



# Understanding the impact of COVID019 on the control room

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## Introduction

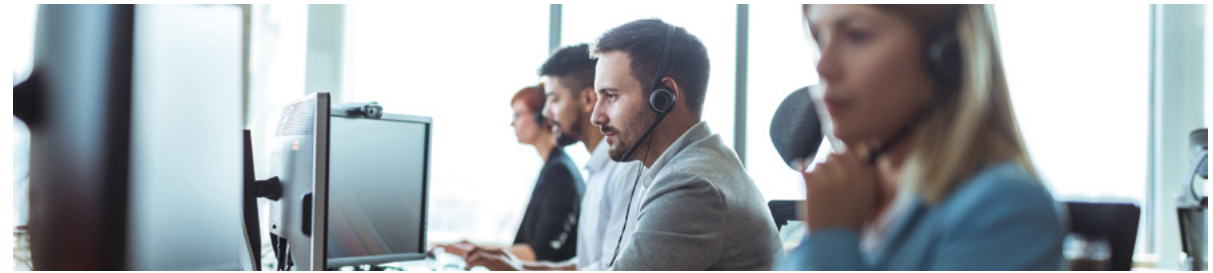
During March - June 2020, we carried out a survey to discover, in more detail, the challenges facing control rooms across the UK during the COVID-19 pandemic.

In this whitepaper we'll analyse the results of the survey and take a look at other recent insights from industry and government sources.

Respondents to the survey comprised individuals from Police Forces, Fire Authorities and Search and Rescue across all regions within England, Wales and Scotland. Over 45% of respondents were in a management role.

The purpose of the research was to help the control room community learn together in our collective response to the crisis and use this understanding to move forward positively.

The primary themes covered included impact to workforce availability call volumes and changes in demand, working practices - including remote working and barriers to its implementation, and implications of the situation on mental health and wellbeing in the control room.



## Impact of call volumes and contact during the pandemic

### 999 and 101 calls

50% of respondents that deal with 999 calls saw a decrease in calls to the 999 service during April, May and the first half of June: 30% saw no change, and 30% of respondents noted an increase in call volumes.

Calls to 101 showed a slightly different picture with only 11% of respondents reporting no change in volumes, but an equal number at just over 44% showing an increase and decrease in call volumes to the non-emergency number.

### Calls to NHS 111

The outbreak brought an influx of people requiring advice and support for COVID-19, and people were encouraged to phone NHS 111 in the first instance. On 26 February a new 111 online service launched to reduce the surge in call volumes, as enquiries reach record highs.

Data from NHS England show how the shift in calls to NHS 111 changed between February and April 2020, with calls peaking in all regions of England during March.

The percentage increase in NHS 111 calls between March 2019 and March 2020 was highest in London (+48%) and lowest in the North East and Yorkshire (+29%). This follows the general pattern of London being the area most affected by COVID-19, with more people calling for advice about symptoms. However, the increase in NHS 111 calls was not strongly correlated with the spread of coronavirus across the other regions.

In April, NHS 111 call volumes fell back down across all regions (see chart below). The decline in the South East is notable, with the number of NHS 111 calls dropping to below 180,000.

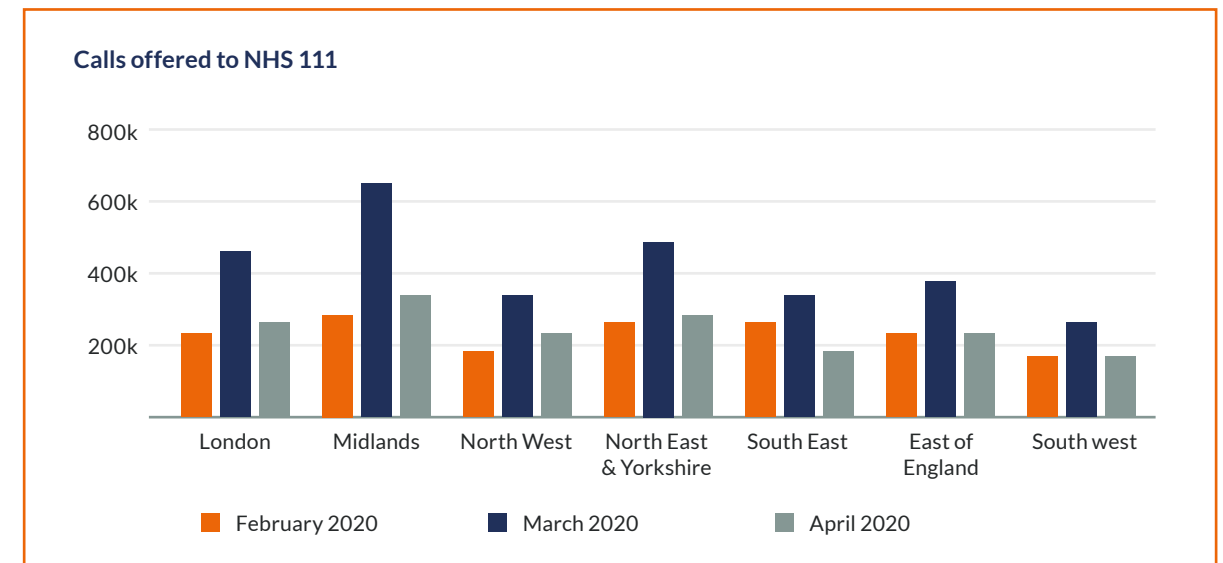
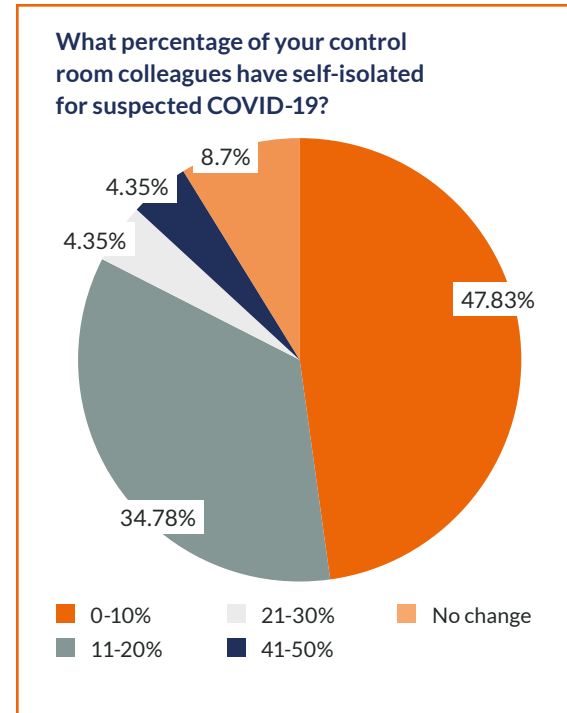
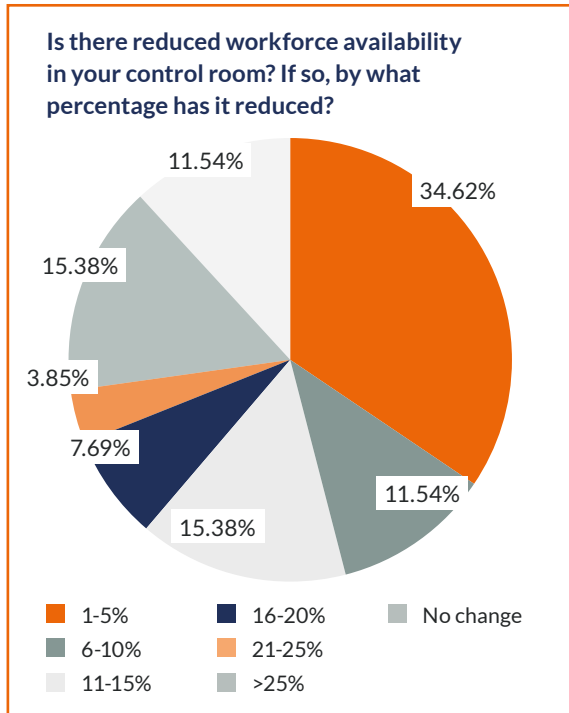
### Workforce availability during the pandemic

Respondents reported that less than 12% of control rooms experienced no change to workforce availability during the pandemic. This reduction in availability could be due to sickness (COVID-19 as well as general sickness), annual leave, special leave, or vacancies in the team.

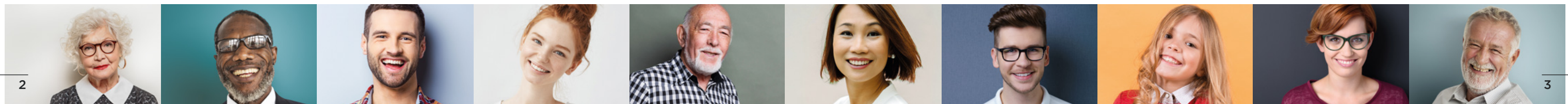
Approximately 46% of control rooms experienced reductions in availability of up to 10%, almost 27% faced a reduction of between 11 and 25%, and approximately 15% of control rooms saw a greater than 25% percent reduction in availability.

### Loss of availability of due to self-isolation

During the pandemic thus far, control rooms have seen significant reductions in team availability in some cases due to self-isolation. Only 8.7% of respondents saw no change in availability due to self-isolation with almost half of respondents saying they had seen up to a 10% reduction in availability and almost 35% seeing up to a 20% reduction. 4% of respondents saw up to a 50% reduction at one stage during the pandemic, a huge impact on the control rooms involved.



Source: NHS England, NHS 111 minimum data set

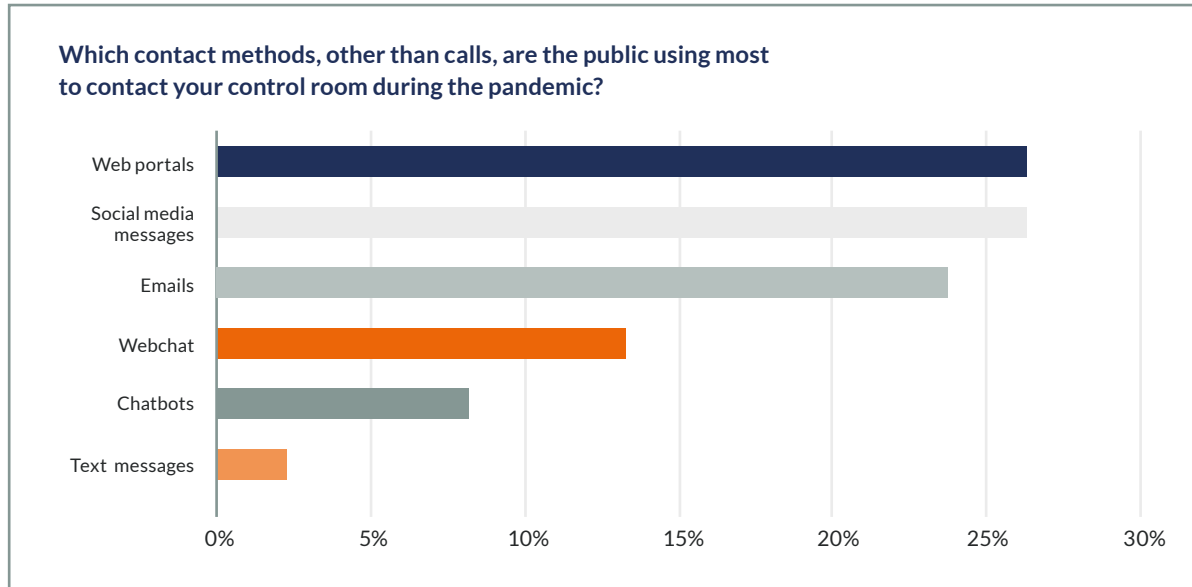




## Non-telephone contact

Other contact methods are increasingly being used by the emergency services to engage with the public. We wanted to understand what methods were being used by control rooms across the country.

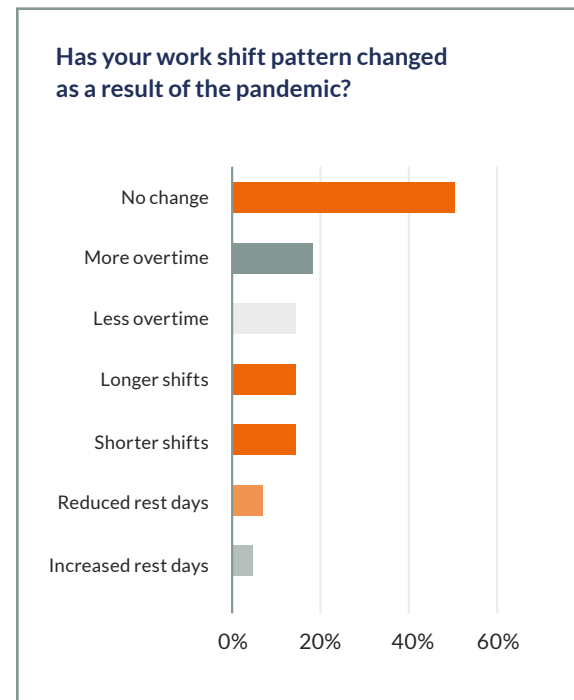
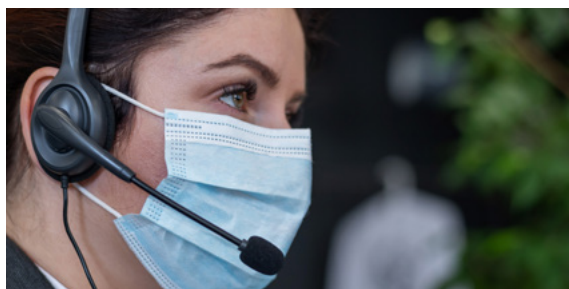
Use of social media channels and web portals were the most used methods of contact closely followed by email. The use of webchat and chatbots were lower and text messages used rarely.



## Changes to working practices

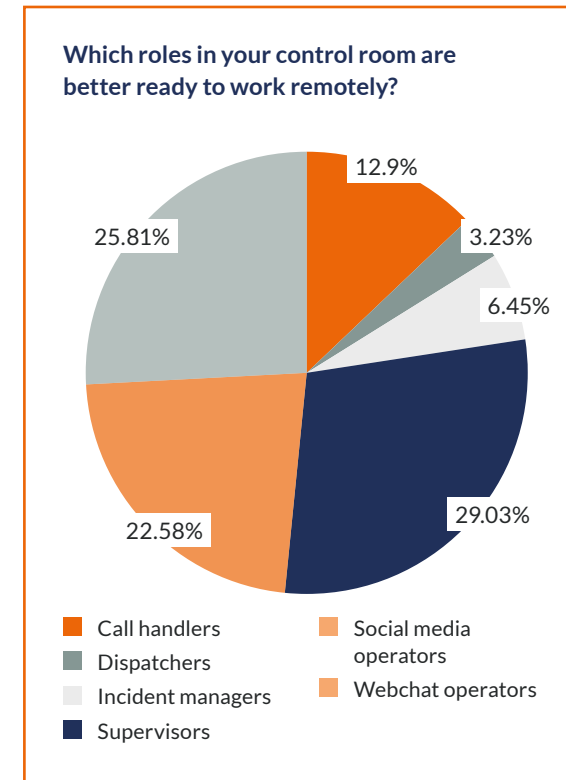
We were keen to understand how working practices had changed, if at all during the early stages of the pandemic. Looking firstly at shift patterns, we asked whether and how they had changed.

As you can see from the chart below over 50% of respondents saw no change in their shift patterns. Those whose shift patterns did change, saw changes in shift length, rest days and overtime. This varied by region, in line with where the pandemic saw increased or decreased cases.



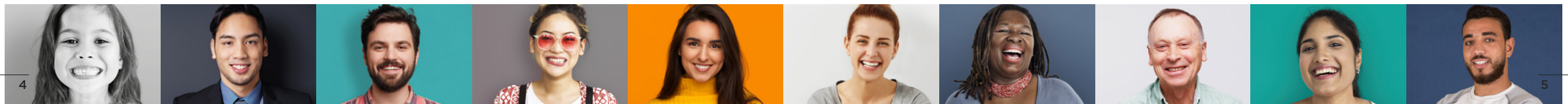
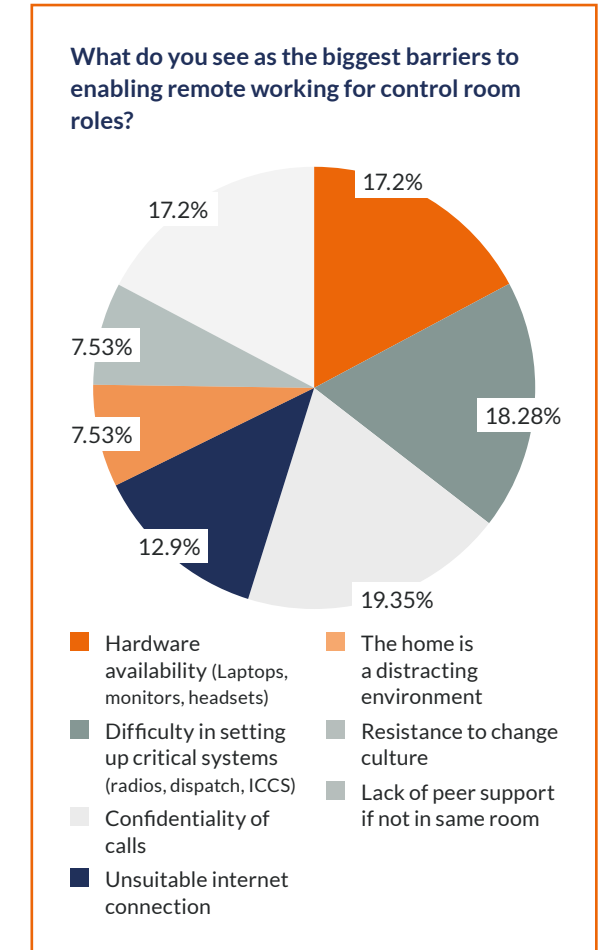
## Remote working

According to our survey, 40% of respondents stated that remote working was being used in some control rooms, but we wanted to determine which roles are more suited to remote working. Control room supervisors, social media and web chat operators were reported to be the most suited roles to be working remotely. Only 13% of respondents thought that call handlers could work remotely, with incident managers and dispatchers getting less than a 10% response.



## Barriers to remote working

So why are these figures so low? The chart below highlights the key barriers our respondents highlighted for remote working. Only 7% of respondents could not see any barriers to remote working.



## Plans to implement remote working

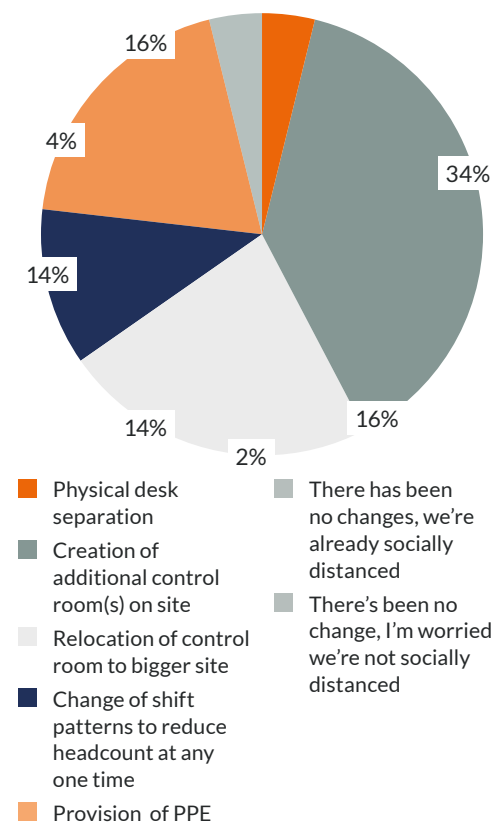
At the time of the survey, almost 60% of those surveyed were unaware of any plans to roll out the ability to work remotely, with 33% reporting that there were no plans and only 7% stated that plans were in place for remote working.

## Social distancing

Control rooms across the UK have taken a number of steps to implement social distancing to support the health of their teams and comply with government guidance. Over a third of respondents stated that desks had been physically separated, with other measures such as creating additional rooms to allow social distancing and provision of personal protective equipment. There was some concern amongst 16% of respondents that they did not feel enough was being done to socially distance.



What steps have been implemented in your control room to support social distancing?



## Changes to home life

The majority of those questioned (74%), have made little or no changes to their home life as a result of working in a control room during the pandemic other than increased hygiene and following government guidelines. 15% of respondents had made arrangements to live in a separate room in their home and some (less than 5%) were now living with other co-workers.

## COVID-19 testing

The overwhelming majority of respondents – 97%, would either definitely or probably welcome testing as a precautionary measure, with 73% of those definitely wanting to be tested.

When asked as to whether testing was planned for the control room, a surprising 31% of respondents didn't know. Almost 20% stated that they would be receiving testing, but half of all those responding stated that they were not planning for any testing within the control room.

## Mental health and COVID-19

Stress levels and maintaining a good level of mental health is so important, especially during such times of uncertainty, and this is a priority for our colleagues in the control room. Respondents reported that on a scale of 1 to 10, 10 being the highest level of stress, their stress levels were a 5; 15% saying their stress levels were better and 46% saying that their stress levels were the same compared to pre-COVID-19. However, 39% stated that their stress level had increased.

We wanted to understand how often control room call handlers are exposed to distressing or traumatic situations and what impact the pandemic has had on these kinds of calls.

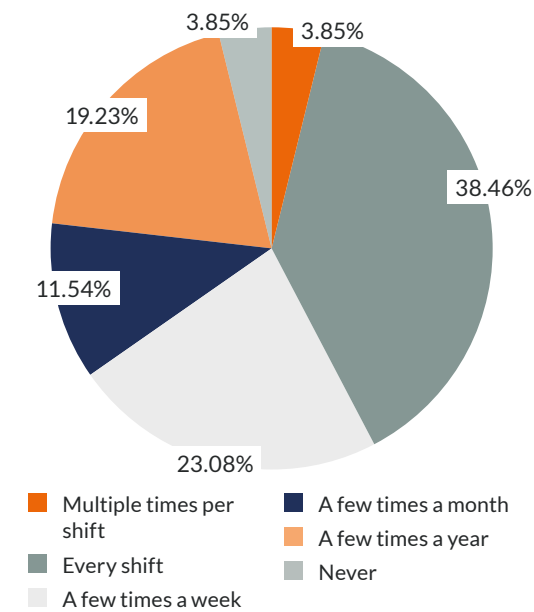
As you will see from the chart below almost 39% of respondents are exposed to distressing or traumatic situations every shift, 4% multiple times per shift. Almost a quarter experienced such calls a few times a week and a fifth, a few times per year. Only 4% of call handlers had never experienced distressing or traumatic situations.

Has the pandemic had an impact? Only 8% of respondents experienced a higher exposure to distressing situations, 54% stating they had seen no change, but 38% had actually seen a reduction in calls of this nature.

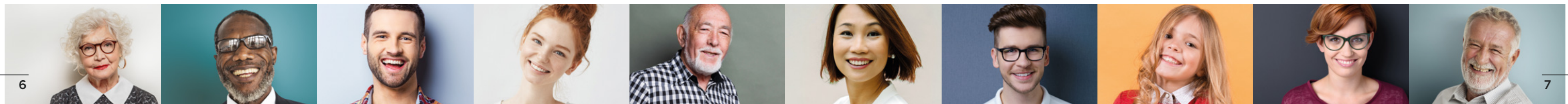
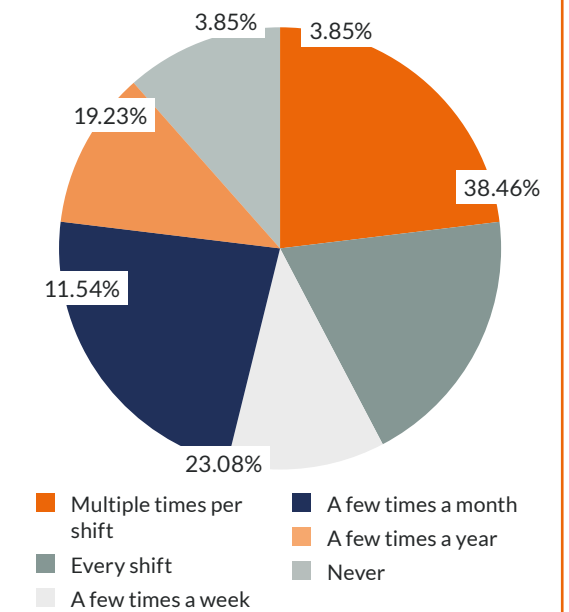
Similarly, we wanted to understand the impact of abusive callers in the control room. As you can see below, over 42% of call handlers received abusive calls every shift, 23% multiple times per shift. Just over 11% of respondents had never taken an abusive call.

During the pandemic three quarters (77%) of respondents saw no difference in the volume of abusive calls, 1 in 5 saw a lower proportion and only 3% saw an increase in these types of calls.

How often are you exposed to distressing or traumatic situations?



How often are you exposed to abusive callers?





## Wellbeing and mental health initiatives

We asked for feedback on what methods were being used to support wellbeing and mental health in the control room.

Almost a quarter of responses stated that positive regular communications within the team contributed to their wellbeing, with 1 in 5 stating that mental health training sessions have been introduced. Other initiatives such as the introduction of quiet spaces and longer rest periods were also being used to support teams.

So, what could be done better to support control room teams? We solicited opinions on what changes call handlers would like to see adopted in their control room to make it easier to continue working through the pandemic.

The majority of responses could be broadly summarised into three distinct areas:

- The ability to work remotely
- Improved social distancing within control room environments
- Increased support and recognition from management

## What insights can we draw from the survey?

Many organisations, will look back at the pandemic to learn lessons of what could be done differently and better. Reflecting on the responses to the survey, we can see that there are three broad areas of focus – the use of technology, managing change effectively and looking after our people.

### Use of technology

The use of technology has played a huge part in maintaining communication during the pandemic, professionally and personally. The use of the cloud and video calling to collaborate has become commonplace to many of us and many organisations will be considering 'the new normal'.

So, could the control room become remote in the future should the need arise? Certainly, some of the barriers to

remote working highlighted areas of focus for us all to consider. Security of information and environment, as well as some technical challenges for some, need to be overcome, but some barriers highlighted are cultural. All need to be considered as part of our future planning.

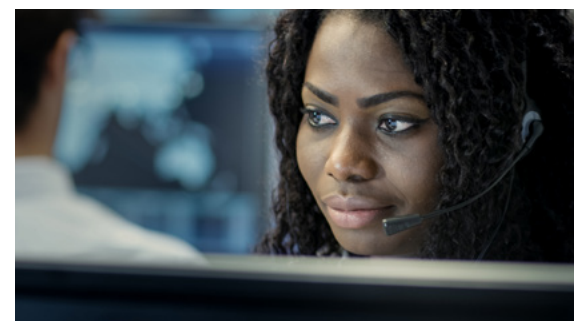
## Managing change effectively

COVID-19 has seen unprecedented change in all of our lives. No more so than the emergency services.

Crisis management is a core function of all the emergency services which, in the UK, are extremely well practiced at working together with joint control rooms, synchronised command and control and fused information centres. There are established protocols, procedures and manuals that have been honed following numerous reviews of the responses to various crises, not least a number of terrorist attacks in the UK over the past decades, the most recent being The Kerslake Report relating to the Manchester Arena bombing and The Grenfell Inquiry.

Multi agency committees established to manage emergency responses have been in place for many years (e.g. the London Emergency Services Liaison Panel (LESLP) that was formed as long ago as 1973 and the London Resilience Forum that was established in 2002). Emergency Planning Teams have been planning for and testing and exercising the response to a global pandemic for many years, after its inclusion as one of the most likely and impactful risks on the National Risk Register in 2008.

Establishing the lessons learned throughout the pandemic will no doubt be formalised by government and working across multiple agencies, but that doesn't prevent us as a supplier to the control room community from collaborating with our customers to determine how we can improve the support we give you throughout this pandemic and beyond.



## Looking after our people

Right now, as you work to keep the country safe in extraordinary circumstances, it's a particularly challenging time.

Our Frontline, a partnership between Shout, Samaritans, Mind, Hospice UK and The Royal Foundation of the Duke and Duchess of Cambridge, offers round-the-clock one-to-one support, along with a collection of resources, tips and ideas chosen to support your mental health as you do your work to protect us all and keep the country going.

For ambulance employees in England, call 0300 131 7000 from 7am to 11pm – or, for all other emergency services employees, text BLUELIGHT to 85258 for a text conversation or call 116 123 for a phone conversation at any time.

## Sources:

Morris J (2020) What has been the impact of Covid-19 on urgent and emergency care across England? A Q&A. Nuffield Trust comment

## How can APD Communications help?

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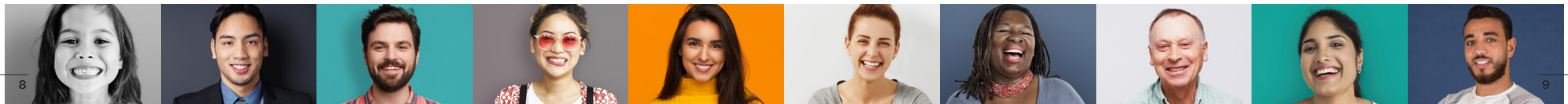
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