Witness Name: **C E Johnstone, CBE**
Statement No.: **M7/RVS/01**
Exhibits: **CEJ/1 INQ000148427**
Dated: **4/06/2025**

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 2 December 2024 ("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. On 13 April 2023, I provided the UK Covid-19 Inquiry with a witness statement in response to a Rule 9 Request relating to Module 1 dated 9 January 2023 ("the Module 1 Witness Statement") – see CEJ/1 INQ000148427.

About Royal Voluntary Service (Question 1)

4. I set out in my Module 1 Witness Statement an overview of the Charity's history, its purpose and aims, but it is worth repeating that statement for ease of reference and to reflect updates to the Charity's activities since the date of the Module 1 Witness Statement.

5. The Charity is, and always has been, a sector leader in the mobilisation, co-ordination, management and deployment of volunteers in health and care arenas. It has a unique history, seeking to both 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 85 years ago; war was looming and the country needed women to volunteer to support the nation.

6. On the eve of World War II in 1938 Sir Samuel Hoare, the Home Secretary, instructed Lady Stella Reading to establish a Women's Voluntary Service to help the nation prepare for war. From 1939 to 1945 over one 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 – March 2023), the NHS Volunteer Responder programme in response to Covid-19 (March 2020

to June 2023) and the current non-Covid NHS Volunteer Responder Programme (June 2023 – ongoing).

7. 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. Today, the Charity 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 emotional 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;
    - Individual support: providing one to one phone calls to those experiencing isolation or loneliness and providing online access to a wealth of interesting and inspiring materials via our Virtual Village Hall to encourage wellbeing and positive mental health;
    - Confidential welfare support for military personnel at establishments in the UK and abroad (a separate arm of the Charity);
    - Support within NHS hospitals through the Charity's retail and volunteer support services such as cafés, shops and on-ward trolley services.

8. Because of the original reason for which it was established, the Charity's objects do not limit the Charity to providing services to a specified category of beneficiaries – it is not "condition specific" in the way that other charities are (e.g. Alzheimer's Society, British Heart Foundation or MacMillan Cancer Support). Except therefore for children (who are supported by other child specific organisations), anyone who is in need and who's needs can be appropriately met by the Charity's volunteers, is welcome to access the Charity's support. Whilst the majority of the Charity's beneficiaries are over the age of 65 years, the Charity's services are not available

only to older people. The same accessibility principle applies to the Charity's volunteers – all individuals above 14 years of age, and subject to appropriate safeguards, are free to register to join the Charity as a volunteer. Today, the Charity benefits from a community of 12,000+ volunteers from diverse backgrounds. This diversity includes age, ethnicity, gender, gender identity, disability and sexual orientation.

9. The Charity has a long and proud association with the Royal Household. In 1952, Her Majesty Queen Elizabeth II became the Charity's Patron and in 1966 the Charity was privileged to be granted the right 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 Platinum Champions Awards which honoured the nation's most remarkable volunteers and in 2022, the Charity launched the Coronation Champions Awards, a set of awards recognising UK volunteers' contributions to their communities. The Charity was delighted in 2024 to receive confirmation that Her Majesty Queen Camilla had agreed to become the Charity's Patron.

10. The Charity works closely with other voluntary and community organisations, 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, Shaping the Future with Volunteering and VCS-EP). In the devolved nations, the Charity is a member of a variety of organisations and working groups.

11. The Charity's focus is now on mobilising volunteers for a better Britain – inspiring, connecting and supporting wherever and whenever needed to achieve this by:

    - leading an expansion of volunteering to build a stronger nation - by mobilising volunteering at scale – for the Charity and for others;
    - working to open up volunteering for all - by tackling inequalities and creating "frictionless" easy-to-access volunteering experiences;
    - delivering volunteer-powered support where it is needed most;

- assembling and supporting a contingent of volunteers capable of supporting a local or national crisis and public services, including the NHS.

Overview of the Charity's work between January 2020 – June 2022 (Question 2)

12. When the Covid-19 pandemic hit in 2020, the Charity was able to respond rapidly using its experience as an organisation that can work with the state and other organisations to mobilise a mass volunteering response at pace. Specifically, the Charity worked with NHSE and GoodSam to develop and deliver the NHS Volunteer Responders programme. More detail on this is provided in the Module 1 Witness Statement, but at a high level, and for context, the aims of the programme were threefold:

    - to provide protection to those 'exceptionally 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.

    The Charity did not work with Test, Trace and Isolate ("TTI") directly but did interact with TTI as set out below.

Engagement with TTI (Questions 3, 4, 5 and 6)

13. As the Charity is not a condition specific charity and the Charity does not represent a particular cohort of individuals, the Charity was not impacted by queries from its beneficiaries about the TTI rules and systems in the same way as a charity which supports condition specific beneficiaries might have been. Whilst the Charity was in contact with those needing support, the Charity's role where a beneficiary had concerns about TTI was to signpost those individuals to other organisations better able to support them. The Charity engaged more often with queries from its

volunteers and employees about ways in which volunteering tasks could be delivered in a way which complied with TTI rules and so the Charity's focus was on ensuring that the Charity's guidance to volunteers and employees reflected TTI rules/guidance at any point in time. As part of the infrastructure to support the NHS Volunteer Responders Programme, the Charity commissioned a Call Centre through Ventrica Limited to ensure that the Charity could respond in real time to incoming calls whether these be for referrals, enquiries about the NHS Volunteer Responders Programme or safeguarding issues.

14. The Charity's engagement with TTI was therefore limited to the following:

(i) in the same way as other charities, the Charity observed and adhered to the rules established via TTI in respect of both its employees, volunteers and services provided/beneficiaries supported. To ensure compliance with the rules and policies emanating from the broader TTI system, the Charity ensured that it was monitoring any changes and that revised guidance was issued as soon as possible to the Charity's employees, volunteers and services. Monitoring, writing and issuing revised guidance required significant input and resource from the Charity's Health and Safety Team. They took responsibility for this work across the devolved nations in Scotland and Wales. This was no insignificant task given it entailed monitoring variances in differing standards and requirements in three geographies all with slightly different rules introduced at slightly different times. Sometimes amendments to the Charity's ways of working needed to be introduced at a more local level when local lockdowns were mandated. Changes also needed to be tracked within the NHSVR Programme but given that operated only in England, those changes were easier to marry up. Constant vigilance was required to ensure the changing rules across the devolved nations were observed and reflected in the Charity's practices;

(ii) in later May/early June 2020 the Call Centre operated by the Charity to support enquiries regarding the NHSVR Programme experienced a surge in calls. This was attributable to the guidance issued by TTI on 27 May 2020 entitled, "*NHS Test and Trace: what to do if you are contacted",* and which

made a reference to support being available to those who were required to self-isolate. At the time, access to support offered by the NHSVR Programme was by reference to eligibility criteria which sought to protect those who were clinically vulnerable. The guidance did not make that distinction and so the Call Centre started to received calls from individuals who were required to self-isolate but who did not, unfortunately, meet the threshold of clinical vulnerability required to access the NHSVR Programme. After discussion between NHSE and NHSX as to the unintended impact that the inclusion of reference to the NHSVR Programme had on Call Centre volumes, the guidance was later revised to remove reference which helped to restore Call Centre volumes to manageable parameters;

(iii) in summer 2020, the Charity was advised by NHSE that the Test and Trace App was well developed and planned for launch in mid August 2020 and that NHSX wanted NHSVR Volunteers (along with others) to be asked to take part in a trial of the App. Reference to the trial of the App and the opportunity to take part in it was included in the regular "E-comms" circulated to NHSVR Volunteers on 13 August 2020, Exhibit CEJ/2 **INQ000587752**

15. Other than the above, the Charity:
    (i) did not engage with the UK Government in respect of TTI; and
    (ii) is not aware that any of its partner organisations were engaged by the government in relation to TTI.

A more established role for volunteering expertise in a future pandemic (Questions 7 and 8)

16. The Charity is proud to have played its part in responding to the Covid-19 pandemic via the effective and rapid mass mobilisation of volunteers. I believe there is no shortage of appetite amongst individuals to come forward at a time of crisis – as was demonstrated by the 750k members of the public that stepped forward in March 2020. I would suggest the following should be considered as part of any planning for future emergencies:

(i) **Data protection legislation** - the NHSVR Programme relied, to a certain extent, on the referral of clinically vulnerable individuals who required assistance into the NHSVR Programme by third parties such as GPs and other medical professionals. An issue identified during the running of the NHSVR Programme was that there was a concern and reluctance amongst referring bodies/organisations/individuals in relation to the sharing of personal data of those clinically vulnerable individuals who needed access to the NHSVR Programme. A similar data concern issue arose with pharmacies (both within the NHS and private pharmacies) regarding the collection of prescriptions from pharmacies and their delivery by volunteers to patients in home settings. This reluctance arose from fears that sharing this data outside ordinary patient pathways would be a breach of UK data protection legislation, particularly given that some of the data shared would be special category data where additional conditions for processing are required. There was also some anecdotal concern amongst some volunteers that they might be breaching data legislation in some way by undertaking a task where some data needed to be shared to complete the activity.

In order to facilitate the sharing of data in any future pandemic or public health emergency and to alleviate the understandable concern of volunteers, a specific data sharing pathway that engages not only public authorities, but also relevant designated organisations (e.g. health and social bodies, charities, private organisations, local authorities) would be beneficial. A legislative data sharing gateway similar to those available under Part 5 of the Digital Economy Act 2017 and which would facilitate data sharing between specified public authorities in a public health emergency situation, but which also encompassed third sector and private organisations, could offer confidence that sharing personal data with organisations such as the Charity is lawful.

It is possible that any future TTI system and/or App could be brought within any such data sharing pathway enabling easier frictionless communications between different providers of response (e.g. the request to let volunteers

know about the TTI App pilot required detailed data protection considerations before it could proceed). Whilst those safeguards are necessary, anything that can help remove barriers to the provision of volunteer led support in a crisis/emergency would be very welcome.

(ii) **Support Call Centre Functions** – as part of the NHSVR Programme the Charity was asked to establish a Call Centre function as further described in the Module 1 Witness Statement. This was an important part of the NHSVR Programme offering day to day practical logistical support to volunteers and individuals with queries about their volunteering tasks and task completion. It became clear as the pandemic progressed that some members of the public (whether they be volunteers, patients or individuals) understood the NHSVR Programme Support Line to have a broader scope than the NHSVR Programme – and in some cases understood that the NHSVR Programme could answer other enquiries about what to do with a positive Covid test, where to go for testing, how long to isolate for etc. These were all valid enquiries but the parameters of the Charity's commission with NHSE did not extend to testing, tracing or isolating matters. It is possible that a single point of access telephone number with a triage system which directed calls appropriately for all members of the public experiencing issues arising from Covid would have eased any confusion or delay in individuals finding the information they needed. It would have avoided the NHSVR Programme being contacted for issues relating to TTI as above and also on wider questions regarding food poverty, childcare whilst isolating etc.

(iii) **Emergency Response Platform** – I am not aware that before the pandemic there was any one system that allowed volunteers to be matched at scale in real time with referrals for individuals in need of assistance. NHSE effectively "married" the Charity as a sector leader in the enablement of mass mobilisation of volunteers with an existing App provider, GoodSam (more detail on which is set out in the Module 1 Witness Statement). At the request of their shared commissioner (NHSE), the Charity and GoodSam collaborated exceptionally effectively to combine their areas of knowledge, best practice and expertise to shape and deliver at pace a volunteer and patient matching system. The

resulting volunteering programme proved to be popular with volunteers, referrers and patients alike delivering 2.2million tasks during the pandemic. I believe that it is vital preparation for future pandemics or emergencies to retain and build upon the significant investment that was made not only by NHSE, the Charity and GoodSam in the NHSVR Programme, but also by the steadfast volunteers who committed to it and offered their support so willingly and to such effect. Given the level of taxpayer and intellectual investment to date in this programme I believe this should be embedded in any future national and local civil contingencies planning. This might require some guidance or legislative changes with respect to Category 1 or 2 Responders within the Civil Contingencies Act 2004.

(iv) **Working with Others** - Currently the Charity is looking at how it works with others (e.g. the Voluntary and Community Sector Emergencies Partnership (VCSEP), The Richmond Group of Charities and Shaping the Future with Volunteering, which are referred to on page 2 of the Module 1 Witness Statement) to build on the learnings and legacy of the NHS Volunteer Responders Programme by creating a reserve of citizens the Charity can stand-up in an emergency. The Charity is currently working with a number of corporate partners to develop this.

(v) **Scope of programme** – the NHSVR Programme was commissioned by NHSE and so did not extend to the provision of support in Northern Ireland, Scotland or Wales. Once established, the Programme was capable of expansion into other geographies. There was considerable initial interest from potential volunteers who lived in Scotland and Wales, but whose beneficence could not be encompassed in the Programme because the commission by NHSE did not include Scotland and Wales. Consideration to procuring a wider scope to a pandemic response would have enabled the Programme to be expanded to deliver more benefit and might have helped achieve greater economies of scale – the more volunteering tasks completed, the more efficient the unit price per volunteering task becomes.

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.

Personal Data

Signed: _____

Dated: 4 June 2025