



# DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**M. Pearson  
CLERK TO THE AUTHORITY**

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**To: The Chair and Members of the Devon &  
Somerset Fire & Rescue Authority**

**(see below)**

**SERVICE HEADQUARTERS  
THE KNOWLE  
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Our ref : DSFRA/MP/SY  
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Date : 17 October 2020  
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## **DEVON & SOMERSET FIRE & RESCUE AUTHORITY**

**Friday, 23 October, 2020**

A meeting of the Devon & Somerset Fire & Rescue Authority will be held on the above date, **commencing at 10.00 am via Webex video conference** to consider the following matters.

M. Pearson  
Clerk to the Authority

***PLEASE NOTE*** This meeting will be livestreamed on the Devon & Somerset Fire & Rescue Service YouTube channel. This can be accessed by following the link below and then clicking on the Videos and Livestream buttons:

<https://www.youtube.com/dsfireupdates>

### **SUPPLEMENTARY AGENDA No. 1**

***PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS***

**8. a Response of the Devon & Somerset Fire & Rescue Service to the COVID-19 Pandemic** (Pages 1 - 56)

Report of the Chief Fire Officer (DSFRA/20/19) attached.

**MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER**

Membership:-

Councillors Randall Johnson (Chair), Best, Biederman, Bown, Brazil, Buchan, Clayton, Coles, Colthorpe, Corvid, Doggett, Drean, Eastman, Hannaford, Healey MBE, Napper, Peart, Prowse, Radford, Redman, Saywell, Thomas, Trail BEM, Vjeh, Wheeler (Vice-Chair) and Yabsley.

Sue Mountstevens, Avon & Somerset Police & Crime Commissioner  
Alison Hernandez, Devon & Cornwall Police & Crime Commissioner

## NOTES

### 1. **Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the “Please ask for” section at the top of this agenda.

### 2. **Reporting of Meetings**

Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chair - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority.

Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

### 3. **Recording of Meetings**

Given the social distancing measures introduced in response to the Covid-19 pandemic, Authority meetings will be held virtually and livestreamed on the Devon & Somerset Fire & Rescue Service YouTube channel. The meetings may also be recorded for subsequent viewing on the YouTube Channel. Any such recording does not constitute the official, Authority record of the meeting.

### 4. **Declarations of Interests at meetings (Authority Members only)**

If you are present at a meeting and you are aware that you have either a disclosable pecuniary interest, personal interest or non-registerable interest in any matter being considered or to be considered at the meeting then, unless you have a current and relevant dispensation in relation to the matter, you must:

- (i) disclose at that meeting, by no later than commencement of consideration of the item in which you have the interest or, if later, the time at which the interest becomes apparent to you, the existence of and – for anything other than a “sensitive” interest – the nature of that interest; and then
- (ii) withdraw from the room or chamber during consideration of the item in which you have the relevant interest.

If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have an interest of a sensitive nature. You must still follow (i) and (ii) above.

Where a dispensation has been granted to you either by the Authority or its Monitoring Officer in relation to any relevant interest, then you must act in accordance with any terms and conditions associated with that dispensation.

	<b>NOTES</b>
	Where you declare at a meeting a disclosable pecuniary or personal interest that you have not previously included in your Register of Interests then you must, within 28 days of the date of the meeting at which the declaration was made, ensure that your Register is updated to include details of the interest so declared.
<b>5.</b>	<b><u>Part 2 Reports</u></b> Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.
<b>6.</b>	<b><u>Substitute Members (Committee Meetings only)</u></b> Members are reminded that, in accordance with Standing Order 37, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.
<b>7.</b>	<b><u>Other Attendance at Committees (Standing Order 38)</u></b> Any Authority Member wishing to attend a meeting of a Committee of which they are not a Member should contact the Democratic Services Officer (see “please ask for” on the front page of this agenda) in advance of the meeting to obtain details of the Webex meeting invitation.



<b>REPORT REFERENCE NO.</b>	<b>DSFRA/20/19</b>
<b>MEETING</b>	<b>DEVON &amp; SOMERSET FIRE &amp; RESCUE AUTHORITY</b>
<b>DATE OF MEETING</b>	<b>23 OCTOBER 2020</b>
<b>SUBJECT OF REPORT</b>	<b>RESPONSE OF THE DEVON &amp; SOMERSET FIRE &amp; RESCUE SERVICE TO THE COVID-19 PANDEMIC</b>
<b>LEAD OFFICER</b>	<b>Chief Fire Officer</b>
<b>RECOMMENDATIONS</b>	<i>That progress from March to date is noted.</i>
<b>EXECUTIVE SUMMARY</b>	This report sets out, for information, the key details of the response to date of the Devon & Somerset Fire & Rescue Service to the COVID-19 pandemic.
<b>RESOURCE IMPLICATIONS</b>	Nil.
<b>EQUALITY RISKS AND BENEFITS ANALYSIS</b>	N/A
<b>APPENDICES</b>	A. COVID Mini Integrated Risk Management Plan B. COVID South West Collaboration Report
<b>BACKGROUND PAPERS</b>	Nil.

## **1. INTRODUCTION**

- 1.1. 2020 has been a year like no other. The Coronavirus pandemic has changed what and how things are done in society, generally, and for the Devon & Somerset Fire & Rescue Service (“the Service”) specifically. The Authority has received regular briefings (both via e-mails and at previous Members’ Forum meetings) on the Service response to this pandemic. This has included extracts from the COVID Mini Integrated Risk Management Plan which outlines Service performance throughout the pandemic. The full document is shown in Appendix A.
- 1.2. The purpose of this paper is to bring key elements of the Service’s COVID preparedness, response and recovery arrangements together and it should be recognised that much of this has previously been reported to Members of the Fire Authority and to Members of Parliament. It covers the period from April to September and a subsequent paper will report on our arrangements for the next six months.
- 1.3. The Service has increased the extent to which it has used digital ways of communicating and engaging with both staff and the public. This has some clear advantages that it is intended to retain moving forward. Staff have had to adapt to new ways of working, including working from home and they have responded well to the challenges faced. The additional flexibility that this has required provides an opportunity to build on the “People” strand of the Safer Together Programme and maximise the staff contributions.
- 1.4. As society and the Service moved into a full national lockdown, productivity reduced but so did risks faced as businesses were temporarily closed. Through this pandemic, the Service has adjusted and adapted the way it works and continued to focus on those most at risk. The Service is now able to increase productivity again, albeit in a different way and will continue to take a risk-based approach to its prevention, protection and response activities.

## **2. ASSURANCE**

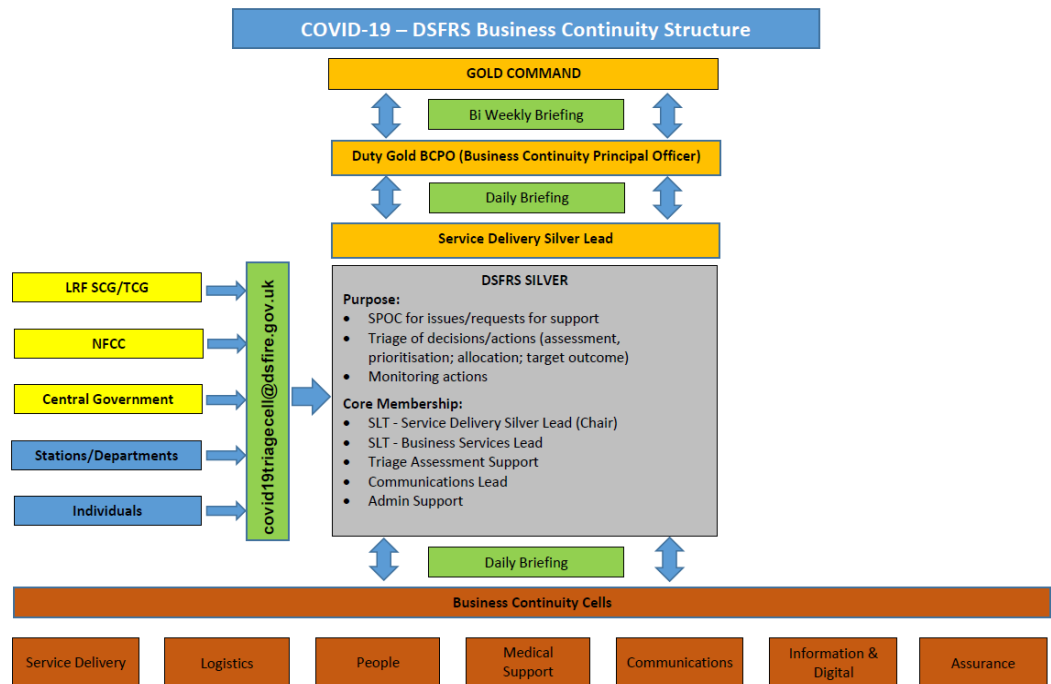
- 2.1. The Service began making arrangements for deploying its business continuity measures in preparation for the COVID-19 pandemic in January and stood up its Critical Response Team on 11 February 2020. Full business continuity measures were deployed on 16 March 2020, following well-rehearsed processes and to support Local Resilience Forums (LRF).
- 2.2. Due to restrictions on travel, office-based staff were asked to work from home and non-essential activity was paused. The Service has seen low levels of absence as a result of COVID-19 and staff absence has not impacted on the ability to maintain core services. Focus was placed on the ability to maintain fire and rescue response activities, which meant that face-to-face prevention and protection activity could not go ahead.

### **3. STRATEGIC INTENTIONS**

3.1. The Service's response and recovery work is guided by the following strategic intentions:

- To proactively protect communities and limit the spread of COVID-19
- To ensure the safety and wellbeing of Service staff in the pursuance of their duties
- To maintain an effective emergency response – the Service will continue to respond to all incidents.
- To maintain essential preparedness activity – the Service will continue to prepare, train and exercise against foreseeable risk with a focus on core competencies.
- To protect communities from fire – the Service 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 communities – the Service 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 maintain essential business services that will ensure effective business continuity, procurement and recovery arrangements are in place throughout the sector.
- To ensure that the sector's response is coordinated and integrated with other responding agencies, promote shared situational awareness and joint understanding of risk.
- To capture and share learning
- To support a return to normality

3.2. To deliver these, the Service established an interim structure. The diagram overleaf (previously provided to the Authority) outlines how the Service arrangements build into the wider partnership approach.



3.3.

Covid-19 BC structure v0.11

**old Group.** Sets the strategy for the business continuity arrangements and puts appropriate structure in place for their management and oversight.

3.4. **Silver Group.** Service Delivery will be the key focus area for all staff in maintaining the functions of the Fire and Rescue Service for the citizens of Devon and Somerset. This group, chaired by the Service Delivery Silver Lead, provides the primary coordination function for Service wide disruption with a focus on maintaining critical day to day activity and reacting to dynamic changes.

3.5. The Silver Group provides a focal point within the Service for a common situational awareness across the two LRFs and a single point of contact for information and requests coming into the Service, undertaking a triage for decisions and actions. The Silver group will be supported by various 'cells' which will deal with specific matters and will be stood up or down by the Service Delivery Silver Lead as required. The current cells are outlined below.

3.6. **Service Delivery Cell.** This cell plans the future requirements for Service Delivery within the rising tide scenario and subsequent transition into recovery phase provides advice, guidance, information and support to enable critical activities in support of Silver.

- 3.7. **Logistics Cell.** This cell compiles details of staff availability for redeployment and monitors issues with supplies of kit, equipment, materials and consumables ensuring that all physical supplies and goods are provided to Service Delivery through requests and orders placed by both Silver (immediate critical need) and Service Delivery Cell (longer term need).
- 3.8. **People Cell.** This cell oversees the provision of welfare support to staff and advises Silver on policy issues.
- 3.9. **Medical Support Cell.** This cell monitors the current and emerging issues placed upon medical services and identifies opportunities to support medical services and partner agencies.
- 3.10. **Communications Cell.** This cell co-ordinates all communications. It manages all media enquiries and produces a single daily communication to all staff and a weekly briefing for Authority Members.
- 3.11. **Information and Digital Cell.** This Cell provides a single point of contact for all requests from Silver for new reports, Apps or development work related to COVID-19 activities and any work pertaining to information and cyber security.
- 3.12. **Assurance Cell.** This cell monitors, reviews and evaluates the effectiveness of business continuity arrangements and activities and supports the organisational plan for recovery.
- 3.13. The Duty Principal Officer attends the National Fire Chiefs Council weekly meetings where information is shared and good practice disseminated (e.g. operational response to university sites where high incidents of COVID are present).
- 3.14. The Health and Safety Team has provided advice, guidance and support throughout the COVID-19 pandemic. It has been directly attached to support cells formed in response to the pandemic and the Service's needs. The Team was attached to the Medical Cell, People Cell and Recovery Cell, though supported the other cells as necessary. To ensure staff safety and to comply with the 'COVID Secure' requirements numerous guidance documents, bulletins and communications have been developed by the team, and also by others with the support of the Health & Safety Team. There has been 120 risk assessments related to COVID-19 produced, as well as safe systems of work developed which included consideration of individual wellbeing and personal risks from COVID-19 via the Workplace Return Assessment with their line managers.

#### **4. PROTECTION ACTIVITY**

- 4.1. Any premises that is legally open should be COVID Secure and have appropriate measures in place to protect people working there and visiting. The government has provided detailed guidance for different kinds of premises which should result in a safer workplace with COVID Secure control measures more consistent from premises to premises and, therefore, enabling physical inspections of premises to take place safely.
- 4.2. The Service is committed to ensuring the health, safety and wellbeing of both its staff and communities, especially during the COVID-19 pandemic. As the situation continues the Service is following government guidance on limiting non-essential contact and, as such, taking a risk-based approach to all protection activity.
- 4.3. The current situation in respect of COVID-19 and the package of measures in place, notably social distancing, have placed challenges on how protection activity can be delivered by the Service.
- 4.4. The Service has looked to national guidance from the National Fire Chief's Council (NFCC) and the Protection activity in other fire and rescue services to develop a revised Protection delivery activity strategy that respects government initiatives to prevent COVID-19 escalation, protects staff, facilitates statutory requirements and continues to deliver protection activity across the Service area.
- 4.5. The Service, in introducing revised protection activity at this time, is conscious that the businesses which fall under the Regulatory Reform (Fire Safety) Order 2005 (the Order) are all operating in an uncertain and unprecedented environment of demand and restrictions. The Protection activity strikes an appropriate balance of ensuring businesses are safe and compliant with the Order, whilst also understanding that these are exceptionally challenging operating conditions for all.
- 4.6. The protection activity takes a pragmatic view based upon balancing fire safety outcomes, legislation requirements and government COVID-19 operating models.
- 4.7. The initial Service response was to safeguard the welfare of its employees and in accordance with UK Government advice via Public Health England and the NFCC, the Service paused its proactive Risk Based Inspection Programme and with many businesses closed during that particular time, the corresponding risk reduced.
- 4.8. Throughout this time the Service has maintained its re-active fire safety protection arrangements for issuing Prohibition Notices. Protection delivery staff have also been pro-actively supporting healthcare premises through nominated 'points of contact'. Response has been positive from the healthcare sector for our support to them in dealing with the new and emerging challenges they face from their COVID-19 provisions.

- 4.9. As a result of the positive outcomes from Service support to the healthcare sector and in consultation and co-ordination with other fire and rescue services in the Southwest and also the Care Quality Commission (CQC), protection delivery introduced pro-active remote compliance support to other 'High Risk' sectors in the form of 'Business Support Calls'. This was identified as Stage One of the recovery process and started with Healthcare NHS and Care Homes via telephone and video calls.
- 4.10. Normal protection activity has resumed wherever possible and safe to do so. The table below outlines the range and extent of engagement undertaken.

**Table 1 Protection Activity**

<b>Activity</b>	<b>Total</b>
Follow Up Business Support Call	1
Follow Up Alterations Notice	1
Desktop Fire Safety Audit	29
Fire Safety Check Professional Judgement	6
ORIS 3 Inspection	25
Safety Advisory Group - Other Venues	58
Built Environment Information	166
Heritage Consultation or Activity	1
Compliance Visit	2
Education Consultation - FSO	1
Fire Safety Order Not Applicable	2
Follow Up Prohibition Notice	12
Unwanted Fire Signals Advice	120
Fire Engineering Consultation	9
Licensing Consultation - FSO	281
Pre-Consultation - Non FSO	33
Specific Communication	247
Follow Up Action Plan	42
Follow Up Enforcement Notice	44
Prosecution	3
Safety Advisory Group - Sports Grounds	13
Compliance Event	1
Other FSO Consultation	486
Fire Safety Audit	61
Business Support Call	561
Follow Up Fire Safety Check	7
Specific Complaint	39
Fire Safety Check	216
Fire Safety Check Not Completed	14
Follow Up Building Regulations	365
Follow Up Notification of Deficiencies	4
Building Regulations Consultation	543

Activity	Total
Housing Consultation - FSO	42

## 5. PREVENTION ACTIVITY

- 5.1. Person to person community engagement has been significantly reduced due to the restrictions around COVID-19. All career fairs, cadet meetings, school visits, open days, 'Have a go' days, bike courses and many other activities, apart from virtual engagement, were ceased. However, partner collaboration and engagement in different areas, to support the community to cope with the unprecedented situation, were agreed and undertaken.
- 5.2. The Service continued to run a number of campaigns to increase awareness and influence behaviours.

**Table 2 Summary of external campaigns**

Bonfire & BBQ safety	April
My Red Thumb Day – Road Safety	May
Water Safety & Cold Water Shock	May
Camping/ Caravan/ Tent Fire Safety	July
Wildfire Prevention	May
Vehicle fires	July
'It's the little things ...' – vehicle fire, wildfire, BBQ	July/August/ September
Chimney safety	September/October
Thatch property safety	September/October

- 5.3. Whilst COVID 19 has massively impacted the ability of the Home Safety Visit technicians to deliver their usual high number of household visits, the prevention team has nevertheless been extremely busy helping to keep people safe in their homes. Since the Service went into Business Continuity Planning (BCP) arrangements on 17 March, Home Safety Visits have only been carried out by a Technician in the following circumstances:

- Where a significant high risk of fire has been identified by a referring partner agency or concerned relative/ friend and the property has NO working smoke detection installed.
- Where a threat of arson has been made to a person or property and the Service has received a Police referral, the Service will visit to fit smoke detection and an arson letter box blocker.
- To replace a bleeping alarm.
- The Home Safety Technicians have completed **1677 Home Safety Visits** since the Service commenced its recovery phase on 3 August. The Home Safety Administration team has also conducted **2149 Eligibility Assessments** with customers.



5.4. The Service has been delivering the Home Safety Visits/replacement alarms and arson letter box blockers that meet its BCP criteria. During COVID BCP and Recovery the Service provided 6258 pieces of equipment to vulnerable customers.

- Smoke Alarms 3,923
- Hard of Hearing Sets 717
- C O Alarms 1,004
- Extension Leads 291
- Flaplock Restrictors 88
- Fire Retardant bedding sets 99
- Fire Retardant Throws 86
- Lap Blankets 50

5.5. The Fire Kills team has also been trained as Auxiliary Fire Control Operators to provide resilience in the Control room if needed, and now regularly trains with fire control staff to maintain skills.

**6. OPERATIONAL RISK REDUCTION**

6.1. At the same time, the Service continues to undertake operational risk visits.

6.2. Prior to lockdown, a temporary layer of information was added to the Mobile Data Terminals (MDTs). The COVID 19 information replaced the work for the Operational Risk Information (ORI) team immediately with an influx of creditable information from other agencies from a mixture of meetings including Somerset Multi-Agency Tactical, Local Resilience Forums (LRFs). This assisted in advising response crews of COVID 19 sites.

**Table 3 Operational Risk Visits**

Level 1 Operational Risk inspections	1080 (All telephone)
Level 3 Site Specific Risk inspections (SSRIs)	157 (of which 48 have been face to face)
Temporary COVID 19 Sites	17 face to face visits during lockdown inspecting Level 3 SSRIs on crematoriums, Temporary (T) hospitals, T/ body storage units & T/mortuaries)

**7. RESPONSE ACTIVITY**

7.1. Weekly updates on the impact of the pandemic on the risk profile of communities across Devon and Somerset along with the availability of appliances and performance against emergency response standards have been provided and relevant data highlighted by updates to the Authority.

- 7.2. Total incidents from 01 April 2020 – 30 September 2020: 7452
- 2977 false alarms attended (as forecasted).
  - 2186 fires attended (9% below forecast) which includes 434 primary dwelling fires (7% below forecast).
  - 2289 special service calls attended (34% below forecast) which includes 298 Road Traffic Collisions (40% below forecast).
- 7.3. In addition, as part of the South Western Ambulance Service NHS Foundation Trusts (SWAST) continued response to COVID-19, a 'combined crewed' fleet of 15 Ambulances has been deployed in partnership with Cornwall, Devon and Somerset, Dorset and Wiltshire, Avon and Gloucestershire fire and rescue services. These vehicles are crewed by one firefighter and one SWAST emergency care assistant. The Service is the lead fire and rescue service to allow for clear lines of communication and a consistent approach to this project.
- 7.4. In the first phase of the pandemic, the Service provided staff to drive ambulances to 2,648 calls and saved countless lives in the process. The Service is currently gearing up to provide support to the Ambulance Trust for the second phase of the pandemic and this will commence on 1 November 2020 and run until the beginning of March 2021. More details are shown in the collaboration summary in Annex B.

## 8. **PEOPLE**

(Note: The following information is extracted from report HRMDC/20/2 [People Strategy Update] to the meeting of the [Human Resources Management & Development Committee](#) held on 21 October 2020).

- 8.1. An engagement framework has been developed which sets out how the Service will engage with its staff, partners and communities. The framework sits under the Communication and Engagement Strategy and aims to bring all the engagement activity happening across the Service together under a set of principles and practices so that benefits from interactions with various stakeholder groups are maximised. Use of Facebook Workplace and virtual meetings by the Service has increased during the COVID-19 Response phase and there are plans to develop a range of ongoing engagement mechanisms for different staff groups. This will help for better two-way communication across the workforce and aid important conversations so that staff have more opportunities to share their thoughts and ideas on key issues.
- 8.2. Following a suggestion from station, the Service's Values icons were redesigned to reflect how the Service lives by these values and looks after the health, safety and wellbeing of communities and its staff throughout the Pandemic.

- 8.3. For support staff, the Service is seeking to create more flexible ways of working under smart working principles. During the Response phase of the Pandemic, the Service was able to accelerate its aspirations for more flexible working with a change to core hours along with working from home for all those without an essential need to be in the workplace. Many teams reported working from home to be more family friendly and flexible. Staff felt they have been more productive and task focused. Meetings with line managers, whilst via video or phone, are more regular and more focused. Many staff have been able to reduce or remove travelling time. Work wear can be more relaxed at home particularly in the hot weather that was experienced during the lockdown period.
- 8.4. However, there is no effective substitute in some cases for face-to-face engagement and the Service has had to change some of its established collaborative ways of working, such as workshops, to a more limited approach until it is safe to resume face-to-face interaction. Teams generally feel a blended approach to flexible working is preferable, as the benefits of social interaction are essential for a healthy workplace culture, and to support mental health and wellbeing. The Service is taking this opportunity, whilst the culture is shifting, to scope out a smart working vision with staff together with the physical, technical and cultural requirements associated with this. The Service will then move towards a new working model that will provide both ongoing resilience in business continuity and meet the aspirations set out in the people strategy.
- 8.5. In the COVID-19 Response phase, People Impact Assessment (PIA) considerations have been captured, and action plans to support the health and wellbeing of staff implemented via:
- COVID-19 Business Continuity Response People Impact Assessment (staff);
  - Desktop research into pandemic behaviour, the impacts of lockdown, the likely UK recovery plan and the needs of people in a Recovery phase;
  - A Recovery PIA workshop conducted with the People Cell (subject matter experts), the Recovery Lead and the Business Continuity manager;
  - One-to-one interviews with key stakeholders;
  - COVID-19 staff survey to test the temperature on a range of issues affecting staff;
  - Gathering information on team impacts across the service in terms of their health and wellbeing; and
  - Specific work with On-call staff to identify issues and ensure they have access to wellbeing.

- 8.6. This information has supported the Service in developing, for example: online access to wellbeing support, wide ranging guidance for managers and staff on remote working and in developing a process for staff to assess and discuss their individual risk levels using a COVID-19 Age risk calculator before they partially return to the workplace as part of one of the later Recovery phases. Staff who have been in the workplace throughout the Response phase are similarly encouraged to assess their risk using the COVID-19 Age risk calculator and to discuss this with their line manager in a health and wellbeing conversation should they have any concerns. Staff who have identified in higher risk groups are referred to Occupational Health for clinically assessed arrangements to be made.

## **9. FINANCE**

(Note: The following information is extracted from reports to the meeting of the [Resources Committee](#) held on 2 July 2020).

- 9.1. The Coronavirus pandemic has increased uncertainty over funding available to all public services, with the likely impact on the long-term economy unknown. It is therefore even more important that scenario planning informs financial plans for the Authority. A sustained economic downturn is likely to introduce the risk that households and business will struggle to pay their council tax and business rates bills, restricting the funding available to local services. Government grants of £1.6m have been received to fund the Coronavirus response and this will enable maintenance of operational capability and support business continuity activity.

## **10. KEY ACHIEVEMENTS**

- 10.1. In the first phase of the pandemic, the Service provided staff to drive ambulances to 2,648 calls and saved countless lives in the process. The Service is currently gearing up to provide support to the Ambulance Trust for the second phase of the pandemic and this will commence on 1 November 2020 and run until the beginning of March 2021. More details are shown in the collaboration summary in Annex B.
- 10.2. Whilst the Chief Fire Officer has acted as the coordinator for this work on behalf of the five Fire and Rescue Services in the region, the commitment from other Fire and Rescue Services has been superb and it is worthy of note that the five Chief Fire Officers are working better together than ever before. Not only has this eased some implementation work for the Ambulance Service but it has also improved cross border working/awareness in general which will directly address one of HMICFRS recommendations.

- 10.3. The Service seconded an Assistant Chief Fire Officer to support a Local Authority cell as part of the Local Resilience Forum. This is the group of organisations who would respond to a major incident including local authority's, emergency services, utility companies, representatives from central government and others. This provided additional capacity and skills at a time when there was much to do and significant logistic support required to ensure essential suppliers were delivered to where needed most.
- 10.4. The Service has remained an active and supportive member at the Strategic Coordination Groups (the emergency response for the Local Resilience Fora) in both Devon and Cornwall and Avon and Somerset. In addition, the Chief Fire Officer has been invited to represent the five Fire and Rescue Services at the Regional Coordination Group which is also meeting weekly. Through this mechanism, requests for assistance and offers of support are made.
- 10.5. Service sickness levels have been the lowest for some time which provides some reassurance that the arrangements to protect staff have been effective. Like every other organisation, however, whilst the Service now has 'COVID secure' sites, the human behaviour of staff is the key determining factor and government guidance continues to be reinforced through various communication channels.
- 10.6. The Service is currently in the second wave of this pandemic and will continue to evolve its approach and strike a balance between continuing to deliver the high quality services that the public rightly expect with its responsibility to protect its staff. Since April 2020, whilst within COVID-19, the Service has seen an excellent performance. Service sickness level performance is 17% better than it was at this same period in 2019/20.
- 10.7. Despite the obvious restrictions that COVID has presented, Service Prevention Protection and Response activity has continued, albeit in a different way in many areas. At the same time, the Service continues to evolve and plans to increase activity in the weeks ahead, given that the pandemic is forecasted to continue for some time.
- 10.8. Forecasting future demand (reasonable worst case scenario for COVID) and the associated impact on the Service in the event that there is a significant loss of staff, continues to be modelled and plans to deliver an effective level of service will continue to be reviewed on a regular basis to reflect emerging evidence, trends and restrictions.

**LEE HOWELL**  
**Chief Fire Officer**

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# COVID-19 Mini IRMP

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Data last refreshed: September 30<sup>th</sup> 2020

This document aims to outline the changes to the usual risk profile during the COVID-19 pandemic and how this affects DSFRS and the communities it serves.

# COVID-19 Pandemic Mini IRMP

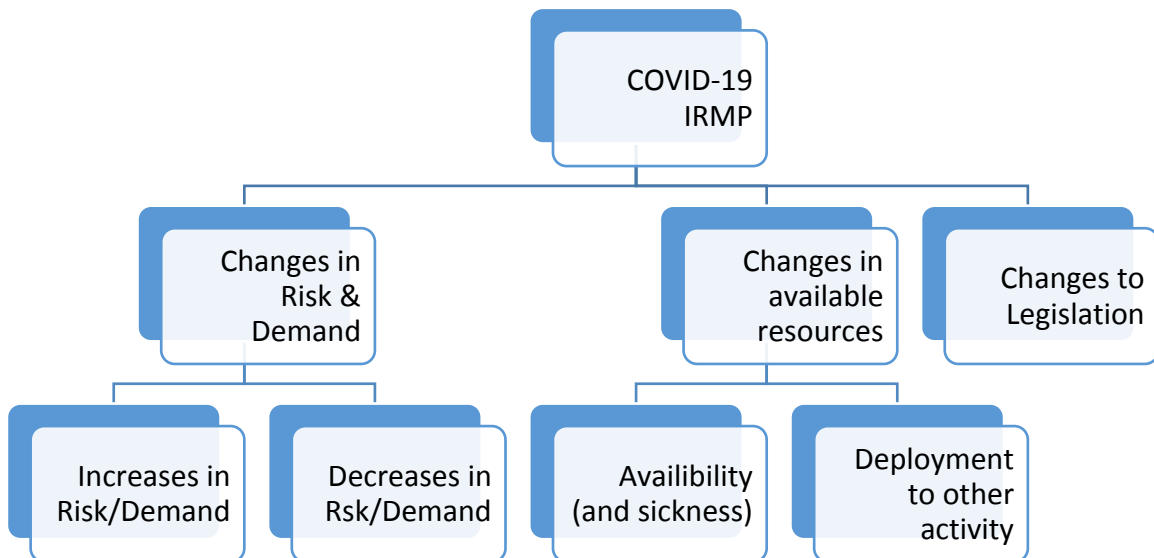
Data last refreshed: 30/09/2020

Next full refresh: 07/10/2020

## Introduction

This document aims to outline the changes to the usual risk profile during the COVID-19 pandemic and how this affects DSFRS and the communities it serves. The report also includes statutory changes that could affect DSFRS's operations.

It is anticipated that as the pandemic and DSFRS's response to it develops these changes in risk, demand and resources will also change.





## At a glance

Increases in Risk/Demand	Decreases in Risk/Demand	Availability (and sickness)	Deployment to other activity
Other special service calls attended (34) above seasonal average (31)	Total incidents fell to 286, a fall of 19% from week 38.	Overall availability below target but below target.	Ambulance drivers utilised by SWAST – project finished on 31/08.
RTC rose to three year average with twenty three attended.	All fires attended 44% lower than week 38, just 60 attended	Risk prioritised availability above seasonal average and target.	
Co-responder incidents above three year average for six of the past seven weeks. And were at their highest level since May 2018	Domestic fires slightly below three year seasonal average.	Covid-19 related absence whilst still low rose during mid-September, though it appears to have fallen in the past week	

## Statutory Changes in the past week

For the week beginning 21<sup>st</sup> September, the following changes in legislation have occurred:

- 1) There are new regulations around the requirement to self-isolate, including:
  - a) Increases in the penalty fine for repeat offenders;
  - b) Rules around prohibiting employers from allowing workers to attend the workplace if the individual tests positive or comes into contact with an individual who tests positive with Covid-19; and
  - c) Employees are now obliged to inform their employer of any requirements to self-isolate.
- 2) Members of the public are now required to wear face masks in taxis and private hire vehicles;
- 3) Employees and other persons providing services in public houses will be required to wear face coverings when they are in close proximity to members of the public;
- 4) Member of the public are now require to wear face coverings in theatres, restaurants, pubs and public houses, except where it is necessary to eat food or drink;
- 5) Restrictions have been imposed on certain businesses to close at 10pm; and
- 6) Curaçao, Denmark, Iceland and Slovakia have been removed from the list of exempt countries and territories and so travellers are now required to self-isolate for 14 days on arrival into the UK.

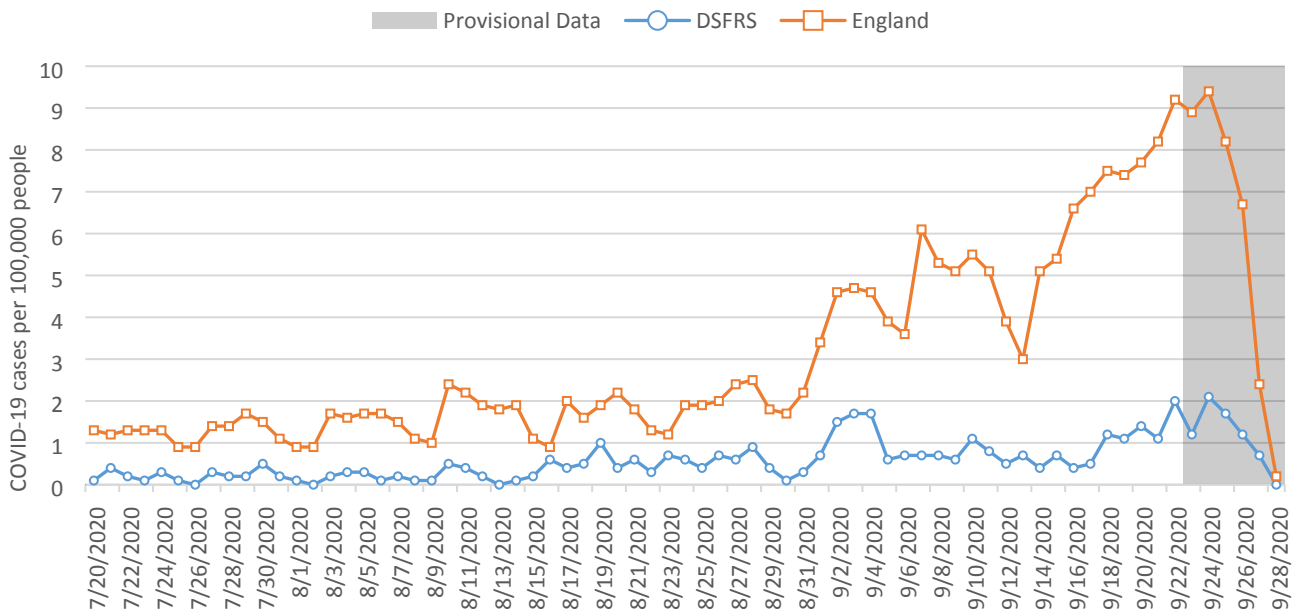
## Latest Regional Statistics: COVID-19 Cases

The chart below presents statistics on the number of cases of COVID-19 for the Devon & Somerset Service area<sup>1</sup> and England as a whole. As can be seen, the DSFRS area has seen consistently lower rates of confirmed COVID-19 cases than that of England as a whole.

There has been a steady rise in confirmed cases since the middle of August, although this appears to be less significant than in other areas of the country. The number of positive tests in the DSFRS area remains very low (e.g. 22 confirmed cases on the 23/09/2020) however, there have been well documented issues over lack of testing capacity which could be artificially keeping down the number of confirmed cases<sup>2</sup>

As the infection rises nationally and locally, both increased national restrictions and localised lockdowns continue to be a very real possibility.

Daily confirmed COVID-19 cases per 100,000 people, Devon & Somerset Fire & Rescue Service



<sup>1</sup> Source: [https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E31000011&mod-group=AllCountiesInCountry\\_England&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E31000011&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup)

<sup>2</sup> <https://www.devonlive.com/news/devon-news/covid-rate-hugely-underestimated-south-4517520>

## Tourism

Forecasting the impact of tourism on COVID-19 cases is challenging. Visit Britain estimates a 49% reduction<sup>3</sup> in the year on year domestic spend on tourism (day trips and overnight stays). How this reduction translates regionally is unclear however it would indicate that overall levels of domestic tourism are likely to be lower than previous year. We have seen greater numbers of day trips and an increase in “wild camping” as more people camp than in a usual year and the summer peak has been very busy for region so far (see mobility data below). This is certainly an area to continue to monitor over the coming weeks.

Additionally the longer term impacts on the industry need to be monitored given the importance of the leisure/tourism sector within in the economy of Devon & Somerset.

## Mobility (Google data)

Data unavailable – Google have temporarily suspended updates to prepare for an improvement to how they compute retail, recreation and other categories. The upcoming update will ensure consistency in the way that the data is being reported. They are working to resume updates as soon as possible.

## Social Impact of Coronavirus Pandemic

ONS produce a weekly report “Coronavirus and the social impacts on Great Britain<sup>4</sup>” which analyses data gathered through their Opinions and Lifestyle Surveys. The main points within the last report published on the 25<sup>th</sup> September 2020 are detailed below:

- More than 9 in 10 (96%) adults who had left their homes said they had worn a face covering to slow the spread of the coronavirus (COVID-19) at least once in the past seven days; this has been at a similar level since the end of July.
- There was a further small increase in the proportion of working adults travelling to work this week, with over 6 in 10 (64%) doing so (either exclusively or in combination with working from home), compared with 62% last week.
- Nearly 3 in 10 (29%) working adults said they had changed their work location during the pandemic and were planning on continuing to work from home at least some of the time.
- Among those planning to work from home all or part of the time, 12% said they have considered moving to a different location in the UK, most commonly to rural or coastal areas.
- More than 6 in 10 adults (63%) said they had socialised with between one and five other people from outside their household at the same time and a further 11% said they had socialised with six or more; this was similar for those in local lockdown areas (54% and 8% respectively).

**NB Responses to this survey were taken before the UK Government and devolved administrations announced changes to national measures in response to the coronavirus on 22 September 2020.**

With the tightening of restrictions which have come into force during September it will be interesting to see whether there is a reduction in incident types such as RTCs, as people are encouraged to work from home.

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<sup>3</sup><https://www.visitbritain.org/2020-tourism-forecast>

<sup>4</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/25september2020>

## COVID-19 Impact on DSFRS (sickness absence)

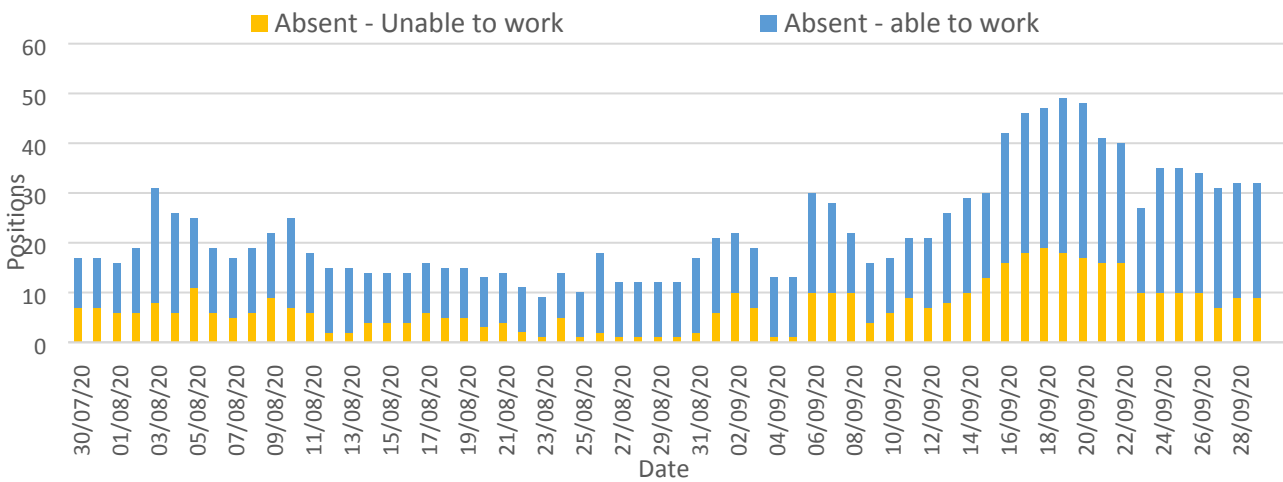
The charts below show the day-by-day and rolling seven day average for COVID-19 related positions absent within DSFRS.

Since the start of April, we have seen a reduction in COVID-19 absence within DSFRS, and a subsequent slowing in the rate of cumulative absence, coinciding with the end of the second week following the introduction of restrictions or “lock down”. There has been a slight increase in absence since the start of September (note the positions absent and unable to work number is still quite small) although absence seems to be falling again.

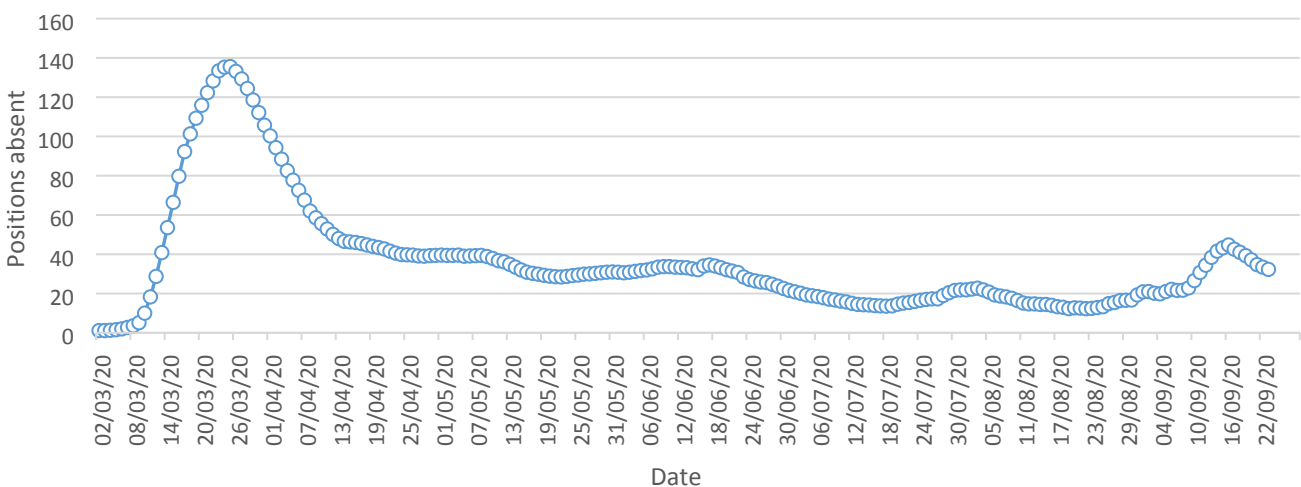
The implications of the Government’s test & trace scheme could have an impact on DSFRS COVID-19 related absence. While there is little evidence of a significant detrimental effect at this time, there remains concern that it could be considerable if a significant number of staff are required to self-isolate at the same time.

### Daily COVID-19 related absence; DSFRS past 60 days

*Absent and unable to work vs self-isolating able to work*



### Rolling seven day average, COVID-19 related absence; DSFRS



## Changes in Risk and Demand

### Incident Trends in 2020

Since April DSFRS has attended 16.8% fewer incidents than forecast (approx. 1300 incidents), although in August overall incident numbers were back at normal levels.

**All fires attended** have been below the forecast levels but the biggest factor in this is probably the cooler, wetter weather in July and August than in previous summers.

**Vehicle fires** are well below the forecast (23.5% for April – August) reflective of the reduction in motor vehicle use.

**Dwelling fires** attended are consistent with the forecast suggesting that the pandemic has not changed people's behaviour in the home

**False Alarms** attended are actually slightly above the number forecast (but not significantly so) since April 2020.

**Special Service Calls** are where DSFRS has seen the biggest fall in incidents attended, these are 37% below forecast since April although these incident levels are now returning to normal levels.

Within this incident category **RTCs attended** by DSFRS are well down; 45% below the forecast since April. Like vehicle fires this is reflective of the reduction in motor vehicle use. However we can see that by the end of August incident numbers were returning to normal levels.

Other Impacts

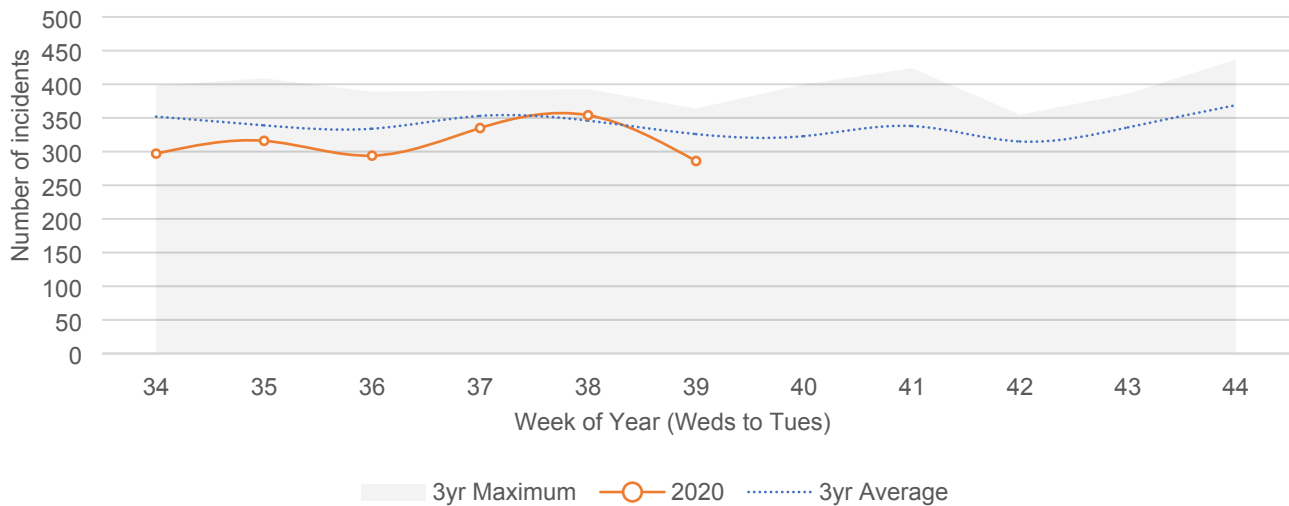
<b>Impact Type</b>	<b>Likely Impact</b>	<b>Why?</b>	<b>Observed?</b>
<b>On-call availability</b>	Improvement in short term, medium term could see problems	Primary Employment for many on-call staff has reduced/stopped increase availability. If sickness rates increase due to the virus however this could negatively impact availability	Yes – Increase observed  The initial beneficial effect is now fading as people return to work.
<b>Performance against ERS</b>	Improvement in short term, medium term could see problems	Improvement in availability (above) has seen improvement in ERS performance. If sickness rates increase, ERS is likely to be negatively affected.	Initially some improvements noted, however low numbers of incidents per week so large degrees of variation in performance.
<b>Pressure on Health Service</b>	Increase in co-responder calls Increase in delays in ambulance attendance at incidents. Further need for staff redeployment (see below)	As pandemic reaches its peak it is possible the national health service will be operating beyond its capacity.	Although there was considerable pressure on the NHS during the spring this was not as bad as feared.
<b>Redeployment of staff to other roles</b>	DSFRS staff could be redeployed to other roles with partners which could impact on availability of DSFRS appliances	As demands increase on partners DSFRS will deploy and spare capacity to support the wider response to the pandemic	Work with ambulance trust ended on 31/08/20

### All incident demand

Week 39 saw total incidents attended fell to 286 (from 346 last week), below the three year average (326).

#### Total incidents by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type

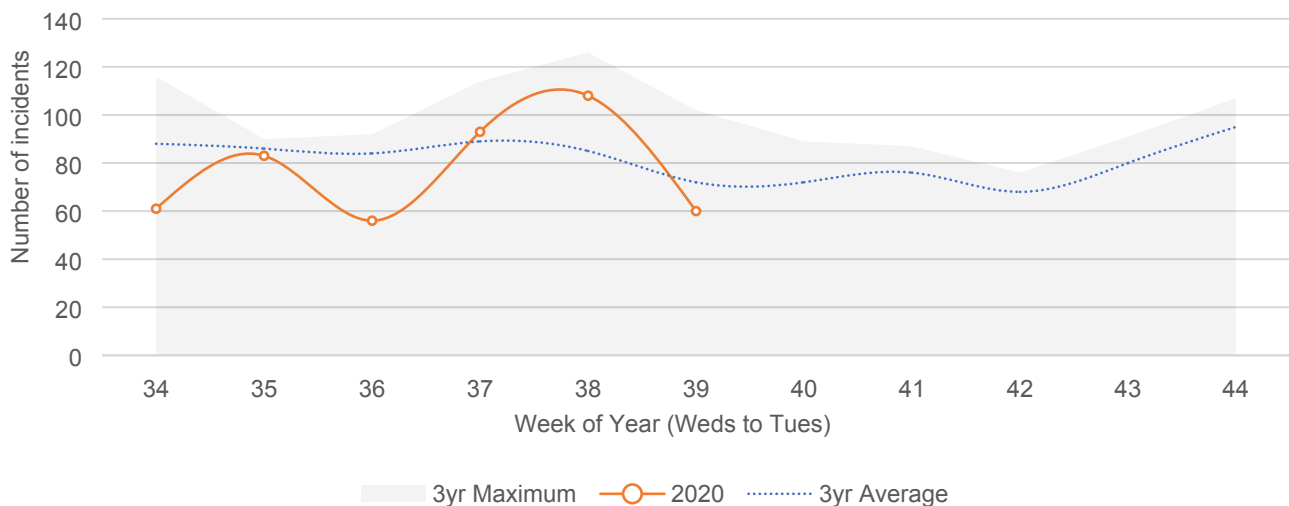


### All fires demand

The number of fires attended fell in week 39 with the Service attending 60 incidents, compared to 108 in week 38. It is likely that this is linked to the warm, dry weather in week 38 and the cooler wetter weather in week 39.

#### Total fires by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type



## Points of interest - Risk & Demand

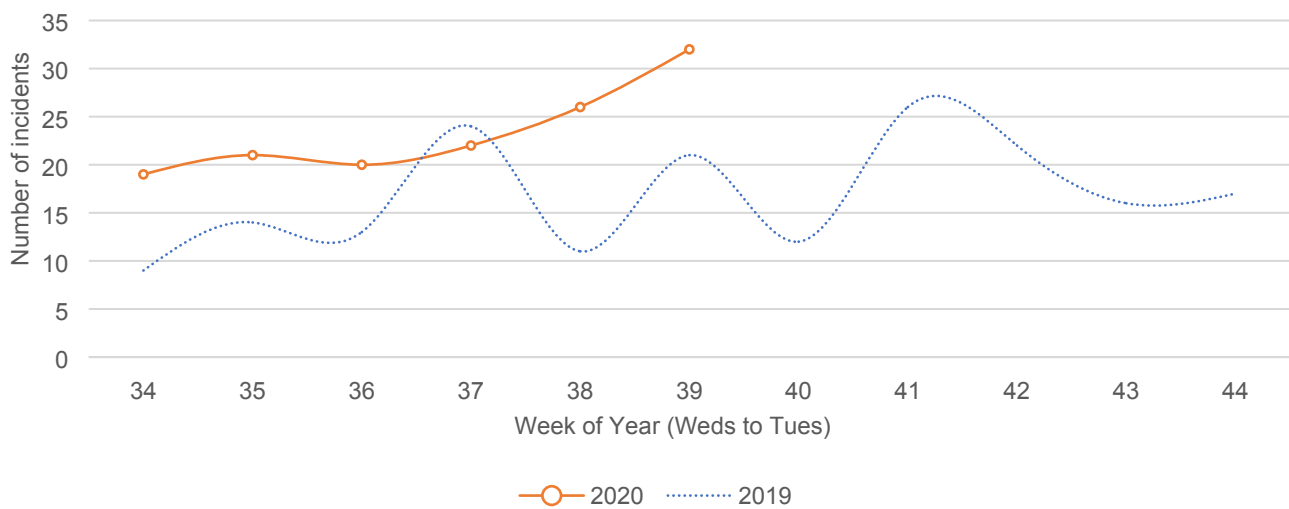
The following incident types are assessed as being of particular interest this week.

### Co-responder incidents attended

Co-responder incidents attended again saw a rise with DSFRS attending 32 such incidents in week 39. This is the highest weekly figure since May 2018 (when the number of calls fell sharply to the levels we have seen for the last couple of years).

#### Co-responder by week; 2020 vs 2019

Data extracted from Vision mobilising system, Revised Incident Type

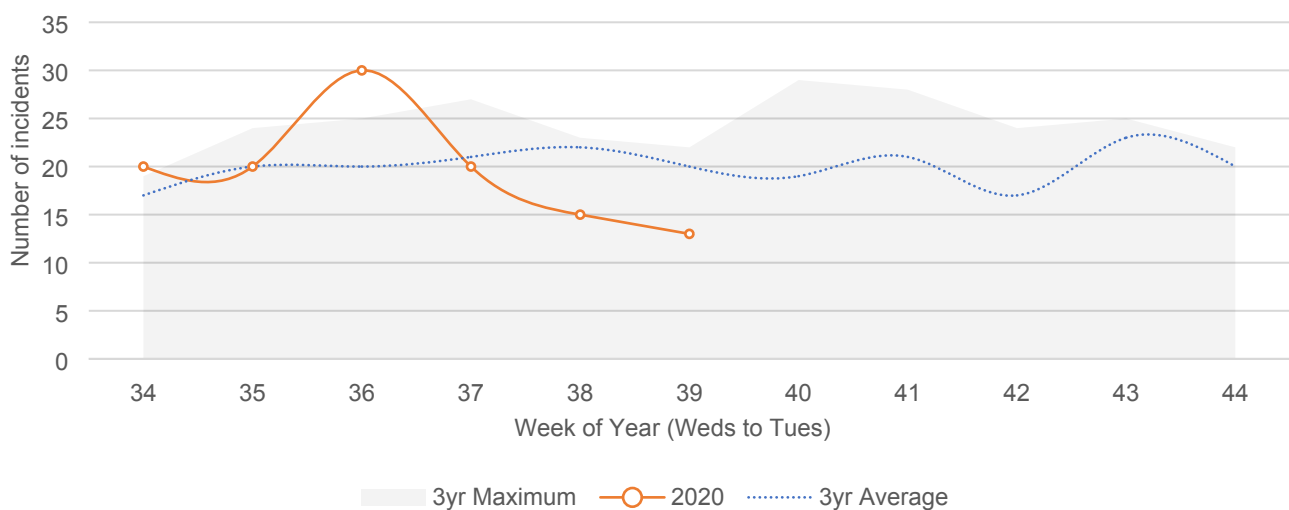


### Gaining entry incidents attended

The number of gaining entry incidents fell again during week 39 with the Service attending only 13 incidents, below the three year average of 20.

#### Gaining entry incidents by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type



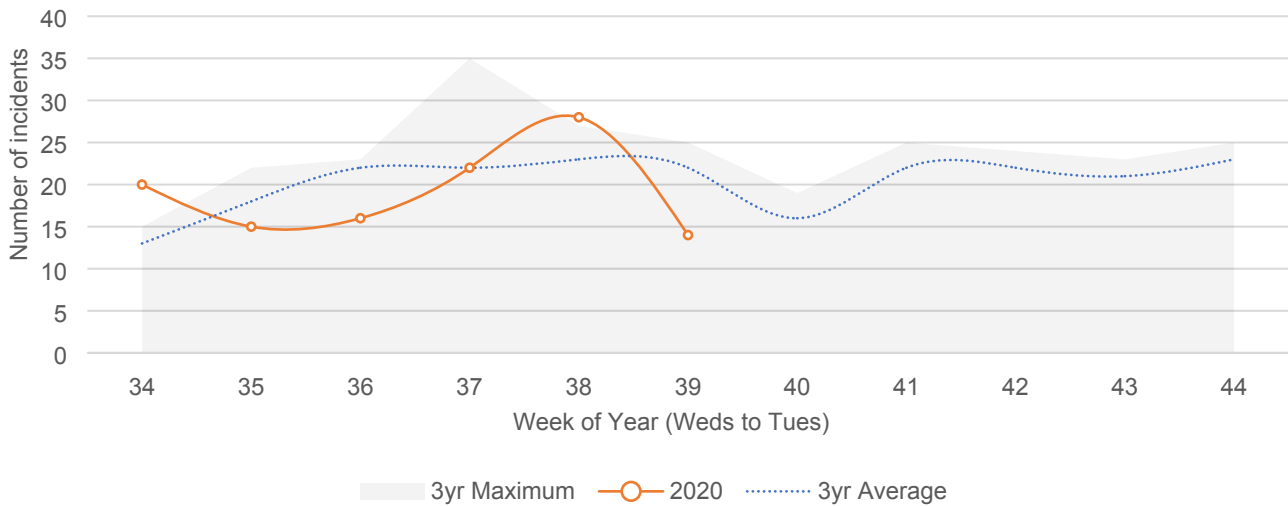


### Domestic fires attended

Fires attended in domestic premises fell in week 39 with 14 incidents recorded. This is below the three year average of 22 incidents for the corresponding week. This is the lowest weekly number of domestic fires for 12 weeks.

#### Domestic fires by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type

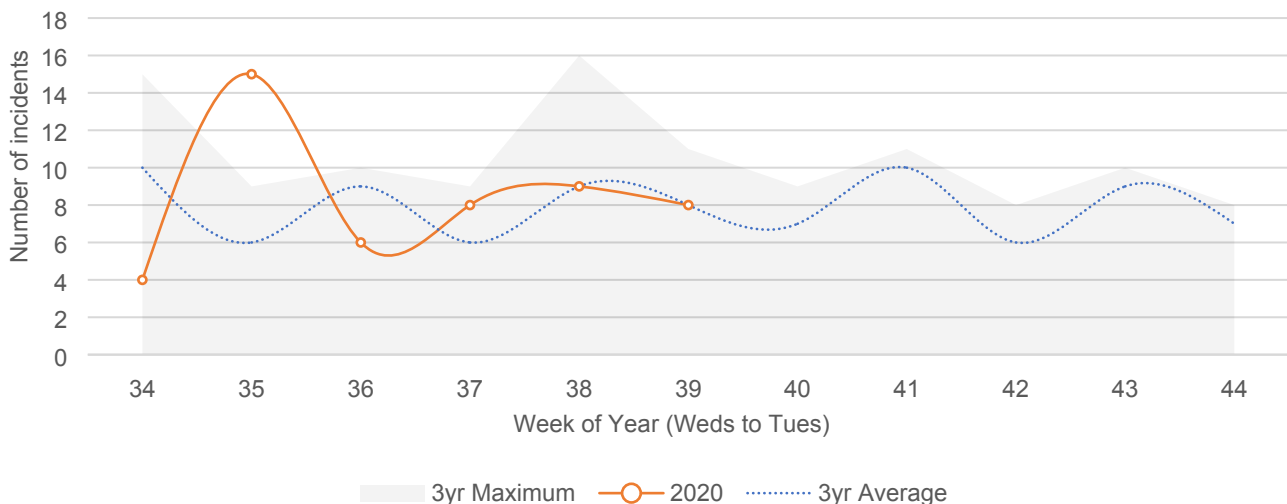


### Non-domestic fires attended

DSFRS attended eight non-domestic fires in week 38 which, for the second successive week is equal to the three year average for the corresponding week.

#### Non-domestic fires by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type

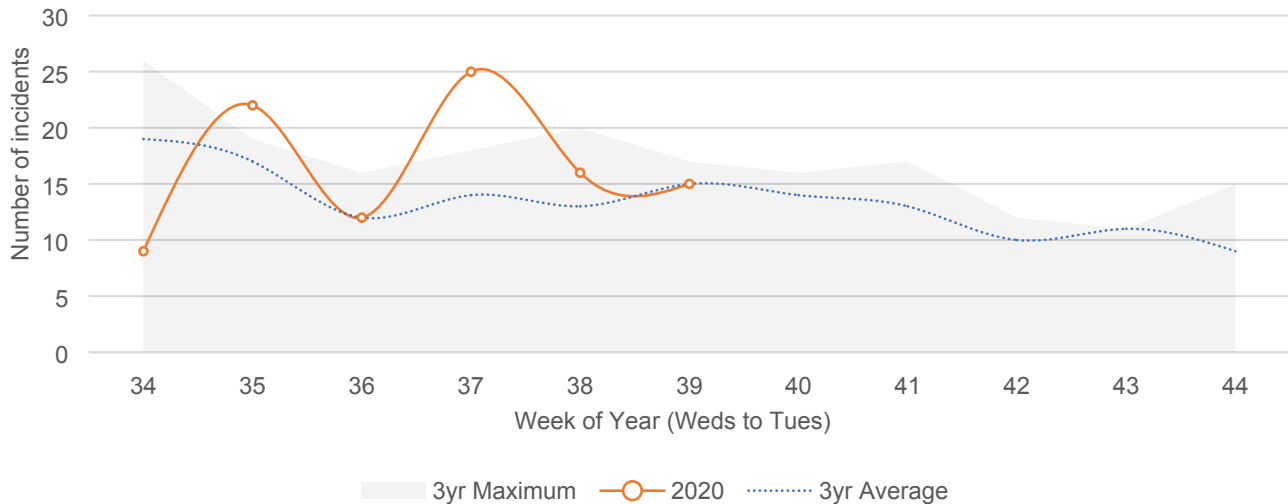


### Vehicle fires attended

The number of vehicle fires attended has fell to 15 in week 39 following a peak in incidents in week 37 (25). The number of incidents is equal to the three year average.

#### Vehicle fires by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type



### Other fires attended

The number of other fires attended fell back after a peak in week 38. Week 39 saw 23 incidents attended, below the seasonal average of 27. Again, it is probable that this is related to the warm, dry weather experienced in weeks 37 & 38 and the cooler, wetter weather in week 39.

#### Other fires by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type

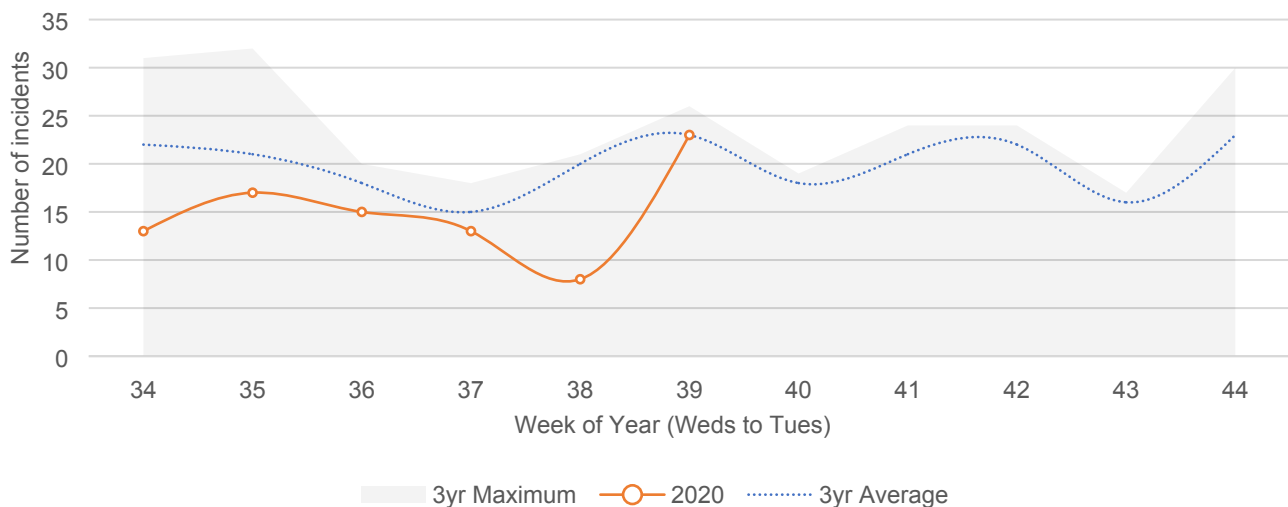


### RTC incidents

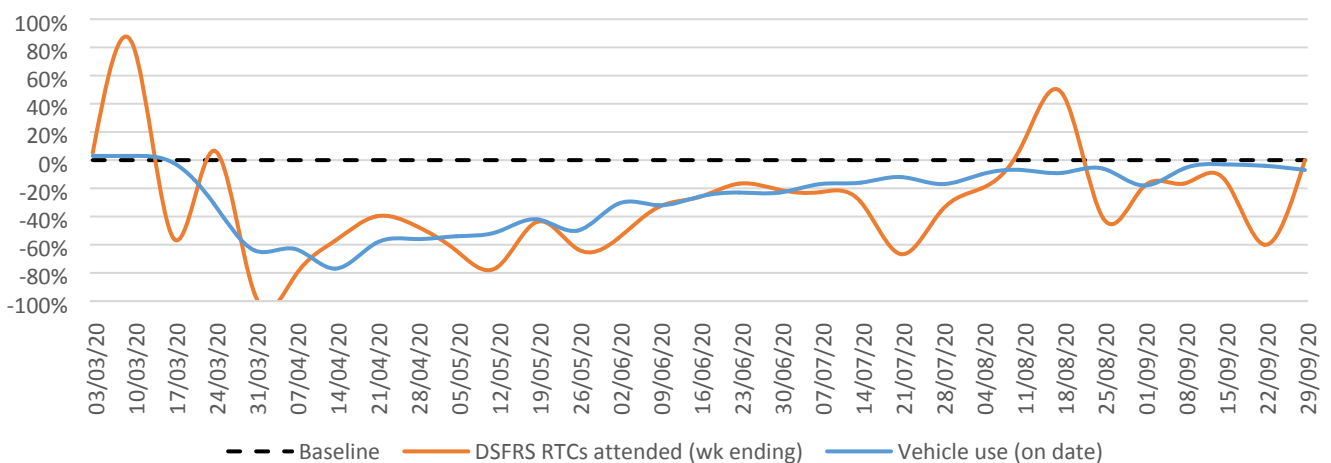
Week 39 saw a rise to 23 RTCs attended from 8 in week 38, this level is now equal to the seasonal average. This could be due in part to the wetter weather seen in the past week. This is despite motor vehicle use falling nationally to 93% of normal levels.

We normally see a rise in RTC incidents towards at end of September and beginning of October however this may be offset by the tightening of COVID-19 restrictions and people being encouraged to work from home again.

RTC incidents by week; 2020 vs three year average  
Data extracted from Vision mobilising system, Revised Incident Type



### RTC incidents attended vs vehicle use during COVID-19

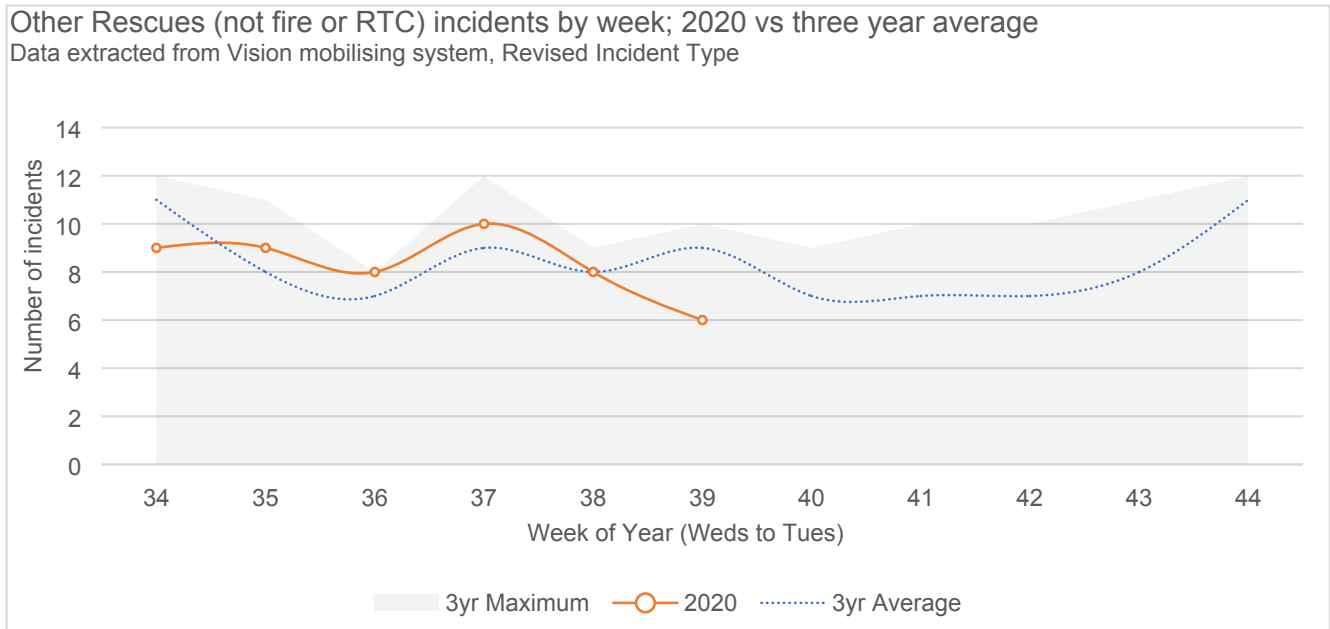


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<sup>5</sup> <https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic>

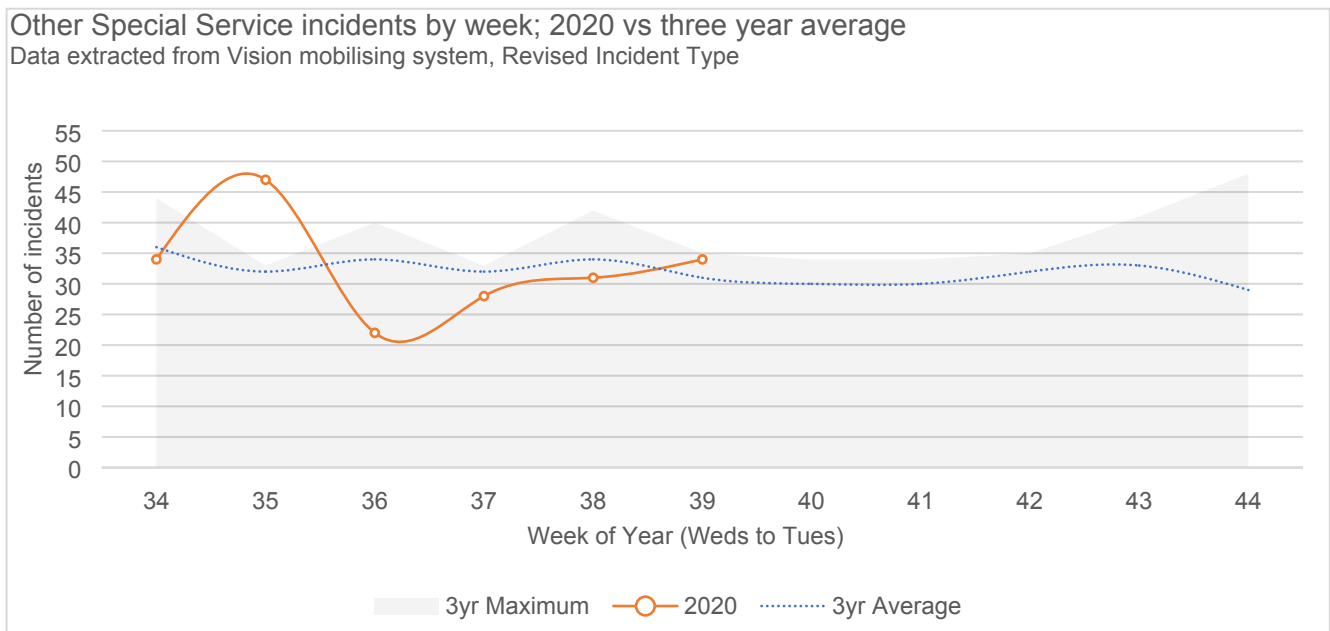
### Other rescue incidents attended (not fire or RTC)

The number of other rescue incidents has been relatively stable for the past six weeks. Week 39 saw DSFRS attend six incidents, below the seasonal three year average.



### Other special service incidents attended

This category of incident includes flooding, helping people that are locked in or out of places (not including collapsed behind closed doors), hazmat incidents and other non-rescue incidents. After three weeks where incidents attended were below the three year average week 39 saw DSFRS attend 34 incidents which was above the three year average but below the three year maximum for the week.

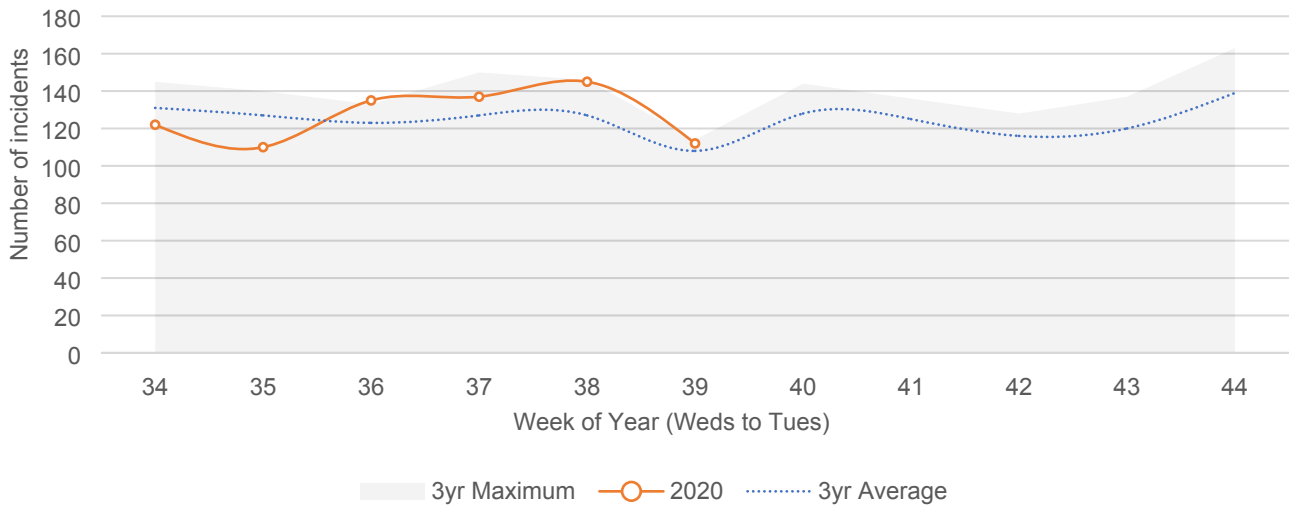


### False Alarm Good Intent & Automatic Fire Alarms attended

FAGI/AFAs now appear to have been at a level similar to the three year average for the past couple of months, week 39 has seen the fourth consecutive week above the seasonal average and the third week in the last four at the three year maximum. This is despite a decrease in incidents in week 39, which seems to be a usual feature.

#### AFA and FAGI incidents by week; 2020 vs three year average

Data extracted from Vision mobilising system, Revised Incident Type



## Availability of Resources

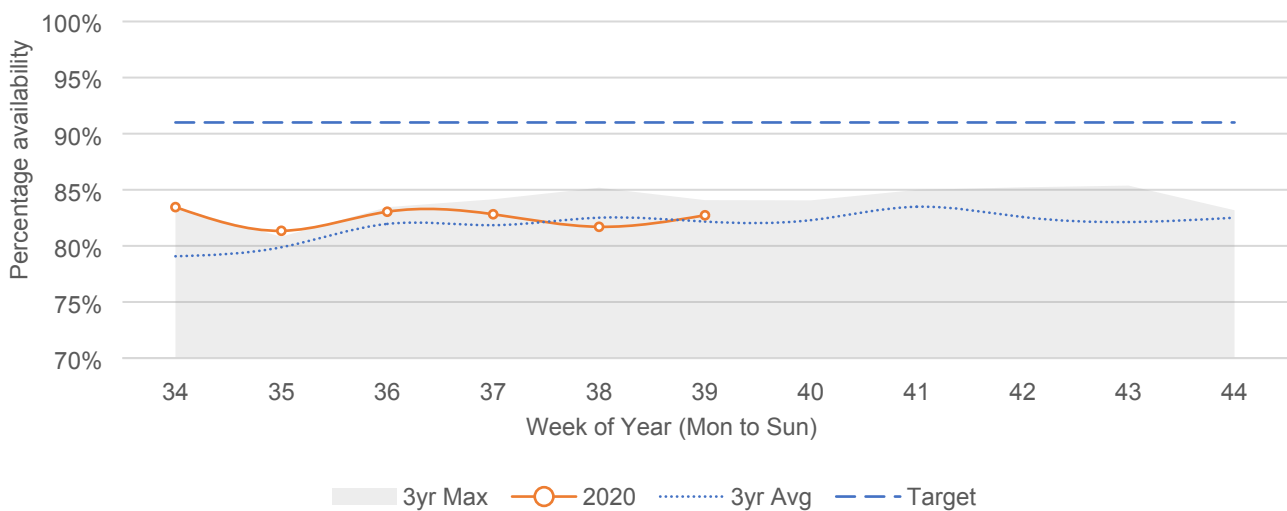
### Availability

Week 38 saw overall appliance availability of 83%, slightly above the seasonal average (82%) and below the target of 85% for the tenth consecutive week.

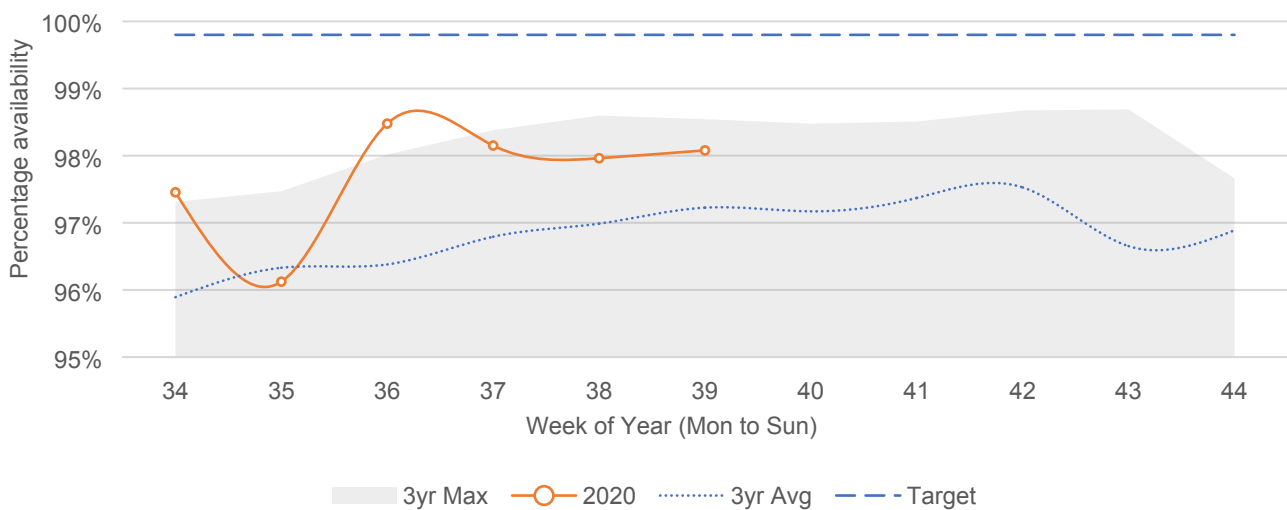
Risk prioritised appliance availability in week 38 rose slightly to 98.1% which is above the seasonal average and on target for a fourth successive week.

There remains a risk that the track and trace process may have a negative impact on availability should a number of personnel be required to self-isolate.

Total Availability by week; 2020 vs three year average  
Data extracted from Vision mobilising system, Revised Incident Type



Risk Prioritised Availability by week; 2020 vs three year average  
Data extracted from Vision mobilising system, Revised Incident Type



## ERS to Dwellings and RTCs

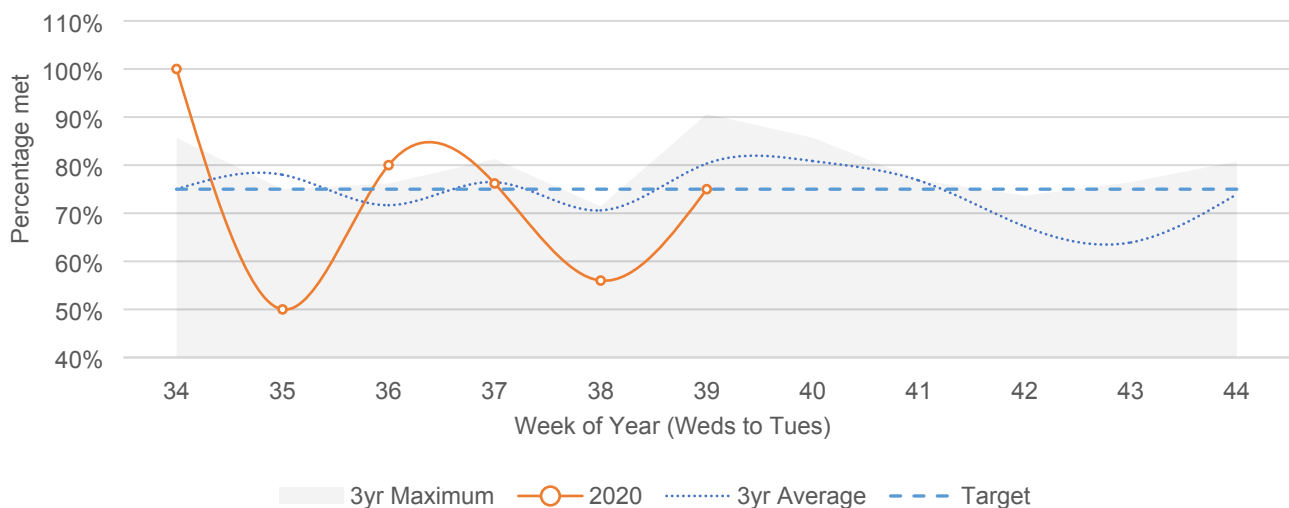
**Monitoring ERS on a weekly basis needs to be undertaken with a degree of caution the relatively low numbers of incidents attended can cause greater levels of variation within the percentages.**

While it may be assumed that the good availability we saw earlier in the year would also lead to a jump in ERS attainment, this may not be as significant as anticipated. This is because the locations where risk levels and incident frequency are highest are already either served by wholetime resources or priority on-call appliances.

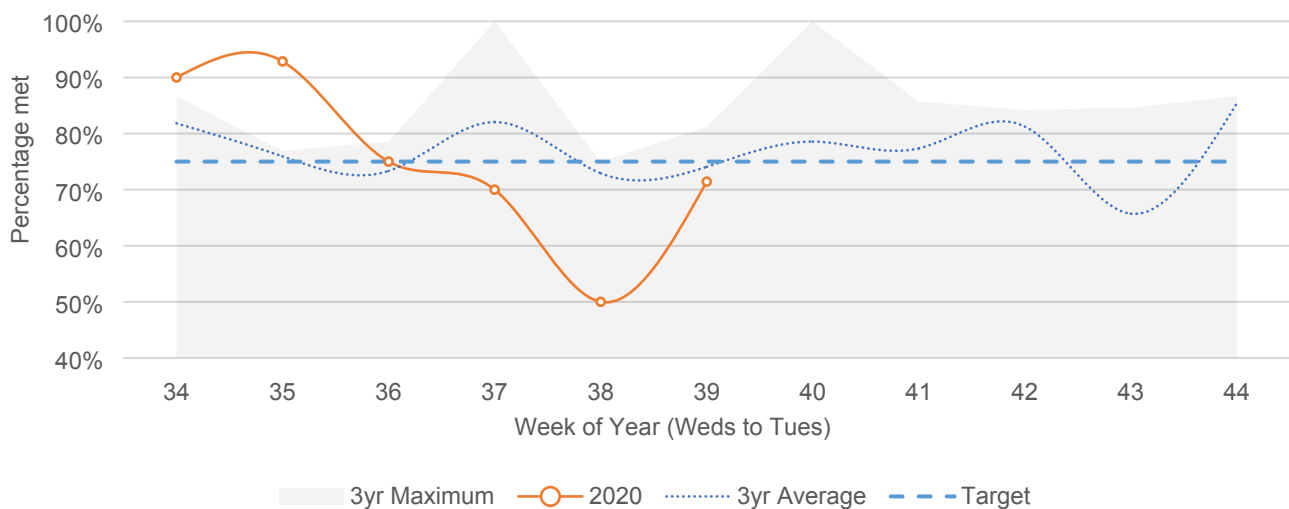
Undoubtedly, better availability will result in a quicker response to some incidents however it is unlikely that it will significantly improve the attainment of ERS.

In week 38 Dwelling Fire ERS was achieved on 75% of occasions (12 of 16 incidents), equal to the target of 75%. RTC ERS performance was below target for the third successive week, with 15 of 21 incidents (71%) meeting the aim of first attendance within 15 minutes of time of call.

Dwelling ERS by week; 2020 vs three year average  
Data extracted from Vision mobilising system, Revised Incident Type



RTC ERS by week; 2020 vs three year average  
Data extracted from Vision mobilising system, Revised Incident Type



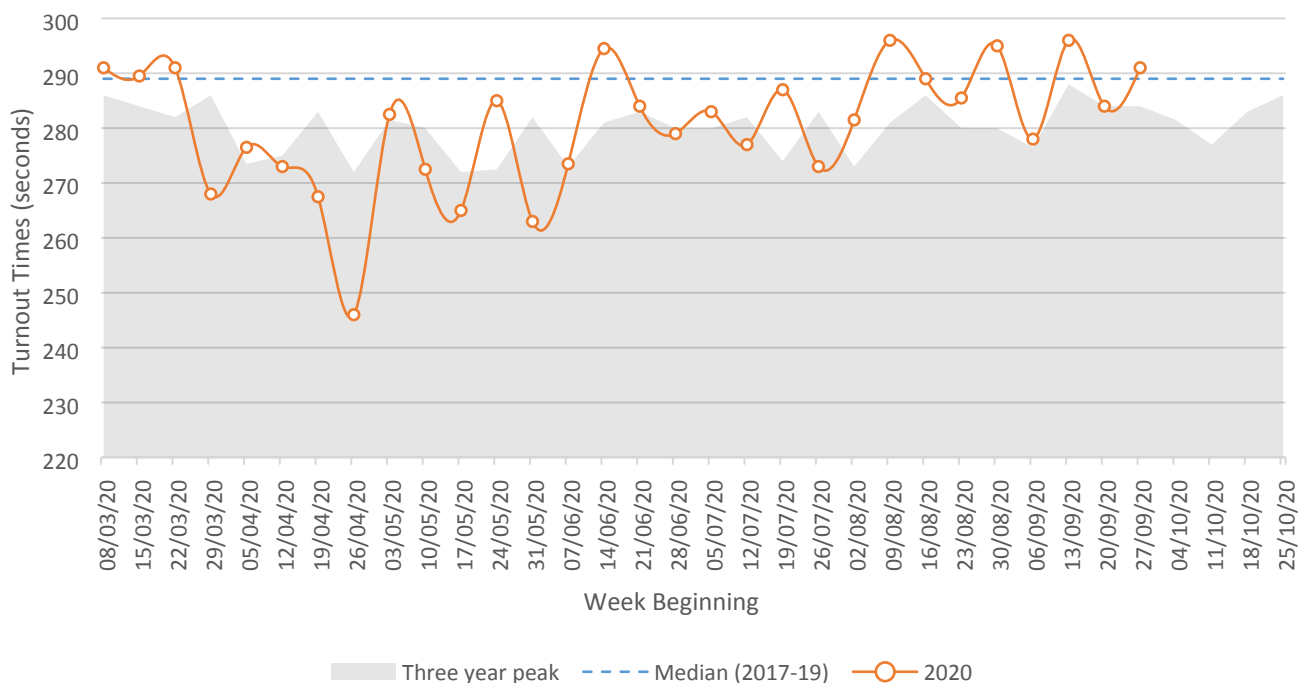
## Turnout Times

Monitoring turnout on a weekly basis needs to be undertaken with a degree of caution the relatively low numbers of incidents attended can cause greater levels of variation.

Generally since the 'lockdown' restrictions began to be introduced in March the median turnout time across all on-call appliances (for all incidents) was consistently below the median for 2017-19 suggesting that less traffic on the roads and firefighters being less likely to respond from primary employment had an effect on our response times. This improvement in on-call turnout will have only had limited improvement on ERS due to the nature of the ERS measures (For more detail see ERS section).

Week 38 saw a slight fall in the median turnout time for the On-call appliances, with it now above the three year median turnout time again. This is consistent with the variation we have seen in recent weeks.

### Median Turnout Times (On-call appliances)







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

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

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

emic • Supporting you during the pandemic • Support

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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

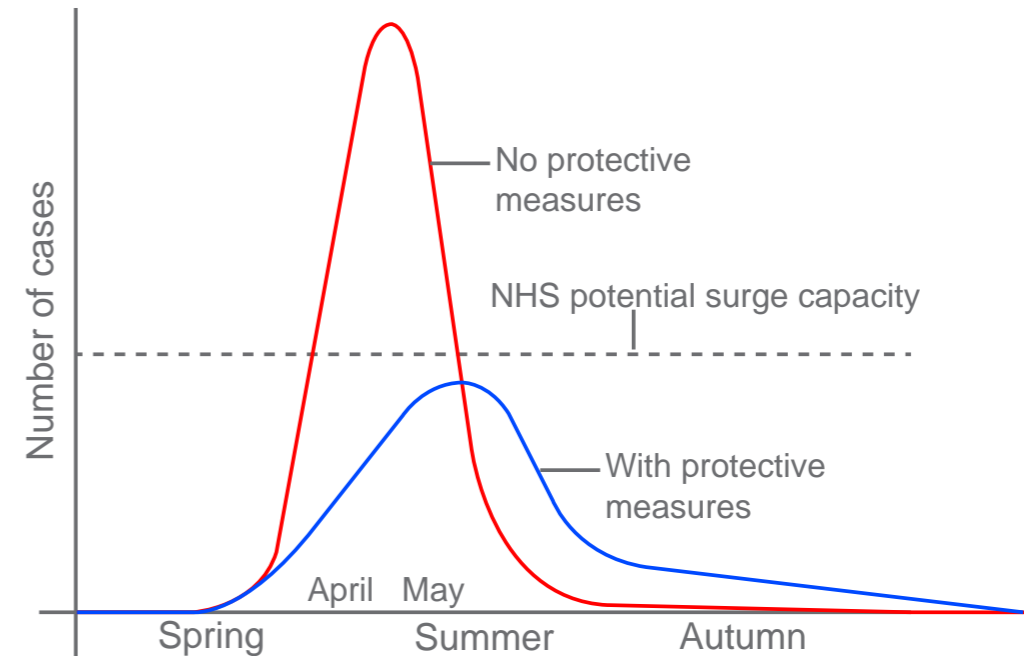
care to vulnerable people. Travelling to work was only permitted where it was impossible to work from home and we could not meet family or friends living outside our own homes. Technology rapidly assumed greater importance in our lives and we became much more familiar with apps like Zoom, MSTeams and 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.)

**Page 37**  
**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 1,000 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 of 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.

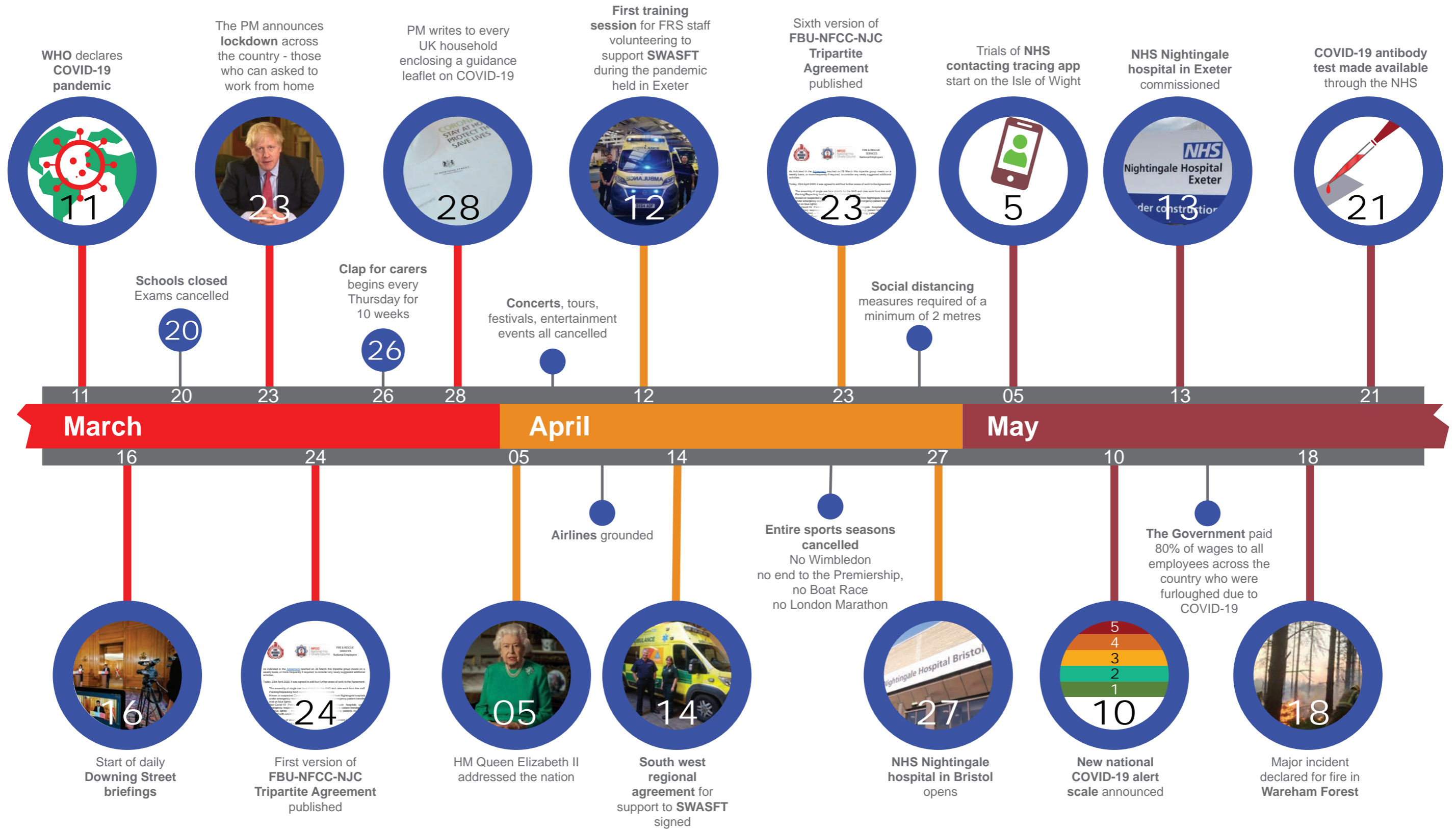
On behalf of NFCC South West, Chief Fire Officer Mick Crenell said:

“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

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# 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 authority 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
<b>Totals</b>	<b>23</b>	<b>62</b>	<b>162</b>	<b>253</b>	<b>267</b>	<b>318</b>	<b>1085</b>

**Notes:**  
**Cat. 1 call:** Ambulance calls are those that are classified as life-threatening and needing immediate intervention and/or resuscitation, eg cardiac or respiratory arrest.  
**Cat. 2 call:** Ambulance calls are those 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 a 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 Mortality 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 their frontline workers; and
- ascertain where the pressures were within the PPE delivery 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 Knowlton Health CIC Clinicians at Treliske training site, plus assistance in the urgent requirement to open an NHS dentistry 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 (DSFRS) 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.

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# 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 to think about their safety during this period.



Fire, road and water prevention safety advice and information was shared and communicated by means of radio, television, press releases and social media platforms. The developments 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.

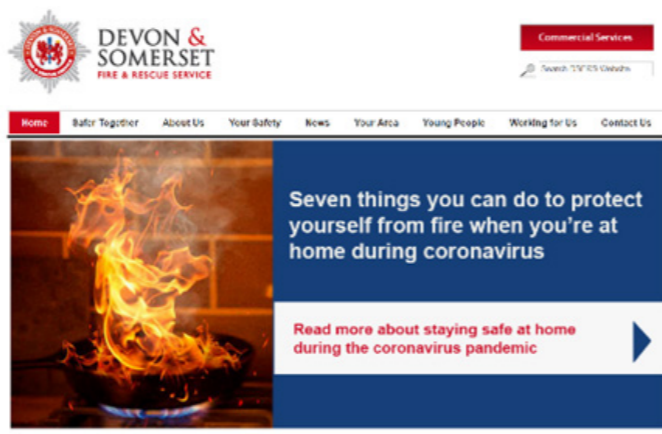
Key messaging around pedestrian and cycle safety was vital, along with the important messaging to car drivers including speed and vehicle checks, as well as the need to exercise an increased awareness of safety and consideration for all road users during

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 around 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 key 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 a 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 to 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.

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### 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 accomodation 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 accommodation 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 and staying safe by maintaining social distancing to help slow any spread of the virus between residents.

Approaches to seeking suitable accommodation included the use of the holiday accommodation sector, 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 accommodation was 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 to not be 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 to certify 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 concise 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 innovative and alternative 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 large amounts 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.

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**Action:**

The provision of bespoke expert fire safety support to NHS Trusts, including operational risk inspections, personalised pre-determined attendance 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 is essential that 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 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);





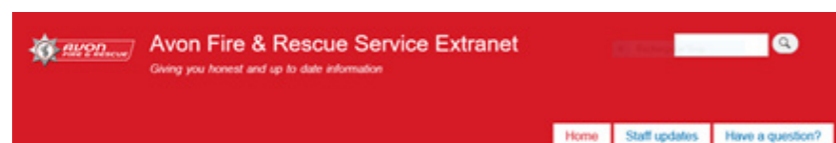
- access to South Western Ambulance Service NHS Foundation Trust’s confidential Staying Well service providing dedicated emotional and physical support to staff by both telephone and e-mail;
- SWASFT’s Peer Support Guardians scheme providing staff and those supporting service delivery with consistent 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 have 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 for which fire and rescue services in England and Wales provide their response services 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% 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 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.

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.



**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.

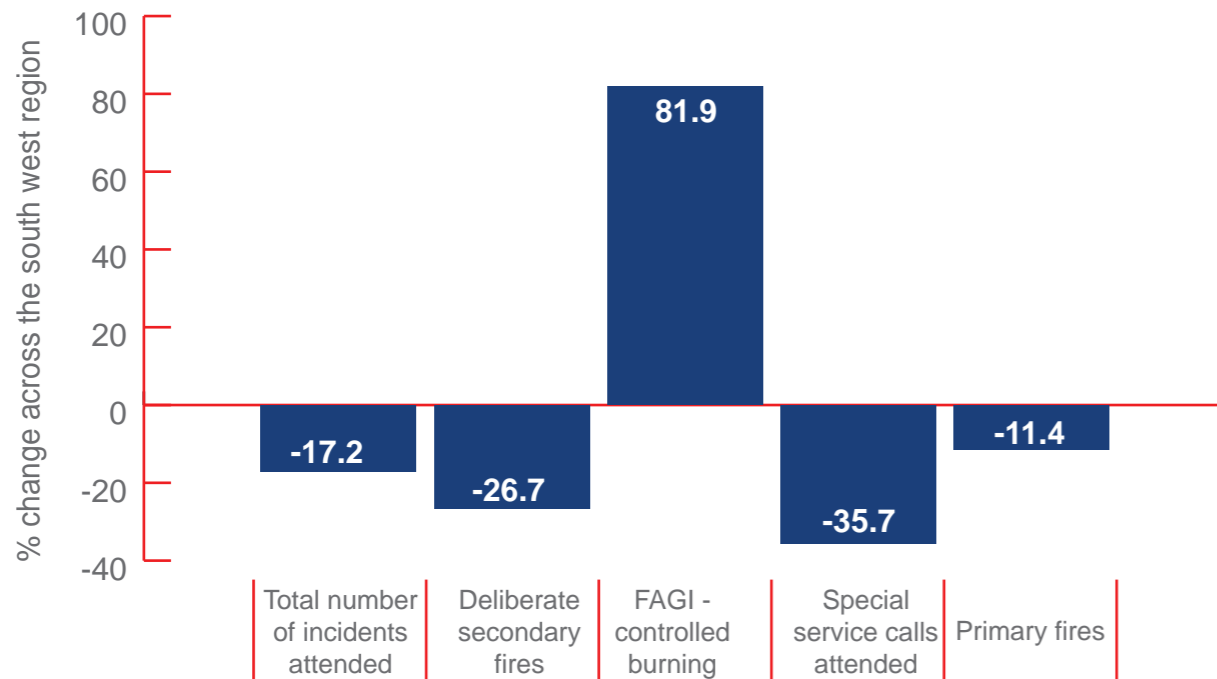
For example, Avon Fire & Rescue Service undertook some comprehensive analysis using its new operational modelling software to produce a refreshed, evidence-based and data-led staff degradation plan. The software enabled the Service to model the most effective way of reducing routine service delivery 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.

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





**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.

**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

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**Appendix 1: Glossary of terms and abbreviations**

Term or abbreviation	Definition
<b>AFRS</b>	Avon Fire & Rescue Service
<b>AGP</b>	Aerosol Generating Procedures
<b>Antibody test</b>	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.
<b>Antigen test</b>	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.
<b>CCG</b>	Clinical Commissioning Group
<b>CFRMIS</b>	Community Fire Risk Management Information System
<b>CFRS</b>	Cornwall Fire & Rescue Service
<b>ConOp</b>	Concept of Operations
<b>Controlled burning</b>	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.
<b>CPAP</b>	Continuous Positive Airway Pressure
<b>DBS</b>	Disclosure and Barring Service (formerly known as a Criminal Records Bureau, or CRB, check)
<b>DSFRS</b>	Devon and Somerset Fire & Rescue Service
<b>DWFRS</b>	Dorset and Wiltshire Fire & Rescue Service
<b>ECA</b>	Emergency Care Assistant
<b>EFAD</b>	Emergency Fire Appliance Driving
<b>ERD</b>	Emergency Response Driving
<b>FAGI</b>	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)
<b>FBU</b>	Fire Brigades’ Union
<b>FFP3</b>	Filtering Face Piece 3
<b>FRS</b>	Fire and Rescue Service
<b>GFRS</b>	Gloucestershire Fire & Rescue Service
<b>GP</b>	General Practitioner
<b>HFSV</b>	Home Fire Safety Visit
<b>HiMO</b>	House in Multiple Occupation
<b>HVP</b>	High Volume Pump
<b>IoS FRS</b>	Isles of Scilly Fire & Rescue Service
<b>LRF</b>	Local Resilience Forum





<b>MHCLG</b>	Ministry of Housing, Communities and Local Government
<b>MPC</b>	Mortuary Planning Cell
<b>MSF</b>	Mortuary Support Facility
<b>NFCC</b>	National Fire Chiefs' Council
<b>NHS</b>	National Health Service
<b>NJC</b>	National Joint Council for Local Authority Fire and Rescue Services
<b>PDA</b>	Pre-Determined Attendance
<b>PPE</b>	Personal Protective Equipment
<b>Primary fire</b>	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.
<b>PSV</b>	Patient Support Vehicle
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>RAG</b>	Red / Amber / Green
<b>RBIP</b>	Risk-Based Inspection Programme
<b>Responsible Person</b>	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.
<b>RTC</b>	Road Traffic Collision
<b>Secondary fire</b>	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).
<b>Special service</b>	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.
<b>SSRI</b>	Site-Specific Risk Information
<b>SSSI</b>	Site of Special Scientific Interest
<b>SWASFT</b>	South Western Ambulance Service NHS Foundation Trust
<b>TRiM</b>	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.
<b>WHO</b>	World Health Organization

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**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	1039
Cornwall Fire & Rescue Service	214	698	912
Devon and Somerset Fire & Rescue Service	633	2015	2648
Dorset and Wiltshire Fire & Rescue Service	453	1450	1903
Gloucestershire Fire & Rescue Service	214	748	962
<b>Total calls:</b>	<b>1766</b>	<b>5698</b>	<b>7464</b>



**Appendix 4: Summary of assistance provided by south west FRS**

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

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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



“

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**

