Response from: St John Ambulance Cymru



Scrutiny of COVID-19 and its impact on the voluntary sector

Summary

As a key operational partner working closely with the NHS and the Welsh Ambulance Service, it was very clear early on in 2020 that St John Ambulance Cymru (SJAC) would at a minimum, be impacted by Covid in terms of demand for our services.

However, as events began to unfold the true impact on our charity became clearer, as national events were cancelled and the national lockdown forced the further closure of all 'income generating' training courses, as well as the cessation of all 'regular' volunteering activity.

By the end of March 2020, SJAC was grappling with the reality of facing a projected loss of income for 2020 in excess of £2.5m, whilst demand for our services was continuing to increase.

Challenges

The key challenges which faced SJAC can be summarised in two key areas.

- Service Delivery meeting demand and maximising our capacity to support Wales.
- Funding financial constraints and stemming financial loss as a result of the pandemic.

<u>IMPACT - Service Delivery</u>

As a long-established charity which prides itself on the support it provides to the people of Wales, we made the decision to continue to increase our levels of support wherever possible, at the same time investing in developing, training and upskilling our volunteer base to increase our capacity to deliver the range of services needed, from additional ambulance provision to volunteer healthcare workers in the field hospitals.

Patient Transport Services

Our Patient Transport Services continued to rise to the increased demand, utilising our volunteers to provide additional crews. This is a snapshot of the 'Ambulance' shifts provided to support the NHS across a seven week period at the start of the pandemic.

> Company Number: 5071073 Charity Number: 250523 Registered in Wales

St John Ambulance Cymru, Priory House, Beignon Close, Cardiff, CF24 5PB The Priory for Wales of the Most Venerable Order of the Hospital of St John of Jerusalem



ELGC COV VS 25

Ymchwiliad i COVID-19 a'i effaith ar y sector gwirfoddol Inquiry into COVID-19 and its impact on the voluntary sector

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	Standa rd	w/c 30 th March	w/c 5 th April	w/c 12 th April	w/c 19 th April	w/c 26 th April	w/c 3 rd May	w/c 10 th May
Number of shifts	128	156	162	162	160	163	153	161
Number crewed by volunteers	0	21	24	28	13	16	6	12
Patients moved		437	373	374	407	458	450	458

Field Hospitals

In order to ensure SJAC were able to maximise capacity to support the field hospitals, we developed additional online training courses for our volunteers. We developed an additional 29 online courses, with 12 created urgently to upskill our volunteers with the elements required to provide hospital support.

Dragon's Heart Field Hospital We provided over 870 volunteer hours (Health Care Support Workers) in the hospital.

Pharmacy Delivery Support Services

SJAC were asked to provide support to the Pharmacy Delivery Services co-ordinated by Welsh Government.

We were initially asked to support 208 pharmacies and 18 doctor dispensing surgeries. Following initial screening of the pharmacies to better understand their need, SJAC provided direct support to 35 pharmacies across Wales through our network of volunteers.

SJAC were asked to provide support to Hywel Dda University Health Board to train their NHS Skills2Care Volunteers. We provided training and assessment for over 400 volunteers.

<u>IMPACT – Funding</u>

As already outlined above, SJAC faced and continue to face, a serious financial crisis as a result of Covid-19.

Whilst our Patient Transport Service was increasing supply to meet demand, our costs were increasing in terms of provision of PPE and so the financial benefit of any additional opportunity was reduced.

The closure of all events, as well as lockdown resulted in a loss of income in excess of £2.2m.

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When the governments initial Economic Resilience Fund was released, SJAC did not qualify as one of the key eligibility criteria was to have lost 60% of income in March. Due to the nature of our income generating activity, we did not meet that criteria and were therefore unable to apply for financial support.

We approached our long term bankers, Barclays, for support through the Coronavirus Business Interruption Loan Scheme and were turned down, the bank citing previous trading history as the reason, appearing to give limited consideration to the difference between commercially driven accounting and charitable accounting (ie non-profit making).

SJAC were successfully able to apply for the Non-Domestic Rates Grants (in most areas – not all), achieving approx. £280k in funding.

SJAC were also able to take advantage of the governments Job Retention Scheme.

We successfully applied to the Third Sector Resilience Fund managed by WCVA.

The importance of our sister organisation in England, St John Ambulance, was recognised by the Chancellor, Rishi Sunak, and funds directly awarded to support their work and increased need during the pandemic. Wales did not provide the same support to SJA Cymru and no consideration was given to the increased need, or capacity required in Wales.

We are now seeking to maximise opportunities through the Voluntary Services Recovery Fund and phase 2 of the Third Sector Recovery Fund.

Other challenges

Co-ordination of response – Health specific

As a major national healthcare charity in Wales, one of the difficulties for SJAC was the decentralised approach to Health in Wales and the lack of co-ordination amongst health boards.

SJAC has a national spread with almost 2000 adult volunteers across Wales. We have volunteers in every health board area, our activity is co-ordinated centrally. The devolved nature of health in Wales, with management and control unique to each Health Board results in different ways of working depending on geography.

For SJAC to support all HBs across Wales, working in different ways and with multiple contacts, additional infrastructure is required in order to manage and co-ordinate an effective response.

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Co-ordination of response - Volunteering

The lack of a centrally co-ordinated response to volunteering generally across Wales during the pandemic resulted in missed opportunities for support in some areas, and duplication of effort in others.

The difference in response to England was clear, with the NHS Volunteer Responders being co-ordinated centrally by the Royal Voluntary Service ensuring that the four key areas of 'need' were met.

The need for SJAC to directly manage, lead and co-ordinate our specific activity resulted in us having to choose which areas of activity we would seek to prioritise and support rather than being able to mobilise our considerable volunteer base in the best way possible for Wales 'generally'.

Our SJAC volunteers were keen to respond. They are active volunteers who want to contribute to their communities, but in many cases were simply unable to because the areas the charity were prioritising (increased ambulance support and field hospital support) precluded many of our active volunteers due to the increased health risk associated with those areas of activity.

General learning/Good Practice

The WCVA held regular meetings throughout the early pandemic, with a view to enabling third sector organisations to discuss their challenges and their response which was helpful and also allowed some connection which wouldn't have otherwise been possible.

SJAC are keen to develop partnership working with other third sector organisations where this can boost response to need across Wales.

A good example of this working in practice was SJACs involvement with the Pharmacy Delivery Service where British Red Cross (BRC) were already providing support prior to our involvement. We were able to develop a good partnership arrangement with the BRC which reduced the time taken for SJAC to get on board with the programme of work and respond to the need much more quickly.

We are now seeking to build on the relationship developed, and are working closely in responding to the mass vaccination programme requirements from health boards. BRC and SJAC have unique skill sets and working in partnership enables a more holistic approach and response from the third sector to health boards.

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