

## Scottish Covid-19 Inquiry

### Witness Statement

Statement taken at 10.30 hours on Wednesday 24<sup>th</sup> January 2023. Witness HSC0188 refers.

Witness interviewed by **Name Redacted**; Statement noted by **Name Redacted**

Consent Form Signed.

Witness Statement of Jackson Cullinane

### **Background**

1. My name is Jackson Cullinane. I am 61 years old, and my date of birth is **Personal Data**. I can be contacted at my work address: Unite the Union, 145-165 West Regent street, Glasgow G2 4RZ.
2. I am willing to provide a statement, have my information contained within reports and willing for my statement to be published. I agree to recording the statement. I am prepared to provide evidence at the Inquiry. I am aware that I can withdraw my consent at any time.
3. I am currently employed as a full time official by Unite. My workplace address is 145-165 West Regent Street, Glasgow G2 4RZ. I have been employed with Unite directly for over 23 years. Previously, I was active in the Union as a lay member serving on various committees, particularly when employed by ICI where I was elected Convenor of Trade Union Shops Stewards. I have been active in the labour and trade union movement since I was a teenager.
4. Unite represents workers who join the union from virtually every sector of the economy. Unite is structured into 19 industrial sectors. In terms of membership, Unite represents approximately 1.4 million people in the UK and approximately 150,000 of these are in Scotland. These figures are approximate as new members join and old members leave which makes the figures vary month by month.
5. Within the specific sector of Health and Social Care it is a bit more difficult to provide an accurate figure. This is because this sector, particularly the social care side, crosses over four different sectors. Firstly, there are social care workers who are in the NHS. Secondly, there are social care workers working in local government. Thirdly, there are social care workers in the private care sector and fourthly, there are social care workers in the voluntary and third sector.

6. However, within the health sector itself, which includes the NHS, Unite have around 100,000 members across the UK and around 14,000 in Scotland. Therefore, I would estimate that within the wider health and social care sector there are perhaps an excess of 16000 or 17000 members in Scotland.
7. I previously worked as an 'industrial officer' of the Union which involves representing workers in particular sectors. As a result, I have experience in negotiating on behalf of workers in different sectors such as food and drink, transport, public services etc.
8. My first job title as an officer was 'education officer'. My role then involved organising and delivering the education and training program. This also meant that I trained shop stewards and union representatives across all the sectors of the Union. After that, I became a 'Deputy Regional Secretary of the Transport and General'. Around 2007, there was a merge of Transport and General with another union Amicus which led to the creation of Unite the union. My role thereafter became 'Regional Coordinating Officer' where I managed a group of officers that represent all workers. My first geographical remit was the West of Scotland including areas such as Glasgow and Dumfries. I am currently the Head of Policy Campaigns, Communication and Research for Unite in Scotland. In this role I manage a unit that is responsible for coordination of the union's media input, both broadcast and written media, as well as social media. The unit is also responsible for responding to Scottish Government consultations on a whole range of issues and for organising union's campaigns, many of which have a political dimension.
9. My team is also responsible for internal communications ie. newsletters, surveys, non-statutory ballots etc. We also have a role alongside other officers in coordination of industrial action campaigns following legal industrial action ballots. We also organise Unite's Scottish Policy Conference and the union's input into the conferences of organisations to which we are affiliated, including the STUC.
10. I also have to engage on a day-to-day basis with other unions and politicians. I also give advice and direction to officers representing on how they might take things, such as campaigning, forward.
11. I would estimate that there are around thirty full time officials within Unite in Scotland. There are also administrative staff and support workers. We also have people who work in other areas such as campaigns, hospitality, lifelong learning and education, research, communication, apprenticeships etc.

12. Unite Scotland and Unite UK, are not entirely separate. It is one and the same and our day-to-day work is largely governed by our rule book. Unite is a lay member-controlled union and that means the decision-making process of our Union is based on a structure of lay member/delegate committees and conferences. The committees and conferences are made up of lay members and they take the decisions on formal policy of the Union. Ultimately the overall policy making body of the Union is the Unite Policy Conference.
13. There is also the Unite Rules Conference which determines the Union's rule book. This contains a rule which allows Unite Scotland to have some autonomy over political and industrial matters pertaining to Scotland. So, in essence, what that means is that we have some autonomy over those issues which have been devolved to the Scottish Parliament.
14. We also have autonomy over our engagement with the Scottish Parliament and with the Scottish Government on all devolved areas. Furthermore, what was originally called our Scottish Regional Committee has been renamed as a Scottish Executive Committee with powers over issues which pertain to Scotland. So, we are together with the UK and Ireland but also have a degree of autonomy under Unite's rule book.
15. At the time of the pandemic, I had served on the STUC General Council as a representative of Unite for many years and was elected as the STUC's President. My involvement during the COVID pandemic was to serve on the STUC's COVID-19 response group which was made up of representatives of a range of unions affiliated to the STUC. Therefore, I was Unite's Representative on the group and also served as the STUC President on the group. Due to this experience, I am able to comment on and share information with you today.

### ***Impact on members & workforce***

16. Pay was a big issue for our members during the pandemic and this took up quite a lot of the initial meetings and discussions. We argued from day one that pay was a public health issue and, unless people had an income, they would be pressured to go out to work and into a workplace, instead of working from home if able to do so. The absence of sick pay, particularly in some areas of social care, particularly within the third sector and in the private sector, was a major issue Further details are provided below.

17. Furlough pay was an issue as we found that many of our members were having to argue to get put on furlough as there were many employers who were not willing to put their staff on furlough. This was compounded by the complication of the definition of “essential work” for example, in the area of health and social care, some administrative workers were still required to attend their workplace rather than being able to work from home or being furloughed.
18. In the construction sector some people were falsely defined, as self-employed which initially determined whether or not they were covered by furlough. This meant that those working in the construction sector initially did not have access to the furlough scheme. There were also key workers who did essential work who had to be in the workplace and deserved to have pay awards recognising this.
19. The lack of sick pay provision within the social care sector was a major issue. In the event of a social care worker contracting COVID and being forced to isolate ultimately meant that they ran the risk of falling into poverty due to the lack of sick pay. Many of these workers are often amongst the lowest paid in the sector.
20. Some of this was addressed over time but many of the issues remained a problem particularly for the third and private sector. This was because the Scottish Government did not have direct jurisdiction as an employer over those areas. However, in my opinion, one of the best things the Scottish Government did during the pandemic, in respect of pay, was to issue guidance that workers should not suffer detriment related to Covid. Unions were then able to put this to employers highlighting that workers should not suffer a detriment, financial or otherwise, for any COVID related absence.
21. Enforcing that guidance was however difficult. But nonetheless, it was a step forward as it gave us the leverage to argue that, in order to adhere to the Scottish Governments guidance, you need to have people on full pay when they're required to isolate. Furthermore, the guidance stated that employers should not classify COVID related absences as ‘normal’ absences which could result in facing disciplinary action.
22. In addition to this, the introduction of the Social Care Fund by the Scottish Government was instigated by the Unions to ensure that social care workers who were off work ill or self isolating due to covid would receive full pay. This was a major victory and would not have happened without the pressure from Unions.

23. In my opinion this must have had a fairly significant impact on public health because it meant that some workers, who may have otherwise have went to their work due not being able to afford to take time off sick, were able to do the proper thing and to isolate at home or look at alternative forms of performing work which prevented or minimised their need to go into the workplace.
24. There is now a developing staff shortage crisis in social care, particularly in the third and private sector. COVID may have contributed to this as people recognise that, due to the nature of their job role, it can be dangerous. However, low pay and poor terms and condition are major factors.
25. In some cases, people who are receiving little more than the living wage, are having to pay for their own transportation to and from locations and have limited to care for people in their homes. The stresses and strains of that, are amongst the reasons that people are leaving the social care service, and it's particularly prevalent in the third and voluntary sector.
26. Furthermore, whilst social care workers' wages in local government are subject to COSLA central negotiations, there is no similar setup in the third and private sector of social care. Some workers are not covered by any agreements at all.
27. There is some resentment that, particularly for health and social care workers, people stood at their doorstep and clapped for them to recognise the absolutely crucial work that they were performing during the pandemic. However, as soon as the pandemic finished, it feels to many of those workers that things reverted back to a disregard, a disrespect, for low paid, overworked social care workers.
28. PPE was another big issue, and it was particularly relevant to the health and social care sector. The main issues with PPE were that there was a clear lack of PPE available and some of the PPE which was available was inadequate.

29. The issue of PPE, or lack thereof, was relevant across all sectors but it was a major issue in both the health service and in the social care sector. First of all, there was a general shortage of PPE, and it took some time to try and address that problem. The Scottish Government was reliant on some manufacturing companies gifting PPE for use in health and social care. We had situations at the start of the pandemic where only one third of the ambulance staff were issued with PPE. People employed in roles such as cleaners in hospitals, estate workers and maintenance were often told that there was a hierarchy of the provision of PPE, which they were at the bottom of despite the fact that due to the nature of their work meant they could come coming into contact with COVID patients.
30. Furthermore, some of the equipment that was being issued was designed for males rather than women in a sector which is predominantly made up of female workers is quite odd to have equipment specifically designed for males. Additionally, some of the PPE was out of date and we had cases where the date had been taped over to cover up the fact that it was out of date.
31. The original advice to care at home workers was that if they did not have a mask then they should not be making visits. This was then changed to advise that workers should only use a mask if they suspected they were dealing with a COVID positive patient. This put the burden onto the worker to determine whether they think the person they are providing care for may or may not have Covid. Care workers are not medically qualified and were not qualified or confident in making these decisions.
32. There was also advice given by some employers that workers could use, clean and reuse PPE. Workers were also advised, on some occasions, that they were to take their used PPE to their homes to dispose it.
33. There was a lack of preparedness in terms of the availability of PPE. There may have been a cost consideration in terms of employers being asked to stockpile PPE for an eventuality which they felt may not occur and them seeing this as some kind of cost wastage.
34. In the experience of union members working in the private care sector, there's an emphasis on profit. As there was not a sufficient stockpile of PPE prior to the pandemic, and it would cost to source the PPE, there was a reluctance by some employers to source the PPE if there was a way around it. Some employers suggested that certain workers didn't need PPE, or they could wash it and reuse it – all of this was to lower costs.

35. All sectors were affected to varying degrees in terms of the availability of PPE, and this would obviously differ from employer to employer. Certainly, in terms of private care employers it would vary according to how up to speed they were, how willing they were to pay for and access PPE.
36. Another issue with PPE is that it was often used as a substitute by some employers for other measures. For example, some employers believed that if you have a mask on, you're safe and you don't need to be as strict on social distancing or other methods of work. Of course, what the mask was there to do was to protect others and to stop the spread. It did not mean that people would be immune from COVID.
37. I think a similar mindset developed with the vaccine. We encouraged people to take the vaccine, which was one of the major breakthroughs in terms of minimising the impact of COVID in terms of the number of deaths etc. But it has a limited life span, so people needed to get revaccinated, and I think you're beginning to see a tailing off of that. I think it is important to note that the vaccine may protect an individual from getting seriously ill from, it does not stop COVID. it does not stop the spread of COVID.
38. I think that ties into the preparedness bit. This is because if you do not have a system that allows you to accurately judge what the prevalence of COVID is if you do not have a system that allows you to identify the impact of new variants and how harmful the new variants are. This is coupled up with a kind of mindset that, well, we are now able to live with COVID and just get on with that. All of that potentially means that if a variant comes along which is going to have a major impact, we are not as prepared as we should be. That is why, alongside our opposition to the related job losses, we have opposed the closure of the Covid testing labs, such as the Lighthouse Lab.
39. There was another major issue surrounding the definition of what was or was not deemed to be essential work. Although this did not impact as much in the health and social care as most health and social care workers are patient facing in the delivery of patient care. However, there were people in the sector who were either doing administrative work or who did a mixture of administrative work and face to face personal care, but they were all put into the bracket of 'you will turn up to your work' in person.

### Covid Reporting and Under Reporting

40. Workplace transmissions is something which we are very concerned with, and, in our view, there was a scandalous lack of reporting of workplace transmissions. This was because of the way RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) was applied. The HSE was essentially telling employers that they only had to report, for example, COVID deaths, when they believed that covid was workplace transmitted and where people had contracted COVID at the workplace. This meant that if employers believed it was a community transmission, then they did not need to report it, and therefore, due to the underreporting, in my opinion you have this anomaly on covid death figures. The figures collected by the Office of National Statistics (ONS) bear no correlation to the figures provided via RIDDOR.
41. According to the ONS, the deaths of workers who contracted COVID at their workplace is 11% whereas under RIDDOR that percentage is only 2.5%.
42. When you break it down into your sectors it becomes even more stark. For example, in the transportation sector, only 10 Deaths were notified to RIDDOR whilst, under the ONS, that figure is 608. In the food and drink industry 63 reported under the ONS and only three reported RIDDOR. Making the ONS figures 30% higher and in construction 70% higher.
43. There is less disparity within Health and Social Care, perhaps because that particular type of work has historically recognised the need to report deaths of various illnesses. However, even then there is a discrepancy of 886 reported by ONS and the 271 reported by RIDDOR.
44. There were also situations during the pandemic, where whole hospital wards were being closed down due to staff shortages, as nurses and other workers were ill with COVID. It would be safe to assume that the instance of covid workplace transmission was much higher than the figures upon which the Scottish Government was basing its guidance and restrictions on.



### Impact on the demographic of our membership

45. Given that we are a multi sector union, it could be argued that covid hasn't changed the demographic. I think where it has changed our demographic potentially is that there are certain sectors of the economy where people's experience during COVID led them towards the trade union. I think this is true for social care workers and I also think this is true for hospitality workers. As restrictions lifted and some didn't have the type of protections that they should have had, many of these people naturally gravitated towards looking to organise a trade union voice. So, I think it has had some effect in respect of the demographics of our membership.

### Shielding

46. In our view, the recognition of people who were particularly vulnerable and should be placed into the shielding category was something positive and to be welcomed. However, not all employers adhered to this, and some would still expect people to come in depending on what their job role was.

47. There were occasions when we had to challenge that. As the restrictions began to ease, I think there was a real fear among people who were shielding that their needs were not getting as much cognisance as they should have. Some people were particularly anxious that the push to get back to some form of "normal work" was going to have an adverse effect on their health and that their right to shield was going to be reduced and affected. We had many different discussions with employers when people were coming back to their places of work and whether this would be on a full time or hybrid basis.

48. The position of disabled workers was a wider issue. We considered the issue of home working for them; did people require adaptations in their house to enable them to work online? Is this worker particularly isolated in terms of this working environment? How will this affect their mental health and what kind of support and regular contact will they require? There were also questions around PPE for people with disabilities such as, if somebody required to lip read, would masks create a difficulty for them?

49. One of the things we deliberately did in the COVID response group was to involve the STUC Disabled Workers Committee and so we had two people who would meet with the committee, and they were there specifically to raise particular issues that were particularly pertinent for people shielding or for disabled people. We recognised the need for this, and, in turn, the Scottish Government had to take cognisance.

## ***Communication with the Scottish Government***

50. My main communication point with the Scottish government was through the STUC COVID-19 response group. I met with the Scottish Government throughout the pandemic at least once a week. We also had our own internal pre meeting prior to the response group meeting to determine which issues we should speak to in order for our meeting to be more structured.
51. At these meetings the General Secretary of STUC would lead for the trade union side and would raise general issues, and then various members of the team would speak about those issues in greater detail.
52. From the Scottish Government side, there was a very large group who attended and they were generally led by the Cabinet Secretary Covenant for Fair Work. Occasionally, other government ministers would be called to deal with particular aspects or issues that arose. There were also lot of government advisors and government officials in attendance who each had particular remits. The government advisors might not be directly employed by the Scottish government, but they were brought in as experts/specialists to deal with certain aspects of covid. So, it was a fairly large group. There were time constraints on the meetings which was not great I think the meetings were initially mainly for the Scottish government to listen to us and to get a feel for what problems were arising from the trade union perspective. The Scottish Government would share with us their proposed guidance and they would give us an explanation as to the logic behind the guidance being issued.
53. Sometimes, if we were the only union that had asked about a certain issue, and knowing the size of our membership, then the Scottish Government would come directly to us. However, in the main, the conduit was between the STUC secretariat and the Scottish Government.
54. In my opinion the communication process generally worked well but would have been better had the time at the Covid response group meetings not been limited, as I said earlier, Sometimes it would be no more than one hour to try and squeeze everything in and sometimes things would fall off the agenda and not get raised. Furthermore, sometimes they would say they would take something away and come back to us but never actually followed through and we had to continually raise it at the at the next meeting. It wasn't perfect but it was generally okay.

55. Sector specific communication appears to have been better. In some sectors there have been forums set up which allowed the meetings to be more sector specific and focused as well as involve a wider amount of trade union representation and worker representation. For example, in health and social care, we had a workforce leadership group that was able to spend more time on problems which had been raised and go into more depth to identify specifically where the problem was and what could be done about that. It wasn't like that for every sector, but it was mirrored in some other sectors, for example, I know there was a group that focused on issues within schools as well as higher education.
56. I did not attend the Workforce leadership group as it wasn't a subgroup of the COVID response group but it appeared to enable a more in depth discussion and the people who populated it on the trade union sides were the officers who had responsibility for negotiations in health and social care and some of the representatives in particular health boards.
57. There were occasions when the Scottish Government would set up discussions between specific sectors and Scottish Government officials to consider a particular issue.
58. The Scottish Government also set up an online portal that they made available to trade unions so that people could report issues that they felt the Scottish Government needed to address. The utilisation of it was not as great as it should have been, and I was continually trying to encourage some of our people to use it.

### ***Scottish Government Response***

59. In general, whilst we should be critical of some things that the Scottish Government did or did not do, I think there was a recognition that the Scottish Government was engaging with the Union through the COVID Response Group, and they engaged with the Union through various other groups that were set up on a sectorial basis.
60. However, towards the end of the pandemic there was a feeling developing that the impact on the economy and perhaps the impact politically was becoming more of a consideration by Scottish Government in comparison to public health than it was earlier on in the pandemic.

### UK Government

61. Throughout the COVID pandemic the UK Government were making announcements and then the Scottish Government were making announcements which sometimes differed. Generally, the differences were favourable to us, and the Scottish Government generally appeared to be more cautious. They were reluctant to rush into changes and kept in mind public health safeguards, which was generally welcomed.
62. There were maybe one or two occasions where in my opinion the Scottish Government got it wrong.
63. However, in general, I think the Scottish Government were better than the UK Government because, at least until the latter stages of the pandemic, they were a bit more cautious about the public health impact. I think the fact that they were having these kind of regular meetings, sharing guidance with us and asking us for comments, was very much welcomed and an example of good practice.
64. The difference between the UK government and the Scottish Government guidance caused some problems because some employers chose to follow the UK guidance rather than the Scottish guidance and that was particularly true of some larger private organisations that were UK wide.
65. Some of them were using this to their advantage and were choosing to follow what they thought was a more favourable guidance for them, some others just mistakenly followed the UK guidance and didn't take any cognisance really in the differences in the Scottish guidance. This was particularly true towards the end of lockdown periods where the UK Government changed the message with regards to working from home, whereas the Scottish Government stuck to the message of work from home, and we had to continually flag up to employers that they needed to follow the Scottish Government's guidance.

### Guidance

66. Enforcement was one of the biggest problems we had in connection with all of the Scottish Government guidance as our representatives and officers had to stand their ground with employers and say, 'this is what you must do in Scotland'. That was partly because of the absence of the devolution of employment law and partly because the reluctance of the Scottish Government to intervene as what they saw as being industrial relations. It felt as if we were being asked to police the situation without strong enforcement back up from government or law enforcement.

### ***Lessons to be learned***

67. In my opinion, the Scottish government did some positive things but there are certain things which they could have done better.

68. The Scottish Government removed the "no detriment" guidance too quickly as we were coming out of the pandemic. The reality was that there were still people who required to be absent from work because of COVID and there were people who contracted COVID at their workplace, particularly in the health and social care sector. Currently, there are many people who have been diagnosed as having Long Covid and they shouldn't suffer a detriment. In fact, our position as a union is that Covid should be regarded as an industrial disease. Unfortunately, a lot of employers are unsympathetic or unrealistic in meeting the needs of workers who suffer from Long COVID, many of whom have contracted as result of providing a frontline service during the pandemic, and individuals need to be treated better than that. This may require a legal change and people suffering from Long Covid should have access to things like industrial injury benefit and Covid and Long Covid itself should be classed as an industrial disease.

69. I think one of the lessons to be learned is the need for preparedness. I think that the Scottish Government needs to be prepared and learn the lessons from this pandemic. I think the Scottish Government is failing to learn this lesson about testing, tracing and monitoring. I think one of the downsides of how the Scottish Government approached the situation was their failure to test and trace, widely enough, failing to test workers regularly as well as regular testing in care homes and hospitals. We've now reached a position where they have closed the facilities which allowed them to regularly monitor and look for new variants.

70. I think we've got to a period now where, if you're looking for accurate figures as to the prevalence of COVID, you'll struggle to get it. I think there is a real danger that as new variants appear, we won't pick it up quickly enough. I think there is a real danger that a variant may come along, rapidly gaining a foothold and possibly having a substantial effect, leaving us to play catch up in terms of how you address that. I don't think the Scottish Government has fully learned the lessons of preparedness.
71. I think the Scottish Government should recognise that social care sector workers are absolutely crucial to society, and they should be more valued and better rewarded. The care profession in general should be more valued than it was pre-pandemic. The Scottish Government should be making sure that union recognition and collective bargaining is extended across the care sectors and underpinned by minimum rates of pay, minimum standard of terms and conditions and the provision of sick pay. This is also a need to address the growing staff shortages.
72. I think the Scottish Government should generally recognise the crucial role that trade unions play in health and safety. This was obvious during the pandemic and should be obvious now. During the pandemic, the Scottish Government encouraged what, in effect, was the use of "roving union safety reps", whereby Health and Safety representatives in unionised workplaces could give advice to or inspect other workplaces. Whilst this proved to be practically difficult (given the need to avoid spreading Covid between different locations or the reluctance of employers to grant time-off for roving reps) it is a principle and practice that could be applied post-pandemic.
73. In terms of communication with the Scottish Government the COVID response group meetings proved to be invaluable for all who participated. If we are ever again in a crisis situation like that, the early involvement of trade unions through the STUC in a similar process would be crucial. I think the Scottish Government should understand that these meetings should be longer, the meetings should be more structured in the sense of subcommittees, with direct routes into that overarching group from the subgroups.
74. So I think there's a whole number of things and measures that should be taken. In the short term, I think there are lots of things which they can do now that would address the reality of long COVID that continues to exist, and which would help to make them better prepared if another crisis develops.

75. In my opinion, there were positives and negatives with regards to the Scottish Government's response to the pandemic. There were some real positives such as their engagement with the trade unions being relatively good. As a result, I think some of the guidance which they produced was also good, particularly the one about people not suffering a detriment, financial or otherwise, because of something relating to COVID.
76. I recognise that the Scottish Government were more cautious than the UK Government from the public health point of view in terms of re-opening of workplaces, etc, but, I think they were slow to recognise the PPE issue being an issue to begin with.
77. I think there were areas that they jumped to conclusions a bit too quickly which created some problems. Things like getting rid of or reducing social distancing in school buses, for example.
78. I think they could have given us more time in terms of the meetings and the meetings could have been more in depth.
79. Throughout most of the pandemic the Scottish Government based their guidance and restrictions on consideration of "four harms", public health, the economy, the societal effect, and the impact on the NHS. I think as time went on, towards the end of the pandemic, it felt as if the economy factor was having more of an influence and therefore the considerations on public health less of an influence.
80. I think the big negatives are the mistakes they made right at the start, transferring people from hospitals out to care homes, lack of provision of PPE, lack of preparedness, slowness to pick up on it as it developed. I don't think they have fully learned the lessons or at least have not put measures in place that would demonstrate they have fully learned the lessons.
81. I do think that the reduction in monitoring and testing and keeping an eye on what's happening is a problem. I am not convinced that accessing proper PPE wouldn't be another problem if a pandemic were to happen again. I think that workplaces need to recognise that COVID was also transmitted at the workplace and that it was not purely a community transmitted disease. People are still having to be absent from work due to Covid and they should be protected. This can also lead to long COVID and people who have long COVID need to also be protected.

82. Whenever we talk about key/essential workers, people invariably think about workers who were out there, keeping people alive in hospitals and keeping people alive in care homes which is correct and understandable. However, I also think we need to recognise that a lot of people working from home are in fact, also key workers. A lot of people who worked from home did absolutely key essential work, without which the health and social care sector, and other sectors wouldn't have been able to operate, and I think they deserve some recognition as well for that.

I believe that the facts stated in this witness statement are true. I understand that this statement will form part of the evidence before the Inquiry and be published on the Inquiry's website.

By typing my name and the date below, I accept that this is my signature duly given.

Signed: *John Jackson Cullinane*

Date: *29<sup>th</sup> March 2024*