
SECOND WITNESS STATEMENT OF KATE BELL (THE TUC)

I am Kate Bell, Assistant General Secretary of the Trades Union Congress ("TUC"). My office address is Congress House, Great Russell Street, London, WC1B 3LS.

1. I make this statement on behalf of the TUC in response to a letter dated 17 August 2023 from Laura Taylor, the Module 2 Lead Solicitor. This statement is made for the purposes of Module 2 of the Inquiry, which is examining the UK's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 until Covid-19 restrictions were lifted in February 2022.
2. In my first witness statement to the Inquiry dated 24 May 2023, prepared for Module 2, I set out from paragraphs 245 to 290 the systemic impact of the Covid-19 pandemic upon workers across a range of sectors. This statement provides personal rather than systemic experiences from workers who were impacted by the Covid-19 pandemic.
3. We are grateful to the Inquiry for the opportunity to provide a supplementary statement containing first-hand accounts. We trust that this statement provides the Inquiry with a greater sense of the far-reaching impact of the Covid-19 pandemic, and the decision-making in respect of the pandemic, upon just 47 of the 5.5 million people who belong to our 48 member unions. We look forward to further opportunities to facilitate the provision of first-hand testimony, as we consider it essential to the aims of the Inquiry that the voices of those who were impacted are placed at the fore.

GMB members

4. An account from a worker in the care sector:

"Covid eventually came into my place of work in October/November 2020. I was in work when a member of staff rang in to say she had tested positive. Shortly after this, the first service user tested positive. He had been in hospital and brought it back into the care home. Our PPE was not what we were expecting, we had all seen on TV what hospitals had been supplied with and we thought we would be given the same masks, gowns, etc. Our PPE ended up being a plastic pinny that appeared to be the same as was used in the catering sector for sandwich making, and masks that we were informed by management were "there to protect the residents", not us, which was very demoralising. Eventually we were given visors. I felt that the PPE provided was not adequate.

I bought myself some safety glasses to try to protect myself a little better. We didn't have the correct equipment to deal with the airborne virus. I don't think the Council understood how the home was affected by the virus or how to deal with it in the setting of the care home.

Staff were worried sick in case we caught it and took it home to our families. I remember conversations with fellow night staff where they were spraying shoes with disinfectant before putting them in the car to go home; stripping off at the front door and putting all of their work clothes and shoes on a hot wash and running up to the shower, even before speaking to a family member.

Covid stopped all activities in the home - coffee mornings and bowling cancelled; stopped going out for lunch. You could physically see the mental anxiety and decline of your service users.

Eventually residents caught it and it went through the home. It was very distressing looking after elderly residents who are actually dying, with blue lips and bulging eyes, trying their hardest to get air in their lungs and writhing around the bed in agony from aches and pains in joints and headaches. One of the worst parts for both staff and residents was knowing that no doctor or nurse will enter the building to administer anything to ease the pain, and them being unable to say goodbye to family. All we could do was be there for them.

I had a shift where a resident was dying and she was in total distress as she knew she was dying and she could get no peace. Myself and the other member of night staff cried as there was nothing we could do except try to keep her comfortable. To watch a strong lady in her 90's die with no family or loved ones to hold their hand broke our hearts.

We actually felt forgotten. It seemed like the only worthy news was just the NHS. There was very little coverage regarding District or Community Nurses; re-ablement; homecare and residential care; and DMH (Disability and Mental Health).

It was like we all had to just get on with it, with PPE so flimsy we didn't feel it would protect us. We felt unsupported by the office staff or managers. They never came out of the office to ask how we were or whether we were coping or managing.

The Head of Care Services at the time told us we were worth every clap. We felt insulted by this as she never saw what we had witnessed. The public support was primarily for the NHS. Additionally, we felt further insulted when we were given five hours extra holidays - not even a full shift off for what we did over those six weeks.

One of the worst memories were the funeral directors coming in to collect a deceased resident. It looked like something from a movie. They were in full Hazmat gear. We were stood there in plastic pinnies and masks. Night staff cried so much during this time. We were each other's support system.

I remember vividly when and how I caught it. I was assisting two members of staff cleaning a room and showering a service user who was Covid positive. This was the Saturday night. All day the following Tuesday I physically ached, my bones and joints hurt like nothing I'd ever experienced before, my headache would feel like it would make my head explode. The supervisor on shift rang that afternoon to say that one of the night staff had rang in with a scratchy throat and had been advised not to come in. I explained how unwell I felt. She said she was desperate and had tried everyone else, so reluctantly I agreed. On the Thursday morning my test result came back positive, to this day I do not know how I got through that shift.

Covid was like nothing I had experienced before. I had bone and joint pain, headaches, and light aversion for a full week. I had no energy. I was left with a blood clot in my leg and have symptoms of long Covid.

During all of this no-one saw anything of their family. I myself had at that time a grandad of 90 and my Mum, both of whom had health issues. I was unable to visit or see either of them for nearly two months. I have now lost both my Pops and Mum. I will never get those months back.

Covid has left a lasting impression on care, so many staff have left as they have been sickened by the way it was dealt with. Many staff have said that if Covid hits us hard again they will walk out of work and never go back in. Who can blame them? I think Covid

will always affect us in whatever we go on to do in life, I've had flashbacks from writing this and a few tears remembering. I'm sure some staff have PTSD."

5. An account from a school support worker:

"I felt completely happy to work with the key worker and vulnerable children during the initial lockdown. I was, however, completely shocked by the sudden rise in the amount of children that were suddenly key worker children, that hadn't been before, in the second lockdown. It led to a ridiculous amount of people in a small environment, which was totally against the advice being given.

As I was lucky enough to not suffer from any vulnerabilities associated with Covid, I felt fairly safe in the sense that, if I got it, I'd be ok. However, the Government information was totally useless and implausible when addressing the practicalities of the children's needs and when delivering education too.

It was very stressful as, no matter how hard you tried, social distancing was an absolute disaster. On the second lockdown, it was particularly unfair that it was only the support staff that were actually in school, dealing with all the laptops and iPads not working sufficiently and supporting the children with their work, when they couldn't do it. How can you social distance when doing this? It isn't practical.

I thought the Government would protect us in schools as we were working through the pandemic. I was wrong! There was no provision of gloves or aprons for a good couple of weeks. There was no hand sanitiser and no masks. When they did finally arrive, there was not enough of anything.

My negative feelings about the whole situation are not associated, in any way, with how I feel the school I work at handled it. I thought our school handled it amazingly well. I was appalled at the Government's inability to provide appropriate PPE and their sheer lack of understanding on how a school can function under the circumstances presented to us."

6. An account from a worker in the care sector:

"In March 2020, I began working at a new branch of a national domiciliary agency. During that time, we observed news reports about Covid-19 cases in a nearby town. However, we still lacked significant information from the Local Authority and the Government. Our clients and carers were understandably anxious. They wanted information that we didn't possess.

The local authority requested us to determine who needed urgent care and who could wait, mainly because they hadn't decided whether to reduce services or not. Carers were hesitant to visit clients who had recently left the hospital, fearing exposure to Covid-19. However, the hospital discharge team informed us that we couldn't refuse care, even if the client had tested positive. We were warned that any refusal would result in a safeguarding action against us. Over the following months, we resumed care for numerous clients with Covid-19, which led to a rapid spread of the virus among both clients and staff.

At the outset, we encountered difficulties in maintaining a full staff roster. This wasn't due to the furlough scheme, which didn't apply to our workers, but rather stemmed from the ambiguity surrounding key worker status during school closures. Some schools lacked clear guidelines on who qualified as key workers, and regrettably, the care sector was not initially included. I remember addressing this issue with a school head, emphasizing that our operations remained active, making our employees the children of key workers by definition. Nonetheless, social care seemed to be overlooked until the eleventh hour.

In April 2020, the first cases emerged from local hospitals, and we began encountering clients who tested positive for Covid-19. During this critical period, obtaining personal protective equipment (PPE) remained a significant challenge. Our regular orders for gloves and aprons were redirected to hospitals, depleting our essential supplies. In our determined efforts to secure masks and visors, we explored every available avenue. Fortunately, I had a contact in the supply chain who managed to procure a crate of visors. This resource allowed us to provide each carer with a visor, facilitating regular disinfection between client visits.

Over time, the NHS established a PPE scheme, which provided us with the much-needed access to PPE. But before then, the situation was dire.

In June 2020, a concerning incident unfolded when one of our carers began feeling unwell towards the end of their shift at 16:00. At that point, they had already visited nine clients throughout the day. The carer promptly returned home and arranged for a PCR test. We took swift action by notifying all the affected clients, who also sought testing.

Unfortunately, when the results came back indicating that the carer had contracted Covid-19, it was disheartening to learn that seven out of the nine clients had also tested positive, despite the use of PPE during their visits.

This situation prompted concerns about safeguarding, given that the carer had continued working during the day even though they hadn't realized they had Covid-19 until they fell

ill in the afternoon. Despite our explanations, the local authority seemed to delay addressing the looming safeguarding issue longer than seemed reasonable.

When we resumed care for clients who were already aware of their positive Covid-19 status, we encountered a notable challenge. We didn't receive any additional specialized equipment for this task. Consequently, we had to improvise by crafting our makeshift Covid containment kits. These makeshift "Covid boxes" were fashioned from waterproof crates filled with essential PPE supplies and plastic suits. Carers would don these protective suits outside the client's property before entering, in an attempt to contain the infection. However, it's important to note that this makeshift solution wasn't consistently effective in preventing the spread of the virus.

The issue of mandatory Covid-19 vaccinations became a significant point of contention within our staff. Many were understandably unhappy about being compelled to receive the vaccine, leading to a "No Jab, No Job" stance, which prompted some carers to resign. I empathized with their concerns because I, too, had reservations about the vaccine. My reluctance stemmed from my recent experience with asymptomatic Covid-19, which was detected through a routine PCR test. Despite having had the virus, I was still mandated to receive the vaccine, and unfortunately, I fell ill after receiving the jab.

In addition to the vaccination debate, I also had a weekly responsibility of visiting one of the company's assisted living facilities to conduct PCR tests on the clients. My training for this task was limited to an NHS online course on swabbing.

However, after visiting a dedicated test centre and observing their comprehensive setup, despite changing PPE between rooms, I couldn't help but feel that our own procedures put us at a higher risk of inadvertently spreading the virus due to our less robust safety measures.

When a semblance of normality began to return, it became apparent that the entire experience had been profoundly traumatic for many of the exceptional career carers I had the privilege to work with. The trauma was so overwhelming that some of these remarkable individuals chose to leave the care profession, unable to overcome the emotional toll of what transpired. Whether it was witnessing the loss of clients, some of whom had been under our care for years, or grappling with the pervasive fear and uncertainty brought about by the unknown nature of the pandemic, they found it too challenging to continue in the industry.

In this context, the act of clapping for carers, though well-intentioned, came to be seen by many as more of an inadvertent insult rather than genuine praise."

7. An account from a retail worker:

"I have worked for the same supermarket for 17 years. When I am in store I have to pick shopping for home delivery, or work on Click and Collect or Service.

During the pandemic, it was horrendous working in my store. The government guidelines were nowhere near strong enough. The number of customers allowed in the store was calculated on store square footage. Each store was allocated a total number allowed in. Some stores were three to four hundred allowed in around our colleagues. This was through lockdown one.

Every week on home shopping was like Christmas week. Each day was like we were picking for Christmas day with the amount of home deliveries we had to pick for. Training was watered down for social distancing purposes; delivery drivers mandates were watered down. People were frightened for their lives and their families lives, but that didn't stop us being pushed further for additional profit.

I was off work with a broken foot for the first three weeks of the first lockdown. When I went back to work, I caught Covid after a week of being back. I hadn't been anywhere else so it could have only been my store that I caught it from. I lived on my own and it was awful. The reason I caught it is that we were unable to social distance, due to the number of customers being let in by managers pushing sales. No face masks, no gloves, no hand sanitizer, no carrier bags were provided for workers. We got carrier bags introduced through GMB, but my line manager and General Store Manager wouldn't order them or allow colleagues to use them as it slowed pick down. This was despite my employer's policy clearly saying that all shopping must be bagged so our drivers can drop it at the door and walk away.

I was asked as a National Rep to visit other stores and carry out Covid inspections. I will never forget walking into stores and seeing pictures of colleagues who had died as you entered the store. Seeing how heartbroken and frightened colleagues were. That's when I realised how dangerous my job was. I remember losing two colleagues in my home store. I can remember the whole store stood by the roadside waiting for the hearses to come by, because we couldn't go to their funerals.

In the second lockdown the amount of customers allowed in was an absolute joke. I can remember Christmas 2020/21, customers were climbing over colleagues to get to the shelves. There was no social distancing. It was all down to greed."

8. An account from a worker in the care sector:

"I have worked in the care sector for over 20 years. I am currently assistant chef but started out as wellbeing coordinator in 2010. This was my job role when Covid hit but I am also a qualified carer. As a company, we locked down our Home in March 2020, just before the official first national lockdown.

We were lucky to be supplied with PPE, but as we didn't know what we were dealing with at first it was just aprons, gloves and after a while face masks.

We managed to keep our residents covid free until May 2020. We had a new resident who came from hospital, and had tested negative before admission which was the company ruling at the time.

Two weeks in, I went into his room to ask what he wanted for breakfast and he was in a blind panic. He couldn't breathe and was in a state. I pressed the emergency buzzer and sat holding his hand trying to calm him down. An ambulance was called and paramedics came in hazmat suits and he was admitted straight onto the Covid ward in hospital. Unfortunately, he passed away three days later. He was our first Covid death but not our last.

As Covid took hold in our care home we were asked to do daily lateral flow tests and bi-weekly PCR tests. Staff started catching Covid as did our residents. Family were allowed in when our residents caught Covid and were end of life, but like us were afraid of the infection and the majority refused. My job then entailed sitting doing Zoom calls with our dying residents so their families could be there to comfort them. I sat holding their hands, sometimes crying with them. I think of my residents as my extended family and felt their loss.

As the virus caught hold, staff were dropping off sick so I started doing care shifts, sometimes up to 60 hours a week because we were so short-staffed. On one particular shift on our nursing unit, we had five residents all close to end of life. We spent the shift going from one to another checking they were comfortable, clean and yes, still breathing. It was horrendous. I came home to my family which included my 3-year-old granddaughter who lived with me at the time, hoping I wasn't going to bring this horrible illness home with me.

At the height of this outbreak we had 80% of our patients who were Covid positive, and staff were still dropping off sick with it too. The deaths continued and we hit the National news as a Home with the highest death rate in our area and countrywide. Our death rate

hit 30 residents, devastating for us and the families concerned. We utilised our PPE, we had strict infection control measures in place but it still spread,.

We came into work one day and had ITV, BBC and Sky news all camped outside our boundary fence, cameras pointed into windows, trying to get staff "to say a few words about the situation". We were on the main news as the Home that lost so many. It was heart breaking. It was a scary time, one that is forever etched into my mind. A time of fear, loss and one I hope never to be repeated in my lifetime."

9. An account from an emergency medical technician:

"As a front-line Senior Emergency Medical Technician on an Emergency Ambulance, I was the first port of call to any 999-call response. At the beginning March 2020, we were told that we could only wear PPE if the patient had recently returned from China more directly from Wuhan, but at that time a woman in her 70s had been the first person to die, and this person had not been to China. My colleagues as well as myself started to wear PPE to every patient, we were then informed by our management that we were not allowed to wear the PPE unless the patient fit the criteria.

When the death toll started to rise in the early weeks of March 2020, we were then told that we could wear PPE (mask and a thin plastic apron) if the patient had a cough and a temperature. This was so difficult to gauge, as when the job that came through was for a patient with COPD or an asthma attack, we would not know that they had a temperature until we were with the patient and completing their observations. This was also the case for people with infections in their legs, which is very common with diabetic patients, and this is how I caught the alpha variant.

At the end of March 2020 I was pulled into the office by my manager and asked if I had been telling people to wear PPE for every patient. At this time, the hospitals had ramped up their own PPE to FFP3 Respirator mask, as well as some in full suits and hoods. They had green areas and red areas in hospitals. However ambulance staff still only had basic masks, but were made to stay in the back of ambulances, as well as remove and clean our equipment in the red areas of the hospitals. Hospital staff would steer clear of us.

I had a call with our Deputy CEO and asked him to allow staff to wear full PPE for Cardiac arrest patients as the guidelines from the Resus Council where that the patient's airway is not sealed with the airway equipment we use, and that CPR was releasing vapour from the patient's airway into the environment. Sadly, he declined this and refused to put out any communication that the staff could use full PPE at this time.

By April 2020, deaths were daily and growing in numbers, and Managers were limiting the amount of masks we were allowed on the vehicle. We were only allowed to wear full suit and FFP3 mask if the patient was a confirmed Covid patient.

On the second week of April 2020, I was called with my crew mate to a male who was breathing but not conscious, when we arrived we were met by a district nurse who stated that the patient had infected ulcerated legs, and she had let herself into his house and found him on the floor unconscious. She stated that he had been suffering for a while and had carers in three times a day and didn't go out. We took the patient on blue lights to hospital, and I was in the back of the vehicle with no PPE, as we were limited so only Covid risk patients were the criteria. When we got to hospital, we off-loaded the patient and took the patient in the Resuscitation Bay. After I went back into the hospital, about 20 mins later, I was told by the nurse that the patient had been moved to the Covid bay as they suspected this patient had Covid.

Straight after this patient we were given a Cardiac arrest a few miles away, and we got to that job to find the patient on the floor. When I got inside there was a St. Johns crew performing CPR, because they had not completed an airway I had to take over, and as we were in a small space I had to lean over the patient, and as I did that the St Johns clinician managed to spray my face with mucus from the patients airway as they removed it from the patients mouth. Sadly, the patient did not make it, and it is after this that the patients husband informed us that he thinks she had Covid.

A few days later, I started to feel like I had a cold, and as I suffer with my sinuses I thought I had a sinus infection on the way. Nearly every patient we went to was a potential Covid patient. I began to feel very unwell. I didn't have a cough, but I had a high temperature. I called in sick for my next lot of shifts, and my manager told me that all staff that were off sick had to go to a Stansted Airport to be tested for Covid. It didn't matter how far away you lived you had to go. this was on my 11th day of feeling unwell. I do not know how I did it, but I drove myself to Stansted as I did not want my husband or child to catch it. I had a temperature of 39.8 at this time, and to walk a few yards was exhausting and I was completely out of breath.

I got to Stansted to find the Army there with white tents, and it was petrifying. For the first time I was scared out of my mind. I felt so unwell, I really started to think that I might die from Covid, as the death rate was now nearly 80,000.

I tested positive, which four days later came through on my phone via Text. Then the government called me to get my details. At this point I was getting more and more unwell. I had locked myself in my bedroom, and my husband and daughter stayed away from me.

My husband left food and fluids outside my door, and when I finished, he would spray the plate cups and cutlery with disinfectant. My clothes I put in a bag, and he took them downstairs with gloves and masks on.

I became so unwell I really thought I was going to die in my own home. Even though I knew I should have gone to hospital, I stayed home.

I was chased by work to come back to work, as the guidance was that after seven days you could return to work, even with symptoms. I refused point blank. I had Covid for five weeks in the end, and since then I have been left with lasting effects. The lack of PPE and guidance was the reason I, like many of my colleagues, caught Covid, and most of the reason was that care staff were spreading covid to patients as like ambulance staff they did not have the PPE either."

10. An account from a worker in the care sector:

"During Covid 19 we were all sent to work from home. The managers were in a safe place making decisions on care workers health and wellbeing without those carers having a voice except through their trade unions. GMB Union were at this time fighting to get PPE and the authority stuck to government guidance through the full process and refused to move. GMB requested that they had face visor and the FFP3 masks. This was refused even though they had them in stock. GMB and Unison paid a private provider to get the Visors to the care staff as the employer refused.

The anxiety we felt about those care staff and them catching Covid became unbearable sometimes. It was like giving them a pair of sunglasses to protect their eyes while setting off an atomic bomb. FFP3 masks were available on the highways along with air fed masks but they refused to let care staff use them. Our concerns were then, and are still now, that a number of them caught covid, on average five times. The long-term health issues for these staff are unknown and a national register should be started now.

In one care home 17 people died in 17 days, and the only thing the Local Authority could do was send in a team to look at and see if they had stuck to the hygiene guidelines. It was shocking! They were used as cannon fodder for the NHS. They are still paid less than most retail workers and have the potential of long-term conditions hanging over them.

They did not need claps - they needed PPE. Unfortunately, that was out of our control due to the poor advice and preparation from Government. Face fitting for masks could have been undertaken as a priority and the refusal will affect my members for life."

UNISON members

11. An account from a care worker:

"I worked as a care worker in a residential care home during the pandemic. On 22 November 2020 after displaying Covid symptoms, I informed my manager, who advised me to contact the NHS. I did this and was notified by the NHS that I was required to self-isolate. I was provided with an Isolation Note. Having to self-isolate had a significant detrimental impact on me. I am a lone parent, and my employer only pays Statutory Sick Pay to its employees who are required to self-isolate. I was worried about having no money and the difficulty this would cause me, particularly so close to Christmas.

I contacted UNISON and was informed about the £500 Isolation Grant that was available under the Test and Trace Support Payment Scheme. I contacted my local council but was told that I needed an 8-digit code from the Test and Trace app in order to access the grant. I explained that I did not have an 8-digit number as I did not have a smart phone capable of running the Test and Trace app. I explained that I had an isolation note from the NHS. I was told to ring 119 and to ask for an 8-digit number, which I did. I was then asked a series of, what I consider to be, irrelevant questions, including with whom I had been in contact that had tested positive. I explained that it was a 94-year-old resident who was discharged to the care home from hospital on 17 November 2020. I was then told to go onto the resident's phone to get the code off the app. This was extremely unhelpful advice as what I was being advised to do is unquestionably unlawful. Moreover, however, the resident, who was now deceased, had been suffering from dementia and did not have a smart phone prior to her death.

To treat care workers this way was utterly reprehensible. Me and my colleagues were at the forefront of the nation's response to Covid and I was left in financial hardship simply because I didn't own a smart phone.

UNISON wrote to Miriam Cates MP on the 10 December 2020 to make representations on my behalf. She was asked to help to remove the bureaucratic barrier so that I may receive the Isolation Grant as a matter of urgency. I never received the payment and I had to borrow money to make it through Christmas."

12. An account from a local government employee:

"As I am classed as high risk I did not work for over 15 months during the pandemic. This was because I was told there wasn't a laptop available for me to work from home. I therefore spent 15 months at home on my own whilst my husband went to work. I had no

contact with work or any colleagues. It was only in the final months of lockdown that a manager started to ring me on a weekly basis to check on my mental well-being. Without a doubt, this isolation had an impact on my overall well-being. When I did return to work I caught Covid-19 (although I am unable to say whether I caught it in work) but because the rule was that I was unable to go into work until I had had a negative test, my absence from work was counted as sick leave which triggered a Stage 1 Sick Meeting. This experience really upset me because I was only off work due to my employers' rules."

13. An account from a teaching assistant:

"Covid, leading to long covid, has had a massive debilitating impact on my life. Back in January 2021 my school instructed pupils and teachers to stay at home, being taught online. Teaching assistants were asked to stay in school to teach the key worker children. I felt I could not refuse - it was my job. I remember the day a child sneezed, covering my face with wet particles despite social distancing. A few days later I started to experience symptoms, first a tickly cough whilst at school, which rapidly progressed. Then I became very ill and was taken to hospital, diagnosed with Covid pneumonia and immediately put on oxygen. The doctor told me that the covid had viciously attacked my lungs and because I had previously had pneumonia four years earlier, this was a weak area. This led me to question whether I should have been in school, given that management were aware of my history of pneumonia. When I returned home, I could only walk a few steps at a time and was extremely breathless. I had to buy a stool for the shower as I couldn't stand long enough. After 10 months off work I unsuccessfully tried to return, but ended up going back on sick leave. I then tried to return on a part time basis - obviously with a large pay cut. I've struggled with this for 18 months, with setbacks and more episodes of sick leave. It's been two and a half years now and I am not improving. I cannot get through a whole day and need to rest during the afternoon. I basically lead half a life. The fatigue and breathlessness dictates whether I can do anything more than just look after myself and prepare meals for my family. If I do push myself, I will feel exhausted and not well with chest pain, severe headaches, body aches and nausea and vomiting for several days. Nothing improves this - I just have to wait until it passes. I am due to go on half pay shortly, and I'm sure my employment will end soon - I am unable to work in my current state of health and I see no end in sight. I feel in limbo - doctors can't help and when my employment finishes I will have no income until my state pension age. My family will have to rely solely on my husband's income."

14. An account from a union representative, working in a hospital:

"We had a number of members, usually women, who when they had difficulties with child care because the schools were shut, they were forced to use annual leave or to take unpaid leave. It was difficult to get work for them to complete at home and where they were patient-facing it just wasn't offered. Lots of people were having to contest being placed on sick leave when they should have received medical suspension. We did see some improvements when union representatives intervened, but many workers were simply not accommodated.

We requested information about ventilation and spacing. We rarely got any response, particularly on ventilation. We had to constantly report that there was a lack of available PPE. It took weeks for our request for visitors to be excluded because of infection prevention and control, and then further into the pandemic they opened for visitors without conducting a risk assessment as to how we would monitor and manage the situation. It was crazy. Staff were being moved around wards all the time because of the lack of staff. The hospital then started classifying wards as 'red' or 'green' according to whether there was Covid on the ward. However, positive patients were being moved to green wards but just in the side rooms. We had members with respiratory conditions who had been moved to 'green' wards but then covid patients were moved to those same wards. There was really no instruction to these staff members on how they could keep themselves safe.

We were advised that there was 1 CO2 monitor within the hospital. There was no mention of air filters. At the start of Covid, our porters and drivers raised issues and were ignored, stating there had been no instruction from the government on PPE for their work. We had to demand risk assessments which were not undertaken and eventually submitted an email stating that our members would not complete the work without PPE after completing their own risk assessment. PPE was then made available.

Risk assessments were not available at the start. There was nothing for BAME members who were considered at a higher risk. We pushed for an additional risk assessment for those members and that every worker had a risk assessment completed and an additional risk assessment for any move. However, when we asked for evidence that this was being completed we were not provided with any audit information. When representing members it was clear that these risk assessments had not always been completed, particularly on ward moves."

15. An account from a local government worker and parent:

"In the Covid Pandemic, our office shut down as per Government guidance, we were suddenly working from home and we were isolated from those around us. At that time, I had a two-year-old son and a four-year-old daughter at home. The usual provision of school and nursery were closed, and it was not permitted to have any physical contact with our families.

Some days it felt exceptionally hard to try to entertain, educate and support my children, cook meals and spend time with them whilst trying to work from home. I remember my line manager ringing me to ask if I could ring a list of hundreds of (social housing) tenants to do a welfare check and ask if they needed any Covid support such as advice or food parcels. I did what I could but admit to feeling at breaking point at times whilst trying to make work phone calls with my children at such a young age at home and simultaneously trying to occupy them. At this time, my daughter's school was setting up some lessons via Zoom so I would have to set up my phone to sit with my daughter to support her on Zoom calls whilst trying to work myself. Eventually I had to ask my manager if these calls could be made by other members of the team who did not have children at home.

Throughout the pandemic, my husband worked full time and could not assist with any childcare throughout the day. I did at that time feel slightly envious of those in sectors that were furloughed. It was definitely a strain on my mental health and some days it felt hard to cope."

16. An account from a further education college employee:

"There was a lot of Covid-19 transmission in my workplace at a further education college. Despite policies in place regarding testing, senior managers would often refuse to test and came into work with symptoms on occasion, stating afterwards that they thought they had already had the virus.

Myself and other members of staff were regularly ridiculed by senior management for wearing PPE such as masks, with comments such as 'who are you off to operate on' and 'there is no point in wearing one of those, it's only a cold anyway'.

Many of the staff including myself felt permanently unsafe during the pandemic while at work due to the woeful policies and procedures in place.

I regularly flagged up with our health and safety department that sanitiser stations were out of sanitiser, and was told that there were limited staff to replace them, or that cleaning regimes had been reduced due to there being less members of staff on site.

There was a lack of adequate ventilation throughout the college, especially during winter as staff members would reduce the ventilation due to the extreme cold, making others feel unsafe.

I personally suffered from direct victimisation when I expressed reluctance to return to a cramped office with minimal ventilation when the rules were relaxed slightly.

I had my job security threatened and was forced to work alone in a warehouse with no heating during winter for more than six months, where the temperature was regularly below five degrees Celsius, rather than being allowed to work from home. I wore several layers of clothes to work and could regularly see my breath while working, despite complaining about the cold, it took four or five months for my employer to provide me with a portable radiator, essentially when winter was over. Even when this was provided, the heating was not adequate and required me to essentially hug the radiator while working.

This was all I believe punitive action from management in an attempt to force me back into the office that I deemed was unsafe due to the increased risk due to both my disability and the fact that I was caring for my immunocompromised vulnerable family members.

I have to say that I was extremely shocked by how I was treated and the management's response in many areas, as the project that I work on is a Welsh Government funded project. Despite writing to both my local MP and MS, to voice my concerns, I did not receive any response back which was very disappointing."

17. An account from an NHS employee:

"Talking about covid gives a lot of people flash backs because people were dying in front of us and our morgue was full. We had no body bags left in the Trust in order to cover the number of deaths. We were asked to change at work but not provided with any showering facilities for staff so we had to use the patient facilities. PPE was in shortage, yet we had to change each time we assisted a new patient. My hands were painful from the process of de-gloving, washing hands and applying sanitiser on a daily basis. Whilst this was going on we were asked to keep silent and carry on. Whilst worrying about relatives of our own, I didn't see my family for two years. I lost colleagues whilst I was working each day and the government barely acknowledged that fact. Most of my colleagues now suffer with an anxiety disorder or PTSD and many have lost their passion for working in our NHS.

How were we rewarded no pay increase, or recognition of national service through a pandemic? Long covid has affected many of my colleagues and some people have even had to come out of work, a place many had worked for up to 25 years.

My worst day was walking home after we lost eight patients in one shift. I couldn't bear to look in the mirror. I cried for two days and was sick to my stomach. A week later I was told that my colleague's daughter had passed away of covid. She was 35 and a teacher.

The frightening thing is that no one has addressed the mental health impact which the pandemic has had and continues to have on the staff. No one wants to talk about it. Even writing this statement I feel sick thinking about the the many awful things which happened."

18. An account from a nurse working in a care home:

"I was working as a registered nurse in a care home during the pandemic. At the start our PPE was grossly inadequate. It was terrifying seeing nurses on the news in Italy wearing full hazmat suits and fully protective PPE and all we got was face masks, plastic gowns and gloves. We accepted donations from businesses for face visors. I knew someone with a 3D printer, and he printed some for us.

We frequently ran out of PPE and had to ration face masks, keeping it to one mask in the morning and one in the afternoon. We changed these if we were in contact with someone with Covid. The aprons varied in quality. Some of them were so thin they ripped and your hand went through them so easily. The masks also varied in quality. Often the straps ripped really easily. We made hair bands to stop the mask from hurting our ears and homemade pillow-case like bags for carrying our uniforms home in. We never had the high protection face masks. In fact I took some of my own to work but quickly ran out of them.

My family did not want me to put myself at risk but I felt I had no choice. My parents were shielding themselves and I felt scared to take covid to them as I was so high risk of carrying it, so I kept away from them mostly.

Early on in the pandemic, before we were doing weekly covid testing, one of our residents passed away. It was obvious to me that he died from covid. His deterioration was very fast over the course of one week and was consistent with the way I'd seen other people die from covid. Covid was not on his death certificate.

When I was looking after someone with severe asthma, I realised that covid was fully in the room, droplets would be everywhere. When I asked about better protection there was none, and no specific covid policy for looking after someone with asthma who was on nebulisers. We continued to use the same basic PPE. I soon caught covid from a resident who I was looking after who had asthma. It was obvious that I was going to catch it from

him and I tested positive a couple of days later after giving him a nebuliser. Luckily, I wasn't too poorly with it.

At the end of each shift the policy was to change our clothes. We'd take our soiled uniforms home and wash them in our own washing machines. There was no staff uniform laundry service as you would get in a hospital. This did not feel that safe either. I'd always go straight in the shower after getting home and used to wash with Hibiscrub which I'd bought online. I was scared I'd spread covid at home in my own shower. I knew staff who would not sleep in the same room as their partners and would not eat meals with their immediate family for fear of passing it on to them.

It was traumatic not allowing residents freedom to come and go and not allowing family in to see them. I was challenged a few times by relatives and had to simply quote the government policy to them. Although it was protective, I felt like they were imprisoned. Although we were in lockdown the rest of us were free to mostly come and go as we pleased. Residents were denied seeing their families and many became very isolated and low in mood.

The care home managers did their absolute best with what resources they were given. I put no blame on them. The government made so many errors and were ill prepared with next to no PPE. It was a terrible time for all of us, I am one of the lucky ones and did not lose anyone close to me."

19. An account from a paramedic:

"I felt unsafe working during the pandemic when we didn't have adequate PPE. It was a scary time for healthcare workers. The news was telling us on a daily basis how many healthcare workers had died from Covid-19. I had colleagues who contracted Covid-19 and ended up in ITU. I spent some time absent from work because of feeling unsafe and not having the correct PPE. In actual fact, my BMI at the time was in the at risk category, and I should have been shielding but I wasn't told this and so I worked instead of shielding. At times, we were being asked to go to a job which involved difficulty breathing, even when we didn't have the correct PPEs.

We attended on patients in unsafe circumstances. For example, some patients wouldn't ventilate the house before the crew arrived or wouldn't tell us they had Covid-19 until we had been in their company for a prolonged period of time. My crew mate and I both contracted Covid-19 in January 2021 within a day of each other. We knew we had visited a patient in unsafe circumstances.

I felt unsupported by my employer. This wasn't a disregard for my wellbeing, but just that we needed to get to the patients."

20. An account from a teaching assistant:

"In March 2020, we were terrified. We had children returning from skiing in Italy, the place we were seeing all over the news as the Covid hot spot. Then they returned from the trip and we carried on as normal. In the morning, I woke up and I couldn't breathe. I honestly thought I was going to die, that I wouldn't even have a chance of being treated because I'm asthmatic. Thankfully, I made it through my first round of Covid.

I was then placed on the 'clinically highly vulnerable' list. I could not leave my house. I was receiving text messages from the Government saying things like 'don't open your windows!' and 'Don't take your rubbish out, get someone else to take it out for you'. It was surreal and incredibly scary. I was a complete prisoner in my home. Having worked all my life, being sat at home doing nothing was the worst thing. I felt so useless. All my colleagues were in school, battling this unique situation and soldiering on. My mental health took a huge hit.

I was allowed to return to work in September 2020. I massively overcompensated my feelings of inadequacy by taking on a huge workload, with zero support from my employers. It obviously didn't go well for me.

Then I had to go back into shielding in November. All my efforts to validate my role, my need to reinstate my feeling importance at work went completely out of the window at this point. I was replaced in school, a role I loved and had worked so hard at for so many years. I meant nothing to my employers now, I just couldn't be relied on to be in school.

I begged my doctors to please take me off the vulnerable list, I explained that my mental health was so deteriorating, so badly damaged that it outweighed any risk of Covid in my mind. They agreed by Easter of 2021 that I didn't have to shield anymore.

Unfortunately, I was mentally not in a good place, there was no role for me in my previously beloved school - I'd well and truly been replaced and forgotten. I tried to return, to find my place in school, to feel valid, to make a contribution but unsuccessfully and I was signed off sick with work related stress by mid-May of 2021.

By the end of July 2021 I'd left the school I'd been at for 8 years as a teaching assistant. It was a school I honestly thought I'd retire at. I was, and still am, devastated.

Yes, I was treated poorly by my employers and mistakes were made on their part but I do feel that if I'd not been made to continually shield, I'd have been much better mentally, not had the breakdown that I did when I tried to return. Much more support should've been in place for the shielders. We needed more mental health support and more support to return to work support. We were locked up then ignored. Incidentally, I've had Covid three times in total so far. I kind of feel that the shielding was for nothing."

21. An account from a local government worker:

"I was classed as clinically high risk in relation to covid-19 and I was informed by the government and my GP to shield. I received the letters from the government and shared these with my employer. My employer was fully aware of all of my health conditions and disabilities and that I had to shield for my own safety. I managed to avoid contracting Covid-19 until June 2022.

When I contracted Covid-19, I was very, very unwell due to existing health conditions and had to have a period of time off work. I followed procedures and reported sick to work.

The issue I had was with the fact that I was not informed that my pay would be affected. I received a letter that I was going to be on half pay. At the time I received the letter, the date from which I was going to be on half pay from had already passed. I was left in a financial mess. My HR department were not helpful at all. They assured me that Covid-19 would not count towards my sickness triggers, but I was still placed on sickness monitoring. I had to have sickness meetings which made me feel just awful, causing me more anxiety and stress.

I suffered with long covid and I felt pressured to return to work before I was fully better as I could not afford to be off work for longer. This left me in a financial mess and also impacted my emotional and physical health, as I was distressed and upset, I was very unwell. I was unable to pay my bills."

22. An account from an education worker:

"During the pandemic, I was concerned about health and safety in the workplace, and I do not consider that my employer properly took into account my asthma in risk assessments.

In 2020 I contracted Covid, which I believe was from my workplace. I was temporarily admitted to hospital with breathing difficulties and other symptoms and given treatment.

On return home and over the coming months myself and my medical team realised the ongoing symptoms were related to Long Covid and I was given a diagnosis of this. Due to presenting symptoms post covid I was also diagnosed with fibromyalgia. This meant I was off work for around 11 months before coming back on a graded return. I received some sick pay, until it ran out, then I went down to SSP, and when this ran out I received hardly anything. I spent periods of time on little income which challenged me and my family financially as well as emotionally and health wise. Bills and food and running our family car became harder to manage.

In August 2022, I became unwell with pneumonia and was hospitalised for four or five days. The doctors informed me that they felt the health issues I was experiencing were part of Long Covid and the damage Covid had done to my body. This caused me to be off ill for a period of over 12 months, and I am still unable to work. I was sacked on grounds of ill-health. For many months, I have received no work sick pay or SSP. Sadly, I had to ask for help financially via benefits from the government. These took some time to process, and times have been very hard. We do not receive full benefits to cover our full rent and council tax and no reduction of our other bills. This has left us financially in hardship. This is the first time in my life I have been let go by a company and been out of work through ill health. We are no longer able to afford to eat the healthier variety of food we had previously done, we had no access to previous private health schemes and support. We had to cancel as many outgoings as we could, but still struggled with on top of our situation the cost of living crisis."

23. An account from a UNISON Branch Secretary:

"When the pandemic struck our workload didn't double or even triple, it was off the scale. People were calling us, and we didn't have the answers but we tried our best to reassure them. We hadn't accounted for how quickly the guidelines would change and what we would be saying one morning would be different to the next. We had to become experts in new concepts and schemes like the furlough scheme.

On one occasion, a social care worker called me to say she had Covid and felt awful, but the owner of the nursing home she worked for was telling her she would be sacked if she didn't come in, because she was a front line worker.

On another occasion, a lady called me who had moved out of the family home and into the residential home she worked in. She had been there 29 days and was due to see her

daughter briefly the next day for her daughter's birthday, but she got Covid-19 and missed seeing her daughter.

On another occasion, a teaching assistant called who had lost her dad to Covid-19 and wasn't able to be with him or comfort other family members at a time when they needed each other the most. Three weeks later, she also lost her mum to Covid-19.

I found it very difficult trying to remain positive and taking responsibility for each of the people calling in. It caused me a lot of anxiety, and I have only recently been able to stop testing every day.

My mum was diagnosed with terminal breast cancer the same week as the lockdown and due to her vulnerabilities I wasn't able to see her. She missed out on valuable family support and had to go to hospital appointments alone.

Working during this time was a huge learning curve, but one I'd rather not have experienced."

24. An account from an administrator in the NHS:

"I worked as an administrator in an NHS trust. I worked in various roles in the NHS for 25 years. I got Covid-19 several times over the course of the pandemic, all of which I'm sure I contracted at work because I didn't really go anywhere else. All I did was go to work and come home. I now suffer from Long Covid. I have been very unwell since I caught Covid in 2022. I have a severe brain condition which my doctors consider was likely caused by Covid infection. I was throwing up violently and really unwell with my blood pressure through the roof. This problem with my brain has started since then. I'm now registered disabled, and I've been in bed for basically four months. I have to use a wheelchair and my life is just going back and forth to medical appointments.

For a time, I was on full pay, but I am now coming up to being put on half pay. I feel completely unsupported. It took me over a year to get a Long Covid referral. I've asked for meetings to try to resolve my pay situation, but the most likely outcome now is that I will have to take ill health retirement.

NHS staff are just so downtrodden because we've all been treated atrociously. There's not enough staff, and everyone is stressed, tired and under supported."

25. An account from a support worker in the care sector:

"I worked with social services for around 20 years as a support worker, working with adults with learning disabilities. I really enjoyed the work. Before funding was cut to the sector and a lot of day centres shut down, I would mostly work in adult learning centres. Disabled people would come to the centres to do arts and crafts, woodwork, pottery, and gardening. The centres were fantastic. Then when funding reduced, I would take disabled persons out in the community to do the same kinds of activities. I loved my work.

When the pandemic first hit of course everyone was really scared, and I was too. I continued working in my role. When the vaccine was announced, I was really concerned because I researched it and found out it could cause blood clots. I have a family history of blood clots and members of my family have died as a result. When the vaccine became mandatory for people in my profession, I was dismayed. I felt all my agency and bodily autonomy was being taken away. It created an awful tension at work because there was a lot of pressure to get the vaccine. Many of my colleagues were also worried, but they all ended up getting the vaccine. I was the only person who held out. I really thought it was morally wrong and potentially dangerous. I was dismissed because of my refusal to have the vaccine. I had a breakdown. Luckily, I had my family around me but I had to leave work for three months because I was so depressed. I lost a lot of weight and it was a really dark period for me. I am now doing better and have left the care sector to work in a different context with vulnerable adults, but I am still so angry about how I had my rights and autonomy taken away from me".

26. An account from a worker at a social housing provider:

"When Covid-19 hit, my employer had a number of satellite offices. The same week as the first national lockdown was announced, my employer decided to centralise the housing service out of the head office and not use the hubs across the city anymore. We were essential workers, so our work continued throughout the pandemic. I couldn't work from home because I didn't have the space and facilities to do so. I asked my employer if I could work from one of the satellite offices which wouldn't have had anyone else working in it, but I was refused. I had to continue to travel to the head office any time I wanted to use the IT facilities. I don't drive, and I wanted to avoid public transport, so I was walking incredibly long distances to the head office and to perform my duties around the city. My workload was already high before the pandemic due to the terrible funding of the sector I work in, and it got worse due to Covid. I physically worked myself into the ground trying

to provide a good service. I just felt there was no willingness to be flexible or to work out how to accommodate my needs.

In February 2022, my employer decided that we all needed to meet together in person to set the direction going forwards. This meeting had been twice delayed from December 2021, to January 2022, to February because of staff concerns about meeting in person. In the end, we had the mandatory meeting. A few days later, I woke up with symptoms and upon testing discovered I had contracted Covid. I stayed at home but was very poorly and tested positive for another 11 days.

I returned to work after testing negative, but it was clear to me that I was physically impaired. I was struggling with breathing and as my work required me to be so mobile, I really couldn't cope. I had to take another period of absence, followed by intermittent periods of absence. I was previously very fit and healthy. I am suffering from Long Covid. I have had accidents as a result of passing out from Long Covid, and this on one occasion has required surgery because I damaged my hand during a fall. I have been subject to an 11 month wait to get treatment for Long Covid.

My work were considering dismissing me on capability grounds due to ill health, meaning I would have just got three months' pay in lieu of notice and then my contract would have been terminated. They had not considered the guidance from ACAS or the Equalities Commission that Long Covid should be treated as a disability. I had to challenge this. My work have now agreed not to dismiss me on capability grounds but have told me that they will continue to monitor me and if there is any further illness they could reconvene further hearings about my absences. It has been awful and so stressful.

I think the government should have been much clearer to employers about allowing flexibility – not everyone should just work from home, but whatever was safest should have been risk assessed. I also think the government should have clearly said when Long Covid was identified that it had to be treated as a disability. I shouldn't have had to battle through this process”.

27. An account from a health care assistant:

“I returned to work on the night shift in March 2020 after a short period of absence. It was so hard to get PPE. We just had the standard gloves and aprons we had used all along. There was a couple of pairs of goggles on each ward and we had to disinfect them. I didn't feel safe at all, but I felt I had no choice. The government guidance wasn't clear enough about what was required. I caught Covid in the hospital not long after. Several people on

my ward got Covid, but I was the only one who was hospitalised. My temperature became very high and an ambulance came and got me. I was put in a coma and was on the intensive care unit for 45 days. I couldn't walk and was in a hoist and had to learn to walk again. I went to a rehabilitation unit to support me in learning to walk again. This has left me with poor mobility and lots of ongoing issues. There's lots of things I can't do. I use a stick around the house and either a four wheeled walker or a wheel chair depending on the distance I'm going out of the house. I am short of breath, have low energy, and poor memory. I have to sit in the shower as I cannot stand the whole time. I have left-sided weakness. I can't lift my hand above my head, so my daughter washes my hair for me. I can't plan to go on long trips or holidays because of the pain. I spend most of my time in the house.

I have been off work now since early 2020. I've been dismissed on grounds of ill health but my employer won't give me ill health retirement because some of my medical records mention my weight as a contributing factor. I have put on weight due to being less mobile now. I am currently appealing that decision. I was so proud to work for the NHS prior to Covid but now I just feel abandoned."

28. An account from an NHS operating department practitioner:

"I work in operating theatres in anaesthetics and recovery. At the beginning of the pandemic, we were some of the first people called in as we have airway management skills and work with anaesthetists. I was on covid intubation. This was high stress because usually with intubation you give the patient oxygen for a few minutes before which gives you some wriggle room if it doesn't go right the first time. However, we were told it was basically the case that you just had to get it right first time with Covid. We would be fully kitted up and would go into a tiny room with no windows to do the intubation. If you dropped anything, you just had to leave it there, and someone outside the room would have to supply clean equipment. It was pressurised work. At times, we were having to intubate colleagues, or family members of colleagues. I did also do some care of patients in ITU. There were so many patients in there, less than a foot apart so you couldn't get between the beds, and it was really hot because of it being a hot summer and we were covered in PPE. It was a really scary time. Whenever I go back into ITU, I can feel the sweat running down my back, just as a fear reaction.

I saw more people die during Covid than in the first 15 years of my work in healthcare. On my first shift I had, I had to do last offices for someone who had just died. We didn't have enough shrouds to put them in so we were just using sheets. It was relentless. We had

quite a lot of patients where we had to put them in the prone position to relieve pressure on the lungs, but they couldn't be like that for very long. We also tried to create consistent care teams to reduce risk of infection, meaning we'd work with the same patients each shift. We formed bonds with patients, only to come in to work and find they had died. Sometimes people would seem much better, then they would take a turn for the worse.

So many people were running on adrenaline and now there are serious mental health problems from burn out as a result.

Getting the right PPE was really hard. I would find a mask which fitted but then a week later it would be gone. PPE is designed for men, not women, and it often just didn't fit. I also had a lot of Filipino colleagues who couldn't find PPE to fit their face structures and were told just to use a hood – which is very difficult to work in and quite claustrophobic for many.”

29. An account from an NHS clinical support worker:

“In the beginning of COVID, I was still working as a Clinical Support Worker, I performed bloods and ECG's in all areas of the ward from on 13 hour shifts, three days per week.

I went to the respiratory ward and was asked to take a patient's blood. At no point was I informed that this patient was COVID positive, it was the patient themselves that informed me. At this time there were no protocols in place regarding Covid and supply of PPE. There was no access to PPE and when I asked the staff for a mask, I was told I shouldn't wear one as it was discriminatory to the patients. I did feel vulnerable at this time especially as I was considered to be high risk due to having type 2 diabetes. Whilst waiting for redeployment I was sent to the blood clinic where upon patients came and went. I was eventually redeployed to the stock room where colleagues were not using PPE which made me feel unsafe at that time.

After contracting covid I was admitted to the high dependency unit and then to the intensive care unit for 62 days. I was absent from work for a period of two and a half years. I continued to be paid by the trust on a basic rate. No enhancements were paid for weekends that I would have normally worked which had an impact on my family's financial commitments. I have now been diagnosed with Long Covid along with a number of other conditions.

I have returned to work at the hospital on a full time basis on a phased return with the support of management but not in my usual role, in an administrative one. Presently I am paid as a Band 3 which is protected at this time but there is uncertainty about how long

this will last. I am still under cardiac rehabilitation and under the care of the hospital for Long Covid and my other medical conditions which have arisen since contracting Covid. My life has never been back to what it was like before the pandemic. There is so much uncertainty.”

30. An account from a district nurse:

“During the beginning of the pandemic the district nursing service where I worked ran out of disposable aprons very quickly and we had no face masks or shields for approximately two weeks. It was a very stressful time knowing that we could catch the virus at any moment. We had to set up a make shift cleaning station from our boot where we would clean everything down rain or shine. I did not feel safe.

We very quickly realised that the GPs had stopped all home visits but we had to continue, therefore our work load increased as a knock-on effect. When the restrictions were being lifted, the GPs continued to stop home visits. This did not feel fair.

The threat of being transferred into the hospital and being required to work on a ward was also a scary prospect, luckily this did not happen. I was so frightened that I would pass something on to my family I contemplated sleeping in a different bed to my husband.

I was one of the lucky ones, I avoided the virus and all my family except for my mums cousins who died from contracting the virus. Many of the nurses did however contract covid but recovered thank goodness.”

31. An account from a paramedic:

“During the COVID-19 pandemic many of us found ourselves experiencing emotions and events we had never anticipated. During the initial early stages, I remember feeling vulnerable and exposed where a lack of PPE and poor communication from management made being safe difficult. We lacked the basic equipment and knowledge to be able to perform our roles safely and effectively. There was a great deal of unknown and fear with guidance changing regularly. As a service, we were ill-prepared for this kind of incident and this left me feeling let down and frustrated. There was also an increased pressure to keep attending work for the safety of patients as many staff members were off sick or were isolating due to vulnerabilities.

With my husband at home being classed as clinically vulnerable due to his type 1 diabetes, I remember feeling guilty that my work was potentially exposing him to a life-

threatening illness. As health workers began to die, I recall taking out life insurance as I felt I needed to put this in place as security for my family. Even though I was fit and healthy the increased risk that we were putting ourselves in by being on the front line in the pandemic left me feeling unsafe and in danger.

I can recall a patient encounter where a vulnerable gentleman in a care home had deteriorated and required help with his breathing. He was reluctant to attend the hospital due to the increased risk of catching COVID-19. When we tried to arrange care for this patient in the community, we were advised that he needed to attend A&E as the resources in the community were not available currently. When we rang the A&E COVID-19 advice line; as was expected at the time for patients in care homes, we were advised by a doctor that this patient needed to decide where he would like to die as given his vulnerable state of health, he would most likely die if he got COVID-19. As we took this elderly gentleman to hospital you could tell how frightened he was. His current illness, which would normally be treated in A&E simply and effectively, would expose him to COVID-19 and potentially his early death. As we walked into Resus at A&E we passed three cubicles each containing a deceased patient. This was at the height of the pandemic. This encounter made me realize how we were failing our patients and how much we were putting them and ourselves at risk during this time."

32. An account from a teaching assistant:

"I was working in a primary school with a child that wasn't sent home that had Covid. I was high risk and seven weeks pregnant after having IVF, when I then contracted Covid from this child. Management had refused to allow me to work from home and gave me a generic risk assessment. This was despite the fact that because of this high risk pregnancy, we were living in isolation, having food delivered and I was going nowhere but work. My partner was working from home.

I was extremely poorly with covid and lost 40% of my lung function. Still now, I have extreme fatigue. My joints swell up regularly. I am unable to do what was, my daily 8 - 10km even now, over two years later. All this could have been avoided and that makes me so cross."

33. An account from a mental health nurse:

"My sister died from Covid in January 2021. She went from healthy to passing away in nine days. Obviously, this impacted on how seriously I took wearing the correct PPE and

following the correct protocols for donning and doffing. I work on a later life secure mental health inpatient ward and had worked through three outbreaks. Unfortunately, during a fourth outbreak I assisted a patient who was very ill with Covid Pneumonia and who had been admitted to hospital and was waiting in a side room for a bed on the Covid ward to become available. The side room was tiny with no windows and no working ventilation and the door had to be kept shut as the patient became agitated at the noise from A&E. I caught Covid for the first time. I was really ill and I developed Long Covid. I was absent for seven months and although I wasn't well, I returned to work because I was on no pay. My SSP had been used up and I was told I wasn't eligible for ESA or any other benefits. During my absence I used annual leave to supplement my half pay and then I was on no pay. I was told Covid was not a work related injury.

My phased return was a catastrophic stressful mess. I was told by HR I had a four week phased return. No other option was available which was so stressful, I just didn't know how I could be expected to go from 0 to 37.50 hours in just four weeks. I had no wages coming in. Long Covid had affected my voice, my swallow, my breathing and my heart. I had brain fog and fatigue. I couldn't speak in full sentences because I had a delayed swallow and my breathing was so bad, yet I was expected to resume full time working in four weeks. Totally by chance I was speaking to a colleague who also had Long Covid found out that she and numerous other colleagues with Long Covid were all on a 12 week phased return. My union representative knew nothing about this but from then on we petitioned to get me the same 12 week phased return. It took another 6 weeks of petitioning before I was given the extra time, but by then the stress had taken its toll on my health. There is a total lack of understanding regarding the impact of Covid and Long Covid on someone's life. We were asked to look after Covid patients but where is the support when we catch it from those patients?"

34. An account from a local government worker:

"During the pandemic we were deployed to carry out covid duties, for example, delivering covid packs to local residents.

Firstly we were not trained, however a lengthy risk assessment was sent via email. Many of us did not have access to a PC or work laptop and so could not read the risk assessment. The managers were not proactive technically to give us information how to download Office 365 so we could have some communication and access Outlook emails, and we could not prepare for the covid deployed duties. Most staff went into a block of

flats to deliver the covid test packs where there is limited space with no windows or ventilation.

There was no form of covid bubble formation during delivering covid test packs. I was put in a van with a team and I did not know anyone, we could not open windows as there was a problem of windows being stuck. When we stopped at our location, I was given a four-wheeler bag with Covid test packs to deliver. There were a set of gloves and covid test packs. Lots of residents took the packs and after testing, I had to collect them. At this point no one told us that we should not touch the tested packs. I did not have access to Outlook to read the risk assessment. It was only when I raised this concern after picking up packs that I was told that we had to collect them in a big transparent bag. This information came too late and there were no transparent bags in the main wheeler bag. When I raised this with a member of staff, they didn't seem to care and did not respond. I was very reluctant then after to carry out these duties but did not have a choice.

I am still suffering from Long Covid symptoms since October 2020. I went to half pay after six months, I struggled financially and so came back into work. I strongly believe contracted Covid whilst carrying out these duties. Some reasonable adjustments have been put in place at my workplace, however some days I feeling very fatigued and nauseas. I still suffer from spells of high temperature and vomiting. I would not wish this for anyone."

NASUWT members

35. An account from a secondary school teacher:

"I have been a secondary school teacher for 20 years. It is a profession that has brought me many magical moments. It is a profession that requires that you have stamina, a desire to enhance and change lives of those in your classroom. There are highs and lows in the classroom, but in my experience mostly highs. The colleagues' that surround you are crucial to ensuring that we feel supported, that the stress is shared and that there is always a laugh at the end of the day. I have been very fortunate in my teaching career that I have always been surrounded by outstanding teachers, who without any ego took time to ensure that I was the best teacher I could be.

The pandemic showed all of society, that the teaching profession has got stamina, and we showed that despite the restrictions imposed that we continued with our desire to enhance and change lives from within a Zoom or Google classroom.

My best friend, my colleague, and my mentor, Maroun Mourani, had his life cut short as a result of COVID-19. Maroun died on 10th November 2020 in Aintree Hospital Liverpool from COVID-19.

Maroun and I met when I had been a teacher in St Edwards College, Liverpool. We were kindred spirits who just 'got' each other. We became friends outside of the classroom as Maroun saw I was feeling lonely being away from Northern Ireland. It became a running joke that if you saw Maroun, I would be somewhere behind him or vice versa. We both had a similar ethos regards education and ensuring young people had the best opportunities.

Maroun really enjoyed friendships and loved his family. Maroun made sure to send money home to his family every month making sure that they had food and resources for bills. He was always thoughtful.

Maroun and I stayed in touch every other day. I would visit him in Liverpool occasionally, and he would come to Northern Ireland and enjoy the hospitality. When the Irish Republic went into lockdown a week ahead of the UK, I spoke to Maroun on the phone. He was extremely anxious and worried about COVID- 19. As the weeks and months went on and I could only communicate via phone calls or video calls with Maroun. It was clear to me that he was really concerned for his own health. Many of his friends would go to the supermarket for him and deliver his shopping. He was so afraid that he would not leave his house.

In the early stages of the lockdown Maroun was having to teach online and at this stage, schools had moved very quickly to establish online learning. Many lessons can be learnt from the lack of training and rules around online 'live lessons.' This caused Maroun huge anxiety and stress, particularly as expectations from school was that he had to contact pupils in his classes about work to be submitted and of course teenagers being teenagers would switch music on in the background, switch cameras on and off, turn up not appropriately dressed and so the list goes on. Given that he was a character who loved to be with people and was rarely at home prior to the lockdown the whole situation was causing him huge anxiety not only on the health front but without the interaction of others Maroun was miserable. He felt unsupported by his school and was less and less his happy self. He spent a fortune on face masks, visors, and hand sanitizer. Towards the end of August of 2020, I persuaded Maroun to go to the shops to get a few things and to try going out. He thankfully did and despite being very afraid he managed it.

Under the latest guidance from the Government schools were to reopen for all pupils in September 2020. Maroun was petrified about having to go back to face-to-face teaching despite all that schools were having to do to ensure the environment was covid safe. Maroun knew that he was vulnerable and that should he get Covid19 that his outcome was not good. I spoke to him nearly every day, particularly on his return to face-to-face teaching. He told me that he was having to move around to find his class 'bubble' and that he was unable to get to the bathroom easily and nor had he eaten as he was having to move during his lunch and break time from one end of the school to the other. I begged Maroun to contact his GP, which he did, however his GP would not give him an unfit for work note and basically said that he would have to just get on with it.

I contacted a few colleagues I knew in the school and asked them to keep an eye out for Maroun. Maroun would not allow me to get in touch with the NASUWT as he was worried that the school would not appreciate the involvement of the union and he would face the consequences.

At the beginning of October, I was speaking to Maroun on the phone. He was telling me that he did not feel well, and that he had been in contact with a Year 11 pupil who has since tested positive for Covid-19. I could not believe what I was hearing. By 18 October 2020, friends in Liverpool called at Maroun's house to check on him, as he was very breathless and unwell on the phone. They got an ambulance and Maroun spent the next 3 weeks in intensive care. He regained consciousness once while at the hospital and gave the nurses who were looking after him a huge smile. Maroun died with his best friend and his nephew holding his hand.

The decision by Government to open schools in September 2020 with little safe guarding and protection for vulnerable people was the reason that Maroun sadly was taken from us far too soon. Maroun was looking forward to retiring and was only going to do another year teaching. He did not get to see his pension he had worked so hard for. We were planning a trip to California to watch NBA Basketball and to see the home of the LA Lakers. We had so many plans to travel in Lebanon, and that we would visit the Holy Land, as this is something I hoped to do with Maroun.

Maroun Mourani was repatriated to Lebanon in December of 2020. He was buried alongside his beloved mother. His friends in the UK did not get to say goodbye to Maroun. We did receive a photograph of his coffin when it arrived in Lebanon. It was the most heartbreaking and loneliest time to mourn for a loved one without other around to share and support you in grief.

Maroun had a huge impact on my life and miss him every day. I miss telling him stupid stories and him telling me his stories. I miss the laughs and his absolute excitement at the way I said things and vice versa. He found me very funny which always made me smile! I miss his laughter and I miss all that was good about my dear friend Maroun.

He should not have died in 2020, he had so much life to live and things to do and see."

36. An account from a physics teacher:

"Just before the first covid lockdown my husband, the school gardener at the school where I teach, got the all-clear after having immunochemotherapy for follicular lymphoma. He was to have immunotherapy maintenance treatment once a month for the next 2 years and so was severely immunocompromised. I was also immunosuppressed due to weekly injections for Ankylosing spondylitis, an autoimmune type of rheumatoid arthritis.

As soon as covid was announced and immunosuppressed people were told to be extra careful our headteacher sent us both home, before school was closed, to protect us both.

We spent the next few months shielding. We spent most of that spring and summer in our garden, we weren't even exercising in public.

Eventually, after shielding ended for the second time, we both went back to work in person. I was very worried about my husband catching Covid because of his immunotherapy and about myself catching covid because of my Ankylosing spondylitis injections. I got so stressed that I put myself into counselling with our school counsellor. Shortly afterwards, in June 2021, I had a heart attack and was taken into hospital for an angiogram and 2 stents. I remain convinced that the stress of working through Covid at least contributed to the heart attack.

In September 2012 we went back to school after the summer break. A week or so before October half term the head of physics tested positive for Covid. I was still wearing a mask at work. Two days later, I tested positive.

My husband and I talked about how I could possibly isolate from him in our tiny house and we decided that it couldn't be done, and we since we had been sleeping in the same bed and sharing the same towels, that it was probably too late anyway. Two days later my husband tested positive. This was the week before October half term. I felt dreadful with Covid but started to feel better, but my husband kept getting worse. We sent for an ambulance. The paramedics gave him oxygen and said he had a chest infection so he started taking the antibiotics he always had on standby because of his immunotherapy.

He continued to get worse so a couple of days later we sent for the ambulance again. This time they took him into hospital.

He was put in a side room to keep him away from the non-covid patients and put him on CPAC to help him breathe. It helped a little then actually blew a hole in his lung! Air from the burst lung escaped and settled under the skin around his face and chest. They had to put him on a ventilator which meant that he had to be asleep.

I was very lucky in that I was allowed to see him for an hour every day because I had just recovered from the same strain of Covid. The day they sedated him to put him on the ventilator we were allowed 2 hours together, that's the last time I saw him awake. He was on the ventilator for three weeks. He was given antibiotics, antifungals, but there was no treatment he could be given for the Covid because of the immunotherapy, which was supposed to give him a chance of decades more life by keeping the lymphoma at bay. Eventually his organs gave out and his heart failed. I was with him when he died, it was the worst day of my entire life. That was November 2021. I went back to work after three weeks because I needed the emotional support from my work colleagues. They are like family to me, and they got me through, their support stopped me from killing myself then, and still does now.

In June 2022 I caught Covid again, again from school. It affected me worse than the first time but by this time there were antivirals available. Being immunosuppressed, I was entitled to have antiviral pills couriered to my home but I couldn't take them because of the heart medication I was still taking after the heart attack. I'm still on the same medication now. Instead, I had to go to hospital for an antiviral infusion straight into my blood. I was too ill to drive so my elderly neighbour drove me, both of us wearing masks and the car windows down. When we got to the hospital, I had to go in through a back entrance to keep me away from other patients. 12 hours after the infusion I started to recover. I'm still at risk if I catch Covid again but I don't get as stressed about it anymore because I know the antiviral infusion works, and anyway, my worst nightmare has already come true, I lost my wonderful husband. Nothing can ever hurt me more than that.

When I heard about Boris Johnson having parties during lockdown it made me so angry. I contacted my local MP, to ask the government why immunosuppressed people had been expected to return to work in schools, but I never got my question asked in parliament, I was just given excuses. I'm still so angry that we were put at so much risk and I lost my husband because of it. He was only 57 years old. We should have had a long, happy retirement together. I am still teaching because I have nothing else to live for."

37. An account from a teacher and a parent:

"I had my second child in August 2019. After the birth I had sepsis and so I was unwell and not at full strength for quite a long time. It wasn't long until we were in lockdown, and I was into home schooling my eldest son and with a small baby. By the time May came I was back to work, but online. We had a small house with just one room downstairs and a very small kitchen. My husband taught his online lessons from our bedroom, on the bed as there wasn't space for a desk. I had the baby and home schooled my 10-year-old from the living room. I remember breastfeeding as I delivered online lessons just to keep the baby settled whilst I taught.

During lockdown we discovered my youngest son had Cerebral Palsy. He was struggling to meet milestones. At the time I was so overwhelmed with the situation and teaching online that I hadn't really realised. We hadn't seen any other babies to compare progress with. Despite having previously had a child it felt like such a long time ago I hadn't really remembered all the early stages and we didn't have access to health visitors etc. I know we all had a role to play during the pandemic. I just wish I had said no. I'm not doing online lessons from my house, from one room, whilst educating my eldest son and breastfeeding my youngest who was unable to latch on to a bottle, for reasons we now understand.

Then we returned to the classroom. We didn't yet have vaccinations at this point. I was told the risk was not so high after we had spent all this time online teaching in those circumstances. I was happy to be out of the house situation, but it felt as if there was very little consideration for our safety."

38. An account from a clinically vulnerable teacher:

"I have severe eosinophilic asthma and am immune suppressed. I was advised to shield right from the beginning, so we shielded as a family. With two school aged children it was the only way we could do it. My husband worked from home, and I home-schooled our two children with support from their amazing primary school. It was really hard - but we felt safe. When shielding officially ended that safety net ended. My children were expected to be back in school - as was I. Although classed as extremely high risk due to my immune suppression- and still advised to follow guidance- I was told it was guidance not law so forced back into school with very little protection in place. My teenage son continued to wear his mask in school and was bullied - including by staff who made him remove his mask. I have to date had six Covid boosters and am expecting another very soon! The government in their wisdom decided to remove all mitigations in March 2022. We lasted exactly one week - by the weekend of that first week all four of us had tested positive. I

was eligible for and received anti-virals - but was very unwell and took a long time to even vaguely recover. I struggled on with several phased returns and several admissions to hospital associated with my asthma In September at the start of the school year. I reduced my hours in an attempt to keep on working. My asthma was getting worse and I was diagnosed with anxiety. My doctors were looking at further treatment options. By the end of November I caught yet another infection from school - I had cold symptoms on Friday and by Sunday I was in an ambulance queuing outside A and E. I was in hospital for 12 days - most of that on oxygen. I was then allowed home as a patient on the virtual ward (with daily nurse visits) until the New Year. Having failed to recover, tests were done and I was diagnosed with Long Covid. I managed to briefly return to school (on yet another phased return) for four weeks - before catching yet another infection and being readmitted to hospital. Whilst in hospital I was advised that school would seek to dismiss me on capability grounds or I could except an offer from them. I took the offer and am now going through the process of ill health retirement. This is proving difficult as understanding of my very severe asthma and Long Covid is limited. Covid – and the total disregard by those making decisions – has destroyed my life. I have lost the career I loved (26 years down the drain) my health has been weakened so much by Long Covid. I will never recover - I'm now registered disabled and use a mobility scooter. The effect of my family has been catastrophic. My husband is receiving treatment for depression because of the strain of it all. I cannot be the wife and mother I used to be because my health is so bad, we are having to sell our house and I am struggling to access any financial support.”

39. An account from a supply teacher:

“I am a pretty typical supply teacher, working day to day in a range of schools. But... In March 2020, the financial rug was pulled out from under me when schools (partially) closed.

I remained in relative safety at home, but from that day in March, suddenly I was totally unable to access any income. Boris Johnson promised that no one would be left out from schemes to pay people who were forced to remain at home. But as time moved on, it became increasingly apparent that supply teachers like myself were not included in the support packages. We didn't have an employer, as we were employed daily, so we didn't have access to furlough. We were abandoned. The education minister at that time, Peter Weir, remained totally unsympathetic to any contact from supply teachers. He said we were still able to access work in schools which were open to essential workers. But all those schools used their own staff on a rota. The schools were due to open over the

Easter break for the children of essential workers, so the minister said we could access work then. But again, no school contacted us.

It took a fight involving writing to every MP and appearing on television and radio before the minister finally agreed to some kind of income support payment. But even when he did that, he calculated a payment based on 80% of average days worked in the months of December, January and February. December is a light month for daily supply teachers, as schools do not often bring in extra staff in the run up to Christmas. Both December and January contain the Christmas holiday. February contains the half term break. So, the minister had calculated to pay supply teachers 80% of their average days worked during the three leanest months of the year. My payment was based on 6.5 working days per month. And we didn't receive any payments until around September. As a supply teacher, I had no income for a six month period. My bills didn't stop coming in, and many of those bills were based on contracts which could not be terminated. It took until the academic year 2022-23 before my earnings were back to pre-covid rates. So, three years of very low income. Three years of not being able to contribute to a pension. That is the gift that keeps on giving - long into retirement, my pension will be affected by the inability to earn during those years. At least I was able to wear extra clothing and turn the heating down. At least I was able to get by on very little - but for some of my supply colleagues, those years will be remembered for the debt they are still paying off."

40. An account from a secondary school teacher:

"For the first few months of the pandemic, I was shielding. However in autumn 2020 I was required to return to school, just a fortnight after shielding in Wales finished. I did not believe this was safe as vaccinations were not yet available and the risk assessment put all the onus on me to maintain distance from pupils, open windows and did not introduce any specific safety measures to protect me. The only PPE provided was a flimsy visor which a friend working in the NHS advised me was ineffective and provided me at her own cost with a medical grade one. I provided my own medical grade facemasks as none of any grade were provided.

There was no assessment on my general well-being or mental health as a result of the extreme pressure I was put under in trying to teach full secondary classes, often in cramped classrooms in what was already a challenging school whilst trying to remain Covid safety compliant all day. Nor the shock of returning to this so soon after months of shielding. Neither was there any consideration or mitigation of the toll of the general working conditions. In my school we as teachers rather than pupils moved classrooms

every lesson which was logistically difficult and we were not allowed to gather even in a socially distant way at break or lunchtimes, we were not even allowed to access a kettle. I brought a flask and packed lunch and spent each break and lunch alone in whichever room I had been teaching in with the windows open and my coat on. At the time I accepted all this as necessary, but in hindsight more could and should have been done for physical and mental well-being. Obviously in this context to see 'work gatherings' in government being justified felt like a betrayal from the state itself as the reality in school was so hard.

I was extremely careful and also lucky and made great personal sacrifices in order to avoid catching Covid before vaccinations became available. Therefore, I was never a close contact and was never required to self-isolate. This meant colleagues who did mix when permitted in some cases had repeated isolation periods at home whilst I worked even harder covering for them. I missed not a single day in that autumn term of 2020 yet this was not acknowledged or rewarded. A family member in another industry was given a few days extra 'well-being' leave for full attendance as recognition of the additional pressures faced. I felt completely taken for granted and expendable. I do not feel like the government cared if I lived or died, far less appreciated the stress I was under in order to do what the Prime Minister at the time deemed my 'moral duty' to help keep schools open.

Furthermore, in Wales we spent most holidays in 2020-21 in lockdown or severe restrictions and there was no regard to our well-being as staff in terms of not being able to take a proper break during holidays. I spent a year basically shielding or teaching in very difficult circumstances with nothing in between. This took a toll on my mental health as we emerged from the final lockdown and I had to seek support (privately). The arguments over proper pay in subsequent years have felt like the final betrayal.

Pupils were also completely let down. The 'all-in' return meant huge disruption whenever there was a Covid case and surely spread it more, rather than a shift system allowing for social distancing in secondary schools which I believe the teaching unions proposed. The supposed catch-up provision I have not seen and thus far has simply involved me offering revision in my own time. There is a huge mental health toll on our pupils and far more needs to be done to address this."

41. An account from an education worker whose family was impacted by the late 'closure' of schools:

"I reckon for most people around the world Covid has affected us all in some way. But for my family and myself it left a dark hole in our hearts that will live with us for the rest of our lives.

During Christmas 2021, Boris was refusing to close schools and was delaying lockdown. My niece who was three years old at the time contracted the virus from her nursery on the last few days left of school, bringing the virus home to a relatively young family of three. Both her parents contracted the virus. My brother aged 37, suffered the most from the very start. He spent a few days in bed trying to recover, just as he would if he had the flu.

During this period there was a great rush of buying houses as there was no stamp duty. My brother and his family were eager to find a new home where they could give their three year old daughter a room of her own. Just as my brother appeared to recover from most of his symptoms, he received good news about his new house, that would be exchanging keys and moving house in the same week. Unfortunately my brother was only able to spend three nights in his new home that he worked so hard for. He was admitted to hospital on boxing day as he couldn't breath properly.

He spent a few hours in the wards with a oxygen mask and was then moved swiftly to the intensive care ward along side lots of others suffering with the virus. We spoke on FaceTime and texted often. We knew he was mentally struggling as he didn't seem himself and was really wanting to just go home. The oxygen mask was hurting his head and was finding it extremely difficult to rest and recover in such busy and noisy setting. On New Year's Eve, he had enough and was begging to just go home for some proper rest. He started having a panic attack that evening. The next day (New Years' Day), the doctors had advised that the best thing was for my brother to be put into an induced coma and for the ventilator to breathe for him. As my brother had just had enough and was exhausted, he agreed. No doctors discussed this or his options with his family.

In the meantime, our family was feeling very on edge waiting to hear from doctors every day. Every day was extremely hard. On New Year's Day in the late evening, we said our goodbyes to him and they put him to sleep.

We never really understood why such extreme lengths was been used on such a healthy young male with no underlying issues. At the time, I felt as though the doctors were really busy and overly tired and they couldn't deal with a patient struggling to comply with them, so they put him to sleep.

Not knowing all the risks of an induced coma, we as a family felt that we had to trust the process in order for him to recover and go back to his family where he belonged. On the 2nd of January we were told that they were transferring him to another hospital. We continued to FaceTime by making appointments with the nurses. We would speak to him and his daughter would sing to him. We gave the hospital pictures of his family to put

beside him. I can still hear the loud noises of the ventilator and heart machine that I would hear daily through the phone. This is buried in my mind still till this day.

For the next 2 days he was doing very well and was starting to ease him off the ventilator and the sleep induced coma. As they were doing this, they decided to give him a muscle relaxer. Within minutes my brother had a severe allergic reaction and was blown up like a balloon. He was unrecognisable. My parents and his family were called by the doctors to see him. My mum and dad had to see their son tied to machines and swollen to the point where his features of his face were no longer recognisable.

Days went by. We prayed every night as a community at 8pm. I remember spending hours in my room in the dark praying with a candle for my brothers health and begging god to give my brother another chance to live his life with his family.

On 26th January we made an appointment to go and have another rare visit for the next day at 11am. This time I decided to go and help speak with the doctors. My family were in such a state that they found it hard to recollect anything the doctors was saying so I took it upon myself to try and understand what the next steps would be.

On 27th January myself, my sister and his wife made our way to the hospital. As we were going down the escalator his wife received a phone call from the hospital explaining that my brother wasn't doing well.

We arrived at the hospital and put on PPE. As we were about to walk through the doors of the ward we got stopped by a doctor who said that we were not allowed to go and see my brother, which left us confused. We went to a small room where many nurses flooded in. I saw the look in all their faces. He had passed away just as we walked into the hospital to see him.

As you can imagine the following days, months, and now years have been incredibly difficult. We are all mentally scarred, broken and deeply saddened. I have anxiety and sufferer server panic attacks about scenarios that I cannot control. So many questions still go through our head, about his medical care, and whether if the government had locked down schools earlier, like people were begging them too, would he have survived? That's our biggest question mark for the rest of our lives. Every day is now a mental battle."

National Education Union ('NEU')

42. An account from a primary school teacher and NEU officer:

"At the beginning of the pandemic information about transmission in schools and in children was going around which was stating that children didn't catch Covid-19 and that transmission wasn't occurring in classrooms. To anyone working on the ground in schools this was clearly wrong. The children were also scared because they all have access to the news and knew what was going on.

I was involved in helping to write a lot of guidance for head teachers and schools to follow. The government guidance was nowhere near as strong as we needed it to be, often arriving very late. For example, guidance before start of term would often arrive one or two days before. The guidance was also often contradictory and didn't reflect our experience on the ground. Our challenge therefore was to put in place our own guidance to allow our members to work as safely as possible.

PPE simply wasn't available. There either wasn't any or the stuff which was there wasn't used properly because people weren't trained on how to use it. I sourced my own PPE throughout the pandemic. As a union, we would try to help to distribute PPE and testing kits, because distribution was very uneven. We would hear about a location like a school or chemist which had a good supply and would help to share it out.

Clean air in classrooms was an ongoing issue. We did to some extent feel it was a win when the government said they would put a CO2 monitor in every classroom, but actually those monitors just told us how bad things were and didn't provide a solution. What we needed was air filters. We know now from the Class-ACT study in Bradford what a significant impact having an air filter has on absence rates. Classrooms were not equipped to be ventilated and had too many children in, but the government is not willing to invest in proper school infrastructure. We are seeing that now with the asbestos and RAAC concrete issues.

We also saw the failure of the government to protect school workers in the distribution of vaccines. School workers were not prioritised early enough. Everyone knew this was not right. Word would spread in the community that a particular vaccination centre was vaccinating teachers, or other firefighters, for example, and school workers went and had vaccines before the government actually changed the rules and prioritised school workers for vaccinations."

RMT members

43. An account from an outsourced cleaner:

"I worked nights cleaning and disinfecting trains for an outsourced company during the pandemic. Most COVID measures were followed only to the extent that the client company of my employers could claim plausible deniability.

There was a portacabin or demountable break room that should only have had 3 occupants, and there was much signage to that effect. There was up to seven cleaners employed there, and no alternative break facilities. We would crowd in there and eat unmasked most breaktimes, especially in winter, and all tumble out if we knew a manager or an assessor from the parent company was coming. We were always pre-warned.

After COVID tests became available, everyone was distributed multiple tests and forms were provided to my supervisor, that everyone had to take a test on a weekly basis. It was never adhered to to my knowledge, and this was on a relatively small site.

The introduction of this testing facade came at the same time as the announcement that people would only receive statutory sick pay for a positive test, and then only if you were off for ten days, due to a change in the wishes of the client, who had until that point paid us in full. This was around April 2021. At that point we were almost guaranteed to not reveal a positive test, as it would have led to two weeks of 80% lost earnings, and we were paid very little anyway, so there was no question of safety, our livelihoods were at risk. I raised this to a manager, and he said 'Well, it certainly looks that way.'

Masks were available at the beginning of the shift, but due to the physically demanding nature of the job were unsuitable for how sweaty and out of breath you'd become, so were rarely used properly.

Ironically my nights disinfecting trains became the only part of my life when I could feel like COVID didn't exist. Due to my need for the job and to my employer's complete disregard for our safety in obeying those restrictions, we had to treat it as a myth."

44. An account from a train guard:

"I worked as a train guard and we had a series of outbreaks of Covid over the period of the pandemic which obviously led to numerous people going off sick so it certainly felt real and people were nervous overall.

We had a good Safety Committee which was where we took issues members raised and on the whole it worked pretty well. Normally it sits four times per year and is comprised of

reps, full time officials, Directors and Executive Managers. During COVID, it used to sit fortnightly I would say on average.

It was important that we had that because we did have disagreements. For example, we had a disagreement over the types of masks to be used by revenue collection staff. We insisted as a Union that anyone tasked with collecting revenue from the public must have the ability to use an FFP3 mask. These were thought to be more robust. This measure was inserted into the risk assessment eventually. However, they weren't suitable for everyone as a successful face fit test was needed to ensure they worked properly. We also had on-train removable barriers installed. These allowed train crews to barrier off a section of a carriage to themselves. The company kept trying to get us to agree to remove them, but we refused until I think all COVID restrictions were eventually lifted.

Unlike the outsourced workers who we often worked alongside, we got sick pay in line with contractual arrangements. The main concerns for our members came from those with vulnerable families. We had members with family members who suffered from immune suppressed conditions. The company insisted these people came to work. This I feel placed a significant mental strain on those members."

Chartered Society of Physiotherapy ('CSP') members

45. An account from an NHS physiotherapist:

"At the beginning of the pandemic, it was chaos at work. I was working as a physiotherapist on a trauma ward. All elective surgeries were cancelled and trauma patients were moved.

There was a dire lack of PPE because no one was prepared. We were told that unless a patient has tested positive for Covid, we weren't allowed to use PPE because it wasn't necessary. When we did use PPE, it was just the basic surgical mask, apron and gloves. Unless you were doing an aerosol generating procedure, you were not allowed to use the FFP3 masks which offer the best protection. We were getting patients out of bed after surgery and the first thing they always do in that situation is to cough right into your face, as you are close to them assisting them to get out of bed. We argued this was an aerosol generating procedure but this wasn't accepted and we were told off for using FFP3 in these circumstances. A lot of the patients we had did have Covid-19. Often, they would not test positive on the first one or two tests, they would have symptoms but we wouldn't be able to use PPE because they hadn't tested positive. They would then test positive after contact with us.

I contracted Covid but I didn't realise at the time because I didn't have either of the symptoms the government was talking about – either a new continuous cough or temperature. I started with aching in my legs and back and was just feeling exhausted. After a while, I realised it wasn't just a usual bug and a colleague mentioned their Covid infection had started with back pain. This really wasn't clear from the government and they just kept focussing on the same two symptoms.

Three of us ended up with Long Covid. I have cut my hours and went down a grade. I don't think I would have gone down a grade if not for Long Covid symptoms. One of my colleagues who contracted Covid around the same time and also suffers with Long Covid is now on no pay despite the fact that she contracted it at work. She hasn't driven for three years. She was meant to get married but hasn't been able to. She rarely goes out of the house unless she's with her partner.

It wasn't dealt with properly at work. I have since contracted Covid twice and have of course needed longer than usual off work. Occupational health recommend a longer phased return to work, but generally the Trust has asked me to come back on full time hours by the third week. There's delay in getting advice from occupational health and by the time it is received, the person is usually back at work. I haven't got a RIDDOR report for my infection and Long Covid. Although my two colleagues who had Long Covid have both got a RIDDOR report, both are from 2023 so obviously not from the time of the original infection.

I keep reading things about the government response to Covid. I have read, for example, that they had one big warehouse with all PPE stocks in which had only one door. It's so frustrating. They should have been much better prepared with PPE stocks. They should have been less rigid about identifying symptoms – if I had known aches and pains could have been a symptom, or exhaustion, I might have spotted it earlier. Advice for key workers around symptoms, recovery and return to work should have been clearer. That really could have helped me.”

Musicians' Union members

46. An account from a freelance musician:

“The impact of the Covid-19 pandemic has been huge, both as a working self-employed musician and on a personal level. I was clinically extremely vulnerable (CEV) and because of this had to isolate longer than most. The financial impact of this time is still affecting me now. My work and my financial stability is still not back to where it was before the

pandemic. In March 2020, my job became illegal overnight with no explanation as to how we should survive. I was classed as CEV via a letter, but with no information on how I should manage financially. I live alone and have a mortgage, I have both a chronic respiratory condition and chronic mental health condition. Getting and paying for my medication was the first issue.

There was no news of any support for the self-employed for months, and this had a detrimental effect on my mental health. I felt incredibly isolated, both physically being away from people, but also feeling completely forgotten by the government. It was as if the self-employed didn't exist, and the self-employed CEV were completely invisible.

When the Self-Employment Income Support Scheme (SEISS) did arrive, it wasn't all it was made out to be, it was not fit for purpose. As someone who had also worked as a contractor teaching in a university and a college paid via PAYE, I didn't receive much at all. There was no recognition from the government for people in my situation. I only received small percentage of my actual income which did little to help. I found myself having to borrow money from family to get by, something I have never had to do since beginning my career as a musician over twenty years ago.

I had many friends who had been encouraged to become a limited company and they were completely excluded from financial support. The government again would not acknowledge the failings of their scheme.

Many of my musician colleagues were able to get other jobs, in supermarkets and as delivery drivers, for example. As I was CEV, I was not able to do this. There was no recognition of the unique situation those shielding were in.

There was also no additional financial support, or information on benefits or how to claim. I eventually did receive some Universal Credit but trying to do this alone and from home was not easy. It's a complex and inaccessible system for many, especially those who are not computer literate. There were so many barriers to accessing support. There was also little information to those shielding, I felt they had shut us out of the way and forgotten us.

I watched as my friends started to "Eat Out to Help Out" and pubs began to open with no recognition of those of us shielding at home. This scheme, a plan to help hospitality, was a disaster from a health perspective. I was also left wondering what about music and the cultural sector? Why was hospitality more important than us?

The adverts suggesting that I should retrain in cyber were just a huge kick in the teeth. I am highly qualified as a musician with a Master's degree, I began learning music at the age of two. I would never consider leaving my profession, not just because I love my job,

but also because I witness the profound impact it can have on others. Both in the community work I do, but also as a performer.

Later as a few outdoor performances were permitted, I had to turn work down as I was shielding. Again no recognition of those in my position at all, and no financial support. It was not my fault I had health conditions, but I felt I was being punished.

This was also echoed in the regulations around singing. Part of my work is leading choirs and community singing groups. The scaremongering about singing and ridiculously complex guidelines were very difficult to navigate - it meant we couldn't even sing safely socially distanced in the park, which impacted my ability to work. Like so many of the government decisions in the pandemic, they were not evidence based and were also changing constantly.

There seemed to be no input from those working in the sector - I know we were shouting as loud as we could, but the government would not listen. This was yet another barrier to me being able to return to my work and make an income. .

Having work to return to was a huge issue for many of us too. As a freelancer, you build and maintain your work. During all this time away from working I was not able to do this. Also, many of the charities and organisations I worked with and for were suffering financially, as were music venues. Much of my regular work was not available upon return. I am still rebuilding my work to this day.

My teaching has also suffered because the financial stability of so many was hit hard and parents could not afford lessons the way they previously did. The anti-arts attitude of the Government had a knock-on effect in education as fewer students are going on to study music which impacts my job and many others. This, combined with the cuts to the arts in higher education, makes for a difficult future.

There was a distinct lack of understanding of how our sector worked. Most of the music workforce is made up of the self-employed. When the Cultural Recovery Fund was announced, I couldn't see how this would really help the music workforce, and of course it didn't. It was for buildings and businesses, not artists, musicians and creators. So. the vast majority of us again went without the help of this financial scheme.

The mismanagement of the pandemic is still having a knock-on effect now. It is more difficult to get work as so few have the budget to afford musicians, and funding for the arts has been slashed."

47. An account from a musician with a mixture of freelance and employed work:

“Due to my multiple precarious employments, I was ineligible for Self-Employment Income Support Scheme (SEISS) support during lockdown. By this point, I knew pandemic restrictions affecting music work wouldn’t be over any time soon. At a time when I wasn’t sure how I was going to find an income in the months or years to come, I felt completely let down by the Government, and was left to figure it out on my own. Somehow, holding a few precarious, short-term, small hours contracts meant I was going to be ok as far as the Government was concerned, when in reality my income was even less consistent. I ended up shifting my work more towards remote consultancy in order to sustain an income, which meant less creative work.

As things began to reopen, I was required to travel to England to work at in-person music workshops for young people. This was while the restrictions in Scotland were still considerably higher than those in England. I caught Covid-19 for the first time while travelling back from this trip, on a busy train in England as the only masked person on the train carriage. This was at the time when train operators would make announcements on trains as we approached the Scottish border, to remind passengers of the obligation to wear a mask once the threshold was crossed. I then passed the virus onto an older parent with whom I was living, and had to isolate from my partner for weeks so that they could travel to an international music showcase.

As a gigging musician, I play in a band with my partner. On resuming live in-person gigs, we found the rules on masking in venues difficult and intimidating – to be standing on a stage looking out at a sea of unmasked faces basically breathing at you. We also found ourselves in venues that had no air conditioning or ventilation. The first few gigs back were quite scary from that perspective.

We found it difficult to plan gigs and tours even when live music was coming back, often opting to avoid as much human contact as possible ahead of a string of important shows so that we don’t jeopardize them by catching Covid-19. This continues into late 2023, where we routinely evaluate whether we need to be more cautious ahead of each gig.

We find it deeply alarming that we have routinely been in contact with people who have told us after the fact that they may have had Covid when we met – because the rules don’t prohibit them from going out as normal even when they know they have Covid. Even now, schools do not require children to stay at home when they get a positive test. This is another barrier for freelancers to having a sustainable career.”

48. An account from a freelance musician:

"I was denied the first Self-Employment Income Support Scheme (SEISS) payment at the start of the pandemic, as there was an error in my accountant's software that meant my tax return didn't get filed on time. I spoke to 6 or 7 different people at the SEISS office, who didn't seem to communicate with each other – "Yes you can have the grant", "No, you can't", "Yes, I'm sure you can", "No, you really can't...". My accountant also filed an explanation online to no avail - no one I spoke with saw it.

Finally, after a definitive "no" letter in the post, I suddenly received SEISS payment 1 into my bank account. Then, two weeks later got a letter saying they'd made a mistake - I could keep the money, but they'd quite like it back. It wasn't mandatory, so I didn't return it - not least because I didn't have it. I was not allowed SEISS payment 2. The stress was huge during an already disturbing era with few opportunities for work.

We're not talking about millions here – it was a question of under £2,000 as they used net income from the quarterly figures of self-employed people. I know one composer who had just created a limited company and was handed £50,000 without question; and another who had just dissolved their limited company and was given no help whatsoever throughout the pandemic. The disparity in the situation for different people was striking.

It seemed like those within the system were unable to take decisive action on behalf of individuals who most needed help - among them creative freelancers such as musicians, writers, artists etc.

Given the likelihood of another pandemic or other calamity, it would be hugely beneficial if a crisis management plan was worked out and ready to go, with a pre-chosen course of action for different sectors - or a nationwide single benefit, as implemented in other countries."

The Hospital Doctors' Union ('HCSA') members

49. An account from a junior doctor:

"At the time I was a junior doc working in ICU and it was two different worlds. In ICU we had all the gear, full PPE, FFP3, we had everything we could possibly want, but if you had to go to a ward, you had no chance of getting anything. You basically had to take your own stuff with you. Which means people who were working on the ward had barely anything, there were minimal surgical masks on the ward. If they were on high flow devices there were mixed messages at the beginning of what you should wear, and when

you should wear it. And I know that certain people were not hoarding but keeping PPE on their ward for their own teams, so you had to move with PPE that you had found on your own unit to assess patients, which became quite difficult.

At the beginning it was fine, but staffing was quite stretched when in ICU they changed the rules about how many patients an ICU nurse could look after. Normally it's one-to-one for level 3, and two-to-one for a level 2 patient. But during the pandemic it was essentially three or four level 3 patients to one ICU nurse, and as good as an ICU nurse can be, looking after three level 3 patients who are very sick is incredibly difficult. I fully appreciate they did their best, but things happen and things are missed and care is delayed. Patients wouldn't have received the same care they would have with a one-to-one ICU nurse.

My day-to-day shift pattern massively changed, especially in the first wave. We were doing twelve or twelve and a half hour days, and we were doing three on, three off, switching between days and nights. So for your three days off you were asleep to be brutally honest, because after three nights you were knackered, and then after three long days you were knackered. It was just quite relentless and the continuous switching between them was very difficult, and that was just so we had more people on the unit out-of-hours basically, because we had a higher volume of patients which meant that we needed so many doctors on each shift. It was very knacking, especially doing it for six months.

At the beginning of the pandemic, especially in ICU, it's very difficult to convey over a phone to a next of kin how unwell somebody is. It was extremely difficult to convince people, especially people who didn't think Covid was a thing, that their relative was extremely unwell and dying in some cases. The I-Pads and the video chats only came in later on and it was very difficult to have a realistic chat, when they'd seen their relative come in with shortness of breath or a cough and then now, two or three days later, I'm telling them they're going to die. Obviously, pre-pandemic you would bring them in, have a chat, have them see their relative, and I think that massively helps bring it home. But over the phone that doesn't happen and it's extremely hard. We had to multiple conversations with relatives from different levels, as in from consultants to senior registrars, and that was also a marathon task of having to contact the family each day and update them which I'm not complaining about, but it was a quite an arduous task to bring them round to how unwell their relatives were, and that was a daily occurrence, especially if they were getting mixed messages about what had been said. It did help when they brought in the video chats and the i-pads but in the beginning we didn't have that or the resource wasn't available, so it was much more difficult."

Bakers, Food and Allied Workers Union ('BFAWA') members

50. An account from an administrator:

"I am a Black-British, middle-aged mother of one. I have worked for my employer for almost seven years. I was hired as an administrator with duties including reception, payroll, purchasing and invoicing. In July 2020 my husband of 24 years passed away from Covid-19. We had had our difficulties but we loved each other dearly. The hardest thing I have ever had to do was to tell our son that his father and best friend was no more. Shortly afterwards I was informed by my employer that I would be responsible for the lateral flow covid testing of contractors and visitors to our busy site. I refused. I expressed my fear, grief, and safety concerns to my line manager. I, unlike anyone else on site, knew how deadly Covid could be. The issue was escalated to the transport manager who also ignored my concerns and informed me that it was a reasonable request. I was therefore required to conduct the testing including on external contractors. These were contractors and service engineers who visited multiple sites across the country each day and I considered them to be the highest risk visitors to the site. Because of my management's insistence, I began to conduct the testing of these high-risk site visitors. I did this with five minutes' cursory training that was only provided at my insistence and with no clinical oversight or thorough instruction as to what to do with positive cases. Over the following two years I contracted Covid multiple times. I now suffer from Long Covid and PTSD as a result of the Long Covid. My grief, trauma, ethnicity, age, and multiple covid infections did not trigger any reviews, specific risk assessments, or compassion from my employer. Indeed, one year after the death of my husband and with covid travel restrictions easing, myself, friends, and family from all over the world were finally able to gather for a memorial in honour of my late husband. Despite being a company with a £1 billion+ annual turnover, my employer nit-picked about paying me for the period I was abroad for my husband's one year memorial. I was already a low paid worker and the refusal to pay me had a significant effect on my already stretched finances. My experience of the pandemic has also included employers' refusal to put me on furlough, refusal to permit me to work from home and feeling marginalized since my first mention of Long Covid. The Covid pandemic was difficult for everyone but for me it has been devastating and life changing."

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Kate Bell

Dated: 27 September 2023