

Witness Name: Richard Lee

Statement No.: 001

Exhibits: RL1

Dated: 1 August 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF RICHARD LEE, CHIEF OPERATING OFFICER OF ST JOHN AMBULANCE

I, Richard Lee, will say as follows: -

Background

1. St John Ambulance is one of the nation's leading first aid and health volunteering charities. Our founding charity, The Order of St John was formed almost 150 years ago and was known by its operating name, St John Ambulance until 1999 when St John Ambulance was separately constituted as a wholly owned subsidiary charity of the Order in England and registered as a company limited by guarantee (registered charity no. 1077265-1; company registered in England no. 3866129).
2. The charitable objects are the relief of sickness and the protection and preservation of public health. The charity is empowered in its Memorandum of Association to provide trained personnel to give assistance to Central or Local Government Departments or to the Armed Forces at times of emergency in peace or in war. To serve that mission, we provide youth and education programmes and first aid, ambulance and community response services throughout England. This includes providing: first aid services at thousands of public events annually; first aid, mental health first aid and wider health and safety training for workplaces and communities; and critical care and auxiliary ambulance services under contract to a variety of NHS hospital trusts ("Hospital Trusts").
3. Between 1 March 2020 and 28 June 2022 (the "Relevant Period"), we had over 40,000 volunteers, including around 10,000 under 18s. Our frontline volunteers are highly trained, from first aider and responder up to emergency ambulance crew, including capability to

take patient observations. Some Healthcare Professionals also volunteer with us. We also have, as at 31 December 2022, 1,684 employees, around half of whom are first aid trainers or ambulance crew.

4. Separate St John registered charities, with whom we work closely, including sharing learning during the pandemic, provide services in Wales, Scotland and Northern Ireland.
5. Throughout our history we have provided auxiliary health support to the nation in both peace and war. This has included responding to major incidents and ad hoc, often local, surges in demand. We have a history of positive, supportive relationships with NHS structures locally and nationally, enabling our timely responses to incidents.
6. We are also active participants in initiatives to coordinate the voluntary sector response to major incidents and were founding partners in the Voluntary and Community Sector Emergencies Partnership in 2018.

Pre-existing plans

7. In late 2018, we formed a small-scale arrangement with NHS England ("NHSE") centrally specifically to provide winter pressure surge capacity in the ambulance sector during winter 2018-19. This was formalised and expanded for winter 2019-20, which again focused on winter pressures ambulance provision but with a small pilot on the use of clinically trained volunteers in a hospital setting in Lewisham and Greenwich Hospital Trust. [RL/1 – INQ000216656]
8. Our internal evaluation of hospital activity showed that NHS staff valued the professional and personal support provided by volunteers, through bringing an extra pair of eyes and ears to release staff to focus on patients with more complex needs. The enhanced skillset of St John volunteers was valued as we could perform tasks other volunteers could not and also support more rapid integration with trust teams, especially in Emergency Departments. For example, St John volunteers were routinely asked to help with patient observations (including respiratory rate, pulse, temperature), escalating to relevant clinical staff when relevant. St John volunteers also assisted with treatment administration, patient movement from ambulance trolleys to hospital beds and triage processes. These tasks require a level of training that is standard for St John volunteers but which other volunteers in the health system would not need to perform their roles.

9. The compassionate care of St John people was also noted including its impact on reducing patient anxiety – and during the pandemic we heard many case studies of the role our volunteers played in caring for patients who could not be with their relatives, including at end-of-life.
10. Between December 2019 and the start of the Relevant Period, we provided around 14,000 hours of ambulance support under our winter pressures arrangement. Our evaluation suggested that increased ambulance capacity was felt to have helped reduce waiting times, especially for lower acuity patients, such as fallers at home, as well as supporting NHS ambulance trusts (“Ambulance Trusts”) in their endeavour to keep patients at home wherever possible.
11. In late 2019, as part of routine development of our Emergency Preparedness Resilience and Response (“EPRR”) processes, we began to redesign our command structures for responding to emergencies, based on best practice (the Joint Emergency Services Interoperability Programme (JESIP) principles).
12. Using our EPRR structures we formed the charity’s Strategic Coordination Group (Gold) on 2 March 2020 and I was appointed as the National Strategic Commander for our response. [RL/2 – INQ000216659] We accelerated completion of our overall national EPRR plan after the 11 March 2020 World Health Organisation declaration of the Covid-19 virus as a worldwide pandemic, completing the work before the end of the month. [RL/3 – INQ000216660]

St John’s Response (1 March 2020 – 28 June 2022)

Introduction

13. At the outset of the pandemic, we designed a simple response plan setting out responsibilities and decision-making processes, including a four-phase activation and escalation process which had defined triggers reflecting the internal and external Covid-19 situation. [RL/4 – INQ000223121] These triggers unlocked additional capacity for Covid-19 response as our business-as-usual activity (at public events and offering public training courses) became restricted and the national Covid-19 picture worsened. For example, escalation to level two of the response plan was triggered by a significant reduction in our event first aid activity and an associated increase in opportunities for

deployment in support of the NHS. Level two also involved implementation of command and control arrangements to manage our response.

14. Our first significant decision was to continue to provide as much support as we could. This had an immediate financial consequence. St John's normal funding model is dependent on income from our workplace training enterprise. With the first lockdown preventing that activity from taking place, we suffered significant financial losses each week (£1.6m per week).
15. We first reached out to government ministers in March 2020 and submitted a formal request for financial support to HM Treasury, via the Department of Health and Social Care ("DHSC") NHS Finance team, on 25 March 2020. [RL/5 – INQ000217307] The funds requested were to support the continued overall operation of the charity in support of our health system support activity, with funding for specific operational activity received in addition as set out below. An announcement of a Covid-19 support grant for St John Ambulance was made by HM Treasury on 8 April 2020 and we received confirmation of a £6.828m grant on 26 June 2020. [RL/6 – INQ000216661; RL/7 – INQ000217308]
16. Our second significant decision was to focus our delivery response where we believed the unique skill set of St John volunteers – i.e. highly trained with clinical skills – would add the greatest value, rather than responding to more generic requests for additional volunteer capacity. During the Relevant Period, we turned down multiple requests for community support volunteering – e.g. supporting people who were isolating with their shopping or prescriptions – and also, with a few specific local exceptions, did not provide support for mass Covid-19 testing. This enabled us to focus our resources on deploying trained ambulance crews, providing skilled volunteers to hospitals and supporting community responses where clinical skills added value. We believe our partnership with health system providers during the Relevant Period was aided by our clarity on what type of volunteering activities we would and would not undertake.
17. Partnership arrangements already in place within the voluntary and community sector continued to mature during the Relevant Period and our relationship with others providing those types of volunteering services, for example the Royal Voluntary Service (through the NHS Responders programme) and British Red Cross, meant we could signpost opportunities appropriately.

18. As the situation improved, we de-escalated these activities, including standing down our formal Strategic Coordination Group (Gold) management structure on 23 July 2020, but continued to provide an operational response, albeit at reduced intensity. [RL/8 – INQ000216662] When subsequent escalations occurred, we scaled up our operational response again but used our normal management structures to oversee delivery.

Overall operational support arrangements - contracting

19. In advance of the Relevant Period, St John did not have a long-term arrangement for support in place with NHSE. Our existing winter pressures agreement with NHSE was due to run until 31 March 2020.

20. In mid-March 2020, an extension of the winter pressures arrangement was agreed to run from 1 April 2020 for 10,000 hours of ambulance support a month, but with a request for as much ambulance support as we could provide beyond that to meet need. This was subsequently increased to 15,000 hours a month of ambulance support. We also agreed to provide volunteers with clinical skills to hospitals based on demand from the system.

21. During the Relevant Period, we continued a proactive, rolling dialogue about support needs and funding for those that resulted in a series of arrangements for blocks of months at a time. Given the pressure of the situation, much of this dialogue took place verbally and was not always documented.

22. In early June 2020, we agreed with NHSE an extension to our ambulance support to 31 October 2020 at 8,000 hours a month (subsequently increased at the end of June 2020 based on actuals to 10,000 hours). We also agreed an extension to hospital volunteering support to 30 November 2020 of up to 25,000 hours a month. The changes in volume reflected the changing demand from the system. We subsequently agreed arrangements for support through winter 2020-21.

23. We reported to NHSE on a monthly basis on actual deliverables against which we then drew down funds as agreed against block invoices submitted for overall totals of forecast activity. In total, during the Relevant Period, we received £19.3m as payment for Covid-19 response-related activities, outside of our existing ambulance critical care contracts. This included £17.457m for ambulance support and £1.464m for hospital volunteering, both funded direct from NHSE.

Training and welfare

24. To ensure the safety of St John people and the patients we treated, we designed and delivered specific Covid-19 care training for our volunteers and staff, with the hospital volunteer care module approved by NHSE. All volunteers who provided ambulance or hospital-based care, including new volunteers onboarded from for example furloughed airline crew, received this training ahead of being deployed. Over 4,000 volunteers received this training during the period.
25. Mindful that volunteers could find themselves facing more challenging and potentially traumatic circumstances, we also increased the wellbeing support available internally to St John people, including through provision of an additional package of trauma support from May 2020.
26. In addition, when Covid-19 vaccinations became available, we also agreed with NHSE that St John people would be prioritised as frontline workers in the first stage of roll out.
27. In the following paragraphs, I set out a summary of the nature of St John's specific service provision in the different areas of our delivery during the Relevant Period. In September 2021, we published a report on our response to date, covering a significant proportion of the Relevant Period. [RL/9 – INQ000216663]

Ambulance support

28. Throughout the Relevant Period, St John deployed volunteer and employed ambulance crews to 10 of the 11 Ambulance Trusts in England. Our deployment was funded centrally by NHSE (as per arrangements detailed in paragraphs 18 to 22) and, during the first wave of the pandemic, coordinated by the National Ambulance Coordination Centre to help determine the required scale of response for different regions at different times.
29. St John Ambulance crews, trained to at least Emergency Ambulance Crew level, provided a variety of responses. We responded to 999 calls predominantly in Category 2 (serious conditions), Category 3 and 4 (urgent/less urgent) situations to perform initial assessments and provide treatment, transport or discharge on scene with appropriate support from Ambulance Trust clinical hubs. We also provided non-emergency transfers between care settings or between hospital sites. At times of high demand, we also responded to Category 1 (life threatening/emergency) calls, providing the initial response or backup to NHS crews already on scene. This work was undertaken on behalf of Ambulance Trusts

using their systems and we were contracted against hours provided. As a result, we do not hold data on the number of calls that St John personnel responded to.

30. During the Relevant Period, we provided 227,758 hours of ambulance support in these ways. At our peak during April 2020, St John people volunteered for as much as 2,000 hours per day. In a few places, for defined periods of time, especially April to June 2020, we also provided localised Covid-19 patient discharge support.
31. By late May 2020, we saw the start of a downward trend in our ambulance support from the peak as an element of fatigue set in for volunteers who had been doing multiple shifts a week for the first time and as the availability of our volunteers changed as many who had been furloughed began to return to work.
32. During the Relevant Period we continued routine operational communication with colleagues across the ambulance sector, primarily through our engagement in the Association of Ambulance Chief Executives National Directors of Operations Group. We were grateful for the role of the national strategic ambulance advisor to the NHS who had previously advised on the role of St John in the context of winter pressures.
33. We also established a positive relationship with NHS Supply Chain to ensure sufficient supplies of personal protective equipment (“PPE”) for our ambulance crews throughout the Relevant Period. We experienced no major shortages of PPE as a result.
34. In addition, during the Relevant Period we continued to operate our existing 20 adult, child and neonatal critical care ambulance transport contracts – within the region of 400 ambulance shifts each week for that business as usual work as per contractual arrangements with individual NHS trusts and networks.

Hospital support, including Nightingale Hospitals

35. Following a short trial during winter 2019-20, prompted by engagement with local NHS trusts and our interest in expanding the clinical opportunities available to our volunteers, we had identified the potential value of clinically trained volunteers supporting in a hospital environment. The initial trialling of our volunteers working alongside staff in the Emergency Department was at Lewisham Hospital, which was selected as one of our volunteers was a senior nurse there. The trial showed the benefit of our people undertaking duties such as routine observations, chaperoning and sitting with patients requiring 1:1 supervision

such as those with dementia. This presence released NHS staff to undertake more specialist clinical tasks. At this early stage of the pandemic planning assumptions were such that all NHS staff were expected to be required for critical and emergency care so this trial was key to establishing the role that we might play in such circumstances.

36. In mid-March 2020, NHSE began providing lists of hospital emergency departments that required volunteer support from St John and we began training up volunteers on Covid-specific arrangements and took forward discussions with local Hospital Trusts about their specific needs and how St John volunteers might support. This resulted in arrangements between St John and individual Hospital Trusts about the activity that would be undertaken.
37. Clinically trained St John volunteers in hospital Emergency Departments and wards provided clinical care and support, such as clinical observations, assisting with triaging of patients, and personal care support; and coordination of care and logistics, such as meeting and greeting patients, escorting patients between departments, and making and turning over beds.
38. As NHSE engaged with Hospital Trusts during May 2020 about additional volunteer support available from St John, including the central funding for it, additional hospitals came on board. This engagement built on the successful trial at Lewisham Hospital referenced above.
39. By the end of May 2020, we were volunteering in 43 locations run by 20 Hospital Trusts. However, we did still train a greater capacity of volunteers during the Relevant Period than we were able to deploy in hospital settings.
40. During the Relevant Period, we provided 146,382 hours of hospital volunteering and, at our peak, provided 650 volunteer shifts per week. However, volumes of activity quickly tailed away outside peak moments of demand, with hospitals choosing to return to a focus on non-clinical volunteers as soon as Covid-19 restrictions allowed and once central funding of St John involvement concluded, requiring local trusts to fund volunteering initiatives themselves.
41. In addition, a small St John team, including a Planning Manager, Operations Manager and clinical volunteers, was embedded with the planning team for the first Nightingale Hospital in London, supporting its set up and providing us with learning that we were able to share

with St John colleagues in Wales. By sharing understanding of the potential role of St John's trained volunteers, we were able to inform early planning around how they might be deployed within step-down areas to maximise the use of clinical staff for the sickest patients. We also undertook preparatory planning activity for possible involvement in other Nightingale Hospitals around the country.

42. We then provided clinical support to the London Nightingale Hospital during its operation in April 2020, for which we received £157k from NHSE, and provided call handling support for the coordination of critical care transport via South Western Ambulance Services NHS Trust for the Bristol Nightingale Hospital from May to June 2020.
43. In the London Nightingale Hospital, our support meant direct patient care, supporting healthcare professionals including with step-down patients, patient discharges and as part of the logistics operation providing support to manage both facilities and flow of patients through the system.
44. In the early days of the London Nightingale Hospital operation, a limited number of patients meant that our initial joint workforce calculations were overly prudent and, as a result, some volunteers were deployed to other activities. However, the additional volunteer capacity within that facility allowed for increased use of procedures such as proning which clinicians fed back as having a positive impact on patient outcomes.

Community response services

45. In addition to our main ambulance and hospital delivery during this period, we provided a range of local community services in response to local, often time-limited, need. Many of these services were provided in only one location and they ranged from Covid-19 response activity to support for the health service to recover on routine work post-lockdowns. Activity was reported to NHSE centrally and funded through our central arrangement.
46. These services included the following:
 - i. The provision of seven cars in Birmingham to enable on-call GPs to travel around different communities, with first aid trained drivers providing additional patient support.
 - ii. Homeless outreach support in Greater Manchester and Salford, as well as existing services in Sussex. This included providing first aid at hotels where members of the homeless community were housed in the early stages of the pandemic.

- iii. First aider, screening and administrative support for NHS Blood and Transplant to support 1,800 blood donation sessions during summer 2020, helping 142,800 blood donations to be collected.
- iv. Community First Responders in London, the South West and West Midlands (“Unit Responders”).
- v. The provision of a treatment centre (and first aider) to enable routine blood tests for cancer patients to take place outside the main hospital setting at Guy’s Hospital in London.
- vi. Completing 200 first aider shifts at Moorfields Eye Hospital in September 2020 to support their “cataract drive”, quadrupling the operations completed in a single week through helping with pre-operative assessments, accompanying and reassuring patients during surgery and assisting with discharge.

Night-time economy provision

47. Our night-time economy provision supports the police and local authorities in ensuring a safer night-time environment for those unable to look after themselves while also providing some hospital admission avoidance through treatment of minor injuries and intoxication at scene. Funding for these services is locally determined and provided by a mix of partners including local authorities and police services.
48. During the Relevant Period, as the night-time economies re-opened, we also provided first aid support in town and city centres mainly on Friday and Saturday nights, with regular attendance in at least 10 centres.
49. As the possibility of greater freedom of movement for the public developed outside lockdowns, we engaged in a variety of dialogues with local partners about our potential capacity to support their night-time economy in this way.
50. This work restarted in earnest in July 2020 at the end of the first lockdown. The first weekend of activity resulted in a significant request for ambulance support of 75 ambulances across the day and night on Saturday.
51. Our night-time economy work during the Relevant Period was funded, as it continues to be, by a variety of local partners, with a small amount of centralised funding (£84k) drawn down from central NHSE arrangements to support activity in May to July 2021.

Event first aid

52. As restrictions eased during the Relevant Period, we also saw a return to sporting events from June 2020. Support at sporting events forms a core part of St John's routine activity and we played an active role through our Medical Director in the central Department for Digital, Culture, Media & Sport-led planning and risk assessment group for the return of events.
53. We returned to providing first aid cover at racecourse and football stadia from this point, albeit at much reduced levels given the initially closed nature of those events. As the Relevant Period progressed, the return of more normal activity reduced our capacity to support the health system specifically, albeit our ability to treat and discharge patients in our routine community and event work reduced demand on the system.

Other support, including resilience

54. In a couple of places where St John had pre-existing relationships with an NHS trust, we provided some ad hoc, short-term administrative support. We redeployed a small number of St John people to support the London Ambulance Service ("LAS") control room, focused on administrative support and critical care transfer administration, linked to some of the ambulance services we provided in London and the London Nightingale Hospital.
55. St John Community First Responders also supported with Covid-19 testing for frontline LAS ambulance crew to enable prompt returns to work.
56. This activity was generally funded locally by the relevant Ambulance Trust and was part of the ongoing direct dialogue that marked our existing partnership with those trusts, especially in the early stages of the pandemic response.
57. During the Relevant Period we also continued to attend local resilience forums or appropriate sub groups as regularly as possible, signposting the type of support St John was providing to the health system, in particular through hospital volunteering. We did not provide any other preparedness and resilience support to NHS bodies during the Relevant Period.

Vaccination

58. In early summer 2020, NHSE approached us to begin discussions about possible involvement in a national vaccination programme. Although not the subject of this module of the Inquiry, this became a significant focus of our operational activity from autumn 2020 onwards. Involvement in vaccination continued our orientation towards the clinical skill set that defined our contribution to the response during the Relevant Period. It also provided an opportunity to make a difference to the pandemic at a scale much beyond our capacity, although hugely valuable, to make a difference through ambulance and hospital volunteering alone.

Learning

Auxiliary support arrangements

59. We believe that the pandemic response has proven that the use of clinically trained volunteers in providing surge ambulance support to the health service is a valuable part of health system resilience.

60. In addition to the communications on operational matters identified in the above, throughout the response period, we made a series of rolling representations to Ministers and both DHSC and NHSE officials in relation to the value to the nation of trained volunteers with clinical skills within the health sector, which evolved into discussion on the potential to create a longer-term ambulance auxiliary arrangement and the possible advantages of volunteering leave mechanisms to support emergency volunteer release. [RL/10 – INQ000216664; RL/11 – INQ000216657] The proposals were predicated on providing a firmer financial foundation for the support we had historically provided for Covid-19, major incidents and through single-year winter arrangements.

61. In 2022, NHSE completed a competitive tender exercise to award a contract for ambulance auxiliary support over 5 years, with the use of volunteer ambulance crew a key tenet. St John Ambulance submitted a response to the tender and was awarded the contract which commenced on 1 August 2022. [RL/12 – INQ000216658]

62. We observed that volunteers were welcome in a variety of settings during the pandemic but that following the pandemic not all hospitals and NHS Ambulance Trusts were as positive about the potential role of clinical volunteers. In particular, we have witnessed the willingness to embrace clinically trained volunteers in hospitals during the pandemic

dissipate. A return to pre-pandemic focus on non-clinical or general volunteer roles within hospitals means that positive learning of the impact of St John volunteers in this setting has not been as widely embedded in this setting.

63. With the end of furlough there was a decline of available volunteers to maintain weekday responses. This broadly mirrored demand and so did not cause major disruption. However, in future emergencies should there be no furlough we could not stand up as many volunteers. We believe that creating a provision for emergency volunteering leave in flexible working legislation would address this concern.

64. We have no other observations on the impact of the pandemic's long-term impact on the provision of ambulance services.

65. We identified no inequality related issues in respect to our ambulance service delivery.

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: _____
Personal Data

Dated: _____
1 August 2023