Scottish Ambulance Service

Working in Partnership with Universities

Scottish Ambulance Service: Independent Review of Volunteer Delivered Services

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Date: 31 January 2025

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Executive Summary

It was very evident from the survey and discussions that SAS has a motivated, resourceful and enthusiastic network of Volunteer Responders, geographically spread across the mainland, highlands and islands. The impact of the suspension of the volunteer network due to Covid created ramifications that continue to be felt even now. It is also acknowledged that SAS has experienced a higher than hoped staff turnover in volunteer support which has led to unfulfilled initiatives, commitments not delivered against and a view that there has not been adequate resourcing for the network. It should be noted that there was a general feeling that across some of the volunteer network the Volunteer Responders were 'not part of the SAS family'.

It should be recognised that much is being done to try to reverse these negative impacts. There are areas of excellent practice being delivered – proactive collaboration between local ambulance staff/stations and responders, new staff to deliver training and support, changes within the ACC and the AR Desk, and an emerging view that Volunteer Responders count. These incentives need to be capitalised on, enhanced and developed; with further work the network could feel better supported and valued by SAS. This in turn delivers enhanced healthcare and wellbeing to SAS patients, local communities and the general public.

SAS has committed to building on and developing the role and remit of volunteers in the network and this report represents part of that commitment.

This project was broken down into three parts: survey of all volunteers, direct engagement with volunteers and follow-up discussions with SAS staff.

It is apparent that the CFRs and Wildcats are passionate groups and engaged well with the process, SAS should seek to capitalising on this asset including considering what further investment may be required. The project identified several themes:

- a motivated volunteer network committed to delivering care to the patient
- supporting their communities and being part of the SAS-family
- concern with reducing numbers of calls
- some frustrations about their operational tasking
- a strong desire to do more for the patient.

Building the Volunteer Responder Service

There is a requirement to evolve from managing volunteers to delivering a Volunteer Responder Service. This Service needs to be integrated into SAS, to be supported by training, logistics, project management, corporate communication and ITC. The Volunteer Responders have a critical role in the delivery of compassionate, safe and effective care to patients across Scotland. Wildcats directly contribute to improving the OHCA survival levels, getting to critically unwell patients and delivery lifesaving care at the point of need.

CFRs directly engage with patients with a range of clinical issues and can provide immediate, on-scene feedback, observations and tasks to assist triage, alternative interventions and signposting to other parts of the system. There is now an opportunity to develop these capabilities to benefit patients and the wider SAS community.

The volunteering model requires a formalised strategy to define its structure and role and its integration into the rest of SAS. This would link to policies, processes, training requirements and volunteer toolkits being standardised and consistent, thereby reducing risk to the individual and the organisation.

Empowering Everyone

There is a need to invest in training for the Volunteer Responder and the staff across SAS who support this Service. This should include improved through-life training for all volunteers and further training for staff to understand volunteer management. Specific training for staff manning the AR Desk to understand the varied responder roles will enhance operational tasking of these capabilities.

Resourcing the Change

With such a sizable cohort of volunteers and recruitment ongoing, there is a need to evolve from managing volunteers to delivering a Volunteer Responder Service across SAS. Investment is needed in the Community Resilience team. Additional staff to deliver improvements to the management of volunteers in line with the other SAS services. The organisational enablers (EPDD, Logistics, PMO, HR) across SAS need to resource and support the Service to integrate it fully into the organisation – to avoid the disconnect that CR staff perceive. The introduction of the MIS App is a major project for SAS and should be resourced appropriately by the Service.

Optimising Care Delivery

As SAS evolves its triage of patients, enhanced observations and improved clinical decision making, the Volunteer Responders can deliver a key service. As the ‘eyes and ears’ at the scene, their observation skills can assist clinical decision-makers to improve outcomes for patients. Their feedback can help clinicians to make informed decisions on the right attendance thereby driving down attendance from SAS. They can also provide on-scene awareness, reporting potential concerns to SAS for recording and reporting. Expanding the Wildcat service will directly support the strategic aim of improving OHCA survival rates.

Collaboration and Innovation

The delivery of the National Volunteer Responder Service is currently limited in scope due to resource limitations in Community Resilience. There are initiatives underway, but they lack resources and buy-in from wider-SAS departments or are not seen as priority across the organisation. SAS should deliver co-designed projects to support the Volunteer Responder Service. Volunteers should be involved in future development of the Service, thereby facilitating informed decisions.

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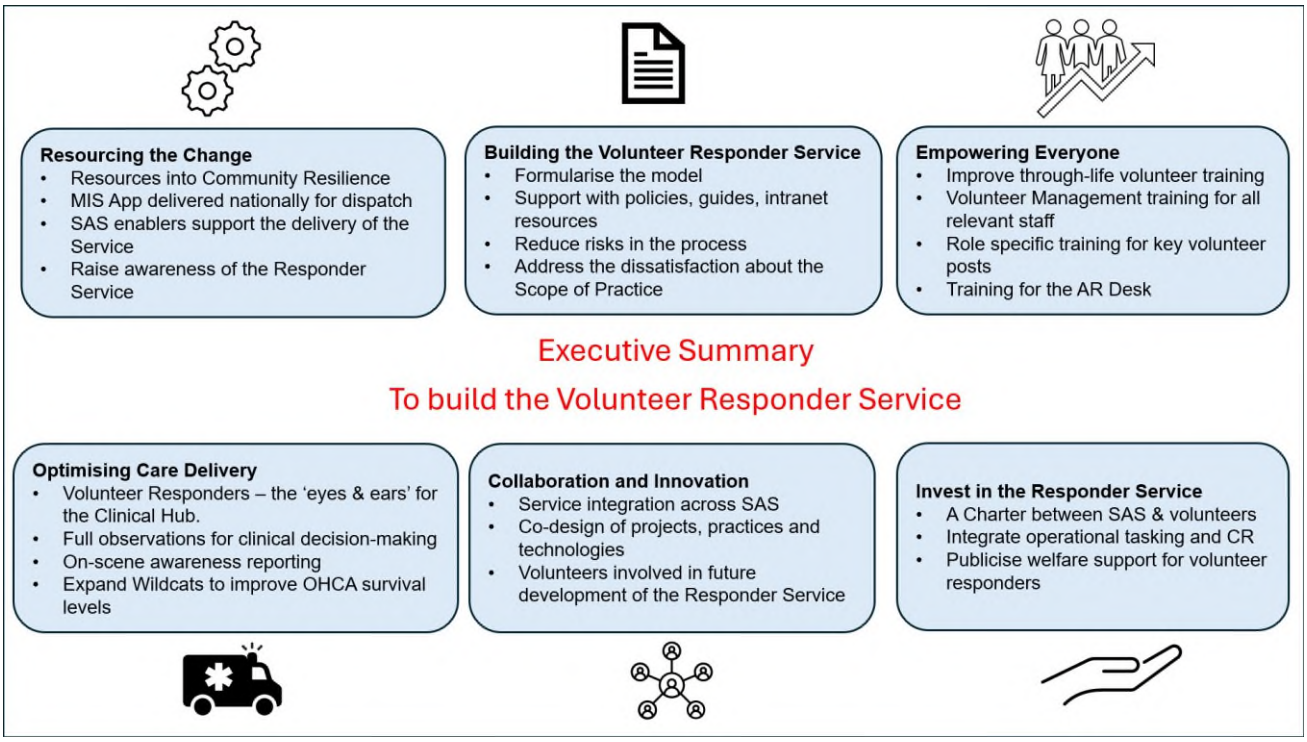
Investing in the Responder Service

The volunteer network, trained, equipped, supported and integrated into the SAS family, should be more formally recognised in a refreshed Charter co-designed with volunteers. This will ensure a relevant service for Responders, their communities and SAS. Investment has been made in welfare provision, and this should be publicised further to ensure all Volunteer Responders are aware of the services

Summary:



Background

The Chief Executive (CE) requested an examination of the current services provided by volunteers to the Scottish Ambulance Service (SAS) and the resources provided by SAS to support them.

There are nearly 1,000 Community First Responders and Wildcat Cardiac Responders across the SAS, working in regional-based schemes or groups. Community First Responders (CFRs) are trained members of the public or registered health care staff who volunteer to respond to calls. The SAS Cardiac Responders (CR), known as Wildcats, are volunteers who are trained to respond to out-of-hospital cardiac arrest.

The Island Emergency Responders are trained responders, managed by the North Region, to predominantly support remote islands communities.

CFRs and Wildcats do not replace ambulance clinicians but can add to the emergency response by complementing the work of ambulance services. The intention for CFRs and Wildcats is that they arrive on scene quickly, improve the awareness of the patient's situation by recording patient observations and performing essential processes before handing over to ambulance staff or other triaged interventions.

Significant work has since been undertaken to re-energise the CFR and Wildcat services and further develop their activities – these include post-incident reports (PIR), provision of Naloxone, TRiM/Lifeline wellbeing support, re-activated volunteer recruitment and greater awareness of the voluntary services throughout SAS.

The CFR Strategic Review of May 2021 introduced a broader set of roles and responsibilities for the volunteers to support increased agility and flexibility within the service. The Review added capabilities for CFRs to provide observation notes to aid clinical advisers, the potential for telehealth monitoring and possibly assistance with calls such as falls.

Further development of the service has been written into the 2030 Strategy with objectives to expand support to patients, this includes introduction of concepts such as remote monitoring capabilities and develop the National Centre for Remote & Rural Health and Social Care. This represents a significant acknowledgement of the value of volunteers and an expansion of their capabilities.

More recently, the Community Resilience (CR) staff have engaged with the Association of Ambulance Chief Executives (AACE) and their National Ambulance Volunteering Strategy. This work is collaborative amongst all the Ambulance Services of Scotland, England, Wales and NI. This sharing of processes and knowledge, underpinned by a Volunteering Strategy is extremely valuable for the development of SAS volunteer services.

Against this backdrop of work at the national and strategic level, the CEO requested an initiative to investigate the views of the volunteers in SAS.

Scope of the initiative

The work focused on the current situation and future requirements for volunteer-delivered services in SAS. The survey and follow up individual discussions were designed to capture the voice of the volunteers and their lived experiences, identify individual and scheme successes or best practice and record current concerns and frustrations. The survey was disseminated to all volunteers on the Community Resilience database, reaching a total of 988 individuals, both CFR and Wildcat.

Out of scope of this initial work were:

- volunteers who support the Involving People Network
- BASICs
- Retained Volunteers and Island Emergency Responders.

Objectives

The objectives of this work were to:

1. Gain general data on the profile, commitment, motivations of SAS volunteers.
2. Determine volunteer views on training – CR provided and by individual schemes.
3. Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers
4. Discover volunteer views on their interactions with SAS – with crews, operational support from dispatch and Community Resilience.
5. Confirm what methods of communication volunteers receive and how they would like this to develop in the future.
6. Discover volunteer views on scheme activity – including fundraising, monthly training and equipment provision.
7. Identify levels of satisfaction with SAS and interest in developing Responder services further.
8. Determine roles in the clinical response model

This project was broken down into three elements – a survey disseminated to all volunteers, direct engagement with volunteers for follow-up questions on a wide range of topics, and follow-up discussions with SAS staff who work with or alongside Volunteer Responders.

Part I – Listening to the volunteers Aim and approach to the survey

The survey took an insight-based approach to get feedback from as many volunteers as possible. This generated an understanding of the network, their interactions with elements of SAS and their views on current frustrations and potential improvements. It was developed following research and discussions with SAS Community Resilience staff and focused on gaining feedback from both Community First Responders (CFRs) and Wildcat Responders.

The survey acknowledged the work being undertaken by the Association of Ambulance Chief
Executives (AACE) and their Volunteering Strategy. They have undertaken two pilots with Yorkshire Ambulance Service and South Western Ambulance Service, with the intention of collating data and analytics across all ambulance services in the UK. They have distributed a National Survey and questions from this were accommodated within the SAS survey.

Design of the Survey

The survey was devised to cover multiple areas of both CFR and Wildcat volunteers. The survey was anonymous to enable respondents to comment freely and without concerns. It covered the following areas:

Part A - data about the volunteer, their motivation for becoming a responder, age bracket, length of service, and average number of hours per month booked on.

Part B – focused on training and welfare. The intention was to discover whether the training was sufficient to prepare the volunteers for their role with SAS. It covered their understanding of the wellbeing and welfare support available to them and a question from the National Survey about reporting concerns. It was followed by a free-text area for thoughts on ‘welfare, health and wellbeing’.

Part C – focused on support and communication from SAS. It asked how communications were received and what were valued. It then examined the support from SAS in three distinct areas: ambulance crews on the scene; the Ambulance Control Centres, and Community Resilience Team - answers were a combination of grades and free-text.

Part D – examined in more detail the activities undertaken by each scheme; fundraising; training quality and frequency; and new skills or equipment.

Part E – the final part aimed to gather more holistic views on the service – asking for views on improvements to the service, interest in assisting future development of the volunteer experience; satisfaction levels; and examples of what makes a volunteer proud to serve the community.

On completion of the survey, participants were invited to contact me directly for further discussions or with written points.

Encouraging participation

Through the CR Business Support staff, all CFRs and Wildcat Responders were invited to participate in the survey. All volunteers and staff had been prewarned about the initiative in the Chief Executive's Update and The Beat. The survey was run from 29 April through to 28 May, with reminders and encouragement to participate sent out to all volunteers on a weekly basis. Access to the survey was also published on SAS Facebook site and through Community First Responders site on Facebook.

Aim and approach to the direct engagement with volunteers

Both participants in the survey, and all volunteers on the CR database, were invited to contact me directly to speak or write further thoughts. This part was completed by 14 July. In order to reassure participants of the confidential and anonymous nature of the survey it was decided to use an independent gmail address for direct engagement.

Design of the discussions

This qualitive method was based around a semi-structured interview. This developed as a conversation between the volunteer and me, loosely based on an interview schedule. This flexible approach enabled discussions to cover wide ranging issues as well as deep dives into individual concerns.

Interviews were primarily conducted virtually on Microsoft Teams and lasted between 1 to 2 hours. In total, 65 volunteers made a direct approach for further discussions. All interviews were one-on one, less one who opted to bring a team member. No interviews were recorded or transcribed verbatim, but the conclusion of the call was always a summary of the main issues to ensure their thoughts were represented accurately.

Follow-up questions ranged widely, covering all aspects of the role, operational dispatch and communications, perceptions of the service, welfare support, training, recruitment, lone-working, equipment and chances to Scope of Practice; with a final open question on how they could be more effective for the patient. They provided qualitative information, lived experiences and personal insights that added detail and depth to the survey responses.

All conversations were positive experiences, with volunteers actively engaging in all subjects; their energy, passion and dedication to the role and their local community was very evident. Some volunteers followed up with further details on particular subjects, or introductions to other volunteers, or members of SAS staff with whom they work closely. Throughout our conversations it was very evident that they felt a great pride in their volunteer role, their work in the community and their work for SAS.

Aim and approach to discussions with staff and visits

Following the conclusion of the survey, a number of discussions were held with staff to examine their opinions and thoughts on working with the Volunteer Responders. This part concluded on 18 July. This enabled further clarity on various issues raised by volunteers, to hear staff feedback about the volunteer service and explore opportunities for improving CFR and Wildcat provision and support.

Discussions were undertaken with all members of the Community Resilience team, various staff in ambulance stations who work with Volunteer Responders, some of the staff who work/manage on the AR Desk and in the ACC, some key figures in SAS in the training department (EPDD), the BASICs Responder Manager and ACC Information and Systems. Visits were undertaken to Community Resilience department at Newbridge, ACC at Queensferry, Edinburgh, the CFR scheme at Neilston & Uplawmoor and two training days at Edinburgh and Elgin.

These visits and conversations were invaluable, identifying additional aspects of the service and insights into historical and current situations. SAS is very proud of its Volunteer Responders and seeks to integrate them fully into the 'SAS family', but there are significant challenges to this. The observations and recommendations in Part II provide focus and potential solutions for moving forward.

Part II - Observations and Recommendations

Objective 1 - Gain general data on the profile, commitment, motivations of SAS volunteers. The survey ran from 29 Apr to 28 May, from 988 volunteers on the Community Resilience database, 284 responses were received – a survey response rate of 28.7%. Respondents were 75% CFRs, 16% Wildcats and 9% undertake both responder roles – see Annex A. This mirrors the breakdown of roles across the volunteer network – 79% CFR and 21% Wildcats. This gives a reassurance that respondents reflect the wider network in terms of total figures, albeit slightly more respondents were from the North regions.

The age profile reflects volunteering patterns nationally, with a high percentile in the 46+ ages (36% in the 56-65 age group, 14% in the ≥66 bracket) – see Annex B. Volunteering Scotland recently highlighted concerns about the older age group finding it 'difficult' to volunteer and this could have repercussions for succession planning in schemes. Some respondents recognised the physical requirements of the responder role, it should be noted that volunteers support SAS for many years – see Annex B. It is worth noting that NCVO/Volunteer Scotland highlight the option that some organisations conduct an assessment (e.g. risk, Occupational Health) as part of volunteer induction, and this should be considered by SAS.

The Volunteer Model of relatively independent schemes (fundraising for their equipment, receiving centrally delivered initial training and then internal refresher / development training) has been followed by SAS for some years now. Historically schemes have been funded, sponsored or developed along different routes and this has resulted in a lack of consistency across the network. In discussions, volunteers felt that this inconsistency was

workable when it related to the local environment, landscapes or communities, but all were keenly aware that delivery of care to the patient needed to be consistent, resilient and appropriate. There was an overarching desire to 'fit' within the SAS model of care, to be an integrated part of this care and be recognised accordingly.

The majority of volunteers seem comfortable with the current model and highly motivated – see Annex C. But across the network there are some dissenting voices who would like to see SAS move towards a 'retained' model such as retained on call firefighters who commit to certain hours and get paid for it. Any move to this model would require considerable planning, potentially legal/government approval and significant resources. One volunteer, very aware of the retained model as they are a retained firefighter, felt that any move to anything other than the current status could 'tie up a lot of time and resources. The legal actions in the Coastguard about the status of Coastguard Rescue Officers (CROs) have far reaching implications for organisations in this situation.

Recommendations

1.1 Formalise the current model. Formalise SAS's volunteer model for all the elements of volunteering in SAS – CFRs, Wildcats, BASICs, co-responders. Discussions around models of volunteers could be clarified by the development of an overarching Volunteer Strategy and relevant local delivery plans, which fit within SAS Strategy 2030, NHS Scotland and the National Ambulance Volunteering Strategy (Jan 23 – May 24). It should give a long-term view of SAS volunteering, clarify purpose, direction and role, remit and relevance to SAS Vision, Mission and Values. However, the Strategy will only really resonate with volunteers and staff if it is generated in a collaborative manner, bringing in different perspectives, lived experiences and varying viewpoints.

1.2 Create a framework to support volunteering. The Strategy should be underpinned by policies and processes which will provide a framework for effective volunteer management. It will also enable touchpoints, where SAS have contact with volunteers, such as face-to-face regular meetings, training opportunities, visits and reviews of schemes, mandatory checks and processes for non-delivery of activity. BASICs have a Responder Contract, currently under revision, with certain stipulations and requirements on both BASICs and the organisation to fulfil – there could be lessons to learn from this.

This should include workstreams to cover:

- Responder Scope of Practice.
- Volunteer Responders integrated in the Clinical Response Model.
- a defined, resourced and supported thru-life Volunteer Journey.

This will support a consistent approach to volunteering across SAS. The adoption of a Volunteer Responder Charter could establish the principles and relationships between the volunteers and the organisation. The Charter must be developed jointly by staff across the service and volunteers, to ensure common practices, expected values and behaviours, and the support provided to volunteers.

1.3 Introduce improved management tools. The systems used to manage volunteers are outdated and require modernising. A database or volunteer management system which tracks, tasks and informs volunteers will be key to building situational awareness of the volunteer's progress and the service delivery. Appropriate databases will provide statistical representation of the volunteers, trends in recruitment/retention, areas for further investment and volunteer pinch points. There is a desire to utilise the existing NHS Volunteer database which does require some improvements but would be accessible on the Service's systems.

Objective 2 - Determine volunteer views on training – CR provided and by individual schemes.

Training plays a prominent part in SAS Strategy 2030 with emphases on ongoing learning, digital training and adopting new ways of working. The Strategy seeks to 'explore opportunities to further develop and expand' volunteer roles. There was some recognition amongst the volunteers that this strategic emphasis on their role was new and exciting, but, as the staff are aware, there is much work to be done to operationalise the strategy.

The skillset of the volunteers is prescribed in the Scope of Practice. Significant training investment to attain and maintain the skillset is required by volunteers and staff. There are intentions to bring in some digital learning for volunteers, and these could be utilised to help pre-train volunteers in the induction process. The current 4-day course receives mixed views as highlighted in Annex D, but most significantly it is not consistently delivered across Scotland or developed and validated by the SAS Education Department.

When asked 'when new skills or equipment are introduced by SAS, do you received the relevant training or briefings to ensure you feel confident and competent in your role', 82% said Yes, and 18% said No (Annex E). Whilst it is not clear whether this is the training/instructions from the CR team, or local schemes actively teaching themselves on new equipment or skills, it is a good result but does indicate that more could be done.

A significant majority of the volunteers stated that there was a lack of refresher training. The introduction of continuation training (SAS delivered, at a set intervals) would mitigate the risk of skill fade or out of date procedures being used.
Further views on training are given in Annex F and a view on how confident they felt to undertake their role is given in Annex G.

Recommendations

2.1 Review of training provision for Volunteer Responders. Conduct a review of all training delivered to Volunteer Responders. Consider utilising EPDD staff to undertake this work and then develop training needs and objectives. The outcome of the review should ensure consistent SAS practices for volunteers and accredited courses. It should also examine the development of further levels of training for CFRs – potentially basic and advanced to provide a progression of skills and increased levels of care to the patient. SAS should explore with volunteers about the value of adopting an externally validated approach for volunteer training, this could enable prior learning to be recognised as well as

offer a pathway into the service. Careful consideration would need to be made if the cost / benefit return would be sufficient.
Island and rural communities expressed a very strong desire to be empowered to deliver the 4-day training course. The lack of courses was a 'major obstacle' to recruitment and retention of Volunteer Responders.

2.2 Introduce a train-the-trainer programme. SAS should consider developing their training capability to include train-the-trainer – utilising staff outside of CR and volunteers. There are SAS staff who are willing and able to commit time and knowledge to training and there are trained volunteers who are also willing to undertake this role; a train-the-trainer course should be provided to all to ensure consistent delivery. These individuals could then assist with the 4-day course, skills training for new equipment and refresher training.

2.3 Bespoke training for remote & rural schemes / Wildcats. Consider introducing an additional level of training for volunteers in remote and rural areas. Further skills and an extended Scope of Practice could potentially cover any gaps in patient care or lack of services. SAS would have to develop a new clinical model for specific areas, with a tight framework of governance around any delivery of advanced techniques.

2.4 Offer volunteer management training. Offer volunteer specific training for CR staff and scheme coordinators, AR Desk dispatchers and anyone working with SAS Volunteer Responders. or Volunteer Scotland offer training and workshops through the Open University. Access to the courses should be added to the volunteer intranet pages.

Objective 3 - Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers

The work of the Volunteer Responders exposes them to difficult, potentially traumatic situations even if they are not directly sent to identified trauma calls. They are exposed to distressing situations, pressures and experiences potentially beyond their daily 'norm'. It is also interesting to note that Volunteer Responders book-on for significant numbers of hours each month – see Annex H. It is vital that all necessary steps are taken to support the Volunteer Responders, and it is very encouraging to see the general awareness in the network of support available.

Recommendations

3.1 Increase awareness of welfare support. Excellent work has been undertaken by the CR staff to provide advice and support to all volunteers – see Annex I. The production of a leaflet, one-page PDF to summarise all available support mechanisms would ensure that all volunteers are made aware of options open to them.

3.2 Improve welfare support during calls. Develop a consistent level of welfare support to volunteers whilst responding – see Annex J. The interaction between AR Desk staff and volunteers may be the first indication of a difficult call and processes should exist to prompt welfare support to include:

- Top-up training for AR Desk staff in volunteer management/support. This should recognise that they are not crew who return to a station and benefit from debriefing with colleagues etc.
- AR Desk processes should be agreed to ensure that volunteers are contacted at regular intervals whilst on calls, and a time-trigger to ensure that volunteers on long calls are supported or relieved in-place.
- Coordination between AR Desk staff and CR staff. This should ensure all staff are aware of

  issues, any challenging calls, any issues with responders, and difficulties in booking-in.

3.3 Offer mental health awareness training. Encourage volunteers to undertake the Mental Health First Aid training programme. This would enable volunteers to recognise mental health issues – partly for their own situational awareness at a call (without making any diagnosis on patients), but more relevantly, more awareness for their own health and that of their volunteer and staff colleagues.

3.4 Consider provision of rehabilitation. Currently, volunteers only receive limited training on manual handling appropriate for the scope of their role. Should SAS consider expanding this then it would need to ensure adequate consideration is made to mitigate risk and expand the training and support offer accordingly.

There are resources available that could assist in this process such as The Ambulance Staff Charity (TASC), which despite its name, does provide support to volunteers following a change to their charitable constitution in July 2019. They offer access to TASC's physical and psychological services which include counselling PTSD support, physiotherapy and residential rehabilitation for specific cases.

3.5 Introduce role-specific training/support for welfare needs. Specific training should be offered to scheme coordinators and facilitators who conduct post-call debriefs with the responders. A guide outlining critical incident debriefing to enable the volunteer to reflect and process an event would provide a mechanism to share and validate their feelings and potentially signposting on to further assistance.

3.6 Provide consistent preventative care. Currently volunteers are not offered Hep B vaccines, although it is offered to staff. There will be costs incurred with this option, but it does fall within the remit of SAS's duty of care.

Objective 4 - Discover volunteer views on their interactions with SAS - with crews, operational support from dispatch and Community Resilience.

Intrinsic to the seamless delivery of care to the patient is the integration of all patient-facing elements of SAS. Volunteer Responders, alongside paramedics, technicians and specialist services provide that 'front of house' direct clinical care and support to patients, families, bystanders and the public.

The survey asked respondents about support they received from three areas of SAS – the ACC, ambulance crews at a scene and Community Resilience – see Annex K. The overall high marks for all three areas are really positive – every element is supporting the volunteers, and this support is recognised.

Rating	ACC	Ambulance Crews	SAS Community Resilience Team
5 – Very good	107 (38%)	111 (39%)	84 (30%)
4	91 (32%)	80 (28%)	71 (24%)
3	66 (23%)	73 (26%)	59 (21%)
2	12 (4%)	8 (3%)	31 (11%)
1 – Poor	8 (3%)	12 (4%)	39 (14%)

However, the grades alone are too simplistic. The free text elements to these questions are more illuminating and offer more penetrating analysis of how these three elements are viewed by the volunteers.

Feedback from the volunteers, both in the survey and in discussions, varied enormously – from recognition that there had been significant improvements across SAS, to impassioned frustrations that seemingly simple processes were not being followed. Whilst volunteering has been a part of SAS for many years, it was felt by volunteers and staff alike, that the Volunteer Responders were not fully integrated into the 'SAS family'. The volunteers see this situation manifesting itself in a number of areas: lack of awareness from some crews; lack of equipment, communication and consumables in comparison to ambulances; rarely 'seeing' SAS staff; and a feeling of isolation /
'left to get on with it' from other departments in the organisation.

4.1 Support from ACC

The most critical touchpoint for volunteers is the ACC and specifically the AR Desk – see Annex L.
The latter provides direct support to CFRs and Wildcats, providing booking on/off, dispatch to calls and welfare checks. From the survey, 70% felt support from the ACC/AR Desk was positive (grading 4 or 5), 23% graded 3 (neither poor nor good), whilst 7% felt the support was poor (grading 1 or 2). The AR Desk is the operational hub of the whole volunteer responder service and consequently should be fully synchronised with the Community Resilience team.

The CFRs almost all have very strong views on the AR Desk and the support they receive from the ACC. A considerable majority recognise that the service has improved

significantly recently and are extremely pleased to see this. However, well documented issues remain.

Those with constructive points (29%) emphasise the desire to visit the AR Desk, to train together and to understand their processes. They reflect on the professional, friendly and supportive attitudes of staff on the Desk - 'the people are fab, the radios are awful', the pressures on the staff and the odd frustrations about booking-on.

Those with more frustrated points (35%) have experienced the AR Desk being unmanned (and no way of communicating this to responders), inappropriate responses and differing attitudes between shifts, unanswered call-backs, and a significant amount of frustration with Airwave radios.

A key theme across the schemes was the comment that 'call numbers have dropped considerably'. Volunteers have the impression that they are not being dispatched to appropriate calls, the AR Desk is not seeing all the appropriate calls, or volunteers are not even being considered. Volunteers have a mix of views as to whether this is human error, system failures or process constraints. Brief discussions with some of the AR Desk staff indicate that it is potentially a mix of all issues.

Recommendations

4.1.1 Examine staffing of the AR Desk. The staff rotate through the Desk and back to 'normal' dispatch in order to keep their skillset current. This is potentially in contrast to the Specialist Service Desk (SSD) and the Urgent Desk where dispatchers stay in role. Prior to Covid, the desk had been manned by a standalone team, post-Covid it was decided that the team should rotate through the AR Desk and regional dispatch. This routine avoids skill fade and should result in more dispatchers understanding Alternative Responders. However, there is a significant training burden to learn all the different Responders, different means of tasking, monitoring and supporting. There would be benefit to returning to a fixed team on the AR Desk, especially whilst the MIS App is being piloted and then introduced.

4.1.2 Manage the introduction of the MIS App. Currently under development, the MIS App will significantly change the processes for dispatching CFRs, and potentially Wildcats. There is potential for this app to be developed in isolation and therefore miss an opportunity for greater integration of the volunteer service. Following some parameter changes in the ACC, the AR Desk will receive training for the App, some internal testing will be conducted and then volunteer schemes will start a pilot to examine this new method of dispatch. Introducing the App nationally will require an amount of training resource, creating individual/scheme profiles, and rewriting current policies, but it will be an excellent resource for Volunteer Responders. Its nationwide introduction will need to be co-delivered across SAS to ensure coordinated project management – so support from PMO is critical here.

4.1.3 Develop refresher training for AR Desk staff. Relevant training and induction of staff into the role of dispatching Volunteer Responders could alleviate any skill fade and ensure a consistent approach to dispatching Volunteer Responders. This training should include relevant aspects of volunteer management to help the dialogue, rapport building and interaction between staff and volunteers. The Desk covers an extremely diverse variety of Volunteer Responders with varying processes, equipment, mobility (a mix of schemes have cars) and types of polygons. Staff should have access to an easily updatable guide about responders.

4.1.4 Integration of the operational tasking of Volunteer Responders. The AR Desk represents the operational tasking of the Volunteer Responders and as such it is a critical piece for Community Resilience. There is an Improvement Group working together to bring enhancements to the process which is a significant step forward. At the daily, operational level there should be more interaction between AR Desk shifts and volunteer managers – both in Community Resilience
and coordinators in the schemes. This would enable a difficult call for a volunteer to be immediately flagged to CR, allow feedback on operational activity to CR Team Leaders, and register booking-on frustrations with the shift.

4.1.5 Review of systems underpinning Volunteer Responders' dispatch. The systems underpinning the AR Desk are complex and work is ongoing with the Improvement Group. Areas for improvement should include:

- Polygons for volunteers (individually or by schemes) would benefit from a refresh by the schemes to check they are still appropriate.
- Review codes being apportioned to CFRs and Wildcats. There should be a review of the current SAS call-set to check that all relevant codes are apportioned to CFRs and Wildcats.
- Examine the impact of the eight tables in the National Escalation Plan (NEP) that manages periods of high demand. This system reviews and reprioritises calls during times of pressure on the system, thereby altering code priorities and potentially changing the number of calls being apportioned to CFRs.
- TEAL calls do not get apportioned to CFRs. Processes should be reviewed to examine whether relevant TEAL calls could be passed back to the AR Desk for dispatching Volunteer Responders.
- Improve data entry forms for C3. This should simplify processes to establish a scheme, update kitbag or callsign information, create a Person Profile etc.
- The outcome of each task should be communicated to the Volunteer Responders to reassure and update them on the work being done to improve their dispatch.

4.1.6 Organise visits to the AR Desk. Whilst dispatch processes are extremely difficult, they are not properly understood across the volunteer network. This breeds suspicion, confusion and rumour which is currently inhibiting the process of dispatching volunteers.

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- Visits to the AR Desk are extremely beneficial to the responders. One volunteer spoke of their 'anxiety' at calling the AR Desk, believing that it took people away from dispatching ambulances. A subsequent visit gave them confidence in calling and assurance that someone was looking out for them specifically whilst on call.
- Recognising that visits are time-consuming and interrupt operational tasking, a training video of the processes, layout, screens, setup would be hugely beneficial and could be disseminated to all volunteers.

4.1.7 Develop Standard Operating Procedures for volunteers and the AR Desk. The processes and policies undertaken by the AR Desk are currently being updated. Included in this should be a Standard Operating Procedure (SOP), which explains the process for both the dispatcher and the volunteer responder.

4.1.8 Review the booking on/off procedure. The process of booking on/off through the Airwave radios and callbacks is a major frustration for volunteers. The procedure for booking on/off is not consistent, an SOP should be written to explain the process. Volunteers also expressed irritation that the Airwave radios are data-only for Volunteer Responders and the override emergency 'red button' disabled. The MIS App should allay some of these frustrations, albeit reliant on mobile coverage which will not work for all schemes.

4.1.9 Improve situational awareness. Currently CR are not informed of the dispatch and tasking of their volunteers. The BASICs have encountered a similar issue and are developing a Dashboard with Business Intelligence to interrogate C3 and give data on operational activities of these volunteers. This should be adopted for CFRs and Wildcats.

4.1.10 Empower the AR Desk to assist Wildcats. Processes and practices should be improved to connect the AR Desk and Wildcats. It is worth noting that the Wildcats have far less interaction with the AR Desk as they are tasked automatically by GoodSAM. The volunteers said that they occasionally spoke with dispatch if they arrived on the scene whilst the call was ongoing but otherwise had little or no interaction. Their feedback points varied quite considerably, from positive responses: 'very proactive' and 'listening to us', to 'more recognition' and 'better awareness'.
Some Wildcats feels that GoodSAM has taken away their link with SAS and dispatch and reduced their access to support.
Areas for improvement should include:

- Improve dispatcher awareness of Wildcats on-scene. Currently the AR Desk has to 'go into Calls' to see an allocation of a Wildcat, and staff are not taught to do this. This can result in crews not being informed either. Additionally, there is no welfare call from the AR Desk to the Wildcat. The AR Desk could have a separate screen for monitoring Wildcats on GoodSAM.
- A second SOP should be written for Wildcats to ensure that they are fully supported on calls by the AR Desk.

4.2 Support from Ambulance Crews

For most volunteers, their main face-to-face interaction with SAS is through the ambulance crews on calls – see Annex M. This is the focal point where care to the patient is delivered, where teamwork is critical, and handover from one level of care to another is extremely important. This is also the point where SAS interacts with the patient, family, bystanders, other emergency services and the public in general.

From the survey, 67% felt support from ambulance crews at the scene was positive (grading 4 or 5), 26% graded 3 (neither poor nor good), whilst 7% felt the support was poor (grading 1 or 2).

Wildcats responders were predominantly positive when reviewing their interaction with Ambulance Crews in the last three months. The constructive points focused on: 'good' support received from crews, receiving thanks for their work and some on-scene debriefs. The more negative points can be summed up as: 'generally they are fine, you get the odd grumpy one'.

A number of Wildcats make the important point that very often the crews are not aware that a Wildcat has been dispatched to a call. The volunteers are not aware how their GoodSAM interacts with crew's dispatch systems, or indeed the AR Desk. A Standard Operating Procedure for Wildcats would help here.

The overriding feedback from CFRs was very positive towards crews. A number acknowledged that relationships had got significantly better recently, with crews understanding the role and Scope of the responder. Two frequent comments are: crews are unaware that responders are on scene and so are 'surprised' when meeting them at the patient's side; and still a significant number of crews do not really understand the role or Scope of Volunteer Responders.

Recommendations

4.2.1 Raise awareness of Volunteer Responders. A considerable number of volunteers suggested that some awareness training should be offered to crews to learn more about Volunteer Responders. This could take the form of Learning in Practice (LiPs) which give a brief outline of responder roles and Scope of Practice, so that crews know what to expect when meeting on a call. The CR staff would also like to expand this awareness training to both paramedics during the first year of their degree and to technician training, to ensure that knowledge of Volunteer Responders is introduced early into training for all.

4.2.2 Develop affiliations between schemes and ambulance stations. To develop and integrate services in the delivery of patient care there should be stronger links between local ambulance stations and local schemes.
The CR staff should provide introductions between schemes and stations, with an outline of a proposed 'affiliation model' for discussions on a local level. The CR staff could develop a generic framework for the model, considering logistical support,

equipment/consumables resupply, information exchanges, use/control of facilities, access arrangements, support to training etc. The model could be adjusted, expanded or minimised to reflect the need on the ground and the requirements from both the station and the scheme. The expectations from both the scheme and the station will have to be managed to avoid disrupting the operational effectiveness of either party and clear boundaries set for each. This 'affiliation model' should encourage working in partnership and increased understanding to deliver care to the patient.

4.3 Support from Community Resilience (CR)

The small CR team is the point of entry for volunteers into SAS for everything except operational tasking that comes from the AR Desk team – see Annex N. From the survey, 54% felt support from Community Resilience was positive (grading 4 or 5), 21% graded 3 (neither poor nor good), whilst 25% felt the support was poor (grading 1 or 2). The free text responses on the survey allowed individuals to share their experiences and some respondents felt that staff forget them or do not listen, others commented on slow processes and inconsistent development of projects. A number of highlighted improvements made more recently – new staff with volunteer experience, improved communications, realistic projects being taken forward and quicker responses to queries. Many volunteers recognised that staff 'are thinly spread' and covering a wide range of responsibilities.

Analysing this feedback emphasises the fact that the CR team are covering a huge geographic area and span a number of roles normally undertaken by different departments. The team provide HR, IT, logistics and management functions for 988 SAS Volunteer Responders. They also develop and deliver the training to these responders with little or no support from EPDD. The team have responsibility for logistical support to the responders, but minimal resources for this activity and minimal links into the larger, nationwide SAS logistic chain. Their support to the network covers the volunteer journey – advertising, opening new schemes, recruitment and induction, training, through-life management and 'off-ramping' at the end. The obvious conclusion is the need for additional resource within the department.

Recommendations

4.3.1 Increase resources for Community Resilience. To bring about further improvements and fully establish a Volunteer Responder Service for SAS, the service should provide additional resources for CR. Currently the team are under severe pressure to recruit, deliver training, develop new schemes, generate and deliver new projects, manage a diverse network nationally and provide welfare support to individual volunteers. As a national service, the team is not resourced to deliver its remit and will struggle to implement further change whilst also supporting the network.

4.3.2 Invest in the Staff. The SCVO offer Investing in Volunteers (IiV) – the UK quality standard for good practice in volunteer management,

https://www.volunteerscotland.net/volunteer-practice/quality-standards/investing-in-volunteers

Alternatively, utilise contacts through the AACE to gain best practice from other ambulance services to determine the best way forward for the department.

4.3.3 Integrate service support. During this review it became apparent that the Community Resilience department is limited in its access to wider SAS services. This lack of an integrated service provision leads to incoherent delivery of the volunteer responder capability. The main areas for greater integration are logistics and the provision of training support.

Objective 5 - Confirm what methods of communication volunteers receive and how they would like this to develop in the future.

It is positive to see from the survey that 99% of Volunteer Responders receive some form of communications from SAS – see Annex O. The current methods of emailing volunteers, using virtual updates/training and introducing The Beat newsletter is appreciated.

Recommendations

5.1 Increase face-to-face support to volunteers. The value of face-to-face interaction is a very strong message from the survey – see Annex P. All volunteers would like more face-to-face meetings. The CR team are too thinly spread to provide more face to face to their schemes, so enhancement to the CR team would be needed to enable this.

5.2 Ensure the volunteer voice is heard. Some feedback reflected frustration that the volunteer voice is not heard within SAS. The organisation should consider a volunteer responder representative on the Executive Board, similar to the registered paramedic on the board, to provide representative views of the volunteers. This could be a rotational post for 3 years, underpinned by a Role Description, with an application / interview process to ensure that individual represents all volunteers. Alternatively, a sub-committee could be established where volunteers can feed back into the organisation and the board.

5.3 Improve the process for raising issues Discussions also highlighted that volunteers would like to be able to submit GREAT-ix and DATIX reports – following same guidelines as staff. The former is easier and was disseminated in The Beat in June 2024 and can be submitted through the internet. The DATIX report is currently only on staff intranet, and volunteers are advised that they should submit any concerns and then the CR Team Leaders will submit DATIX. There remain known issues with staff and volunteers not on a SAS device and network being able to access systems. A guide to submitting concerns should be a standalone policy with assistance from HR. An additional consideration could be the development of an anonymous incident reporting form to increase awareness of actual and potential incidents – see Annex Q.

Objective 6 - Discover volunteers' views on scheme/group activity – including fundraising, monthly training and equipment provision.

6.1 Internal operations of schemes and Wildcat responders

The CFR schemes and the Wildcat individuals or groups have historically operated quite independently.

CFRs report that they establish individual schemes with advice and assistance, but not always equipment, from the CR team. They then advertise, recruit, fundraise and conduct monthly training sessions to run their scheme. Some schemes perceive this 'light touch' from the CR team as insufficient whilst others enjoy the independence to mould schemes to suit their communities. Schemes have historically been initiated via different routes - other charity partnerships, community groups and in collaboration with SAS and this has resulted in a divergence of schemes. This results in different fundraising successes (aka 'wealth') and varied interpretations of requirements (some have individual kitbags whilst some have one or two; some have vehicles, but the majority use their personal cars; some operate as separate charities whilst some keep funds with the Scottish Ambulance Endowment Fund). Overall, the schemes 'fit' their local environment – geographically covering a defined area or polygon (on the Whiteboard system), numerically supporting their community, and financially depending on local support and investment.

Established through the Sandpiper Wildcat project in 2016, Wildcats describe their mode of operating as more individual and respond to calls through GoodSAM. They are dispatched almost automatically and work under a fairly simple Scope of Practice. The support volunteers have received from the SAS's Cardiac Responder Development Lead should be recognised with a focus on advice, equipment resupply, training and refresher courses, welfare calls and follow-up support. Consideration should be made how this approach can be replicated and avoid any future role changes impacting on this.
When asked, the Wildcats acknowledged that they had little connection with local CFR schemes, and a minimal level of interaction with the ACC and AR Desk.

Recommendations

6.1.1 Ensure consistent policies, operating procedures and guides for CFRs and Wildcats. Supporting Volunteer Responders should be delivered through a range of policies and guides for best practice and good initiatives. Of particular importance is the development of a Lone Worker protocol. The current handbook should be updated to reflect these actions and regain its relevance. The Volunteer Responders would significantly benefit from a fully developed, shared intranet for a Knowledge Hub, providing support, training resources and personal development, induction and recruitment guides, retention and succession planning, fundraising guidance / OSCR requirements, volunteer forums – supporting the 'volunteer journey' in SAS. There is an initial shared area off the SAS website, but an investment of time and resources could make a significant difference here.

6.1.2 Communicate SAS direction through official channels. SAS should communicate changes and new procedures through clear direction and guidance channels. There was overwhelming feedback from volunteers that demonstrated a disjointed approach to information dissemination. Just as SAS issues National Operations

Bulletins to update staff on operational issues, and National Clinical Bulletins for clinical guidance, the Volunteer Responders should receive identical updates, via SAS Volunteer Comms from Corporate Affairs and Engagement. This endorses messages from the organisation to the volunteers with the authority of SAS, minimising debate and pushback about changes to roles.

6.2 Financial Management

One of the critical activities which did raise concerns both in discussions and on social media, was fundraising. In the survey, 143 respondents knew that their scheme or group did fundraise, 98 respondents said their scheme or group did not fundraise, and 43 did not know – see Annex R. The management of charitable funds within schemes or groups is important. Where schemes are independent charities, they are regulated by the Office of the Scottish Charity Regulator (OSCR) or schemes registered with the SAS Endowment Fund.

Recommendation

6.2.1 Assist schemes in the management of charity funds. SAS should produce guidance on how to manage funds within schemes. There is a reputational risk for SAS here. No clear guidance is available to individual schemes about how to fundraise or manage the funds they have. Feedback from volunteers suggested that SAS could introduce a new charity, potentially with funding from the Scottish Government, to support all the schemes equally. This would enable full oversight of finances and parity across all the schemes. Alternatively, help, advice and training for the processes and legal requirements of fundraising, charitable funds and OSCR requirements would be invaluable for the network.

6.3 CFR monthly training and Wildcat training

Whilst the CFR schemes aim to provide monthly training for their responders a clear focus is needed to strengthen this offer and how it operates. Providing more robust direction, training tools, use of remote options e.g. teams and adopting a Train the Trainer approach in line with recommendation 2.2. When asked if their CFR scheme or Wildcat group 'provides quality, regular training to ensure you are confident and competent in your role' the results varied (see Annex S).

Recommendation

6.3.1 Develop a more robust training package for schemes and groups. There is risk inherent in the current system of volunteer-delivered training. Initial work has been undertaken by CR to guide these monthly training sessions, but a more in-depth, SAS accredited training package should be provided for all CFR schemes and Wildcat individuals.

6.4 Equipment

Schemes are equipped with kit bags containing basic equipment as per their Scope of Practice.

The recent introduction of blood pressure monitors and thermometers was extremely well received. These have enabled Volunteer Responders to complete observations on patients for feedback to the Integrated Clinical Hub and crews as appropriate. Many volunteers emphasised their wish to be able to conduct full NEWS scores as part of their patient observations. They felt strongly that this would be advantageous to feedback to the Integrated Clinical Hub and to handover to crews on the scene.

Recommendations

6.4.1 Equip volunteers to allow full observation notes. Resourcing and training volunteers to take blood sugar levels would enable full NEWS scores to be taken by Volunteer Responders. This would be a very useful addition to the responder's skillset.

6.4.2 Review levels of equipment. A major frustration amongst volunteers was a lack of consistent kit bag content. There was particular concern over the removal of any airway management equipment which had been part of their Scope of Practice before Covid. This links to the recommendation below concerning their Scopes (CFRs and Wildcats) and then determining if any further pieces of equipment can be offered to the volunteers, after appropriate training and upskilling.

6.4.3 Improve resupply processes. A consistent approach to the resupply of consumables is urgently required. Volunteers expressed frustration over the inconsistent approach to the resupply of consumables in their kitbags. There is a lack of clear guidance of how to access consumables – some approach local crews, others ask at ambulance stations, some are told not to ask at ambulance stations, others have their consumables delivered by the CR staff. The resupply of consumables to Volunteer Responders should be delivered in line with the resupply of consumables to crews and stations, with online systems for re-ordering and timely delivery.

6.4.4 Consider further uniformity throughout Volunteer Responders. A significant number of volunteers would like to have uniform, of some description, provided by SAS. Currently only a reflective jacket, lanyard and ID card is provided. Whilst some form of uniform would bring an associated cost, it does ensure Responders are recognisable on the scene.

Objective 7 - Identify levels of satisfaction with SAS and interest in developing Responder services further

It was reassuring to see a very high level of satisfaction from volunteering with SAS – 77% of the respondents indicated that they were 'very satisfied' or 'satisfied'. This supports the prevailing view that Volunteer Responders are committed to SAS and their roles. A recent Volunteer

Scotland/NCVO report[1] supports this high response rate; across all volunteering organisations, the levels of satisfaction are normally high – 50% 'very satisfied', 44% 'fairly satisfied', 5% 'fairly dissatisfied', 1% 'very dissatisfied'. Results are almost always far higher than staff satisfaction surveys.

13% of the respondents were 'neither' satisfied or dissatisfied, and 6% who were 'dissatisfied', and 4% 'very dissatisfied' – see Annex T. Their comments cite: poor communications from Community Resilience; AR Desk issues; the need for training and requests for further equipment for observations. However, the same responders all wrote positive inputs to the question 'what are you most proud of', a small group felt they had been 'abandoned post-Covid', a lack of input from SAS causing the group to struggle and a feeling that SAS does not understand volunteers. It is a measure of SAS volunteer's motivations that despite not feeling 'satisfied', they still find reasons for continuing to provide a responder service.

Volunteers were asked to give their thoughts on how their roles could be improved. The majority of CFRs want more skills, to attend more calls and more training. The overriding emphasis on 'more skills' focuses on the very strong desire to expand their current Scope of Practice. Volunteers feel that the current Scope of Practice for CFRs is limiting clinical practice, severely restricted in comparison to CFRs in the rest of the UK, and causing significant concerns that they are failing to care for patients appropriately. Of significance is the disparity between CFR capabilities and coastguard or firefighter volunteer roles across Scotland.

Excellent inroads have been made to improve and expand the volunteer role – the introduction of blood pressure cuffs, thermometers and Naloxone has been very significant enhancement for the delivery of care to the patient. A sizable number of volunteers cite pre-Covid conditions when volunteers could conduct airway management, bag-valve masks and other clinical activities. The current Scope of Practice for both CFRs is the subject of much discussion and debate in the network; it is less intense, but still present, amongst Wildcats. Volunteers feel that Ambulance Services in England, Wales and Northern Ireland all have broader Scopes for their Responders and this a source of much frustration in the network.

Recommendations

7.1 Addressing the dissatisfaction about the Scope of Practices for CFRs and Wildcats. The dissatisfaction felt about the CFR Scope especially was a very major theme in discussions and desired 'improvements to role' in the survey.

- **Design a process for validating the Scope of Practice.** A process for examining the Responder Scope of Practice would be a hugely valuable activity for SAS. This could be a collaborative activity led by the National Clinical Advisor Group, but briefed by CR staff, plus crews and volunteers with front-facing calls experience.

[1] Time Well Spent, NCVO and Volunteer Scotland, 2023

- The process should be transparent and clear to all staff and volunteers, and reflect national/local guidelines, best practice in other Ambulance Services, and lived experiences from crews and Volunteer Responders. Decisions need to be communicated to Volunteer Responders via SAS Volunteer Comms as National Clinical Bulletins or National Operations Bulletins.
- **Identify quick wins.** There may be 'quick wins' as the process runs, such as introducing blood sugar monitoring; some trials have been undertaken (such as Falls) which should be considered. The introduction of such activities needs to be co-delivered across SAS to ensure they are fully resourced and budgeted and consistently trained in SAS protocols.
- **Review volunteer skillsets.** There will be specific decisions such as: clarification of the status of airway management; the giving of aspirin, paracetamol, antihistamines; use of OPA's, suction and bag valve masks (BVMs); nasal delivery of Naloxone etc. All elements should be developed collaboratively and decisions made on the basis of clinical care, then Scopes can be clarified for the network.
- **Establish clear lines of communication.** If there are some clinical practices which will not be introduced to volunteers at this time, or in the next 6 months, then clear, unambiguous clarification of this should be communicated by the CEO / Clinical leads to Volunteer Responders via SAS Volunteer Comms as National Clinical Bulletins or National Operations Bulletins.

The survey and discussions made it clear that both volunteers and staff are passionate about the responder service. A significant majority of responders, 81%, would like to help inform future developments aimed at improving the volunteer experience within SAS. The NCVO advise that 'involving volunteers can add great value' to an organisation, bringing skillsets, access to communities, creating opportunities and new ideas and approaches.

7.2 Initiate collaborative working. The desire of volunteers should be capitalised on to develop the service. Ideas include:

- Consideration should be given to reinstating a national conference which could be an ideal opportunity to initiate this work and develop the national strategy for volunteers.
- Moving the volunteer programme into a codesign space by reestablishing the Volunteer Steering Group should be reconsidered.
- Task & Finish Groups could be utilised for specific tasks, these should be staff and volunteer resourced.
- The 6-monthly regional coordinator meetings would be an inclusive forum to gain views
  from all the network across all the schemes.

Objective 8 - Roles in the clinical response model

Volunteers respond with enthusiasm, passion and time – with 26% doing over 50 hrs per month. This represents a significant capability for SAS as it seeks to focus on providing care to patients both on-scene and at point of call.

Recommendations

8.1 Endorse volunteers as the 'Eyes and Ears' for SAS. As 'first on scene' the Volunteer Responders should be recognised as providing a vital service. As SAS develops its approach to patient care at point of call through clinical input by phone/video, post initial triage and interventions by the Integrated Clinical Hub, the role of Volunteer Responders could be enhanced. With focused training they could provide trusted 'eyes and ears' feedback at the scene, inputs to acuity scales and scoring systems, such as NEWS[2], and verbal updates to the Integrated Clinical Hub. The Post Incident Report (PIR), only started in late 2023, demonstrates that this capability is developing, the Table below shows the change to call priorities that volunteers have made on-scene:

Change	No of incidents
Ambulance no longer required	145
Increase in call priority (e.g. Amber to Red)	192
Decrease in call priority (e.g. Amber to Yellow)	23

There is great potential to grow the CFR role in terms of improving clinical decision-making and SAS resource allocation via improved integrated with the Integrated Clinical Hub.

8.2 Enhance on-scene observations to aid decision-making. SAS should fully utilise the observation skills that Volunteer Responders provide. With Response Times now (1 April 2024) being measured 'from the point at which the acuity of patient is determined'[3], the role of the volunteer responder can also be developed to support this. Previously the Response Time was measured at a specific point in every 999 call, when often the dispatcher had insufficient information to determine the condition of the patient. Measuring patient acuity in ambulance services involves a combination of structured triage systems, acuity scales, vital signs monitoring, patient assessment protocols, dispatch protocols, electronic patient records, and clinical judgment. Volunteer Responders could

[2] **National Early Warning Score (NEWS):** Used to identify patients at risk of deterioration by scoring vital signs such as respiratory rate, oxygen saturation, temperature, blood pressure, heart rate, and level of consciousness.

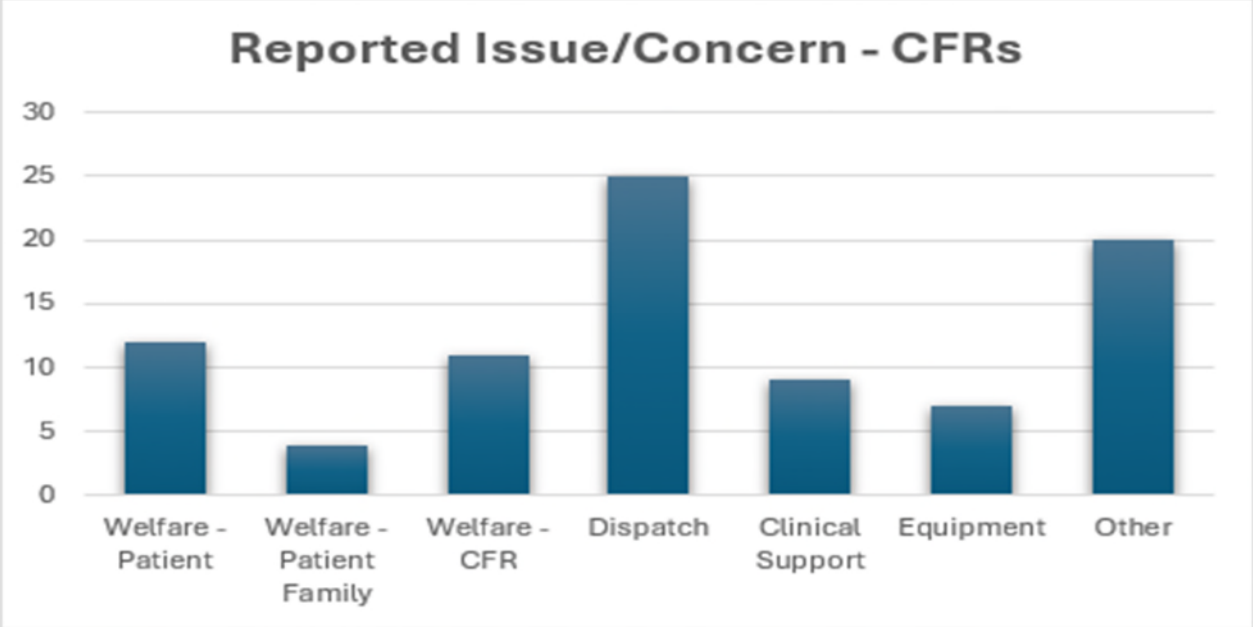
[3] 'Board Quality Indicators Performance Report', SAS Board Papers, 29 May 2024

receive specific training to include initial assessment skills to provide observations to clinicians to gauge patient acuity accurately.

8.3 Utilise on-scene awareness for wider community issues. SAS should utilise the skills of the Volunteer Responders to provide wider community support in certain circumstances: Safeguarding, welfare and potential wellbeing issues. The Volunteer Responders, usually first on scene and often last on-scene for SAS, gain critical situational awareness of the patient, family, carers and the general situation. Annex Q gives data regarding how well volunteers know how to report concerns.

Region	% Calls Volunteer Responder First on Scene
North	76%
East	90%
West	84%
National	79%

The PIR records the actions that have resulted in the reporting of any such concerns raised by Volunteer Responders:



Recognition of welfare, harm or wider concerns should be a part of Volunteer Responder training, so any reported issues can be forwarded to appropriate agencies for further consideration and possible action.

8.4 Expand the Wildcat Programme. SAS intending to expand the Wildcat programme. This initiative should be supported and expedited to reduce some of the burden on the rest of the SAS service. High acuity, critically unwell patients very often require active resuscitation, and the role of volunteer responder Wildcats and CFRs are key here. The SAS OHCA strategy (2015 and 2021) has a high-level aim to improve OHCA survival levels to 15% by 2026, and the expansion of the Wildcat programme directly relates to this strategy.

Summary:

Report Recommendations by Objectives

1. Gain general data on the profile, commitment, motivations of SAS volunteers.
1.1 Formalise the current model
1.2 Create a framework to support volunteering
1.3 Introduce improved management tools

2. Determine volunteer views on training – both centrally provided and externally by schemes.
2.1 Review of training provision for volunteer responders
2.2 Introduce a train-the-trainer programme
2.3 Bespoke training for remote & rural schemes / Wildcats
2.4 Offer volunteer management training

3. Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers
3.1 Increasing awareness of welfare support
3.2 Improve welfare support during calls
3.3 Offer Mental health awareness training
3.4 Consider provision of rehabilitation
3.5 Introduce role specific training / support for welfare needs
3.6 Provide consistent preventative care.

4. Discover volunteer views on their interactions with SAS – interaction with crews, operational support from dispatch and Community Resilience.
4.1.1 Examine staffing of the AR Desk
4.1.2 Manage the introduction of the MIS App
4.1.3 Develop refresher training for AR Desk staff
4.1.4 Integration of the operational tasking of Volunteer Responders
4.1.5 Review of systems underpinning Volunteer Responders' dispatch
4.1.6 Organise visits to the AR Desk
4.1.7 Develop SOPs for Volunteers & the AR Desk
4.1.8 Review the booking on/off procedure
4.1.9 Improve situation awareness
4.1.10 Empower the AR Desk to assist Wildcats
4.2.1 Raise awareness of volunteer responders
4.2.2 Local affiliations between schemes and ambulance stations
4.3.1 Increase resources to Community Resilience
4.3.2 Invest in the staff
4.3.3 Integrate service support

5. Confirm what methods of communication volunteers receive and how they would like this to develop in the future.
5.1 Increase face-to-face support to volunteers
5.2 Ensure the volunteer voice is heard
5.3 Improve the process for raising issues

6. Discover volunteer views on internal scheme activity – including fundraising, monthly training and equipment provision.

6.1.1 Ensure consistent policies, operating procedures and guides for CFRs and Wildcats
6.1.2 Communicate SAS direction through official channels.
6.2.1 Assist schemes in the management of charity funds
6.3.1 Develop a more robust training package for schemes and groups.
6.4.1 Equip volunteers to allow full observation notes.
6.4.2 Review levels of equipment
6.4.3 Improve resupply processes
6.4.4 Consider further uniformity throughout Volunteer Responders.

7. Identify levels of satisfaction with SAS and interest in developing Responder services further

7.1 Addressing the dissatisfaction on the Scope of Practice for CFRs and Wildcats
7.2 Initiate collaborative working

8. Roles in the clinical response model

8.1 Endorse volunteers as the 'Eyes and Ears' for SAS
8.2 Enhance on-scene observations to aid decision-making
8.3 Utilise on-scene awareness for wider community issues
8.4 Expand the Wildcat Programme to support improved OHCA survival levels to 15% by 2026.

Scottish Ambulance Service

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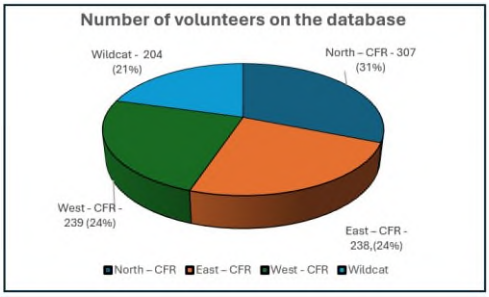
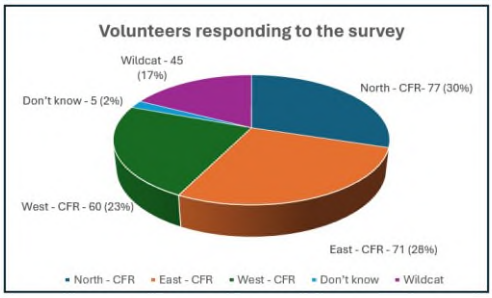
Annexures:

Objective 1. Gain general data on the profile, commitment, motivations of SAS volunteers – by role





- 988 volunteers on the CR database ('active' and 'inactive'), and 284 volunteers responded to the survey, giving a 28.7% response rate.
- Profile of respondents match overall profile, less slightly fewer Wildcats.
- First time the network had been surveyed for some years. Was advertised directly to volunteer email addresses, Chief Executive's Update, SAS Facebook and CFR Facebook pages.
- Conducted 65 direct engagements with volunteers, and two group discussions at training events.
- Visited Community Resilience department at Newbridge, ACC at Queensferry, the volunteer scheme at Neilston & Uplawmoor and two training days at Edinburgh and Elgin.

ANNEX A

Objective 1. Gain general data on the age, commitment, motivations of SAS volunteers – by age and length of service

Ages	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total
<25	8	3	1	12
26 - 35	23	2	2	27
36 - 45	29	2	4	35
46 - 55	34	21	7	62
56 - 65	82	13	7	102
>65	33	4	3	40
Prefer not to say	4		2	6
Grand Total	213	45	26	284

Length of service	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total
<1 year	40	6	2	48
1-2 years	22	5	5	32
3-4 years	20	4		24
5-6 years	20	13	2	35
7-8 years	37	15	5	57
9-10 years	16			16
>10 Years	58	2	12	72
Grand Total	213	45	26	284

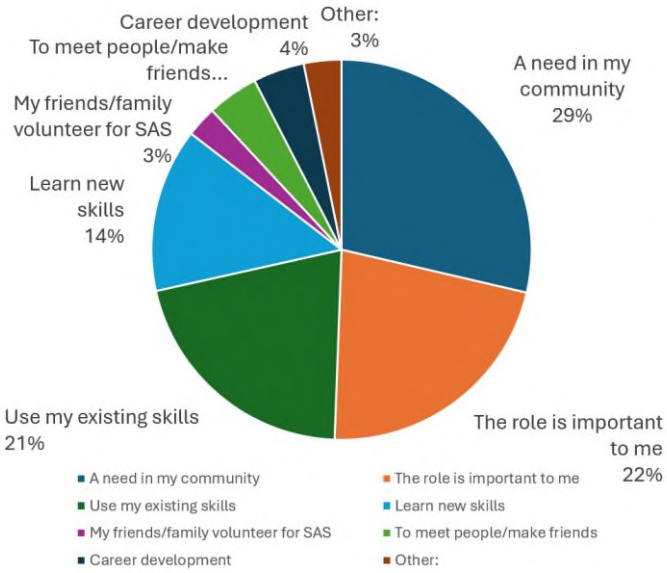
- Age profile is representative of volunteering across Scotland and the UK.
- Volunteering Scotland - post-pandemic research is indicating that volunteering in both the older population and the youth is decreasing .
- Volunteering Scotland:
  - 79% agreed that 'it has been more difficult for older people to volunteer since the pandemic' ('The gift of age', Volunteer Scotland, Debbie Maltman, 27 Sept 2023).
  - Identified a recent decline in young peoples' formal volunteering participation: from 49% in 2019 to 37% in 2022 (decline of 12%), citing the impact of global crisis and economic and societal changes ('Young People in Scotland Survey 2022', Volunteer Scotland, May 2023). This will bring succession challenges to SAS soon.
- Strength, fitness and stamina are important for Volunteer Responders. NCVO / Volunteer Scotland note 10% of organisations conduct an assessment (ie risk, occupational health etc) during the joining process for their volunteers.
- The length of time that the volunteers have been committed to SAS is also fairly representative. Volunteering Scotland - percentage of adults volunteering has decreased from 26% in 2019 to 22% in 2022, but this is countered by a rise in community and neighbourhood volunteering ('The State of Volunteering in 2023: Trends and Challenges', Volunteer Scotland, Dec 2023).
- But the SAS retention rates, given the years of service that volunteers have given, is looking very positive which is excellent given a national trend of difficulties in recruitment and retention reported by Volunteer Scotland.

ANNEX B

Scottish Ambulance Service

Working in Partnership with Universities

Objective 1. Gain general data on the age, commitment, motivations of SAS volunteers – Motivations



- Motivations are always varied and often deeply personal.
- Volunteers are community motivated, recognising the importance of the role and using their skills.
- A service-wide feeling that volunteers only join as a route into SAS is not backed up by data – only 4% saw it as career development.
- Volunteer Scotland advise that core motivations remain that volunteers want to improve things and help people, and this chimes with the results from the survey ('NCVO Time Well Spent, Scottish Findings')

ANNEX C

Objective 2. Determine vol views on training – both centrally provided and externally within schemes – SAS training preparing volunteers for their role.

How well did training prepare you for your role?	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total	Grand Total by %
1 - Not at all well	9	1		10	3.5%
2	11			11	3.9%
3	30	3	6	39	13.7%
4	82	10	9	101	35.6%
5 - Very well	81	31	11	123	43.3%
Grand Total	213	45	26	284	100%

- The training for role received by Wildcats gets a good response with 91% giving a positive response to the training they received.
- The training for the CFRs role, a four-day course delivered by the CR staff is a little more varied, with 77% giving a positive response, 14% giving a mid-range response, and 9% indicating they felt less prepared.
- This divergence of views is replicated geographically with the mix of grading spreading across the regions. Examination of the negative gradings of '1' and '2' are apportioned: East is 11%, North is 12% and West is 5%; and examination of the positive gradings of '4' and '5' are divided: East is 79%, North is 76% and West is 73%.
- The data is not conclusive but does show a degree of difference between the three regions. These regional differences were also mentioned in discussions with volunteers and staff, indicating a need to bring consistency to the delivery of this critical 4-day course.

ANNEX D

Scottish Ambulance Service

Working in Partnership with Universities

Objective 2. Determine vol views on training – both centrally provided and externally within schemes – confident of the training in new equipment/skills.

Response	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total
No	40	4	6	50 / 18%
Yes	170	40	18	228 / 80%
(blank)	3	1	2	6 / 2%
Grand Total	213	45	26	284

- The survey asked if volunteers felt confident in the training and instructional guides they receive when new pieces of equipment or skills are added to the network.
- Reassuring that 80% felt confident – albeit not detailed where this confidence derives from – SAS training products and staff or scheme training.
- Many volunteers felt that their scheme training was much improved if a volunteer in the scheme had wider qualifications, was SAS staff or first aide knowledge. A few schemes with no such volunteers felt that they struggled with their monthly training.
- Development of the SAS intranet for volunteers would significantly aid this area, provide a repository for training aides and guides for processes etc.

ANNEX E

Objective 2. Determine vol views on training – both centrally provided and externally within schemes – feedback about training

Role and grading of how well training prepared them for their CFR role.	East	North	West (including Argyll & Bute and Arran)	Don't Know
1 - Not at all well	4	3	1	1
2	3	6	2	
3	7	9	14	
4	27	32	21	2
5 - Very well	27	28	24	2
Grand Total	**68**	**78**	**62**	**5**

Role and grading of how well training prepared them for their Wildcat role.	North - Grampian & Moray	North - Highlands, Northern Isles & Western Isles
1 - Not at all well	1	
3	3	
4	9	1
5 - Very well	30	1
Grand Total	**43**	**2**

- Slightly more mixed results for 4-day CFR course.
- Feedback varies: too short, too much information, excellent, really good preparation, suggested blended learning. Queried why Airways training is a separate course.
- Some volunteers with pre-quals – clinicians, first aiders, SAS staff – felt they could attend a shorter course.
- Many raised the query that courses are not accredited externally, and that SAS does not recognise other qualifications.
- Additional training on: 'situational awareness' training for assessing scenes, Yellow calls, feeding back to Clinical Hub.
- A high number of volunteers across both roles requested more training – both to expand skillsets and to refresh current knowledge.
- Concerning welfare, training was a key element– suggesting - refresher training to build confidence/confirm skills, train individuals to talk about their concerns following calls, extra training, more 4-day courses and MHFA training.
- Staff raised the concern that courses are not linked into SAS EPDD.

ANNEX F

Scottish Ambulance Service

Working in Partnership with Universities

Objective 2. Determine vol views on training – both centrally provided and externally within schemes – confident to take up their role after initial training.

Response	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total
No	28	3	1	32 / 11%
Yes	185	42	25	252 / 89%
Grand Total	213	45	26	284

- Reassuring to read that 89% felt confident and 11% did not – albeit the identification of the latter in the network is important as the training burden is passed to schemes. Refresher training will help here.
- This is an encouraging response, although it cannot be determined if these results are solely due to the SAS courses.
- In discussions with scheme co-ordinators they spoke about further supporting mechanisms to assist new responders, such as implementing a buddy-buddy system or mentoring, telephone calls after initial calls and dual-responding to assist during initial callouts.
- From an Island perspective, there was a very strong desire to be empowered to deliver the four-day CFR course locally. The lack of access from the island to a course held on the mainland was a 'major obstacle' to recruitment and retention of volunteers and caused a considerable 'bottleneck' in getting new recruits out on calls on the island.
- A number of volunteers suggested a train-the-trainer programme, with either appropriately trained SAS staff giving the training, or volunteers appropriately trained to give the training, and then the CR staff, or other SAS clinical staff undertaking the assessment on Day 4.

- Some Volunteers did not have confidence in the training provision in support of the responder role, they would like to have seen this accredited as is the case in a number of Ambulance services in England

ANNEX G

Objective 3. Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers.

Hours booked on monthly	Don't Know	East	North - Grampian & Moray	North - Highlands (Northern Isles & Western Isles)	North - Tayside & Angus	West (` including Argyll & Bute)	Grand Total
Both			18	7		1	26
1-10 hours			1				1
11-20 hours			5				5
21-30 hours			1	2			3
31-40 hours			1				1
41-50 hours			2	2			4
>50 hours			8	3		1	12
Community First Responder (CFR)	5	71	27	26	24	60	213
0		2	2	5	1	2	12
1-10 hours		20	8	5	8	13	54
11-20 hours	2	20	2	3	4	7	38
21-30 hours		12	6	1	1	18	38
31-40 hours	1	7	1	4	2		15
41-50 hours	1	1	1	1	5	5	14
>50 hours	1	9	7	7	3	15	42
Wildcat Cardiac Responder			43	2			45
0				1			1
1-10 hours			4				4
11-20 hours			7	1			8
21-30 hours			6				6
31-40 hours			1				1
41-50 hours			5				5
>50 hours			20				20
Grand Total	5	71	88	35	24	61	284

- There is a prevailing view that volunteering is a 'good thing', for both volunteer and the organisation.
- Volunteer Scotland – pressures include: impact of cost-of-living issues, less disposable income, financial stresses, mental health, loneliness.
- But similar to SAS staff, SAS volunteers have access to welfare support.
- Pockets of high numbers of hours, so provision of support is critical. Further analysis of the '≥50' shows that: 74 volunteers doing these hours: one is under 25 yrs old, whilst the largest cohort is (42) are over 56 yrs old; 8 have been a volunteer for under one year and the largest cohort (24) have been a volunteer for 7-8 years (19 have been a volunteer for over 10 years).
- All who volunteer need welfare support systems and all should be aware of such measures.

ANNEX H

Scottish Ambulance Service

Working in Partnership with Universities

Objective 3. Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers – awareness of welfare services.

Welfare Support available to volunteers	Number of volunteers aware of this support
Post Incident Report (PIR) form	207
On scene welfare checks from ACC	170
Post incident contact from Community Resilience Team	151
Post incident check in/debrief from ACC	139
Lifelines Scotland website and resources	110
TRiM assessment	83
Chest, Heart & Stroke Bystander Support Line	80
Personal Resilience Courses	34
None of the above	20

- There are a number of welfare support systems that are available. Feedback from the survey does indicate that almost everyone is aware of at least one.
- Very positive to see the welfare checks from both ACC/AR Desk and CR team are widely known about.
- There were 20 respondents (7%) who were not aware of welfare support systems, and if this is reflected across the whole network (988) then this could be 69 volunteers who are unaware of any supporting mechanisms for their roles.

ANNEX I

Objective 3. Discuss welfare needs, provision and awareness of wellbeing support, views on pressures on volunteers – what more could be done.

Overall view	Number of respondents	By %
Don't know / blank	24	8%
Nothing	63	22%
Less positive	32	11%
Constructive training points	13	5%
Communication	8	3%
Constructive general points	58	20%
Content	86	30%
Total	**284**	**100%**

- Of the 11% who gave a 'less positive' response, their views range form comments beyond welfare – equipment, airways management, slow processes, but more prevalent were the comments about not receiving calls or not hearing back from ACC or CR and being unaware of any support.
- The comments about communications focused on awareness of the welfare services available to volunteers. One suggested a central repository, easily accessible, giving all the details of services available, whilst another suggested 6 monthly updates on this subject specifically, all emphasised the need to continually made everyone aware of these services.
- Overall the constructive comments emphasised the excellent services already provided, including support received from schemes / groups / coordinators which is excellent. This does require the CR staff to closely monitor those in the coordinator role to ensure no burn-out or issues with this potentially quite intense form of support.
- One key point raised in the survey and discussions was 'ensuring that when sent to yellow calls we are not left with no back up resource for long periods of time'. For some volunteers the potential for very long YELLOW calls, with potentially no relief, does cause concern, anxiety about how to work the following day and even refusing these calls. Systems need to be in place for some type of 'relief-in-place' – another volunteer responder, a clinical decision to move the call on / closed, or a crew relieving the volunteer. Once this is in place, then volunteers can be reassured about long calls and thereby not able to 'refuse' a YELLOW call.

ANNEX J

Scottish Ambulance Service

Working in Partnership with Universities

Objective 4. Discover vol views on their interactions with SAS – support provided, interaction with crews, operational support from dispatch and ambulance stations.

Rating	ACC	Ambulance Crews	SAS Community Resilience Team
5 – Very good	107 (38%)	111 (39%)	84 (30%)
4	91 (32%)	80 (28%)	71 (24%)
3	66 (23%)	73 (26%)	59 (21%)
2	12 (4%)	8 (3%)	31 (11%)
1 – Poor	8 (3%)	12 (4%)	39 (14%)

- The survey asked respondents about support they received from three areas of SAS – Community Resilience, the ACC and ambulance crews on the scene at a call. Examining the data across all three elements of support to volunteer responders (CR, ACC and crews) the survey does emphasise work still to be done within the CR team. Whilst the positive grades (4 and 5) are relatively equal, the CR team do 'score' more highly in the negative grades (1 and 2).
- The overall higher marks for all three areas is really positive – every element is supporting the volunteers and this support is recognised. This is a success story and indicates that SAS is moving beyond Covid issues and moving forward with their support to volunteers.
- It is fairly simplistic to compare these results in isolation, these are three very difference elements of SAS. The free text elements to these questions are more illuminating and offer more penetrating analysis of how these three elements are supporting the volunteer responders.

ANNEX K

Objective 4. Discover vol views on interactions with SAS – AR Desk & ACC.

General view from Wildcats	Number of volunteers	Total by %
Nothing	7	16%
N/a	12	27%
Don't know	5	11%
No involvement	8	18%
Constructive points – see below	11	24%
Content	2	4%
Total	**45**	

General view from CFRs	Number of volunteers	Total by %
Nothing	24	11%
N/a	23	11%
Don't know	19	9%
No involvement	0	0%
Constructive points	62	29%
Content	10	5%
Frustrations	75	35%
Total	**213**	

- Frustrations include: have little/no interaction with AR Desk, feel that GoodSAM has removed the 'human interaction', crews don't always know a Wildcat is on-scene, AR Desk thought they were public responders not SAS.
- Majority felt that improvements have been made, but more could be done.
- Most prevalent comments: frustration at booking on/off process, no visits, inconsistent support, not aware if Desk manned, slow callbacks, limited interaction/support.
- Key theme: 'call numbers have dropped considerably'; impressions that volunteers are not being tasked to appropriate calls or dispatch is not putting volunteers onto tasks - human error or system failures.
- Majority wanted more from the AR Desk which is positive that the support is appreciated and valued.

ANNEX L

Scottish Ambulance Service

Working in Partnership with Universities

Objective 4. Discover vol views on interactions with SAS – Crews.

General view from Wildcats	Number of volunteers	Total by %
Nothing	8	18%
N/a	4	9%
Don't know	3	7%
No involvement	0	0%
Constructive points	12	27%
Content	3	7%
Too early to say	3	7%
Frustrations	12	27%
Total	45	

- From the survey, 67% felt support from ambulance crews at the scene was positive (grading 4 or 5), 26% graded 3 (neither poor nor good), whilst 7% felt the support was poor (grading 1 or 2).
- Wildcats responders were predominantly positive when reviewing their interaction with Ambulance Crews in the last three months. The constructive points focused on: 'good' support received from crews, receiving thanks for their work and some on-scene debriefs. The more negative points can be summed up as: 'generally they are fine, you get the odd grumpy one'.
- A number of Wildcats make the important point that very often the crews are not aware that a Wildcat has been dispatched to a call. The volunteers are not aware how their GoodSAM interacts with crew's dispatch systems, or indeed the AR Desk. \

General views from CFRs:

1 - Poor	Not had any calls, don't feel we are all on the same team, a 'system that works'.
2	Majority of crews are very respectful and supportive but the odd one treats us 'like we are not part of the team', felt ignored so perhaps crews need more knowledge of our skills, varied responses from crews.
3	Ensure all crews are aware/understand of First Responders, crew knowing we are called out, more observation shifts, handovers are 'awkward' as crews don't know we're attending a call, most are okay but some are rude, treat volunteers with dignity, most crews are ok with CFRs these days 'which is absolutely fantastic'.
4	Vast majority are 'very supportive and thankful', better awareness of our role, our presence is 'a surprise' to them, 'good support from busy people', crews not aware Responders are on scene, listening to handover especially if CFRs have been on scene for a long period, 'always happy to interact with us'.
5 - very good	Local crews are 'usually great', some 'not used to CFRs', don't know our role/Scope, feel 'respected and valued', crews surprised to see a Responder on scene, 'fantastic and make a genuine effort to look out for my welfare', some want a handover and some don't, shadow/visit/train together so don't just meet on the scene.

ANNEX M

Objective 4. Discover vol views on interactions with SAS – Community Resilience.

Overall view	Number of respondents	By %
'Don't know' / blank	50	18%
'Nothing'	21	7%
Less positive	37	13%
Constructive training points	34	12%
Communication	15	5%
Constructive general points	56	20%
Wanting more	33	12%
Content with the support	38	13%
TOTAL	**284**	**100%**

- Difficult to gain any real insight from 'don't know' or 'nothing' does not give any indication of views or insights, and 'nothing' is particularly ambiguous
- Respondents with a less than positive response, give a fairly broad range of issues: have had no support/any positive interactions; feel that staff forget that they are volunteers, do not listen/slow to reply/not seen; some commented on the slow delivery of projects; want comms to focus on addressing concerns and more regular contact; a couple of 'isolated and ignored'; slow recruitment/training process; externally validated training and refresher training; have their own first aid quals recognised.
- A number acknowledge the staff are thinly spread, busy, have limited resources and multi-tasked; new staff are making a difference. They would like: more contact, more visits, more meetings, improved intranet, more face-to-face, more local engagement…
- Those content feel supported, happy, everyone 'approachable', 'had a roller coaster journey with support and feel the current level is good', 'excellent' trainer.

ANNEX N

Objective 5. Confirm what methods of communication they receive.

Options	What methods of support & communication do you receive from SAS?
Emails	260
The Beat Newsletter	203
Face to Face Information	144
Telephone calls	65
Virtual Information / training	60
Observation sessions - Ambulance crews	48
Regional meetings	40
Observation sessions - ACC	22
Other	20

- It is very positive to see that The Beat is so widely received as it is a fairly new update to volunteers. In discussions some did ask if The Beat could contain more operational updates, and especially to provide more service-related updates for schemes' monthly training meetings.
- It is positive to see that only two volunteers commented that they received no communication at all from SAS, and these schemes can be contacted to check that everything is okay.
- Throughout the survey/discussions, the majority emphasise great value in face-to-face and the value of regional meetings, so this would seem to be an area of further investment. All volunteers wish to visit the ACC – highly beneficial but potentially disruptive, so a video of the ACC and explanation of its processes would be very advantageous.

ANNEX O

Objective 5. Communications valued the most (3).

Options	What methods of support and communication from Scottish the Ambulance Service do you value the most?
Face to Face Information	182
Emails	141
Observation sessions - Ambulance crews	90
The Beat Newsletter	63
Telephone calls	53
Observation sessions - ACC	50
Virtual Information / training	43
Regional meetings	43
Other	21

- All volunteers would like more face-to-face meetings, indicating that the support they received is well received, and they would like more. This does put more pressure on the small team in CR to deliver on this.
- Visits to ambulance crews and the ACC / AR Desk are popular with volunteers to bring understanding to the roles of each element of SAS.
- Volunteers do comment that their voice does not get heard. In discussions there was some reporting that historically they had a voice through a Volunteer Steering Group and an annual conference.
- Some volutneers wanted to be able to raise GREAT-ix and DATIX reports. The former (via a QR code) has been disseminated in The Beat, but the latter is more difficult as the reporting format remains on NHS systems. Reporting a concern – see Annex 17.

ANNEX P

How to report a concern

- Volunteers were asked if they knew 'where / how to report if something goes wrong'
- Results:
  - 87% were confident
  - 13% did not know where to report.

- Regent figures from Volunteer Scotland have identified that fewer volunteers knew how to raise an issue within the group if needed (89% in 2019 compared to 81% in 2022), from 'NCVO Time Well Spent, Scottish Findings'. So the survey's figures do correspond to wider, national statistics.
- But given the role and responsibilities, plus the possibility of encountering safeguarding concerns, there is a critical need to ensure that all volunteers know where / how to report a concern.
- The PIR form is a easily accessible, online form which enables all volunteers to report any feedback following a call – equipment shortages, dispatch concerns, on-scene issues – an ideal mechanism to report concerns. It now needs to be taken up across the whole of the volunteer network and completed after every call made by Volunteer Responders.

ANNEX Q

Objective 6. Volunteer views on internal scheme activity – including fundraising, monthly training and equipment provision - Fundraising.

Does your scheme or Wildcat group actively fundraise?	
Yes	143
no	98
Don't know	43
Would you like help and advice about fundraising?	
Yes	108 / 38%
No	176 / 62%

- Majority of schemes have to fundraise for additional kitbags, equipment or training needs, or general costs of rooms, cars and other aspects of their scheme. They can establish themselves as charities to handle the money appropriately or keep funds with the SAS Endowment Fund. The former have to report annually to OSCR
- The regulated requirements of charities are potentially onerous for individuals and can be slightly stressful. Volunteers often ask questions on forums or CFR Facebook accounts about fundraising or managing charitable monies. Around 38% of respondents would appreciate help and advice about fundraising – guides and toolkits to assist schemes with this should be a priority.

ANNEX R

Scottish Ambulance Service

Working in Partnership with Universities

Objective 6. Volunteer views on internal scheme activity – how well did their own training prepare them for their role.

How well did training prepare you for your role?	Community First Responder (CFR)	Wildcat Cardiac Responder	Both	Grand Total	Grand Total by %
1 - Not at all well	9	1		**10**	3.5%
2	11			**11**	3.9%
3	30	3	6	**39**	13.7%
4	82	10	9	**101**	35.6%
5 - Very well	81	31	11	**123**	43.3%
Grand Total	**213**	**45**	**26**	**284**	100%

- A high percentage of Wildcats (82%) felt that their training enabled them to be confident and competent for their role – 51% 'strongly agree' and 31% 'agree'. The remaining 18% have some concerns about their training, which does confirm that further instruction would be advantageous for the Wildcats. Those who expressed a concern, mention – more face-to-face training, want regular/monthly group training sessions, more detailed training on history taking and 'what to do when patient isn't in cardiac arrest', and training in talking about difficult experiences.

- A high percentage of CFRs (85%) felt that their training enabled them to be confident and competent for their role – 48% 'strongly agree' and 37% 'agree'. The remaining 15% obviously have some concerns about their training, so further organised instruction would be advantageous for the schemes. Those who expressed a concern, mention – using APEL (Accreditation of Prior Experiential Learning) to recognise prior learning, comprehensive externally validated training and visiting schemes, joint training with crews, 'role is getting de-skilled', training to help future responders, proper radio training, more face-to-face training, no on-going training given, island training and 'almost non-existant training to keep up skillset'.

ANNEX S

Objective 7. Identify levels of satisfaction with SAS

Very satisfied	84	30%
Satisfied	134	47%
Neither	36	13%
Dissatisfied	18	6%
Very dissatisfied	12	4%

- Volunteer Scotland's report from NCVO data, found that 94% of Scottish Volunteers are fairly or very satisfied with their overall volunteer experience. SAS rated 77% of 'satisfied' and 'very satisfied'.*
- A summary of 'dissatisfied' or 'very dissatisfied' gave the following results:

Uplift, use advanced skills, increase Observation skills,	9
Not getting calls	6
Further training - especially for attending YELLOW calls	6
Increasing the CFR scope of practice	1
Smartphones for dispatch as per the rest of SAS, including Patient Transport`	1
Introduce Volunteer Technicians / emergency care workers	1
Being dispatched	1
Island specific training	1
A system which works	1
Feel more valued	1
Equipment	1

- However, when these views are linked to their responses to 'what are you most proud of', 99% of the views are positive. They reveal that despite frustrations, the individuals are proud to serve their community, work in SAS, save lives and make a difference.

ANNEX T

*It should be noted that NCVO did not include a neither category in their survey