How well did fire and rescue services in England respond to the COVID-19 pandemic?

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Introduction and background

In the UK, the response to civil emergencies is subject to the provisions of the Civil Contingencies Act 2004. The Civil Contingencies Act and accompanying non-legislative measures, provide a single framework for civil protection in the UK. The Act is separated into 2 substantive parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2). Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. It is the nature and delivery of roles and responsibilities that is the particular focus of this paper. The Act divides local responders into 2 categories, imposing a different set of duties on each.

Category 1 organisations are at the core of the response to almost all emergencies and include the three blue light emergency services (police, fire, and ambulance services, local authorities, and NHS bodies). Category 1 responders are subject to the full set of civil protection duties, including risk assessment emergency and contingency planning, and co-operation and co-ordination of response.

Category 2 organisations, such as the Health and Safety Executive, transport and utility companies, are 'co-operating' bodies. They are less involved in the core planning and preparations but will be heavily involved in incidents that affect their particular sector. Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders. Category 1 and 2 organisations come together to form 'local resilience forums' (LRFs) (based on police areas), which will help co-ordination and co-operation between responders at the local level.

Part 2 of the Act allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies and is normally only deployed in exceptional circumstances after a 'state of emergency' has been declared. However, Boris Johnson's government has not declared a state of emergency in response to COVID-19, but instead has taken on additional powers and responsibilities at first under the Public Health (Control of Disease) Act 1984 and subsequently under a new Coronavirus Act 2020. There appear to be two reasons for this decision.

The first is that regulations made under the Civil Contingencies Act are designed to provide stricter controls by government over the executive. They contain a 'triple lock' procedure to ensure that an emergency can only be declared if there is a serious threat, that the regulations are necessary, and that any measures are proportionate. They also lapse after 30 days (although they can be renewed with the approval of Parliament). New measures must be placed in front of MPs as soon as possible, and if they are put in place while Parliament is prorogued, parliament must be recalled within five days to approve them. By contrast, the Coronavirus Act obliges the government to publish a report every two months on the status

of emergency provisions and calls on the House of Commons to debate the continuation of the Coronavirus Act every six months (Bennett Institute for Public Policy, 2020).

The second reason relates to the existence of the devolved administrations in the UK and the fact that Health is a 'devolved' matter. This means that Scotland, Wales, and Northern Ireland are responsible for their own policies in relation to public health matters (Sargeant and Nice, 2021) and UK ministers cannot simply enforce a UK-wide approach. The devolved administrations are therefore responsible for introducing and lifting restrictions in their respective territories and can follow different strategies. When the first restrictions were introduced in March 2020, there was little difference in the respective approaches in the four jurisdictions. However, over time significant differences have emerged, to the extent that the Institute of Government report that the much sought after four-nation exit strategy (Paun *et al.,* 2020) appears to have broken down, and at the time of writing each government has set out different plans for a staged easing of lockdown restrictions in their respective territories.

This paper will therefore explore how fire and rescue services in England have responded to the COVID-19 pandemic, during the period of the pandemic between March 2020 and the end of January 2021, when mass vaccination roll-out was established. It draws on the literature on emergency services response in relation to recent events of national significance in the UK and North America and contributes to the developing theoretical and conceptual work on practitioner focused evaluation of emergency management frameworks (Hamilton and Toh, 2010; Henstra, 2010; Holdsworth and Zagorecki, 2020). More significantly, it examines the form and nature of local services collaborations with the police, ambulance, and other public services during the emergency, and how effective their emergency planning arrangements prepared them to respond by drawing on the documents related to the fire and rescue service response to the COVID-19 pandemic. This paper is a contribution to the interim evaluation of fire and rescue service performance and in due course will be followed by a further evaluation after the vaccination roll-out phase of the emergency.

Emergency services response in relation to events of national significance

Over the last decades, the number of natural and man-made disasters have been on the rise across the globe. Natural disasters, such as earthquakes, tsunamis, hurricanes, floods, and fires, as well as deliberate human disasters, including wars, pollutions, explosions, terrorist attacks have been occurring at national and local levels. As a result, the growing number of various types of disasters have contributed to complexity of incidents that the emergency services are being called to respond to. The frequent disaster occurrences alongside increasing complexity show the need for more research around emergency services response in order to improve preparation for, and response to, major incidents and emergencies. In particular, the need for greater collaboration among emergency services (Kapucu and Garayev, 2011).

Collaborative emergency services management plays an increasingly significant role in improving the capability to respond to disasters. In most countries, central and local governments as well as organisations responding to disasters are involved in emergency planning and response. In practice, however, the responsibility for emergencies tends to be

assigned to organisations involved in emergency preparation and response at the local level (Henstra, 2010; Holdsworth and Zagorecki, 2020). This is because the three blue light emergency services (police, fire and ambulance services) are the first services who deal with an emergency. Furthermore, they are the ones who have their emergency mitigation programmes designed to address local risks (Newkirk, 2001).

Nevertheless, the literature shows that emergency management requires effective communication and collaboration of all stakeholders involved in emergencies (Kapucu, 2006; Manoj and Baker, 2007) and communication was one of the primary challenges in relation to emergency service response to the 9/11 terrorist attacks and in the response to Hurricane Katrina (Eisenman *et al.,* 2007).

Methods

The research adopted an exploratory approach, as it investigated the emergency services' response to the COVID-19 pandemic, utilising relatively limited available data. The paper draws on three secondary sources of evidence – publicly available documents related to the fire and rescue services' response to the COVID-19 pandemic. At the time of writing this paper (May 2021), they were the only nation-wide sources of data on fire and rescue services' response to the COVID-19 pandemic.

The first is an independent survey and report commissioned by the National Fire Chiefs Councils (NFCC) in July 2020, which provide insight into what fire and rescue services did to respond to the pandemic between March and September 2020 (Levin *et al.,* 2020). The express intention of the NFCC was to understand how fire and rescue were adapting to COVID-19, and to capture any learning and facilitate its dissemination (Garrigan, 2021).

Secondly, we draw on evidence from the first 'themed' inspections undertaken by the national inspectorate and commissioned by the Home Secretary in August 2020. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) was established in 2018 and had previously only carried out its first programme of individual service inspections prior to the pandemic. It was due to commence its second round of inspections in 2020, but 'paused' this programme and carried out 45 'virtual inspections' on the theme of the fire services' responses to COVID-19. They reported their findings in individual letters sent to individual Fire and Rescue Services, and produced a summary national report (HMICFRS, 2021a, 2021b; Levin, 2021b). The virtual inspections were carried out between September and November 2020, and 44 letters were published in January 2021 (Hampshire FRS and the Isle of Wight FRS received a single letter). They gave a narrative rather than a graded judgment, as they had no benchmark against which to measure individual services response (HMICFRS, 2021b).

Finally, it draws on some of the 50 outputs from the 'C19 National Foresight Group' a cross-government and multi-agency task and finish group set up at the start of the pandemic to consider the longer-term impacts of COVID-19 and to ensure any response was "informed by evidence and rooted in practical strategy" (Hill *et al.,* 2021a, p.18). The Foresight Group had a mandate to operate for 10 months from June 2020 to March 2021, and its outputs have all

recently been published and are now freely available on a dedicated website (C19 National Foresight Group Outputs | Nottingham Trent University).

The data were analysed using thematic analysis to determine the presence of certain themes within the three documents to identify how fire and rescue services have responded to the challenges and opportunities presented by the COVID-19 pandemic.

Data and Information

The independent survey and report commissioned by the NFCC

The research and report from the NFCC undertaken between March and September 2020 was commissioned by the NFCC's COVID-19 Committee (Levin *et al.,* 2020). The report's authors, (an academic, a Senior Fire Officer and a consultant/writer specialising on emergency services) interviewed 47 Chief Fire Officers (CFO) or their equivalents, as well as 10 key stakeholders drawn from government, representative bodies, and the ambulance service. All were telephone and video call interviews, and all from UK FRS. Only three FRS were unavailable/declined, as did one key stakeholder – the Fire Brigade Union. A list of interviewees is provided in an appendix. The FRS interviews were based on a common set of questions and lasted on average 40 minutes. Although the Committee asked for stakeholders to be interviewed using a short set of questions, there were some differences in questions posed to different stakeholder groups. For example, unions were asked about staff welfare, while other stakeholders were asked about the support received from fire and rescue services. The recordings are securely stored in accordance with good academic practice.

The authors analysed the interviews with the CFOs and identified 10 themes, which later formed the structure for the report. The findings from the stakeholder interviews, which were conducted between 19th August and 2nd September, are reported in a separate section to those of the FRS. The analysis drawn from both sets of data are followed by 10 key learning that emerged from the interviews and identifies, whether it is from the CFOs or the stakeholders, or in some cases both. The report concludes with a set of 12 recommendations for the NFCC's COVID-19 Committee to consider.

The HMICFRS inspections

The HMICFRS inspections were commissioned by the Home Secretary in August 2020. The 'virtual' inspections were carried out on all 45 English Services and also focussed on their response during the initial outbreak of the pandemic. The inspections examined the following areas:

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

A national report (HMICFRS, 2021b) and 44 individual national service letters (Hampshire FRS and the Isle of Wight FRS received a combined letter) provide findings and identify and focus

on areas for improvement for each fire and rescue service (HMICFRS, 2021a). An appendix provides information on data definitions and sources.

As part of the Inspectorate's data collection, a public perceptions survey was commissioned from YouGov of the public's perceptions of local FRSs across England as part of their GB and UK Omnibus survey. Fieldwork was conducted online between 27th and 29th November 2020. There were 1,908 respondents from England and the figures were weighted and were representative of all adults (aged 18+) in Great Britain. In addition, a COVID-19 edition of the periodic FRS staff survey was undertaken. This was open to all members of FRS workforces across England. It was undertaken between 12th August and 9th September 2020 and received 7,768 responses. The results do not necessarily represent the opinions and attitudes of a service's whole workforce. The survey sample was self-selecting, and the response rate ranged from 6 percent to 48 percent of a service's workforce.

C19 National Foresight Group

The research for the projects in the C19 National Foresight Group (NFG) programme was co-ordinated by a team of psychologists and other staff from School of Social Sciences at Nottingham Trent University led by a specialist in Disaster and Emergencies (Dr Rowena Hill) seconded to the group for 10 months. All 50 outputs have recently been made available on a dedicated area of the university's website (C19 NFG, 2021). The work included a series of research and data reports; intelligence briefings; three 'Rapid Interim Operational Reviews' conducted in March, June, and September of 2020; compendiums following the research, and a series of Strategic Round Table Discussions (Hill *et al.,* 2020a, b, c). It also features a 'Local Resilience Forum Similarity App' to assist comparative studies and benchmarking.

The C19 NFG programme was intentionally prepared for the wider resilience and emergency management community rather than specifically for FRS, but nearly all of the group's outputs are clearly relevant to the FRS (Hill *et al.,* 2021a). This is not completely unique to this part of the evidence base as '*Planning and the Local Resilience Forum'* was the first area identified for consideration in both the NFCC and HMICFRS reports. This is because under the provisions of the Civil Contingency Act 2004, wherever there is a major emergency, a Strategic Co-ordinating Group (SCG) is established drawn from the members of the LRF.

Findings

For the purposes of this report the findings that emerged from the three exercises have been summarised under five main themes below, the first four of which represent the major areas of FRS activity, the tripartite agreement being a specific pandemic initiative for facilitating non-traditional activity undertaken by fire personnel during the early stages of the pandemic.

- Collaborative or collective actions
- FRS response and Response services
- Prevention and Protection services
- Support Services and actions
- The tripartite agreement

Collaborative or collective actions

All three major sources agree that LRF activity was carried out in a co-ordinated way, and forums and their members effectively supported their communities. The strength of LRFs is having local organisations, including the fire and rescue service, police force, ambulance trust, and local authority collectively share out tasks and agree mutual priorities. These clearly varied and needed to vary to reflect the pattern of the organisational landscape and the patterns of the risks and challengers that different communities face. All three sources reported variation in activity across the four services and activities, but the vast majority was 'warranted' variation to respond to local circumstances, there was little significant sustained and substantial unwarranted variations at either strategic or operational levels emerging from the research.

The creation of the SCGs and their supporting structures allowed the fire and rescue service to find an appropriate role and contribution to the response. LRF relationships built up over many years through planning and training exercises were generally found to provide a solid foundation upon which to work together during a time of national crisis. In a long-term pandemic, there was a general agreement that health should and was in the lead, and that the fire and rescue service had a more supportive role.

HMICFRS (2021a) reported that the long-lasting nature of the pandemic put LRF and SCGs under great strain, while in some SCGs Levin *et al.* (2020) found the chair from health lacked command and control experience, and thus needed significant support from fire and rescue service and police partners in particular. This compensatory support is obviously part of the design and purpose of collective structures and action, and clearly the NHS and its ambulance services were the emergency service under the greatest capacity strain. Many fire and rescue services provided the lead for the Tactical Co-ordinating Group and found that this was a good place to be active in terms of understanding the wider requirements of their local area and working closely with partners on the ground (Levin *et al.* 2020).

The NFG did, however highlight two more fundamental issues, that were mentioned but not as strongly articulated by the other two sources. Firstly, on the issue of the quality and availability of data and intelligence and secondly with the reciprocity of power and information flows between national and local organisations. Hill *et al.* (2021a) summarise these in their reflective article

> "We found across all our work that in the COVID-19 context there is a lack of data, information intelligence and strategy to inform the decision makers at all levels. This is not restricted to health, considering that COVID-19 has touched everything everywhere, the lack of data available to inform decision making has been a challenge.
>
> While government has been keen to request data, it has not been able to provide integrated data back to local teams in order to enact and deliver the local response and recovery plans. The Multi Agency Information Cells have been doing a great job at providing the local context, but national aggregation of this data to support an improved Common Operating Picture has not been actioned.

> This would significantly improve understanding of not only the health-related data across the UK, but the impacts of the pandemic across the UK on economics, social relationships wellbeing and public service degradation"

In relation to the contemporaneous communications between national and local decision makers they noted

> "The local strategic decision makers found it very difficult to maintain consistent connection with the activity going on at the national level across government. This is partly because …… communication flows do not deliver information when the local needs to hear it (preferably before the public announcement so that planning can be completed. The announcement-led communicating to all outside of government at once means local strategic leads do not have the ability to plan before policies need to be implemented."
>
> (Hill *et al.,* 2021a, p.19)

FRS response and Response services

There are two aspects to the FRS response that need to be distinguished. One is in relation to the maintenance or otherwise of responses to non-COVID related emergencies (the so-called day job). The other is in relation to contributing to requests for mutual aid from partner agencies, most notably the Category 1 organisations at the core of emergency response, such as the other blue light services, the local authorities, and the health and social care sector.

In all three evidence sources, the picture is clear, consistent, and almost uniformly positive given the scale and depth of the challenge. It also appears to be consistently positive on both issues, although we will report separately on the issues surrounding the 'tripartite agreement' in our later section headed support services and actions later in this paper.

In its headline findings, HMICFRS reported that all services maintained their ability to respond to fires and other emergencies, fire engine availability in many services was higher than in 2019 and boosted by the large numbers of available on-call firefighters being furloughed and/or working from home. The small drop in incidents helped and the arrangements that service incidents planners took to protect firefighters from exposure to the virus appeared to work, with very few absent.

The NFCC report had specifically sought the views of key stakeholders to provide a "rounded picture" of the overall response to the pandemic. Although this is a very small, limited sample, its findings are consistent with all substantial corroborating evidence reported to date.

> "Across all interviews, stakeholders commended the "can do attitude" shown by fire and rescue services in seeking to support partner agencies. Home Office representatives noted that fire and rescue services were doing "really good stuff" to support the response and the Home Secretary was "genuinely quite impressed" and "knew that was a good sign of the impact they made internally across the piece".

The Association of Ambulance Chief Executives (AACE) highlighted one particular contribution

> "If you wanted to hang your hat on one thing that fire did that had real impact it would be the provision of drivers which enabled us to put a number of fire operated ambulances on the road because we'd split the clinicians. We had one clinician and one fire service driver. There are some risks that go alongside that and there are some patients that you would really want a second clinician on hand but in the circumstances, you know, needs must, it made a substantial impact."
>
> (Levin *et al*., 2020, p.39)

The extent and breadth of the assistance is demonstrated throughout all three sources and although it relates to only 'tripartite' activities, it is most simply demonstrated in appendix B of the HMICFRS report (2021a, pp. 29-38). It is also summarised by Hill *et al.* (2021a):

> "frontline support came in many forms, dependent on local needs, from firefighters driving ambulances, ambulance driving instruction, delivering essential food and prescriptions to vulnerable people, delivery PPE masks to frontline workers, though to the movement of bodies and the staffing of temporary mortuaries….more recently to new and emerging challenges ranging from hosting and setting up vaccination hubs to supporting people receiving a vaccine… to administering the vaccine."
>
> (Hill *et al.,* 2021a, p.18)

Prevention and Protection services

As FRS staff regularly enter both domestic and non-domestic buildings as an integral part of their regular prevention and protection services, it was immediately evident that it would be impossible to continue 'business as usual' during the pandemic and particularly during the local and/or national lockdowns. Levin *et al*. (2020) found both fire prevention and protection activity was severely curtailed, and in some services was stopped completely. HMICFRS (2021c) in its 'headline findings' reported that the prioritisation of response was, in some cases, to the detriment of protection and prevention activity.

Chief Fire Officers decided to prioritise and/or redeploy staff to respond to emergencies; 8 services "paused" their risk-based inspection programmes, although not all had a convincing rationale for doing so in the inspector's retrospective view. Similarly, access to data on vulnerable individuals from partners varied. In some areas, services and their LRF partners combined lists, which gave everyone a more comprehensive view of vulnerability across the community. While some services benefited from improved access to data during the pandemic, others were frustrated by a lack of data exchange or provision from other agencies. HMICFRS were concerned about this lack of consistency across the sector "as some vulnerable people may not be known to the fire and rescue services" (HMICFRS, 2021b, p.14).

A more fundamental issue was the lack of data, information intelligence and strategy to inform the decision makers at all levels which is highlighted by the quote from NFG above. Clearly, it applied to prevention and protection as much, if not more, than to other parts of the service.

However, all three sources of evidence, to a greater or lesser extent, also acknowledged, appreciate, and articulate that, as the pandemic or restrictions persisted, the number of innovative and creative systems, processes, activities and services, that staff and FRS provided, became greater as services and individuals sought to make their contribution. As the NFG reports, the 'public narrative' focused on FRSs' ability to respond to emergencies and maintain the civil protection infrastructure. This was encapsulated in the *Ready, Willing and Able* campaign launched in April 2020, to show how the UK's fire and rescue services are "going the extra mile and taking on additional activities" to protect and support their communities during the pandemic (NFCC, 2020).

The most inventive and creative initiatives came in prevention and protection. HMICFRS noted that as on-call firefighter availability improved, "many services relied on them and their flexibility to provide important additional activity" and listed driving ambulances; packing/repacking food supplies for vulnerable people; and delivering PPE and other medical supplies (HMICFRS, 2021b, p.18).

Levin *et al*. (2020, p.27) found protection staff continuing to do

> "desktop-based work, including responding to building control consultations and dealing with fire safety issues related to ACM and other external wall systems. They were redeployed to other roles on a temporary basis, assisting the service where there were additional pressures because of the pandemic. Ultimately, services adopted a risk-based approach based on the NFCC's Strategic Intentions: if premises remained open then they were audited. This approach was proven to be appropriate given a number of premises that compromised their fire safety arrangements [when] making their premises COVID-secure".

COVID-19 forced a move to 'virtual' Home Fire Safety and Safe and Well visits. Local community safety volunteers developed a befriending service using data on vulnerable residents. In Bedfordshire, the FRS set up a Safe and Well clinic in the waiting area in all their community vaccination hubs, thereby engaging with the harder to reach residents (Hill *et al.,* 2021a).

However, while this part of the inspection reports could be considered ungenerous or even overly critical, this contrasted with Levin *et al.* (2020), Garrigan (2021), the NFCC (2020) and the NFG (Hill *et al.,* 2020d, 2021b). Levin (2021a) for example found a 'wealth of innovation and team spirit' in the COVID-19 inspection letters. Use of FRS premises is an obvious contribution and not just stations and HQ, for example West Sussex's mass decontamination tent. In another article looking at vaccination roll out, Levin quotes the head of resilience at Hertfordshire FRS:

> "Fire and Rescue staff played a key logistical role. We identified a number of potential sites for health colleagues to choose from, worked with contractors and set up the site, turning Robertson House from a conference centre to a fully operational vaccination centre."
>
> (Levin, 2021b, p.17)

Support services and support activities

The transformation to working from home appears to have been largely successful in FRS, with some teething troubles from a few services quickly resolved (Levin *et al*. 2020). Government funding was used for home adaptations, new office furniture and equipment. Where home working was not appropriate, alternative arrangements were made. In common with many other office workers, all services experienced digital transformation or accelerated transformation. In the FRS, absenteeism reduced while presenteeism diminished.

> "Most services offer a good, comprehensive wellbeing service to their staff. The vast majority of respondents to our staff survey agreed that they were able to access services to support their mental wellbeing when appropriate. …Some services were quick to expand their wellbeing provision [and] Work is underway in most services to consider the long-term effects of COVID-19… Two-thirds of services identified staff who might be vulnerable to the virus. This included black and ethnic minority staff, who are disproportionately affected by the virus and those living with shielding factors"
>
> (HMICFRS, 2021b, p.21)

Communications was an interesting area. Local agency communications were seemingly excellent, although we have mentioned above the asymmetrical nature of national/local communications found by the NFG. They also found some friction as well as innovation, as some emergency systems and structures were becoming embedded rather than lasting for the much shorter time typical of UK emergencies. They cite Health Protection Boards, Local Outbreak Engagement Boards, the Joint Biosecurity centre, and health gold structures, as not always integrating well with existing emergency management systems (Hill *et al*., 2021c).

COVID-19 accelerated digital transformation for many fire and rescue services. Services experimented with virtual approaches and used training and maintenance of operational competence with their wholetime and on-call staff. HMICFRS were impressed with the operation of control rooms, national guidelines joint procurement and the role of the NFCC (2021, pp. 14-17). They were, however in both the COVID-19 summary report and in the later State of Fire Report (HMICFRS, 2021b, 2021c), significantly more critical of the extent and speed of national reforms, pointing out that "Services need clarity on what they are required to do, while pay and workforce terms and conditions are in urgent need of reform". The tone of the national report and its summary of the response to the pandemic was noticeably less critical and more supportive of local FRS.

This leads us to the most contentious issue within the sector during the pandemic namely the national Tripartite Agreement.

The Tripartite Agreement

As COVID-19 initially spread, a Tripartite Group was formed by the Fire Brigades Union, the NFCC, and the National Employers which resulted in a formal Tripartite Agreement signed on 26 March 2020. It was intended to facilitate a resilient and effective operational response to the pandemic, while supporting the broader public sector response through undertaking

'additional activities,' whilst maintaining the highest standards with regard to the health, safety and the welfare of fire service personnel. In other words, it sought agreement on areas of work arising from the pandemic that fell outside the prevailing terms and conditions of service within the sector. These terms and conditions are negotiated collectively between employer and employee's representatives in a joint negotiating committee (NJC).

The additional activities were to be risk assessed, receive managerial support and any necessary training would be provided. An original list of three activities had grown to 14 areas by 21st May, with each announced through a Tripartite Statements (Levin *et al.* 2020). As mentioned above, this included driving ambulances, delivering essential food and prescriptions to vulnerable people, and the movement of bodies and staffing of temporary mortuaries. Initially, it was a significant success:

> "The Tripartite Agreement was very helpful nationally and saved a lot of effort, with one conversation being had nationally to thrash out the principles of wider working [outside of the firefighter role]. [however,] There were some complications to it locally."
>
> (as quoted in Levin *et al.,* 2021, p18)

On 3rd June, Statement 9 noted tensions with the application of the risk assessments and stressed that no new activity could be introduced until an affirmative response had been given by the NJC Joint Secretaries. It also envisioned national risk assessments for activities (with local variation agreed through local structures) and any temporary changes to work patterns needing to be process through formal local negotiating processes (Levin *et al.,* 2020; Garrigan, 2021). Frictions increased, and the process of agreement slowed, and this inhibited responses to new and changing demands for assistance. By the time the agreement ended in January 2021, there were 16 sets of activities (FBU 2021). No national agreement was reached for fire staff to support the national vaccination programme, although the vast majority of services were operating under local agreements or arrangements in support of vaccination roll-out. Levin *et al.* (2020) provide the most detailed account of the affair including the views of other key stakeholders. The HMICFRS, however noted that:

> "Overall, fire and rescue services responded very well to the outbreak. They maintained their ability to respond to fires and other emergencies in these extraordinary times. Many supported communities in ways that extended far beyond their statutory duties, with firefighters and staff stepping up to take on a range of pandemic activities"

But in relation to the Tripartite Agreement:

> "The intent behind the tripartite agreement was pragmatic, but it was too prescriptive in practice. [and]… we don't consider it appropriate for the Fire Brigade Union to have been given the ability to delay or veto the reasonable and safe deployment of firefighters to assist the public during a national emergency"

This predictably led to the release of a circular and press campaign by the FBU under the headline "HMICFRS report attacks firefighters and targets the FBU", which featured

prominently in the national media (FBU, 2021; Chappell, 2021; *FIRE,* 2021). It claimed HMICFRS had

> "…launched the opening salvo in a biased, politically-motivated attack on the Fire Brigades Union. Members should be in no doubt that our union is under attack – by inspectors, the NFCC, some fire employers and ultimately the Westminster government …[it] is a vicious and dishonest attack on firefighters and the FBU. It is launched when thousands of firefighters are once again on the front line of major flood incidents. At the very same time, firefighters have been also driving ambulances, moving the bodies of the deceased and delivering vital supplies to the NHS and care sector and vulnerable people in our communities. In the middle of winter and during a pandemic, their priority is not to improve public safety but to attack our members and our union".
>
> (FBU, 2021)

In its State of Fire report published in March 2021, the inspectorate reiterated that in 2020, one of their six national recommendations was that "the sector should review, and reform how effectively pay, and conditions are determined". It stated the "National Joint Council (NJC) [the mechanism for agreeing pay and workforce terms and conditions] is failing firefighters and the public and is in urgent need of reform." It revised the target date for this review to June 2021 and suggested the need for an independent pay review body on the future of the 'grey book' (HMICFRS, 2021c).

Summary and conclusions from March 2020-January 2021.

Interoperability, co-ordination, and collaborations between local emergency services appears to have been both efficient and effective throughout England in the period of the pandemic to January 2021. LRF activity worked in a co-ordinated way, and LRF members effectively supported their communities. SCGs were predominantly led by health but supported by the police and fire services.

Local 'horizontal' collaboration has been a strong positive characteristic of the response to the current pandemic, although vertical collaboration between national decision makers and LRFs was clearly unsatisfactory. Communications experienced asymmetrical information flows, which meant that while horizontal/local communications were excellent, the communications from central government to the front line were very poor, according to all three sources of evidence. The efficient and effective collaboration across LRFs might well have been expected from historical experience since the Civil Contingencies Act of 2004, but both the Grenfell Tower Fire (Prosser and Taylor, 2020) and the Manchester Arena attacks (Kerslake, 2019) have recently reminded services that it cannot be taken for granted.

There are two issues that may have had some bearing on the capacity, capability, and performance of responders to the current pandemic. The first is that those organisations that are experienced, and regularly train and have been tested to respond to both real and simulated emergencies (Category 1 and 2 responders under the Civil Contingencies Act), emerge from the three sets of evidence in generally very favourable light. Those brought into

new roles, such as test track and trace or procurement of personal protective equipment, who had relatively little experience of emergency response have tended to perform relatively poorly (NAO, 2020a, b).

The second relates to the loss of capacity in emergency planning and response. In 2011, the regional infrastructure involving Regional Resilience Teams, Regional Forums and Regional Planning, which formerly had been significant parts of the emergency infrastructure, particularly when responding to widescale or extensive emergencies, such as major flooding incidents across multiple areas of the country, were effectively disbanded and replaced by a much more limited resource based in Whitehall (Murphy, 2015). The former Regional Resilience Forums were co-ordinated by a dedicated team in each of the nine Government Offices for the Regions, with equivalent arrangements in Scotland, Wales, and Northern Ireland. They operated Regional Risk Register, facilitated training and exercises, and acted as the governments regional co-ordinators when national emergencies broke out. When the nine Government Offices were closed in 2011, a lot of the geographical and historical knowledge and experience mostly went with them to be replaced by smaller teams responsible for wider geographical areas, all based in London.

All three sources found FRS responses to non-COVID related emergencies and assistance with mutual aid to their partner agencies, most notably the Category 1 organisations, at the heart of responding to the pandemic, to be very productive and took a positive view, despite the scale and depth of the challenge. “All services maintained their ability to respond to fires and other emergencies” (HMICFRS 2021a, p. 13).

However, inadequate data and intelligence at both local and national levels has been a long-term strategic and structural issue in Fire and Rescue Services for over 10 years (Murphy and Greenhalgh, 2013; Murphy *et al.,* 2020*)*, but the delay in informing and assuring LRFs and responders generally that central government would provide appropriate resources to respond to the pandemic is an inadequacy of the current national administration, and the financial position of fire services and local government remains a cause for concern for the NAO (2021).

Inadequate and late information clearly leads to sub-optimum planning and decision making both in the short-term and in the long-term, and while the prioritisation of response in the early parts of the pandemic was both inevitable and understandable, the reprioritisation of protection and prevention affects long term causes rather than short term consequences of behaviours and risks.

The successful transition to working from home and the protection of staff (both frontline and back office) meant that absenteeism and presenteeism were reduced. The pandemic was also a catalyst for local digitisation and collective procurement, both of which suggest potential for long term improvements in service provision. While protection and prevention services where initially de-prioritised, as the pandemic continued the response from these teams became ever more innovative as they sought to make their contribution, particularly as the pandemic entered the vaccination stage. The weaknesses or inadequacies tended to come at the national level, where HMICFRS found progress on national reforms had virtually

ceased (HMICFRS, 2021c), although the efforts of NFCC on procurement and elsewhere were a noticeable exception.

The area where there was most controversy and where a very mixed picture emerged, is in relation to the Tripartite Agreement. What started as a flexible and positive local response to clear local community needs, became increasingly inflexible as it was scaled up to a national initiative and formal national negotiating machinery was resorted too. The original rapid response saved a lot of local effort with 14 areas agreed by May 2020, although there was some self-imposed over-reaction. After June, it became increasingly inflexible and counterproductive, and HMICFRS has repeatedly questioned whether an agreement was even appropriate in an emergency. By the time it reached its formal end date in January 2021, there was no appetite to try and establish a further national agreement. Local agreements formal and informal had continued to be developed based on local circumstances, as they had throughout the pandemic.

In the second State of Fire report, HMICFRS (2021b) stated the fire and rescue sector, at both national and local level, needed fundamental reform, although this did not apparently include any changes to HMICFRS.

References

Bennett Institute for Public Policy Cambridge (2020), "The history of emergency legislation and the COVID-19 crisis", Blog 28th April 2020, available at https://www.bennettinstitute.cam.ac.uk/blog/history-emergency-legislation-and-covid-19-crisis/ (accessed 1 March 2021).

Chappell, E. (2021), "FBU rejects Covid report as "political and biased attack on firefighters"", available at: https://labourlist.org/2021/01/fbu-rejects-covid-report-as-political-and-biased-attack-on-firefighters/?amp (accessed 21 March 2021).

Eisenman, D., Cordasco, K., Asch, S., Golden, J. and Glik, D. (2007), "Disaster Planning and Risk Communication with Vulnerable Communities: Lessons from Hurricane Katrina", *American Journal of Public Health,* Vol. 97 No. 1, pp. 109-115.

Fire Brigades Union (2021), "HMICFRS report attacks firefighters and targets the FBU HMICFRS report attacks firefighters and targets the FBU" available at https://www.fbu.org.uk/circular/2021hoc0029mw/hmicfrs-report-attacks-firefighters-and-targets-fbu (accessed 21 March 2021).

*FIRE (2021), "*FBU responds to "political and biased" Inspectorate report", *FIRE,* February 2021, p. 6.

Garrigan, P. (2021), "Fire and Rescue Service response to COVID-19", *FIRE,* February 2021, pp. 18-20.

Hamilton, A. and Toh, K. (2010), "A review of emergency organisations: the need for a theoretical framework", *International Journal of Emergency Management,* Vol.7 No. 2, pp.111 – 123.

Henstra, D. (2010). "Evaluating local government emergency management programs: What framework should public managers adopt?", *Public Administration Review*, Vol.70 No.2, pp.236-246.

Hill, R., (2020). "*C19 National Foresight Group: report - rationale to extend the flu vaccine*", C19 National Foresight Group, available at: https://www.ntu.ac.uk/about-us/nottingham-civic-exchange/c19-national-foresight-group/c19-national-foresight-group-outputs (accessed 23 March 2021).

Hill, R., Guest, D., Hopkinson, A., Towler, A. and Pickford, R. (2020a),"Covid-19 Pandemic National Interim Operational Review", C19 National Foresight Group, availability and access as above.

Hill, R., Guest, D., Pickford, R., Hopkinson, A., Daszkiewicz, T., Whitton, S., Reed, I., and Towler, A. (2020b), "Covid-19 Pandemic Second Interim Operational Review", C19 National Foresight Group, availability and access as above.

Hill, R., Guest, D., Pickford, R., Hopkinson, A., Daszkiewicz, T., Whitton, S., Reed, I., Thomas, I. and Crego, J. (2020c), "Third interim operational review", C19 National Foresight Group, availability and access as above.

Hill, R., Smith, K. and Pickford, R. (2020d), "C19 National Foresight Group: report - local lockdown learning." Planning and Establishing Local Health Protection Areas in Response to Covid-19. Findings from analysis of Strategic Leaders July 2020, C19 National Foresight Group, availability and access as above.

Hill, R., Pickford, R., Towler, A. and Hopkinson, A. (2021a), "Local resilience forum learning", C19 National Foresight Group, availability and access as above.

Hill, R., Stewart, S., Potter, A., Pickford, R. and Smith, K. (2021b), "Managing the first 230 days", C19 National Foresight Group, availability and access as above.

Hill, R., Pickford, R., and Hopkinson, A. (2021c), "C19 National Foresight Group Exclusive: What did we learn?", *FIRE,* March 2021, pp. 18-19.

HMICFRS (2021a), "Covid-19 inspection letters", available at: https://www.justiceinspectorates.gov.uk/hmicfrs/publications/the-fire-and-rescue-services-response-to-the-covid-19-pandemic-in-2020/ (accessed 23 March 2021).

HMICFRS (2021b), "*Responding to the pandemic: The fire and rescue service's response to the COVID-19 pandemic in 2020*", HMICFRS, London.

HMICFRS (2021c), "*State of Fire and Rescue – The Annual Assessment of Fire and Rescue Services in England 2020*", HMICFRS, London.

Holdsworth, D. and Zagorecki, A. (2020), "The SERIES model: development of a practitioner focused emergency response evaluation system", *International Journal of Emergency Services*, Vol. 9 No. 3, pp. 313-337.

Kapucu, N., (2006), "Interagency communication networks during emergencies: Boundary spanners in multiagency coordination", *The American review of public administration*, Vol.36 No.2, pp.207-225.

Kapucu, N. and Garayev, V. (2011), "Collaborative decision-making in emergency and disaster management", *International Journal of Public Administration*, Vol.34 No.6, pp.366-375.

Kerslake, R. (2019), "The Kerslake Report: An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017", Greater Manchester Combined Authority, Manchester.

Levin, C. (2021a), "Firefighters as vaccinators?" *FIRE,* February 2021, pp. 15-17.

Levin, C. (2021b), "Inspecting the pandemic response". *FIRE,* March 2021, pp. 15-17.

Levin, C., Owen, J. and Waring, S. (2020), "Fire and rescue service response to COVID-19 Report for the NFCC COVID-19 Committee", available at: https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/NFCC_Covid-19_FINAL_December_2020.pdf (accessed 21 January 2021).

Manoj, B.S. and Baker, A.H. (2007), Communication challenges in emergency response. *Communications of the ACM*, Vol.50 No.3, pp.51-53.

Murphy P. (2015), "Flood response hit by regional austerity cuts", *The Conversation*, available at: https://theconversation.com/flood-response-hit-by-regional-austerity-cuts-23448?web=1&wdLOR=c88DB27D9-97A9-4E55-A207-C30DE2E1F7AA (accessed 3 April 2021).

Murphy, P. and Greenhalgh, K. (2013), "Performance management in fire and rescue services", *Public Money & Management*, Vol.33 No.3, pp. 225-232.

Murphy, P., Lakoma, K., Eckersley, P. and Glennon, R. (2020), *Rebuilding the Fire and Rescue Services: Policy delivery and Assurance*, Emerald Publishing, Bingley.

National Audit Office (2021), "*Local government finance in the pandemic",* HC: 1240, 2019-21.

National Audit Office (2020a), "*The government's approach to test and trace in England – interim report", HC 1070 SESSION 2019–2021.*

National Audit Office (2020b), "*The supply of personal protective equipment (PPE) during the COVID-19 pandemic",* HC 961 SESSION 2019–2021.

Newkirk, R.T. (2001), "The increasing cost of disasters in developed countries: A challenge to local planning and government", *Journal of Contingencies and Crisis Management*, Vol. 9 No.3, pp.159-170.

NFCC (2020), "*Covid-19 response: fire services Ready, Willing and Able Blog from CEO Roy Wilsher"* FIRE May 2020. HC 1070 SESSION 2019–2021.

Paun, A., Sargeant, J. and Nice, A. (2020), "A four-nation exit strategy: How the UK and devolved governments should approach coronavirus", available at: https://www.instituteforgovernment.org.uk/sites/default/files/publications/four-nation-exit-strategy-coronavirus.pdf (accessed 1 March 2021).

Prosser, T. and Taylor, M. (2020), *The Grenfell Tower Fire: Benign neglect and the road to an avoidable tragedy,* Pavilion Publishing, Shoreham by Sea.

Sargeant, J. and Nice, A. (2021), "Coronavirus lockdown rules in each part of the UK: Why there are different restrictions in different parts of the UK?", available at: https://www.instituteforgovernment.org.uk/explainers/coronavirus-lockdown-rules-four-nations-uk (accessed 1 March 2021).