

<b>REPORT REFERENCE NO.</b>	<b>CSCPC/20/3</b>
<b>MEETING</b>	<b>COMMUNITY SAFETY &amp; CORPORATE PLANNING COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>16 JULY 2020</b>
<b>SUBJECT OF REPORT</b>	<b>BRIEFING ON SERVICE SUPPORT FOR OTHER ORGANISATIONS DURING THE COVID-19 EMERGENCY</b>
<b>LEAD OFFICER</b>	<b>DIRECTOR OF SERVICE DELIVERY</b>
<b>RECOMMENDATIONS</b>	That the report be noted.
<b>EXECUTIVE SUMMARY</b>	This paper outlines the Service's response to requests for help from other agencies during the Covid-19 Emergency.
<b>RESOURCE IMPLICATIONS</b>	The Concept of Operations (ConOp) ensures all reasonable costs for the ambulance driving are recovered from South West Ambulance Service (SWAST). The other costs are covered by the Covid grant from Central Government.
<b>EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)</b>	Not applicable to this report.
<b>APPENDICES</b>	Not applicable to this report.
<b>LIST OF BACKGROUND PAPERS</b>	Tripartite Agreement <a href="https://www.nationalfirechiefs.org.uk/COVID-19">https://www.nationalfirechiefs.org.uk/COVID-19</a>

## **1. INTRODUCTION**

- 1.1 This paper outlines the response of the Devon & Somerset Fire & Rescue Service (“the Service”) to requests for help from other agencies during the Covid-19 Emergency. Through its Business Continuity arrangements the Service had established a ‘Logistics’ and ‘Medical’ cell, supported by the ‘People’ cell, to support agency requests. Requests were sent through the triage system and then work allocated through the cells in a co-ordinated approach to ensure the correct training, PPE, management oversight, risk assessments and contracts so that Service staff were safe and had adequate welfare provisions.
- 1.2 On 31 March 2020, the Service asked its employees whether they would like to volunteer for requests for support from other agencies made through the Local Resilience Forums (LRFs). The Service received a positive response with 448 colleagues volunteering.
- 1.3 Whilst a number of volunteers were redeployed from their normal posts to alternative roles within the Service to support our response to the pandemic (such as working within the Business Continuity Cells), 55 Service employees have undertaken work for external organisations.

## **2. THE TRIPARTITE AGREEMENT AND OTHER SUPPORT PROVIDED**

- 2.1. The National Fire Chiefs’ Council (NFCC), National Joint Council for Local Authority Fire and Rescue Services and the Fire Brigades Union (FBU) agreed a Tripartite Agreement to outline the additional activities that fire and rescue services could undertake during the Covid-19 emergency. The Service has supported external organisation in two of these activities:
- (a) Ambulance driving (2.8 below)
  - (b) Face fit testing for face masks
- 2.2. The Service also made preparations to support other activities, but thus far has not received requests for this via the LRFs. These activities included:
- (a) Transport of bodies
  - (b) Driving ambulances for Nightingale Hospitals
  - (c) Delivery of food parcels to the vulnerable
  - (d) Training of care home staff in donning and doffing PPE (6 volunteers trained in readiness by NHS)
- 2.3. In addition to the activities outlined in the Tripartite Agreement, colleagues have led in co-ordinating local authority volunteer activity across the Devon, Cornwall and Isles of Scilly (DCIoS) LRF area, and also provided support for the fire safety arrangements at the Nightingale Hospital Exeter. Red One Ltd is also providing training for the Nightingale Hospital’s fire marshals.
- 2.4. The Service also supported Plymouth City Council with making face to face contact with 54 of the most vulnerable within the community who were shielding, and had not responded to the initial attempts at contact. Service Community Safety Technicians attended home addresses, ensuring social distancing was maintained, and ensured that these individuals were able to receive ongoing support and care.

- 2.5. The Service has also been requested to undertake face fit testing of facemasks for the NHS and primary carers. Thus far the Service has undertaken 115 of these critical safety tests using its volunteers. This meant that primary care staff could be assured that the PPE that they had been provided with gave assured protection against Covid infection.
- 2.6. The Service also led in redesigning co-responding activity in conjunction with SWAST to ensure that CPR was undertaken safely during the pandemic. This procedure has been adopted by the other Fire and Rescue Services (FRS) in the SWAST area.
- 2.7. SWAST also made a request to the Service for volunteers from Control to work as “Autonomous Dispatchers” within their Clinical Hubs, i.e. despatching ambulances within their Control equivalents. The Service has made a bid for this work to be included within the Tripartite Agreement, but this was not adopted as it was felt by the Tripartite Panel that the Covid peak had passed and it was no longer required. It was made clear however, that should a second wave of infection occur, then this request would be reconsidered.

### ***Ambulance Support***

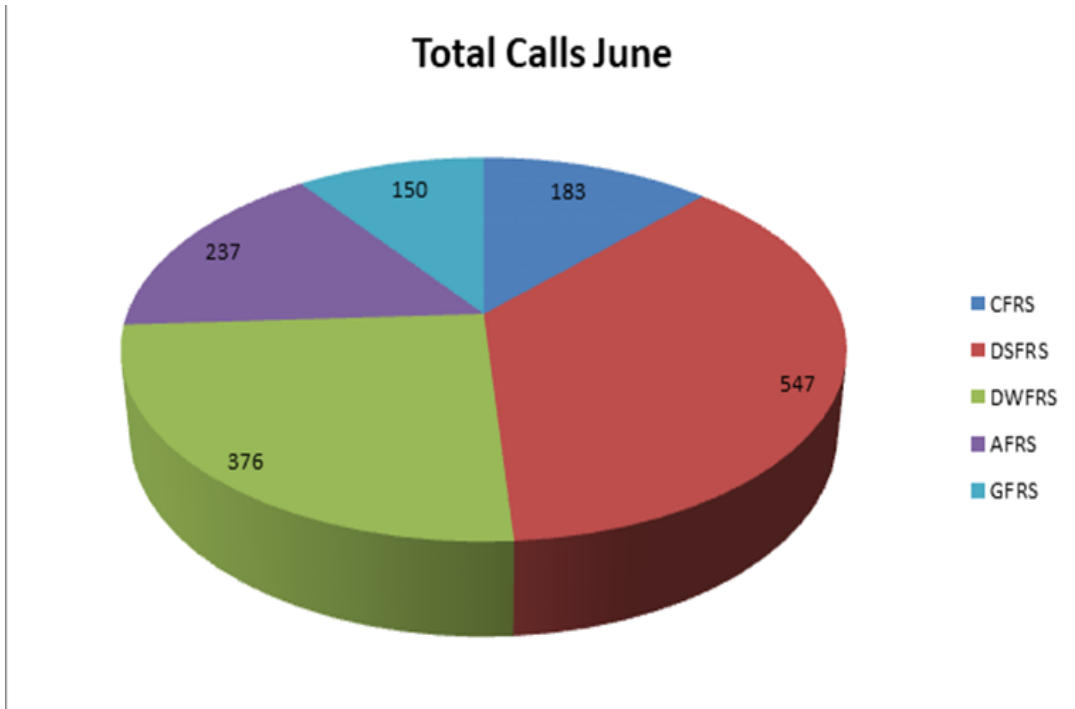
- 2.8. The Service, through the Chief Fire Officer (CFO), led the development of ambulance driving response in the South West. Officers from the Service worked collaboratively with SWAST to develop a Concept of Operations (ConOp) that was used by all five South West FRSs.
- 2.9. The formal request for ambulance driving support was received by the FRSs on the 31 March 2020. The request was for driving 15 ambulances 24/7 across the SWAST area. The locations were:

<b>County and FRS</b>	<b>Locations</b>
Cornwall (CFRS)	Newquay, Launceston
Devon (DSFRS)	Torquay, Exeter, Bideford
Dorset (DWFRS)	Dorchester, Bournemouth
Somerset (DSFRS)	Taunton, Shepton Mallet (now Glastonbury)
Wiltshire (DWFRS)	Salisbury, Swindon
Avon (AFRS)	Nailsea, Bristol
Gloucestershire (GFRS)	Staverton, Gloucester

- 2.10. The Service led the development of the training package for the FRS volunteer drivers alongside SWAST, the first training being delivered with colleagues from Cornwall FRS on 12 April 2020 at the Service Academy site at Exeter Airport. The first ambulances went live at Torquay and Taunton on 15th April 2020, a little over two weeks after the initial request was made. All fifteen ambulances were live by the 5 May 2020.
- 2.11. 44 Service volunteers were the first firefighters in the UK to drive ambulances on a ‘blue light’. The volunteers are a mixture of on-call and whole-time firefighters (primarily co-responders and Academy Instructors). Initially they were accompanied by Emergency Care Assistant (ECAs) attending lower acuity calls, but since 29 June have been working alongside paramedics and responding to all category of emergencies.
- 2.12. The management of the ambulance response was via the Service’s “Medical Cell” which, working alongside the “Logistics Cell” through careful planning, has ensured that Service ambulance driving volunteers have had no adverse impact on fire engine availability.

**3. COMMUNITY VALUE**

3.1. Initially there were issues with the accuracy of data recording for this project as the very tight timeframes for implementation necessitated a high level of manual data capture. The Service has now developed an application to ensure it fully understand the levels of demand going forward. The graph below provides accurate figure for June 2020 and gives some idea of the level of activity of these ambulances:



3.2. To date the fifteen regional ambulances will have responded to over 2,500 SWAST emergencies, with at least 150 at category 1 (life critical) and the Service responding to the highest number of calls.

3.3. The table below breaks down the activity that the Service’s teams have undertaken in Devon and Somerset during the project by ambulance call category type (between 15 April and 29 June 2020):

Category of Call	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	HCT/IFT	Total
Torquay	8	15	30	11	18	94	176
Exeter	19	17	69	12	36	172	325
Bideford	6	24	104	14	17	121	286
Taunton	4	15	107	4	5	163	298
Shepton Mallet	2	23	104	7	8	127	271
<b>Total</b>	<b>39</b>	<b>94</b>	<b>414</b>	<b>48</b>	<b>84</b>	<b>677</b>	<b>1,376</b>

*Cat 1 = time critical life threatening event needing immediate intervention and/or resuscitation.*

*Cat 2 = potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport.*

*Cat 3 = urgent problem (not immediately life threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.*

*Cat 4 = Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.*

*Cat 5 = health care professional response, e.g. an ambulance requested by a GP*

*HCT/IFT = health care transfers/ inter-facility transfers e.g. transferring a patient from one hospital to another for specialist care.*

- 3.4. Service volunteers responding to Cat 1 and Cat 2 calls are saving many lives, with instances where crews have assisted with CPR and have revived a number of people, including difficult cases such as those involving drugs overdoses. Some of the hospital transfers are in themselves challenging as they have included moving patients with severe burns and life threatening brain injuries. Crews have undertaken transfers outside of the region too, such as moving patients to hospitals in London for urgent organ replacement operations. The Shepton Mallet crew deserve a special mention as the crew helped deliver a baby girl to the very happy and relieved parents.

#### **4. WORKING IN PARTNERSHIP**

- 4.1. The feedback from our volunteers and the SWAST Emergency Care Assistants and Paramedics has been both humbling and inspiring. Our joint Service and SWAST teams have worked fantastically well together. These are some examples of the feedback we have received:

*“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 meet some wonderful people within SWAST, 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.” – Service Volunteer.*

*“The whole experience and being part of a team making a difference in our communities. I have been fortunate to work with 3 different ECA’s so far on my shifts, they have all been brilliant and so professional all with different skill levels giving me the opportunity to learn new skills which I will find useful in the future on Fire incidents were I can assist ambulance crews if necessary and cascade down in my fire role or in training on drill nights.” – Service Volunteer.*

*“The diversity of this team has been incredible and the individuals who work the team are beyond fantastic. From day one they ‘fit right in’ with the ambulance crews. I imagine it much have been very daunting on their first day, but it really didn’t show - a passer-by would have assumed they’ve been working with us for years.*

*Our patients are still surprised to see the fire service on our vehicles - but each patient I’ve been to with the FRS PSV have said what an incredible way of adapting to the current climate and expressed how grateful they were to the fire service to stepping up to support them.*

*The personnel selected by DSFRS have been keen and eager from the start. On the night-shift, at 3am, they’ve had no problem helping us complete station duties such as drug audits. Each drug we carry, they were asking about when it’s indicated, etc. They would actively clean the crew-room, dishes, even vehicles. Unfortunately, the ambulance service has lost this discipline over the years, but the discipline your team brought back into the station was highly welcomed.” – SWAST Paramedic*

**5. FUTURE ARRANGEMENTS**

- 5.1. SWAST has asked the arrangements to drive ambulances continue until 31 July 2020, with an option to extend until after the August Bank Holiday. The Service is able to support this request as a result of the resilience built into its volunteer team.
- 5.2. Whilst the Service has historically enjoyed an excellent relationship with SWAST, it is also now jointly exploring how it can build on the enhanced partnership forged whilst supporting the ambulance driving initiative during the Covid emergency.

**ACFO JOE HASSELL**  
**Director of Service delivery**