OPUS2

Scottish Covid-19 Inquiry

Day 61

November 14, 2024

1   Thursday, 14 November 2024

2   MS VAN DER WESTHUIZEN: Good morning, my Lord.

3   THE CHAIR: Good morning, Ms van der Westhuizen. Now, we

4   have three witness this morning I see.

5   MS VAN DER WESTHUIZEN: We do, my Lord. We have a panel of

6   representatives of three Scottish universities. We have

7   Dr David Duncan, who's the Deputy Vice—chancellor and

8   Chief Operating Officer and University Secretary of the

9   University of Glasgow. We have Professor Penny Macbeth,

10   who's Director and Chief Operating Officer of the

11   Glasgow School of Art and then we have Professor

12   Leydecker, who's Senior Vice—principal of the University

13   of Aberdeen.

14   THE CHAIR: Ms van der Westhuizen has some questions for you

15   so I'll ask her to fire ahead.

16   DR DAVID DUNCAN (called)

17   PROFESSOR PENNY MACBETH (called)

18   PROFESSOR KARL LEYDECKER (called)

19   Questions by Ms Van der Westhuizen

20   MS VAN DER WESTHUIZEN: I think before we kick off with the

21   panel session, I have introduced you, but if you could

22   please give your full name and your role now and during

23   the pandemic, please, and if we could start perhaps with

24   Dr Duncan and work our way down.

25   DR DAVID DUNCAN: I am David Duncan, I am Chief Operating

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1   Officer and University Secretary at the University of

2   Glasgow and that was the position I held during through

3   the pandemic.

4   PROFESSOR PENNY MACBETH: I'm Professor Penny Macbeth and

5   I'm director and Chief Executive Officer of Glasgow

6   School Of Art.

7   THE CHAIR: Thank you. Professor Macbeth, when did you take

8   up that role?

9   PROFESSOR PENNY MACBETH: Sorry. I joined Glasgow School of

10   Art in May 2020.

11   PROFESSOR KARL LEYDECKER: I'm Karl Leydecker. I'm Senior

12   Vice—principal at the University of Aberdeen and I was

13   in that role throughout the pandemic, joining in

14   March 2019.

15   Q. Thank you. Then each of your universities have provided

16   a response to a Rule 8 request. My Lord, I'll just read

17   out the numbers so you have those. For the University

18   of Glasgow the reference number is SCI UGLXXX0000001.

19   The reference for the response from the Glasgow

20   School Of Art is SCI GSAXXX000125 and then the response

21   from the University of Aberdeen is in nine parts or

22   certainly the parts that we've lodged for the purposes

23   of this hearings are nine parts and they all start with

24   SCI UABXXX and then the first one ends in 02, the second

25   one in 03, the third one in 04, the fourth one in 10,

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1   fifth one in 11, sixth one in 19, seventh one in 20, the

2   eighth one in 40 and the ninth one in 41. So it's one

3   response, but it's broken up.

4   If I could ask you now each in turn, please, just to

5   give an overview of your university in terms of size and

6   number and location of campuses, a broad indication of

7   the demographics of your student populations and just a

8   broad outline of the types of courses you offer and,

9   again, perhaps we can start with Dr Duncan and work our

10   way down the line thank you.

11   DR DAVID DUNCAN: Thank you very much. University of

12   Glasgow has been there since 1451. It has a turnover of

13   nearly £1 billion a year. We have just over 40,000

14   students, with a balance of undergraduates and

15   postgraduates, just slightly more undergraduates than

16   postgraduates. Most of the students, maybe ninety per

17   cent of them, are at the Gilmorehill Campus, the West

18   End of Glasgow, and the vet school and some research

19   activities are out at Garscube which is about three

20   miles west of Gilmorehill and then we have a small

21   campus with about 1 per cent of our students in Dumfries

22   and then a number of students being taught

23   collaboratively with other institutions in Singapore and

24   on three campuses in the People's Republic of China, but

25   the vast majority of activity is as Gilmorehill.

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1   Q. Thank you. Professor Macbeth.

2   PROFESSOR PENNY MACBETH: The Glasgow School Of Art was

3   founded in 1945. It's a small specialist institution

4   with world—class status and, at the time of the

5   pandemic, it had 2,365 students, it's now risen to about

6   2,765. We have around 35 per cent international

7   students and the rest are 20 per cent rest of UK and the

8   rest are Scottish—domiciled students.

9   We have subjects that range from fine art practice

10   through to digital innovation and design and

11   architecture, so a really broad range of suites. We're

12   intensive and are very workshop and studio intensive.

13   We are situated in two campuses, one in Glasgow, and

14   then a tiny campus in the Highlands of Scotland in

15   Forres, which is a really very small percentage of our

16   students. That's us.

17   Q. Thank you very much. Did you give an indication of what

18   percentage are foreign students at Glasgow?

19   DR DAVID DUNCAN: I didn't. I think it's probably around

20   about 30 per cent currently and I should have said, of

21   course, we teach pretty much the broad range of

22   disciplines across the academic endeavour.

23   Q. Thank you and you specifically mentioned veterinary

24   medicine as well.

25   Professor Leydecker.

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1 PROFESSOR KARL LEYDECKER: So the University of Aberdeen
2 founded in 1495, a little bit later. We have about just
3 over 20,000 students, about 15,000 of those are in
4 Aberdeen. We have a very large number online, one of
5 the larger online providers in Scotland, we have about
6 5,000 students online, and about one thousand students
7 overseas, either in Qatar or in China in partnership
8 with other universities.
9   About a quarter or more than a quarter of our
10 students are from overseas. I would say around 70 per
11 cent are undergraduate, the rest are taught
12 postgraduates, that's one—year masters programmes, but
13 we also have a significant cohort of PhD students so
14 research masters —— research students.
15   In terms of subject mix, we have —— in terms of
16 campuses, we have two main teaching campuses. We have
17 the old Aberdeen campus and then we have the
18 Foresterhill campus, which is joint with NHS Grampian,
19 where we have our medicine, dentistry, health sciences
20 nutrition, bio—medical sciences. We also have a student
21 residence, which is separate from the two campuses, at
22 Hillhead and I think that ——
23   In terms of subject mix, we would have the broad mix
24 of degrees that you might expect from the health
25 sciences, medicine, through natural sciences and

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1 computing sciences, through then social sciences,
2 business and humanities as well, but we don't have an
3 art school, so fewer of those kinds of creative
4 subjects.
5 Q. Thank you very much.
6   The intention today is really to hear about some of
7 the key issues and impacts that were experienced by your
8 students, staff and the universities themselves under a
9 number of broad themes. So time permitting, I propose
10 that we discuss issues and impacts relating to, firstly,
11 initial closure of universities; secondly, remote and
12 online learning and the issues related to the move to
13 that and the delivery of that; thirdly, subject—specific
14 impacts; fourthly, specifically impacts on research and
15 elaborate—based work; fifthly, assessments, attainments
16 and classifications and new admissions and issues in
17 relation to that.
18   Next, mental health wellbeing and social impacts,
19 then issues specifically around the reopening of
20 university campuses and return to face—to—face learning
21 and then the repeated opening and closures and issues
22 particularly in relation to guidance as well, if there
23 were any particular issues you experienced with that and
24 then impacts on universities and staff.
25   And then also I would like to give you the

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1 opportunity to make suggestions for what the
2 Scottish Government —— in relation to the potential
3 lessons learned what the Scottish Government could
4 reasonably do to mitigate ongoing impacts of the
5 strategic response or could do differently to improve
6 matters in the future in the event of another pandemic.
7   The Inquiry is also particularly interested in
8 disproportionate impacts on particular cohorts of
9 students. We have obviously mentioned international
10 students specifically, but obviously there may be other
11 cohorts of students that were particularly impacted at
12 your institutions. I haven't included a stand—alone
13 theme for that, but that is something that is relevant
14 to a number of themes that we'll be discussing. So if
15 you're able to just remember if you do have any
16 particular concerns or particular cohorts of students to
17 raise that under the relevant subject, but if there is
18 time and, if necessary, we can always have a discussion
19 of that at the end as well.
20   So if we could perhaps turn first to issues in
21 relation to the closure of universities, including, for
22 example, the decisions to close and obviously university
23 campuses couldn't close completely so I say "close" in
24 inverted commas, any prior consultations with and/or
25 relevant guidance received from the Scottish Government

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1 and any issues with that, immediate practical challenges
2 that were faced by universities and university heads,
3 immediate impacts on students —— we'll obviously go on
4 to discuss specific impacts in relation to subjects and
5 mental health etc, but any immediate impacts that were
6 experienced by students —— any disproportionate impacts
7 on particular cohorts of students and any other relevant
8 key issues.
9   So perhaps, again, if we could start with Dr Duncan
10 followed by Professor Leydecker and then because
11 Professor Macbeth you obviously started a little bit
12 later into the process, pick up with you at the end just
13 what you know about having had discussions with your
14 colleagues.
15   So Dr Duncan, kick off with you.
16 DR DAVID DUNCAN: Okay, well thank you.
17   It's fair to say it was a bit of a shock really when
18 we realised we were going to have to severely curtail
19 activities on the campuses. But as you rightly point
20 out, you can't close a big university. There are too
21 many activities going on, particularly we had 3,500
22 students living in residences. They couldn't be sent
23 home after the onset of the pandemic. There were quite
24 a lot —— a few research activities' bits of equipment,
25 including animal research, that had to be looked after

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1 and continued. Quite early on I think from government
2 there was a commitment to continue COVID—related
3 research so we had to facilitate that, particularly
4 through our centre for viral research, for example. And
5 then just maintenance of equipment and buildings. So we
6 still had quite a lot people coming in to campus from
7 very early on.
8   The first challenge was really to —— was a
9 communications challenge, was to give advice to staff
10 and students about how things would operate and what
11 people should do. And it's probably fair to say there
12 wasn't —— in the early days there wasn't a lot of
13 information coming out of government or from public
14 health authorities, either at the UK level or in
15 Scotland, to tell us what to do. We were keeping in
16 very close contact with other higher education
17 institutions, making sure that our communications were
18 consonant with theirs, and trying to give clear advice
19 to staff and students about what to do.
20   A lot of people were very worried, as you can
21 probably remember, at the time about health issues.
22 People were worried they were going to catch COVID and
23 die. So that first care was to do with people's health
24 and advising them on how best to look after it.
25   And I think —— in retrospect, I think the transition

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1 from full—on activities on campuses to something much
2 more curtailed was done remarkably quickly and with
3 little fuss. People followed the rules, the obeyed the
4 rules, they had a thirst for information and
5 communications, which we probably didn't satisfy totally
6 adequately in the early days, but people were very
7 receptive to the advice they were given and responsive.
8   And then I guess we'll come on to talk about the
9 educational aspects of that in a minute, but ——
10 Q. Absolutely. And just you said people were very
11   responsive, are you referring to students, staff or
12   both?
13 DR DAVID DUNCAN: Both I would say, yes.
14 Q. Okay, Professor Leydecker.
15 PROFESSOR KARL LEYDECKER: So we suspended on face—to—face
16   teaching on Friday, 13 March 2020, and we accelerated
17   our plans for all staff or for homeworking for those
18   staff able to work from home on Monday, 16 March. We
19   were definitely taking our own decisions at that point
20   and we were fortunate. Because we were able to draw on
21   the expertise in our medical school in public health, we
22   were able to see some of the data that was emerging
23   internationally about where infection rates were across
24   the world and we could see, you know, Italy minus ten
25   days and we could then see what was likely to happen and

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1 it was very clear to us very early on what was going on
2 to happen.
3   So I think we reacted very early and moved very
4 quickly. That allowed us to adapt quickly, but we had
5 to make some really quite bold decisions. So we simply
6 said to staff take everything you need. You can take
7 desks, you can take computers and so on, but we had ——
8 So we moved very quickly. It was fair to say that our
9 digital infrastructure was not in the shape we were
10 thinking. I remember we decided to turn on Teams on
11 that weekend. So we didn't even have things we now
12 expect. It's worth remembering that. So we moved very
13 quickly to put things in place. We had a very, very
14 good group that coordinated throughout the pandemic and
15 brought everybody into the tent that allowed us to
16 mobilise people very, very quickly and I think that that
17 stood us in good stead in terms of that rapid response.
18   But as my colleague has said, we were unable to
19 close and we had to develop all kinds of guidance around
20 who could come on to campus, under what circumstances
21 and so forth and that worked very effectively.
22 Q. And you say you had to develop guidance, what sort of
23   guidance were you receiving from the Scottish Government
24   at that stage?
25 PROFESSOR KARL LEYDECKER: I think that came about a week to

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1 ten days later when we started to get —— guidance
2 developed more and more over the period so we started to
3 get full written guidance published on the
4 Scottish Government website that would set out how we
5 should operate in what circumstances. But very early on
6 we were —— obviously, the universities were talking to
7 each other as well, but we were having to make quite
8 bold decisions at pace to the best of our abilities
9 really.
10 Q. And just to what extent, because you obviously
11   mentioned —— Dr Duncan mentioned that you can't close
12   because you have laboratories, you have students on
13   campus, et cetera. To what extent was that understood
14   by the Scottish Government at the time in the initial
15   stages?
16 PROFESSOR KARL LEYDECKER: I don't think it was. I think
17   there was mention of we close the universities and
18   I think the sector had to indicate that that was simply
19   not a realistic understanding of what universities
20   comprise of in relation to, for example, we were
21   supporting the health response for example from our ——
22   both our staff and some of our students who were
23   studying in the medical areas. We obviously had the
24   residences we couldn't close, as has already been
25   mentioned.

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1   Getting the IT facilities in place was very
2 important in order to address the digital support, first
3 of all, for your staff, but also the digital poverty of
4 students. We had to have people on campus to keep the
5 servers going, to package up the boxes and email and
6 send out the packages of IT equipment. You know, we had
7 to look after the wellbeing of students in residences.
8   There were multiple research projects that you
9 simply cannot abandon in the middle or you will lose
10 very considerable amounts of work. You have research
11 equipment that you can't just leave it or turn it off
12 even over winter breaks and so on. So we have that sort
13 of experience of keeping those things going.
14   But there was a lot of education to do that we were
15 very complex organisations and would need a really
16 differentiated approach. It wasn't closed or open. It
17 was always going to be a complex mixture of what could
18 be done on campus only and what could safely be done
19 there and what could be done —— what could and therefore
20 should be done off campus, with a presumption we would
21 move everything off where we could, but a lot of things
22 could not be moved.
23 Q. Thank you very much. And Dr Duncan, I should have asked
24 you as well, from your perspective in terms of the
25 understanding of the extent to which universities can

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1 close on the part of the Scottish Government, did you
2 have anything to add to what Professor Leydecker said
3 there?
4 DR DAVID DUNCAN: It was a phrase people used, not just
5 politicians, but the press would talk about the
6 universities closed and we would constantly have to say
7 it's not closed. I think quite quickly the officials
8 that we were working with, because there was a very
9 close liaison with SG officials right throughout the
10 pandemic, they very quickly understood that it wasn't
11 closed, but the phrase kept coming up again and again
12 and it did sort of imply perhaps a lack of understanding
13 of the complexity of the operations on campuses.
14 Q. Thank you. Professor Macbeth, have you got —— if you
15 could come in, please?
16 PROFESSOR PENNY MACBETH: Okay. So we advised students and
17 then staff on 16 and 17 March, respectively, that we
18 felt we were going to need to move to closure. That
19 allowed us a small amount of time to allow students and
20 staff to gather their materials, their equipment, but
21 particularly students to gather safely their work which
22 would be portfolio based, so some sort of their objects,
23 some sort of their portfolio, so that they could
24 continue working at home and also some of the materials
25 that they would need. And that allowed us to support

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1 them in doing so. And then as Dr Leydecker has laid
2 out, we also then supported staff in terms of taking
3 their own kit and equipment so that they could work from
4 home.
5   We then moved to what was a significant up—skilling
6 in terms of our digital infrastructure and purchase of
7 kit and equipment to support not only our staff, but
8 also our students specifically and a comprehensive piece
9 of work was undertaken, not only just actually choosing
10 the digital platform that would be best for an art
11 school to use. So contrary to a lot of other
12 institutions, we worked with Zoom, because it allowed us
13 as an art school to work in a much more collaborative
14 way than Teams would have allowed us at the time.
15 I think all of those technologies have obviously moved
16 at pace since then.
17   We had obviously students in our halls of
18 residences, we had our IT team, a very core small IT
19 team, on campus and then we had, obviously, security,
20 janitorial and some domestic staff just keeping our
21 hygiene factors going, but a very small team on campus,
22 but moving very much to look to support student health
23 and wellbeing which was obviously a huge priority to
24 support those in halls of residence in terms of the
25 students there, but also international students that

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1 were there that were unable to go home and to try and
2 provide as much wraparound in terms of health and
3 wellbeing in those settings for those individuals.
4   So it was very much that launching of a digital
5 learning environment, assessment environment, and then
6 supporting everyone in their spaces and places and teams
7 coming together in unique ways initially to ——
8 cross—institutional teams to support that effort and
9 that was then mirrored, I think. Certainly I was
10 impressed when I arrived into Glasgow School Of Art
11 around the support provided by the Universities Scotland
12 and the liaison with Scottish Government and how that
13 was happening, which I think was really supportive and
14 attempted to acknowledge our difference as different
15 institutions within the HE sector.
16 Q. Thank you very much. If we could then move to discuss
17 the move to and the implementation of and experience of
18 a remote or online learning and, obviously, online
19 learning is something quite specific.
20   I think Professor Leydecker you have mentioned that
21 you have that sort of offering anyway, but, yes,
22 remote/online learning and the experiences with those,
23 including, for example, the levels of preparedness of
24 the institutions, the practical challenges in moving to
25 remote and online learning, specifically digital

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1   inclusion or digital poverty of both staff and students,
2   if those were issues, impacts on staff and students in
3   having to engage in this manner, student engagement, if
4   there were any issues around that, any disproportionate
5   impacts on particular cohorts of students, any issues
6   with perceptions of online or remote learning being
7   somehow inferior to face—to—face. If you want to
8   mention any positive legacy impacts in relation to
9   online learning and any other relevant key issues.
10   So perhaps start this round with Professor Leydecker
11   followed by Dr Duncan and then Professor Macbeth.
12   PROFESSOR KARL LEYDECKER: So it was obviously a huge
13   challenge to move so quickly and so unexpectedly,
14   I guess, to online learning. There was a lot to learn
15   and we had to do a lot of up—skilling of our staff. So
16   we had a unit that led that and we provided a lot of
17   training and guidance.
18   We had that experience of online learning already
19   that was helpful for us and I think we built on that,
20   but we made some mistakes earlier on, I think, as a
21   university or probably as a sector in terms of probably
22   putting too much material online and not paying
23   sufficient attention to creating the right social
24   learning opportunities online.
25   So we did a very significant piece of work a year

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1   later to evaluate our approach to online and blended
2   learning. We started that quite early in terms of
3   having some surveys of our staff and students and some
4   focus groups so that we continually refined this
5   throughout. So no doubt it was a bit clunky in the
6   early days and there was a lot of work to do, first of
7   all, to ensure staff and students had the right kind of
8   equipment to be able to operate in this way.
9   There were no doubt some disadvantages to certain
10   groups at that time. There was digital poverty. The
11   funding from the Scottish Funding Council was very
12   helpful in supporting the issuing of equipment to
13   students who needed it. So I think, nevertheless, there
14   were some —— definitely some groups of students,
15   probably the more disadvantaged anyway economically,
16   socially, who probably struggled with the adaptation
17   more, because of perhaps not having a quiet space or
18   their own personal space to study from, not having
19   wi—fi, broadband at home and so forth.
20   So I think it was a huge learning curve, but one
21   that certainly we and I think the whole sector embraced
22   very quickly. I think one of the things is that we were
23   all thrust into a particular thing at once and I think
24   people really responded positively to that challenge.
25   And we found in our evaluation that on the whole

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1   students were reasonably satisfied with the blended
2   learning they had received or the online learning they
3   had received in the very early days, but there was a
4   desire for more social contact and, therefore, the
5   return to more in—person learning, when that was
6   possible.
7   So I think that's what how I would sum up the ——
8   that move. There's a lot you asked and we may want to
9   unpack more of that, but that's an initial response.
10   Q. Just in terms of the perceptions perhaps of remote to
11   online learning, you obviously said there was a desire
12   to have more social interaction and a desire to get back
13   when possible, what was the perception of the quality of
14   online learning versus face to face?
15   PROFESSOR KARL LEYDECKER: So from our surveys of students,
16   I think the perception was that on the whole it was very
17   strong. There were things that we needed to change in
18   the course of things. So there was a lot of discussion
19   about whether asynchronous, where you record something
20   and make it available, or synchronous, where you hold
21   live teaching sessions, were more appropriate. That has
22   advantages and advantages for different groups. I think
23   we realised that a balance was really helpful because
24   that created the opportunity, particularly when you had
25   synchronous where you could have all of the class there

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1   and they could start to get to know each other and could
2   start to benefit from that social learning, learning as
3   a group.
4   So I think it was a question of using the experience
5   that we had within the organisation to put in a base
6   level and then to continually enhance that as technology
7   improved, as people's familiarity with that improved.
8   The ability to create, for example, breakout groups
9   within larger group was something that was not a ——
10   people just didn't know how to do that initially, but
11   gradually people acquired the skills to allow them to
12   create a much more —— a much richer learning environment
13   and that's one of the lasting legacies, I think,
14   relatively positive, that we have moved to be able to be
15   more experimental and more effective in that kind of
16   blended learning and we have retained some elements of
17   that.
18   I do think that there was not a presumption in the
19   public sphere in Scotland, in the media or anywhere
20   else, that blended or online was somehow inferior to
21   face—to—face and I think that was a helpful general
22   sense within Scotland which wasn't always replicated in
23   the rest of the UK that it was perfectly feasible and
24   possible to offer a really good quality level of
25   education. Not for all disciplines and not in all

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1   circumstances, but for the broad group of students,
2   that's certainly possible.
3 Q. Thank you very much. Return then to Dr Duncan, please?
4 DR DAVID DUNCAN: Yes, I think Professor Leydecker has
5   covered it very well. I think universities are not
6   always the most agile institutions in the world, but
7   I think we surprised ourselves with our own agility at
8   pivoting to a different mode of learning and teaching
9   very quickly.
10   You know, few people might have had experience using
11   tools like Zoom before, but all of a sudden everybody
12   was using it and learning on the job how to use it
13   effectively. It was probably helped by the fact that
14   people didn't have a lot of other things to do, students
15   were bored because they were trapped in their own homes,
16   only able to go out for one walk a day, whatever, so
17   there was almost a willingness to engage. Those
18   students who perhaps in the past were unwilling to turn
19   up for 9 o'clock on a Monday morning were actually
20   turning up online for classes.
21   Again, as Professor Leydecker has said, that mix of
22   synchronous and asynchronous learning evolved very
23   quickly in most disciplines. It was possible to engage
24   in personal contact between teachers and tutors and
25   students and to give feedback in the way —— informative

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1   feedback in the way that students expect and need. And
2   I think for some students in any way, perversely, it was
3   almost beneficial. Shyer students perhaps unwilling to
4   talk in classes of 10 or 20 or even larger, perhaps more
5   willing to engage online in front of a screen that they
6   might not in the classroom. But there were a lot of
7   issues and challenges along the way.
8   It required a huge effort on the part of teachers,
9   lecturers to adapt courses to the different mode and
10   quite quickly we got reports of exhaustion and fatigue
11   amongst the teaching staff and then of course there was
12   a curtailment of practical work, which covers a whole
13   swathe of disciplines —— I'm sure you'll hear more about
14   that in a second —— and then some of those basic
15   problems that we are all familiar with. Harder for
16   people who are living in inadequate accommodation,
17   perhaps with family members of different ages, problems
18   with wi—fi, although they tended to be sorted quite
19   quickly, and then issues with access to laptops and
20   equipment. But, again, that was resolved quite quickly
21   and with government support as well.
22   So kind of a mixed picture, but people encountered
23   problems they never even thought about before and they
24   found solutions to them.
25 Q. And just in relation to digital inclusion, what sort of

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1   percentages of students were impacted by that, that that
2   had to be addressed?
3 DR DAVID DUNCAN: I'm not sure what the percentage figure
4   would be, but the truth is the large majority of
5   students already had access to laptops. So the numbers
6   that needed to be given equipment I think was quite
7   small, but we set up systems to do that, to address that
8   need pretty quickly and were able to address it.
9 Q. Okay, thank you.
10   Professor Macbeth.
11 PROFESSOR PENNY MACBETH: Yes. So very similar to
12   colleagues, but with obviously particular nuances. So
13   we had a very low level of digital infrastructure when
14   the pandemic hit and, in a sense, we had to make
15   quite —— what we felt was quite a strategic decision to
16   invest significantly. We obviously had support from
17   Scottish Funding Council with this, but we needed to
18   access really bespoke high—end pieces of kit and
19   equipment, laptops, desktops for particular disciplinary
20   areas. So we realised potentially that there would be a
21   significant problem in accessing those if we were to
22   bide our time and wait to see if the pandemic might
23   subside quickly. So we made the decision to move quite
24   boldly towards the purchase of equipment just so that we
25   could access it and, obviously, we made a decision to

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1   invest as an institution, but also then we had the
2   funding from Scottish Funding Council, which was also
3   hugely welcome.
4   So we did that and then we had to make a whole raft
5   of software that's very bespoke to art and design
6   practice available to students. We also needed to think
7   certain disciplines need certain kinds of capacity of
8   software and equipment and, therefore, for certain
9   disciplines, we needed to quite quickly triage those
10   sorts of kit and equipment and that very particular
11   software that might need to be used in a certain way.
12   So all of that was provided and in fact a legislation of
13   the digital kind of up—skilling was our ability to
14   provide that software to alumni in the first year during
15   the pandemic era. So I think that was a really strong
16   move towards that.
17   In terms of our champions within our academy and our
18   technical support team, we did have some. So we had our
19   digital natives that were very strong on developing
20   learning in that space and we also had experience of
21   doing joint projects with international partners. So we
22   were able to draw on our expertise within the
23   institution. So we had to draw them out and ask them to
24   lead us in a way that they might not have done before
25   and actually that was a really strong way of bringing

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1   team cohesion together as well and sharing best
2   practice, but of course that didn't all happen at once.
3   You know that takes a little while to evolve.
4   We were very conscious of digital poverty and
5   digital inclusion and a lot of that was not to do with
6   providing the technical facilities, because we were
7   providing those to students, it was the infrastructure
8   within homes or within residences or just the bandwidth
9   if you have got a lot of students using a lot of really
10   high—end software that takes up a lot of capacity. So
11   we had to do lots of workarounds with that as well. And
12   our IT team were really fantastic in terms of how they
13   just really imagined and enabled us to do that.
14   In terms of classes, as Professor Leydecker said, we
15   started to use the digital facilities like Zoom and our
16   ways of connecting with each other in really
17   experimental ways. So in art school you'll sometimes
18   have group tutorials, group crits, you might have
19   several members of staff in with a cohort of students
20   and, quite quickly, we were using the Zoom space to have
21   breakout rooms, to have teams and then even to the point
22   of actually having online exhibitions or online
23   critiques, which is where students would come in and put
24   up their work. So all of that began to happen.
25   Again, trying to think through asynchronous and

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1   synchronous learning. So some things were really
2   important to do together, so you might have a workshop
3   that would be led together and you would have the
4   materials in your home, because that is part of that
5   community of making and designing. But then other
6   things that were more skills—based need to be filmed and
7   provided so students could go back and relook at those.
8   So a lot of that sort of content really emerged during
9   lockdown and kind of was being populated by all the
10   schools, but also online resources as well actually just
11   to kind of give people things to do in actual fact.
12   I think we worked very hard to work with our
13   widening access students that we felt would be the most
14   disadvantaged and we had —— once we were able to create
15   a hub within the art school, which was our hub building
16   where students could book in to get high—end cameras or
17   pieces of equipment that would then work within their
18   digital environment. And we had a click and collect
19   system, which we've actually kept as well. And we also,
20   obviously, had library access with that as well. So we
21   were able to do that. As soon as we were able to do
22   that, we provided a hub building, because some students
23   were not in a position to necessarily create the sort of
24   work they wanted to within the spaces that they were
25   occupying at the time and therefore we needed to provide

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1   those in one building that we could keep, you know, very
2   strictly observing all the COVID requirements once we
3   were able to do that.
4   So, finally, sorry, just to say, I think the other
5   thing I think that we all learnt through this was the
6   pace of learning online would need to be potentially
7   different to in person. That need to really highlight
8   the need for breaks, space to downtime and the pace and
9   intensity of learning, it was quite important to manage
10   that for everybody's health and wellbeing actually.
11 Q. Thank you. Before we move on, just one quick question,
12   Professor Macbeth, about you mentioned delivering
13   digital resources to your students which were quite
14   specialist. Were there any issues in relation to ——
15   I think you said it took a while to roll this out. Were
16   there any issues in relation to accessing that in terms
17   of supply chains or other issues?
18 PROFESSOR PENNY MACBETH: No, I think that was because we
19   moved very quickly in terms of realising we would need
20   to invest and actually for us as an institution it was
21   an investment in our future so we could see that beyond
22   the pandemic that was the right thing to do actually.
23 Q. Okay, thank you.
24   The next theme we have is subject—specific impacts,
25   including if we could have a discussion, for example,

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1   impacts on practical and vocational subjects, impact on
2   subjects requiring close contact with others, impacts on
3   placements and other relevant key issues.
4   And I think perhaps we could start with you,
5   Professor Macbeth, because obviously you have quite a
6   practical element to what you deliver. And I don't know
7   if you —— you obviously have similar issues to the Royal
8   Conservatoire and if you are able to —— I understand you
9   do have discussions with them, if you're able to draw on
10   any of those experiences as well.
11 PROFESSOR PENNY MACBETH: Yes. So I'll start there, if that
12   is okay.
13   The Royal Conservatoire and ourselves had very
14   similar issues during the pandemic, as did art schools
15   in the rest of the UK, and conservatoires also. So for
16   conservatoires obviously there were a whole range of
17   issues for them, particularly for dance students,
18   particularly their ballet dancers, where obviously they
19   need access to sprung floors, they need space to move in
20   and, in a sense, they not unlike a performance athlete
21   in their requirement and also the potential for them to
22   be injured. So that was of considerable concern and
23   certainly quite significant lobbying in terms of
24   government understanding that that there were specific
25   needs that were absolutely critical within that setting.

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1   And I think once we got into that level of
2   conversations beyond what are we doing with our
3   residences, how are we managing the sort of day—to—day,
4   very open to the fact that we had very particularly
5   different circumstances within art school and
6   conservatoires. So there was an issue there, but
7   obviously for students who played instruments,
8   particularly wind instruments, in terms of the breathing
9   and the need for screening around those students and the
10   social distancing that needed to go on. So all of that
11   was worked through.
12   In terms of art school, obviously you have students
13   who might be welding sculptures or hoping to weld a
14   sculpture for their final show and suddenly having to
15   rethink that completely, because they didn't have access
16   to any of those facilities, for instance, and therefore
17   would have to start to think about how they might create
18   that in a digital realm, rather than a physical realm.
19   Some students we would encourage to perhaps flex, so
20   to think about materials in a different way. So our
21   silversmithing and jewellery students who might be more
22   used to using precious metals would potentially be using
23   kelp, so actually harvesting their local environment,
24   but actually finishing and producing work of an
25   exemplary level. And we actually have some of those

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1   items in our archives and collections now from that era
2   where people thought about their materials very
3   differently. So really trying to support students to
4   produce in new and novel ways in relation to their
5   circumstances for our school I would say. For
6   conservatoire, really to continue to be able to practise
7   and rehearse in new ways or ways that were enabling us
8   to stay safe really.
9   Quite challenging, but we have networks across the
10   rest of the UK with our partner institutions there and
11   certainly we were very much working, myself and the
12   conservatoire, into those networks and sharing best
13   practice and sharing core issues that were happening.
14   So we were supported, we supported each other, but we
15   were supported by our peers as well and I think —— I
16   suppose the only issue with that, and we'll come on to
17   that I know later on, was that because of the tier
18   system in Scotland and actually in the rest of the UK,
19   we were often, particularly in Glasgow, where we're both
20   based, in a different tier to our other art schools. So
21   there was a real concern once we came out of the
22   lockdown into the tier system as to why we were
23   operating in a slightly different way to perhaps some of
24   the other art schools in Scotland and of course that was
25   to do with the tier system.

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1 Q. Yes. Thank you very much. Perhaps we can turn to you
2   next, Dr Duncan, and then Professor Leydecker.
3 DR DAVID DUNCAN: A similar story, but across I suppose a
4   wider range of disciplines and quite a significant
5   impact on the learning experience and the opportunities
6   for students across those disciplines.
7   So obviously, you know, for PHD students the
8   inability to carry on a lot of research for
9   dissertations, but for other students, the curtailment
10   of lab work or rather the switch of laboratory work to
11   virtual labs and the development of that whole concept
12   moving on quite quickly. Field trips obviously stopped
13   for teachers, social workers. Lack of classroom
14   interaction and placements for all students. A lack of
15   opportunity to undertake internships and work
16   experience, although there again you had the development
17   of virtual internships coming along quite quickly. And
18   a very different experience I suppose for medical
19   students, who were still quite often in hospitals and
20   for vet students as well, because obviously work with
21   animals and human patients continued, but limited access
22   for the student population to take part in that.
23   So a whole range of different impacts. I think the
24   worst affected cohort were the dentists. Obviously,
25   dentists soon after they have done their clinical dental

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1   techniques exam they have to be in close proximity to
2   patients and that work was very severely curtailed and
3   so we lost a cohort of dentists across the whole of
4   Scotland and I think that was probably the only
5   discipline where that happened where you basically lost
6   a year of students and for obvious reasons I suppose,
7   but quite a severe impact for them.
8   In other areas though I think people did their best
9   to find proxies, to find alternatives to face—to—face
10   activities where they could, but it's probably fair to
11   say across a wide range of subjects it was a slightly
12   diminished or curtailed experience.
13 Q. Just in relation to the dentistry students, you said you
14   lost a year of students, did they repeat, did they
15   defer, what?
16 DR DAVID DUNCAN: Yes. I think all students had to
17   basically delay a year in dentistry.
18 Q. So they weren't lost altogether, they just ——
19 DR DAVID DUNCAN: They graduated. We just lost one year's
20   cohort. So there was one intake that didn't happen, if
21   you like.
22 Q. Thank you very much. Professor Leydecker.
23 PROFESSOR KARL LEYDECKER: Yes, not a huge amount to add to
24   what Dr Duncan has said, but perhaps focus on the health
25   disciplines in particular. I know we have talked about

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the specifics of dentistry, but I think it was very
challenging for those medical students as well for a
number of reasons. First of all, they were not able to
have as wide a range of practical placements in
different medical settings as they would normally have
done, for example, out in GP practices and they were
often volunteering to work on the frontline. That was
quite challenging for them at the time. And they
probably didn't have the range of opportunities in
different clinical settings. And we also need to
remember that many of the clinical —— much of the
teaching is done by clinical academics who were on the
frontline of coping with the health emergency and so I
think that that did definitely have an impact on that
group of students and they often felt that they were
actually at the frontline. Many volunteered to work and
that was exceptionally positive, but they probably had
more experience in some areas than they were
anticipating and less in others, if that makes sense.
        Fieldwork was a major thing that we spent a lot of
time thinking about. Not just virtual fieldwork, but we
also arranged fieldwork that was much closer to home
where students could gather outside and perhaps do a
little bit of observation locally where they wouldn't be
able to go and look at rocks up in the Highlands or

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environments in different parts of Scotland, say, in the
biological and geological sciences. But we did our best
to provide those opportunities and I think a huge amount
of excellent work was done around practicals for
sciences, for example. For example, you could film the
experiment and then pass the data to the students so it
was as though they had done that, but they had the
results that they could then work on interpreting.
I think that was really, really good and that allowed
I think a greater inclusion than might have otherwise
been possible, because of the work that was done there
so and I think some of those things are of lasting
benefit to certain students who might struggle with
certain aspects of practical work or the accessibility
of that.
Q. Are there any other particular groups of students you
   had in mind in relation to that that might have
   benefitted?
PROFESSOR KARL LEYDECKER: So some neurodiverse,
   neurodivergent students perhaps struggle with group
   settings and perhaps shy away from those, find it
   difficult to be there for certain practical experiments
   and so forth, but they were able then to participate in
   a different way.
        That's just one example. There are multiple —— one

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realised that the complexities of individual student
circumstances were legion actually and it wasn't simply
about people with mobility difficulties, it was a whole
range of different disabilities, disadvantages, that we
learnt to cater for and actually some, you know, felt
that there had been really positive benefits to this
process. A greater availability of digital resources
that you could access in your own time suited certain
people perhaps with caring responsibilities and so
forth.
Q. Thank you. We've possibly touched on this already, but
   the next topic I had was impacts on research and
   laboratory—based work specifically, including, for
   example, impacts on studies involving human
   participants, distancing requirement, the extent to
   which those were necessary or unnecessary, and any other
   relevant key issues in relation to research and
   laboratory—based work specifically.
        Perhaps we could start with you, Professor
   Leydecker, and then go to Dr Duncan.
PROFESSOR KARL LEYDECKER: So one of the real challenges for
   the university sector throughout the period that we're
   discussing was the requirements for physical distancing
   in laboratory settings. There was a requirement for
   two—metre distancing in laboratory settings, which

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severely reduced the capacity of our research
laboratories, something down to something like 25 to 30
per cent at two—metre distancing. The sector lobbied
very strongly on this with Scottish Government,
including Universities Scotland publicly lobbying on
this in 2021. The perception in the sector was that the
restrictions were over—restrictive for laboratory
settings in university specifically.
        There were opportunities for less distancing in
laboratories in the private sector and indeed elsewhere
in the UK and I think that had a very significant impact
on our ability to operate those laboratories and to do
as much science as we would otherwise have done. And
despite this being something that we cared passionately
about and wanted to see change, that did not change
right through, I think, to March 22 when there was a
broad lifting of restrictions. So I think that was
probably one of the key impacts on research.
        Clearly you mentioned research with human
participants, we have a clinical trials unit, a number
of clinical trials had to be abandoned, because we
either couldn't recruit patients, for example, or they
had to be abandoned halfway through because it was
impossible to continue to conduct those things with
human participants. Psychology was another discipline

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1   that has a lot of —— certainly in our science—based
2   psychology, a lot of studies were not possible and that
3   was something we lobbied quite hard on. It was
4   something we tried to move forward. So there were a
5   range of areas that were severely impacted.
6   At the same time, it has to be said that of course
7   the whole sector made a massive contribution to the
8   research effort through the pandemic. We received ——
9   there was specific funding streams for medical research
10   for COVID research and we were recipients of that and we
11   were very pleased, as the whole sector was, to play our
12   part in trying to find solutions and of course the
13   famous cases of that throughout Britain and throughout
14   the world in terms of that.
15   So but I think that laboratory settings was probably
16   the absolutely critical difficulty we faced and the
17   difficulty was it was seemed inexplicable, because those
18   spaces are very highly regulated, they have
19   exceptionally strong health and safety protocols, very
20   good ventilation and so forth and there was an
21   opportunity, I think, to trust the professionals in the
22   sector to operate those facilities in a way that that
23   would have been more productive for research in
24   Scotland.
25 Q. Thank you. Was there any other particular reason given

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1   for maintaining a two—metre distance requirement in
2   university laboratories versus a lesser requirement in
3   other laboratories?
4 PROFESSOR KARL LEYDECKER: I was not personally involved in
5   those discussions. I don't know you may have been. I'm
6   not aware of what the particular reasons given were.
7 DR DAVID DUNCAN: It may be that the government was more
8   receptive to approaches by commercial companies that
9   were concerned they would go out of business if they
10   couldn't continue to operate, rather than on research,
11   you know, which is noncommercial in nature. But I guess
12   that's a question for the government to answer.
13 PROFESSOR KARL LEYDECKER: If I could add on this, there's
14   perhaps a perception that because you could do
15   something, that was the appropriate decision. So it
16   was —— because we could operate remotely in terms of
17   education delivery, therefore we should continue to do
18   that and of course in Scotland we did that much longer
19   than was the case in the rest of the UK and in other
20   places. So I think that's something that, reflecting on
21   this, that I feel is one of the things that was perhaps
22   a default position.
23 Q. Before I turn to Dr Duncan on this, obviously you talk
24   about the restrictions, the two metre restrictions and
25   difficulties generally with conducting research, we're

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1   going to go on to talk about later impacts on staff and
2   universities, but for researchers who are reliant on
3   progressing their research in terms of career
4   progression, were there any other particular impacts on
5   them and on any particular cohorts of researchers at
6   your institution?
7 PROFESSOR KARL LEYDECKER: So I think PHD students were a
8   particular group that were adversely impacted. They
9   sort of sit between students and staff in a funny kind
10   of way in that research environment, but they have a
11   time—limited amount of funding in order to conduct their
12   research and produce their dissertation and for many it
13   was simply —— they had to reconceive their research,
14   because they were unable to do the practical work, the
15   fieldwork or the scientific experimentation and so forth
16   or the work with human participants.
17   So the sector working with the funding councils and
18   others and our own funds worked really hard to try to
19   prioritise those who were nearest the end of their
20   studies who needed extensions and there was a lot of
21   discussion around that and negotiation and some funding
22   was provided, but in some circumstances I think funding
23   was not provided and we needed to try and support them.
24   So I think that group was particularly strongly
25   affected.

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1   The other major impact, I think we'll probably come
2   on to this, is that the emphasis on providing a really
3   high quality student experience in terms of the
4   education side definitely detracted from the research
5   productivity at that time as people took the —— took the
6   need to focus on that absolute priority of ensuring that
7   our students were able to progress and graduate, there
8   were some significant impacts on staff in terms of their
9   research progression. And that probably fell
10   differentially amongst those who were caring at home for
11   young children, particularly those who were
12   homeschooling. We have to remember that, despite our
13   requests, the Scottish Government did not classify
14   university staff as key workers and so they didn't have
15   access to that opportunity to —— for childcare and
16   schooling and so forth that I think probably did have an
17   impact on research in the universities.
18 Q. Thank you. Dr Duncan?
19 DR DAVID DUNCAN: Yes, I mean just to pick up on a few
20   things that have already been covered. I think that
21   probably was one of the criticisms the sector made of
22   the regulatory regime that it was just overly
23   restrictive on research activities and perhaps a lack of
24   empathy or understanding of the importance of those
25   activities.

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1   For a university like ours, across Scotland there's
2   an enormous amount of research activity going on in
3   universities, for us something like £200 to £250 million
4   worth of income every year comes from that. On average,
5   academics spend a third to 40 per cent of their time
6   doing research activity. It's hugely important in terms
7   of our reputation nationally and globally, but also more
8   important in terms of our contribution to humanity and
9   large swathes of that activity just had to be curtailed
10   for a significant period of time, with a loss of
11   research income as well for the university.
12   It's worth saying that there was a kind of switch ——
13   those who could, whether they were medics or engineers,
14   quite a lot of them switched to doing COVID—related
15   research because the regime in terms of what you were
16   allowed to do on that research was more liberal, both in
17   terms of income because funding bodies were switching
18   money to support COVID—related activities, but also
19   because you were allowed to do the research there was a
20   turn to that type of activity for a period of time,
21   possibly to the detriment of other important areas of
22   activity as a consequence of that.
23   But it was a very difficult time for research
24   activity and it probably went on for too long in terms
25   of the restrictions.

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1 Q. Thank you. Professor Macbeth, I don't want to leave you
2   out and I don't want to be presumptuous, but I'm
3   presuming that research and lab—based impacts were not
4   so much an issue for the Glasgow School Of Art.
5 PROFESSOR PENNY MACBETH: They weren't such an issue because
6   we don't have science and laboratories, but I just think
7   it would be helpful to say I think the lack of key
8   worker status for researchers was a hugely —— hugely
9   affected staff in a really unhelpful way. And of course
10   we mustn't forget that we were right in the lead up to
11   the submission for the Research Excellent Framework, the
12   REF, which is absolutely critical to all institutions in
13   terms of their status within research and their ability
14   to partner, but also their funding. That was paused
15   actually and we were given additional time, which we
16   certainly took as a very small institution and that was
17   actually really critical at that point.
18   But also to echo what Dr Duncan said, we have staff
19   that are key parts of the Digital Care and the Health
20   Institute work with the University of Strathclyde and we
21   had a number of staff who were working into critical
22   areas within the COVID roll out in terms of innovation,
23   design and information design. So we had staff that
24   contributed enormously as well and, again, pivoted from
25   what they were working on to the pandemic itself.

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1   So just really to reinforce and echo, but not to
2   forget REF, because actually that's a critical moment
3   for all HEIs.
4 Q. Thank you very much. My Lord, we need to take a break.
5   We're almost an hour in. It may be an opportune time to
6   take a break.
7 THE CHAIR: I would just like to say that you'll probably
8   not be surprised to know that many of the themes are
9   context related, but many of the themes we're hearing
10   we've heard for the past year now.
11   But to show you that inquiries can sometimes take
12   you by surprise, I have to say, Professor Macbeth, that
13   the substitution of precious metal by kelp is a complete
14   surprise, pleasantly.
15   Thank you. Quarter past 11.
16 (10.59 am)
17   (A short break)
18 (11.16 am)
19 THE CHAIR: Right. Ms van der Westhuizen when you're ready.
20 MS VAN DER WESTHUIZEN: Thank you, my Lord.
21   The next theme I have on my list is assessments,
22   attainments and classifications and new admissions, with
23   potentially just touching on, for example, difficulties
24   with online assessments, difficulties with the practical
25   assessments, perception of the integrity of the

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1   assessment process, no detriment policies, any positive
2   impacts and any other relevant key issues.
3   And perhaps we can start on this one with Professor
4   Leydecker and then Dr Duncan and then Professor Macbeth.
5 PROFESSOR KARL LEYDECKER: Yes, assessment was one of the
6   key challenges through the pandemic, clearly we had to
7   move away from in—person assessments, the traditional
8   examination in an examination hall. And this had —— a
9   lot of things needed to be thought about through that
10   process. So we had to develop guidance for our staff on
11   the integrity of the assessment and how we could
12   effectively assess in different contexts. We worked
13   with professional statutory regulatory bodies as well to
14   ensure the assessments were in line with their
15   expectations. And I think as well though it allowed an
16   experimentation and a modernisation of assessment
17   practices across the university and across the sector as
18   we moved to a different type of assessment.
19   We invested a lot in that. It was important to us
20   to ensure the integrity of our assessment, and we also
21   took a tremendous amount of time to ensure that students
22   were treated fairly through the process. So
23   universities are of course well familiar with catering
24   for the individual circumstances of students who might
25   be, for example, ill during a particular period of

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1   assessment or suffering a bereavement or whatever. So
2   we have those sorts of things in place anyway, but of
3   course this was on a collective scale, whereby we tended
4   to take the approach across the university sector of a
5   no detriment policy.
6   So for example if a student had —— we generally
7   classify degrees over the third and fourth year of their
8   typical four—year undergraduate degree in Scotland. So
9   we would ensure that if they performed less well in
10   their fourth year, they would not suffer a detriment if
11   it was a clear drop in their performance compared with
12   their third year. But we also had to make sure that
13   students were meeting the learning outcomes.
14   Ultimately, you can only award credit for learning
15   achieved if students meet the learning outcomes, but we
16   had to think quite hard about how we were assessing that
17   to ensure that students were continuing to meet the
18   learning outcomes and that was —— that was a very
19   intensive piece of work.
20   There were lots of discussions across the sector
21   about how to approach this, but, ultimately, each
22   institution is responsible for its own academic
23   standards, working with its externally examiners and we
24   worked hard to ensure that (a) students did not suffer a
25   advantage and (b) standards were maintained throughout.

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1   Q. Thank you. I think we heard from on the National Union
2   of Students and I think they indicated that there were a
3   lot of really good and generous no judgment policies out
4   there, but there was a concern that there was no
5   uniformity across the university sector in relation to
6   the no detriment policies that were implemented and it
7   made it difficult for them to give guarantees to
8   students or reassurance to students and I think they
9   described it as a feeling of concern about —— some
10   universities were concerned about calling the policies
11   "no detriment policies" out of a fear of being perceived
12   to be soft touch. And there was concern about it going
13   to becoming a postcode lottery, where, depending on
14   which college or university you attended, you might or
15   might not get a good no detriment policy.
16   Could you perhaps just explain, you have probably
17   touched on it there, about each university being
18   responsible for their own accreditation, but why that
19   might have been a perception of a postcode lottery
20   across and why it might have been different levels of no
21   detriment policy implemented?
22   PROFESSOR KARL LEYDECKER: So I think that probably does
23   refer to that fact that universities classify degrees in
24   different ways and have that responsibility. So there
25   is no national approach to degree classification. There

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1   are various different approaches in —— across the UK and
2   the Scottish sector. I can appreciate that it might
3   have been helpful to have had some guidance on this that
4   might have been then approached by individual
5   institutions. You couldn't say you must do X or Y,
6   because that would not map on necessarily to the
7   assessment practices and the classification practices of
8   individual institutions.
9   But it is fair to say that we worked hard to look
10   and see what others were doing as well. So there was a
11   little bit of, oh, they've done something quite
12   interesting there and our teams had to look across the
13   sector to see what might be appropriate and
14   proportionate and we needed to have the confidence of
15   students and our own academic staff in everything that
16   we were doing as well. So I think some guidance might
17   have been helpful in ensuring that students understood
18   that there was a consistent approach.
19   Just as, for example, Universities Scotland
20   developed a consistent core of care in student
21   residences in September 2020 so that, you know, students
22   could then see that there would be a consistent approach
23   to that, and I think that helped to settle things down
24   in that space, something similar in relation to no
25   detriment might well have been helpful, but I don't

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1   believe there was specific guidance either in the
2   Scotland or UK on no detriment.
3   Q. Thank you. Dr Duncan, if we could perhaps come to you
4   on this then?
5   DR DAVID DUNCAN: Yes, sure. Just to pick up on that theme
6   on no detriment, it's worth saying that universities
7   compete with each other all the time, but we're also
8   incredibly collaborative. People are constantly
9   swapping ideas and, in fact, the level of contact during
10   the pandemic increased markedly both with officials, but
11   also within people doing particular jobs within
12   universities. So that sharing of ideas and policy and
13   developing policy collectively, I think, happened almost
14   organically faced with new demands and pressures.
15   It's worth saying that the lockdown, the first
16   lockdown came just weeks before the main exam diet for
17   us and for most other higher education institutions so
18   we had to move very quickly to respond to how do we deal
19   with the summit of assessments and guarantee the
20   integrity of degree programmes. We took the decision,
21   as I think lots of universities did, not to have exams
22   for first or second years, in other words, to allow
23   progressions in upper years of undergraduate degree
24   programmes without that summit of assessment process and
25   to focus on people who were finishing their degrees,

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1   whether it's masters degrees or the honours years of
2   undergraduate degrees. And that allowed us to spend
3   more time and effort in making sure the integrity of
4   those assessments was maintained.
5   It's worth also saying that there has been a process
6   to move away from an overfocus on exam hall—type
7   assessments over a period of time. Universities for
8   some time have been engaging in more varied richer,
9   perhaps more meaningful, arguably more meaningful, forms
10   of assessment, which don't just test retention of
11   information, but test understanding and skills as well.
12   The COVID period probably speeded that up to some
13   extent.
14   It's also —— it's probably worth acknowledging that
15   there's still an active debate about the extent to which
16   summit of assessment should rely on exam hall—type
17   activity, particularly in the numerate disciplines,
18   where there's a concern that, frankly, you can cheat if
19   you are working at home. And so I think where we've go
20   to, particularly in the numerate disciplines, is a
21   balance of assessment that guarantees the integrity, but
22   also tests different aspects of a student's performance.
23   And in fact the COVID period to some extent has been
24   helpful in moving on thinking in that regard.
25   But I think it's —— just to repeat what Professor

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1   Leydecker said, I mean the absolute focus was on
2   maintaining the integrity of degree programmes and
3   making sure that standards were maintained across the
4   board and I think we did a really good job on that.
5   It's worth also saying worth adding that we are, across
6   many professional degrees, subject to externally
7   scrutiny by bodies, Law Society of Scotland, General
8   Medical Council, a plethora of other bodies. We didn't
9   get help or guidance from those bodies I think through
10   the period. They themselves had not done much thinking
11   and would simply say you need to make sure that students
12   have attained the learning objectives that we've
13   defined, but the thinking went on in universities. A
14   lot of that thinking was shared across the sector and I
15   think we did a pretty good job.
16 Q. And you have touched on the lack of guidance from
17   accreditation bodies. Were there any other practical
18   issues with, for example, for practical subjects with
19   accreditation when you were dealing with external
20   bodies?
21 DR DAVID DUNCAN: So there did have —— the General Dental
22   Council would be one where basically they just simple
23   said you can't graduate the students because they just
24   haven't had sufficient experience. Nobody wants to go
25   to an inexperienced dentist of course. So it kind of

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1   made sense to delay the cohort for that particular
2   discipline.
3   In other areas, over time there was, you know, a
4   growing level of engagement with those bodies to make
5   sure that they were comfortable with the forms of
6   assessment that were being applied, but in some
7   instances of course you had to use proxies, rather than
8   practical tests.
9 Q. I'm thinking, for example, you mentioned you have a
10   veterinary school as well. Were there any particular
11   issues, for example, around veterinary students?
12 DR DAVID DUNCAN: Yes, I think sometimes examinations would
13   be done online, rather than in the surgery or on the
14   farm. We have a university farm. But once you get into
15   outside disciplines, it was easier to maintain the
16   social distancing that was required to meet the
17   government's regulations.
18 Q. Thank you. Professor Macbeth?
19 PROFESSOR PENNY MACBETH: Yes, so really similar experiences
20   from us, really obviously focusing on standards. Where
21   we had professional accreditation with the Royal
22   Institute of British Architects, there was a very clear
23   network approach from the architecture schools in terms
24   of how they would maintain standards and work through
25   the requirements from RIBA. So I think that worked

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1   quite successfully there.
2   One of the things we really had to do and to focus
3   students' minds on and particularly graduating students
4   was even though our graduate shows are now separated
5   from the final examination of work, they're very much
6   intrinsically linked in the students' minds and so
7   therefore we had to really strongly reiterate that they
8   were two separate pieces of work. But also there was
9   this absolute need for students to be able to showcase
10   their work in a different way to the way they would
11   normally have done through graduate shows, but actually
12   to have graduate online shows.
13   So that process of gathering a digital portfolio,
14   where we had to encourage students to possibly rethink
15   what their outcomes had previously been going to be when
16   we closed in March. You know, you're not suddenly going
17   to be able to weld a very large—scale sculpture, you
18   might have to do something else. To support the student
19   in understanding there would be no detriment around
20   that, that would all be taken into account and the
21   previous trajectory and the way they had been working
22   had been documented and fully understood and we could
23   get to an endpoint. But also then to reassure that,
24   yes, we would show the work and actually now to an
25   international audience on these digital platforms that

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1   then have a legacy beyond the normal time span of a
2   graduate show.
3   So although that was a very difficult moment for
4   students and we did actually follow up later on with a
5   whole series of pop—up shows that probably we have only
6   just concluded actually doing for students to give them
7   that exposure in person to the art world, that I think
8   is something that stayed with us. And so most
9   institutions now do have graduate online platforms as
10   well as their physical shows. So a whole range of
11   approaches.
12   We do a whole range of internal examination as well
13   as externally examination, which we invite colleagues
14   from the rest of the sector to engage in. And so our
15   methods in a sense were already worked through. They
16   just had to happen in a different realm, which was
17   digital, rather than physical, in the first instance.
18 Q. Thank you very much.
19   Then if we could perhaps move on to mental health,
20   wellbeing and social impacts, and include discussion,
21   for example, on impacts and mental health and wellbeing,
22   any support offered, social impacts, disproportionate
23   impacts on particular cohorts of students or other
24   relevant key issues. And I think in this context if we
25   can focus on mental health and wellbeing and social

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1   impacts on students rather than staff, because we'll
2   come on to discuss impacts on staff separately.
3   So perhaps we can start with Dr Duncan this time
4   followed by Professor Macbeth and Professor Leydecker.
5   DR DAVID DUNCAN: Thank you, I mean this is a very broad
6   topic. To start with, with social impacts, obviously, a
7   lot of students were living away from home and so when
8   the pandemic started, when lockdown started, a lot of
9   students couldn't go home and so we felt as an
10   institution we had a duty obviously to help to look
11   after, in the general sense, students, particularly
12   students living in our residences. There was one
13   residence with 1200 students, all first year students,
14   in Maryhill in Glasgow where at the peak we had
15   something like 600 students were testing positive for
16   COVID, which basically meant every flat in that building
17   people couldn't go out. They were having to stay in and
18   they were having to be supplied with food.
19   That was probably the most severe example we had as
20   a university, but obviously you had people socially
21   isolated, facing practical issues like access to food
22   and so on, but also suffering the loneliness and
23   isolation that could come from that and being separated
24   from their families, which is what was different from
25   the rest of the population. And of course that

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1   continued throughout the successive lockdowns as well.
2   I think it's probably fair to say that overtime more
3   students over the years —— certainly the years I have
4   been in this job —— more students have been coming
5   forward with mental health conditions and with
6   conditions like neurodivergence on the autism spectrum,
7   ADHD and so on of varying levels of severity. I think
8   we have seen since 2020, the numbers here are 54 per
9   cent increase in students coming forward to register
10   with our disability services and 42 per cent of them
11   have mental health issues and we see that number
12   realising. I think overall we have got about 14 per
13   cent of our students now have registered with disability
14   and that's higher in other universities. I think in
15   Edinburgh it's closer to 20 per cent. So there was a
16   trend that was happening I think before COVID. I think
17   it's impressionistic, but you can sort of guess from the
18   numbers that COVID has exacerbated that experience but
19   the trend is continuing post COVID.
20   So mental health issues is one thing, social issues
21   is another, but the two obviously intersect. We could
22   probably talk for hours about it. It was a very
23   important aspect of the provision that we tried to offer
24   students throughout the pandemic and beyond.
25 Q. Thank you. Professor Macbeth?

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1   PROFESSOR PENNY MACBETH: I concur with Dr Duncan on pretty
2   much everything he has just said, apart from we didn't
3   have major outbreaks in our halls of residence, I think
4   partly because some of your students had managed to
5   travel home prior to the main lockdown. But the
6   students that were left were either students that didn't
7   feel they were able to go home or international students
8   who were still with us. So at various points in the
9   pandemic and various moments, we may have had more or
10   less students, but we did manage to avoid major
11   outbreaks, which I think was helpful. But essentially
12   it was that loneliness, isolation, or potentially a
13   student being in a group where actually perhaps
14   relations had broken down for one reason or another and
15   that's quite hard to manage, although an awful lot of
16   pastoral care went into those residences in terms of
17   care packages and a whole range of wraparound
18   interventions essentially.
19   But of course the trend around mental health and
20   wellbeing being a problem that was increasing within the
21   sector and very noticeable I think to us all over the
22   last 5— to 10—year period had meant we were building our
23   teams in that area, but essentially actually there is
24   such a need for specialists in that field that actually
25   it's quite hard to access them.

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1   So we had a small team, because we're a small
2   institution . We then really invested in a whole range
3   of other sort of online platforms, triage options and
4   certainly in the Christmas period 2020, when we went
5   into a second lockdown, we were very concerned about
6   people —— students' situation at that point during that
7   period and put in a whole range of additional
8   interventions and had a senior call system, which I
9   think most institutions did, but really mindful also of
10   the impact of our counselling staff at that point and
11   actually the enormous work they had done and the
12   terrific work they had done and that actually that whole
13   triage of that space we needed to make sure that they
14   had some downtime as well.
15   So we put in a whole range of measures actually that
16   we've kept now, because actually they ensure that
17   somebody doesn't drop through any gaps in our systems,
18   which is obviously absolutely essential . I think the
19   issue really was around students that wouldn't perhaps
20   normally have been affected, the loneliness , isolation ,
21   but also the uncertainty of the situation with us moving
22   in and out of tiers or in and out of lockdowns. So for
23   anyone that's feeling vulnerable, that lack of certainty
24   actually increases that. So I would say that would be
25   something we really need to consider in a future

1   pandemic.
2   Q. Thank you very much. Professor Leydecker?
3   PROFESSOR KARL LEYDECKER: Yes, I think thinking about the
4   four harms, the individual and societal wellbeing, this
5   is absolutely squarely the issue here around student
6   wellbeing and there is no doubt, as colleagues have
7   already mentioned, that there were very significant
8   impacts on mental health across our student body and I
9   think that some of that has been lasting as well . It
10   was good that we were able to get some additional
11   support with providing counselling , for example, but
12   there's no doubt that that level of counselling has
13   needed to remain in place and indeed expand even in
14   subsequent years post pandemic.
15   As we talked about a little bit earlier , the range
16   of different support needs was one of the defining
17   things. So there were people who were isolated, as we
18   have heard. There were people in private rental
19   accommodations who were perhaps particularly isolated
20   away from home and away from even, you know, a student
21   in the nextdoor room or whatever. There were people in
22   halls of residence who were subject probably to greater
23   restrictions , because there were testing regimes and the
24   close proximities than perhaps other groups in society,
25   even though infection levels I think have been proved to

1   be pretty similar across that age group subsequently.
2   There were students who were —— simply didn't have a
3   home to go to. That's —— there were care experience
4   students, there were international students who had to
5   remain in residence and I think that was not always
6   fully appreciated.
7   So I think the key was having a dedicated team of
8   people who cared passionately about trying to respond to
9   the varying needs, whether in our own halls of
10   residents , whether in the private rentals sector,
11   whether the students were at home and working remotely.
12   So we worked really hard on trying to understand what
13   they were facing and then to try to respond to it and to
14   try to create that social opportunity they were so
15   missing. There's no doubt that that had a significant
16   and lasting impact on that cohort, those cohorts of
17   students that went to university during that period:
18   Q. Thank you.
19   Professor Leydecker, if I could just ask you to
20   elaborate on something you mentioned there, you
21   mentioned the testing regimes and that it subsequently
22   turned out that the levels of infection amongst the
23   students were reflective of the wider population of
24   their age group. What sort of consequences were there
25   of that or if you could elaborate a bit for about what

1   the testing regimes were as well, please.
2   PROFESSOR KARL LEYDECKER: I think outbreaks in student
3   halls of residence were probably more prominent, were
4   more visible in the media and in the public perception
5   and that led perhaps to longer restrictions on the way
6   we were able to operate, compared with other
7   jurisdictions . So for example, in the latter part of
8   the pandemic when restrictions were beginning to be
9   lifted , we had considerable distancing requirements in
10   place, for example, in our libraries and public spaces
11   that were not operating in nightclubs and pubs. And so
12   you had a differential between what was possible for our
13   students and what was possible for them in other
14   contexts, and I think that that was not necessarily
15   helpful in allowing universities to create the kinds of
16   social spaces, the kinds of interactions socially that
17   for a group that was, you know, predominantly amongst
18   that younger 18 to 22—year—old cohorts, that's not all
19   of our student body of course, but for those students
20   I think that they were probably subject to restrictions
21   in university settings for longer than was necessary and
22   longer than was operating in other contexts. And that
23   was both confusing for them and also I think detrimental
24   in allowing us to create the right social and learning
25   conditions to improve their mental health.

1 Q. Thank you very much. If we could then move on to
2   discuss the —— again it's in quotation marks ——
3   "reopening" of university campuses and return to
4   face—to—face learning, and include in the discussion,
5   for example, multiple closures and reopenings and any
6   issues around that, the level of understanding by the
7   Scottish Government of the complex nature of
8   universities, which we have already touched on in the
9   context of closures, any issues in relation to the
10   differences in rules and guidance for Scotland compared
11   to other parts of the UK and across different parts of
12   Scotland —— we have already touched on that, but if you
13   could laboratory on that —— and for universities
14   compared with other sectors in society.
15   Any issues with the sort of one—size—fits—all
16   approach given the size and locations of different
17   campuses and the practical consequences of applying
18   particular a rule, for example the 5 per cent threshold
19   or the two metre distancing requirement, which we have
20   already touched on, and any particular challenges in
21   getting staff and/or students to return to campus and
22   any other relevant key issues.
23   There is a lot in there, but please feel free to
24   pick and choose what are the key ones. If we can
25   perhaps start with Professor Leydecker and then work our

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1   way back down the line with Professor Macbeth and
2   Dr Duncan?
3 PROFESSOR KARL LEYDECKER: So the framework was introduced
4   of levels. While on the face of it helpful in providing
5   that framework, I think our perception was that it was
6   almost one level too far in the direction of restriction
7   throughout, so at various levels, level 4, level 3, the
8   presumption was of very little in—person level, except
9   when it was absolutely essential, and that persisted for
10   a very long time and meant that we were operating under
11   a much more restricted environment and planning
12   framework than universities in other parts of the UK.
13   So, for example, in May 2021 in England universities
14   were largely returning to in—person learning. That did
15   not occur in Scotland until March 2022 when broadly the
16   pandemic was deemed to be beyond level zero in Scotland,
17   and I think that that —— I think colleagues south of the
18   border were astonished at the extent to which we were
19   still operating as they had been operating during the
20   early stages of its pandemic. So I think that had a
21   very significant impact on higher education in Scotland
22   in terms of our ability to shorten the severity of the
23   impact and the kind of impacts we've talked about in
24   relation to mental health and so forth.
25   That's probably the key area I would want to focus

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1   on. Perhaps stop at that point just for now.
2 Q. Okay, we can perhaps move down and come back.
3 PROFESSOR PENNY MACBETH: Okay, so there were a number of
4   things that really affected us in terms of that
5   reopening and I completely agree with everything
6   Professor Leydecker has just said.
7   Certainly that moment around Christmas 2020 to
8   January 2021, the uncertainty and concern around whether
9   students would be able to travel home and how that would
10   manifest itself and also then how they would come back
11   was an immense moment of concern I think for all of us
12   just in terms of, you know, what would be the
13   implications if that weren't able to happen. So I think
14   that was a hugely concerning moment and particularly in
15   terms of the different rules that were operating in the
16   other four nations, never mind internationally, but that
17   sense of if you were going to England or if you were
18   going to Wales, et cetera, et cetera, what that might
19   mean for a student or even a member of staff actually.
20   So I think that's something that we really need to think
21   of going forward.
22   In terms of Scotland in terms of art schools,
23   doesn't really apply to the conservatoire in quite the
24   same way, I don't think, we certainly had a lot of
25   pushback between students who had friends, siblings at

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1   other art schools, Edinburgh College of Art and Duncan
2   of Jordanstone, et cetera, because they were in
3   different tiers a lot of the time to us in Glasgow and
4   we were in a much higher tier. So our students quite
5   rightly probably thought why are they being so punitive,
6   why are they being so strict with this and of course it
7   was our particular setting and circumstances which of
8   course we communicated and reiterated, but,
9   nevertheless, it was very difficult for them to
10   understand that. And of course in terms of staff, that
11   was confusing for them in terms of commuting staff as
12   well and whether they were able to commute to us to be
13   on campus, if that was necessary, once we had started to
14   open up.
15   We also had changes and differences in our operating
16   model between our Highlands campus and our Glasgow
17   campus for the majority of the pandemic. In terms of
18   return to campus, certainly for ourselves there was a
19   moment where we were allowed to allow 5 per cent back
20   onto campus in sort of late 2021. We were in a position
21   where certainly conservatoires and art schools needed to
22   lobby across from UK into Scottish Government to say,
23   actually, we need all of our final years back in or end
24   students who were about to graduate so they can actually
25   use the resources, because everybody in the rest of the

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1   UK is doing that now and we're now at a huge
2   disadvantage. We're putting our students at a
3   disadvantage. There's no data that's telling us that
4   that is putting anyone in a difficult situation and
5   actually, because of lobbying across from universities'
6   UK groups into Universities Scotland and close work with
7   the minister at that time, we were able to make that
8   case and to get back in at that point.
9   But that fluctuation and the optics of how we looked
10   in Scotland in terms of why you might apply to us and
11   come to us when they are trying to weigh up should I go
12   to an English art school rather than a Scottish art
13   school, in terms of our inability to allow full access
14   or even any access into campus for most groups was
15   really concerning and did affect us and we're probably
16   only just recovering from that now.
17 Q. Thank you. Dr Duncan?
18 DR DAVID DUNCAN: Similar theme really, we felt that at this
19   stage the regulation —— the enforcement of the
20   regulation was too slow in moving and also there were
21   frankly too many stages in it. It became quite
22   confusing to remember the differences between the
23   different stages and I think some of the advice we got
24   nationally at that stage was a bit weak. Lots of
25   confusions about whether you were supposed to cut

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1   bottoms off doors and all the rest of it just became a
2   little bit ridiculous.
3   I think as a consequence of that there was a certain
4   sense of loss of moral authority. Whereas people at the
5   start of the COVID—19 pandemic were prepared to accept
6   any rules, because they didn't know what's going to
7   happen, by that stage they were beginning to become
8   sceptical about the rules that were being applied which
9   were too slow in moving and too complicated and too
10   confusing.
11   Then the differences between the rules in Scotland
12   and England it was impossible really to understand why
13   there had to be any differences. Even the slogan was
14   different. In England they had, what was it, "hands,
15   face, space". In Scotland we had some longer slogan to
16   go with. It just became a little bit confusing and, as
17   I say, I think there was a bit of a loss of moral
18   authority, particularly with that younger demographic.
19   People 18 to 24, most of out students in that age group
20   are the least at risk demographic. Most of them had had
21   COVID. They had also been vaccinated. They knew that
22   if they got COVID, the worst of their symptoms for the
23   vast majority were like a common cold and yet they were
24   being restricted in their activities.
25   You know, some of the more —— some of the odder

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1   aspects —— there was a joke going around that are if you
2   declared your library a pub, you would be able to reduce
3   the social distancing that you were required to do,
4   because in pubs you could stand closer together than you
5   could in a library. These sort of things didn't seem to
6   make sense to people and I think there was a certain
7   amount of dissonance in that period.
8 Q. Thank you. In terms of were there any challenges in
9   getting staff and/or students to return to campus at any
10   point and perhaps I can start with you, Dr Duncan and
11   work our way back up the line.
12 DR DAVID DUNCAN: I think for students, no. I think
13   students were keen to come back and they were keen to
14   come back earlier than they were allowed to and the kind
15   of year difference between England and Scotland I think
16   was particularly unfortunate.
17   For staff it varied. Some —— people are different
18   and some staff had internalised a degree of anxiety that
19   sometimes was expressed to us individually, sometimes
20   through the trade unions. And so for some people it was
21   harder and it still is for some people harder than
22   others. But I think most staff were pretty keen to come
23   back when they were allowed to and saw it as a blessed
24   relief from being trapped in their own homes.
25 Q. Thank you.

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1 PROFESSOR KARL LEYDECKER: I would add, I do think that for
2   some staff —— there were particularly vulnerable groups
3   of course and we worked really hard to ensure that we
4   understood who were in the most vulnerable category and
5   to ensure that they were not needing to come back and we
6   took a very patient and humane and sympathetic approach
7   to those who did have that and it wasn't simply staff as
8   well.
9   I do think there were many students who were quite
10   reluctant to return and I guess one of the lasting
11   impacts is that, you know, there's no doubt probably
12   that campuses are less busy in terms of both staff and
13   students following that and it has impacts for our
14   thinking about the future of our estate, what kinds of
15   space to create in order to facilitate that social
16   interaction, because there's no point coming into a
17   campus where the buildings are empty. So I think while
18   there's not necessarily reluctance, we did all put in
19   place homeworking arrangements which have remained in
20   place and had a lasting impact.
21   So reluctance not, but not always reluctance but
22   just changed patterns of ways of working that people had
23   found other ways of working and for some that has been a
24   positive thing. They have been able to balance work
25   with care and so on. We may come onto impacts on staff,

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1   but that certainly —— so it was not a straightforward
2   return, you know, now everyone is back, so to speak. It
3   was quite nuanced and a lot of individual circumstances
4   were taken into account in relation to both staff and
5   students.
6 Q. Thank you. And Professor Macbeth, did you have anything
7   to add?
8 MS VAN DER WESTHUIZEN: I have nothing to add actually.
9   I think it's been covered by colleagues.
10 Q. Okay, thank you.
11   Well, then perhaps we can turn to impacts on
12   universities, university heads and staff and include in
13   the discussion, for example, financial impacts on
14   universities, impacts on the ability to recruit foreign
15   students, any ongoing impacts and any other relevant key
16   issues.
17   And perhaps we can start with Professor Macbeth and
18   then followed by Dr Duncan and Professor Leydecker.
19 PROFESSOR PENNY MACBETH: So in the first year of COVID, the
20   financial impacts were very kind of apparent to us all
21   and I think we all modeled a whole range of scenarios in
22   terms of what the financial impact would be in terms of
23   particularly loss of international students, but also
24   home and rest of UK students as well. There was a
25   financial impact for us, but it was at the lower end of

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1   our modeling. You know, potentially, it could have been
2   really problematic for us.
3   That was —— we managed to mitigate that, I think,
4   because there was a lot of leeway between if students
5   might start online. If they were international
6   students, we couldn't necessarily expect them to start
7   in person, because we didn't know if in person was even
8   going to happen. So there was a lot of unknowns and I
9   suppose in a sense we were able to make that work. So
10   although financially there was an impact, it did affect
11   us and obviously that has an ongoing impact as we move
12   forward that I think we mitigated that as much as we
13   could and we did have support in doing that from the
14   Funding Council and others and were very much listened
15   to in terms of our concerns in that space.
16   In terms of recruitment, I think it did obviously
17   affect our international recruitment, but it affected
18   also a whole range of home and rest of UK students in
19   terms of the decision as to whether they would come to
20   university in Scotland or whether they would perhaps
21   rather go somewhere else in the UK where they could see
22   slightly less stringent regulations. Of course
23   sometimes that works in reverse, because some people
24   like the more regulated environment and are happier with
25   that, but generally that did affect us in small ways

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1   I think.
2   In terms of heads and staff, I think obviously just
3   the enormous amount of work that has to go into an
4   emergency situation and the new ways of working which
5   stay with you and are positives, but you still have your
6   core business to attend to, you still have your
7   strategic plan to attend to. And I think there was
8   certainly a point sort of December 2020, January 2021,
9   where it was quite clear to us all I think that business
10   had to continue as usual and we had to manage our
11   pandemic strategy so we had —— we had moved to a COVID
12   gold group and in a sense we needed to manage that as a
13   key strand, but it had to be managed parallel to our
14   core business and our other sort of obligations in terms
15   of student experience, partnership, et cetera, et
16   cetera.
17   So I think we all sort of moved into that space
18   whilst managing and managing an awful a lot of time and
19   effort at very senior levels. The amount of time
20   principals meant was I think monthly if not bi—weekly at
21   certain points, normally that's a quarterly meeting for
22   us, and certainly other colleagues in similar networks
23   and working into government networks. So just the
24   enormous effort for ourselves, but also our student
25   representatives as well, our student associates and

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1   student unions, the amount of work they did within their
2   networks, but with partnership with us I think was
3   extensive and I think can't be underestimated.
4   It does mean that we all have a blueprint for what
5   we do if there's another pandemic or other really
6   concerning situation that we need to kind of get
7   ourselves around quickly, and I suppose you have to just
8   take the enormous effort into a moment of well,
9   actually, we know we can do that and we know how to do
10   it, we have the tools to do it. So I think that's
11   important for us to note.
12 Q. Thank you. Dr Duncan?
13 DR DAVID DUNCAN: Not too much to add. It's worth saying
14   that in universities like ours it's no secret we are
15   heavily depend on income from the international student
16   fee account and that's important both in terms of
17   income, but also in terms of our global reputation and,
18   at the early days of the pandemic, we were scenario
19   planning for a complete loss of international students
20   and catastrophic loss of income and global reach.
21   In reality, that didn't happen. You know, we
22   managed to maintain our recruitment of international
23   students and our attractiveness and the income
24   associated with it through the pandemic and that was,
25   you know, it wasn't something we anticipated, but so it

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wasn't really as bad as we had thought.

The impact on research activity, as I think we said earlier, was probably quite severe and a lot of research activity was disrupted and we're still recovering from that now I think. Otherwise, I think, as I was saying earlier, to some extent, as in other sectors, we surprised ourselves with how agile we could be when faced with a major challenge like this and I think because there was a will across the student population, across the staff population to respond positively and to adapt to the new situation, there was a kind of a Dunkirk spirit that affected the whole place and I think positive outcomes and we learnt new skills through it.

University of Glasgow ran one of the national PCR labs. We hired 800 staff within a few months and tested tens of millions of people right through the pandemic and then let those staff go at the end of it. So these sorts of reactions and responses to, you know, what was a national crisis I think were genuinely positive.

We also worked to avoid advantage. There's a risk that people's promotion prospects and so on would be impeded by not being able to engage in things like research activities and there was a lot of effort went on with the trade unions quite often to make sure we were being fair to all staff groups.

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Q. Thank you. Just in relation to you mentioned then obviously no secret that the universities are heavily dependent on funding from international students or income from international students, one of the concerns raised by the National Union of Students when they gave evidence last week was specifically in relation to international students signing up for courses specifically in the 2020/2021 year, and not getting the experience that they signed up for by having to go into lockdown.

Do you have any comments on that? And I think Professor Macbeth has suggested that Glasgow School of Art allowed international students to start online before coming in. What was the position in Glasgow?

DR DAVID DUNCAN: It was very similar. Obviously, everybody's experience was affected by COVID and by a switch to largely online learning and that probably particularly affected international students. UK universities are incredibly attractive for international students. We attract —— you know, we compete with the best in the world in that sphere and Glasgow and other universities here represented included in that, but we maintained that attractiveness I think through the COVID period and we did our best to make sure that the experience was a meaningful one for all students,

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whether international or home students.

Q. Thank you. Professor Leydecker?

PROFESSOR KARL LEYDECKER: Just to add to that. I don't think there's evidence, for example, from the national student survey that's conducted across all universities of a fall in satisfaction through the pandemic.

I think colleagues have covered off the financial impacts. I don't think they were —— they didn't turn out to be what we anticipated.

I would like to focus more on the wellbeing impacts on staff. I think there's no doubt that the workload pressures were exceptionally intense, throughout the pandemic, but particularly in the early part. We conducted a survey, a COVID survey, in June 2020 and the overriding message was around workload pressures and that was really across the board. It was ——

We've heard about the pressures on our academic staff to deliver education in a new way while trying to sometimes do research at the same time, but there are also our technical professional support staff, the ones who were on campus. We worked really hard to ensure that they felt that we really valued them in the communications that we put out. I think the key thing was to create a sense of a single community working together across the entirety of staff and students.

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We took a number of measures to address the workload challenges. We set up a group with our campus trade unions to look at how we might address workload and I think that stood us in good stead. We took a number of key decisions that have been long—lasting about the organisation of meetings, the timing of meetings, the length of meetings, the avoidance of email out of hours and at weekends, the necessity of people taking their annual leave and so on to try to address those ongoing workload pressures. Those workload pressures were repeated in the 2020 end of day year survey and in our survey in 2022.

There's no doubt that the pandemic put an enormous strain on people because they wanted to do the right thing for the staff that they were working with and the students that they were working with and —— but those are, I think, lasting issues and there's no doubt that, you know, that there is some talk of burn out amongst some staff, because of the work that was put in throughout that period. People in the NHS, our clinical staff, you know, were working incredibly hard to maintain the care in those clinical settings, while also trying to deliver education in teaching our medical students.

Those are just some of the elements of it, but

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1   I think we need to put on record that was a really key
2   concern and the partnership working with trade unions
3   was really strong in our institution, I believe, across
4   institutions and that that stood us in good stead in
5   trying to work through those exceptionally challenging
6   years for all of us.
7   Q. Thank you, I'm going to come on just under this heading
8   to ask you all about key worker status, which we touched
9   on in the context of impacts in relation to research.
10   So I'll come on to ask you about it more generally
11   across, but, Professor Leydecker, before we move off,
12   Professor Duncan mentioned working to ensure staff
13   weren't adversely affected in terms of career
14   progression I think.
15   In Aberdeen University you mentioned, when you were
16   discussing impacts on research, PHD students in
17   particular and then you touched on those with caring
18   responsibilities, staff with caring responsibilities.
19   Which staff were those that might have had higher caring
20   responsibilities?
21   PROFESSOR KARL LEYDECKER: So in our survey in 2020, 44 per
22   cent of respondents said that they had caring
23   responsibilities, this is across all staff, and 47 per
24   cent reported that this included homeschooling
25   responsibilities. These were widespread experiences by

1   our staff and that's why we had to make adaptations, for
2   example, in our promotion system to allow people to
3   indicate where there might be mitigations in relation,
4   for example, to the volume of research outputs or amount
5   of activity that they might have been able to do.
6   We also tried to prioritise those who had been most
7   impacted for things like research leave when that was
8   possible to take when the pressures were off and teams
9   were able to free up staff, but it was really all hands
10   to the pump of for a while. But that had a
11   disproportionate impact on those with caring
12   responsibilities, particularly in relation to
13   homeschooling, which particularly of a younger age
14   cohort. I think it really depended on the age of one's
15   children as to how intensive that period was. But that
16   was really —— and obviously for single parents it's a
17   much more complicated arrangement to try and balance
18   that —— those responsibilities with —— to the education
19   of the next generation with carrying out one's role at
20   the university.
21   Q. And was there any —— was it equally split between men
22   and women or was it disproportionately backed on?
23   PROFESSOR KARL LEYDECKER: I think probably more women had
24   more responsibility for more of the care, but we
25   realised early on that that was a —— that was —— one

1   shouldn't jump to that conclusion and there were
2   certainly households where that was not the. Case, for
3   example, you might have had the a female member of the
4   household might be a key worker going out to work in a
5   hospital or whatever and so the responsibility fell on
6   perhaps want male in a household in a two—person
7   household with young children.
8   So again, best not to jump to conclusions about
9   which particular demographics were impacted. We did
10   some work about —— early on in the pandemic looking at
11   our research grant applicants and so on and we found
12   that actually, early on at least, there were not
13   particular gender impacts that we could see in the work
14   that we're doing. We tried to monitor that very
15   carefully. So I wouldn't draw general conclusions.
16   Q. Thank you. And then perhaps we can just then touch on
17   key worker status and whether that was —— you mentioned
18   that research staff weren't granted key worker status.
19   What was the issue in relation to other just general
20   teaching staff and other staff, nonacademic staff, and
21   perhaps start with Professor Leydecker and work back
22   down the line?
23   PROFESSOR KARL LEYDECKER: I think it didn't really matter
24   what role you're in, this was a potential impact both ——
25   we talked about research before, but there were those

1   who were heavily involved in the education side who were
2   obviously having to deliver probably more classes in
3   smaller groups when we were able to return to in—person
4   teaching in small groups and so forth. But also those
5   who had to come on to campus to do their roles, the ones
6   who were providing the food parcels to students, who
7   were doing at the laundry, the ones who were maintaining
8   the IT systems, the ones who were doing all of that
9   work.
10   So I don't think it was a particular part of our
11   workforce. I think it was —— I think as I have said
12   there was a general impact and possibly the ones who had
13   to be on campus were the ones who had the most challenge
14   in any way, because if they weren't able to find —— if
15   they didn't have key worker status, then they clearly
16   had significant difficulties in being able to come on to
17   campus and find other arrangements for the caring
18   responsibilities at home and the homeschooling
19   responsibilities.
20   Q. Thank you. Professor Macbeth?
21   PROFESSOR PENNY MACBETH: Yes, so essentially pretty much
22   all staff, whether they were coming in and key workers
23   or whether they were not deemed to be key workers but
24   having to not only home school, but potentially be
25   carers as well for others who wouldn't necessarily be

1   able to go into a health or medical setting that perhaps
2   previously would have been able to do, in a sense that
3   affected everyone, but they did have to continue
4   working. And I think the thoughts about how key worker
5   status is allocated I think is absolutely key going
6   forward, because the pressure is on those —— everybody
7   really in that situation.
8   And I agree with Professor Leydecker, I don't think
9   it kind of had a particular gender effect. I think it
10   affected all sorts overpeople in all sorts of settings
11   in a variety of ways. So I do think the notion of what
12   a key worker is and particularly if there was caring or
13   childcare responsibilities involved is absolutely
14   essential going forward.
15   We managed it. We tried to triage workload. You
16   know, we listened to folk, we had workarounds, but there
17   was an awful lot of new approaches and new ways of
18   working that had to happen. So initially devising new
19   ways of working and therefore the workload in terms of
20   perhaps delivering a class, but in a very different way
21   online meant that there was an enormous amount of
22   additional pressure, but also additional expectation
23   from the receivers of that information, whether that be
24   work colleagues or students, and then obviously going
25   back into settings or partially going back into settings

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1   with really quite small student groups. We already
2   deliver in pretty small student groups, but when you
3   have social distancing, the sort of multiplication of
4   that, but obviously the expectation from a student is
5   still the same.
6   So all of those things really need to be thought
7   through and triaged, if this were to happen again.
8   Q. Thank you. And Dr Duncan?
9   DR DAVID DUNCAN: I don't have much to add.
10   On our campuses, there were about 70 people that
11   were deemed to be I think essential workers that had to
12   come in. Certain amount of tension at times between
13   staff whose jobs required them always to be on campus
14   and others who have greater flexibility, but that's true
15   all the time anyway in universities so I think it's
16   something we lived with.
17   Q. Thank you. Then finally, if I can invite you to
18   indicate any potential lessons that can be learned from
19   the experience of the pandemic, just in order to either
20   mitigate impacts that are ongoing and/or to ensure that
21   those impacts aren't felt as severely in any future
22   pandemic or other disaster.
23   If I could start with Dr Duncan and we can work down
24   the line?
25   DR DAVID DUNCAN: Just four quick points from me.

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1   One is I remember before COVID came along being
2   advised by our health and safety people that if there is
3   ever a pandemic, you will be told what to do. Public
4   health authorities will come in, your authority will be
5   taken away and you will be given clear instruction.
6   That just wasn't the case. There wasn't draft guidance
7   in place, I think, for any sort of pandemic as far as we
8   could see. And I think the first lesson has to be that
9   the country has to prepare —— authorities have to
10   prepare with some sort of draft guidance for different
11   scenarios well in relevance next time.
12   Secondly, if we could avoid local variation and see
13   more joined—up thinking across the nations of the UK,
14   that would be helpful, because I think the variation
15   that we saw was unnecessary and extremely unhelpful for
16   us as we went about our business.
17   The third is that narrative that crept into public
18   discourse during the pandemic around balance of risk is
19   something that we need to think about from the start,
20   rather than just say, well, we'll lock everybody down
21   because that's the right thing to do to avoid deaths.
22   Well, not necessarily. You're locking people up who are
23   suffering a common cold and actually having a severely
24   adverse impact potentially on their mental health.
25   These sorts issues I think need to be kept in balance in

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1   the pre—thinking, as well as once the pandemic starts.
2   And then the last thing I think which is probably a
3   running conversation that ought to go on is around
4   making better use of the expertise that we've got in our
5   higher education institutions. I mean obviously a lot
6   of that expertise was used in all sorts of different
7   ways, but we could help prepare, we could create a
8   resilience unit, for example, that would support
9   Scottish Government in its planning and its preparation.
10   We could have a database of relevant expertise across
11   HEIs so it's not just a case of picking out a few
12   individuals to help. There are probably lots of other
13   things we could do to help in this space and I think we
14   would be willing to talk with officials and take that
15   discussion forward.
16   Q. Thank you very much. Professor Macbeth?
17   PROFESSOR PENNY MACBETH: Yes, just to sort of build on
18   that, I absolutely agree. I think a resilience unit so
19   the conversations we got to in the end were happening
20   already and just happened, because that would be good
21   for all of us, but also within that an innovation unit.
22   So one of the really strong legacies that's come out
23   of this is our approach to blended learning, hybrid
24   learning, that many of us have kept in order to do our
25   business in a better way and to augment what we already

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1　have. In a sense that could be built very strongly into
2　that and could be part of what is seen as a legacy of
3　this.
4　　　I absolutely concur that the —— which is why I'm
5　going to reinforce it —— that the consideration about
6　how we work across the four nations I think is vital
7　if —— going forward, and consistency of messaging to
8　avoid unnecessary concern, poor health, mental health
9　and wellbeing, but also just that agency for the common
10　good really, I would say. And I think, yes, no, I think
11　that's it really from me.
12　Q. Thank you very much. And finally, Professor Leydecker?
13　PROFESSOR KARL LEYDECKER: So I think to return to the four
14　harms. I think with hindsight, the third harm around
15　societal individual wellbeing was probably
16　underestimated and I think ensuring that that is fully
17　understood, that the impact on wellbeing, mental health,
18　was profound and long—lasting and should not be
19　underestimated and should form a key part of future
20　thinking in relation to pandemics.
21　　　I think government should not really impose greater
22　restriction on students than on the wider population,
23　unless there's a clear public necessity for this. And I
24　think we felt that probably at one point too many
25　different regulations and bits and pieces and changes

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1　and chopping that imposed an enormous amount of workload
2　to work out what kind of ventilation, what kind of
3　distancing, what kind of screens and so on. If a
4　broader framework were put in place and then we were to
5　be trusted to operate professionally within that, given
6　the complexity of our organisations, and I think the
7　points we made about, you know, distancing in laboratory
8　settings would be a classic example of that. That was
9　just something that if it had been left to us, within a
10　framework of working safely in laboratory settings, we
11　would have been able to operate perfectly safely and it
12　would have been to the benefit.
13　　　I think —— finally, I think we felt that it would
14　have been helpful if we had had greater access to
15　testing and vaccination, particularly testing. We had a
16　joint centre in the end in Aberdeen which was really
17　helpful. It was a community testing centre as well as a
18　university test centre. But we didn't —— we weren't
19　able to get the ability to test students there. You
20　know, the contracts were quite complicated and we
21　weren't allowed to test in a way that would obviously
22　have been of benefit. That would have allowed us to
23　test, students to test before departing for that winter
24　break, which would have been really, really useful. So
25　we had to, you know, put in place all the kinds of

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1　measures to allow them to be safe in departing.
2　　　So I think that was probably another key point that
3　we were thinking about in the future around access to
4　testing.
5　Q. Thank you very much.
6　　　My Lord. I have no further questions, unless your
7　Lordship has any.
8　THE CHAIR: No, I have no questions, but I would like to
9　thank you all for a very stimulating discussion, very
10　clearly and logically set out. I suppose I shouldn't be
11　surprised, that's what universities are for, stimulating
12　our minds and doing it logically.
13　　　In fact, listening to you took me back —— it was a
14　very long time since I was at university, but it did
15　take me back to my experience there. Thank you all very
16　much indeed. That's an end to this morning's hearings.
17　It's this afternoon just. We will be back at 1.30.
18　Thank you all very much.
19　(12.18 pm)
20　　　　　(Luncheon adjournment)
21　THE CHAIR: Good afternoon, Ms Stewart.
22　MS STEWART: Good afternoon, my Lord.
23　THE CHAIR: You have a witness for us.
24　MS STEWART: Thank you. I do. Giving evidence this
25　afternoon, my Lord, is Ms Mitchell of Glasgow Caledonian

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1　University who will give evidence on graduate
2　apprenticeships and placement—based learning.
3　THE CHAIR: Right. Ms Stewart will have some questions for
4　you. On you go Mr Stewart.
5　　　　　SUSAN MITCHELL
6　　　　Questions by MS STEWART
7　MS STEWART: Can you please confirm your full name for us
8　Ms Mitchell?
9　A. Susan Victoria Mitchell.
10　Q. And on behalf of Glasgow Caledonian University or
11　Glasgow Caledonian, for short, or GCU, you provided a
12　response to the Inquiry's Rule 8 request for
13　information; is that right?
14　A. I did.
15　Q. My Lord, that is to be found at reference
16　SCI—GCU—000001.
17　　　Ms Mitchell, you are the Chief Operating Officer and
18　Deputy Vice—chancellor at Glasgow Caledonian; is that
19　correct?
20　A. Yes.
21　Q. And how long have you held that role for?
22　A. Over six years.
23　Q. Thank you. Can you tell us a bit about what your role
24　at the university involves, typically, and also in
25　relation to the pandemic period?

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1 A. Thank you. I manage the vast majority of the
2   professional services functions, so nonacademic
3   functions of the university. But during the pandemic,
4   I was also the COVID lead for the university. So that
5   meant liaising with my counterparts in other Scottish
6   universities with Universities Scotland and, therefore,
7   with the Scottish Government around matters of policy
8   and decision—making.
9 Q. Thank you. And in terms of what we want to ask you
10   about today, apprenticeships, part of that response sets
11   out that Glasgow Caledonian is a leading provider of
12   graduate apprenticeships. Before we go onto that, can
13   you give us an outline of the university as an entity in
14   terms of its size, the number of students and
15   apprenticeships and the types of courses offered.
16 A. Of course, yes. Glasgow Caledonian is the leading and
17   largest modern university in Scotland. We offer a range
18   of programmes across areas like business, accounting,
19   law, health and life sciences, computing and
20   engineering. There are around 23,000 students. It's a
21   mix of home students and international. We're a very
22   large institution.
23   We have —— most of our degrees are very much geared
24   towards future employment, so useful degrees that give
25   qualifications that employers are looking for from our

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1   students, which is most likely why we have 91 per cent
2   of our students, according to the most recent data, are
3   in full—time employment or indeed further study
4   15 months after graduating. We —— also it's worth
5   noting that 22 per cent of our students are from the
6   country's 20 per cent most disadvantaged backgrounds.
7   We are the largest nursing provider in Scotland. We
8   are the largest provider of allied health professional
9   education and the largest provider of graduate
10   apprenticeships.
11 Q. Thank you. And indeed it's those three courses, if I
12   can put it that way, that I want to ask you about, the
13   graduate apprenticeships, I beg your pardon, the allied
14   health professions and nursing.
15   First of all, the apprenticeships, what is a
16   graduate apprenticeship?
17 A. So a graduate apprenticeship is when somebody who is
18   already in employment comes into the university in order
19   on a part—time basis so they are working and earning and
20   studying and earning at the same time in order to secure
21   a degree of some description, either an honours degree
22   or a masters degree.
23 Q. And how long does it take to obtain a graduate
24   apprenticeship?
25 A. Typically, four or five years.

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1 Q. Thank you. And you mention in the Rule 8 response about
2   the academic schools you have within Glasgow Caledonian.
3   Within which of these schools the apprenticeships
4   typically sit?
5 A. So they're in two of the schools, the School of Business
6   and Society and the School of Computing, Engineering and
7   Built Environment.
8 Q. And in terms of the sorts of professions or trades the
9   people studying an apprenticeship can hope to enter, can
10   you give some examples of those?
11 A. Yes, so we would be talking about the construction
12   industry or we might be talking about software
13   development, accounting, business management of some
14   description, AI, data science, those sorts of
15   industries.
16 Q. Thank you. You mentioned at the outset that these
17   apprentices are in full—time employment and attend
18   university part—time. Can you give an idea of how often
19   they attend university? Is it sort of weekly or in
20   blocks of time?
21 A. Usual format is about a day a week, but it does vary
22   from programme to programme, depending on the sorts of
23   industries people are coming from. So we might set it
24   up so they attend for a more protracted period, saw a
25   week at a time, rather than a day a week, but typically

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1   it is a day a week is the norm.
2 Q. Are we to understand that the format for these
3   apprenticeships means that the practical elements of
4   their training are done while in the workplace and the
5   theoretical elements are done at the university or is
6   there more of a crossover than that?
7 A. That's correct to say, but it's also true that the
8   assessment needs to cover —— that the university
9   oversees cuts across both the workplace and the academic
10   side.
11 Q. Thank you. I want to look now with you at the impacts
12   on those apprentices if we think to March 2020 and what
13   we're terming and what's commonly termed lockdown.
14   There will have been some working for their employer and
15   some at university. Can I ask you to describe just in
16   broad terms for us the impacts on these two cohorts,
17   perhaps taking those at university first?
18 A. Yes. So they wouldn't be wholly at university or wholly
19   at their employer. Most likely at the time, there would
20   have been a combination of the two through the week. So
21   the impact was very similar from an academic point of
22   view that it would have been for any undergraduate
23   student. So the students, of course, had to study from
24   them, but of course in most cases they were also working
25   from home those days when they were working for their

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1   employer, rather than doing their academic study.
2 Q. And in terms of the impacts they experienced, are they
3   broadly the same as those doing other practical
4   subjects, for example?
5 A. Yes, absolutely. All study moved online. The only
6   difference would be that for the days when they would
7   normally have been in their employer, typically, they
8   obviously couldn't be doing the practical work and
9   therefore had to be at home.
10   Some of them of course were furloughed for the
11   period, a small number were made redundant and so then
12   there was then another challenge about how do we then
13   support them to secure alternative employment.
14 Q. Thank you. We've heard from a panel of college
15   principals and another panel just this morning
16   comprising university principals about the impacts on
17   practical subjects and a little bit about at the impact
18   on apprentices. Would you say there were more or fewer
19   negative impacts on apprenticeships, apprentices, I beg
20   your pardon, because of their link with an employer, for
21   example?
22 A. People may see it in different ways. I would argue that
23   perhaps —— well, it might be argued that there was less
24   of an impact on a graduate apprenticeship individual,
25   because they had other supports networks. So they had

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1   the support of the university, they will also have had
2   the support, in the main, from their employer, but it
3   will doubtless have varied from individual to
4   individual.
5 Q. You set out in your Rule 8 response for us that when the
6   reopening of campus was permitted, or at least permitted
7   to a degree, you prioritised those doing practical
8   courses, did that include apprentices?
9 A. Yes, and no, depending on the particular programme of
10   study. It would have —— because that practical element
11   is typically in the workplace. So from our side, from
12   the academic side, they wouldn't necessarily have been a
13   priority.
14 Q. Thank you. In relation to the impacts on apprentices,
15   you have set this out at is various sections of your
16   Rule 8 response, but if I may focus on what's said at
17   section 3H, page 15. You have a heading there:
18   "GCU Graduate Apprenticeships: Insights."
19   And you set out here the scale of the graduate
20   apprenticeship offer that you have at Glasgow
21   Caledonian, 345 apprentices and 200 employers.
22 A. Hm—hmm.
23 Q. You say this is offered across seven programmes.
24 A. Yes.
25 Q. Are we to understand the programmes as different to the

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1   schools?
2 A. Yes, a programme of study. So civil engineering would
3   be a programme of study, accountancy would be a
4   programme of study and those are component parts within
5   a school. So within a school there might be an
6   undergraduate degree in accountancy, but there is also a
7   graduate apprenticeship qualification in accountancy.
8   They run side by side.
9 Q. In that same section, you explain that the scale of the
10   apprenticeship therefore made it difficult for the
11   university to manage on one hand continuity of education
12   and on the other employer support. Could you explain to
13   us a bit about the relationship between the university,
14   the apprentice, the employer and how that works?
15 A. So we have a dedicated team who recite GAs, as we call
16   them, into the university through the employer. So they
17   work with the employer. At the outset when they're ——
18   typically often helping an employer to define what
19   skills and qualifications they need to develop to enable
20   their own workforce moving forward.
21   So at the very outset, there is a triumvirate
22   relationship between the student, the university and the
23   employer. That became quite critical during COVID,
24   because that team were able to liaise with the employer
25   and make sure that suitable support was being provided

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1   to the student, but to make sure that the employer's
2   needs were being met and whether anything needed to be
3   flexed in the programme.
4   One of the things we were able to do really
5   successfully at the university is flex a GA programme to
6   meet the needs of the employer, which could of course
7   have changed during the COVID period. So we were able
8   to do that through that very careful business
9   partnership relationship.
10 Q. Can you tell us a bit more about what that might look
11   like in terms of what you were able to do? Would it be
12   to alter the order in which you taught certain component
13   parts?
14 A. Thank you, yes. So we very much changed the chronology
15   of events. Excuse me. So where there might have been a
16   period of learning followed by a period of placement ——
17   not placement, sorry, that's the incorrect word —— by a
18   period of time in the workplace, if that time in the
19   workplace couldn't happen, we moved events around so
20   that some of the academic learning was consolidated at a
21   period of time when the individual student couldn't go
22   into the workplace, which is incredibly helpful. It
23   maybe meant that the sequence wasn't the ideal sequence,
24   but it meant that the students could continue their
25   studies and come out the other side of COVID without

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1　　　having had a significant detrimental impact.
2　　　　　That negotiation and navigation was quite special
3　　　from a graduate apprenticeship point of view and I think
4　　　was incredibly helpful for your students.
5　Q.　Should we understand then there wasn't an impact in
6　　　terms of delay in terms of qualification or career
7　　　progression in that regard?
8　A.　That's correct, yes.
9　Q.　You speak about a large component of the apprentices
10　　　during COVID being employed in the construction sector
11　　　and you have mentioned today in your evidence about
12　　　furlough being a significant feature. What impact or to
13　　　what extent did that have an impact on the apprentices?
14　A.　I think for those that were furloughed it was obviously
15　　　a very concerning time and one of the things we spent a
16　　　lot of time doing as an organisation is providing
17　　　reassurance and support. However, furlough wasn't as
18　　　challenging as being made redundant and we specifically
19　　　needed to support those individuals who couldn't
20　　　complete a graduate apprenticeship if they didn't have
21　　　an employer.
22　　　　　So actually in that instance, in those instances, we
23　　　were able to try and work with the individuals and our
24　　　network of employers to find them alternative employment
25　　　to enable them to continue with their GA programme,

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1　　　hugely successfully.
2　Q.　Thank you. To what extent was redundancy a problem for
3　　　the apprentices?
4　A.　It wasn't huge, but of course each and every case is
5　　　huge to the individual.
6　Q.　Indeed, and what about furlough, was that a widespread
7　　　problem across ——
8　A.　It was, it was a reasonably common occurrence.
9　Q.　Thank you. And is that that solely or prominently in
10　　　relation to construction or across the piece?
11　A.　I would have to have a look at the numbers to tell you
12　　　that, but I could find that information and share it.
13　Q.　Thank you very much. We might come back to you and
14　　　invite you to do that, if that's something that wouldn't
15　　　be too onerous.
16　　　　　I want to move on to asking you now about allied
17　　　health professionals training and their placements, in
18　　　particular, and you have mentioned that GCU is the
19　　　largest provider of courses relating to allied health
20　　　professionals. What sort of allied health professionals
21　　　study at the university?
22　A.　So there are 12 AHP, as we call them, disciplines and at
23　　　the university —— Glasgow Caledonian we offer eight of
24　　　those 12. Our three largest programmes are
25　　　physiotherapy, occupational therapy and dietetics.

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1　Q.　And am I right to understand that all of these AHP
2　　　require to have placement—based learning?
3　A.　Yes, that's correct.
4　Q.　You have set out at section 3D, at the very top of
5　　　page 6, that lockdown caused significant impacts on the
6　　　practice elements of these AHP courses. Can you explain
7　　　a bit about these impacts? For example, did the
8　　　placement cease or were they modified in some way?
9　A.　It was a huge impact actually. All of our AHP students
10　　　were on placement at the point when lockdown happened.
11　　　In the very first instance, they stayed in situ.
12　　　I think some other institutions may have withdrawn their
13　　　students. We didn't do that on and our working
14　　　assumption behind that was that students studying to go
15　　　into those professions and once in those professions
16　　　they wouldn't be withdrawing, but that was the very
17　　　early days.
18　　　　　Thereafter, quite quickly, a few issues emerged.
19　　　One was that the individuals that were working alongside
20　　　our students on placement were called to the NHS
21　　　frontline so they had to come away from their normal
22　　　working role and, of course, without them there, the
23　　　students can't be on placement.
24　　　　　The second one was that PPE was not provided.
25　　　Unlike nursing students where PPE was not provided, PPE

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1　　　was not provided to AHP students. And the third element
2　　　that arose was that it became clear that there was no
3　　　death in service indemnity arrangement in place for AHP
4　　　students so they had to be withdrawn from their
5　　　placement roles.
6　Q.　Thank you. You set out in the section that —— if I can
7　　　quote from your Rule 8 response you say:
8　　　　　"In the early days of the pandemic response the
9　　　picture was confused. No overall leadership regarding
10　　　the decision—making about what to do about student
11　　　placements was forthcoming and as a result the
12　　　placements were cancelled in dribs and drabs."
13　　　　　Obviously, the picture there painted is one perhaps
14　　　of uncertainty. Can you explain the impact on the
15　　　students and the university of that situation.
16　A.　Yes, it was a deeply uncertain time. A lot of thought
17　　　went in very quickly to what we would —— do not what we
18　　　would do, but what would happen nationally in terms of
19　　　AHP students, which of course when they needed to come
20　　　out of placement would have caused significant worry to
21　　　your students. What does this mean for my studies?
22　　　What has it mean for the timeline of my studying and
23　　　acquiring my qualification and what's going to happen to
24　　　me? Also a sequential impact for our academic staff who
25　　　had to act very quickly to find an alternative solution.

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1   What actually happened in practice is that is the
2   HCPC, this is the regulatory for AHPs —— too many
3   acronyms, I'm so sorry —— they made a decision so allow
4   us to move away —— the students could move away from
5   having to complete a fixed number of hours in order to
6   secure their accreditation towards being able to
7   demonstrate competency.
8   That was a hugely helpful and incredibly important
9   moment. What that enabled was our academic colleagues
10   to shift the placements into a simulated environment in
11   the university. Extremely difficult to do, because it's
12   not normal practice, or there is an element of that, but
13   it's not normal practice on that scale. And to
14   illustrate the point, there were 60,000 hours of
15   physiotherapy placement time that were lost to our
16   students and those hours —— not the hours, because of
17   the regulated change —— but the learning experience and
18   the demonstration of competency had to be shifted into
19   the university environment. Completely different from
20   anything that had been delivered before.
21   So it was a huge impact and I think it would be fair
22   to say that while many, many extraordinary things were
23   delivered by my colleagues during the COVID period, this
24   is one of those ones that really strikes me as being
25   something quite special. And if I may, I would say they

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1   did it for two reasons. They did it to make sure that
2   our students could continue their learning and feel
3   supported, but they also did it because if they had not
4   done so, the critical supply pipeline to the NHS would
5   have gone. So the actions they took meant that that
6   pipeline was sustained.
7   Q. Thank you. In terms of how the decision to work in that
8   way in terms of their placements came about, you mention
9   at section 3D at the foot of page 5 that you worked with
10   partners such as health boards, for example, to adapt
11   and innovate placements.
12   Can you tell us a little bit more about the
13   partnership working that was necessary. Clearly it
14   wasn't merely or rather simply the university and the
15   accreditation bodies, but there was other partners.
16   A. Yes, there were other partners involved and that was
17   about distilling what's essential. Some of that was
18   about front—loading theoretical learning where that
19   needed to be done to enable placements to happen. A
20   little bit like the graduate apprenticeships where we
21   had to change the chronology of events, colleagues in
22   this department had to do that, but also understanding
23   over —— bearing in mind of course nobody knew how long
24   this was going to go on for and it's up to a four year
25   programme, depending on what year the student was in

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1   when lockdown happened, it was then a case of sequencing
2   what learning needs to happen when, what placement needs
3   to happen when or what placement experience needs to
4   take place.
5   So there was an enormous amount of negotiation,
6   engagement, discussion, reframing, changing learning,
7   changing assessments. It all had to be reshaped. It's
8   almost impossible to describe the scale of change that
9   had to be quickly enacted in a matter of weeks to enable
10   those students to be able to continue.
11   Q. What was the impact on the students of having their
12   placements modified in that? Way was it largely
13   positive? As you say, it permitted them to continue
14   with their studies.
15   A. I think after it had been initially very disconcerting,
16   for many students this was reassuring because everything
17   in our power was being done to enable them to continue
18   successfully so that's really positive. I don't think
19   there's ever a substitute necessarily for placement
20   experience and the fact that we could get students
21   through the competency demonstration was incredibly
22   important, but maybe wasn't the experience they had
23   expected and I guess that will have inevitable had an
24   impact when they come to the workplace.
25   We have been thinking particularly there about not

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1   so much competence, but confidence.
2   Q. You have set out a little bit about this already. At
3   the foot of page six you say:
4   "In some programmes clinical module leaders were
5   responsible for creating alternative clinical
6   assessments and exams in digital format."
7   A. Yes.
8   Q. You have been focusing on the placement so far.
9   I understand from your Rule 8 these were patient based
10   but not in a clinical setting. Can you explain a bit
11   more for us about at the assessments of AHPs?
12   A. Yes. So the assessments that would have taken place
13   during the placement period could not longer —— it's not
14   just the placement itself that couldn't happen, the
15   assessment during the placement couldn't happen so that
16   also went into the simulated environment, which meant
17   that from a design point of view and a pedagogical point
18   of view, it had to be changed. The whole thing had to
19   be reconstructed from the beginning.
20   Q. And was that done by simulating a clinical environment
21   within the university?
22   A. Yes, it was.
23   Q. Thank you. And was that done online or was it ——
24   A. No, it would have been in person.
25   Q. You have set out and you alluded to it a short while ago

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1   when you mentioned confidence and competence, in your
2   Rule 8 response you note that one consequence of the
3   various impacts on placement—based learning and an
4   assessment is we now have what you term "clinically
5   naive students" and there is at least a perception of
6   there being a COVID cohort. Can you explain a little
7   bit more to the Inquiry about that?
8 A. I think it's fair to say that these students have had a
9   very different experience. It's impossible for me, I
10   don't work in that field, to directly compare and
11   contrast the two, but it seems logical and my colleagues
12   tell me that "clinically naive" is an expression that is
13   used. I'm not sure I particularly love it, because the
14   competence has been demonstrated and I think it is
15   really important that we stress that.
16   But I can only begin to imagine that if it were me,
17   I would feel maybe less confident in that setting.
18   I think that's a human feeling, human response to the
19   situation.
20 Q. Thank you. You mention in your response also that the
21   university's ability to deliver placement—based learning
22   to the allied health professionals hasn't quite returned
23   to pre—pandemic levels. Can you explain to us why that
24   is?
25 A. Yes, there are two reasons for this. The first one is

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1   that post—COVID recovery meant people were distracted
2   and the ability to offer placements to that scale became
3   more difficult.
4   The second one is that because of COVID the way that
5   some of these AHP services, think of them as outpatient
6   clinics is possibly a useful way of thinking about them,
7   very often the form in which those are delivered in
8   society fundamentally changed, for example, moving
9   online. Therefore, as a consequence, there are fewer
10   placements available and that has a significant
11   consequence for —— partly for the university, but the
12   longer—term consequences is for the NHS in terms of the
13   supply pipeline again.
14 Q. In terms of the impact on the university, is that
15   because you can't recruit these students to these
16   courses?
17 A. Yes, when we recruit students to these programmes, we
18   recruit numbers only when we are certain we can provide
19   the placement experience. So all of that placement
20   planning, four years hence, has to be carefully mapped
21   out. So if we can't secure the placements, we can't
22   offer them the learning hours they need to secure their
23   accreditation so we can't grow our numbers on the back
24   of that and we therefore know there is a gap between the
25   numbers we can recruit into the university, the numbers

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1   we can train, develop and then supply into the
2   workforce. There is a shortage.
3 Q. Are we to understand from that then the university
4   hasn't continued with the format of delivering this
5   alternative placement model that it had during the
6   pandemic, university doesn't do that anymore?
7 A. Yes, the competency was a temporary arrangement, but
8   we're back to hours.
9 Q. Thank you. I want to turn now with you to looking at
10   the third aspect of your evidence today and that's the
11   mobilisation of the nursing students to supernumerary
12   paid placements. But before I turn to that, I want to
13   ask you a bit about redeployment of allied health
14   professionals. You mentioned that there was
15   redeployment of those already in the workforce and the
16   impact that had on students who couldn't shadow or work
17   alongside them.
18   But you have set out in your Rule 8 response that
19   certain AHPs were redeployed to frontline roles and I'm
20   thinking in particular of the Vision Centre and I'm not
21   sure whether or not —— perhaps you will explain whether
22   that is an allied health profession or not, but that
23   they at the Vision Centre were redeployed to a frontline
24   role. Can you explain a bit more about that
25   redeployment for us?

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1 A. You're right. Vision science is not an allied health
2   profession. However, it is delivery of health in the
3   environment. It's a different regulator. It's the GOC,
4   the General Optical Council, who regulate the vision
5   sciences.
6   At Glasgow Caledonian, we have a Vision Centre, by
7   which I mean it's a large optometry practice, which
8   meant that our students would still continue —— not
9   continue all the way through. It was closed. It was
10   the very first thing we reopened on campus at the
11   request of the Scottish Government, if my memory serves
12   me right, and that meant that our students could then
13   work in the Vision Centre alongside our staff and get
14   that experience that they would have got before, but at
15   a much earlier stage than perhaps it was recreated for
16   the AHP students.
17   So that was a positive experience and they were
18   provided with PPE and, in due course, lateral flow
19   tests, lateral flow tests being something that weren't
20   provided to AHP at an earlier stage. So that actually
21   worked very well. So it is a proper clinical practice
22   that exists on campus that members of the public can
23   book an appointment and go to. Perhaps not that
24   well—known, but it's an interesting facet of what we
25   deliver.

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1 Q. And pre—pandemic would those students have had
2   placements in that Vision Centre?
3 A. Yes, effectively.
4 Q. And in terms of their —— were they paid placements they
5   had when they were redeployed?
6 A. No, no, absolutely not. When you make an appointment to
7   go to the centre, you are seen by a qualified clinical
8   practitioner and a student side by side.
9 Q. Thank you. And that continued in the same way during
10   the pandemic.
11 A. It closed for a period of time and then when we were
12   able to reopen the Vision Centre, that restarted.
13 Q. Thank you. I want to move on now to asking you about
14   the impact on nursing students and at page 10 you set
15   out some of the issues affecting these nursing students.
16   I want to go through the deployment of these student
17   nurses at various stages of their training to work
18   within the NHS. You say here that:
19   "Year 2 ... "
20   If we can take that first of all:
21   "Year 2 nursing students from all four fields were
22   recruited to work as AFC Band 3 nurses in health boards
23   and care homes."
24   I wonder if, first of all, you can tell us what's
25   meant by all four fields?

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1 A. I won't get them all right, but, for example, adult
2   nursing is a field of nursing, child nursing and so on,
3   mental health nursing and I can't remember what the
4   fourth is.
5 Q. Thank you. And in terms of the AFC, what does that
6   stand for or mean?
7 A. Can you tell me where it is in the ——
8 Q. I beg your pardon, sorry. It's at page 10 and the
9   section entitled "Year 2 nurses". I'll just find it in
10   my hard copy first and we'll put it on the screen in
11   front of you.
12   I beg your pardon. I think I may have the page
13   reference wrong. Please, bear with me. Sorry it's page
14   12. It's about halfway down entitled "Issue 1" and you
15   called it mobilisation of student nurses into
16   non—supernumerary paid placements."
17   And this is the first line there:
18   "Year 2 nursing students ... "
19 A. Yes, I see it. I can't immediately recollect what AFC
20   stands for. I will find out and confirm back to you.
21 Q. That's fine. That's something we can look into and
22   perhaps I don't know if you are able to explain to us
23   about what "Band 3" means in respect of the nursing
24   profession? Is that the entry level upon graduation?
25 A. Yes.

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1 Q. Thank you. Did the student nurses have both theoretical
2   and practical component parts to do after or in year 2
3   and following?
4 A. Yes, there was both, theoretical and practical. Where
5   students, for example, year 2 students were being
6   redeployed into the workforce as a Band 3 a nurse, we
7   front—loaded some theoretical aspects before they went
8   out, so we made sure they were prepared for anything
9   they might encounter. And then their time they spent
10   redeployed to the frontline counted as equivalent hours
11   in clinical placement terms.
12 Q. And in terms of the theoretical elements of their
13   training, did that —— when they were redeployed, did
14   that continue or was it exclusively front—loaded as you
15   say?
16 A. No, the theoretical side did not continue. They were
17   employed, that's what they did and then it was only when
18   that came to an end that happen they went back to the
19   theory side. That said, they were supported throughout
20   by nursing colleagues who provided emotional, technical
21   support and advice via a helpline, so there was a
22   connection back to the university.
23 Q. In terms of what their placements on Year 2 would look
24   like pre—pandemic, can you explain what that may be in
25   terms of contact with university and supervision, for

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1   example?
2 A. Yes. So, yes, a student goes on placement. They would
3   be supervised in the workplace. There would also be
4   regular contacts with the institution throughout and the
5   assessments would be reviewed, so it would be a sort of
6   a three—way conversation, if you like. This was
7   slightly different in that they were redeployed to the
8   frontline, so it wasn't assessment in the same way. So
9   it was tantamount to working in a conventional role.
10 Q. You're saying they were given the same level of
11   supervision as ordinarily?
12 A. Yes, absolutely, they weren't left unsupervised, I
13   should be clear about that. They were absolutely
14   supervised in the workplace.
15 Q. Thank you. And you speak again about the year 3 nursing
16   students that they could be bank nurses between April
17   and September 2020 and they did their practice learning
18   environment assessments during that time. Can you tell
19   us what the practical learning environment assessments
20   are?
21 A. In terms of the Band 4 nurses?
22 Q. Yes, just in terms of —— well, I think it relates to the
23   Band 2, 3 and 4. They have practical learning and
24   environment assessments.
25 A. Yes.

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1 Q. I think you mentioned seven and in year 4 they have
2   eight.
3 A. Yes.
4 Q. Can you explain a little bit about what these are?
5 A. I don't think I'm qualified to comment on that.
6   I would —— I could describe in broadbrush terms, but
7   that's not my field at all.
8 Q. Thank you. We can explore that elsewhere. And again,
9   for want year 3 students, is it the same situation as
10   you've described for year 2 in terms of support from the
11   university and the employer?
12 A. Exactly the same, yes.
13 Q. You mentioned that students in year 2 and 3 were able to
14   opt in or out of these paid placements and did they by
15   and large tend to opt in or opt out?
16 A. Most students opted in. On the one hand, this could be
17   seen as a fabulous learning experience, quite unique for
18   many students. However, some couldn't opt in, not
19   because they didn't want to, but because's they had
20   circumstances that prevented them from doing so, for
21   example, somebody in their household who was shielding.
22   So that was tricky for those individual students who
23   effectively that practice learning phase of their
24   studies ceased at that point and then had to be returned
25   to later.

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1 Q. Thank you. And for those who opted out, what was the
2   impact of that on their learning?
3 A. So a material impact and it varied from student to
4   student, depending on where they were on their learning
5   journey, but for some students it was up to a two—year
6   impact. Because unlike the AHPs, where there was a
7   shift from regulator from hours to competency, in
8   nursing it remained hours, so unless you had done the
9   hours, you couldn't get your accreditation. So, yes, a
10   material impact for students who couldn't go through
11   that experience.
12 Q. Did they experience a delay in qualifying?
13 A. Yes, they would have been delayed by anything up to two
14   years.
15 Q. Okay. And again, I notice you mentioned in terms of
16   opting out that was open to the year 2 and 3 students.
17 A. Yes.
18 Q. What about the year 4 students, were they able to opt
19   out?
20 A. Well, they're quite different, because they had reached
21   the end of their studies effectively, so they were able
22   to graduate and go into employment.
23 Q. So they had finished the end of their theoretical
24   training in year 4 and ——
25 A. Yes.

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1 Q. Thank you. Again, in terms of the practice learning
2   environment assessments and you might not be able to
3   answer this, but you mentioned that the year 4 students
4   undertook this while on placement and they then became
5   fully registered nurses. I don't know if there was any
6   impact arising from doing the practical learning
7   environment assessment in realtime while on placement
8   during the pandemic.
9 A. I couldn't comment on the experience, but I can comment
10   that there was no delay to any of them completing their
11   studies because of this.
12 Q. Thank you. I want to ask you a little bit about broader
13   impacts on the students and on the university. You
14   mention there about the simulated placements that you
15   required to offer and you mention at page 7 about
16   halfway down that there was a financial cost to the
17   university. I wonder if you can expand on that a little
18   bit more for us.
19 A. Yes, so because moving —— if we're talking about the
20   simulated placements, we're back on AHPs, because moving
21   the placements into a simulated on campus environment
22   where they don't normally happen that was a significant
23   endeavour that is not part of our normal business model,
24   certainly not at that scale. Therefore, we needed
25   staffing, resourcing, space, facilities to enable that

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1   to happen. So there was a significant cost.
2   I think, if memory serves me correctly, in
3   April 2021 there was Scottish Government funding
4   provided to support this, but that was 12 months in,
5   over 12 months in, and we at Glasgow Caledonian used
6   that funding to recruit clinical educators to support
7   that process. That meant that the academic staff could
8   be freed up to focus on the assessment side of the
9   operation. And the reason we did that was to increase
10   the throughput of students, because there was a rate
11   determining step happening here. We couldn't get the
12   throughput to be high enough to meet the needs of
13   students in terms of their four—year learning journey.
14   So this additional funding that was provided in
15   April 2021 was incredibly helpful to make sure we could
16   up the throughput and get those students through the
17   system.
18 Q. Thank you. In terms of —— we have spoken a bit about
19   the AHPs and the placement—based learning and you have
20   explained the redeployment of some of those
21   professionals they work alongside. I wanted to ask you
22   a little bit about how the change and how these
23   professionals worked once they returned to their
24   ordinary duties? For example, you mentioned that they
25   undertook telephone consultations and can you tell us a

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1   bit about how their duties changed and how that impacted
2   the students working alongside them?
3 A. Well, I suppose twofold. One is that the far more
4   patient facing interventions were not face to face.
5   Therefore, it's a different experience for the student.
6   Also, there was a diminution in community—based
7   placements because of people not wanting to share
8   vehicles. So it's an obvious thing, but it's not
9   immediately obvious, but actually you can see how that
10   would arise.
11   I'm trying to think what other impacts there would
12   be. I think the main thing is the volume of placements,
13   the fact that the methodology changed, but also the
14   other thing was that we did a lot of peer—assisted
15   learning so we would put more than one student into an
16   environment and there would be peer—assisted learning
17   that took place, structured. That had to stop because
18   of physical distancing and the requirement to have a
19   reduced number of people in any one relocation.
20   So it changed on a number of different dimensions.
21 Q. And in terms of the assessments of these students, would
22   that ordinarily involve observing them conducting such
23   consultations, for example?
24 A. Yes, exactly.
25 Q. And how was that impacted?

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1 A. It meant the pace —— the pace that that could be done at
2   and, again, for us —— in an organisation of our scale,
3   it is about volume of throughput. So that slowed things
4   down.
5 Q. In terms of the move to online learning and teaching and
6   the increased role of telephone consultations and IT in
7   the conduct of these professionals' work, we're thinking
8   about digital inclusion, it's something the Inquiry has
9   heard quite a bit about, is that something that impacted
10   the students that you work with, particularly the allied
11   health professionals and the nurses?
12 A. Well, it impacted across all student populations, not
13   just those. We worked very hard as an institution to
14   make sure that students were not negatively impacted by
15   lack of access to digital technology, resources, be that
16   the actual kit or quite often wi—fi access, those sorts
17   of things.
18   So we put an enormous amount —— as well as Scottish
19   Government funding that was provided to a degree to
20   support that, we put additional funding in to make sure
21   no student was impacted. So any student, regardless of
22   which portfolio they're in, could contact us for support
23   to support that. It's —— Scottish Government called it
24   "digital poverty". We didn't call it that. We called
25   it "digital inclusion".

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1 Q. Is that something the students did in large numbers?
2   Was it a widespread problem, would you say?
3 A. It was a very widespread problem. We did two surveys of
4   our students I think in the May of 2020 and the November
5   of 2020 to understand what they were facing. Some of
6   it —— it wasn't all digital challenges. Very often if
7   they're in the home environment, there are plenty of
8   other people in the home environment, therefore, finding
9   a quiet enough space in which to work was a significant
10   problem, which is why we prioritised reopening spaces on
11   campus that were socially distanced to enable them to
12   return when they really needed to. And we worked with
13   students to understand their individual needs so we
14   prioritised those who really needed it the most.
15   But certainly from a digital point of view we
16   provided hundreds and hundreds of pieces of kit to
17   enable students to continue their studies, without which
18   they would not have been able to continue.
19 Q. And in terms of the two surveys, you conducted one in
20   May quite early on in the pandemic and November.
21 A. Hm—hmm.
22 Q. Did you see that problem reduce in terms of its
23   severity?
24 A. It did reduce. I would say it took time for students to
25   necessarily grasp, feel comfortable, understand that

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1   they could come forward for support. That was quite a
2   slow process. It's quite a different thing. We had
3   never done anything like this before. No university, to
4   my knowledge, had done anything quite like this before,
5   so it took a while to role that out.
6   I think a lot of students struggled by. Trying to
7   write an essay on a phone is no easy. A lot of students
8   struggled by thinking this is just a short—term issue
9   and of course eventually over time we needed to
10   provide —— we always provided alternatives, but
11   eventually more came forward seeking alternative
12   support.
13 Q. Thank you. You've mentioned there working from them and
14   online learning from home and you mention in your Rule 8
15   response and you alluded to it just there about the
16   impact of the lack of space and I know you had a number
17   of students who were in the halls of residence. You
18   highlight that in your Rule 8 response.
19   Can you talk a little bit about the impacts on those
20   two cohorts, those who were within halls in terms of
21   their access to an environment to work in and then also
22   those who perhaps were living elsewhere, either with
23   family or in shared accommodation, for example?
24 A. So we have worked incredibly hard as an institution to
25   understand what the individual needs are of our

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1   students.

2   In halls, in particular, the one thing I would want

3   to highlight, quite apart from I am sure my colleagues

4   who were in earlier today have talked about the impact

5   on students in halls, but at Glasgow Caledonian we also

6   have the largest cohort in Scotland of care experienced

7   students in our university. They don't all live in

8   halls, but a significant number do. So when

9   universities were required to close, you've already said

10   earlier what you mean by close, for many students, this

11   was their home, they couldn't go home, this was their

12   home, and so therefore —— and they were isolated when we

13   were in lockdown, not being able to work and that had

14   particular impacts for students who rely on part—time

15   employment to pay for their student accommodations and

16   they were furloughed or zero hours and had no hours

17   available.

18   That's why we were the first university in Scotland

19   to remove charges for university accommodation to all

20   our students. We took that decision very early, because

21   we knew that if we didn't do that there were a number of

22   students who would probably have to a leave university

23   and that wouldn't be a good successful outcome. So that

24   was an early decision. We did it for everybody, not

25   just for me certain individuals. So it was a material

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1   impact and providing wellbeing support of all kinds,

2   whether they were just isolating or whether they

3   actually had COVID as well, providing that support for

4   your students was significant.

5   Now, there was a second part to your question. I

6   can't recall it.

7   Q. It was those who don't live within halls of residence

8   and perhaps you have alluded to earlier on today the

9   access to space to work.

10   A. Thank you, yes. The vast majority of our students at

11   Glasgow Caledonian don't live within the halls of

12   residence, because they live in the local community. So

13   a significant portion of our students live within ten

14   miles of the Glasgow campus. Therefore, for many of

15   them they are living with their families. There may

16   have been other adults in the household also having to

17   work from the home environment. There may have been

18   children needing to do their schooling from home and

19   there may have only been one device that they were

20   sharing between them. So we took the opportunity to

21   survey those students to make contact with them to

22   understand what their needs were and to support them

23   wherever we could.

24   We took a very openminded approach to what is it we

25   can do to enable you to succeed.

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1   Q. The impacts on mental health and wellbeing was something

2   that I wanted to ask you about as well and you have

3   mentioned it a bit there. Can you describe some of the

4   mental health impacts, first of all, on the staff?

5   A. Generally ——

6   Q. Generally.

7   A. —— on the staff?

8   Huge impacts. I think probably it's only in

9   hindsight that we really understand that. When I have

10   been reflecting on the COVID experience in preparation

11   for this Inquiry, I found that I was more struck now by

12   what was achieved then than I was at the time, possibly

13   because we were simply coping. When I talk to staff

14   about what they did and what they achieved, I'm deeply

15   struck by how much they did just off their own bats.

16   They just did what they needed to do to support the

17   students, which is actually quite astonishing.

18   So they did things they wouldn't ordinarily do.

19   They did things in timelines they wouldn't ordinarily

20   do. They provided different methodologies, different

21   forms of access, different forms of mental health and

22   wellbeing support. How we cared for students, it's a

23   central part of what we are as an organisation and not

24   every student needed the same support. So we really

25   worked hard to make sure that we aligned the needs and

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1   the support requirements, but I simply am astonished at

2   what my colleagues achieved during that time.

3   When I look back now and I think about, in

4   particular, nursing colleagues, it was all colleagues,

5   but nursing colleagues and allied health professional

6   colleagues that we have talked about here today, what

7   they achieved was nothing short of miraculous and we are

8   incredibly proud of that, but we have moved on and

9   reflecting on it has been incredibly useful for us.

10   Q. In terms of the impacts on staff, you have explained

11   about the pivot to online learning, did that impact them

12   in relation to their workload?

13   A. Yes, hugely. So a significantly increased workload and

14   for other staff who might do research, because a lot of

15   staff obviously teach and do research, if they would

16   have been doing research during that period, that went

17   on to the back burner. So there has been all sorts of

18   consequences arising for staff.

19   One of the initiatives we did was a post—COVID

20   research reboot to try and give staff an opportunity

21   where they hadn't been able to conduct research,

22   sometimes because of COVID itself or sometimes because

23   of what they had to do for us to support students during

24   that period, we have had to rethink how can we now get

25   them back on track. So the impacts were far reaching

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1   and very diverse.

2 Q. Thank you. You've mentioned a bit already about the

3   impacts on students, but if I can ask you mentioned in

4   connection with digital inclusion that you had ran some

5   surveys and that had brought to your attention the

6   nature and extent of the issues students faced.

7   Was anything similar done in connection with mental

8   health impacts or how did you become aware that was an

9   issue?

10 A. Yes. So my colleagues in our student life directorate

11   who work extremely closely with students in all sorts of

12   guises, including mental health wellbeing and

13   counselling, would have ingathered a huge amount of

14   information about the number of students reaching out

15   for additional support, not just during lockdown, that

16   was a significant factor, but afterwards as well in

17   terms of the longer—term getting back on track with

18   their studies, reconnecting with the institution. For

19   some students coming back to campus.

20   We know that one —— this is a generalisation so I'm

21   slightly hesitant to generalise, but we know one cohort

22   of students actually benefitted from lockdown were some

23   students with disabilities found it easier to engage in

24   their studies by being able to study from home. Coming

25   back to campus presented new challenges and that

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1   manifests in lots of different ways.

2   So the support that was needed was not just for that

3   fixed period. It's a long term ongoing support

4   endeavour.

5 Q. You have mentioned there about disproportionate impacts

6   on those who are disabled and you have also mentioned

7   care experience. I wanted to ask you about

8   disproportionate impacts, if we can take on different

9   cohorts. We'll take the students, first of all.

10   Did you see disproportionate impacts in connection

11   with those who were living in poverty or you have

12   mentioned the disabled already?

13 A. We did and colleagues worked really hard to adapt

14   whatever was needed for them, but actually the main

15   difficulty was getting to understand what is it the

16   students need. As a general rule, they don't shout for

17   help always, many do, but often they don't, particularly

18   if they have not shouted for help before and are not in

19   the system. So colleagues did a lot of reaching out to

20   students to enquire to seek to understand, rather

21   than —— so there was a pull as much as anything, not

22   just the push factors.

23   So it varied. The experience varied hugely from

24   cohort to cohort, from programme to programme, and from

25   different dimensions that you describe, be that

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1   disability, care experience, whatever. A hugely

2   variable experience. This was not a single

3   one—size—fits—all situation, so the level of nuance

4   we've needed to apply then and since in how we support

5   our students has been extraordinary.

6 Q. In terms of the disproportionate impacts, we have heard

7   a bit about the impact on international students. Does

8   your university have a significant number of

9   international students?

10 A. Yes, we do, and our international student population

11   grew significantly during COVID and has remained very

12   high.

13 Q. And would you say that they were disproportionately

14   impacted as a cohort of students or is it broadly the

15   same as the rest of the student body?

16 A. It was a very different experience, so I would imagine

17   you have already heard that when learning was online for

18   a lot of international students who could remain in

19   their home country and still study, that was quite

20   helpful to them, they didn't have the added cost of

21   coming to the UK, but of course that has gone and now

22   they need to be in the UK and comply with all UKVI

23   requirements, which means attending classes and living

24   where they say they're living and we monitor and manage

25   that as an institution, so I think the impact was

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1   variable across the piece, depending again on their

2   programme of study.

3 Q. Thank you. In relation to the disproportionate impacts

4   on certain cohorts of staff, I wonder if there are any

5   particular cohorts of staff in terms of their discipline

6   or their socioeconomic situation that makes them

7   disproportionately impacted?

8 A. Yes, well, there will be, absolutely. I think staff who

9   are delivering programmes that have more practical

10   aspects who needed to be on campus to enable that to

11   happen, and I have mentioned a few here today but ones

12   we might not have mentioned, for example, would be

13   specialist computing programs where they use typically

14   high—spec kit that isn't typically available in the home

15   environment where students needed to come onto campus

16   and then therefore the academic colleagues needed to be

17   on campus too. There are impacts there that aren't

18   immediately obvious from an external point of view that

19   we needed to manage. Now, there were things we were

20   able to do to help that but depending on what programme

21   you're teaching, you might be able to continue online

22   quite happily, say if it's social science or something

23   versus a more technical programme that requires

24   specialist equipment.

25 Q. Thank you, and you have mentioned the impact on staff in

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1   relation to research and that some of them because of
2   the workload had to stop their research activities . Can
3   you tell us a bit more broadly about the impact on
4   research?
5 A. I'm not sure I can give you a general thing because it
6   does vary from discipline to discipline . One of the
7   things to know is that at Glasgow Caledonian we did a
8   huge amount of research connected to COVID. So that
9   research continued. We have a huge health research
10   profile which is incredibly important. Other research,
11   depending on whether it is lab—based research which had
12   to stop or whether it's desk—based research that could
13   continue in the home environment, it varied enormously
14   across the institution .
15 Q. Thank you. I wanted to ask you about ongoing impacts
16   and some of the things you've mentioned there perhaps
17   whether or not they are still ongoing impacts. You
18   mentioned disabled students. Are they still able to
19   learn remotely or are they all back on campus?
20 A. They are largely back on campus. We still do some
21   remote learning but we constrain that to a fairly
22   moderate level so that students are getting the wider
23   student experience.
24 Q. And in terms of mental health impacts, are there ongoing
25   aspects of that for students and staff?

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1 A. There are. There has been a significant growth in all
2   institutions on mental health incidences, if you like ,
3   that's not the right word, but requests for support,
4   let 's call it , for mental health, can't put that down
5   entirely to COVID but there was a significant uptick at
6   that point in time and that has continued since and
7   particularly mental health and other disabilities ,
8   individuals presenting with more than one, so managing
9   several conditions at once. I'm not sure of the precise
10   number but I want to say something in the region of 22
11   per cent or 24 per cent of new students report some form
12   of a disability of some description. That's a very
13   significant number.
14 Q. In terms of new students, I wanted to ask you about new
15   intakes and ongoing impacts perhaps for the cohort of
16   the students who were in school or perhaps in college
17   immediately prior —— or during COVID, sorry, and are now
18   at university , has there been a discernible impact on
19   that cohort?
20 A. Yes, I think there has been because their whole learning
21   experience has been disrupted so their expectations are
22   different , the assessment methodologies, as you well
23   know, were different over the piece, so actually the
24   dynamic has shifted. We found students looking to have
25   less dwell time on campus which does most definitely

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1   impact the broader student experience. We also have
2   students very keen for their time on campus to be
3   consolidated and a lot of that is because they're
4   seeking part—time employment for the rest of the week to
5   support them in their studies . So it manifests in many,
6   many different ways and none of that I see changing in
7   the near future.
8 Q. Has there been a discernible impact on the student's
9   social skills , for example, perhaps what can be termed
10   their emotional resilience ?
11 A. I think my colleagues in student life would say, yes,
12   there has, but there certainly has been a clear impact
13   in more students reaching out for support ——
14 Q. Thank you, and you have said you're not sure if that can
15   be attributed to COVID or otherwise ——
16 A. Yes.
17 Q. —— but you notice an uptick in that?
18 A. Yes.
19 Q. I want to ask you just briefly about communication with
20   the Scottish Government. You explained earlier in your
21   evidence about you being the COVID lead for the
22   university and that involved engagement with the
23   government. Were the impacts that you've articulated
24   for us today and also in your written response to the
25   Inquiry , were they relayed to the government at the time

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1   of their decision—making?
2 A. They were, repeatedly. Sometimes decisions were made
3   and we knew at the same point in time when it was
4   released to the public; sometimes we had a little bit of
5   relevance notice on decisions that were being made; at
6   every single opportunity —— and I forget precisely but
7   I want to say we met them weekly, I think that's what we
8   did, we met so often —— we continually sought to help
9   government officials to understand the actual impact of
10   their decisions rather than their perception or their
11   anticipated impact of the decisions , and that was quite
12   tough—going, because it's a very nuanced business and
13   there were quite a lot of assumptions made about what
14   students are, who they are, how they work, the sort of
15   environments that they live in , what they want to get
16   out of their studies and we had to work as a collective,
17   and we did work incredibly hard, to help officials
18   understand, "If you do this, this is the consequence".
19   Now, sometimes we were able to get —— I wouldn't say
20   decisions changed, that would be going took over, but we
21   were able to influence decisions at a reasonably early
22   stage before things were done that were going to have a
23   catastrophic effect , but not always.
24 Q. Thank you, and the Inquiry will of course look at
25   decision—making and implementation so it's helpful for

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1   us to know that the impacts were relayed at the time.
2   Just in closing, and I'm finishing earlier than I
3   anticipated, are there any other key lessons Glasgow
4   Caledonian University thinks should be applied I suppose
5   to try to mitigate the impacts and you mention the
6   ongoing impacts?
7 A. For us it would be about talking to universities and
8   understanding exactly what the impact is of every
9   decision that's made, and not just the immediate impact
10   but the longer—term consequences. Very often we felt
11   that students were stigmatized in the thinking about
12   what needed to be done and then we find ourselves in a
13   situation where the pipeline to the NHS is affected.
14   There are serious long term consequences to what
15   happened that we sought to influence very robustly
16   throughout the COVID experience. I think where we felt
17   listened to, we were —— and we were able to influence,
18   that's really positive. Not being able to influence was
19   extremely frustrating. And there were times for sure
20   when decisions were made that we were worried were going
21   to have a catastrophic effect on students. Some of them
22   were quite —— some of them were quite awful and we had
23   to push back very sure firmly indeed so that things
24   weren't implemented that were planned to be implemented.
25   For example, we were briefed in December of 2020 that

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1   there was consideration that students wouldn't be
2   allowed home for Christmas and our strong advice to
3   government officials was, "Do not do that, it will be
4   catastrophic for the mental health and wellbeing of our
5   students to leave them wherever they are in Scotland,
6   away from home, not with their families potentially in
7   distress, they will be very vulnerable". And that
8   decision was changed, which was really positive, before
9   the students became aware, but then of course the
10   students came home and only after they had come home
11   they were told they couldn't just go back. That was
12   quite tough and engaging with that on a very human
13   level, as a parent with a student at university, that
14   was really very difficult. We worked extremely hard as
15   a collective. That's one example of hundreds of
16   examples. We worked extremely hard to try and make
17   those points and it wasn't always straightforward so
18   it's for me some of the —— I know we're not here to talk
19   about decisions, I understand that, but if we're talking
20   about impacts, references to class sizes of 30 —— you've
21   probably covered this already earlier on today —— that
22   being the maximum class size you can have without
23   thinking about the space, the environment, the learning
24   experience, allowing institutions to apply principles
25   and making sensible decisions. Instead it was terribly

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1   prescriptive and that without a doubt impacted on our
2   student's learning experience because we were deeply
3   restricted on what we could brick back to campus when we
4   were allowed to bring things back to campus for a very
5   protracted period. I don't know how well understood
6   this is generally but it was exceptionally controlled so
7   we weren't free to make sensible decisions based on a
8   core set of balanced principles that we would then
9   apply. It was extremely prescriptive what we were and
10   weren't able to do, and I didn't think that was helpful.
11 Q. I just want to pick up on something you've said there.
12   In terms of the guidance that was issued then, was it
13   your duty to interpret that guidance?
14 A. Yes, but we did that as a collective so there was no
15   sort of local interpretation but a lot of it didn't
16   require interpreting because it was so prescriptive so
17   no class sizes higher than 30, for example. But, yes,
18   my role was to take the guidance and then fathom how on
19   earth is this going to work in our environment. So, you
20   know, air quality monitors that we were asked to put in
21   to teaching and learning spaces, institutions have
22   hundreds of teaching and learning spaces and we can put
23   them in, how are we going to monitor them. So lots of
24   things that just were not that well thought through that
25   we then had to think, okay, right, how will we make

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1   this —— how will we operationalise this in a way that's
2   sensible for our students, doesn't increase risk for
3   staff and students but enables people to continue their
4   studies and achieve what they came to university to
5   achieve.
6 Q. Thank you. And connected with your answer at the very
7   start of your response there, you mentioned the pipeline
8   to the NHS. Is that related to the difficulties with
9   the placement—based learning?
10 A. Yes, absolutely.
11 Q. Thank you very much. I don't have any further questions
12   for you, Ms Mitchell, unless you have anything, my Lord?
13 THE CHAIR: No, I have no questions for you, Ms Mitchell.
14   Thank you very much for coming and giving your evidence,
15   appreciate that. Very good, that is all for today and
16   we're back tomorrow morning at 10 o'clock. Thank you
17   all.
18 (2.33 pm)
19   (The hearing was adjourned to 10.00 am on Friday, 15
20   November 2024)
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