



GMB union – APPG on coronavirus

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Wish to remain anonymous: no

Rehana led GMB Union's national response to Covid-19 pandemic and our national Public Services team. She is able to give a national / topline picture of what the lived experiences our members were facing across public services as well as engagement with UK Government Departments.

The GMB Public Service team covers the majority of front-line public service members across the union including social care, NHS workers including contracted workers and cleaner, local government officers and school support staff.

Name: Zoe Smith

Role: GMB branch secretary / care worker / HC-One

Location: (can be general if anonymity required) Walsall/West Midlands

Contact details: TBC

Wish to remain anonymous: no

Name: Chika Reuben

Role: GMB health and safety rep / healthcare visitor / HC-One

Location: (can be general if anonymity required) South London

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Wish to remain anonymous: no

Zoe and Chika are front-line residential care workers and GMB workplace representatives. As workers with personal experience of the profession they are both aware of issues around sector and poor pay, precarious job contracts, balance of power between the workforce and management as well as failures of the Government response to the pandemic.

Zoe spoke on Newsnight which can be found here: <https://www.gmb.org.uk/news/west-midlands-covid-care-home-scandal-exposed-newsnight>

Chika has spoke to the printed press previously – one example can be found here:

<https://www.expressandstar.com/news/uk-news/2020/03/31/frustration-as-care-workers-and-community-nurses-still-lack-protective-gear/>

GMB Summary Response

What went well?

- Frontline workers are a credit to this country and really stepped up to address the Covid-19 pandemic. The general public have recognised their worth.
 - The entire health and social care workforce have continued to work without question during the pandemic, in many cases leaving their own families behind and putting their lives in danger so that they could continue to care for others. All this despite being repeatedly failed at all key stages throughout the pandemic, particularly in terms of PPE, pay and testing.
- The response to the Government call-out for former or retired NHS staff to return to work in the health service. Also, the volunteers that came forward to support the work of the NHS.
 - GMB union believes the Government should have done a similar call-out for social care however.
- GMB union have an ongoing campaign called Care Full Pay around securing full sick pay for social care workers and have had some strong local agreements in place with providers. We secured agreement from residential social care providers – such as HC-One, etc – to cover full sickness pay for its workers.
 - More info on Care Full Pay campaign: <https://www.gmb.org.uk/campaign/full-sick-pay-social-care-workers-now>
 - HC-One sick pay announcement <https://www.gmb.org.uk/news/hc-one-pledges-full-covid-19-sick-pay-27000-carers-massive-gmb-win>

What went badly?

- GMB has been critical of the whole Government response to Covid-19. Particularly its failures around their track and trace strategy, the coordination of PPE and testing.
- The Government's failure to protect black and minority ethnic workers from Covid-19.
 - More here on GMB union's work with We Need Answers: <https://www.gmb.org.uk/news/we-need-answers-public-inquiry-needed-over-bame-worker-deaths>

- Rehana writing on the lessons learned in Covid-19
<https://www.theguardian.com/society/2020/jun/17/after-coronavirus-nhs-ability-to-provide-care-reduced-expert>

Social care

- Initially the social care workforce was excluded from PPE guidance. It was only after pressure from GMB union and other unions that guidance was issued on the use of PPE. However, this changed daily, and the amendments were impossible to follow, access to PPE remained a real issue for most social care workers for many weeks after the guidance was published. At times we saw evidence of some Social care workers making their own masks and some care providers begging the public for donations of PPE.
 - In this absence of leadership from Government – GMB Union along with the CBI partnered up with the PPE Exchange initiative in May to help coordinate companies providing PPE for our frontline workers to where it was needed
<https://www.ppeexchange.co.uk/>
 - Polling we did at the time with Survation showed that 71% of more than 2,000 care workers expected people in their profession to die from COVID-19 and almost half reported lack of access to PPE at work. More info
<https://www.gmb.org.uk/news/4-5-care-workers-expect-colleagues-quit-amid-coronavirus-danger>
- The workforce has largely been denied access to full pay when on sick leave, meaning that many were placed in the unbearable position of having to choose between having a liveable income or ignoring Government self-isolation advice and attend work.
 - GMB Union would argue this is an infection control measure.
 - At the time of writing, GMB is conducting an extensive survey of its members in social care to better understand the effects of not receiving full sick pay. The interim findings from respondents are particularly concerning. Our members in the social care report that:
 - 76.64% of respondents were on Statutory Sick Pay (SSP) with only 8.63% receiving full sick pay. The remainder did not know.
 - 80.56% of those surveyed said that living off SSP would mean having to borrow money from friends or family or getting into debt.
 - 50.59% of respondents had taken time off for sickness unrelated to Covid-19 in the last 12 months. With 41.69% taken sick leave as a result of Covid-19.

- Of those that responded reducing their pay to Statutory Sick Pay whilst unwell would make them more inclined to return to work before they are ready – 59.56% strongly agree with an additional 17.65% likely to agree.
- The fragmentation within the social care sector is and continues to be a real issue. There is no proper oversight from UK Government or any lead to ensure the roll out of social care guidance and provisions or enforcement. There is no national social partnership body that brings together Government, providers, commissioners, trade unions and service users.
 - There were only 3 meetings with trade unions and the social minister during Covid-19, the first was held on the 29th May unlike in Health, Local Government and the Department for Education around schools, whereby there was full consultation with the trade unions from the outset.
 - GMB union repeatedly wrote to Helen Whateley, Minister for Care and never received a response raising several issues.
 - Latest letter can be found here detailing previous correspondence: <https://www.gmb.org.uk/sites/default/files/FAO%20Care%20Minister%20-%20GMB%20Letter%20-%202021%20July%202020.pdf>

NHS

- Within the NHS there was an inadequate and constantly changing guidance on PPE, alongside a severe shortage of PPE, at times resulting in national guidance being amended to suit the availability of PPE rather than being based on health and safety reasons.
- Fragmentation of the service led to many workers within the NHS, usually those on lower pay and BAME who have been outsourced, being denied access to full pay when on sick and denied access to NHS Trusts supplies of PPE.

Mental health

- At the time of writing, GMB is conducting an extensive survey of its members to better understand the workforce mental health effects of the coronavirus crisis. The interim findings from respondents who work in the NHS are particularly concerning. Our members in the NHS report that:
 - 71.28% have said that work is causing them stress or impacting on their mental health.
 - When asked what is causing the stress or impacting mental health at work
 - 60.95% said fear of taking the virus home
 - 50.95% said fear of catching the virus themselves

- 42.86% said not being able to see friends or family
- 34.29% said balancing work and caring responsibilities
- Most of those respondents said their employer had a wellbeing policy in place – 67.57% – with 60% of those including procedures to manage stress.
 - However most reported their employer did not perform specific risk assessments on stress/ wellbeing / mental health at work (43.24% saying no, 35.81% did not know) or know if their manager was trained to identify and manage mental health issues like stress (49.66% did not know with 36.15% saying no)
 - Most workers did not know if mental health related illness was recorded separately by their employer with 58.45% not know and 36.15% saying no. On being asked if their employer has adequate support for workers returning to work after absence due to mental health – 43.92% did not know but the majority that did said that their employer did but it was not adequate.
 - Of the services and information offered to respondents by their employer during Covid-19 the table below details the breakdown:

| ANSWER CHOICES | RESPONSES |
|---------------------------------------------------------|-----------|
| None | 34.46% |
| Additional risk assessments and safe working procedures | 28.72% |
| Counselling or advice via phone or online | 37.84% |
| Signposting to mental health charities / resources | 30.07% |
| Support with coping with bereavement | 5.74% |
| Employee Assistance Programme | 17.57% |
| Mental health training | 4.39% |
| Other (please specify) | 16.89% |

- When asked what adjustments do you know of that your employer has made to support workers experiencing mental health problems, such as stress, to do their job respondents have said:

| ANSWER CHOICES | RESPONSES |
|--------------------------------------------------|-----------|
| None | 47.89% |
| Time away from shifts | 7.75% |
| Access to mental health support during work time | 14.08% |
| Referrals to occupational health | 45.77% |
| Restrictions on excessive working hours | 5.28% |
| Reduced working hours | 7.75% |
| Increased rest breaks | 3.52% |
| Increased one to one support with managers | 4.93% |
| Reduced workload / change of duties | 10.92% |
| Total Respondents: 284 | |

- Finally, when asked do you feel your employer has appropriately supported or managed changes in your work environment or job role during Covid-19 most have said their employer has not done enough (41.98%) or no (37.20%)

The survey is still running and we can share final data with the secretariat of the APPG when final.

At the time of this report care homes are starting to reopen their doors to allow some family members to visit (with restrictions) lockdown is easing and the public are able to visit friends and families and go back to work, however social care workers remain very much on high alert, they are aware that 'flu season' is approaching and that this would in the past have brought its own concerns over the increased death rates on top of this we have the added risk of Covid-19.

GMB members have been in tears some with experiences of losing as many as 13 residents in a short period of time, with one care assistant telling of having to 'lay out' three of residents in one night due to Covid-19, she was distraught and was considering leaving care as she did not know how she could go on, she received no bereavement counselling and talked about the feeling of numbness, she was concerned that she was putting others at risk and was terrified of going home to her own family.

Many of our members who work in care treat their residents as family members, in fact during COVID the care staff were the closest thing to family that most of the residents had, as they were unable to have visits from their own families.

The workforce has never before faced a challenge like COVID-19, many have told the GMB that they cannot cope with the thought of another wave and that if they were faced with it again, they would no other option than to leave the sector as they could not mentally or physically cope, words such as frazzled, exhausted and burnt out were often used to describe how they felt.

What lessons can be learnt by Government to address 'second-wave'?

- There are lessons to be learned about the problems of operating in a fragmented NHS and social care system – this includes the proliferation of private providers, the loss of previous structures that might have dealt better with the pandemic, the fragmented nature of the systems particularly in social care.
- The lack of parity between the NHS and social care must be addressed – for the workforce addressing poor pay, precarious contracts, unpaid work, sick pay not being enough, but also in terms of a lack of central oversight and coordination that can be deployed in social care and the fact there is no equivalent of the NHS Social Partnership Forum.
 - Understand what social care is and who the providers are, many workers were ignored and failed to get any protection as Government did not understand how fragmented the system had become which placed a high reliance on the local authorities to support and manage the shortfalls adding pressure and additional financial burden to strained budgets.
- Additional Government support to protect pay for those that have to take time off work for Covid-19 related reasons, as well as for those identified as high risk and in need of working from home options or redeployment into Covid secure areas.
- A renewed focus on addressing staffing pressures in the NHS and social care should be a post-crisis priority for the government and there will need to be particular support for the workforce on skills and training.
 - The Immigration Bill with the predicted impact on social care should be looked at again.
 - The previous scrapping of bursaries for those going into nursing and other allied health professions should be looked at.



- Questions need to be asked about why equality and diversity were not part of core considerations in the government's handling of the first stage of the pandemic. The impact of Covid-19 on different protected characteristics must be built into risk assessments.
- Recognise that the Government's "NHS first" policy early on in the Covid-19 outbreak was, while important to protect the health services from the virus, a further example of treating the social care sector as secondary to the health sector rather than of equal importance to properly manage the virus.