

Scottish COVID-19 Inquiry

Witness Statement

Statement of Paul Arkison of GMB Scotland - Witness Number HSC0195.

Statement taken by the Scottish COVID-19 Inquiry on 6 February 2024, by way of Microsoft Teams, in the presence of Name Redacted Solicitor, Thompsons Solicitors.

Introduction

1. My name is Paul Stuart Arkison. My details are known to the Inquiry.
2. I am a Senior Organiser with the GMB Scotland Trade Union.
3. I am willing to provide a statement. I have signed the consent form provided. I am happy to have my information contained within reports, and I am agreeable to this statement being published. I have agreed to the recording of this statement.
4. I am prepared to give evidence at the Inquiry, and I would be willing to speak to this statement. I am aware that I can withdraw my consent at any time.

Overview of the GMB

5. I have worked for GMB Scotland for around 16 years. I have been a Senior Organiser for around 5 years. I was a Senior Organiser at the start of the COVID-19 pandemic. As a Senior Organiser, I head up GMB Scotland's Organising team. I am the first point of contact and line manager for the Organisers. The organising team are responsible for recruiting new members. Organisers are responsible for what we call "industrial sheets". This is a list of employers/workplaces where each Organiser is responsible for looking after our members in working for those employers/workplaces. That is right across the industrial spectrum, for example with local authorities, retail, defence, energy. The GMB are a general union, and therefore my experiences are wide and far.
6. Before becoming a Senior Organiser with GMB Scotland I was an Organiser for GMB Scotland. In that role, I had direct responsibility for our members in workplaces with employers.
7. In my role as a Senior Organiser, I am a paid full-time employee of the GMB Scotland. I have been a paid employee of the GMB for the last 16

years. That is different to being a lay official, as people are elected by the union membership to those posts.

8. GMB Scotland represents workers in a number of different sectors including local authorities, gas and utilities, shipbuilding, whisky distilleries, NHS Scotland, the Scottish Ambulance Service, schools, care homes and retail. Our membership lies right across that network. We have approximately 60,000 members across all the main industrial sectors in Scotland. The main areas where we have the biggest concentration of members is in local government council services, private care sector and the NHS. In local authorities and the care sector, a higher proportion of our members are female; but there are other areas such as manufacturing which are traditionally male dominated.
9. Campaigning is the whole essence of the work of GMB Scotland. For example, highlighting issues like poor levels of pay and safety which are particularly prominent issues in the care sector. GMB Scotland regularly highlight these sorts of issues with employers and, if relevant, with the Scottish Government or local government. We try and get our members to stimulate these campaigns and then we would take them forward, as we are very much member led.
10. The GMB nationally is made up of 7 regions: GMB Southern; GMB Wales and Southwest; GMB London; GMB Midlands; GMB Northeast Yorkshire and Humber; GMB Northwest and Irish; and GMB Scotland. GMB Scotland is headed up by a Scottish Secretary. During the initial part of the COVID-19 pandemic, Gary Smith was the Scottish Secretary. Since June 2021, Mr Smith has been the GMB's General Secretary. Louise Gilmour is now the Scottish Secretary of GMB Scotland and has been in post since June 2021.
11. GMB Scotland have approximately 50 paid members of staff. In terms of the structure of GMB Scotland, at the top there is the Scottish Secretary. The Scottish Secretary works with the Senior Management Team who are responsible for various areas of the union e.g. organising; industrial officers; campaigns; training. Then we are supported by office staff, support workers, as well as a separate finance and membership team.
12. GMB Scotland has offices across Scotland. The regional office is in Fountain House in Glasgow and then there are district offices in Inverness, Aberdeen, Dundee, Edinburgh and Kilmarnock. Staff from each office all meet regularly and keep in contact, because certain things transcend the country. For example, local authorities and NHS Scotland affect all of the offices nationally. There are also local

differences, for example the Aberdeen office has a lot to do with the energy sector and the Kilmarnock office covers whisky companies down in Girvan.

Impact of the COVID-19 Pandemic on GMB Scotland

13. The COVID-19 pandemic was a huge change and everyone will have their own personal experiences from that. As an organisation that is set up to look after working people, GMB Scotland knew straight away that the pandemic was going to have a massive impact on our members. My own immediate concern was the safety of our members, and the fact that a lot of our members were on very low pay, so I was thinking about what the financial impact would be if they were told not to go to work, or if they couldn't get to work.
14. Operationally, there was a huge commitment from the organisation to make sure that we were still seen to be functioning for our members. We had members in local authorities, schools, the NHS, the care sector, and the Ambulance Service whose worlds were being turned upside down. They needed advice, and a place to come to for help, and we wanted to make sure that even in lockdown, and having had to close our offices, we were still seen to be operational and working.
15. One of the things that we pride ourselves on is that we go and visit members in workplaces if we need to speak to our members or help to sort out problems. The biggest change for me and the team that I manage was that all of a sudden that stopped.
16. In my role I was heading up a team of Organisers, and I had an inclination of what I thought we were going to be facing. Prior to working for GMB Scotland, and another trade union, I worked for the BBC in radio and research. Part of that role was stimulating enquiries from the public to make future radio programmes. I knew that when the pandemic hit we were going to be overwhelmed with a lot of telephone calls, and I knew that a lot of them were going to be very emotional. In my team, where only one or two colleagues would have industrial responsibilities, I moved quickly to break all of that down, as I didn't want just one or two colleagues to be dealing with a mass of enquiries. For example, I have one colleague who was responsible for private care, so I sat down with colleagues, and we divided up all of the care companies who would normally be the responsibility of that one colleague. This meant that if a call came in from a certain care company it would go to a certain person within the team, to lighten and split up the workload. As time went on, the calls from our members were becoming really distressing, and I was having to

support colleagues who were dealing with these calls. Some members were describing having to go to work in a "death trap" as they were knowingly going into homes there was an outbreak of Covid and this must have been terrifying for them. Several colleagues came to me who were very emotionally drained, given the advice that they were having to provide.

17. During the pandemic, particularly our Regional Secretary, Gary Smith was having a lot of written correspondence with Scottish Government Ministers such as the First Minister Nicola Sturgeon and Jeane Freeman. This also happened prior to the pandemic anyway, but in my opinion, this intensified during the pandemic. Mr Smith was emphasising in his letters to the Scottish Government that things were happening very quickly, and certain things that were in place needed to be changed or altered, or perhaps certain things that had been promised or committed to by the Scottish Government weren't happening, so there was a sense of urgency in the letters. I have provided some of these letters to the Inquiry.

18. Very quickly when we went into lockdown, the union made sure that we could work from home, with office equipment (laptops and phones) provided to people so that we could keep in contact. As a very traditional organisation, I would never have thought of hearing the phrase "working from home" in the GMB, and we had to adapt to that, but we were very quickly able to start working from home.

19. There was an intensity to our work. As colleagues, we all kept in touch and we had a daily Teams call each morning, which was really important to people. We were trying to make sure that the mental health of our staff was being looked after when working from home, and there was a sense of camaraderie. We were still having to deal with the industrial issues coming in, but also dealing with things like PPE, sick pay, people not being paid or what to do if family members tested positive. Although we were working in isolation, I think that as an organisation we functioned remarkably well during that time. Gary Smith was very visible throughout and his communications were always very clear.

Impact of the COVID-19 Pandemic on Workers in the Care Sector

20. In terms of health and social care, my main involvement was in relation to the care sector, rather than NHS Scotland and the Scottish Ambulance Service, as my colleague who was dealing with those worked in a separate team, although there were certain points of crossover.

21. We found it difficult dealing with the private care sector. That is possibly because of the relationship that we had with those employers prior to the lockdown, which was not good due to the fact that most are resistant to having any formal recognition agreements with trade unions which means that there is no formal process to discuss issues. Some private care employers view unions as confrontational. As we entered the pandemic, we needed some real assistance and input from these companies, which in my opinion was not there, and these companies needed to be challenged all the way, for example, with regards to concerns over PPE, their own interpretation of guidance, in some cases pressuring staff to attend work despite displaying symptoms. As a result, there was a huge amount of mistrust and anger towards these employers from our members. On 20 March 2020 the GMB wrote to all private care companies where we have members seeking a national strategy to guide the whole care workforce through Covid-19. We believed that by working together our members would be best protected in what was a national emergency. We also asked about employer's plans to ensure care homes were fully staffed and that staff had been issued with appropriate PPE.

Surveys of Members

22. GMB Scotland had to respond quickly to try to replace the workplace visits that weren't happening because we were in lockdown. We were sending surveys directly to our members, which provided us with very good quality information about their experiences during the pandemic. We were then able to take that information and use that to challenge employers or Scottish Government Ministers when our members were not being protected and/or were not being listened to
23. The surveys transpired as we were carrying out numerous online meetings with our members in particular sectors. During those meetings, people would come forward and share their experiences of what was happening. If anything was being put forward during these meetings that we saw as a particular issue, or something completely new that we weren't otherwise getting details of, then that is what would have stimulated the surveys.
24. The participation rates in the surveys were reasonably high and the surveys gave us a reasonable overview of what was happening at the time.
25. The issues raised by the GMB often resulted in positive changes being made by the Scottish Government such as the letter of apology which Jeane Freeman sent to the Scottish Ambulance Service. In terms of things that changed as a result of our representations, the sick pay

work that we did, in my view, contributed greatly to the setting up of the Social Care Staff Support Fund, which was essentially sick pay for social care workers unwell or isolating because of COVID-19. Without this fund many social care workers were scared to test in case it was positive, meaning they'd require to stay at home, meaning they would not be paid. The social care fund ensure that workers were paid full pay if they required to self-isolate or were ill with covid-19.

Personal Protective Equipment (PPE)

26. There was inconsistency in the advice received from the Scottish Government regarding the use of PPE within the care sector, whether it was necessary and in what circumstances. There didn't seem to be any directives given about the bare minimum of PPE that was required, and there was conflicting information about when masks should or shouldn't be worn. Initially, the use of IIR fluid repellent masks was to be self-assessed only.
27. There were also concerns that the advice being given by the Scottish Government about the type of PPE to be used was insufficient to protect the health of workers when dealing with residents and patients with respiratory illnesses. There was a lack of clarity about what types of face masks would be effective, how long face masks were suitable to be worn for how to dispose of them safely etc. This all increased worker's anxieties and fears.
28. There was a lack of engagement from some care home providers with trade union health and safety officers on the use of PPE. Some private care companies are very resistant to having any formal recognition agreements with trade unions where things like this would be discussed. Any recognition agreements that we do have with private care companies in Scotland have been bitterly hard fought to gain. Where there are no recognition agreements, there is no avenue or facility to discuss the use of PPE with employers directly. As a consequence of that, members would have to come to us, and then we would have to go to the employers or the Scottish Government to discuss what was actually happening in workplaces.
29. We were struggling to get our members in private care homes proper PPE. There were a lot of challenges. For example, we were questioning private care companies about not having the correct safety equipment in their care homes, and they would simply reply that there was the correct equipment. There would be no dialogue. No attempt to understand our concerns. Some members would tell us that there was the equipment, but that it was locked up and they didn't have access to it. Another example is that some members had been advised by their employers not to wear masks because it caused concern and

scared care home residents if they saw people in masks. Stocks of safety equipment were sometimes also taken away to central points.

30. There was a shortage of PPE in private care homes, and there wasn't enough PPE for everyone who was working providing direct care. Generally speaking, there was an overall shortage of PPE in the country, so initially the PPE was so scarce that it was being directed towards the NHS, where people who were contracting COVID-19 were being taken. People working in care homes or in community care therefore weren't getting access to PPE, or the equipment that was coming in wasn't the proper equipment that they should have had.
31. My understanding is that PPE was being brought in from other areas to account for shortages in the private care sector. It was a desperate situation, and I am aware that out of date PPE was sometimes being used.
32. We also had concerns about the quality of PPE. Essentially, we felt that our members, overwhelmingly low paid, working class, women were being provided with the cheapest possible masks or really low-quality plastic gowns. I recall some members actually had to take their own safety equipment into work. Some care workers were also advised to reuse PPE or were asked to use inadequate or inappropriate equipment.
33. Care homes can be very warm, stiflingly hot at times, and if workers are issued with poor fitting PPE, or PPE that is not suitable for that particular area, then it is going to cause problems. Sometimes the reality is that it is easier to take it off or not use it for a period of time, which leaves people very vulnerable.
34. There didn't seem to be an urgency to have some homes stocked up with safety equipment.
35. If there was an Covid outbreak or any other outbreak or accidents within a care home, there were no proper health and safety checks being done that would have happened pre pandemic. There were no health and safety risk assessments being undertaken or, where these were undertaken, they were inadequate. I know that things were different during lockdown, but we still had members and representatives at work, and these risk assessments could have been undertaken, but they weren't. I know that it was a very difficult time, but anything that could have been done to try to stop things spreading or outbreaks happening again was not being done, and the crises seemed to be just getting worse and worse in some workplaces.

36. There was also a lack of provision for safe disposal of PPE. On many occasions, PPE would be left in corridors or on trolleys, to hopefully be collected but it often would not be collected.

37. All of these issues were adding to a sense of real anxiety amongst our members. A lot of people were really frightened that the care homes were just becoming a breeding ground for COVID-19. The situation for care home workers became so desperate that 1500 GMB Scotland members in this sector wrote an open letter on 04 April 2020 to the First Minister Nicola Sturgeon, alerting her to the difficulties and pleading for assistance. The letter stated "*We do not feel safe at work. You have lost our confidence by publishing guidance without consultation with front line workers and by forcing us to work with insufficient PPE*".

38. GMB Scotland's survey of private care members on PPE and Pay dated 30 March 2020 found, in summary, that:

- a. 76% had not been provided with appropriate PPE (masks, gloves, aprons, soaps and hand sanitiser);
- b. 85% had not been provided with masks;
- c. 99% would support additional payments for private care workers; and
- d. Many stated that they were scared, anxious, stressed, over worked, undervalued and angry at being let down by the government.

Testing

39. Delayed testing of care home workers was a grave concern for GMB Scotland at the outset of the pandemic.

40. It was clear that patients were being transferred in significant numbers from hospitals to private care homes without being tested. Some of these residents subsequently tested positive. GMB Scotland called for testing of all care home workers by letter to then Health Secretary, Jeane Freeman MSP, on 22 April 2020. This call was ignored, and concerns were initially dismissed. We did not even receive a response to our letter.

41. Routine testing of care home workers was not introduced until October 2020.

42. In terms of testing for workers working in care at home, the position was even worse. In late November 2020 Mr Smith again wrote to Ms Freeman MSP regarding the proposed roll out of testing. We were particularly concerned that the Minister had told the Scottish Parliament that "*all homecare workers will not all be regularly tested before March 2021*". The letter also noted that this would be a period of 11 months since our first member in homecare died because of covid-19.
43. The letter also set out information from another of our surveys of our members in home care. With around 1000 home carers participating:
- a. 97% of our members said weekly testing would make us safer at work;
 - b. 98% said they are scared about asymptomatic spread in the community;
 - c. 97% said they have received no information on testing from their employer;
 - d. 85% said they are prepared to strike for their safety at work.
44. GMB Scotland had to repeatedly insist on the routine testing of care at home workers (those workers going into people's homes to provide care) as a crucial health and safety step. This extended to balloting for strike action at the Glasgow Health and Social Care Partnership. I believe the outcome of the ballot for strike action was that the employer then moved towards testing being carried out and strike action was avoided.
45. Another key concern was that symptomatic workers were instructed by some employers to attend work. I think the word "symptomatic" was being used for someone who was showing symptoms and either didn't have the facility to test themselves or was testing negative, but who was reasonably confident that they were carrying COVID-19. Some employers, essentially due to staff shortages, were stating that unless workers provided them with a bona fide test that they were COVID-19 positive, then the workers were instructed to attend work; and if workers didn't attend work, then they wouldn't get paid.

Discharge of NHS Patients into Care Homes

46. I think we initially found out from our members working in care homes that they were being asked to take patients from hospitals who hadn't been tested for COVID-19. I don't recall any consultation between GMB Scotland and Scottish Government about it, and I don't recall our members being properly briefed about it in the care homes. I recall that people with COVID-19 were being taken into hospital for treatment, and I think that there was a concern at the time that

hospitals were going to be overloaded with patients, so people were going to be moved out of hospital to care homes, to free up beds in the NHS. I absolutely understand that logic, to make sure that people were being kept safe, but I was dumfounded to find out that untested people were being discharged into care homes.

47. Our members were really concerned because there was a lack of staff, and a lot of these care homes had low occupancy levels.

48. Our members who were ambulance drivers also had to take these patients, who were untested, from hospitals to care homes, with no knowledge of whether these people had COVID-19 or not.

49. Our members were very scared because the risks of them contracting COVID-19 were heightening, in addition to the struggles which they were facing in obtaining PPE and they didn't know what to do. The patients being transported, and the families of those patients, would also have been concerned.

Staffing Levels and Agency Staff

50. A couple of years prior to the pandemic, GMB Scotland carried out some research into why we were seeing such a big turnover in membership within the private care sector. The research found that, at that time, 30% of staff within private care companies were leaving a company within one year of having started. The reasons provided for that were that it is a very highly regulated sector, with commitments to employers and the Scottish Social Services Council (SSSC), but these people are working for basically minimum wage.

51. Staffing within the care sector generally, and in care homes, was insufficient even prior to the COVID-19 pandemic, but when the pandemic started, people who were scared and concerned were just leaving the sector. Due to the pandemic, companies were also finding it very difficult to recruit new staff, because who would have wanted to go and work in a private care home at that time. There were also many outbreaks, with workers in care homes testing positive for COVID-19. Staffing numbers became even further depleted at a time when workloads increased considerably. The strain on staff, both physically and mentally, was enormous.

52. It was clear to us that there were staffing issues at that time, and staff were being worked into the ground. They were struggling to get days off, being refused annual leave, and were possibly being forced to come into work when they shouldn't because they were symptomatic.

53. Apart from the health concern of COVID-19 itself, our members were also concerned about their own mental health. Some members reported that when they were leaving their shifts to go home, they felt a sense of guilt, thinking that they were leaving people with minimal or less than adequate care. It was becoming almost impossible to run care homes with the numbers of staff available.
54. Many care homes did not have high occupancy levels prior to the pandemic, but when patients were discharged from the NHS occupancy levels started to rise again in the care homes, but many with less staff working there.
55. Some staff were also inadequately trained and resourced to deal with care homes that essentially became mini-infectious diseases wards. Patients discharged from hospitals were sicker than the average resident, with greater medical needs compounded by COVID-19 infection. This grave situation was made worse as some doctors in the community refused to visit care homes to treat patients.
56. Concerns were raised by our members regarding the use of agency workers working in different care homes, increasing the risk of cross contamination. Agency workers can make up a huge level of the staffing in some care homes (including carers and nurses), and they could have been in a different care home each shift. It wasn't even just across employers, some care homes have separate buildings in each of their premises, or multiple care homes in a geographical region. There was concern that if there was an outbreak in a specific location, staff were then being asked to go and work in a different location on their next shift. Our members were sometimes being instructed to go to work in a specific place knowing that there had either been an outbreak in the place where they had just been working or knowing that an outbreak had taken place in the place they were being asked to go to work in next. This was all causing a huge amount of concern. COVID-19 was spreading rapidly and the consequences of it were devastating. This was challenged by GMB Scotland, and only then were restrictions put in place for where people could actually go and work. It took a while for these restrictions to be put in place. From memory, these restrictions were put in place in late 2020. Our members first raised the issues with us in October 2020.
57. Some of our members have more than one position with either the same employer or a different employer, particularly female workers. Workers who held more than one contract of employment with care providers were under threat of termination of employment from some employers. There were concerns from both employers and employees. Employers were concerned about workers having multiple jobs in different locations and workers were concerned about being

more vulnerable due to this and also about losing wages if they were forced to stop working.

58. Overall, I think the legacy of the pandemic is that staff turnover has become worse. I think that most people go into working in the care sector wanting to provide a service and do their best to help people, but we are still plagued by low wages and no proper sick pay schemes.

Economic Hardship

59. Many members faced impossible decisions with the choice between the economic hardship of getting by on statutory sick pay only or nil pay while self-isolating or risking the health of those they cared for in their workplace. Most workers did what was right by their patients and isolated, to their own and their families' detriment.

60. Some employers did not even offer statutory sick pay, far less full pay. In those situations, Statutory Sick Pay alone was on offer to members with COVID-19. GMB Scotland had to fight for sick pay provision. We were campaigning hard, because we had members (who were on minimum wage as it is) who were getting COVID-19, or thought they had COVID-19, and were having to stay off work and therefore had no income at all. These members would get Statutory Sick Pay after three days, but that came nowhere close to replicating wages, and they still had to pay the bills and buy food. We were campaigning to prompt private employers to do something, but we also started to highlight this in correspondence between GMB Scotland and the Scottish Government.

61. This fight was successful, and the Social Care Staff Support Fund was introduced by the Scottish Government (even though this should have been an employer's responsibility) in June 2020. The Fund outlined that if an employee was absent from work with COVID-19, or a COVID-19 related absence, their employer could make an application to the Fund for money to be released to the employer to pay the worker. The Fund could only be accessed by the employer, not the employee. We were grateful for the Fund, and we felt that the politicians were trying to do the right thing, but this did not work smoothly, particularly within the private care sector. GMB Scotland had to pick up individual cases of some of our members and challenge the company as to why they weren't applying to the Fund. I think some companies found it overly bureaucratic. Some private care companies didn't even know anything about the Fund. Some companies didn't want to engage with it at all because it was too much work. Even although the Fund had been introduced, our work actually intensified, to ensure that our members were given access to it. GMB Scotland

had to take the initiative and press for meetings with the Scottish Government to discuss the implementation of the scheme, with a view to improving uptake and to limit the hardship of workers.

62. Some employers also interpreted the Fund guidance differently with regards to the interpretation of Covid related absence. It was unclear who should be paid and the amounts to be paid, for example, whether those self-isolating because of a family member testing positive would be included, or whether a positive test was required. Some employers were also interpreting the guidance to mean that they should not pay the employee wages until they had received the money from the fund themselves. This resulted in economic hardship to our members. Some employers were not treating this as a priority.
63. GMB Scotland had to provide a range of advice and guidance to those employers who wanted to engage with the Fund, including advice on how to access the Fund. It was more difficult to protect members when there was no trade union recognition agreement in place.
64. GMB Scotland's survey of private care members on Accessing the Social Care Support Fund dated 3 July 2020 (to which we received 650 responses) found, in summary, that:
 - a. 89% had not had any communication from their employer about the support fund;
 - b. 55% had experienced financial hardship during COVID-19 from being absent at work;
 - c. 95% of those with lost earnings had not had a payment from the fund; and
 - d. 85% did not have confidence that their employer would reimburse wages quickly.
65. The Social Care Staff Support Fund has now been withdrawn by the Scottish Government. The wider terms and conditions of employment for social care staff have become worse since the pandemic because some of the protections that the Scottish Government introduced, such as the Social Care Staff Support Fund, have now been withdrawn.
66. In April or May 2020, the Scottish Government announced that a death in service payment would be available to everyone in the care sector, including the private care sector. However, significant delays were experienced by some families who were eligible for this. For

example, a member of ours called [Name Redacted], who was a home carer, contracted COVID-19 and sadly died in May 2020. I have permission from [NR]'s widower, [Name Redacted], to mention [NR] in my statement. I took on [NR]'s case personally to ensure that her family got the money that was promised by the Scottish Government. I wrote to the Jeane Freeman MSP on 20 January 2021 raising the case. In my opinion, the politicians were making commitments in good faith, and were wanting to help people in the most desperate of circumstances. The reality was that in this particular situation, [NR]'s family had sold their house in Scotland, bought a new house and resettled in England, and we were still fighting for the death in service payment to be paid to [NR]'s family. It did eventually get paid, in late March 2021, and the Cabinet Secretary Jeane Freeman MSP offered an apology, but there had been a significant delay. It was just less than one year from [NR] passing away until her family received the payment. Families were having to grieve during the pandemic, and deal with the delays in the death in service payments, and I think that [NR]'s family would have given up if it wasn't for GMB Scotland regularly contacting politicians about her case.

67. GMB Scotland's survey of private care members on economic hardship dated 14 May 2020 (to which we received over 500 responses) found, in summary, that:

- a. 96% do not receive full sick pay from their employers if they are off with confirmed or suspected COVID-19;
- b. 70% had not been tested for COVID-19; and
- c. 78% were worried about taking a test for fear of testing positive and having to take time off work and only being left with Statutory Sick Pay.

Shielding

68. When we were receiving phone calls from members, it became very evident that there were several people who were looking after family members at home who had medical conditions, or they themselves had underlying medical conditions. It was a very distressing time, and we also had a lot of concern about members who were pregnant.

69. It was a very emotional and confusing picture at the beginning, as it was unclear whether people would get paid if they did not go to work. There was very little scope for things like dependency leave, or additional leave that some other employers could provide. Most of our members were unable to work from home (for example, due to the nature of their jobs, in private care or going to people's houses to

provide home care). I am aware that some of our members were furloughed if shielding, but not all. There was the Shielding Social Care Workers Support Scheme which was set up for those who were not furloughed and I understand that this was set up to assist with retrospective claims where employers had not previously engaged.

70.I recall some individual cases where some employers were persuading members to go into work when they should have been shielding, to account for staff shortages.

Communication and Support

71.GMB Scotland were concerned about the lack of support and engagement from managers, the Care Inspectorate and the Scottish Government.

72.Government guidelines changed at very short notice, often with little engagement with unions, particularly in relation to matters of health and safety in the workplace. This caused confusion and mistrust of Scottish Government ministers, and I think that still lingers on today.

73.There was a lack of communication around social distancing, what to do if there was an outbreak, the use of PPE or people going into multiple workplaces. If the Scottish Government were making announcements about certain things like PPE, or restricting people going into multiple workplaces, it would take time for that to filter down to actual workplaces. I remember advising members and having discussions with GMB Trade Union Officers, and I was being told that what was being announced nationally by the Scottish Government and what was actually happening in care home workplaces at times was very different.

74.The Care Home Rapid Action Group was set up by the Scottish Government in May 2020, only after considerable pressure from unions, and came too late. The first meeting took place on 28 May 2020. We believe this came about due to the fast moving developments at that time, and the need for a forum to deal with urgent issues. If something suddenly happened, the whole nature of the title of the group meant that it was supposed to deal with things quickly, which was something that we had really pushed for at the beginning, to have an avenue to deal with our concerns that were developing very quickly. With the best intentions, the Scottish Government were engaging with us. However, the group was almost drowned in meetings and sub-meetings.

75. In general, there was a lack of a national strategy to address the needs of those working in the care sector. This was exactly what our union wanted to prevent when we wrote to the First Minister on 19 March 2020, right at the start of the pandemic. We called for a National Social Care Plan to deal with the social care labour workforce.

76. There was no clear guidance from Scottish Government on key worker status, leaving employees at the mercy of some employers, some of whom interpreted government guidance and legislation to the detriment of their workers. There was confusion over who was defined as a key worker. GMB Scotland's position was that anyone who had leave their house and go to work during lockdown was a key worker, but there were difficulties with the interpretation of key worker status. Some of the difficulties experienced by our members were by those who although worked in the care sector, were not deemed to be key workers as their job title was not carer. However, they would be working in essential roles such as domestic, catering etc within care homes and still needed to go to work.

Mental Health

77. For many months, the mental health concerns of members were ignored by their employers as they dealt with serious risk to their own and their families' health.

78. A lot of private care employers would say that they put things in place to support mental health, but a lot of that would have been online support, and most of our members just don't have the facility to access that in the workplace. A lot of our members carry out very manual jobs, domestic duties or caring duties, and they would very rarely have access to a PC in the workplace. That would have excluded them from any online help or support.

79. There were multiple reports of members being overwhelmed by increased workloads, with fewer staff in more taxing circumstances, as the death rates of patients and residents increased. This was further compounded by financial hardship.

80. I remember speaking to members who would be phoning us up to say that they were very scared going to work knowing that they would be returning home and potentially taking the virus back home with them. That was a very profound moment for us, and that is one of the things that I will always remember.

81. GMB Scotland's survey of private care members on Mental Health dated 20 April 2020 (to which we received over 1,000 responses) found, in summary, that:

- a. 80% had not had contact from their employer about mental health support during COVID-19;
- b. 86% thought not enough support was in place to help cope with mental health during the crisis so far;
- c. 54% said no measures were in place in their workplace to support mental health;
- d. 84% said fear of taking the virus home was causing them stress at work;
- e. 74% feared for their own safety;
- f. 52% said their employer would not allow them to take time away from their shift to access urgent mental health support; and
- g. 80% said their work during COVID-19 has had a negative impact on their mental health.

Training

82. From my recollection, all training ceased during the pandemic. If any training was done, it would have been minimal. It was an emergency situation and there was no time to do training. As I mentioned above, a lot of our members wouldn't have had access to a PC to do any online training in the workplace, if that had been offered. Some of our members might not have been able to afford the technology to allow them to do any online training at home. Even now, staff are being asked to do training in their own time, unpaid, because of staff shortages.

Disproportionate Impacts

83. GMB Scotland has a sizeable membership in the private care sector, and currently 83% of those members are female. Not all of those members will be full time workers, and many will be working long hours and on low pay.

84. Some key workers could have their children looked after during the day during the COVID-19 pandemic withing the Childcare Hubs, but these were not made available to a lot of private care workers. This

was due to the difficulties that some of our members faced regarding classification of key workers as outlined earlier.

85. Some members raised concerns during meetings about how effective PPE would be if it wasn't fitting them properly. There are big differences between safety equipment in, for example, a refuse yard in a local authority (which is predominately male dominated and heavily unionised) and a private care home (which is predominately female dominated, not heavily unionised, with part time and low paid workers). This ultimately meant that many forms of PPE such as masks and aprons etc were too big for the majority of female staff.

Impact of the COVID-19 Pandemic on People Receiving Care

86. I think it would be accurate to describe our members almost as substitute family for the people who were receiving care during the COVID-19 pandemic. Actual family members were not permitted to visit their loved ones which was understandably very difficult for patients/residents and their family members but it was also very difficult for our members who had to have emotional and tough conversations to explain that to family members and the people receiving care.

87. There was no substitute for physical touch from family members, and people were sadly passing away with no loved ones around them. Our members were impacted emotionally regarding this.

88. A lot of people receiving care really suffered during the pandemic. Our members found the whole experience really difficult as well. Our members also had their own family, and some also had their own family members in care homes who they couldn't visit as well.

Lessons to be Learned

89. In my opinion, there should be something in legislation that sets out the minimum levels that need to be in place for proper safety equipment and, for the wider country, medicine and vaccines. I don't mean a bare minimum. I think that there needs to be an assessment about what is required for our country, and something in legislation to make sure that it never dips below that level.

90. With the moves towards the creation of a National Care Service in Scotland, private care companies need to show that they are committed to the principles of whatever is set out in the proposals but from GMB Scotland's perspective this will mean a move away from the minimum levels of pay and terms and conditions of employment which are currently in place.

91. Post pandemic very little has changed. Some private care companies are still looking to disengage with trade unions and going forward we need all organisations to commit to the best care for the residents of care homes, and the best conditions of employment for those delivering that care.

92. The care sector needs to be brought under more government control, with more regulation and better terms and conditions of employment, so that people can see working in the care sector as a career. The level of care would improve and there wouldn't be the huge turnovers of staff that we are currently seeing.

Hopes for the Inquiry

93. I hope that our members are able to relate to the Inquiry, and that something comes out of the Inquiry for working people, with recommendations that are tangible for their workplaces.

94. I hope that there is recognition of the value that the work that people in the emergency services and the private care sector do. I hope that these people are given proper decent wages for the jobs that they do. What they went through during COVID-19, providing end of life care and dealing with families, hasn't been properly recognised in my view.

Paul Arkison Documents

95. I have provided the Inquiry with a number of documents to accompany my witness statement, as follows:

- a. GMB Scotland Letter to First Minister Nicola Sturgeon from Gary Smith, dated 13 March 2020, re Health and Safety at Work – COVID-19;
- b. GMB Scotland Letter to First Minister Nicola Sturgeon from Gary Smith, dated 17 March 2020, re Scottish Ambulance Service & COVID-19;
- c. GMB Scotland Letter to First Minister Nicola Sturgeon from Gary Smith, dated 19 March 2020, re Social Care Planning and the Social Care Labour Force;
- d. GMB Scotland Open Letter to First Minister Nicola Sturgeon from Frontline Care Workers, dated 4 April 2020;

- e. GMB Scotland Letter to Shop Stewards from Gary Smith, dated 9 April 2020, re Payments for Key Workers;
- f. GMB Scotland Letter to Social Care Members from Gary Smith, dated 22 April 2020, re Testing on Social Care;
- g. GMB Scotland Letter to Shop Stewards, dated 28 April 2020, re Death in Service Benefits for Frontline Health and Care Staff during Pandemic;
- h. GMB Scotland Letter to Jeane Freeman MSP from Drew Duffy, dated 28 April 2020, re UK Government Death in Service Guarantee for Frontline Workers;
- i. GMB Scotland Letter to Jeane Freeman MSP from Gary Smith, dated 6 May 2020;
- j. GMB Scotland Letter to Jeane Freeman MSP from Gary Smith, dated 21 May 2020, re Social Care Staff Support Fund;
- k. Scottish Government Letter to Gary Smith from Jeane Freeman MSP, dated 14 July 2020;
- l. GMB Scotland Letter to Jeane Freeman MSP from Gary Smith, dated 26 November 2020, re Proposed 2021 Homecare Testing Roll-Out;
- m. GMB Scotland Letter to Jeane Freeman MSP from Paul Arkison, dated 20 January 2021, re [Name Redacted] Death in Service Payment;
- n. Letter to Jean Freeman MSP from Jenny Marra MSP, dated 3 March 2021, re [Name Redacted] Death in Service Payment;
- o. Scottish Government Letter to Jenny Marra MSP from Jeane Freeman MSP, dated 10 March 2021, re [Name Redacted] Death in Service Payment;
- p. Scottish Government Letter to [Name Redacted] from Donna Bell, undated, re [Name Redacted] Death in Service Payment;

96. 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.

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

Signed: **Personal Data**

Date: 16/4/24

