

Witness Name: **C E Johnstone, CBE**
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF CATHERINE ELIZABETH JOHNSTONE, CBE CHIEF EXECUTIVE OFFICER OF ROYAL VOLUNTARY SERVICE

I, Catherine Elizabeth Johnstone of Royal Voluntary Service will say as follows: -

Context to witness statement

1. Royal Voluntary Service (a registered charity in England and Wales with number 1015988 and in Scotland with number SC038924) ("the Charity") has been asked by the UK Covid-19 Inquiry to provide a response to a Rule 9 Request dated 9 January 2023 ("the Rule 9 Request"). I have been employed by the Charity as its Chief Executive Officer (CEO) since August 2017 and have been authorised by the Charity's Trustees to provide the following Rule 9 Response.
2. My strategic and operational involvement with the work of the Charity in the lead up to and during the pandemic and my experience in the voluntary and charitable sector make me the most appropriate person within the Charity to provide this witness statement.
3. I started my career as an Accident & Emergency nurse before moving into the charity sector. I have more than 25 years of experience in this sector including CEO roles at Migrant Help and Samaritans. In addition to my role at the Charity, I am also vice-chair of the Richmond Group of Charities and co-chair of Shaping the

Future with Volunteering. I also sit on the board of the Archbishop of Canterbury's The Together Coalition and the No.10/NHS England Volunteering Taskforce.

The Voluntary Sector (Question 2)

4. The UK's voluntary and charity sector is a diverse collection of registered and unregistered charities and informal community or mutual aid groups. Pre Covid-19, cooperation within the sector was typically based on local and/or national relationships or commissioned partnership. Those with similar or complementary objectives tend to work together – typically in membership groups. For example:
 - Membership organisations such as the National Council for Volunteering (“NCVO”) which support their 17,000 members with advice, best practice and resources and often speak as the voice of the sector on sector specific issues;
 - The Richmond Group of Charities formed because of alignment of interests. This is a group of 12 leading national health and care charities which represent circa 15 m people living with health and/or care conditions. The group works as a collective voice to better influence health and social care policy, with the aim of improving service provision and outcomes.
5. Covid-19 has however sought to strengthen and establish several voluntary sector groups. The two I am most familiar and involved with are:
 - The Voluntary and Community Sector Emergencies Partnership (“VCSEP”) which was established after the Grenfell Tower disaster in 2017; response to Covid-19 sought to grow the relevance of this group from a local emergency (Grenfell) provision to national scale emergency coordination. Currently, this is a partnership of more than 200 local and national charity and community organisations. It is intended to act as the link between the voluntary and charitable sector and those with responsibility for the operation of local resilience plans. VCSEP helped to co-ordinate the national and local voluntary sector response to Covid-19 by sharing and gathering insight, mobilising extra support and resources at local, regional and national level, and ensuring the protection of those most vulnerable. VCSEP is funded by DCMS and hosted by British Red Cross, which provides IT, HR and systems support. The Charity is a core member,

attends the national board and regional coordination cells as appropriate; we have found participation in this group helpful;

- Shaping the Future with Volunteering, set up by Matt Hyde (Scouts) and me during the pandemic (June 2021). This is a group of 26 volunteer-involving organisations. Initially set up to provide co-operation and mutual support during the pandemic it has since continued as a space to share knowledge, best practice and collaborate on big societal challenges – such as community cohesion and inclusion, and population wellbeing. While not a 'civil emergencies' group like VCSEP this group aims to build wider community resilience via stronger social connections and networks.

Royal Voluntary Service (Questions 1, 3)

6. Turning now to the role of the Charity, its heritage and activity. The Charity has a unique history, seeking to inspire voluntary service and provide day to day voluntary support where needed. This dual purpose has proven invaluable over the years, particularly at times of national and/or local crisis when the Charity has been able to mobilise and deploy large numbers of volunteers to provide vital support and comfort to those in need or at risk. This is demonstrated by the work that the Charity's volunteers undertook when the Charity was first created nearly 85 years ago; war was looming and the country needed women to volunteer to support the nation.
7. On the eve of World War II in 1938 Sir Samuel Hoare, the Home Secretary, instructed Lady Stella Reading to found a Women's Voluntary Service to help the nation prepare for war. From 1939 to 1945 over 1 million women came forward to support the war effort. The Charity's volunteers provided help with air raid protection and ambulance driving, and ran the programme for the evacuation of children to the countryside. This was the Charity's first endeavour in the mass mobilisation of volunteers for civic participation on behalf of the state. Since then the Charity has often acted as an auxiliary service to the state at times of emergency and through the decades has provided volunteer responses to natural disasters (1953 Canvey Islands Flood, 2007 Summer Floods, etc), refugee support (Hungary 1956, Uganda 1972, etc), Cold War (1955 nuclear attack training),

terrorist attacks (2005 London 7/7), and national/state funerals (Churchill (1965), Diana, Princess of Wales' (1997), Queen Mother (2005), Queen Elizabeth II (2022)). More recently the Charity has been involved in supporting the NHS at times of extreme demand - NHS Winter Pressures activities (2015-ongoing) and the NHS Volunteer Responder programme in response to Covid-19 (March 2020-ongoing). Alongside these national events of crisis, the Charity's volunteers provide a wide range of day to day help for their neighbours and community; for example, volunteer drivers enabling people to get to and from their medical appointments (e.g. dialysis, outpatients, GP, etc) and to get groceries. They also run various social clubs to help keep people connected to their communities.

8. In 1952, Her Majesty Queen Elizabeth II became the Charity's Patron and in 1966 the Charity was awarded the privilege of being allowed to add 'Royal' to its name. In 2013 HRH Duchess of Cornwall became the Charity's President. As a sector leader in volunteering, the Charity was proud to mark H M Queen Elizabeth II's platinum jubilee with the HRH Duchess of Cornwall's Platinum Champions Awards which honoured the nation's most remarkable volunteers. Following the death of Her Majesty Queen Elizabeth II in 2022, the Charity awaits the outcome of the review of Royal patronages and is currently engaged in Coronation Champions to support the coronation of King Charles III later this year.
9. Today, the Charity's mission is to inspire and enable people to provide the gift of voluntary service to meet the needs of the day in their communities. The Charity's current focus is supporting the NHS and the wider health and social care system with three strategic outcomes:
 - voluntary service supporting the NHS and wider health and social care systems to improve and maintain the health of the nation and tackle health inequalities and social deprivation;
 - more people benefiting from giving their time, talent and life experience to voluntary service;
 - key stakeholders across all sectors understanding the value of volunteering and its effectiveness in improving the health of the nation and building resilient communities.

10. The Charity is a sector leader in the mobilisation, co-ordination, management and deployment of volunteers in health and care arenas. The Charity currently provides everyday support in the following areas:
- NHS and primary care support: providing patient and equipment transportation and vaccination support;
 - Patient support for those discharged from hospital: providing practical and emotion support for those leaving hospital;
 - Community support: providing support to those who need some additional help to live independently because of illness (e.g. dementia), caring responsibilities or poor health via one-to-one volunteer support or group based activities;
 - Confidential welfare support for military personnel at establishments in the UK and abroad (a separate arm of the Charity).
11. To help deliver the Charity's outcomes we work closely with other voluntary and community organisations (e.g. Age UK, British Red Cross and St John Ambulance); the Charity also works with various government departments and organisations (e.g. NHS England ("NHSE"), Department of Health and Social Care) and as part of various working groups (e.g. Richmond Group and Shaping the Future with Volunteering). In Scotland, the Charity is a member of several organisations and working groups (e.g. The Scottish Volunteering Forum, Voluntary Health Scotland, Health and Social Care Alliance Scotland). In Wales the Charity is a member of several organisations, including Wales Council for Voluntary Action and Age Alliance Wales.
12. When the Covid-19 pandemic hit in 2020, organising and providing a national voluntary response was exactly the type of activity that the Charity was created for. Much of the Charity's ability to respond rapidly was due to its heritage – that is, an organisation that can work with the state and other national organisations to mobilise mass volunteering response at pace. As it had in the War, the Charity again worked at a national level to support the nation at a time of crisis.

Covid-19 communications and planning (Questions 4, 5, 6, 9, 10)

13. In relation to Covid-19, I am not aware that the Charity had any specific correspondence with NHSE or government concerning the state of the UK's pandemic planning, preparedness and resilience prior to 21st January 2020. The Charity does however hold copies of the following guidance documents relating to a flu pandemic or swine flu:

- "Pandemic influenza Supplementary information for third sector organisations" published by Welsh Assembly Government (CEJ/1 – INQ000146501);
- "Department of Health – Pandemic influenza – supplementary information for voluntary sector organisations" marked as "draft for discussion" (CEJ/2 – INQ000146502);
- "Pandemic Flu – Information for voluntary sector organisations" (CEJ3/3 – INQ000146503);
- "Swine Flu General Advice" published by Health Protection Agency dated 7 July 2009 (CEJ/4 – INQ000146504).

14. In relation to the Covid-19 pandemic, I am not aware that any local government actively engaged with the Charity in relation to emergency preparedness prior to January 2020.

15. The Charity was approached by NHSE about pandemic planning on 25 February 2020, after which the Charity attended a meeting on 27 February 2020 with NHSE's 'Voluntary Sector Partnerships Team' together with representatives from Age UK, British Red Cross and St John Ambulance. The Charity was asked to submit a proposal to the NHSE Voluntary Partnerships Team outlining potential voluntary pandemic assistance, which it did on 3 March 2020. On 17 March 2020, the Charity was notified that there was agreement in principle to a commission of the Charity's proposal. After this arrangements were made to introduce the Charity and GoodSAM (which was to provide the technology to support the Charity's proposal) to each other to progress project planning and mobilisation. Work then proceeded at pace and the launch of the NHS Volunteer Responders Programme ("NHSVR Programme") was announced by the then Secretary of State for Health

and Social Care, The Rt. Hon. Matt Hancock MP, on 24 March 2020 with a call for an 'army of volunteers' to sign up to help.

16. The NHSVR Programme had three core aims:

- to provide protection to those clinically vulnerable to the Covid-19 pandemic. Volunteers supported with practical tasks to enable people to 'stay home' and 'stay safe' - such as shopping and prescriptions collection, driving people to medical appointments, patient and equipment/supplies transport, and welfare calls to alleviate loneliness;
- to enable more individuals to step forward to support the NHS through micro-volunteering opportunities. These were one-off volunteering activities which dovetailed with the help needed and which could be done on a repeat basis to suit a volunteer's preferences;
- to increase capacity through volunteering within the local healthcare economy.

Consideration of vulnerabilities (Question 15)

17. The Rule 9 Request asks about the extent to which the NHS took into account pre-existing inequalities and vulnerabilities as part of pandemic planning and emergency preparedness. The Charity is not a membership organisation and its activities are not targeted at those with a specific condition in the way that other organisations (e.g. Diabetes UK, the British Heart Foundation and Age UK) operate. However, one of the core aims of the NHSVR Programme was to protect the most clinically vulnerable - those living with long-term health conditions and who might be at greater risk of Covid-19.

18. The NHSVR Programme was originally targeted at a group of 1.4 million clinically extremely vulnerable patients, each of whom had a specific condition; we were instructed by NHSE to use these specific conditions as the initial scope for the NHSVR Programme. This scope was extended to 2.3 million patients as the scientific community gathered greater understanding of those at greatest risk from Covid-19.

19. The NHSVR Programme had digital innovation at its heart. Healthcare professionals could raise a 'real-time' request for volunteer assistance for a patient who needed a prescription, equipment (e.g. pulse oximeter), shopping or a welfare call. The GoodSAM app provided the instant 'dynamic matching' of a request for assistance with the nearest geographically available volunteer. This digital innovation was fundamental to the operation in terms of enabling the NHSVR Programme to deliver real-time support at scale (e.g. within a few hours to 24hrs).
20. There were other aspects of the NHSVR Programme which aimed to address vulnerabilities and to improve accessibility, including the National Telephone Support Line ("the Support Line"). As well as creating a route for practical enquiries about the NHSVR Programme, the Support Line provided an additional safety net for those using the NHSVR Programme. It operated 7 days a week and was available, with support from the NHSVR Programme's Problem Solving and Safeguarding Teams, to address any welfare and wellbeing concerns which were beyond the role of volunteers (e.g. clients who were feeling suicidal, struggling with food poverty issues, etc). Where appropriate, this Safeguarding Team worked with local authorities, social services, police and other charities to arrange further support and provision for individuals who needed additional help that was outside the scope of the NHSVR Programme. The Support Line also included a translation function, enabling callers to communicate with the team in different languages. Additionally, a partnership was established with SignHealth, allowing individuals to communicate with the NHSVR Programme via a British Sign Language interpreter.
21. It should be noted that there was also a significant expansion of 'mutual aid' and other community groups to support the most vulnerable. The NHSVR Programme operated alongside a patchwork of local voluntary and volunteering responses, many entirely community-based and others led by local authorities or the Local Resilience Forums.

Our Covid-19 response (Question 4)

22. To give the Inquiry an idea of the scale of the NHSVR Programme, I thought it useful to share some key NHSVR Programme facts and figures (*March 2020-May 2022 unless otherwise stated):

- 667,436 volunteers accepted (after appropriate identification checks) into the NHSVR Programme;
- 227,473 patients supported with shopping, medication collection, lifts to appointments etc;
- 2.2 million tasks completed;
- 747,897 calls processed by the National Telephone Support Line;
- 8,981 patients supported by the Safeguarding Team.

Vaccination programme

- 150,187 Steward volunteers accepted to support the vaccination programme (as part of the 667,436 above);
- 362,091 Steward shifts completed at vaccination centres – at more than 1,600 vaccination centres (Jan 2022 - Feb 2023).

23. In addition to the NHSVR Programme, the Charity continued to provide its own 'business as usual' activities to support those in need during the Covid 19 pandemic, adapting its activity models to help people but within the parameters of Covid-19 restrictions. Specifically, the Charity provided the following:

- 'Call with Care': These were daily or weekly telephone calls made by the Charity to check on the Charity's existing stock of clients (e.g. pre-Covid-19) and some of the Charity's older volunteers who had to step back from volunteering because of Covid-19 restrictions. This kept these individuals connected to the Charity and their wider communities during the various lockdowns (303,360 calls to 31 March 2021);
- Surge/NHS Winter Pressures service: In partnership with Age UK and British Red Cross the Charity provided a home from hospital service to support at-risk individuals post-discharge from hospital (Dec-June 2022, 7,728 patients were supported at home);
- Garden Gate visits: Once Covid-19 restrictions had eased, the Charity's volunteers undertook face-to-face welfare support via 'garden gate visits' (6,047 from easing of lockdown restrictions to end of March 2022);
- Emergency food response: The Charity's volunteers delivered food parcels to vulnerable households and NHS teams (20,234 free food parcels March 2020 – March 2021);

- Virtual Village Hall (“VVH”): The Charity launched an online ‘village hall’ in April 2020 aimed at keeping people socially connected and physically active during Covid-19; VVH currently has 52,000 participants (January 2023);
- Advice and guidance packs: The Charity provided leaflets and guidance on how to stay well during Covid-19 to individuals and volunteers (38,485 clients supported March 2020 to March 2021).

Involvement in wider Civil emergencies planning (Questions 7, 8)

24. The Rule 9 Request has asked for a response on the Charity’s involvement with those in government or the NHS concerning the state of the UK’s pandemic planning, preparedness and resilience before 21 January 2020 and particularly whether the Charity was engaged in pandemic strategies, exercises or the development of local plans. I can only reply with any certainty for the period since I have been involved with the Charity (from January 2017 when I became a Trustee of the Charity) but can share what I have been able to ascertain about time previous to that from colleagues within the Charity who were working at the Charity before me. On that basis, I understand that the Charity was involved in a number of events with Cabinet Office and the NHS in 2009 relating to flu pandemics, the national risk register and national resilience. I do not know, but it is possible that this activity fed into the development of the 2011 UK Influenza Pandemic Preparedness Strategy and/or the Pandemic Influenza Communications Strategy. I am not aware that the Charity was invited to take part in pandemic exercises including Exercise Winter Willow in 2007 and Exercise Cygnus in 2016 or that it was consulted following pandemic exercises such as Exercise Cygnus in 2017. I do however understand that until 2013 the Charity was engaged with the development of local resilience plans and it may therefore have been engaged with related emergency response planning and activity until that date.

NHSE relationship with the voluntary sector (Questions 11, 12)

25. The NHSE’s ‘Voluntary Sector Partnership Team’ (“VSP Team”) was key to the rapid mobilisation of relevant voluntary sector organisations when the pandemic hit. The Charity had engaged frequently with the VSP Team prior to Covid-19 in relation to delivering NHS Winter Pressures support (a non-Covid related activity

commissioned annually by NHSE) to mobilise volunteers to help relieve winter pressure within the NHSE. In previous years, the Charity, Age UK and British Red Cross had all been commissioned to work in this way. The VSP Team understood the way in which the Charity worked and what it could offer for winter pressure activity. When the pandemic arrived, the Charity felt that the VSP Team recognised the valuable contribution that the voluntary sector could offer in response to the pandemic.

26. NHSE also saw the opportunity to bring together two sector suppliers to provide a digital solution at a national level. The Charity provided its expertise as a mass mobiliser of volunteers and GoodSAM provided the digital solution to enable the dynamic matching that the NHSVR Programme used to match available volunteers with patients in need of assistance. It is understood that GoodSAM was a previous supplier to the NHS where some of NHS Trusts had deployed GoodSAM products to operate emergency volunteer cardiac arrest assistance. The Charity believes that NHSE's ability to bring apparently diverse suppliers together in this way and to then provide a commissioned framework for them to deliver activity contributed enormously to the success of the NHSVR Programme.

Learning for future emergencies (Questions 13, 14, 17, 18, 19, 20)

27. With reflection and the benefit of hindsight, I would suggest the following as part of the planning for future emergencies:
- Volunteer Reservists: There is significant public appetite to step forward in a crisis; a volunteer reserve programme where citizens have already been vetted and trained would mean we can deploy people quickly, and at scale;
 - National volunteer programme: Public sector awareness of a national volunteer programme that could be relied on and dovetailed into local provision might enable more equitable distribution of support; particularly in local areas where public and/or voluntary sector infrastructure is limited or where demand is highest. There also needs to be consideration of how a national programme of this kind might be extended to support the devolved nations, so that more could capitalise on this civic resource at times of crisis;

- A fully tested programme: Ideally, any key operational areas would have been tried and tested (e.g. the technology, data protection issues, the volunteer sign-up process, the referral process, volunteer food shop payments) and any glitches ironed out. In deploying the NHSVR Programme, time constraints meant that the Charity had to launch with limited testing of the digital platform and volunteer roles;
- Civil Contingencies Act 2004 and Resilience Framework: This Act and the recently published National Resilience Framework (Dec 2022) should provide greater clarity around the role of the voluntary sector in civil emergencies; particularly in terms of Category 1 and 2 responders. Improved recognition and integration of the voluntary sector, at national and local levels, should enable more effective and efficient use of resources. It could also enable the sector to scale up or down during times of national crisis or local emergencies, for example in the way that the NHS Winter Pressures arrangement has operated (as referenced at paragraph 25 above).
- Local Resilience Forums and central government: At both national and local levels the voluntary sector/volunteering needs to be engaged as a full partner (as happened with the NHSVR Programme) rather than an add-on or a nice-to-have; in addition, the interface between national voluntary initiatives such as NHSVR Programme and local voluntary responses needs to be clarified and improved. Local Resilience Partnerships, central government and the VCSEP should address this as a key part of planning for the next emergency.

28. Finally, the UK Covid-19 Inquiry might find it useful to speak with other organisations with which the Charity worked during the Covid 19 pandemic - Age UK, British Red Cross, GoodSAM, St John Ambulance and VCSEP. In addition, the latter might have further details on the extent to which the NHS and/or government engaged and communicated with the voluntary sector in respect to Covid-19.

Contribution to other publications (Question 16)

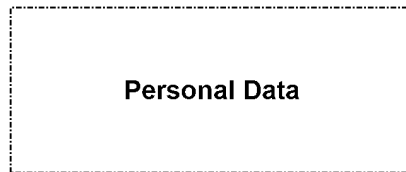
29. During the pandemic, the Charity contributed to and/or provided evidence to the:

- Cabinet Office led 'Resilience Strategy' Call for Evidence (July 2021) (CEJ/5 – INQ000146505)
- National Audit Office Vaccination Programme (February 2022) (CEJ/6 – INQ000146506).

30. The Chair of the Charity, Stephen Dunmore, is in a personal capacity a Member of the National Preparedness Commission and has written two articles for the Commission on the voluntary sector response to Covid 19 (CEJ/7 – INQ000146507 and CEJ/8 – INQ000146508).

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.



Signed: _____

Dated: 13 April 2023