



AMBULANCE VOLUNTEERING

Joe Crook
National Volunteering Lead, AACE

Jenny Wilson
National Volunteer Manager, WAST



DO YOU KNOW VOLUNTEERING?

1. How many ambulance volunteers were there across the UK last year?
2. Approximately how many hours did they contribute?
3. Can you name any of the most common volunteering roles?





**Over 9000 volunteers
contributed over 1.7
million volunteering
hours in 2023/24**

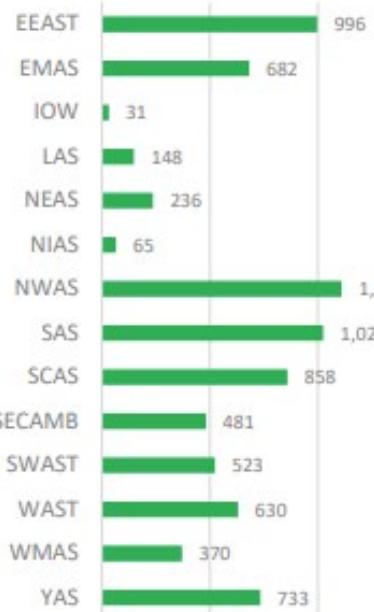
**Community First Responders
Drivers
Community champions
Fundraising
Defib guardians
Chaplains
And much more**





There were 7,949 volunteers in Ambulance Trusts across the UK in Q2, 2024.

Total Volunteers for Q1, '24



Total volunteers in Q1 = 7,886

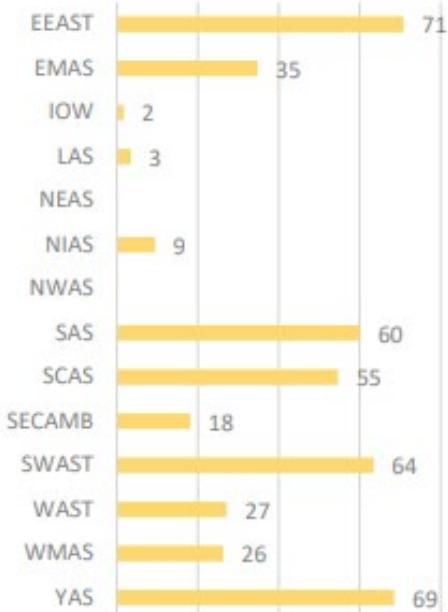
Total Volunteers for Q2, '24



Total volunteers in Q2 = 7,949

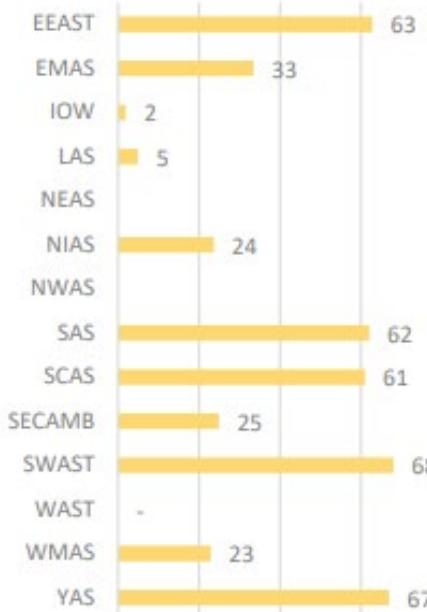
Together, Ambulance Trust volunteers recorded 466-thousand hours of volunteering in the UK in Q2, 2024

Total Hours for Q1, '24 ('000)



Total hours in Q1 = 439-thousand

Total Hours for Q2, '24 ('000)



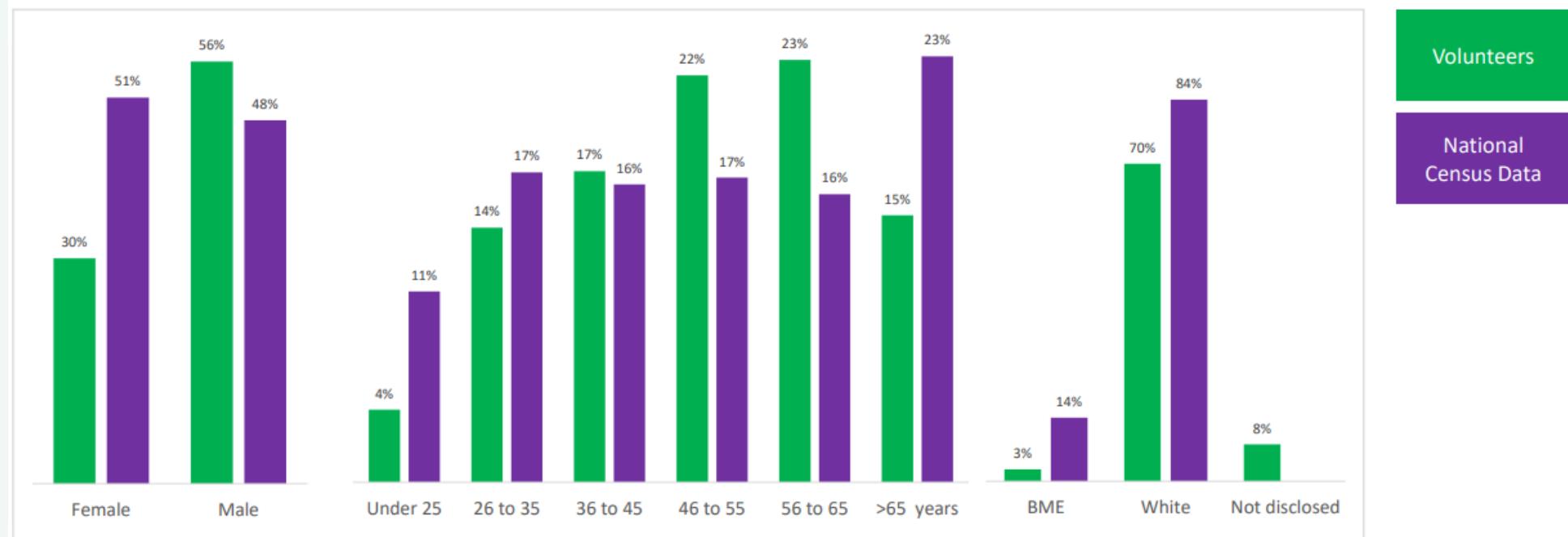
Total hours in Q2 = 466-thousand

EEAST: East of England, EMAS: East Midlands, IOW: Isle of Wight, LAS: London, NEAS: Northeast, NIAS: Northern Ireland, NWAS: Northwest, SAS: Scotland, SCAS: South Central, SECAMB: Southeast, SWAST: Southwest, WAST: Wales, WMAS: West Midlands, YAS: Yorkshire (Note: “-” denotes no hours recorded. Some trusts are in the process of establishing systematic hours recording).





1. Are ambulance volunteers majority female or male?
2. What is the most common age group of volunteers? (under 25, 26-35, 36-45, 46-55, 56-65, 65+)
3. What % of ambulance volunteers are from ethnic minority backgrounds?



Trusts: EEAST, YAS, SWAST, Dec 2024

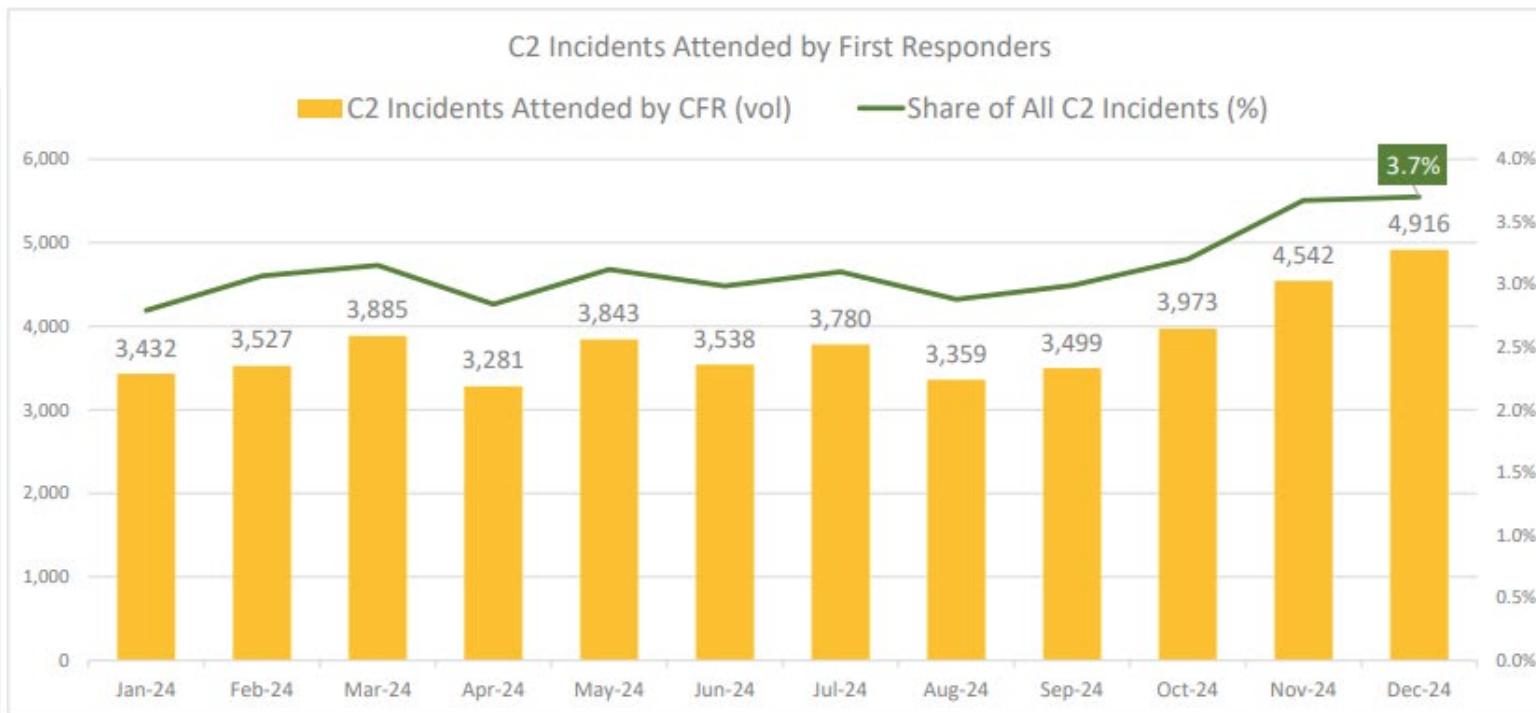




DO YOU KNOW VOLUNTEERING?

1. What % of Cat 2 calls did CFRs attend in 2024?
2. What was their average response time?





Category 2 Incidents attended by
CFRs January 2024 to date

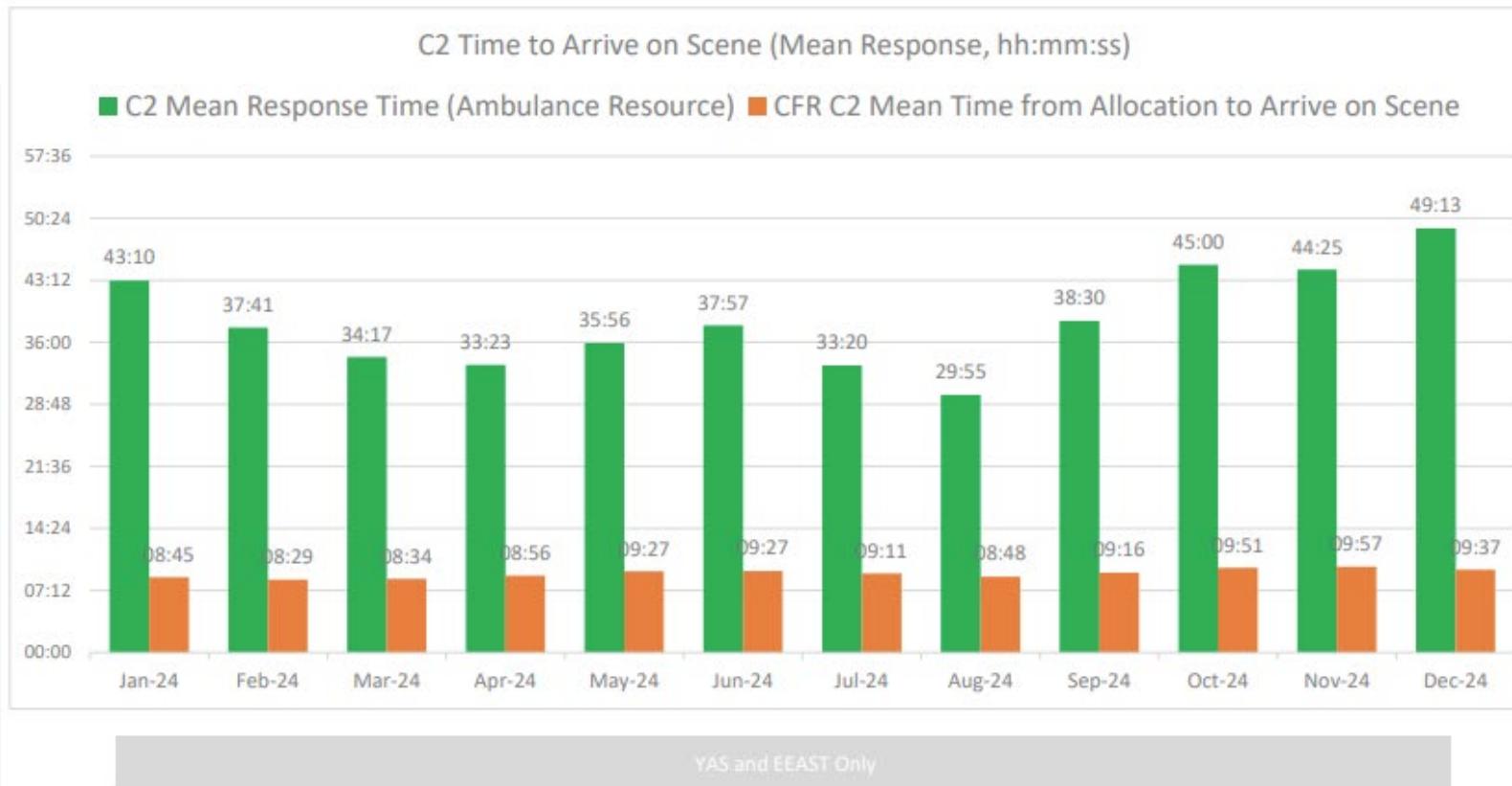
45,575

Share of all Category 2 Incidents
attended by CFRs since January 2024

3.1%

Trusts Included: EEAST, YAS, SWAST
National Data: AQI A10 for participating trusts





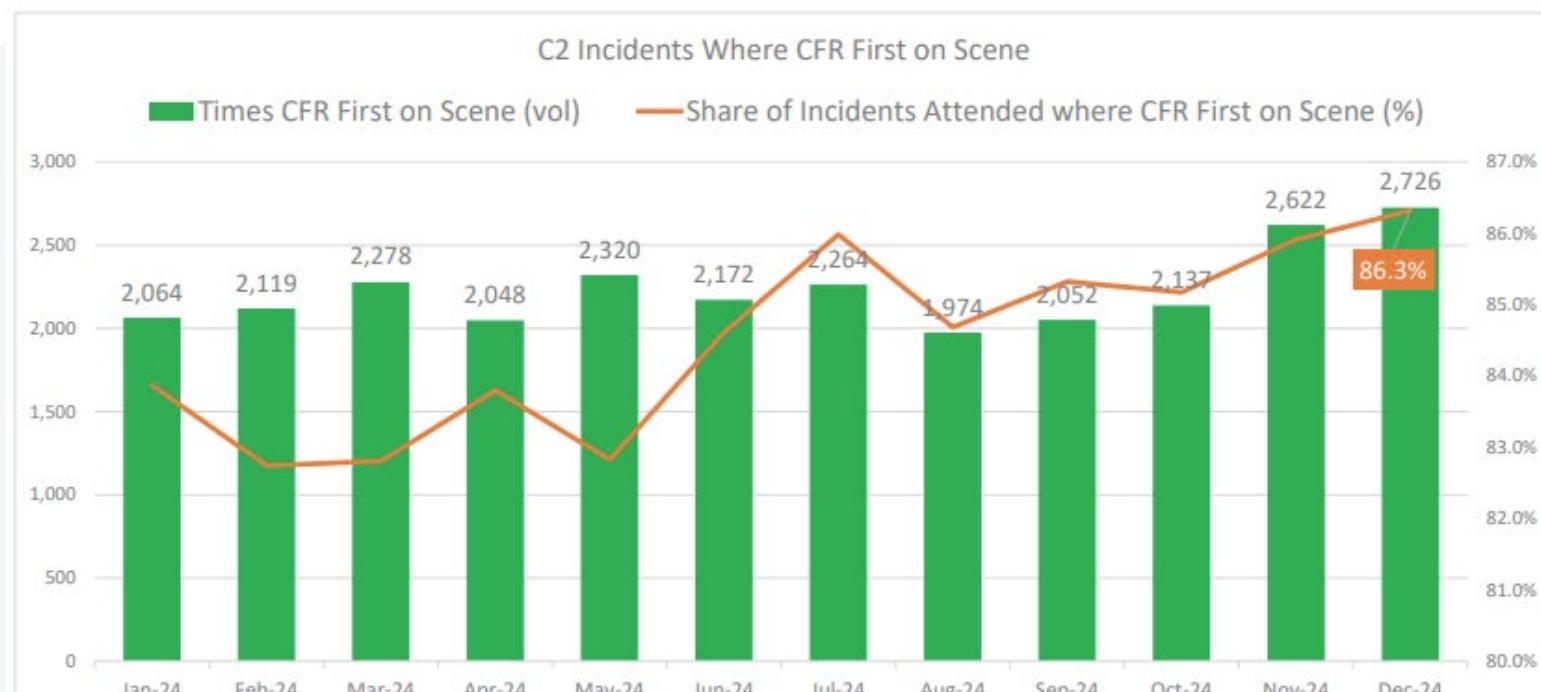
Average ambulance response for Category-2 January 2024 to date

38:34

Average time for CFR to arrive on scene for Category-2 January 2024 to date

09:11

Trusts Included: EEAST, YAS
National Data: AQI A31 for participating trusts



Category 2 incidents where CFRs First on Scene January 2024 to date

26,776

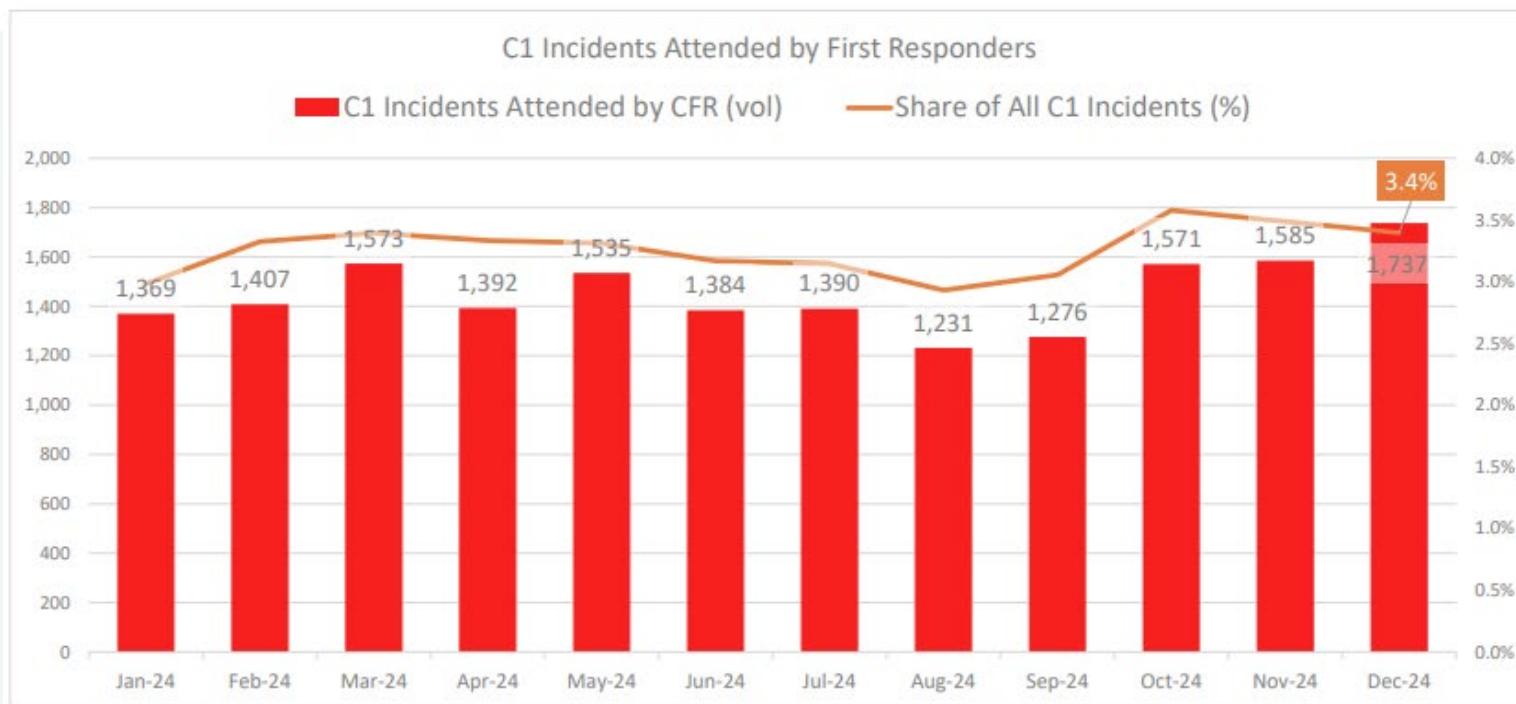
Share of C2 attendances where CFRs First on Scene

82.9%

YAS and EEAST Only

Trusts Included: EEAST, YAS





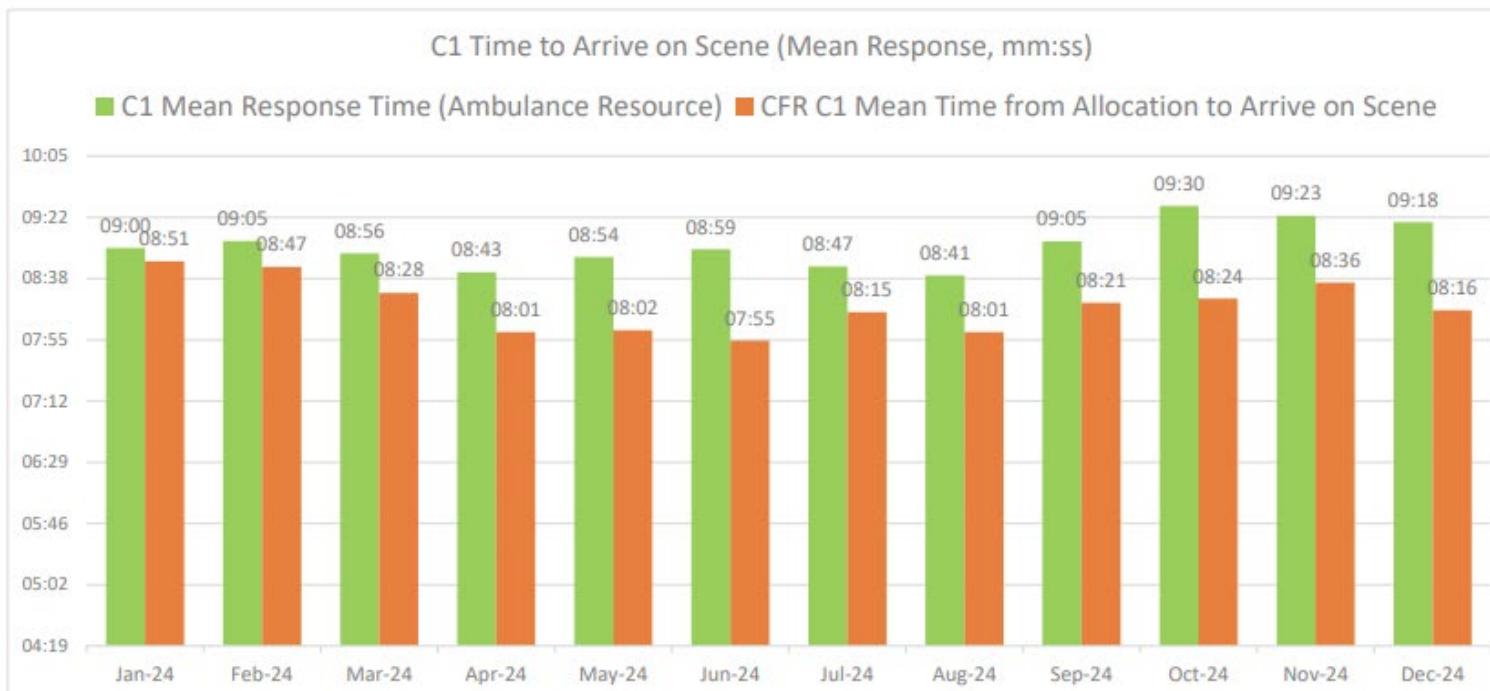
Category 1 Incidents attended by
CFRs since January 2024

17,450

Share of all Category 1 Incidents
attended by CFRs since January 2024

3.3%

Trusts Included: EEAST, YAS, SWAST
National Data: AQI A8 for participating trusts



Average ambulance response time
for Category-1 January 2024 to date

09:02

Average time for CFR to arrive on
scene for Category-1 January 2024 to
date

08:20

Trusts Included: EEAST, YAS, SWAST
National Data: AQI A25 for participating trusts





- Funded by the Pears #iwill Fund up to March 2026
- Leading on building consensus and leading national strategy
- Championing volunteering internally and externally
- Providing platforms for coordination and sharing
- Sharing good practice and upscaling innovation
- Supporting capacity of volunteer leads
- Supporting data-informed decision making
- Identifying strategic opportunities – three shifts, unplanned care hubs, commissioning framework, OHCA





September 2024 – March 2026

1. As a provider and a partner of choice, we will work to ensure volunteering is diverse, inclusive and helps to reduce health inequalities.
2. As an organisation of choice, we will develop strong leadership structures around volunteering, and will work to increase the evidence base and profile of volunteering.
3. As an organisation of choice, we will ensure that ambulance volunteering meets the highest standards of recruitment, training and deployment.

Governance: 3 steering groups reporting to VSOG. VSOG reporting to NASAT and SDG.





1. National volunteering dashboard
2. National volunteering survey (currently live)
3. Working groups formulating national guidance on volunteering policy (informing NHSE policy), EPRR, recruitment and training, role descriptions, reward and recognition and more
4. Continuation funding for national role through Pears #iwill Fund
5. Partnerships, links and learning: BIMA, Helpforce, NHSCT, The Circuit, RNLI, SJA
6. Creating shared standards – NASRMG producing CFR frameworks on governance and scope of practice, medicines, training





OHCA	Care coordination hubs
43 mentions of volunteering. Community engagement and training. Widen participation. Partnering with The Circuit and Army Cadets to focus on “defib deserts”.	Supporting inclusion of volunteers into the design phase of hubs. Systematic utilisation of ambulance volunteers such as CFRs and CWRs. Formulating new roles. Better integration with wider voluntary sector such as NHS Responders.





10-year plan	Commissioning
Hospital to home.	Enhancing the role of community first responders.
Analogue to digital.	Reducing conveyance.
Sickness to prevention.	Improving Cat 2 response. Reducing demand through Neighbourhood Health Service model.





- Equips individuals with the skills they need to save lives in critical moments, including CPR, defibrillator use, and choking management.
- Led by Muslim clinicians and accommodate prayers and cultural preferences
- Engage over 100 mosques around the UK on the last Saturday of September
- Piloted with 3 ambulance trusts: NEAS, WMAS, and YAS



NEAS: Loveness Scott and members of community at mosque.





“I felt proud to be wearing the YAS uniform and to be representing the Trust, and I felt as though both the men and women were proud to see a fellow Muslim in YAS uniform and like it might have made them see that they could be part of YAS, too.” **Hanna Khan**, PTS Call Handler

“When the community members see the defibrillator installed, an ambulance on site and Yorkshire Ambulance Service and other healthcare professional colleagues having respect for the masjid and their community, it builds trust and confidence in the NHS.” **Sofian Khan**, Senior Project Manager, National Health Inequalities Improvement Programme



NEAS: Loveness Scott and member of community at mosque.





THANK YOU!

Joe.Crook@aace.org.uk

And now over to Jenny Wilson...





Community Welfare Responders





How we got here...

Clinical Risk

Challenge to manage care proactively

Development of a Community Welfare Responder model





The Ask...

How can volunteers support Clinical Support Desk to ensure patients access the right care, safely?

How can we support volunteer development?





What needs are we addressing?

Improve patient experience and outcomes

The Right Care in The Right Place

Welfare Checks





The Plan...

What?

Where?

Funding?

When?





The Rollout...

How?

How Many?

What's Next?



Scope ...

Conduct basic clinical observations & assessments

Provide reassurance to patients and family members

Be the eyes and ears of clinical colleagues



Patient Criteria

Aged 18+

Consult and close?

Clinical concern?

Vulnerable?

MPDS Concern?

No response



Exclusions

Maternity and obstetrics

RTCs

Risk to personal safety

Immediate intervention required

Fire

Unknown presentation



Outputs



1186

Allocated Incidents

1132

Attended Incidents

Consult and Close Activity



398 (35.2%)



Care at Home

594 (52.5%)

of patients remained at home, following an initial attendance by a CWR

Conveyance to Hospital

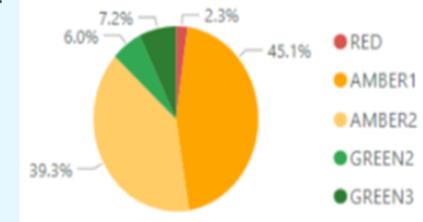
538 (47.5%)



of patients required further assessment at hospital, following a CWR attendance

Priority of Incidents attended

Of the calls, over 45.1% of incidents were Amber 1 and 39.3% were Amber 2. Only 2.3% was RED.





Softer Outcomes

Patients

Volunteers

WAST





Thank you

Joe.crook@aace.co.uk / Jennifer.wilson3@wales.nhs.uk

