Scottish COVID-19 Inquiry

Witness Statement

Witness statement of Jennifer Ewen – HSC0164

Introduction

1. Statement taken at 10:00hrs hours on Wednesday 20th March 2024. Witness Number HSC00164 refers.

2. The witness was interviewed on Microsoft Teams. The witness did not wish a legal representative to be in attendance.

3. My name is Jennifer EWEN and I can be contacted at my work address, which is known to the Inquiry.

4. I am Director of Adult and Community Services for Voluntary Services Aberdeen (VSA).

5. I am willing to provide a statement, have my information contained within reports and to have my statement published.

6. I am prepared to give evidence at the Inquiry and I'm aware that I can withdraw consent at any time.

7. If I were to be called as a witness, I would be available to attend the Hearings between April and May 20th, 2024, dependant on my work commitments.

8. I have agreed to the recording of my statement today.

9. I would like to tell the Inquiry about my experience of the pandemic and how it affected me in relation to my role as Director of Adult and Community Services for Voluntary Services Aberdeen (VSA).

Overview of VSA

10. Our full title is the Aberdeen Association of Social Services, trading as VSA.

11. VSA is a registered charity and is one of the oldest social care charities in Scotland, having been established in 1870. The Aberdeen Association of Social Services provides supported services to people of all ages across four core areas: Children and Families, Adult and Community, Educational and Learning and Carers support. The charity was made-up of the merger of seven local charities over the previous century.

12. VSA supports a person's physical, mental, emotional, and social being through residential and outreach support services.

13. The charity also provides school-based counselling to support young people's mental well-being and provide a range of services that support children with complex and additional support needs.

14. Linn Moor residential school, which is run by the charity, is a nationally renowned school for children with special needs.

15. VSA also provide support to adults and older people. Some of whom are challenged by dementia, poor mental health or learning disabilities.

16. The charity also supports people on the journey to recovery from addiction. Across these services, VSA provides care homes, housing with support, outreach, day care, care, support, and activity centres.

17. VSA predominantly provides services to Aberdeen city, although we have just won the contract for Aberdeenshire Carer Services, starting 1 April 2024.

18. Financially, because we are charity, a lot of our services run at a deficit, because we don't get enough government funding, so we rely on charitable income to bolster that.

19. The charitable income we receive could be used towards making sure the staff are safe. So, getting the PPE for example. So, we're lucky in that respect. You hear a lot from private care homes that just weren't in the

position that we were in. So, we're very fortunate. Our corporate links as well, were very useful.

Financial Impact of the Pandemic

20. I have been asked about the financial impact of the pandemic on VSA as an organisation; and the following six paragraphs (19-24) have been provided to me by Anne Corbin, VSA's chief financial officer. I would not be able to expand on the information contained in these paragraphs if questioned at the inquiry.

21. Conversations started amongst our EMT team as early as January 2020 in respect of readiness for the pandemic arriving on our shores. In February 2020, our executive team secured permission from the board of trustees to designate £750,000 of funding to cover the potential cost of PPE and any other infection control measures we thought might be necessary to protect our residents and staff from the emerging pandemic. Our first action was to order PPE from our existing suppliers many weeks before the announcement of lockdown by Scottish Government. In March and April, when our regular supplier stocks ran out, we sourced stocks from other suppliers and collaborated with other care providers in the locality to secure the best price for air freighted PPE. It was strongly suspected that suppliers were beginning to profit from the situation but protection of our service users and staff was of utmost importance.

22. Emergency funding was announced by the government during this time and would be backdated to the date of lockdown on 23 March 2020. Local authorities were expected to review claims and distribute the funding. The approach taken by individual local authorities was not consistent, with some authorities refusing to cover additional costs that were funded by others e.g. agency costs. At services where we have placements from other local authority areas, we were expected to split additional costs proportional to the number of placements from the different areas. This was unnecessarily complicated and time consuming.

23. VSA quickly planned to capture additional costs incurred, analysing the total by category e.g. infection control, agency, furlough, PPE, IT, visiting, testing etc. Over the full extent of the pandemic, VSA incurred additional total cost of over £3,700,000. The biggest component of additional cost (50%) was associated with staffing/agency costs to cover covid sickness and isolation absences as well as extra resource for cleaning/infection control and attending to residents who were expected to isolate in their own rooms £1,850,000. Increased infection control costs from the additional procurement of chemicals and PPE amounted to £1,700,000.

24. Claims made from the government-funded supplier support scheme recovered £2,369,000 of the additional cost incurred. We also recovered the funded elements of the furlough scheme, at £350,000.

25. Unrecoverable additional costs amounted to £981,000. These costs were borne by the charity and funded from reserves and/or unrestricted charitable donations received in each of the years the organisation was affected by the pandemic. There is no doubt that central funding dried up before VSA saw any real improvement in the impact of the pandemic with absences and increased infection control procedures lasting a long way beyond the funded period.

26. We did not record the cost incurred by the additional resource required to administer the claim procedures, but this was not insignificant. A considerable amount of time was given up by the back office to team to ensure the business remained financially stable and sustainable.

Personal Background and Structure of VSA

27. I have been in my current role as Director of Adult and Community Services for about nine years, and I've worked for VSA for 28 years.

28. After I left school, I went to do my nursing training which led me to specialise in psychiatry.

29. I then worked in nursing, and subsequently I got into training health and social care workers, for SVQ's (Scottish Vocational Qualifications).

30. When I started with VSA, I was with the training team and delivered training and qualifications within the organisation.

31. From there on I had various jobs in VSA, including management and senior management roles, leading me to becoming Director of Adult and Community Services.

32. VSA's management structure is that we have we have a board of trustees; I think there are 12 in total, who are all volunteers.

33. We then have a chief executive, a chief financial officer, and then three directors.

34. The directors consist of a Director of Adult and Community services, which is me.

35. We also have a Director of Children and Families, and a director of HR and Learning.

36. In terms of the ages range VSA caters for, we provide services for children from six years old up, through to elderly people who are under end-of-life care or palliative care.

37. In my role as Director of Adult and Community Services, I oversee two, forty bedded care homes for older adults, two, forty bedded housing support care at home services, which are classed as very sheltered housing. They're for people over 55.

38. I also look after care homes for adults with enduring mental health problems.

39. I also have a residential rehab for adults, with enduring mental health issues, residents can be in that service for anything up to three years.

40. In that service, we're focussed on helping the residents in developing life skills with the aim of they can go back into their own tenancy, as well as helping them in their long-term recovery journey.

41. I also look after a housing support service for adults with mental health issues and physical disabilities as well, and a housing support service for adults with additional support needs, such as learning disabilities.

42. I oversee a total of 12 services, which are registered with the Care Inspectorate, although I have a registered manager in each of these services, so they're responsible for the day-to-day management.

43. In terms of staffing, I don't think we lost a lot of staff during COVID. It was afterward that we lost them.

44. While we were in the thick of the pandemic, the staff were all dedicated to providing support to the residents, because they weren't getting to see their own families. So, they kind of became that family. I think it was afterwards when everybody had time to reflect, when we saw the high turnover.

45. For residential care for older people, you do tend to get a high turnover of staff anyway. It's a hard job for not a lot of pay.

46. With hospitality closing in Aberdeen at the start of the pandemic, we were getting a new level of recruitment from people who had never looked at health and social care, so we had staff who came into the sector from hospitality perhaps because they weren't getting furloughed.

47. But then when the hospitality industry opened again, they went back. So that was part of the turnover we saw as an organisation as well.

Referrals to VSA

48. For all the services, our referrals come from care management, so from the local authority. That could be because of learning disabilities, because they are older adults, or people with mental health issues.

49. Because we're a charity, we will take people that are self-funding, but it comes down to the care manager. We don't charge them any differently.

50. Our service users come to us predominantly because they are at home and not coping, or because their family can't cope any longer.

51. Unfortunately, it tends to be that people get to a crisis point before they get in touch with a care manager. We will get the odd inquiry from the public, but then our job would then be to sign post them to get that care manager involvement.

52. A lot of our service users are on delayed discharge from hospital. They might be on delayed discharge and so don't need to be in hospital any longer but are just waiting for beds to become available in more suitable accommodation.

53. Mental health service users predominantly come from the Royal Cornhill Hospital, which is our local psychiatric hospital.

54. Generally, if the hospital feel that someone can't go home for any reason, or you need a stint in rehab, they could make a referral to us.

55. Whether they stay in their own home or become residential is very much dependent on the assessment. The assessments are carried out by a care manager in relation to mental health, psychiatry, and psychology. There is a whole multidisciplinary team available, to decide what's the best support required for that person. It could be outreach in their own home or long term residential or short term residential.

56. VSA's funding largely comes from charitable donations, fund raising and local authority funding.

57. We have a contract with Aberdeen City for all our services, but we do have some out of areas placement as well, predominantly at Linn Moor school.

58. Our older people's care homes and our very sheltered housing are block booked by Aberdeen City Council.

59. For example, if Aberdeenshire council wanted to place somebody in one of those services, they've got to negotiate with Aberdeen City because we're block booked.

60. All our referrals come from social work, and when people move in, they will have an allocated social worker and for mental health. For mental health, you get quite frequent safeguarding issues, so might have police involvement in that as well.

61. VSA have got the biggest amount of residential mental health beds in Aberdeen. I think we've got about 64 residential beds now and even pre-pandemic, they were at capacity and the types apart from the rehab service.

62. The two residential care homes for older adults, they are pretty much always at capacity and always have been, in fact we could probably have another ten care homes and fill them, there are always people waiting. They were completely full before, during and after the pandemic as well.

VSA - Pre-Pandemic

63. VSA’s funding sources have never changed. It's always been predominantly local authority, and that that hasn't changed before during or after the pandemic.

64. Pre-pandemic the staffing was a lot healthier. It wasn't so hard to recruit. We could advertise a job and have 30 applicants for one job. Post pandemic, we really struggled to recruit, but I think that's the same across the whole health and social care sector, it isn’t just VSA.

65. I think during the pandemic there was a healthy retention of staff. It was post-pandemic, where we found people were burnt out, or they returned to hospitality or hairdressing, or beauty for example. In lockdown they couldn't make a living in those lines of work, so they came to us.

66. They were guaranteed a job because we couldn't close, but then a lot of them did return. We did keep some because it was a career path that

people hadn't thought of, and some enjoyed it and did stay, but I would say the majority went and since then it's been hard to recruit.

67. You can surmise why. The pay is not good for support workers, especially when they can earn more in a supermarket. You don't have to be qualified in a supermarket, and don't have to do all the training which we require, and don't need to be registered with the SSSC (Scottish Social Services Council).

68. During COVID, health and social care also got a lot of bad press. Stories would be about, what we were perceived to be doing wrong, not what we were doing right. Recruitment and retention is certainly at crisis point for health and social care sector just now.

Corporate Assistance

69. We do have corporates that support VSC, and a lot of them will do things like corporate fundraising, or they will volunteer their time at Linn Moor school, for example.

70. VSA also have a working farm. We have trainees at the farm with learning disabilities, so they go there and learn life skills.

71. The farm is a great place for corporate volunteers to go and have an away day, so they assist us by giving us labour.

72. Our corporate backers also donate quite a lot of things, such as hand gel and hand creams for example.

73. Corporate sponsors would also drop off takeaways to our staff, so not a lot in monetary value, but enough to show the staff that their well-being mattered. We knew this was a hard time. So, corporates would support us in that way.

VSA Pre and Durning the Pandemic

74. Pre-pandemic my role was probably much the same as today. Every day is different. You don't know what's going to happen. You can come into

work having your day planned, but you don't know what's going to happen.

75. Today I've got a person that's gone missing from one of our mental health services. So obviously that's on your mind predominantly. It's those kinds of things that are probably day-to-day for me in particular with the mental health services. They can be more challenging.

76. I have always tended to work long hours, but during the pandemic, I felt I was never off duty. I think service users needed a lot more support, staff needing a lot more support, families needed more support; and all the guidance was changing, in particular for the care homes, rapidly, sometimes daily, especially in relation to infection control.

77. Because of all the changes I was getting constant phone calls. Can we do this? What can we not do? What can we do? What do you know? So, I was having to keep on top of that the whole time to support my stuff to do the right thing.

78. During the pandemic, I had almost daily conversations with public health, whereas now, I don't know the last time I spoke to them. During the pandemic, I was in contact with a lot of people that I hadn't been before.

79. I'd engage with the care inspector for advice because, sometimes there was a lot of conflicting advice. The government might say one thing, the local public health team might say something else. The care inspectorate might give a third variation. And then in the mix of all that, you've got your residents and your family members that are putting pressure on you, to see their loved ones, for example.

80. A lot of the time, it was up to me to say, what's the most sensible decision to make for this scenario? It was about striking a balance between conflicting advice and about not being too risk averse either. I had all these different scrutinising bodies telling me different things, so I've just got to make a decision here and if I just assess it and I can stand

up in court and justify why I made a decision, then I had to be content with that.

81. I suppose my days during the pandemic were spent on the phone or speaking to public health or speaking to the care inspectorate, trying to keep families happy. Trying to keep staff contained dealing with outbreaks as well, so that was much faster paced.

82. I think because of my nursing background, the rest of the executive management team were probably looking at me as the named person to make decisions. Obviously, the trustees were looking for peace of mind that we were doing everything correctly. I had all these external people and internal people looking at me saying, are we all comfortable with the decisions we're making?

83. Teams was a part of our organisational communications prior to COVID, but today it's become the norm. Teams is now part of our everyday life, which I don't mind because I've got so many services. It's an easy way for me to keep in touch with people and have meetings where you don't have to all go to head office.

84. I didn’t personally feel my stress levels increased much during the pandemic. I feel I'm quite a resilient person and having been being a psychiatric nurse helped. Although I'm not a practising nurse now, when I was nursing, I worked at one of our psychiatric hospitals during and after the Piper Alpha disaster, when we had a lot of wives of husbands that were killed being admitted. We would have wards full of wives.

85. I would say overall that I work well under pressure. So, although it was hard to keep up with everything, my mental health remained stable throughout the pandemic.

86. That said, I would be surprised if the psychiatric hospital didn't have more demand on them during the pandemic, but our services are generally all full and have extensive waiting lists, so the pandemic didn’t translate into increased demand for us, because we were already at full capacity. We

wouldn't have been able to accommodate anybody else at that time anyway.

87. We find with our mental health services, one of the things we base recovery on is that people are not readmitted back into hospital even for a short term during their stay with us. There was no increase in admissions back into the hospital so, you could look at that as a positive for our staff, that we were keeping people as well as they could be, and keeping them out of hospital.

88. For mental health, a lot of our people in our services have had chaotic lifestyles and there might have been relationship breakdowns or family breakdowns, so we tend to find there's not as much family involvement with people that are part of the mental health services. I suppose when it came to lock down and people not being able to visit, I'm not saying it didn't affect people in mental health, but because there's not such a great family involvement, it probably had less impact there than it did in the older peoples care homes.

VSA and Covid

89. On the 20 March 2020, at the start of the pandemic, I flew to Jamaica on holiday and got stuck there for four and a half months because of the subsequent border closures and COVID restrictions.

90. A couple of days after I arrived, I read online that there had been a COVID case on the same flight I had arrived on. So, the first confirmed case of COVID in Jamaica was brought over on the plane I was on.

91. When I’d flown over, there was no mask guidance, so nobody on the plane was made to wear them, but Jamaica responded quickly, and went into a full lockdown and closed the borders. So, I was stuck in Jamaica, and what was supposed to be a two-week holiday ended up with me being there until almost the end of July. I had to get my Visa extended to allow me to stay. I couldn’t get a flight home.

92. I had taken my work laptop with me, so was initially able to keep in touch with work, but because I have a long-term health condition, I was put on furlough, and my access to emails and other functions were shut down, because you're not meant to work when you're on furlough.

93. I kept in touch with colleagues by phone, so I was able to keep informed as to what was going on, but technically I was off work from the 20th of March and until I came back at the end of July.

94. I remember being really worried about my work colleagues and I remember thinking, it couldn't have happened at a worse time, because I was stuck away from the business.

95. During that time, I felt guilty because I thought, I'm a leader of this agency and I can't lead, so there was a lot of frustration and guilt around that.

96. Eventually I got a flight home, but by that time, lockdown was in full flow, and I remember going out in public and thinking, what on earth has happened here? I came back to the non-essential shops being closed, and one-way systems in supermarkets, amongst other restrictions. I suppose it took me at least a week to reacclimatise and get to grips with what had actually happened and the consequences of it all.

97. At that point people at home had been living with that for a couple of months and I hadn't, so it was like coming back to a totally different world.

98. With VSA, I'm based at the activity centre on Castle Street, Aberdeen, where we have a large hall. When I got back it was like a warehouse full of PPE.

99. Before I had left, we had senior management conversations about what could happen, and how it might impact on VSA and what we could do to mitigate the risks.

100. These conversations were mainly within our executive team. We could see on the horizon what was coming and knew we needed to prepare for it.

101. During those early stages, we weren't looking so much at the lockdown of individual care homes, but we were looking at Personal Protective Equipment (PPE) and keeping staff protected, and we were probably ahead of the game in many ways, because at that time we had at least three months stock of PPE for the whole organisation, sourced from our normal suppliers.

102. We were quick in ordering PPE in. We've always had at least a three-month stock, probably even to this day we still have that. So, we have never ever run out of PPE.

103. By the time I came back, we were well into the throws of the pandemic, but even where we were understaffed in our residential homes, due to illness or other factors, we work with an agency that supplied social care staffing.

104. We have a contract with them, so what we did was block booked staff for six months, so we knew we had the same staff going into the same service. We then reviewed the situation and block booked them for another six months. The agency worked well with us, because we couldn't have different people coming in and out from the agency due to restrictions.

105. We also had that cover because we got approval from trustees to over-staff. So, if people were getting an infection, they had to be off, but we would always over staff to allow for this. Because of the overstaffing, we had a dedicated relief pool of staff, so we never fell below safe staffing levels.

106. Another challenge when I returned was testing the staff for COVID. We had to facilitate LFT (lateral flow tests) and PCR (polymerase chain reaction) tests for the staff.

107. Because of this requirement, one of the things I instigated, was that because the Castle Street premises has an activity centre with a large hall, and because the activities had all stopped because of the restrictions, I thought, how can I make the best use of this hall? I had 12 registered services and there’s also the school, and all the staff needed to be tested three times a week with LFT, and also a weekly PCR. So, we turned it into a testing centre for staff and visitors. We had two dedicated staff who worked full time and they did all the testing at that central location, which meant managers of individual care homes weren't having to spend all their time testing staff.

108. Even the paperwork involved around that, dealing with the results of the tests, was huge. Over time, this was also rolled out to family members. So, by the time they were allowed to visit their loved ones, there was also a requirement that they had to be tested. We were able to facilitate them coming to the centre to get tested, so we could be sure they were relatively safe to visit their loved one. The set up of the testing hub took a lot of pressure off frontline staff. It was a huge piece of work which took up lots of time.

109. One of the difficulties we did face during this time was that whilst the guidance for care homes for older people was quite clear, VSA also has other care homes for younger people with mental health issues. So, although they're registered and classed as care homes, you're dealing with a totally different demographic. You're dealing with younger people, who might not be as physically ill as your older service users, but we're having to follow the same guidelines because they're technically resident in care homes.

110. We also had people in their own tenancies, but within a complex. So, we found that with regard to the IPC (Infection, prevention, and control) guidance, you could stick to that rigidly in a care home, but when you're supporting somebody in their own house or their own flat, you can't say to them you need to be cleaning every two hours because our staff were

coming in. Because we've got that breadth of services, unfortunately, one set of guidelines couldn’t fit all our services.

111. Overall, our services still had to work for people, whether that be in their own homes or in a residential care home. So, for our care at home service users, our staff might be the only people they saw, once a day, or once a week. So, we were determined to keep that service going. We just made sure that our outreach staff had plenty of PPE and tried to keep them as safe as possible.

112. Ultimately, we couldn’t expect people to adhere to our own levels of cleanliness in their own homes. Some are just not going to follow government guidance. In particular, if you're supporting somebody with a mental health issue they might have a chaotic lifestyle, they might even be a hoarder. There's no way they're going to have a spotlessly clean home. So, the best we could do as an organisation was to provide as much extra support to staff as we could, making sure they were trained as well as they could be, making sure we identified and evaluated as many risks as we could, took what steps we could to mitigate those risks, and provide them with adequate PPE. The main effort was just to try and keep them and our service users and staff as safe as possible.

113. During that time, our trustees were also saying, if we're following the guidance for care homes, we need to be doing that across the board. But, I had to respond that the same guidelines didn’t necessarily fit all our services. I felt we needed to look at every service individually, which was difficult, and sometimes put us at odds with the stated guidance. There was little room for flexibility.

114. I think during that time, our trustees, rightly or wrongly, could also be a bit risk averse. So, where the pragmatic option might have been to let an individual go home with their family, I felt in some cases that this could be justified, so long as we accepted the risk reputationally. I suppose they were looking to myself and the senior team for comfort, or to have us make the decision.

115. During that time, we had to try and think of everything in advance. For example, we even had the Chief Executive write a letter for our staff who were travelling for work, so that if they were stopped by the police, they could show they had a valid reason for being out.

PPE Supply and Disposal

116. Right back to the beginning of March, we were aware that we needed to prepare and were bulk buying PPE.

117. I think some other providers left it too late to source large quantities of PPE, I suspect because they were wondering whether the potential impact of COVID would come to fruition.

118. We had already bulk bought PPE, so we always carried a three-month stock. We have 12 registered services. So, we're not just providing for one service, so we were bulk buying lots of stock and just kept the orders coming in.

119. We were impacted financially regarding PPE, because manufacturers predictably put their prices up. I know a lot of providers were struggling to get PPE, but because of our preparation we were able to support other providers where we had the stock, and so we were able to give some of our stock to other providers in a time of need.

120. Our PPE included several different types of gloves, masks, aprons, we had fully body Hazmat suits, for outbreaks. We had hand gels, hand sanitizers. As an organisation we didn't want for anything in terms of PPE.

121. Throughout the pandemic, we constantly had staff members demonstrate safe donning and doffing of PPE, and because we aren't nursing homes, we weren't used to that. Unless we had an outbreak of norovirus or similar, we rarely had to use the full range of PPE before the pandemic.

122. Auditing of staff quickly became incorporated in the daily routines, so every morning there would be an audit of staff, such as, are you bare

below the elbows, a check to see nobody was wearing nail polish, and to check that nobody was wearing jewellery.

123. Sometimes three times a day we would be auditing these things to check for compliance.

124. In addition to supplying PPE to our staff, we would supply masks and gloves to service users, if they chose to wear them. If our staff were in their own homes, we would ask them if they would wear a mask, but if we were dealing with a service user with dementia, for example, insisting on PPE might be more distressing to them. We had to weigh up individual cases, but a lot of pir service users were happy to wear PPE because it meant their service was continuing.

125. One thing which changed during the pandemic, which we've retained to this day, is that none of our homes are 'nursing' homes as such. They're classed as residential, so we don't employ nurses. So, prior to the pandemic, people were wearing their own clothes for work. When the pandemic struck, for the sake of infection and prevention control, we provided everybody with scrubs. We funded that, and now, even post pandemic; the staff have chosen to remain in scrubs.

126. I think in terms of our staff, and as an organisation, I feel we were supportive of staff. PPE was plentiful. We hear horror stories that people were having to use black bags for aprons, but I think we were well prepared in that aspect.

127. Disposal of PPE staff was something we took seriously as well. We would supply chemical waste bags to our staff, so they could bag up used items as soon as they left a service users home, and we also had existing chemical disposal points, because we've got homes situated all over Aberdeen with their own disposal points.

128. Our staff would also have hand gel for in between clients. The staff would bag the PPE when they came out someone's property. Our head office

was their stockpile for PPE, so they would just go in every couple of days and fill up the boot their car with everything they needed.

129. To ensure business continuity, we were always looking at PPE, we looked at the staff and we looked at the block booking of the agency staff. Another thing we kind of looked at was for older people's care homes was what's going to be the impact here for families who can't visit, can't go in to see their loved ones. And we knew that was going to be difficult for us.

130. To get ahead of that, we bought things like iPads, and anything that meant people could keep in touch with their families. Lots of iPads went into every service. We also set up family forums, so we could have regular zoom calls with families, so that every time guidance was changing, we'd send out communications to families. The iPads were bought by VSA, and our fundraising department managed to source a couple of dozen at one point during the pandemic from funding.

131. We also supplied the iPads so that we could support people in the community to do online shopping. A lot of times family will support our service users with shopping in the very sheltered house, but we wanted to provide options for our service users to be able to independently buy shopping as well.

132. Whereas now a family member might go and get a weeks' worth of shopping for their loved one that lives in one of our services, during the pandemic it all had to be kept in reception, and a staff member would have to wash it all down before it went to the recipient. For that to happen we had to source things like big container boxes, so we could separate the shopping assigned to a particular resident and then wash it all down and deliver it to that person.

133. Despite all these efforts, the greatest impact on people we support was them no longer being able to get visitors.

134. I would say that was the most difficult aspect for me personally, and probably for the whole organisation, was the restrictions that were being placed on people.

135. For the families it could also be deeply frustrating, because one day we're telling them you can do this and the next day, it would change. It was forever changing. So, we would have regular zoom calls to try and keep people updated as best we could.

136. I think, for my managers, the constantly changing guidance was the most frustrating element. They were trying to keep up with the changing guidance, and differing opinions regarding what we should and shouldn't be doing. It made any level of consistency very difficult.

137. As an organisation it was about trying to interpret the guidance in simple terms for families. We tried to keep our communications to, what does this mean for you? So, we got ahead of that by providing means for them to communicate with ourselves and their family members.

138. We had regular communication with the families, and I think that did help and it was appreciated. At the time we would do them monthly, but we'd have a morning session and afternoon session, a late-night session, so that people that were still working in things could attend a session.

139. We were also writing out to people regarding what was happening in any given week, so that there was constant communication with family members. In the end we did emails, written correspondence, and zoom meetings.

140. Ultimately it was all about communicating to people to make sure that everybody knew what the current situation was, and what the guidance pertinent to them was. I think a lot of times there was confusion from staff and from family members because they thought VSA was imposing these restrictions. They seemed to believe it was something we were doing, that we were imposing on people. As far as some of the families

weren't concerned, we weren't letting them in to see their families, but ultimately that was the guidance we had been given and so we needed it.

141. Despite all this, throughout the pandemic, we managed to keep our services running. No services were closed, permanently or temporarily, apart from the activity centre because that provides activities for people from the community, so social distancing and lockdown meant it couldn't be used in that capacity. But our residential based, and care at home services still ran throughout. So, everyone was still getting a statutory service.

Pandemic Changes to the Business

142. One thing which the pandemic forced upon us, was that internally, all our support staff, including backroom staff, payroll, finance, and fund-raising staff, pre-pandemic, were all based at our head office. So, because our head office was closed, all those staff had to start working from home.

143. I felt that this arrangement might have created a bit of resentment from the front-line staff, as they were having to go and work in potentially infected environments, which could have put themselves and their families at risk, all whilst the office-based staff were at home.

144. As director of frontline services, I never did and never have worked from home. I was always available and on site, and available to come out to services as well. So, the frontline staff knew that I was in it with them hopefully.

145. We also care for people in mental health care, and older people that get a weekly allowance. Money would be delivered every week to the residents from our Castle Street head office. In the pandemic I ended up picking up that work. I suppose that bit in my job description where it says 'any other duties' meant that these things fell to me. I took on a lot more pickups as well, including going down to Castle Street to pick up PPE. Then very quickly as the hall adapted into a testing centre, we also decided we'd have a stock of PPE here centrally.

146. With the allowances, it was normally a cash pick up because in particular people with mental health issues like to have that cash in their pocket. So, once a week there would be somebody that would go into Castle Street from the finance department to get all the money ready, working in there on their own, so they weren't in contact with other people.

147. Then, if any of the services needed it, I could then go out and do those deliveries. So, we had to adapt to a whole way of working, including a whole new reliance on Teams meetings to communicate with the finance department, payroll, and training and all the other functional departments.

148. Before the pandemic, people used to go down to head office for training, so there was an impact there and face to face training had to stop. So, we had to bridge that gap. We had to adapt quickly and look at online training.

149. We have always done some online training, but during the pandemic all our training then had to be converted to e-learning as opposed to face-to-face training. It wasn’t the best solution given the number of practical skills we need our staff to demonstrate, but at least we were able to maintain the continuity of providing training to staff.

150. We put all our staff through Scottish Vocational Qualification (SVQ’s). As such, they've got to meet the registration requirements, which is getting a qualification. We've got our own training centre at Castle Street, and we're also accredited to provide SVQ’s, so we can put people through their qualification, and we've got assessors to do that.

151. During the pandemic, they could no longer come out into the services to deliver that. So, a lot of the functions that used to be delivered in person quickly became online training, online assessment.

Medication

152. We have a primary pharmacy that provides medication for most of our services and because we have such a good working relationship with them, we have never had any issues getting medication.

Disaster Planning Strategies

153. I suppose you're never fully equipped right at the beginning for something like the pandemic, because you don't know what's coming, or because you've never been in that kind of situation.

154. In cases of coping with crisis or disaster planning of any kind however, VSA have always had a robust disaster management plan in place, for pandemics or major fires for example. We also hold tabletop exercises regularly, so as a team we're always prepared for a major incident.

155. Personally, working through Piper Alpha, mentally, I didn't really struggle with the stress aspect of the pandemic.

156. Personally, my working days did become much longer because I was constantly trying to keep abreast of all the guidance, constantly trying to reassure staff, and constantly trying to keep up to date communications with service users and families.

157. I would meet with families or have Teams meetings or Zoom meetings late into the evening sometimes because that's when they could manage. So, my working days became longer and although now, post-pandemic, I'm never off duty, during the pandemic, you were definitely never off. There was always somebody phoning to ask you about guidance, or asking, 'what does this actually means for me?'.

158. The deputy chief executive at the time however was highly supportive. I can't praise him enough; he was at the end of a phone day and night.

159. I also think its testament to our staff, that they were very resilient during the pandemic. Our staff quickly became the family of those they were caring for; and I think they realised that, whilst it's always been our role to care and support for these people, now it's even worse so and it's extra

important. I'd hope the staff felt valued during that time and I like to think they saw a value in what they were doing. They were being everything to everyone for a lot of people. So, I can't praise the staff enough. They were really resilient.

160. When the restrictions began to ease and family began to be allowed back into our facilities, there was still the ever-changing guidance to contend with, and your interpretation of that guidance as well. People were getting in, but they had to wear full PPE and they could only visit in someone's room. They couldn't go into the communal areas and doors had to be kept open. There was difficulty at times with families who would refuse to wear PPE and we would have to explain to them, this is not just to protect your family member, we've got 40 other people in here to look after too.

161. It could be a difficult conversation with family members where you would have to say, if you're not going to test, and you're not going to wear PPE, unfortunately, we can't let you in.

162. Overall, though, families, by the time restrictions were lifting, they were just so grateful to be getting back in to see their family member that they were willing to stick to any guidelines or guidance we had put in place.

Cleaning and Visiting

163. During the pandemic the cleaning regime was very thorough. We had to complete two hourly cleans of the whole building, and then you would have, pre-visit, post-visit cleans and whole wipe downs as well.

164. In some of our homes we have wooden bannisters and due to the pandemic cleaning regime, they have had the varnish completely removed, due to the chemicals we had to use.

165. We also set up a system for visiting and had a member of staff coordinating that. It was done through our testing team, so people would book to come and be tested, and then their visit would correspond with that, so that we didn't have everybody in at the same time. We had those

staff members facilitating the whole testing and visiting system, which helped because managers weren't having to do that piece of work.

166. When the residential homes began to open back up again, initially it was for a one-hour visit, once a week per resident, and then gradually it was stepped up from there.

Guidance and Policy Notification

167. I'm not sure if this is just specific to Aberdeen City, but the Health and Social Care Partnership set up a group named 'Provider escalations', so that each provider in Aberdeen City were getting updates direct from the provider escalation team.

168. Anything coming from Government or public health would come via provider escalations; and that would come either through e-mail or at that time provider escalation also set up peer support groups, for managers of front lines services. We would meet every week and that that was really very helpful, because you were meeting with managers who are in the same position as you.

169. The peer support groups were a good a good way of looking at the guidance and having peer support to try and understand what the guidance meant in practicality for other service managers. That was useful and very supportive.

170. In terms of the guidance we received, I wasn't ever approached for my input as to what I thought the most sensible measures might be in my sector. It was more a case of being told what the guidance was.

171. As an organisation we would look at the guidance we were provided and have to interpret that for our breadth of different services, such as for the school, or for our homes for younger people, because predominantly most of the guidance coming through was for older people's care homes. We would look at information provided and interpret it for our other services and make decisions locally based on the guidance and what was in the best interests of our service users.

172. Public health was quite supportive at that time. You could phone them at any time, and public health had weekly meetings as well. They would go over any changes to the guidance in those weekly meetings and break it down into layman's terms and tell us what it meant for us in practicality.

173. Unfortunately, sometimes guidelines amendments would be issued at 5pm on a Friday night, and sometimes there would be two or three different changes to the guidelines within a week. That was difficult. These changes impacted on me personally because if the changes impacted on family members, we had to get those communications out regardless of what day of the week it was or what time it was.

174. For instance, if you can visit on Friday during the day, but suddenly that stops at 5pm, and you have a lot of visitors scheduled over the weekend, then I would have to make sure everyone was contacted as soon as possible, to tell them you can no longer visit.

175. VSA do have a communications department, so I was working with them to make sure families, staff and service users were constantly kept updated with the changing guidance.

176. One thing we did notice was that there were significant gaps in the guidance because it was predominantly written for older people's care homes.

177. We have care homes for younger people, so although the guidance for older people's care homes was probably relatively easy to follow, when you're looking at our younger client group with mental health issues, and you're doing two hourly cleaning for instance, it was a lot harder to follow, and I felt less relevant.

178. In terms of staffing levels, there is not such a high level of staffing in mental health units as there is in older people's care homes, where predominantly it's hands on work. So, within the mental health services, we had a smaller staff team, and some of those services don't have dedicated cleaners or laundry people, but those staff were finding

themselves having to do all that on top of their normal job. So, the guidance didn't fit for our mental health services. No guidance can fit all, but if there had been guidance categorised for mental health units, guidance for learning disability services, it would have helped significantly.

179. As an executive team, we had to take the guidance as a whole and made decisions on what we were comfortable doing for the rest of our services, which didn't fit into the older peoples care homes, and risk assess that if we felt we needed to adapt the guidance.

180. When we applied the guidance to the younger persons care homes and mental health services, we implemented most of the guidance, but where we felt it would be detrimental to service users, and enforcing the guidance in its entirety would have an impact on mental health, we were more flexible in implementing it.

181. In the residential school, for example, several of the residents are profoundly autistic, so any change to their routine could have a strong negative impact.

182. Ultimately, I had to look at the benefits of taking risks and moving out with the guidance, as well as not being too risk averse in putting the individual at the centre of relevant decisions.

183. For the care homes for the elderly, we were strict and followed the guidance exactly, because the focus in the media was very much on the care elderly and care homes. All the focus was there. Whereas for people in our supported accommodation, we were less strict, after risk assessing the benefits and risks.

184. During these decisions, three was a lot more consultation with people that used the services and their families, with the narrative based around, how we can work together on these issues and agree on a sensible approach to putting the guidance into practicality, and to managing the risks, where

we felt there would be a detrimental impact if the guidance was enforced in its entirety.

Assurance Teams and Infection, Prevention and Control

185. I don't know if this was local to Aberdeen, but an Assurance team was set up, so we would have nurses coming in and doing audits of our staff. The assurance team would question staff or ask them to demonstrate donning and doffing. We had posters up everywhere to reinforce all these things.

186. Because of the requirements of the guidance, and infection and prevention control, everything had to be laminated, including posters, and most non-essential items had to be cleared out too. You had to clear out your homes.

187. For the residents, this would have been difficult, because suddenly ornaments and personal items had to go. Suddenly what was someone's home was turned into a clinical environment. It was a home, but it didn't look like a home to them anymore.

188. The wearing of face masks was also difficult for some of our residents as well. For people with dementia or hearing impairments where they would read your lips or look at your facial expressions to try and understand and communicate with people, that all went because your face is covered.

189. Our ability to communicate with people according to their needs was certainly restricted.

190. Before the pandemic, inspections of our care homes used to be annually for each registered service before the pandemic, and then there may have been a subsequent follow up visit if there were any major actions identified during the inspection.

191. During the pandemic we weren't inspected at all, and even now I think there's a backlog with the care inspectorate, we've got some services that haven't been inspected for 2-3 years.

192. VSA has a relationship manager because we're such a big organisation. This helps with maintaining a relationship with the care inspectorate, which I would describe as being really positive relationship.

193. Even though the inspectorate isn't involved in inspecting, I know they were keeping in touch with managers through phone calls. I've also always felt able to pick up the phone to clarify guidance or get their point of view. So, I would say VSA's relationship is very positive with the care inspectorate.

194. VSA also have a dedicated quality assurance manager, who is responsible for quality and improvement, and we also have a health and safety manager as well, who would also go in and do IPC audits or audits of quality. The aim of these visits is always to make sure that the quality of the services we were delivering remained at a high standard throughout the pandemic.

195. Something else we implemented during the pandemic, was that for our bigger care homes, we introduced an app called ASANA to record our cleaning rotas. We had to look at all our care homes individually, because we then mapped out the care homes into the app. Our business systems team helped with that. We had every single area documented into the app and broken down into each room, so all that all the areas were represented. Then the cleaners could tick off what they had done as they went along, digitally.

196. With the cleaning being done every two hours at one point, no sooner had they finished one round of cleaning, they were back, doing it again. The use of the app meant we didn't have to maintain paper records, so it allowed us to get rid of another means of introducing potential infection in terms of the reams of paper we would have had to use otherwise. At one stage we were even checking mattresses, so there were a considerable number of checklists which we were able to move onto the app.

197. Predominantly during the pandemic, we got guidance on infection prevention and control from public health. By and large the advice they

were giving us was appropriate, but there were a few occasions where it was difficult to adhere to. The difficulties for us were mainly when they would recommend cleaning products. A lot of the time, they recommended specific products and the strengths of those products which we had to use. We would have to go to our supplier and give them the guidance, so that they could provide us with the correct products. There was a range of different products recommended for different tasks as well.

198. We would buy in big bottles of products which we would then dilute down, but then we would realise that things like spray nozzles couldn't be re-used, so all these factors meant extra cost. Making sure our general assistants and cleaners knew what products they were supposed to be using, and on what surfaces also became a frequent task.

199. On one occasion we went away, and bulk purchased all the recommended products, and then a couple of weeks later they weren't recommended anymore, so we couldn't use them. We were given another list of products, which we would go and buy, but then, we were stuck with a cupboard full of products which we could no longer use.

200. Because of these factors, we also had to do a lot of extra training, and it wasn't just for support workers, but also general assistants and laundry assistants. Laundry became a huge focus for infection prevention and control at that time.

201. Overall, the infection, prevention and control had one of the most major impacts during that time because there was so much extra work. There was two hourly cleaning, and the specific products you needed. There was the stress on the staff having to wear the PPE, including the donning and doffing routines.

202. The staff were generally in environments where the temperature was quite high, because old folks like to be warm, and the staff have got to wear masks for eight to ten hours a day.

203. I think the constant cleaning could be exhausting, and before the pandemic, our cleaning staff, laundry assistants, and kitchen assistants weren't under a huge amount of scrutiny. But suddenly we're saying, explain to us your laundry processes, explain to us your cleaning processes. If you did have external bodies coming in, like Health Protection, the assurance team would come in. There was a lot of focus on general assistants and laundry assistants to explain what they were doing.

204. Where pre-pandemic you might have been able to employ cleaners just between 8am and 1pm, suddenly you were having to extend their hours, or you were having to employ more people to carry out all the cleaning. Financially it all had a huge impact.

205. Over the course of the pandemic, we had no COVID related deaths in our residential care homes. We had one in our very sheltered housing. So, I suppose we can think of ourselves as lucky. I think it's a testament to the staff.

Post Pandemic

206. Nowadays, there's a lot of things we didn't do pre-COVID, but which we adapted to and have kept, such as the Team's meetings. There was also a lot of learning about how we could work more efficiently across the organisation.

207. The organisation, for example, has adapted more to working from home for office-based staff. A lot of them have returned returned to the office, but they do get offered a hybrid working model. So though that doesn't impact frontline staff, for backroom staff that's a big change to their way of working.

208. Most of our training through the pandemic had to be done through e-learning. So, now, post pandemic, we are returning to face-to-face learning because I think nothing beats that.

209. Because we've got our own training team, now, when new staff are recruited for VSA every two weeks, we have an induction for those staff before they go out into the services. So they get all the essential training prior to going to the services like manual handling, medication, infection prevention and control.

210. During the pandemic they weren't getting that face-to-face training, so they were getting thrown into a service, into a sector that maybe never worked in, with just e-learning. It wasn’t ideal.

211. Post pandemic, demand for our services hasn’t changed, because there's always been a demand for our services which has outnumbered our available spaces, so that's stayed consistent. We still have a substantial waiting list for our services.

Lessons Learned

212. In terms of lessons learned from the pandemic, in my personal point of view, I think some of the restrictions on families visiting their loved ones, weren’t necessary.

213. I think when you're looking at an ageing population, with some people who are receiving end of life care, it was heartbreaking when you had people on palliative care or end of life care, and you would have to stand by and think ‘you might never see your daughter, son or grandkids again’.

214. That was difficult. And I think when you look at the grand scheme of things, with people at the end of life, would have it mattered if their family had come in to see them?

Hopes for the Inquiry

215. I think, for me, VSA as an organisation were very well prepared, and I think we were able to be very supportive to our staff. I feel personally, Nicola Sturgeon was giving constant updates, and I think overall, Scotland, did very well.

216. I think during the pandemic, we were given lots of guidance, even though it was changing quickly, which was a challenge.

217. There were difficult times, but overall, I think VSA felt supported as an organisation. I think we were well supported, and to come away from all our services with only one death was pretty good and something to reflect on positively.

218. In terms of the disaster planning and disaster recovery, I think it's something we did very well.

219. If there’s anything from the inquiry for me, it would be looking at the restrictions on families visiting loved ones. That would have been hard on people, and especially for their mental health, as well as not getting to see their loved ones.

Signed: Jennifer Ewen (*Via Email)*

Date: 10 April 2024