

THE UK COVID-19 INQUIRY

TRADES UNION CONGRESS AND NORTHERN IRELAND COMMITTEE OF THE IRISH **CONGRESS OF TRADE UNIONS:** **JOINT OPENING SUBMISSION IN MODULE 2C**

INTRODUCTION

1. This is the opening statement of the Trades Union Congress ('the TUC') and the Northern Ireland Committee of the Irish Congress of Trade Unions ('NIC-ICTU') in Module 2C of the UK Covid-19 Inquiry. The TUC and NIC-ICTU are separate organisations, but with shared aims and values. Both are recognised as 'core participants' to this module. The 54 unions affiliated to the TUC represent over 5 million working people, across a range of sectors, and across the four corners of the UK. The Irish Congress of Trade Unions ('the ICTU') is the largest civil society organisation on the island of Ireland, with 44 affiliated unions, north and south of the border. NIC-ICTU is the representative body for 34 trade unions with over 200,000 members across Northern Ireland. Both the TUC and NIC-ICTU aim to provide a voice for working people, and to shine a light on the consequences of decision-making upon the experiences of those at work. In Module 2, the Inquiry heard evidence from Kate Bell, Assistant General Secretary of the TUC. In this module, the Inquiry is to hear evidence from Gerry Murphy, Assistant General Secretary of ICTU.
2. This written opening submission addresses:
 - a. Unequal impact in the workplace;
 - b. Context: austerity and an absent government;
 - c. Social partnership;
 - d. Workplace safety: enforcement and HSENI;
 - e. Financial support for self-isolation

UNEQUAL IMPACT IN THE WORKPLACE

3. The pandemic exacerbated pre-existing inequalities. Professors Marmot and Bambra in their Module 1 Expert Report highlighted that, going into the pandemic, differences in life

expectancy in the 20% most deprived as compared with the 20% least deprived in Northern Ireland were stark: a difference of 7 years for men and 4.8 years for women.¹ The causes of those inequalities are inevitably multi-faceted, but contributed to by the particular situation in Northern Ireland in addressing the challenges of its system of health care. Changes to welfare benefits may also have been relevant. Professors Marmot and Bambra observe that those in Northern Ireland saw the largest financial losses arising from welfare reform up to 2014/15, at a drop of £650 per working age adult, per year.²

4. One driver of the unequal impact of the pandemic is how it impacted upon workplaces. Many in better paid professional roles, already having the advantages of better health outcomes, were far more likely to be able to work from home. A great many in front-line and essential work were in lower paid roles, who could not safely work from home, and were already suffering health disadvantages. That included, of course, most visibly, many who worked in health and social care, but it also included those who kept transport systems going, who cleaned public spaces, who worked in food processing and manufacturing, and so on. As acknowledged by the Chief Medical Officer, Sir Michael McBride: *'With Covid-19 those at increased risk of infection included those at greater occupational risk in public facing roles; those who were unable to work from home; those from lower socioeconomic groups living in crowded or multiple-occupancy housing, who often in addition found it difficult to work from home or self-isolate for financial reasons'*.³
5. In Northern Ireland, 391 people of working age died with Covid-19 between March 2020 and October 2021.⁴ The highest proportion of deaths was amongst process, plant, and machine operatives (at 12.91%), whereas professional and technical occupations had the lowest rates.⁵ That, however, only tells part of the story. Those who had no choice but to continue to attend workplaces were at greater risk of catching the virus and passing it on to vulnerable relatives and into those communities already suffering health disadvantages. Workplace safety was a matter not just for those who attended work, but also for their families. It impacted, particularly, not only those who work in lower paid roles, but the communities in which they lived.
6. Accordingly, unequal impacts in the workplace impacted both directly and indirectly to the overall unequal impact of the pandemic. Adjusting for differing age structures within the population, Covid-19 related deaths were highest in the 20% most deprived areas at 287.6 deaths per 100,000 population, and lowest in the 20% least deprived areas at 187.5 deaths per 100,000.⁶

¹ INQ000195843/6, para. 11.4.

² INQ000195843/27-28, para. 53.

³ INQ000226184/65, para. 183.

⁴ INQ000438342/1.

⁵ INQ000438342/1.

⁶ INQ000438342/1.

7. These matters were recognised during the pandemic. Mike Brennan of the Department for the Economy, describes that:

'In April 2021, ahead of the emerging package of relaxing restrictions, the Minister wrote to the Head of the Civil Service. She raised concerns that, given the sectors closed at that time, we were overwhelmingly leaving behind the lowest paid in our society, and she highlighted the fact that those who were still employed in those sectors, were endeavouring to survive on 80% of what was often the minimum or living wage'.⁷

8. The lowest paid were left behind, and it must be a key focus of lesson learning in this Inquiry and in preparation for the next pandemic.
9. In that respect, there is force in the observations of Naomi Long, the former Justice Minister, that:

... 'in terms of lessons learned, I feel that the contribution made to our community by front-line and essential workers, deserved greater recognition, especially in times of crisis. During the pandemic, whilst many were able to work from home, many other people were required to continue to attend their workplace. In addition to health service staff, police officers and prison officers — which I have referenced elsewhere in this statement - a vast array of often low-paid workers continued to provide essential services to the public, from street cleansing and refuse collection operatives to shop assistants and delivery drivers, from school cleaners and catering staff to transport and agri-food sector workers. We owe them a huge debt of gratitude for their dedication and service during an incredibly stressful period for them and their families'.⁸

CONTEXT: AUSTERITY AND AN ABSENT GOVERNMENT

10. As has been explored in Module 1 of this Inquiry, the Northern Ireland Executive Assembly re-formed in January 2020, following three years absent of government. That absence contributed to the polarisation of already fragile political relationships, as well as having a compounding impact upon the legacy of austerity, and damaging attempts by stakeholders, including NIC-ICTU and unions in Northern Ireland, to establish proper processes and mechanisms for social partnership between unions, employers, and government. When the pandemic struck, public services were at breaking point, and the pre-existing mechanisms for social partnership which the TUC and its sister organisations have commended in Scotland and Wales did not exist in Northern Ireland.

⁷ INQ000219183/31-32, para. 118.

⁸ INQ000436642/67, para. 326.

11. Some features of the difficulties arising are explained by Mr Murphy in his evidence to the Inquiry:

'Firstly, the collapse of the Executive in 2017 stalled any progress toward meaningful public sector reform. For instance in Health, the Bengoa Report which was delivered in late 2016 set out the context for the transformation of health services that was required to put the services on a sustainable footing given demographic and other pressures [Exhibit GM133 -INQ0001 87990]. The report noted that in order to achieve the vision that it set out, additional funding would be required to transition services to this new approach. The report recommended a ring-fenced transformation fund. The collapse of the Executive meant that none of this work was undertaken before the pandemic took hold in 2020. The health service continued on its previous path and continued to consume further resources without being able to deliver improved outcomes'.⁹

12. Further:

'The absence of the Executive during the 2017-20 period also came at the worst time for a public spending point of view. The cuts to public expenditure which took place from 2010 significantly undermined Northern Ireland's ability to provide quality public services. However, the Executive up until 2017 had attempted to protect the health service from the full scale of these cuts at the expense of other public services'.¹⁰

13. The evidence thus far received in Module 2C underlines the impact of austerity on public services and, in particular, health and social care services, in Northern Ireland. Robin Swann, the Minister for Health, gives a damning account of the decade prior to the pandemic being characterised by *'healthcare surviving hand to mouth'* resulting in *'short-term decisions ... instead of longer-term planning'* and *"vital services [being] underfunded"*. He describes that:

'Social care was particularly neglected with a lack of proper pay and career structures, leaving our care homes exposed'.¹¹

14. And:

'As health and social care ran on close to empty for 10 years, it meant that there was limited capacity, resilience or flexibility when it was needed most'.¹²

15. Richard Pengelly, then Permanent Secretary of the Department of Health, stated: *'The problems that were experienced during the pandemic involved the increase in the number of patients already waiting for elective procedures due to the need to divert service delivery from routine*

⁹ INQ000249648/14, para. 53.

¹⁰ INQ000249648/14, para. 54.

¹¹ INQ000412903/16, para. 37.

¹² INQ000412903/16, para. 38.

*primary care and elective care in order to provide the services required to treat Covid-19 patients. This problem had its roots in the combination of under-investment in elective care and reform to clear the backlog before the pandemic’.*¹³

16. It may well have been that there was money that could be made available in the course of the pandemic itself. That was not the difficulty. The difficulty, as Conor Murphy, former Minister for Finance, explains, is that it *‘could not counteract the historic underfunding of the health service and public services generally. Inadequate staffing and resources, which were a reality throughout the public services as a result of years of underfunding, could not be fixed by the finances put in place to respond to the pandemic’.*¹⁴
17. It was, overall, a combination of underfunding of critical services, and a prolonged absence of a functioning government, that set the context for the events considered in this module of the Inquiry. As is the view of Declan Kearney, former Junior Minister in the Northern Ireland Executive: *‘While ... the most significant adverse impact on our ability, and the ability of the health service, to respond to the pandemic was the legacy of austerity, and consequential underfunding of our health care system, I do also believe that the suspension of power sharing had consequences’.*¹⁵

THE IMPORTANCE OF EMBEDDED SOCIAL PARTNERSHIP

18. Social partnership during the Covid-19 period in Northern Ireland both demonstrated the potential benefits of government engagement with stakeholder organisations and underscored the need for established systems of engagement.
19. NIC-ICTU faced barriers engaging directly with members of the Northern Ireland Executive. As Mr Murphy set out in his witness statement to this module:

*‘Since the restoration of the Assembly in January 2020 and prior to the collapse in 2022, our efforts to meet with the joint office holders of the First and Deputy First Minister positions regrettably met with a negative response. The failure to engage with the representative body of the largest civic society movement in Northern Ireland not only represents a lack of political leadership but it has also meant that vital workforce and workplace intelligence which could have better informed the strategic response to the pandemic was missing’.*¹⁶

20. Mr Murphy explains in his witness statement that, despite significant efforts on the part of certain ministers to engage with NIC-ICTU and individual unions, this approach was not

¹³ INQ000421703/12-13, para. 29.

¹⁴ INQ000437470/40, para. 161.

¹⁵ INQ000436132/2-3, para. 9.

¹⁶ INQ000249648/4, para. 17.

reflected at the top of government.¹⁷ In particular, the Minister and senior officials within the Department of Health engaged with NIC-ICTU and affiliated unions in a positive and constructive manner. Department of Health Permanent Secretary, Peter May, commented in his witness statement that regular engagement with trade unions provided feedback on service delivery and challenges faced by the sector.¹⁸ However, the engagement of individual ministers was not sufficient in the context of the Covid-19 crisis. The Covid-19 pandemic impacted on all aspects of government; piecemeal social partnership was not sufficient to address the all-encompassing nature of the crisis. The response in Northern Ireland can be contrasted with the approach in Scotland and in Wales, as set out in our submissions in Modules 2A and 2B, where a culture of social partnership was embedded across government.

21. Individual unions put a great deal of effort into engaging with government in a constructive way. UNISON, for example, prepared written submissions, briefing notes, press releases and sent letters on a range of topics (see INQ000187978 for an outline).
22. In health and in education, the engagement was more consistent than in other sectors. The Regional Secretary of UNISON, Patricia McKeown, met regularly with ministers and, in particular, with the Health Minister (see INQ000187977). In addition, regular meetings hosted by the Education Authority also took place on an at least weekly basis of stakeholders, including employers, unions and relevant bodies such as the PHA.¹⁹
23. Despite efforts during the Covid-19 pandemic to promote engagement with stakeholders, it is the view of the TUC and NIC-ICTU that the necessary foundations were not in place to promote consistent and effective engagement. As Mr Murphy set out in his witness statement to Module 1: *'even prior to the collapse of the Assembly, there were serious deficits in how Government in Northern Ireland was working'*.²⁰ Mr Murphy went on to explain that those failings included *'the failure of the First and Deputy First Minister to establish structured means of social dialogue with representative bodies including the trade union movement and employers, as is common in the rest of Western Europe'*.²¹
24. The primary mechanism through which the Executive sought to engage with representative bodies during the pandemic was through the Strategic Engagement Forum ('the Forum'). It was formed at the outset of the pandemic and brought together employers, trade unions and statutory bodies including the Public Health Agency ('PHA') Health and Safety Executive for Northern Ireland ('HSENI'). It was chaired by Marie Mallon, Chair of the Northern Ireland Labour Relations Agency, with the first meeting taking place on 30 March 2020.

¹⁷ INQ000249648/4, para. 19.

¹⁸ INQ000411550/131-132, para. 414.

¹⁹ INQ000240648/13, para. 50.

²⁰ INQ000177806/4, para. 17.

²¹ INQ000177806/4, para. 18.

25. The Terms of Reference of the Forum set out that the *'core purpose of the Forum is to advise and support the Executive in its commitment to contain the Covid-19 virus as it applies to the NI Economy/Labour Market'*.²² The work of the Forum is set out in Mr Murphy's witness statement to this module²³ but, in brief, the initial work of the Forum included:
- a. prepared a list of key workers and essential/non-essential businesses;
 - b. established an Emergency Code of Practice to assist businesses and their workforces in complying with Covid-19 related guidance and regulations;
 - c. provided advice on the Covid-19 Job Retention Scheme;
 - d. published workplace safety guidance, including guidance on working from home, which informed NI Executive policy.
26. The initial work of the Forum provided valuable insight into the situation on the ground and ensured workers' voices were included at a stage when important guidance and regulations were being established. The value of this work is recognised in the evidence provided to this Inquiry.
27. Former Deputy First Minister, Michelle O'Neill, commented that the Forum:
- 'ensured ongoing consultation and input with those most effected by Executive decisions. This headed off potential conflicts and had everyone working together in a constructive manner. I would like to acknowledge the positive and critical work of the Engagement Forum and to thank everyone involved, particularly the LRA for their excellent chairing of the Forum. I think this should be considered one of the success stories of the pandemic. The devolved institutions were, in my view, much better placed than direct rule Ministers would have been in these trying circumstances'*.²⁴
28. Karen Pearson, Director of Covid-19 Strategy and Recovery, Civil Contingencies, and Programme for Government, explained:
- 'Sectoral engagement was vital during the early stages of the pandemic and provided opportunities for Ministers and officials to explain what restrictions were in place and why. It also gave the representatives for each sector opportunities to explain first-hand the impact lockdown was having on them. This feedback from the sectors was used to help Ministerial decision-making at the Executive'*.²⁵
29. Mr Kearney set out in his witness statement:

²² INQ000187955/2.

²³ INQ000249648/8-9.

²⁴ INQ000183409/17, para. 78.

²⁵ INQ000438174/96, para. 363.

'Within The Executive Office, Junior Ministers were involved in the Engagement Forum. This forum was chaired by the Labour Relations Agency and included employers' organisations and trade unions, it was designed to ensure that issues in relation to the health and safety of workers could be addressed promptly and in a forum which was designed to ensure that problems could be addressed and resolved without conflict. We thus, had in place a structure which enables us to get continuing feedback from employers and employees about the impact of the pandemic, and the impact of the restrictions, and could react to seek to mitigate adverse impacts upon those disproportionately affected'.²⁶

30. Indeed, Ms Pearson noted in her witness statement that on 10 June 2020, the Deputy First Minister met with NIC-ICTU and a number of unions including UNISON, GMB, Unite and CWU, during which meeting NIC-ICTU highlighted difficulties with ministerial engagement.²⁷ In this meeting, NIC-ICTU requested that more formal, quarterly engagement with NIC-ICTU and unions take place, and that the initial success of the Engagement Forum be recognised and plans put in place for it to continue in a revised format after the pandemic.²⁸ In response, the Deputy Minister paid tribute to workers and indicated her support for more regular, formal engagement with unions. She was supportive of the Engagement Forum and the proposal for it to continue after the Covid crisis had subsided.
31. However, it is the view of the TUC and NIC-ICTU that nothing changed as a result of the meeting on 10 June 2020 and that the initial success of the Forum was undermined later in the pandemic. As Mr Murphy noted in his witness statement: *'After this initial work, however, the Forum was unfortunately largely ignored by the Executive'.²⁹*
32. In 2021, at the NIC-ICTU Biennial Delegate Conference, the failure of social partnership in Northern Ireland as compared to Wales and Scotland was noted in a motion passed with overwhelming support: *'Conference agrees that, particularly noting the huge sacrifices made by our collective membership in continuing to respond to the Covid-19 pandemic, the failure of the Northern Ireland Executive to fully engage with ICTU on the same basis as our trade union counterparts in Scotland and Wales is now untenable'.³⁰*
33. The TUC and NIC-ICTU consider that the strength of consistent and embedded social partnership is demonstrated by the tripartite arrangement which exists between the Fire

²⁶ INQ000436132/16, para. 69.

²⁷ INQ000438174/97, para. 369. It should be noted that Ms Pearson's witness statement further states that the First Minister attended the meeting on 10 June 2020. That detail is incorrect – the meeting was attended by the Deputy First Minister and two junior ministers, as the minutes of the meeting demonstrate – see: INQ000279384.

²⁸ INQ000279384/1.

²⁹ INQ000249648/4, para. 19.

³⁰ INQ000187992.

Brigades Union, employers, and Chief Fire Officers, which involved considered consultation and co-working from all three sides. It is notable that not a single fire fighter died of Covid-19. This is in contrast to numerous other sectors where, as is set out above, far too many workers contracted Covid-19 in the workplace, resulting in avoidable suffering and death.

34. A key lesson arising from the pandemic in Northern Ireland is therefore the importance of ensuring that mechanisms to enable meaningful and consistent social engagement are in place in advance of any crisis. It is not enough for individual ministers to meet with stakeholders. It is not enough for government to put in place mechanisms to receive the views of representative bodies such as unions. Social partnership must be a part of the culture of government and the way in which it carries out business – embedded in advance – if the steps taken to respond to a crisis are to be effective on the ground.

WORKPLACE SAFETY: ENFORCEMENT AND HSENI

35. It emerged from the very early stages of the pandemic that poor safety practices in workplaces were placing workers at risk and contributing to mass outbreaks. A matter of concern was the practical ability of the Health and Safety Executive of Northern Ireland ('HSENI') to enforce workplace safety and thereby bring about improvements. Mr Murphy's statement in Module 1 of this Inquiry gave evidence as the funding difficulties faced by HSENI.³¹
36. Concerns were raised by NIC-ICTU and affiliated unions on a number of occasions. A press statement on 26 March 2020 called for: *'proportionate sanctions, including the threat of closure, on employers who compel their staff and agency staff to work in conditions which may put their lives and the lives of their families at risk. Unannounced inspections of workplaces should also be introduced to ensure that employers are in compliance'*.³² In a letter dated 28 October 2020 from Kevin Doherty of the Migrant Workers Support Unit, ICTU, to Mr Swann regarding the impact of Covid-19 on Black, Asian and Minority Ethnic people, it was raised that: *'some employers in the food processing sector only put measures in place to protect their workers from the spread of Covid19 once pressure was put upon them'*.³³
37. Similarly, a letter from Unite Regional Secretary Jackie Pollock to the then First Minister, Arlene Foster, and the then Deputy First Minister described that:

'Unite has repeatedly called on employers and the HSE to ensure effective infection control measures in this sector. We are very concerned at the failure of HSENI to conduct responsive physical inspections - including at some locations where clusters have been reported. Employers tell us that they are complying with the PHA guidance

³¹ INQ000177806/8, para. 31.

³² INQ000187969.

³³ INQ000187971.

*but despite this, workers are still contracting this virus. It is clear that the current guidance and enforcement mechanisms are inadequate to ensure the health and safety of workers indeed they effectively make infection controls optional to employers’.*³⁴

38. Louis Burns, Deputy Chief Executive of HSENI, states in evidence that *‘HSENI did not specifically identify particular workplaces where controlling Covid-19 had to be a priority but it quickly became apparent that the food manufacturing companies (mainly meat processors) who were maintaining full operations were problematic in respect of Covid-19. The problems were being reported in local media and the trade unions were highlighting these also. There were specific difficulties associated with the work environment such as workers in close proximity to each other’.*³⁵ This undoubtedly tallies with union evidence, and concerns being raised at the time. It also tallies with the experiences of HSENI being reactive to concerns raised by others, and HSENI being able to do very little to respond to those concerns.
39. Mr Burns goes on to explain, in terms of action taken, that: *‘during interactions with duty holders, where covid controls were found not to meet public health requirements, HSENI staff sought compliance in the form of either verbal or written instructions. Unfortunately the HSENI Case Management System does not facilitate the quantification of the number of such interactions. However follow up was typically from the complainant or a trade union rep who would confirm if measures had been implemented or not’.*³⁶ The position, therefore, is stark: HSENI action was limited to *‘verbal or written instructions’*, albeit with no record as to how often it gave such instructions, and with follow up provided by workers or unions. HSENI was effectively absent as a regulator, although the root cause is historic underfunding.
40. The legislation underpinning the formation of the Board of the HSENI makes provision for three of the nominees to the Board to be drawn from worker representation.³⁷ Despite this, there have been no worker representatives on the Bord for over a decade. The relevance of this in relation to the Inquiry is that the strategic voice of the workplace was lost at the pivotal point that the Covid-19 pandemic struck.

FINANCIAL SUPPORT FOR SELF-ISOLATION

41. NIC-ICTU and its affiliated unions were involved in highlighting the need for adequate sick pay or other financial support for self-isolation from an early stage in the pandemic.
42. NIC-ICTU expressed concerns that the low level of Statutory Sick Pay (then £94 per week), even where paid from day 1 of sickness absence, was not enough to address the crisis

³⁴ INQ000187976.

³⁵ INQ000308948/7, para. 16.

³⁶ INQ000308948/6, para. 14.

³⁷ INQ000177806/8, para. 31.

unfolding as a result of workers being asked to self-isolate, both in letters to government ministers on 5 March 2020 and in a public statement on 16 March 2020.³⁸

43. NIC-ICTU further highlighted in a public statement on 18 March 2020 that:

'In many countries, governments, employers and unions are meeting daily to discuss the crisis and how we can together mitigate the worst for everyone. Some have come up with creative arrangements to protect workers incomes. The UK's current statutory sick pay arrangements of £94 per week are totally insufficient and do not approach the financial reality of family life in the UK'.³⁹

44. In a letter to Mr Swann, dated 28 October 2020, Kevin Doherty of the Migrant Workers Support Unit within ICTU addressed the impact of Covid-19 on BAME workers. He explained: *'[t]he situation is compounded by the fact that many of these workers are vulnerable and need to continue to work to support their families, as the Statutory Sick Pay is insufficient to cover their basic cost of living'.⁴⁰*
45. On 20 October 2020, NIC-ICTU wrote to the First Minister and the Deputy First Minister seeking a meeting to discuss proposed NPIs, which noted: *'We are particularly concerned that the necessary supports to accompany such restrictions are not in place [...] the test, trace, track and isolate infrastructure is not as robust as it needs to be given that the statutory sick pay scheme is wholly inadequate and is impacting on the capacity of workers to actually self-isolate and therefore not suppressing the transmission of the virus efficiently'.⁴¹*
46. The evidence disclosed in this module suggested that key figures within government appreciated the importance of ensuring adequate financial support for those required to self-isolate. Professor Ian Young in his witness statement to this module explained: *'the CMO and myself recognised that economic impacts of lockdown would be much greater for already economically disadvantaged individuals and sought to ensure that financial support for such individuals and families would be maximised'.⁴²* In November 2020, a Department for the Economy paper which aimed to provide the Executive with an update on the Contact Tracing Service noted that plans for financial support for self-isolation were *'key'.⁴³*
47. However, steps taken by the Northern Ireland Executive to address this matter were insufficient and did not address the magnitude and importance of the issue. On 24 March 2020, 'enhancements' were made to the pre-existing Discretionary Support Scheme, administered by the Department for Communities, which provided grants and/or loans to those

³⁸ INQ000147090/2.

³⁹ INQ000472286.

⁴⁰ INQ000187971.

⁴¹ INQ000304122/3.

⁴² INQ000409589/26, para. 72.

⁴³ INQ000145638/2.

facing emergency hardship due to the Covid-19 pandemic.⁴⁴ Temporary alterations were also made to the existing SSP regulations, to remove the three-day waiting period for employees claiming SSP as a result of Covid-19-related absence.

48. An email exchange which occurred between 27 April 2021 and 29 April 2021 between Mr McBride, the Director of Hospital Services Reform, Alastair Campbell, Mr Pengelly, and colleagues highlighted the importance of financial support for self-isolation: *'In order for the asymptomatic testing programme to be effective, it is vital that people engage with the programme and are willing to self-isolate on receipt of a positive test. There is a concern that the most economically vulnerable may be less likely to seek testing, engage with the Test Trace Protect Service, or self-isolate, if this threatens their financial stability'*.⁴⁵ However, the exchange suggested that a lack of action by TEO was a contributing factor to the failure to address the issue. Mr Campbell informed Mr Pengelly and Mr McBride:

'I had raised with TEO officials the issue of the financial disincentive for people to self-isolate following a positive test in relation to the asymptomatic programme to find out if they were doing any work on it. The feedback I got was that while they recognise there are gaps in the support available, they weren't progressing it through the adherence group as DFC has no capacity to take this forward. They also mentioned that they had received a letter from CMO/CSA which made reference to the same issue. I've taken some of the language from the letter to include in the background brief for FM/DFM. This issue is also raised in the letter to FM/DFM from ICTU'.⁴⁶

Mr McBride replied: *'I find the response from TEO and the Adherence Group highly unsatisfactory in the circumstances as potentially compromises the effectiveness of the TTP programme particular so at this time with easement in restrictions and roll out of asymptomatic testing'*.⁴⁷

49. Furthermore, there are indications that over a year and a half into the pandemic, the Executive was struggling to identify a department to take responsibility for the issue of providing adequate financial support for self-isolation. On 2 July 2021, Mr McBride sent a WhatsApp message in a group chat titled 'Minister, PS, SpAd, David': *'[...] Hargey says support for self isolation is not for DfC as not within their remit as not "hardships related" and is for DfE or DOH. I have suggested we draft a further letter [to] Ministers Frew and Hargey calling for a meeting [...]'*.⁴⁸

⁴⁴ INQ000148337/31.

⁴⁵ INQ000449765/2.

⁴⁶ INQ000449765/2.

⁴⁷ INQ000449765/1.

⁴⁸ INQ000370540/52.

50. In November 2021, it appears that the Minister for Health sought to address the inadequacies in the provision. In a paper to colleagues on the Executive, Mr Swann wrote:

*‘further work should also be taken forward as a priority by the Adherence Group of the TEO COVID-19 Taskforce. This includes establishing a clearer picture of the issues impacting on adherence compliance with self-isolation requirements and if financial stability is a key factor in determining whether people will actually self-isolate when required to do so. [...] It is vital that people continue to engage with test and trace and are supported to self-isolate on receipt of a positive test. This is more likely to occur if sufficient financial and other support mechanisms are in place to provide for this. More must be done collectively across all Departments. The importance of adherence to self-isolation cannot be overstated [...] There remains a continued and pressing need that adequate financial support measures are in place to help ensure optimal adherence to self-isolation requirements. Such support must be easily accessible for all that require it, in particular including the most economically vulnerable who are less likely to seek testing, engage with the Contact Tracing Service or to self-isolate, or to take time off work to get vaccinated, if these actions have potential to threaten their financial stability’.*⁴⁹

51. However, the TUC and NIC-ICTU are not aware that anything changed following these issues being raised internally.
52. Due to the inadequacy and gaps in the provision, many in Northern Ireland, and particularly those in low-paid, insecure work, often in public facing roles, were faced with the choice of following government guidance on testing and self-isolation, but foregoing usual wages, or attending work regardless of Covid-19 status. The failure to adequately address this issue is a clear and poignant lesson learned: in a future pandemic, it is critical that plans are in place to properly compensate those required to self-isolate from the outset.

SOCIAL CARE

53. The TUC and its sister organisations, including NIC-ICTU, the Scottish Trades Union Congress and the Wales Trades Union Congress have in each module to this Inquiry emphasised that the social care sector going into the pandemic was seriously undermined in its ability to respond and keep staff and residents safe by years of underfunding and lack of reform – circumstances which have led to social care being referred to as *‘the Cinderella service’*. The situation existed in Northern Ireland, just as in the other nations of the United Kingdom. It is poignantly summarised in a Report from the NIA Committee for Health, titled *‘Covid 19 Disease Response: Independent Health and Care Providers’*, dated 21 May 2020:

⁴⁹ INQ000357313/16-18, paras. 66-70.

'In the Minister's statement of 13 May, he also mentioned the need for reform and investment in social care. We have not been involved in any discussions with the Department on what that might look like, but I heard the Minister mention that social care, care homes and home care have very much been the Cinderella service in the past. It is unfortunate that it has taken this pandemic to highlight the pressures that the sector had been under prior to the pandemic. We look forward to working with the Department in taking those reforms forward and also in relation to training and terms and Conditions standardisation, career paths and improved wages. We have had no discussions on what that might look like, but it very much fits with the proposals that we have been putting to the Health and Social Care Board (HSCB) for the past number of years that career pathways and wages need to be improved, so that very much aligns with our views'.⁵⁰

54. Further concerns are set out in a Report by Sean Holland, the Chief Social Worker within the Department of Health, which notes:

'I am very grateful to NI's 18,000 plus domiciliary care staff for demonstrating their huge commitment to those they support in what have been very challenging and frightening times. Service user feedback has talked about the kindness, care and continuity that their domiciliary care staff have provided.

However, it is also important to note that we didn't get everything right and there are many lessons to be learned in this review. We've had feedback about many practical things that staff struggled with such as PPE, training and testing. The review also tells us that we need to improve on the support we provide for domiciliary care staff. Staff also told us that they sometimes felt overlooked and that domiciliary care didn't get the recognition it deserved. The review has also highlighted the wider systemic issues that affect domiciliary care. I am very conscious that the value of the service provided in domiciliary care is not always reflected in the pay, terms and conditions of the workforce. The lessons from this review on these issues will be included in the Reform of Adult Social Care process which continues alongside the pandemic response'.⁵¹

55. Social care sector staff were forced to work in the most challenging of circumstances during the pandemic – seeking to keep themselves and their services users safe from a deadly virus – within the context of severe staff shortages, inadequate pay, unfair working terms and conditions, and without access to appropriate PPE. Poor terms and conditions in terms of pay and sick cover, and use of agency workers, meant that many social care workers were working across different settings when the pandemic struck.

⁵⁰ INQ000268153/4.

⁵¹ INQ000276420/5.

56. The TUC and NIC-ICTU note that in other modules to this Inquiry, a focus of the evidence in respect of the social care sector has been consideration of whether staff were vectors of the virus – whether, and to what extent, their movement in and out of social care settings spread Covid-19 to service users. Of course, with a virus capable of asymptomatic transmission, staff unknowingly carrying the virus is a foreseeable risk. The key question is not whether staff carried the virus, but what steps were taken to address that issue: by implementing effective infection prevention and control measures in the sector; by taking practical steps to alleviate the need for workers to move between different care settings; and to ensure workers were not in any way penalised by any such measures.

CONCLUSION

57. In considering and seeking to improve the effectiveness of the response to the next pandemic, there are structural problems which need to be addressed. There clearly needs to be a functioning executive, and the long called for reforms to health and social care need to be translated into action. It is important for the Inquiry to lay bare the impact of these matters on the Covid-19 thereby, it is hoped, prompting action. It is the heavy responsibility of Northern Ireland government and civil society to take these matters forward. Building upon those foundations, pandemic preparedness and response needs to be focused on ameliorating the burden faced by those in many low-paid roles who, almost inevitably in a pandemic, face higher risks of contracting the virus against a background of poorer, pre-existing health outcomes. That should include better consultation with stakeholders that bring knowledge to the government on these issues, better workplace safety contributed to by better enforcement, and better support for self-isolation.

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