

SCOTTISH COVID-19 INQUIRY

OPENING STATEMENT

for

SCOTTISH HEALTHCARE WORKERS COALITION

1. Scotland's healthcare workers have served the people of Scotland with courage and conviction.
2. As it was for many of Scotland's keyworkers during the acute phase of the pandemic, they were people who placed themselves at risk for the benefit of others. We recall how they worked tirelessly to protect and care for others. We recall them grappling with the needs of service users. We recall them trying to manage the constraints and inadequacies of resources available to them, both for those in their care; and to care for and protect themselves. We recall them physically and emotionally exhausted by the work they did for us.
3. The acute phase of the Covid-19 pandemic may be behind us, but the disease and its consequences are not. Covid-19 continues to be an ongoing and very real threat to the health of individuals and to Scottish society. Sadly, people are still dying from Covid and still developing the disabling effects of Long Covid. Covid-19 is also leaving behind in its wake devastating consequences for many. There are many who continue to suffer long-lasting effects of the disease without adequate recognition or support; without any clear understanding of when, if ever, their symptoms might abate; and not knowing whether they will ever return to anything resembling their former lives and careers. For many, future uncertainties of care and support, both medically, in terms of symptoms

and rehabilitation, and financially, in terms of employment security and state-assisted welfare, are a further crippling burden. They are the on-going victims of the pandemic.

4. This inquiry must now repay a nation's indebtedness to these individuals, by investigating and reporting with similar courage and conviction to that shown by them as they faced the virus. Scotland's healthcare workers seek truth, accountability and recognition for the harms they have suffered and continue to suffer; and reassurance that their suffering is not an inevitable fate bound to be repeated in future pandemics.
5. The Scottish Healthcare Workers Coalition is a grassroots organisation comprising healthcare workers of all types; doctors, nurses, those in professions allied to medicine, and hospital and social-care staff, concerned as to the long-term effects of Covid-19. They have coalesced in seeking information and support as to not only the long-term physical effects of the virus, but also in respect of what became apparent as an all too common, woeful and discriminatory response by government, healthcare providers and employers to their circumstances.
6. They look to this Inquiry to record their experiences. The Inquiry has determined to make this its first endeavour. Let us recognise and acknowledge widely and fully the sacrifices made, the risks taken, the exhaustion and the fear that was endured. The Inquiry needs to identify, record and chronicle the broad reaching emotional consequences of the pandemic, including those arising from Long Covid, for these workers. The Inquiry must also ascertain and preserve evidence of the economic impacts for these workers and the effect of the virus on societal infrastructure, including, again, the effect of Long Covid.

7. But then the Inquiry must turn to our decision-makers, then and now. It must show no fear or favour in ascertaining the facts of what decisions were taken, why they were taken, and to understand the analysis or lack of analysis that was performed. It must discover whether our elected Scottish representatives and their officers truly followed the science both in the early stages of the pandemic and as our knowledge increased? Did they reflect upon and reasonably weigh the risks and advantages? Did they put public money to good and effective use? Did they take reasonable steps to protect the workforce they sent out to battle with the disease?

8. Long-term post-viral illness was known before Covid-19. Was that risk recognised at all? And if it was, was it reasonably balanced in the decision making that occurred in the early stages of the pandemic? How prepared was Scotland in its distinct preparations for the arrival of a virus to meet the needs of its population? Were unnecessary lives lost or blighted amongst Scotland's healthcare and social-care workers? Were, as a consequence, unnecessary lives lost, amongst those they strove to care for? These are the overarching issues for this party to the inquiry.

9. But it is not just the **response to the virus** as a threat that must be of concern to this Inquiry. So too must be the **response to the outcomes of the virus**; that is to say how we in Scotland have responded to the sequelae of the disease in economic and social terms: both for society at large and for those front-line workers we placed our trust in. The Inquiry must look at what our Scottish elected representatives and public bodies have left us with as a long-term response to the consequences of the pandemic in employment, health and social security terms. Are they continuing to gather information, collate, analyse and plan in the light of on-going long-term illness? Have they put in

place protocols and funding to manage future risks of long-term illness? Have they considered the effect on healthcare and key workers of long-term disease? Have they done so to inform the State's response to not only those who continue to suffer, but also future generations? Have they taken appropriate steps to care for, provide for and support those who continue to suffer? Have they learnt anything? Have they learnt enough? The legacy left by the State and the resilience of the State to provide in the future for those still suffering from the disease are the other overarching concerns for this party.

10. The long-term effects of Covid 19 are many and varied. Long Covid is a multi-system illness. There are over 200 documented symptoms for Long Covid. Severe fatigue, feeling short of breath, loss of smell and muscle ache, memory loss or "brain fog", chest pain, insomnia, cardiovascular irregularities, dizziness, paraesthesia and joint pain are just some of the many recognised symptoms. To narrate the same is to lay the basis for an understanding for the potential for and reality of Long Covid having a significant impact on not only day-to-day functioning, but also on a worker's ability to remain in or, or return to, employment.
11. As much as long-term post-viral illness was recognised before the world had heard of Covid -19, the existence of Long Covid as a common descriptor for prolonged symptoms and disability after the acute phase following infection is now well recognised. It was not always so. The Inquiry will hear of professional ignorance, if not antipathy, to the needs of those with Long Covid.
12. And so it is against that background that the Scottish Healthcare Workers Coalition come to this Inquiry in the expectation that the Inquiry will throw a searing light on the actions, practices and failings of healthcare and social-care providers as employers and the Scottish Government as the policy lead and

directing force, in the management of the challenges of Covid 19 infection and Long Covid in particular. The challenge for the Inquiry is to ensure that such failings will never occur again.

13. The Inquiry will be presented with written evidence, and we trust will hear fully, from those who have disproportionately borne the risks and consequences of exposure to the virus: our health and social care workers. They will speak to the debilitating effect of acute and chronic symptoms and Covid and Long Covid in health and professional terms. The Inquiry will hear of the frustration of this workforce at the inappropriate protective equipment provided to them and the inadequate protection afforded to them in the workplace.
14. They will speak to the financial and economic consequences for them as they have struggled, and continue to struggle, with the constraints of Covid and Long Covid. They will speak to the frustration and despair of seeing professional careers falter and end as a result.
15. Concerningly, and a matter of shame, they will speak to sceptical, unsympathetic and unaccommodating employers with poor employment practices and lamentable State financial protection for Long Covid sufferers. They will speak to employers in the health and social care sector, who frankly ought to have known better, not responding to the individual needs of their workforce as those with Long Covid wrestled to manage the particular effects for them with their own personal circumstances. And to employers, unappreciative of Long Covid, inappropriately pressurising staff suffering from Long Covid to return to work to meet the need demanded by the pandemic; and then being unsympathetic in their approach to symptom induced desires for shorter hours of working and prolonged periods of ill

health absence after returning to the workplace. They will speak to loss of earnings and loss of employment.

16. Our health and social care workers have worked tirelessly and at exceptional risk to themselves to save lives and provide care. What they deserve is an investigation that will look to see whether the Scottish Government, Health Boards and other healthcare and social-care providers had proper regard to their safety and welfare when planning for and responding to the pandemic; both as regards the protection of the health and wellbeing of those individuals; and also the protection of their ability to remain healthy to care for others.
17. **Planning:** And so we ask a number of legitimate questions. Firstly, a question that will be echoed by others: in pandemic planning, and in the response to the pandemic as it progressed in Scotland, was proper consideration given by the Scottish Government and Scottish Health Boards to the risks for health and social care workers in the workplace? Was there independence of thought and analysis from Westminster and the UK Government?
18. More specifically, as long-term post-viral illness was known of before the pandemic, it was a foreseeable consequence of Covid-19. But was it foreseen? Were the **likely long-term consequences** for individuals (in terms of health and economic impact) and for Scotland more generally (in terms of the provision of health and social care) identified, weighed and acted upon appropriately in the assessment of the conditions in which health and social care workers would have to work? If not, why not?
19. **Knowledge:** Did NHS Scotland, individual Health Boards and healthcare and social-care employers recognise and respond to the distinct needs of their workers with Long Covid as knowledge expanded? Long Covid was being

reported as early in the pandemic as mid-2020. What steps were taken in Scotland to re-assess risk and identify appropriate precautionary steps once empirical evidence emerged? Was the prevalence and risk of Covid and Long Covid in the health and social-care workforce separately assessed here in the light of the closer proximity of these members of society to the disease? Was an opportunity missed at the early stage of the pandemic to warn healthcare and social-care workers, or the public at large, of the risks of Long Covid and the importance of appropriate and adequate proactive measures?

20. **Protection:** The public may view the provision of personal protective equipment in the health and social-care settings to be a story of privilege, profligacy, and perfidy as to the needs of the front line staff. That is a perception that this Inquiry must address and expose. Were those who took personal risks to care for us, placed at unnecessary risk due to inadequate assessments of the means of exposure and manners of protection? We ask that, not merely in relation to acute symptoms, but also in the context of whether long-term ill-health from Long Covid was taken into account and given appropriate weight in the determination of the procurement and allocation of appropriate and effective personal protective equipment? Was the precautionary principle recognised and adhered to? If not, why not? As our knowledge of the disease improved, was a change in guidance appropriate and was any such change effected? If not, why not?
21. Beyond PPE, we now recognise Covid-19 as entailing airborne transmission. Did the Scottish Government, Health Boards and employers appreciate the potential, and then need, for high quality and effective air filtration and ventilation in health and social care settings to mitigate risks; and did they take steps to mitigate the risks and then meet the need? Did they, by the end of 2022, put in place appropriate standards for future air quality in such settings?

22. **Future:** The only way to avoid Long Covid is to avoid catching Covid.-19. Long-term morbidity was not only a factor that ought to have been part of pre-pandemic planning, it must also be a part of the information gathering and planning for the next pandemic. Looking forward, have appropriate and adequate steps been taken to monitor and gather data as to the long-term effects of the disease in order to better understand the needs of this essential part of our care workforce in the future, and as to how the disease will continue to, and how future viral pandemics may, impact on the provision of healthcare and social-care in Scotland in the future?
23. Has the Scottish Government set about, and funded, the gathering of relevant data to record, assess and weigh the effects of Long Covid on individuals, the social and economic cost of workplace absenteeism, the cost of financial support for people with Long Covid on sick leave, the extra demands of the social-care sector to support people with this debilitating illness? Has the Scottish Government set about assessing the emotional and financial effect on individual wellbeing and finances for those with Long Covid? Has the Scottish Government ensured that in the light of what was known by the end of 2022, that NHS Scotland and Social Security Scotland is adequately informed, funded and resourced to provide the specialist help and support that this cohort of sufferers needs? Is the legacy fit for purpose?
24. **Employment:** Let me touch on just one other matter at this point in time. We say this phase of the inquiry is the appropriate stage to consider the issue of discrimination, for it resonates in the extent to which proper and adequate care was offered to health and social-care workers both during the pandemic's acute phase and subsequently - those who are still suffering.

25. We ask was Covid-19 and Long Covid recognised and responded to by Government, Health Boards and employers in a manner that looked to and adequately assessed risks. Did they assess the need for protection in an informed, nuanced and equality sensitive manner that avoided discrimination in the workplace, in terms of sexual discrimination, disability, race and ethnicity and with regard to the underlying health needs of the workforce? Did healthcare and social-care employers in Scotland, particularly in the public sector respond proportionately and without discrimination, in understanding, appreciating, assessing and then accommodating the multi-factorial presentation of Long Covid in its diverse workforce? Looking forward, should Long Covid be recognised as a disability under the Equality Act 2020? Should Long Covid be formally recognised as an occupational illness?
26. Most significantly for this group, the Inquiry must also recognise that the debilitating symptoms of Long Covid have and have had a material effect on the ability of those suffering to retain employment and to maintain a career. SHWC submits that the long-term burden of the pandemic has fallen disproportionately, and in a discriminatory manner. It is expected that the inquiry will address the question whether article 14 ECHR rights against discrimination have been breached.
27. **The task ahead:** I have already exhorted the Chair to never lose sight of the need for this inquiry to conclude with clear findings of fact. And so I repeat what I have said on behalf of other parties. It will only be with an understanding of
- what was considered **and** what was ignored,
 - what was weighed **and** what was discounted,
 - what was done **and** what was not done,
- that lessons can begin to be learnt for the future.

28. And I again admonish the Inquiry, that there therefore needs to be **rigour**: rigour in giving careful and discrete attention to the consequences of this particular cohort of society, who risked so much for as all. This party also looks forward to, and expects, the Inquiry to produce background research specific to the risks undertaken by Scotland's healthcare and social-care workforce and the interplay of Long Covid in the assessment of and response to those risks. There needs to be **understanding** of the practical consequences of long-term Covid related illness and the steps taken to avoid and mitigate the same. There needs to be **accountability** for failures, oversights and indifference.
29. This inquiry must, without fear or favour, been seen to address the issues I have outlined and the related questions that, for now, time and space for now does not allow to be stated before the Inquiry. And time must not be allowed to denude the Inquiry of effect. Covid-19 continues to reap its deadly consequences. People will die from Covid 19 during the period of the Inquiry. Many others will continue to suffer its consequences though Long Covid. The Inquiry must report at intervals to ensure that lessons learnt can be implemented and suffering alleviated.
30. It would be all too easy in the many disparate issues the Inquiry will have to consider and report upon to lose sight of this cohort's concerns and fears. I offer no apology for pleading their case as a special case. For them the future is uncertain in so many ways. They are the ongoing victims of the pandemic. They look to this Inquiry to provide some answers. Could and should the Scottish Government and Health Boards done more? Was their suffering unavoidable?