

Gwent Police: Joint Response Unit Evaluation

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Introduction & Literature Review

Introduction & Literature Review

1. Introduction

The Joint Response Unit (JRU) in Gwent is a collaboration between Gwent Police and the Welsh Ambulance Service Trust (WAST). It was introduced in 2016 with the aim of jointly addressing and reducing demand on both organisations created by incidents attended by the police that required an ambulance and vice versa. The operation consists of an ambulance service vehicle, which is staffed by a professional paramedic and a member of the Gwent Police Special Constabulary.

This evaluation is being conducted as part of the IPSCJ's national pilot programme, which is funded by the Police Transformation Fund (PTF), looking at innovative practice in the use of volunteers within policing.

The report provides a comprehensive review of the operation, which has been achieved through (i) a literature review, (ii) an overview of the national picture of Special Constables in joint operations with external organisations, (iii) analysis of key statistical data, (iv) semi-structured interviews with staff and volunteers from both WAST and Gwent Police, and (v) a SWOT analysis of the JRU operation.

2. Literature Review

2.1 Policy Context

Since 2010 the British government has supported the policy of emergency service collaboration between police, fire and rescue services and health services to improve efficiency in service delivery as well as service cost. Although there has been much debate over police-fire collaboration, the Home Office (2015: 3) have stated explicitly that they:

"...want to see Police and Crime Commissioners and NHS ambulance trusts working more closely together to ensure the demand that the police and NHS ambulance services place on each other, on a day-to-day basis, is dealt with in the most effective and efficient manner."

Moreover, the Wellbeing of Future Generations Act (2015) legislation from the Welsh Assembly supports the necessity of collaborations in pursuit of the economic, social, environmental and cultural wellbeing of Wales (Welsh Assembly, 2015).

In 2013, the government published Sir Ken Knight's 'Facing the Future' report into blue light collaboration (2013), which concluded that increased efficiency could be achieved, both in operational and financial terms, by embracing shared resources and interoperability, especially between police and fire and rescue services. The report did, however, highlight the added difficulty in achieving collaboration between the largely county-based police or fire services and the regional ambulance services (Knight, 2013).

Currently, the most established model of collaborative working between police and health services in the UK is in joint response to mental health crisis, with many force areas having established mental health street triage (MHST) operations. MHST involves a healthcare professional in the response to incidents reported to the police involving mental health crisis, with the objective of making the process of deciding whether to detain an individual under section 136 of the Mental Health Act (1983) more efficient, reducing the inappropriate use of s136 detainments, and ensuring a more dignified process for the individual. As these operations are designed and delivered locally, there are a number of different models involving different combinations of professionals from various organisations, including police and community psychiatric

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nurses (CPNs), police and paramedics, police with a CPN and a paramedic, and social workers and nurses (Callender *et al.*, 2018; Lee *et al.*, 2015; Horspool *et al.*, 2016; Keown *et al.*, 2016; Bhardwa, 2013; Baraki *et al.*, 2017; Reveruzzi & Pilling, 2016).

An evaluation of the nine initial pilot sites across England and Wales in 2015 found that in all but two of the locations where MHST had been implemented, the number of detentions had decreased, and that the use of police cells for people detained under s136 had also declined (Home Office, 2016). Subsequently many more force areas have implemented MHST to deliver a joint response to mental health crisis in the community.

2.2. Interoperability and collaboration in emergency services

There are several examples of the development of interoperability within public service roles across the country, with automated external defibrillators (AEDs) being fitted in some police vehicles in the Met and City of London areas as well as Merseyside and Greater Manchester, with officers receiving training to use the equipment (ESCWG, 2016). Additionally, Greater Manchester Fire and Rescue Service now respond to 20% of cardiac arrests and are fully trained to use AEDs (ESCWG, 2016). This provides support for the North West Ambulance Service, especially during periods of high demand when an ambulance may take longer to arrive. A similar collaboration has taken place between Essex County Fire and Rescue Service and East of England Ambulance Service, whereby equipment and training are provided to the fire and rescue service to respond to incidents involving cardiac arrest, which has since been rolled out across a number of other counties in the East of England (ESCWG, 2016).

Furthermore, there are examples of collaborations between public services the Metropolitan Police and London Ambulance Service (LAS) have a joint response unit (JRU) involving a LAS fast response vehicle staffed by one paramedic that responds solely to police requests for medical assistance (ESCWG, 2016). Over three quarters (79.3%) of incidents attended by the JRU vehicle did not require full ambulance attendance over the course of three years between 2012 and 2015 (ESCWG, 2016).

Internationally, there are limited examples of joint response collaborations in literature. In the USA, a Domestic Violence Coordinated Response Team was established involving a police officer and a victim advocate as first responders to domestic violence incidents (Whetstone, 2001). This approach was considered to be more effective in improving the quality of life for victims of domestic violence (Whetstone, 2001), and subsequent different models of coordinated response to domestic violence cases have emerged in America (USDOJ, 2015).

Charman (2013), when investigating compatibility and interoperability between police and ambulance staff, found that there was a 'natural affinity' between the two groups and a mutual understanding of each others' professional roles. Regular attendance at the same incidents meant that there was a natural overlap in working practices and a development of relationships, with some officers and ambulance staff describing a feeling of belonging to the 'emergency services' rather than to their individual organisations (Charman, 2013).

That said, much of the identified good practice regarding partnership working and joint response comes from the Mental Health Street Triage literature. Research and evaluations across a number of sites delivering MHST have broadly agreed that the success factors behind these joint operations include shared strategic

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objectives, commitment of dedicated personnel to the operation, training of operational staff, officers, and volunteers to understand their roles comprehensively and the role of the professionals they are working alongside, and wider organisational acceptance of the operation's objectives (Callender *et al.*, 2018; Lee *et al.*, 2015; Horspool *et al.*, 2016; Keown *et al.*, 2016; Bhardwa, 2013; Baraki *et al.*, 2017; Reveruzzi & Pilling, 2016).

2.3. Volunteers in Emergency Response Roles

Volunteers are common in ambulance services around the world including in Europe and Australia (Ambulancezorg Nederland, 2010; O'Meara, 2003). Volunteer paramedics in Australia contribute 3 million hours per year (Busch, 2013) within a range of delivery models including independent emergency first responders and joint professional-volunteer ambulance crews (O'Meara, 2012; 2003). Ambulance and health-based volunteers in the UK contribute through several different organisations, including the regional ambulance services, which will train up volunteers to become community first responders who can be first on the scene at an emergency in their local community (EMAS, LAS, NWAS). The British Red Cross provides medical and emotional support in emergency situations, including following the London bombings in 2007, the Manchester Arena bombing in 2017, London Bridge and Borough Market terror attacks and the Grenfell Tower fire (Adamson, 2017; Adamson, 2018; Kerslake Report, 2018). Additionally, charities such as St. John's Ambulance Service train volunteers to deliver emergency first aid and provide care to people at public events (St. John's Ambulance, 2019).

In Japan, there are 888,900 volunteer firefighters, almost six times the number of career firefighters (157,860), and 96% of the

nearly 2000 municipalities across the country have a volunteer fire service (Haddad, 2010). This is explained by a historic (albeit declining) pressure for men to join a volunteer fire department out of a civic responsibility that derives from the previous national service model, which results in volunteer firefighters obtaining a high social status, especially in rural communities (Haddad, 2010). Somewhat conversely, in the UK, there are a reported 18,000 'Retained Firefighters'. Like British Army reserves, Retained Firefighters are paid for their time either on-call or attending incidents, but are mostly people who work and attend incidents when they occur. They are mostly based in rural areas out of a solely retained fire station, however, some work alongside full-time firefighters in urban areas (Fire Service, 2019).

O'Meara (2012) identifies four components that contribute towards successful use of volunteers in the ambulance/first responder context:

- Leadership, i.e. high levels of commitment to the integration of volunteers;
- Integrative processes, i.e. salaried and volunteer staff receiving the same information and recognition;
- Resource commitment, i.e. committing considerable resources to managing and supporting volunteers, and;
- Relative autonomy, i.e. ensuring volunteers feel that they have an independent voice and can speak on behalf of the local community.

Additionally, Fahey *et al.* (2003) highlighted high quality training that can be delivered flexibly as a key to volunteer ambulance officer retention, with inflexible, poor quality training as a large disincentive for both recruitment and retention.

Introduction & Literature Review

Chandan & Meakin (2016) found that many Special Constables were likely to acknowledge the broader public safety responsibility of their role in responding to emergencies and being able to deliver first aid. However, levels of confidence varied significantly, with some expressing a preference for trained professionals to deliver emergency first aid. The factors influencing a Special Constable's confidence in delivering emergency first aid included their personal or professional background, their level of experience in the role, having another officer or Special Constable present, and the training or refresher training that they had received (Chandan & Meakin, 2016).

Overall, the literature demonstrates that the concept of joint response is a new and emerging field. The use of volunteers in emergency response roles is not necessarily new, but there is only a limited evidence-base to draw from in developing operations such as the joint response unit in Gwent. The policy context is particularly relevant in driving these types of collaborations, with cuts to funding and the requirement for greater efficiency necessitating new ways of working, including innovative practice in the use of volunteers and partnership working across agencies who share similar organisational challenges.

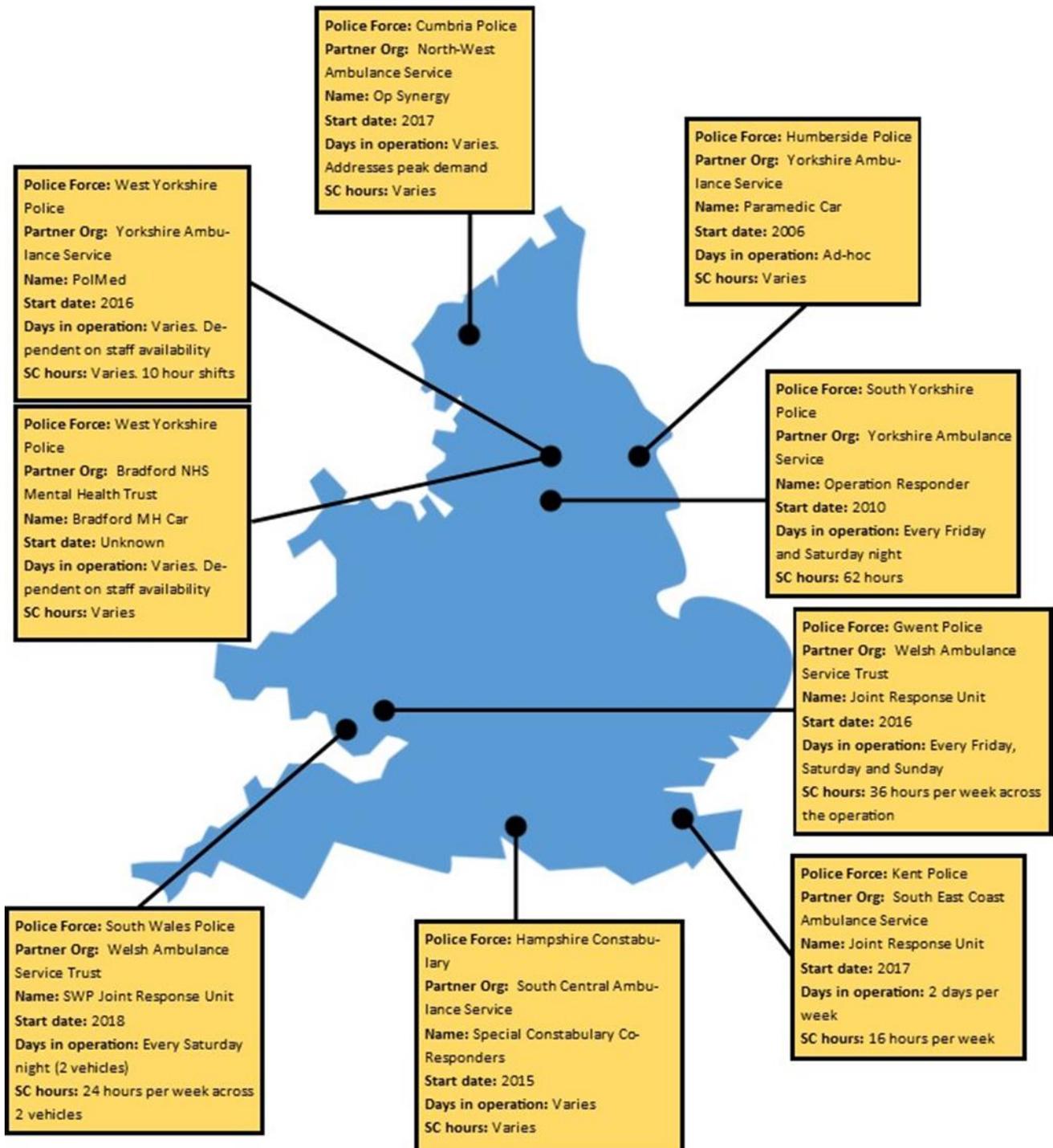
National Picture

National Picture

3. National Picture

This chapter provides a brief overview of how Special Constables are being deployed in collaborations with partner organisations outside of the police. The graphic below provides details

of nine such operations across England and Wales, including the JRU in Gwent.



National Picture

All of the collaborations illustrated in Figure 3.1 involve Special Constables working alongside healthcare professionals. In all but one of the examples it is an ambulance service as the partner organisation. The operations are at various stages of development, with the longest-running collaboration having been introduced in 2006, however, there appears to be consistency across their aim and objectives, with the idea being to attend incidents that would require both police and a paramedic to respond to and thereby reduce the pressure on police and ambulance services at times of peak demand.

The role of the Special Constable varies across operations. In a minority of areas, the Special Constable carries out the role of designated and qualified driver to respond to incidents, whereas in most cases the paramedic carries out that function. In all of the collaborations, the Special Constable's responsibility was seen to be to manage public order issues so that the paramedic can carry out their role safely. Some areas also highlighted the police powers, such as section 136, that the Special Constable can utilise if necessary as an important contribution to the operation.

Most of the areas with collaborative operations have a dedicated team of Special Constables who are responsible for staffing the operation. The number of Specials on the team varied between 6 and 12. This range appears to suit the limited number of days that the collaborations are operational for each week, with most of them only being active at the weekends to address times of peak demand.

Due to the differing levels of establishment, some areas are currently seeking to maintain their operations, whereas others are looking to scale up from pilot operations in narrower localities to cover a larger area. There is a consensus that these kinds of collaboration provide valuable support and ease demand for both police and ambulance services and

therefore none of the force areas are seeking to reduce or cease their joint response operations.

Whilst there are variations in the specifics of how each operation is delivered, there is a clear pattern in terms of the use of volunteers and weekend operating hours seeking to address peak demand. Some of the more established models could provide a valuable source of learning for developing operations.

Statistical Findings – Key Data

Statistical Findings – Key Data

4. Statistical Findings

This chapter provides an overview of the data available for the Gwent Joint Response Unit. All findings represent data from between August 2017 and July 2018. The graphs included below will provide an insight into the types of incidents that provided the highest level of demand for the JRU as well as some of the activity of the JRU in dealing with those incidents.

Figure 4.1 shows the number of shifts that were completed over the course of a twelve-month period between August 2017 and July 2018. In only five of the twelve months were all shifts completed. This demonstrates some potential issues around the staffing of the JRU vehicle, which are explored further in chapter 5. There is a concerning trend of an increasing percentage of lost shifts.

Almost half of all the incidents attended by the JRU were category 'amber 2', as displayed in figure 4.2, with 'amber 1', 'amber 2', and 'green

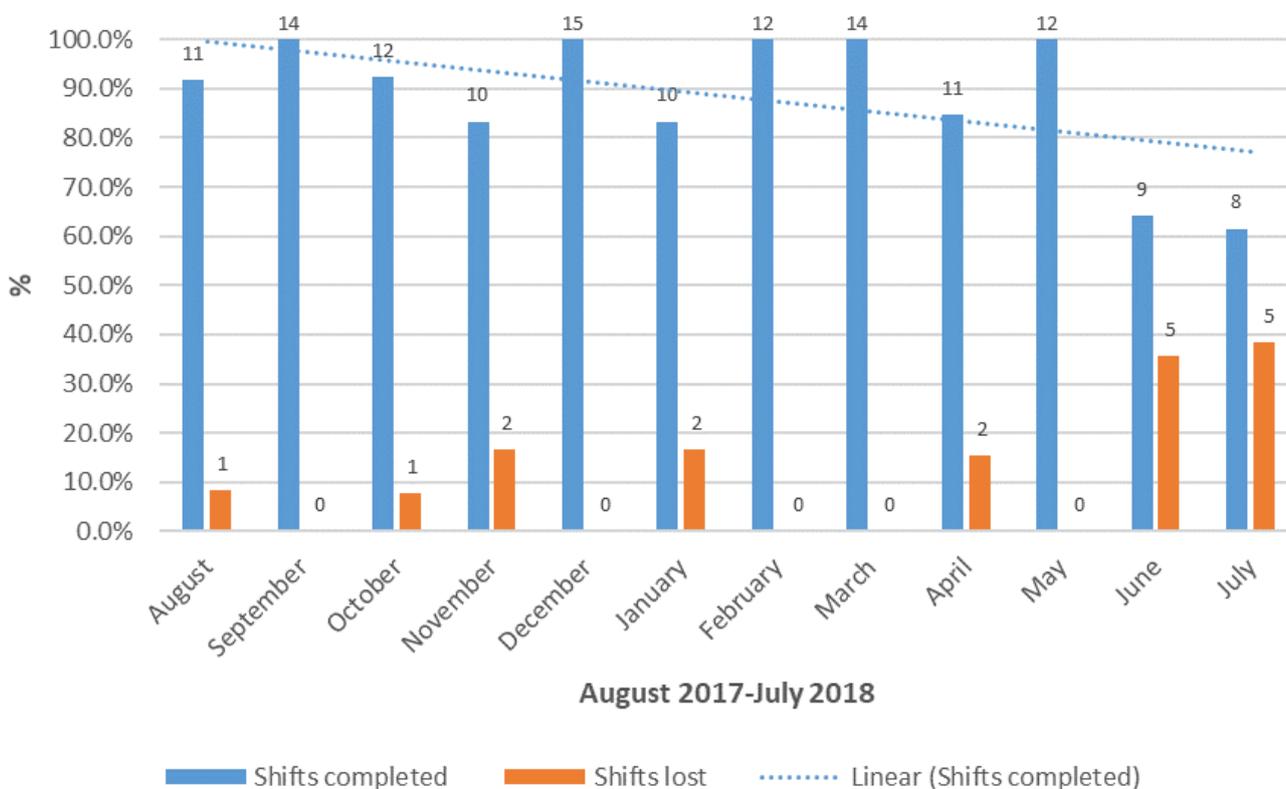


Figure 4.1: Shifts completed vs shifts lost (Aug 2017-July 2018)

2' category incidents accounting for almost 90% of all JRU deployments. While the JRU is required to attend 'red' calls if it is the closest deployable asset, its purpose is to attend lower priority incidents, and this demonstrates that it appears to be operating as intended.

Figure 4.3 shows that the outcome of almost half of the JRU's deployments was the conveyance of a patient to an appropriate health-based location for further treatment. It should be noted that the conveyance shown in this graph is the combined conveyance figure for those conveyed by the JRU, ambulance, taxi, etc. In over a fifth of incidents, the paramedic was able to treat the patient at the scene. These two outcomes account for 70% of incidents.

Statistical Findings – Key Data

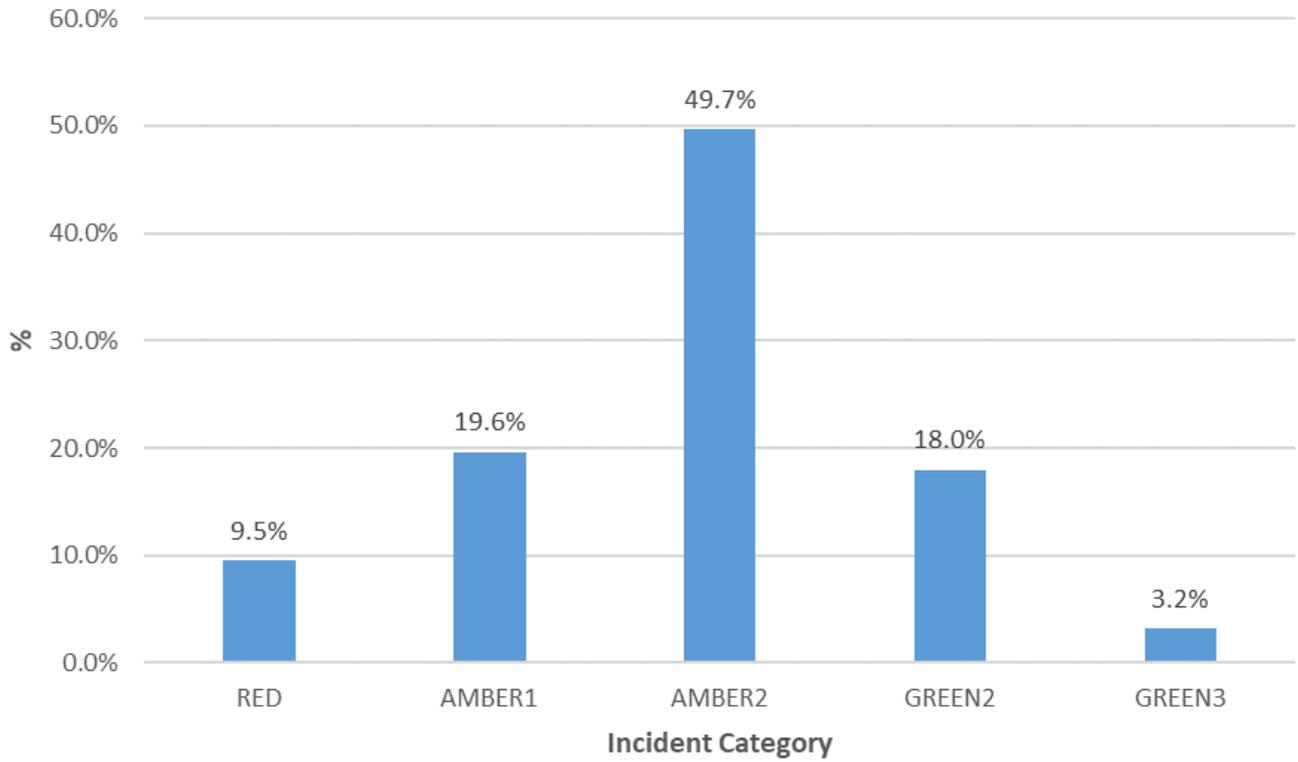


Figure 4.2: JRU incidents attended by category

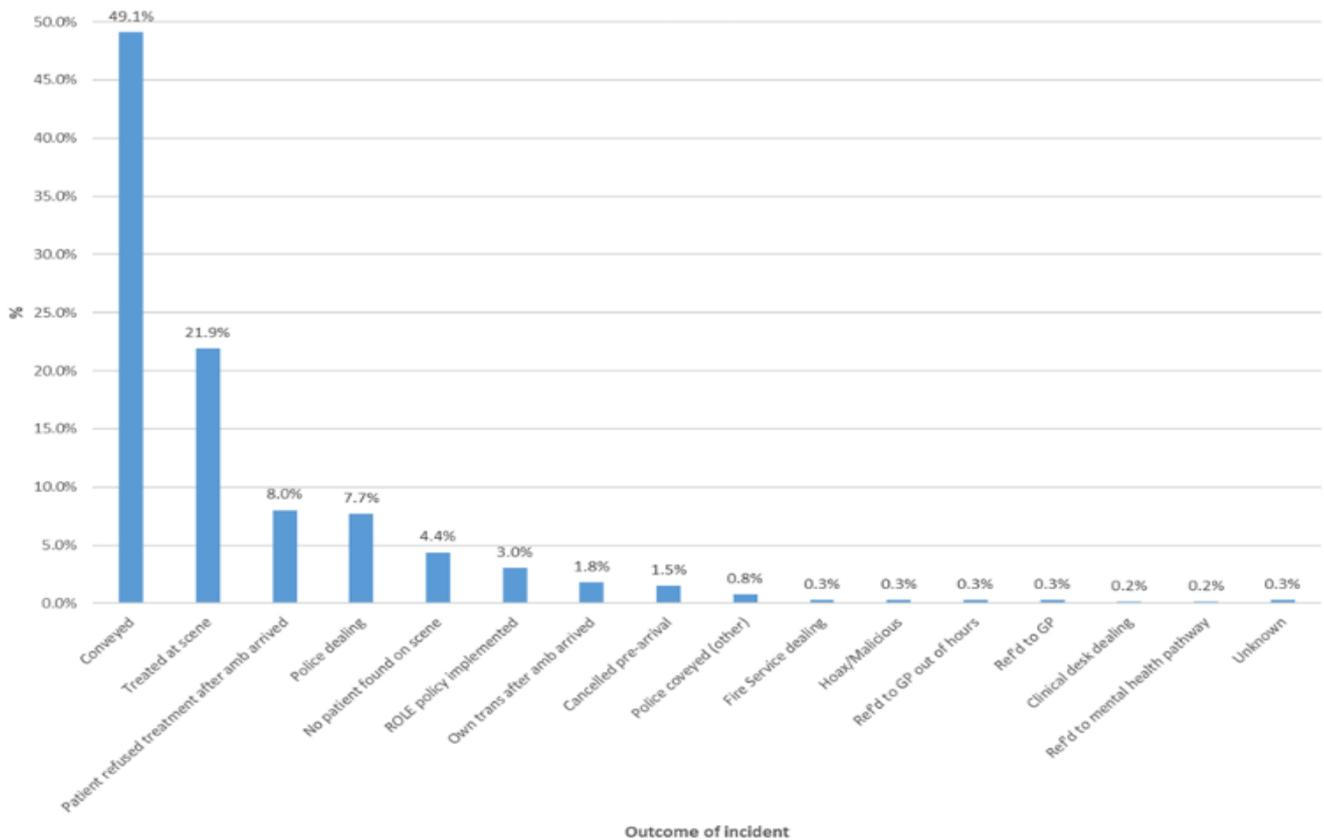


Figure 4.3: Outcome of incident

Statistical Findings – Key Data

In almost 60% of cases, when conveyance was required, the JRU was able to fulfil that duty, enabling, in many cases, an ambulance to be released to attend other calls. Figure 4.5 shows that the Royal Gwent Hospital in Newport was the destination in the majority of incidents where the JRU conveyed a patient with Prince Charles Hospital and Nevill Hall Hospital accounting for 30% of conveyances combined.

The JRU's demand is primarily driven by assaults, psychiatric problems, traffic collisions and overdoses, as displayed in Figure 4.6. These four incident types account for almost 65% of the overall activity of the JRU. This statistic can inform an important conversation around whether the JRU should be more focused around attending specific incident types only, and if so what it is best equipped to respond to effectively.

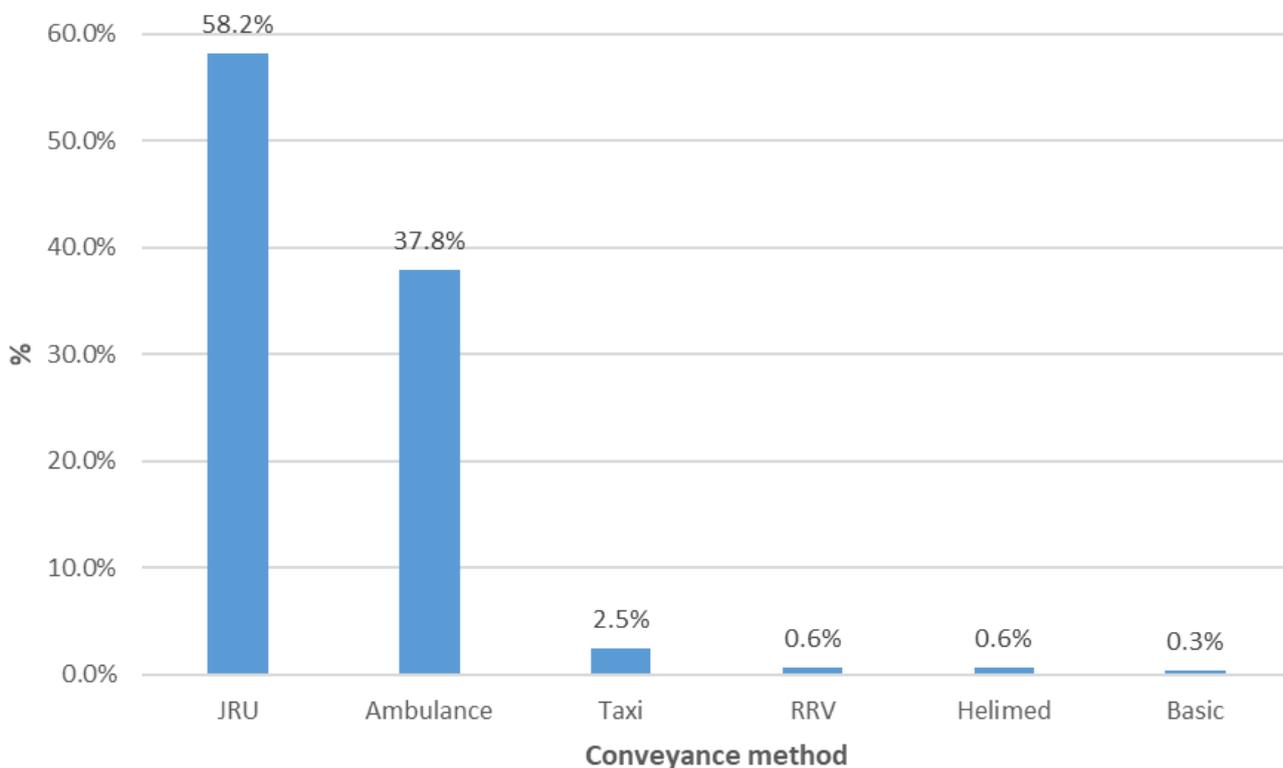


Figure 4.4: Breakdown of how patients were conveyed when JRU attended

Statistical Findings – Key Data

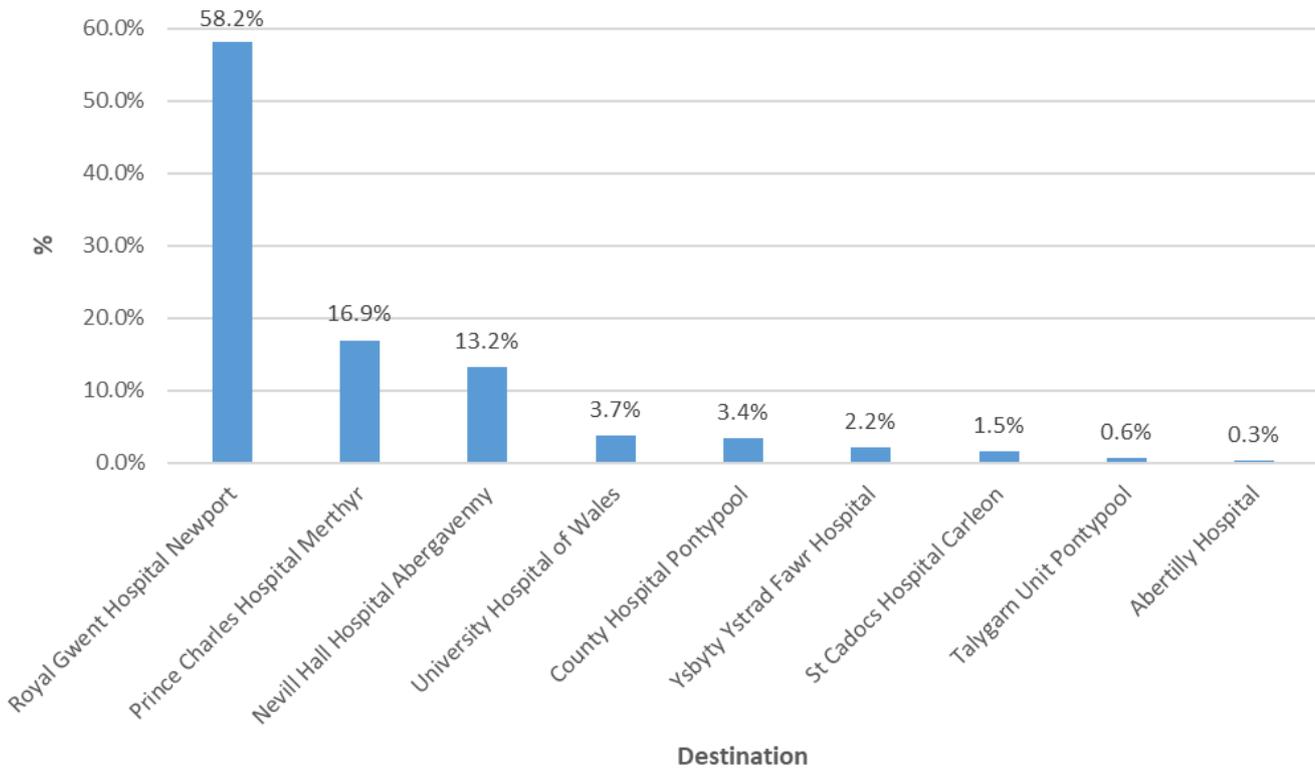


Figure 4.5: Breakdown of JRU conveyance destination

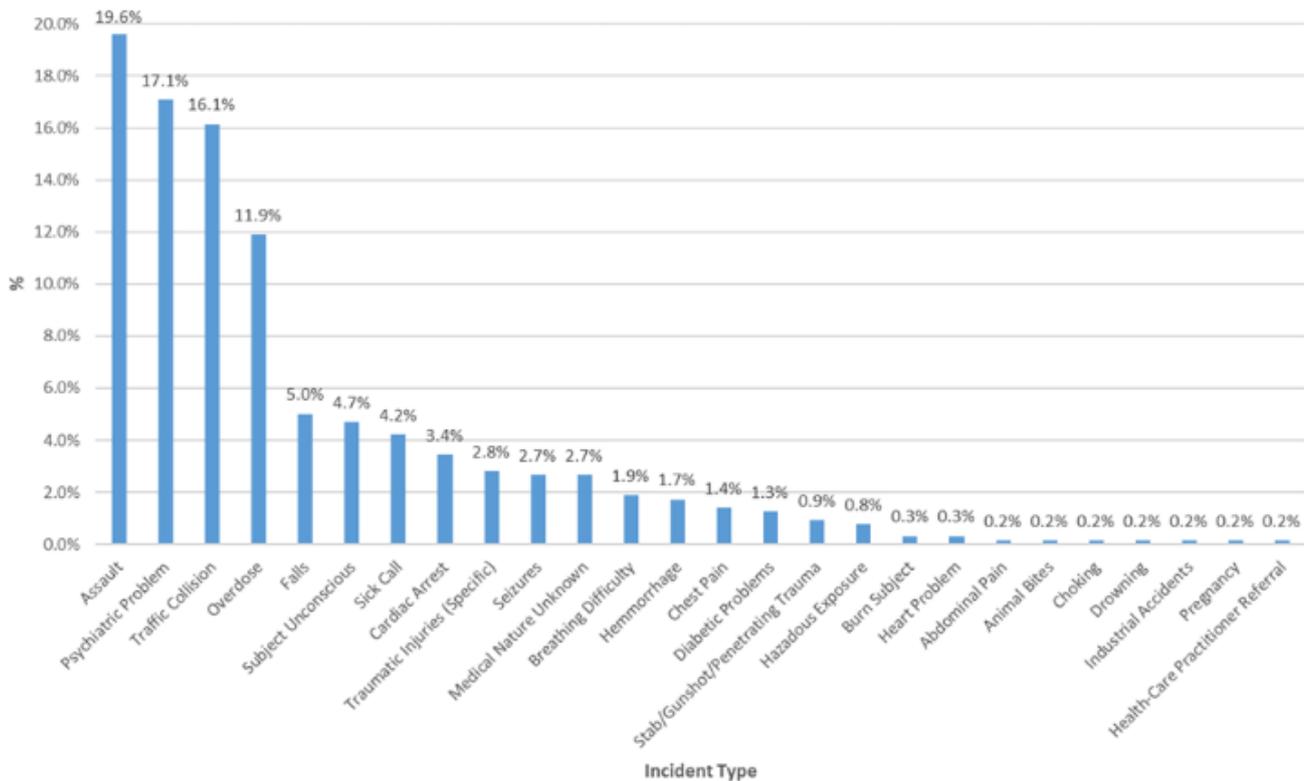


Figure 4.6: Breakdown of JRU deployments by incident type

Statistical Findings – Key Data

Figure 4.7 shows the outcomes for the top six incident types when the JRU attends (these six incident types were chosen due to the sample size). The JRU was able to treat patients at the scene in a significantly higher proportion of traffic collisions compared with other incident

types. It is also clear from this data that the JRU’s role in mental health related incidents is as a vehicle for conveyance, with both psychiatric problem and overdose showing a limited proportion of patients treated at the scene.

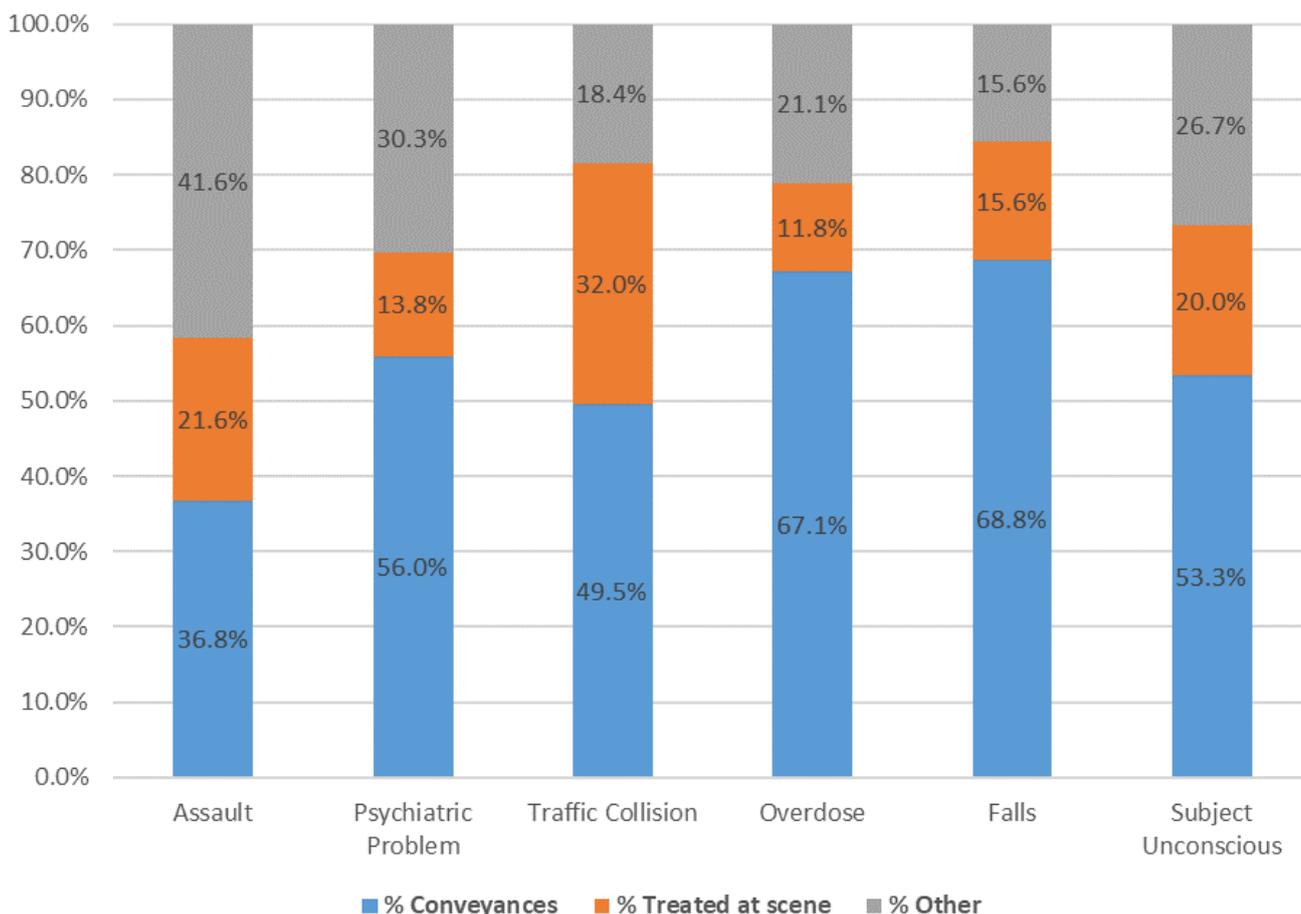


Figure 4.7: Outcome for top six incident types

In reality, The analysis shows that more detailed data capturing systems are required in the JRU to evidence the impact of the JRU on the outcomes for patients and quality of service as well as the cost benefits for both the police and ambulance services. Existing mental health street triage operations may be a useful as a starting point for building a system for monitoring the process for each incident and providing measures for impact and success going forward.

This data provides only an overview of the activity of the JRU. These may, in some cases, provide a starting point for important conversations around the JRU’s aims and objectives and its operational focus, leadership and future development. These topics are explored with the volunteers and professionals who have been involved with the JRU in the next chapter.

Qualitative Themes

Qualitative Themes

5. Qualitative Themes

This chapter explores the qualitative themes arising from semi-structured interviews conducted with strategic leads across Gwent Constabulary and WAST, as well as paramedics and Special Constables who have worked on the Joint Response Unit. In total, eleven interviews were conducted. The interviews involved discussions around the aims and purpose of the JRU, its impact in relation to those stated aims as well as the impact on partnership working and the experiences of being a Special Constable in a cross-agency environment.

The first section of this chapter will therefore discuss some of the key themes emerging from the interviews, including the JRU's aims and purpose, perceptions of its value across the organisations involved, the experiences of partnership working, management (including training), and strategic leadership. The second section looks in detail at the role and experiences of Special Constables within the JRU, including the idea of specialisms within the Special Constabulary, management of expectations and abilities, and the impact of the Specials on the role and of the role on the Specials. The final section of this chapter will involve a 'SWOT' analysis to identify the perceived strengths, weaknesses, opportunities and threats in relation to the JRU and will explore ideas of the future development and sustainability of the operation.

5.1. Key perspectives

5.1.1 Aims and purpose of the JRU

There were several aims of the Joint Response Unit identified during the interviews. Views appeared to vary as to whether the service the

JRU delivers is intended to provide primary care to members of the public or secondary support to relieve regular officers from the scenes of healthcare-related incidents. Connected to this issue was the discussion around whether the demand that the JRU addresses is too broad, with it originally having been designed to respond to assaults and RTIs. There were a variety of opinions on what kind of incidents the JRU should attend and how it could best contribute to reducing demand across both Gwent Constabulary and WAST.

One of the key aims of the JRU identified by those involved was its function for freeing up regular police officers to deal with demand. Often when there has been an incident involving a paramedic, a police officer will be required to stay on the scene until it is fully resolved and therefore cannot respond to other incidents. The JRU is considered to have been effective in attending these incidents and releasing regular officers and ambulances so that they are available to be deployed elsewhere.

"As a Police Officer [when I request an ambulance], the waiting time's horrendous. It could be two, three, four hours before one turns up so the Unit was designed really so if there was a call where an ambulance was requested from a Police Officer that we will attend in place of the ambulance initially, to take over that call and the Police Officers on scene if I can." – Special Constable

"There was an awful problem and still is an awful problem with ambulance waiting times, so Officers can be waiting for hours for ambulances to arrive. So, this was kind of a shortcut to that, whereby the JRU could go along and patch somebody up and wait for the ambulance to arrive, so freeing up an Officer." – Regular officer

Qualitative Themes

Similarly, it was perceived by other that the JRU intends to provide vital support to respond to WAST incidents, allowing for a paramedic to be on the scene of an incident rapidly and with the protection of the police presence, rather than making individuals in distress wait for hours to receive medical attention through the deployment of a full ambulance.

"...rather than send an ambulance resource, we will go initially to the call and if we require backup then we'd say to the ambulance service that we need an emergency ambulance." – Special Constable

"...from a safety point of view, going in to pubs, nightclubs etc., or when you are attending things like that, there is a dual function. The Paramedic can be dealing with one element whilst the Police Officer is dealing with the other, meaning that an Ambulance and a response unit are not getting tied up with those smaller calls and they can deal with other stuff." – Special Constable

"First and foremost, it was to ensure that the service users received the best response that we could provide, which was typically to respond as quickly as possible to any need that they had." – Special Constable

This range of views on the aims demonstrates the idea that the JRU serves the purposes of supporting both police and ambulance services. In most cases, those involved with the JRU acknowledged its dual function of providing high quality primary care with a quicker response while playing a supporting role in allowing other resources to be deployed more effectively.

"It is a more effective use of our resources. An effective use of both Ambulance and Police resources, which means then that both Ambulance and

Police are in a position where they can be freed up to deal with more pressing matters." – Regular officer

"We respond specifically to requests from either service requesting the other, so police requesting ambulance or ambulance requesting police, or incidents where it's immediately foreseeable that both police and ambulance will be required, at things like RTCs, assaults." – Paramedic

"...to attend calls that require a Police Response and an Ambulance Response and it needs to meet both of those criteria." – Special Constable

However, it was at times unclear whether this was considered to be the operation's intended objectives at the outset or just a result of the lack of clarity and awareness of the JRU within the force control room/ambulance control room. This issue will be discussed later in this chapter.

The types of incidents that the JRU was reported to be deployed to are widely varying in range, however, there was consensus that the main demand experience comes from drug and alcohol related incidents, assaults, road traffic collisions, and incidents involving mental health distress.

There are different views within the operation regarding what the JRU should be used for and how it might be most effectively deployed. It is currently seen as an effective way of 'clearing the stacks' by attending any lower priority incidents that an ambulance might not reach for a number of hours.

"...we go to calls where youngsters have had too much to drink and rather than waste the resource again of an emergency ambulance, we can have a look at this youngster, call the parents and most of the time parents will come

Qualitative Themes

down and say, 'I'll take him home'." – Special Constable

"Yes, it's a very broad generalist specialty in the way that we respond to pretty much anything and everything but with a focus on what the police would come into contact with, such as assaults, substance abuse, RTCs." – Paramedic

However, the argument was made that deploying the JRU vehicle is not the appropriate response to incidents involving mental health crisis, as the paramedic is not the correct healthcare practitioner to deal with mental health. This has, at times, caused conflict between the Special Constable and the paramedic regarding whether to deploy to these incident types.

"A gentleman was on the wrong side of the bridge, threatening to jump off and we were the first unit by quite some distance. Instinctively, from my point of view, it's to get up on to the top of the bridge to speak to the gentleman to try and bring him down. Whereas the Paramedic's point of view was, 'Well, I'm no use up there, I'm better use down here so when he does jump, I can start doing the work on him'." – Special Constable

Prior to developing the broad remit that it now has though, the JRU was originally intended to deal only with RTCs and assaults, and some of the people interviewed felt that it would be more effective if it returned to being a niche service for particular incident types.

"Initially it was a good idea around assaults in the main, traffic accidents – probably more assaults if I'm honest..." – Regular officer

"I just wonder if JRU can be more targeted to the growing demands

around mental health, maybe." – Regular officer

The JRU is considered to be effective in addressing a broad range of incidents and in doing so, helping to reduce the demand on ambulances and police officers alike. However, the conflict arising over whether it is appropriate to attend mental health related incidents raises questions over whether the JRU vehicle should have a narrower focus that would help to clarify its overall purpose.

5.1.2 Value

It was perceived that the JRU was considered to be a highly valuable resource among Gwent Constabulary, and Special Constables in particular reported a high value placed on developing their skills and knowledge. It was felt though that the operation was less valuable to WAST. There was a feeling across participants that there is untapped potential within the JRU, and that this potential could be achieved through a more formal approach to tasking and deployment.

The JRU is valued by the wider police force for a number of reasons, the main one being that it provides relief for regular officers to attend other incidents. Specials who have worked on the JRU have noticed an increase in officers requesting support from the JRU vehicle over the radio as awareness of the operation and its remit improves.

"The Officers request us because they know what we can do, they know we can get there quicker..." – Special Constable

"once they know we're on the system you can be called time after time after time. The Regulars think it's really good because again it releases them back into their normal day job because some of

Qualitative Themes

them, as I said, they are with some of these people three, four, five, six hours. Whereas if we turn up we can discharge or take them in.” – Special Constable

Conversely though, it was perceived that the Ambulance Service did not hold the JRU in such high regard. It was thought that the benefits to WAST were softer and therefore more difficult to quantify and that it was sometimes viewed as merely depriving the organisation of an ambulance driver for a shift.

“...from the Ambulance side of things, they have invested time, money and resources into it. My viewpoint from the Policing side is that they have invested little to nothing in it, but have reaped the benefits.” – Special Constable

“The Paramedic is paid for on overtime and there seems to be a lack of understanding of how they can build that JRU into an existing shift pattern. And, that might mean dropping a rapid response vehicle on a Friday, Saturday and Sunday, to allow the JRU to operate.” – Regular officer

“People don’t necessarily, from the ambulance side point of view, see the benefit of having a JRU, having paramedics taken off the coal face to fit into this more specialised role.” - Paramedic

However, it was felt that the JRU was not maximising its potential due to some issues around the way in which it is tasked and deployed. A theme emerged from the participants that improvements are required regarding how decisions are made on which incidents to attend, this was partly put down to the lack of formal processes put in place to allocate incidents to the JRU.

“They never had an allocation process given to them in the Control Room for

the JRU, it’s always been self-allocation up until now.” – Ambulance service

“The JRU was never intending to be self-tasking and it has become self-tasking because neither Control Room has a system in place to automatically allocate the JRU to calls that are appropriate for it, so it’s pot luck as to who is in the Control Room that day, who has a good knowledge of the JRU and what it can do.” – Special Constable

Additionally, awareness in the controlrooms about when the JRU is available and what kind of incidents it should be deployed to was considered to be lacking. This was partly attributed to the JRU only being operational on three nights of the week.

“...our Control Rooms don’t have enough knowledge about how the JRU works, so they sometimes struggle what calls we should be allocated to. And I think that comes with the fact that we don’t work in the weekdays, it’s only on the weekends, so sometimes they can forget.” – Special Constable

“Are they being used to the best of their ability? Probably not... ..there is a bit of internal marketing that could be done by the force specifically for using the JRU better.” – Regular officer

Overall, the JRU is valued but could be achieving more with more formal structures in place and oversight within a control room, whether it is a police or ambulance control room. This analysis reflects the feeling among those interviewed that there is currently a lack of direction in terms of recognising these issues and addressing them as discussed in the next section.

Qualitative Themes

5.1.3 Strategic and operational drift

There was a consistent feeling that the JRU is currently suffering from a lack of direction in the interviews. The common view was that after a promising beginning, the operation had stagnated due to not putting systems in place to measure activity and failing to take opportunities to benefit from shared learning with similar operations in different localities, thereby missing multiple opportunities to learn and grow. Much of this can be attributed to how the JRU is managed across the organisations.

Although it was considered to be having a positive impact on the ground, it was perceived that the JRU had not developed or changed the way it operates much in the time that it has existed.

"Avon and Somerset have just started theirs, they've got two now. South Wales have done theirs. It works everywhere. But we seem to be stuck, we seem to be stuck with this unit that, we're not progressing with it any further. That's what I see." – Special Constable

"I think we should have definitely expanded much bigger and much more rapid than we have..." – Paramedic

There was concern though about the lack of strategic direction both from within Gwent Police and WAST, and that this could threaten the sustainability of the JRU.

"I'm not really sure who manages it properly from WAST... it's lacking, if I'm honest, that someone taking hold of it and making sure that it's a solid unit, these days." – Special Constable

"I think there does need to be more co-ordination from both Welsh Ambulance

Service and us about what its core role is." – Regular officer

"...there were a number of reasons to why [the JRU hasn't grown]. A lot of them are stemming, unfortunately, from the ambulance service point of view and I think this falls back down to that view that our middle management have of us." – Paramedic

It was apparent from interviews that opportunities to assess and demonstrate the effectiveness of the JRU had been missed due to not putting in place systems to measure impact and outcomes at an early stage of the operation, and that this created difficulties in making the arguments for continued or increased investment in the future of the JRU.

"We never seemed to do any sort of ROI or benefit realisation or anything like that really. And a lot of that might come down to the fact that we haven't got systems in place to allow us to report on that." – Special Constable

"what is concerning to me is that neither organisation – Welsh Ambulance or Gwent Police – have done any sort of evaluation around its impact. It's all been anecdotally." – Regular officer

"...it's not very well measured from our side of things and it's hard for them to gauge success from a statistical point of view, in terms of Officer time saved." – Special Constable

Moreover, no attempts had been made to liaise with neighbouring forces to share learning and improve the JRU. Specifically, WAST are collaborating with South Wales Police to run a Joint Response Unit, and yet there has been no reported communication regarding best practice.

"Because there are so many JRUs popping up nationally across England

Qualitative Themes

and Wales, there needs to be some co-ordination from someone to join the coordinators together across the whole of England and Wales and share experiences as to what we're doing and between the lot of us, agree that there are some pros, there are some cons and just better ourselves really." – Special Constable

"...all the time I'm seeing on Twitter there's more and more JRUs popping up and it would be good to compare the differences between them to see what they're doing maybe extra that we could do. Or just how they work in comparison." – Special Constable

"...we are neighbours with Avon and Somerset and they are also piloting a JRU and we cross over with Dyfed at the top, Dyfed Powys, and Gloucestershire Police. So if we could - there is an opportunity for some join learning there, I think, in terms of their Joint Response Units." – Special Constable

There were comments from some participants that winning awards had caused complacency in terms of seeking how improvements could still be made to the operating model of the JRU and potentially ignoring some of the risks to the sustainability of the collaboration.

"Obviously for the first 12 months we were a whirlwind of awards and commendations and handshakes and press cuttings. And what we should have done then is expanded aggressively in my opinion..." – Paramedic

"When there are lots of awards, it looks very shiny, but I think there are some strong cracks under the foundations." – Special Constable

"I think what they have done very well, is they have nominated it for all these

awards and got carried away with the glamour of having awards and going to these nice dinners. And, I think we have missed a trick in doing the basics in really marketing it to our control room and to the Welsh Ambulance Service control room, looking at how these calls are allocated." – Regular officer

Management was seen as a key issue in the lack of direction experienced by the JRU. In particular, it was felt that WAST were not invested in the operation at a management level. It was also apparent that management of the JRU within the police force was left to the Special Constabulary, and therefore there was no one taking responsibility for the operation within the force control room. Additionally, it was felt that a link between the force control room and the WAST control room would be beneficial to the management of the JRU.

WAST were seen as reluctant participants in the JRU at times, with paramedics unclear as to whether it was preferable for them to be working on the JRU or manning a full ambulance. In particular, WAST's middle-management were identified as barriers to the JRU's ability to operate consistently, with reports of shift being cancelled because of the lack of a paramedic becoming more regular in recent months.

"The feeling I am getting that because WAST are paying overtime for this to happen, I just don't see the enthusiasm there at the middle to senior management level, for this to continue." – Regular officer

"The last ten shifts I've put myself down for and we're ready to come in and do, I reckon only four of them I've actually done. That's because WAST management can't pull their fingers out really and get their paramedics on [shift]." – Special Constable

Qualitative Themes

"At the moment we've only got two people that are operational on the vehicle and that's me and Tim, are the only two that do it semi regular. And because of that we're suffering the consequences of it not being staffed..."
– Paramedic

"there was a frozen middle, so there was appetite from him and the Chief Constable and the Police and Crime Commissioner in Gwent. Yet, there is this struggle then at Area/Group Manager Level in the Welsh Ambulance Service to make this work" – Regular officer

A part of the issue around staffing the JRU vehicle with a paramedic was put down to the fact that it is currently not possible for WAST to include it on their regular shift rota, which means that the operation relies on the ability and willingness of paramedics to do overtime, and the willingness of managers within WAST to allow it. This issue, however, is due to be addressed in an upcoming WAST 'roster review'.

"There doesn't seem to be any co-ordination from them around a rota system that is built in to their existing plans that is sustainable. This is goodwill from a number of Paramedics to make this happen." – Regular officer

"...we have looked at ways of incorporating it into our RRV rotas and into our personal rotas and it all just gets very messy." – Paramedic

"...we couldn't incorporate anything into the roster unit the roster review process began. Now it has begun, we can devise a roster for the Caerphilly station where the JRU is considered within that..." – Ambulance service

Furthermore, it was unclear as to who had overall 'ownership' of the JRU. It appeared to be driven from within the Special Constabulary

from a police perspective and largely by willing paramedics on the WAST side of the collaboration. However, it was perceived that more stable and constant leadership was required within both organisations, and that communication between those operational leads would improve the JRU.

"We answer to our project lead who then answers to the Director of Ops. Completely misses out the three, four, five levels of middle management in between. Which we are obviously operating in their area... ...but they have no input in what we say or do or how we operate and what we do. That's definitely caused us some issues and definitely is one of the key threats towards the Unit at the moment." – Paramedic

"The Police management has been somewhat patchy as well, in terms of organising training and filling the Unit with the Officers needed. So, it is probably not particularly stable... ...at the moment, it's drifting. There is a weakness in management on both sides." – Special Constable

"The lack of management across the whole structure has always been of concern to me. We need somebody who can manage both sides of the fence when it comes to this Unit or two people, one either side, that are collaboratively working a lot closer together." – Special Constable

The control rooms of the police and the ambulance service were also thought to be lacking in communication that could provide important direction in terms of how the JRU is utilised. There were suggestions that a member of staff from the WAST control room could operate from within the force control room to provide oversight of the JRU.

Qualitative Themes

“The two Control Rooms don’t communicate well with each other. I don’t know what their working relationship is like, but from what we have seen on the JRU they don’t communicate brilliantly with one another, which is difficult for us.” – Special Constable

“I think that will become an awful lot better when we get a member of the Welsh Ambulance Service within our control room, because there are plans for us to have that – I’m not sure what rank or what qualification the Officer will have – a member of the Welsh Ambulance Service to be working alongside our control room operators, very much like we’ve got mental health teams in there.” – Regular officer

Overall, those involved, especially the Special Constables, are proud of the impact that the JRU appears to have. The lack of an ability to evidence the specific impact is, however, a serious risk when it comes to attempting to secure future support, funding and growth. Furthermore, on the police side of the collaboration, the JRU appears to require ownership beyond the Special Constabulary in order to ensure consistency of management and direction. While the JRU has brought the two organisations together, there appears to be an imbalance in the desire to progress the JRU, and this will be explored further in the next section.

5.1.4 Strengthened partnership

The police and ambulance services share many of the same organisational challenges and often respond to the same incidents. The JRU was therefore considered to be a logical way of collaborating. Although there are obvious differences in the roles carried out at incidents, Specials benefitted from being more actively involved, with more information, enabling them to feel like they are doing a better job. There

was a feeling though that although the strategic collaboration had been effective in implementing the JRU, the collaboration at operational management level was lacking.

Both the police and ambulance services share similar organisational challenges in terms of trying to maximise service delivery on limited budgets. At a strategic level, both Gwent Police and WAST representatives felt that the JRU provided good opportunity to address demand for both services.

“When I have been out with the JRU I have found it to be very effective and efficient in responding to mental health calls for service. Those people have had the most appropriate care from both Police and Paramedics.” – Regular officer

“The fact that we have got crossed skilled people joining up to provide better services to the public, is never going to be a bad thing.” – Special Constable

“The plan was to reduce demand and ease pressures and we’ve stuck very well to that.” – Paramedic

Furthermore, the personal and working relationships between Special Constables and paramedics was reported to be very productive, with both Specials and paramedics keen to learn from each other about the responsibilities of the roles, and a potential secondary benefit of improved medical knowledge across policing that is reducing demand on the ambulance service.

“And I’ve got to say that the team, between the ten Specials and the five paramedics, the working relationship is superb. Everyone’s friends and people are eager to learn. And some of the paramedics are also eager to learn some

Qualitative Themes

of the Special Constabulary's responsibilities as well so there's a knowledge transfer, a skills transfer to a certain extent. And it's really beneficial." – Special Constable

"We've also found that thorough their knowledge and understanding of what our roles are, we've potentially managed to reduce the amount of calls we've had from the police to just check people over." – Paramedic

"I personally reckon we've got a good team and we all get on really well. We couldn't ask for a better understanding of the paramedic service." – Special Constable

In addition to this, it was perceived by both sides of the collaboration that the increase in understanding of the pressures of each organisation was an important benefit of the JRU, resulting in less resentment when there are long waits for deployments and more understanding of processes and procedures.

"There's been times when we'll take a patient down to the hospital and there's been ambulances stuck outside there for three hours, just waiting to offload their patient, it's incredible. So I relay that on to other people so it changes their views... ..if they're frustrated or annoyed they're been waiting [for an ambulance] so long I say, 'It's not the ambulance service's fault, they haven't got enough staff'." – Special Constable

"There is a definite rub between the police and the ambulance service when it comes to officers on the ground, because officers get frustrated by waiting times for ambulances and this goes some way to building up relationships between people operationally and they can recognise that the services are doing their best to

try and help each other out." – Regular officer

"As to what I've gained, it's definitely a better understanding of how they operate, their roles, risks and responsibilities in safely non-conveying when leaving people at home, which obviously had more of a legal underpinning than mine." – Paramedic

Overall, the organisations seem to be a good match to collaborate in an operation like the JRU, and there appear to be strong examples of the them pulling in the same direction at strategic and street-level to achieve similar objectives in terms of addressing demand. However, the reported lack of operational leadership at the middle-management-level provides some explanation for the feeling in the previous section of a lack of direction, which could provide a significant risk for the future of the JRU.

5.2. The experience of Special Constables

5.2.1 Specialisms

The JRU creates a specialism within Gwent Special Constabulary. This created a range of different impacts on the identity of Specials and the need to be conscious of the risk of being seen as separate or different from other Specials. There was a perception that being a part of the JRU was perceived as more exciting than regular Special Constabulary duties, and that while this was seen as a potential motivation for people to volunteer their time, it also created a risk to relationships within the Special Constabulary due to potential resentment and therefore to attrition rates in the longer-term.

It was felt that shifts on the JRU were considered more exciting by Specials than their

Qualitative Themes

routine duties, and this came across strongly among the Specials and police officers that were interviewed. The fact that it is a specialist posting was seen to be an additional motivation to volunteer their time.

"There are a couple of Specials who will only do JRU shifts and I think my personal perception of that would be that we just need a bit more back bone in the Specials to say, 'If you don't do other shifts, then you will be removed from the JRU'. It's always a fine line when you are dealing with volunteers, I guess, that you've got to be careful not to upset them too much." – Special Constable

"I struggle getting any hours in and I enjoy the JRU more so if I have to choose one or two shifts a month I will purposely chose JRU because I get more from it and I enjoy it more." – Special Constable

"It's useful in that it's staffed with volunteers so it engages them and encourages them to come to work, because the volunteer may not come to work on a Friday or Saturday, but they quite enjoy coming to work to work with the paramedic..." – Regular officer

"The Special Constables do enjoy it. they keep coming back so I hope they enjoy it! But they see it as a bit of a break from their normal, 'city safe' or the normal policing side of things, it's a different aspect to it." – Paramedic

Furthermore, Specials involved in the JRU were very proud of their role within the operation and in several cases associated their identity as a volunteer as much with the JRU as with the wider Special Constabulary and Gwent Police.

"For many of our Special Constables on the team, it has probably reinvigorated

them in their commitment to the Specials and it has given them something really positive to be part of and to feel proud of. That has been a real positive success for the Special Constabulary." – Special Constable

"And [regular officers] can see that we've got some clear purpose and that we perhaps know something that they don't. That's the perception because we are a specialist unit." – Special Constable

"...because [Specials] been involved from day one, they still want to stay involved with the project because it is their project and without their support it would have folded a long time ago." – Paramedic

This presented a risk of inadvertently creating 'special Specials' within the Special Constabulary and thereby causing division and resentment within the Special Constabulary.

"...they don't get the press or coverage that the JRU might get, so I would say there is a low-level rumbling resentment amongst those who are not on the JRU..." – Special Constable

Additionally, there was a risk of deskilling Specials in their regular patrol duty skills. This was something that the Specials who operated at a more strategic level were conscious of and felt as though they had taken steps to prevent.

"Because of the JRU, I have concerns that they de-skill in their regular Policing duties because there is actually very little Policing to do on the JRU. They don't actually get involved in processes that they would have done if they were on response or doing neighbourhood policing." – Special Constable

Qualitative Themes

"...everyone wants to be on a specialist team, it's exciting, but they need to prove that they are putting in the hours, doing the basic stuff before they go off and do something else." – Special Constable

Overall, the JRU provides opportunities for Special Constables to have a broader experience of emergency responding and provides welcome extra skills within the Special Constabulary. However, it will be important to remain conscious of how Specials who are not given the opportunity to being involved with the JRU respond, and whether any resentment or division is created. Importantly, strategic leads with the Special Constabulary were aware of these potential risks and were attempting to take steps to mitigate these.

5.2.2 Expectations and abilities

There were concerns that Specials' expectations of an exciting shift working on the JRU, along with the specific interests and preferences of the paramedics, have led at times to them filtering out and not attending some of the less interesting sounding incidents and therefore not fulfilling the intended objective of the operation. Furthermore, training for Specials who are to be posted on the JRU is considered to be limitation, with most of the learning acquired over time through experience on shifts. Prolonged exposure to working with the paramedics eventually results in an understanding of the medical language and behaviours.

The combination of a lack of clarity in how the JRU is tasked, which sometimes enables the JRU vehicle to select the incidents it attends, along with some Specials' desire to have a more exciting volunteering experience (as discussed in the previous section) and the paramedic's personal interests, can sometimes lead to the JRU vehicle attending only exciting-sounding incidents. Although there was no suggestion

that this happens all of the time, it suggests that the expectations of the role of a Special on the JRU has perhaps not been universally understood.

"...my perception was that it was being driven by the interest of the paramedic that I was out with at that time, who was very much into his trauma calls, and therefore the smaller, simpler tasks he wasn't so keen on going to." – Special Constable

"...some Specials joined the Special Constabulary to be police officers, which is understandable and fair enough, and they've got no desire to be babysitting a paramedic for somebody who's got half a broken bottle and has drunk a bottle of whisky... ...we have to screen the applicants to make sure they are suitable for the sort of work ethic of the JRU and the intrinsic values that we have, which is that we're not aiming to be the exciting, turning up at RTCs and stabbings and shootings unit." – Paramedic

Additionally, it was noted that although Specials must have achieved independent patrol status (IPS), there is very limited training in preparation for starting work on the JRU. There is no formal process of induction onto the operation. Instead, most of the knowledge and skills that Specials gain happens on shifts through experience of the incidents that they attend. This results in a growing disparity in the knowledge and capability of the Specials involved and could cause an increase in inconsistency in terms of performance the service provided.

"There was initial training for some Officers that started on the Unit but all the Officers that have joined since that time haven't received any additional training." – Special Constable

Qualitative Themes

"It was only provided to the original team. So, any new Specials that have joined since, as far as I am aware, have not received that additional training. We only ever received the one training course." – Special Constable

"But some of us have been given a little bit more [training], some of us haven't and we've only got the basic First Aid training that you get when doing your Officer Safety training" – Special Constable

Among the Special Constables who were interviewed, there was an agreement that more training would be beneficial in making a bigger contribution to the JRU. Some specific areas for training were identified, including driving courses and method-of-entry training.

"Where I do see a potential gap is that we as police officers, when we turn up to the calls we don't have that little bit of extra First Aid training." – Special Constable

"we would like a bit more training where we could help a bit more and simply having a couple of extra tools with us that allow us to gain entry to people's premises quicker than waiting for another officer, another specialist op unit to turn up." – Special Constable

"So I think that could be cleared up and we can alleviate some of the workload on the paramedic by doing a bit more of the driving. Whether that's just normal roads feeding between where we can or whether it's some Specials have blue light training and they're able to do that themselves." – Special Constable

This means that there is a period of time where Specials might experience a lack of understanding regarding what is expected of them on the JRU, especially at incidents. Over time though, it was reported that Specials had

gained an in depth understanding of the language and behaviours of the paramedics, and some even obtained additional training and qualifications of their own volition, making them much more able to be effective in their role supporting the paramedic.

"Off the back of this, a couple of the Specials have gone off and completed their Community First Responder training through the Welsh Ambulance Service, so this has then allowed them to start responding in their communities to benefit the ambulance service and obviously the patients that are accessing them." – Paramedic

"I think everybody on the team would say they have learned about the Paramedic world a lot better than they did before and have learned some medical skills as well. There are things you pick up simply by doing a shift with a Paramedic and seeing how they work. So, I would say there are a few soft skills that are developed subconsciously as well, that we don't know we have learned." – Special Constable

This section highlights the lack of formal training and introduction to the JRU that currently exists. This is an important gap to fill and requires an investment of time and resource from both the police and the ambulance service if they want to better prepare Specials to be more effective in the role from their first shift on the JRU. The experience of Specials who have spent an extended period of time on the JRU demonstrates that an improved understanding of paramedics' language and behaviours enables more effective collaborative working practices, and so to provide this understanding at an earlier stage would be beneficial for the operation.

Qualitative Themes

5.1.3 Impact

The JRU was considered to have had a range of significant impacts, including the skills and competencies of Specials, the perception of the value of the Special Constabulary to regular officers, winning awards, and providing an exciting and different role to promote recruitment to the Special Constabulary with. Additionally, it is important to consider the impact of the incidents that Specials attend on the JRU on the Specials themselves and whether they feel support is available to them.

It was clear and obvious from the interviews with Special Constables that they felt as though they had benefitted from working on the JRU through the knowledge and skills they had acquired. Additionally, they felt that the work on the JRU was rewarding and that they could see the impact they were having, which was most acutely felt in terms of saving lives and preventing more serious injuries due to a quick response.

"...a shard of glass ended up in this lad's eye. That wouldn't have been an urgent red call, it would have been an amber call. But because police were called and we were dispatched immediately, the paramedic was able to assess that individual and say he needs to go to hospital immediately. We put him straight in the back of the car and we were down the hospital within 15 minutes. Whereas he could have been waiting an hour, lost the sight in his eye. But because of where we were and what we were doing, there was an instantaneous response." – Special Constable

"...personally, I've had a lot of mental health issues myself in the past so I'm good at connecting with other mental health patients, so that's the thing I can

do better than a lot of other Police Officers." – Special Constable

"...there is definitely also evidence, I would say, of the JRU actually physically saving lives and being there when another Unit may not have got there in time." – Special Constable

Additionally, there were a number of comments that recognised an improved relationship with regular officers through the work of the JRU, who had previously treated Special Constables as an inconvenience. This made Specials feel more valued by the police force generally.

"It's a great joint working exercise for our relationship with Welsh Ambulance Services. It's a great bonus spin off of this unit that as a Force we probably communicate better with WAST than we did before this Unit existed. We have got good contacts and a good working relationship with them." – Special Constable

"...it does bring the services together. It's a service that wasn't there before, so it builds links and does share information, because they are out there with a Police radio and an Ambulance radio, listening to calls across both services and channels, so they can respond quickly to incidents." – Regular officer

"I think a strength has been that we've formed very close links with Gwent Police" – Paramedic

The collaboration has earned Gwent Police awards, and these are excellent advertisements for the Special Constabulary and the impact that volunteering can have. It has helped Gwent Police to promote volunteering within the police as well as make arguments for increased investment in the operation.

Qualitative Themes

"It's won many awards – I've lost count of how many National and local awards that JRU has won." – Regular officer

"...it's very important. It's won numerous awards for its innovation..." – Ambulance service

However, Specials who have worked on the JRU did report that they had attended incidents involving things that they found traumatic, and that because they are volunteers and not regular officers, there was a lack of appreciation for the level of exposure to trauma that they experience. There was a suggestion that a review is needed of the debriefing process for volunteers, including provision of support. It was noted that because a Special Constable might not be on shift for another week, it was easy for more senior figures to either forget or not be aware of what incidents their team had attended on their previous shift.

"...there is a threat that this particular Unit is heavy on the trauma, heavy on the sudden deaths, suicides, RTC's and quite traumatic incidents. There is a risk for Officers that they will suffer with mental health difficulties because of the relentless nature of the calls. It's a long shift – 12 hours of trauma really, all night long, and so I have a significant concern for some Officers who have been in this Unit for a long time and haven't had the support they need to process that trauma. So, there is some PTSD risk there." – Special Constable

"...very early on it became apparent to me that we didn't have the right system in place to ensure that staff were feeling supported following the types of incidents they were going to. As somebody who had been in many years and seen some quite horrific stuff, we did have some Specials who were quite young, quite naïve, also joining that Unit and the impact of seeing death and

destruction week in, week out should never be downgraded." – Special Constable

"I've been to plenty of incidents where I've been torn from pillar to post and yet now checking up on me whatsoever. It's bad really because if you were a Regular you would get it... ...when you are there one minute and they don't see you again they kind of forget about you." – Special Constable

Overall, the JRU has had a positive impact on the Specials who work on the operation and the wider force more generally. It is seen as an interesting and exciting way to make an immediate and almost tangible impact on the local area, and this is one of the key motivations for the Specials involved. A more formal process may be required though for monitoring the incidents attended to ensure that Specials who might require emotional support are not left unsupported.

SWOT Analysis

SWOT Analysis

6.1 Strengths

- The JRU has saved lives and prevented serious injuries
- The public get a faster response than they would normally get
- Specials on the JRU are exposed to a wide variety of calls and get to know the force area very well
- Specials increase the amount of skills and knowledge that they have
- It has kept specials engaged and willing to volunteer
- It releases police officers and ambulances to attend other incidents, thereby enabling both organisations to address more demand
- It provides an appropriate method of conveyance for people in mental health distress
- It has improved the relationship between Gwent Police and WAST
- Communication between the two organisations has improved due to the collaboration

6.3 Opportunities

- Provide specials with extra training and skills to make them more effective in their JRU role
- Create a formal process for coordination between police and ambulance service control rooms. This could include having an ambulance service dispatcher in the police control room
- Bring the JRU shift into the formal ambulance service rota process to ensure all shifts are staffed
- Put in place systems to capture data around incidents attended, actions taken, and outcomes for patients as well as police officers and ambulances released back into workflow
- Create links with other areas running JRU-style operations to share and benefit from learning
- Create a management structure for the JRU across both organisations that results in buy-in from both sides as well as sustainable operational leadership

6.2 Weaknesses

- Stagnation – the JRU has not grown or developed since its initial implementation
- Lack of support from middle-management at WAST
- Reliance on overtime from paramedics to ensure shifts go ahead
- Lack of awareness and understanding in the control rooms of both police and ambulance services
- No formal process for tasking and deployment allows for open interpretation regarding types of incidents attended
- Insufficient data capturing processes in place to measure impact and evidence success
- Inconsistent levels of training provided for specials on the JRU
- No coordination or shared learning with other areas running JRU operations

6.4 Threats

- WAST withdraw support due to lack of statistical evidence of impact and success and the JRU loses the paramedic and vehicle
- Lack of new specials being added to the JRU team could threaten the future sustainability
- Risk of specials losing interest due to uncertainty of shifts going ahead
- Risk of PTSD/trauma, with processes for specials to receive support not in place
- Remit could be considered too wide and therefore the value to specific incident types could be missed

Conclusions & Recommendations

Conclusions & Recommendations

7. Conclusions & Recommendations

The data presented in this report shows Gwent Joint Response Unit was perceived positively, however, there was a strong feeling that it has the potential to be significantly more effective, and there are areas that require improvements if it is to maximise its potential. This chapter therefore provides a range of recommendations that should be considered achievable.

The conclusions and recommendations (R) are split into operational performance of the JRU, looking at issues around collaborative working practices, followed by strategic conclusions focusing on direction, leadership and management of the operation across the partner organisations.

7.1 Operational conclusions and recommendations

There were many benefits of the JRU highlighted throughout the qualitative interviews, with particular focus on releasing police and ambulance assets to attend other incidents and providing a much quicker response to incidents that might otherwise be waiting hours for an ambulance to arrive. Special Constables who work on the JRU are passionate about its value and the impact that it has, both on the organisations involved and on the public and their communities. They find it rewarding and have developed knowledge and skills that would not have been accessible in their standard Special Constable duties.

That said, there were significant issues raised in relation to difficulties encountered around tasking and deployment. The lack of understanding and awareness of the JRU in the force and ambulance control rooms was

highlighted as a specific issue throughout the research interviews. In addition to this, there was a lack of clarity and coordination around which control room was ultimately responsible for deploying the JRU, which has led to confusion and a system of the JRU choosing which incidents to attend emerging.

R: Give one control room responsibility for tasking and deployment of the JRU

R: Join up the control room operations by bringing an ambulance dispatcher into the police control room, or vice versa depending on which control room has responsibility for the JRU

R: Provide training and/or an awareness campaign for control room practitioners regarding what the JRU is and does, when it is available and how it should be deployed

These measures should create clarity regarding the collaboration, as well as a joined-up approach to deployment that results in the JRU being dispatched effectively to the correct incidents.

While there was broad agreement on what the purpose of the JRU is though, there were some mixed opinions regarding how the collaboration could be most effectively deployed to maximise its effectiveness. There were four incident types that accounted for a significant majority of the JRU's deployments and these were assaults, psychiatric problems, traffic collisions, and overdoses. However, the JRU's remit is to attend any and all incidents where the paramedic will require police attendance, or vice versa, meaning that there is no focus on trying to reduce a specific type of demand.

Some of those interviewed suggested that the JRU could be more effective if it focused on just one or two incident types, although there was

Conclusions & Recommendations

no consensus on which incident types it should be.

R: Define the scope and purpose of the JRU, considering a specialisation of incident types to give it a clearer purpose

Developing a specialist purpose for the JRU may also help to embed the operation in the thinking of control room dispatchers, who either forget the JRU exists, or don't know what kinds of incidents to deploy it to.

A further frustration experienced by paramedics but impacting on the whole JRU operation has been how the paramedic assigned to the JRU has been staffed. As the JRU role is not in the paramedic rota and is only staffed through overtime, there have been occasions where the JRU has been non-operational due to lack of staffing. Figure 4.1 in chapter 4 show the declining trend in the proportion of shifts completed each month, and it was reported in the interviews that it has continued to be a common occurrence. It was felt that this reflected a lack of commitment within WAST towards to the collaboration and could be easily solved by adding the JRU role to the official WAST rota. It should be noted, however, that despite the qualitative perspectives, there is no data relating to the reason that that JRU shifts did not go ahead and therefore there is no available comparison between shifts cancelled due to Specials and shifts cancelled because of paramedics.

R: Add JRU role to the paramedic rota within WAST to ensure that all JRU shifts are staffed

Although this would solve the problem of shifts being cancelled due to the lack of a paramedic, it would place pressure on the Gwent Special Constabulary to

ensure that all shifts are also staffed with a Special Constable.

Training was an issue that Special Constables who work on the JRU felt strongly about, and there was a consensus that they had not received enough and that they would like more. Although Specials felt that they had acquired valuable skills and knowledge just through spending time with the paramedic and dealing with incidents that they wouldn't otherwise encounter, it was felt that there were opportunities to contribute more to the collaboration if additional skills were acquired, specifically in relation to more advanced emergency first-aid, driving, and method-of-entry. It should be noted that the issue of Specials driving the JRU vehicle is also dependent on WAST's insurance policies.

R: Work with WAST to review the training provided to Special Constables in the induction

R: Review CPD training for Specials to increase skills and knowledge

This training will not only make the JRU more effective in dealing with incidents, it will help Special Constables feel like a more valuable partner in the collaboration while potentially reducing demand on regular officers at certain incident-types.

7.2 Strategic conclusions and recommendations

There were considerable concerns regarding the strategic leadership of the JRU across the interviews, a number of which impact on the operational ability of the collaboration.

One of the main themes that came through from the interviews was the perception that the

Conclusions & Recommendations

JRU has been drifting along without any real progress, development or growth since its introduction in 2016. Some of the comments pointed out that other areas had introduced similar JRUs more recently but were already more developed with multiple vehicles delivering the combined service. It was highlighted that there have been discussions in the past regarding investing in a second JRU vehicle, but that the plans were put on hold. It was also unclear how the JRU should develop, should the two organisations agree. Some referred to an additional vehicle, whereas there was discussion around whether it should be operational 7-days per week.

So far, the driving force behind the JRU seems to be the higher-ranked Special Constables. However, their influence is limited, and the operation needs a proactive champion within the regular force to drive progress and develop the JRU in the future.

R: Agree, between the two organisations, what the future of the JRU will be in terms of growth and development

Contributing to the lack of direction of the JRU is the inability to statistically evidence its impact and therefore demonstrate its successes. Gwent Police and WAST require accurate information about what incidents the JRU attends, the actions it is taking, the pathways that patients are diverted to, and the outcomes. It would also be useful to create an agreed value framework so that both organisations can measure the cost-benefit of the operation.

R: Introduce detailed data capturing systems for the JRU to document all deployments as well as details of pathways and outcomes

R: Agree a value framework to measure the cost-benefit of the JRU to both organisations

The introduction of these systems will enable strategic leaders to better understand the demand that the JRU addresses as well as its activity. It will be vital in making and justifying future decisions around necessary changes to the JRU.

Finally, the middle-management of WAST were identified as a barrier to the JRU's success and a potential risk to the future of the operation. It was agreed that there was a lack of buy-in from the managers responsible for assigning paramedics to the vehicle and that the JRU was perceived to be in competition with the traditional ambulance resources rather than an effective way of reducing demand on ambulances. There was a feeling that the organisations did not communicate well at the operational management level, and that rectifying this would help to ensure the future of the JRU is secure.

R: Create a strategic board for the JRU involving operational and strategic management from both Gwent Police and WAST that meets on a regular basis to discuss practice and strategy for the operation

This will provide an opportunity for managers to experience the shared understanding of organisational challenges facing both services while also reviewing and deciding upon best practice and giving the JRU the direction it requires to develop and grow.

7.3 Final thoughts

Overall, the Gwent's JRU provides an innovative role for Special Constables to volunteer in. The specialist role has clearly become a motivating factor to keep volunteering for several Specials, providing a sense of purpose, achievement, and pride around their involvement with the award-

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winning operation. This must be viewed as a positive impact of the JRU, despite presenting some concerns about potential divisions within the Special Constabulary.

The Special Constables involved are very passionate about the JRU, however, the vehicle has, at times, been operational only due to the good will of paramedics willing to take on overtime hours to staff it. This presents a significant risk to the future of the JRU, along with the lack of statistical data to demonstrate the impact and success of the JRU. Evidencing the achievements of the collaboration in this format will hopefully result in opportunities for the JRU to develop and grow, and will strengthen arguments for increased investment.

Joint response collaborations are becoming increasingly common across England and Wales, and there is an opportunity to share learning with other areas in order to develop common ideas around best practice in this emerging field, as well as considering the learning from the slightly more established field of mental health street triage, which shares many similar challenges and characteristics.

Gwent's JRU has demonstrated in this evaluation that it has great potential to be very valuable to both the police and ambulance service. It now requires strong direction and leadership to reach its potential and to ensure its future.

References

References

10. References

- Adamson, M. (2017). Press release - British Red Cross responds to Kerslake Report on Manchester attack [available from: <https://www.redcross.org.uk/about-us/news-and-media/media-centre/press-releases/press-release-red-cross-responds-to-kerslake-report-on-manchester-attack>]
- Adamson, M. (2018). The voluntary sector can learn from the emergencies of last year [Available from: <https://www.civilsociety.co.uk/voices/mike-adamson-the-voluntary-sector-can-learn-from-the-emergencies-of-last-year.html>]
- Ambulancezorg Nederland. (2010). Report Ambulancecare in Europe. [Available from: [http://www.eena.org/uploads/gallery/files/pdf/report-ambulancecare-in-europe-jan-2010%20\(1\).pdf](http://www.eena.org/uploads/gallery/files/pdf/report-ambulancecare-in-europe-jan-2010%20(1).pdf)]
- Baraki, B., Hart, D., Kuyer, J., Pedrick-Case, S., Randles, G., & Swalem, B. (2017). An evaluation of Hertfordshire Mental Health Street Triage. NEF Consulting: New Economics Foundation
- Bhardwa, S. (2013). Street triage scheme sees mental health nurses support police. *Independent Nurse*: Vol 14:3
- Busch, J. (2013). Lessons From Down Under. *EMS World* (news article). [Available from: <https://www.emsworld.com/article/10931616/lessons-down-under>]
- Callender, M., Moloney, D., & Lugli, V. (2018). Assessing the Effectiveness of Mental Health Street Triage Northamptonshire. Institute for Public Safety, Crime and Justice.
- Chandan, J. and Meakin, R. (2016). Do special constables in London feel that they are adequately prepared to meet their first aid responsibilities? A qualitative study. *British Medical Journal Open*: Vol 6
- Charman, S. (2012). Blue light communities: cultural interoperability and shared learning between ambulance staff and police officers in emergency response. *Policing & Society*: Vol 24:1
- ESCWG. (2016). Emergency Services Collaboration Working Group – National Overview [Available from: <https://www.local.gov.uk/sites/default/files/documents/national-overview-emergen-fee.pdf>]
- Fahey, C., Walker, J. and Lennox, G. (2003). Flexible, focused training: keeps volunteer ambulance officers. *Journal of Emergency Primary Health Care*: Vol 1:1-2
- Fire Service. (2019). Retained Firefighters (web page). [Available from: <https://www.fireservice.co.uk/recruitment/retained-firefighters/>]
- Haddad, M. (2010). From Undemocratic to Democratic Civil Society: Japan's Volunteer Fire Departments. *The Journal of Asian Studies*: Vol 69:1
- HM Government. (2015). Consultation: Enabling closer working between the Emergency Services. Available from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459986/Consultation_-_Enabling_closer_working_between_the_Emergency_Services__w__2_.pdf]
- Horspool, K., Drabble, S.J. & O’Cathain, A. (2016). Implementing street triage: a qualitative

References

study of collaboration between police and mental health services. *BMC Psychiatry*: Vol 16:1

Keown, P., French, J. & Gibson, G. (2016). Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention. *BMJ Open* 2016;6:e011837.doi:10.1136/bmjopen-2016-011837

Kerslake Arena Review. (2018). The Kerslake Report: An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017. [Available from: https://www.kerslakearenareview.co.uk/media/1022/kerslake_arena_review_printed_final.pdf]

Knight, K. (2013). Facing the future: Findings from the review of efficiencies and operations in fire and rescue authorities in England. [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf]

Lee, S., Thomas, P., Doulis, C., Bowles, D., Henderson, K., Keppich-Arnold, S., Perez, E. and Stafrace, S. (2015). Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit. *International Journal of Mental Health Nursing*: Vol 24:6

O'Meara, P., Tourle, V. and Rae, J. (2012). Factors influencing the successful integration of ambulance volunteers and first responders into ambulance services. *Health & Social Care in the Community*: Vol 20:5

O'Meara, P. (2003). The prehospital community-volunteer model has a place in rural Australia.

Journal of Emergency Primary Health Care: Vol 1:1-2

Reveruzzi, B; & Pilling, S. (2016). Report on the evaluation of nine pilot schemes in England. University College London

St. John Ambulance. (2019). What we do: About St. John Ambulance (web page). [Available from: <http://www.sja.org.uk/sja/what-we-do-1.aspx>]

Welsh Assembly. (2015). Well-being of Future Generations (Wales) Act 2015. [Available from: <https://futuregenerations.wales/wp-content/uploads/2017/01/WFGAct-English.pdf>]

Whetstone, T. (2001). Measuring the impact of a domestic violence coordinated response team. *Policing: An International Journal of Police Strategies & Management*: Vol 24:3

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