



NHS

**South Central
Ambulance Service**

NHS Foundation Trust



Volunteering Strategy for SCAS

2021-25

South Central
Ambulance
Charity

Executive Summary

The volunteer strategy for SCAS seeks to outline the approach to volunteering across SCAS for the next three to five years. It looks to bring together and consolidate the experience and knowledge of volunteering we currently have in various departments and to extend this more widely. This will enable SCAS to progress new volunteer opportunities, ensure we continue to value our volunteers and to develop innovative new areas for volunteering. It will seek to play an integral part in the development of the wider SCAS strategy impacting our ability to deliver world class healthcare through effective teamwork. Through this strategy we aim to demonstrate a commitment to growing and integrating volunteering into the wider workforce and to support the dedication and loyalty of our volunteers by delivering a rewarding and motivational experience for those who give their time.

Introduction

South Central Ambulance Service NHS Foundation Trust (SCAS) provides a range of emergency, urgent care and non-emergency healthcare services to a population of more than seven million people across six counties in central southern England. The Trust employs more than 4,500 staff who, together with over 1,200 volunteer Community First Responders (CFRs) and Co-Responders and 200 Volunteer Car Drivers (VCDs) enable the organisation to attend more than half a million 999 incidents, handle 1.24 million calls to NHS 111 and make 866,000 patient transport service journeys every year.

4500
STAFF

1200
**COMMUNITY
RESPONDERS**

200
**VOLUNTEER CAR
DRIVERS**



Over recent years the context in which the ambulance service delivers its services has changed significantly and SCAS now sits at the very heart of transformation within the NHS, with health and social care organisations coming together across regions to coordinate services with the aim of providing personalised care more quickly, with greater choice for patients whilst ensuring alternative pathways are available rather than transportation to emergency departments. As part of the Trust's wider strategic aims and objectives there is further opportunity to enhance the way SCAS works to benefit patients, volunteers, and the organisation alike.

Maturity review and SWOT and PESTLE Recruiting and managing volunteers in NHS Providers, a practical guide (NHSE September 2017) sets out several management areas it considers important and various aspects of volunteer management have been assessed against these.

The main conclusions from these analyses are as follows:

- ➔ Volunteering operations at SCAS are clearly well managed by experienced and committed colleagues who care deeply about what they are doing.
- ➔ The volunteering effort is itself the size of a large business, comprising more than 1,200 people across the whole SCAS patch, with most delivering services directly to patients. It is a risk that employment issues could be missed with general volunteer managers carrying out specialist tasks (HR, finance, IT and so on).
- ➔ Volunteering operations are managed and provided separately and there is no overarching volunteering vision, policy or charter.
- ➔ The VCDs and CFR/CRs do not provide an optional service which SCAS could stop providing if resources ran low so the risk of these services stopping or adverse incidents occurring represents a corporate risk to SCAS.

- ➔ It is a risk that SCAS may be missing opportunities that volunteers could bring, for example, in discharging actions within the Sustainability Development Management Plan (SDMP) through eco-champions. However, volunteers need steady work and close management, so any additional tasks will require sufficient resource to be a success and it may be that the numbers required may be relatively low.
- ➔ While leveraging new technology to enhance telemedicine is already happening in SCAS (e.g. GoodSam), there are many other ideas within SCAS as well as pockets of good practice across the UK and internationally which need investigating. This is time intensive but could bring benefits which may be missed without this work taking place. Sharing best practise with other ambulance trusts is crucial in ensuring all volunteer programmes are able to lead on innovation and pilot programmes which are then able to evolve.
- ➔ It seems highly likely that with further integration across the VCDs and CFRs, SCAS Charity and SCAS, there is potential to raise more funds and build greater awareness of the role and importance of volunteers than at present and channel them into these core volunteer services.

To successfully implement a volunteer strategy, it will be necessary to review resourcing across the CET, VCD and Charity teams to ensure there is sufficient administration support as well as commitment from the Strategy Group and teams across SCAS to enable this to happen. We should also carefully consider the role of our existing volunteers in the development of this strategy as individuals will have a great deal of experience and knowledge that will help ensure we have truly considered the volunteer and move forward in the right way.

Context

Our values shape everything we do and make sure we have a strong unified direction across the organisation. Through the four core values of the Trust, which are:



Professionalism:

Setting high standards and delivering what we promise



Caring:

Compassion for our patients, ourselves and our partners



Innovation:

Continuously striving to create improved outcomes for all



Teamwork:

Delivering high performance through an inclusive and collaborative approach

we strive to provide excellence in patient care in all our communities via all of our points of contact. Our volunteers work to the same values and behaviours as our staff and we expect the same high standards from them in working with each other and providing patient care.

CFRs and Co-Responders deliver core clinical and operational services for SCAS and make a significant contribution to SCAS's strategic goals and overall performance. Our responders are primarily funded by voluntary donations through the SCAS Charity that provides them with the kit and equipment they need to attend incidents on behalf of the Trust. VCDs are funded through the individual PTS contract managed within the Commercial Team. CFRs and Co-Responders support fundraising activity for the Charity and work closely with the team.

SCAS has developed a significant volunteer programme focusing on CFRs, Co-Responders and VCDs and has developed guidance, policies, and procedures to accompany this but these are local arrangements within specific teams without consistency or an overriding strategy. All volunteer roles within the NHS are required to follow the NHS Guidance of Volunteering. Our Community Engagement and Training Team (CET) follow this guidance for CFRs and Co-Responders but this is not currently in place for VCDs within PTS. This will form an early part of the action plan to bring VCDs in line with this guidance. Whilst PTS does not officially follow this guidance we are confident this is a case of formalising existing practises rather than introducing new ones.

We are able to showcase the work currently undertaken by all our volunteers but there isn't currently, an overall strategy that unites our volunteer strands with clear objectives for recruitment, management, funding and

development and which offers a clear single vision for volunteering, behind which the Trust can galvanise its resources to make it happen. The work of our volunteers could also be more widely shared through specific and regular external communications. This will be addressed through the Charity and SCAS Communications strategies currently being agreed which will include specific and regular external and internal communications on volunteering.

During the pandemic NHSE/ established the National Volunteer Responders programme as part of the covid response to provide volunteer support to the NHS and to those who were self-isolating. This had such a fantastic response that they are now looking to continue this programme in the longer term by developing other volunteer roles. One of these areas is to perhaps use existing volunteers in Ambulance services who have certain skills to further assist the local communities we serve. One of the potential areas of development is non injury fallers where we would not be required to send a frontline resource.

By developing a strategic approach to volunteering for the first time, as set out by the NHS Long term Plan, the volunteer programme will be better placed to support the Trusts strategic and operational ambitions and ultimately our Patients.



Volunteers and volunteering are considered

“crucial in both health and social care”

(NHS Five Year Forward View, 2014), and

“critical in delivering more people and community-based care”

(Volunteering Strategy 2017 Consultation Document, HEE 2017).

An estimated 3 million people volunteer in health and care (Recruiting and managing volunteers in NHS Providers, a practical guide, NHSE September 2017) and the NHS Long Term Plan commits the NHS to doubling this number (NHS England 2019).

The Care Quality Commission (CQC) assessment process which the Trust facilitates includes Key Lines of Enquiry (KLOE) about volunteering, for example (to gain outstanding): “Where relevant, volunteers are proactively recruited and are supported in their role. The Trust regularly updates its policies and processes for using volunteers and innovative practice, and the use of volunteers helps to measurably improve outcomes for people.” Volunteering can also have a positive impact on the volunteer in terms of increased knowledge regarding the importance of good health and wellbeing and improved self-esteem, confidence and social engagement (Casiday et al 2008; McGregor et al 2015). Some volunteer roles may also provide an effective opportunity to support people into employment or change to a health-related career (Farenden et al 2015) and there is evidence that some SCAS CFRs go on to become emergency care assistants and paramedics. In line with the experience at SCAS, volunteering in ambulance services is well established and generally focuses on CFRs, the Patient Transport Service (PTS) and other roles including Co-Responding, chaplains and fundraisers (Volunteering in Ambulance Services, Developing and Diversifying Opportunities, Kings Fund May 2019).

Ambition and Innovation

Growing the volunteer strategy and programmes provides us with an opportunity for innovation across SCAS both in current areas of volunteering where roles can expand as with the enhanced CFR programme or in new areas within SCAS that could benefit from the introduction of clear volunteer roles and programmes. Research into this area through the clinical teams and through discussions with other trusts could enable new volunteer roles to be identified and introduced. NHSE are liaising with some Trusts in relation to the Volunteer App and how this could benefit ambulance services with the varying roles of our volunteers and could bring further opportunities for them to dual role across the volunteering platform. There may be clinical and non-clinical roles that could enable an expansion of opportunities that a wider range of individuals will be attracted to.

Whilst we have no shortage of people wishing to be CFRs, this type of clinical role does not suit everyone, and the commitment required is not always possible. It is essential this is carefully managed to ensure any identified volunteer roles are in addition to and not instead of any staff roles that should be in place. Looking across our organisation there are other areas where the use of volunteers would add value, ease pressure

and fulfil a need to ensure our staff and volunteers are fully supported in their roles.

We already know that current volunteering roles such as Community first Responders and Volunteer Car Drivers enable SCAS to provide an even better level of patient care and their value to the organisation and our patients have long since been proven. The delivery of these programmes has taken many years and a lot of effort, but both are now well-developed giving rise to the possibility of looking at other areas that could lend themselves to a volunteer role.

The current extreme pressures both during Covid and with the indication that these levels are not diminishing despite the easing of lockdown restrictions has created an increasing demand for support for our current cohort of volunteers to support other areas. Whilst volunteers have been happy to do this and to support in anyway they can, it is becoming more important that we have a larger group of individuals to call on and who can support in different areas. If for example, we continue to request help from CFRs to work in CCC, man teapots, move vehicles around and to fundraise all in addition to being a CFR then goodwill could be lost. Not only that but the number of hours available as CFRs could drop directly impacting our delivery of patient care.

The list below is not an exhaustive one but demonstrates some of the areas where volunteers could make an impact and where we currently have insufficient resources to explore outside of creating new volunteer opportunities. An initial step following the agreement of the strategy would be to look at this in more detail, create and agree new roles and priorities.

HCP call taker

With CCC services being under even greater pressure HCP calls can get caught up in a stack of calls and not be actioned in as timely a way as they should be. This has resulted in a cohort of our existing CFRs offering to be trained so that they can be a volunteer call taker focusing entirely on this area to ensure these important calls are taken and prioritised accordingly. This volunteer role could be a separate role to our CFRs recruiting others to allow CFRs to continue responding to patients.

Welfare Volunteers

The teapot services supporting staff at EDs with refreshments has proved popular and necessary for those having to queue with patients. This service is currently supported by our CFR volunteers. Those CFRs working the teapot are then unavailable to respond as a CFR and there is a risk that we begin to ask the same people to undertake too multiple roles causing disenchantment and impacting patient care.

Partnerships with acute hospitals to provide a PTS ambulance portering service

Currently PTS arrive at hospital with a patient and then spend a significant amount of time within the hospital taking the patient from the hospital entrance to the clinic they are attending. This is a particular issue within the larger acute sites where the PTS staff are required to use lifts and walk long distances to get to the patient's clinic. Recognising that hospitals are also under enormous pressure, a volunteer role could provide a 'meet and greet' service at the larger acute sites that ensures a quick and safe handover from the PTS crew to the PTS Ambulance Porter who will take the patient to their clinic enabling the PTS Crew to be off the road for as short a period of time as possible and quickly back to continue supporting

other patients creating greater efficiency of operational resources.

PTS Journey confirmation call handler

Volunteer call handler role contacting patients the day before an appointment to confirm details, ensure patients are still able to attend and that appointments haven't been changed. This would provide reassurance to patients and ensure PTS time isn't wasted creating better efficiencies.

Fleet & Logistics drivers

Volunteers who are able to support the internal workforce & OSD team to ensure vehicles are in the right place and can be moved around as needed. More efficient movement of equipment and supplies across our area to support all teams.

Cardiac Arrest only volunteers

The development of the Out of Hospital Cardiac Arrest project and the introduction of the GoodSam app means we can train and recruit volunteers who may not be able to fully commit as a CFR but who are able to respond to a cardiac arrest which is nearby.

Service User experience volunteer

Follow up calls to service users following an interaction with the service to gauge satisfaction and to enhance learning and development.

Charity Fundraising volunteers

With a growing Charity team driven by greater income, we are developing more community fundraising opportunities that would benefit from volunteer support. Attending events, supporting fundraising initiatives, giving local community group talks and operating collecting tins in local communities are just a few of the ways in which volunteers could help.

Volunteers supporting SCAS research

The SCAS research strategy gives other opportunities within research projects including identifying, informing and inviting patients and members of the public to take part in research projects. The SCAS research team would be keen to explore volunteer roles that are able to support their work.

With a variety of different roles on offer we would be able to attract a wider cohort of volunteer. There would be roles available for those interested in direct patient care as well as those who wanted to operate more remotely and/or in supporting roles that do not have a clinical element. The requirement in terms of recruitment would vary – not all roles would require enhanced DBS and roles would have different levels of commitment needed. We know not everyone can commit for example to the minimum 20 hours a month to be a CFR. As well as providing greater service efficiencies and support for our staff, these roles would create a more diverse workforce.

Examples of how a few other ambulance trusts have created wider volunteering roles include: WMAS upskilling their CFR volunteers with mental health awareness training. For any patient facing roles at SCAS this awareness would give volunteers a better understanding of mental health and how they can support people with mental health issues when carrying out their role.

North West Ambulance Service – Frequent Callers – Volunteer Support Roles

Frequent callers to 999 often do so without malice and have legitimate healthcare requirements. NWS has created a dedicated Frequent Caller Team to identify and support individuals. An audit conducted between 1

April 2016 and 31 January 2017 identified a total of 1505 frequent callers during this period. NWS opted to create a new volunteer role to support the frequent caller team. The new volunteer role focused on providing additional support for those who were aged 65 and over and often the most vulnerable.

Yorkshire Ambulance Service – Volunteer Patient Advocates

YAS met with stakeholders including STP leads, staff from CCGs, local councils, national leads, voluntary groups and public bodies. They also worked with local partners Voluntary Action Leeds and British Red Cross to engage with key stakeholders in the voluntary sector to identify opportunities for joint working. They proposed a process that integrated the power of community volunteering in a co-ordinated way by linking health staff and those that need support with local volunteers. A new volunteer Patient Advocate role was developed and piloted in partnership with local voluntary organisations. The role aims to support people who have been identified by their GP as being at risk of needing urgent and emergency care. Patient Advocates meet with the person helping to identify and complete practical tasks that make it easier for them to navigate urgent care.

London Ambulance Service – ‘General’ Volunteers

LAS are seeking to increase the number of volunteers who support their work by introducing a range of roles where members of the public can get involved in what they do, learn about the ambulance service and help to improve care for Londoners. These roles include visiting frail, elderly, lonely or socially isolated patients following a fall where the patient has not been taken to hospital; ring backs to patients with less serious conditions who are waiting for an ambulance during busy times; assisting with infection prevention and control audits; helping teams at public events; pastoral

support to control room staff; careers advice and support to new applicants and current staff and assisting with the upkeep of their historical collection.

These just show a few of the additional ways ambulance trusts are now looking to utilise volunteers.

Volunteer Manager

The introduction of a wider range of volunteer roles will naturally take time to implement and will have to be staged over a period. The role of Volunteer Manager would be required to oversee the volunteering programme, create and develop roles, ensure consistency of policies, oversee recruitment opportunities, input into future strategy, oversee and manage volunteer communications and to work closely with departments directly managing volunteer led services. Their role would not be to in any way, replace those staff currently working with and managing volunteers but to assist and retain the overall direction and development of volunteering.



Risks and Issues

The risks and issues below are addressed in more detail within the paper but are highlighted here to focus on specific areas that will need attention. It will be important to address these before the volunteering strategy can fully move forward and develop.

The volunteer car driver programme is not currently following the NHS Guidance on Volunteering. It is important that all volunteering programmes are managed consistently going forward within national guidelines.

Covid was an extraordinary event and highlighted the many benefits of an increased and diverse volunteer workforce. Without processes in place however, it is harder to implement in other areas if you want to make an immediate impact. During Covid we had many offers of help but it was difficult to get volunteers up and running at speed.

Any input from other SCAS teams eg recruitment etc must be integrated into the volunteer management teams. Specialist departments can bring a great deal of expertise and knowledge to volunteering but we must continue to manage at a local level to ensure personalised programmes and relationships with volunteers. PTS are now tracking recruitment through

the Integrated Workforce Planning (IWP) team. Each month targets are set to onboard new volunteers which are then monitored.

There needs to be clear central guidance for the management of difficult situations and any disciplinary/exit process of volunteers. This needs a consistent approach and the support of senior management to ensure volunteers are treated fairly but also that staff managing volunteers have the support and skills they need to make and implement difficult decisions.

A lack of central IT support and knowledge can make our volunteer communications vulnerable. It is central to the volunteer programme that they have access to emails, sharepoint and other information. If these areas are left vulnerable there is a risk to SCAS and badly functioning IT is a frustration for volunteers that can impact their motivation and sense of value.

CET and Charity volunteers currently have Charity email addresses ie @sca-charity.org.uk. VCDs have @scas.nhs.uk email addresses. There is a lack of consistency here which could impact a number of including access to the Charity Sharepoint site where volunteer information is routinely published for CFRs. There is also some concern that Microsoft may look to charge not for profits for volunteer email addresses in future. We should therefore re-evaluate with IT the use of @scas.nhs.uk for all volunteers.

There is a risk that the Volunteers in Partnership charities involved in the VCD programme will not continue to support us. While there isn't any current indication of this happening it remains a potential risk.

The ambition of the strategy must be carefully managed to ensure there

is a gradual introduction and development of new roles and that growth isn't expected too quickly.

Without the addition of a Volunteer Manager the ability to introduce new roles and to create a greater impact through volunteering could be lost.

Strategic Themes

This strategy will recognise and communicate the contribution volunteering makes to SCAS performance and patient care, support and promote volunteering at Board level to incorporate it firmly into development and progress of strategic goals. It will ensure the role of the SCAS Charity in supporting all of our volunteers becomes embedded in the identity of SCAS.

Volunteering is currently focused on operational delivery, providing clinical excellence, improving clinical outcomes and patient experience through the CFR and Co-Responder programmes which ensures patients can receive life-saving treatments as quickly as possible by trained and skilled volunteers. For our VCDs the focus is on ensuring patients in the community are able to access hospital services and attend medical appointments providing a friendly, safe and reliable service.

There should be a single joined-up volunteer strategy for SCAS which can showcase and celebrate the work undertaken by volunteers, set objectives

for the maintenance and development of all areas of volunteering, state fundraising aims to support those objectives and unite them all under a clear single vision and mission for volunteering. The volunteering operation should have a clear vision and identity, it requires support through good communications which ensures it is known across SCAS and the wider healthcare economy. This will help with establishing a greater culture of volunteering and fundraising, as well as increase the visibility of volunteering.

There is also an opportunity for SCAS to work towards achieving the Investors in Volunteering status as other ambulance trusts have done. This will demonstrate a real commitment to volunteering and demonstrates good practise in volunteer management. Investors in Volunteering can enhance the experience for volunteers and increase their motivation, strengthen our reputation and encourage more people to volunteer. It will minimise risk, maintain knowledge and allow us to develop, review, plan for the future and strengthen our volunteer programmes, processes and procedures and ensure a safe, effective practice in volunteering in line with the UK standard.

With a recent commitment to promote the National Volunteer Certificate to SCAS volunteers, as well as a grant from HEE to introduce a new dedicated volunteer database (Assemble) SCAS has an opportunity to relaunch its systems for volunteers including how data is managed, how our volunteers are recruited and how the impact of our volunteering can be evidenced. The database will be introduced later this year following a transition from the current Harlequin CRM database shared with the Charity. This database and platform is dedicated to volunteers and it will enable our volunteer managers to record volunteer information, enable

volunteers to access and amend their own records and link to our websites to promote recruitment opportunities more accurately and widely. The integration of Assemble will begin with the CFR/Co-Responder programme but can be rolled out to our VCDs and their managers as well as other volunteer teams across SCAS.

Key Strategic Themes

Recruitment

Consideration should be given to the overall lead and process for volunteer recruitment with input and identified support from the central recruitment team. The Volunteer Manager would be expected to work closely with the central recruitment team as well as with departments directly managing volunteers. Lead managers in the Community Engagement Team (CET)

and PTS teams work hard to recruit referring to recruitment policies and processes however, there is scope for a more consistent approach across all areas. The recruitment of volunteers is currently governed by a comprehensive set of requirements and processes set out in the

Volunteer Policy. This guidance document was created in November 2019 with input from the Head of CET, Charity CEO and Voluntary Car Driver Coordinator and should form the basis of creating uniformed processes.

Volunteers are not equivalent to contractors or agency workers who can be taken on quickly, to be deployed to do limited tasks largely autonomously and then let go. Volunteers must be on-boarded (a substantial process of checks and training as would be expected) and kept motivated and energised with tasks which they feel add value.

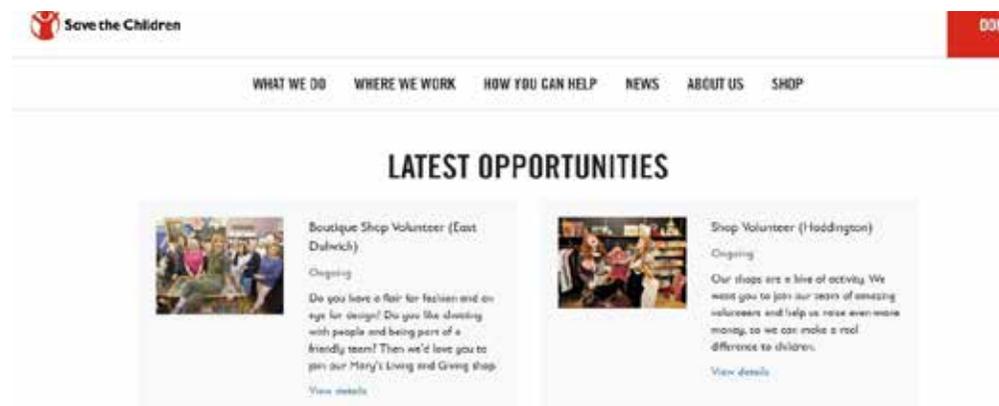
The Covid-19 pandemic experience around volunteers has been extremely informative. There have been many offers of help and a database was created of willing volunteers which is held centrally within the Health & Wellbeing Team although it is unknown the current and or future status of these volunteers. As tasks were identified (for example, delivery of Personal Protective Equipment (PPE) and moving vehicles) the volunteers were contacted. However, the onboarding processes took time (Disclosure & Baring System checks, PPE, Covid-19 risk assessments) which may have put people off volunteering, and also served to reveal how involved the process is to recruit, onboard and manage volunteers.

Volunteer roles need to be ongoing, rewarding, regular and well managed to be viable. Recruitment is time intensive and PTS is effectively outsourcing to other charities to access new volunteers quickly and effectively. This is not however a new phenomenon for SCAS, community volunteers have always been quick to respond to calls for help as evidenced in 2018 when the beast from the east hit the South and overnight snowfalls left crews unable to get to work, ambulances unable to reach patients but members of the community did everything they could to help. Following an appeal for help 4x4 vehicles were soon seen queueing up at 6am at Southern House ready to transport staff and volunteers to work to ensure patient care could continue.

We also need to ensure we have a flexible recruitment offer. CFRs currently volunteer 24/7. With volunteers choosing when to log on to fit in with their own commitments and preferences. It is evident however, that there are more CFRs logged on at certain times and days potentially leaving gaps when patients could be more vulnerable. VCDs currently volunteer Monday – Friday, 9am-5pm but it is recognised there is a level of demand outside of these times that is unmet. Clear, focused, targeted recruitment for other times should be considered to ensure critical time gaps can be covered. We also need to ensure that all volunteers are recorded on ESR to undertake e-learning. Currently CFRs are on ESR but VCDs are not.

Working with the Assemble Database offers wide reaching opportunities to create links to the SCAS and SCAS Charity websites to promote volunteering opportunities to the public bringing

greater scope and professionalism to our recruitment processes. Any number of individual volunteer roles can be promoted and managed through the system. Below is a screenshot from Save the Children to show how this will look on the website using the Assemble platform.



The first volunteer live recruitment event took place on 14 July with SCAS Charity, CET team and PTS staff and volunteer representatives talking about volunteering opportunities at SCAS. Around 50 people joined the teams session. It was beneficial that all areas of volunteering were represented to enable people to hear what is on offer; to change their mind; to get involved in more than one area or to volunteer in one area while waiting for a vacancy in another. All this is beneficial overall. It is hoped this will become a regular initiative.



Celebration and Acknowledgement

Our volunteers play an integral role within our organisation and the table below shows the level of commitment we receive from our responders each and every year. This dedication requires recognition and only recently have long service certificates been introduced for CFRs.

Volunteer CFR & VCD Activity 2020/21

361,000

Number of logged hours

49,932

Number of Incidents Allocated

29

Seconds

Average Category
1 Contribution

1:08

seconds

Average Category
3&4 Contribution

44,027

VCD Journeys 2020/21

853,913

VCD planned miles

A programme of recognition, celebration and acknowledgement of all volunteers should be created to ensure the value and appreciation we all know is held within SCAS for our volunteers is obvious to them and visibly recognised. We should also look externally to opportunities such as the Helpforce Awards for Volunteering in the NHS, Queens Award for Voluntary Service and other such recognition that is held nationally.

The continuation and development of a wider volunteer annual conference with breakout sessions for different areas and an opportunity to have internal and external facilitators and

speakers to host an evening social event for volunteers. With such large numbers of volunteers this may not be the final answer, but discussion and planning can lead to the

creation of a real solution. Rather than having just one event a year perhaps aim for two with the support of the Trust to recognise their efforts in an award celebration much like we do for staff at the Ambies.

A programme of events and opportunities during the year for volunteers to meet other volunteers within and outside of SCAS, observe or hear about developments in the organisation, to meet senior leaders and Execs and to be applauded for their commitment, loyalty and passion for their role.

Management & Retention

Management of volunteers is largely left to individual managers who carry out a wide portfolio of tasks including training, recruitment, welfare, general management, deployment, development, health and safety and much more, with limited formalised support from SCAS corporate services. This places greater time burdens on staff and leaves less time for the development of the service as managers are pre-occupied in busy operational roles. However, this intimate hands-on approach has been cited by CET managers as very important in nurturing and maintaining relationships with their volunteers and, while support is welcome, moving functions like recruitment to central corporate departments may adversely affect and impact that relationship. It will therefore be important to blend the professionalism and knowledge of specialist teams from areas such as recruitment along with the operational management currently in place.

The Volunteer Manager role will be an important element to ensure consistency of our functions and management of volunteers. The role will manage volunteers into the organisation, supporting initial recruitment, induction and administration before volunteers then join their respective department for specific training and induction. They will support departmental managers in managing the volunteer function and will also manage volunteers as they leave the organisation through exit interviews and recording of information. The Volunteer Manager would report directly to the Charity CEO but would have a dotted line to individual managers in the Trust. This would align with the Charity's growing role of providing funding to support a wider number of volunteer roles as it has successfully done with the CFR programme.

There should be a clear process and plan for communication with volunteers and about volunteers both to the volunteer and internal and external stakeholders. The scope of volunteer practise and its impact is largely unknown outside of the organisation and yet it is a key message to engage others both for further volunteering, funding and community engagement. Communications is a key tool in the motivation of volunteers and is a huge disappointment to volunteers when it is lacking. A key motivation to volunteer is to add value and the recognition of that in both internal and external comms is important, as well as feeling a sense of belonging to the organisation.

Training

Specific training skills are already embedded, well-regulated and maintained with volunteers clearly trained in their role. They are continually supported and offered ongoing and additional training opportunities of which they thrive upon. More generic training and/or induction about SCAS, the structure, our departments, our overall strategy and personnel is not always evidenced. This can lead to a silo effect with volunteers not always clear on how they fit into and contribute to the bigger picture and a belief that the organisation is perhaps not as invested in them.

IT, Communications and Support

Effective use and provision of IT systems to support and communicate with volunteers in a safe, secure and effective way is important. CFR volunteers currently have Charity email addresses and access to the SharePoint site created and managed by the CET and Charity teams. Neither of these areas are however supported by the central SCAS IT team, which causes frustration to volunteers when they go offline. VCDs have access to Staff

Matters, Hot News and other emails through their SCAS emails and the SCAS intranet. Each VCD has a PDA/smartphone device so they can receive work and communicate electronically and verbally. These are issued and funded by PTS. CFRs have smartphones to be deployed to incidents and also to receive communications. These devices are funded by SCAS but the monthly line rental for CFRs is funded by the Charity.

Volunteers without SCAS emails, do not have access to the SCAS intranet site, but CFRs have access to Staff Matters through the Charity SharePoint. The additional support from skilled volunteers, such as the current project with three CFRs whose professional careers are with Microsoft, and who are upgrading, organising and developing the current Charity SharePoint site to mirror the Staff Hub site shows the additional value of our volunteers. This Volunteer Hub will then have the capacity to support all volunteers and will provide an excellent information portal. The Charity SharePoint site started small around 4 years ago and has grown, becoming slightly disorganised and difficult to navigate. This project will enable it to go forward as a fit for purpose volunteer intranet. The investment in this initiative has come from the volunteers themselves and not led by our own IT team.

Better overall IT support to ensure we have the means to communicate with all our volunteers as well as a communication plan to ensure vital news and information is shared effectively and safely with volunteers in a timely manner is needed. Along with more general information and comms from SCAS this can ultimately help volunteers to feel valued and feel a true part of the SCAS family.

The creation of a Charity communications plan should incorporate the role

of volunteers and the Charity in working together to promote awareness, recruitment and fundraising.

Data and Evaluation

The introduction of the Assemble Database for CFRs and Co-Responders, and in due course VCDs and other volunteers, represents an opportunity to hold better, more accurate volunteer records; to give volunteers access to their own records and to update certain areas of their record; to link the database to the SCAS and Charity website to support recruitment opportunities which can be publicised; and greater reporting features to enable us to better produce reports demonstrating the statistical data along with the anecdotal evidence of the huge value of volunteers within SCAS. Assemble can be rolled out over time, for all volunteer teams in SCAS without compromising volunteer data or privacy.

This greater clarity around data will be crucial to the development of our volunteering programme in ensuring patient care is at the forefront of new initiatives.

Governance

The role of the Executive Director of Strategy and Business Development and the Non-Executive Director (NED) with special responsibility for volunteers is probably less well known to our volunteers. The volunteer strategy will be led from the top of the organisation and their strategic leadership should be communicated and made visible to our workforce and volunteers alike. The importance of this strategy and their role in it will support the operational managers and leaders who work directly with our volunteers to demonstrate where volunteering sits in our organisation. It will also ensure the development of our volunteering strategy links in to and dovetails with other organisational plans.

The introduction of the CFR Governor has gone some way to enabling volunteers to feel they have a voice at the table and has been a welcome introduction. Our strategy needs to ensure a better understanding of how others are supporting, leading and championing the development and importance of volunteering which will increase a feeling of being valued. The volunteer strategy needs to be implemented at a local level feeding through the Exec Director to the NED so it is a Trust wide programme.

The lines of reporting and accountability guides volunteers on how to communicate issues at an operational level but needs to also look at how volunteers can engage with SCAS leaders at Board level either on specific issues or more general forums and discussions as well as what our volunteers can expect from them.

Fundraising and Finance

Volunteering and fundraising functions at SCAS work closely together and match operational objectives and service development with what is possible to fund through donations, grants and SCAS budgets. There should be a more explicit link between volunteering and the SCAS Charity. VCDs and CFRs should continue to be managed separately and should produce separate strategies with clear resource plans which run alongside fundraising efforts for the SCAS Charity. These strategies need to be developed together because the scale of fundraising impacts on operational aspirations and those aspirations will determine how much needs to be raised. On the other side, understanding the future direction and needs of these areas of volunteering, equipment replacement programmes, new services etc in the coming years will help guide the Charity's fundraising for areas of development to ensure funds can wherever possible be available to support these programmes.

Currently there are a number of inconsistencies that would need addressing such as; VCD are reimbursed the fuel allowance through commercial contract, CFR's are reimbursed through the charity however the Dynamic Response Vehicles also manned by CFR's have fuel cards funded by SCAS.

Partnerships

VCD Managers are always looking for ways to recruit more drivers and over the last 12 months have been paying a local charity £1 per mile for a driver, who arrives with most of the onboarding checks completed. In turn the charity partner will make a surplus which can be ploughed back into their own services. In this way, the PTS service gains motivated and local volunteer drivers while greatly reducing their administration burden and is also supporting local charities. This initiative, named Volunteers In Partnership (VIP) initiative was started in the north of the SCAS patch and will be rolled out more widely. PTS are working with volunteer partners such as Citizens Advice Bureau rolling this initiative out across Thames Valley with a view to moving into Hampshire Surrey and Sussex. This type of initiative builds on expert knowledge of volunteer management and engagement working directly with other voluntary organisations to build success. PTS also hope to develop links with community transport organisations building a better service for patients as well as enabling SCAS to meet its need.

There are no formal partnership arrangements with Hampshire Isle of Wight (HIOW), Berkshire, Oxfordshire, Buckinghamshire (BOB), Bedford, Luton, Milton Keynes (BLMK) and Frimley Health ICS or seeking ways to develop volunteering across the wider healthcare economies, so there is a risk that local innovation and opportunities are missed. Recent funding through NHS Charities Together has enabled SCAS Charity to begin

relationships with other NHS charities within each ICS and to a lesser extent with ICS partners. This has enabled us to already begin promoting the role of volunteers within SCAS to a wider healthcare group. It has been clear from these discussions that there is only a high level knowledge of our CFRs.

It is recognised that within ambulance trusts across the UK the role of CFRs is a well-established exemplar of volunteering in the NHS and therefore of interest to others. The level of responsibility and importance our volunteers have and the value they bring to patient care is still less well known. There is a real opportunity through this strategy to broker wider relationships with them to look at volunteer roles that could work in partnership. Our Volunteers are integral in their communities and already play a big role in addressing some of the health inequalities currently prevalent. CFRs are able to address some aspects of rural isolation, reaching patients quickly, being aware of and known to those locally who will seek them out if there is a concern for welfare for example. Volunteers with other roles in those communities could provide visiting services to support those who may recently have left hospital ensuring they are accessing any follow up services, maintaining their care to ensure they are not quickly back on the 999 / hospital admission cycle.

Working with the ICSs it could be possible to identify areas where volunteers could support community health, broker partnerships with other community and health services and, in the longer term, reduce pressure on frontline services. These initiatives should bring funding opportunities with them to ensure the expertise and experience of community support developed by SCAS is rewarded and can be further developed. Other projects could include volunteer groups being seconded or helping out

within the hospital setting for specific projects. The introduction of the National Volunteer Certificate which SCAS volunteers are already engaged with enables volunteers who hold the certificate to move between volunteer roles. Organisations acknowledge that volunteers who hold the certificate have been trained in and passed a series of six core standards enabling them to more easily transfer across different organisations.

More formal opportunities could be researched and developed.



Role of SCAS Charity and Fundraising

SCAS Charity is the central fundraising arm of SCAS and through a series of grants associated with the pandemic has been able to increase its income last year and will likely raise around £1m in the current financial year. While this is not yet an indication that this level can be maintained it does demonstrate the ability to increase income and to work towards realising at least £1m a year in income given the right projects. SCAS Charity is a growing organisation which has the potential to grow more quickly. The Charity has a five-year plan which sets out its need for additional staff, support with internal services from departments within SCAS and additional volunteer fundraisers to support it. The charity is currently a small operation and will need significant investment and development if it is to grow and SCAS is to reap the rewards of increased funding and expanded volunteer schemes at no cost to the organisation long-term.

There are currently two distinct volunteer operations within SCAS.

Community First Responders (CFR) and Co-Responders (CR): comprising more than 1,200 people managed by the Community Engagement and Training team within the operations directorate. The majority of costs associated with the CFR programme are covered by the SCAS Charity

funding vehicles, uniform, training, and equipment. Donations and fundraising campaigns are essential to the viability and sustainability of the programme. The Charity must raise around £300,000 for the programme to just continue but a lot more if we want to continue innovating and developing the programme. The pilot to introduce an enhanced CFR scheme (further diagnostics such as ECG & Urinalysis) will this year cost £100k which will be funded by the NHS Charities Together grant. If, as we would like, to roll this out to all 40 of our CFR vehicles a further £500k will need to be raised over the next couple of years to enable this to happen.

CFRs are operational volunteers, and many choose to assist with fundraising. They are also ambassadors and have an important role in community engagement promoting life-saving skills and defibrillator awareness which successfully links to public knowledge of CFRs, SCAS Charity and SCAS and also generates income support. Their commitment and support for fundraising and their role as spokespeople and ambassadors in the community supports the growth of the Charity.

Volunteer Community Drivers (VCD): comprising c200 people are managed within the commercial services. VCD costs are not supported currently by SCAS Charity and the majority of costs are covered within each individual contract dependent on the commercial area. SCAS Charity is however be able to work with PTS and provide internal grant funding for projects that may be outside of this remit. There would also be scope within the volunteer strategy to bring VCDs closer together with the Charity and for the Charity to prioritise some level of funding for the VCD programme as it does for CFRs. This would also need to work the other way with VCDs representing the Charity as ambassadors, and to some extent supporting fundraising as our CFRs do. As the volunteer strategy develops and there

are closer links between the different departments opportunities can be identified and developed to include building awareness and positive messaging.

Our aim is to ensure there is a wider range of volunteer opportunities available across SCAS. Learning from the experiences of our current volunteers and the knowledge and expertise of those working in these two areas we can build a wider programme to support different areas and attract a wider skill set of volunteers undertaking a variety of different tasks.

Resource planning

If we are to realise the ambition suggested in this paper and to continue to innovate then a role of Volunteer Manager will be needed to oversee this development. An initial focus group would also be created to include those currently working on this strategy from CET, Charity and PTS teams as well as some existing volunteers to begin shaping and developing the overall structure needed. Having an overarching view will enable consistency to be delivered and help specific departments to feel supported and part of a wider volunteer team.

SCAS Charity is well placed to take on the overall remit of volunteers with its charitable status and current funding role of CFRs and close working with the CET team. With the development of this strategy also

come possibilities for funding and fundraising to support wider volunteer initiatives and roles. This would bring together all of these elements within the Charity. The Volunteer Manager, working with the Charity team would be able to provide much needed support administratively with areas like recruitment, comms, PR, fundraising and other areas where a consistent approach will be important. It will not negatively impact or replace the important volunteer management streams within the operational teams. We know the Charity and Community Engagement Team have been able to create and successfully implement working in this way and this could be extended to other areas.

It will be inevitable that as volunteering grows the Volunteer Manager and the Charity team in place to support that growth will need to expand. Volunteer projects and programmes are particularly appealing to funders and whilst some statutory funding may be available to support specific elements the majority of funding is likely to continue coming from the voluntary sector.

Conclusion

Through the development of the overall strategic direction for SCAS along with the increased pressures since the pandemic means that this is the right time to develop and implement a new volunteer strategy.

We must formally acknowledge that our volunteers are one of our greatest assets. They are key ambassadors in our communities and are extremely well regarded by the general public for the service they provide. We must not only harness that loyalty and dedication but look at how we can further utilise their excellence and build upon their reputation to develop our organisation.

Through a strategy that seeks to innovate, enhance and create wider opportunities for teamwork and that can broker greater partnerships with others. The outcome will ensure volunteering continues to be of tangible value and importance at SCAS directly supporting and benefiting patient care. It will also ensure our volunteers remain motivated, challenged and rewarded by the opportunities they are given.

In summary for our organisation and our communities to thrive and develop we need to embrace those members of society who add value both directly and indirectly to enable effective patient care to be at the Heart of all we do.

This strategy will foster and enhance those strong foundations we have in place to enable us to develop our diversity and reflect our service users' needs by also reflecting our community within our volunteer workforce.

Appendix 1

Overarching volunteer targets are attached.

Appendix 2

There are currently a number of volunteer roles in place at SCAS with volunteer role descriptions which are attached for information.

Appendix 3

An initial action plan is attached as an indication of those tasks that will initially be prioritised. A more detailed plan will be created at a later stage.

Volunteer Targets

<p>1. Increase the diversity and number of people volunteering across SCAS in order to enhance the overall patient experience by introducing and developing five new volunteer roles in addition to CFRs and VCDs. To recruit an additional 10-20 volunteers for each of these new roles.</p>
<p>2. Improve consistency and value of volunteer management ensuring our volunteers receive excellent support, training and communication that motivates and enriches their contribution as a volunteer. Recruiting a Volunteer Manager who will, during their first 6 months in post align processes and policies across our volunteer strands.</p>
<p>3. Create and implement innovative partnerships across SCAS and the wider NHS and create greater partnership working. By working with NHSE&I on the national framework for volunteering in Ambulance Trusts. Identifying links to ICS plans in our area.</p>
<p>4. Standardise our volunteer recruitment, learning and protocols across SCAS. Volunteer Manager to create a uniformed process for recruitment and induction that works across all volunteer strands and ensures compliance around Elearning and other SCAS policies for all volunteers.</p>
<p>5. Through the use of Assemble Database create a system of evaluation and quality improvement for volunteering. Create reports that can demonstrate the impact of volunteering through increased numbers of volunteers, creation of new roles, increase in non-CFR volunteers as well as retention and attrition reports.</p>
<p>6. Increase funding through voluntary donations and other income streams to support wider volunteering at SCAS.</p>
<p>7. Grow our reputation for excellence in volunteering externally and continue to be seen as an exemplar. With increased presence for all volunteering roles on the SCAS Charity website and improved external communication channels.</p>
<p>8. Ensure volunteering opportunities and roles at SCAS are aligned to Trust objectives and can support areas of need</p>
<p>9. Create excellence in volunteering that is reflected in the number of volunteers in place, length of service and contribution of our volunteers. Annual reports of levels and diversity of roles to be produced to begin comparing and recognising the growth of volunteering.</p>
<p>10. Create a culture that values all our volunteers, supports their health and wellbeing and provide opportunities for volunteers to get involved, develop skills and experience through volunteering</p>

Appendix 2

Current volunteer roles within SCAS



Volunteer Role Description

Role Title	Ambulance Community First Responder (CFR)
Purpose of the role	<p>CFRs play an integral part in our response to patients within the local communities of where they live and work. As a CFR you will join your local scheme and attend medical and trauma emergencies, often providing vital interventions and support before the arrival of the ambulance crew.</p>
What you will be doing	<p>After the recruitment and training process, you will be equipped to attend a range of medical emergency calls in your community which include, but are not limited to:</p> <ul style="list-style-type: none"> • Suspected strokes • Suspected heart attacks • Cardiac arrests • Traumatic injuries (e.g. broken bones / severe bleeding) • Breathing difficulties <p>CFRs will never knowingly be sent to a dangerous situation or incidents which we deem unsuitable, which include but are not limited to:</p> <ul style="list-style-type: none"> • Road traffic collisions • Fires • Patients suffering a psychiatric emergency • Maternity / gynaecology issues • Assaults <p>You will usually work alone and will often be the first person on scene representing the ambulance service and, in some cases, will be providing lifesaving interventions such as CPR and using a defibrillator.</p> <p>Not all cases are of such a life threatening nature, you will sometimes be providing reassurance and gaining information ready for the arrival of the ambulance crew.</p> <p>You will be part of a local CFR scheme which you will be expected to embed into, and you may sometimes be asked to attend local events to promote the scheme and assist in fundraising for the SCAS Charity, which provides all the equipment and the uniform for our CFRs.</p>

<p>Skills, qualities, and experience required</p>	<p>No formal qualifications are required for this role, although candidates will need to be aged 18 or over, have a full driving licence with at least 6 months driving experience, have no more than 3 penalty points and access to a car.</p> <p>You will need to have good verbal and written skills, as well as good communication skills, you should be able to document clearly and concisely information you obtain from casualties.</p> <p>You will need to have a good level of physical fitness due to the tasks naturally involved in this role and will need to pass an occupational health screening by the Trust.</p> <p>You will need to be able to get onto the floor to perform CPR (for at least 2 minutes) and carry a kit bag to the scene of an emergency.</p> <p>No previous medical training or experience is required.</p> <p>During the application process an enhanced disclosure & barring service (DBS) check will be carried out.</p> <p>South Central Ambulance Service has a set of core values, and we ask that the volunteers we recruit have qualities that align with these.</p> <p>Our Vision and Values South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)</p>
<p>When and where?</p>	<p>CFRs volunteer in their own time, when they are able, for a minimum of 20 hours a month.</p> <p>Usually, our volunteers are on call from home, going about their daily business, until called upon by the ambulance service. The times that our volunteers go “on call” is entirely decided by the volunteer.</p>
<p>Support offered</p>	<p>After training, CFRs will usually join a local scheme with other CFRs which is led by a volunteer coordinator. Before going on call for the first time, volunteers will usually complete a shift with an experienced CFR or training officer from the Ambulance Service.</p> <p>Each area has a dedicated SCAS Community Engagement & Training Officer (CETO) who you can contact at any time for help or support. They are your main point of contact with the organisation.</p> <p>All training, uniform and equipment is supplied by the SCAS Charity (as the NHS receive no funding for the CFR role) and will be provided on successful completion of training.</p> <p>There is support available 24/7 from the Ambulance Service, so in the event of an emergency or distressing situation,</p>

	<p>someone will always be able to be contacted. CFRs have access to the Ambulance Service employee assistance programme which can help with a full range of issues that volunteers may be facing in their personal lives.</p> <p>Volunteers can claim mileage costs from the SCAS Charity because of their CFR activities.</p> <p>SCAS will help you with writing to your car insurance company to advise them of your volunteer activity – there is rarely an issue with this.</p>
<p>What you could get out of it</p>	<p>You will be in a position where you could save lives in your community. Our CFRs regularly attend patients who would have otherwise died without their intervention.</p> <p>You will be part of the wider SCAS ‘family’ and will be given the opportunity to work with ambulance crews and other emergency services as part of the role at the scene of an incident.</p> <p>As part of your training, you will complete a level 3 certificate in Ambulance First Response, which is a nationally recognised qualification.</p> <p>You will have many opportunities to expand your knowledge and training the longer you stay with us, including being trained to drive our vehicles, work in the Clinical Coordination Centre, and undertake some additional enhanced training to enable you to do more for our patients and your community.</p>
<p>Other relevant information</p>	<p>The training consists of six sessions / days, at the end of which you will have completed the level 3 certificate in ambulance first response. The process is outlined below:</p> <ul style="list-style-type: none"> • Recruitment session This may be in the evening or during a weekend and takes around 2-3 hours. • Induction session This may be in the evening or at weekends and takes around 4 hours • Clinical training course part 1 This is 2 days in length and is usually held over a weekend • Clinical training course part 2 This is 2 days in length and is usually held over a weekend 2 weeks after the part 1 <p>After 6 months there is an opportunity to complete some additional training.</p>

	<p>After your clinical training course part 2, you will need to attend a training centre every 6 months thereafter for around an hour to requalify in some of the clinical skills.</p> <p>You will be expected to adhere to the guidelines outlined in the operations manual and only work within the agreed scope of practice. As part of your recruitment you will be expected to sign and adhere to our volunteer agreement.</p>
<p>What to do if you're interested</p>	<p>Check our website to see if we are recruiting in your area: www.scas.nhs.uk</p> <p>If we are recruiting and this sounds like the volunteering opportunity you are looking for then email our administrator with your name and postcode and ask for an application pack: cfr@scas.nhs.uk</p> <p>If you would like to talk to someone further about this role, then please contact our office on 01962 898090 and they will put you in touch with the training officer for your area.</p>



Volunteer Role Description

Role Title	Community First Responder (CFR) Scheme Coordinator
Purpose of the role	The scheme coordinators are responsible for overseeing the day to day running of the CFR scheme and act as a link between the CFR scheme and the Community Engagement & Training Officers (CETOs)
What you will be doing	<p>The role of scheme coordinator is varied and can be quite a commitment. Some of the areas that you will be responsible for include:</p> <ul style="list-style-type: none"> • Supporting CETOs as new volunteers go through the recruitment process • Supporting integration of new volunteers to the scheme through training, policy and good practice • Disseminating information from SCAS to the scheme members and ensure they are made aware of any changes in policy or practice • Coordination of local training within a scheme • Assisting scheme volunteers with access to email, SharePoint and other official sources of CFR information • Managing regular training/refreshers/requals for scheme volunteers in conjunction with the local CETOs • To arrange regular scheme meetings either face to face or virtually • Provide appropriate support to volunteers after an incident, including escalation to the CETO and other appropriate SCAS resources • Providing scheme kits with consumables from locally held stock and ensuring appropriate local supplies held • Facilitating access to Resource Centres and the CFR Logistics service for consumables not available locally • Maintaining a record of all locally held Charity resources (e.g. Kits, Defibs and training equipment) and ensuring that equipment held is in date and in serviceable condition • Where appropriate coordinate PAD checks within the local scheme area • Coordinating rotas/shifts for individual volunteers • Coordinating DRV access/manning • Raising issues that impact the group and or its operation with the CETO • Supporting CETOs in delivering effective communication to volunteers • Collaborating with other schemes to further the aims of the Charity • Ensuring fundraising and communication activities are conducted as defined in SCA Charity policies and guidance <p>CFR coordinators will need to work with the CETO team to plan and assist with recruitment in their local area using their local knowledge, which may involve speaking to local businesses or attending local events /council meetings in order to raise the profile of the scheme.</p>

	CFR coordinators many choose to nominate a deputy coordinator and/or assign some scheme members with additional responsibilities relating to certain areas (e.g. someone to take charge of equipment, someone to take charge of DRV rotas)
Skills, qualities, and experience required	<p>You will already be a qualified and active CFR with a passion for what we do. You will have excellent communication skills in order to communicate across the board with volunteers, CETOs, the SCAS charity and occasionally local stakeholders within the community.</p> <p>You will need access to a computer with internet capability and be IT literate.</p> <p>You'll need to continue to uphold the values of SCAS in your role as coordinator.</p>
When and where?	<p>We ask for 20 hours a month from our CFRs so it's no surprise that the CFR coordinator role will require a bigger time commitment – possibly up to 35 hours a month.</p> <p>Ordinarily there is no requirement for any travel outside of the usual operating area, most of the coordinating is done within the scheme / group.</p> <p>You will be required to attend a 6 monthly coordinator meeting which will either be held virtually or face to face at one of our training centres.</p>
Support offered	<p>You'll report into the CETO team. Each area has a responsible CETO and assistant CETO who you will be able to contact when they are on duty. They will be your first port of call for any questions you have or help you might need within the scheme.</p> <p>You will be able to claim back reasonable expenses and any mileage you may incur for undertaking this role.</p>
What you could get out of it	You'll get the opportunity to lead and motivate a group of volunteers within your scheme as well as the opportunity to work with local stakeholder groups (such as parish councils and other organisations) in order to promote and further the scheme in the local area.
Other relevant information	None
What to do if you're interested	Scheme coordinators are usually either agreed within the group, or in conjunction with the CETO for the area. From time to time the CETOs will approach responders directly to ask if they would be interested in taking on the role. If you are interested in taking on this role in your area then please speak to a member of the CE&T team.



Volunteer Role Description

Role Title	Enhanced Responder
<p>Purpose of the role</p>	<p>This role enables volunteer responders to attend patients at the request of the Urgent Care Desk (UCD) or Clinical Support Desk (CSD) where they require further diagnostic tests to be carried out to be able to gather more clinical information in order to safely inform them of the most appropriate onward treatment pathway for the patient.</p> <p>This role will enable the individual responder to be able to undertake additional skills to assist in the assessment and safe discharge of those patients attended, with clinical support from the UCD.</p>
<p>What you will be doing</p>	<p>You will be trained to utilise additional diagnostic equipment to enable you to perform enhanced observations on patients who may be able to be left at home or referred to an alternative care pathway following consultation with the UCD, this equipment will include:</p> <ul style="list-style-type: none"> • Use of an enhanced diagnostic monitor (Zoll / Lifepack) • Application of a 12 lead electrocardiogram (ECG) • Obtaining a urinalysis • Use of the electronic patient report form (EPR) <p>You will present your findings to the UCD (or clinical support desk) via the EPR which will enable them to make a more informed decision.</p> <p>Whilst you will be given a basic insight into the interpretation of the results you get, to ensure clinical clarity you will not be authorised to interpret these yourself.</p>
<p>Skills, qualities, and experience required</p>	<p>You will already be a qualified responder (CFR or Co-Responder) and will have completed the non-injury falls and concern for welfare training. You'll need to be familiar with technology and willing to commit to additional training (3 days) and additional hours (totalling 40 hours a month rather than the standard 20) You will need to have demonstrated a consistent approach to your volunteer role to date by having completed at least the minimum of 20 hours a month over the previous 6 months with demonstrable evidence of your patient contact.</p>
<p>When and where?</p>	<p>We will be recruiting for this role in specific areas as it will initially be a trial and the training will take place at either Nursling or Thame.</p> <p>The training will be 3 days in duration, which is mandatory.</p>
<p>Support offered</p>	<p>You'll be supported by an experienced clinical faculty who will make sure that you're well prepared to undertake this role</p>
<p>What you could get out of it</p>	<p>You will be increasing your skills and knowledge base in relation to patient assessment.</p> <p>You will make a huge difference to patients and to the Trust, helping to ensure our patients get the right care and treatment the first time.</p> <p>You'll be able to work with your peers and pass on knowledge and skills you have gained and developed to help them prepare for the role, should they wish to apply in the future.</p>

Other relevant information	This role is subject to the responder having provided the minimum hours (20/month) for the 6 months prior to applying. There will be an informal interview (likely over teams) as part of the process.
What to do if you're interested	Keep a look our for communications with a link to fill in an expression of interest.



Volunteer Role Description

Role Title	Community First Responder (CFR) Dispatch Volunteer
Purpose of the role	Our Community Engagement & Training (CE&T) Team support over a thousand volunteer community responders and co-responder from the military and fire service. The responders are deployed to emergency calls from our Clinical Coordination Centre (CCC) in Otterbourne by a dedicated dispatch desk.
What you will be doing	<p>You will be working in the fast paced environment of the CCC alongside full time colleagues dispatching ambulances, rapid response vehicles and specialist assets.</p> <p>Your role will involve the dispatch of our CFR volunteers across the entire footprint of the Trust, screening incoming calls for suitability, quickly deciding if a CFR asset is within deployable distance and getting them on their way. You will also identify less urgent calls which might be able to be attended by our falls & welfare trained or enhanced CFRs.</p> <p>Our CFRs will often call in by telephone to the dedicated desk to find out information or pass information on, you will be taking the calls from your volunteer colleagues who are out on the frontline.</p>
Skills, qualities, and experience required	<p>Being a qualified CFR already will put you in the best position to be able to maximise your influence in this role, knowing the strengths and limitations of CFRs will ensure they are deployed to their maximum potential with the best outcome for patients.</p> <p>You will need to be very literate with IT systems and use of a computer, quite often you will need to be able to juggle a number of tasks which need completing in quick succession, prioritising as you go. Being able to work under pressure is essential as a number of emergency calls may come in at once and you may have to deploy more than one responder simultaneously.</p> <p>Before applying for this opportunity, you will need to complete a shadowing shift with one of our volunteers in the CCC to enable you to understand the exact requirements and functions of the role.</p>
When and where?	<p>The role will be based at our CCC in Otterbourne near Winchester and we ask that volunteers live no further than 30 minutes away from the CCC.</p> <p>Due to the training involved and complexity of the systems used, you will need to be able to commit to at least one shift a month working in the CCC on the desk. The initial training is 1 week and must be completed in a 1 week block, you will then be mentored with another volunteer until you are "signed off" to work on the desk on your own.</p>
Support offered	You will undertake dispatch training with the CCC training team and will be fully supported throughout your training and mentorship by one of the training team and a fellow CFR dispatch volunteer. You will be able to reclaim your mileage for attending the CCC for your shifts.

What you could get out of it	You'll be performing one of the most essential tasks there is – dispatching our volunteers to life threatening emergencies. You'll get a unique insight into a different part of the Service and get to work within a bigger team of staff making split second decisions when time is of the essence. You'll be able to directly see the results of your work transfer into the lifesaving activities that our volunteers perform.
Other relevant information	This volunteer role is subject to an informal interview and requires that you first complete a shadowing shift to ensure you have a good insight into the complexity and pace of the role.
What to do if you're interested	Contact your CETO and let them know you are interested in this role. Your details will then be passed on to the relevant manager to process.



Volunteer Role Description

Role Title	Community Engagement & Training Logistics Volunteer
Purpose of the role	Our Community Engagement & Training (CE&T) Team support over a thousand volunteer community responders and co-responder from the military and fire service. The department provides their uniform and operational equipment as well as supplying our partner agencies (such as the fire service) with medical equipment they might need. This role will support the full time logistics officer and other logistics volunteers in their role.
What you will be doing	You will be working with the full time logistics officer, other volunteer logistics officers and the Community Engagement & Training Officers (CETOs) to ensure a good logistics service is received by our responders. The role will involve identification, distribution and collection of supplies and equipment as well as picking and packing orders to go out to groups and schemes. You'll also assist with first line fault finding and rectification of some of the equipment used by our teams.
Skills, qualities, and experience required	Organisation is the key to running a slick logistics service and so you will need to possess good organisational skills and be able to prioritise tasks. You'll need to be able to use a computer as well as software such as Microsoft word, outlook, and forms. You'll need good written and verbal communication skills but otherwise you won't need any formal qualifications. You will need a full driving licence with no more than 3 penalty points. A vehicle will be provided for any journeys required as part of this role.
When and where?	The CE&T team are based at Nursling Ambulance station and this is where the role will primarily be based, but there may be occasional travel required across the SCAS patch, for which a vehicle will be provided. Ideally, you'll live within a half hour commute of Nursling Station (or whichever location we happen to be based at)
Support offered	You will be trained and looked after by our logistics team which consists of a full time logistics officer and a number of logistics volunteers. SCAS will provide everything that is needed in terms of uniform, and IT equipment that may need to be used on station.
What you could get out of it	You'll be part of an already well established team and will be helping keep our responders on the run. Even though you're not "patient facing" you will be helping those responders who are, deliver excellent and timely care. The logistics role is the "grease" which keeps the wheels turning across the team. There may be opportunities to assist with us setting up events which we attend throughout the year or our annual conference.
Other relevant information	We ask for a commitment of 20 hours a month from our logistics volunteers, ideally spread over the month and a weekly basis (5 hours a week) as we have certain tasks which are allocated to certain days of the week, some of which are undertaken solely by our volunteers so consistency is important.
What to do if you're interested	Email cfr@scas.nhs.uk to let us know you're interested in this role and we will be in touch.



Volunteer Car Driver Information Sheet v1.1

Patient Transport Service (PTS)

Volunteer Car Driver (VCD) Information Sheet

Introduction

Thank you for requesting details on the Volunteer Car Driver (VCD) service. This is a voluntary transport service and does not constitute any contractual arrangements or contract of employment with South Central Ambulance Service NHS Foundation Trust (SCAS).

Our VCD volunteers are required to provide transport for non-emergency walking patients to and from hospitals and treatment centres, thereby leaving ambulances available for low mobility patients i.e. wheelchair and stretcher patients

The Basic Requirements

The basic requirements which must be met before being considered as a Volunteer Driver are that the volunteer must be:-

- 1) Availability
You will be asked to nominate certain days of the week when you will be available for VCD journeys. A volunteer can be available any time of the day Monday to Saturday between the hours of 06:00 hrs and late evening. Journeys are planned on the previous day; however availability on the day will be acceptable.
- 2) Physically and mentally fit
You will be required to assist patients from their home to your car and again to the hospital ward or department and vice versa. There may also be belongings to be carried.
A medical questionnaire will need to be completed. This is a confidential document and will only be seen by the Occupational Health Department.
- 3) Be competent in the use of electronic smartphone devices
In line with Information Governance and Data Protection your work will be sent to you via a secure network using a SCAS issued smartphone device. It is expected that you will update the device throughout the day with your drop off and collection times to ensure accurate data is being collected.
- 4) Have a four door car in good and clean condition
Cars must be seven years old or less on commencement of voluntary duties, be four/five door design to allow free and easy access to and from the rear seats and must be maintained in clean condition. If your vehicle is over 7 years old this may be acceptable, Manager's discretion pending inspection is required.

- 5) Covered by full Comprehensive Insurance
South Central Ambulance Service NHS Foundation Trust does not accept any responsibility or liability for damage or injuries arising from accidents. Therefore, it is most important that Volunteer Drivers ensure that their car is covered by a fully comprehensive policy and that they are authorised to use the car for the conveyance of patients and reimbursement of these expenses. It is important that the volunteer checks the above points with their insurance company, as an insurance indemnity certificate will be required to be signed by all new drivers.
- 6) Undergo a driving assessment
Before being accepted as a volunteer, you will be required to take a driving assessment with a driving assessor from the Trust. This will be undertaken in your own vehicle.
- 7) Declare all driving convictions
All driving convictions, past present or pending, must be declared at the time of applying and also subsequently as a VCD driver. Failure to declare any convictions may result in your application being withdrawn. SCAS will only accept a maximum of 3 points on a driving license. Should you exceed this at any time it will result in you being removed from the VCD list.
- 8) MOT Certificates and Insurance
At the time of applying you will be requested to supply us with a copy of your current insurance certificate and MOT certificate (where applicable) and thereafter on an annual basis (MOT certificates being accepted as proof of road-worthiness).
- 9) DBS Checks
Owing to the nature of the Trusts' business, volunteers will be subject to an Enhanced Criminal Disclosure check. Volunteers will only be accepted as a VCD subject to verification of details provided through the Disclosure and Barring Service check. These are renewed at two year intervals

Training:

South Central Ambulance Service will be responsible for the familiarisation of all volunteers in:

1. Information Governance
2. Safeguarding of vulnerable adults and children
3. Equality and Diversity
4. Infection, Prevention and control
5. Use of SCAS issue smartphone and data collection process
6. Incident / accident reporting procedure
7. Professional conduct and behaviour.
8. Effective on the spot training if and when a situation occurs not previously covered.

Payment of Expenses

Volunteers are not paid for their services but are reimbursed mileage expenses in arrears at a rate of 45p per mile. This can be claimed each month using the forms provided and then submitted direct to your local Volunteer Car Driver Co-Ordinator

Conveyance of Patients and Escorts

Journeys are planned as efficiently as possible and will inevitably result in the transportation of more than one patient per car to save unnecessary duplication of mileage and expense.

Escorts should only be conveyed where booked or authorised by Control. No other passenger should travel as any spare seating may be needed for additional patients on return journeys. Animals must not be carried, the exception to this being guide dogs, with the consent of the volunteer.

Appointment Times

It is most important that the appointment times given are met, as many of the patients you will carry will be attending for specialised treatment and failure to meet these times may result in treatment being delayed or missed. If any doubt exists in this matter, advice may be sought from the PTS Contact Centre.

Safety of Patients

Attention is drawn to the need for seat belts to be worn by the driver and all passengers.

Care of patients conveyed by the Volunteer Car Service

This service is for patients who are unable, for medical reasons to travel to or from treatment centres by public transport. Patients may be anxious and therefore should be treated with consideration and understanding at all times. Volunteers must help them to enter or alight from their cars and see them safely into hospital or settled in their own home on discharge. The sympathetic handling of patients is the prime responsibility of our service. You will be required to ensure that any discharged patient is seen safely into their house, preferably into the care of a relative or neighbour.

Ambulance PTS Contact Centre

It is the responsibility of all volunteers to notify the PTS Contact Centre of any changes/alterations to planned work on the day.

The PTS Contact Centre is available 24 hrs. a day. Contact Centre staff may ask you to convey patients at short notice (depending upon your availability).

Identification

Upon commencement as a volunteer, you will be provided with Volunteer Car Service signs for your car and an identification badge. These should be visible at all times and only when transporting patients on behalf of the trust.

Unemployment and Volunteers registered as Unemployed

As previously stated the Volunteer Car Service is purely voluntary and reimbursement of expenses is paid to volunteers. Should you be registered as unemployed it is your responsibility to ensure that any effects on benefits being received by you are discussed with the relevant benefits provider.

Cessation of volunteer availability

If you decide you no longer wish to be a volunteer you must notify the Volunteer Car Driver Co-ordinator in writing.

Strategic Theme	Actions	Timescale
Resource	<ol style="list-style-type: none"> 1. Scoping of a new Volunteer Manager role, evaluation and recruitment 2. Creation and TOR of a volunteer development group to structure and implement the strategy 	<p>Year 1</p> <p>Year 1</p>
Recruitment	<ol style="list-style-type: none"> 3. Identify and work with lead Recruitment Team advisor to review and revise recruitment processes and procedures for volunteers 4. Create unified policies and procedures for volunteer recruitment that can be replicated across teams with the ability to personalise different departments 5. Create clear areas and targets for recruitment 6. Explore and grow volunteer recruitment through Assemble 7. Review the central database of offers of help during Covid 8. Identify and plan recruitment for other areas currently without volunteers e.g. Charity 	<p>Year 1</p> <p>Year 1</p> <p>Year 1</p> <p>Year 2</p> <p>Year 2</p> <p>Year 2</p>
Management & Retention	<ol style="list-style-type: none"> 1. Move PTS VCDs in line with NHS guidelines for volunteering as an immediate priority 2. Review and where necessary revise policies and processes for managing volunteers across SCAS. 3. Work with Comms team to create and plan an annual comms strategy to promote the role of volunteers and showcase their impact. 4. Create internal communication channels that can share information with volunteers more easily and can ensure information is received at the same time as our staff rather than later. 5. Review and ensure sufficient administration resource are available across CET/Charity and PTS to support volunteering 6. Ensure communication with and to volunteers from all areas and levels of the organisation 	<p>Year 1</p> <p>Year 1</p> <p>Year 1</p> <p>Year 2</p> <p>Year 2</p>
Celebration & Acknowledgment	<ol style="list-style-type: none"> 1. Identify the approach to opportunities for the recognition of volunteers 2. Create opportunities to share the achievements of volunteers internally and externally 	<p>Year 1</p> <p>Year 1</p>
IT, Communications & Central Support	<ol style="list-style-type: none"> 1. Undertake an IT review of Charity/CFR /volunteer IT and ensure it is fit for purpose with the ability to centrally maintain in line with SCAS IT 2. Review and ensure GDPR, privacy and other regulations associated with digital platforms are fully compliant 	<p>Year 2</p> <p>Year 1</p> <p>Year 1</p>



	<ol style="list-style-type: none"> 3. Regular updating and maintenance of the Harlequin systems used by the Charity is needed to ensure systems don't fall over due to lack of necessary system upgrades 4. Progression to the Assemble database growing coverage and use 5. Review branding across SCAS for volunteering and identify a single identity for CFR schemes and PTS VCDs for use internally and externally. This would sit alongside the SCAS and Charity branding clearly showing a link. Currently there are a wide variety of brands, logos, accounts and websites in place with differing information. 6. Report and evaluate the current volunteer led upgrade and development of the Charity/CFR/volunteer SharePoint site. Review and open up to all volunteers accessed via a SCAS Charity email address which all CFRs currently have. 	<p>Year 2-3</p> <p>Year 2</p> <p>Year 2</p>
Data & Evaluation	<ol style="list-style-type: none"> 1. Create standard, regular reporting mechanisms on the impact of volunteering to be channelled through the Executive Lead and Non-Exec lead to be sighted by the Exec and Non-Exec Board 2. Review Information reported on SCAS and SCAS Charity websites and ensure it is updated regularly and not static information 3. Evaluate the impact of all volunteering and produce an annual report to be circulated internally and externally to ensure the value of volunteering is really measured and recognised. 	<p>Year 1</p> <p>Year 1</p> <p>Year 2</p>
Governance	<ol style="list-style-type: none"> 1. Creation of a SCAS vision and mission for volunteering and shared to all 2. Communication on the role of Exec and non-exec support for volunteer strategy and plan across SCAS 3. Stronger links between all levels of volunteer management 4. Revision and circulation of Chain of Command for volunteers to include the execs and NEDs 	<p>Year 1</p> <p>Year 1</p> <p>Year 2</p> <p>Year 2</p>
Fundraising & Finance	<ol style="list-style-type: none"> 1. Increase emphasis and plan to engage volunteers to support the Charity and fundraising to enable growth in income. 2. Planned programme of community engagement activity including literature, promotional goods, donation facilities etc to support it 3. Clear direction of volunteer programmes and potential needs for funding over a 3-5year period to enable fundraising to respond and fund specific developments 4. Review financial inconsistencies around funding for volunteer activities and agree clear, revised process for funding 	<p>Year 2</p> <p>Year 2</p> <p>Year 1</p> <p>Year 2</p>



Innovation	<ol style="list-style-type: none"> 1. Discussions with operational and clinical teams to understand areas where volunteers could make additional contributions 2. Work with NHSE on the volunteer app that could increase volunteer roles and numbers 	<p>Year 2</p> <p>Year 2</p>
Partnerships	<ol style="list-style-type: none"> 1. Review and evaluate the VIP programme in PTS and plan further roll out across our 6 counties. 2. Creation of media and comms to showcase the VIP programme and how it supports community volunteering in SCAS and the wider community it benefits 3. Research volunteering strategies from other healthcare providers across our area and identify and create a planned approach to create partnership opportunities with ICSs developing a working relationship for volunteering 	<p>Year 1</p> <p>Year 2-3</p> <p>Year 2-3</p>