

Witness Name: Stuart Edwardson

Statement No.: 1

Exhibits:

Dated: 17.06.2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DR STUART EDWARDSON

I, Dr Stuart Edwardson, will say as follows: -

Professional role and redeployment in pandemic

1. During the relevant period, I was employed as a specialty registrar in anaesthesia and intensive care medicine in Scotland. Due to this profession, I therefore have skills in resuscitation, intubation and ventilation, invasive line insertion, organ support, and review and management of the critically ill. At the beginning of this period, I was due to be specifically on an 'anaesthesia' rotation. It became very quickly clear that our service and working patterns would have to expand significantly in order to support the Intensive Care Unit ("ICU") and the hospital in general through the expected influx of critically unwell covid patients. Instead of therefore spending my time gaining further experience and skills in anaesthesia, I spent many months working in intensive care. This resulted in far fewer cases than expected in my logbook for that period, and some specific areas of

anaesthetic care which needed further enhancement of experience in the future (e.g. paediatric anaesthesia, head and neck anaesthesia).

2. The hospital I worked in added a further tier to its out of hours rota, which meant that registrars such as myself worked far more nightshifts, evenings, and weekends. This was in order to cover a newly set up 'green' (non-covid) ICU which was situated within our theatre recovery area. The registrars covering this also held the 'bleep' for all intensive care referrals, including covid referrals. Whilst this ICU did have an assigned consultant, this was normally an anaesthetist (not intensivist), and regularly someone who had unfortunately not been working in intensive care for many years. The workload was exceptionally heavy, relatively unsupported (through necessity of the extreme situation we were in), and allowed little time for rest. The intensive care consultants were overwhelmed with the covid patients in our 'red' ICU, and due to infection control rarely could leave that space. That meant assessment of many critically ill referrals from an anaesthetic registrar with fairly minimal support. Many of these patients were also intubated and ventilated and resuscitated by this registrar, again with minimal senior support, due to how busy that area of the hospital was.
3. The working pattern was exceptionally tough. We worked many chains of nightshifts and weekends with relatively few 'rest' periods. The hospital itself had basically no areas to get food or drink (aside from one small coffee stand, which became a real lifesaver!). Instead, a large plastic box was situated in the anaesthetic offices which was regularly replenished with snacks. This became a cornerstone of our nutrition on long days and nights at work. At night, due to minimal rest facilities for an enhanced registrar team, many of us slept on the floor or in sleeping bags or camp beds that we had brought in (if there was ever the chance to gain any rest).
4. All of this left a significant inability to 'switch off' after work. Rest periods were few, and much of them spent being anxious around the patients you had been

responsible for and the care (sometimes frustratingly basic) care provided. As for much of the public, the conversation was always about covid, restrictions, infection rates and hospital admissions. This therefore meant that as a healthcare worker, you could never simply escape it. I lived on my own, away from family and friends during the pandemic. This meant that I rarely saw people in real life (other than my colleagues on the front line) for any form of decompression or support. My fear of potentially passing on any infection meant that I was reluctant, even when able to meet with others outdoors, to do so.

Training

5. My training rotations were ultimately not affected by the pandemic. My logbook and level of experience were notably reduced, but seen as an expected outcome given the circumstances. While I was allowed to progress to the next stage of anaesthesia training, I had further levels of competence and experience to make up for in future rotations in order that I was not 'behind' where I should be.

Vaccinations

6. The vaccinations were globally seen as an excellent thing amongst healthcare workers. I do remember speaking to some staff (mostly nursing colleagues) who had hesitations. This became cause for some coffee room conversations, but little more than that. Amongst the medical staff, it was globally accepted that these were good things to have, and that we should get them as soon as possible.

Long-term impact

7. I think the pandemic has had a major long term impact on healthcare workers in general. Many of us gave significant time, energy, and sacrifice during that period of time. Since then, many individuals have left healthcare altogether as they have realised some different priorities in life or seen the dysfunctionality and pressure of the NHS as something they can no longer cope with. I know of many people who, while still working in healthcare, dedicate far less of the 'extra' time and goodwill to it that they used to. Instead, many will do the required obligations of their position and do the best for their patients, but are far less likely to stay late and volunteer for extra roles.

8. I, myself, certainly feel that it has helped me re-prioritise my view of my place within healthcare and the NHS. The pandemic asked a huge amount of people. It seems that the NHS always will. If you are someone who gives it willingly, and always, you will end up burning out. Instead, I now think people are far more guarded about their sacrifices and their time with regard to their work.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data_____

Dated: _____17.06.2024_____