Scottish COVID-19 Inquiry

Witness Statement

Statement of Elizabeth Martin, taken at 1000 hours on Monday, 08 January 2024. Witness Number HSC0183 refers.

Witness interviewed by Witness Statement Taker Name Redacted Statement also noted by Witness Statement Taker Name Redacted Witness interviewed via Microsoft Teams.

Witness represented by Name Redacted Thompson's Solicitors, 285 Bath Street, Glasgow, G2 4HQ who was present at the meeting.

Consent

1. My name is **Elizabeth MARTIN**. I am 65 years of age, and my date of birth is Personal Data I stay at my home address Personal Data Personal Data

2. I am currently employed full-time as a Private Care Branch Secretary and a representative for private care with GMB (General Municipal Boilermakers' and Allied Trade Union). I have been in this position for 6 years. I was previously a Branch President and first joined the Union as a workplace representative in 2007.

3. I am willing to provide a statement, have my information contained within reports and to have my statement published.

4. I am prepared to give evidence at the Inquiry and I'm aware that I can withdraw consent at any time.

5. If I was to be called as a witness, I would be available to attend the Hearings in February and March 2024.

6. I have agreed to the recording of my statement today. I have signed the Inquiry consent form showing my agreement to all of this.

7. I would like to tell the Inquiry about my experience of the pandemic and how it impacted myself and the members I represent in my role as a Branch Secretary with GMB.

PERSONAL BACKGROUND

8. I qualified and registered as a nurse in 1979. I worked in the NHS until 1985, after I had my second child.

9. When I returned to work, I took up a role in a care home working night shift a couple of nights per week so I could work around childcare. I ended up working there until I recently retired. My career totalled just short of 38 years.

10. I have worked with GMB since about 2007, initially as a volunteer representative and then I took on my first paid role a couple of years before COVID. At that time I worked a couple of days per week for the union, which I did in addition to working part time, two nights in the care home. I worked in the care home throughout the pandemic.

OVERVIEW OF GMB

11. The Union started in 1924 and is one of the three biggest in the UK. It has over 500,000 members.

12. GMB represents members in the workplace. We are a member led organisation. Members vote for their elected representatives and also in relation to campaigns and policy making. There is a Congress every year where motions are proposed and voted on. Every second year there is a vote with regards to potential rule changes, and again this is decided by the democratic vote.

13. The Union is split into various regions. I am a member of GMB Scotland and we have a head office based in Glasgow. The President and Secretary sit at the top then there are regional committees and councils. The committees meet every month and the council two or three times per

year and these are comprised of members from various workplaces. These groups will lobby MPs and MSPs if there is something they identify needs introduced or amended.

14. The GMB is financed entirely through the subscriptions paid by the members.

15. The union gets involved with issues such as grievances, welfare, disciplinaries and general queries relating to employment law type matters.

16. I don't know how many staff GMB employ. The Union comprises a mix of volunteers and paid employees.

17. If a member has an issue they need resolved, they contact HQ in Glasgow. They in turn send an email to the relevant representative with brief details and an outline of what that issue is. When an email comes to me, I would speak to that member on the phone and try to resolve the problem for them.

18. We provide our support in the first instance through online emails and telephone calls. We may have face to face meetings with the members depending on what the situation is. We can also have Microsoft Teams or Zoom meetings if preferable.

19. GMB have members across all areas, including local government. My role focuses on those workers in private care homes.

GMB – PRE PANDEMIC

20. Before COVID, GMB operated as I have mentioned already. I can only speak for what I did and what I was involved in. I would get information sent to me from HQ and would take on individual cases.

21. The main difference from pre pandemic to during the pandemic was that we could not visit any of the care homes. We also could not meet people face to face.

22. The number of enquiries I received increased massively during this period. I know that our HQ staff had transitioned to working from home as opposed to working from the actual office. However, they were still working, and this meant we were still receiving inquiries which required action.

23. A lot of the enquiries we received at that time related to members who were having issues around the guidance being produced, and it how impacted or affected them in their roles. It was very frustrating because in normal circumstances, I would have arranged to attend at their workplace to discuss matters with both them and their managers but during the pandemic this was not possible.

24. As time went on and we started to become familiar with software such as Microsoft Teams and Zoom, it became a bit easier to have such meetings.

25. The demand for our services fluctuated. I would say it came in waves. Generally, when new guidance was released, our members would get in touch looking for clarity around them. An example of this, was when care staff were advised to self-assess the use of face masks. Care staff had never really had to use these before and would contact us looking for advice, especially if their management was explaining the guidance one way, and they, as staff, were interpreting it differently.

26. As a representative I found it difficult trying to manage the enquiry demand and it was very stressful. The reason it was stressful was because I was often having to listen on the end of a phone to someone who had been experiencing a difficult situation in the workplace. I am not a qualified counsellor but did my best to listen to people and help them.

27. There were times during the peak period when I got really angry and frustrated. The anger came from the guidance and advice coming from the government, it seemed to be written by people who did not know or understand how a care home works.

28. I was trying to keep on top of all the guidelines, both for my role as a nurse in a care home at that time, and as the union representative. I would be reading guidance and saying to myself it was impossible to action in a care home setting.

29. Scottish Government guidance stated that all residents were to stay in their rooms, but residents suffering from dementia do not understand this or social distancing. You cannot keep these residents in their room and you cannot isolate them for 14 days. It is really difficult trying to isolate those suffering from dementia as they do not understand. It would require intensive supervision to look after one person and staff numbers did not allow for that. You could ask a person suffering from dementia not to touch things, but they don't comprehend this. As such, every surface they touched, out with their own room, needed to be wiped down.

30. My role has not really changed since COVID, other than the fact I am now much busier post COVID, in the private care branch. This is due to an increase in member numbers The approximate increase has been 17.57%. The one thing that has slightly changed is where we have arranged face to face meetings with staff in care homes, which sometimes need to be cancelled with short notice, due to an outbreak within a care home.

GMB – COVID-19

31. As an organisation our main considerations were how we were going to be able to continue offering our services to our members overall, as well as in my sector, private care. We had to adapt to the new technology using things like Microsoft Teams and Zoom. Our head office staff had to start working from home, which was something new. We could not meet our members face to face, at times when they needed support, especially those facing really difficult times working in the care homes.

32. I don't think anyone was prepared for the first lockdown. It was all new to us. The GMB did have laptops for their staff already, so we could still

do our jobs. There was maybe a slight delay when the office staff had to work from home, but we were still able to communicate and do what was needed, either by mobile phone or email.

33. There was not really any planning as such, we took things from day to day, especially with the guidance changing as frequently as it did.

34. We had no knowledge about lockdown coming. It was a surprise to us albeit we were watching what was happening in other countries and guessing it may be coming our way.

35. The advice we were giving our members at the start of the lockdown was that we were there to assist them with the interpretation of the guidance, which was being disseminated to us, sometimes even we could not get our heads around what was being written. An example of this is around car sharing; a lot of care homes are based remotely where we are and they are not all on bus routes. When the guidance came out around not being able to car share, it caused our members concerns. The reason being that if two people, who normally shared a car to work but were no longer able to do so, actually had to work closely as a pair when doing their jobs, they were not allowed to share a car to work. This was despite being allowed to be within close proximity to each other when actually doing their jobs. This did not make sense to us. This then caused issues around trying to get into work. Many members had fears surrounding the use of public transport.

36. The impact on me personally was that I was angry and frustrated. I fully grasped and understood why we were doing things, but the guidelines did not really take into consideration the practical implications of the role of our staff in care homes. Why were care home staff, or the unions, not consulted before these guidelines were issued? I know that it was an ongoing situation and things were changing constantly, but nobody was listening to us or asking for our advice.

37. Our members were having to deal with things they never imagined they would see in their lifetimes. For example, adapting to the new rules

around infection control. This was not something we really did before, or at least, not to the extent that we were suddenly told to. Then there were the numbers of deaths the members were having to cope with on a daily basis. We were used to dealing with deaths in care homes but not to the extent that it was happening. That had a massive impact on staff. It was overwhelming for them.

38. Care homes were not infectious diseases wards and were not equipped as such which meant that workers required extra training in order to meet the new infection control requirements with the exception of docking and donning of PPE. Staff were bombarded with extra infection control training, which was mostly online but staff had no time to watch this during their working hours, so this was done during worker's own time at home.

39. The pressure of the infection control requirements in addition to Public Health inspections and Police Scotland investigations added immense pressure on staff, with some staff feeling as if they were constantly under scrutiny and that some were of the opinion that care home workers were to blame for the spread of the virus. This had a substantial impact on staff morale and the mental health of workers.

40. Some staff also felt guilty about not having enough time to spend updating families of their residents. Pre pandemic, the conversations staff were having updating family members could be quite lengthy but due to time constraints and other pressures on staff during the pandemic these conversations became very short and unsatisfactory which left families and staff alike feeling frustrated.

41. Some residents had no family or any family members who lived nearby so the duty to fulfill end of life care then fell to nurses and carers. During the pandemic, staff had less time to spend with a resident at this stage than they would previously due to staff shortages. This was also impacted by the time constraints with donning and docking of PPE on entering and exiting a resident's room which ultimately meant there was

no quick way of "popping in and out" of the room to check on the resident. Pre pandemic, staff would hold the hands of residents at this stage, which staff still did, but residents were denied skin to skin contact through the use of gloves.

42. Staff also had to deal with families who were angry at the death of their relatives and took it out on them. They felt frightened and intimidated.

43. Staff also felt isolated from their own family members. They helped each other with peer-to-peer support, although there is only so much support a peer can offer. This is often when they would contact us at the union and we would speak with them to listen to their concerns and try to offer support.

44. Investigations by Procurator Fiscal added to the pressure we felt. A lot of staff were running on adrenaline. If a person died, Police Scotland would come in and request paperwork to see if there was any case to answer. This obviously added a lot of stress for staff and was done across the whole of Scotland.

45. The GMB fought for our members to have access to the Social Care Sick Fund. If there was an outbreak of COVID in a care home, and staff tested positive they had to isolate for two weeks but were only entitled to statutory sick pay. This meant staff were not only stressed about having caught COVID in their workplace, but also having to worry about not getting fully paid. We were successful in challenging this which meant the care homes had to pay the staff in full. The care home claimed that money from the local authority who then claimed from the Scottish government. This was problematic at times with delays in some staff receiving payment leading to financial hardship.

LOCKDOWN

46. When lockdown was imposed, I think it would be fair to say our members were confused, in particular, our younger members. Members were concerned about how they were going to get home after their shifts, they

were overwhelmed and could not fully comprehend what the consequences were going to be.

47. The impact on our staff when we locked down was that they felt they were not given the recognition they should have been given. An example of this is when the NHS staff, and rightly so, were being given early access to shops before their shifts whilst they were fully stocked. This was not offered to care home staff, who were also putting themselves and their families at risk by attending work each day. By the time they were finished their shifts and went to the shops, there was nothing left. They felt forgotten about.

48. The NHS staff were also provided with wellbeing hubs where they could attend on their breaks and speak to a trained psychologist to talk about what they were experiencing. Care staff were not given this despite also dealing with lots of deaths.

49. The impact of lockdown on our members did not affect just their time at work, it also impacted on their family situations. They were worried about matters like childcare, as they relied on nurseries which were now closed, or family members who they were not allowed to see.

50. In some local authority areas, care home staff were not deemed as key workers, and this initially caused a lot of issues for our members with children. The children of key workers could still attend schools but if you were not deemed a key worker then your children could not attend.

51. PPE was a concern for our members and impacted on them in their daily duties. The quality and standard of PPE was a concern. For example, plastic aprons were of such poor quality you sometimes had to rip off five before you got a good one. There were also shortages of PPE, but this did get better as time went on, especially when the NHS Hubs were set up to provide us with PPE. The care homes did provide online tutorials showing staff how to correctly put on and take off their PPE in the correct order.

52. At times, our members were being told by their care home management, to reuse masks due to the shortages. An example of this is when the staff member was caring for someone who had tested positive for COVID and were isolating; staff in one particular care home were being told to place the mask they had worn whilst dealing with the resident into a polythene bag, tie it, and leave it in the room until such times as they returned, when they were to put the same mask back on. This was just as bad as having no PPE at all.

53. We were also advised of some care home managers who locked away PPE due to the shortages and them not wanting to completely run out.

54. The impact on our services was the demand increased. Members were getting in touch with all sorts of questions about various matters such as working conditions, travel, interpretation of guidelines, childcare and other things.

55. One of the major concerns for GMB was the mental health of their staff and members. We had no support in place for our members and nothing was provided, as had been for the NHS (Wellbeing Hubs). As time progressed, we drew up a list of various organisations who dealt with mental health issues and circulated this to our members and signposted accordingly. As time went on and by applying pressure, companies did set up telephone services for anyone experiencing mental health issues. As this had not been there from the start and if it had been, staff may not be having to deal with some of the mental health issues some are still dealing with now from seeing so much death and working under such pressurised conditions. These should have been on offer, so that staff who were dealing with such matters, could have spoken to someone there and then, or at the end of their shifts, not nine months later, as was the case.

56. There was no knock-on effect to any of the other services we previously used or had access to. We dealt mostly with queries from our members

and were still able to do so. Face to face meetings in care homes was obviously not allowed but we got around that by using Teams or Zoom.

57. My role never really changed since the start of the first lockdown other than I became a lot busier as a result of the increased queries and concerns from our members. Demand for our services grew.

58. I did not feel equipped to deal with my role at the start of the pandemic, due to my lack of knowledge around Teams and Zoom however as time went on, and I became more used to it, things improved, and I could still offer a service to our members.

59. With regards to support available to me, I had access to my colleague who was the lead GMB Organiser for private care. She was the person I used to call when I needed to speak to someone and vent off my frustrations and for general support. Her and I liaised with each other and shared information. She provided me with a lot of guidance as she is very knowledgeable and I do not know what I would have done without her support, which was available to me on a daily basis.

60. With regards to our members, they were coping as well as possible given the circumstances. They worked through a very difficult period and did a great job for which they have not received the proper recognition.

TESTING

61. When COVID testing eventually became mandatory for care home staff it was problematic. In house testing was only done on specified days and times resulting in some staff having to travel to their workplace on their days off. Initially, results were taking some time to come back with some staff being on shift when they received their result having to immediately leave their workplace leaving their workplace short staffed. If a care home had an outbreak Public Health took over the testing, again on a specified day and time again resulting in some staff having to travel to their workplace on their days off or after coming off a nightshift, after just a few hours sleep before having to go back into their workplace for

testing. This had a knock-on effect of an increase in risk to staff who were reliant on public transport and caused childcare issues for some staff. Some staff felt that between doing extra shifts to cover for staff who had tested positive and specific days for testing where they often had to attend their workplace on their days off, they were never getting away from COVID.

Vaccine

62. Scotland made it clear that vaccines were not mandatory, but there were lots of companies who were based in England who informed their workers (based in Scotland) that the vaccine was mandatory which caused a lot of confusion. Some companies then made it company policy that if a worker did not have the vaccine, then they were not allowed to work. Some members lost their jobs as a result of this as they chose not to take the vaccine, another example of a financial impact on workers. Workers felt unappreciated as they had worked through the worst of the pandemic, risking their lives on a daily basis, only to then be dismissed in this way be exercising their personal choice regarding the vaccine.

GUIDANCE / POLICY

63. A lot of the care home companies are English based, and the guidance was different in Scotland compared to England. There was confusion at times regarding the guidance because the English based companies were looking at English guidance as opposed to the Scottish guidance. This made it difficult for some of the care home managers.

64. With regards to guidance / policy updates, I was emailed those from GMB Scotland. I would imagine this was sent to them by the Scottish government, but I cannot confirm this with absolute certainty.

65. The direction we were being given was not fully understood. It was not tailored to our purpose. I have already touched on this previously but if they had consulted with us, as specialists in our roles, maybe it would

have been clearer and they would not have included guidelines which were an impossibility to manage, such as dealing with those with dementia.

GMB Post COVID-19

66. With regards to how GMB has emerged from COVID, I would say the biggest impact for those in a care home setting, is the number of staff who have mental health issues. At the time, when COVID started, I think most staff just kept on going to battle through it. Once things began to settle down, we saw more issues with mental health and long COVID coming to the fore. Some staff no longer have jobs as a result of long COVID.

67. For those with mental health issues and long COVID they can request 'reasonable adjustments' when they return to work, but this is difficult to accommodate for a person working as a carer in a care home setting.

68. GMB membership numbers have increased since COVID began, which has meant an increase in our workloads as representatives.

69. I don't know about benefits from COVID, but I would like to think there were lessons to be learned and nobody has to ever go through what our members did working in the care home environment. Additionally, staff have been leaving the sector in droves, which is not good. Some have left to work in supermarkets because they can get better terms and conditions. The only positives I can think of as a slight benefit are that we can now use Teams and Zoom, which we would likely never have done before. Most employers also did eventually set up a mental health support service for their staff, however not all employers did, so this is still an area where support is still lacking.

70. Our membership at GMB has increased during and post COVID. The staffing levels in the sector generally has changed. There used to be staff who had worked in care homes for years but this has changed.

Nowadays, most of the staff are short term and move on quickly. There is little consistency like there was pre COVID.

71. Demand for our services has grown due to the increase in private care membership numbers. However, the nature of the queries changed as we emerged from COVID. For example, there were very little disciplinary hearings during COVID but as we have come through the pandemic this is beginning to return. Albeit some of these issues actually link back to the effects of COVID, such as mental health, which is only now having an impact on workers with regards to welfare and absence matters.

LESSONS TO BE LEARNED

72. Any guidance to be issued in future should only be sent out after discussion with the people who are actually doing the job, not the managers, but the people who carry out the role from day to day.

73. Care home staff should be acknowledged and respected in the same way the NHS staff were.

74. There should be PPE of a good quality available from the start. There should be appropriate methods of testing if PPE for care home staff is sufficient to offer protection whilst caring for COVID positive patients.

75. Testing methods need to be better.

76. Acknowledgement that guidance, PPE, Testing, COVID sick fund were all problematic. These issues caused extra stress to care home staff whilst working in the most challenging times.

HOPES FOR THE INQUIRY

77. I would like to hope that someone, somewhere acknowledges they did not properly understand life working in a care home and that we also carried out an equally important role as the NHS staff.

78. I would like someone to come out and publicly thank care home staff, with sincerity, for the role they performed during the pandemic.

79. I would like an acknowledgement that the government failed care homes, residents and staff likewise.

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 : Elizabeth Martin

Date: 26/03/24