

**LEICESTERSHIRE**  
**FIRE and RESCUE SERVICE**

# COVID-19

How we responded



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# COVID-19

## How we responded

### Contents

**Page 4** - Background

**Page 5** - How we continued to deliver an effective Service (including Response)

**Page 9** - Prevention

**Page 11** - Protection

**Page 12** - How did we deal with the challenges we faced as a result of COVID-19? (inc multi agency working, business continuity, health, safety and wellbeing)

**Page 17** - What work did we undertake as a result of the Tripartite agreement?

**Page 22** - How were we innovative?

**Page 25** - How did we plan for recovery?

**Page 27** - Financial impacts

**Page 28** - Preparation for a second wave

# Appendices

**Appendix A** - HMICFRS COVID Service Survey

**Appendix B** - Communications during COVID

**Appendix C** - COVID multi agency response (chart)

**Appendix D** - NFCC documents and our response

**Appendix E** - COVID TCG structure

**Appendix F** – Staff Absences



## Background

On 31st January 2020, 2 people in the UK were confirmed as having Coronavirus, a disease that had originated from Wuhan Province in China. By the end of February this had climbed to 23 people and by the 12th March over 200 people had contracted the disease, with 3 confirmed deaths. On this date, the UK Chief Medical Officer raised the risk to the UK from 'Moderate' to 'High' and government began to issue safety advice to the public.

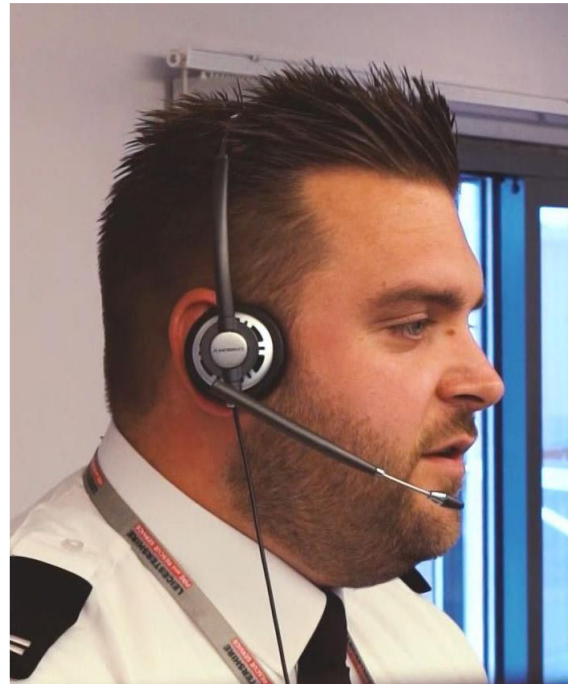
During this period, events were cancelled, travel was curtailed, panic buying ensued and cases began to rise. By 14th March, the number of confirmed cases had risen to 1,140 with 21 deaths. 4 days later and the death toll exceeded 100. Over the following days, schools were closed and the Chancellor of the Exchequer announced that the government would pay 80% of peoples wages in an effort to protect the economy. On 24th March the government announced its 'stay at home' message and so lockdown began. At the height of the pandemic, 1,172 people died in one day and now the total number of deaths in the UK are over 40,000.

Throughout this time, we continued to monitor the government's response to the pandemic and understand the impact it had on us as a service. We continued to deliver an effective fire and rescue service to our communities, keep our staff safe and meet the extra challenges that were put upon us by COVID-19.

This document lays out our response to the challenges and difficulties faced by our Service during the rise and initial fall of the pandemic. It shows the remarkable spirit and positivity of our staff to continue to deliver a first class service to our communities, despite having to work differently and more innovatively than ever before. It also lays out the extra work completed and looks at the lessons learnt in preparation for a second wave of the virus.

# How we continued to deliver an effective service?

As the pandemic progressed at its rapid pace, we had to keep pace to ensure that we were abiding by government guidance and best practice as recognised by the National Fire Chiefs Council (NFCC). This involved a range of activities including reporting on absence, enhanced cleaning regimes, ensuring supply chains continued and contingency planning to prepare for the worst, to name but a few. Over the next few pages, how we responded and our reactions are laid out to show how each strategy coped and excelled.



# Response

## **1. Absence reporting:**

- I. During COVID-19, our Geographical Support Team compiled information supplied by Fire Control on staff absence each day. This included all reasons for absence and specifically included numbers of staff confirmed, suspected of COVID-19 or self-isolating due to the virus. It also contained the numbers of incidents being attended by crews across the Service area.
- II. This report allowed us to spot any trends of sickness or in operational incidents and so would give us an early indication to allow us to react quickly and decisively, if required. During the period of 1st April – 30th June, we have had 58 members of staff who needed to self-isolate and 3 staff confirmed with the virus.

## **2. Incidents:**

- I. The number of incidents we attended during COVID reduced significantly, particularly during lockdown. In the period of April- June (inclusive) 2020 we attended 1,964 incidents compared to the same period in 2019 of 2,159. This is a reduction of 195 incidents. Our Fire Control centre received 4326 emergency 999 calls, which is 230 below the 3year average. Throughout this time our fire stations have continued to respond to the normal range and type of incidents.
- II. Fire crews were equipped with personal protective equipment (PPE) to allow them to remain safe. Fire-kit, worn by firefighters at incidents, is equipped with a pathogen barrier to protect the wearer from bodily fluids. They also have half face respirators which protect the face and respiratory system from air-borne contaminants. These measures were already in place as a result of good decision making coming into effect when procuring PPE for staff prior to the pandemic.
- III. Fire Control staff were also instructed to ask COVID related questions of 999 callers. Any relevant information would then be relayed to crews on route to the incident, to allow them to take precautions and therefore maximise their safety. Any confirmed cases were logged by Control staff.

- IV. Fire crews have come into contact with COVID confirmed patients and those suspected of having the virus, in the course of attendance at incidents. Crews have taken the necessary and appropriate precautions, ensuring minimal contact and decontamination following such a case.
- V. Guidance was also issued to crews with regards to providing life-saving resuscitation with regards to PPE and procedures. Work done by our staff on this issue, led to a submission to National Operational Learning and a change in advice nationally from the NFCC.

### **3. Fire Stations and Fire Control:**

- I. Stations continued to function and provide an emergency response throughout the pandemic. The availability of all of our fire appliances was continually monitored daily throughout COVID-19.
- II. Availability of our On Call appliances increased, due to the increased availability to respond by our On Call staff due to the lockdown and furlough that was in place. The average availability figure for our On Call stations for this period was 85.3% compared to the 3year average previously of 61.4%. This increased availability allowed us to use On Call volunteers for other tasks to assist our community (more about this later on). Our Wholetime appliance availability also increased by 1.3% compared to the last 3 years.
- III. Stations put in place measures to prevent the potential spread of the disease, including risk assessments, signage and hand-gel. This included enhanced cleaning regimes at change of shifts and avoidance of unnecessary contact. Contingency plans were in place with our cleaning contractors to be prepared to carry out a 'deep clean' of stations, should the need arise. Communications via Service Matters and Vlogs enhanced messages to stations and encouraged them to guard against the virus.
- IV. Fire Control was effectively 'locked down', with no visitors allowed, in order to minimise risk to staff there. Contingency plans were also activated which saw Officers and former Control staff trained to take 999 calls and mobilise appliances should they be required. Again an enhanced cleaning regime kept staff safer.
- V. Contingency plans were reviewed with regards to Operational Degradation. This is a procedure which is put in place should there be a need for reduced crewing arrangements or reduced availability of appliances, due to the effects that the virus may have on our staff. This review ensured that the current procedure was fit for purpose and was completed very early into the pandemic (March 2020).
- VI. As per government and NFCC guidance, stations withdrew from external community safety work and other work involving contact with the communities, to protect both our staff and the public. However, the Chief Fire Officer was keen to keep public confidence in our Service and so a 'risk-based approach' to off station activities was

undertaken. This saw innovative and new ways of working being drawn up to continually support vulnerable people within the communities served by the Service (this is covered in more depth later).

- VII. Communications with stations and operational crews continued throughout with advice on PPE, guidance on cleaning following incidents and other matters. This was via line management meetings with the Area Manager Response holding weekly conference calls to help disseminate information and update Group and District Managers, who are in charge of stations. On Call colleagues were kept abreast of guidance issued by the NFCC with regards to furlough arrangements and how it affected their work with the Service. This meant that staff could continue their On Call work and availability, despite being furloughed.
- VIII. Throughout this time, and on matters pertaining to our staff, the Representative Bodies (FBU, FOA and UNISON) were consulted continually in meetings and conversations that were often held daily at the height of the pandemic. In a Staff Consultation meeting, the positive relationship that had grown during the crisis was praised by the Representative Bodies, who were entirely happy with their involvement in decisions and discussions throughout.
- IX. Firefighters continued to train during this period in order that they maintained their competencies in all areas. The Learning and Development Department (L&D) facilitated re-validation of current qualifications in Incident Command and Breathing apparatus. Other courses continued, such as recruit training for On Call (in house) and Whole-time firefighters (at the Fire Service College). This meant that essential qualifications were kept current and that firefighters were available at the earliest opportunity, should the effects of the pandemic escalate. Innovative and new ways of working were developed to train staff, and COVID-19 preventative measures were put in place to safeguard staff.





# Prevention

## 1. Community Safety

- I. In line with NFCC guidance at the outbreak of the pandemic, the Service had to make the difficult decision to withdraw from community safety activities, to safeguard staff and the public.
- II. Very soon, it was acknowledged that we needed to find innovative ways to continue to help our communities. A trial was set up over 3 stations to look at different ways of delivering Home Safety Checks (HSCs) to vulnerable people. 1 station carried out leaflet drops through letterboxes of houses they had identified as containing vulnerable people. This approach saw very little success and was quickly discounted as a way forward.
- III. A second station engaged by carrying out socially distanced HSCs – which saw them knocking on doors, then stepping back and speaking with the householder to deliver safety messages and answer any queries. Of course, at no time would they enter the house. This saw limited success, although it did allow social interaction with many people who had not seen or spoken to anyone since the start of lockdown. It also gave crews the ability to assess levels of vulnerability.
- IV. The most successful trial was with HSCs being carried out by telephone. Again the ability to deliver safety messages to householders and asking pertinent questions proved to be useful and the best way to deliver these checks. These checks were quality assured by our Community Educators who assessed firefighters as they worked. Once more, the social interaction proved very popular with crews reporting that they had engaged with people who had felt very isolated during lockdown.
- V. By surveying the householders following the visit / telephone call, we could then evaluate each method with the use of a survey tool. It was found that the most effective way of carrying out HSCs was by telephone. This method was then rolled out to other stations and through the Service. In 2019 we completed 1,757 HSCs in the period April – June, and in 2020 for the same period we completed 1,212. All of these are to identified vulnerable people who are either 65+ years of age or have a disability within the household. Of this total number, 917 were carried out by telephone. The total number this year is considered a small reduction from the last year under the circumstances and shows the speed of adaptation by our staff to continue delivery of these important checks. Our work in undertaking these checks was praised at a Community Safety Council GOLD meeting, by partner agencies who saw the value of these checks.
- VI. Our Service also received a certificate of recognition for '*outstanding contribution to the local community during the coronavirus pandemic*' from the Chief Executive of Leicestershire Cares.

- VII. As the Road Safety risk reduced due to lockdown and our schools programme ceased, our prevention department took the opportunity to re-launch our 'Cause and Effect' website, which is an on-line educational tool aimed at years 10-13 in education. This was publicised and communicated to local schools, who could use it as part of their lockdown school homework.
- VIII. Our Fire Cadets continued to meet virtually over Zoom, with a regular attendance of over 20 cadets. They helped to promote road safety messages via social media. Our Community Educators also delivered regular messages via social media with the most successful post being about 'sky lanterns' which reached 78,882 people and gained 780 shares.
- IX. We instigated a partnership with Leicester City Council dealing with dangerous waste or that which could be harmful or hazardous to residencies or people. This scheme allowed residents access to Waste Sites (which were closed due to lockdown), when they have been referred by ourselves or partner agencies. This followed a social media campaign about household bonfires and concerns raised by the Council. This was in regards to the number of complaints they received as a result of householders burning rubbish due to limited access to waste sites.
- X. A crew manager from the Road Safety Team was re-purposed and volunteered to assist with crewing ambulances for East Midlands Ambulance Service for patients requiring urgent care. Other members of the Community Education Team volunteered to assist with delivery of supplies and to help with face-fitting of masks to care workers.



# Protection

## 1. Fire protection

- I. Again, at the outbreak of the pandemic and following lockdown, engagement with businesses and premises owners proved very difficult. The fire protection team carried out follow-up audits over the telephone and requested documents to be provided via email. They carried out desk based assessments where this was possible. Because of these difficulties, we saw a large reduction in fire safety audits from 150 in 2019 to 20 in 2020, for the period of April – June. The team have also started to carry out virtual audits where possible and appropriate.
- II. Building regulation work has been ongoing throughout the pandemic with 144 consultations being received, along with Licencing work which saw us respond to 27 during the period April – June 2020.
- III. As a result of COVID-19, fire protection officers gave advice and guidance to care homes in case of staff issues during the pandemic and also carried out a full audit on a hotel identified as a convalescence premises for patients affected by COVID-19 who come out from hospital.
- IV. Fire protection officers continued to maintain their competencies in role during this period through continued professional development. This saw them attend over 284 hours of virtual training sessions and webinars.
- V. During the COVID period, there was national concern over the Leicester textile industry and the possibility that there were unscrupulous factory owners who were not abiding by the minimum wage law. As part of this work, fire protection officers were involved with partner agencies in carrying out audits of premises of concern.
- VI. The period of lockdown also enabled the fire protection department to also fully understand the Building Risk Review work that was part of the output of the Grenfell enquiry.

# How did we deal with the challenges we faced as a result of COVID-19?

## 1. Multi-agency working

- I. Our Service was heavily involved as a result of the multi-agency response of the Leicester, Leicestershire and Rutland (LLR) Local Resilience Forum. They were coordinating the roles of all primary and secondary responders and our Service was integral in assisting in many ways. A Strategic Co-ordinating Group (SCG) was formed, Chaired by a Deputy Police Chief Officer. Our Assistant Chief Officer (at the time), Callum Faint was chair of the Blue Light Cell within this Forum. *(see appendix for full structure)*.
- II. The SCG met regularly and their overarching objective was the preservation of life along with work to minimise the spread of COVID-19, protect the vulnerable, maintain and provide support for public services and to monitor the impact of the virus and respond appropriately to it. They would also work to maintain public confidence, work to restore normality and look at recovery following the virus.
- III. The SCG maintained the co-ordinated approach between all agencies and a monitoring and reporting system was set up to gauge the impact of the virus on a regular basis. This ranged from reporting on deaths, hospital bed capacity, mortuary capacity, availability of Personal Protective Equipment (PPE) and how each agency was affected or helping in various ways.
- IV. Beneath the SCG was a Tactical Co-ordinating Group (TCG) that was attended by a manager from our Service. This TCG looked at the practical application of actions arising from the SCG, including how each agency could assist and in what capacity. This joined up approach led to true multi agency working which benefitted the communities of Leicester.
- V. Feeding information and work both into and out of the TCG were various cells set up to deal with specific actions within our Service. Cells dealing with storage and delivery of PPE, how we were assisting other agencies such as EMAS, sourcing key worker accommodation or helping to deliver essential items to vulnerable people were all coordinated within this group. *(see appendix for structure details)*

- VI. With regular updates to our department heads and organisational leads through our Tactical Managers Team, a solid and effective provision of service and response was maintained, with this coordinated and multi- agency approach shared by all.
- VII. Our Senior Management Team (SMT) were also regularly updated with national information through regular updates from 'Resilience Direct', which is a secure platform for the sharing of information across organisational and geographical boundaries for emergency planning.
- VIII. A continual record of decisions made throughout COVID-19 by our SMT were kept in a contemporaneous note log-book.
- IX. Continuous engagement with our representative bodies was maintained throughout and ensured that they were on board with all the extra activities agreed at a national level. This was via regular, often daily meetings and telephone calls. This communication aided decision making and increased the speed at which the Service could react to an ever changing situation.

## **2. Business Continuity (BC)**

- I. Prior to lockdown, the Service Assurance department undertook 'Operation Hardcastle' which saw the whole department work from home for a day, to ensure that all computer systems could be accessed and communications lines remained uninterrupted. This was successful and gave confidence that should lockdown occur (at that point it was only a faint possibility) the Service could still run effectively.
- II. There was an immediate review of our Service policy and procedure for business continuity management and also a review of our Pandemic Infectious disease procedure. This ensured that they were fit for purpose and updated where necessary.
- III. Our supply chains were scrutinised and a stocktake was immediately carried out to ensure that essential items such as PPE, facemasks and hand sanitiser were continually available. Many of our supply chains failed and our support team worked incredibly hard to source alternative suppliers and remedy problems as they arose, to ensure the continued safety of our staff and our ability to provide an effective service was maintained.
- IV. Some essential items became unavailable and different and innovative ways of working were developed. As an example our normal suppliers of Breathing Apparatus (BA) cleaning fluid were unable to supply it and use of other fluid would invalidate their guarantee of the BA set. An effective working solution was developed by our staff in conjunction with the suppliers and the manufacturers of the BA sets.

- V. Our support departments devised ways to continually support and back up our operational fire stations. This ensured that in the event of a vehicle breakdown, our Workshops and mechanics maintained 24 hour cover throughout. Similarly, our Information Communications and Technology (ICT) department adjusted their ways of working to also maintain continued support throughout. This was essential as many of our staff were now working from home.
- VI. Our Business Continuity manager ensured that we shared information with our regional fire and rescue service partners to ensure 'best practice' was identified and maintained. He also made contact with the BC group of the NFCC and attended meetings held over Zoom. The information gathered was reported to SMT.
- VII. A stocktake and bunkering of our fuel stocks took place and the Service took advantage of the BP Free Fuel for Emergency Services scheme. This preserved our stock in the event of an emergency breakdown in fuel supplies. Arrangements were also in place to share these stocks with the Police, if required.
- VIII. Our station cleaning arrangements were reviewed and enhanced cleaning arrangements were put in place with our contractors, with the ability to deep cleanse and disinfect stations or service premises if required.
- IX. Our Estates department also carried out risk assessments of each Service station and premise and has continually reviewed these throughout the pandemic.
- X. Our ICT department purchased extra licences to enable staff working from home to be able to access computer systems. It also installed Zoom which very quickly took over from Skype as the preferred virtual tool for meetings. This allowed greater contact and communication between staff with meetings being held virtually during lockdown and continually since then. This has meant effectively that all departments within the Service have been able to function normally.
- XI. During COVID-19, our departments were encouraged to continue to recruit staff into vacant positions. This would give the resilience required should the pandemic worsen.

### **3. Health, Safety and Wellbeing**

- I. Our Health and Wellbeing group began very early on, at the start of March, to send out advice with links to NHS websites, about the pandemic and how to prevent the spread of the virus. They were also very quick to advise on information for staff who had travelled abroad and to the understanding of delays that may occur with being able to produce sick-notes.
- II. There were 16 Service Matters articles during the period of March to June covering all aspects of health and wellbeing. This included working from home, signposts to members of the Health and Wellbeing team and

AMICA (our out-sourced counselling service) and continued links to government and NHS Every Mind Matters sites on the internet. The team also regularly sent out emails to all staff to remind them of the help that is available and how to access it, should the need arise.

- III. Further practical advice included the wellbeing of staff who were working from home, back pain advice and even links to home-schooling sites to help when teaching children at home.
- IV. Our Employees site on SharePoint (our intranet) gives guidance and information on COVID-19 including links to our COVID passport. This was introduced as a wellbeing measure and staff were encouraged to complete it. It gave the employee the chance to highlight to their line manager any anxieties, worries or issues they may have in relation to COVID-19. This included information about their personal situation including any vulnerabilities, vulnerable family members, underlying conditions and also any adjustments that they felt were necessary in order to assist them in their role. This allows the line manager the ability to regularly review any issues with the employee. Although this is voluntary, almost 400 of our staff have completed a passport so far *(see appendix for an example)*.
- V. As mentioned previously, our Control Room was effectively 'locked down' allowing no visitors and no use of rooms shared by Control Staff. This prevented spread of the virus and, with an enhanced cleaning regime, helped to keep these vital members of staff safe. These measures were clearly successful as very little sickness occurred of the Control Room staff.
- VI. Very early on, prior to the national lockdown, staff were asked to screen visitors prior to them entering Service premises. This included asking pertinent questions about symptoms and their health. This would prevent spread of the virus into the workspace. Guidance on social distancing, following government and NHS guidelines were also communicated.
- VII. A page was set up on our intranet, SharePoint, to house all the health and safety information on COVID-19. This included all risk assessments including regional, local and those issued by the NFCC, key worker materials, information on how to book a test and processes introduced due to the virus.
- VIII. Our Health and Safety department also set up a COVID-19 reporting form which allowed them to monitor all personnel that had come into contact with anyone showing symptoms or were diagnosed as positive with the virus. Over 70 notifications have been made using this form and only 1 person has tested positive for the virus. This shows the protection offered by our PPE and operational procedures is effective.
- IX. Health and Safety department issued 2 'safety flashes' during COVID-19. This is an urgent message that is immediately sent out to all stations and requires both acknowledgement and action. The first was around the resuscitation of casualties and the second was issued with regards to safety hand sanitiser. They also issued NFCC guidance on the cleaning of stations and regularly reviewed risk assessments of Service premises.

- X. A 'suggestion box' was put onto our intranet site to encourage staff feedback and ideas to assist with dealing with the issues raised by the virus.
- XI. Risk assessments issued nationally by the NFCC for the tripartite agreement were reviewed regionally by a collaboration group of health and safety staff from across the local Services. Many of these were then reviewed further by ourselves to include localisms and were agreed by representative bodies at national, regional and local levels. Having these lines of communication in place ensured best practice and common working amongst firefighting staff regionally.





# What work did we undertake as a result of the Tripartite Agreement?

## 4. Tripartite Agreement

This was an agreement between the fire service national employers, the NFCC and the FBU for additional activities carried out during COVID-19. The agreement recognised that Fire Services may have the capability to assist other partner agencies to assist with the overall public sector response to the pandemic.

It identified activities and additional work that could be actioned and laid down requirements that needed consideration for these to happen. It also laid down expectations of management and union officials to work together to bring about these activities, whilst ensuring the safety and welfare of firefighters involved and considering any possible impact on core Service work.

The agreement included requirements for risk assessments to be completed, any additional necessary PPE to be provided, along with adequate training to be given.

Our managers constantly and regularly discussed all arrangements with representative bodies in order to facilitate and expedite any additional work.

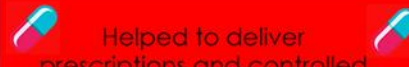
# How we have supported our communities during COVID-19



Provided staff to East Midlands Ambulance Service as Urgent Care patient transport workers



Helped to deliver prescriptions and controlled drugs to vulnerable people



Tested the face masks of local care workers, to ensure the safety of staff and service users



Delivered and stored Personal Protective Equipment (PPE)



Gave fire safety advice to care homes



Checked the COVID compliance of hotels and guest houses in Leicester



Made and delivered visors for the health and care sector

Delivered food parcels to households and food banks



Carried out home safety checks in new ways - via social distancing or telephone



Set up a waste referral scheme to remove waste that could be harmful



## Ambulance work

- I. As part of a regional working group with other Fire Services covered by East Midlands Ambulance Service (EMAS), we supported this agreement by supplying 12 of our staff to work with them. This group was made up of our On Call liaison officer, our Trauma Care instructor and volunteers made up of 2 day duties staff and 8 On Call members. These On Call members had been identified as being 'most at risk' of financial hardship as a result of lockdown, by our Geographical Support team. By offering them this work, it helped to ease the burden on the individual. This work is being undertaken again to understand how affected our On Call colleagues will be affected by the removal of the furlough scheme at the end of October 2020.
- II. The group were trained by EMAS as urgent care support workers and a Workforce Sharing agreement was put in place between our organisations. The firefighters would continue to serve under our contracts with the

agreement listing expectations of both organisations. All hours worked and payments made were under our COVID-19 code, allowing them to be logged. A regional risk assessment was completed and this was agreed locally.

- III. Our volunteers completed 81 shifts in total (April-July 20) and helped approx. 200 patients during this time. Our staff completed COVID-19 reporting forms if they came into contact with a patient who was positive or suspected of COVID-19. None of the volunteers contracted the virus, due to the excellent training and management system put in place.
- IV. Our On Call liaison officer carried out regular wellbeing phone calls with volunteers. Our Trauma Care instructor was able to use this as a networking opportunity to line up our training with that of EMAS and also to explore other areas of possible future collaboration.

### **COVID-19 Compliance Checks**

- I. The Chair of the Combined Fire Authority was asked by Leicester City Council (LCC) to assist with ensuring COVID compliance measures were in place within business premises in Leicester. This request was made in response to the significance that Leicester was the first city to go into 'local lockdown', which saw large parts of the centre remaining under lockdown whilst other areas of the country saw it relaxed.
- II. It was felt that our Service could positively contribute to the continued safety of our communities. This fell outside of the Tripartite agreement.
- III. Our Chief Fire Officer and SMT worked hard, alongside the Chair, to get this agreement ratified as part of the Tripartite agreement. After initial resistance and much work by our team, this agreement was finally granted by the NFCC, National Employers and the Fire Brigades Union.
- IV. The LCC requested that we help to give advice initially to Hotels and boarding houses and ensure that they are complying with COVID-19 regulations. This work was to help bring areas of Leicester out of lockdown. We initially completed 36 checks of hotels, hostels and boarding house in the affected areas.

### **Assembly of face shields**

- I. Early on, operational staff mainly at Eastern fire station sought approval under the Tripartite agreement to assist colleagues from the health community by assembling single use face shields.

- II. Using regional risk assessments, again reviewed and adjusted locally, crews were able to assemble over 1000 face shields by the end of April 2020. This was done during their shifts when they were unable to do community safety work, and whilst the trial was continuing at other stations of different ways to deliver HSCs.
- III. By the end of July, other stations and Fire Control staff had also begun to undertake this work. With more people involved, crews were able to assemble over 5,250 face shields by the end of June 2020. These have been distributed throughout the county to hospitals, care homes and surgeries.

### **Face fitting of face masks**

- I. Part of the TCG was the PPE cell. This identified that care and health workers required face fit tests in order to keep them safe in their roles. As part of the Tripartite agreement, our Service sought volunteers to assist with this. An agreement was made with NHS Midlands which stated the expectations and deliverables of each of our organisations.
- II. 15 volunteers were trained to use the machinery to enable them to test care workers. These volunteers were made up of On Call staff, day duty staff and staff from other departments who had volunteered to be repurposed.
- III. A risk assessment was in place and adjustments made to the testing machinery were made, to enable better social distancing to keep staff and workers safer.
- IV. During the period of April-June 2020, our staff face-fit tested 282 workers, whilst maintaining their own safety.

### **Delivery of essential items to vulnerable people**

- I. Through the TCG, our Service was asked to assist with the delivery of prescriptions and also of controlled drugs to vulnerable patients within the Service area. Due to the strict legal controls in place around certain medications, known as 'Controlled Drugs' a procedure required putting in place to safeguard and support our staff when carrying out these deliveries. This was in line with Home Office advice of 'Guidance for the safe custody of controlled drugs in transit'.
- II. This procedure was written and it contained responsibilities, records to be kept and how these deliveries were to be undertaken by our staff. It also saw an email account and telephone number set up for pharmacies to request deliveries, which could be done same day, next day or urgently (within 2-6 hours).

- III. The prescription deliveries were usually carried out by volunteers who were on modified duties and / or firefighters who were at stations with above the minimum amount of crew available. Fire cover and availability was not affected by this work.
- IV. Many of the food deliveries were delivered by Hinckley station, who teamed up to assist a local church to supply meals to vulnerable children in the local area. Food deliveries to food banks also took place.
- V. In total, we delivered 377 items (prescription or food) to vulnerable people within the county.

### **Storage and delivery of PPE**

- I. Southern station was quickly identified and used as a storage facility for PPE by the TCG PPE Cell. Due to its size and location, it was considered well suited for this task.
- II. Arrangements were in place for suppliers to drop off PPE at Southern station as well for the collection of items. This existed from April through the COVID period.
- III. Our staff were also involved with some of the delivery of items to NHS sites and care facilities and we made 35 deliveries during the period April- June 2020.



# How were we innovative?

## New ways of working required

It was clear from the outset of COVID-19 that we, as a Service, had to change the way we worked in order to continue delivering an effective service to our communities. This meant looking at all areas and considering new ways of delivery, communications, training and general day to day working and functioning of our staff, premises and systems. Below are just some of the innovative ways we found to work.

- I. Home working. Most of our support staff were able to work from home effectively and continued to deliver the same service throughout lockdown. The quick introduction of Zoom by our ICT department meant that communications could continue. Meetings still took place as planned and these were often found to be shorter and more efficient, due to the lack of travel involved. This also had an environmental effect as there were less miles travelled in Service or private vehicles. This reduction also sees financial savings made on fuel.
- II. Use of Vlogs. As a communication tool, the vlog was a popular way to pass information from senior managers to all staff. The short videos were seen as 'to the point' and preferable to long text or emails. It also gave a personal feel and allowed senior managers to recognise the great work being carried out by staff in all areas of the Service.

During the period of April – June, as well as these Vlogs, over 60 articles and messages were sent out through our Service Matters portal, often on a daily basis. We were very keen to ensure that all staff had the latest and most up to date information and advice available.

- III. Telephone Home Safety Checks. As previously mentioned in this report, after a trial and evaluation, these were found to be a new and innovative way to engage with vulnerable people. Not only were we keeping our staff safe (and in doing so prevent the spread of the virus), we were also able to engage people in the comfort of their homes where they felt safe. This allowed our home safety message to be put across, but also allowed us to ask pertinent questions to ensure the wellbeing of the householder. This also proved efficient, as an operational crew of 4 could engage 4 separate households at the same time, saving on travel costs and time.

Firefighters have also developed a link from our website to an application that allows the public to carry out their own Home Safety Check. By logging on, this app takes the reader through the different areas to help ensure that their home is safe, with questions throughout to enforce the appropriate messages. This has been

developed by Firefighters and taken on by the Service, showing the level of innovation and creativity that exists amongst all of our staff.

- IV. Fire safety audits. During the lockdown, and extended Leicester lockdown, most businesses were closed and our fire safety auditors struggled to locate responsible persons for the properties they intended to inspect. Where they could be contacted, fire safety officers began to liaise via the telephone and began to carry out a 'virtual audit' by telephone or Zoom. This meant that documents could be requested and emailed in for inspection. This was especially useful for follow-up visits that had been planned in prior to lockdown. These could be signed off as inspected by officers, providing the correct documentation or measures could be proved to be in place. Work on this is being extended.
- V. Training and maintenance of competence. Most training courses continued with COVID-19 measures in place. This was essential to keep our firefighters and staff competent in role. Our Breathing Apparatus (BA) re-validations have continued throughout with adjustments made to keeping crews together and attending together – to try to maintain a 'bubble' and prevent the potential spread of the virus. We have had to develop virtual assessments in our Incident Command re-validations, which again has ensured the continued certification and competence of all those safe to command. These re-validations have been developed by our Service using existing software linked to Zoom, which has enabled assessors to run realistic computer simulated scenarios and assess the candidate. Feedback is then given remotely. Work on this has extended to Command development days and to tactical and strategic group development days to help prepare officers with the pressures they may face in a likely situation.  
This work has received wide-spread acclaim with interest shown by many other fire services. The concept has been widely shared, with many services using it as a template for their own command assessments. This acclaim has also come from international partners from the USA, who invited our Command Team to a webinar to discuss the concept worldwide.
- VI. Virtual reality (VR). Working with service providers, we have become leaders in the VR field receiving acclaim for how we are addressing the concept in the future of fire service training. During lockdown, we continued to develop and trialled a virtual fire investigation which saw trainee candidates attend an interactive and realistic scene which allowed them to test and document their findings. This allowed the training to go ahead in a completely safe environment and allowed the same type of training to be used for several candidates. Qualified investigators were able to look on and assess the candidate and give advice where required. With minor adjustments, it means that the same scene can be used many times and in many different ways, proving very efficient. At a recent seminar, Sir Thomas Windsor praised our use of VR and its future within the fire sector.



- VII. Recruitment. Prior to COVID-19 and lockdown, we had many vacant positions of our support staff and we also needed to run an On Call recruitment campaign. All of these recruitments were encouraged to continue and we found new ways of testing and interviewing potential candidates. With COVID-19 preventative measures in place, we have been able to recruit 35 people into the organisation during lockdown, with new and innovative ways being put in place. We now have 24 new support staff and 11 On Call firefighters recruited in this way. This gives a certain extended resilience to the organisation for the future and in case of a 2<sup>nd</sup> wave of the virus. Although the operational recruitment has forged ahead, the recruits will remain subject to a full medical examination by the Service, as soon as COVID-19 measures permit this to happen.
- VIII. Meeting with people. Our new Coalville Emergency hub has been developed over a period of the last year or so. This saw our old Coalville fire station developed into a station with facilities shared by the police and ambulance service – meaning they are now all under one roof. This fantastic collaborative work culminated in a grand opening during with COVID-19 safety measures in place. As well as limiting numbers and ensuring social distancing, temperature checks were taken and food was individually pre-plated for guests. By using innovative ways of working, the formal opening of the Emergency Hub continued, with all three emergency services represented. Agreements have also been reached and are in place for the use of the premises by each set of personnel.
- Loughborough station carried out its own Virtual Open Day in September, with crews carrying out multiple scenarios and lectures on fire, road and water safety. This was a great success and was streamed live over social media, receiving thousands of likes and shares. This new way to engage with the public has proved popular and is likely to be extended across the Service.





# How did we plan for Recovery?

The NFCC in their paper of 18<sup>th</sup> May 2020 summarised their 'Agreed Best Practice for Recovery from COVID-19'. In this paper they acknowledged that *'FRS's are faced with how they will begin the process of recovery to what will likely be the 'new normal' in a prioritised and safe manner.'*

It suggested that each Fire and Rescue Service should set up a Recovery Group to look into this. The Area Manager for Community Risk in our Service formed an Internal Recovery Group and would lead the first phase of the recovery process. They were tasked with 3 objectives:

- a) The returning of the Service Headquarters back into a functional building following the reduction of its capacity during the 'lockdown' period.
- b) The review of the performance of teams/departments against their plans and to highlight areas where the plans have been significantly impacted upon.
- c) Capture the lessons learnt from this exercise to ensure that the Service can understand and benefit from this experience.

The Tactical Management Team (TMT) were asked to deliver a). The department heads for Health and Safety and Estates delivered a risk based approach to bringing headquarters back on line, reducing the impact to staff and putting in place relevant safety measures. They also reported back to TMT and communicated their actions to staff, to facilitate their anticipated return to headquarters.

The recovery group compiled a list of actions that were unable to be progressed within each department due to the impact of the pandemic. These tasks were then brought to TMT for action, prioritisation and assistance where necessary. The third objective, to capture the lessons learnt and understand any benefits from how we have worked through the pandemic, saw a report compiled looking at particular areas, as follows:

- I. Home working – this was viewed as a generally positive experience by staff, with many reporting greater productivity. Although some staff did feel isolated and missed the social interaction of the workplace, many did appreciate the acceptance and encouragement of a flexible approach to working by managers. The financial benefits of not commuting and a reduction of the environmental impact of less travel, less printing were also seen as positives. The future benefits and impacts of home working is to be examined more in the future.

- II. Our Estate – with home working, our staff have been using our buildings differently, in particular our headquarters and learning and development centre. With virtual meetings and training now taking place, it has highlighted a need to review our estate in the future, in line with home working and innovation.
- III. Virtual training and meetings – seen as a real positive, this has meant the continuation of training and ‘business as usual’ has continued, chiefly through the use of Zoom through all departments. The negative aspects that may feature longer term may include the lack of personal interaction with colleagues although it was also noted that poor internet connection can also lead to personal frustration. Therefore, a further review along with the development and flexibility that IT solutions may bring, is required.
- IV. Fleet – working from home and virtual meetings has seen a reduction in the use of our vehicles. This has seen a reduction in our carbon footprint and financial benefits in reduced wear and tear on the vehicles and a reduction of fuel costs. This will be reviewed in the future.
- V. Innovation and creativity – this has featured throughout this report and was an important aspect considered by the recovery group. It noted that all staff have been extremely creative and have found ways to deliver most elements of their core functions. In many ways, they have identified new ways of working which will be carried forward in Service and department plans of the future.
- VI. Relationship building – the recovery group noted the particular development of a positive relationship with representative bodies, most notably the Fire Brigades Union. The continual 2-way communication through meetings and telephone / Zoom calls has been particularly beneficial to our staff and communities. This continues today.

They way staff have been able to feedback has also allowed relationships to prosper. A feedback suggestion box was opened, COVID passports allowed staff an opportunity, in confidence, to air any issues they had about the virus and regular meetings and 1-2-1s helped with this. The more common meetings of SMT and TMT allowed any feedback to be processed and where appropriate to be actioned in a timely manner. This work has all helped to build trust.

# Financial Impacts

The government gave fire and rescue services a grant to assist them in dealing with the impacts of the pandemic. This grant has reduced the financial burden on our Service and has allowed us to offset costs related to the pandemic against this. By setting up a cost centre and code for the COVID grant, this has allowed us to track additional spending and thus the financial cost of COVID.

Between April and June 2020, the additional costs were, as follows:

Reason	Cost
On Call additional costs - Response	£12,770
Wholetime overtime (inc Control) - Response	£41,759
Personal Protective Equipment	£24,337
Cleaning and decontamination supplies	£12,491
Other (PPE)	£11,757
ICT infrastructure and licencing	£55,493

We have also calculated our estimated loss of income as a result of the pandemic. This equates to approx. £40,750 and is made up of a loss of training income (£5,000), grants and community schemes (£5,000), subsidiary trading (£15,000) and other costs such as sales income, fire investigation reports and primary authority work (£15,750).

# Preparation for a second wave

The Recovery Group have been tasked with preparation for a second wave of the virus over the coming months. They have considered where we want to be as an organisation and any gaps that may exist. They have also considered how these gaps will be closed to ensure that we are in the best position possible, should the rising tide continue. Their task was split into parts as per the NFCC guidance, and is as follows:

- I. Humanitarian – our level of preparedness is good with many processes and arrangements in place still from the start of the pandemic. Gaps presently being worked on are suppliers of specialist items, training on ICT video conferencing and the appointment of a nurse into occupational health to ensure staff remain in date for their fitness testing.
- II. Infrastructure – again, existing arrangements are in place and are good. Stocks of PPE are currently healthy and will continue to be for a long period. Risk assessments of premises are under monthly reviews and ICT solutions for home working are working well.
- III. Economic – This has been reviewed and we have seen a reduction in external clients to our occupational health unit. There are also cost increases being seen for contractors due to demand and supply issues. Other issues include the recruiting of part time instructors into Learning and Development to help with training demand there.
- IV. Environmental – current arrangements are working well with existing arrangements continuing to offer reduced impact to the environment.
- V. Other – the group have considered the financial impact of a second wave, the testing of the Service degradation procedure, continued business continuity testing and the continued resilience of our response capability.

Our response was recently tested by 'Operation Petunia' facilitated by our business continuity colleagues. This virtual desktop training exercise saw members from across the organisation tested by 3 separate scenarios involving COVID-19 affecting our response capability. It highlighted further gaps in our procedures which are currently being closed. We believe that by the work we have completed, that our Service is in a good place to be able to deal with a second wave.



## **Appendix A – FRS COVID-19 Survey Guidance**

The FRS COVID-19 self-assessment survey is now open to all services.

This survey has been designed as part of HMICFRS' COVID-19 inspection methodology. This survey will help us explore: how FRS' are responding to the COVID-19 outbreak; what is working well and what is being learned; and what changes are likely or appropriate for the fire and rescue sector as a result of the C-19 pandemic.

Survey findings will be triangulated with other evidence collected during the inspection process (e.g. from document reviews, interviews or data).



COVID-19 Inspection: FRS Survey

Question Number	Section to be completed by:	Question wording	Routing
	PREVENTION LEAD		
2	Prevention lead	<p><i>PrevAct</i></p> <p>Between 1 April and 30 June 2020, did your FRS carry out fewer or more Home Fire Safety Checks and Safe and Well Visits, compared with the same period in 2019?</p> <p><i>Include all Home Fire Safety Checks (HFSC) and Safe and Well Visits (SWV), regardless of whether they were carried out face-to-face or remotely. HFSC can also be called Home Fire Risk Checks (HFRC) and comprise: (1) Identifying and advising of the potential fire risks within the home; (2) Advising householder what to do in order to reduce or prevent these risks; and (3) Putting together an escape plan in case a fire does break out and ensuring the householder has working smoke alarms. The HFSC can include installing a smoke alarm(s) where appropriate. SWC are defined by the NFCC as comprising advice on: fire risk; cold homes - advice around preventing fires associated with alternative heating arrangements; smoking cessation and falls risk - giving advice about escaping a property in the event of a fire and measures taken to reduce the risks of fire related to limited mobility.</i></p> <ol style="list-style-type: none"> <li>1. A lot fewer</li> <li>2. Fewer (total numbers 2019 = 1757, 2020 = 1368)</li> <li>3. About the same</li> <li>4. More</li> <li>5. A lot more</li> <li>6. Stopped carrying out Home Fire Safety Checks and Safe and Well Visits during this period</li> </ol>	Ask all
3	Prevention lead	<p><i>PrevFormat</i></p> <p>Of the Home Fire Safety Checks and Safe and Well Visits carried out between 1 April and 30 June 2020, how were these carried out?</p> <ol style="list-style-type: none"> <li>1. All carried out face-to-face</li> <li>2. Most carried out face-to-face</li> <li>3. A mix of face-to-face and remote (e.g. over the phone or online)</li> </ol>	Asked if PrevAct = 1 to 5

		<p>4. Most carried out remotely (e.g. over the phone or online)</p> <p>5. All carried out remotely (e.g. over the phone or online)</p>	
4	Prevention lead	<p><i>PrevStaff</i></p> <p>Between 1 April and 30 June 2020, which staff groups carried out Home Fire Safety Checks and Safe and Well Visits?</p> <ol style="list-style-type: none"> <li>1. All audits carried out by watch-based staff</li> <li>2. Most audits carried out by watch-based staff</li> <li>3. Delivered equally between watch-based staff and dedicated prevention staff</li> <li>4. Mostly dedicated prevention staff</li> <li>5. All carried out by dedicated prevention staff</li> </ol>	Asked if PrevAct = 1 to 5
5	Prevention lead	<p><i>PrevWell</i></p> <p>Thinking about prevention, what are the top 3 things that have worked well for your FRS so far during COVID-19?</p> <ol style="list-style-type: none"> <li>1. Carrying out telephone home safety checks. Allowed us to continue to target vulnerable people and keep them safe and well also allowing engagement, communication and social interaction.</li> <li>2. Carrying out 'socially distanced' Home Safety Checks. Allowed personal interaction with home owners whilst maintaining safety. These were widely welcomed, with crews engaging with some people who had had no social interaction for a long period of time.</li> <li>3. The use of our survey evaluation tool allowed us to find which was the most effective way to engage with people to carry out Home Safety Checks following a trial of 3 different methods during the early stages of the pandemic.</li> </ol>	Ask all
6	Prevention lead	<p><i>PrevLesson</i></p> <p>Thinking about prevention, what are the top 3 activities or practices adopted so far during COVID-19 that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li>1. The use of telephone Home Safety Checks. These were found to really useful and a really effective and efficient way of delivering safety messages to the public.</li> <li>2. The use of our survey evaluation tool to find out the effectiveness of our community safety initiatives and work.</li> <li>3. The training in Home Safety Checks to operational station based staff by Community Educators which has ensured consistency and allowed them to quality assure the checks.</li> </ol>	Ask all

	<b>PROTECTION LEAD</b>		
7	Protection lead	<p><b>ProtAct</b></p> <p>Between 1 April and 30 June 2020, did your FRS carry fewer or more fire safety audits, compared with the same period in 2019? <i>Include all fire safety audits, regardless of whether they were carried out on-site or remotely. A fire safety audit should be considered as a scheduled or planned visit by an appropriately skilled fire safety officer to carry out a comprehensive assessment of the level of compliance with the requirements of the FSO by a responsible person. The scope of a 'comprehensive assessment' is indicated by Part B of the CFOA fire safety audit and information gathering form issued under cover of CFOA Circular 2008/1016. This includes short audits.</i></p>	Ask all

		<ol style="list-style-type: none"> <li>1. A lot fewer (2019 = 150, 2020 = 24)</li> <li>2. Fewer</li> <li>3. About the same</li> <li>4. More</li> <li>5. A lot more</li> <li>6. Stopped carrying out fire safety audits during this period</li> </ol>	
8	Protection lead	<p><b>ProtFormat</b></p> <p>Of the fire safety audits carried out between 1 April and 30 June 2020, how were these carried out?</p> <ol style="list-style-type: none"> <li>1. Most conducted using a risk-based desktop review</li> <li>2. Most carried out remotely (e.g. over the phone or online)</li> <li>3. Most carried out with an on-site visit</li> </ol>	Asked if ProtAct = 1 to 5
9	Protection lead	<p><b>ProtStaff</b></p> <p>Between 1 April and 30 June 2020, which staff groups carried out fire safety audits?</p> <ol style="list-style-type: none"> <li>1. All audits carried out by watch-based staff</li> <li>2. Most audits carried out by watch-based staff</li> <li>3. Delivered equally between watch-based staff and dedicated protection staff</li> <li>4. Mostly dedicated protection staff</li> <li>5. All delivered by dedicated protection staff</li> </ol>	Asked if ProtAct = 1 to 5



10	Protection lead	<p><i>Cladd</i></p> <p>To what extent has any activity that was programmed to be undertaken at high-rise buildings with cladding been interrupted or halted as a result of COVID-19?</p> <ol style="list-style-type: none"> <li>1. All activity has continued</li> <li>2. Most activity has continued</li> <li>3. Most activity has been interrupted/halted</li> <li>4. All activity has been interrupted/halted</li> </ol>	Ask all
11	Protection lead	<p><i>ProtWell</i></p> <p>Thinking about protection, what are the top 3 things that have worked well for your FRS so far during COVID-19?</p> <ol style="list-style-type: none"> <li>1. Virtual audits have taken place using phones and other technology, which has proved both effective and efficient.</li> <li>2. The ability to schedule in and understand Building Risk Review programme work stream</li> <li>3. Staff learning through webinars and in other ways to improve knowledge and continued professional development</li> </ol>	Ask all
12	Protection lead	<p><i>ProtLesson</i></p> <p>Thinking about protection, what are the top 3 activities or practices adopted so far during COVID-19 that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li>1. The continuation of virtual audits</li> <li>2. Staff development and continued professional development using technology such a Zoom and attending webinars</li> <li>3. Flexibility to use our staff in other areas to benefit the organisation and community eg. face-fitting masks to care workers.</li> </ol>	Ask all
	CONTROL ROOM LEAD		
13	Control room lead	<p><i>ControlRedirect</i></p> <p>How many occasions did the FRS have to redirect all emergency calls to either a fallback control room within the FRS or to another FRS control room, between 1 April and 30 June 2020?</p> <ol style="list-style-type: none"> <li>1. 0 (zero)</li> </ol>	Ask all

14	Control room lead	<p><b>ControlWell</b> Thinking about your control room, what are the top 3 things that have worked well for your FRS so far during COVID-19?</p> <ol style="list-style-type: none"> <li>1. The reduced sickness levels and the minimal self-isolation by staff, leading to high levels of crewing within Control maintained during this period.</li> <li>2. Isolation of Control Room and staff to minimise potential spread of COVID from outside influences.</li> <li>3. Stations and Geographical Support sourcing their own covers for shifts, particularly from On Call staff meaning less reliance on Control staff to source overtime. This meant a reduction in workload for the Control staff.</li> </ol>	Ask all
15	Control room lead	<p><b>ControlLesson</b> Thinking about your control room, what are the top 3 activities or practices adopted so far during COVID19 that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li>1. The lockdown of the Control Room led to other rooms adjacent not being used. This allowed Control staff the freedom to utilise these areas, in particular using their breakout room without interruption. This enhanced the wellbeing of staff. Moving forward we would limit this breakout area to Control staff only.</li> <li>2. The enhanced cleaning regime will be kept up in the Control room. All staff have noticed a difference and feel more comfortable and safe.</li> <li>3. A continued use of using On Call staff for cover duties arranged by stations and Geographical Support would reduce the workload of Control staff, who are relied upon to source overtime when required.</li> </ol>	Ask all
	RESPONSE LEAD		
16	Response lead	<p><b>Review</b> How is your FRS capturing learnings from its response to the COVID-19 pandemic?</p> <ol style="list-style-type: none"> <li>1. Capturing learning through normal system</li> <li>2. Held a structured debrief to identify learning</li> </ol>	Ask all
		<ol style="list-style-type: none"> <li>3. Plan to hold a structured debrief when social distancing measures are relaxed</li> </ol>	

		<p>4. Other: Learnings have been captured via our Tactical Management Team (TMT) meetings, which have occurred weekly (and continue to do so) during the COVID period. TMT consists of department heads who also call on others to report and share learning from various COVID groups and meetings that are being attended both internally and externally. Learning has been shared between all departments at this meeting. TMT have also appointed a Recovery Group, who have compiled lessons learnt and areas to further advance and consider, as a result of the work from this group. The work from this group will be shared with staff.</p>	
17	Response lead	<p><b>ReduceCrew</b>  Prior to COVID-19, did your reduced crewing model allow you to ride a standard appliance to:</p> <ol style="list-style-type: none"> <li>1. Four riders</li> <li>2. Three riders</li> <li>3. Two riders</li> </ol> <p>No reduced crewing model in place</p>	Ask all
18	Response lead	<p><b>ReduceCrew2</b>  Did you introduce a reduced crewing model during COVID-19?</p> <ol style="list-style-type: none"> <li>1. Yes, to four riders</li> <li>2. Yes, to three riders</li> <li>3. Yes, to two riders</li> <li>4. No change</li> </ol>	Ask all

19	Response lead	<p><b>Trireq</b></p> <ul style="list-style-type: none"> <li>○ <i>As part of the tripartite agreement between FSE, NFCC and FBU, did your FRS receive a request to assist with any of the following activities?</i></li> <li>✦ <i>Ambulance driving</i></li> <li>✦ <i>The delivery of essential items to vulnerable persons</i></li> <li>✦ <i>Movement of bodies</i></li> <li>✦ <i>Face fitting masks to be used by NHS and clinical care staff working with COVID-19 patients</i></li> <li>✦ <i>Delivering PPE and other medical supplies to NHS and care facilities</i></li> <li>✦ <i>Taking samples for COVID -19 antigen testing</i></li> <li>✦ <i>Driving ambulances, not on blue lights (excluding COVID -19 patients) to outpatient appointments or to receive urgent care</i></li> <li>✦ <i>Training for non-service personnel to drive ambulances (not on blue-lights)</i></li> <li>✦ <i>Packing/repacking food supplies for vulnerable people</i></li> <li>✦ <i>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)</i></li> </ul>	Ask all
		<ul style="list-style-type: none"> <li>✦ <i>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 nonemergency patient transfer (not on blue light)</i></li> <li>✦ <i>Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing</i></li> </ul> <p>1. Yes at least one (for those circled) 2. No</p>	

20	<p><b>Trimet</b></p> <p>As part of the tripartite agreement between FSE, NFCC and FBU, did your FRS at least partially meet the request to assist with any of the following activities?</p> <ul style="list-style-type: none"> <li>+ <i>Ambulance driving</i></li> <li>+ <i>The delivery of essential items to vulnerable persons</i></li> <li>+ <i>Movement of bodies</i></li> <li>+ <i>Face fitting masks to be used by NHS and clinical care staff working with COVID-19 patients</i></li> <li>+ <i>Delivering PPE and other medical supplies to NHS and care facilities</i></li> <li>+ <i>Taking samples for COVID -19 antigen testing</i></li> <li>+ <i>Driving ambulances, not on blue lights (excluding COVID -19 patients) to outpatient appointments or to receive urgent care</i></li> <li>+ <i>Training for non-service personnel to drive ambulances (not on blue-lights)</i></li> <li>+ <i>Packing/repacking food supplies for vulnerable people</i></li> <li>+ <i>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)</i></li> <li>+ <i>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 nonemergency patient transfer (not on blue light)</i></li> <li>+ <i>Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing</i></li> </ul> <p>1. Yes at least one (for those circled)</p> <p>2. No</p>	<p>Asked if Trireq= 1</p>

21	Response lead	<p><b>TriAct</b></p> <p>Please select the appropriate option which reflects whether your FRS received requests for the following activities and whether your FRS able to meet the request:</p> <ol style="list-style-type: none"> <li>1. Ambulance driving <b>7</b></li> <li>2. The delivery of essential items to vulnerable persons <b>1</b></li> <li>3. Movement of bodies <b>7</b></li> <li>4. Face fitting masks to be used by NHS and clinical care staff working with COVID-19 patients</li> <li>5. Delivering PPE and other medical supplies to NHS and care facilities</li> <li>6. Taking samples for COVID -19 antigen testing <b>3</b></li> <li>7. Driving ambulances, not on blue lights (excluding COVID -19 patients) to outpatient appointments or to receive urgent care <b>1</b></li> <li>8. Training for non-service personnel to drive ambulances (not on blue-lights) <b>7</b></li> <li>9. packing/repacking food supplies for vulnerable people <b>7</b></li> <li>10. 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) <b>7</b></li> <li>11. 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) <b>7</b></li> <li>12. Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing <b>4</b></li> </ol> <ol style="list-style-type: none"> <li>1. Request made and met in full</li> <li>2. Request made, and met in full but limited requirement</li> <li>3. Request made and partially met</li> <li>4. Request made but not subsequently required</li> <li>5. Request made, but unable to reach local agreement</li> <li>6. Request made, but unable to find sufficient volunteers <b>7</b>. Request not made</li> </ol>	<p>Asked if</p> <p>Trimet= <b>1</b></p>
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22	Response lead	TriRisk	
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		<p>Between 1 April and 30 June 2020, did the service carry out risk assessments for staff undertaking the following work? Please include any assessments carried out with support from relevant external agencies / professional bodies.</p> <hr/> <table border="1"> <thead> <tr> <th data-bbox="459 646 1064 678"></th> <th data-bbox="1064 646 1153 678">Yes</th> <th data-bbox="1153 646 1243 678">No</th> <th data-bbox="1243 646 1433 678">The service does not carry out this role</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 678 1064 710">1. Ambulance driving</td> <td data-bbox="1064 678 1153 710"><input type="checkbox"/></td> <td data-bbox="1153 678 1243 710"><input type="checkbox"/></td> <td data-bbox="1243 678 1433 710"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="459 710 1064 758">2. The delivery of essential items to vulnerable persons</td> <td data-bbox="1064 710 1153 758"><input checked="" type="checkbox"/></td> <td data-bbox="1153 710 1243 758"><input type="checkbox"/></td> <td data-bbox="1243 710 1433 758"></td> </tr> <tr> <td data-bbox="459 758 1064 790">3. Movement of bodies</td> <td data-bbox="1064 758 1153 790"><input type="checkbox"/></td> <td data-bbox="1153 758 1243 790"><input type="checkbox"/></td> <td data-bbox="1243 758 1433 790"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="459 790 1064 837">4. Face fitting masks to be used by NHS and clinical care staff working with COVID -19 patients</td> <td data-bbox="1064 790 1153 837"><input checked="" type="checkbox"/></td> <td data-bbox="1153 790 1243 837"><input type="checkbox"/></td> <td data-bbox="1243 790 1433 837"></td> </tr> <tr> <td data-bbox="459 837 1064 869">5. working with COVID -19 patients</td> <td data-bbox="1064 837 1153 869"><input checked="" type="checkbox"/></td> <td data-bbox="1153 837 1243 869"><input type="checkbox"/></td> <td data-bbox="1243 837 1433 869"></td> </tr> <tr> <td data-bbox="459 869 1064 917">6. Delivering PPE and other medical supplies to NHS and care facilities</td> <td data-bbox="1064 869 1153 917"><input checked="" type="checkbox"/></td> <td data-bbox="1153 869 1243 917"><input type="checkbox"/></td> <td data-bbox="1243 869 1433 917"></td> </tr> <tr> <td data-bbox="459 917 1064 965">7. Taking samples for COVID -19 antigen testing</td> <td data-bbox="1064 917 1153 965"><input type="checkbox"/></td> <td data-bbox="1153 917 1243 965"><input checked="" type="checkbox"/></td> <td data-bbox="1243 917 1433 965"></td> </tr> <tr> <td data-bbox="459 965 1064 1013">8. Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care</td> <td data-bbox="1064 965 1153 1013"><input checked="" type="checkbox"/></td> <td data-bbox="1153 965 1243 1013"><input type="checkbox"/></td> <td data-bbox="1243 965 1433 1013"></td> </tr> <tr> <td data-bbox="459 1013 1064 1061">9. Training for non-service personnel to drive ambulances (not on bluelights)</td> <td data-bbox="1064 1013 1153 1061"><input type="checkbox"/></td> <td data-bbox="1153 1013 1243 1061"><input type="checkbox"/></td> <td data-bbox="1243 1013 1433 1061"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="459 1061 1064 1109">10. packing/repacking food supplies for vulnerable people</td> <td data-bbox="1064 1061 1153 1109"><input type="checkbox"/></td> <td data-bbox="1153 1061 1243 1109"><input type="checkbox"/></td> <td data-bbox="1243 1061 1433 1109"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	The service does not carry out this role	1. Ambulance driving	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. The delivery of essential items to vulnerable persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>		3. Movement of bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Face fitting masks to be used by NHS and clinical care staff working with COVID -19 patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5. working with COVID -19 patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>		6. Delivering PPE and other medical supplies to NHS and care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7. Taking samples for COVID -19 antigen testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. Driving ambulances, not on blue lights (excluding COVID-19 patients) to outpatient appointments or to receive urgent care	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9. Training for non-service personnel to drive ambulances (not on bluelights)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. packing/repacking food supplies for vulnerable people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ask All
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		11. Transferring known or suspected COVID-19 patients to and from Nightingale hospitals under	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		emergency response (blue light) or through non-emergency patient transfer (not on blue lights)				
		12. 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			<input checked="" type="checkbox"/>	
		13. Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing			<input checked="" type="checkbox"/>	
		Carrying out Home Fire Safety Checks/ Safe and Wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		Carrying out Fire Safety Audits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23	Response lead	<b>AddAct</b> From 1 April 2020 to present date, did your FRS undertake any additional activities outside of its core role that were not covered in the tripartite agreement between FSE, NFCC and FBU? 1. Yes: please specify ② No additional activities undertaken				Ask all



24	Response lead	<p><i>TriWell</i></p> <p>Thinking about the additional activity your FRS undertook in response to COVID-19 (including activity related to the tripartite agreement and other activity), what are the top 3 things that worked well?</p> <ol style="list-style-type: none"> <li>1. COVID compliance checks in partnership with Leicester City council. We were the first fire service to 'champion' this and have led the way nationally, forging agreements with the NFCC and FBU. This work continues.</li> <li>2. Providing staff to drive urgent care patient ambulances to help our communities during the pandemic. This also allowed 10 of our On Call staff employment whilst being furloughed from their primary employment. The training given by the ambulance service and the work undertaken has led to increased knowledge and capabilities that they are now able to utilise in their fire-fighting role.</li> <li>3. Providing staff to face-fit care workers with suitable mask protection. In total we have tested 282 people who are now safer in carrying out their roles. This has also allowed us to increase the number of our own face-fit testing staff.</li> </ol>	Ask All
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25	Response lead	<p><i>TriLessons</i></p> <p>Thinking about the additional activity your FRS undertook in response to COVID-19 (including activity related to the tripartite agreement and other activity), what are the top 3 activities or practices adopted so far that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li>1. Continued close working and collaboration with the ambulance service. This has led to shared knowledge and training and an understanding of how the fire service can assist them.</li> <li>2. Use of technology such as Zoom has given many benefits. Carrying out remote incident command assessments has seen our service gain worldwide acclaim. We have also used webinars and drop in sessions via Zoom to communicate and also to train our staff in many areas. Holding meetings virtually both internally and with external customers has been beneficial. We have increased our use in virtual reality to improve fire investigation and other training also. We would look to continue all of this work.</li> </ol>	Ask all

		<p><b>3. Continuing to help our communities and targeting vulnerable people in different ways has enhanced our approach to community safety. Carrying out telephone Home Safety Checks and delivering vital supplies is helping us to do this.</b></p>	
	HR Lead		
26	HR lead	<p><i>TriStaff1</i>  <b>What staff groups (Grey and Green book) assisted with providing the activities related to the tripartite agreement?</b></p> <ol style="list-style-type: none"> <li>1. All functions provided by Grey book staff</li> <li>2. Mostly provided by Grey book staff but some provided by Green book staff</li> <li>3. Provided equally between Grey book staff and Green book staff</li> <li>4. Mostly provided by Green book staff but some provided by Grey book staff</li> <li>5. All provided by Green book staff</li> </ol>	Asked if TriMet = 1
27	HR lead	<p><i>TriStaff2</i>  <b>What staff groups (wholetime firefighters and on-call firefighters) assisted with providing activities related to the tripartite agreement?</b></p> <ol style="list-style-type: none"> <li>1. All functions provided by wholetime firefighters</li> <li>2. Mostly provided by wholetime firefighters but some provided by on-call firefighters</li> <li>3. Provided equally between wholetime firefighters and on-call firefighters</li> <li>4. Mostly provided by on-call firefighters but some provided by wholetime firefighters</li> <li>5. All provided by on-call firefighters</li> </ol>	Asked if Trimet= 1
28	HR lead	<p><i>AddAct2</i>  <b>To what extent did on-call firefighters carry out the duties of wholetime firefighters during the COVID -19 period?</b></p> <ol style="list-style-type: none"> <li>1. All duties usually carried out by wholetime firefighters were carried out by on-call firefighters</li> <li>2. Most duties usually carried out by wholetime firefighters were carried out by on-call firefighters</li> <li>3. Some duties usually carried out by wholetime firefighters were carried out by on-call firefighters</li> <li>4. No duties usually carried out by wholetime firefighters were carried out by on-call firefighters</li> </ol>	Ask all

29	HR lead	<p><b>TriHours</b>  Was the activity undertaken in relation to the tripartite agreement / or the backfill arrangements for such work done as part of normal working hours or as part of overtime?</p> <ol style="list-style-type: none"> <li>1. All completed under normal working hours</li> <li>2. Mostly completed under normal working hours</li> <li>3. Completed roughly equally under normal working hours and overtime (extra hours)</li> <li>4. Mostly completed under overtime</li> <li>5. All completed under overtime</li> </ol>	Asked if TriMet = 1
30	HR Lead	<p><b>TriAllowances</b>  Were staff offered any additional allowances for undertaking other work, including that under the tripartite agreement, in normal work hours?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Asked if TriHours = 1 to 4
31	HR lead	<p><b>ContractOC</b>  Did the service make any changes to the existing main contracts of on-call staff to include additional responsibilities your FRS undertook in response to COVID-19 (including activity related to the tripartite agreement and other activity)?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Asked if FRS has on-call FFs
32	HR lead	<p><b>OCNFCC</b>  Was the NFCC guidance for on-call made available prior to the local agreement of work under the tripartite agreement?</p> <p><i>The on-call NFCC guidance referred to is: On-call: guidance/options around on-call financial hardship; Oncall guidance and options for maintenance of competence; and On-call: Loss of earnings</i></p> <ol style="list-style-type: none"> <li>1. Yes (Service Matters 1/4/2020)</li> <li>2. No</li> <li>3. N/A</li> </ol>	Asked if FRS has on-call FFs

33	HR lead	<p><b><i>Furlough</i></b>  How many of the on-call firefighters being used to provide the additional activity your FRS undertook in response to COVID-19 (including activity related to the tripartite agreement and other activity), were furloughed from their primary employment?</p> <ol style="list-style-type: none"> <li>1. All</li> <li>2. Most</li> <li>3. Some</li> <li>4. None</li> <li>5. Don't know</li> <li>6. N/A – no on call workforce used</li> </ol>	Asked if FRS has on-call FFs
34	HR lead	<p><b><i>OCWell</i></b>  Thinking about how your FRS used on-call stmatrixaff during COVID-19, what are the top 3 things that worked well?</p> <ol style="list-style-type: none"> <li>1. Providing staff to be trained and used as Urgent Care Patient ambulance technicians proved very beneficial to our communities. It also meant that staff furloughed from their primary employment could be used to mutual benefit. The extra training received has also benefitted their firefighting role.</li> <li>2. Providing staff to be trained to face-fit care workers with face masks.</li> <li>3. Utilising On Call staff to supplement crewing on wholetime stations. This benefitted furloughed On Call staff.</li> </ol>	Asked if FRS has on-call FFs
35	HR lead	<p><b><i>OCLessons</i></b>  Thinking about how your FRS used on-call staff during COVID-19, what are the top 3 activities or practices adopted so far that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li>1. Having On Call staff trained as Urgent Care Patient ambulance technicians and face fit testers has proved beneficial to the Service. Maintaining their competence in these areas would be favourable.</li> <li>2. Our On Call liaison officer identified those On Call staff who were furloughed from their primary employment early on using a traffic light system. This helped to direct opportunities to them. This practice was taken up by neighbouring services following our lead. We would look to utilise this practice again should the need arise.</li> <li>3. Giving support to other organisations using On Call staff in their own communities.</li> </ol>	

36	HR lead	<p><b>Remote</b>  To what extent has the FRS been able to provide the following functions remotely (e.g. with staff working from home)?</p> <ul style="list-style-type: none"> <li>• Control room 1</li> <li><input checked="" type="radio"/> • Finance 4</li> <li><input checked="" type="radio"/> • HR 6</li> <li><input checked="" type="radio"/> • Prevention 4</li> <li><input checked="" type="radio"/> • Protection 4</li> <li><input checked="" type="radio"/> • Training 4</li> </ul> <p>1. Unable to provide remotely as only possible from operational base – staff are working onsite</p>	Ask all
		<p>2. Unable to provide remotely as only possible from operational base – function no longer being provided by FRS</p> <p>3. Providing to some extent remotely with existing IT/technology</p> <p>4. Providing to some extent remotely with the provision of new IT/technology</p> <p>5. Fully providable remotely with existing IT/technology</p> <p>6. Fully providable remotely with the provision of new IT/technology</p>	
			Ask all
37	HR lead	<p><b>Wellbeing</b>  What wellbeing services were in place to support staff during COVID-19? Please select all that apply and select whether they were newly implemented due to the impact of COVID-19 or existing services already in place.</p> <ul style="list-style-type: none"> <li>1. Occupational Health (existing)</li> <li><input checked="" type="radio"/> 2. Specialist counselling and support provided internally (existing)</li> <li>3. Peer support</li> <li><input checked="" type="radio"/> 4. External support services (existing)</li> <li>5. No additional wellbeing services</li> <li><input checked="" type="radio"/> 6. Other: COVID Passports which helped to identify those needing further help (new)</li> </ul> <p><i>Matrix with newly implemented or existing service</i></p>	Ask all
38	HR lead	<p><b>WellHigh</b>  Please select any wellbeing services which the FRS tailored for the following high-risk groups:</p>	Ask all

		Occupational Health	Specialist counselling and support	Peer support	External support services	Other
	Those that met the government requirements for the High risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	shielded patients list					
	Those that met the government requirements for the moderate risk shielded patients list	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Those that live with individuals who meet the government requirements for the shielded patients list	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	BAME staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Staff working directly in COVID19 high-risk roles			<input checked="" type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Other: Please specify	
39	HR lead	<p><b>WellRecord</b></p> <p>Are the reasons for staff needing to access formal wellbeing support recorded?</p> <ol style="list-style-type: none"> <li>1. Always</li> <li><input checked="" type="radio"/> 2. Usually</li> <li>3. Rarely</li> <li>4. Never</li> </ol>	Ask all

40	HR lead	<p><b>WellRecord2</b></p> <p>Of those who required wellbeing support, how many required the support due reasons primarily related to COVID-19?</p> <ol style="list-style-type: none"> <li>1. Most</li> <li><input checked="" type="radio"/> 2. Some</li> <li>3. Few</li> <li>4. None</li> <li>5. Other: Please specify</li> </ol>	Asked if WellRecord = 1 to 3
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41	HR lead	<p><b>WellLong</b></p> <p>Is the service putting preparations in place to help staff with the longer-term wellbeing impacts of COVID19?</p> <ol style="list-style-type: none"> <li>1. Yes, plans already exist</li> <li><input checked="" type="radio"/> 2. Yes, plans currently being developed</li> <li>3. No, but there are plans for future work</li> <li>4. No</li> </ol>	Ask all
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42	HR lead	<p><b>WellNFCC</b></p> <p>Has the service shared information on wellbeing support with other services and/or the National Fire Chiefs Council?</p> <ol style="list-style-type: none"> <li>1. Yes, with other services</li> <li>2. Yes, with the NFCC</li> <li>3. Yes, with other services and the NFCC</li> <li><input checked="" type="radio"/> 4. No</li> <li>5. Other emergency/public services (please specify)</li> </ol>	Ask all
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43	HR lead	<p><b>Absence</b>  <b>Did the service update their absence policy to reflect changes with COVID-19?</b></p> <ol style="list-style-type: none"> <li>1. Reporting of COVID-19 absences including self-isolation</li> <li>2. Pay conditions during COVID-19 absences</li> <li>3. Return to work following an absence or self-isolation</li> <li>4. Testing requirements for COVID-19</li> </ol>	Ask all
		<ol style="list-style-type: none"> <li>5. Training for managers</li> <li>6. Bereavement policy</li> <li>7. None of the above</li> </ol> <p style="text-align: center;"><b>(Policy/ procedure not updated but all communicated)</b></p>	
44	HR lead	<p><b>Absence2</b>  <b>Compared with the same period in 2019, between 1 April and 30 June, did the number of absence cases in the service?</b></p> <ol style="list-style-type: none"> <li>1. Increase a lot</li> <li>2. Increase slightly</li> <li>3. Stay about the same</li> <li>4. Decrease slightly</li> <li>5. Decrease a lot</li> </ol>	Ask all
45	HR lead	<p><b>Selfisolation</b>  <b>Between 1 April and 30 June 2020, how many staff members self-isolated?</b></p> <ul style="list-style-type: none"> <li>• 58</li> </ul>	Ask all
46	HR lead	<p><b>C19Test</b>  <b>Between 1 April and 30 June 2020, how many staff members undertook a COVID-19 test?</b></p> <ul style="list-style-type: none"> <li>• 26</li> </ul>	Ask all
47	HR lead	<p><b>C19Pos</b>  <b>Between 1 April and 30 June 2020, how many staff members tested positive for COVID-19?</b></p> <ul style="list-style-type: none"> <li>• 3</li> </ul>	Ask all



48	HR lead	<p><b><i>Fitness</i></b>  Between 1 April and 30 June 2020, how many of your FRS firefighters kept up to date with the physical fitness testing requirements in line with service policy?</p> <ol style="list-style-type: none"> <li>1. All</li> <li>2. Most</li> <li><input checked="" type="radio"/> 3. Some</li> </ol>	Ask all
		<ol style="list-style-type: none"> <li>4. None</li> </ol>	
49	HR lead	<p><b><i>Comms</i></b>  Between 1 April and present date, how often did the service communicate with its absent staff?</p> <ol style="list-style-type: none"> <li>1. Less often than weekly</li> <li><input checked="" type="radio"/> 2. Weekly</li> <li>3. Daily</li> <li>4. Don't know</li> </ol>	Ask all
50	HR lead	<p><b><i>Comms</i></b>  How did the service communicate information on wellbeing, health and safety during COVID-19 to all its staff?  (please select all that apply)</p> <ol style="list-style-type: none"> <li><input checked="" type="radio"/> 1. Virtual team meetings / webinars</li> <li><input checked="" type="radio"/> 2. Written correspondence</li> <li><input checked="" type="radio"/> 3. 121 meetings with Manager or equivalent</li> <li>4. Other: <b>Vlogs, Service Matters, email, intranet (SharePoint)</b></li> </ol>	Ask all
51	HR lead	<p><b><i>CommsOncall</i></b>  To what extent did the service feel that it changed the level of communication with on-call staff during COVID-19?</p> <ol style="list-style-type: none"> <li>1. Less communication</li> <li>2. The same amount of communication</li> <li><input checked="" type="radio"/> 3. More communication: <b>60 Service Matters articles and updates between March and end of July, Vlogs, emails, phone calls to managers</b></li> </ol>	Routed by FRS to those with on-call FFs

52	HR lead	<p><b>CommsOncall2</b></p> <p>Which channels of communication did the service make most use of in its communication with on-call staff during COVID-19? Please select all that apply</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Telephone</li> <li><input checked="" type="checkbox"/> 2. Email</li> <li><input checked="" type="checkbox"/> 3. Social media</li> <li><input checked="" type="checkbox"/> 4. Messaging services e.g. Whatsapp</li> </ul>	Routed by FRS to those with on-call FFs
		<p>5. Virtual meeting platforms e.g. Zoom, Microsoft Teams, Skype 6.</p> <p>Other: <b>Vlogs via Service Matters and social media</b></p>	
53	HR lead	<p><b>Feedback</b></p> <p>How regularly did the service seek feedback on actions they were taking relating to COVID-19 from staff? 1.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Weekly</li> <li>2. Fortnightly</li> <li>3. Monthly</li> <li>4. Less than monthly</li> <li>5. Never</li> <li><input checked="" type="checkbox"/> 6. Other: <b>Ideas / suggestion box on SharePoint (intranet), via meetings such as Tactical Management Team meeting (weekly).</b></li> </ul>	Ask all
54	HR lead	<p><b>Feedback2</b></p> <p>How did the service receive feedback on actions the service is taking to respond to COVID-19 from all its staff? (please select all that apply)</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Virtual team meetings</li> <li><input checked="" type="checkbox"/> 2. Written correspondence</li> <li><input checked="" type="checkbox"/> 3. 121 meetings with Manager or equivalent</li> <li>4. Surveys</li> <li>5. Other:</li> </ul>	Ask all

55	HR lead	<p><b>StaffAssociations</b></p> <p>Which representative bodies / staff associations did the service engage with when implementing the tripartite agreement? Please select all that apply</p> <ul style="list-style-type: none"> <li>1. Fire Brigades Union (FBU)</li> <li>2. Fire and Rescue Service Association (FSRA)</li> <li>3. Fire Officers Association (FOA)</li> <li>4. UNISON</li> <li>5. PCS</li> <li>6. Unite</li> <li>7. Other: Please specify</li> </ul>	Ask all
56	HR lead	<p><b>Reengage</b></p> <p>Did the service re-engage staff between 1 April and 30 June 2020?</p> <ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>	Ask all
57	HR lead	<p><b>ReengageNo</b></p> <p>How many operational firefighters did you reengage under fixed term contracts?</p> <ul style="list-style-type: none"> <li>• 0 (zero)</li> </ul>	Asked if Reengage = 1
	FINANCE LEAD		

58	Finance lead	<p><b>Spend</b></p> <p>Which of the following has your FRS spent money on to support its response to COVID-19? For each, please indicate where the funding came from and how much was spent.</p> <p><b>1. Staffing costs</b></p> <ul style="list-style-type: none"> <li>• <input checked="" type="radio"/> On-call additional costs - FRS response <b>£12,770</b></li> <li>• <input checked="" type="radio"/> Wholetime overtime (including control) - FRS response <b>£41,759</b> <ul style="list-style-type: none"> <li>• Green book staff – FRS response</li> <li>• On-call additional costs - LRF support</li> <li>• Wholetime overtime - LRF support</li> <li>• Green book staff – LRF support</li> <li>• On Call additional costs - National response</li> <li>• Wholetime overtime - National response</li> <li>• Green book staff – National response</li> <li>• Other: Please specify</li> </ul> </li> </ul> <p><b>2. Protective equipment</b></p> <ul style="list-style-type: none"> <li>• <input checked="" type="radio"/> PPE <b>£24,337</b></li> <li>• <input checked="" type="radio"/> Cleaning and decontamination supplies <b>£12,491</b></li> <li>• <input checked="" type="radio"/> Other: Please specify <b>£11,757</b></li> </ul>	Ask all
		<p><b>3. Other costs</b></p> <ul style="list-style-type: none"> <li>• <input checked="" type="radio"/> ICT Infrastructure and licencing <b>£55,493</b> <ul style="list-style-type: none"> <li>• Premise changes to enable social distancing?</li> <li>• Additional cleaning activities</li> <li>• Other: Please specify</li> </ul> </li> </ul> <p>Source of funding options:</p> <ol style="list-style-type: none"> <li><input checked="" type="radio"/> 1. COVID-19 additional government funding</li> <li>2. Reserves</li> <li>3. Core budget</li> <li>4. Partner funding e.g. ambulance service etc.</li> </ol>	

59	Finance lead	<p><b>Losses</b></p> <p>Has your FRS suffered a loss of income related to any of the following due to COVID-19 If so please comment below the estimated loss:</p> <ol style="list-style-type: none"> <li><input checked="" type="radio"/> 1. Training Income <b>£5,000</b></li> <li>2. Estate/ Room rental</li> <li>3. Events</li> <li><input checked="" type="radio"/> 4. Grants and community schemes <b>£5,000</b></li> <li><input checked="" type="radio"/> 5. Subsidiary Trading (amount to FRS not subsidiary) <b>£15,000</b></li> <li><input type="radio"/> 6. Other: Please specify <b>£15,750 sales income, fire investigation reports, primary authority work.</b></li> </ol>	
60	Finance lead	<p><b>Savings</b></p> <p>Has your FRS made any savings related to the following due to COVID-19? If so please comment below the estimated savings</p> <ol style="list-style-type: none"> <li>1. Training expenditure</li> <li>2. Temporary staff</li> <li>3. Fuel</li> <li>4. Temporary Transport and hire cars</li> <li>5. Travel and subsistence/ mileage</li> <li>6. Other: Please specify</li> </ol>	Ask all
61	Finance lead	<p>Thinking about resource management, what are the top 3 things that have worked well for your FRS so far during COVID -19?</p> <ol style="list-style-type: none"> <li><b>1. Receiving a government COVID-19 grant has reduced the financial burden on our Service.</b></li> <li><b>2. Very early into the pandemic, we set up a cost centre for COVID expenditure. This has given us an effective way to track the financial cost of COVID.</b></li> <li><b>3. Having technology in place which has allowed us to work effectively and efficiently from home and other locations.</b></li> </ol>	Ask all
62	Finance lead	<p>Thinking about resource management, what are the top 3 activities or practices adopted so far during COVID-19 that you would like to see continued in the future?</p> <ol style="list-style-type: none"> <li><b>1. Working from home has given various efficiency benefits. We are seeing a reduction in paper led communication, reduction in fuel and travel costs.</b></li> </ol>	Ask all

- |  |  |  |  |
|--|--|--|--|
|  |  | <p>2. We would like to continue a flexible and blended approach to working from home and other locations. We will be reviewing our estate as a result of this.</p> <p>3. Use of technology has led to an improved use which has realised efficiencies.</p> |  |
|--|--|--|--|

## Appendix B - Communications during COVID

**SMT – completed 15 Vlogs updating staff on whole range of issues**

Service Matters pieces:

Updates specific to Response	
Date	Subject
13/3	Control Room lockdown
16/3	Operational degradation review
17/3	Looking at reduced crewing arrangements
17/3	Withdrawal of community safety activities as per government guidelines
17/3	On Call – consider splitting staff
19/3	Support for remaining visible in community
24/3	Monitoring of availability
24/3	Guidelines on social distancing for stations
27/3	Agreements with FBU ref covers etc
27/3	Risk based approach to off-station activities
1/4	Furlough for On Call staff – clarification of NFCC notice
8/4	NFCC guidance for operational staff ref PPE and incidents
26/4	Cleaning of stations (following NFCC guidance)
19/6	Face coverings bought by the Service
25/6	Guidance for crews at operational incidents following reduction of social distance to 1m+

Updates specific to Health & Wellbeing	
Date	Subject
3/3	How to reduce the risk – links to NHS website
6/3	Info for all following person who attended an Exercise who had been abroad
17/3	Sick note delay – recognition and understanding of this
19/3	Wellbeing and working from home
20/3	Health and Wellbeing advice
27/3	Health and wellbeing advice – signposting AMICA and H&WB team
27/3	Further Health and wellbeing advice
6/4	Health and wellbeing advice with links
9/4	Wellbeing of homeworking
11/4	Every Mind Matters NHS link
15/4	Health and wellbeing advice and guidance
22/4	Advice for homeworkers & home-schooling advice
26/4	Health and wellbeing – back pain
11/5	Health and wellbeing advice
26/6	Health and wellbeing passport encouragement
20/7	AMICA support available
19/8	Flu jab for staff

Updates specific to Health & Safety	
Date	Subject
6/3	Information ref returning from abroad
13/3	Control Room lockdown
13/3	Questions staff should ask visitors prior to attending meetings
24/3	Guidelines on social distancing
26/3	Personal infection control measures
9/4	H&S of homeworking
11/4	NFCC guidance for PPE & Operational incidents
26/4	Setting up of COVID homepage on SharePoint and risk assessments
26/4	Cleaning of stations (NFCC guidance)
28/4	Personal infection protection
29/4	Safety Flash – hand gel

<b>21/5</b>	<b>Control measures for opening of HQ</b>
<b>19/6</b>	<b>Stay Alert message</b>
<b>25/6</b>	<b>Guidance for crews following reduction of social distance</b>

<b>Updates specific to Human Resources</b>	
<b>Date</b>	<b>Subject</b>
<b>13/3</b>	<b>Absence procedure</b>
<b>13/3</b>	<b>Consider working at different locations</b>
<b>17/3</b>	<b>Working from home</b>
<b>17/3</b>	<b>Sick note delay – change to process</b>
<b>17/3</b>	<b>Leave to be taken</b>
<b>19/3</b>	<b>Promotions process halted</b>
<b>20/3</b>	<b>Key worker letter</b>
<b>24/3</b>	<b>Absence management – booking and process</b>
<b>8/4</b>	<b>Introduction of on-line suggestion box</b>
<b>14/4</b>	<b>Accommodation for key workers</b>
<b>5/5</b>	<b>How to book a COVID test</b>
<b>2/6</b>	<b>Booking a test</b>
<b>2/6</b>	<b>Staff survey</b>



## Appendix C - COVID-19 Multi-Agency Recovery Structure Chart



Covid-19  
Multi-Agency Respon:



**NFCC**  
National Fire  
Chiefs Council

The professional voice of the UK Fire & Rescue Service

A brief 'headline' of NFCC Guidance and examples of how we have responded

March 2020

## Strategic Intentions

### •To proactively protect our communities and limit the spread of COVID 19

Continued and increased availability of fire appliances

Ceasing of community safety and fire protection activities initially

Risk assessments of activities carried out

Modification of community safety and fire protection activities eg. telephone Home Safety Checks, virtual fire safety audits

Engagement in the Tripartite agreement enabling our staff to:

- Ride ambulances and help urgent care patients
- Assemble facemasks for the care industry
- Face fit care staff for masks

- Deliver prescriptions and food deliveries
- Delivery and storage of PPE

COVID compliance checks carried out by operational staff – lead nationally by our Service.

**•To ensure the safety and wellbeing of our staff in the pursuance of their duties**

Provision of PPE and setting up of a PPE group / cell

Risk assessments for staff undertaking response or tripartite work and of our Estate

Introduction of COVID Passports for our staff

Setting up of a COVID page on SharePoint for easy access to H&S guidance and Health and Wellbeing information.

Communications on Health and Wellbeing via email and Service Matters (including Vlogs) and Safety Flash information

Guidance and agreements for cleaning of facemask filters

Procurement of alternative methods for cleaning of BA sets when supplies were halted

Implementation of using Zoom to hold meetings / communicate from home

Control ask COVID questions of callers and pass details on to crews

**•To maintain an effective Emergency Response - we will continue to respond to all incidents.**

Over 90% availability during April, May and June (Average is usually approx 83%)

Continued validation of Incident Commanders and Breathing Apparatus wearers keeping currency up to date

Continued provision of essential training courses ensuring skills were kept in date

Continued Fleet, stores and equipment maintenance throughout COVID

Operational Degradation procedure reviewed.

**•To maintain essential Preparedness activity - we will continue to prepare, train and exercise against foreseeable risk with a focus on core competencies.**

Training continued throughout COVID – wholetime recruit training, On Call recruit training, BA re-validation, Incident Command re-validation.

Exercises have taken place – virtual hazmat exercise, TCG & SCG exercises at Incident Command, Fire Service College exercise recently.

Learning and Development have completed on-line presentations in, for example BA sector, working near water, methods of entry.

Development days for Level 1,2,3 incident commanders.

Training on station has continued throughout.

**•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.**

Review of high risk premises has taken place.

Care homes identified and given advice and guidance.

Outcomes from Grenfell and other national incidents are being considered.  
Enforcement has continued throughout COVID  
Following lockdown, we looked to engage in other ways to carry out fire safety audits  
Building regulations work is ongoing through COVID  
Full audit of a hotel which was to be used as a COVID convalescence home carried out.

• **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.**

Home safety checks continued – mainly via telephone or 'socially distanced'  
Vulnerable person module now in place  
Community Educators continue to do vulnerable HSCs (P1,P2,P3) – P1s within 24 hours

• **To ensure effective business continuity, procurement and recovery arrangements are in place throughout the sector.**

Pandemic Infectious Disease procedure reviewed (7/8/2020)  
Assessment of stock and levels took place including essential supplies  
Supply chain assessment in place  
Operational degradation plan reviewed  
PPE checked with regards to cleaning  
Decontamination of workplaces and deep clean arrangements in place  
Service Assurance business continuity exercise ran (12/3/2020)  
Fuel stocks bunkered and checked  
Citrix boosted to allow more users working from home  
Widespread power outage considered  
Resilience plans in place to support SMT / TMT  
Recovery plans developed and lessons learnt considered

• **To ensure that sectors response is coordinated and integrated with other responding agencies, promote shared situational awareness and joint understanding of risk.**

Strategic coordinating group and Tactical Coordinating group in place and meeting regularly with partner agencies  
Local Resilience Forum in place  
Regional FRS collaboration shares responses, information and identifies good practices  
Webinars attended – offering best practice advice

- **To support a return to normality**

Development of a recovery plan in line with NFCC guidelines

Member of NFCC sub group looking at 'What is in place to return to the new normal'

Risk assessment of our Estate reviewed

## June 2020

### Strategic Intentions - updated

- To proactively protect our communities and limit the spread of COVID-19 by the adoption of smarter controls to make social contact less infectious.

As above

- To ensure the safety and wellbeing of our staff through the implementation of measures aligned to the COVID-19 Secure guidelines.

As above

- To maintain an effective Emergency Response – we will continue to respond to all incidents.

As above

Response model maintained throughout COVID

- To maintain Preparedness activity – we will continue prepare, train and exercise against foreseeable risk and seek the safe and prioritised resumption of Preparedness activities disrupted by COVID-19.

As above

- To Protect our communities from fire – we will adopt a risk-based approach to Protection activities, balancing the need to regulate the Regulatory Reform (Fire Safety) Order 2005 and protect staff and the public.

As above

- To prevent the impact of fire and other emergencies on our communities – we will adopt a risk-based approach to home safety (including Safe and Well visits) and wider community safety-based activities, including road and water safety.

**As above**

**Road safety – member of the road safety partnership. We adjusted our presentation to young people and sent to schools for their use.**

- To ensure the sector's response, recovery and transition to a new normal is coordinated and integrated with other agencies, based on shared situational awareness and a joint understanding of risk.

**As above**

- To ensure the sector is able to support communities and partners during any localised, regional or national outbreaks, requiring targeted measures to control the virus.

**Leicester saw the first localised lockdown put in place.**

**Instigated COVID compliance checks (requiring national agreement). Have now carried out checks on hotels and boarding housing in line with Council request.**

- To ensure effective business continuity, procurement and recovery arrangements are established and maintained throughout the sector.

**As above**

- To ensure lessons learnt from the COVID-19 response are gathered, shared and acted upon, where appropriate, across the sector.

**As above**

- To support the transition to a new normal.

**As above**

## **July 2020**

**Working Safely – guidance for FRS operational and non-operational staff**

Contained:

How to use this guidance

What do we mean by Fire Service place of work. Operational and non operational?

Thinking about Risk

Who should go to work

Social distancing at work

Managing your visitors and contractors

Cleaning the workplace

Personal Protective Equipment (PPE) and face coverings

Workforce management

Inbound and outbound goods/ supplies, including paper records

Where to obtain further guidance

### **Tri-Partite Agreements (from March 24<sup>th</sup> to July 23<sup>rd</sup>)**

- [Tripartite agreement \(12\)](#): Risk assessments (July 23<sup>rd</sup>)
- [Tripartite agreement \(11\)](#): Extension of agreement (July 17<sup>th</sup>)
- [Tripartite agreement \(10\)](#): Care home risk assessment (June 12<sup>th</sup>)
- [Tripartite agreement \(9\)](#): Extension of agreement to July 15 (June 3<sup>rd</sup>)
- [Tripartite agreement \(8\)](#): Extension of agreement (May 26<sup>th</sup>)
- [Tripartite agreement \(7\)](#): Delivery of training packages: Infection, prevention & control, hand hygiene, PPE guidance and procedures, supporting the care home staff testing (May 22<sup>nd</sup>)
- [Tripartite agreement \(6\)](#): Transport to and from Nightingale hospitals, face shield assembly & packing/repacking of food for vulnerable people (April 23<sup>rd</sup>).
- [Tripartite agreement \(5\)](#): Antigen testing, ambulance transport, driver training/instruction (April 16<sup>th</sup>)
- [Tripartite agreement \(4\)](#): Face fit & delivery of PPE (April 9<sup>th</sup>)
- [Tripartite agreement \(3\)](#): Updated processes (April 3<sup>rd</sup>)
- [Tripartite agreement \(2\)](#): Movement of bodies, driving ambulances, assisting vulnerable people (March 26<sup>th</sup>)
- [Tripartite agreement \(1\)](#): Service delivery (March 24<sup>th</sup>)

### **Agreed activities with accompanying NFCC documentation (April 2020)**

- [Assisting ambulance services: Guidance](#)

- [Assisting ambulance services: Ambulance Driving & patient/ambulance personnel support: Risk assessment](#)
- [Ambulance driving: FRS supporting documents](#)
- [Body handling: Guidance](#)
- [Body handling: risk assessment](#)
- [Delivery of essential items: Guidance](#)
- [Delivery of essential items: risk assessment](#)
- [Face fit testing: Guidance](#)
- [Face fit testing for masks: risk assessment](#)
- [HSE Guidance: Face fit](#)

**Other approved activities (in development - sector specific guidance available)**

- COVID-19 testing - support to others
- Established corresponding schemes (documents available on request)
- [Driver training](#) (updated April 24th)
- Pandemic Multi Agency Response Teams (PMART)

**Activities currently under consideration (documents available on request)**

- Care home/nursing home support: Testing, PPE and infection control
- New corresponding schemes
- Low acuity calls - uninjured fallers

**NFCC Health & Safety guidance**

- [BA testing guidance: self contained](#) (April 23rd)
- [Combined BA facemask and respirator: testing, wearing and cleaning](#) (April 23rd)
- [Control room advice](#) (April 7th)



- [HSE RIDDOR reporting requirements](#) (April 7th)
- [Maintenance of competence: Guidance & options](#) (April 27th)

#### NFCC PPE guidance

- [PPE guidance](#) (April 22nd)
- [Face coverings](#) (July 7th)

#### NFCC Prevention guidance

- [Prevention strategic intention](#) (Version 3 - July 13th)
- [Prevention Model Risk Assessment](#) (July 13th)
- [Children & Young People: Strategic intention](#) (August 27th)

#### NFCC Protection strategic intention

- [Protection strategic intention](#) (version 4 July 13th)
- [Protection scenario-based guidance: auditing premises](#) (July 24th)

#### NFCC Protection guidance

- [Advice to businesses](#) (updated August 26th)
- [Field hospital guidance](#) (Updated August 26th)
- [Risk-based desktop approach to considering fire risk in premises](#) (Updated August 26th)
- [Scenario-based guidance: Auditing premises](#) (July 24th)
- [Schools guidance](#) (Updated August 26th)
- [Temporary care facilities](#) (April 23rd)
- [Waking Watch COVID update](#) (May 19th)

#### NFCC Protection risk assessment

- [Protection model risk assessment](#) (July 20th)

### NFCC Response guidance

- [Flexible crewing](#) (March 27th)

### NFCC on-call guidance

- [On-call: guidance/options around on-call financial hardship](#) (April 11th)
- [On-call guidance and options for maintenance of competence](#) (April 15th)
- [On-call: Loss of earnings](#) (March 27th)

### NFCC supporting documents

- [Working safely - guidance for Fire & Rescue Services: operational and non-operational staff](#) (July 23rd)
- [Arson attacks: telecommunications sites](#) (April 23rd)

### Non-NFCC Supporting documents (supplied by Fire & Rescue Services)

- [Ambulance support, coroner support and body handing](#)
- [Degradation](#)
- [Interpretation of COVID-19 advice for emergency services workers](#)
- [PPE/RPE requirements: Operational Bulletin](#)
- [Re-engagement of staff](#)
- [Risk Assessment for trainee course](#)



## Appendix F - Staff Absences

Staff Absences due to COVID-19	
Cases – from 1 <sup>st</sup> April -1 <sup>st</sup> Sept	
<b>Confirmed -Operational</b>	<b>4</b>
<b>Suspected - Operational</b>	<b>23</b>
<b>Self- Isolating - Operational</b>	<b>68</b>
<b>Confirmed – Non-Operational</b>	<b>1</b>
<b>Suspected – Non-Operational</b>	<b>3</b>
<b>Self-isolating – Non Operational</b>	<b>5</b>
<b>Confirmed – Control staff</b>	<b>0</b>
<b>Suspected – Control staff</b>	<b>3</b>
<b>Self-isolating – Control staff</b>	<b>5</b>