OPUS 2

Scottish Covid-19 Inquiry

Day 49

May 16, 2024

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(11.15 am)

THE CHAIR: Good morning, all. Good morning, Mr Caskie.

MR CASKIE: Good morning, my Lord. Our witness today is Cass Macdonald, and they also are remote.

THE CHAIR: I see that, yes.

MR CASKIE: I can see both of you, so I will assume that all the technology has been put in order.

MX CASS MACDONALD (called)

(Evidence given by videolink)

MR CASKIE: Cass, can I just ask you to say "Good morning" so that we know we can hear you?

A. Good morning, Mr Caskie. Good morning, Lord Brailsford.

THE CHAIR: Good morning. Excellent.

MR CASKIE: Your Lordship will be familiar with Cass as they gave evidence to the Inquiry on 19 April.

THE CHAIR: I remember that, yes.

MR CASKIE: On that occasion it was noted by Mr Gale that the witness is to be referred to as "Cass".

THE CHAIR: Yes.

MR CASKIE: On that occasion they appeared for the Scottish Healthcare Workers' Coalition, and we have a transcript of their evidence which is available to my Lord.

Questions by MR CASKIE

MR CASKIE: Can I ask, on that occasion, was the evidence

that you gave truthful?

A. Yes.

Q. You have provided us with an additional statement which, for our record purposes, is SCI—WT0363—000001 and part of that statement now appears on the screen. Are you able to see that, Cass?

A. Not yet, no.

Q. Do you have a remote link?

A. I have a copy of my statement in front of me.

Q. That's fine. Okay. You can work off the paper copy and that will be fine. That additional statement, is the content of that true?

A. Yes.

Q. And do you want the whole of that statement taken into account by Lord Brailsford when he's drawing his conclusions?

A. Yes.

Q. And that evidence, am I correct in saying, should be looked at along with the evidence that you provided on 19 April and the oral evidence that you'll provide today?

A. Yes.

Q. I mentioned earlier the Scottish Healthcare Workers' Coalition and you refer to that organisation at paragraph 5 and they are a core participant with us.

But we need, I think, a little bit of background in terms of who you are and that is detailed at paragraph 6 of the witness statement. Paragraph 6 indicates that you qualified as a nurse in 2011 in England and then moved back up to Scotland. Can you tell us about the roles that you've had in the NHS in Scotland?

A. I have worked in theatres as a scrub practitioner and also as a recovery practitioner. I did that until the end of 2015. Then between the beginning of 2016 and the end of —— beginning of 2019, I worked as a manager within the hospital sterilisation and decontamination unit for NHS Lothian. I was just an assistant manager within the quality area. And from January 2019 until last year, August last year when I retired, I was an audit and surveillance nurse within the wider infection prevention and control team for NHS Lothian.

Q. What's an audit and surveillance nurse, please?

A. We gather data based around various particulars, mainly infection recording, so things like E coli, MRSA, staph aureus, which obviously is MRSA. My particular role was gathering data on colorectal procedures within NHS Lothian and certain other specialties which have to be reported into the national surgical surveillance websites, which basically exist to —— it's about quality improvement and monitoring rates of infection in the

course of surgery.

Q. Did you carry out that function across the whole of NHS Lothian or in a particular hospital?

A. I worked at the Western General because that's where colorectal procedures are carried out. If I was covering, for example, hip procedures or —— hip procedures or Caesarean sections then —— for example, if a friend —— one of my colleagues was on holiday, then I would —— usually, if I couldn't do it remotely, I would have to go over to the Royal Infirmary. But mainly I was focused on colorectal, which meant I was based at the Western General.

Q. How many other people were in the team who were carrying out that kind of infection surveillance?

A. I believe the surveillance team, most of the time, had about seven individuals. There was —— that was for the most of the time that I was doing that. At one point there were two healthcare assistants, which dropped to one, and he was also based at the Western. There were three surveillance nurses and we were all gathering data on different kinds of procedures and then also helping out with things like E coli and MRSA. Two I think at one point were based at the Royal Infirmary but, after the pandemic started, because of where they lived, one was moved to St John's, so then there were —— we were

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

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

A. Yes.

Q. Is that simplified?

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

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

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

A. Yes.

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

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

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

Q. Hairy wood's the best.

And what about your drug regime?

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

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

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

A. That's correct.

Q. Okay.

A. I think that doesn't -- that may not include my inhalers. I'm on --

Q. No, you listed the inhalers separately.

A. Great.

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

A. Just two.

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

A. No.

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

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

Q. Yes.

A. -- or the --

Q. Yes, the hospital safety huddle.

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

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

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

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

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

declared and I believe I was infected around that time because the point I would arrive to start work was when everybody would be gathering, so there would be a lot of people waiting to use the elevators to go up to the top floor in my building and they were coming from all over site. So by that point I think we were red zone COVID patients, amber suspected COVID and green for non-COVID patients, as far as everyone knew.

So I think that we know that asymptomatic transmission was happening at that point, so I believe that there was the potential that, while people were talking with their colleagues from across the site, we were all in a relatively -- even with some degree of social distancing, we were in fairly close proximity to each other. So it's certainly, I think, a potential place where I could have been infected.

Q. Okay. I'm going to jump quite far forward in your statement but I'll come back to where we are at the moment. But if at this point I can jump forward to paragraph 71, and you talk there about one day being stopped in the colorectal wards. Tell me about that incident.

A. I was -- I'd come on to the ward, I was gathering data about some of my cases and I was stopped by one of the nurses, and I think they were a specialist nurse who had

been deployed to the ward but they also did work in that particular specialty. She started this conversation about throwing out the plates and cutlery of a patient in a side room and, normally, if a patient is in a side room within a hospital, because they are so few and far between, they are either (a) very immunosuppressed so they have to be barrier- -- they don't like the term "barrier-nursed", but for our purposes we'll have to use it because I can't remember what else to call it at the moment -- or they have an infection which may be, for example, resistant to antibiotics, such as vancomycin-resistant enterococcus or MRSA. You don't want other patients obviously to catch that, so they would put those patients in side rooms.

And it was just the most bizarre thing anyone had ever asked me, and I said to them, "Look, I'm not an infection prevention and control nurse. I'll need to get them to speak to you if you've got concerns about this particular patient", because they obviously weren't going to go into detail because it was not one of my patients. I said, "But I'm fairly certain ..." -- because it had been circulated, you know, that detergents at that point had been shown to kill -- well, certainly COVID. I said, "They do wash plates and cutlery at very high temperatures and detergent is also

very good at killing off bacteria".

Q. How long did this interaction take?

A. She kept me -- it was a good five to ten minutes. I think about ten minutes or so that she was keeping me there, talking about this, and I kept saying, "I will need to get someone else from the team to speak to you. I am not an infection prevention and control nurse". And eventually she seemed happy with that.

At this point we were working in -- this was the green zone, so at that point there was no universal masking and you would not have worn -- normally you would not have worn any kind of a mask on those wards anyway, but at that point nobody was wearing them in the designated green zones.

Q. Now, I'm going to go to another -- it's not a single incident but it appears to me to possibly relate to contracting COVID, and that's at paragraph 20 of your witness statement. You talk there about the mechanism by which you would travel to the Western Infirmary [sic].

A. Yeah.

Q. The circumstances in which you were travelling on that occasion are not relevant to the questions I'm asking just now. I'm just asking about how you got from home to the hospital.

A. Whenever I could afford to, I would use a taxi, but I could not afford taxis to and from work every day, even with the offer for NHS staff, which was I think £10 a ride. That would have come out at £400 a month. I could not afford -- I could not afford that. So, because I have a hip injury from a cycling accident some years ago, I can't cycle and I cannot walk four miles there and four miles back. I mean, I would walk as far as I could, but I was having to use public transport because I was told I had to physically attend work.

Q. And what was the advice at that time regarding NHS workers using public transport?

A. I seem to recall -- and I am fairly sure that it came out in one of the -- I either heard it on the news or it came out in one of the bulletins we got by email -- that Scottish Government advice was that we should not use public transport if we could avoid it. But I don't drive and I could not cycle that kind of a distance. I had no other option.

Q. Did you -- I think latterly you got some support in accessing taxis. Can you tell us about that?

A. When I -- I had a long period off work because of long COVID between the end of August 2020 and the beginning of February 2021 and I applied for an access to work travel grant, which was granted, and that paid

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

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

A. Yes.

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

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

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

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

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

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

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

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

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

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

Q. In a bay?

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

Q. In the same ward?

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

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

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

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

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

moved everybody back to that ward after that because they'd discovered some kind of ventilation problem within the ward that they had to fix. But I remember feeling —— I mean, the whole time, you know, all of this was going on, we felt like COVID had been getting closer and closer and closer over the preceding months, and I walked back to the office very shocked and I know it doesn't —— you know, it looks like I spoke to my manager first and then I spoke to a senior IPCN because I didn't mention it to my manager, but the thing that struck me was nobody in that ward asked me who I was. I mean, I said, "Oh, I'm here to collect data", but nobody took my details. I think I probably was just, "Oh, Lord", and I didn't say, "I was in there yesterday", you know, because I —— well, I'm autistic. You know, it's like a rabbit trapped in headlights. Looking back on it I should have said, "I was in there yesterday. Do you want my details?", but I just reacted to the situation.

The senior nurse I spoke to —— and I said, "Look, I was in there yesterday. This is what's happened. Do you know about it?", and she said "Yeah". I said, "I was in there yesterday". She goes, "Oh, don't worry about it, don't worry about it". And when I then spoke to my line manager, you know, the cases were winding down because they had at that point cancelled elective

surgery, and I think it was a couple of days later that the national surveillance programmes for surgical site infection were stopped because of the pandemic, so ——

Q. Okay.

A. Yeah.

Q. At paragraph 18 you describe the beginning of your symptoms.

A. Yeah.

Q. It started with a severe headache. You called work. What were you told when you called work?

A. The first things they asked me was, did I have a temperature, was I coughing, had I lost my sense of smell or taste, and at that immediate moment I hadn't. It was recorded as a migraine, I believe, but it was really bad. You know, I've had migraines, but this was really, really bad. And I also recall feeling like I'd been hit by a truck, you know.

Q. Now, you were taking —— in response to the pain that you were in, you were taking particular drugs. I think you were taking co—codamol; is that correct?

A. Yes, co—codamol obviously has paracetamol in it and paracetamol is well known to reduce temperatures. It's the drug that's used to reduce temperatures if you've got a fever. So if I —— she said, "Take your temperature", and I took it, and although it was high

for me, it was —— you know, because I usually run quite low —— and I thought "Oh, 37.9, that's way higher than my normal", but you had to hit 38.5 degrees for it to be considered a fever. And they said, "Well, maybe don't take your co—codamol in case it's masking a temperature. I'm on call this weekend, if your temperature is up tomorrow or you've got any other symptoms, give me a call and we'll see about getting you tested".

The next morning, I woke up and I felt even worse because my temperature was I think 38.7 and I went, "Oh, this really isn't good". And I obviously did as I was told and called the on—call number —— it was the same person —— and I said, "38.7". She said, "I'll call occu health and see if we can get you a test".

Q. And then what happened about you being tested?

A. I got called fairly quickly. In fact I had two phone calls —— I think two people must have just like seen it and called —— and they said, "Right, we can organise a test for you. You have to get to the Western General to be tested". And I said, "That's —— I can't do that". At that point —— I think the quarantine laws were in place by that point. If you had suspected COVID, you had to isolate for I think ten to 14 days —— I can't remember which —— at the start —— you know, at the beginning of April. I said, "I don't

have —— I don't drive, I don't live with anybody. I'm pretty sure we're not allowed to take taxis".

And later on —— I mean it was literally a matter of weeks —— the trust did come to a deal with a preferred taxi operator that staff that could not drive would be taken to and from their homes by taxi and I believe it was paid for by the trust, but at that point that was not in place.

And she then says to me, "Can you walk here?", and I said, "Well, one, I feel really, really unwell and I live four miles away. There's no way that I can do that", and I said, "I'm pretty sure that's probably illegal". So as a result I was not tested and ——

Q. And at paragraph 22 you talk about other symptoms.

A. Yeah.

Q. Sweating through your sheets and then smell and taste had gone.

A. Yeah. I was actually on the phone to my manager and I was —— because as part of sickness absence procedures, you know, you would call in and say how you were doing, and at that point they had said, "Well, we can't get you tested but, because you've got one of the clinical signs, you have to isolate until your temperature's gone and/or ten to 14 days have passed". And it was ten days for NHS staff at that point. And I was really confused

because one of the things that I love more than anything else in the world is smelling my coffee in the morning and I was like, "I can't", and she was talking about someone that she knew who had lost their sense of smell and mine hadn't completely gone but I went -- I remember saying to her, "I can't smell my coffee", and that's when I realised that, you know, I had the second sign. You know, there's --

Q. Has smell and taste returned?

A. Mostly yes, but some things, like even myself, smell very different. Things like blueberries smell flowery and I don't like that. I smell onions all the time.

Q. I'm going to move on in relation to that initial symptomology. I'll ask you more about your COVID infection later, but you also say something about infection prevention and control, starting at paragraph 26. Can I take you on to paragraph 28, where you talk about mask fitting --

A. Yeah.

Q. -- and problems related to that. Tell me about that.

A. I was -- that was the year I had my shoulder injury and I could -- it was a shoulder and a hip injury from a bike so I was still going to work but I was not -- I was on light duties, and with all the reporting coming out of Africa, people had started to get quite concerned

that, especially after [redacted], the Scottish nurse who had Ebola -- they started to become quite concerned that there was a potential for the trust to maybe see a case, and they actually were asking people -- you know, it's like, "Are all your staff fit-mask tested?". It was in certain departments that could be likely potentially to see an Ebola patient. And they realised that pretty much everybody in the theatre department, some 200 or so members of staff, I believe -- and it must have been the same in other departments, possibly not A&E because I think they're usually quite up on keeping up to date with that because they are, you know, the first point of contact -- and there was a concern when they realised that basically a lot of people had never been tested and the people that had had ancient FFP3 masks in their lockers had not been tested since I think swine flu some six years prior to that.

Q. Okay.

A. So it became a bit of a rush job. I was given training in how to test the fit for these masks and we had just a few different types of mask that procurement had. So I basically tested just about every member of staff in my theatre department, not the whole of Lothian, just my theatre department --

Q. And that's to check that the masks were fitting --

A. Yes, yes, it's --

Q. -- and identify which particular mask which individual staff should be using?

A. Yes, exactly, or if they cannot use them -- because some people find it very claustrophobic or they find the testing process to be claustrophobic --

Q. But that was because, in the vast majority of cases, I would have thought, people didn't need masks but then suddenly there was a need for masks and there was a gap that required filled; is that a fair summary of your evidence?

A. It is. It is a fair summary. But at that point, in theatres -- for example, sometimes you have to operate on people who have got active TB, in which case, depending on where that TB is, you would need staff to be wearing FFP3 masks. So there was a need for certain specialties and --

Q. So within some specialist roles, some people had mask fittings but the vast majority of staff hadn't before the pandemic hit?

A. I would agree that that is correct. But what struck me was that there were a lot of anaesthetists -- and they're the ones who would be doing intubation, which was definitely classed as an AGP -- who had not been fit-mask-tested or had not had that done in quite

a period of time. So it had the potential to be a problem. And when you contrast that with Canada where -- certainly in British Columbia, in 2012 you could not get a job if you did not have a fit mask certificate saying which kind of a mask you needed -- you contrast that with the UK, and I can only imagine that, if you replicate that across the rest of the trusts, the situation I was involved in, the scale of the lack of people with testing -- and people have come out and said since then, "No, we weren't tested until right up until the pandemic and then there wasn't stock".

Some people were never tested and others have not been tested since then, and I think the recommendation is at least every three years you should have a check or if your mask becomes -- is no longer available -- that did happen during the pandemic -- or you have a substantial change like weight gain or weight loss or surgery, for example, on your jaw, you would need to be retested. And some of the things that I've heard from other people are that it's not happening.

Q. At paragraph 31 you talk about your previous -- the demand, if I can put it that way, for your previous job reducing at the time that elective surgery was basically ending because of the pandemic. What was your fear at

that time?
A. I noticed that the elective procedures were being cancelled so I had a lot less work to do, and at the time there had —— what was coming out from the huddles and also from staff newsletters and emails was that those nurses who are working in office—based roles, like I was, needed to go on education courses to be —— you know, basically back up the skill base they'd learned back in when training or whatever for deployment to the front line, where it became necessary.
My thought was, "I've never worked in a ward since I was a student". I was —— I knew I was asthmatic. I was absolutely panicked and I also knew that the most likely place I would be sent would be back to a recovery role because that had been my most recent clinical role. And a lot of recovery staff were —— as people saw in newspapers, including a lot of anaesthetic staff in theatres, many of whom I knew very well —— were looking —— they were working in additional ICU beds and caring for those patients.
I did talk to the education team, you know, when I was —— about booking the courses, and they said, "Hold off just now", and I discussed with them, "I've got asthma, I'm autistic, I have chronic pain syndrome". They were saying "Hold off". But I had that worry with

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

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

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

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

You've got asthma", you know, I felt —— especially working with the infection prevention and control team, who were incredibly busy and under a lot of pressure from all sides, I did not feel empowered to say, "Can we have a conversation?", even when I knew that —— you know, members of the surveillance team, they were being told to in one case shield or work from home —— I did not feel empowered to speak up when they said, "We need you to come in and work in the office".

But that day I came back, the previous day, you know, I felt —— I'd always pushed myself, I'd always gone in when I didn't feel well. My rule of thumb has been, "Get out of bed, you can go to work". And I've always pushed myself hard because, with underlying conditions, before COVID my attendance ——
Q. How long were you back at work? Sorry. How long were you back at work?
A. I was —— one day. I was having breathing difficulties at that point. I would not have been able to do this. My —— I'm told that —— my boss came up to me and said, "Are you okay" —— I could not, within like about 10/15 seconds I was gasping for breath when trying to talk to people. She tried —— she said, "Look, I think we need to take you downstairs to be assessed". Downstairs was the medical admissions unit, which was

the red receiving area, which is where the COVID patients were going. And I was like, "I do not want to go in there", and I was also, "Well, if I go there and they keep me in, what do I do? I have nothing with me". I just —— but I pushed myself through that day and then I woke up the next day and I had to call back in, per reporting procedures.

I called my GP because I knew there was something wrong and the receptionists didn't —— they said —— just from hearing me on the phone said, "You should hang up and call 999", and I said, "No, I want to talk to the GP first". I didn't want to —— I thought, if I went into hospital, I wouldn't come out.
Q. Did you speak to the GP?
A. Yeah, they wouldn't let me hang up. They kept me on the line and I knew that was unusual, and he tried to talk me into going in to be assessed and I said, "But I don't know how I'm going to get there and I don't know how I'm going to get home". He said "Cass, have you got a pulse oximeter?", and I said, "I'm a nurse". You know, you can take us out of a hospital but most of us have got the kit at home. And I did. I had a peak flow, I have a BP cuff, I had the whole nine yards. I mean, I don't have home oxygen and a defibrillator, but I'm pretty well kitted out.

And I took it and I was talking to him and my sats were 84%, and he said, "Cass, you have to go in", and I said, "I don't. What would be the point? I don't think they'll keep me in". If they do, I was worried about —— we were in lockdown. Nobody could come into my home. I had two cats at the time. But I said, "I have noticed if I don't talk my sats are about 93/94%, if I breathe deeply", and I think he knew that I was not going to —— I was going to refuse to go in.

And he said, "Right, well, here's the deal. You have to monitor yourself at least four times a day and, if it gets any worse, you have to call, you have to call 999 and go into hospital". He said, "I'm really worried about you". He said, "I'm going to give you a stronger inhaler". My neighbour actually went and picked that up for me. I texted her and said, "Could you get it?", and she was locked down so she went and got it and posted it through my door.

But what I didn't tell my GP was that I had to lie on my stomach and I —— the reason I was —— what's called "proning" —— and the reason I was doing that was because I'd seen they were doing that with COVID patients in ICU to help them breathe and it was the only way I could breathe.

At night I was waking up gasping for breath. That

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Yeah.

Q. Tell me about that return to work.

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

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

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

A. Yeah.

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

A. Yeah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

evidence together and, as my rep said —— she said, "There's no rush to this. You know, we can ..." —— but, you know, then we decided in June that that was the time to explain. I had ——

Q. To explain to whom?

A. To explain to line management that we wanted to go down that road because, once you indicate you want to go down that road, that starts triggering the process to the stage 3 hearing, which decides the outcome of your employment. I knew at that point my revalidation with the NM ——

Q. Sorry, you've frozen. (Pause)

A. Hello.

Q. I can hear you now but ——

A. Right, sorry, have I frozen?

Q. The screen is still frozen.

A. Yeah. I —— so there's a whole —— I was getting my medical evidence sorted out, I had this assessment and we told my —— we had a meeting, HR were present because it was —— at that point it was stage 2 of attendance procedures, and we said, "I've seen occupational —— I've seen an independent occupational health professional and they think I should retire and I think that's what I want to do". And that then starts the process, which means they have to send you to the trust occupational

health ——

Q. We don't need to know the detail of the process.

A. Okay, but yeah.

Q. I think I said earlier that ultimately it was agreed between yourself and the health board that you would medically retire.

A. Yeah.

Q. Is that correct?

A. Well, they terminated my contract on medical grounds. The decision about whether I would be awarded ill health retirement obviously comes from the Scottish Public Pensions Agency. But my contract —— I'd come to the end of the road and I knew that.

Q. Did you get the pension?

A. I did. I was actually awarded tier 2.

Q. And is tier 2 higher than tier 1?

A. Yes. Tier 1, there's a —— although you may not ——

Q. I don't need to —— honestly ——

A. Tier 2 is you will never work again —— they don't think you will ever work again.

Q. And that results in you receiving a higher level of pension; is that correct?

A. Yeah, that's correct.

Q. And that's what happened with you?

A. Yeah.

Q. You've said earlier how supportive the RCN were of you over the years. Were they also supportive of you in medical retirement and getting tier 2 payments?

A. I would say "Yes". My rep was phenomenal, very, very experienced. I initially wasn't too sure about her, but she's someone I would now call a friend. She helped me complete my forms, explained bits and pieces, if I didn't have information, where to go, because I cannot fill out forms without help. So that was why they got me the form early, so that, as soon as my contract was terminated, my employers could complete their sections of the form so that it could be sent off fairly promptly. And they were ——

Q. Was the transition from being a paid member of staff to being someone who had retired on medical grounds —— was that transition financially for you relatively straightforward?

A. I —— yeah, I suppose so, yes. But the whole of that year I was just in a bit of —— a terrible emotional and —— a bit of an emotional state, to be honest, because I'd done —— I'd gone through benefit calculators with RCN welfare and other individuals who provide advice and I didn't know when —— I knew that I was at least entitled to my annual leave as well as I qualified for 12 weeks —— you know, you have a notice period and

it's 12 weeks and I got full pay for 12 weeks.

So I just —— you know, when my pension came through and they said I'd been awarded tier 2, I was so relieved because at that point, when my contract was terminated, I was —— I didn't think —— I thought that would be the last Christmas I would see in my flat and then I was going to be homeless because I only qualified at that point for standard rate living for PIP —— I was transfer —— well, it was ADP by that point —— and the employment and support allowance, but I didn't qualify for any other benefits at that point.

Q. In addition to your tier 2 pension, I also understand that you receive some benefits.

A. Yes.

Q. And you describe in the witness statement the difficulties that you perceive in making claims for benefits, and I'm looking in particular at paragraph 141.

A. Yeah, got it.

Q. And you explain there, at the end of 141, the particular difficulties because of the financial flux you were in causing significant stress; is that correct?

A. I felt like I was on a time pressure to get forms completed. And for me it was housing; it was I think at that point the WCA 50 for ESA I'd had to complete; I was

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

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

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

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

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

Q. So you're part of a group?

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

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

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

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

A. Yes.

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

A. Yeah.

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

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

A. Yes.

Q. That's your view?

A. It is.

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

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

those of black and minority ethnic backgrounds, they have to deal with that level of discrimination and now disability discrimination as well. I know this because I'm told the stories and I'm saying to people, "They can't do that, that's illegal", but -- and obviously, with health and safety, where are the RIDDOR reports? There were four for COVID in 2020. Four. And it's the same with DATIXes. I honestly think that that lack of reporting is part of the reason why COVID and long COVID are not declared industrial diseases in the UK yet, because --

Q. At paragraph -- sorry. At paragraph 163, you say something that I certainly haven't seen from anyone else, and that is that you would like the time limits for Equality Act breaches altered. Why?

A. Currently it's three months less one day. My experience of trying to live with discrimination is that it's often -- I mean, obviously it's from the point that it happens -- but my experience was that I was extremely unwell and there was no way that I could raise that. And in fact I did raise an incident of discrimination because I do understand that there is kind of like a bit of leeway if you've got a good enough reason, and I was within that time limit. And I spoke to lawyers and I explained, you know, "It is within the last year that

this has happened", and they said, "Well, we'll see what we can do", and they came back and said, "That's not -- your being unwell is not a good enough reason for not raising this".

People may not be very well at all, you know, psychologically because the stress and the psychological harm that -- at one point in my career, I experienced such severe bullying it ended my theatre career. Psychologically I could not set foot back in the department to do the job I loved. I was barely functioning during that period because of the -- I was like a ghost, I was like a zombie. I couldn't raise a claim then.

And if you think about it, personal injury, if you have a personal injury at work, you've got three years to claim. You know, if you break or if you lose a leg or something because your workplace has done something incorrectly, you've got three years to make a claim. We've been disabled by COVID and we don't. But at the same time if you experience discrimination from, say, that loss of leg, you've got three months to make a discrimination claim. It doesn't seem equitable in the slightest. And --

Q. That's precisely the word I was thinking of.

Cass, those are all the questions I have for you.

This is your second opportunity to address the Inquiry. I think you have, hopefully, had the opportunity to say everything you want to say that's important.

A. I've got a paragraph that I wanted to read out but I also wanted to share something very personal with the Inquiry, which I'll -- if you'll allow me.

It feels like the long COVID community is being erased from the narrative. I'm thankful that we're doing this now but I do feel there's been very little discussion about us at the UK inquiries. It seems strange because we're the ongoing victims of the pandemic. There's also a change to much that appears in the media, minimising the impact of this disease on health, careers, lives and the economy.

I've been active in Long Covid Advocacy since 2020 with Long Covid Scotland, Long Covid Nurses & Midwives UK, Key Worker Petition campaign and now Scottish Healthcare Workers' Coalition. I feel it's important for the Inquiry to know that preparing for this has actually taken a lot out of us. It's made me unwell at times. I've had to plan and pace to be able to do this today and it's still going to have an impact on me. Our members all have long COVID and this does impact on the wider health and social care employment sector and many of these people are too unwell to take part in the

Inquiry. So I'm aware I'm speaking not just for me but for other people.

Last year was, in all honesty, the worst year of my life because I started the year knowing I was going to lose my career, my existence as a nurse, lose my job, I'd already lost my health, I couldn't walk anymore, and I was facing financial destitution, I was in a debt management plan, and I believed I was going to lose my home and I would have to rehome my cats. I was going to lose everything, I felt like a total failure and Advocacy was the only thing that kept me going.

And I remember having a discussion with my GP right before she left to take up a different post --

Q. You said you had a paragraph for us.

A. Yeah, that was it. This is kind of me personally.

Q. That's fine.

A. My GP was aware that I was suicidal and Advocacy was the only thing keeping me going because I had lost or I was about to lose everything. She said, "I want you to promise me something". She said, "I want you to live". And I looked her in the eye and I said, "What's the point?". I don't mind being disabled. I've always been disabled. I mind how I got here and I want to know why and I want the governments in the UK to wake up to their responsibility to us. You know, we shouldn't be in that

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

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