COMMUNITY FIRST RESPONDER PROCEDURES AND GUIDANCE
Welcome to the South Central Ambulance Service NHS Foundation Trust Community First Responder Scheme.

You, as a Community First Responder (CFR), are vital in assisting the Ambulance Service reach our most time critical and poorly patients, which greatly improves those patients’ chance of survival and long term recovery.

In volunteering to become a Community First Responder you have already demonstrated a clear commitment in wanting to help members of your community and I would like to thank you for your valued contribution and wish you every success in your new role.

This is your handbook which will provide you with all the information you need to know to embark on this valued role as a Community First Responder from guidance relating to procedures, patient treatment protocols and practical advice, you find it all in here.

It is important that you become familiar with the contents of this document and ensure that during the course of your duty as a Community First Responder, you act only within these guidelines.

If you have further questions about this information your scheme co-ordinator and the Community Liaison and Training Officers are always on hand to support all group members and offer additional help and advice if you need it.
I’d like to take this opportunity to welcome you to South Central Ambulance Service and to thank you for making a difference to those people in your community.

Will Hancock  *Chief Executive*

South Central Ambulance Service NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust has both a legal and moral obligation to uphold a duty of care to its patients, staff and volunteers. Therefore all information contained within this handbook will be reviewed Biannually or sooner as circumstances dictate. Next review date: August 2017

Dr Richard Cummins, from Seattle, USA, discovered that if a series of events took place in a set sequence, a heart attack victim has a greater chance of survival. These events are known as the “Chain of Survival”.

The Chain of Survival
When placed into practice by increasing public awareness, training in basic life support and community based defibrillators; these events are estimated to have improved the pre-hospital survival rate to between 25% and 30%.

South Central Ambulance Service (SCAS) believes that by introducing a scheme whereby Community First Responders (CFR) are trained in providing the first three events in this chain, there would be a significant improvement in the chances of survival from an out of hospital cardiac arrest. In addition to attending to patients who have had a cardiac arrest, there are many other instances whereby an early response by a CFR would have a significant benefit and positive impact upon prognosis.

CFR’s have been trained and equipped to deal with a whole range of life threatening incidents and medical conditions such as heart attacks, asthma, epilepsy and diabetes.

Alongside medical intervention, CFR’s also play a vital role in the provision of much needed reassurance and support to patients and relatives during very difficult circumstances, which can prove invaluable.
SCAS INDIRECT RESOURCE TEAM

South Central Ambulance Service is proud that there are over 1025 Community First Responders and Co-responders serving the residents of Hampshire, Berkshire, Oxfordshire and Buckinghamshire, all overseen by a dedicated team of experienced professionals who are absolutely committed to providing only the very best support and training.
THE ROLE OF THE COMMUNITY RESPONDER

Community First Responders are a key part of our frontline operations team, attending emergency incidents within your local communities you will be providing emergency care and support prior to arrival of our ambulance clinicians. The support you will be providing to your community is something that can’t be underestimated and subsequently you will have been trained and given all the information you require to carry out this role. Thank you for joining us and we hope you enjoy responding with us.

Your responsibilities as a Community First Responder are:

» To attend appropriate emergency calls as directed by EOC (Emergency Operations Centre)

» To ensure you have considered or had your Hepatitis B immunisation and if not either contact your GP or request a referral with our occupational health provider (Team Prevent)

» To pass a DBS check

» To provide appropriate treatment and reassurance to patients prior to the intervention of an ambulance resource

» To document, record and inform attending ambulance crews of the patient history and treatment given

» When required, assist in the provision of continuing care, under the direction of the ambulance resource

» To remain at the scene of an incident until relieved by an appropriate ambulance resource
To be an active member of the scheme, supporting the co-ordinator and other members in activities associated with the ongoing development and evolution of the scheme in areas such as emergency cover, fundraising, recruitment, publicity and general management.

Should you find yourself, when off duty, in a situation that requires you to use your responder skills you must immediately phone EOC by dialling 999 and act only within the remit of your training.

In order to maintain your knowledge, skill and confidence level we ask for you to be logged on and available for responding a minimum of 20 hours per month and to attend at 6 monthly intervals a formal requalification session. Extra experience opportunities exist with discussion between CLATO and scheme co-ordinator.

During the summer of 2015 it is anticipated that the induction course will be redesigned therefore is subject to change.
THE ROLE OF THE CFR SCHEME CO-ORDINATOR

Scheme members may wish to locally appoint a designated co-ordinator to oversee the day to day running of the scheme, in such instances the responsibilities of the co-ordinator would include:

» Maintain rotas and cover
» Liaise with the Community Liaison and Training Officer (CLATO) and/or the EOC when appropriate
» Recruit members to the group as and when required
» Raise the profile of Community Responder Groups
» Assist in the organisation of fund raising activities
» Maintain all records including training/requalification dates
» Provide scheme information and support as required
» Maintain a supervisory role in relation to scheme members and ensuring their responders are maintaining their knowledge, skill and confidence level they are logged on via pager for responding a minimum of 20 hours per month and they attend 6-monthly formal requalification sessions.
» Ensure that all relevant Trust policies and procedures are adhered to
» Ensure that all equipment is cleaned, maintained and serviced as per service procedures
» Hold a small stock of consumable equipment
» Provide a supporting role and motivate group members.
999 CALL RECEIVED

Nature of incident identified

Ambulance resource dispatched

Ambulance resource at scene

If appropriate, CFR dispatched

CFR arrives on scene

CFR hands over to ambulance resource

CFR assists or is released

CFR books clear at scene and continues normality
Nature of incident identified

Ambulance resource dispatched

Ambulance resource at scene

Patient assessed and treated as appropriate

If appropriate, CFR dispatched

CFR arrives on scene

Patient receives assessment / treatment

CFR hands over to ambulance resource

CFR assists or is released

CFR books clear at scene and continues normality

Patient assessed and treated as appropriate
AVAILABILITY

CFR schemes aim to provide, as far as possible, a 24/7 service. This is usually achieved via the use of a bespoke rota system and may be co-ordinated either by the scheme as a whole or through a designated scheme co-ordinator. CFR’s must also be prepared for varying periods of duty whereby either no calls are received at all or many may come in within a very short space of time.

Logging on for Duty
To show as available to respond, CFR’s must log on with the Emergency Operations Centre (EOC) using the appropriate communications equipment provided by the Trust. Following logging on for duty, it is advised that the CFR contacts the EOC through the appropriate number to confirm both their response area and availability.

If approached whilst off duty - contact EOC and further advice will be given for the correct process.

It is both CFRs responsibility when handing over, to ensure that all of the equipment is clean and serviceable. The cleaning of reusable equipment may be undertaken with a simple hot water and mild detergent solution; any soiled or damaged consumable items must be discarded and replaced with new as required.

Specific cleaning of response bags (adapted from manufacturer guidance):

» For the removal of accumulated dust and grit use a regular vacuum cleaner or for more stubborn dirt, standard upholstery cleaners available from most shops – always ensure that you follow the manufacturer’s instructions.

» For any stains that the upholstery cleaner will not remove (such as spots of tar etc), try removal with white sprit, dabbing it on with a piece of absorbent cloth or cotton and
then wiping off. Alternatively, try using household washing up liquid on a damp cloth. **Do not use bleach based products under any circumstances**

You must check the defibrillator, including the pads and battery condition and also check the mobile phone and pager for serviceability and battery charge. The previous person on-call should always try to ensure that the phone is fully charged for the next duty CFR.

You must also assess the level of the contents gauge of your oxygen cylinder and if it is reading less than a quarter full, either change it or ensure that you have a full, sealed spare cylinder as a replacement. To ensure the quality of the contents, cylinders infrequently used must be rotated on a quarterly basis with Make Ready Teams.

Should you discover that any items of your CFR equipment are either missing or damaged, then contact your scheme co-ordinator in the first instance who will arrange the necessary replacement. If this is not possible, then contact either the Community Responder team or the EOC for further assistance.

**CAUTION!** - Authorised users of Entonox **MUST** only carry Entonox cylinders on dedicated scheme vehicles or DRV’s.
PERSONAL APPEARANCE

When performing the duties of a CFR, attention should be paid to portraying a smart appearance, which as well as protecting your own health and safety, will inspire confidence and portray a professional image. Therefore, the wearing of shorts, swimwear, short skirts, garments with offensive logos or open toed footwear is not acceptable under any circumstances, whilst undertaking duty as a CFR.

To avoid injury to yourself, long hair should be tied back and excessive jewellery avoided as patients in distress often reach out and clutch anything nearby.

Some simple guidance:

» Any clothing should allow unrestricted movement at the shoulder, waist and hips.

» Postures, like bending and reaching, should be undertaken without compromising the dignity of the responder or patient.

» Wearer comfort is vital, especially if work is being undertaken in a warm environment.

» Clothing fabric must withstand laundering at the correct temperature required for infection control – fabric containing Lycra or Polyester may not endure thermal disinfection processes.

» Footwear should be comfortable – shoes should be non-slip and have enclosed toes.
Although there is no formal uniform, specific items of clothing are available to assist with your identity - Please do not “project” an Ambulance style uniform to avoid clinical grade confusion at the scene of an incidents so it is advisable not to wear green combat style trousers but black combat style trousers. High viz jacket is a mandatory requirement.

It is important that when on duty, CFR’s pay particular attention to their personal hygiene and cleanliness. You will be coming into contact with patients who may have open wounds, illnesses or be immuno-compromised. Therefore, poor personal hygiene standards such as dirty hands, clothing or body odour, especially in hot weather, can make patients feel extremely uncomfortable or place them at greater risk. Care should also be taken not to wear highly scented deodorants/perfumes as this too can have an adverse affect on patient welfare and may mask certain diagnostic symptoms.

Cleanliness and personal hygiene are of paramount importance in minimising the risk of cross infection and effective infection control procedures are vital in the safe and effective treatment and management of any patient to provide protection to both patient and carer. Just take a moment to consider if you would be happy to be treated by someone who has just been to the toilet yet failed to wash their hands after- The bacteria have to go somewhere!

Reference should also be made to the Trust’s Infection, Prevention, Control and Decontamination Policy (Appendix H)

Therefore a few simple rules should be followed:

» Keep cuts and grazes covered at all times.
» Maintain good personal hygiene at all times.
» Keep nails short and clean.
» Use latex free disposable examination gloves which are provided by the trust when directly treating a patient, however, this should always be complimented by good hand hygiene.

» Ensure that your hands are washed thoroughly after patient contact or if this is not possible, use of an antibacterial hand rub.

» All clinical waste should be disposed of in a yellow clinical waste bag and passed to crew for disposal. **It must never be placed in domestic rubbish!**

» Consumables are for single patient use only and should not be re-used. 

» Further information regarding standards of hygiene and infection control can be found within your training documentation and are also covered during the induction course.

**FITNESS AND HEALTH**

All prospective CFR’s will be required to complete and submit a health declaration to the Trust’s approved occupational health provider. This health screening will ensure that those applying for the role are fit and able to undertake the training and duties required. Should the occupational health provider deem that there may be issues that will affect the ability of someone to undertake the role, the Trust will seek further advice from the occupational health provider and make a final decision regarding their suitability.

Being called out to an emergency can be a stressful experience placing both great physical and mental demands upon you. If you are not fit and well you will not be able to give your best to the patient and it may affect your own health.
If you are ‘under the weather’ and are planned to undertake duty, you should inform the group co-ordinator immediately, who will stand you down.

If you are affected by or diagnosed with a medical condition that may affect your ability to be able to act as a CFR in a safe and effective manner, you must inform the IR department immediately. In addition, if you are off sick from your own employment, regardless of the length of time, you must ensure that you notify both your employer (if applicable) and the Trust if you wish to continue responding.

A decision will then be made upon the established facts regarding the medical condition in question and if necessary further professional advice sought. Any decision made by the Trust on the suitability/continuation of the responder will be final.

If required, Hepatitis B vaccinations to protect against this blood borne infection can be arranged through the Indirect Resources (IR) Department, these vaccinations are provided by the Trust’s occupational health provider. It is also recommended that you are up to date with all of the normal immunisations such as Tetanus, Polio, Measles, Mumps, Rubella and Meningitis. Further information on these may be obtained from your own GP practice or through our occupational health provider (Team Prevent)

**Pregnancy and Childbirth**

The Trust takes the health, safety and welfare of all of its CFR’s extremely seriously and in line with current Trust policy for employees, you must ensure that you notify the IR department/CLATO that you are pregnant (believed or confirmed) as soon as possible. Following this you will not be able to undertake any operational responder duties throughout the pregnancy and until you are completely fit and well following the birth. On returning from maternity absence please contact your training officer to arrange attendance at a further induction course.
Should the situation dictate that you will be unable to undertake a requalification within the normal time period; this must be discussed with your CLATO at the earliest opportunity who will then make a decision as to the most appropriate training required before you can re-commence active CFR duties.

**Welfare / Support**
It is acknowledged that CFR’s will become involved in situations that are new, unusual and in some cases very distressing for those involved.

You can be assured that structured and effective welfare arrangements are readily available and if required every effort will also be made to put the distressed member in touch with a representative of their Faith.

Current arrangements within the Trust include:

» Informal discussion
» Formal debrief
» Trauma Risk Management (TRiM) assessment
» Employee Assistance support (online and telephone support)
» Formal counselling referral

All of which can be accessed directly via the Emergency Operations Centre (EOC), CLATO and/or the IR department.

Asking for and receiving support is not a sign of weakness; it is a natural part of the role.
ALCOHOL, DRUGS AND EFFECTS ON WORK

Alcohol
In your role as a CFR you are expected to be aware of your responsibilities toward any consumption of alcohol that you undertake and must take care that this does not interfere with your duties as a CFR at any time.

Therefore on booking on as a CFR it is your personal responsibility to ensure your alcohol level is zero. To ensure your compliance to this we advise you not to drink in the 24 hours prior to duty.

NHS Choices January 2014
www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

Drugs
You must not be on duty having consumed or be in possession of an illegal drug. If you are using medically prescribed drugs, you should ensure that your Doctor is aware of your role and ask them if the medication prescribed may affect your driving. If you buy medication from a chemist, similar advice should be sought.
Important Note
Any breach of the above points regarding either alcohol and/or drug use will lead to the immediate termination of your CFR agreement and if necessary, any activity deemed illegal will also be reported to the relevant authorities.

This guidance is in addition to that provided within the Trust’s Alcohol, Drugs and Work Policy (Appendix H).

CONDUCT AND BEHAVIOUR

Reaction to anxiety and stress may make patients, their relatives, carers or bystanders appear unreasonable. Try to recognise this and respond in a tactful, reassuring, understanding and sympathetic manner. You should never appear bad tempered, impatient or officious as this very often exacerbates an already difficult situation.

You should:

» Identify yourself as an Ambulance Service Community Responder and ask how you may be of assistance
» Always be respectful and avoid over familiarity
» Unless you know their names, always address patients as ‘Sir’ or ‘Madam’
» Patient confidentiality is crucial, you must never discuss a patient’s condition, treatment or other personal information with anyone unless they are authorised to know
» Understand that any information, no matter how trivial it may seem, relating to patients **MUST** be treated as confidential

» Always show due respect for cultures, values and beliefs, which may be different to your own

» It is easy to cause offence so try to remain friendly but professional

» Be aware of the patient’s relatives, friends or others who may be concerned with the patient

» Co-operate fully with any attending ambulance staff

» Do not be drawn into any arguments and always refer problems to your group co-ordinator or your CLATO/IR Department

» Do nothing to destroy the confidence of patients, relatives, carers and bystanders. Any problems associated with the treatment of patients must never be aired in public but should be discussed in a confidential manner between the Community Responders and appropriate members of SCAS.

In your role as a CFR, you have both a duty of care to your patients and are also representing a professional, high profile organisation, therefore:

» Always ensure that you provide a comprehensive hand over to the attending ambulance staff, including what you found when you arrived at scene, what treatment you have given etc.

» Never breach patient confidentiality by divulging information to unauthorised persons, the press or media, or by engaging in gossip, this includes with other CFR scheme members or family / friends
» You must comply at all times to the procedures and protocols set out within this document and covered during your training

» You also have full access to the help, advice and resources held by the Clinical Support Desk (CSD) clinicians on duty within the EOC

» You must not record any incidents by photographic, video or audio recordings or by any other electronic or digital means

» Any written statement to the police or safeguarding board should only be carried out in the presence of an authorised representative of South Central Ambulance Service NHS Foundation Trust.

You are only authorised to act within the agreed procedures and protocols for CFR’s as defined during the CFR induction course training, within this document and any clinical updates issued by the Indirect Resources Department.

You are not authorised under any circumstances to practice beyond the scope of a Community Responder’s skill level, regardless of any previous training, qualifications and/or knowledge, unless you have the express written authorisation from the Trust. Any failure to comply with this will lead to a thorough investigation being undertaken by the Trust in accordance with its Volunteer and Investigations Policies, which may ultimately result in the immediate termination of your CFR agreement and potentially make you liable to legal and / or registering body investigation.
CRIMINAL RECORDS, CONVICTIONS AND CAUTIONS

It is a mandatory requirement of South Central Ambulance Service NHS Foundation Trust to ensure that all of its CFR’s are of a sound character and fulfill both the legal and morale obligations that the Trust holds toward patient safety and care. Therefore, to ensure safer recruitment decisions into a position of trust where you may be working with vulnerable adults and children, full enhanced disclosure and barring checks are conducted through the Disclosure and Barring Service (DBS). Within 14 days of the issue date of your DBS you MUST register for the online DBS update service (free) and make the DBS available for the Indirect Resource dept to view online.

As your post is one that requires a disclosure from the DBS, the Trust retains the right to seek a further disclosure at any time and at 3 year intervals.

The Trust holds exemption from the Rehabilitation of Offenders Act 1974 and may therefore consider previous cautions and convictions, even if considered spent, when assessing the suitability of an individual for the role of a Community First Responder. Any such decisions made by the Trust will be final.

If you are convicted of, or charged with a criminal offence, whether it arises from your own employment or otherwise, it is your sole responsibility to report the matter to the Indirect Resources department immediately where they will decide upon the appropriate action.
Failure to do so will result in the immediate termination of your voluntary agreement with South Central Ambulance Service NHS Foundation Trust and may render you personally liable to any further legal action as a result.

Under the auspices of the ‘The Notifiable Occupations Scheme’, (see Home Office circular 6/2006), it is lawful for the police to disclose to the Trust, or the relevant professional bodies such as the HCPC or NMC, conviction(s) and other information where there is a substantial public interest to do so.

Police forces are requested to notify the appropriate Government department, professional regulatory/disciplinary body and/or the employer of conviction and other information when it comes to notice that an individual is working in one of the professions or occupations listed in ‘Category 1’.

‘Category 1’ applies to professions or occupations bearing special trust and responsibility where substantial public interest considerations arise specifically in relation to:

» Protection of the vulnerable, including children;
» National security; and
» Probity in the administration of justice.

Where an occupation falls into one of these three categories, there is a presumption to notify in relation to all recordable convictions, cautions, reprimands and final warnings; unless there are exceptional reasons which make it inappropriate to do so.

Positions within the Trust which fall under Category 1 are Paramedics, Ambulance Technicians, Ambulance Care Assistants, Emergency and Urgent Care Practitioners. Volunteers working within areas of employment or activity that fall under these two categories are also treated in the same way as paid employees, e.g. Community First Responders and volunteer car drivers.
CONFIDENTIALITY AGREEMENT

Community First Responder - Confidentiality Agreement

Volunteer Community First Responders (CFR) acknowledge that by virtue of their position and in carrying out the duties associated with the role, they may have access to secret, sensitive and/or confidential information belonging or relating to the Trust, its suppliers, purchasers/clients and patients.

All CFR’s must therefore agree that neither during their term in the role or after the termination of such and without limitation of time they will not:

» Publish, disclose or otherwise communicate to any person, company, business entity or other organisation whatsoever, any secret, sensitive or confidential information belonging or relating to the Trust, its suppliers, purchasers/clients and patients.

» Make use of any trade secrets or confidential information belonging or relating to the Trust, its suppliers, purchasers/clients and patients for their own purposes or benefit. Such information may also not be used or the purpose of benefit of any other person, company, business entity or other organisation whatsoever.

For this purpose, ‘confidential information’ shall include, but not be limited to, any information relating to purchasers, marketing and sales plans and information, pricing information, annual and strategic plans, information concerning employees or patients, information relating to financial and business dealings, research activities, policies, procedures, operational directives or any document marked ‘confidential’ or which the CFR is advised to be confidential or which they might reasonably expect to be regarded by the Trust as confidential.
The CFR’s obligations shall not apply in relation to any Trust secrets, sensitive or confidential information which:

» They have been authorised by the Board of Directors to disclose, publish, communicate or make use of. Or that which is necessary to disclose, publish, communicate or make use of for the proper and efficient discharge of their duties.

» They are required by law, any Court or other similar judicial body or authority to disclose, publish or communicate.

» Have come into the public domain other than by way of unauthorised disclosure whether by themselves or by any other person, company, business entity or other organisation whatsoever.

CFR’s shall not make, retain copies, make notes of or remove from the premises of the Trust, any trade secret, sensitive or confidential information belonging to or relating to the Trust, unless:

» Express prior written consent has been granted by the Chief Executive

» The copying or making of such notes are necessary for the proper and efficient discharge of duties

These caveats are on proviso that in the event of any such authorised removal and/or copying of Trust secret, sensitive or confidential information, the CFR shall return such documents, papers, copies or notes to the Trust after the authorised purpose has ceased, has been completed or upon demand from the Trust.

CFR’s should be aware that any breach of confidence may result in a civil action for damages
COMPLAINTS AND INVESTIGATIONS

South Central Ambulance NHS Foundation Trust views complaints, both verbal and written as an opportunity to improve the services we provide and are always taken seriously. In the event of a complaint being received by the Trust, an investigation will be undertaken by an appointed member of Trust staff in accordance with the principles set by the National Patient Safety Agency (NPSA) of ‘Being Open’ (www.nrls.npsa.nhs.uk/alerts/?entryid45=65077) through the provision of a culture of openness, honesty and transparency and includes apologising and explaining what happened.

You should:

» Always co-operate fully with any investigation if requested to do so in a timly manner

» If involved in any form of inquiry or complaint, make sure that you truthfully and accurately provide all of the facts
In some circumstances if a complaint is received about the actions of a CFR, it may be necessary whilst the complaint is being investigated, to suspend the responder in question from participation in the scheme until the outcome of the complaint is reached. This in no way should be regarded as a sanction against the CFR.

If as a CFR, you wish to raise a concern or complaint against another individual be they another CFR or a member of Trust staff you must always contact your local CLATO in the first instance. If however the concern or complaint relates directly to the CLATO, then you may speak directly to the Lead Community Response Manager.

**Practice Investigations**
You are not authorised under any circumstances to practice beyond the scope of a Community Responder’s skill level, regardless of any previous training, qualifications and/or knowledge, unless you have the express written authorisation from the Trust.

Any failure to comply with this will lead to a thorough investigation of practice being undertaken by the Trust in accordance with its Volunteer and Investigations Policies and own agreed internal processes, which may ultimately result in the immediate termination of your CFR agreement and potentially make you liable to legal and/or registering body investigation.
INVESTIGATORY PROCEDURES

SCAS prides itself on the dedication and commitment that is provided by its CFR colleagues and volunteers and given the large number of calls attended each year, problems are extremely rare. However there may be circumstances when the Trust considers it necessary to ask a Community Responder to leave.

The following procedures describe the circumstances and measures for dealing with this.

Immediate Termination of the Volunteer Agreement
A Community Responder will automatically be asked to leave if, after investigation, he/she is found to have committed or has brought the Trust into disrepute:

» Theft of property belonging to the Trust, another volunteer, member of staff, patient or service user

» Acts of violence towards another responder, member of staff, patient or service user

» Malicious damage to property belonging to the Trust, Community Responder Scheme, staff or service user

» Harassment

» Serious breaches of the letter or spirit of the Equal Opportunities policy.

When such allegations are presented, the Community Responder may be suspended immediately while an investigation is carried out. The decision to suspend a volunteer will be made by the Lead Community Response Manager or appropriate officer and will be confirmed in writing.
Please note: criminal proceedings may also be brought against a volunteer by any injured party.

Cases of inappropriate behaviour (reported or actual)
Reported instances that may lead to an investigation by the Trust may include, but are not limited to:

» Breach of the applicable Trusts’ policies and procedures, especially those concerning clinical protocols, confidentiality and health and safety

» Criminal convictions which affect the volunteers’ suitability for a role

» The provision of false information or failure to disclose information relevant to their suitability for the role

» Inappropriate behaviour, including sexual or racial harassment.

Any report or complaint of inappropriate conduct will be investigated by a designated member of the Trust independent to the responder and/or scheme involved. Such investigations may also include the witness evidence of other members of the Trust, members of the public, members of other external organisations and other responders. Clear and concise documentation shall be kept at all stages and the outcomes of any investigation discussed at the appropriate level within the Trust. Resultant actions may include:

» No action necessary

» File note that may be used for future reference

» Temporary suspension from duties

» Retraining

» Termination of the volunteer agreement.
Investigative Procedures
The Trust is committed to thoroughly investigating all concerns, complaints and allegations relating to Community Responders and their work. In the event of a complaint, the Lead Community Response Manager will:

» Assign an independent CLATO, not from the locality where the issue has occurred, to undertake an investigation. The Lead Community Response Manager will issue the CLATO with a Terms of Reference under which the investigation will be carried out. Under normal circumstances, the investigation will be concluded within 30 working days of the Community Responder being advised that the matter for concern is being investigated. Any extension to this time-frame will be communicated to the Community Responder by the Lead Community Response Manager or similar appropriate officer.

» Only investigate complaints made anonymously in exceptional circumstances.

» Identify only the facts of the matter, through discussion with the volunteer and other relevant parties, to determine whether there is any cause to continue with the steps outlined below. Throughout the interview and discussion, the Community Responder should be advised that it is acceptable to be accompanied by a fellow Community Responder or Union representative.

» Upon completion of this process the Investigating CLATO will compile a report for submission to the Lead Community Response Manager with recommendations as to the next stage in the process.

» The Lead Community Response Manager will inform the volunteer of the decision taken and of the next steps.
Conducting a Formal Meeting
Should it be deemed appropriate to conduct a Formal Meeting to examine in greater detail the pertinent issues, a formal meeting will be arranged. Taking into account the volunteering element of the role, flexibility will be shown as to the timing and the location of the meeting.

A panel will oversee the formal meeting and will be composed of 2 appropriate Trust appointed officers.

The appointing manager will ensure that there is a timely exchange of documentation prior to the hearing being held. This will normally be arranged at the time of the confirmation of the formal meeting.

The Investigating CLATO will present their case first. This presentation will clearly outline what has occurred and the processes followed to confirm these events. The Investigating CLATO may call witnesses as necessary.

The Community Responder will then have the opportunity to ask questions of the Investigating CLATO and/or any witnesses.

Upon completion of the Investigating CLATO’s presentation, the Community Responder will be invited to respond to the Investigating CLATO’s case findings and call witnesses as appropriate.

The Investigating CLATO will have the opportunity to ask questions of the Community Responder and/or any witnesses.

If either case contains new facts/additional evidence not previously disclosed, the appointing manager will consider adjourning the meeting in order to clarify the new facts/information.
The appointing manager may at their discretion adjourn the meeting in order that further evidence may be produced by either party if relevant and/or for any other reason.

Once both parties have presented their case the appointing manager will invite both parties for a short adjournment in order that they may prepare a short summary statement.

Both the Investigating CLATO and the Community Responder will have the opportunity to summarise their case if they so wish. In their summary, neither party will be able to introduce any new matter.

Once these summaries have been completed, the meeting will be adjourned for the panel to make a decision.

Before making a decision to cancel the Community Responders agreement we will ensure clarification of the following points:

Does the volunteer fully understand the rules or procedures of the Trust? The Lead Community Response Manager will review the support and supervision of the volunteer to ensure that:

» The Community Responder understands how they should fulfil their role
» The Community Responder understands what is appropriate and inappropriate behaviour
» The Community Responder has all the information they need to perform their duties to the required standards
» Any problems identified can be resolved.
Investigative Outcome
The Lead Community Response Manager will with the assistance of an appointed CLATO, assess the knowledge and skills required for the role and if deemed necessary, arrange further training to address any perceived gaps in knowledge.

In circumstances where it is deemed that further training is not suitable, the Lead Community Response Manager or another appropriately appointed manager will make the decision to ask the Community Responder to leave the Trust by holding a private meeting with the volunteer. Any such meeting will be followed up with a letter re-iterating the decision and providing information on any arrangements for leaving. The Lead Community Response Manager will inform the Trusts’ staff and volunteers of the decision.

Should the outcome not be related to a training issue, the Community Responder will have their agreement with SCAS terminated.

If the individual wishes to continue volunteering, they should be referred to the local volunteer centre for information on opportunities available in other organisations.

Further information and National guidance can be found at: www.nhsemployers.org/Aboutus/Publications/Pages/VolunteeringPack.aspx
USE OF VEHICLES - PRIVATE VEHICLES

As a condition of using your own personal vehicle to attend an incident, the following rules must be adhered to:

1. You must hold a valid MOT certificate (if applicable) and a valid vehicle insurance document for the vehicle concerned to include cover for activities related to the scheme, which may be requested at any time by the Trust. It is your responsibility to maintain the vehicle in a safe and roadworthy condition. (SCAS will not be held responsible under any circumstances).

2. SCAS will not be responsible for any vehicle excise duty, MOT, insurance premiums or any other sum payable in respect of the vehicle (including any repairs, hire purchase or loan repayments in respect of the vehicle). This also includes parking fines and driving endorsements.

3. The vehicle must not under any circumstances be fitted with any permanent or temporary emergency warning devices including but not limited to any auxiliary lights, visor-lights, sirens or headlamp flash units. En route to an incident you have no exemptions or priority over any other motorist. The manual flashing of headlamps and/or sounding of the horn may be misleading to other motorists and should only be performed in accordance with the Highway Code. Only a non-flashing visor type sign approved by SCAS may be fitted to your vehicle and if fitted, the signage must only be visible when engaged on a call. CFR’s are not permitted to display any signage on their vehicle relating to the scheme or the role other than that authorised and issued by the Trust. Please speak to a member of the IR department for further
information. The Trust has a livery template which must be used for all vehicles that are purchased by CFR schemes to be used as a dedicated resource. Appropriate sponsorship logos and/or company names may be applied to the rear side windows only, if desired. This is to be determined by the scheme itself but no other livery or logos are permitted.

4. When allocated to emergency calls from SCAS, CFR’s will adhere to all road traffic laws, requirements of the highway code and regulations. There are no exemptions afforded to any community responder within road traffic law, construction and use, or the road vehicle lighting regulations. The Trust is utilising your availability and skills as a CFR because of your proximity to the call, this negates the need to exceed the speed limit or negotiate red traffic signals for example.

Regardless of the type of call you have been passed, CFR’s are not afforded any exemptions from observance and adherence to the law

If any of the rules of the road are breached or broken during a CFR journey, the appropriate action would be considered by SCAS and the authorities alike.

5. You will be provided with a Trust approved kitted medical response bag (Appendix B). For your own safety this equipment must be stored and transported in the boot of the vehicle, special arrangements should be made by individuals to secure the equipment in the rear of an estate vehicle or any other vehicle that does not have a sealed boot space.
6. You will not under any circumstances be expected or permitted to transport a patient in your own vehicle.

7. Whilst driving to an incident you must concentrate upon the standard of your driving. You must stop in a safe location to undertake other activities such as using a phone, programming a navigation device or reading a map. You must ensure that you park safely and in accordance with the Highway Code and any applicable local parking bylaws.

8. Should you be involved in a collision or an incident which results in a collision whilst en route to a call, you must stop, regardless of the severity/nature of the call and provide details in accordance with the Highway Code and road traffic law. The details of the collision should be communicated to the EOC by telephone as soon as practicable. Failure to stop at a collision, even when attending an emergency call, will leave you liable to prosecution by the Police.

9. At the scene of an incident, any attending ambulance service vehicles will need to park as near to the incident or entrance to the home as possible. To assist the ambulance staff to identify the incident, when your vehicle is parked you should switch on your hazard lights.

10. Should you have any concerns as to your safety at the scene, remain in your vehicle and if safe to do so, drive on. You must advise the EOC as soon as possible.
11. Whilst an unpaid role, volunteer CFRs are entitled to claim actual mileage incurred during the attendance to incidents in line with both the Trust’s volunteer policy and charitable trust CFR guidance and procedures (Appendix G), at the current rate as set by HM Revenue and Customs (HMRC) which can be found at: www.hmrc.gov.uk/mileage/volunteer-drivers.htm - The claiming of this payment is optional for schemes and its members and any such mileage payment claims will be charged to the scheme funds. Claims must be made on the Trust’s Charitable Fund Mileage Claim Form available from the Indirect Resources office (Appendix C).
Driving licence/record

1. In order to comply with the CFR application criteria you will be required to produce your driving licence photocard for verification and also provide proof of your current driving licence/record and failure to do so will result in your application not progressing. This checking process also needs to be repeated at the CFR requalification assessments at 6 month intervals and failure to comply will result in refusal for requalification.

2. In line with current Trust policy, any prospective CFR whose driving licence has been endorsed with greater than 3 penalty points (regardless of the reason), will not be permitted to progress through the application process at that time. Re-application will only be permitted once the total reaches 3 or less. For existing responders, cases of accumulation of penalty points on their driving licence will be considered on an individual basis and on the offence(s) committed and may be referred to the Trust Driving Standards department.

3. I understand it is my responsibility to duly notify the Indirect Resource Department of any changes or endorsements to my driving licence and complete the relevant change of circumstance mandate as contained within the Community Responder handbook (also available upon request).

4. With effect from the 8th June 2015 the paper counterpart for the photocard driving licence is no longer issued by the DVLA and is not valid. To provide proof of your current driving licence/record further details can be obtained from the DVLA website regarding viewing and sharing driving licence information electronically:

6. This service requires you as the licence holder to input the required information and select the relevant tab which generates an access code for you to provide (in addition to the last 8 digits of your driving licence number) as your consent for SCAS to use the driver licence checking service. If you cannot generate a code online then you can call 0300 083 0013 and the DVLA will provide you with a code (with your permission)

7. https://www.viewdrivingrecord.service.gov.uk/driving-record/licence-number

8. The licence holder can input the required information and view their driving record online when meeting with their CLATO or provide the access code as detailed in point 6.

9. In order to ensure compliance with the driving licence requirements I agree to SCAS using the checking service to view my driving record if required using the issued check code provided by me with my permission and I will be notified of any request.

10. If there is any doubt about my understanding of the driving licence requirements for the CFR role I agree to seek further clarification from the area CLATO or Lead Community Response Manager.
USE OF VEHICLES - COMMUNITY VEHICLES

CFR scheme wish to purchase a group vehicle

Scheme discusses options and business case with CLATO
    CLATO presented with business case from scheme

    CLATO discusses business case with Lead Community Response Manager
    Business case finalised and prepared for presentation

    Business case presented to Trust’s charity for approval
        (Committee meet every 3 months)
Vehicle Criteria

» 4wd for very rural areas, 2wd elsewhere – although the make and model must be agreed with the Lead Community Response Manager prior to purchase.

» Fit for the purpose of the responding role (equipment stowage, use by scheme members etc)

» White in colour

» Under 5 years of age from its original registration date and in new or very good condition. NB: If the scheme is to purchase a ‘used’ vehicle, this must be inspected by an approved member of the Trust prior to purchase / agreement to purchase

» Category B vehicle

» At least Euro NCAP 4 star adult safety rating, ideally 5 star. An IDR/CCTV SCAS approved unit should be fitted and the cost being met by the scheme through fund raising

In the event that a sponsored/purchased vehicle is specifically provided to an individual group and in addition to the points detailed under the private vehicle use section, the following conditions must also be adhered to:

Entitlement to drive
All CFR scheme members must have successfully completed an entry level driving assessment prior to using the vehicle which must be carried out by an approved Trust Driving Assessor and the assessment sheet kept on record by SCAS and to be repeated on an annual basis. The Trust holds the right to request a driving assessment with any member of the scheme at any point.

Vehicle Excise Duty
All scheme vehicles are to be used for the purposes of official SCAS business only. Therefore all vehicles will be taxed with the class ‘NHS – V’.
VOSA Certificate and Maintenance
All vehicles must have a valid VOSA inspection certificate as per SCAS policy and must be regularly serviced as per manufacturer’s recommendations. Any defects affecting safety or the appearance of the vehicle, either whilst in operation or at servicing, must be rectified immediately. All CFR scheme vehicles are subject to a safety inspection by the Trust or one of its contractors approved by either CLATO or Community Response Manager every six months; it is the responsibility of the scheme co-ordinator to ensure that these vehicle checks are undertaken and the appropriate arrangements made for the vehicle to be available with accurate records kept.

Vehicle Livery and Lighting
Those members of the CFR scheme who use their own private vehicles to respond may if they wish be supplied by SCAS, at cost to the scheme, with a sun visor clip-on sign bearing the words ‘COMMUNITY FIRST RESPONDER.’ This must be stowed out of sight when not engaged on an incident or CFR duties. They may also, if they wish, be supplied by SCAS, again at cost to the scheme, with an approved sign (sticker) that may be displayed in their rear window.

No other additional lighting or signage is authorised or approved for use whilst engaged on journeys on behalf of the CFR scheme and the Trust.
Parking at Incidents
It must be noted that the driver must not stop / park in a position that could reasonably be expected to cause danger to themselves or any other road user. If this perceived danger is present another stopping / parking position nearby must be found and used.

If deemed appropriate, and causing a temporary stationary obstruction, hazard warning lights may be illuminated as per current Highway Code instruction, but again, these cannot be used to condone or assist in an act of dangerous or illegal stopping / parking.

Reference should be made to the Trust’s Driving and Care of Trust Vehicles Policy for further guidance (Appendix H)

Incident Data Recorder and In–Vehicle CCTV units
Dedicated CFR scheme vehicles must have a SCAS approved camera system fitted. This unit will be downloaded by an approved member of the Trust and interrogated following any complaint or collision the vehicle is involved in. Information from these units may be used by SCAS, and if appropriate, will be passed to the Police. It is a requirement of the scheme to fund this and the system is for the protection of the driver where appropriate, other road users and the Trust.

Motor Insurance
All scheme vehicles/drivers must have appropriate fully comprehensive motor insurance in place. It is the responsibility of the owner of the vehicle to ensure that this cover extends to the use demanded whilst engaged on journeys within the requirements of the CFR scheme and as and when required by the Trust.

Dedicated CFR scheme vehicles will normally be included within the Trusts ‘non operational’ motor insurance. This cover carries a £250 excess and the annual premiums will be fully met by SCAS.
Incidents causing damage, and where the CFR scheme member is deemed to have been accountable, would result in the CFR scheme being liable for the repair costs up to a maximum of £250.

Road Traffic Collisions
Any ‘reportable collision’ must be reported in accordance with Trust policy CPP19, utilising the documents within the vehicle ‘accident pack.’ Driver’s using the vehicle are subject to the Trust’s accident management process within CPP19, this includes the internal point system.

Sponsored Vehicle Utilisation
All CFR scheme sponsored vehicles are for the use of responding to medical incidents at the direction of SCAS EOC only. However it must also be understood that these are operational vehicles first and foremost and they may therefore be utilised out of their normal area of operation dependant upon the needs of the service (i.e. adverse weather, major incidents etc).

However any vehicles sponsored by companies and with a clause dictating their area of use shall remain within the specified area of the agreement.

All Scheme Members Must
» Use the vehicle only whilst acting as a Community Responder
» Comply with the Highway Code and current road traffic legislation relating to the use of the vehicle
» The duty responder must ensure that the vehicle has been subject to a daily check ensuring its roadworthiness in accordance with statutory road traffic law. Such checks should include (but are not limited to) fitted lights, tyres, oil, coolant, fuel levels and report any defects etc.
» Be personally responsible for any road traffic offence which occurs whilst in charge of the vehicle

» Notify SCAS immediately of any collision in which the vehicle is involved, or for which it maybe suggested was responsible for, using the supplied Trust accident pack

» Provide mileage, service and condition reports to South Central Ambulance Service NHS Foundation Trust in accordance with their requirements

» Keep the vehicle clean and tidy at all times

» Return the vehicle to the suppliers if requested to do so by the Trust

» Keep the service record and any other documents supplied with the vehicle at all times

» Ensure that whilst not being driven, that the vehicle is parked in a safe place and fully secured at all times

» Provide a daily VDI check to include daily and total mileages

It must be understood that failure to comply with any of these conditions may result in the Trust withdrawing its permission for you to use the vehicle at anytime – this decision will be final.

The Trust shall not be responsible for the servicing or maintenance of the vehicle. The primary responsibility shall remain with the Scheme and the expenditure must be factored into the Scheme’s budget before committing to the use of a sponsored vehicle.

No emergency justifies a collision en route, it is better to arrive a little later than not to arrive at all
PERSONAL INSURANCE COVER

CFR’s, when authorised to act on behalf of the Ambulance Service are covered for clinical negligence under arrangements with the National Health Service Litigation Authority.

Likewise, when officially on call, and performing the duties of a CFR, personal injury and third party liability cover is provided for under the arrangements with the insurers of South Central Ambulance Service NHS Foundation Trust.

You are advised to ensure that by operating as a CFR, that you do not invalidate any personal insuring arrangements that include life cover. You must also inform your personal insurers that on occasions you may be required to travel in an ambulance.

Should you require more details on the extent of the cover available you should contact the IR Department in the first instance.
TRAINING AND REQUALIFICATION

Development will be continually monitored and assessed throughout the course and both formal written and practical assessments will be undertaken at the end. Successful completion of these assessments to the required standard is required to undertake the role as a qualified CFR. Those that do not meet the required standard will be entitled to a meeting with their CLATO to discuss future options.

All CFR’s will be expected to undertake a formal requalification process, consisting of both written and practical elements on a six monthly basis from their induction/last requalification date. At the CLATO’s discretion, a four calendar week grace period beyond this six month timeframe may be permitted to allow the CFR to attend another requalification session held elsewhere.

**It is the individual CFR’s responsibility to ensure that they do not fall outside of this requalification period.**

If a CFR is unable to attend a requalification within this extended timeframe they will be required to undertake and successfully complete another full two day induction course and assessments before they are able to continue within their CFR role, unless prior agreement has been sought and discussed with the IR department. However the re-attendance of another course is subject to approval from the CLATO and Lead Community Response Manager and will be assessed on an individual basis, with any decision made being final.
What should be noted is that all requalification and final assessments are overseen by the Training Officer (CLATO). They are there to assess all aspects of the exam procedure, and need to take into account any personal circumstances, or information disclosed that affects the student, and their ability to undertake the examination process. It is at the CLATO’s discretion to decide the best course of action if there is any issue affecting a student.

**Unsuccessful Candidates**

Individuals who do not reach the required minimum standard may, in certain circumstances, be reassessed.

Candidates who fail one aspect of the assessment (theory or practical) will only be required to retake that aspect. Those who have failed on more than one aspect will be expected to undertake the entire induction course again. During summer 2015 the CFR Induction Course will be revised. This section is subject to change.

Candidates who have marginally failed a written paper (by up to 5%) may be offered an oral assessment to establish knowledge in areas where a candidate may have answered insufficiently or incorrectly. This assessment is discretionary and will only be granted by the training officer after a full review of all available training records. During summer 2015 the CFR Induction Course will be revised. This section is subject to change.

Candidates who are unsuccessful in all areas of the assessment may be offered another course and in the interim will be asked to stand down from active CFR duty. This option is discretionary and will only be approved by the CLATO once all training records have been reviewed and the candidate has been interviewed. During summer 2015 the CFR Induction Course will be revised. This section is subject to change.
The maximum number of complete training courses and/or assessments that can be attended (including initial and re-takes) will be no more than two in total. During summer 2015 the CFR Induction Course will be revised. This section is subject to change.

In the event of disputing decisions or escalating the matter you should first speak with your CLATO and if you feel you have been unable to resolve your concerns then you should contact the Lead Community Response Manager within 7 working days of your last assessment to arrange a meeting to discuss your concerns. It is important to note that the outcome will be final.
HEALTH AND SAFETY

Personal Protective Equipment
All active CFR’s are equipped at the minimum level with the following items of PPE:

» Hi-visibility jacket (SCAS approved specification only)
» Trust Identity Card
» Non-latex disposable examination gloves (as required)
» Protective eye goggles (as required)?

All CFR’s must use the items above as a minimum requirement when responding to an incident, failure to do so when required may result in termination of the responder’s agreement with the Trust.

INCIDENT RECORD KEEPING

Responder schemes are supplied with patient report forms or patient clinical record Version 6.2 (CAS130) for use by every CFR to record specific items of information relating to their assessment and treatment of a patient during an incident. This must be completed for every incident attended.
Patient report forms are used to record information relating to areas such as:

» Basic observations
» Pain scoring
» Resuscitation
» Use of additional skills/equipment
» Administration and use of Oxygen
» Administration of Aspirin
» Previous Medical History
» Safeguarding

In addition, these forms are specifically designed to provide the completing responder with structured guidance to ensure that the Trust’s CFR treatment protocols are followed completely and correctly.

In the interests of data protection and security, these forms have been designed to remain anonymous ensuring that only authorised personnel may obtain access to specific patient identifiable information.

To ensure both patient safety and your protection, all responders are required to complete a CAS 130, A patient report form (PRF) or patient clinical record (PCR) (Appendix D) – for every allocated incident) either during the incident, or if not appropriate for whatever reason, immediately following the incident, recording the results of any assessment undertaken and/or treatment(s) provided.
All completed (part or fully) forms should be given to the attending ambulance resource or if this is not possible, sent directly into the IR Department in a plain, non-window envelope using the freepost address supplied on the bottom of the form.

Further guidance on the appropriate and correct use of the patient report form is fully covered during the induction training and within the supporting training information.

**USE OF INFORMATION**

Records relating to the Community Responders may be kept in one or more computers or physical filing systems.

Such information may include:

» Personal details i.e. name, address, telephone number etc
» Application and training records
» Case review/feedback etc

All personal information relating to individual CFR’s will be treated confidentially and only those who are required for justified purposes will have access to it. It will be subject to the rules of confidentiality which all directors, managers and staff agree to within their contract of employment.

It is the practice that all calls made from or into the Emergency Operations Centre are recorded.

All personal data is held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.
Closed files will be stored securely in the relevant Trust offices until archived within secure archive facilities provided by the Trust.

Your attention is also drawn to the confidentiality aspects of helping within the pre-hospital environment and undertaking a role within SCAS.

In the course of your role as a Community Responder, it is accepted that you may have substantial access to confidential information concerning patients, their relatives and the Trust. This may include, but not be limited to, information relating to the diagnosis and treatment of patients, legal proceedings, complaints and investigations or the corporate and financial functions or interests of SCAS. In accordance with the requirements of the Data Protection Act 1998 and NHS records management guidance, you must therefore ensure that all information is processed lawfully, for no purpose other than for which it was obtained, is relevant to that purpose, is accurate and is protected from accidental loss or damage. This information must not be divulged to, nor discussed with any person other than relevant members of staff directly involved with any incident or situation. All CFR’s are required to read, sign and abide by the Trust’s CFR Confidentiality Agreement.

Breaches in confidence will result in the termination of your voluntary work with South Central Ambulance Service NHS Foundation Trust and may, under current legislation, render you personally liable for any such proven breach of confidentiality.
Social Networking Websites and the Internet

SCAS recognises that the use of the internet, forums, newsgroups, blogs and social networking web sites such as Facebook and Twitter are increasingly popular as a means to keep in contact with friends, upload photos and advertise or review events. However the Trust urges both its staff and volunteers to use this medium sensibly and responsibly and to consider the wider implications of using social networking sites.

Whilst everybody is entitled to a private life and their own opinion, it is your responsibility to ensure that you are not breaching any confidentiality or reasonable conduct guidelines when using any of the aforementioned communication networks.

As a guide, you must ensure when posting that you do not:

» Breach patient/staff/Trust confidentiality – including incident, location or patient specific identifiable information

» Post any material that has the potential to bring the Trust into disrepute – this may include inappropriate comments and/or photos

» Make any malicious allegations against other Trust staff, including volunteers or the Trust itself which may constitute defamation, discrimination, bullying or harassment.

Please be aware that the list above is not exhaustive and that failure to comply with these guidelines will result in termination of the volunteer’s agreement with SCAS.

Please refer to the Trust’s Social media guidance document for additional information (Appendix H).
CFR SCHEME INFORMATION

Community Responder Groups are responsible for ensuring that all records kept by the group are accurately maintained and securely held. Such records may include:

» Minutes of Meetings held by the Group
» Equipment Inventory
» Rotas
» Training
» A record of purchases (receipts) - All out of pocket expenses or scheme purchases should initially be discussed with the scheme CLATO in the first instance and if agreed, should be claimed in line with the Trust’s volunteer policy
» Mileage and usage logs for sponsored vehicles
» Other Group Activities
» Retrospective patient clinical records to be sent to the Free Post address provided.

These records will be maintained by the scheme Co-ordinator and should be available for inspection by any member of the Trust with authority to do so or at the request of any other interested party with reasonable request for such information.
KEEPING YOU INFORMED

The Trust remains committed to the partnership working with each and every one of its CFRs and may utilise a variety of methods of communication to impart updates or invite consultation on proposed changes.

Such changes may include, but not be limited to:

» Clinical procedures and protocols
» Change in policy directly affecting Community First Responders
» Foundation Trust issues
» Operational strategy.

Communication may be through a variety of medium including:

» Hot News – immediate clinical changes
» Staff Matters – general operational and procedural matters
» Working Together – sharing information on the achievements of the Trust, its staff and volunteers
» Foundation Times – for Foundation Trust members, keeping them informed of the Trust, its achievements and developments
» Email
» Telephone
» Face to Face communication
» Meetings.
Winter is always a challenging time for the NHS and this year is no different. The pressure upon our services started early and we have been at REAP level 3 for some months. Rather than increase to REAP level 4 (Severe Pressure) we are looking more closely at actions at level 3, such as:

- Ensuring that only previously agreed training is taking place
- Making sure that managers are only attending essential meetings
- That clinically qualified managers are making themselves available to respond to emergency calls as much as possible
- Ensuring that staff respond to EOC escalations as laid down in the escalation plan.

We're doing other things as well to cope with the pressure:

- Asking staff to take their leave later in the financial year
- Encouraging staff to undertake Staff Responder duties when they're not at work
- Offering to buy back annual leave from staff under certain circumstances
- If clinically qualified managers are unable to respond to emergency calls, we may temporarily reallocate their vehicles to those who can.

The run up to Christmas is a busy time at work and at home, so it's really appreciated if you're able to give some extra help to make sure our patients are able to get the best care possible.

John Dyer
Head of Resilience and Specialist Operations
FUNDRAISING

Whilst SCAS provides continued support to all of its CFR’s, there is always a certain level of financial commitment required to ensure that all of the schemes operate effectively and with the best interests of our patient’s at its core.

However the difficult financial climate often experienced by many organisations, particularly within the public sector, limits the amount of financial support that can realistically be provided to the volunteer schemes whilst ensuring that no other frontline services are affected. We therefore ask that all schemes undertake a certain amount of fundraising to ensure that they can continue and develop in response to changing needs.

It is important that all members of a scheme are actively involved in fundraising activities and share their ideas as to effective methods. Members of the public and other professional organisations already value the work undertaken by the CFR groups and are willing to support it in anyway that they can; however this does not mean that schemes should become complacent.

What fundraising opportunities are there?
Some areas of potential fundraising opportunities:

» Central and/or Local Government
» Parish Councils
» Other Charities such as the National Lottery’s Big Lottery Fund
» National business charity support schemes (i.e. Waitrose, Asda etc)
» Local business support
Public events

Collection boxes placed in locations such as appropriate businesses with the owner’s permission

Wills & Legacies.

Due to SCAS being a high profile public organisation and through the type of services that it provides, it must be remembered that CFR’s and their associated schemes are acting as ambassadors for the Trust at all times. Therefore the following are not acceptable sources of fundraising (this list is not exhaustive):

Gambling companies/organisations

Companies/organisations associated with the tobacco or tobacco replacement industry

Companies/organisations associated with the ‘leisure use’ drug industry

Funeral directors

Single issue organisations that could be associated with lobby groups or potentially bring the SCAS reputation into disrepute

Political parties.

Before fundraising opportunities are explored, they should first be discussed with the CLATO to ensure their suitability. The decision of the CLATO, acting as a member of the Trust, shall be final.
Whilst the source of fundraising must be carefully considered, it must also be remembered that a good relationship developed with potential supporters can establish effective links such as:

» Sources of direct and indirect funding

» Access to professional services

» Access to equipment and vehicles

» Raising the profile and promotion of the scheme and its activities through partner organisations, local and wider media outlets

**How are raised funds managed?**

All monies raised by schemes should be paid directly into an appropriate bank account using the supplied ‘paying-in’ books. Where physical money has been collected, this should be counted in the presence of two scheme members to ensure accuracy and consistency.

Whilst funds are held in a central account, individual schemes will be attributed with their fundraising efforts for which a quarterly statement will be supplied to the co-ordinator by the finance team within SCAS.

As per current financial regulatory processes, this charity account is managed on a daily basis by a team of finance professionals and independently audited on an annual basis. All funds held within the charity accounts are held separate from the normal SCAS revenue budget.
The following persons are permitted to authorise scheme expenditure:

» Up to £250 – CLATO
» £251 – £5000 – Lead Community Response Manager
» £5001 – £10000 – Director of Finance
» >£10001 – SCAS Charity Committee

Requests for the reimbursement of costs should be submitted using a Cheque Request form (Appendix F), with copies of receipts attached (if appropriate) and submitted to the Community Responder administration in the first instance.

All reimbursements will be processed within 30 days of submission to the Trust’s finance team.

**How can the money be used?**

It must be remembered that all monies donated to responder schemes has been given in good faith that they will be used effectively and appropriately. Therefore the use of all funds is carefully monitored to ensure transparency and compliance with current legal and legislative frameworks.

Areas where schemes may wish to invest donated monies include:

» Purchase of new and/or replacement response equipment such as defibrillators, pulse-oximeters, response bags, uniform items etc

» Purchase of bespoke publicity items such as ‘give-away’ items, literature, display banners, publicity stand equipment

» Supporting of local public health initiatives such as ‘Heartstart’, public access defibrillator sites or community education
» Supporting PAD (Public Access Defibrillator) placement
» Purchase and operation of a scheme sponsored vehicle
» Payment of expenses incurred whilst attending emergency incidents in line with this document
» Supporting developing responder schemes.

Who can spend raised funds?
By virtue of their role, the scheme co-ordinator holds ultimate responsibility in using the funds donated, however a scheme is comprised of its members and any decisions related to spending such funds should be discussed with all members of the scheme and a majority decision made in the first instance.

Once a decision regarding the use of funds has been made, the scheme co-ordinator must then discuss this with their CLATO who will escalate this onto an appropriate member of the Trust as appropriate. As ultimate custodian of the charitable funds, the decision of the use of funds remains final with the Trust.

Raising funds:
Whilst as a charity we fully support schemes raising monies it must be remembered that it is not good practice to raise and then hold onto large amounts of donated money. It is therefore important that should schemes wish to actively fundraise they should have an indicated purpose for the raising of significant funds.

Full guidance and procedures relating to administration of the CFR Charitable Trust can be found in Appendix G of this document.
GRATUITIES, GIFTS & HOSPITALITY OFFERS

The action of all SCAS CFRs must not give rise to, or foster the suspicion that they have been, or may have been, influenced by a gift or consideration to show favour or disadvantage to any person or organisation. CFRs must not allow their judgement or integrity to be compromised in fact or by reasonable implication. Any actual presentation or offer of a gift, personal cash gift or hospitality must be politely declined.

Casual gifts by contractors or others, e.g. at Christmas time, should be politely but firmly declined. Items of low intrinsic value such as diaries and other items of work related stationary and equipment may be accepted.

It is acceptable to receive other small value items, for example from a patient or relative in appreciation of the treatment and care received, or seasonal items, if it is made clear to the person offering the gift or hospitality that it is accepted on behalf of the scheme (and indeed, is shared with the scheme members), or is donated to the Trust’s Charitable Fund.

Gifts or offers of hospitality must be refused if there could be any doubt about the propriety of accepting them.

If in any doubt at all as to whether or not to accept gifts or hospitality, it is better to err on the side of caution and firmly but politely refuse, or immediately seek advice from the duty manager within the Emergency Operations Centre.
All offers of hospitality should be approached with caution. Modest hospitality, for example, a drink and sandwich during a visit, which is likely to be reciprocal is normal and reasonable. Offers of hospitality relating to theatre evenings, sporting events, holiday accommodation, or other such hospitality must be declined.

There is an important difference between, for example, attendance in an official capacity at a function organised by a public body and accepting hospitality from a private individual or a firm standing to benefit from the goodwill of the Trust. Particular care must be taken when dealing with contractors, developers and firms or individuals in a comparable position.

Further reference should be made to the Trust’s Standards of Business Conduct and Conflicts of Interests (Appendix H).
COMPLIANCE AND REFERENCE

This document ensures compliance by the Trust to the requirements of the NHS Litigation Authority (NHSLA) with specific reference made to the application and monitoring of the following areas:

Disclosure and Barring Checks
Disciplinary, Complaint and Practice Investigation Procedure
Use of Vehicles, Driving Standards and Motoring Convictions
CFR Equipment
Community Responder Training Requirements and Procedures

Trust Level Monitoring
» 6 Monthly compulsory requalification for all Trust responders
» 6 Monthly confirmation of compliance by individual responders to this handbook
» Random departmental auditing of patient clinical record forms (CAS130).

Local Level Monitoring
Nominated local level responder scheme coordinators work with the Trust’s representatives to ensure compliance by the scheme and its members to this document and the associated Trust policies and procedures for Community First Responders. In addition, several other key documents are also linked to the information contained within this document. For reference, these documents may be accessed via the Trust’s external website at: www.scas.nhs.uk and are listed in Appendix H.
CONFIRMATION OF UNDERSTANDING

I hereby confirm that I have read and understood the South Central Ambulance Service NHS Foundation Trust Community First Responder Procedure and Guidance document and agree to abide fully by the terms, rules and guidelines as detailed within it.

I also understand that failure to abide by any of the terms, policies, procedures or guidelines as set out within this document may lead to the suspension of my role as a Community First Responder and/or termination of my responder agreement with the Trust.

Name: 

Scheme: 

Date: 

Signed: 

Please return this signed confirmation of understanding to either your CLATO or the Indirect Resources Department.
Page left blank intentionally.
APPENDICES
## APPENDIX A

Useful Contact Numbers

<table>
<thead>
<tr>
<th>SCAS - Emergency Operations Centre</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CFR Desk – Hampshire</td>
<td>Tel: 0300 123 9816</td>
</tr>
<tr>
<td>CSD Desk – Hampshire</td>
<td>Tel: 0300 123 9814 (Option 6)</td>
</tr>
<tr>
<td>CFR Desk – Berkshire &amp; Oxfordshire / Buckinghamshire</td>
<td>Tel: 0300 123 9831</td>
</tr>
<tr>
<td>CSD Desk – Berkshire &amp; Oxfordshire / Buckinghamshire</td>
<td>Tel: 0300 123 9829 (Option 6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Resources Department - Hampshire</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Tel: 01962 898090</td>
</tr>
<tr>
<td>Lead Community Response Manager</td>
<td>Tel: 01962 898088 Mob: 07711 880932</td>
</tr>
<tr>
<td>Community Responder Enquiry Number</td>
<td>Tel: 0800 587 0207</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North CLATO’s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North North Node</td>
<td>Mob: 07768 635501</td>
</tr>
<tr>
<td>North West Node</td>
<td>Mob: 07970 490519</td>
</tr>
<tr>
<td>North East Node</td>
<td>Mob: 07717 891727</td>
</tr>
<tr>
<td>North South Node</td>
<td>Mob: 07770 437063</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assistant CLATO’s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North South Node Assistant</td>
<td>Mob: 07909 008157</td>
</tr>
<tr>
<td>North West Node Assistant</td>
<td>Mob: 07909 008156</td>
</tr>
<tr>
<td>South North Node</td>
<td>Mob: 07825 790744</td>
</tr>
</tbody>
</table>
## Co – Responder Officers

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co Responder Officer – North</td>
<td>Mob: 07833 049260</td>
</tr>
<tr>
<td>Co Responder Officer – South</td>
<td>Mob: 07909 008159</td>
</tr>
</tbody>
</table>

## South CLATO's

<table>
<thead>
<tr>
<th>Node</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>South North Node</td>
<td>Mob: 07990 526284</td>
</tr>
<tr>
<td>South East Node</td>
<td>Mob: 07917 559331</td>
</tr>
<tr>
<td>South West Node</td>
<td>Mob: 07884 068054</td>
</tr>
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</table>

## Public Access Defibrillator Officer’s

<table>
<thead>
<tr>
<th>Region</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Mob: 07791 561998</td>
</tr>
<tr>
<td>South</td>
<td>Mob: 07738 480940</td>
</tr>
</tbody>
</table>

## Occupational Health

<table>
<thead>
<tr>
<th>Team Prevent</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tel: 01327 810269 (Fax: 264)</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:scas@teamprevent.co.uk">scas@teamprevent.co.uk</a></td>
</tr>
</tbody>
</table>

## Scheme Co-ordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX B

Trust Authorised CFR Equipment List

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defibrillator (AED)</td>
<td>1</td>
</tr>
<tr>
<td>AED adult pads</td>
<td>2</td>
</tr>
<tr>
<td>AED paediatric pads</td>
<td>1</td>
</tr>
<tr>
<td>Suction unit (Rescu-vac/Easy suction)</td>
<td>1</td>
</tr>
<tr>
<td>CD sized Oxygen cylinder</td>
<td>1</td>
</tr>
<tr>
<td>Adult non-breather Oxygen mask</td>
<td>2</td>
</tr>
<tr>
<td>Paediatric non-breather Oxygen mask</td>
<td>2</td>
</tr>
<tr>
<td>Adult bag-valve-mask</td>
<td>1</td>
</tr>
<tr>
<td>Adult pocket mask</td>
<td>1</td>
</tr>
<tr>
<td>Paediatric pocket mask</td>
<td>1</td>
</tr>
<tr>
<td>Size 1 OP airway (white)</td>
<td>2</td>
</tr>
<tr>
<td>Size 2 OP airway (green)</td>
<td>2</td>
</tr>
<tr>
<td>Size 3 OP airway (orange)</td>
<td>2</td>
</tr>
<tr>
<td>Size 4 OP airway (red)</td>
<td>2</td>
</tr>
<tr>
<td>300mg Aspirin (box)</td>
<td>1</td>
</tr>
<tr>
<td>Pulse oximeter</td>
<td>1</td>
</tr>
<tr>
<td>ITEM</td>
<td>QTY</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Disposable razor</td>
<td>2</td>
</tr>
<tr>
<td>Triangular bandage</td>
<td>1</td>
</tr>
<tr>
<td>Medium wound dressing</td>
<td>1</td>
</tr>
<tr>
<td>Large wound dressing</td>
<td>1</td>
</tr>
<tr>
<td>No.3 wound dressing</td>
<td>1</td>
</tr>
<tr>
<td>No.4 wound dressing</td>
<td>1</td>
</tr>
<tr>
<td>‘Transpore’ tape (roll)</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol free wipes</td>
<td>4</td>
</tr>
<tr>
<td>Clothing shears</td>
<td>1</td>
</tr>
<tr>
<td>Insulated blanket</td>
<td>1</td>
</tr>
<tr>
<td>PRF (CAS 130) pad</td>
<td>1</td>
</tr>
<tr>
<td>Nasal cannulae</td>
<td>2</td>
</tr>
<tr>
<td>Cling film (roll)</td>
<td>1</td>
</tr>
<tr>
<td>Clinical waste bags</td>
<td>3</td>
</tr>
<tr>
<td>Gloves (sizes available XS, S, M, L, XL)</td>
<td>variety</td>
</tr>
<tr>
<td>Date</td>
<td>Job Number</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY THAT:

1. The amounts claimed are in accordance with the current arrangements and are in respect of expenses actually and necessarily incurred whilst engaged on the business stated.

2. The insurance policy in respect of the car shown above provides cover whilst the car is used on community responder business.

Signature: __________________________ Date: _________________

TO BE COMPLETED BY CERTIFYING MANAGER:

To the best of my knowledge, the claimant was engaged on the duties stated on the dates shown and the amounts are claimed in accordance with SCAS policy and Inland Revenue Regulations.

Signature: __________________________ Date: _________________ Designation: __________________________
APPENDIX D

Patient Clinical Record Form (Sample)

[Image of Patient Clinical Record Form]
APPENDIX E

Change of Circumstances

In order to comply with the requirements of the Data Protection Act (1998), we would be grateful if you would confirm any changes to your personal circumstances. This is to ensure that the information held on our database is accurate.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Nationality</td>
</tr>
</tbody>
</table>

Address:

Post Code:

Phone Number:

Mobile:

Email Address:

Driving Licence Details

Driver Number / Issue Number

[Redacted]
<table>
<thead>
<tr>
<th>Offence Code</th>
<th>Date</th>
<th>No. of penalty points</th>
</tr>
</thead>
</table>

**Endorsements/Pending Convictions**

I confirm that the above information is a true reflection of my current name/address and driving licence status.

I understand it is my responsibility to advise South Central Ambulance Foundation NHS Trust of any changes and if any inaccuracies are found I understand that this may lead to the termination of my Community Responder Agreement.

I agree to provide South Central Ambulance Foundation NHS Trust with current proof of my driving licence/record at requalification intervals and I confirm my consent for SCAS to use the checking service to view my driving record if required using a check code provided by me as the licence holder (as described in the community responder handbook).

Signed: __________________________

Date: ___________________________
## Cheque Request Form (Sample)

<table>
<thead>
<tr>
<th>Cheque Request Form</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

Please draw cheque(s) as follows:

<table>
<thead>
<tr>
<th>Payee</th>
<th>Value (£p)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
</table>

In respect of:  

<table>
<thead>
<tr>
<th>In AQr</th>
<th>CrdIt</th>
</tr>
</thead>
</table>

Total 0.00

<table>
<thead>
<tr>
<th>Fund to be charged:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cheque No</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Despatched</th>
<th></th>
</tr>
</thead>
</table>

```plaintext
SOUTH CENTRAL AMBULANCE CHARITABLE TRUST (No.1049778)
```
APPENDIX G

1) Organisation of the Charity

Overview

i. It is the fundamental duty of all charity trustees to protect the property of their charity and to ensure that all receipts and payments are correctly accounted for in meeting the objects of the charity. In order to discharge this duty it is essential that there are adequate internal financial controls over the charity’s assets and their use.

ii. Controls are a necessary feature to help show potential donors and beneficiaries that a charity’s property is safeguarded and the charity operates in an organised and efficient manner.

iii. The trustees of all charities are under a duty to ensure that the charity keeps proper books and records and that the Annual Accounts and Report are prepared.

iv. This guide has been produced, so that CFR schemes can assist the Trustees in meeting their duties.

This Charity

i. The Trust Board acts as Corporate Trustee and is responsible for the administration of all funds held in accordance with Charity Commission guidelines. All monies raised under the Charity’s Registration number are therefore the responsibility of the Charity Trustees.

ii. To discharge its duties as Corporate Trustee, the Board delegates responsibility to the Charity Committee, which consists principally of Executive and Non Executive Directors of the Trust, who act as the trustee for the funds involved. The Assistant Director of Finance (Financial Control) is also an advisory member of the Committee.
iii. The day to day administration of individual funds is undertaken by appropriate managers, who act as fund holders, have delegated limits of expenditure and are responsible for the correct use of funds held. (see section 5)

iv. Funds for the CFR schemes are held as individually designated funds (i.e. ring fenced in the name of each scheme) within the Charity and the fund holder is the Lead Community Response Managers. It should be noted that the funds for the Buckinghamshire and Oxfordshire schemes are administered by the League of Friends, which are covered under separate L.o.F guidelines this is available upon request.

v. The overall objectives of the Charity are “for charitable purposes relating to the general or any specific purposes of the South Central Ambulance Service NHS Trust or to purposes relating to the health service”

All references to individual posts in this document refer to officers/managers of the Trust unless otherwise stated.

2) Bank Accounts

i. The Director of Finance shall open separate bank account(s) in the name of the Charity, to receive and pay out, all funds relating to gifts, donations or endowments.

ii. These account(s) shall require two signatories authorised by the Director of Finance or the Assistant Director of Finance-Financial Control. A list of authorised signatories will be deposited with the nominated banks.

iii. If any other bank accounts are held by fund holders or CFR schemes, then a questionnaire must be completed and submitted to the Assistant Director of Finance-Financial Control. This is available on request from the Chief Accountant.
iv. Unless these other bank accounts are part of an existing Registered Charity, then the funds must be transferred to the bank account in the name of the Charity (see (i) and (ii) above).

3) Investment of Charitable Funds/Interest Receivable

   i. Any surplus of cash will be invested in low risk investments. eg fixed rate accounts

   ii. These will be subject to the approval of the Director of Finance or Assistant Director of Finance (Financial Control)

   iii. Interest earned on the total funds held on behalf of CFR schemes will help offset administration costs (see section 5 (iv) and will not be credited to individual CFR schemes. Final determination of how this will be treated will be subject to the approval of the Director of Finance or the Assistant Director of Finance (Financial Control).

4) Income

   (i) Donations

   i. The charity can only accept gifts, donations or proceeds for approved purposes and in accordance with the overall objectives of the Charity into Charitable Funds. In case of doubt, or where there are expenditure consequences, officers will consult with the Assistant Director of Finance-Financial Control before accepting income.

   ii. All cheques and cash must be banked promptly, i.e. weekly, if demand or value permits or otherwise within 3 days of receipt. In the case of cash, this should be banked immediately or as soon as is practically possible.

   iii. Where paying-in books (PIB) are supplied to schemes, (via CFR Administrators), receipts must be banked into the Charity’s nominated bank account, as shown on the PIB.
iv. Cheques should be made payable to SCAS Charitable Trust, per the Paying in Book (PIB) and not to the scheme as these may not be accepted by the banks.

v. Otherwise all cheques and cash should be sent to CFR Administrators, who will see that these are forwarded onto finance for paying into the relevant bank accounts, in accordance with 2 above.

vi. Any cheques/cash held pending banking must be stored in a secure place (e.g. safe, locked drawer or cupboard)

vii. Where PIBs are in use: As cheques are received, they should be listed showing, date received, drawer of cheque, date and number of cheque, amount. Cash should also similarly be included. A total should be shown for each banking and referenced to the PIB reference number. The purpose of each receipt should be stated (donations, collection boxes, grants etc).

viii. Otherwise, as cheques are received, they should be listed showing, date received, drawer of cheque, date and number of cheque, amount. Cash should also similarly be included. The purpose of each receipt should be stated (donations, collection boxes, grants etc). This should be completed by the appropriate CFR Administrator and together with the cheques and cash should be handed/sent to the Charity Accountant (who will acknowledge receipt) for banking.

ix. Wherever possible, cash should be counted by two persons and signed off by the scheme co-ordinator.

x. Letter of thanks should be sent to all donors (apart from cash collections) by CFR co-ordinators or Community Responder Managers as locally agreed.
xi. The Assistant Director of Finance (Financial Control) shall be kept informed of all enquiries regarding legacies and shall keep appropriate records. After the death of a testator all correspondence concerning the legacy shall be dealt with on behalf of the Charity by the Assistant Director of Finance (Financial Control) who alone shall have the authority to accept and receive the proceeds of any legacy.

xii. Where it becomes necessary for the Charity to obtain probate or to make application for a grant of letters of administration, in order to obtain a legacy due to the Charity under the terms of a Will, the Assistant Director of Finance (Financial Control) shall be the Trust’s nominee for the purpose.

(ii) Fundraising

i. An extract from the detailed guidance issued by the Charity Commission is attached at appendix 3.

ii. In order that the Trustees of the Charity are aware of the various fund raising initiatives used by individual schemes a list should be sent to the appropriate CFR Manager, with a copy to the Charity Accountant. If new initiatives are employed, please advise or submit an updated list.

iii. With street collections and house to house collections a permit will be required from the local authority in question.

iv. To aid fund-raising the Charity has established websites with Just Giving and Virgin Money Giving, where individuals can make on-line donations to particular schemes or to Divisional Central Funds. Donations collected in this manner are paid directly over to the Charity on a regular basis, thus saving on the handling of cheques and cash.

v. Schemes co-ordinators should contact their appropriate CFR managers if they wish to make use of this facility. A separate request should be made for each initiative to enable an overview to be maintained.
vi. CFR Managers to inform P/T Charity Accountant of each initiative approved.

vii. If sponsored events are undertaken, it is essential that all sponsors clearly record their full name and address (including postcode) on gift aid forms (see iii below). The minimum requirements are: for name (initial and last name) and for address (house name or number and postcode) Otherwise gift aid cannot be collected from HM Revenue & Customs. Wherever possible, use of the above mentioned web sites is strongly recommended for this kind of sponsorship.

viii. Lotteries must not be established unless authorised by the Charity Committee. Please note this applies to lottery funds on a large scale (e.g. like the Air Ambulance) and does not mean raffles etc. Note that door to door raffles will require a licence from the Local Authority and will need prior approval from the Charity Trustees. If in doubt please contact the Charity Accountant.

ix. Professional Fund-Raisers must not be employed unless authorised by the Charity Committee.

(iii) Gift Aid

i. For donations from taxpayers, the standard rate of tax can be reclaimed from Customs. Where a donor makes a donation as a UK taxpayer, the form at appendix 4 should be completed and sent to the Finance Department at Bicester and clearly marked charitable funds.

(iv) Public Collections

i. It is essential that these operate in accordance within the various statutory regulations.

ii. Collection boxes should be individually numbered and a control sheet maintained to show allocation, return and amount collected.
iii. All collecting boxes must be sealed so that any opening prior to recording is readily apparent.

iv. Static collection boxes should be regularly opened and the contents counted, wherever possible, in the presence of two people, preferably scheme members.

v. A record of static boxes should be maintained, showing location, history of their takings and the person designated to empty them.

vi. General public donations should be counted, wherever possible, in the presence of the collector with the amount recorded being signed off by both parties.

vii. If it is not possible for two people to be present on counts then the count should be countersigned by the scheme coordinator.

viii. The above applies where managed by each scheme. Alternatively this can be managed centrally (i.e. Berkshire Schemes)

(v) Fundraising Events

1. Records should be maintained for each fundraising event, in sufficient detail to identify gross receipts and how they have arisen and details of all costs incurred with relevant receipts.

2. For all events involving ticket income or gate money:
   
   iii. that all tickets be pre-numbered

   iv. a record be kept of all persons who have been issued with tickets to sell and then allocate tickets to each.

   v. a record kept of which tickets sold

   vi. a reconciliation is completed of receipts against tickets sold.
5) Expenditure

Note: Expenditure should be restricted to the purposes for which the gift/donation was originally given and should only be incurred, if sufficient funds available.

(i) Process

i. All expenditure against scheme funds must be approved by the appropriate Area CLATO, before it is incurred. (see also delegated limits below)

ii. Claims for agreed expenditure must be signed by the claimant and agreed by the scheme coordinator or another member, where this is appropriate, before submission to the Area CLATO

iii. Requests for payment from charitable funds must contain sufficient information to show that the proposed expenditure is correctly chargeable. Supporting documents must be attached to all claims, including receipts, where appropriate.

iv. Area Responder Managers to send signed payment requests to the P/T Charity Accountant. E-mail submission will be acceptable, as long as the words “authorised for payment” are included in the e-mail.

v. Wherever possible, purchases of goods or services should be made using the Trust’s purchase ordering system. This will be done through the Area CFR Managers, in conjunction with procurement, who will ensure that VAT exemption certificates are completed for medical equipment and consumables

vi. If better prices can be obtained locally or a more convenient local arrangement is available (i.e. garage servicing/repairs), this will be acceptable provided the goods or services in question meet the approved standards and specifications of the Trust. Such arrangements must be agreed with the Area Responder Managers. In these circumstances it would be desirable, if the suppliers will give credit, to establish them as suppliers on the Trust’s purchase ordering system.
vii. For smaller items, it may be more practicable for expenses to be paid out of personal funds and re-imbursement claimed (as per (i) to (iii) above). Such arrangements up to the value of £250 should be agreed with the Area CLATO, before purchase.

viii. All equipment/consumables purchased should be in accordance with Trust policy/guidelines as advised by the Lead Community Response Managers.

(ii) Allowable Expenses for Call Outs

i. Where schemes wish to claim, mileage can be paid for actual calls, but must be against verified job numbers.

ii. The actual mileage rate will not be more than the minimum mileage that currently attracts income tax. For journeys undertaken after 1 November 2014 the mileage rate will be 45 pence per mile.

iii. If on a call out basis, the average call mileage for the scheme in question at an agreed rate per mile current rate as set by HM Revenue and Customs (HMRC) which can be found at: http://www.hmrc.gov.uk/mileage/volunteer-drivers.htm

iv. Under no circumstances will time spent on activities (ie on call) be paid.

(iii) Delegated Limits

These are as follows:

i. Up to £250----------Community Responder Liaison and Training Officers

ii. Up to £2,500---------Lead Community Response Manager

At the discretion of the Area Community Response Managers, scheme co-ordinators can be granted authority of up to £50 for designated expenditure-stationery/print cartridges/ stamps and other specific issues. Such delegations will not apply to clothing and medical equipment/consumables.
i. £2501 to £10,000---Director of Finance

ii. Over £10,001--------Charity Committee

**N.B.** For the purchase of individual equipment items costing over £2,500 (including vehicles) a business case is required. This should set out the requirement, benefits, and costs, including running costs, other alternatives and preferred option. This should be submitted to the Assistant Director of Finance (Financial Control)

**(iv) Administrative Costs**

i. Like all Charities, the Charity incurs administrative costs such as bank charges, audit fees and accounting recharges from Financial Control for maintaining the Charity Accounts.

ii. The Director of Finance or the Assistant Director of Finance (Financial Control) will determine the amount to be charged, by the NHS Trust for administration.

**6) Spending Plans/Reserves**

i. Charitable donations should always be spent promptly, unless they are towards a special project for which a target amount needs to be met.

ii. As part of the controls, it is important that the Trustees can demonstrate that they have in place plans to spend all funds held by the charity.

iii. To achieve this, an annual spending review should be undertaken to ascertain where there are surpluses and shortfalls.
iv. This should be completed by each fund holder in conjunction with the Assistant Director of Finance (Financial Control) and/or his nominated representative. This will involve each fund holder liaising with the scheme co-ordinators. A pro-forma for each fund should be completed (see appendix 6).

v. A pro-forma will be completed for each scheme by the Charity Accountant. The fund holder will then review and update in conjunction with each scheme co-ordinator. Initially this will apply to schemes with balances over £2k.

vi. Receipts/Income will only be included, where receipt is certain (e.g. grant or regular collection boxes).

vii. If a scheme still shows a substantial balance at the end of the 3 year period, this will be reviewed and discussed with the scheme co-ordinator with a view to agreeing a levy on donations (other than grants received) received in the period. This levy would be transferred to Divisional CFR Funds. It may be necessary to suspend fund raising for defined periods.

viii. A summary of all pro-forma should be presented by the Assistant Director of Finance (Financial Control) annually to the Charity Committee for consideration and approval.

7) Assets

The Trustees have a duty to ensure the safe keeping of the Charity’s/Trust’s assets, to enable effective use to promote the charity’s objects.

For this purpose an equipment list should be maintained for each scheme and be reviewed and updated every 6 months by the scheme co-ordinator. Forms are available from the Chief Accountant.
8) Reporting to the Charity Committee

i. The Director of Finance will report to the Charity Committee periodically, but at least once a year on the level and detail of Charitable Funds income and expenditure and details of the current investment portfolio and its valuation.

ii. Annual Accounts will be prepared in the manner required by the Charity Commission and be formally presented to the Charity Committee for approval. These will be subject to internal examination/audit by external auditors.

iii. An Annual Report and an Annual Return will also be prepared in the format prescribed by the Charity Commissioners.

9) Accounting for Trust Funds

i. The Director of Finance will ensure that accounting records for Charitable Funds are properly maintained.

ii. Ledger/appropriate financial record should be posted on a quarterly basis, including maintaining a specific account for each charitable fund. This maybe in the form of excel files.

iii. Register of investments (if appropriate).

iv. Where appropriate, the value of cheques presented on the current account will the same day be matched by a transfer of funds from the deposit/appropriate interest bearing account. In this way all cash book balances are held on deposit/interest bearing account, apart from any agreed balance on the current account.

v. A written reconciliation of all bank accounts will be carried out, at least quarterly.

vi. Investment income, as a consequence of the pooling of investments, will normally be apportioned over the various funds based on either closing or average daily balances as appropriate at the end of each financial year or during the year if appropriate.
vii. Likewise any expenditure which is not directly attributable may be apportioned using the methodology as in vi above.

viii. All accounting records and vouchers in support of all Charitable Funds receipts and payments will be retained for the same period currently applicable to the equivalent exchequer record.

ix. The Charitable Funds Committee shall periodically review the funds in existence regarding the potential for rationalisation of such funds within Charity Commission guidelines. Any such review will be in consultation with the appropriate fund holders and other interested parties concerned.

Charity Guidance and Procedures - Appendix 3

Extract from Charity Commission Guidance on Charities and Fund-raising (CC20)

Effective Fund-Raising

The choice of fund-raising methods is a matter for trustees to decide. However, charities which are supported by donations should be alert and sensitive to public opinion and criticism. Fund-raising methods which meet with disapproval can damage the charity and reduce public confidence in the sector as a whole.

Before undertaking any fund-raising exercise, it is essential to spend time developing a strategy. Fund-raising can be costly and it is important to ensure that costs will be justified.

- We recommend that trustees ask the following questions:
- How much money is needed?
- Are the funds required for a special project, or part of the charity’s rolling programme of work? Would it be possible to collaborate with other charities operating in the same field?
• Are grants available from local or central Government, grant-making charities or companies?
• What resources are available to support fund-raising?
• What proportion of the gross receipts will remain with the charity after fund-raising costs have been met? We strongly recommend that trustees agree, in advance, the likely proportion of income to expenditure; monitor performance against that target; and satisfy themselves that the expenditure is justified.

Appeals for Special Projects

When considering appeals for specific projects, trustees need to have the following points in mind;
• The purpose of the appeal needs to be clearly expressed. The public must know whether they are contributing to a particular project, or to the general work of the charity;
• Plans need to be in place to deal with any surplus money, we advise that these should be clearly explained in the fund raising literature;
• Any funds raised for the special appeal must be accounted for separately;
• where possible, set an end date for the appeal, particularly if the duration is outside of the control of the trustees;
• All contributions need to, as far as possible, be made directly to the charity and be under the control of the trustees.
• N.B. If a general appeal is made, any particular project which is mentioned in the appeal document should be clearly identified as an example of the charity's work.
Statutory Provisions Controlling Fund-Raising

Street Collections and House-to-House Collections

Street collections and house-to-house collections usually require a permit or licence from either the appropriate local authority, or, if you are in London, the local police or the Common Council of the City of London.

The term “house-to-house collections” includes visits to public houses, factories and offices to collect money or to sell things, on the basis that part of the proceeds will go to charity.

Lotteries

There are two main types of lotteries of interest to charities, regulated by the Lotteries and the Amusements Act 1976 (as amended):

- **Small lotteries** (held as part of a fete, etc)- these do not have to be registered with a local authority or with the Gambling Commission; and

- **Society lotteries**- these are public lotteries which have to be registered with the local authority or the Gambling Commission.

Please note that all numerical appendices will be made available on request.
APPENDIX H

Policies associated with this handbook

» Alcohol, Drugs and Work Policy
» Code of Conduct
» CFR Confidentiality Document
» DBS Policy and Guidance
» Driving and Care of Trust Vehicles Policy
» Emergency Operations Centre Standard Operating Procedures
» Equal Opportunities and Diversity Policy
» Governance Framework for Community Responders
» Health and Safety Policy & Appendices
» Infection Prevention, Control and Decontamination Procedures
» Minimal Lifting Policy
» NHS Volunteering Framework
» Pre-Employment Check Policy
» Social Media User Guide
» Standards of business conduct and conflicts of interest.