

Witness Name: Amanda Croft

Statement No.: 2

Exhibits: AC2

Dated: 3 June 2024

UK COVID-19 INQUIRY MODULE 3

WITNESS STATEMENT BY THE CHIEF NURSING OFFICER

This statement is one of a suite provided for Module 3 of the UK Covid Inquiry and these should be considered collectively. In relation to the issues raised by the Rule 9 requests served on the Scottish Government, in connection with Module 3, I, Amanda Croft, will say as follows: -

1. I am Amanda Croft, I was previously the Chief Nursing Officer for Scotland, employed by the Scottish Government (SG) during the period of 1 February 2021 and the 10 August 2021.
2. I have prepared this statement with assistance from others by reference to records and material provided to me by the SG. I have received assistance from the SG Covid Inquiries Response Directorate and the Chief Nursing Officer Directorate.
3. This statement is to be read in conjunction with the respective personal statements, produced by Fiona McQueen and Professor Alexander McMahon, which also cover the role of the Chief Nursing Officer, UKIDM3CNO051 and UKIDM3CNO052 respectively.
4. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.
5. References to exhibits in this statement are in the form [AC2/number - INQ000000].

Roles, functions and responsibilities

6. Three individuals held the post of Chief Nursing Officer (CNO) for Scotland during the period 1 March 2020 to 28 June 2022 ("the relevant period"):

- Fiona McQueen: November 2014 to February 2021 (interim from November 2014, then substantive from April 2015)
- Professor Amanda Croft: February 2021 to August 2021
- Professor Alex McMahon: October 2021 to April 2024 (interim from October 2021, then substantive from January 2022).

7. As noted in paragraph 1, I was in the CNO role for a short period of time, from 1 February 2021 to the 10 August 2021, although I was not at work at all from the 7 July 2021. I resigned from my post in order to provide care for a family member.

8. Given the relatively short span of time in which I held the position of CNO, there are several issues on which I do not have additional insight to add beyond the information provided in Fiona McQueen and Professor McMahon's respective personal statements to Module 3 of the UK Covid-19 Inquiry. Where relevant actions were taken by me or by CNOD in my time as CNO, including updates to guidance and testing programmes, they are detailed below. I have also added my own personal reflections, where appropriate.

9. I am a qualified nurse and hold clinical, leadership and managerial qualifications as well a Master of Science in Nursing. Prior to my appointment as CNO, I served as the Chief Executive of NHS Grampian from April 2019 to June 2020, having been acting CEO for the previous year. I previously held a number of other professional and management positions, including an executive director position.

10. The roles, functions, and responsibilities of the CNO, DCNO and CNOD are covered in full in the statement of Fiona McQueen, in paragraphs 8-13. CNOD's is one of a number of directorates within the Director-General for Health and Social Care family of directorates. As CNO, I reported directly to Caroline Lamb, in her capacity as Director General for Health and Social Care and Chief Executive of NHS Scotland. My directorate and I worked with all SG health directorates and with clinicians including the Chief Medical Officer (CMO) and the National Clinical Director (NCD).

11. The CNO is responsible at national level for all matters that relate to the professional leadership of nurses and midwives across Scotland. In order to carry out this function, the professional leadership of the midwifery profession is led by a Chief Midwifery Officer (CMidO).
12. CNOD had established working relationships with the following offices and organisations, which continued during the pandemic, further detail is covered in the statement of Fiona McQueen at paragraphs 42-51:
- Public Health Scotland (PHS)
 - NHS National Services Scotland (NHS NSS)
 - Nursing and Midwifery Council (NMC)
 - Royal College of Nursing Scotland (RCN), Royal College of Midwives Scotland (RCM), Health and Social Care Professions Council (HCPC) and NHS Scotland bodies and organisations
 - CNOs for England, Wales and Northern Ireland.
13. As CNO, I acted in a professional leadership role for Executive Nursing Directors. This is covered in the statement of Fiona McQueen in paragraphs 19-23, I have nothing further to usefully add from my time in post, beyond noting that a substantial portion of my brief time in post as CNO was spent familiarising myself with the role, the SG as an organisation and meeting relevant colleagues and stakeholders.
14. I cannot comment on the strategy for managing the early stages of the pandemic (from March 2020) as I was not in post as CNO until February 2021. This is covered in the statement of Fiona McQueen in paragraphs 13 and 14, I have nothing further to usefully add from my time in post. I recall noting that the existing arrangements and policies in place for managing the SG's response to Covid-19, for the interests of the CNO, appeared to work well and allowed for issues to be dealt with in an organised and calm manner.
15. The CNO was also, on occasion, called upon to attend daily media briefings with the First Minister. I attended one of the briefings on 6 April 2021, to provide updates on Infection Prevention and Control (IPC) measures being undertaken by clinical and support staff in hospitals.
16. Owing to the dates of my tenure, noted in paragraph 1, I was not involved in the recovery phase of the pandemic, nor was I involved in lessons learned exercises relating to Covid-19. Further information on these can be found in Professor McMahon's statement.

CNO and IPC

17. From March 2020 onwards, the CNO's main area of responsibility in providing ministerial advice lay in relation to protective and interventional measures, primarily the response to infection outbreaks within a hospital setting.
18. During my time in post, the CNO was primarily responsible for the reporting of and advising on nosocomial (hospital associated) infection and transmission, which informed IPC measures and assisted with the placement of patients into the appropriate Covid-19 clinical pathways.
19. CNOD was responsible for communicating updates to IPC guidance to NHS Scotland Boards. However, CNOD did not directly provide this advice or guidance. The advice or guidance to reduce the risk of transmission of Covid-19 to patients receiving treatment for non Covid-19 conditions in healthcare settings was nationally developed and published by Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland. Further information on the relevant IPC measures is available in Fiona McQueen's statement at paragraphs 115-121. I have nothing further to usefully add from my time in post.
20. On 3 August 2021, following guidance issued by the World Health Organisation (WHO), Scientific Advisory Group for Emergencies (SAGE) and subsequent advice from the Covid-19 Nosocomial Review Group (CNRG), the DCNO designate, Anne Armstrong, wrote to NHS Boards setting out the requirement for them to undertake structured risk assessments in high risk Covid-19 pathways, provided: [AC2/001-INQ000269265].
21. The CNRG was a dedicated group set up to identify any additional IPC measures which could be considered for implementation in health and social care settings to reduce the risk of hospital associated Covid-19 infection in Scotland. Information about the CNRG is provided in the statement of Fiona McQueen in paragraphs 26-41, I have nothing further to usefully add from my time in post.
22. Throughout the specified period, CNOD worked with NHS Boards to manage and reduce the number of hospital onset cases of Covid-19 through the implementation of robust IPC measures.
23. Amendments to the IPC guidance during my time in post are set out in the table below. The CNOD Healthcare Associated Infection (HAI) / Antimicrobial Resistance (AMR) Team was

also responsible for the drafting and publication of extended use of face mask guidance, as set out below for my time in post. Details for changes that took place whilst Fiona McQueen and Professor McMahon were in post as CNO are detailed in their respective statements.

IPC Guidance Timeline [covering my tenure]

Date of Change	Change	Description of Change	Reason for Change
June 2021	Newly launched "Infection Prevention and Control Manual for Older People and Adult Care Homes" and "Care Home Cleaning Specification".	Older people and adult care home specific IPC guidance (disaggregated from general IPC guidance to support understanding).	To support IPC practice in older people and adult care homes.
August 2021	NHS Boards to undertake structured risk assessments in high risk (red) pathways.	Risk assessments are advised to be undertaken regularly as determined by the NHS Board to ensure no change to the level of risk.	This change follows guidance issued by the WHO and SAGE UK, with subsequent advice from the CNRG.

Face Masks and Face Coverings Timeline [covering my tenure]

Date of change	Change	Description of change	Reason for change
June 2021	9/6 - Updated version of face mask guidance and frequently asked questions (FAQ) section.	Updated to include the wider wearing of Fluid Resistant Surgical Masks (FRSMs) by clinical and non-clinical hospital staff, the importance of FRSMs used by in-patients in hospitals and residents receiving direct care, or in communal areas in adult care homes as well as long stay / overnight visitors; and clarification around the need for outpatients to wear face coverings, as well as encouraging individuals being cared for at home and their household to wear face coverings.	Expanding the scope of the guidance to reduce risk of nosocomial transmission of Covid-19 in those settings.
June 2021	Extended Use of Face Mask Guidance in Social Care Settings including Adult Care Homes published, [AC2/002-INQ000429260].	New guidance published to separate the use of face masks in healthcare settings from social care settings.	Separation of guidance to support sector understanding and awareness.
July 2021	Guidance for hospital staff to support visitors.	Questions and answers added to guidance on the extended use of face masks and face coverings.	Guidance for hospital staff and how to support visitors.

Testing for nursing staff and midwives

24. CNOD were the policy leads responsible for asymptomatic healthcare worker Covid-19 testing using both Polymerase Chain Reaction (PCR) and Lateral Flow Device (LFD) tests. This included healthcare assistants and midwives. I had a role in the development and maintenance of these policies from February 2021 to August 2021. A chronology of events from my tenure has been provided below. Further information can be found in Fiona McQueen's statement at paragraphs 87-97. I have nothing further to usefully add from my time in post.

25. A timeline of healthcare worker (HCW) Covid-19 testing from my tenure is provided below to be read alongside the companion timelines within the statements of my predecessor and successor in the role:

Healthcare Worker (HCW) Covid-19 Testing Timeline [covering my tenure]

Date of Change	Change	Description of Change	Reasons for Change
February 2021	Expansion to the HCW LFD testing programme.	To include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), NHS 24 and Scottish Ambulance Service (SAS) call handlers.	As part of the programme's phased roll-out approach.
March 2021	Expansion to the HCW LFD testing programme.	To include all patient and non-patient facing NHS staff	As part of the programme's phased roll-out approach.
April 2021	The introduction of Orient Gene LFD testing kits for asymptomatic Coronavirus self-testing for HCW and social care staff.	Education materials provided by NHS Education for Scotland (NES).	To support the introduction of Orient Gene LFD testing kits.

August 2021	Move from Innova to Orient Gene 7s (OG7s) testing kits.	A change to the LFD testing kits used in the routine asymptomatic LFD testing of HCW in Scotland.	Orient Gene LFD tests are nasal swab only and give results in 15 minutes compared with 30 minutes with Innova test kits.
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26. Self-isolation guidance after a positive test was the remit of Health Workforce Directorate (HWD) colleagues, although CNOD worked closely with them and provided clinical advice as well as issuing joint letters with Director of Health Workforce and the CMO on some updates to guidance for health and social care staff.

27. The timeline for respective changes to guidance covering my tenure is provided in the table below. It shows changes to self-isolation exemptions guidance for Health and Social Care staff as a result of changes to the Covid-19 self-isolation guidance for the general population.

Date of changes	Version	Overview of change
26/05/2021	Version 4	DL (2021) 13 – <i>Quarantine (self-isolation) for NHS Scotland staff returning to the UK</i> , [AC2/003-INQ000470086]. 1) Advised NHS Scotland staff not to travel to an amber or red list country to prevent new Covid-19 variants from entering the UK.
23/07/2021	Version 5	DL (2021) 22 – <i>Framework for the Implementation of Isolation Exemptions for Health and Social Care Staff</i> , [AC2/004-INQ000469955] 1) New policy framework and accompanying staff fact sheet.
27/08/2021	Version 6	DL (2021) 24 – <i>Update on isolation exemptions for Health and Social Care Staff</i> , [AC2/005-INQ000469956]. 1) No longer required to automatically self-isolate if double vaccinated with the second dose of Covid-19 vaccine.

Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)

28. The CNOD HAI / AMR Policy Team was responsible for drafting and updating guidance on the extended use of face masks in adult hospitals and care homes for the elderly, which was first published in June 2020.

29. In June 2021, new guidance was published by the SG to separate the use of face masks in healthcare settings from social care settings to support sector understanding and awareness in adult care homes. Officials in the Directorate for Adult Social Care subsequently maintained the separate guidance for their area.

30. Guidance on RPE was within the remit of ARHAI Scotland, although the SG communicated it to NHS Scotland Boards.

31. A timeline for the updates to extended use of face masks and face coverings guidance is provided above, on page 6, and a timeline for updates on the use of RPE is provided below.

Respiratory Protective Equipment (RPE) Timeline [covering my tenure]

Note – the items below include change to RPE guidance based on staff preference and are not IPC related.

Date of Change	Change	Description of change	Reasons for Change
April 2021	An update to the <i>Scottish Covid-19 IPC Addendum</i> .	The change highlighted that the transmission of Covid-19 is mainly droplet or contact but recognised that some overcrowded and poorly ventilated areas may generate a risk of aerosol transmission of Covid-19 if used to care for cohorts of suspected and / or confirmed Covid-19 cases (environmental risk assessment).	Following the publication of interim WHO guidance <i>Covid-19: Occupational health and safety for health workers</i> (Feb 2021), a SAGE paper <i>Masks for HCW to mitigate airborne transmission of SARS-COV-2</i> and subsequent advice from the CNRG.
July 2021	<i>Framework for the Implementation of Isolation Exemptions for Health and Social Care Staff. [AC2/004 - INQ000469955]</i>	For those staff willing to return to work to relieve service pressures, they may be supported to do so through the additional provision of FFP3 masks, where this assists with allaying concerns that the staff member might have.	This was a workforce policy introduced as a result of Ministerial decision making and did not follow a change in evidence. This was a Scotland-only policy and was not replicated in the rest of the UK.

32.I do not recall being made aware of any shortages of PPE or RPE in Scotland between February and August 2021.

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: 3 June 2024