Scottish Covid-19 Inquiry
Witness Statement

Statement of **POLLOCK/Robert**

Introduction

1. My name is Robert Pollock, and my date of birth is Personal Data, my details are known to the Inquiry. I am employed as a Clinical Adviser Paramedic but worked as a frontline paramedic during the pandemic. I have changed my role as a consequence of the pandemic. I have worked for the Scottish Ambulance Service (SAS) for 23 years.

2. I changed role from paramedic to Clinical Adviser Paramedic in October 2021. I was based in Govanhill Glasgow, but I am now based at the Ambulance Control Centre Cardonald West Control Room, Glasgow and I am also the Branch Secretary for the GMB Trade Union for the Scottish Ambulance service branch. When the pandemic hit, I was given the task on behalf of the GMB to monitor protective equipment (PPE) levels and quality for Scottish Ambulance Service workers .

Employment and Training

3. I originally started work with the Scottish Ambulance Service in Patient Transport Services (PTS), then I became a Technician and within two years, I trained as a Paramedic. I am registered and regulated by the Health and Care Professions council.

4. Prior to the pandemic I was a front-line operational paramedic predominantly in Glasgow, and I was also conducting my role as the Branch Secretary for the GMB. I was given facility time to conduct my GMB business which varied, but approximately 60% of my time was operational and 40% was given to my GMB work. I am now a full time Union Convener after temporarily covering for my colleague because of his ill health.

GMB Scottish Ambulance Service Branch

5. GMB Scottish Ambulance Service Branch has almost 2,000 members. The Branch provides advice, support and representation for all members employed by the Scottish Ambulance Service. This includes paramedics, technicians, operational staff, and control room staff. The Branch works to ensure that employment terms and conditions are adhered to and that members are treated equally and with fairness in the workplace. We also

negotiate on behalf of our members to improve their terms and conditions of employment.

6. The Scottish Ambulance Service has around 5,500 employees. There are 230 vehicle stations across the country. A directive from the Scottish Government directs that there must be at least two crew members within front line vehicles with at least one being a paramedic. Processes and procedures differ from station to station. In some circumstances a fast response vehicle will be sent out if a call meets a certain criteria or code. They will assess the patient and can either stand down the ambulance crew or upgrade the call to flag it as more serious.

7. In addition to emergency transport, the Scottish Ambulance Service also provides a patient transfer service. This service provides transport for patients that are medically unfit to travel by other means to their healthcare appointments, or for their admission to and discharge from hospital. The transfer service has a planned route to and from hospital to pick up or drop off a number of patients.

COVID-19

8. The Scottish Ambulance Service started holding regular meetings regarding COVID-19 on Monday 23 March 2020. These meetings were held daily, Monday to Friday, and updates were given from management. The information being provided often came from Public Health Scotland and other agencies. I attended these meetings and was provided the opportunity to raise members' and employees concerns and questions I was asking questions such as whether we were at risk, what protection was available, when additional stocks of PPE were going to be delivered, the practicalities of social distancing etc.

9. One of the main concerns I would frequently raise at the meeting was members' concerns in relation to depleting PPE stocks. I had a network of communication with members that would frequently update me on the stock at their station. I would also carry out station visits and take pictures of stock rooms to show to the group. In addition, I had a good awareness of PPE stock levels as part of my role during the pandemic was to deliver PPE to stations, take stock and update the record of what was there. I took notes of what was available in different areas and noted that it was very poor.

10. The Scottish Ambulance Service would listen to our input and members concerns and modify their approach based on this. For example, initially their focus for providing PPE was cities with remote and rural areas being

forgotten. I was able to provide updated information from members to the Scottish Ambulance Service on stock levels which allowed priority of stations where PPE was low.

11. I fed all answers, facts and figures I received at these meetings back to my members in an attempt to provide reassurance from all the anxieties and stress during this uncertain time. I was unable to eradicate anxieties but I attempted to minimise them. People were frightened that they could be bringing back the virus from work to their families.

12. Often at these meetings they would over promise and under deliver. For example they would state a delivery of a certain amount of PPE would arrive by a certain date and then this would not happen. I do not believe that this was intentional, I think everyone was trying their best. However, this resulted in myself providing reassurances to my members who were anxious about not having enough PPE stock that deliveries would arrive on certain dates which frequently didn't materialise. This resulted in the information initially received from management being insufficient to pass onto my members with confidence.

13. GMB set up a hotline which was constant, and I was the nominated person to take these calls. The Scottish Ambulance Service were aware of this hotline. I started receiving calls from members on Sunday 22 March 2020 and my phone soon went off the radar with people concerned, anxious and frightened for their own safety. Members were concerned that the quality of the PPE was not sufficient, they were witnessing their colleagues catching covid and becoming seriously ill, despite wearing the PPE that was provided. In addition, members were concerned about passing on Covid to their family members, especially members with caring responsibilities for vulnerable family members. I was also getting calls from members about the lack of PPE, and questions on why the Scottish Ambulance Service wasn't looking after the safety of its employees. Often FFP3 masks were not available and therefore ambulance crew would just be provided with the surgical masks. Prior to the pandemic ambulance crew were provided with Alpha Solway FFP3 masks as a standard when dealing with infectious diseases. This is what ambulance crew would have expected when operating during the pandemic when every patient they dealt with had the potential to have Covid. The lack of such PPE created panic amongst members as to why their employer was not providing the best equipment available and just providing the minimal.

PPE

14. There was a wide range of concerns and questions in relation to PPE. I had geographic contact points/persons throughout Scotland who informed me that there was a significant lack of PPE, with none in lots of locations. A major concern was the scarce number of all-in-one suits, these suits come in all sizes from XS to XXXXL. However, stock appeared to be all one size, extra-large, which for most females was unsuitable.

15. Other questions we received from members were about cleaning their uniforms. All members should have three uniforms and we received questions about how often they should be changing and washing these uniforms if they did not have protective covers. We also received questions on the correct method for crew members to bag their uniforms, how to safely wash their uniforms at home and if their uniforms had to be washed one at a time to avoid cross contamination. In addition, questions were asked about changes to protocols for cleaning vehicles and the frequency of cleaning. Crew members were trying to maintain as safe a working environment as possible.

16. The media reported that paramedics in London had been issued with full white body suits (protective suits), FFP3 masks, boots, and covers for shoes to protect from contamination, so I questioned why we were not getting similar equipment. This started the communication from me pleading for the same level of protective equipment for the Ambulance Service in Scotland. Our crew members were mostly provided with surgical masks and FFP3 were only provided if they fitted appropriately and were available. Many were not provided with all-in-one suits as these were not available in an appropriate size and shoe covers were not provided. I wanted the best available PPE for employees, not the bare minimum to protect members and others.

17. I was told that the Scottish Ambulance Service would get the Alpha Solway masks (FFP3) and that some were in reserve somewhere. I enquired with the senior management team as to how many there were. The Alpha Solway FFP3 masks were a comfort to staff. These masks did the job they were meant to do; they were made from substantial materials. I explained that we had used these previously for protection out with COVID-19 so knew that there were some in the system, but the information was not forthcoming and no one could give a definitive answer. I indicated that thousands were needed for people, explaining that 5,000 per day for the whole of the Scottish Ambulance Service was required. I was not satisfied that the PPE we had was sufficient to alleviate the anxiety of the staff.

18. I was being told by the Scottish Ambulance Service that out of date masks were being tested by sample testing and they were fit for purpose. However, some staff were taking them out and the elastic was snapping, and the white powder covered their faces. This caused a lot of distress and anxiety to staff. Perception means a lot to people who are out risking their lives. Management were covering up the use by dates, whether that was a genuine error or not I do not know, but it was just the perception by the staff that management were pulling the wool over their eyes.

19. There were serious issues with the 1863 FFP3 mask. These FFP3 masks did not appear to be as robust as the Alpha Solway FFP3 mask that employees were used to. I was also receiving a high number of reports from members of them failing their face fit tests with these masks. This appeared to be happening on a much higher frequency than with the Solway masks. We raised this with the management, the masks were then withdrawn. Very soon after withdrawal, contrary messaging would come out to say they could be used. This caused members continued stress and anxiety as they knew there were issues with the 1863 masks.

20. My role was to highlight concerns over crew safety and the lack of PPE, to notify the Scottish Ambulance Service of all the concerns, and attempt to ensure supplies were available to all locations. I called the representatives in each location to check available stock and was told on numerous occasions that there was stock but that cupboards were locked by managers, so staff had no access to them. This appeared to be an attempt for managers of bigger stations to protect their PPE supply and ensure crew members were provided with an allocation. However, management would usually work an 8-5 shift leaving the PPE supply locked away. This meant later shifts could not get access and members had to make do with limited supply or drive to an adjacent station to collect some.

21. There was a big concern for those in vulnerable groups, for example pregnant workers and asthmatics, and how they could be best protected. A decision was needed there and then as it was a major concern initially until government guidance was clear. People in these groups were dealing with known COVID-19 positive patients. These were the most frequent callers initially looking for assistance prior to when the government issued guidance to those who were advised to shield. Ambulance Control staff were at the start triaging patients with suspected COVID-19 symptoms from a list of questions and if they were suspected of COVID-19, staff would have to don protective clothing.

22. In my opinion, the Scottish Ambulance Service were interpreting the guidance and adopting it from different sources to suit their circumstances. For example, they adopted WHO guidance when this was stated surgical masks provided suitable protection. However, when WHO changed their guidance stating surgical masks were not appropriate, the Scottish Ambulance Service began to adopt Scottish Government guidance which stated surgical masks provided suitable protection. This appeared to be as a result of surgical masks being easier to source than FFP3 masks. Often information in relation to the availability of masks was wrong 95% of the time. I do not think that was by error, I think they were guessing. The detrimental impact on staff was substantial.

23. Face fitting tests were necessary for every individual that required an FFP3 mask. FFP3 masks come in different shapes and sizes to accommodate the individual's face size and shape. These tests were carried out by exposing the individual wearing the mask to a non-toxic gas. They would be asked to carry out physical exercise and if the non-toxic gas was detected under the mask, this indicated it was not appropriately face fitted. This resulted in individuals requiring a different size or brand of FFP3 mask.

24. There is a qualification you need to have to carry out the face fit tests. Due to the increase of face fitting being carried out, vulnerable ambulance crew workers were deployed to carry out these tests. While these individuals received the qualification to carry out the test they were being asked to train others. These individuals did not have the sufficient knowledge or experience to be carrying out this training and this resulted in bad practice. Tests were not carried out properly and there were occasions where people were failing the mask fit test, and they were told to pull the elastics on the mask tighter to circumvent the results. This was widely reported back to me by members, however, denied by the Scottish Ambulance Service. This was strictly against manufacturers' instructions and specifications. This manipulated a pass, at the expense of people's safety. Tightening the mask in this manner, against manufacturer's instructions, put pressure on the straps and created the risk that they may snap leaving the user unprotected. It also increases pressure on certain parts of the face with the potential to cause bruising and rashes. This is not a tolerable manner to work in and can increase the tendency of the individual to touch and move the mask putting them at risk.

Testing

25. In late March 2020 A member of the Senior Management Team confirmed that positive isolation cases were 34 within the service at this time. Following this testing was agreed in principle with local health boards.

However, a significant amount of discussion continued to be undertaken in relation to the practicalities of this with Health Protection Scotland. Decisions had to be made in relation to practicalities such as how often this would be undertaken, where this would be undertaken and whether ambulance staff would be prioritised to allow them to return to work as quickly as possible. Health Protection Scotland agreed to publish information and guidance to be passed to staff across Scotland.

Do Not Resuscitate (DNR)

26. There was reporting in the media of the "toe tagging" of patients by age group which is wording for "do not try too hard to resuscitate them" over a certain age. Scottish Ambulance Service employees received a letter by email on Thursday 26 March 2020 from the Health and Care Professions Council which stipulated to every registrant that they realised there would be difficult decisions to be made by healthcare professionals, but they would be given full support to make decisions out with normal protocols.

27. The reference to normal protocols within the letter refers to the fact that ordinarily, efforts were made to try and resuscitate every single person that has a feasible chance of success. However, the Health and Care Professional Council basically indicated that if employees did not do that on these occasions to coincide with the government statement, then they would fully support employees for any challenges employees may face as healthcare professionals.

28. This was very frightening for workers who have family members in that age group and it caused a lot of concern and anxiety for people who were used to doing their best to preserve life. The process of resuscitation has evolved, and we have a high success rate. This did not go down well with members. In addition, there were discussions about rumours within meetings with the Scottish Ambulance Service that the government had a plan to reduce the age group to those over 50s if Covid levels reached their expected peak and the plan for over 70s did not result in a significant enough drop in medical demand, with ages dropping depending on numbers coming through hospital. This with the backdrop of the crisis Covid caused in Italy.

29. Staff morale was severely affected, as they were trained to preserve life, they were paid lifesavers but at the time, they were told to do the complete opposite. This terrified staff that they might have to do this against their normal training and their normal desire to help. This was not a process that anyone welcomed.

30. I believe that this was a panic measure which was not justified and the same outcome could have been achieved with more PPE to minimise risk and spread to others and through the use of self-isolation. I believe that public education is required and honest and proper explanation is critical going forward and should be done now, not when the next pandemic comes. I believe that public guidance should be provided in a period of calm.

Social Distancing

31. When the Scottish Government were trying to introduce social distancing I explained that patient transport (PTS) vehicles would normally be used to take two or three patients into local hospitals for appointments. I raised a concern that if a member was picking up a patient with COVID-19 or with COVID-19 symptoms, it would be dangerous for another four people to be in the vehicle. However, the Scottish government came up with a floorplan of a two-metre distancing from the front seat on the left to the back seat on the right. This strategy involved transporting three patients, seating the first individual at the front and working back and then dropping patients off in the reverse order so they were not passing each other. I disagreed that this provided the patients with sufficient protection as the first patient would be walking through the whole van, which was a very enclosed space, potentially touching various areas as they moved through.

32. There was a lot of dialogue back and forward with the Scottish Government before it was finally agreed it would be one patient per journey, but this was three or four weeks down the line. I said that if that meant doing six journeys instead of two journeys, this was not a concern for me and that my concern was ensuring everybody's safety and welfare.

33. An additional problem with this approach was that the transport drivers were not sufficiently socially distanced from patients. Members raised their concerns in relation to this and eventually heavy plastic screens were introduced.

Loss of Colleague during Pandemic

34. I will now refer to the tragic case of paramedic colleague who died at the age 51 on 2 May 2020 after contracting COVID-19. I dealt with his family personally and am still very emotional about it and it is not something that I like to recall. This was the first death within the Scottish Ambulance Service which was recorded as a consequence of COVID-19.

35. This obviously heightened employee's fears, alarms, and tensions on having to come to work but also, employees were driven to help people due to the industry that they are in. Dedicated staff were determined to do their best but were very worried for themselves and families as to what may happen to them.

36. I believe that this paramedic caught COVID-19 from a patient with no obvious symptoms of COVID-19 during a patient transport service from Campbelltown to Glasgow. This was one of the alarming issues surrounding COVID-19 in that it did not always have the obvious signs and symptoms such as coughing. It is common knowledge that the longer you are exposed to a positive person, the higher the possibility of contamination and this was a four-hour journey that the paramedic undertook with patient who may have been covid positive. Understandably, this heightened anxieties for every single person employed by the Scottish Ambulance Service.

37. I was interviewed by STV regarding this and was asked how this would affect colleagues. I confirmed that my colleagues and I would continue to do the job for the people of Scotland. I explained that this was difficult for everyone at the time, and everybody was very fearful that they or one of their relatives would be next. I had to emotionally give my condolences to the paramedic's family, but I also had to give strength to members in order to give them confidence to continue their professional service to the people of Scotland. I found it very difficult.

38. This death had a big impact on my members with them knowing that there was a potential of death, and they were doing their duties without the very best protection. Death became a reality. I had to give a professional interview without spreading fear and alarm. I received phone calls from members all over Scotland to say that it was sad but the interview was well delivered, and that I had relayed their thoughts. My biggest concern was to bring confidence to members in doing what they do. They do their job professionally, but I was concerned about their safety. The management announced the paramedic's death in service but there was not much support, nothing really changed.

Support during Pandemic

39. There was virtually no support from the Scottish Ambulance Service with regards to being absent from work due to being in an "at risk" category. I explained that I had medical issues including bilateral kidney failure as a consequence of kidney stones in both sides previously, meaning a risk assessment was carried out. This, coupled with my blood pressure and age,

deemed me at risk therefore I could not return to my duties as a paramedic. This was near the start of the pandemic. I continue to feel guilty about being removed from being a front-line paramedic during the pandemic.

40. I then worked in administering COVID-19 vaccines and flu vaccines and also drove around different stations, took pictures of stock on shelves, highlighted any concerns, and forced the Scottish Ambulance Service into getting vehicles to get stock from central sources to outlying areas.

41. I would then highlight these concerns to make sure PPE was delivered as soon as possible to anywhere in the country that was running low. The Scottish Ambulance Service used hire vans donated to them to help with logistics.

42. It became very difficult to alleviate people's concerns by this stage. Lots of people were terrified to go to work. With regards to PPE, I am of the opinion that the Scottish Government went down the cheapest possible route for stock. At meetings with the Scottish Ambulance Service it was stated that 100,000 FFP3 masks were being provided, which are still awaited. I believe that false promises were made which gave people a false sense of hope.

43. Members were frightened of carrying out cardiopulmonary resuscitation (CPR) as PPE had been lying in stores for so long that some had disintegrated so some were popping off people's faces when carrying out CPR, meaning that any disease the patient had was passed on. These patients were intubated so anything becomes a live virus and if you lose protection, it becomes very frightening which therefore interrupts members' ability to concentrate and amplifies their stress levels.

44. The Scottish Ambulance Service were understaffed due to the extraction of staff for example, those shielding, those who had caring duties etc, and those with prebooked annual leave. There was a lot of resentment from members who were asked to give up prebooked annual leave and who were promised to be able to take this at a later date as they then faced issues when trying to do this as too many people were asking for time off which they were due. This meant that people are less likely to do this in the future and these people are to be commended and not abused.

45. Work pressures were being used by the management as a reason for not giving staff a break. The government bought in a holiday buy back scheme, and this enabled staff to forego leave for payment. This did not give members the rest and recuperation they needed. This caused a lot of resentment. Staff were working considerable hours. There were some fair

outcomes by the management, but I always felt that we had to keep pushing for the resolutions and outcomes.

Personal Experience of COVID-19

46. I suffer from Long COVID and was told that I could not fulfil my job as a paramedic on the road due to kidney issues. I failed my risk assessment so I had to look for alternative vacancies and found the Clinical Advisor post and was offered the job. In October 2021, part of my training required me to travel to Edinburgh. There was social distancing in place, but the tutor stated on day one that he had a headache. Me and another two students were in intensive care within two days with COVID-19. I was not aware of a big outbreak at the training venue in the two weeks prior to the course.

47. I suffered from a grossly enlarged liver and widespread pneumonia. This also affected my memory. My emotional thoughts have been affected long term and I struggle with dealing/coping with some things. My memory recollection is severely affected even after being off work for three months and is still affected today under certain circumstances.

Long COVID and Long Term Consequences of the Pandemic

48. I am assisting a member who was told that they required two COVID-19 injections for their job as this was written in their offer of contract. However, as a consequence of these being administered incorrectly she now has with severe mobility issues as a consequence. The vaccines were supposed to be given six weeks apart, but this member received two within three weeks. As a result, the member is going to be discharged from the service under capability. This is an example of a young member under 40, with a knock-on effect of COVID-19 and COVID-19 vaccines. The Scottish Government needs to look at these people with sympathy and not find a legal excuse as a way not to pay them.

49. People who have Long COVID and cannot return to work are now managed through the normal absence process and are being dismissed through capability. This means that colleagues left behind will remember this and this jeopardises the willingness of people to come forward next time and expose themselves. Long COVID sufferers are basically dumped with no financial payment. People cannot sleep properly as a result. People have faced financial hardships.

Lessons to be Learned

50. The lessons to be learned are to have a local PPE manufacturer that gives priority if you have a contract set up to provide you with equipment with immediate effect. When members were provided with out-of-date PPE, this understandably caused concerns and anxieties. PPE has an expiry date for a reason as they disintegrate. This was terrifying for people having to use them and the Scottish Government concealed this by putting another label over the top. It was only by Trade Union intervention that this was exposed.

51. I am of the opinion that there should be a meeting on an ongoing basis to discuss plans for a future pandemic. This would mean if anything like this happens in the future, then a plan could be implemented with immediate effect, not weeks later as this delay and uncertainty cost lives. A high percentage of people reporting with high blood pressure were getting gravely ill as a consequence of COVID-19. The same goes for asthmatics, chronic obstructive pulmonary disease (COPD) etc which affected the workforce as well as patients. Action was not taken quickly enough to protect these workers.

52. Members have witnessed their colleagues, who have contracted Long Covid, being treated badly and they will not forget that. This causes anxieties and stresses for their colleagues. Everyone has the right to go to work safely and return home from work safely. This means providing PPE but also making sure that if you do get ill, you are given support and not just dismissed which is happening all the time.

53. In a time of crisis, honesty is the best policy. People want to hear the truth, people can cope and deal with the truth.

Hopes for the Inquiry

54. The people who have been medically diagnosed with Long COVID and could not return to work under normal circumstances are being managed through the normal absence process and are being dismissed from work under capability. There is no financial package for them, they have been dismissed through no fault of their own for helping the people of this country. There needs to be a recognition and help for them.

55. We have to learn the lessons. The Scottish Government carried out a pandemic preparedness exercise three years before the pandemic in the event of a man created virus. The conclusion of this was that more had to be done in terms of preparedness. However, following this no action was

taken. Having to rely on other countries to produce equipment comes at an extreme cost. You must have a facility here that can step up. The Alpha Solway mask factory was actually shut down weeks before the pandemic.

Signed:.....

Date:.....