Consensus Statement

Joint working during the COVID-19 pandemic

Introduction

The Covid-19 pandemic is an unprecedented national crisis that will increasingly test the capacity of all public sector service providers in protecting the public from the impacts of the coronavirus, particularly those groups who are most vulnerable and isolated.

NHS Ambulance trusts, along with the wider health and social care system, are already facing unprecedented increases in demand on their services. All ambulance services are stepping up their strategic contingency and operational plans so that the sector has capacity to treat and appropriately care for all patients who require their services and who may or may not be affected by the COVID-19 coronavirus. Plans include coordinating support from other organisations, including Fire & Rescue Services.

As the pandemic intensifies the capability of the Fire and Rescue Services (FRS) to sustain core services and to provide support to other vital partner agencies responding to the pandemic crisis, will be an increasing imperative. The key objectives for the FRS during the pandemic period are to:

- ensure that its operational response provision remains resilient and effective,
- support the broader public sector response to the pandemic, particularly in relation to supporting NHS Ambulance Trusts and the wider health system, whose services are subject to exceptionally high levels of demand, and
- maintain to the highest standards possible the health, safety and welfare of all its staff.

The National Fire Chiefs Council (NFCC) has issued its strategic intentions in relation to the COVID-19 pandemic to all FRS which should be considered alongside local business continuity plans, the FRS flu pandemic guidance document, LRF pandemic flu plans and Public Health advice to employers and the public.

The FRS will need to make some temporary changes to the way it works during the period of the pandemic and possibly in its immediate aftermath. These changes are necessary to meet the above objectives and so minimize loss of life and maximize the welfare of the public.

Key areas for FRS support to NHS ambulance trusts

Discussions in NFCC and at a local FRS level, as well as with the Fire Gold Commander, the Fire Minister, the Association of Ambulance Chief Executives and Home Office officials, have focused on identifying a coordinated and consistent FRS offer to the health system.

NHS Ambulance Trusts are expecting increasing levels of staff absence due either to personnel experiencing COVID-19 symptoms or the need for social isolation due to family members having symptoms. At the same time there is a significant increase in demand on their resources as the number of cases across the country rise.

The overarching areas for consideration within this joint consensus statement are how FRS can support their local NHS ambulance trust by:

1. Provision of Blue Light qualified drivers
2. Emergency response through Co-responding schemes1, expanding existing schemes or establishing new ones, where resources allow
3. Potential for support in response to uninjured fallers

Local FRSs may already have arrangements in place for varying types of support prior to, and since the onset of the pandemic. They may also engage further with their NHS ambulance trusts on providing support outside the key areas identified within this statement e.g. logistics services or provision of fit-testing services for FFP3 masks.

Guiding principles

The main objective is to provide support to NHS Ambulance Trusts which are subject to exceptionally high levels of demand. FRS should maintain sector resilience and the health, safety and welfare of FRS staff. The FRS has skilled staff who can, with minimal support, assist ambulance services. FRS support will also reduce the need for military interventions which may be best placed supporting other aspects of the fight against COVID-19.

In all circumstances any offer will be subject to a 'best endeavours' approach. However, services should be cognisant that any failure to meet any agreed commitment will impact significantly on the host ambulance trust and as such it should be avoided unless extenuating circumstances make it necessary. Best endeavours will mean that any FRS

1 Co-responding is often referred to as FRS emergency medical response and is defined by AACE as follows: "*A member of a professional body (e.g. police, fire, military, coastguard, mountain rescue) who responds to 999 calls on behalf of the ambulance service to a level specified by that Trust." (Consensus statement 2016)*

offer may change due to the unexpected consequences of COVID-19 or frontline FRS delivery i.e. staffing shortages due to absence or a large scale or protracted incident.

1. Blue light driving support

Any FRS personnel deployed under the auspices of an NHS Ambulance Trust COVID-19 Support Memorandum of Understanding (MOU) should be subject of a Workforce Sharing Agreement (WSA).

FRS personnel must be equipped with the same level of Personal Protective Equipment (PPE) as their responding ambulance counterpart. It is important that the correct and same level of PPE is worn by both ambulance and FRS staff in accordance with national guidance issued by Public Health England (PHE).

As part of the deployment of FRS personnel into NHS Ambulance Trusts where driving is required personnel must be provided with local vehicle, equipment and deployment familiarisation training.

2. Co-responding schemes

Where co-responding schemes already exist, supporting the ambulance trust in response to a defined subset of life-threatening calls, such as cardiac arrest, the local MoU and governance arrangements will suffice. Where feasible, these schemes should be expanded to provide additional resources for this response.

If a co-responding scheme is not already in place a MoU between the respective FRS and ambulance trust will need to be agreed.

3. Response to older people who have fallen but are uninjured

Demand pressures on ambulance services can also be reduced by the FRS responding to certain low acuity calls such as to older people who have fallen but are uninjured, but who may still require ambulance service assistance such as being picked up and made comfortable at home. Such schemes are already in existence between some ambulance trusts and alternative responder teams in the community. This will require a separate MOU and provision of clear protocols for deployment and clinical support.

In each of these above respects we recognise the benefits of local determination in terms of the extent of the support provided. Ambulance trusts and their local FRSs will need to agree what will be mutually feasible for both their services, and what will provide most benefit to their communities. The guiding principles however must be adhered to.

To assist in setting up these arrangements we have produced a suite of national resources, based on existing schemes in place around the country that can be used and adapted to suit local needs and agreements, listed in the Appendix.

The resources provided are for use at local level on an 'adopt, adapt, or reject' basis and it will be for local ambulance trusts to identify their needs and liaise with their local FRSs to establish what level of support may be available.

All support offered by an FRS and received by an ambulance trust, where this differs from existing, local MOUs, should be subject to a review period of no longer than the national state of pandemic continues, but ideally 3 months.

These measures contribute to the Government's actions to fight against COVID-19 and provide support to the NHS during unprecedented high demand, as a valuable service to our communities.

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