

IN THE MATTER OF

MODULE 3 OF THE UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF KAFEELAT ADEKUNLE

1. I qualified in 1988. During the pandemic I was working as a Community Matron in an NHS Foundation Trust. My role entailed visiting patients with long-term conditions at home and providing care to avoid hospital admissions.
2. During the pandemic, the number of patients I saw increased both due to the stay-at-home messaging and because of the shortage of nurses due to shielding. I manage my own cases so I can be flexible as to the number of patients I see each day, and this meant I was able to help out where I was needed. I saw around 5 patients each day, typically spending over an hour with them. I also helped support district nurses to see some of their patients. I found it difficult to switch off from work during this time as I knew how many patients still needed care and how few staff there were available to provide it.
3. I had concerns regarding the availability of personal protective equipment (“**PPE**”), and I raised them with the Royal College of Nursing (“**the RCN**”). There were not enough face masks. I recall being with a patient for an hour carrying out a procedure whilst wearing an apron and gloves but no mask as they were not available. Even when we knew it was a deadly disease, I was having to treat patients without a mask, and I was very scared. Everything was unknown at the beginning. We didn’t know what would happen if we caught Covid.
4. Infection prevention and control guidance was confusing and difficult to follow in the early stages, in particular because we did not have access to all the PPE and equipment like hand sanitiser that we needed. The guidance was focused on hospital settings, so we had to adapt what we knew and what we had available to us, when visiting patient’s homes. Over time, we got used to the rules and ensured we stayed socially distanced. Once we had access to all the PPE we needed it became much easier.

5. I would put on or “don” my PPE at the patient’s door before entering and remove or “doff” it after leaving and put the used PPE into a bag so that it was safe to carry around before it could be disposed of. Initially, I had to carry it around in my car before disposing of it, but the rules changed later on so that I left it at the patient’s house in the bag. This was quite confusing for a lot of patients and their families as they didn’t know what to do with it and often didn’t want it in their house.
6. Some patients and their families were particularly scared of catching Covid from my visits because they were aware I was visiting a number of different patients, despite the infection prevention and control safeguards in place. One patient did cancel my visit over this fear, but their family was able to administer the patient’s insulin and I was able to check in by phone to make sure the patient was well. I understood that the family were worried and wanted to protect their loved one, just like I did, so I respected their decision and found a way to monitor the situation safely without having to go in.
7. We did not have ready access to lateral flow tests initially. I recall a few members of staff were reluctant to test for fear of a positive result. Some individuals working bank shifts were reluctant to test due to the potential impact on their income.
8. It was quite stressful knowing some of my colleagues were dying and I feared what was going to happen to me.
9. As time went on, tensions developed between the vaccinated and unvaccinated. Some staff were reluctant to be vaccinated for cultural reasons and I tried to talk with them about this. Many of these staff came from minority ethnic backgrounds and had been influenced by fake news. As a fellow black nurse and RCN rep, I tried to convince them to have the vaccine and was successful with some.
10. Many staff were not happy with the vaccine mandate, and some even resigned when it was introduced before we could fight it with management. I don’t think that mandating the vaccine was the right approach as you cannot force people into taking it, it has to be consensual.
11. The best way to tackle vaccine hesitancy is to listen to and engage with people individually, not to coerce or bribe them. Many staff members would tell me about friends or family where they had heard that the vaccine was useless or that it was worse than Covid and could kill them. Some also believed that Covid was all a lie made

up to control us. You have to listen to them and their fears before giving them accurate information. I found that being able to share my own experience was very impactful in convincing them both that the vaccine was safe and that Covid was a real danger.

12. I was clinically vulnerable to Covid and had suffered significantly when I caught it in March 2020. I was afraid of catching Covid again and of what it might do to me. When I first returned to face-to-face working after having caught Covid and after subsequently developing Long Covid, I was terrified of catching it again.

13. Clinically vulnerable staff like me were supposed to have individual risk assessments to determine what work would be safe for us to do. I didn't know about this when I first came back from illness. When I became aware of it, I was able to ask my manager to undertake a risk assessment for me. I was lucky in that I have a lot of independence in how I manage my caseload and was able to adapt my work to suit my vulnerability and illness. My manager is also very supportive in allowing me to work from home when I need to and encourages me to take leave if I need it as well as to manage my health.

14. I did not receive a shielding letter, but I am clinically vulnerable due to my diabetes and high blood pressure. My husband has the same conditions, but he did receive the shielding letter. I caught Covid-19 at work on two occasions: in March 2020 and then again in Spring 2021. The first in March 2020 was the most severe, and I developed Long Covid following that infection. My oxygen saturations were dropping, and I could not get out of bed. I now have Long Covid, and it affects me daily. I experienced physical and mental symptoms including aches and pains, fatigue, brain fog and memory issues. I now feel even more vulnerable to future respiratory infections.

15. I initially returned to work after 5 weeks, but immediately suffered from severe fatigue, so I went back to my GP and was diagnosed with Long Covid. He referred me to a respiratory specialist who ran a lot of tests to identify what was wrong. I was also referred to a cardiologist who confirmed that the issues I was having were not to do with my heart. I was then treated by a respiratory physiotherapist for around a year. I am now able to work, but I still suffer significant fatigue and difficulty breathing every morning, so I have switched to working from 10am-6pm rather than 9am-5pm.

16. This experience has also caused my mental health to suffer, and I felt anxious and depressed as I was unable to do what I used to be able to, without knowing if or when

it would ever get better. I find that being back at work is the most helpful thing for my mental health, as without my work I felt useless. I love my job as I get to help care for my patients, but it is much more difficult for me now.

Statement of truth

I can confirm that the content of this statement is true to the best of my knowledge and belief.

Signed

Personal Data

Dated

14/06/2024