

Written evidence from St John Ambulance (TYO 03)

Public Administration and Constitutional Affairs Committee Coronavirus Act 2020 Two Years On inquiry

St John Ambulance's clinically trained people have provided almost **1.4 million hours of service during the COVID-19 pandemic** including working in hospital emergency departments and wards, with ambulance trusts, and in communities. The surge capacity of highly skilled clinical volunteers that St John Ambulance provides increases capacity to care for patients and enables NHS clinicians to respond to other urgent health needs.

St John Ambulance is also a key delivery partner in the NHS COVID-19 vaccination programme, aimed at getting the nation through the coronavirus pandemic. We are working with NHS partners across England, delivering a local response to this national programme.

- St John Ambulance volunteers have delivered millions of COVID-19 and flu jabs since the start of 2021, giving over **930,000 hours** of their time to support the NHS vaccination programme.
- In 2020-21 we recruited and trained over **26,000 vaccination volunteers**, using our longstanding expertise in empowering people with lifesaving clinical skills and the confidence to use them, every day.
- In addition to vaccinating tens of thousands of people every week at vaccination centres, our volunteers have been active in more than 650 locations, to date, including large scale vaccination centres, GP surgeries, care homes and other settings, plus outreach services using our mobile treatment centres and other vehicles.
- The emergence of the Omicron variant in late 2021 saw an urgent need for more trained vaccinators to deliver first, second and booster jabs, St John Ambulance is continuing to support the health service by re-engaging and mobilising existing volunteer vaccinators across the country. Our vaccination output doubled during the festive season, with over 4,400 volunteer shifts, including jabs administered on Christmas Day.
- In 2022, we're recruiting thousands more volunteer vaccinators to meet demand, as St John continues its support for the NHS.

The roles and deployments of our clinically trained volunteers have been sources of major innovation during the pandemic and demonstrated that St John volunteers (those who existed before 2020 and the many thousands more who have been recruited since) are a vital resource with further potential to support the nation's health.

St John Ambulance has undertaken its largest peacetime mobilisation, and it was thanks to our expertise and capacity that England has been the only nation in the world to train members of the public to administer COVID-19 vaccinations.

Our evidence to this inquiry will focus on the question of *the operational effectiveness of the Coronavirus Act 2020 and its interaction with other emergency legislation, including the Public Health Act 1984 and the Civil Contingencies Act 2004.*

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- **Emergency volunteer leave:**

The Coronavirus Act 2020 makes provision, in Schedule 7, for Emergency Volunteering Leave. However, this provision was not triggered and used during the pandemic, partly as a result of furlough being in operation and partly as a result of complexities in implementing the measure as originally set out.

Whilst the furlough scheme meant that volunteers were able to deploy in large numbers during the pandemic, especially during lockdowns, as this has wound down there has been a reduction in volunteer availability. Our own internal survey of volunteers during the pandemic found that work, and the financial need to work, remained the main restraint on volunteers giving more time to our pandemic response.

There is a need for legislation to enable volunteer release from employment to respond in a crisis. We propose that Government develops legal mechanisms that ensure skilled volunteers are effectively supported to take time out from their employment to deploy in a crisis where their skills and experience are needed - building on the provisions set out in the Coronavirus Act 2020.

We believe an effective system would be one in which an employee asks their employer to sign an “Emergency Volunteering Leave agreement” setting out that they can take up to three months’ unpaid leave, potentially in two-to-four-week blocks, in a time of designated national crisis. Designated volunteer NHS Auxiliary organisations, with cadres of trained volunteers such as St John Ambulance, would then take these volunteers onto payroll for the duration of their Emergency Volunteering Leave, these organisations would reclaim the costs from government. An alternate and potentially simpler mechanism would be to introduce a Furlough-type scheme for Emergency Volunteering Leave.

The rapid way in which St John Ambulance has been able to surge volunteers during the COVID-19 pandemic is down to our reserve of clinically trained volunteers, ready-trained in skills needed, that we have been able to re-deploy and get vaccinating much more quickly than if we had had to reach out to and train new volunteers.

We believe that sustaining this model and embedding the existing infrastructure of St John in future planning will be vital in ensuring clinically trained volunteer support ready to surge to support the NHS in time of crisis. To that end, we are building the St John Reserve, a group of people with at least a base level of training and interested in volunteering with St John and the NHS in a crisis or for large events.

If Emergency Volunteering Leave were enshrined in law, the surge support capacity provided to the NHS by clinical volunteer reserves such as the St John reserve, would be far greater.

- **Civil Contingencies Act 2004:**

The emergency powers of the Civil Contingencies Act 2004 have not been triggered during the pandemic. The challenges and innovations in response to the pandemic have however demonstrated to us that amendments could reasonably be made to schedule 1 of the Act, which details Category 1 and 2 responders in emergencies, to better recognise and reflect the

role of the voluntary sector in emergencies and ensure greater integration of appropriate voluntary organisations in national and local emergency preparedness, planning and response.

For example, during the COVID-19 pandemic, St John Ambulance has provided over 186,000 hours of ambulance support (predominantly via volunteers, but also including professional and specialist services provided by the charity's paid ambulance crews, under contract to the NHS and other healthcare providers), responding to thousands of emergency calls on behalf of every Ambulance Trust in England. The tasks we supported with include: responding to Category 3 or 4 (urgent/ less urgent) situations to perform initial assessments and provide treatment, discharge on scene with appropriate support; provide onward referrals, and give the relevant advice and information to the patient; providing non-emergency transfer to hospital or another health care setting, or between hospital sites; and at times of high demand, St John Ambulance crews were also used to respond to Category 1 and 2 (life threatening/emergency) situations, adding clinical support to existing crews on scene or providing the initial response to 999 calls, backed up by a resource from the local Ambulance Trust where necessary.

Our experiences supporting the health service during the pandemic and winter pressures have shown us how much we are needed as an auxiliary ambulance service. Our internal evaluation has found that Ambulance Trusts welcomed the additional capacity provided by volunteers and that this helped trusts to respond to as many patients as quickly as possible. Ambulance Trusts would welcome the opportunity to work closely with St John to develop a strong longer-term partnership and use the learning to date to tailor a model in line with their local circumstances and St John's strategic objectives.

We believe the best way to do this is national recognition for St John as the ambulance auxiliary, including **specific recognition of St John Ambulance as England's ambulance auxiliary within the Civil Contingencies Act 2004 and clear references within any updated guidance accompanying the Civil Contingencies Act 2004, that NHS organisations, not only Ambulances Trusts, may be able to call on St John's clinically trained volunteers.** This would allow us to cement and expand our emergency ambulance operations to the levels that have been needed during this pandemic as preparation for any future national crisis and to support the NHS deal with surges and give local ambulance organisations confidence in the scale of support we can provide, support long-range planning and ensure efficiency, and ensure St John Ambulance could contribute our clinical and logistical expertise to national and local emergency planning to a far greater degree.

More broadly, we believe the legislative structure for resilience should enable increased involvement of organisations of skilled volunteers in emergency preparedness, resilience and response at local level, including:

- Increased involvement of organisations of skilled volunteers in emergency preparedness, resilience and response at local level, including within exercises and through representation within the emergency planning of ICSs and local Ambulance and Hospital Trusts, alongside local resilience structures
- Continued support for detailed mapping of the local voluntary sector, its capabilities, and skillsets in each area so that statutory services know the support the sector can provide and can match cadres of volunteers with specific skillsets to relevant areas of need, including the local capabilities of national organisations such as St John Ambulance's local units.

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