



# Transforming Our Role In Communities Through Volunteering

Event Summary and Actions  
September 2018



# Transforming Our Role In Communities Through Volunteering

## Executive Summary

Yorkshire Ambulance Service's long-term vision to enhance patient care is to provide additional support to patients by more extensively involving volunteers and the voluntary sector in our service delivery.

We believe that involving volunteers and the wider voluntary sector in our work will make our communities and our patients more resilient in emergency care situations and provide the best possible care and outcomes for our patients in their local communities.

We also believe that we can enhance our engagement with our communities through our volunteering activities.

The aim of this event was to begin to explore how we begin this transformation. This was an internal event, but colleagues from external organisations were invited to act as critical friends to inform our vision.

The aims of this work are to:

- Extend our engagement with our communities.
- Assist patients and carers to access care and support in the most appropriate setting.
- Prevent ill-health and improve outcomes.
- Have a more positive impact in society.

We were delighted to be joined by a wide range of speakers who were able to share their expertise. They were able to inspire a wave of energy to move us forward with this agenda and we want to capture the excitement to try new approaches and learn from others.

It is clear from the feedback on the day that this is a vast multifaceted area of work and there needs to be strong leadership and a steer on the direction of travel.

We can now summarise this work into three areas; patient advocacy, response and sharing our expertise. These areas of work need to be underpinned by developments in our infrastructure in terms of communication, technology and external partnerships. Furthermore, we need to consider a new role for our charity in supporting many elements of this work.

## About the day

Rod Barnes and Phil Foster opened the event with an overview of Yorkshire Ambulance Service's vision to improve patient care by more extensively involving volunteers and voluntary services in our service delivery and the motivations we have to achieve this.

Soo Nevison, Chief Executive of Community Action Bradford and District, presented the state of the voluntary sector in Yorkshire emphasising the size and scale of the work being carried out by voluntary services and the opportunities to work together.

Emma Scott, Community Resilience Manager, provided an insight from our existing volunteer programmes at YAS, including Community First Responders and the Volunteer Car Service.

James Hornby, Service Improvement Manager at East Midlands Ambulance Service, presented an overview of volunteering at EMAS and the steps that they have taken to make volunteering an integral part of their offer.

Two presentations were provided by South Central Ambulance Service. Vanessa Casey, Charity Chief Executive, explained the role that the SCAS Charity plays in supporting the funding of the Community First Responder programme and how they are building upon this. Nic Morecroft, Head of Operations - Community Engagement and Training, provided an evaluation and insight into their Q-Volunteering project, a pilot of a non-injury falls volunteer response which is now being rolled out through their organisation.

Following the informative presentations, participants divided into groups to explore the issues and begin to discuss opportunities, challenges and priorities.

After a final round-up and appreciations, YAS Chairman Kath Lavery provided closing remarks, including giving her full support and that of the Trust Board to this initiative.

## **Attendance**

Colleagues from across YAS were invited to join the discussions, including volunteer representatives.

Colleagues from other ambulance services were invited to attend, both as speakers and to input via the Northern Ambulance Alliance. We were joined by attendees from East Midlands Ambulance Service, North West Ambulance Service and North East Ambulance Service.

A number of participants from external voluntary organisations were asked to join as Critical Friends, including British Red Cross and Age UK.

We were also joined by representatives of NHS England and the Office for Civil Society, who joined us as we have been successful in securing a Q-Volunteering grant. A full list of attendees is provided as Appendix 1.

## **Feedback and learning**

### **Summary of feedback:**

#### **Excitement**

Considerable excitement was generated around the room for this initiative, with colleagues from all areas able to see its relevance and how it relates to their role. Colleagues were very supportive towards the idea.

- *“That we are now looking to provide a wider range of service using volunteers we already have access to (CFRs) i.e. falls, calls for welfare.”*
- *“That we all have a common goal as an ambulance service and that is the patient and that change is being embraced, but we must look to other organisations who can assist in sharing*

*with best practice, everyone is doing something to better patient care, we just need to know what others are doing.”*

80% of colleagues (33 out of 41) said they would like to get involved in making this happen and there were several suggestions of how their role could be relevant.

## **Opportunities**

It was clear that all attendees could see the opportunities presented to work with partners to achieve better outcomes for patients. There was excitement to be able to fuse YAS’s work with voluntary sector partners.

- *“Opportunity for collaboration. Allowing patients to have a say in their care plan. Appetite across all organisations to find solutions.”*
- *“The massive opportunities that are available to work with other organisations for the benefit of all.”*
- *“The existing networks which are available that we could potentially tap into. Organisations which are all working towards the same aim but that we do not currently connect with. Lots of future opportunities.”*

## **The role of technology**

A common theme became apparent that technology solutions are a pivotal part of this work to enable us to work with partners and activate resources.

- *“That our senior managers are open to using GoodSAM Cardiac system which we have been pushing for, for some time!”*
- *“That the patient/individual is the starting point. Willingness of everyone to work together. Innovation opportunities re technology/info sharing on possibilities.”*
- *“Pathways and signposting and education and awareness.”*

## **Focus needed**

It was acknowledged that this work is multifaceted, covers a vast area and therefore there needs to begin to focus on specifics. It is clear that colleagues are looking for some direction and focus to direct this energy.

- *“Building on today’s event to develop a clear strategy.”*
- *“Strategy, clear leadership and buy-in. Aims and goals, short, medium and long term.”*
- *“Public consultation and senior people from large organisations getting together to agree at a strategic level that this is the way forward.”*
- *“Picking priority areas e.g. falls and advocacy.”*

- *“To commit to a timescale and not allow the opportunity to slip away and show genuine commitment, provide resources and produce a workable action plan.”*

## **Proposed outcomes**

We currently identify three distinct areas of work:

1. Patient advocacy
2. Response
3. Sharing our expertise

Communication, technology and building external partnerships are all significant foundation stones to ensuring that these areas of work are successful.

### **1. Patient advocacy**

This is about:

- How we inform, support and enable our patients to receive the best possible care for themselves.

If we are successful in this area of work:

- Patients know how to access the relevant services in the best possible way.
- Patient care is delivered locally in the best interest of the patient.
- Patients with complex needs will be able to share their information with us, so that we can provide the most relevant care.
- External partners work in partnership with YAS to support patients to know how to access our services.
- Volunteers support patients local to them to understand how they can access our services.

How this looks for patients:

- When I call YAS, they may know information about me, or I have an easy way of sharing information so that they can provide me with an accurate response first time and relevant to my wider care needs.
- If I have some information to share with YAS, there is a way of sharing it with them.
- I've never called 999 or 111 before, but I have clear expectations of what the response will be and what information they need from me.
- When I encounter volunteers and staff from YAS, they know what services exist to help me - YAS colleagues promote best practice.

Our immediate actions in this area of work:

- Fully support the Q-Volunteering-funded project YAS Advocate Role Pilot in 2018/19. This involves developing a volunteer network which can support patients to complete a standardised Health Care Plan relevant to their needs.

- Explore working with Age UK Leeds on a pilot project.

## 2. Response

This is about:

- How we activate volunteers and voluntary organisations to support patient care.
- Meeting the challenge to provide outstanding care for all our patients within the resources available to us.
- Improving care for the less acutely ill/critical patients.

This involves:

- Equipping local communities to be able to respond to urgent healthcare situations.
- Extending our existing Community Resilience programme.
- Developing more referral pathways between YAS and our communities to enable more people to respond. The pathways would not just be clinical, they would be also include urgent wellbeing concerns.

If we are successful in this area of work:

- All YAS colleagues (including volunteers) will be able to identify a patient's wider needs to ensure they are safe, well and secure, and where appropriate refer them to a relevant local support service to ensure these needs are met.
- YAS would manage and host a directory of services and associated tools to support our colleagues and our patients in these wider areas.
- YAS works with partner organisations to develop local initiatives to enhance the YAS response for our patients.
- YAS will extend its volunteer Community First Responder programme and enable volunteers to respond to a wider range of patient scenarios.
- YAS will have a wider range of volunteer roles supporting its service delivery, enhancing our core delivery and contributing to the organisation.

How this looks for patients:

- I receive outstanding urgent and emergency care which is made up of a team of resources including volunteers.
- The care I receive is linked into my community and my wider healthcare needs.
- I am safeguarded by YAS colleagues who are able to refer me to a range of health and social care, to improve my wellbeing and prevent further ill-health.

Our immediate actions in this area of work:

- Consult with local volunteer centres to consult, engage and scope out pilot projects.
- Explore partnerships with community transport services and patient transport services.
- Explore potential pilot projects with Age UK and British Red Cross who are keen to do so, and have activity in this area.

- Scope out further opportunities to increase the role of our Community First Responder programme.

We acknowledged that there is clearly a lot of scope to increase the scope of our Community First Responder programme. However, this needs careful consideration in terms of what it would mean for the Community Resilience Team, what it means for Operations and how it links into our wider infrastructure. We need to identify how the changes we are proposing will impact upon the wider organisation and the wider healthcare system, and in the short term appoint some leadership to address these questions.

In the short term, we will ensure that full support is given to the Community Resilience Team and our volunteers for the upcoming developments, notably the Telecare pilot (responding to calls for welfare and non-injury falls), NEWS2 (National Early Warning Score) assessments (training all current CFR volunteers to carry out standardised acute illness assessment) and the implementation of a CFR tracking and mobilisation system.

It is clear that the charity has a role to play in this area. To understand this, we need to establish which developments are part of the NHS-funded services and which are part of our wider work to enhance value and quality for patients in the communities we serve.

### **3. Sharing our expertise**

This is about:

- How we inform our patients and how they can work with our service.
- Equipping everyone with an understanding of how to deal with an emergency situation at a basic level.
- YAS being experts in an area and sharing it as an asset.
- An opportunity for YAS to extend its presence in communities, to use its expertise as a tool to open doors, invite people in and equip them with a better understanding of how they relate to us. This is one of our assets to be shared with our communities.

Education underpins the other areas of work. In itself, it is a responsible thing to promote, but it is also a tool to promote YAS and its objectives.

If we are successful in this area of work:

- More people will know how to provide basic life-saving skills.
- We have engaged with our diverse range of communities so they know about YAS and how to engage with us.
- More people will know the wide-ranging role of YAS in the NHS, including emergency, urgent and planned care.
- YAS will develop an extensive network of community-based contacts which support our work and promote our objectives.
- YAS will work collaboratively with partners in the community to promote public health messages.
- YAS has access to communities to promote volunteering, recruitment and fundraising.

How this looks for patients:

- I know basic life-saving skills.
- I am more aware of public health messages.
- I am aware of how and when to access urgent healthcare.
- People I am in contact with about my health and social care can inform me about the range of services provided by YAS.

Our immediate actions in this area of work are:

- To understand the work we currently carry out in sharing our expertise and initial work to join this up into a coherent offer.
- To develop tools which our staff and volunteers can use to promote our work in their communities.

## **Developing infrastructure**

Through these ambitious plans, we will need to develop and redefine:

### **1. Communication**

We identify that we need a range of tools to communicate more extensively with our communities. We need to refine our messages and tailor them for the wide-ranging audiences we are working with. We need to share our expertise in a way that is meaningful for our communities.

This will involve equipping our existing YAS network of staff and volunteers with key messages, so that they can advocate the organisation in their own words and passions, but in an informative way.

We will need to maintain a continual dialogue with our communities, welcoming input and seeking advice and support for our work. We need to develop the channels to enable us to facilitate and listen.

We need to be bold in communicating our aspirations and vision to inspire others to join us in this vision. We need to promote the YAS Charity as the outlet for this work as part of the Trust - not as an entirely separate organisation.

The change to a two-way dialogue is a change of approach; we can no longer be simply an output of information.

### **2. Technology**

In order to activate more volunteers, enable voluntary organisations to respond and enable patient advocacy, one of the key areas of development is the technology solutions required.

Much of this work is underpinned with a detailed Volunteer and Community Services directory linking YAS to existing service provision in the community. The directories largely exist in the voluntary sector; we now need to harness how YAS can work with these systems. YAS primarily has a coordinating/brokering role to play and provision of appropriate technology will enable us to do this.



Technology and information sharing with external organisations will be a key development in securing our future work with voluntary sector partners.

Furthermore, our vision to enable patients to have more say on their care can be achieved by enabling them to hold their own standardised patient healthcare records and how this patient information can be shared with us as a service provider.

### **3. Building external partnerships**

The aims of this work are all underpinned by our ability to work with others, offer patients a more joined up holistic approach and build more meaningful relationships with our communities.

Crucial to this is building a deeper, well-respected presence in our communities. Success in this area of work will be determined by our ability to work in collaboration with others and how we develop solutions together for our patients.

As we develop this area of work, we need to be open and receptive to the ideas and opinions of our external partners. We need to make it clear that YAS wishes to work in this way and that we are open to collaboration. We need to be able to respond effectively in a timely manner and with dynamism to new ideas and approaches.

## Appendix 1 – Attendance

Rod	Barnes	Yorkshire Ambulance Service	Chief Executive
Danielle	Norman	Yorkshire Ambulance Service	Charitable Fund Manger
Phil	Foster	Yorkshire Ambulance Service	Strategic Advisor: Patient & Community Engagement
Leaf	Mobbs	Yorkshire Ambulance Service	Director of Urgent Care and Integration Urgent Care
Julian	Mark	Yorkshire Ambulance Service	Executive Medical Director
Steve	Page	Yorkshire Ambulance Service	Executive Director of Quality, Governance & Assurance Deputy Chief Executive
Paul	Stevens	Yorkshire Ambulance Service	Head of Community Resilience
Emma	Scott	Yorkshire Ambulance Service	Community Resilience Manager
Bob	Gatenby		Member of the public
Mark	Wright	Yorkshire Ambulance Service	Paramedic
Alistair	Gunn	Yorkshire Ambulance Service	Planning and Development Manager
Suzie	Southey	Yorkshire Ambulance Service	Lead Nurse Urgent Care
Andy	Hodge	Yorkshire Ambulance Service	Consultant Paramedic Urgent Care
Jock	Crawford	Yorkshire Ambulance Service	Clinical Supervisor
Dave	Jones	Yorkshire Ambulance Service	Community Defibrillation Officer
Steven	Hudson	Yorkshire Ambulance Service	Community First Responder and EMT1
Soo	Nevison	Community Action Bradford & District	Chief Executive Officer
Ashfaq	Ahmed	West Yorkshire and Harrogate Health and Care Partnership	Project Manager – Unpaid Carers and Harnessing the Power of Communities
Rosie	England	Yorkshire Ambulance Service	PTS Volunteer Coordinator
Paul	Richardson	Yorkshire Ambulance Service	Community First Responder Volunteer
Adi	Benson	Yorkshire Ambulance Service	Community First Responder Volunteer
Heather	Heathfield	British Red Cross	UK Director for Innovation and Insight
Alison	Kaye	British Red Cross	Head of Service Development, Independent Living
Ali	Richardson	Yorkshire Ambulance Service	Community Engagement Manager
Nic	Morecroft	South Central Ambulance Service	Head of Operations - Community Engagement & Training
Vanessa	Casey	South Central Ambulance Service	Head of Community Engagement & Training
Ian	Firth	Yorkshire Ambulance Service	Qualified Ambulance Technician
Kath	Lavery	Yorkshire Ambulance Service	Chairman
Andrew	Redgrave	North West Ambulance Service	
Tony	Lam	North West Ambulance Service	
Mark	Evans	North West Ambulance Service	
Peter	Ripley	East Midlands Ambulance	

		Service	
Gareth	Campbell	North East Ambulance Service	
Dave	Green	Yorkshire Ambulance Service	Head of PTS Service and Standards
Tasnim	Ali	Yorkshire Ambulance Service	Business Manager
Louise	Boyles	Yorkshire Ambulance Service	Campaigns Manager
John	Macsorley	Yorkshire Ambulance Service	Divisional Commander (Interim) - West
Paul	Jones	Yorkshire Ambulance Service	Volunteer Car Service
Alan	Kelleher	Yorkshire Ambulance Service	Volunteer Car Service
Rachael	Pearce	Senior Experience and Engagement Officer	Hull and East Yorkshire Hospitals
Heather	O'Donnell	Age UK	Chief Executive of Age UK Leeds
Jayne	Whitehead	Yorkshire Ambulance Service	Group Station Manager
Cathryn	James	Yorkshire Ambulance Service	Clinical Manager Pathways
Brogan	Armstrong-James	Yorkshire Ambulance Service	Quality and Risk Co-ordinator
Savi	Tyndale-Biscoe	Yorkshire Ambulance Service	Critical Friend
Andrea	Broadway-Parkinson	Yorkshire Ambulance Service	Expert Patient
Jim	Kerr	Yorkshire Ambulance Service	Critical Friend
Andrew	Cooke	Yorkshire Ambulance Service	Head of Service Development and Innovation
Antoinette	Stewart	Yorkshire Ambulance Service	Senior HR Business Partner
James	Hornby	East Midlands Ambulance Service	Service Improvement Manager Community Response
Lakeisha	Kayoka	Office for Civil Society	Policy Adviser, Social Action Team
Chris	Richmond		NHS England
Tim	Brown	Yorkshire Ambulance Service	Diversity and Inclusion Advisor