

# OPUS2

Scottish Covid-19 Inquiry

Day 49

May 16, 2024

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1 Thursday, 16 May 2024  
 2 (11.15 am)  
 3 THE CHAIR: Good morning, all. Good morning, Mr Caskie.  
 4 MR CASKIE: Good morning, my Lord. Our witness today is  
 5 Cass Macdonald, and they also are remote.  
 6 THE CHAIR: I see that, yes.  
 7 MR CASKIE: I can see both of you, so I will assume that all  
 8 the technology has been put in order.  
 9 MX CASS MACDONALD (called)  
 10 (Evidence given by videolink)  
 11 MR CASKIE: Cass, can I just ask you to say "Good morning"  
 12 so that we know we can hear you?  
 13 A. Good morning, Mr Caskie. Good morning, Lord Brailsford.  
 14 THE CHAIR: Good morning. Excellent.  
 15 MR CASKIE: Your Lordship will be familiar with Cass as they  
 16 gave evidence to the Inquiry on 19 April.  
 17 THE CHAIR: I remember that, yes.  
 18 MR CASKIE: On that occasion it was noted by Mr Gale that  
 19 the witness is to be referred to as "Cass".  
 20 THE CHAIR: Yes.  
 21 MR CASKIE: On that occasion they appeared for the Scottish  
 22 Healthcare Workers' Coalition, and we have a transcript  
 23 of their evidence which is available to my Lord.  
 24 Questions by MR CASKIE  
 25 MR CASKIE: Can I ask, on that occasion, was the evidence

1

1 that you gave truthful?  
 2 A. Yes.  
 3 Q. You have provided us with an additional statement which,  
 4 for our record purposes, is SCI-WT0363-000001 and part  
 5 of that statement now appears on the screen. Are you  
 6 able to see that, Cass?  
 7 A. Not yet, no.  
 8 Q. Do you have a remote link?  
 9 A. I have a copy of my statement in front of me.  
 10 Q. That's fine. Okay. You can work off the paper copy and  
 11 that will be fine. That additional statement, is the  
 12 content of that true?  
 13 A. Yes.  
 14 Q. And do you want the whole of that statement taken into  
 15 account by Lord Brailsford when he's drawing his  
 16 conclusions?  
 17 A. Yes.  
 18 Q. And that evidence, am I correct in saying, should be  
 19 looked at along with the evidence that you provided on  
 20 19 April and the oral evidence that you'll provide  
 21 today?  
 22 A. Yes.  
 23 Q. I mentioned earlier the Scottish Healthcare Workers'  
 24 Coalition and you refer to that organisation at  
 25 paragraph 5 and they are a core participant with us.

2

1 But we need, I think, a little bit of background in  
 2 terms of who you are and that is detailed at paragraph 6  
 3 of the witness statement. Paragraph 6 indicates that  
 4 you qualified as a nurse in 2011 in England and then  
 5 moved back up to Scotland. Can you tell us about the  
 6 roles that you've had in the NHS in Scotland?  
 7 A. I have worked in theatres as a scrub practitioner and  
 8 also as a recovery practitioner. I did that until the  
 9 end of 2015. Then between the beginning of 2016 and the  
 10 end of — beginning of 2019, I worked as a manager  
 11 within the hospital sterilisation and decontamination  
 12 unit for NHS Lothian. I was just an assistant manager  
 13 within the quality area. And from January 2019 until  
 14 last year, August last year when I retired, I was an  
 15 audit and surveillance nurse within the wider infection  
 16 prevention and control team for NHS Lothian.  
 17 Q. What's an audit and surveillance nurse, please?  
 18 A. We gather data based around various particulars, mainly  
 19 infection recording, so things like E coli, MRSA,  
 20 staph aureus, which obviously is MRSA. My particular  
 21 role was gathering data on colorectal procedures within  
 22 NHS Lothian and certain other specialties which have to  
 23 be reported into the national surgical surveillance  
 24 websites, which basically exist to — it's about quality  
 25 improvement and monitoring rates of infection in the

3

1 course of surgery.  
 2 Q. Did you carry out that function across the whole of  
 3 NHS Lothian or in a particular hospital?  
 4 A. I worked at the Western General because that's where  
 5 colorectal procedures are carried out. If I was  
 6 covering, for example, hip procedures or — hip  
 7 procedures or Caesarean sections then — for example, if  
 8 a friend — one of my colleagues was on holiday, then I  
 9 would — usually, if I couldn't do it remotely, I would  
 10 have to go over to the Royal Infirmary. But mainly  
 11 I was focused on colorectal, which meant I was based at  
 12 the Western General.  
 13 Q. How many other people were in the team who were carrying  
 14 out that kind of infection surveillance?  
 15 A. I believe the surveillance team, most of the time, had  
 16 about seven individuals. There was — that was for the  
 17 most of the time that I was doing that. At one point  
 18 there were two healthcare assistants, which dropped to  
 19 one, and he was also based at the Western. There were  
 20 three surveillance nurses and we were all gathering data  
 21 on different kinds of procedures and then also helping  
 22 out with things like E coli and MRSA. Two I think at  
 23 one point were based at the Royal Infirmary but, after  
 24 the pandemic started, because of where they lived, one  
 25 was moved to St John's, so then there were — we were

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1 based at the Western, Royal predominantly and St John's,  
 2 although the Royal Infirmary nurse, I think she had to  
 3 shield at one point. And then the other three main  
 4 members of the team were the clinical scientists, who —  
 5 yeah, they were the clinical scientists. I'm never 100%  
 6 clear about what it is that they do but it's much more  
 7 than what the — we did.

8 Q. As I understand your role from reading the witness  
 9 statement and from nowhere else, essentially you would  
 10 gather information about infections and you would then  
 11 pass that to the national recording mechanism for  
 12 hospital infections?

13 A. Yes.

14 Q. Is that simplified?

15 A. It's simplified. I mean, if a procedure qualified to be  
 16 recorded for monitoring purposes, then we used  
 17 a particular type of programme into which we input all  
 18 of that information, so the coding for the operation,  
 19 other details like antibiotics that the patient had been  
 20 given, and then we would track that case for 30 days  
 21 after the procedure to see if they developed a surgical  
 22 site infection, as they're called, an SSI. And then, at  
 23 the end of every quarter, once those cases were all  
 24 closed out, we would then upload that data to a national  
 25 body, who would then look at all of the data so that

5

1 they could report back on the rate of infection,  
 2 percentage rate and so on and so forth.

3 Q. Now, on 19 April, when you were here, as I said a moment  
 4 ago, you were appearing as representative in part of the  
 5 Scottish Healthcare Workers' Coalition. Today we're  
 6 talking much more directly about you; is that correct?

7 A. Yes.

8 Q. One of the things which I don't need to do is go through  
 9 a list of your health problems. Some of the health  
 10 problems will come up but we don't need the full  
 11 extensive list because my colleague, Mr Gale, obtained  
 12 that from you on 19 April. That can be found at  
 13 page 100 of the transcript for that day, in the  
 14 right-hand column at line 12 and over on to the next  
 15 page. You don't need to confirm any of that. I'll  
 16 confirm it.

17 Since you provided evidence on 19 April, has your  
 18 health condition altered in any material way?

19 A. Touching wood, no. I'm much the same.

20 Q. Hairy wood's the best.

21 And what about your drug regime?

22 A. I've not had any new medications added to that.

23 Q. Okay. Now, when you were here previously and Mr Gale  
 24 had you list the health conditions that you had, you  
 25 indicated that you were on eight separate medications

6

1 daily, but before the pandemic and the deterioration in  
 2 your health, you were on three medications. That's  
 3 still correct; yes?

4 A. That's correct.

5 Q. Okay.

6 A. I think that doesn't — that may not include my  
 7 inhalers. I'm on —

8 Q. No, you listed the inhalers separately.

9 A. Great.

10 Q. I think there were three inhalers; is that correct?

11 A. Just two.

12 Q. Two. Now, the next section of your witness statement  
 13 I want to take you to is paragraph 17, which is  
 14 "Contracting COVID ... and Initial Symptoms". Now,  
 15 I don't think you have a definite location at which you  
 16 contracted COVID. You have a number of suspicions as to  
 17 where it might have occurred but you don't have  
 18 a definite location for it, do you?

19 A. No.

20 Q. I want to ask you, trying to summarise what you have put  
 21 here, there was a particular feature of your work that  
 22 involved you attending a meeting each morning; is that  
 23 correct? What was that meeting about?

24 A. Do you mean where I'm talking about the safety huddle —

25 Q. Yes.

7

1 A. — or the —

2 Q. Yes, the hospital safety huddle.

3 A. I didn't personally attend that meeting but I would  
 4 arrive when other people were gathering for it because  
 5 it was held in the top floor of the building that  
 6 I worked in.

7 Q. Was that in a big room or were there a lot of people at  
 8 it or a few people?

9 A. People from all over the site would be there. Later in  
 10 the pandemic there was a remote access option — because  
 11 it was a lecture theatre, because the medical school  
 12 often had lectures up on the top floor. I was a couple  
 13 of floors down, so I would share the elevator obviously  
 14 on the way up, although I would try and wait if I could.  
 15 But my colleagues certainly took it in turns to attend  
 16 that meeting and then, once they had been to the  
 17 site-wide meeting, they would come downstairs and there  
 18 would be a meeting in the office to discuss what had  
 19 been discussed at that meeting, following which notes  
 20 would usually come out, you know, by email.

21 Q. And you have a concern about your potential exposure to  
 22 COVID because of the way that was timetabled in  
 23 combination with your own work pattern?

24 A. I was mixing with people from all over the site when  
 25 I came in in the morning up until I think lockdown was

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1 declared and I believe I was infected around that time  
 2 because the point I would arrive to start work was when  
 3 everybody would be gathering, so there would be a lot of  
 4 people waiting to use the elevators to go up to the top  
 5 floor in my building and they were coming from all over  
 6 site. So by that point I think we were red zone COVID  
 7 patients, amber suspected COVID and green for non-COVID  
 8 patients, as far as everyone knew.  
 9 So I think that we know that asymptomatic  
 10 transmission was happening at that point, so I believe  
 11 that there was the potential that, while people were  
 12 talking with their colleagues from across the site, we  
 13 were all in a relatively — even with some degree of  
 14 social distancing, we were in fairly close proximity to  
 15 each other. So it's certainly, I think, a potential  
 16 place where I could have been infected.  
 17 Q. Okay. I'm going to jump quite far forward in your  
 18 statement but I'll come back to where we are at the  
 19 moment. But if at this point I can jump forward to  
 20 paragraph 71, and you talk there about one day being  
 21 stopped in the colorectal wards. Tell me about that  
 22 incident.  
 23 A. I was — I'd come on to the ward, I was gathering data  
 24 about some of my cases and I was stopped by one of the  
 25 nurses, and I think they were a specialist nurse who had

1 been deployed to the ward but they also did work in that  
 2 particular specialty. She started this conversation  
 3 about throwing out the plates and cutlery of a patient  
 4 in a side room and, normally, if a patient is in a side  
 5 room within a hospital, because they are so few and far  
 6 between, they are either (a) very immunosuppressed so  
 7 they have to be barrier — they don't like the term  
 8 "barrier-nursed", but for our purposes we'll have to use  
 9 it because I can't remember what else to call it at the  
 10 moment — or they have an infection which may be, for  
 11 example, resistant to antibiotics, such as  
 12 vancomycin-resistant enterococcus or MRSA. You don't  
 13 want other patients obviously to catch that, so they  
 14 would put those patients in side rooms.  
 15 And it was just the most bizarre thing anyone had  
 16 ever asked me, and I said to them, "Look, I'm not an  
 17 infection prevention and control nurse. I'll need to  
 18 get them to speak to you if you've got concerns about  
 19 this particular patient", because they obviously weren't  
 20 going to go into detail because it was not one of my  
 21 patients. I said, "But I'm fairly certain ..." —  
 22 because it had been circulated, you know, that  
 23 detergents at that point had been shown to kill — well,  
 24 certainly COVID. I said, "They do wash plates and  
 25 cutlery at very high temperatures and detergent is also

1 very good at killing off bacteria".  
 2 Q. How long did this interaction take?  
 3 A. She kept me — it was a good five to ten minutes.  
 4 I think about ten minutes or so that she was keeping me  
 5 there, talking about this, and I kept saying, "I will  
 6 need to get someone else from the team to speak to you.  
 7 I am not an infection prevention and control nurse".  
 8 And eventually she seemed happy with that.  
 9 At this point we were working in — this was the  
 10 green zone, so at that point there was no universal  
 11 masking and you would not have worn — normally you  
 12 would not have worn any kind of a mask on those wards  
 13 anyway, but at that point nobody was wearing them in the  
 14 designated green zones.  
 15 Q. Now, I'm going to go to another — it's not a single  
 16 incident but it appears to me to possibly relate to  
 17 contracting COVID, and that's at paragraph 20 of your  
 18 witness statement. You talk there about the mechanism  
 19 by which you would travel to the Western Infirmary  
 20 [sic].  
 21 A. Yeah.  
 22 Q. The circumstances in which you were travelling on that  
 23 occasion are not relevant to the questions I'm asking  
 24 just now. I'm just asking about how you got from home  
 25 to the hospital.

1 A. Whenever I could afford to, I would use a taxi, but  
 2 I could not afford taxis to and from work every day,  
 3 even with the offer for NHS staff, which was I think £10  
 4 a ride. That would have come out at £400 a month.  
 5 I could not afford — I could not afford that. So,  
 6 because I have a hip injury from a cycling accident some  
 7 years ago, I can't cycle and I cannot walk four miles  
 8 there and four miles back. I mean, I would walk as far  
 9 as I could, but I was having to use public transport  
 10 because I was told I had to physically attend work.  
 11 Q. And what was the advice at that time regarding NHS  
 12 workers using public transport?  
 13 A. I seem to recall — and I am fairly sure that it came  
 14 out in one of the — I either heard it on the news or it  
 15 came out in one of the bulletins we got by email — that  
 16 Scottish Government advice was that we should not use  
 17 public transport if we could avoid it. But I don't  
 18 drive and I could not cycle that kind of a distance.  
 19 I had no other option.  
 20 Q. Did you — I think latterly you got some support in  
 21 accessing taxis. Can you tell us about that?  
 22 A. When I — I had a long period off work because of  
 23 long COVID between the end of August 2020 and the  
 24 beginning of February 2021 and I applied for an access  
 25 to work travel grant, which was granted, and that paid

1 for my taxis to and from work. That was partially to  
 2 avoid COVID reinfection but also because it was  
 3 recognised at that point that I was struggling to cope  
 4 with the effort of getting the bus and then, you know,  
 5 if I had to walk from a bus stop — if I couldn't get,  
 6 you know, as close as possible to the hospital and I had  
 7 to walk, that had been recognised as causing me to have  
 8 to take time off work because — or be in a severe  
 9 amount of pain or fatigued. So that did help in  
 10 avoiding any further COVID infection but also helped  
 11 minimise the effort it would take for me to get to and  
 12 from work.

13 Q. Okay. So we've identified I think three different  
 14 sources that I think you believe may have exposed you to  
 15 COVID; yes?

16 A. Yes.

17 Q. Transport, the gatherings at the lifts and the  
 18 discussion with the nurse that you had. Following that,  
 19 I think it's correct to say — and I'm looking now at  
 20 paragraph 18 — you contracted COVID.

21 A. There was one other incident which is in my statement  
 22 and I don't know if you're going to come to it at all,  
 23 but I think it's the most likely place that I caught  
 24 COVID.

25 Q. Aha. Just tell us about it now then.

13

1 A. As part of my duties I had to go round colorectal wards,  
 2 I also went to surgical high dependency, where most  
 3 patients would go immediately after surgery for  
 4 24/48 hours, as needed, or sometimes down to intensive  
 5 care. I'd already stopped going to the ICU because it  
 6 had been split at that point into COVID and non-COVID  
 7 patients.

8 I went on to surgical HDU. This is around the time  
 9 I was infected. It was around the time lockdown was  
 10 declared. Everything was normal on that particular day.  
 11 The ward was fully occupied. Nobody seemed to have any  
 12 concerns. I got the patient notes as usual, some of  
 13 them were at the end of the patients' beds, took them  
 14 into the bays, where one of my patients was, and I was  
 15 in there for about — I just went to sit in there,  
 16 I think, and I — it would take about ten minutes to  
 17 look for all the information that I needed to then input  
 18 into our system.

19 Q. When you're carrying out that type of consideration,  
 20 are you only considering the notes or are you also  
 21 discussing matters with the patient?

22 A. Most of the time it's usually just the notes. You know,  
 23 I don't ignore — I would never ignore my patients.  
 24 I would obviously say, "Good morning, how are you?", and  
 25 that kind of thing. But, yeah, I just — it would take

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1 me 10/15 minutes to go through everything, look for all  
 2 the information that I needed, put it in my paperwork  
 3 and then I would either head on to the wards or go back,  
 4 and —

5 Q. And at this point, were you on what I now understand are  
 6 called "Nightingale wards", the long corridor wards, or  
 7 was this a different design?

8 A. The Western doesn't really have those anymore. These  
 9 are most — you have some side rooms on wards but most  
 10 of the bays are usually four to a maximum of six  
 11 patients —

12 Q. In a bay?

13 A. — so they're small rooms. And this particular one was  
 14 in — SHDU I believe is in the Anne Ferguson Building,  
 15 so it's a relatively modern building. I did my job,  
 16 went back to the ward. The next day I noticed I had  
 17 a new patient who had had an operation overnight —

18 Q. In the same ward?

19 A. Yeah, said to be in that ward. That's where they were  
 20 mostly taken. And I walk — I walked through the doors  
 21 and it was like a ghost town. The equipment seemed to  
 22 have been — it looked like the entire ward — you know,  
 23 it looked like something out of 28 Days Later. You wake  
 24 up and you walked in and it was like, "Where is  
 25 everybody?". As I was walking down, I could see doors

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1 were open, side rooms were empty. It was a complete  
 2 contrast from the day before.

3 Everywhere was empty except for one bay and, as  
 4 I got to the reception desk, I could see somebody  
 5 I knew, who normally worked on a different ward, and she  
 6 was in that bay, the one I had been in the day before,  
 7 wearing a visor, FFP3 mask and the full, you know,  
 8 gown — not a plastic apron, the full gown — and there  
 9 was somebody on the desk and I didn't recognise them.  
 10 And I said, "What happened?", and I said, "What's going  
 11 on?"; "Oh, everybody's been moved to ..." wherever  
 12 they'd been moved to, another ward that they've decided,  
 13 and I hadn't picked up on — I don't know why I hadn't  
 14 picked up that this had happened at all. I mean I do  
 15 wear — I used to wear noise-cancelling headphones so  
 16 they may well have been having a discussion about this  
 17 and I was wearing my noise-cancelling headphones, just  
 18 so that I could focus on my work, which is probably why  
 19 I didn't hear anything about it in the office. And she  
 20 said, "A patient's COVID test came back positive  
 21 overnight".

22 Q. And the consequence of that was that effectively the  
 23 ward was cleared except for that one bay?

24 A. Yeah, the ward was cleared. And a while later, after —  
 25 in fact after I came back, I found out that they had not

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1 moved everybody back to that ward after that because  
 2 they'd discovered some kind of ventilation problem  
 3 within the ward that they had to fix. But I remember  
 4 feeling --- I mean, the whole time, you know, all of this  
 5 was going on, we felt like COVID had been getting closer  
 6 and closer and closer over the preceding months, and  
 7 I walked back to the office very shocked and I know it  
 8 doesn't --- you know, it looks like I spoke to my manager  
 9 first and then I spoke to a senior IPCN because I didn't  
 10 mention it to my manager, but the thing that struck me  
 11 was nobody in that ward asked me who I was. I mean,  
 12 I said, "Oh, I'm here to collect data", but nobody took  
 13 my details. I think I probably was just, "Oh, Lord",  
 14 and I didn't say, "I was in there yesterday", you know,  
 15 because I --- well, I'm autistic. You know, it's like  
 16 a rabbit trapped in headlights. Looking back on it  
 17 I should have said, "I was in there yesterday. Do you  
 18 want my details?", but I just reacted to the situation.  
 19 The senior nurse I spoke to --- and I said, "Look,  
 20 I was in there yesterday. This is what's happened. Do  
 21 you know about it?", and she said "Yeah". I said,  
 22 "I was in there yesterday". She goes, "Oh, don't worry  
 23 about it, don't worry about it". And when I then spoke  
 24 to my line manager, you know, the cases were winding  
 25 down because they had at that point cancelled elective

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1 surgery, and I think it was a couple of days later that  
 2 the national surveillance programmes for surgical site  
 3 infection were stopped because of the pandemic, so ---  
 4 Q. Okay.  
 5 A. Yeah.  
 6 Q. At paragraph 18 you describe the beginning of your  
 7 symptoms.  
 8 A. Yeah.  
 9 Q. It started with a severe headache. You called work.  
 10 What were you told when you called work?  
 11 A. The first things they asked me was, did I have  
 12 a temperature, was I coughing, had I lost my sense of  
 13 smell or taste, and at that immediate moment I hadn't.  
 14 It was recorded as a migraine, I believe, but it was  
 15 really bad. You know, I've had migraines, but this was  
 16 really, really bad. And I also recall feeling like I'd  
 17 been hit by a truck, you know.  
 18 Q. Now, you were taking --- in response to the pain that you  
 19 were in, you were taking particular drugs. I think you  
 20 were taking co-codamol; is that correct?  
 21 A. Yes, co-codamol obviously has paracetamol in it and  
 22 paracetamol is well known to reduce temperatures. It's  
 23 the drug that's used to reduce temperatures if you've  
 24 got a fever. So if I --- she said, "Take your  
 25 temperature", and I took it, and although it was high

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1 for me, it was --- you know, because I usually run quite  
 2 low --- and I thought "Oh, 37.9, that's way higher than  
 3 my normal", but you had to hit 38.5 degrees for it to be  
 4 considered a fever. And they said, "Well, maybe don't  
 5 take your co-codamol in case it's masking a temperature.  
 6 I'm on call this weekend, if your temperature is up  
 7 tomorrow or you've got any other symptoms, give me  
 8 a call and we'll see about getting you tested".  
 9 The next morning, I woke up and I felt even worse  
 10 because my temperature was I think 38.7 and I went, "Oh,  
 11 this really isn't good". And I obviously did as I was  
 12 told and called the on-call number --- it was the same  
 13 person --- and I said, "38.7". She said, "I'll call  
 14 occu health and see if we can get you a test".  
 15 Q. And then what happened about you being tested?  
 16 A. I got called fairly quickly. In fact I had two phone  
 17 calls --- I think two people must have just like seen it  
 18 and called --- and they said, "Right, we can organise  
 19 a test for you. You have to get to the  
 20 Western General to be tested". And I said, "That's ---  
 21 I can't do that". At that point --- I think the  
 22 quarantine laws were in place by that point. If you had  
 23 suspected COVID, you had to isolate for I think ten to  
 24 14 days --- I can't remember which --- at the start --- you  
 25 know, at the beginning of April. I said, "I don't

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1 have --- I don't drive, I don't live with anybody. I'm  
 2 pretty sure we're not allowed to take taxis".  
 3 And later on --- I mean it was literally a matter of  
 4 weeks --- the trust did come to a deal with a preferred  
 5 taxi operator that staff that could not drive would be  
 6 taken to and from their homes by taxi and I believe it  
 7 was paid for by the trust, but at that point that was  
 8 not in place.  
 9 And she then says to me, "Can you walk here?", and  
 10 I said, "Well, one, I feel really, really unwell and  
 11 I live four miles away. There's no way that I can do  
 12 that", and I said, "I'm pretty sure that's probably  
 13 illegal". So as a result I was not tested and ---  
 14 Q. And at paragraph 22 you talk about other symptoms.  
 15 A. Yeah.  
 16 Q. Sweating through your sheets and then smell and taste  
 17 had gone.  
 18 A. Yeah. I was actually on the phone to my manager and  
 19 I was --- because as part of sickness absence procedures,  
 20 you know, you would call in and say how you were doing,  
 21 and at that point they had said, "Well, we can't get you  
 22 tested but, because you've got one of the clinical  
 23 signs, you have to isolate until your temperature's gone  
 24 and/or ten to 14 days have passed". And it was ten days  
 25 for NHS staff at that point. And I was really confused

20

1 because one of the things that I love more than anything  
 2 else in the world is smelling my coffee in the morning  
 3 and I was like, "I can't", and she was talking about  
 4 someone that she knew who had lost their sense of smell  
 5 and mine hadn't completely gone but I went --- I remember  
 6 saying to her, "I can't smell my coffee", and that's  
 7 when I realised that, you know, I had the second sign.  
 8 You know, there's ---  
 9 Q. Has smell and taste returned?  
 10 A. Mostly yes, but some things, like even myself, smell  
 11 very different. Things like blueberries smell flowery  
 12 and I don't like that. I smell onions all the time.  
 13 Q. I'm going to move on in relation to that initial  
 14 symptomology. I'll ask you more about your COVID  
 15 infection later, but you also say something about  
 16 infection prevention and control, starting at  
 17 paragraph 26. Can I take you on to paragraph 28, where  
 18 you talk about mask fitting ---  
 19 A. Yeah.  
 20 Q. --- and problems related to that. Tell me about that.  
 21 A. I was --- that was the year I had my shoulder injury and  
 22 I could --- it was a shoulder and a hip injury from  
 23 a bike so I was still going to work but I was not ---  
 24 I was on light duties, and with all the reporting coming  
 25 out of Africa, people had started to get quite concerned

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1 that, especially after [redacted], the Scottish nurse  
 2 who had Ebola --- they started to become quite concerned  
 3 that there was a potential for the trust to maybe see  
 4 a case, and they actually were asking people --- you  
 5 know, it's like, "Are all your staff fit-mask tested?".  
 6 It was in certain departments that could be likely  
 7 potentially to see an Ebola patient. And they realised  
 8 that pretty much everybody in the theatre department,  
 9 some 200 or so members of staff, I believe --- and it  
 10 must have been the same in other departments, possibly  
 11 not A&E because I think they're usually quite up on  
 12 keeping up to date with that because they are, you know,  
 13 the first point of contact --- and there was a concern  
 14 when they realised that basically a lot of people had  
 15 never been tested and the people that had had ancient  
 16 FFP3 masks in their lockers had not been tested since  
 17 I think swine flu some six years prior to that.  
 18 Q. Okay.  
 19 A. So it became a bit of a rush job. I was given training  
 20 in how to test the fit for these masks and we had just  
 21 a few different types of mask that procurement had. So  
 22 I basically tested just about every member of staff in  
 23 my theatre department, not the whole of Lothian, just my  
 24 theatre department ---  
 25 Q. And that's to check that the masks were fitting ---

22

1 A. Yes, yes, it's ---  
 2 Q. --- and identify which particular mask which individual  
 3 staff should be using?  
 4 A. Yes, exactly, or if they cannot use them --- because some  
 5 people find it very claustrophobic or they find the  
 6 testing process to be claustrophobic ---  
 7 Q. But that was because, in the vast majority of cases,  
 8 I would have thought, people didn't need masks but then  
 9 suddenly there was a need for masks and there was a gap  
 10 that required filled; is that a fair summary of your  
 11 evidence?  
 12 A. It is. It is a fair summary. But at that point, in  
 13 theatres --- for example, sometimes you have to operate  
 14 on people who have got active TB, in which case,  
 15 depending on where that TB is, you would need staff to  
 16 be wearing FFP3 masks. So there was a need for certain  
 17 specialties and ---  
 18 Q. So within some specialist roles, some people had mask  
 19 fittings but the vast majority of staff hadn't before  
 20 the pandemic hit?  
 21 A. I would agree that that is correct. But what struck me  
 22 was that there were a lot of anaesthetists --- and  
 23 they're the ones who would be doing intubation, which  
 24 was definitely classed as an AGP --- who had not been  
 25 fit-mask-tested or had not had that done in quite

23

1 a period of time. So it had the potential to be  
 2 a problem. And when you contrast that with Canada  
 3 where --- certainly in British Columbia, in 2012 you  
 4 could not get a job if you did not have a fit mask  
 5 certificate saying which kind of a mask you needed ---  
 6 you contrast that with the UK, and I can only imagine  
 7 that, if you replicate that across the rest of the  
 8 trusts, the situation I was involved in, the scale of  
 9 the lack of people with testing --- and people have come  
 10 out and said since then, "No, we weren't tested until  
 11 right up until the pandemic and then there wasn't  
 12 stock".  
 13 Some people were never tested and others have not  
 14 been tested since then, and I think the recommendation  
 15 is at least every three years you should have a check or  
 16 if your mask becomes --- is no longer available --- that  
 17 did happen during the pandemic --- or you have  
 18 a substantial change like weight gain or weight loss or  
 19 surgery, for example, on your jaw, you would need to be  
 20 retested. And some of the things that I've heard from  
 21 other people are that it's not happening.  
 22 Q. At paragraph 31 you talk about your previous --- the  
 23 demand, if I can put it that way, for your previous job  
 24 reducing at the time that elective surgery was basically  
 25 ending because of the pandemic. What was your fear at

24

1 that time?  
 2 A. I noticed that the elective procedures were being  
 3 cancelled so I had a lot less work to do, and at the  
 4 time there had --- what was coming out from the huddles  
 5 and also from staff newsletters and emails was that  
 6 those nurses who are working in office-based roles, like  
 7 I was, needed to go on education courses to be --- you  
 8 know, basically back up the skill base they'd learned  
 9 back in when training or whatever for deployment to the  
 10 front line, where it became necessary.

11 My thought was, "I've never worked in a ward since  
 12 I was a student". I was --- I knew I was asthmatic.  
 13 I was absolutely panicked and I also knew that the most  
 14 likely place I would be sent would be back to a recovery  
 15 role because that had been my most recent clinical role.  
 16 And a lot of recovery staff were --- as people saw in  
 17 newspapers, including a lot of anaesthetic staff in  
 18 theatres, many of whom I knew very well --- were  
 19 looking --- they were working in additional ICU beds and  
 20 caring for those patients.

21 I did talk to the education team, you know, when  
 22 I was --- about booking the courses, and they said, "Hold  
 23 off just now", and I discussed with them, "I've got  
 24 asthma, I'm autistic, I have chronic pain syndrome".  
 25 They were saying "Hold off". But I had that worry with

25

1 all the work declining --- you know, my boss was trying  
 2 to say to me, "Look, we won't let you be deployed  
 3 anywhere else", but they were still saying, "Come in,  
 4 help out". But I was sat there worrying. You know,  
 5 it's like, if the chief nurse makes a decision that  
 6 anybody who has not got anything to do goes to work on  
 7 a ward, what are they going to do?  
 8 Q. You talk about --- and I'm moving on slightly --- at  
 9 paragraph 45 about who in terms of protecting the staff  
 10 were being assessed and by whom. Can you tell us --- you  
 11 say there that there were two particular groups that  
 12 were assessed by --- that were quickly assessed by  
 13 managers.  
 14 A. There was definitely two separate themes to risk  
 15 assessment of patients, and one was --- you know,  
 16 managers were required to individual risk assessments  
 17 for staff, you know, such as an ergonomic chair, making  
 18 sure that you were sitting properly at your desk and  
 19 everything if you were in an office and --- (overspeaking  
 20 - inaudible) ---  
 21 Q. But we're talking specifically about COVID ---  
 22 A. Yeah.  
 23 Q. --- and I understand that managers were required to  
 24 assess two groups of staff in particular.  
 25 A. Yeah. I found out --- I decided to start digging last

26

1 year and my MSP very kindly wrote to my trust and  
 2 I discovered that managers were only required to  
 3 risk-assess pregnant and diabetic staff.  
 4 Q. And you weren't --- you didn't fall into either of those  
 5 categories?  
 6 A. No.  
 7 Q. But you did have a long list of underlying chronic  
 8 health conditions?  
 9 A. I did, including asthma.  
 10 Q. And who was to carry out the risk assessment for you ---  
 11 persons such as you?  
 12 A. They said, "Oh, occupational health will do your risk  
 13 assessment", and I think what --- the only question that  
 14 was asked --- and it wasn't done formally. I think that  
 15 was just my manager wanting to check. She was like,  
 16 "How are you getting to work?", and I said, "Bus". That  
 17 was it. But occupational health is only supposed to ---  
 18 they were only supposed to do the COVID age to check  
 19 your risk complications from COVID. When it comes to  
 20 the day-to-day, how you're getting to work, where you're  
 21 placed, that was a manager decision.  
 22 Q. From what you say your evidence is, that two groups,  
 23 pregnant women and diabetics, were prioritised but other  
 24 groups with other health problems weren't prioritised.  
 25 Can I ask, how long was it until you got a discussion

27

1 with occupational health?  
 2 A. It was around my mother's birthday on 19 May 2020 and  
 3 I had first experienced symptoms of what occupational  
 4 health said, "Well, I think you've had COVID", was on  
 5 3 April 2020, so well after.  
 6 Q. 19 April was my father's birthday, by coincidence.  
 7 Now, you talk about having contracted COVID and then  
 8 a significant period of time later you had a discussion  
 9 with occupational health. What advice did you get on  
 10 that occasion?  
 11 A. They told me that I had a medium COVID age based on ---  
 12 Q. Can you explain what a COVID age is?  
 13 A. It was a calculator that was set up to calculate the  
 14 risks to a member of staff should they catch COVID.  
 15 So --- and there's different scales of it, as  
 16 I understand. Most COVID age calculators are --- they  
 17 are broadly the same but they may give slightly  
 18 different advice. So they take into account your age,  
 19 they take into account your weight, they take into  
 20 account your ethnic background. We know that BAME  
 21 people are much more likely to suffer from COVID  
 22 complications ---  
 23 Q. So this is a measure by which it can be assessed ---  
 24 A. Yeah.  
 25 Q. --- the level of risk ---

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1 A. Yes.  
 2 Q. — you face if you were to contract COVID?  
 3 A. Yes.  
 4 Q. Is that correct?  
 5 A. And mine was medium. So they said, "Based on everything  
 6 going on with you" — because they obviously had access  
 7 to occupational health notes as well — they said, "We  
 8 would not — you will not be working in a patient-facing  
 9 role because, one, you're at higher risk of COVID  
 10 complications and, two", they said, "in my opinion  
 11 I don't think you would cope in that environment in this  
 12 situation at all". And I, with my mental health issues  
 13 and also the fact I'm autistic — you know, I agreed  
 14 with that.  
 15 Q. I asked you about contracting COVID and then you  
 16 explained a little about the symptoms that you suffered  
 17 initially, but at paragraph 50 of the witness statement  
 18 you talk about returning to work after ten days and that  
 19 not working.  
 20 A. I felt — I checked the guidance and the guidance said,  
 21 if I didn't have a temperature, I could go back to work.  
 22 I've always been — I've always had a strong work ethic,  
 23 and in the pandemic, even though emotionally I was not  
 24 all right, I felt that I had to do my bit, and even  
 25 though I had friends saying, "Why are you at work?"

1 You've got asthma", you know, I felt — especially  
 2 working with the infection prevention and control team,  
 3 who were incredibly busy and under a lot of pressure  
 4 from all sides, I did not feel empowered to say, "Can we  
 5 have a conversation?", even when I knew that — you  
 6 know, members of the surveillance team, they were being  
 7 told to in one case shield or work from home — I did  
 8 not feel empowered to speak up when they said, "We need  
 9 you to come in and work in the office".  
 10 But that day I came back, the previous day, you  
 11 know, I felt — I'd always pushed myself, I'd always  
 12 gone in when I didn't feel well. My rule of thumb has  
 13 been, "Get out of bed, you can go to work". And I've  
 14 always pushed myself hard because, with underlying  
 15 conditions, before COVID my attendance —  
 16 Q. How long were you back at work? Sorry. How long  
 17 were you back at work?  
 18 A. I was — one day. I was having breathing difficulties  
 19 at that point. I would not have been able to do this.  
 20 My — I'm told that — my boss came up to me and said,  
 21 "Are you okay" — I could not, within like about  
 22 10/15 seconds I was gasping for breath when trying to  
 23 talk to people. She tried — she said, "Look, I think  
 24 we need to take you downstairs to be assessed".  
 25 Downstairs was the medical admissions unit, which was

1 the red receiving area, which is where the COVID  
 2 patients were going. And I was like, "I do not want to  
 3 go in there", and I was also, "Well, if I go there and  
 4 they keep me in, what do I do? I have nothing with me".  
 5 I just — but I pushed myself through that day and then  
 6 I woke up the next day and I had to call back in, per  
 7 reporting procedures.  
 8 I called my GP because I knew there was something  
 9 wrong and the receptionists didn't — they said — just  
 10 from hearing me on the phone said, "You should hang up  
 11 and call 999", and I said, "No, I want to talk to the GP  
 12 first". I didn't want to — I thought, if I went into  
 13 hospital, I wouldn't come out.  
 14 Q. Did you speak to the GP?  
 15 A. Yeah, they wouldn't let me hang up. They kept me on the  
 16 line and I knew that was unusual, and he tried to talk  
 17 me into going in to be assessed and I said, "But I don't  
 18 know how I'm going to get there and I don't know how I'm  
 19 going to get home". He said "Cass, have you got a pulse  
 20 oximeter?", and I said, "I'm a nurse". You know, you  
 21 can take us out of a hospital but most of us have got  
 22 the kit at home. And I did. I had a peak flow, I have  
 23 a BP cuff, I had the whole nine yards. I mean, I don't  
 24 have home oxygen and a defibrillator, but I'm pretty  
 25 well kitted out.

1 And I took it and I was talking to him and my sats  
 2 were 84%, and he said, "Cass, you have to go in", and  
 3 I said, "I don't. What would be the point? I don't  
 4 think they'll keep me in". If they do, I was worried  
 5 about — we were in lockdown. Nobody could come into my  
 6 home. I had two cats at the time. But I said, "I have  
 7 noticed if I don't talk my sats are about 93/94%, if  
 8 I breathe deeply", and I think he knew that I was not  
 9 going to — I was going to refuse to go in.  
 10 And he said, "Right, well, here's the deal. You  
 11 have to monitor yourself at least four times a day and,  
 12 if it gets any worse, you have to call, you have to call  
 13 999 and go into hospital". He said, "I'm really worried  
 14 about you". He said, "I'm going to give you a stronger  
 15 inhaler". My neighbour actually went and picked that up  
 16 for me. I texted her and said, "Could you get it?", and  
 17 she was locked down so she went and got it and posted it  
 18 through my door.  
 19 But what I didn't tell my GP was that I had to lie  
 20 on my stomach and I — the reason I was — what's called  
 21 "proning" — and the reason I was doing that was because  
 22 I'd seen they were doing that with COVID patients in ICU  
 23 to help them breathe and it was the only way I could  
 24 breathe.  
 25 At night I was waking up gasping for breath. That

1 never happened to me — it happened sometimes, I'm less  
 2 bothered about it now. It was — and I knew that that  
 3 was dyspnoea. I knew that was happening because I was  
 4 stopping breathing because that's the only reason that  
 5 that could have been happening. And I was on my own and  
 6 I was honestly worried that, you know, when I went to  
 7 sleep every night, that I was not going to wake up in  
 8 the morning.

9 Q. You had been off for ten days, you then have this  
 10 conversation with the doctor and you then go off work  
 11 again. How long are you off work on that second  
 12 occasion?

13 A. That would have been probably about mid-April until  
 14 I went back after my birthday at the end of May, so two  
 15 weeks after I'd spoken to occupational health. And  
 16 my — I'm very close with my union. My union rep and  
 17 I were involved because I was pretty much constantly  
 18 having meetings with the manager about how I was coping  
 19 and was my autism causing problems and was I off sick  
 20 because I was in pain or I had a pain flare or something  
 21 like that. It was a pretty constant thing. So she,  
 22 because I'd previous phased returns, worked with my  
 23 manager to do a mini-phased return for me at that point,  
 24 and I went back and it was built up to — to build up to  
 25 full-time quite quickly as well. It wasn't to take

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1 long. But I could not get — there was something  
 2 different. There was something really different about  
 3 what had happened.

4 At that point I was really happy to be alive, you  
 5 know. I thought, "I've beat this, I'm alive, it's  
 6 great", and I had no idea what was to come. And  
 7 I noticed, unlike any other viral infection I've ever  
 8 had, ever, or other major infection, I could not get my  
 9 stamina back. If I just walked a little bit too far,  
 10 the next day I had crushing fatigue or I was in pain and  
 11 I couldn't go to work.

12 Q. Can I go back to the occupational health assessment that  
 13 we spoke about before? Were they aware of your medical  
 14 conditions?

15 A. Yes. I'd had quite a long history with occupational  
 16 health because of mental health issues so they knew  
 17 that — they knew I had mental health issues. I was  
 18 very frank with them. They knew I had depression, they  
 19 knew I had asthma, they knew I was autistic, they knew  
 20 I had chronic pain problems. I had an assessment. You  
 21 know, every single job that I have had within that  
 22 health board they have insisted I have an occupational  
 23 health risk assessment before I start that job to check  
 24 that I am in fact fit for the role, which the  
 25 occupational health doctors and nurses could tell me

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1 they felt was a complete waste of their time because  
 2 I obviously was, but, you know, tick a box kind of thing  
 3 if you've got someone who's disabled. So they knew —

4 Q. When those assessments — when that assessment was being  
 5 carried out, talking about effectively the COVID-related  
 6 occupational health assessment, so far as you're aware,  
 7 was that looking for individual conditions which might  
 8 say no to you, for example, being furloughed or whatever  
 9 response the health board wanted to make to your  
 10 condition? Was it individual conditions or was there  
 11 a process for accumulating conditions for people such as  
 12 you, who had a variety of conditions?

13 A. So, as we know, there was the shielding criteria and  
 14 there was the COVID age. COVID age had — I'd have to  
 15 look at the thing again. Asthma came into it, diabetes  
 16 came into it, pregnancy came into it. They did ask  
 17 about your weight and obviously your age because they  
 18 are risk factors for COVID complications. And I think  
 19 they asked some of the standard points about shielding,  
 20 like if you're on certain medications that could  
 21 immunosuppress you, but I was not somebody that did  
 22 COVID age.

23 It seemed like that — you know, I kept being asked,  
 24 "Cass, there's a lot wrong with you. Are you  
 25 shielding?". I said, "No, I've got asthma but I'm not

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1 on these specific drugs". There are specific drugs like  
 2 steroids or certain number of courses of steroids and  
 3 what—not, and you've been on them or you are on them,  
 4 then you're at higher — again because it affects your  
 5 immune system. There are certain neurological  
 6 conditions, I think cancer is another thing. But it's  
 7 very prescriptive and nothing — if it wasn't on the  
 8 list or it wasn't that severe, you didn't shield, you  
 9 didn't furlough, you know. And that I think was very,  
 10 very short-sighted because people who have got multiple  
 11 conditions are obviously going to be at more risk even  
 12 if they're well controlled. That's my view.

13 Q. So I think you've explained to us that you went off for  
 14 one day, then you became more ill and went off for  
 15 a longer period. At paragraph 88 in your witness  
 16 statement you talk about your second period of COVID  
 17 leave, which is 15 April 2020, and you were off until  
 18 31 May 2020. Then you returned to work on that  
 19 occasion.

20 A. Yeah.

21 Q. Tell me about that return to work.

22 A. Because I'd been off for six weeks, like I said, it was  
 23 my manager, myself and my union rep who came up with the  
 24 phased return. It would normally have been with  
 25 occupational health advice, and I'd asked while I was

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1 off sick and she said, "They're too busy, they can't do  
2 it". I said, "Well, I've been through a few, I'm sure  
3 we can figure something out", and we did. Like  
4 I said — if I walked down the hill from the bus stop,  
5 rather than get a bus down closer to the hospital, like  
6 I said, the next day I would be in a tremendous amount  
7 of pain and I would be super—fatigued, and that just  
8 never got better. In fact it's got worse, but ... And  
9 I just —

10 Q. I'm asking about — I'm asking specifically about your  
11 next return to work and in particular I'm looking at  
12 paragraph 98 — can you have a look at that?

13 A. Yeah.

14 Q. — where they're talking about a phased return —

15 A. Yeah.

16 Q. — and also a reduction in hours. Tell me about that.

17 A. When I went back at the end of May, it became very  
18 obvious very quickly that I was not managing. Even once  
19 I'd completed my phased return, I was not managing my  
20 contracted 37.5 hours a week, which was further  
21 complicated by the onset of severe pain. I went from  
22 zero to just about throwing up in seconds. Nothing  
23 worked to get it down.

24 And in July of that year I had a meeting with the  
25 manager and my rep and the rep suggested I drop to

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1 30 hours a week because I was not managing to physically  
2 get into work five days a week. I was off at least one  
3 day a week. Either I walked down the hill from the bus  
4 stop because I couldn't get the bus and I didn't want to  
5 be late and then I was in pain — then obviously  
6 I described what happened — or then — you know, I had  
7 the pain incident, which resulted in my having to go  
8 home and be put on gabapentin and take diazepam or  
9 tramadol if it was really bad. And after that I was  
10 just always in pain, you know. Before that it was  
11 really well controlled and after that it was like —  
12 every day was like six out of ten on the pain scale.

13 And I could still function because I've had pain  
14 issues before and it's when it gets distracting that  
15 I know I have to take time off. But I couldn't get my  
16 stamina back. You know, I called the post—COVID line  
17 for advice. Everybody was telling me — my sister was  
18 going, "Oh, you just need to go for a walk, build it up  
19 every day", but the post—COVID line NHS woman was going,  
20 "Don't do that. If work is your focus, don't do that".  
21 So they were giving the right advice certainly to me in  
22 my position. They were like, "Exercise is not your  
23 friend. Focus on working".

24 And I wasn't keeping up and I'd also noticed by this  
25 point — you know, I noticed one day that the mouse on

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1 my computer screen was just jerking and I was like,  
2 "What on earth?", and then I noticed that my hand was  
3 just shaking and it was like, "That's not cool". I'd  
4 noticed I was getting tachycardic and I mentioned it to  
5 a GP. They said, "Oh, that's something that happens  
6 after a viral infection, so don't worry about it". It  
7 turned out to be something quite — bit of an issue.

8 I'll gather my thoughts just for a sec. So, yeah,  
9 we had the meeting. I agreed and the management team  
10 agreed to a temporary reduction of hours and that came  
11 into place at the beginning of August 2020. And  
12 I noticed that at the time I was feeling just very tired  
13 as well. And it did help to a degree, I think, because  
14 I had a day where — I had two days on, then one day off  
15 and then two days on and then I had the weekend, but it  
16 didn't last.

17 And I went up to see my sister. It was the first  
18 time I'd seen my sister since lockdown had started. She  
19 didn't live too far away from me. She's a very fast  
20 walker and she said, "Come on, we need to walk, we need  
21 to go down", and she kept up a really horrendous pace.  
22 And I woke up the next day and I could not get out of  
23 bed and I felt like I had COVID all over again. I had  
24 a headache, but this time it was — I was fatigued and  
25 obviously still sore, because I was in pain, but

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1 I noticed when I got up that it felt like my brain was  
2 wading through treacle and then I was getting vertigo  
3 and getting dizzy, so it was like I was on  
4 a rollercoaster with my brain, wading through treacle.  
5 Then I had the tremors.

6 Q. It was at this stage, I think, or around this stage that  
7 the question of medical retirement was raised with you;  
8 is that correct?

9 A. No, this was 2020. Occasionally prior to that it had  
10 been mentioned to me by my line manager about whether  
11 work was good for me with everything going on with me,  
12 but at that point that was not brought up. That came up  
13 I think the first time in 2022, that a senior manager  
14 within the team had done a referral to occu health and  
15 was asking about whether I should be retiring. So that  
16 was not at that point. That was just like —

17 Q. Well, at the later point when that did arise, what were  
18 the circumstances that were explained to you as to why  
19 that had now become an issue?

20 A. The doctor I saw, who I'd seen before, she told me the  
21 nature of the referral, what was in the referral. I'd  
22 known I was having an occupational health referral but  
23 not what was in it. And what was discussed was —  
24 because at that point I — by that point, you know, I'd  
25 gone back to work in — I'd gone off at the end

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1 of August (overspeaking — inaudible).  
 2 Q. What was in the referral — let's stick to that point.  
 3 What was in the referral? What were you told was in the  
 4 referral?  
 5 A. Was I still fit for work — the manager who had written  
 6 it was asking about whether or not I should pursue ill  
 7 health retirement, and that had never come up. And at  
 8 that point I was still waiting to see specialties I'd  
 9 been referred to by my GP. And the occupational health  
 10 doctor said to me that she did not feel it was  
 11 appropriate in April 2022 for me to be thinking about  
 12 retirement because all the options had not been  
 13 exhausted, and that was her opinion.  
 14 But I was — I called my — called or — I certainly  
 15 contacted my union rep and said, "I'm getting a copy of  
 16 this report which has it in it but this manager is  
 17 suggesting I need to medically retire", and my union rep  
 18 was, "What? That's not appropriate".  
 19 Q. But ultimately you did medically retire.  
 20 A. Yeah.  
 21 Q. Can you just take us through — and we only need the  
 22 headlines, not the fine detail — as to what the process  
 23 was that resulted in you reaching an agreement with the  
 24 health board that you would medically retire?  
 25 A. The last day I worked was 8 or 9 — I'm pretty sure it

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1 was 8 August 2021. I saw cardiology, I saw neurology,  
 2 I was seeing my GP, I saw Claire Taylor, I was  
 3 researching anything and everything that maybe could  
 4 help. When I had been working, I'd noticed that I was  
 5 really struggling cognitively. I am dyslexic but  
 6 I never had the level of problems that I have now. And  
 7 the stress of trying to stay working had impacted on me  
 8 and had caused such a bad crash that I never worked  
 9 after August 2021.  
 10 For the rest of that year I felt okay, but then  
 11 2022, after the first time it had been mentioned, I felt  
 12 like this was — you know, "Should you give up work?",  
 13 and I was kind of like, "We're not there yet,  
 14 occu health says we're not there yet". But towards the  
 15 end of 2022 I started talking to my rep. I was not  
 16 okay. I wasn't making any improvement. I knew my  
 17 mobility was getting worse. I had already at that  
 18 point — you know, when I had been at work, I'd needed  
 19 to use a rollator thing that wheeled — the wheeled kind  
 20 of trolley things.  
 21 Q. Sorry?  
 22 A. They're like wheeled trolley things. But I was having  
 23 problems with my balance and pain, I would need to sit  
 24 down, and these things, you can't brake them — put the  
 25 brakes on to sit down. I'd already had a couple of

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1 falls at that point because my balance had deteriorated  
 2 and pain was affecting the sensation in my legs and  
 3 I knew that was getting worse. And I was having to nap  
 4 for two/three hours a day. It was very random.  
 5 I noticed that even a couple of hours of cognitive  
 6 activity could affect me for days afterwards and I was  
 7 struggling to dress. I haven't been able to cook for  
 8 myself since 2020. I shove something in the microwave  
 9 if I'm having a good day and that's about it.  
 10 I knew I was deteriorating and we were talking about  
 11 it quite seriously, and she said, "Right, how do you  
 12 feel about seeing an independent occupational health  
 13 consultant?", because the trust had said to me — they  
 14 were at this point trying to — really pushing this at  
 15 the end of 2022, and occu health had said, "Well, we're  
 16 not having that conversation". But she said, "In my  
 17 opinion, you're too young. You won't get ill health  
 18 retirement. Nobody knows what the future holds with  
 19 long COVID". And I had fed this back — I scanned it  
 20 in, gave it to my rep. My rep had gone to a senior  
 21 caseworker at RCN and they said, "Well, we think  
 22 actually independent occupational health might be an  
 23 idea if Cass is thinking about it". And at this point  
 24 I realised it's coming up on two years. At this point  
 25 COVID special leave had ended, we were all on normal

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1 attendance procedures. I was coming to — I'd just come  
 2 to the end of my full pay, I knew I was going on to half  
 3 pay and I knew that by September they would be  
 4 terminating my contract anyway and I didn't know if  
 5 I was going to be able to work.  
 6 And during that period I went to London — I was  
 7 using my rollator — and I came back and I'd realised in  
 8 London that my mobility had deteriorated to the point  
 9 where I needed a wheelchair —  
 10 Q. Do you still use a wheelchair?  
 11 A. — and I was talking to my rep about all this. Then  
 12 I had my independent occupational health assessment, and  
 13 he said — based on the limited information that he had,  
 14 just looking at me, said, "You need to retire. You need  
 15 to medically retire". And then the rep —  
 16 Q. And there would be a process —  
 17 A. Yeah.  
 18 Q. There would be a process within the health board —  
 19 A. Yeah.  
 20 Q. — for deciding whether or not his assessment was agreed  
 21 to by the health board?  
 22 A. Yeah. We didn't mention that at the time because there  
 23 are attendance procedures. You have legal entitlements  
 24 to periods of pay and paid sick leave and I obviously  
 25 wanted to try and get all my ducks in a row, get medical

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1 evidence together and, as my rep said --- she said,  
 2 "There's no rush to this. You know, we can ..." --- but,  
 3 you know, then we decided in June that that was the time  
 4 to explain. I had ---  
 5 Q. To explain to whom?  
 6 A. To explain to line management that we wanted to go down  
 7 that road because, once you indicate you want to go down  
 8 that road, that starts triggering the process to the  
 9 stage 3 hearing, which decides the outcome of your  
 10 employment. I knew at that point my revalidation with  
 11 the NM ---  
 12 Q. Sorry, you've frozen. (Pause)  
 13 A. Hello.  
 14 Q. I can hear you now but ---  
 15 A. Right, sorry, have I frozen?  
 16 Q. The screen is still frozen.  
 17 A. Yeah. I --- so there's a whole --- I was getting my  
 18 medical evidence sorted out, I had this assessment and  
 19 we told my --- we had a meeting, HR were present because  
 20 it was --- at that point it was stage 2 of attendance  
 21 procedures, and we said, "I've seen occupational --- I've  
 22 seen an independent occupational health professional and  
 23 they think I should retire and I think that's what  
 24 I want to do". And that then starts the process, which  
 25 means they have to send you to the trust occupational

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1 health ---  
 2 Q. We don't need to know the detail of the process.  
 3 A. Okay, but yeah.  
 4 Q. I think I said earlier that ultimately it was agreed  
 5 between yourself and the health board that you would  
 6 medically retire.  
 7 A. Yeah.  
 8 Q. Is that correct?  
 9 A. Well, they terminated my contract on medical grounds.  
 10 The decision about whether I would be awarded ill health  
 11 retirement obviously comes from the Scottish Public  
 12 Pensions Agency. But my contract --- I'd come to the end  
 13 of the road and I knew that.  
 14 Q. Did you get the pension?  
 15 A. I did. I was actually awarded tier 2.  
 16 Q. And is tier 2 higher than tier 1?  
 17 A. Yes. Tier 1, there's a --- although you may not ---  
 18 Q. I don't need to --- honestly ---  
 19 A. Tier 2 is you will never work again --- they don't think  
 20 you will ever work again.  
 21 Q. And that results in you receiving a higher level of  
 22 pension; is that correct?  
 23 A. Yeah, that's correct.  
 24 Q. And that's what happened with you?  
 25 A. Yeah.

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1 Q. You've said earlier how supportive the RCN were of you  
 2 over the years. Were they also supportive of you in  
 3 medical retirement and getting tier 2 payments?  
 4 A. I would say "Yes". My rep was phenomenal, very, very  
 5 experienced. I initially wasn't too sure about her, but  
 6 she's someone I would now call a friend. She helped me  
 7 complete my forms, explained bits and pieces, if  
 8 I didn't have information, where to go, because I cannot  
 9 fill out forms without help. So that was why they got  
 10 me the form early, so that, as soon as my contract was  
 11 terminated, my employers could complete their sections  
 12 of the form so that it could be sent off fairly  
 13 promptly. And they were ---  
 14 Q. Was the transition from being a paid member of staff to  
 15 being someone who had retired on medical grounds --- was  
 16 that transition financially for you relatively  
 17 straightforward?  
 18 A. I --- yeah, I suppose so, yes. But the whole of that  
 19 year I was just in a bit of --- a terrible emotional  
 20 and --- a bit of an emotional state, to be honest,  
 21 because I'd done --- I'd gone through benefit calculators  
 22 with RCN welfare and other individuals who provide  
 23 advice and I didn't know when --- I knew that I was at  
 24 least entitled to my annual leave as well as I qualified  
 25 for 12 weeks --- you know, you have a notice period and

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1 it's 12 weeks and I got full pay for 12 weeks.  
 2 So I just --- you know, when my pension came through  
 3 and they said I'd been awarded tier 2, I was so relieved  
 4 because at that point, when my contract was terminated,  
 5 I was --- I didn't think --- I thought that would be the  
 6 last Christmas I would see in my flat and then I was  
 7 going to be homeless because I only qualified at that  
 8 point for standard rate living for PIP --- I was  
 9 transfer --- well, it was ADP by that point --- and the  
 10 employment and support allowance, but I didn't qualify  
 11 for any other benefits at that point.  
 12 Q. In addition to your tier 2 pension, I also understand  
 13 that you receive some benefits.  
 14 A. Yes.  
 15 Q. And you describe in the witness statement the  
 16 difficulties that you perceive in making claims for  
 17 benefits, and I'm looking in particular at  
 18 paragraph 141.  
 19 A. Yeah, got it.  
 20 Q. And you explain there, at the end of 141, the particular  
 21 difficulties because of the financial flux you were in  
 22 causing significant stress; is that correct?  
 23 A. I felt like I was on a time pressure to get forms  
 24 completed. And for me it was housing; it was I think at  
 25 that point the WCA 50 for ESA I'd had to complete; I was

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1 trying to apply for industrial disablement benefit;  
 2 I had my form for medical retirement; and I also was  
 3 trying to sort out a change of circumstances form for  
 4 adult disability payment because, at the beginning of  
 5 the year, when I called the DWP, they had automatically  
 6 early transferred me to Social Security Scotland and  
 7 I said that I want the change of circumstances because,  
 8 well, they'd obviously changed.

9 And I struggled a bit with forms before COVID, but  
 10 I could complete them, due to being dyslexic, but now,  
 11 you know, it was an impossible task. I had to get help  
 12 with my forms and some of them, like industrial illness  
 13 disablement benefit, I couldn't get any help with.  
 14 I had to do that on my own. And you also have to put  
 15 together the evidence packages and things, and there's  
 16 the copying and trying to understand what was being  
 17 asked of me — you know, I needed a lot of support for  
 18 that and I'm very grateful actually to an organisation  
 19 in Edinburgh who were able to help, in fact a couple of  
 20 them did, because I would not have managed to complete  
 21 the forms in the time that they needed to be done. But  
 22 sometimes, you know, I'd say, "I need help with this  
 23 form", and they would said, "Oh, we don't help with that  
 24 one". And then I was like, "Well, who does?", and they  
 25 said, "We don't know".

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1 So you would be trying to fill out these forms,  
 2 trying to find help to fill out these forms. You know,  
 3 they'd be taking forever. The impact of that — you  
 4 know, I'd do maybe an hour and a half if I was lucky and  
 5 then I'd be asleep for three, four, five hours because  
 6 I was so exhausted and, you know, there could be  
 7 a knock-on effect to the next day because that was  
 8 overdoing it.

9 Q. I don't mean to doubt what you say on that. I'm giving  
 10 you an opportunity to answer a point that might be made  
 11 by looking at paragraph 151, when you talk about how  
 12 active you are in a variety of COVID-related groups.  
 13 How do those two things sit together, you know, "I can't  
 14 fill in a form for the DWP but I can spend a significant  
 15 amount of time with COVID groups"?

16 A. It looks like a lot and it's probably fair to say that  
 17 I've achieved it, but that has not all been happening at  
 18 the same time. There have been long periods where I've  
 19 been unable to do things and I have a terrible habit of  
 20 doing too much and then having to pay for it. And a lot  
 21 of this is also done with more than one person, so it's  
 22 not been —

23 Q. So you're part of a group?

24 A. — me on my own trying to do it. But, you know, pieces  
 25 of work that before COVID might have maybe taken me

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1 a day to do in full and polish up, it would take me  
 2 weeks — and it's taken me weeks after COVID. And if  
 3 I was doing — you know, sometimes I'd say, "Look, I've  
 4 got to get these forms done", and a lot of the time as  
 5 well, the Advocacy, I was using that to distract me  
 6 from — you know, it was a distraction from the absolute  
 7 panic and stress and my deteriorating mental health last  
 8 year, you know. And the meetings were maybe an hour,  
 9 but even an hour, you know, I'd have to be — I'd be  
 10 lying down afterwards. A lot of the time I'd be saying,  
 11 "Oh, I can't do this". So it was very much spaced out  
 12 and also was a distraction and it's only really since  
 13 I've retired that I've actually been able to, for  
 14 example, be involved with the Long Covid Working Group.

15 But the RCN and things like the long COVID CPG at  
 16 the Scottish Parliament, they're maybe meeting for about  
 17 an hour once a quarter. So some of this, it's not  
 18 a huge amount of my time, but the work for the coalition  
 19 means that all the work for the key worker petition —  
 20 although this is an extension of that — has had to be  
 21 paused because I simply can't do both. And I —

22 Q. You — at the beginning of your evidence today, you  
 23 indicated that you would adopt all of this statement and  
 24 therefore —

25 A. Yes.

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1 Q. — all of it will have been or will be considered.

2 A. Yeah.

3 Q. You say "Desired Outcomes of the Inquiry" at the end and  
 4 that's where I'm going to go next. I'm going to draw  
 5 a few of them to your attention but that doesn't mean  
 6 that the others will not be fully taken into account.  
 7 They will.

8 At paragraph 152 you talk about the need to get to  
 9 the bottom of how devolved decisions were made and that,  
 10 if laws were broken by the Government, that should be  
 11 investigated.

12 A. Yes.

13 Q. That's your view?

14 A. It is.

15 Q. You say there were — "mass breaches of employment law,  
 16 health and safety and equality law must be absolutely  
 17 investigated and ... those who failed in this respect  
 18 held accountable". That's your own view. Is there  
 19 anything that you want to add to that? I've not  
 20 finished with my list.

21 A. Yeah, I believe that section 44 of employment — of  
 22 employment law was breached, and my view, based on my  
 23 own experience and the experience of others trying to  
 24 work with COVID and long COVID, is that they're actively  
 25 being discriminated against and some people, for example

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1 those of black and minority ethnic backgrounds, they  
 2 have to deal with that level of discrimination and now  
 3 disability discrimination as well. I know this because  
 4 I'm told the stories and I'm saying to people, "They  
 5 can't do that, that's illegal", but --- and obviously,  
 6 with health and safety, where are the RIDDOR reports?  
 7 There were four for COVID in 2020. Four. And it's the  
 8 same with DATIXes. I honestly think that that lack of  
 9 reporting is part of the reason why COVID and long COVID  
 10 are not declared industrial diseases in the UK yet,  
 11 because ---  
 12 Q. At paragraph --- sorry. At paragraph 163, you say  
 13 something that I certainly haven't seen from anyone  
 14 else, and that is that you would like the time limits  
 15 for Equality Act breaches altered. Why?  
 16 A. Currently it's three months less one day. My experience  
 17 of trying to live with discrimination is that it's  
 18 often --- I mean, obviously it's from the point that it  
 19 happens --- but my experience was that I was extremely  
 20 unwell and there was no way that I could raise that.  
 21 And in fact I did raise an incident of discrimination  
 22 because I do understand that there is kind of like a bit  
 23 of leeway if you've got a good enough reason, and I was  
 24 within that time limit. And I spoke to lawyers and  
 25 I explained, you know, "It is within the last year that

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1 this has happened", and they said, "Well, we'll see what  
 2 we can do", and they came back and said, "That's not ---  
 3 your being unwell is not a good enough reason for not  
 4 raising this".  
 5 People may not be very well at all, you know,  
 6 psychologically because the stress and the psychological  
 7 harm that --- at one point in my career, I experienced  
 8 such severe bullying it ended my theatre career.  
 9 Psychologically I could not set foot back in the  
 10 department to do the job I loved. I was barely  
 11 functioning during that period because of the --- I was  
 12 like a ghost, I was like a zombie. I couldn't raise  
 13 a claim then.  
 14 And if you think about it, personal injury, if you  
 15 have a personal injury at work, you've got three years  
 16 to claim. You know, if you break or if you lose a leg  
 17 or something because your workplace has done something  
 18 incorrectly, you've got three years to make a claim.  
 19 We've been disabled by COVID and we don't. But at the  
 20 same time if you experience discrimination from, say,  
 21 that loss of leg, you've got three months to make  
 22 a discrimination claim. It doesn't seem equitable in  
 23 the slightest. And ---  
 24 Q. That's precisely the word I was thinking of.  
 25 Cass, those are all the questions I have for you.

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1 This is your second opportunity to address the Inquiry.  
 2 I think you have, hopefully, had the opportunity to say  
 3 everything you want to say that's important.  
 4 A. I've got a paragraph that I wanted to read out but  
 5 I also wanted to share something very personal with the  
 6 Inquiry, which I'll --- if you'll allow me.  
 7 It feels like the long COVID community is being  
 8 erased from the narrative. I'm thankful that we're  
 9 doing this now but I do feel there's been very little  
 10 discussion about us at the UK inquiries. It seems  
 11 strange because we're the ongoing victims of the  
 12 pandemic. There's also a change to much that appears in  
 13 the media, minimising the impact of this disease on  
 14 health, careers, lives and the economy.  
 15 I've been active in Long Covid Advocacy since 2020  
 16 with Long Covid Scotland, Long Covid Nurses & Midwives  
 17 UK, Key Worker Petition campaign and now Scottish  
 18 Healthcare Workers' Coalition. I feel it's important  
 19 for the Inquiry to know that preparing for this has  
 20 actually taken a lot out of us. It's made me unwell at  
 21 times. I've had to plan and pace to be able to do this  
 22 today and it's still going to have an impact on me. Our  
 23 members all have long COVID and this does impact on the  
 24 wider health and social care employment sector and many  
 25 of these people are too unwell to take part in the

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1 Inquiry. So I'm aware I'm speaking not just for me but  
 2 for other people.  
 3 Last year was, in all honesty, the worst year of my  
 4 life because I started the year knowing I was going to  
 5 lose my career, my existence as a nurse, lose my job,  
 6 I'd already lost my health, I couldn't walk anymore, and  
 7 I was facing financial destitution, I was in a debt  
 8 management plan, and I believed I was going to lose my  
 9 home and I would have to rehome my cats. I was going to  
 10 lose everything, I felt like a total failure and  
 11 Advocacy was the only thing that kept me going.  
 12 And I remember having a discussion with my GP right  
 13 before she left to take up a different post ---  
 14 Q. You said you had a paragraph for us.  
 15 A. Yeah, that was it. This is kind of me personally.  
 16 Q. That's fine.  
 17 A. My GP was aware that I was suicidal and Advocacy was the  
 18 only thing keeping me going because I had lost or I was  
 19 about to lose everything. She said, "I want you to  
 20 promise me something". She said, "I want you to live".  
 21 And I looked her in the eye and I said, "What's the  
 22 point?". I don't mind being disabled. I've always been  
 23 disabled. I mind how I got here and I want to know why  
 24 and I want the governments in the UK to wake up to their  
 25 responsibility to us. You know, we shouldn't be in that

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1 state. We shouldn't be but we are. Many of my  
 2 colleagues are (inaudible). Thank you.  
 3 MR CASKIE: Cass, thank you for your evidence.  
 4 THE CHAIR: Yes, thank you.  
 5 That's all for today, I think.  
 6 MR CASKIE: It is. It's also the last time I will appear in  
 7 this tranche, so I suspect it will be next year before  
 8 we meet again, my Lord.  
 9 THE CHAIR: Well, thank you very much. I suspect we'll  
 10 actually meet more on the ---  
 11 MR CASKIE: Yes, yes. In public.  
 12 THE CHAIR: --- (overspeaking - inaudible) to be perfectly  
 13 candid. Very good. I perhaps shouldn't say, but I'll  
 14 see you soon. Very good.  
 15 MR CASKIE: Thank you.  
 16 (12.43 pm)  
 17 (The hearing adjourned until Friday, 17 May 2024 at 9.45 am)

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