HMICFRS

Her Majesty's Inspectorate of Constabulary
and Fire & Rescue Services

Responding to the pandemic
The fire and rescue service's response to the COVID-19 pandemic in 2020

Contents

Foreword

The COVID-19 pandemic is a global health emergency on a scale not seen in our lifetime. In August 2020, the Home Secretary commissioned us to inspect how fire and rescue authorities in England responded to the COVID-19 outbreak and the numerous challenges it presents. This report gives an overview of our findings.

To do this, we inspected England's 45 fire and rescue services from September to November 2020. Our focus was on how they responded during the initial period of the pandemic. We conducted our inspections entirely virtually – the first time we have done so. I am grateful for the positive manner in which the services and our staff adapted to this new way of working.

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

The pandemic was a catalyst for many fire and rescue services to transform, modernising some of their working practices to become more effective and efficient.

All services put in place extra measures to support and protect their staff, although in some services more could have been done to proactively identify and engage with those who may have been more vulnerable to the virus and might have needed tailored support. With the continuing spread of the virus, services should continue to talk to staff who may be vulnerable and offer the appropriate assistance.

We have made six national recommendations since our first fire and rescue services inspection in 2018, two at the end of our second tranche of inspections in summer 2019 and four more in *State of Fire and Rescue 2019* in January 2020. They cover the most important factors affecting how services operate, and include:

- better standardisation of practice;
- clarity on the role of services and their staff;
- considering whether the arrangements governing staff terms and conditions remain appropriate; and
- providing greater operational independence for chief fire officers.

All these issues came to the fore during the pandemic. While, understandably, there has been a delay in implementing some of our recommendations, the need for improvement and reform remains.

Fire and rescue services are 'can do' organisations that want to help their communities. But too many services faced barriers in mobilising operational staff to assist with pandemic activities as effectively and rapidly as they would have wished. It is deeply regrettable that fire and rescue services would have been better placed to assist local communities at their time of greatest need had it not been for the restrictive industrial relations arrangements. This ultimately had the effect of tying the hands of chief fire officers and too often delaying the safe deployment of the right people with the right skills as quickly as their communities needed them.

We describe, in some detail, how a mechanism known as the 'tripartite agreement' was designed to enable the National Employers, National Fire Chiefs Council (NFCC) and Fire Brigades Union (FBU) to determine the additional activities firefighters would carry out in support of the fire and rescue services' response to the pandemic. Despite the initial intentions of those involved, the mechanism rapidly became too prescriptive. In some services, it became a hindrance rather than a help.

We question the need for a mechanism such as the tripartite agreement in the first place, not least where staff are ready, willing and able to assist. We think the public would expect greater flexibility of the fire and rescue service during this global health emergency. Specifically, chief fire officers should be unhindered in their ability to deploy their workforce rapidly, safely and effectively so as to protect the public.

However valuable the role of trade unions in protecting their members' interests, we don't consider it appropriate for the FBU to have been given the ability to delay or veto the reasonable and safe deployment of firefighters to assist the public during a national emergency.

Looking forward, public-spirited firefighters and staff want to help their communities through the pandemic. It is in everyone's interest to vaccinate the population as quickly as possible. I am encouraged that some fire and rescue services are making great strides to support the vaccination programme using firefighters and staff from within their own workforce. They are doing so with the necessary and reasonable measures in place to protect the health and safety of those stepping forward to help with this work. Others look set to follow.

At the time of publication, England has entered another national lockdown and some of the challenges presented in the early days of the pandemic have resurfaced and increased.

In conclusion, the fire and rescue service can be proud of how it responded during the initial stages of the pandemic, and the support it gave communities. Our comments on the barriers to doing more shouldn't detract from our recognition of the important and significant contribution fire and rescue services made and continue to make. Fire and rescue services, firefighters and staff stepped up and supported their communities well beyond what they would normally do.

Nonetheless, now is a pivotal time for the country in terms of the fight against the virus. The fire service has much more to offer in supporting the mass vaccination programme and other pandemic activities; thereby matching the ambition of fire service leaders and the commitment of their staff. The barriers dominating the sector need to be overcome or resolved. The sector should look to the good work outlined in this report and continue to serve its communities to the best of its ability. I know there is a desire to do more, and I hope that all those vested with the power to enable this to happen will do so.

HMI Zoë Billingham

About this report

We suspended all inspection activity requiring appreciable input from fire and rescue services (and police forces) in response to the COVID-19 pandemic in March 2020. This was done to remove the administrative demand we place on services during our inspections, allowing them to focus instead on their response to the pandemic.

In August 2020, the Home Secretary commissioned us to inspect the English fire and rescue authorities' response to COVID-19. Our commission, under section 28A(3) of the Fire and Rescue Services Act 2004, was to consider:

- what is working well and what is being learnt;
- how the fire and rescue sector is responding to the COVID-19 crisis;
- how fire and rescue services are dealing with the problems they face; and
- what changes are likely as a result of the COVID-19 pandemic.

The inspection covered the first peak of the pandemic, in the period between April to June 2020. We completed inspection activity during autumn 2020, when restrictions were easing. It was our first entirely virtual inspection, with all activity taking place remotely.

We also interviewed national leads from the fire and rescue sector, and other interested parties, including:

- national and local government;
- the NFCC;
- the fire and rescue service's National Employers;
- representative bodies, including the FBU, Fire and Rescue Services Association, Fire Officers Association and UNISON; and
- devolved administrations.

This report presents our overall findings on the sector's preparation and response to the pandemic. We will consider them in future inspections. We have detailed the findings and focus areas for improvement for each fire and rescue service in 44 individual letters. We gave a narrative rather than a graded judgment in all inspections covered by this inspection, as we had no benchmark to measure against. We will revert to giving graded judgments when round-two inspections restart in spring 2021.

How we use our data is explained at Annex A.

Headline findings

Every service maintained its ability to respond to fires and other emergencies

Every service was able to respond to calls from the public, incidents and emergencies when needed. Most prioritised responding to emergencies over other activities. They also put in place measures to reduce the risk of exposure to the virus, ensuring firefighters and control room staff remained available.

Staff absences were low and on-call firefighter availability was high during the first wave of the pandemic. There are several reasons for this, including steps taken by services to limit the spread of the virus.

The overall number of incidents attended by services fell 5 percent from 1 April to 30 June 2020 compared with the same period in 2019.

Fire engine availability data shows that 43 (of 45) services had more fire engines available to respond to calls from 1 April 2020 to 30 June 2020 compared with the same period in 2019. The graph in figure 1 sets out this data in detail.

Figure 1: Percentage change in overall availability from 1 April–30 June 2019 to 1 April–30 June 2020 by fire and rescue service
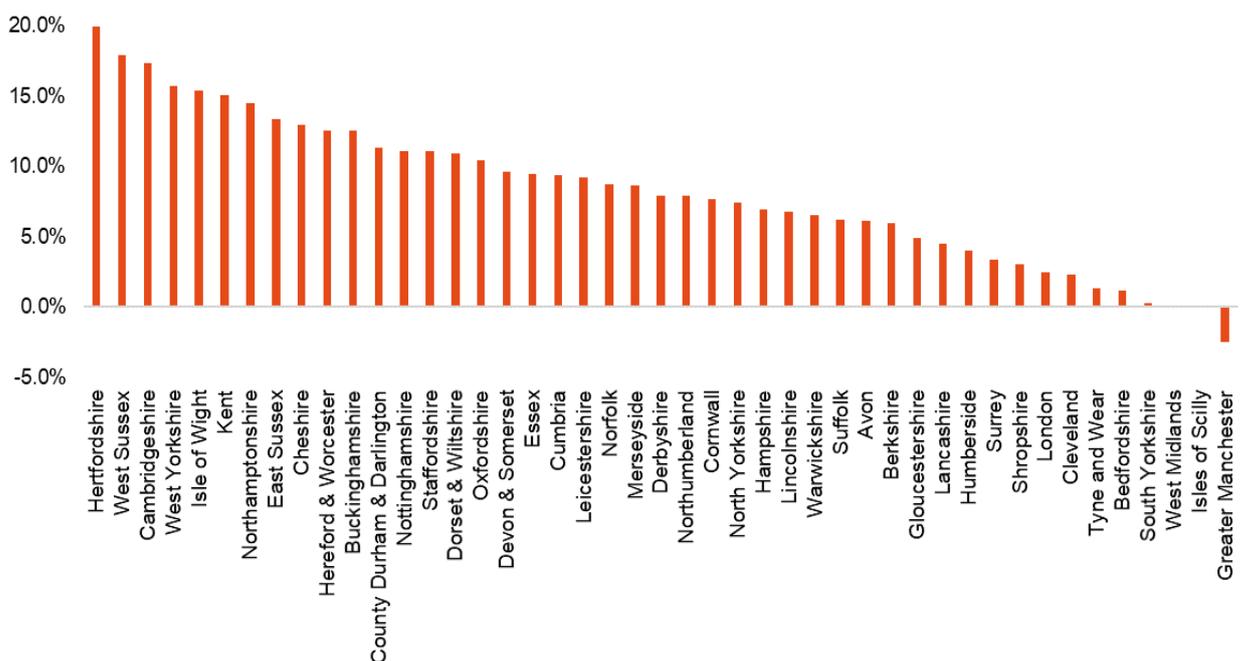
Every service provided a range of additional support to its community that went above and beyond its statutory duties

The role of fire and rescue services is listed in legislation, predominantly the Fire and Rescue Services Act 2004. It comprises:

- fire safety;
- firefighting;
- rescuing people in road traffic collisions;
- responding to emergencies;
- enforcing building safety regulations in the Regulatory Reform (Fire Safety) Order 2005; and
- responding to certain incidents such as chemical, biological, radiological or nuclear emergencies.

To support their communities during the pandemic, fire and rescue services did more than their 'business as usual' activities. Additional pandemic work included ambulance driving and delivering food to the vulnerable and PPE to healthcare professionals. Most of the activities carried out were listed in the tripartite agreement, but some services provided other support to their community under local agreement. What each service did varied and depended on what their local partners required of them and which part of the workforce was willing to carry it out.

- Some services didn't receive any requests from local partners for additional support.

- While additional activity varied between services, it was provided by different staff groups, including wholetime (that is, full-time) and on-call firefighters, as well as non-operational staff. The table at figure 2 shows a list of all these additional activities that took place under the tripartite agreement. This information is set out by service at Annex B.

- A small number of services were asked to lend their support but couldn't provide enough wholetime firefighters to do the work because the FBU objected. For example, the union had concerns with risk assessments, which are ultimately the responsibility of each fire and rescue service. Other staff, including on-call firefighters and non-operational staff, were sometimes deployed instead of wholetime firefighters.

- We were particularly impressed with how some county council run services worked with council departments and colleagues to increase their knowledge of, presence and work in the community. It shows how fire and rescue services can benefit from being part of a larger organisation, particularly being able to share IT and IT infrastructure and exchange information, especially in the current climate.

Figure 2: Additional pandemic activities carried out by fire and rescue services provided under the tripartite agreement [between 1 April 2020 and 17 September 2020

Additional pandemic activity listed under the tripartite agreement	Number of services out of 45
Ambulance driving	19
Delivering essential items to vulnerable persons	33
Moving bodies of the deceased	16
Face-fitting masks to be used by NHS and clinical care staff working with COVID-19 patients	22
Delivering PPE and other medical supplies to NHS and care facilities	32
Taking samples for COVID-19 antigen testing	5
Driving ambulances not on blue lights (that is, without a siren), excluding COVID-19 patients, to outpatient appointments or to receive urgent care	8
Training non-service personnel to drive ambulances (not on blue lights)	5
Packing/repacking food supplies for vulnerable people	21
Transferring known or suspected COVID-19 patients to and from Nightingale hospitals under emergency response (on blue lights – that is, with a siren) or through non-emergency patient transfer (not on blue lights)	2
Transferring patients, including those recovering and recuperating from but no longer infected with COVID-19 to and from Nightingale hospitals under emergency response (on blue lights) or through non-emergency patient transfer (not on blue lights)	3
Delivering infection, prevention and control training packages for care homes, including hand hygiene products, and PPE guidance and procedures, and supporting the testing of care home staff	10

The fire and rescue sector's outdated arrangements hindered the way services responded

We have made six national recommendations since we began inspecting fire and rescue services in 2018. The recommendations cover important structural issues relating to how the fire and rescue sector operates, including:

- better standardisation of practice;
- clarity on the role of services and their staff;
- considering whether the arrangements governing staff terms and conditions remain appropriate; and
- providing greater operational independence for chief fire officers.

All these structural problems affected the way services operated during the pandemic and reveal the sector's current limitations. This is despite the dedication and determination of services and their staff to provide the best possible outcome for the public.

The call we made in *State of Fire and Rescue 2019* for lasting national reform remains. Reform is necessary and essential, particularly in three areas.

First, to clarify the role of services. This became especially apparent when firefighters could, in many cases, carry out additional responsibilities to support partner agencies only after the national tripartite agreement on specific activities.

Second, to provide chief fire officers operational independence. The ability for chief fire officers to allocate resources rapidly, safely and effectively where required should be an integral part of their role. During the pandemic, local resilience forums (LRFs) asked their fire and rescue services to assist. In some instances, services couldn't commit resources there and then, sometimes requiring a national agreement to proceed.

Third, to reform arrangements governing staff terms and conditions. Throughout the pandemic, the fire and rescue sector's motto has been 'ready, willing and able'. However, the outdated arrangements for negotiating workforce issues meant some services were unable to realise that aim as fully as they wished.

The effect of the tripartite agreement varied from service to service

The employment arrangements in the fire and rescue sector are longstanding and, in our view, outdated. The National Joint Council (NJC) oversees conditions of service for firefighters (included in what is known as the 'grey book'). Despite repeated calls for reform, this hasn't been reviewed for years. While it provides standard terms and conditions for firefighters, it has also established a rigid set of national arrangements. Some services have been able to put in place arrangements to adapt what they do in local circumstances. Others haven't and consider the grey book a barrier.

In *State of Fire and Rescue 2019*, we called for these arrangements to be reviewed to consider whether they are still fit for purpose and if they establish, maintain or intensify intended or unintended barriers. We also recommended that consideration is given as to whether the NJC – the pay negotiation machinery – needs reform.

This recommendation remains open. To overcome the rigid arrangements, the national tripartite agreement was put in place to temporarily expand what operational staff could do during the pandemic. The agreement was between the NFCC, National Employers and the FBU. If additional roles were requested, they needed national agreement and further local consultation before work could start.

In March 2020, the first of 15 tripartite agreements was agreed to increase the scope of work that operational staff could do. Each service then had to consult locally on the specific work it had been asked to support to agree how to address any health and safety requirements, including risk assessments.

The arrangements under the tripartite agreement stopped in December 2020 and a new agreement was reached without the NFCC, involving only the National Employers and the FBU. Unfortunately, this new arrangement collapsed on 13 January 2021. At the time of publication, professional risk assessments provided by the NFCC are in place and provide appropriate control measures for staff. The National Employers support the risk assessments, and the onus is now on operational staff to volunteer to step forward for their communities. This can be done under local agreements specifying the work operational staff in each individual service will be undertaking.

- The tripartite agreement played a role in enabling services to use their staff in different ways, such as driving ambulances and delivering food to the vulnerable. The initial intention behind it was pragmatic and rooted in the desire on all parts to help the public, but in some cases, it had a limiting or even negative effect, including creating delays to activity already underway. Annex B sets out which activities were carried out by each service.

- There were national and local issues implementing the agreement, which became too prescriptive. For example, services were only able to deliver items to the most vulnerable once that specific activity had been listed in a national tripartite agreement. If it had focused on broad principles, the agreement would have given individual services the flexibility to make decisions on how to deploy staff.

- Because of the restrictive nature of this agreement, several services used other staff to provide this additional work who weren't bound by the tripartite agreement, such as non-operational employees. Deploying non-operational staff was often quicker and easier than using wholetime firefighters, even though they may not have had the same skills. We also found that services were able to deploy their on-call staff more flexibly through offering them additional hours and secondment contracts.

The pandemic demonstrated what on-call firefighters and non-operational staff offer fire and rescue services and the public

Most services have on-call firefighters. On-call firefighters are generally employed on a part-time basis in locations where the local risk doesn't require full-time fire cover. These are firefighters who may have other jobs, but who respond to emergencies when called. Fire and rescue services used them extensively during the first wave of the pandemic to respond to emergencies, as well as provide additional support to their communities.

- The majority of on-call firefighters were available to support their fire and rescue service as needed, as many were furloughed from their primary employment or working from home. Consequently, most services with on-call staff had more fire engines available to respond to emergencies than before the pandemic.

- On-call firefighters were willing to work flexibly to fill a range of roles, including delivering food to the vulnerable, supporting local ambulance trusts and covering staff absences.

- Services took steps to mitigate any financial hardship these individuals might have faced if their primary employment was affected by the pandemic. This included offering them paid employment or short-term contracts.

- Non-operational staff (including those who work in non-uniformed roles, such as prevention) also volunteered to help. Services told us of their willingness and ability to assist.

The way services maintained statutory prevention and protection functions varied, and some did less than expected

Services have had to balance the need to act responsibly during a public health emergency – that is, work out how to reduce the risk of exposure to the virus – with meeting their statutory duty to promote and enforce fire safety and fire safety legislation.

The NFCC provided advice on how services could maintain a risk-based approach to prevention and protection activity. However, not every service aligned its activity to NFCC guidance. Four services exceeded the requirements of the guidance and eight stopped the majority of protection activity during the early stages of the pandemic.

In the first round of our inspections, between 2018 and 2019, we raised concerns that too many services didn't see their protection function as a high enough priority and had under-invested in it for many years. It is concerning that some services have chosen to deprioritise it during the pandemic.

The wellbeing provision offered to staff during COVID-19 was generally good, but varied

We saw that services placed importance on staff wellbeing. Some enhanced their wellbeing provision and tailored it to the outbreak, directing staff to additional help where necessary. However, more could have been done in a third of services to make sure staff who may have been at greater risk, such as those from a black or ethnic minority background, were identified and correct provisions put in place to offer them relevant support. We were pleased to find evidence of this happening in 29 services. Guidance from Public Health England says some people may not be prepared to disclose their individual circumstances. It is incumbent on services to talk to all their staff to identify risks and provide appropriate support.

The pandemic was a catalyst for change and transformation

In our first inspections (between 2018 and 2019) we found that a small number of services had done little to transform and modernise the ways they work. The pandemic changed that quite dramatically for the better.

- Some services implemented improvement programmes within days of the first lockdown being announced, rolling out new IT and supporting infrastructure. Existing improvement programmes were brought forward and implemented in weeks rather than months. And existing barriers preventing the exchange of information between partners were removed.

- Transformation mostly benefitted non-operational staff, whose working lives have been revolutionised with the introduction of digital and flexible working in many services. However, this rarely translated into improvements in the working practices or productivity of operational staff, including firefighters. Services should take their experience of digital and workplace transformation and use it to make firefighter time as productive as possible while on station. This could include providing prevention advice remotely to vulnerable people.

- When the pandemic began, services implemented changes, such as re-deploying staff, reducing community activity and changing working practices, in anticipation of much higher sickness levels. Thankfully, these levels failed to materialise at the time of inspection. However, some services were slow to undo their changes, whether returning re-deployed staff or restarting activity that had been stopped.

Findings

There was strong multi-agency working in every area, supported and facilitated by LRFs

Most services were heavily involved in their LRFs and worked proactively with partners and other agencies to respond to the pandemic.

LRFs are multi-agency partnerships made up of representatives from local public services. They are responsible for planning and preparing for localised incidents and catastrophic emergencies. The long-lasting nature of the pandemic has put these forums under great strain. While LRFs are arranged by police force boundaries, some services such as those in the South West of England, have created regional groupings to share learning and advice.

LRF activity was carried out in a co-ordinated way, and forums and their members effectively supported their communities. Service leaders rose to the challenge and, in most cases, exceeded the expectations of their role in the forums – members told us that fire and rescue colleagues proactively contributed to an exceptional level.

The strength of LRFs is having local organisations, including the fire and rescue service, police force, ambulance trust and local authority present at meetings to share out tasks and agree mutual priorities. However, when asked, some services couldn't immediately agree to completing additional tasks. If the request was outside the scope of the firefighter role, they needed the national tripartite agreement to be in place, followed by further consultation with local representative, before they could agree to it. We found that at least 11 services had experienced some delay before beginning work. The agreement process sometimes took several weeks. Without this barrier, their response could have been quicker and more comprehensive. LRF members told us they sometimes avoided asking fire and rescue services to help because of these difficulties.

Suffolk Fire and Rescue Service's partner agencies requested that, in its capacity as a 24/7 emergency service, it 'door knock' on vulnerable members of the community who had called national helplines to request assistance in the early days of the pandemic, while more substantive arrangements were established. The FBU refused the request because door knocking wasn't listed as an activity in the tripartite agreement, so the service asked staff to volunteer and, thankfully, enough did to meet the request. This shows the difficulties some chief fire officers faced.

We heard several times that firefighters who volunteered to help weren't able to carry out some activities until the national tripartite agreement had been reached.

All services maintained their ability to respond to fires and other emergencies

As illustrated in figure 1, fire engine availability in many services was high – certainly higher than it was in the same period in 2019. During the first phase of the pandemic, the steps that service incidents planners took to protect firefighters from exposure to the virus seemed to work, with very few absent. This was further helped by the overall number of incidents attended by services falling 5 percent from 1 April to 30 June 2020 compared with the same period in 2019.

Fire engine availability was also boosted by the large numbers of available on-call firefighters. Normally, the availability of on-call crewed engines is lower during the daytime, with on-call firefighters working away from their fire station. However, during the pandemic, with a considerable number of these firefighters furloughed from their primary employment or working from home, the majority of on-call fire engines were available.

Services may not be in the same position during subsequent waves. The availability of on-call firefighters largely returned to normal following the first peak, as many returned to their primary employment. Absence rates may also increase due to self-isolation and higher infection rates, and as those who were furloughed return to work.

We were encouraged to see that services were able to maintain their response to major incidents during the pandemic. In the early summer, hot weather resulted in a significant number of outdoor fires. For example, in May 2020, Dorset & Wiltshire Fire and Rescue Service experienced its largest fire in recent history at Wareham Forest. It was able to deal with the incident with support from a number of services (required due to the scale of the incident), while working within the restrictions of the pandemic. Likewise, Lancashire Fire and Rescue Service responded to several large moorland fires over the same period.

The prioritisation of response was, in some cases, to the detriment of protection and prevention activity

In some instances, the chief fire officer decided to prioritise and/or redeploy staff to respond to emergencies. Protection and prevention activity suffered as a result. Services that paused their risk-based inspection programmes should make sure they have robust plans to make up the backlog.

It may have been sensible for some services to redeploy protection staff to response duties at first. However, some were slow to change their approach when the redeployment was no longer necessary – that is, when there were generally low sickness levels among firefighters and demand fell, albeit slightly. The overall number of incidents attended fell 5 percent from 1 April to 30 June 2020 compared with the same period in 2019.

Not all eight services that paused protection activity, such as risk-based inspection programmes, had a convincing rationale for doing so. We will play close attention to how services have managed any inspection backlogs in our upcoming round of full inspection in spring 2021.

Access to data on vulnerable individuals from partners varied

Services that had good arrangements in place to give and receive data (including on shielding and other vulnerability factors) to/from local agencies were well placed to identify the most vulnerable individuals in their area and respond accordingly. In some areas, services and their LRF partners combined lists, which gave everyone a more comprehensive view of vulnerability across the community.

While some services benefitted from improved access to data during the pandemic, others were frustrated by a lack of data exchange or provision from other agencies. This lack of consistency across the sector is a concern, as some vulnerable people may not be known to the fire and rescue services.

The oversight and scrutiny of fire and rescue authorities varied

Each service is overseen by a fire and rescue authority, the size and composition of which varies. There are several governance arrangements in place across England, although each authority ultimately has the same function – that is, to set the service's priorities and budget and assure that the budget is spent wisely. The authority is also the employer to whom the chief fire officer and their staff ultimately report. London has slightly different governance arrangements, although responsibility ultimately rests with the Mayor of London.

There was no set approach for how authorities should operate during the pandemic. No governance arrangement appeared to be more effective than another.

Some fire and rescue authorities continued with business as usual, providing the same oversight they usually do. Others delegated functions to the chief fire officer. In doing so, they recognised the critical nature of the pandemic and the need for the chief fire officer to be able to quickly adapt the service's response. Chief fire officers spoke positively about this delegated authority and the sense of operational independence it gave them. We welcome this approach.

In *State of Fire and Rescue 2019*, we recommended giving chief fire officers operational independence so they have the freedom to determine all operational aspects of their service to meet the risks set out in the authority's integrated risk management plan. Our recommendation stands. The pandemic has shown the value of this demarcation between governance and operational decision making.

Some services were more prepared for the pandemic than others

Pandemic flu is at the top of most organisations' risk registers, so services should have had plans in place to deal with such an event. While most, but not all, services had business continuity and pandemic flu plans in place, understandably few foresaw the entirety of COVID-19 and its implications, so activity was reactive. Plans didn't foresee national lockdowns or the need for social distancing, and most were predicated on large staff absences that, thankfully, didn't materialise during the first wave.

Most, but not all, services evolved their plans to reflect learning and the changing situation. Eleven services didn't have a bespoke pandemic flu plan to begin with, so also hadn't tested or rehearsed it, putting them at an immediate disadvantage. Further waves, and the uncertainty they bring, makes this position of relatively inflexibility and poor preparedness for rapid change concerning.

The fire and rescue sector was able to come together effectively during the pandemic

The role of the NFCC

Those involved with the NFCC's response to the pandemic can be proud of how they facilitated a co-ordinated fire and rescue sector response. The Home Office recently provided additional funding to improve NFCC capacity and capability. However, this only arrived in June and, as the NFCC is a small organisation, it remains very dependent on the goodwill of volunteers, who do fire and rescue sector work in addition to their day jobs. The Home Office and the sector should consider how to further increase its capacity if the pandemic continues to demand support and resources.

We were encouraged to see the NFCC taking a leading role by providing an operational perspective in negotiations with fire and rescue services' employers (represented by the National Employers) and the FBU. We consider it essential that chief fire officers, who are responsible for providing fire and rescue services to the public, can contribute to and influence national discussions on terms and conditions. We were disappointed to see the employers and FBU revert back to NJC negotiations, thereby excluding the NFCC until revised professional risk assessments were required. Including the NFCC would ensure decisions were made in a way that allows fire and rescue services to deploy their staff flexibly to meet public need.

Clear communication channels between the fire and rescue sector and the government, facilitated by the NFCC

We were encouraged to see the sector communicate with central and local government, including the Home Office and Ministry of Housing. Communities and Local Government, through a single representative, Roy Wilsher, chair of the NFCC. This aligns with the existing arrangements for responding to major incidents and provides a robust model for the sector in the future.

Phil Garrigan, chief fire officer for Merseyside Fire & Rescue Service, was appointed 'gold officer' to act as the interface between Roy Wilsher and the fire and rescue sector. He joined regular calls with the Home Office. Roy Wilsher chaired a weekly meeting of chief fire officers, at which Phil Garrigan was able to update colleagues and answer questions. Phil Garrigan was also able to make decisions and respond on behalf of the sector to any central government requests.

National guidance on how to fulfil statutory duties during the pandemic

The NFCC produced a wealth of guidance on a range of issues, including prevention, protection and working safely, to help individual services respond to the challenges caused by the pandemic. This helped reduce operational variation between services. Many found the guidance useful, although some felt it could have been issued more quickly. Not all followed it. Overall, though, the council put effective arrangements in place.

Joint procurement

We were particularly impressed that over three-quarters of services used a national procurement hub to jointly procure PPE.

Worldwide demand for PPE outstripped supply at the outset of the pandemic, causing shortages. The fire and rescue sector formed a national procurement hub to give services access to a market with more than 400 suppliers. Individually, they wouldn't have met the minimum order requirements that many demanded.

The services that didn't procure PPE through the hub had arrangements with others – for example, the council county of which they are part – so didn't purchase in isolation.

Sickness

We were provided with data on the number of shifts/days lost due to sickness absence by Cleveland Fire Brigade, which collects it on behalf of every service. Thankfully, this data shows that, across all services, none approached risk-critical absence levels during the first wave of the pandemic, from 1 April 2020 to 30 June 2020. In fact, sickness levels were generally lower than normal. Figure 3 shows the percentage change in days/shifts lost due to sickness when comparing the first three months of the pandemic with the same period in 2019. Only ten services had more staff off sick.

Figure 3: Percentage change in overall sickness absence in the period 1 April to 30 June 2019 compared with 1 April to 30 June 2020 by fire and rescue service
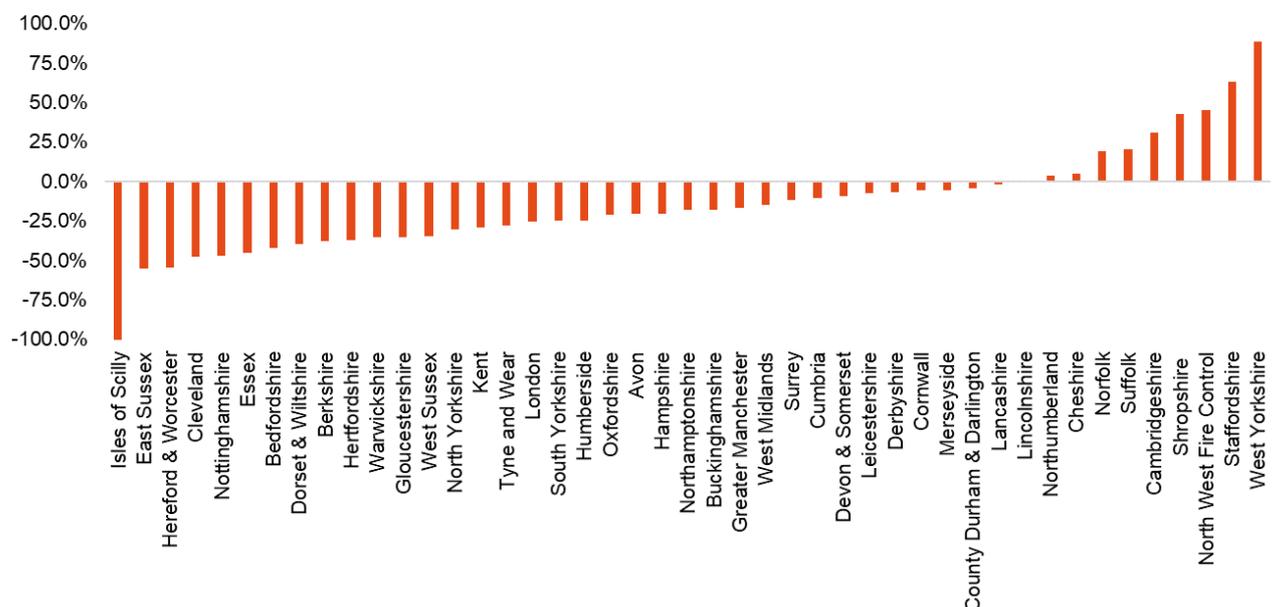
Isles of Scilly Fire and Rescue Service (FRS), Kent FRS and Cambridgeshire FRS didn't provide sickness absence data to the Cleveland Sickness Absence data collection, and instead provided this data direct to HMICFRS.

Continuous improvement

The NFCC commissioned an independent 'lessons learnt' review that was shared across the sector to identify how it can improve, should it face another incident of this nature. This self-reflection is positive and shows a commitment to improve and modernise by the NFCC.

The intent behind the tripartite agreement was pragmatic, but it was too prescriptive in practice

The tripartite agreement covers operational staff, including wholetime firefighters – that is, frontline staff whose terms and conditions, including roles and responsibilities, are specified in the grey book. The agreement was intended to offer a contractually compliant way of expanding the work these staff could do so that services, particularly those with a mainly wholetime workforce, could use them to help support their communities during the pandemic.

As these changes were temporary alterations to contractual terms and conditions, staff had to volunteer to carry out this additional pandemic work. – it wasn't compulsory. Before the agreement was reached, firefighters who were members of the FBU were discouraged from undertaking these additional humanitarian activities.

The agreement should have allowed services to simply refer to a single document before tasking additional pandemic activity to frontline staff. However, at the insistence of the FBU, and after hours, days and sometimes weeks of negotiation, it became too prescriptive. It didn't always enable chief fire officers to use their staff to meet local need in a timely manner. For example, the agreement to deliver food to the most vulnerable didn't extend to firefighters carrying out wellbeing checks.

In addition, each specific activity needed a new risk assessment or statement, even for roles that were similar to those that had been previously agreed. For example, separate agreements were required for firefighters driving ambulances on blue lights and not on blue lights.

The activities listed in the tripartite agreement, which had 15 iterations, were unnecessarily detailed.

There is now an unhelpful precedent of national bodies such as the FBU being able to specify the terms on which service leaders deploy large swathes of their workforce during a national emergency. We made a recommendation for operational independence to be given to chief fire officers in *State of Fire and Rescue 2019* and this remains pressing.

In December 2020, the NFCC was removed from the tripartite agreement, which then became an agreement between the National Employers and the FBU. On 13 January 2021, this agreement collapsed. While negotiating a further agreement for firefighters to support the national vaccination programme, the FBU placed restrictions on

firefighters that were unsustainable, so the National Employers couldn't support them. This shows the unworkable nature of such an approach.

In November 2020, we commissioned YouGov to [survey public perceptions of local fire and rescue services across England](). The majority of respondents supported the idea that fire and rescue services use additional capacity to assist other emergency services with:

- driving ambulances and undertaking training to do so (60 percent);
- supporting vulnerable people with food packages and essential items (57 percent);
- delivering PPE and medical supplies to the NHS and care facilities (56 percent); and
- delivering and distributing vaccines (56 percent).

Many services deployed staff who weren't bound by the tripartite agreement – that is, those whose terms and conditions aren't in the grey book – to get around its restrictions. For example, UNISON agreed general principles for its members (typically non-operational staff), supporting their involvement where necessary and where it was for the good of their communities. Risk assessments were carried out locally and UNISON became involved at a national level only if issues arose.

That an agreement was needed for operational staff at all reflects poorly on the existing arrangements for negotiating terms and conditions in the sector and, consequently, services' ability to use their staff as required during a global public health emergency. It has created an unhelpful precedent for future negotiations about the role of the firefighter. For example, Greater Manchester FRS was asked in September 2020 for its assistance with the COVID-19 test and trace programme in the local area. To its credit, the service confirmed it had the capacity to help and deployed non-operational staff with immediate effect. Separately, the same month, the NFCC requested for this activity to be added to the tripartite agreement. However, delays caused by the tripartite process, including the additional work required for individual risk assessments related to other activities, meant wholetime firefighters didn't start until December 2020.

On-call firefighters further demonstrated their enormous value to fire and rescue services

On-call firefighter availability was high during the pandemic. Many services relied on them and their flexibility to provide important additional activity, both within and outside the tripartite agreement, including:

- driving ambulances;
- packing/repacking food supplies for vulnerable people; and
- delivering PPE and other medical supplies.

During our first round of inspections in 2018, we found that on-call firefighters are often not seen as equal to their wholetime counterparts. However, the range of activities they were able to carry out during the first wave of the pandemic clearly reflects their strong community spirit. Their willingness to take on additional activity –

such as movement of the bodies of the deceased and covering wholetime absences – is testament to their skills and dedication to the role in challenging circumstances.

Services could have done more to ensure the efficient and productive use of their staff

Wholetime firefighters were often confined to their station to ensure enough firefighters were available to respond to emergencies. However, many were underutilised, as there were:

- fewer incidents to attend (albeit only slightly fewer – see below);
- fewer training opportunities;
- less community engagement; and
- less prevention/protection work.

The digital transformation non-operational staff experienced during the pandemic wasn't always shared by those working on fire stations.

Around half of all services decided not to use their wholetime firefighters to conduct activity that was additional to emergency response. The majority of these firefighters stopped all engagement work with the public. This was done to reduce their risk of contracting the virus and, thereby maintain the resilience of services' response functions. This meant that wholetime firefighters in these services were primarily only responding to emergencies as well as taking on a small number of additional activities. The overall number of incidents attended fell 5 percent from 1 April to 30 June 2020 compared with the same period in 2019.

It was clearly important for services to make sure they had enough members of staff available to respond to emergencies. At the onset of the pandemic, when no one knew what the absence rates would be, ensuring their availability was sensible. But some services were slow to change activity rotas to more effectively deploy their staff when the full impact was known.

Most services put effective measures in place to protect control room functions

Services need to be able to respond to calls for help from the public. The control room is the first and often only contact the public have with them. It is vital to the effective running of a fire and rescue service.

All services put in place measures to make sure their control room could continue to operate throughout the pandemic. Some of these measures were pre-planned and part of existing degradation and pandemic flu plans. Others were ad hoc and reactive. Measures included:

- training additional staff to provide resilience;
- implementing enhanced cleaning and hygiene standards; and
- isolating the control room from the wider workforce.

Every service has arrangements in place with other services to handle calls on their behalf should the need arise.

Services should consider how effective, resilient and robust these arrangements are, and make sure plans are in place and kept up to date. The possibility of firefighters and staff having to self-isolate while waiting for and following a positive test result is a real risk. If this risk isn't mitigated, considering the length of time it can take to train control room staff, the effect on services could be substantial.

More could have been done by services to consider if their risk profile changed as a result of the pandemic

Some services hadn't done anything to consider if COVID-19 had changed the risk in their area and required them to change or re-prioritise activity. For example:

- different groups of people who may be at greater risk of fire; or
- risk in particular buildings, especially if their use had altered during the pandemic, whether they were repurposed or otherwise.

Services that reconsidered their risk profile were of the view that those who were vulnerable to COVID-19 and its effects were often the groups most vulnerable to fire and associated risks, so didn't feel it necessary to make any adjustments. But this may not be the case everywhere. It should have been something each service considered.

The NFCC is currently leading work, through its community risk programme, to help services identify and manage higher-risk people and buildings. We look forward to seeing how the lessons learnt during the pandemic contribute to that work.

The additional costs services incurred when responding to the pandemic were mainly covered by government grants

Services incurred additional costs during the pandemic – some modest, others considerable. The biggest additional costs for most were overtime and PPE. The majority of services used their collective bargaining power to purchase PPE through a national procurement hub. This is encouraging and shows good commercial practice.

Nearly all the incurred costs were covered by government financial support. As a result, services didn't need to spend their reserves. A small number used some of their reserve to cover a shortfall while waiting for their grant. County council services were reimbursed for what they spent during the pandemic, so didn't have the same autonomy in how the grant was spent.

Services anticipate significant budget shortfalls in future years as business rates fall in response to the economic downturn. Many, but not all, services have retained some of their unspent grant money to cover some of this anticipated shortfall. We are pleased to see this prudent approach. Not all services have shown such forward-thinking.

Wellbeing provision offered to staff during COVID-19 was good but varied

We found that most services offer a good, comprehensive wellbeing service to their staff. The vast majority of respondents to our staff survey agreed that they were able to access services to support their mental wellbeing when appropriate. (Note that wellbeing provision differs across services – more detail of this variation can be found in figure 4.)

Some services were quick to expand their wellbeing provision during the pandemic. Work is underway in most services to consider the long-term effects of COVID-19 on staff wellbeing.

Two-thirds of services identified staff who might be vulnerable to the virus. This included black and ethnic minority staff, who are disproportionately affected by the virus and those living with shielding factors. Additional support was offered to these staff members, where appropriate. It is incumbent on services to talk to all their staff to identify risks and provide appropriate support, especially as some staff may be reluctant to disclose this information voluntarily.

Kent FRS developed a COVID-19 risk estimator for all staff. They were asked to enter their personal data (including age, general health condition, ethnicity and gender) on a screening matrix. The risk score was cross-referenced to an individual's role and the risk they/it carried of contracting COVID-19. High-scoring members of staff had access to a tailored support programme that was also used to determine when they should return to the workplace. This risk tool was shared with the NFCC and subsequently adopted by other services.

Wellbeing could have been better targeted at those most at risk in a third of services. Some services didn't approach staff to identify if they needed support. Others didn't tailor any wellbeing services to those working in COVID-19 high-risk roles. This reactive rather than proactive approach meant that those who needed additional support may not have been helped in the most appropriate way. Relying on staff to self-identify as needing support creates a risk. Guidance from Public Health England says some people may not be prepared to disclose their individual circumstances. It is incumbent on services to talk to all their staff to identify risks and provide appropriate support.

Figure 4: Which wellbeing services fire and rescue services tailored for staff members who met government requirements for the high-risk shielded patients list

Fire and rescue service	Occupational health	Specialist counselling and support	Peer support	External support services	Other
Avon	✓				
Bedfordshire					
Buckinghamshire	✓	✓	✓	✓	
Cambridgeshire	✓				✓
Cheshire					✓
Cleveland					
Cornwall			✓		
County Durham and Darlington	✓		✓		
Cumbria	✓	✓	✓	✓	✓
Derbyshire	✓		✓	✓	✓
Devon & Somerset					✓
Dorset & Wiltshire	✓	✓	✓	✓	
East Sussex	✓	✓	✓		
Essex	✓	✓	✓		✓
Gloucestershire	✓		✓	✓	
Greater Manchester					✓
Hampshire and the Isle of Wight	✓			✓	

Fire and rescue service	Occupational health	Specialist counselling and support	Peer support	External support services	Other
Hereford & Worcester	✓	✓			
Hertfordshire	✓	✓			
Humberside	✓		✓		
Isles of Scilly					
Kent					✓
Lancashire	✓				✓
Leicestershire	✓	✓		✓	✓
Lincolnshire	✓	✓	✓		
London	✓	✓	✓		
Merseyside	✓	✓		✓	
Norfolk	✓				
North Yorkshire	✓		✓		
Northamptonshire	✓	✓	✓	✓	
Northumberland					✓
Nottinghamshire	✓				
Oxfordshire			✓		✓
Royal Berkshire	✓		✓	✓	✓
Shropshire	✓	✓	✓	✓	
South Yorkshire	✓		✓		

Fire and rescue service	Occupational health	Specialist counselling and support	Peer support	External support services	Other
Staffordshire	✓	✓	✓	✓	
Suffolk			✓		
Surrey	✓				✓
Tyne and Wear	✓		✓		
Warwickshire	✓	✓	✓	✓	✓
West Midlands	✓	✓	✓		
West Sussex			✓		
West Yorkshire					

Annex A: About the data

The data in this report is from a range of sources, including from:

- all 45 fire and rescue services (FRSs) in England;
- the Home Office;
- the NFCC;
- a public perceptions survey conducted by YouGov; and
- our COVID-19 edition of the FRS staff survey.

For more information on the methodology for regular data collection from fire and rescue services please see the about data section of our website and the Home Office fire statistics guidance.

Unless otherwise specified, the data in this report covers two distinct periods from 1 April to 30 June 2019 (for comparison) and 1 April to 30 June 2020 (during the pandemic).

Percentage change in engine availability

An engine is deemed unavailable if there aren't enough staff or skills (for example, a driver competent to ride incident commander) for it to attend an incident.

Percentage change in sickness absence

Sickness absence data is collected by Cleveland Fire Brigade for the National Occupational Health Report for FRSs.

Services give data as days/shifts lost due to sickness, and include both long-term and short-term sickness.

COVID-19 sickness is only included in the data when a staff member is showing symptoms of COVID-19 or when a staff member is confirmed COVID-19 positive. Self-isolation owing to household members displaying Covid-19 symptoms or high-risk staff members shielding aren't included in the sickness absence figures.

Public perceptions survey, YouGov

We commissioned YouGov to undertake a survey of the public's perceptions of local FRSs across England as part of their GB and UK Omnibus survey.

Fieldwork took place online between 27 and 29 November 2020. There were 1,908 respondents from England and the figures have been weighted and are representative of all adults (aged 18+) in Great Britain.

Staff survey

We conducted a COVID-19 edition of the FRS staff survey, which was open to all members of FRS workforces across England. We received 7,768 responses between 12 August and 9 September 2020.

The results don't necessarily represent the opinions and attitudes of a service's whole workforce. The survey sample was self-selecting, and the response rate ranged from 6 percent to 48 percent of a service's workforce. Any findings should be considered alongside the service's overall response rate (see figure 5).

The results from the staff survey are only to be used as an indicative measure of service performance.

The percentage of workforce was calculated using the number of responses received and Home Office fire statistics on workforce: Total staff numbers (full time equivalent) by role and fire and rescue authority by headcount.

Figure 5: Staff survey responses by fire and rescue service

Fire and rescue service	Number of responses	Percentage of workforce
Avon	106	12%
Bedfordshire	146	24%
Buckinghamshire	30	6%
Cambridgeshire	210	36%
Cheshire	214	25%
Cleveland	114	20%
Cornwall	99	13%
County Durham & Darlington	41	7%
Cumbria	185	28%
Derbyshire	134	15%
Devon & Somerset	277	13%
Dorset & Wiltshire	167	12%
East Sussex	107	13%

Fire and rescue service	Number of responses	Percentage of workforce
Essex	191	13%
Gloucestershire	115	24%
Greater London	975	17%
Greater Manchester	173	10%
Hampshire	253	15%
Hereford & Worcester	121	17%
Hertfordshire	115	13%
Humberside	199	19%
Isle of Wight	31	16%
Isles of Scilly	19	48%
Kent	399	25%
Lancashire	108	8%
Leicestershire	219	31%
Lincolnshire	134	20%
Merseyside	175	15%
Norfolk	154	17%
North Yorkshire	75	10%
Northamptonshire	103	18%
Northumberland	59	18%
Nottinghamshire	182	22%
Oxfordshire	121	18%
Royal Berkshire	256	39%

Fire and rescue service	Number of responses	Percentage of workforce
Shropshire	177	29%
South Yorkshire	210	24%
Staffordshire	62	7%
Suffolk	210	30%
Surrey	164	21%
Tyne and Wear	333	39%
Warwickshire	120	24%
West Midlands	129	7%
West Sussex	143	20%
West Yorkshire	213	15%

Annex B: The tripartite agreement activities carried out by services

Additional pandemic activities listed under the tripartite agreement

1. Ambulance driving
2. Delivery of essential items to vulnerable persons
3. Movement of bodies of the deceased
4. Face-fitting masks to be used by NHS and clinical care staff
5. Delivering PPE and other medical supplies to NHS and care facilities
6. Taking samples for COVID-19 antigen testing
7. Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
8. Training for non-service personnel to drive ambulances (not on blue lights)
9. Packing/repacking food supplies for vulnerable people
10. Transferring known or suspected COVID-19 patients to and from Nightingale hospitals
11. Transferring patients, including those recovering and recuperating from but no longer infected with COVID-19 to and from Nightingale hospitals
12. Delivering infection, prevention and control training packages for care homes.

Tripartite agreement activities carried out by fire and rescue services as at 17 September 2020.

It is important to note that in many cases the service wasn't asked by local partners to provide the listed activity. Details of the activity would be provided only if requested.

Fire and rescue service	1	2	3	4	5	6	7	8	9	10	11	12
Avon	✓						✓					✓
Bedfordshire												
Buckinghamshire	✓	✓										✓
Cambridgeshire	✓			✓				✓				

Fire and rescue service	1	2	3	4	5	6	7	8	9	10	11	12
Cheshire		✓	✓	✓	✓	✓			✓			
Cleveland		✓			✓							✓
Cornwall	✓	✓		✓	✓				✓			
County Durham and Darlington		✓			✓							
Cumbria		✓		✓	✓				✓			
Derbyshire		✓		✓	✓		✓		✓			
Devon & Somerset	✓			✓								
Dorset & Wiltshire	✓	✓	✓	✓					✓			
East Sussex					✓							
Essex	✓	✓	✓		✓			✓	✓			
Gloucestershire	✓	✓	✓		✓	✓		✓	✓			✓
Greater Manchester			✓	✓	✓							
Hampshire and the Isle of Wight	✓	✓	✓	✓	✓	✓		✓			✓	✓
Hereford & Worcester				✓	✓							
Hertfordshire	✓	✓										
Humberside	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Isles of Scilly			✓									
Kent	✓	✓		✓	✓							✓
Lancashire		✓		✓	✓	✓			✓			
Leicestershire		✓		✓	✓		✓					
Lincolnshire	✓	✓					✓					

Fire and rescue service	1	2	3	4	5	6	7	8	9	10	11	12
London	✓	✓	✓	✓	✓				✓			
Merseyside		✓	✓	✓	✓				✓			
Norfolk	✓	✓	✓	✓	✓		✓	✓				✓
North Yorkshire	✓	✓			✓				✓			
Northamptonshire		✓	✓				✓		✓			
Northumberland		✓	✓		✓				✓			✓
Nottinghamshire		✓			✓		✓		✓			
Oxfordshire	✓			✓								
Royal Berkshire												
Shropshire				✓	✓							
South Yorkshire		✓		✓	✓				✓			
Staffordshire		✓			✓							
Suffolk	✓	✓			✓				✓			
Surrey	✓	✓	✓		✓							
Tyne and Wear		✓	✓		✓				✓			
Warwickshire		✓			✓				✓			
West Midlands		✓	✓	✓	✓				✓			
West Sussex		✓			✓							
West Yorkshire		✓		✓	✓	✓			✓	✓	✓	✓

Tripartite activities carried out by services as at 17 September 2020

Avon

- Ambulance driving
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
- Delivering infection, prevention and control training packages for care homes.

Bedfordshire

None.

Buckinghamshire

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Delivering infection, prevention and control training packages for care homes.

Cambridgeshire

- Ambulance driving
- Face-fitting masks to be used by NHS and clinical care staff
- Training for non-service personnel to drive ambulances (not on blue lights).

Cheshire

- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Taking samples for COVID-19 antigen testing
- Packing/repacking food supplies for vulnerable people.

Cleveland

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities
- Delivering infection, prevention and control training packages for care homes.

Cornwall

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

County Durham and Darlington

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities.

Cumbria

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Derbyshire

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
- Packing/repacking food supplies for vulnerable people.

Devon & Somerset

- Ambulance driving
- Face-fitting masks to be used by NHS and clinical care staff.

Dorset & Wiltshire

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Packing/repacking food supplies for vulnerable people.

East Sussex

- Delivering PPE and other medical supplies to NHS and care facilities.

Essex

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Delivering PPE and other medical supplies to NHS and care facilities
- Training for non-service personnel to drive ambulances (not on blue lights)
- Packing/repacking food supplies for vulnerable people.

Gloucestershire

- Ambulance driving

- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Delivering PPE and other medical supplies to NHS and care facilities
- Taking samples for COVID-19 antigen testing
- Training for non-service personnel to drive ambulances (not on blue lights)
- Packing/repacking food supplies for vulnerable people
- Delivering infection, prevention and control training packages for care homes.

Greater Manchester
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities.

Hampshire and the Isle of Wight
- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Taking samples for COVID-19 antigen testing
- Training for non-service personnel to drive ambulances (not on blue lights)
- Transferring patients, including those recovering and recuperating from but no longer infected with COVID-19 to and from Nightingale hospitals
- Delivering infection, prevention and control training packages for care homes.

Hereford & Worcester
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities.

Hertfordshire
- Ambulance driving
- Delivery of essential items to vulnerable persons.

Humberside
- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care

- Packing/repacking food supplies for vulnerable people
- Transferring known or suspected COVID-19 patients to and from Nightingale hospitals
- Transferring patients, including those recovering and recuperating from but no longer infected with COVID-19 to and from Nightingale hospitals
- Delivering infection, prevention and control training packages for care homes.

Isles of Scilly

- Movement of bodies of the deceased.

Kent

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Delivering infection, prevention and control training packages for care homes.

Lancashire

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Taking samples for COVID-19 antigen testing
- Packing/repacking food supplies for vulnerable people.

Leicestershire

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care.

Lincolnshire

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care.

London

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff

- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Merseyside
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Norfolk
- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
- Training for non-service personnel to drive ambulances (not on blue lights)
- Delivering infection, prevention and control training packages for care homes.

North Yorkshire
- Ambulance driving
- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Northamptonshire
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
- Packing/repacking food supplies for vulnerable people.

Northumberland
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people
- Delivering infection, prevention and control training packages for care homes.

Nottinghamshire

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities
- Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care
- Packing/repacking food supplies for vulnerable people.

Oxfordshire

- Ambulance driving
- Face-fitting masks to be used by NHS and clinical care staff.

Royal Berkshire

None.

Shropshire

- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities.

South Yorkshire

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Staffordshire

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities.

Suffolk

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Surrey

- Ambulance driving
- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Delivering PPE and other medical supplies to NHS and care facilities.

Tyne and Wear

- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

Warwickshire

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

West Midlands

- Delivery of essential items to vulnerable persons
- Movement of bodies of the deceased
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Packing/repacking food supplies for vulnerable people.

West Sussex

- Delivery of essential items to vulnerable persons
- Delivering PPE and other medical supplies to NHS and care facilities.

West Yorkshire

- Delivery of essential items to vulnerable persons
- Face-fitting masks to be used by NHS and clinical care staff
- Delivering PPE and other medical supplies to NHS and care facilities
- Taking samples for COVID-19 antigen testing
- Packing/repacking food supplies for vulnerable people
- Transferring known or suspected COVID-19 patients to and from Nightingale hospitals
- Transferring patients, including those recovering and recuperating from but no longer infected with COVID-19 to and from Nightingale hospitals
- Delivering infection, prevention and control training packages for care homes.