increased risks in every household globally.

Fire safety messaging focused on fire safety in the home, cooking safety, electrical safety, carbon monoxide, registration of electrical appliances, bedtime routines, outdoor fire safety messaging (including barbecue safety), bonfires, wildfires and the use of Chinese lanterns and fireworks, reinforcing safe practices and encouraging safer behaviour to help the public to stay safe. Social media was instrumental in disseminating key prevention messages to ensure that people remained as safe as possible within their own homes.



During the initial phase of lockdown water safety risks were largely mitigated, although as we moved into the relaxation phases of lockdown with people keen to get back out and continue with their day-to-day activities coupled with the warmer weather it was inevitable that visits to places where water may be encountered (beaches, lakes, reservoirs and rivers) could pose a safety risk. This was initially exacerbated by the lack of provision of lifeguards.

Increased vigilance and messages about safer behaviour around water were vital with social media providing an appropriate platform to raise water safety awareness, the dangers associated with water, adopting national campaigns and working in partnership with other safety agencies to promote water safety messages to assist in delivering important information at this time.

Social media messaging utilised a variety of information sources including locally developed priority campaign messaging, adoption of national fire, road and water safety toolkits and shared resources from other authorities across the country to increase greater awareness.

Result:

Prevention continues to be a driving force throughout this global pandemic to help keep communities safe and well until we are able to fully engage through face-to-face means.

Social media has provided the opportunity to communicate fire, road and water safety messages to a captive audience targeting specific campaigns to high-risk groups, sharing safety information, promoting key safety messages and safer behaviours around the priority areas of fire, road and water safety to help keep our communities safe and well.

Access to social media platforms enabled specific targeted messaging to appropriate audiences, engaging with the wider community enabling more effective communication through formats they use frequently, to improve knowledge, awareness and change behaviour promoting safety advice during the pandemic.

Home fire safety during COVID-19

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

As a direct result of a global pandemic, COVID-19 required all fire and rescue services to suspend a large proportion of their home fire safety activities ('safe and well' visits or home fire safety checks). Wholtime Watches, on-call stations and partners were no longer able to undertake home fire safety activities due to the restrictions put in place by the Government in March as part of the overall public health measures to restrict the spread of the virus.

The rapid development of specific interim policies and procedures was required as a direct result of the pandemic. The implementation of these procedures enforced restrictions for public protection; established procedural changes to referral pathways; facilitated a review of existing risk assessments; created clear and consistent guidance and defined pathways and accessible information.



However, the risk to residents was still evident – potentially more so with increased numbers in some households due to lockdown and the potential fire risks this created. Supporting the shielding processes put in place in response to COVID-19 generated additional referrals, thereby creating an increased demand for visits to high-risk households.

A person-centred approach was essential and needed to be balanced against risks, including those around fire safety as well as those presented by COVID-19. A robust sanitising procedure was adopted as well as ensuring that PPE was sufficient to protect our own staff as well as affording the same protection to all residents being visited.

Task:

It was recognised that to ensure the safety of residents, physical visits for those in the very highest risk category and those with defective or no working smoke alarms would need to continue. This presented many challenges in terms of social distancing, protecting those who were self-isolating or shielding and, equally importantly, to protect our own staff from community transmission of the virus.

Action:

A succinct approach was co-ordinated and delivered which involved different departments putting into place the functions required to facilitate the continuation of home fire safety activities, albeit at a reduced level.

The required guidance, amended risk assessments, sanitisation procedures, PPE inventories and communications were implemented promptly

and this included adapted guidance of vehicle usage and sanitisation. The siting of vehicles was temporarily amended to ensure that non-essential travel avoided, thereby leading to better use of time and resources to directly support the number of visits achievable. All this was disseminated in overall communications to ensure the broadest understanding of the continuation of visits to those at highest risk.

Fire and rescue services across the south west have maintained a level of community safety for every member of the community who requested it. Delivery of services have included:

- making direct contact with every Safe and Well/HFSV referral received;
- the door step delivery of smoke alarms when a risk assessment has guaranteed that a capable individual can fit the alarm themselves;
- limited home fire safety activities for high-risk households delivered (however, these were for specific fitting of smoke alarms or hearing-impaired alarms);
- all referrals have remained open throughout Phase 1 of the pandemic, with full Safe and Well/HFSV revisits being planned for the recovery period;
- carrying out a series of mail drops (consisting of an advice letter and general fire safety leaflet) to communicate with identified vulnerable groups and the general public; and
- continual promotion of safety messaging to improve knowledge, raise awareness and promote positive behaviour change to keep communities safe and well.

Result:

COVID-19 has significantly impacted on the delivery of home fire safety activities. Despite the enforced changes to delivery, high-risk visits have continued regardless of restrictions imposed.

Involvement in shielding referrals provided access pathways and information to those most vulnerable in our communities, increasing risk categories and identifying new referrals increasing dependence on fire and rescue services.

Specific, measurable and well-defined parameters have focused the delivery of services to the public and those specifically at high risk in a definitive person-centred approach allowing visits to those at

highest risk to continue (albeit at a reduced level) with the implementation of specific COVID-19 protocols.

Vulnerability has been a significant safety issue throughout the pandemic. Safety advice and guidance to protect those at higher risk has been imperative and focused efforts to look out for each other to help keep such people safe. There has been a noticeable increase in the number of detectors fitted throughout this period specifically relating to the identification of real 'high risk' vulnerable individuals from other emergency service referral routes as well as through referrals received as a result of the shielding process.

Strong social media messaging publicised key prevention messages to ensure the public remained as safe as possible within their homes throughout the pandemic, promoting the importance of having adequate smoke detection and performing frequent testing, linking to home fire safety messaging including kitchen and electrical safety.

Working in collaboration with partners, utilising a more targeted approach as was dictated by the COVID-19 pandemic, has greatly improved our ability to ensure we have delivered to those people and households at greatest risk of harm. There will be learning to take away from this period as we move into the recovery period.



Road safety

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

In collaboration with the Wiltshire and Swindon Road Safety Partnership and Dorset Road Safe, Dorset and Wiltshire Fire & Rescue Service (DWFRS) delivers road safety education to target a number of high-risk road users such as new licence holders, older drivers and motorcyclists. Prevention activities include a number of community-based events including the flagship roadshow ‘Safe Drive – Stay Alive’. This initiative is offered free of charge to all schools across Dorset and Wiltshire for students in Years 11, 12 and 13. It is a hard-hitting roadshow with the use of powerfully emotional testimonials from live speakers in large school halls or other hired facilities. Community-based prevention activities had ceased shortly prior to the Government announcing lockdown and all upcoming events were cancelled indefinitely. The restrictions in place to help combat the threats imposed by the COVID-19 pandemic meant that delivery of this education in traditional formats was no longer possible for the foreseeable future.

Task:

Thousands of young people across the Service area would potentially miss this flagship presentation and the life-saving messages contained within it. Furthermore, the restriction of essential travel meant that road use was changing nationally with an increase of more risky behaviour such as speeding and more vulnerable road users such as cyclists and pedestrians. A solution was required to address these issues in an innovative way to capture the target audience being schooled at home.

Action:

Pastoral contacts in education were consulted initially to ascertain the best mode of delivery. This resulted in the DWFRS Road Safety Team realising the concept of a digital, interactive workbook which could be worked through by students at home. Embedded with various media, ‘Road safety in the UK during and after COVID-19’ was split into four separate modules: essential travel, drivers, pedestrians and two-wheelers. Each module followed the same format with exercises to complete, assignments to submit and a quiz to test learning. To encourage schools to adopt and cascade to students, the material was written in alignment with the PSHE (personal, social, health and economic) programme of study for Key Stages 3-4. As well as ‘protect the NHS’, this was an opportunity to include other public health and safeguarding messages such as social distancing, mental health and domestic violence.

Result:

The work attracted national attention with press coverage from the Road Safety GB Academy and over 150 downloads on the *Times Educational Supplement* online. Fire and rescue services and road safety partnerships adopted and shared the workbook with young people aged 11-18 across the south west region and beyond. In partnership with the Wiltshire and Swindon Road Safety Partnership, Dorset Road Safe, schools and colleagues via the NFCC Workplace, many more young people received these vital road safety and other public health messages across the UK.

Online prevention activities

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

The COVID-19 pandemic created – and continues to create – a vast and growing number of challenges. As a result, we sought to explore innovative ways to adapt and overcome to continue to provide support where a physical presence was unachievable, using digital platforms through technology in a different approach to facilitate online learning.

Access to information online provides the opportunity to share information and access free learning resources to help bring learning to life in such extraordinary times.

Task:

The COVID-19 pandemic influenced how we communicated with the public. Utilising technology in support of remote learning during the pandemic provided an alternative platform to face-to-face engagement. Fire and rescue services across the region sought to develop, design and deliver a suite of resources and platforms to facilitate and support remote learning.

Action:

In an effort to support and encourage distance learning, fire and rescue services developed a series of virtual learning platforms for prevention activities during COVID-19, hosting and delivering education through sharing prevention resources online.

With many around the country adhering to advice to stay at home during the pandemic, the availability of online resources provided a support system for home learning through a multitude of formats. Fire and rescue services across the region implemented measures to help facilitate learning producing education modules, safety programmes, teaching packs, downloadable resources and virtual facilities.

Result:

The development of online resources provided the opportunity for fire and rescue services to communicate key prevention information regarding fire, road, water and wellbeing safety messages, sharing safety information to help keep the public safe and well.

The availability of online learning materials has enabled services to facilitate continual learning through the pandemic using digital learning resources to provide education, increase engagement, encouraging individual learning, improve knowledge retention, and explore opportunities for joint collaboration with other partners to share information to a wider audience through integrating technology with learning.





Emergency accommodation for the homeless

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

At the end of March 2020 the Ministry of Housing, Communities and Local Government (MHCLG) asked local authorities in England to accommodate all people sleeping rough or at risk of sleeping rough during the pandemic in order to prevent the spread of COVID-19. Local authorities were tasked with providing emergency shelter and source accommodation for this vulnerable group which allowed for safe self-isolation, maintaining social distancing to help slow any spread of the virus between residents.

Approaches to seeking suitable accommodation included the use of the holiday lets, hotels, B&Bs, holiday parks, hostels and other temporary accommodation to support people who were homeless.

A number of these types of premises had previously been used by local authorities for temporary and emergency accommodation prior to COVID-19, and therefore had already been risk assessed for suitability. However, due to the increase in demand during such extraordinary times additional places were required.

Task:

Working in collaboration with the local government housing teams, fire and rescue services in the south west needed to ensure that identified premises were safe to be occupied, particularly in regard to the provision and maintenance of their fire safety measures. This also included a review of their fire risk assessment to take account of the change in occupancy.

Action:

To ensure the suitability of the premises identified, they were cross-referenced against the Community Fire Risk Management Information System (CFRMIS) ensuring buildings intended for use during COVID-19 did not have any outstanding formal notice (such as prohibition/enforcement) on

them, with fire safety audit investigations completed to confirm premises were safe and fit for their intended purpose to provide rough sleepers with accommodation during the coronavirus crisis.

Premises were 'RAG rated' – red, amber or green – depending on the most recent audit score and local knowledge. Any premises identified as being amber were subject to closer scrutiny by housing and protection teams to ensure that any previous deficiencies had been rectified. In addition, any premises that were identified as not being covered by the Regulatory Reform (Fire Safety) Order 2005 such as houses in multiple occupation (HiMOs) and flats were passed to private sector housing teams, and compliance was achieved under the Housing Act.

Working in partnership with planning and building control teams regarding temporary modular sites we certified compliance with all relevant legislation and guidance.

Pre-determined attendances (PDAs) for premises identified to provide emergency accommodation were upgraded due to the increased risk and to reflect revised ridership levels.

Operational risk intelligence was collated and disseminated and a new or revised site-specific risk information (SSRI) – plus site familiarisation visits – were undertaken by operational crews where deemed necessary.

Result:

As a result of this collaborative approach we have been able to provide technical fire safety advice and guidance, successfully engaging with the Responsible Persons of differing premises to ensure the safety of our homeless and rough sleepers has not been compromised during the pandemic.

Achieved through a compressed timeframe, we have continued to support communities and deliver vital services at this crucial time helping those most vulnerable working alongside key partners.

Protection

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgment criteria: 1.2

Situation:

Due to the restrictions imposed by the COVID-19 pandemic, fire and rescue services across the south west have had to adapt the ways they work, utilising new and innovative ways to regulate and offer advice and support to local businesses.

With their risk-based inspection programmes containing many of the business sectors most affected by the coronavirus pandemic – in particular hospitals and care homes – it was vitally important that fire and rescue services had the ability to both regulate and offer support to these businesses that ensured minimal impact on the vital services they were providing and ensured the safety of both the businesses and that of the fire and rescue service.

In response to such unprecedented circumstances, it was critical that fire and rescue services across the region had the ability to undertake and maintain statutory work which included activities under the Regulatory Reform (Fire Safety) Order 2005 and statutory consultations, but also offer businesses much needed fire safety advice and support at what was a very challenging time for the whole country.

Using the NFCC's COVID-19 guidance and the experience of other regulators adapting working practices, fire and rescue services set about ways of maintaining their ability to regulate and audit by using methods that would have the least impact on those regulated.

Task:

The restrictions imposed by the pandemic had a huge impact on the work undertaken by fire and rescue services' protection activities. They had to adapt working practices and embrace new ways of providing technical fire safety advice and undertaking their statutory work which took into account the restrictions imposed and the pressures and demands on businesses. The task was to maximise the advice and guidance produced, whilst ensuring this had the smallest possible impact on the businesses involved.

It was vitally important that fire and rescue services ensured the impact of what they were trying to achieve was both balanced and proportionate, but at the same time ensuring that the fire authorities'

powers to regulate and enforce could still be exercised as and when required.

Utilising the advice and guidance produced by the NFCC (as well as the experiences of other regulators) fire and rescue services adapted and adopted new ways of working which included undertaking desk-top audits and new innovative ways of supporting businesses with fire safety advice and guidance.

With some businesses remaining open under severe pressures and many others being forced to close, it was important that much needed fire safety advice and guidance reached the intended recipients. Businesses faced significant pressures including reductions in staff numbers and segregation of certain areas (especially in care homes and hospitals) so fire and rescue services targeted these areas with specific COVID-19 fire safety advice.

Action:

The impact of COVID-19 on local services and the wider community has meant that technical fire safety advice and regulation offered by the fire and rescue service has been used by a range of partner agencies, with all six ensuring representation at meetings with housing, social care and emergency planning teams (to name but a few) which allowed FRS protection teams to offer advice and guidance where it was needed most.

To support local businesses, fire and rescue services targeted proactive fire safety advice in the form of letters to businesses, social media campaigns, business fire safety websites, questionnaires and press releases where advice from the NFCC was promoted.

Existing links to local authorities and business regulatory support were utilised which allowed fire safety advice to be given via webinars designed to offer co-ordinated support and advice from many different regulators. This ensured the fire safety advice reached as many businesses as possible.

Fire and rescue services also produced a desk-top audit process to target fire safety activity at high-risk premises which would normally have received a fire safety audit as part of the risk-based inspection



programme (or following a complaint or fire). This process allowed a compliance score to be attributed and, if needed, physical visits to be made to follow up on any concerns with the appropriate public health measures in place to guard against further transmission of the coronavirus within the community.

Fire and rescue services introduced support calls and business fire safety helpdesks where businesses and Responsible Persons could proactively contact Technical Fire Safety officers to discuss any fire safety concerns they may have had.

Result:

Through collaborative working with local authorities, partners and other regulatory bodies, fire and rescue services across the region were able to ensure that proactive business fire safety advice was maximised and reached a large number of local businesses to support them in such unprecedented times.

The use of existing links such as business regulatory support within local authorities enabled specific fire safety advice to be tailored to organisations in order to help ensure they were compliant, and also enabled them to ask questions and seek clarification required on areas of compliance.

The use of the desk-top audit process produced a number of benefits including the ability to follow up on any complaints received, gather information following an audit, ensure a suitable level of fire safety compliance was achieved as well as allowing for proactive fire safety advice to be given to Responsible Persons by Technical Fire Safety officers.

The innovative use of available technology ensured that desk-top audits were often undertaken using Skype, MSTeams or Facetime which enabled fire safety officers to have a virtual tour of the premises being audited – in that way seeing for themselves the level of compliance whilst maintaining social distancing and adhering to public health advice.

There are many lessons to be learnt from the work process established as part of the response to COVID-19 which can be incorporated into the recovery phase and potentially when back to the 'new normal'. The gathering of the information required to undertake desk-top audits is one area that could be incorporated into face-to-face audits: allowing fire safety regulators access to fire safety information prior to physical visits may mean that

it reduces the time taken to complete the overall audit, thereby reducing the impact on individual businesses and potentially allowing more audits to be undertaken.

Using communication methods such as webinars will allow fire and rescue services to deliver proactive fire safety advice targeted to specific business sectors. They also allow for two-way communication which is not always possible through other communication methods such as social media campaigns and leaflets drops.

NHS Nightingale hospitals and temporary care homes

HMICFRS assessment pillar: Effectiveness

Link to HMICFRS judgment criteria: 1.2

Situation:

In response to the COVID-19 pandemic, fire and rescue services across the south west supported hospitals as part of a massive NHS effort to respond to the greatest global health emergency in more than a century. New NHS Nightingale hospitals were created in Bristol and Exeter to offer extended NHS facilities to the region during such an exceptionally challenging time.

To contribute to the national effort, temporary facilities were created to increase bed capacity, NHS facilities and services to potentially save lives and play a vitally important role in limiting the impact of coronavirus in the south west. Establishing NHS Nightingale facilities created greater capacity to deal with the anticipated demand for ventilated hospital beds to treat patients with coronavirus.

To support the NHS and frontline healthcare services, fire and rescue services provided specialised fire safety advice to Nightingale hospital management teams and for the temporary use of hotels and hostels as care facilities.

Taken together, these measures meant that capacity still exists in the NHS system to care for patients with coronavirus, as well as other patients who may need urgent and emergency treatment, with the Nightingales standing ready to provide additional surge capacity in the event that it is needed.

To support hospitals with the COVID-19 pandemic, NHS Trusts across the region transferred some non-coronavirus patients to temporary 'care home'

facilities using the bedroom capacity of hotels. These hotel premises were occupied by residents with varying levels of vulnerability, mobility and in receipt of varying degrees of care. The fire safety provisions within existing hotels would not normally be considered appropriate for large numbers of vulnerable persons in care facilities; however, these arrangements were intended to be a temporary contribution to the national effort rather than a longer-term solution.

Task:

Therefore, our task was to provide technical fire safety advice, guidance and fire engineering support to NHS Trusts within the south west during the development and commissioning of the new NHS Nightingale hospitals and temporary 'care home' facilities by offering bespoke operational risk inspections, operational exercises and pre-determined attendances (PDAs) to support a risk-based approach to ensuring a suitable level of fire safety.

As each premises was unique, the standard national fire safety guidance normally applicable to sleeping accommodation or residential care homes could not be fully applied. Therefore, fire prevention, protection and management measures needed to be adapted to each application with a fully risk-based, pragmatic, proportionate and common-sense approach to ensure a suitable level of fire safety by working collaboratively with the NHS, social care teams and local authorities.



**Action:**

The provision of bespoke expert fire safety support to NHS Trusts, including operational risk inspections, personalised PDAs and operational exercises plans developed to mitigate fire risks in Nightingale Hospitals and temporary 'care home' facilities ensuring suitable fire safety requirements.

Temporary 'care home' premises were unique, and the standard national fire safety guidance normally applicable to sleeping accommodation or residential care homes could not be fully applied to identified temporary facilities. Therefore, the fire prevention, protection and management measures required adaptation and each application was fully risk-based to ensure a suitable level of fire safety could be achieved.

Reviews of existing fire protection arrangements were undertaken by competent fire risk assessors with additional control measures considered, with particular focus on:

- the establishment of an emergency evacuation plan to take account of the fire protection arrangements and potential delays in evacuation of non-mobile residents;
- levels of staffing required to implement emergency evacuation, the siting of evacuation aids and preparation for staff; and
- realistic and pragmatic mitigating measures required to compensate for any lack of passive/active fire protection arrangements.

All interim measures were implemented and supported by using guidance published by the NFCC.

**Result:**

Through close collaborative working with the NHS, social care teams and local authorities, appropriate fire protection and response management measures were implemented for the design and construction of NHS Nightingale hospitals and temporary care homes on a risk-based approach to safety to ensure suitable levels of fire safety precautions were provided whilst taking pressure off the NHS during unprecedented times.

Working in partnership with other services provided for a much more cohesive and joined-up approach, ensuring all possible fire safety provisions were considered with safety being paramount whilst contributing to the national effort in limiting the impact of coronavirus.

**Staff health and wellbeing**

HMICFRS assessment pillar: People

Link to HMICFRS judgment criteria: 3.1

Situation:

Phase 1 of the COVID-19 outbreak created unprecedented pressure on our healthcare services and it was, and is, vital that – now more than ever – we provide our critical workforce with a range of resources to support their physical and mental health and wellbeing. Like all employers, fire and rescue services continue to have the same duty of care to their staff during the coronavirus pandemic and it's required some innovative and creative thinking to ensure we continue to meet the needs of our workforce during these challenging times.

Task:

Preserving and protecting the health, safety and wellbeing of staff has been essential for all critical public sector organisations as they've responded to the COVID-19 pandemic. It's vital we take every effort to support the physical and mental wellbeing of our workforce, to enable staff to stay healthy and protect themselves, colleagues, families and our communities as we continue to deliver services through such difficult times.

Action:

All fire and rescue services across the south west quickly identified the need for regular, authoritative and trusted guidance for their staff which could be accessed both in the workplace and when working remotely. Keeping our staff up-to-date with the latest guidance from central Government, the NHS, Public Health England and the NFCC was vital, as well as providing advice on more local plans and procedures developed to keep them safe no matter what their role within the Service. As an example, Avon Fire & Rescue Service quickly developed a brand new secure extranet page so that staff working away from their usual workplaces and without access to the corporate computer networks could continue to access the most up-to-date information and guidance so long as they had a standard internet connection.

All services quickly developed bespoke risk assessments, enhanced the availability of appropriate PPE, highlighted the critical importance of hand hygiene and social distancing, and maximised the use of home working where possible.

When a member of the public needs the help of the fire and rescue service, their first contact is with our Emergency Fire Control Operators who provide critical advice to the caller and collate vital information to update the responding fire crews. During the pandemic, additional questions have been asked to identify any involvement or symptoms of COVID-19, which has then enabled firefighters to take any additional safety precautions necessary to protect everyone involved.

Keeping in touch with staff and updating them on the very latest position was crucial to the wellbeing of the whole workforce. A range of innovative methods were used to stay connected to our staff including virtual 1:1s, smaller team seminars and larger virtual meetings held by teleconference and videoconference (including Zoom, MSTEams, Facebook Workplace and other platforms). The value of physical activity in maintaining good mental health was clearly recognised by all fire and rescue services from the very start, with enhanced cleaning regimes and social distancing introduced in gyms and bespoke fitness advice and workout routines provided for those having to work at home or remote from their usual workplaces.

Enhanced support for staff undertaking additional roles during Phase 1

Specific case studies elsewhere in this report highlight the additional activities undertaken by fire and rescue service staff during Phase 1 of the pandemic to help protect our communities. These included providing assistance to the ambulance service and HM Coroners, both of which meant that our staff could be exposed to more concentrated periods of potentially traumatic work than would normally be encountered during their normal day-to-day activities. As a result, specific arrangements for enhanced access to counselling and welfare services were put in place including:

- access to all the usual workplace sources of advice regarding health, safety, welfare and fitness (for example access to the specialist support provided by the Firefighters' Charity, MIND Blue Light Champions, TRiM practitioners, occupation health services and so on);

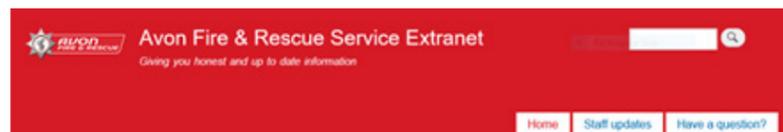
- access to South Western Ambulance Service NHS Foundation Trust’s confidential Staying Well service providing dedicated emotional and physical support to staff by both telephone and e-mail;
- SWASFT’s Peer Support Guardians scheme providing staff and those supporting service delivery with consistent and localised welfare support (in addition to the more specialist services available from the Trust’s Staying Well service listed above); and
- in the case assisting in coronial duties (including body handling and work in temporary Chapels of Rest), additional staff welfare screening and the allocation of ‘buddies’ for internal support.

Result:

“I know you take the wellbeing of your staff extremely seriously and I have heard about the helpful services provided internally to your teams, such as occupational health support and employee assistance schemes – all of which will be of vital importance as you support your staff through the weeks and months ahead.”

HRH The Duke of Cambridge

Throughout Phase 1 of the pandemic the health, safety and wellbeing of our staff has been of principal concern to all fire and rescue services across the south west region. A range of enhanced support measures were put in place for all staff and services responded innovatively during such unprecedented times to protect workforce welfare and support then through the challenges presented by COVID-19 both at home and at work.



You don't need to use Citrix to access this website. Please access it as you would a normal website.

Welcome to the AF&RS Extranet – an external website which provides staff with regular updates in light of the Coronavirus (Covid-19) pandemic.

Advice from local authorities and the Government is being reviewed on a regular basis by our Critical Incident Management Team (CIMT) who will continue to meet every Tuesday, Thursday and Saturday at 9:00.

It's important you make every effort to ensure you are keeping up to date with any new developments by checking this website and your emails for updates.

You can also ask the CIMT questions on the FAQ page to let the team know what is, or is not working. Thank you for your understanding during these uncertain and testing times.

Together we will continue to keep our communities safe and our Service strong

'Business as usual'

HMICFRS assessment pillar: Effectiveness
Link to HMICFRS judgement criteria: 3.1

Situation:

The Fire and Rescue Services Act 2004 provides the main legal basis on which fire and rescue services in England and Wales provide their response functions to the communities we serve. This, together with the other legislation which we must comply with to prepare and protect the public, detail our range of:

- **mandatory functions and powers** (things we **must** do) including promoting fire safety, planning and providing arrangements for fighting fires and protecting life and property from fires within our area, making provision to rescue people from road traffic accidents and responding to other specified emergencies – such as terrorist attacks and structural collapses – which are set out in a Statutory Order and can be amended in line with how the role of the service may change in the future;
- **discretionary powers** (things we **may** do) such as equipping ourselves for, and responding to, events beyond our core functions detailed above – for example, rope rescue, water rescue, animal rescue and flooding; and
- **regulatory functions and powers** (other things we do to protect the public) such as enforcing the Regulatory Reform (Fire Safety) Order 2005.

A key document for all fire and rescue services is the Fire and Rescue National Framework for England. It covers a broad range of activities and responsibilities including resilience and prevention, protection and response. The National Framework sets out the Government’s priorities and objectives for English fire and rescue authorities, placing an emphasis on local accountability while focusing on issues where there is a clear national interest – for example, national resilience.

Task:

The Civil Contingencies Act 2004 defines fire and rescue authorities as Category 1 (or ‘core’) responders to emergencies and, amongst other

duties, requires them to undertake business continuity planning to ensure that they can sustain the effectiveness of their functions even in the face of an emergency, and continue to deliver core functions with a minimum of disruption.

Despite the significant pressures caused by the developing pandemic, fire and rescue services from across the region needed to make sure that they continued to fulfil their statutory responsibilities uninterrupted as well as meet the societal expectations of their communities in respect of being able to continue to respond to emergencies when needed.

Action:

Impact on operational response activity

Analysis of selected response indicators provides an interesting overview of operational activity during Phase 1 of the coronavirus pandemic. Across the whole of the region, overall activity (as measured by the total number of incidents attended by fire and rescue services) was down by over 17% when compared to the same period in 2019. Specifically, primary fires (which include all fires in buildings, vehicles and some outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances) were down by over 11% and deliberate secondary fires – those which did not occur at a primary location, was not a chimney fire in a building, did not involve casualties and was attended by four or fewer appliances – were down by nearly 27%.

Given the huge reduction in traffic on our roads during lockdown, it is not surprising to find that our attendance at ‘special service calls’ (non-fire incidents which require the attendance of the fire and rescue service, including road traffic collisions) was down by over 35% when compared to the same period last year. This is entirely consistent with the practical experience of fire and rescue staff going about their official duties during Phase 1 of the pandemic – the roads were extremely quiet as most people heeded the government’s advice to stay at home, although some of the RTCs which did occur

involved significantly higher speeds as the empty roads encouraged some drivers to ignore the speed limit.

However, fire and rescue services across the region saw a dramatic 82% increase in calls to controlled burning when compared to the same period last year. During lockdown, most local authorities shut their civic amenity sites and Sort-It Centres and reduced the frequency of their household waste collections meaning that many residents resorted to burning domestic waste in gardens, back yards, domestic incinerators and so on. This in turn led to an increase in calls to the fire and rescue service as people reported sightings of smoke in residential areas, and in some cases controlled burning developed into more serious incidents as fire spread to sheds, garages and other structures. Such increases in controlled burning were also seen right across the country during Phase 1 of the COVID-19 pandemic.

Major incident response

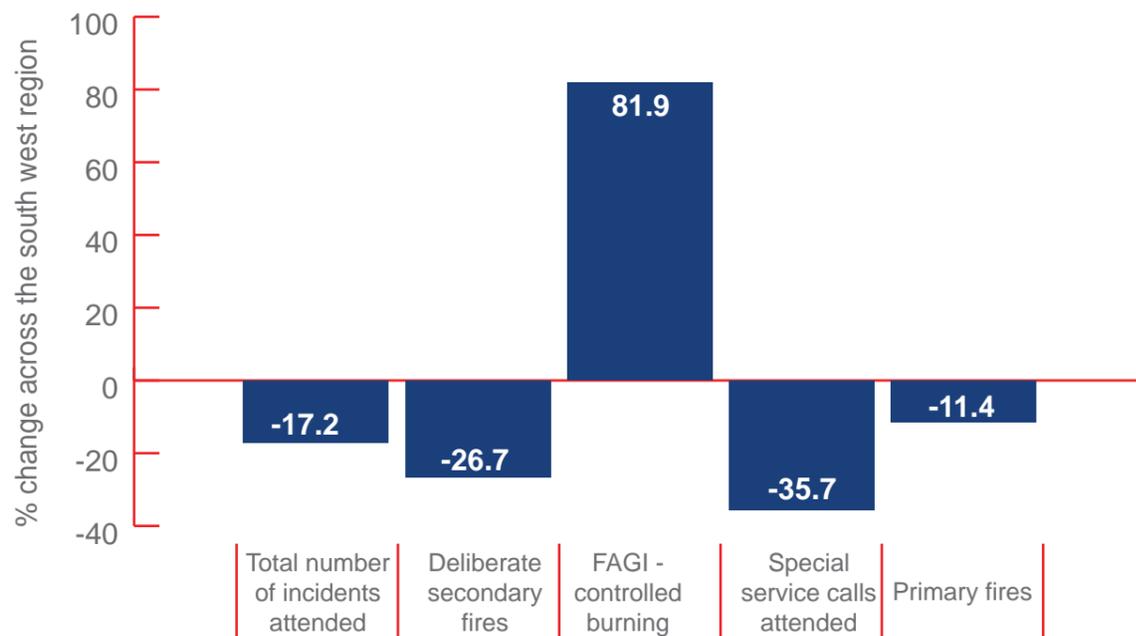
One of the NFCC's strategic intentions for fire and rescue services during the pandemic was to maintain an effective emergency response and respond to all incidents such that we continued to protect our communities 24/7. Despite the pressures caused by the coronavirus, all six fire and rescue services across the south west successfully

met this objective by activating their business continuity plans and the result of this work was exemplified by the response to a declared major incident in Wareham Forest in Dorset in May 2020.



At 12:21pm on Monday 18 May 2020 Dorset and Wiltshire Fire & Rescue Service Control received a call to a wildfire in Wareham Forest, an area of 15,000 hectares of which one-third is designated as a site of special scientific interest (SSSI). Initial crews were faced with a rapidly developing wind-driven fire and by late afternoon a request was made to "Make Pumps 25" with the formal declaration of a major incident following shortly afterwards.

Changes in activity for selected incident types during Phase 1 of COVID-19 pandemic
(compared to the same time period in 2019)



Over the following days and weeks, a complex operation to fight the biggest forest fire experienced in Dorset for decades saw over 220 hectares burnt and a fire service response involving not only every single fire station in the Dorset & Wiltshire FRS area, but also National Resilience assets from across the south of England which were called in



to assist. Over the course of the fire, more than a thousand personnel moved on and off the incident ground in at least 300 vehicle movements from across Dorset and Wiltshire as well as other fire and rescue services supporting the massive effort – all during the unprecedented demands and challenges presented by COVID-19.



Statistics from the Wareham Forest fire

- 220 hectares of Wareham Forest burnt – 3km x 2km active flame front
- More than 1,000 firefighting personnel involved and over 300 vehicles movements
- 4 High Volume Pumps (HVPs) attended from Dorset & Wiltshire, Avon, Hampshire and Devon & Somerset FRSs
- 5 miles of large diameter HVP hose laid
- 4 million litres of water pumped
- Aerial firefighting – 1000 litres of water per helicopter drop
- 14 days of 24/7 firefighting activity
- Support from Wildfire and HVP Tactical Advisers from across the south of England

Staff degradation plans

As Category 1 Responders, fire and rescue authorities plan for a whole range of scenarios so that they can continue to deliver vital services to their communities during times of emergency. This business continuity planning includes the loss of large numbers of our own staff – whether due to disease, industrial action or any other cause resulting in our services having to be provided with a significantly reduced workforce.

As coronavirus started to spread across the globe, fire and rescue services throughout the south west were refreshing their high absence level operating procedures even before the World Health Organization formally declared a pandemic on 11 March 2020. These plans were already well developed as a result of contingency planning for

pandemic flu but the initial lead time at the start of 2020 gave us all the opportunity to revisit our procedures and refine them where required.

For example, Avon Fire & Rescue Service undertook some comprehensive analysis using its new operational modelling software to produce a refreshed, evidence-based and data-led staff degradation plan. The software enabled the Service to model the most effective way of reducing routine service delivery due to staff absence whilst minimising the effects on the community by protecting emergency response times, continuing to crew specialist response assets (such as aerial appliances, water rescue, rope rescue, etc.) and continuing to meet our commitments under National Resilience arrangements.



Safety in the community

In normal circumstances, fire and rescue services are continually out and about in their communities providing home fire safety visits to local residents, undertaking operational risk inspections in commercial and industrial premises as well as auditing local business premises to make sure they comply with fire safety legislation. However, these routine activities had to be re-designed during the COVID-19 pandemic to minimise face-to-face interactions and help restrict the spread of the virus whilst making sure that those most at-risk from fire still received vital safety advice.

While routine face-to-face activities were suspended, fire and rescue services prioritised each request for advice so that those identified as being at the highest risk still received tailored support in line with social distancing requirements. For others, written advice, online seminars and safety campaigns were designed to proactively support residents and businesses during lockdown where personal visits and on-site inspections weren't possible. For example, care homes were proactively contacted to promote the importance of fire safety measures during the pandemic, and key safety messages were e-mailed to schools so that they could be shared with students and parents as part of their home education packages. Social media platforms such as Facebook, Twitter and Instagram were used to deliver online safety packages.

Result:

The NFCC's strategic intentions published at the start of the pandemic included the stated aims:

- to maintain an effective **emergency response** – we will continue to respond to all incidents;
- to maintain essential **preparedness** activity – we will continue to prepare, train and exercise against foreseeable risk with a focus on core competencies;
- to **protect** our communities from fire – we will adopt a risk-based approach to protection activity, enforcement action will continue based on a suitable and sufficient risk assessment; and
- to **prevent** the impact of fire and other emergencies on our communities – we will adopt a risk-based approach to prevention – very high risk interventions (home safety checks/safe and well visits) will continue based on a suitable and sufficient risk assessment.

Throughout Phase 1 fire and rescue services across the south west have demonstrated a robust response to the COVID-19 pandemic, continuing to deliver their essential prevention, protection and response activities whilst simultaneously managing the potential for significant staff losses and assisting partner agencies to protect our communities.

Appendix 1: Glossary of terms and abbreviations

Term or abbreviation	Definition
AFRS	Avon Fire & Rescue Service
AGP	Aerosol Generating Procedures
Antibody test	An antibody test (also known as 'serology testing') determines whether an individual has had COVID-19 in the past and now has antibodies against the virus. A healthcare professional takes a blood sample, usually by a finger prick or by drawing blood from a vein in the arm. The sample is then tested to determine whether the individual has developed antibodies against the virus.
Antigen test	A fast and simple test which involves taking swabs from the back of the throat and the nose – the results indicate whether an individual is currently suffering from COVID-19.
CCG	Clinical Commissioning Group
CFRMIS	Community Fire Risk Management Information System
CFRS	Cornwall Fire & Rescue Service
ConOp	Concept of Operations
Controlled burning	A fire burning in controlled circumstances (ie with a suitable responsible person present, not burning anything dangerous and not adversely affecting other people, structures, etc.) – eg a well-controlled and supervised domestic bonfire.
CPAP	Continuous Positive Airway Pressure
DBS	Disclosure and Barring Service (formerly known as a Criminal Records Bureau, or CRB, check)
DSFRS	Devon and Somerset Fire & Rescue Service
DWFRS	Dorset and Wiltshire Fire & Rescue Service
ECA	Emergency Care Assistant
EFAD	Emergency Fire Appliance Driving
ERD	Emergency Response Driving
FAGI	False Alarm – Good Intent (calls made in good faith in the belief that there really was an incident – can include where the FRS is summoned by a person utilising a call point/alarm or phone)
FBU	Fire Brigades' Union
FFP3	Filtering Face Piece 3
FRS	Fire and Rescue Service
GFRS	Gloucestershire Fire & Rescue Service
GP	General Practitioner
HFSV	Home Fire Safety Visit
HiMO	House in Multiple Occupation
HVP	High Volume Pump
IoS FRS	Isles of Scilly Fire & Rescue Service
LRF	Local Resilience Forum



MHCLG	Ministry of Housing, Communities and Local Government
MPC	Mortuary Planning Cell
MSF	Mortuary Support Facility
NFCC	National Fire Chiefs' Council
NHS	National Health Service
NJC	National Joint Council for Local Authority Fire and Rescue Services
PDA	Pre-Determined Attendance
PPE	Personal Protective Equipment
Primary fire	Primary fires include all fires in buildings, vehicles and some outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances.
PSV	Patient Support Vehicle
PTSD	Post-Traumatic Stress Disorder
RAG	Red / Amber / Green
RBIP	Risk-Based Inspection Programme
Responsible Person	The Regulatory Reform (Fire Safety) Order 2005 requires that the Responsible Person – ie the person having control of the building, or a degree of control – takes reasonable steps to reduce the risk from fire and makes sure people can safely escape if there is a fire.
RTC	Road Traffic Collision
Secondary fire	An incident that did not occur at a primary location (see primary fire), was not a chimney fire in a building, did not involve casualties (otherwise categorised as a primary incident) and was attended by four or fewer appliances (otherwise categorised as a primary incident).
Special service	Non-fire incidents which require the attendance of an appliance or officer and include: a) local emergencies – eg road traffic incidents, rescue of persons, 'making safe', etc. b) major disasters; c) domestic incidents, eg water leaks, persons locked in or out, etc. d) prior arrangements to attend incidents, which may include some provision of advice and inspections.
SSRI	Site-Specific Risk Information
SSSI	Site of Special Scientific Interest
SWASFT	South Western Ambulance Service NHS Foundation Trust
TRiM	Trauma Risk Management is a method of secondary PTSD (and other traumatic stress related mental health disorders) prevention. The TRiM process enables non-healthcare staff to monitor and manage colleagues. TRiM training provides TRiM Practitioners with a background understanding of psychological trauma and its effects.
WHO	World Health Organization

Appendix 2: Development of the FBU-NFCC-NJC Tripartite Agreement

Version	Date	Summary of changes
1.0	24 Mar 20	Service delivery
2.0	26 Mar 20	Movement of bodies, driving ambulances, assisting vulnerable people
3.0	03 Apr 20	Updated processes
4.0	09 Apr 20	Face fit and delivery of PPE
5.0	16 Apr 20	Antigen testing, ambulance transport, driver training/instruction
6.0	23 Apr 20	Transport to and from Nightingale hospitals, face shield assembly and packing/repacking of food for vulnerable people

COVID-19 Tripartite Agreement (V6.0 – 23 Apr 20)

- As indicated in the Agreement reached on 26 March this Tripartite Group meets on a weekly basis, or more frequently if required, to consider any newly suggested additional activities.
- Today, 23rd April 2020, it was agreed to add four further areas of work to the Agreement:
 - the assembly of single-use face shields for the NHS and care work frontline staff;
 - packing/repacking food supplies for vulnerable people;
 - known or suspected COVID-19 patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights); and
 - non-COVID-19 patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) – this includes recovering and recuperating patients no longer infected with COVID-19.
- For the avoidance of doubt, paragraph 14 of the original Agreement is therefore now extended to include each of the following areas of work:
 - Ambulance Service assistance: ambulance driving and patient/ambulance personnel support limited to current competence (not additional FRS First or Co-Responding).
 - Vulnerable persons – delivery of essential items.
 - COVID-19 – mass casualty (movement of bodies).
 - Face-fitting for masks to be used by frontline NHS and clinical care staff working with COVID-19 patients.
 - Delivery of PPE and other medical supplies to NHS and care facilities.
 - Assisting in taking samples for COVID-19 antigen testing.
 - Driving ambulance transport not on blue lights (excluding known COVID-19 patients) to outpatient appointments or to receive urgent care.
 - Driving instruction by FRS driver trainers to deliver training for non-Service personnel to drive ambulances (not on blue lights).
 - The assembly of single-use face shields for the NHS and care work frontline staff.
 - Packing/repacking food supplies for vulnerable people.
 - Known or suspected COVID-19 patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights).



- Non-COVID-19 patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) – this includes recovering and recuperating patients no longer infected with COVID-19.
4. All three parties recognise that additional activities may have to rely upon personnel volunteering.
 5. As with the initial three areas of additional work, the introduction of such work at local level is subject to the minimum safety requirements having been met as set out in paragraph 11 of the Agreement:
 - a. The activity is risk-assessed.
 - b. Appropriate delivery and management of any additionally necessary training is in place.
 - c. Appropriate delivery and management of any additionally necessary fit-for-purpose PPE is in place.
 - d. Adequate management of the activity and firefighters is in place.
 6. For ease of reference, further clarification on points (a) to (c) was provided in TRI/03/20:
 - a. Identified control measures are in place following the full risk assessment.
 - b. Any additionally necessary training will have been provided.
 - c. Any additionally necessary PPE will have been provided, including information and, where necessary training.
 7. To assist local parties with the smooth implementation of these additional new activities, the Tripartite Group has identified the attached key points for consideration as part of the local discussions indicated in the Agreement.

Appendix

As with all activities agreed through the tripartite process, these additional four activities are temporary in that they only apply during the current health crisis.

The assembly of single-use face shields for the NHS and care work frontline staff

1. It is envisaged that this activity ideally will take place on FRS premises. But in any case, assembly should take place at a suitable location taking into account the need to ensure social distancing guidelines and other factors such as hygiene and appropriate working surfaces.
2. This activity will not be undertaken for profit-making organisations.

Packing/repacking food supplies for vulnerable people

1. The work will be carried out at a suitable location that allows social distancing and hygiene guidelines to be followed.
2. This activity will not be undertaken for profit-making organisations.

Known or suspected COVID-19 patients: transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights)

1. It is recognised that social distancing guidelines must be maintained under these circumstances. For that reason where known or suspected C-19 patients are being transferred there will be 2 clinical staff in order to minimise fire and rescue staff contact.
2. This will ensure that FRS personnel will not be required to provide any clinical or first-aid assistance to the patient. The ambulance/hospital clinicians, with or without the assistance of other clinicians, will be totally responsible for the management of the patient.
3. FRS activities will be confined to:
 - a. Driving the vehicle.
 - b. Handling the stretcher to/from the vehicle to assist the clinical staff.
4. PPE appropriate to the task will be provided and worn, including for known C-19 patients, mask, eye protection, apron and gloves.
5. For activities requiring interaction with people where a distance of 2m cannot be maintained the following PPE is required:
 - nitrile gloves
 - FFP3 mask
 - fluid-resistant coverall suit / long-sleeved apron
 - eye protection, preferably a visor

The clinicians, if practical, should apply a fluid-resistant surgical face mask to the patient/casualty (if tolerated) unless oxygen therapy is indicated to limit any spread of the virus.

6. The purpose of this activity is to free up ambulances operated by and staffed by employees of Ambulance Trusts and not to undertake work that is ordinarily undertaken by other ambulance service providers.



Non-COVID-19 patients: Transfer to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights) – this includes recovering and recuperating patients no longer infected with COVID-19.

1. Personnel undertaking this activity should follow the guidance on social distancing where possible.
2. For activities requiring interaction with people where a distance of 2m **cannot** be maintained the following PPE will be provided:
 - nitrile gloves
 - fluid-resistant surgical mask (IIR type) or higher
 - fluid-resistant coverall suit / apron
 - eye protection, preferably a visor

If practical a fluid-resistant surgical face mask should be used on the patient/casualty to limit any spread of the virus.
3. This activity will be undertaken in pairs, including mixed crewing with ambulance personnel.
4. The purpose of this activity is to free up ambulances operated by and staffed by employees of Ambulance Trusts and not to undertake work that is ordinarily undertaken by other ambulance service providers.

Appendix 3: Total ambulance service assistance figures

This report covers a defined period of activity between 24 March 2020 (the start of the national lockdown announced by the Prime Minister in his televised address to the nation on 23 March 2020) and 21 May 2020 (the expiry of Version 6 of the FBU-NFCC-NJC Tripartite Agreement which is reproduced in Appendix 2). We have referred to this period as ‘Phase 1’ of the pandemic.

However, the response did not end there and continued beyond Phase 1, with the south west fire and rescue services continuing to provide assistance to the South Western Ambulance Service NHS Foundation Trust until 31 August 2020.

Over that whole period, fire and rescue service staff responded to a total of 7,464 calls alongside colleagues from the ambulance service with the breakdown across the five different services provided in the table below.

Fire & Rescue Service	Phase 1	Phase 2	Total calls
Avon Fire & Rescue Service	252	787	1,039
Cornwall Fire & Rescue Service	214	698	912
Devon and Somerset Fire & Rescue Service	633	2,015	2,648
Dorset and Wiltshire Fire & Rescue Service	453	1,450	1,903
Gloucestershire Fire & Rescue Service	214	748	962
Total calls:	1,766	5,698	7,464



Appendix 4: Summary of assistance provided by south west FRSs

Activity	Avon FRS	Cornwall FRS	Devon & Somerset FRS	Dorset & Wiltshire FRS	Glos. FRS
Ambulance driving	1	1	1	1	1
The delivery of essential items to vulnerable persons	7	1	2	2	1
Movement of bodies	4	7	7	2	1
Face fitting masks to be used by NHS and clinical care staff working with COVID-19 patients	7	7	1	1	7
Delivering PPE and other medical supplies to NHS and care facilities	7	1	7	7	1
Taking samples for COVID-19 antigen testing	7	7	7	7	1
Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care	1	7	7	7	7
Training for non-service personnel to drive ambulances (not on blue-lights)	7	7	7	7	2
Packing/re-packing food supplies for vulnerable people	7	1	7	2	1
Transferring known or suspected COVID-19 patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights)	7	7	7	4	4
Transferring patients, including those recovering and recuperating but no longer infected with COVID-19, to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue light)	7	7	7	4	4
Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing	2	7	4	7	1

Key to responses:	4. Request made but not subsequently required
1. Request made and met in full	5. Request made, but unable to reach local agreement
2. Request made, and met in full but limited requirement	6. Request made, but unable to find sufficient volunteers
3. Request made and partially met	7. Request not made

Appendix 5: Postscript

Introduction

The main section of this report was written in the summer of 2020 and detailed the support provided by fire and rescue services across the south west to meet the demands of the coronavirus pandemic within what we called ‘Phase 1’ – that is, between the start of the first national lockdown on 24 March 2020 until the expiry of Version 6 of the FBU-NFCC-NJC Tripartite Agreement on 21 May 2020. However, the figures provided in Appendix 3 gave a glimpse of the extended nature of the response, with FRS assistance to the South Western Ambulance Service NHS Foundation Trust (SWASFT) initially being extending until 31 August 2020 during Phase 2.

So much has happened since then, including the COVID-19 thematic review undertaken by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in the autumn of 2020 and published in January 2021. In the foreword to the report, HMI Zoë Billingham noted that:

“Overall, fire and rescue services responded very well to the outbreak. They maintained their ability to respond to fires and other emergencies in these extraordinary times. Many supported communities in ways that extended far beyond their statutory duties, with firefighters and staff stepping up to take on a range of pandemic activities, including driving ambulances, and delivering essential items to the most vulnerable and personal protective equipment (PPE) to those working in healthcare. Sadly, they were also called upon to help moved the bodies of the deceased. I recognise the hard work and enormous dedication of so many across the fire and rescue sector, who provided much-needed additional humanitarian support to their communities.”

Yet the challenges continued and the pandemic was far from over.

As further restrictions to control the spread of infection were introduced across the country, new waves came and went with the overall number of people dying within 28 days of a positive COVID-19 test exceeding 131,000 by the end of July 2021 and our fantastic NHS continuing to experience relentless demand. SWASFT experienced its busiest day on record in mid-July, responding to 3,522 incidents on Sunday 18 July 2021 and 23,088 incidents during the preceding week – equivalent to one incident every 26 seconds.

Continued assistance to South Western Ambulance Service NHS Foundation Trust

Following the success of the support provided by fire and rescue services to SWASFT during the initial response to the pandemic, the ambulance service subsequently requested successive extensions for continued FRS support (despite the Tripartite Agreement finally expiring after 15 iterations in January 2021). The request in force at the time of writing this postscript extends until 31 October 2021; however, just looking at the figures for the financial year ending on 31 March 2021 they show a hugely impressive picture which have had such a positive impact on the emergency care provided to our communities across the whole region.

Commenting on the continued support provided by the south west’s fire and rescue services, Derek McCullough, SWASFT’s Interoperable Capabilities Officer, said:

“We are incredibly grateful to the fire and rescue services across the south west for their support during this time.”

“The partnership has involved our fire service colleagues helping us to crew 15 additional ambulances as part of our wider COVID-19 response plan. The fire and rescue service is helping to make a significant contribution to our patient care and our ability to respond to increasing demands on our service. Their support and teamwork has helped to make this project extremely effective.”



Fire & Rescue Service	Phase 1 (see also Appendix 3)	Phase 2	2 November 2020 – 31 March 2021*	Total calls in 2020/21
Avon Fire & Rescue Service	252	787	2,096 (679 shifts)	3,135
Cornwall Fire & Rescue Service	214	698	1,445 (586 shifts)	2,357
Devon and Somerset Fire & Rescue Service	633	2,015	3,500 (1,104 shifts)	6,148
Dorset and Wiltshire Fire & Rescue Service	453	1,450	1,910 (667 shifts)	3,813
Gloucestershire Fire & Rescue Service	214	748	1,264 (632 shifts)	2,226
Total calls:	1,766	5,698	10,215	17,679

Op. BRAIDWOOD paused in September and October 2020

* includes inter-hospital/routine/other calls

Assistance to the NHS mass vaccination programme

As part of the country's battle against the pandemic, the biggest vaccination programme in the UK's history began on 8 December 2020 when Margaret Keenan – who was then aged 90 years – was immunised at University Hospital, Coventry with a COVID-19 vaccine developed by Pfizer and BioNTech. As of mid-July 2021, over 46 million first doses and 35.5 million second doses of a vaccine had been administered across the UK.

In England, COVID-19 vaccines have been delivered from hospital hubs, over 1,200 local vaccination centres run by a mixture of GP-led services and community pharmacies, care homes and 50 vaccination centres located in large-scale venues such as football stadiums and exhibition centres. The whole programme includes a total of over 2,000 vaccination sites with 99% of the population living within 10 miles of a vaccination service.

Phase 1 of the vaccine rollout prioritised the most vulnerable in a delivery schedule based mainly on age. The plan was adjusted on 30 December 2020, delaying second doses so that more people could benefit from the protection offered by a first dose. A target to give all 15 million people in the top four priority groups their first dose by the middle of February 2021 was announced in early January 2021 and quickly achieved on 14 February 2021. The next five groups were offered a vaccine by 15 April, and 32 million doses were administered by that point. In June 2021, all adults aged 18 and over were able to get their first dose of the vaccine.

As part of the national vaccination programme, the assistance provided by fire and rescue services was widened from January 2021 to support mass and local vaccination centres including stewarding, logistics and, in some cases – following rigorous clinical training and assessment – actually administering the vaccines themselves. In other areas, fire stations were used as valued community assets to host vaccination clinics. For example, Dr. Cameron Jackson, the GP lead for the Cheltenham East Fire Station vaccination centre, said it was a “very exciting” project to be involved with:

“We are extremely proud of the service that we've developed at the fire station to provide this vaccine. It is a great location and have got a very good service together to deliver it. It is very efficient and the patients love coming here.”

Overall, our work at vaccination centres has demonstrated yet another way in which fire and rescue services have stepped forward to assist our communities and has proven to be such a rewarding activity for everyone involved.



Conclusion

The fight against the coronavirus pandemic is not yet over but as the restrictions on our daily lives are relaxed, fire and rescue services across the south west continue to support our communities in so many ways. Fire Minister Lord Greenhalgh said:

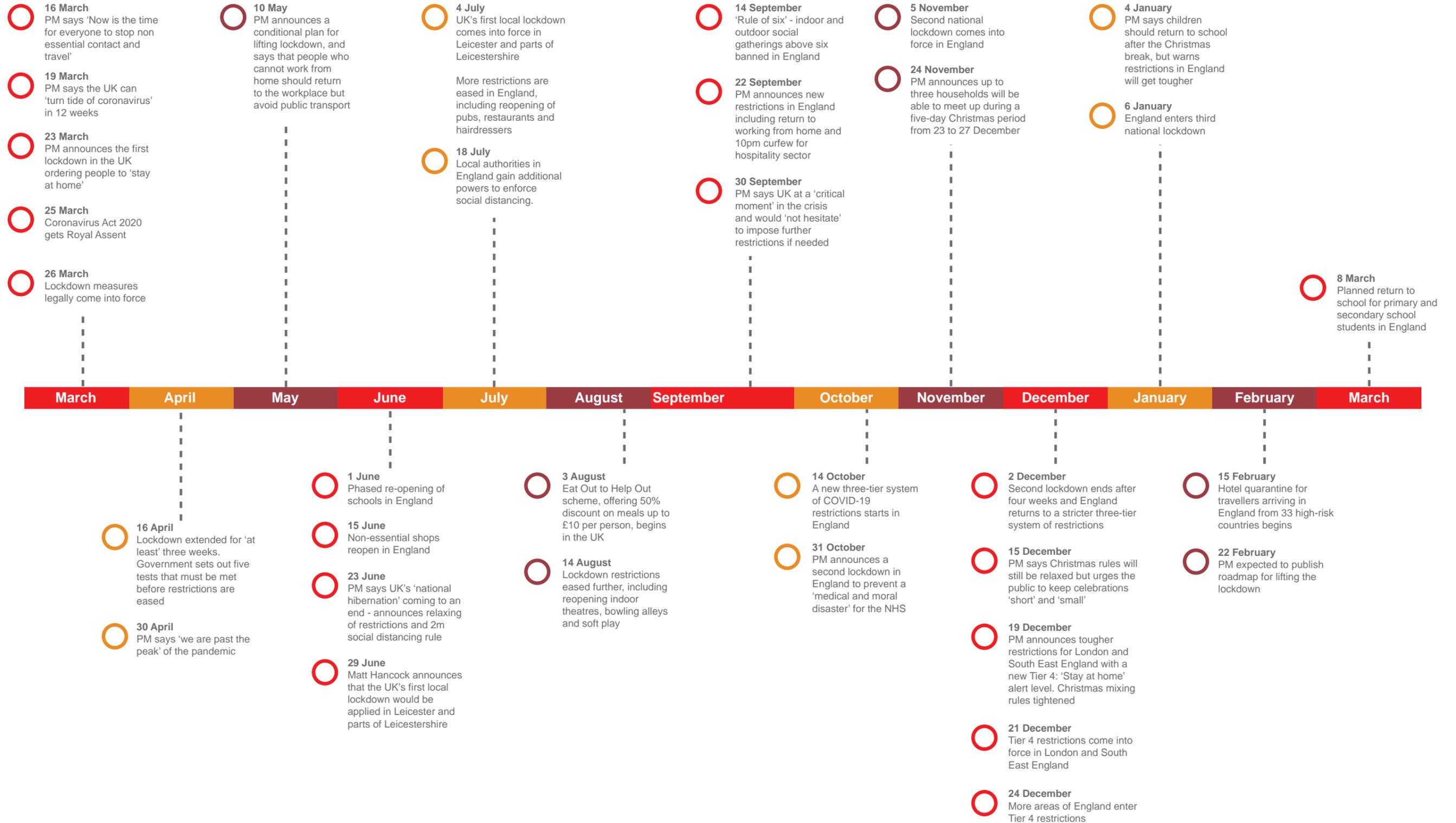
“Our fire and rescue services have supported the nation's response to the pandemic, from driving ambulances to helping at vaccination and testing centres. I am grateful for their incredible contribution in helping to administer over 100,000 vaccines to people across the UK, supporting the NHS and protecting their local communities. I know our fire and rescue services will continue to step up and do all they can to protect the British public.”

In the south west, it has been our honour and privilege to step forward and play our part in the national effort against COVID-19 and we reflect on our contribution so far with a humble – but, as so many have commented, justifiable – sense of pride.



Timeline of UK coronavirus lockdowns

March 2020 – March 2021





COVID-19 PANDEMIC NATIONAL EMERGENCY
 CONTACTLESS SCREENING VENTILATOR
 SUPER-SPREADER
 FLATTENING THE CURVE
 EPIDEMIC
 QUARANTINE
 BUSINESS AS USUAL
 PERSON-TO-PERSON TRANSMISSION
 PPE
 LOCKDOWN
 INDEX CASE
 NATIONAL EMERGENCY
 IMMUNE SURVEILLANCE
 SELF ISOLATING
 WFH
 THERMOMETER
 VENTILATOR
 CONTACTLESS
 SCREENING
 VENTILATOR
 PANDEMIC
 SURVEILLANCE
 WFH
 SELF ISOLATING
 VENTILATOR
 NATIONAL EMERGENCY
 PPE
 SUPER-SPREADER
 QUARANTINE
 SOCIAL DISTANCING
 BUSINESS AS USUAL
 SOCIAL DISTANCING
 INDEX CASE
 ESSENTIAL BUSINESS
 HERD IMMUNITY
 IMMUNE SURVEILLANCE
 FLATTENING THE CURVE
 BUSINESS AS USUAL
 SUPER-SPREADER
 EPIDEMIC
 CONTACTLESS
 LOCKDOWN
 VACCINE
 FOREHEAD THERMOMETER
 FLATTENING THE CURVE
 SOCIAL DISTANCING
 LOCKDOWN
 BUSINESS AS USUAL
 SUPER-SPREADER
 FLATTENING THE CURVE
 SOCIAL DISTANCING
 LOCKDOWN
 BUSINESS AS USUAL
 SUPER-SPREADER

“

We are delighted about this partnership with fire service colleagues across the south west to support our frontline care of patients.

”

**Derek McCullough, SWASFT
Interoperable Capabilities Officer**

“

It makes me very proud to have known I helped make a difference to our communities though a very difficult and challenging time within our country.

”

FRS Volunteer Ambulance Driver

“

I know you take the wellbeing of your staff extremely seriously and I have heard about the helpful services provided internally to your teams, such as occupational health support and employee assistance schemes - all of which will be of vital importance as you support your staff through the weeks and months ahead.

”

HRH The Duke of Cambridge

