

OPUS2

Scottish Covid-19 Inquiry

Day 11

November 16, 2023

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Thursday, 16 November 2023

1
2 (10.00 am)
3 THE CHAIR: Good morning, everybody.
4 Now, Mr Gale.
5 MR GALE: Good morning, my Lord. The next witness is
6 Mrs Sandra Ford. For the record, her statement
7 reference number is SCI-WT0376-000001.
8 MRS SANDRA FORD (called)
9 THE CHAIR: Good morning, Mrs Ford. Please come in, please
10 take a seat and make yourself as comfortable as is
11 possible. You will be asked some questions by Mr Gale.
12 Thank you.
13 Mr Gale.
14 MR GALE: Thank you, my Lord.
15 Questions by MR GALE
16 MR GALE: Good morning, Mrs Ford.
17 A. Good morning.
18 Q. Your full name, please, it's Sandra Ford?
19 A. Yes.
20 Q. The Inquiry knows your personal details and your contact
21 address and material. You provided a statement to the
22 Inquiry and I've provided the reference to that. The
23 statement will appear on the screen in front of you as
24 and when is appropriate. You're currently employed as
25 a GP, I think.

1

1 A. Yes.
2 Q. You've been a GP since 1996?
3 A. Yes.
4 Q. And you have the qualification of MBCHB and then a GP
5 qualification --
6 A. Yes.
7 Q. -- gained in the 1990s?
8 A. Yes.
9 Q. You have a special interest as a GP, I think, in
10 adoption and fostering services?
11 A. Yes.
12 Q. In particular, that involves you in the preparation of
13 reports for potential fostering and adoption of
14 children?
15 A. Yes.
16 Q. And those reports would be in relation to the health of
17 potential adoptive parents and also of potential adopted
18 children?
19 A. Yes.
20 Q. I think you also give advice and sit on adoption and
21 fostering panels as a medical adviser.
22 A. Yes.
23 Q. That was work you did during the pandemic, I think.
24 A. Hmm--hmm.
25 Q. And also I think during the pandemic you worked with an

2

1 out of hours service at weekends.
2 A. Yes.
3 Q. And that involved you, amongst other things, going into
4 care homes?
5 A. Yes.
6 Q. So the statement that you've given is from two distinct
7 perspectives. Firstly, you have given a statement in
8 relation to your late father --
9 A. Yes.
10 Q. -- who we're not naming, but your late father died on
11 28 December 2021?
12 A. Yes.
13 Q. And he was a resident in a care home during the
14 pandemic?
15 A. Yes.
16 Q. The other part of your statement relates to your
17 experience as a GP --
18 A. Yes.
19 Q. -- and there are certain matters in that part of your
20 statement that I will refer to today, but, as I think
21 we've indicated to you, there are some of the more
22 specialist areas that you have and can comment on that
23 will be looked at by others in the Inquiry, probably in
24 the early part of next year, and certain of my
25 colleagues will be in touch with you for further details

3

1 about that, but I will ask you certain matters in
2 relation to your practice during the pandemic.
3 Now, could we turn to your father, if we may, first
4 of all? In paragraph 6 of your statement, you tell us
5 that your father was diagnosed with a particular form of
6 dementia called Lewy body dementia in May 2019.
7 A. Yes.
8 Q. You've set out in some detail the effects, the various
9 effects, that that condition had upon him.
10 A. Yes.
11 Q. I don't want to go through those in detail because
12 they're obviously very personal and we will respect
13 that, but the one thing perhaps that is important to
14 note was that his memory remained relatively in tact.
15 A. Yes.
16 Q. You tell us a little about him at paragraph 7. You tell
17 us that he was very independent. He wasn't a man who
18 accepted help very easily.
19 A. Yes.
20 Q. But pre-pandemic he was able to go out for walks and he
21 lived with your mother, and I think you have a number of
22 sisters.
23 A. Yes, five.
24 Q. Pre-pandemic but post his diagnosis, what sort of level
25 of contact did you have with him?

4

1 A. Most of us would go in, say, once a week to visit, so
 2 they would have several visits a week but just visits of
 3 an hour or two, for social reasons really.
 4 Q. So far as your father's day-to-day care was concerned,
 5 who was the person or people who did that?
 6 A. So he didn't require any personal care. My mum would be
 7 the main person who supported him emotionally and who
 8 would orientate him and support him through any
 9 hallucinations or delusions he was having.
 10 Q. Presumably your position as a GP gave you some insight
 11 into your father's condition?
 12 A. Yes.
 13 Q. Once the pandemic started and restrictions came in,
 14 again, your father was still living at home?
 15 A. Yes.
 16 Q. That, of necessity, meant that you were not able to have
 17 or give your mother the same — and indeed your
 18 father — the same level of support as you had been
 19 pre-pandemic?
 20 A. Yes, no visits allowed so ...
 21 Q. It did, however, become apparent to you, I think, once
 22 garden visits were allowed, that your father's condition
 23 had deteriorated markedly.
 24 A. Yes.
 25 Q. Can you just explain how that manifested itself?

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1 A. In the conversations with him, he was far more
 2 preoccupied with his hallucinations and delusions than
 3 previously, and when I kind of got enough information
 4 out my mum, I realised that he was getting up at nights
 5 a lot, preoccupied with hallucinations and they weren't
 6 getting much sleep.
 7 THE CHAIR: May I ask — I don't wish to pry into your
 8 father's condition — are you able to give any
 9 indication of what his awareness was of his condition?
 10 You said his memory was fairly in tact.
 11 A. So he understood the diagnosis when it was given and in
 12 the early stages he was able to reflect after
 13 a hallucination or delusion that it was a hallucination
 14 or delusion — you know, "I thought that was
 15 happening" — and, as time progressed, that became more
 16 difficult to separate for him.
 17 THE CHAIR: Thank you.
 18 MR GALE: Was there any deterioration in his physical
 19 condition that you noticed at the time?
 20 A. Not markedly. He was beginning to become more unsteady
 21 on his feet but he hadn't yet started having falls at
 22 that point.
 23 Q. Okay. He was hospitalised in October 2021 [sic]?
 24 A. Yes.
 25 Q. That's right. And you tell us that, having been

6

1 hospitalised, the hospital where he was adhered very
 2 strictly to the restrictions on visiting, but you were
 3 allowed essential visits?
 4 A. Yes, so essential visits at that time were interpreted
 5 by the hospital as two 30-minute visits a week by
 6 a named visitor, and we were allowed window visits, but
 7 the window was very high up so we had to bring
 8 a stepladder for my mum to climb up, and then they
 9 couldn't hear each other because there was a wee crack
 10 in the window that was open, so that was quite scary.
 11 Q. Yes. Can you just indicate what it was that permitted
 12 you to be an essential visitor?
 13 A. Because he had dementia.
 14 Q. That was the policy being adopted by the hospital, that
 15 if someone had dementia, then there would be an
 16 essential visitor?
 17 A. They were happy to accept that when it was highlighted
 18 that that was necessary.
 19 Q. Was there a single essential visitor or did you spread
 20 it between the family?
 21 A. We were asked to make it a single person and not to
 22 change it too often, so myself and one of my sisters
 23 were — we swapped it between ourselves every few weeks.
 24 Q. And also I think during this time you were able to have
 25 online Teams meetings so that you could be informed

7

1 about your father's condition and you could ask
 2 questions about your father's condition presumably?
 3 A. Yes, that was — the normal practice of the hospital was
 4 to have a weekly ward round, and that moved to Teams
 5 once the pandemic started, and it was their policy that
 6 relatives could join that weekly ward round for their
 7 relative if requested, and with it moving to Teams, it
 8 meant it was so much easier, so I basically joined every
 9 week for their meeting when they were talking about my
 10 dad.
 11 Q. And I think matters progressed and — forgive me,
 12 Mrs Ford — I think I may have said that your father was
 13 hospitalised in October 2021. It was 2020.
 14 A. 2020, yes.
 15 Q. My apologies for that.
 16 A. Sorry. I didn't pick up.
 17 Q. So a decision was taken that it would be best that your
 18 father be cared for in a care home?
 19 A. Yes.
 20 Q. And who was involved in taking that decision?
 21 A. So the team around him would involve a consultant and
 22 nurses, special mental health nurses, physiotherapy and
 23 myself, so it was a kind of joint decision — and social
 24 workers, sorry.
 25 Q. I think you visited a number of care homes and

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1 eventually decided on a care home called
 2 "Deanfield Nursing Home"?
 3 A. Yes. When I say we visited, we only had the opportunity
 4 to have a walk-round on FaceTime or WhatsApp. We
 5 weren't allowed to physically go into the building.
 6 Q. Right. And one of the things that was determinative of
 7 that care home was that it was quite close to your
 8 mother's home?
 9 A. Yes.
 10 Q. Now, your father moved there in late March 2021?
 11 A. Yes.
 12 Q. That was the year that he moved there?
 13 A. Yes.
 14 Q. You had put in place really from the outset a device
 15 which you talk about in paragraph 13 and indeed in other
 16 paragraphs of your statement which enabled you to, as it
 17 were, drop in on your father or members of your family
 18 to drop in on your father?
 19 A. Yes.
 20 Q. Can you just tell us a little bit about that, please?
 21 A. So I found out about it on the Care Home Relatives
 22 Scotland Facebook page. Other relatives had found out
 23 and were using this. It's called an "Amazon Echo Show",
 24 it's a kind of iPad-sized device, and you can set it up
 25 in such a way that you can automatically appear as

1 opposed to the person having to answer a call, which was
 2 ideal for my dad because his processing at that point
 3 would not allow him to answer a call, so it didn't
 4 require a staff member to be there and answer a call or
 5 help him with it, so we could just appear in his room on
 6 the screen.
 7 Q. What benefit did you find from that?
 8 A. It was a huge benefit. It helped my dad in the
 9 isolation period. So he was having frequent
 10 conversations with members of the family when he was
 11 having to stay in that room, my mum was having frequent
 12 conversations with him and we were also able to see what
 13 was going on in the home a bit as well, which ...
 14 Q. And presumably, because of your father's condition, you
 15 would be able to see your father in various states, if
 16 I can put it that way --
 17 A. Yes.
 18 Q. -- that he would be presumably on occasions quite normal
 19 and on other occasions quite distressed. I think you
 20 make that point.
 21 A. Yes, he never -- he always recognised us when we turned
 22 up on this device, he knew exactly who we were, which
 23 daughter it was, but he would be in various states and
 24 sometimes be quite actively hallucinating and want to
 25 talk about that. Sometimes he was calm, sometimes he

1 was agitated.
 2 Q. Did this also give you and your family an opportunity
 3 of -- I won't say "spying on your father", but you could
 4 see your father and if he were in a distressed state,
 5 would that allow you to contact the care home to inform
 6 them of what you were seeing?
 7 A. Presumably, yes, but we couldn't get through to the care
 8 home on the phone --
 9 Q. That was a point I was going to make, yes.
 10 A. -- but, yes, there were occasions when we felt it was
 11 quite important that a staff member went to him.
 12 Q. I think, as you say, you had difficulty communicating
 13 with the care home?
 14 A. Yes.
 15 Q. Why was that? Was there just not an answer?
 16 A. They just didn't answer the phone. It just rang out.
 17 Q. You had a power of attorney I think in relation to your
 18 father, but you say that there were occasions when you
 19 were not really involved in decisions about your father,
 20 albeit that you had that power of attorney. Can you
 21 just explain that a little, please?
 22 A. So although my dad's memory could be quite good, he
 23 still needed support with decisions. His ability to
 24 make choice was taken away when he was put in that home,
 25 he didn't want to be there, so it was deemed that he was

1 not capable of making certain decisions, therefore any
 2 medical decisions or other decisions around about him
 3 should have been run past me, and I'd often go to the
 4 home and find that something medical had happened or
 5 another decision had been made and they hadn't talked to
 6 me about it. So I wasn't able to exercise that right
 7 for my dad in terms of consent for things.
 8 Q. Did you make any representations to the care home about
 9 that?
 10 A. Frequently.
 11 Q. And what was the response?
 12 A. There was an acknowledgement, "Yes, absolutely", and
 13 then no follow-up. So there would be an agreement, yes,
 14 that that was my right and that was the right thing for
 15 my dad, but you would go back in and find that it still
 16 hadn't happened. So there was always a -- it's probably
 17 the easiest way to just say "Yes" and then not do the
 18 thing, so that was what my experience was with my dad,
 19 that they would agree and then not follow through.
 20 Q. Were there occasions when that was particularly
 21 significant in your assessment of your father?
 22 A. Particularly around an episode of his illness later on
 23 that year. He had a bad period of illness and I think
 24 on one particular night they phoned for NHS 24 when he
 25 wasn't feeling well and it was very clear on his care

1 plan that I should be phoned at that point in time, but
 2 they didn't. They phoned NHS 24. The NHS 24 flow-chart
 3 triggered an ambulance to come out. Now, because of the
 4 Echo Show, my mum did know this was going on because
 5 she'd dropped in and found out, so she phoned me and
 6 told me, and I managed to get in contact with the home
 7 by the time the ambulance crew were there. They had
 8 wanted to take my dad into hospital. It was my
 9 assessment that he didn't require to be in hospital and
 10 it would be disruptive to his care and his well-being to
 11 take him into hospital, and that was a bit of a debate.
 12 I was pretty upset that if I hadn't found out through my
 13 mum, that that would have happened.
 14 Q. Just for the record, you refer to this at paragraph 51
 15 of your statement. I think there was a thought that
 16 your father was having a stroke.
 17 A. Yes, the paramedics felt that his dizziness and his high
 18 blood pressure could be due to a stroke. I knew he
 19 wasn't having a stroke. Even from looking at him over
 20 the phone, there was no symptoms of stroke.
 21 Q. Obviously the context at that time was that, had your
 22 father been taken to hospital and then returned to the
 23 care home, he would have had to isolate --
 24 A. For another 14 days.
 25 Q. -- for another 14 days?

13

1 A. Yes.
 2 Q. And your intervention prevented that happening?
 3 A. Yes.
 4 Q. Okay.
 5 THE CHAIR: Presumably it could only have happened by chance
 6 you were medically qualified?
 7 A. Yes, other relatives didn't have that.
 8 THE CHAIR: Well, the paramedics would presumably have
 9 ignored anything that a lay person said, and justifiably
 10 I may say as well.
 11 A. Aha, and I think -- they were working within their realm
 12 of expertise --
 13 THE CHAIR: Quite.
 14 A. -- and I understand that, but it was very clear in his
 15 care plan that I was to be phoned and --
 16 THE CHAIR: I understand that. I understand that. That's
 17 a separate point. That's a different matter.
 18 MR GALE: If we go to paragraph 21 of your statement and
 19 we're dealing there with October 2021 --
 20 A. Yes.
 21 Q. -- you say your dad's behaviour dramatically changed.
 22 A. Yes.
 23 Q. Can you give a little context to that?
 24 A. So when we were having the drop-ins -- we had a set time
 25 every day to do a drop-in, which was 2 o'clock, and over

14

1 two to three days he wasn't there, which was very
 2 uncharacteristic for him, and when I did catch up with
 3 him, he was acting differently. He was quite
 4 disinhibited and elated. I knew he wasn't well,
 5 mentally unwell, and I felt he was going to be a danger
 6 to himself and others. I knew the symptoms that were
 7 happening. I knew what was going on. There were other
 8 things that I don't want to go into in detail here.
 9 Q. No, indeed.
 10 A. But essentially it was quite a difficult situation that
 11 I felt could have deteriorated in him being taken out
 12 the home and back into a psychiatric unit, but he didn't
 13 require to be if the correct level of support was given.
 14 That required me to liaise with the psychiatry liaison
 15 CPN and the Social Work Department to get the right
 16 level of support put in for him. We got an extra grant
 17 given and an extra nurse given to give him one-to-one
 18 support for a week or two until the symptoms died down.
 19 Q. And I think round about that time the care home had to
 20 shut down because there had been a positive COVID test.
 21 A. Yes.
 22 Q. You don't know whether it was a resident or whether it
 23 was a member of staff?
 24 A. I can't remember now, but essentially somebody had COVID
 25 in the home.

15

1 Q. And you then asked for essential visitor status --
 2 A. Yes.
 3 Q. -- and that was denied.
 4 A. Yes.
 5 Q. Do you know why it was denied?
 6 A. The quote given to me was that Public Health had given
 7 them advice to not allow any visitors. The emails
 8 didn't acknowledge the request that it was an essential
 9 visit that I was looking for. It was a difficult
 10 communication and, you know, we had a couple of back and
 11 forth emails, but it was consistently, "No, we're not
 12 allowed to give visits".
 13 Q. And that was coming from the care home?
 14 A. Yes.
 15 Q. And, as a health professional, how did you feel about
 16 that?
 17 A. Very frustrated.
 18 Q. Why?
 19 A. Because if I had been acting as a health professional,
 20 I would have been able to get an essential visit for my
 21 dad. You know, if it had been a patient -- I quite
 22 often went into care homes and said, "No, you must allow
 23 essential visits for this person", but, as a relative,
 24 I was not -- I didn't have that power and I couldn't get
 25 anyone else to allow it.

16

1 Q. I think you indicated that — you do in your
2 statement — the care home relied on or had refuge in
3 quoting Public Health advice; is that right?
4 A. Yes.
5 Q. Again, what did you think about that?
6 A. I was frustrated because the care home — although
7 Public Health were giving advice, it was down to
8 individual experts in their field to decide what was
9 right for their group. So I know we're not talking
10 about adoption and fostering, but I was making decisions
11 for children in care based on their needs. I would take
12 Public Health advice into consideration, but it wasn't
13 the only factor, and I didn't feel the care home were
14 taking their responsibility on of deciding what the best
15 needs for their residents were and their families. They
16 were foisting responsibility on to Public Health.
17 Public Health didn't know what the right — the bespoke
18 arrangements were for each individual and it wasn't the
19 right decision for them.
20 THE CHAIR: So if I can put it like this, the care home were
21 relying on advice or guidance given by Public Health
22 which, as you correctly say, was based on populations,
23 not on individuals, and I infer that the care home did
24 not seek any advice from an appropriately qualified
25 clinician in relation to the individual, your father,

17

1 and also, for what it's worth, back to what you were
2 talking about earlier on, ignored the fact that you, not
3 as a doctor but as an individual, had a power of
4 attorney?
5 A. Yes.
6 THE CHAIR: And therefore were entitled — in fact had the
7 obligation primarily — to take decisions in relation to
8 these matters?
9 A. Yes.
10 MR GALE: Thank you, my Lord.
11 THE CHAIR: Mr Gale.
12 MR GALE: I think you summarise that in a sentence at the
13 end of paragraph 24, where you say:
14 "Most [and you're talking about the care homes] ...
15 were blindly following Public Health advice."
16 A. Yes.
17 Q. Did it appear to you that it was a convenient way for
18 care homes to act, by saying "Public Health has said
19 this and we are utilising almost a blanket ban on
20 contact"?
21 A. Convenient? I don't know why people made — I think
22 it's because a responsibility. I don't know whether
23 they felt out of their league, out of their depth, but
24 they wanted to give responsibility to somebody else.
25 You take a lot of responsibility on when you go against

18

1 a kind of directive like that and say, "Look, I believe
2 for these reasons we should do something different", and
3 I don't feel — maybe they didn't feel they had the
4 knowledge, the support. You know, I don't want to
5 completely criticise them for what they did, maybe they
6 were out of their depth, but there was clearly a great
7 reluctance to take on responsibility themselves and make
8 decisions.
9 Q. You say in paragraph 25 of your statement that you had
10 an interaction with the Care Inspectorate in
11 October 2021. Could you just tell us a little about
12 that, please?
13 A. So I phoned the Care Inspectorate to find out what role
14 they could play because I was very frustrated with: who
15 do you go to with this problem? I couldn't — you know,
16 there just didn't seem to be any body that had power or
17 influence in the situation. So I phoned the
18 Care Inspectorate. There — they were very nice on the
19 phone but they said it wasn't really their role to get
20 involved unless there was a — it was more to do with
21 physical care and personal care, if they felt the care
22 home was being negligent on matters like that, but this
23 was Public Health guidance and they couldn't really
24 intervene with that. So they didn't seem to be a body
25 that could influence care homes on this issue.

19

1 Q. And therefore not a body that could assist you?
2 A. Yes.
3 Q. You also mention in that paragraph:
4 "The interpretation of ... 'essential visit' also
5 widely varied, with many care homes restricting it to
6 the last days and hours of life."
7 A. Yes.
8 Q. Is that something you gleaned both from your involvement
9 in the Care Home Relatives group and also from your own
10 experience as a GP?
11 A. Yes, yes, both. There was lots of accounts on the
12 Facebook page of some people being allowed visits, some
13 people not being allowed visits, and being very
14 restricted to that 30 minutes. As a GP, I frequently
15 asked care homes to allow relatives to visit after I'd
16 been to see someone and there was reluctance, you know,
17 "But they're not dying", and I'd say, "But they might.
18 Could you please let somebody in? They're not well,
19 they need some support", that kind of thing. So, yes,
20 I did see that there was a wide variation, yet I would
21 go into other homes and they were allowing much freer
22 access to relatives, I thought rightly.
23 Q. Yes. I think you also were concerned at this time that
24 your father's normal day was fairly boring. However, he
25 did want to sit in his room as he was much calmer when

20

1 he was in his room; is that right?
 2 A. Yes, I think his illness — once he was out of a space
 3 that he was very, very familiar with, his hallucinations
 4 would get a lot more active, so he was calmer in his
 5 room but his mind was still fairly active. He needed
 6 quite a lot of interaction. He wasn't able to entertain
 7 himself anymore. So he was a musician and he'd lost the
 8 ability to play his guitar. He loved listening to music
 9 but he couldn't operate a device to play music for
 10 himself.

11 So it would be our practice to play music with him
 12 or talk with him about things that we knew he was very
 13 interested in, and he wanted to talk. So it was very
 14 bespoke for my dad. He just wasn't someone who would
 15 join — he never did join in big groups when he was
 16 younger. He wasn't going to join in big groups now.

17 Q. So he was more a soloist rather than an orchestra
 18 player?

19 A. Indeed.

20 Q. Can we go to paragraph 33, please, about visits? A lot
 21 of what you say in this section, Mrs Ford, is material
 22 that this Inquiry, albeit in a short period of time, has
 23 become very familiar with and please don't think that
 24 we're ignoring what you say. But if we can just pick up
 25 a few points from that. I think one of the problems you

21

1 highlight — and we've really just talked about it — is
 2 that your father's mood could be very variable due to
 3 his illness.

4 A. Yes.

5 Q. And there were not certain services — sorry. There
 6 were certain services such as podiatry that he couldn't
 7 receive. He needed that?

8 A. Yes.

9 Q. And at paragraph 37 you say that his condition declined
 10 rapidly as the year went on.

11 A. Yes.

12 Q. And were you able to see him during that period?

13 A. On and off. So once the visits were allowed, we were
 14 initially allowed to see one visit a week for — it was
 15 garden visits and then we progressed to visits in the
 16 room, and at some point they were a lot freer. I think
 17 we were allowed two to three visits a week before
 18 restrictions came back in again over the winter.

19 Q. You do say in paragraph 37 that you can't definitively
 20 say that the restrictions on your father's visiting
 21 directly attributed — could be directly attributed to
 22 his decline, but you say it did not help.

23 A. No.

24 Q. Can you just explain that from your perspective as
 25 a practitioner?

22

1 A. I think, you know, my dad was very unhappy about being
 2 admitted to a nursing home. If we'd been freer to have
 3 a variety of family members going up at different
 4 periods in time, we may have been able to support him
 5 emotionally better. In particular, my mum needed the
 6 freedom to pop in. She often would have days where she
 7 wasn't feeling great, so if there was a set visit that
 8 day, she might not feel well enough to go —

9 Q. Yes.

10 A. — but she would sometimes feel, "Oh, I've got some
 11 energy now", and she could have gone up and popped in
 12 because it was near. So I really feel that not being
 13 able to support him emotionally with family around him,
 14 which he's had his whole life, and then all of a sudden
 15 it was absent, he must have felt terribly abandoned and
 16 I'm sure that must have caused things to deteriorate for
 17 him hugely.

18 Q. In paragraph 40 you talk about the effects and the
 19 impacts on both your mother and indeed on you.

20 A. Hmm—hmm.

21 Q. First of all, your mother, and you made mention to her
 22 health. You say that she felt guilty, frustrated and
 23 angry because she wasn't seeing him.

24 A. Very.

25 Q. How did she manifest that to you? How did she tell you

23

1 about that?

2 A. She'd try not to tell us but she did tell us, and she
 3 was very often tearful and would get very frustrated
 4 about aspects that she couldn't help him with. So if in
 5 the evening she was on the Echo Show and he was maybe
 6 trying to get ready for his bed and he couldn't get his
 7 jumper off, she felt really frustrated that she wasn't
 8 able to do that for him and even more frustrated that
 9 she couldn't get a staff member in to help him with it
 10 because she couldn't get through on the phone. So it
 11 was a — she was going to feel emotional pain anyway at
 12 my dad's illness, but it was very frustrating for her
 13 not to be able to have freer access to him.

14 Q. You describe it as "grief".

15 A. Oh, yes.

16 Q. And you also say that, subsequently and obviously after
 17 your father's death, she still is regularly in emotional
 18 pain as she recalls that time. Is that still the
 19 position?

20 A. Yes.

21 Q. Also you say that you could surmise, I suppose, that
 22 your father felt abandoned?

23 A. He told us.

24 Q. Right. You didn't need to —

25 A. He told us very frankly.

24

1 Q. You didn't need to surmise it.
 2 A. "You've just left me in here. You've put me to my
 3 death". He was fairly expressive.
 4 Q. He let you know.
 5 A. Yes.
 6 Q. I think you say he blamed you for that?
 7 A. Yes, he did see me as responsible for a lot of the
 8 decisions, which was true. But, yes, he kind of said --
 9 you know, he would quote and say, "Family are supposed
 10 to look after family, you know. There's no reason why
 11 I can't be in my house", and I would say, "Well, I don't
 12 agree with you", so ...
 13 Q. You go on to tell us about events over Christmas 2021
 14 and you mention that your father's what you term
 15 "ceiling of care" was to be in a care home, not to be
 16 transferred to a hospital.
 17 A. Yes.
 18 Q. That was something that you as a family had discussed?
 19 A. And my dad as well.
 20 Q. And your dad. Obviously the events over Christmas 2021
 21 were very difficult for you and we can read that. You
 22 do say that the duty nurse was very good and pragmatic
 23 at paragraph 47 and your father slipped into
 24 unconsciousness and died in the evening of 28 December.
 25 A. Yes.

25

1 Q. Your family were all allowed to visit him in his final
 2 days?
 3 A. Yes, they didn't restrict us at all, day or night, which
 4 was just ...
 5 Q. And you also say that the home supported you and your
 6 family during his final illness?
 7 A. Yes.
 8 Q. You mention do not resuscitate at paragraphs 49 and
 9 following. I think we've already touched on this. That
 10 was in place for your father and I think what you refer
 11 to in paragraph 50 is an anticipatory care plan.
 12 A. Yes.
 13 Q. And that was a part of that anticipatory care plan for
 14 him?
 15 A. Yes.
 16 Q. You then go on to talk about the incident that I think
 17 we've already talked about, when you were able to inform
 18 the paramedics that your father wasn't having a stroke.
 19 A. Hmm.
 20 Q. Some of the other points you make under "Impacts",
 21 obviously, as a starting point, your father's illness
 22 was very stressful both for him and presumably also for
 23 his carers --
 24 A. Hmm--hmm, yes.
 25 Q. -- and for his family?

26

1 A. Yes.
 2 Q. And you say it was made more stressful by the home and
 3 the restrictions. Do I take it that what you're saying
 4 there is that it was made more stressful by the way in
 5 which the home operated the restrictions?
 6 A. Yes.
 7 Q. You are critical of the communication with the home.
 8 You say it was "dire".
 9 A. Yes.
 10 Q. Can you just give us a little flavour of why you say
 11 that?
 12 A. It was -- during working hours, sort of Monday to
 13 Friday, there was an office and you could get through to
 14 the home and they would maybe try and pass a message on
 15 to the unit that my dad was in and you might or might
 16 not get a call back, but in the evenings and in weekends
 17 there was nobody in the office. The phone went straight
 18 to the unit and it was virtually never answered.
 19 Then I found out that they had a phone in an office
 20 which no staff were ever in, quite rightly, because they
 21 were out on the floor attending to residents and there
 22 wasn't enough of them to go back -- and I absolutely
 23 agree with them, they shouldn't be breaking off with
 24 caring for someone to go back and answer a phone, but
 25 a simple solution of having a mobile phone on you would

27

1 have made the difference, but they didn't do that.
 2 On one occasion my mum phoned me in a real state.
 3 She was witnessing a very distressing event over the
 4 Echo Show. She couldn't get through on the phone.
 5 I was working and I tried 18 times to get through to
 6 that home to get someone to pick up and eventually
 7 I just drove round to the home and spoke to them and
 8 said, "You know, there is something going on and, you
 9 know, there needs to be a way of answering ..." --
 10 I complained, my mum complained, my sisters complained.
 11 There was various, "Oh, our phone system has not been
 12 working properly". There was never an acknowledgement
 13 that it was a system that just wasn't working.
 14 Q. And presumably -- you make the point in paragraph 57 in
 15 your section on "Lessons learned" that staff should have
 16 been supplied with mobile phones. They could presumably
 17 have been supplied by other -- with other means of
 18 mobile communication that they could have had on them?
 19 A. Very easily. We found out later that one of the staff
 20 members was actually giving out their private mobile
 21 phone because they were frustrated that relatives
 22 weren't getting through, and I only found that out
 23 because I phoned it and they said, "Oh, I'm at home",
 24 and it was like, "Okay, right, I shouldn't be using this
 25 number". And I can understand why they did it because

28

1 they themselves were frustrated at not being able to be
2 communicated with.

3 Q. One of the points you make at paragraph 54 is that your
4 father had no access to religion . That presumably was
5 an important aspect of his life ?

6 A. Before going into the home, yes.

7 Q. You, if I can put it this way, plug the Echo Show as
8 a means of communicating. You found that obviously very
9 helpful?

10 A. Yes, I think it 's a standard — it should be offered to
11 all people going into nursing homes or residential care
12 as a way of communicating. There's lots of ways you can
13 make it work.

14 Q. Can I move on to your work as a GP during the
15 pandemic —

16 A. Yes.

17 Q. — if I may, Mrs Ford? As I've said, some of my
18 colleagues would like to talk to you about this and get
19 some more detail in relation to this but I'd like to
20 raise with you a few points.

21 Paragraph 66 of your statement, you reflect I think
22 on the early days of the pandemic and from your
23 perspective as a GP. You say that:

24 "There was a projection that ... hospitals were
25 going to be rapidly overwhelmed with people sick with

29

1 covid. This was based, [in] part [I think it should be]
2 on the experience of other countries."

3 Now:

4 "Decisions [as you go on to say] were made to
5 discharge as many people as possible, particularly
6 elderly people into any spare beds in care homes."

7 You go on to say:

8 "I believe this decision was made to clear space in
9 the hospitals but also to try and protect those elderly
10 people as it was becoming clear that many people [and
11 you mention both patients and staff] in the hospital had
12 covid."

13 You conclude:

14 "Sadly, many of these elderly people also had covid
15 therefore accelerating the spread of covid in the care
16 homes."

17 A. Yes.

18 Q. Now, I think that's something that probably we have all
19 generally heard about, but you are telling us this from
20 your perspective as a GP. Can you just give us a little
21 more detail about that, how this information came to you
22 and how you formed these impressions?

23 A. Well, I'm sure everybody remembers the beginning of the
24 pandemic and we were watching on the news the scenes
25 from Italy and what was happening in the hospitals there

30

1 and they were completely overwhelmed and staff were
2 massively overwhelmed, so we were trying to learn
3 quickly from them, and I do believe that's why the
4 decisions were made about clearing the hospitals. The
5 projections were that we were going to be utterly
6 overwhelmed and we knew that older people were
7 particularly vulnerable to this disease and that it was
8 going round the hospitals so it made sense to try and
9 get them away from the disease. There just wasn't the
10 foresight put in that they might then carry it into the
11 care home. It was just not joined-up thinking. So, in
12 retrospect, it was a really bad decision but I believe
13 it was made in the interests of the population and
14 elderly people.

15 THE CHAIR: Can I ask you, in your capacity as a general
16 practitioner , talking about the very early days of the
17 pandemic — and if my recollection is correct, we're
18 talking about mid-March, possibly early March 2020,
19 when — you're perfectly correct — we saw photographs
20 of I think care homes in Bergamo in the north of Italy,
21 as you say, overwhelmed.

22 You said in your evidence to Mr Gale a minute or two
23 ago that, "We knew that the elderly were ..." — I can't
24 remember the exact words, but were vulnerable or most
25 affected . How did you know that, in those early days?

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1 And you're speaking as a GP now.

2 A. Yes, because the patients that we were seeing — and it
3 was February —

4 THE CHAIR: February, yes.

5 A. — when we were starting to see unusual symptoms in
6 elderly people. I was doing home visits and I was
7 seeing this strange pneumonia that was causing oxygen
8 levels to plummet and shortly after that the person
9 would have died, but they didn't seem particularly sick
10 when I was examining them. It didn't seem to add up.
11 So we knew that this group was particularly vulnerable
12 and I think there was a care home in Lanarkshire that
13 was affected and, within a rapid period of time, over
14 18 people had died in the care home. And we were quite
15 terrified . We thought, "Oh my goodness, this is just
16 going to rip through the whole of our population and
17 elderly people are not going to have a chance".

18 THE CHAIR: No, that's very clear. Thank you very much
19 indeed. Thank you, Mr Gale.

20 MR GALE: Thank you, my Lord.

21 You offer some praise in paragraph 67. You say:
22 "... we did [a] fantastic job responding to the
23 initial challenges of the pandemic."
24 Who is the "we"?

25 A. Everybody who had a role in trying to create a service,

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1 so the community response to — Health—Service—based and
 2 care staff, everybody tried to do their very best to
 3 come up with a plan that would keep the risk as low as
 4 possible. We created a community response to answer
 5 people's queries. We created a phone line. We created
 6 centres for people to be seen if they needed to be
 7 examined that was safe and away from other places. The
 8 hospitals got themselves ready very quickly and
 9 I believe dealt amazingly well with the response.

10 Q. And of course you were dealing with a rapidly changing
 11 situation?

12 A. Very.

13 Q. You make reference in paragraph 75 of your statement to
 14 using your own infection control knowledge —

15 A. Yes.

16 Q. — and I'll come back to paragraph 72 in a moment. But
 17 just on that, why was it necessary for you to apply your
 18 own knowledge of infection control?

19 A. Because it would take a week or two for there to be
 20 policies drawn up, so once we saw the evolving situation
 21 going on, I did home visits, and in our home—visiting
 22 car it wasn't our normal practice to sterilise the car,
 23 wear gloves, aprons, going in and out of people's houses
 24 for day—to—day visits, and we immediately started
 25 realising that we were going to have to change our

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1 clothes, sterilise everything, wear masks. We were
 2 doctors, we had a bit of knowledge about how viruses
 3 spread and that this virus was an unknown, so we acted
 4 immediately. We didn't wait for any policies to be
 5 drawn up or to get told how to do it.

6 Q. Just going to paragraph 72, to go back, you mention
 7 a little there about PPE and in particular you mention
 8 the FFP3 mask which was recommended by Public Health,
 9 but, as you say, very few were available. That was your
 10 experience at the time, was it?

11 A. I never saw one.

12 Q. You never saw one. Okay. And the guidance then changed
 13 to depart from the need for that sort of mask and you
 14 have a reason why you think that may have happened.

15 A. Yes. I think we were all very mistrusting of the
 16 guidance changing in the light of that there wasn't
 17 enough supplies to go round. So the initial
 18 understanding of the virus was that the best way to
 19 prevent infection spread was to wear an FFP3 mask and
 20 then evidence came out that that wasn't necessary but it
 21 coincided with the knowledge that there wasn't enough
 22 masks, so we were quite suspicious of that.

23 Q. Yes. You also note that there was a recommendation for
 24 use of hazmat suits.

25 A. Yes, that's right.

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1 Q. You say that was out of the question. Well, from
 2 a practitioner's point of view, tell us why it was out
 3 of the question, please.

4 A. Because I think we probably had one in each car but
 5 nothing to replace it. There was just no supplies.

6 Q. Would it have been something that you would have been
 7 comfortable wearing and using if needs be?

8 A. Probably not, but we were so frightened at that point in
 9 time that we didn't — to go in without it, you know,
 10 when I was — you know, so when the nurses were coming
 11 round to do the swabs, at that stage they were fully
 12 dressed in hazmat suits, FFP3 masks and eye protection,
 13 but then, as a house—visiting doctor, I was told it
 14 wasn't necessary. You know, you think, "Well, why
 15 are they dressed like that and I'm to go in for someone
 16 who I know has got COVID and not be dressed like that?",
 17 so it was — I think I would have worn it and then got
 18 very fed up of it but I was frightened not to be having
 19 the option.

20 Q. Can we go to paragraph 83, please? I am deliberately
 21 skipping over the section on adoption and fostering
 22 because that will be dealt with by others in the Inquiry
 23 and we'd ask you to give further information about that.
 24 I'm going to paragraph 83. You have a short
 25 paragraph there about care homes during COVID and your

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1 out of hours service that you were providing. You tell
 2 us that you visited care homes and care home residents
 3 and you also volunteered for what you describe as the
 4 "'covid' shifts".

5 A. Yes.

6 Q. What were they?

7 A. So the "COVID hub" was the name for our response in the
 8 community to the pandemic, so in order to separate
 9 patients who might be suffering from COVID from other
 10 illnesses, the out of hours set up a specific service
 11 within out of hours to deal with patients with suspected
 12 COVID, either over the phone for advice or face to face
 13 in a centre or on a home visit if required and this was
 14 streamlined into COVID shifts. So I would do a COVID
 15 shift or an out—of—hours shift, so I knew which group
 16 I would be seeing. So in a COVID shift, I would be
 17 visiting people with suspected or confirmed COVID.

18 Q. And that could be in the community or in a care home?

19 A. Yes.

20 Q. You say in the last sentence of paragraph 83:
 21 "[You] visited many care homes and in the initial
 22 weeks of restrictions they were in chaos."

23 A. Yes.

24 Q. Can you explain how you came to that view?

25 A. So different care homes had different arrangements to

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1 try and respond to this situation . Some care homes were
 2 trying to restrict their residents to certain areas.
 3 They were trying to separate the care home into an area
 4 where residents had COVID and those who didn't. There
 5 was plastic sheeting pinned up in places in some care
 6 homes. The staff were overwhelmed, really kind of at
 7 sea with how they were supposed to be responding to
 8 this. The nurses in particular were very overwhelmed.
 9 When COVID broke out in a care home, within hours, days,
 10 several residents would be showing symptoms and you had
 11 one trained staff nurse who was supposed to be going
 12 round and dealing with all of the sort of medical care.
 13 The staff themselves were frightened. Many were going
 14 off sick themselves with COVID or were having to shield.
 15 So it just -- it felt awful. It felt a really abandoned
 16 group of people.
 17 Q. You make those points later in your statement. We'll
 18 come to them. But just possibly a point to take now.
 19 You're saying that staff were frightened. Were you
 20 frightened?
 21 A. Very early on, yes, but that kind of dissipated into
 22 concern quite quickly.
 23 Q. At paragraph 86 you make an interesting point about the
 24 average level of life expectancy of someone who enters
 25 a care home. Can you just tell us what your

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1 understanding is of that life expectancy?
 2 A. Yes. So once you're of a stage in your life when you're
 3 getting older that you need the level of care provided
 4 by a home, on average the life expectancy is around
 5 about two years, so it is the end stage of your life .
 6 And most people entering a care home are frail, which is
 7 a medical term to describe their physical state, and the
 8 type of conditions, they will rapidly deteriorate when
 9 they have an illness . So in terms of things like CPR,
 10 in the event of a cardiac arrest , it is highly unlikely
 11 that an elderly frail person would survive CPR, and
 12 generally, when you go into a care home, a DNACPR
 13 certificate is issued, but it's explained fully as to
 14 why this is advised.
 15 Q. And presumably would be discussed with the family and
 16 with the resident if the resident was capable of
 17 entering into that discussion?
 18 A. Yes, it's usually a fairly gentle, slow discussion that
 19 everybody gets to understand and take on board and
 20 actually see, "Yes, that's the best thing for me, my
 21 relative".
 22 Q. I think you say your experience was that, once
 23 explained, that was something that a family would rarely
 24 refuse.
 25 A. Yes, if it was explained properly and they understood

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1 that it wasn't you're stopping treatment in the event
 2 of illness , you're just not going to attempt
 3 a resuscitation in the event of cardiac arrest ,
 4 it's a difference .
 5 Q. Paragraphs 91 and 92, again this is something that we've
 6 heard on a number of occasions, Mrs Ford, so I don't
 7 want to go through it in great detail , but you do make
 8 the point that care homes rely on family members to
 9 provide emotional support and company to their loved
 10 ones so they're an essential part --
 11 A. Yes.
 12 Q. -- of that care.
 13 A. Yes.
 14 Q. And you say, obviously -- I think you mentioned bespoke
 15 arrangements earlier -- that obviously it's a family
 16 member who can tell the care home what the resident
 17 particularly enjoys --
 18 A. Yes.
 19 Q. -- is familiar with, understands?
 20 A. Yes.
 21 Q. And you indicate that -- as you put it in 92:
 22 "This sudden exclusion of families , 'non-essential'
 23 staff and 3rd sector was very obvious when [you] made
 24 [your] visits ."
 25 A. Yes.

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1 Q. Just give us a little flavour of that.
 2 A. So prior to the pandemic, visiting a care home, many of
 3 the residents are sitting with family, they are
 4 chatting, there's laughter, there's maybe a concert
 5 going on in another area. There's lots of events. You
 6 know, it doesn't feel like a hospital, which it's not
 7 meant to. It's meant to feel like a home; there's
 8 a kind of noise and hub-bub. When the pandemic started,
 9 it was deathly silent apart from residents shouting out
 10 in distress .
 11 Q. And you reflect that there was distress on many parts.
 12 There was distress of the residents, the distress of
 13 families and distress of staff?
 14 A. Yes.
 15 Q. I think you conclude in 92 with the statement:
 16 "They seemed overwhelmed and not in a good place."
 17 A. Yes.
 18 Q. You have sections on sedation and end-of-life care. We
 19 obviously have those and we will have regard to all of
 20 that. But can I take you on to your impact section of
 21 your statement at paragraph 120, please? I think
 22 essentially you set out your -- you summarise your views
 23 on what happened. I think you reflect on yourself that
 24 you were mentally and physically burnt out.
 25 A. Yes.

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1 Q. Was that as a consequence of your work and the concern
2 for your father?
3 A. Yes.
4 Q. Would you just read paragraphs 121 through to 124,
5 please —
6 A. Sure.
7 Q. — inclusive?
8 A. "The impact on care homes was terrible. The atmosphere
9 was desolate. Staff and residents were equally
10 distressed.
11 "Dementia in patients was accelerated due to the
12 isolation. I saw this first hand with my dad and other
13 residents who I was visiting.
14 "Residents were lost and unsettled, the atmosphere
15 was bleak and desolate. Residents were barrier nursed
16 in rooms with an infection control station outside.
17 "Because of Covid, and the neglect of family
18 involvement, very often DNACPR conversations were not
19 taking place with family and they were shocked to find
20 out it had been put in place."
21 Q. In paragraph 125 you refer to care home residents as "an
22 abandoned group of people". I think you've said this
23 earlier.
24 A. Yes.
25 Q. Who were they abandoned by in your view?

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1 A. That's a really difficult —
2 Q. If you don't feel you can answer it, then please just
3 say.
4 A. I guess because they were not knowingly abandoned, you
5 know. The thing with an abandoned group of people is
6 that everybody thinks that somebody else is looking out
7 for them and there wasn't anybody with power looking out
8 for them or the ability to make change. So I'm not sure
9 who was responsible, probably many people, but not
10 knowingly, not deliberately.
11 Q. Okay. We look at your "Lessons Learned" at
12 paragraph 129 and following. I hope I made clear that
13 I had adopted, but with your permission, what you said
14 in paragraph 129 when I made my opening statement in
15 this Inquiry because I felt it was a very simple, if
16 I may say, but very pertinent observation.
17 Could you just expand on it just a little, how you
18 felt that the soft stuff is important and that the focus
19 was on the hard stuff?
20 A. So by the "hard stuff", I mean the population-based
21 decisions that needed to be made to keep as many people
22 as safe as possible, and there was a big focus on that.
23 Then, when it got down to the actual emotional and
24 spiritual care of individuals, that was shelved for far
25 too long. So, you know, it was fair enough in the first

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1 week or two that we didn't think about how we were doing
2 mentally or emotionally, but it went on for months and
3 months and months and it just never seemed to become
4 a focus and it caused an awful lot of damage.
5 Q. Yes. You take that on I think in paragraph 130, where
6 you're talking about the guidelines and that they were
7 guidelines and not rules.
8 A. Yes.
9 Q. You say:
10 "We knew the impact on residents in April 2020 and
11 [the] isolation went on far too long."
12 A. Yes.
13 Q. Could you understand perhaps the reason why the
14 isolation continued?
15 A. Of course. You know, we understood that we were trying
16 to keep people safe, but there was at that point needing
17 to understand that there was more important things going
18 on for certain groups of people that needed to be taken
19 into account.
20 Q. You praise Care Home Relatives Scotland for the work
21 they did and I think you said right at the beginning of
22 your evidence that it was their Facebook page that got
23 you to the Echo device.
24 A. Yes.
25 Q. And you also praise the campaign for Anne's Law?

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1 A. Yes.
2 Q. As a practitioner, do you see Anne's Law as currently
3 suggested by the Scottish Government as being an
4 adequate process to have in place?
5 A. I don't think it goes far enough, from what I've read.
6 I think it's — it's still fairly restricted and to one
7 person and putting the burden on the one person being
8 this access point. There's not — you know, you can —
9 you have different staff doing different shifts in
10 homes. Why can't you have different relatives doing
11 different visits? So I don't think it goes far enough.
12 Q. Yes. I think — again, a point you've perhaps alluded
13 to earlier — you reflect on your fostering and adoption
14 work and the role of lobbying on behalf of
15 care-experienced children and their families and I think
16 you suggest that there should be some group publicly
17 funded on behalf of care home residents to advocate
18 their case.
19 A. Yes. As a medical adviser, the Social Work Department
20 came to me to ask me what I thought of how do we arrange
21 contact between birth parents and families, and I had
22 knowledge how to do that safely from an infection
23 control point of view but I also had knowledge of how
24 important it was to support family contact time. And
25 a similar group needs to be — we need to have medical

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1 knowledge but we also need to have people with specific
 2 knowledge of the emotional and spiritual care of people
 3 in care homes. It needs to be multidisciplinary to make
 4 decisions.
 5 Q. Your final substantive paragraph, other than telling us
 6 when you're on holiday, is a wider perspective and
 7 presumably again based on your experience as a GP. Just
 8 read that out, please.
 9 A. 133?
 10 Q. 133.
 11 A. So:
 12 "Greater consideration and provisions need to be
 13 made for homeless [people], looked after children,
 14 domestic abuse victims, asylum seekers and the elderly
 15 who were massively underrepresented."
 16 Q. Mrs Ford, having gone through your statement in the way
 17 that we have today, is there anything that you
 18 particularly feel that you want to emphasise to us?
 19 A. Nothing further. I think, you know, I've kind of said
 20 it. There are vulnerable people and this mustn't happen
 21 again. You know, if we do find ourselves in the same
 22 situation, we need to have things in place that protects
 23 groups of people who can't speak for themselves.
 24 THE CHAIR: Before you finish, Mr Gale, I have one question
 25 that I would like to ask.

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1 MR GALE: My Lord.
 2 THE CHAIR: It may sound a very obscure and odd question,
 3 I apologise for that, but there is a purpose for it.
 4 You said a long time ago, at the beginning of your
 5 evidence or close to the beginning of your evidence,
 6 that — I think it was on at least one occasion,
 7 possibly more — that because — I think when your
 8 father was in hospital — that because of where his room
 9 was situated, it was necessary to use a stepladder to
 10 communicate or see him. Now, you may or may not be
 11 surprised, but we've actually heard that evidence or
 12 very similar evidence from other people already in this
 13 Inquiry more than once.
 14 There may actually be something which I have to have
 15 regard to in relation to things like use of stepladders.
 16 Can I ask you this question firstly? You said
 17 "a stepladder", which again is a vague term. To gain
 18 the access you required to see or speak to your father,
 19 how far up a stepladder did you require to go?
 20 A. So it was mainly for my mum who at the time was 83.
 21 THE CHAIR: I was about to ask. So she was elderly?
 22 A. 83, and the window — although it was a ground floor,
 23 she would have — like the top of her head would have
 24 come to the bottom of the window and the crack to hear
 25 was up at the top of the window, so in order to maybe

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1 try and hear each other, we thought, "We'll try
 2 a stepladder". So she probably went up about three or
 3 four steps, it was a kind of tripod-type stepladder, and
 4 it got her nearer to the window.
 5 THE CHAIR: So not too high, but nevertheless, for
 6 an 83-year-old lady, probably rather more off the ground
 7 than she might have wanted to be?
 8 A. Ridiculous.
 9 THE CHAIR: I wouldn't have used that word and I'm glad you
 10 did! Thank you. But the serious point is I think
 11 I infer from what you've just told me that you decided
 12 that was the way to do it. The hospital, because it
 13 wasn't a care home — but did the hospital know about
 14 this?
 15 A. They probably didn't know about it but they knew that
 16 the window was too high for us to hear him properly.
 17 THE CHAIR: Yes, all right.
 18 A. It was better than piling bricks up, which was our first
 19 solution because there were some bricks there, so we
 20 thought a stepladder was safer.
 21 THE CHAIR: Perhaps the question should better be framed
 22 this way then: in the knowledge that it would probably
 23 be likely that many people would not be able to utilise
 24 visits to the window, the hospital took no steps to
 25 facilitate that?

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1 A. No. No.
 2 THE CHAIR: I know it sounds obscure but there is a point to
 3 the question.
 4 A. No, there was no — yes, there was no further steps.
 5 THE CHAIR: Very good, thank you, and thank you in general.
 6 MR GALE: Thank you, my Lord, yes.
 7 Thank you very much, Mrs Ford.
 8 A. Thank you.
 9 THE CHAIR: Thank you, Dr Ford.
 10 MR GALE: She insisted on "Mrs".
 11 THE CHAIR: Oh, did you? I beg your pardon then, Mrs Ford.
 12 MR GALE: I wasn't talking down.
 13 THE CHAIR: Very good. Shall we say just before the half
 14 hour?
 15 MR GALE: Yes.
 16 THE CHAIR: Very good.
 17 (11.13 am)
 18 (A short break)
 19 (11.33 am)
 20 MS BAHRAMI: My Lord, the next witness is Marian Reynolds.
 21 Her statement reference for the record is
 22 SCI-WT0632-000001.
 23 MS MARIAN REYNOLDS (called)
 24 THE CHAIR: Ms Reynolds, please take a seat.
 25 Ms Bahrami.

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1 MS BAHRAMI: Thank you, my Lord.
 2 Questions by MS BAHRAMI
 3 MS BAHRAMI: Good morning, Ms Reynolds.
 4 A. Good morning.
 5 Q. Please could you confirm your full name?
 6 A. Marian Reynolds.
 7 Q. And your details are known to the Inquiry?
 8 A. Yes.
 9 Q. There is a restriction order in place so, while you are
 10 able to mention the names of institutions, care homes
 11 and hospitals, please don't mention the names of any
 12 individuals.
 13 A. Yes.
 14 Q. Thank you. You're currently a sheltered housing manager
 15 but you are a trained nurse and you previously worked
 16 for the NHS and the private health sector.
 17 A. That's right.
 18 Q. You've provided a statement to the Inquiry about your
 19 auntie who was an in-patient in Bo'ness Hospital before
 20 being transferred to a care home --
 21 A. Yes.
 22 Q. -- and about your mother who was residing at home prior
 23 to being transferred to Bo'ness Hospital.
 24 A. Yes.
 25 Q. Your auntie is now 95 years old; is that correct?

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1 A. Yes.
 2 Q. But your mother sadly passed away when she was 89 years
 3 old, during the pandemic?
 4 A. (Nods).
 5 Q. Thank you. You were your auntie's main carer prior to
 6 her being admitted to the hospital; is that correct?
 7 A. I was.
 8 Q. That was in June 2019, and that was after she was
 9 designated as an adult without capacity?
 10 A. Yes, she'd had a fall and after the fall she was
 11 assessed.
 12 Q. Thank you. Could you please tell us what "an adult
 13 without capacity" means?
 14 A. Yes. The assessing mental health officer explained that
 15 my auntie could make a lot of decisions for herself.
 16 Some of the decisions that she was making made her very
 17 vulnerable, so it was decided that she was unable to go
 18 home but she still -- I mean, she still knew her own
 19 mind. It was decisions like giving the gardener her
 20 bank card, for example, to go and get her some money
 21 out, you know, things like that. So it was decided
 22 that -- and she wasn't eating properly, so ... but it
 23 did not mean that she was unable to make any decision,
 24 and that was made very clear to me when I was going
 25 through with the guardianship, that she still had her

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1 own -- knew what she wanted and I could respect that as
 2 a guardian.
 3 Q. You said that as you were going through the
 4 guardianship. Is that why she was in hospital rather
 5 than a care home at that point, she didn't have --
 6 A. Yes, she had never put power of attorney in place with
 7 any -- she didn't believe in that sort of thing. So
 8 therefore -- I mean, it's a very long process actually
 9 to take away someone's rights, even my little rights --
 10 it's a very long legal process and quite rightly so.
 11 So, therefore, I had to go through -- she had to
 12 have a medical assessment, she had to have a mental
 13 health officer assessment, social assessment, I was
 14 assessed as suitable and my family were all sort of
 15 involved in it as well. Did they think I was suitable?
 16 My husband was interviewed at home by the mental health
 17 officer as well. It's a very lengthy process to make
 18 sure that I would do the right thing by my auntie and,
 19 in the meantime, because she couldn't go home, she was
 20 in hospital.
 21 Q. Thank you. Prior to the pandemic, how often did you
 22 visit your auntie in hospital?
 23 A. Every day.
 24 Q. Okay. And did anyone else visit her?
 25 A. Yes. My daughter dropped in occasionally. My sister,

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1 she would drop in about weekly. My mum was not able to
 2 at that stage. She was -- bad backache so she couldn't
 3 get there.
 4 Q. Was your mum -- sorry, was your auntie in a shared bay
 5 or was she in a room by herself?
 6 A. She was in a room by herself.
 7 Q. Okay, thank you. You say in paragraph 14 of your
 8 statement that you visited your aunt on 20 March 2020 --
 9 this was just before lockdown --
 10 A. Yes.
 11 Q. -- the official lockdown -- and you noticed something
 12 unusual. Can you tell us about that, please?
 13 A. Yes, yes. Normally I would have just walked in the
 14 hospital door and knew where Auntie was, but there was
 15 a bit of a delay, kerfuffle, and I was kept in the foyer
 16 until a family unit got in before me and it was very
 17 obvious they were getting me to gown -- well, not gown
 18 up -- aprons on, gloves on, masks on, and they were
 19 actually visiting the person next door to my auntie
 20 because they're very small rooms and very close
 21 together, so they went to see this person in bed and
 22 I went into Auntie.
 23 Q. When you went in the next day, what was going on? What
 24 did you see?
 25 A. Well, actually -- so I'd done my visit to Auntie that

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1 day as usual, although she was quite agitated. There
 2 was a lot of activity next door and she was quite, "Oh,
 3 what's going on?". And of course I just got the washing
 4 and -- which I did every day, and I left and I went back
 5 the next day for my usual visit and there was a sign on
 6 the door, "Closed to visitors".
 7 Q. When you saw that sign, I take it you weren't able to go
 8 past --
 9 A. I wasn't actually the only one standing outside the
 10 door. We were all sort of looking confused and we
 11 managed to beckon a nurse across, who just said, "No,
 12 no", and wouldn't let me drop off my washing or
 13 anything, just "No", sort of thing. We did ask why and
 14 she just went "Can't say", sort of thing.
 15 Q. So we've heard from people that they were watching the
 16 news and seeing images from other places.
 17 A. Yes.
 18 Q. Were you watching the news --
 19 A. Yes, yes, and I was sure it was COVID, yes.
 20 Q. What impression did that create for you, not being
 21 allowed to go into the hospital and finding out in that
 22 way?
 23 A. Actually it was quite scary because no one had phoned
 24 me. I was the point of contact for Auntie and no one
 25 phoned me and said, "Look, sorry, we're unable to cater

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1 for visitors", or anything like that. I didn't know
 2 when I would get back in and I was aware of what had
 3 happened the day before and how close this person was to
 4 my auntie, so I was -- and this was -- we'd all read it
 5 on -- seen it on the news and things. You know, this
 6 was a really scary, horrible virus and she was close.
 7 Q. At that point the country wasn't -- the rest of the
 8 country wasn't in lockdown, but within a few days --
 9 A. No, no. I think at that stage we'd been told to
 10 minimise movement, only go to work if you have to, that
 11 sort of thing.
 12 Q. Yes. And then on the 23rd we did go into lockdown. At
 13 the end of March 2020 you received a call from
 14 a hospital nurse, I believe.
 15 A. I think it was a nurse, yes.
 16 Q. And she was asking you to agree a DNACPR order for your
 17 aunt; is that correct?
 18 A. (Nods)
 19 Q. Now. As a nurse, you know that a DNACPR order --
 20 A. Yes.
 21 Q. -- do not attempt cardio-pulmonary resuscitation -- is
 22 about CPR. That being in place shouldn't prevent other
 23 forms of treatment; is that correct?
 24 A. It's like an awful lot of things. It depends on the
 25 interpretation of the person reading it, so --

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1 Q. In principle it shouldn't.
 2 A. In principle, yes.
 3 Q. Is that correct?
 4 A. Yes.
 5 Q. But in practice --
 6 A. For whatever reason, I felt I wanted to be really clear
 7 because -- I mean, I wasn't even power of attorney.
 8 I had no say. I shouldn't really have been saying,
 9 "Yes, sure, put a do not resus on my auntie". So
 10 I wanted to make it clear, still thinking about what the
 11 mental health officer who had assessed her had said, you
 12 know. So I tried to tell them what my auntie's wishes
 13 would have been and -- you know, so -- and I was trying
 14 to put that across.
 15 Q. And what were those wishes?
 16 A. Well, I mean, Auntie loved science so she -- and she
 17 actually worked in the ICI and what have you, so she
 18 knew about antibiotics. She thought medicine was
 19 a fascinating thing, so she would want, for example,
 20 antibiotics and oxygen and care and comfort, but she --
 21 but also I think she had the attitude that, "When it's
 22 my time, it's my time", and I was trying to put that
 23 across to them.
 24 Q. How did the conversation with the nurse go?
 25 A. I know you shouldn't -- you know, when you're on the end

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1 of a phone, you don't really see how -- the reaction at
 2 the other end, but when you hear [sighs] as I'm babbling
 3 away -- I do talk a lot --
 4 Q. So you heard the nurse sigh?
 5 A. Yes, and, you know, sort of, "Well, that wasn't what
 6 I was asking", and I just said, "That's all I can give
 7 because I don't actually have that say".
 8 Q. Did you feel like you were being a nuisance on the phone
 9 to the nurse --
 10 A. Yes, definitely, definitely.
 11 Q. -- that that's how she viewed you?
 12 A. Of course, looking at the news again -- and the picture
 13 in your head is these poor people are really, really
 14 busy and I'm just being annoying, so yes.
 15 Q. But for you it was important that you convey your aunt's
 16 wishes?
 17 A. Yes, well, she asked.
 18 Q. So at the end of that conversation, did you confirm that
 19 DNACPR should be in place?
 20 A. I don't think there was a confirmation, no.
 21 Q. So it was just left?
 22 A. So I never ever knew whether they took from that
 23 conversation and put a wee sticker on a note, saying
 24 "Don't".
 25 Q. Later the same day you received another call --

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1 A. Yes.
 2 Q. -- from a social worker this time?
 3 A. Yes.
 4 Q. But it wasn't your auntie's usual social worker?
 5 A. Not the social worker that I'd been speaking to, no.
 6 Q. Could you tell us about that conversation, please?
 7 A. Yes. So of course this particular person told me about
 8 how they were freeing up hospital beds and they had
 9 managed to find Auntie a place in a nursing home in
 10 Airth. I mean, that's quite a distance from where we
 11 are. So I'd said, "It was quite a distance from where
 12 we are, you know, you can't put her there". Of course
 13 all the guardianship was working towards her going into
 14 a care home eventually, that was the goal and her wish,
 15 but not that one. And I tried to explain, "Auntie is
 16 not to leave Bo'ness, no". So I explained that, but
 17 I was told that really it wasn't up to me, and I was
 18 saying, "Well, it's so far for us"; "Well, you'll not be
 19 able to see her anyway", was the sort of retort, and
 20 I was left just with the information she was going to
 21 get moved.
 22 Q. What did you think of being told that it doesn't matter
 23 that you're distant from her, you won't be able to visit
 24 anyway? How did that --
 25 A. Gutted, actually. You know, I mean it's -- and Auntie

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1 was in that limbo stage where, if you like, because the
 2 guardianship was in place while in hospital, she
 3 actually had very little say in what was to happen to
 4 her and we had no say in what was to happen to her.
 5 I mean, we just loved her, I've loved that woman all my
 6 life, and very much her(?) care.
 7 My mum -- it was really hard to say to my mum that
 8 she was going to get moved out of Bo'ness because the
 9 two of them had been taken away as children when their
 10 mother wasn't able to look after them. They were very,
 11 very young and they were put in a children's home and it
 12 was really a quite awful experience, really quite cruel
 13 and abusive, and they didn't get out of there until my
 14 auntie could show that she was able to look after them.
 15 So we as a family knew that this would be devastating
 16 for her to go into any form of institution without her
 17 support and would really, well, torment my mum. It did.
 18 Q. So because of the previous experience that they'd had,
 19 you felt that having no say and having authority figures
 20 essentially make decisions --
 21 A. That's right.
 22 Q. -- for them was particularly impactful?
 23 A. Oh, yes, but then they didn't know what the family knew,
 24 if you like, I suppose, you know, to --
 25 Q. But because of that you felt quite protective?

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1 A. It was just them going through a process. They were
 2 going through a process. They were clearing beds.
 3 Q. Was that -- did you feel a responsibility?
 4 A. Yes.
 5 Q. Was that traumatic for you, not being able to sort this?
 6 A. Yes, I knew when -- or knowing that Auntie had to go
 7 into a care home and knowing that was really against her
 8 wishes -- she was never going into an institution again
 9 in her life and she avoided doctors and all sorts all
 10 her life because she really had no trust at all in any
 11 form of authority. And we knew it would be hard when
 12 she did move into the care home of her choice, but we
 13 envisaged that we were going to make it -- going to help
 14 her through it, be there for her, and that was just not
 15 going to happen, and not only that, you know, she would
 16 have been taken out the town, taken away --
 17 Q. Thank you.
 18 A. -- again.
 19 Q. Now, after these phone calls, did you receive any
 20 follow-up letters, emails, text messages, confirming
 21 what had been discussed and agreed or not agreed?
 22 A. No, no.
 23 Q. Were you given any contact details for the nurse who
 24 called you or for the social worker --
 25 A. No.

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1 Q. -- in case you wanted to discuss it?
 2 A. No. I had an email for the previous -- our named social
 3 worker, but, no, no, I hadn't been given any new
 4 information.
 5 Q. Thank you.
 6 A. So we were really actually just waiting on the phone
 7 call to say, "That's her on her way to ...".
 8 Q. Yes, thank you. So your aunt's 92nd birthday was on
 9 2 April 2020?
 10 A. Yes.
 11 Q. That was quite early on in the pandemic?
 12 A. Yes, yes.
 13 Q. Did you try to visit her?
 14 A. I did. I -- we weren't allowed to visit at that stage,
 15 but she was on the ground floor and when I had been
 16 visiting, I used to wave to her at the window and
 17 things, so I -- of course through my job I was an
 18 essential worker so I had that letter that says it was
 19 all right for me to go where I liked -- well, go to
 20 work -- and I set off. And my auntie's deaf and her
 21 eyesight is not good. She used to lip-read, but her
 22 eyesight ... so what we did -- what I did was I wrote
 23 all these various cards saying sort of -- just things
 24 like, "Happy birthday", "Mum's doing all right", "We all
 25 love you", "We're missing you". Just things so that

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1 I could have a conversation through the glass.
 2 So when I arrived at the hospital I noticed — it
 3 was actually like someone had died in the hospital
 4 because there were so many flowers and things just
 5 sitting outside the door so they were obviously not
 6 taking deliveries. So Auntie's flowers were there with
 7 a card. You know, they were obviously not letting the
 8 postman in at that stage.
 9 THE CHAIR: Were those flowers that family had sent?
 10 A. I'd sent flowers but obviously other people's families
 11 had been sending flowers, so it was sitting a bit like
 12 those scenes that you see at a roadside where there's
 13 been an accident.
 14 So I went round to Auntie's windows and there was
 15 someone else in her bed — well, her room — what was
 16 her room. So I managed — I phoned and the nurse said,
 17 "Oh, no, we've moved her up the stairs", and I went,
 18 "All right, okay". And she says, "It's all right. Just
 19 go round the side and you'll see her". So I went round
 20 the side but it was on a slope so really I could barely
 21 see what window they were and I actually could hear her
 22 better than I could see her. She actually didn't look
 23 well at that time and she was just crying out, "What
 24 are you doing to me? Where am I going? What is it?
 25 I can't see anything", and I was sort of standing lower,

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1 shaking my hands and saying, "No, no, stop it". I felt
 2 awful. I'd done that to her — I did that, I was being
 3 totally selfish, I wanted to see her and I'd done that.
 4 Q. What did you do at that point?
 5 A. I actually just sat in my car till I could pull myself
 6 together and then I had to go home, and, of course,
 7 being me, I told the family what I planned to do and ...
 8 you know. I had to report I was ... you know.
 9 Q. Thank you. Now, the next night you received a phone
 10 call —
 11 A. Yes, it was quite late.
 12 Q. — and they were advising you that your aunt had tested
 13 positive for COVID?
 14 A. No. They phoned and said that Auntie hadn't been well
 15 and that she'd had a day in bed and I said, "Can I come
 16 down?", and they actually said, "No, it's all right",
 17 and I wasn't allowed to go — you know, "No visitors at
 18 the moment".
 19 Q. Did they tell you how poorly she was?
 20 A. No. They said that she'd had a day in bed and of course
 21 I phoned the next morning and she was still in bed but
 22 she took some sips of whatever, the sort of thing you
 23 get when you phone hospitals. And I found out — we got
 24 another phone call, I think it might have been two days
 25 after that, to say that she had COVID.

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1 Q. Right, okay. And you say in paragraph 34 of your
 2 statement that you found out that she wouldn't be going
 3 to Airth as she had COVID but they told you she was fine
 4 for the moment.
 5 A. Yes.
 6 Q. Is that right?
 7 A. Yes.
 8 Q. In paragraph 35 you then mention that you were told
 9 later — you were told something that contradicted that.
 10 Could you tell us about that?
 11 A. Yes, yes. The town I live in is not very large and
 12 where I work, one of the nurses who was visiting their
 13 relative in the place I work was also — so we're very
 14 friendly, and it was much, much later after — you know,
 15 things were sort of getting back to normal. I actually
 16 met her in Tesco's and had a — she was, you know,
 17 "How's your aunt?", and we were talking, and she'd said
 18 that that night they didn't think that she was going to
 19 make it, the night I got the phone call.
 20 Q. What did you think when you heard that?
 21 A. Unbelievable. I said to her — you know, I actually
 22 said, "We were never told. We never knew that at all".
 23 Q. Did you feel you could build a relationship of trust,
 24 given —
 25 A. No, no. At that stage I think I'd sort of — anyway,

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1 you know — by the time — when I got told that by that
 2 nurse, I thought I'd got over — I mean, I'd actually
 3 passed trusting — I'm probably a bit like my auntie,
 4 not trusting authority as much.
 5 Q. So your trust had already been affected?
 6 A. Eroded by the time I heard that. At the time they told
 7 me that Auntie had just had a day in bed, I actually
 8 thought that everything that you told a relative was
 9 honest, yes.
 10 Q. And then, in paragraph 42, you tell us that you then saw
 11 them administer a COVID test for your aunt.
 12 A. Yes, by that time I had guardianship and she had a place
 13 in a care home so she had to have — be COVID-free to
 14 move to the care home, and I was allowed in to visit her
 15 at this stage as well. We were allowed half-hourly
 16 visits at that stage. So when I went — when I went in,
 17 I could hear — she was actually in the dining room and
 18 I could hear her shouting her head off. And, you know,
 19 when I went — I followed the voice and went into the
 20 dining room and the nurse said, "Oh, you could maybe
 21 help us", and I just went, "I'm not going to help you
 22 with that", because Auntie was sitting — she was
 23 sitting in a dining room chair that had arms and there
 24 was a nurse either side kindly holding her hands while
 25 someone was trying to do the COVID test and she wasn't

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1 having a bar of it .
 2 Q. When you say "kindly holding her hands", were they
 3 holding her hands for support or were they restraining
 4 her?
 5 A. Well, I would say it was restraint, but, you know, they
 6 were holding her hands -- they weren't holding her down,
 7 they were holding her hands, so she was sort of trying
 8 to avoid this thing going up her nose.
 9 Q. You say in paragraph 42 of your statement that she could
 10 have done the test herself .
 11 A. Yes, yes, and that was something -- when she did move
 12 into the care home, I said, please allow her to --
 13 I mean, sticking a swab up your nose is not that beyond
 14 most of us. Even if you are an adult without capacity,
 15 she could follow instructions and she could do it, yes.
 16 Q. So did that further affect your impression of the staff?
 17 A. Yes, but that's -- yes. Having to have two clear COVID
 18 tests was just another one of these things that I felt
 19 staff had to tick that box, get that done, yes. So yes.
 20 Q. Thank you.
 21 A. It helped in a tiny little way because Auntie, who never
 22 wanted into a care home, did announce to me that day,
 23 "Get me out of here", and I had this sort of
 24 conversation that went along, "Does it matter where?
 25 I think I've got a place", so it sort of -- yes.

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1 Q. Now, your auntie did recover from COVID at that point?
 2 A. Yes, she did, yes.
 3 Q. And you were able to see her?
 4 A. Yes, that was before the care home COVID test. Yes, she
 5 recovered from COVID, yes, amazingly.
 6 Q. And you were able to visit her. How did the hospital --
 7 A. Yes, they started to open up visiting -- I think it was
 8 some time in May, maybe the end of May, and it was --
 9 you had to say when you -- you know, "Can I book up an
 10 appointment?", and you had half an hour.
 11 Q. Where did the visits take place?
 12 A. In Auntie's -- by this time they'd moved her back
 13 downstairs in the hospital so she had a private room
 14 again, so yes.
 15 Q. Sorry, was that in her room that the visits took place?
 16 A. In her room, yes.
 17 Q. Were you the only one who could visit?
 18 A. Yes, yes, it was only one person.
 19 Q. And you told us at the start that you were obtaining
 20 a guardianship order. Was it in August that year that
 21 that came into effect -- you were able to obtain that?
 22 A. July.
 23 Q. And then, at that point, you were able to choose a care
 24 home?
 25 A. Yes, yes.

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1 Q. How did you make the decision of which care home to
 2 choose?
 3 A. Well, locality because she would be able to stay in the
 4 town that she was born, which was her wishes, and also
 5 I had once worked in that care home, I had visited
 6 people in that care home, so I knew what the set-up was.
 7 Q. Okay, thank you. Did you take your auntie's possessions
 8 to the care home when she was moving in?
 9 A. The stuff that she had -- she and her stuff from the
 10 hospital went without us. We were allowed to drop some
 11 stuff off. My husband and I picked up her telly, some
 12 ornaments, bits and pieces, and handed them over to the
 13 care home manager in the car park.
 14 Q. And what did the manager do with them? Was he able to
 15 take them straight to her room or --
 16 A. No, no, they had to be quarantined for whatever length
 17 of time they were quarantining things.
 18 Q. Were you able to visit your auntie in the care home?
 19 A. No, no, she had to have 14 days' isolation within her
 20 room, but we weren't allowed to visit her even after
 21 that, so I didn't actually --
 22 Q. Okay, not even outside?
 23 A. -- I didn't know what her room was like, I didn't know
 24 where her room was or ...
 25 Q. After the isolation period, were you -- was it a 14-day

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1 isolation period?
 2 A. Yes.
 3 Q. Did there come a point where you were able to visit her?
 4 A. No, not at first. I didn't -- I -- it was -- I'm trying
 5 to think. It was in autumn -- it was in
 6 I think September when I was first allowed a garden
 7 visit .
 8 Q. Okay. Could we go to paragraph 44 of your statement,
 9 please? Sorry, paragraph 45.
 10 A. Yes.
 11 Q. Here you mention that garden visits started but the rest
 12 of the country were Eating Out to Help Out.
 13 A. Yes.
 14 Q. I think that that started in August 2020.
 15 A. Was it? Yes.
 16 Q. Could that be correct?
 17 A. I think it was September when I actually got to do the
 18 garden visit .
 19 Q. Okay, so your garden visit started in September?
 20 A. Yes.
 21 Q. Were you the only one again who could visit?
 22 A. Yes, yes.
 23 Q. Okay. And you mention that the rest of the country were
 24 able to take part in the Eat Out to Help Out scheme --
 25 A. Yes.

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1 Q. -- but your aunt could only have a visit from one
2 person.
3 A. That's right.
4 Q. What did you think of that?
5 A. I'll be honest -- when I got the call from the care home
6 to say that I was allowed to visit Auntie, albeit
7 a garden visit, I'll be honest, I just cried and cried.
8 The woman got no sense from me. It was the most
9 exciting thing, being able to see her. But there was
10 also, if you like, a little bit of anger within myself.
11 The place where I work, all my clients were shielding
12 but they were not locked away, so I did think -- you
13 know, it was a bit ridiculous that we were still having
14 to see people in gardens. Yes, I think I was angry in
15 some respects and delighted in others.
16 Q. What form did the garden visits take? Were you actually
17 sitting in the garden --
18 A. Well, there was a bandstand -- so they had a bandstand,
19 and when I arrived I had to ring the door and I had to
20 go and hand-sanitise, put a mask on. There was a chair
21 for myself. And then Auntie would be wheeled,
22 complaining, in a wheelchair and put at the other end of
23 the bandstand and the care staff sat between.
24 Q. How did those visits go? How did you find them? How
25 did your auntie find them?

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1 A. It was lovely to see her, it was lovely to look at her,
2 but they were pretty unsatisfactory from her point of
3 view because she couldn't -- like I say, we'd talk with
4 whiteboards or notes, so I had brought my whiteboard but
5 the distance between us -- she couldn't see and
6 I couldn't write big enough. It was like one word at
7 a time. And of course she's "Come on, come on", trying
8 to beckon me across. I -- later, the garden visits, I'd
9 given a whiteboard and asked, although it wasn't always
10 brought with her, so at least if the carer could write
11 down what I was saying and show it to Auntie a bit
12 closer, it would have made it a bit ... but it was very
13 un --
14 Q. Did that happen?
15 A. Yes, I did leave the whiteboard and sometimes the carer
16 remembered to bring it with her, so yes. But, no, it
17 was ...
18 Q. Did you attempt any online visits with your auntie?
19 A. She could not have -- I didn't know if they had wifi
20 there or anything anyway, but Auntie would not have been
21 able to communicate on Zoom or anything like that.
22 Q. Did you try other contact methods?
23 A. With Auntie?
24 Q. Yes.
25 A. No, she's -- well, she's deaf.

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1 Q. You mention letter writing and --
2 A. Oh, yes, yes. I -- that was -- Auntie had, in 2020,
3 early dementia and I was very aware of what that
4 involves and it was trying to keep her memory. And when
5 she was in hospital I was -- you know, all our
6 conversations was around the family tree and prompting
7 her back to -- and making her memory recall and
8 reminding her of people in the family. So on a daily
9 basis I was writing her letters, just -- even if it was
10 just little notes or postcards or cards or something or
11 telling her when it was my granddaughter's birthday.
12 I would put in wee photographs and things. So I did
13 that, yes.
14 Q. Thank you. After a while, for a brief period, other
15 members of the family could visit --
16 A. Yes.
17 Q. -- is that right? -- until that completely stopped
18 in October 2020?
19 A. Yes, there was an outbreak in the care home --
20 Q. Apologies.
21 A. There was an outbreak in the care home so we weren't
22 able to visit.
23 Q. Were you able to have closed window visits at that
24 point?
25 A. When there was -- right, when there was an outbreak in

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1 the care home, even window visits weren't allowed --
2 Q. Okay.
3 A. -- because I distinctly remember the conversation I had
4 with the nurse, who phoned up and told me that it was
5 closed, and I was like, "Oh", but this time I knew that
6 Auntie was on the ground floor again, so me and my great
7 ideas, "Oh, well, I'll just go to the window"; "No,
8 that's not allowed". And I think I say in my statement
9 I got really quite cheeky then and I said, "Look, can it
10 go through glass now? Come on".
11 When the care home opened up again, but not to us,
12 and the weather was getting worse, we were allowed
13 window visits and I had two or three of those, but that
14 was also fairly unsatisfactory because Auntie would
15 just, "Come in, go round, come in", and at one point
16 I took my daughter and my granddaughter and got told it
17 was only one person at the window.
18 Q. Did you ever try to challenge the procedures and rules?
19 A. Yes, but -- yes, usually by telephone and usually
20 through my typical sarcasm, but if you -- I didn't --
21 although I had -- I was familiar with the care home,
22 having visited it before. I didn't know the staff.
23 I didn't know who was looking after Auntie. I do now.
24 They're lovely. But at that time I didn't know how kind
25 they were. I had no relationship with the staff other

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1 than phone calls and an official relationship. So you
 2 really don't want to become that difficult person and
 3 have her tagged with "The one ..." -- you know, "She's
 4 the one with the difficult relative". So, yes, I would
 5 challenge, but so far.
 6 Q. Were you worried about the effect on her care?
 7 A. Well, yes, and I know that's probably not a good way to
 8 think, but, you know.
 9 Q. Thank you. Now, that Christmas, were you able to see
 10 your auntie?
 11 A. No, no.
 12 Q. Okay. What impact did that have on you? Were you used
 13 to being around each other at Christmas?
 14 A. Auntie was always a part of Christmas, always, from when
 15 I was little, you know, and when I became an adult, for
 16 whichever reason -- maybe I was being selfish with my
 17 brothers and my sister -- but I always had Auntie and
 18 Mum at my house and my kids were used to Auntie and Mum
 19 at my house. When Auntie became frailer and couldn't go
 20 to my house, before she ended up in hospital, we had
 21 this sort of ritual with me and all the family. We'd
 22 take a tray in with a course on it and things and visit
 23 her in her home. So Auntie was a huge part of
 24 Christmas, huge, and we weren't allowed to see her.
 25 Q. Do you know if that had an effect on your auntie?

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1 A. It probably would have, but I don't know for definite
 2 because at that particular time we were heading for
 3 a lockdown and I didn't see her for over -- well, well
 4 over a month.
 5 Q. Thank you.
 6 A. So I don't know how she received her presents because we
 7 dropped those off. They had to be quarantined. We
 8 didn't -- there was no pictures from the care home of
 9 Auntie opening Christmas or Auntie sitting with
 10 a Christmas hat on or pulling a cracker. The care home
 11 didn't do that, so I've got no idea how her Christmas
 12 was.
 13 Q. Did that play on your mind quite a bit?
 14 A. It was -- also at that -- like I say, I'm used to family
 15 Christmases. We were allowed one bubble person, so
 16 choosing a member of your family, eh? But my daughter,
 17 she lived alone, so she came to us. So that was a very,
 18 yes, empty Christmas table, just me, my husband and my
 19 daughter.
 20 Q. Thank you. Now, turning to your mother -- sorry, in
 21 2020 your mother was living at home?
 22 A. Yes.
 23 Q. Is that correct?
 24 A. Yes.
 25 Q. How was her health at that point, early in the year?

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1 A. My mum, mentally she was quite bright most of the time.
 2 She did not have dementia. She had been in a hospital
 3 for the best part of two years, in and out and in and
 4 out, with what was always diagnosed as chronic back pain
 5 or constipation and things. There was days when she
 6 couldn't get out of bed and stuff or she would fall.
 7 But she didn't spend long periods in hospital. She was
 8 always sent home really quickly with some other
 9 painkiller, patches for her back and all these sort of
 10 things.
 11 Q. Okay. Did she have anyone assisting her with her care
 12 at home?
 13 A. Eventually we -- because of course the assumption by the
 14 GP and the doctors and things was Mum wasn't taking her
 15 painkillers, so we had carers going in to prompt her
 16 meds. My older brother, he took up the bulk of being
 17 with my mother, you know, so he was -- he spent most of
 18 every day with my mother, made sure she had her hot meal
 19 at meal-times. I would visit after my work and give him
 20 a break, you know, and I was sort of the ... my brother
 21 used to say, "I don't do naked mother", so I was the one
 22 who did the sponge baths and things like that, so --
 23 yes, so between the two of us.
 24 Q. Did your mother's health deteriorate during the
 25 pandemic?

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1 A. Yes, yes. It had been deteriorating over the two years
 2 and we had pointed out things like weight loss and
 3 things, but apparently we can lose weight in old age --
 4 I'm looking forward to it! Yes, so it was always --
 5 but, yes, her health really deteriorated very quickly --
 6 very quickly.
 7 Q. Did you, in July 2020, receive a phone call --
 8 A. Yes.
 9 Q. -- from one of the carers --
 10 A. Hmm--hmm.
 11 Q. -- of your mum? What did they tell you?
 12 A. The carer had called me at my work and just said that,
 13 "Your mum's really not well. We're very concerned. Can
 14 you come?", and I did.
 15 Q. Did you contact her GP at that point?
 16 A. Yes, yes. Immediately, yes.
 17 Q. What did the GP do?
 18 A. Actually the GP -- well, once you got past
 19 the receptionist saying, you know, "Can you do
 20 a telephone ..." -- but, "No, no" -- I was quite,
 21 "Please I need a home visit. My mum is not well", and
 22 they came down about two and a half hours later.
 23 Q. Okay. So what happened after that, after the GP came
 24 out?
 25 A. Well, my mum had -- well, my mum was not -- she was

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1 sitting in her comfy chair but she was not responding to
 2 me, and I phoned my brothers and sister and that, but my
 3 brother had come down. She wasn't responding to us, she
 4 wasn't answering. She'd — you know, we were asking her
 5 lots and lots of questions, "Are you in pain? Can you
 6 move?", you know, trying to give her drinks and things.
 7 The doctor came down, took some bloods, asked me and my
 8 brother if we could manage, but it was so very obvious
 9 this was not either constipation or backache. It was
 10 something far seriously wrong with my mum. She was not
 11 even responding with her eyes. You know, when you spoke
 12 to her, she wasn't looking towards you. So there was
 13 something very, very serious and the doctor arranged for
 14 her to get taken to hospital.
 15 Q. Okay. And at hospital she had some tests carried out?
 16 A. Yes.
 17 Q. Is that right? And she was admitted as an in-patient.
 18 It wasn't just a case of tests and being sent home?
 19 A. She was admitted.
 20 Q. Were you able to visit her there?
 21 A. No, no — well, no, that's not true. Once again, one
 22 visitor, half an hour, booked, and my sister visited my
 23 mum once a day.
 24 Q. Did you ask — did you know about at that point
 25 essential visits?

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1 A. No, no, it was never — I didn't know and it was never
 2 suggested.
 3 Q. Then on her third day in hospital —
 4 A. Yes.
 5 Q. — you say you got a call from her consultant.
 6 A. Yes, actually, my brother — my older brother was her
 7 next of kin so he'd got a call, but the consultant
 8 called me because I believe my older brother just went
 9 to pieces on the phone, so he then phoned me, yes.
 10 Q. Are you able to tell us what the consultant told you was
 11 the issue?
 12 A. Right, yes. My mum had pancreatic cancer and it had
 13 spread through most of her major organs and she would
 14 have possibly two weeks at most.
 15 Q. Okay. Had this been going on for a while then but
 16 nobody had known?
 17 A. I think so. Yes, I think that was what all the going
 18 into hospital was over the past — you know, the
 19 backaches that got increasingly worse, yes.
 20 Q. How did you feel at that point, you know, over years
 21 having been sent home and at this point you can't visit
 22 when you were given that news?
 23 A. Yes, at that point I was just overwhelmed with the news.
 24 Latterly, I'm actually really quite angry, but I do
 25 actually say in my statement — it's probably a bit

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1 naughty — but I am a sheltered housing manager and
 2 I don't think that the over-75s get treated or have as
 3 much tests and treatment and nothing will convince me
 4 otherwise.
 5 Q. Okay, thank you. Did you ask for your aunt to be
 6 discharged so she could return home for end-of-life
 7 care?
 8 A. My mum.
 9 Q. Sorry, your mum. Apologies.
 10 A. Well, that was on that conversation, you know. So my
 11 mum's going to die and very soon, so I asked to get her
 12 home and I was — I remember begging with this man, who
 13 actually says, "No, you can't", and he explained that
 14 she would need round-the-clock care. Well, I mean, she
 15 had four kids, she had grandchildren. Round-the-clock
 16 care would not have been a problem. I just wanted her
 17 home. And he says, "No, you would not be able to
 18 manage". And I got really, really quite angry, telling
 19 him that he didn't know what we could do, what I was
 20 capable of.
 21 Q. Did he know that you were a trained nurse?
 22 A. Nurse, no, but then, I mean ... yes. But, no, I mean,
 23 they weren't going to make my mum better so why was she
 24 in hospital? My brother and I had already moved her bed
 25 downstairs. I know that my work would have been really

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1 quite good with giving me however long I needed. There
 2 was no reason. There was no medical intervention that
 3 she actually needed other than pain relief. So I was
 4 actually quite angry. However, through my anger,
 5 I managed to persuade him to move her into the same
 6 hospital as my mum — as my auntie.
 7 Q. Did you hope that they'd be able to see each other in
 8 that hospital?
 9 A. Yes.
 10 Q. Once your mum was moved to Bo'ness Hospital, you weren't
 11 allowed to visit her, were you?
 12 A. No, no.
 13 Q. Why was that?
 14 A. Because — well, we were told that it was one visitor,
 15 one named visitor. We weren't allowed to — perhaps my
 16 brother one day, me the next or anything. And also
 17 I couldn't be because I was a named visitor for my
 18 auntie and I couldn't visit my aunt and my mother.
 19 Q. So your brother, you mentioned, became the named visitor
 20 for your mother and you became the named visitor for
 21 your auntie?
 22 A. Yes.
 23 Q. And even though your mother was at the end of her life
 24 at that point, a doctor had confirmed that to you —
 25 A. Yes.

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1 Q. -- they didn't give you essential visitor status --
 2 A. No.
 3 Q. -- so you could be with her?
 4 A. No.
 5 Q. You said before you weren't aware --
 6 A. It was never suggested. It was never suggested.
 7 Q. Okay, it was never raised --
 8 A. I didn't know.
 9 Q. -- and you weren't aware that that was a possibility?
 10 A. I didn't know. Outwith a COVID situation, I would
 11 probably have insisted, but we were living in very
 12 strange times and it was only July, you know, the
 13 beginning of the pandemic, so I was taking my guidance
 14 from what the hospital was telling me I was allowed and
 15 not allowed to do and she was only allowed one visitor
 16 for half an hour.
 17 Q. You're saying you were taking your guidance from the
 18 hospital.
 19 A. Yes.
 20 Q. Did you think that, if anything else was possible, they
 21 would tell you?
 22 A. Yes, of course.
 23 Q. And you mentioned that you'd hoped that your mum and
 24 aunt would be able to see each other, being in the same
 25 hospital?

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1 A. Yes.
 2 Q. Did that transpire to be the case?
 3 A. They were not allowed. The same lady as I spoke to in
 4 Tesco's that day, Auntie did see my mum. They found her
 5 in my mum's room -- well, the night staff found her in
 6 my mum's room, just watching her.
 7 Q. Okay. I take it that hadn't been arranged by the staff?
 8 A. No.
 9 Q. She'd just made her own way to her sister?
 10 A. She just went for a walk.
 11 Q. Did that make you feel slightly better --
 12 A. Yes.
 13 Q. -- about the situation?
 14 Now, while this was going on, you got some other
 15 news as well -- is that correct? -- from police in
 16 Edinburgh?
 17 A. Yes. Actually my ex-husband lived in Edinburgh, lived
 18 alone. He wasn't well and he was getting carers in, but
 19 he hadn't been answering his phone. And of course
 20 although, you know, we were working and things, you
 21 weren't allowed to travel between places, so my son and
 22 my daughter hadn't heard from him and they were getting
 23 increasingly concerned. So I'd actually said to my
 24 daughter, "Look, if you're really concerned, why
 25 don't you phone the police?", and she did. And I got

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1 a phone call -- the day my mum moved to
 2 Bo'ness Hospital, I got a phone call from
 3 Edinburgh Police to say that they were with my daughter
 4 in Bo'ness and I just went there. He was found dead.
 5 Q. So at that point, in terms of the impact on you, you
 6 were having to think about your mum, your auntie and now
 7 you were having to think about your children's mental
 8 health --
 9 A. Yes.
 10 Q. -- and how to support them.
 11 A. Yes.
 12 Q. How did you feel?
 13 A. There was a real unreality about the whole situation we
 14 suddenly found ourselves in. I mean, my children
 15 especially. I'm their mother, but they just lost their
 16 gran and their father. You know, it was only a few days
 17 after that Mum died. So they were coping with that.
 18 I wasn't -- because we were still not allowed to hug and
 19 to be out with groups and, stay 2-metre distances and
 20 things, how do you comfort other members of the family
 21 and my kids? I mean, that ...
 22 Q. Did you feel that you had any support? Was anyone
 23 supporting you?
 24 A. I had my husband. He's been brilliant.
 25 Q. Thank you. Did these events affect your relationship

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1 with your family, with your siblings and your children?
 2 A. It was -- a few months after that it was kind of obvious
 3 that things were breaking down. There was so many
 4 questions that had to be answered. I was -- probably
 5 because of my background, I was always the one that made
 6 the phone calls to hospital, made the phone calls to
 7 care home, made the arrangements, took on the bulk of
 8 the care and things like that, and there was a lot of
 9 frustration on my part and on their part when, you know,
 10 I was telling them what the rules were; you know, "No,
 11 I'm not allowed to do these things", and that --
 12 Q. Who were you telling these things to?
 13 A. I would keep in touch with the rest of the family mostly
 14 through phone, text and what have you, like that. My
 15 younger brother was particularly upset. He was living
 16 in England so he couldn't travel up until the very last
 17 minute, when my mum -- so he had to rely on what I was
 18 telling him on the phone and of course, as you do, he
 19 was challenging me all the time, "Well ring them up and
 20 ask them this" or "Why can't you do this?". You know,
 21 it was just --
 22 Q. Another pressure?
 23 A. -- it was beginning to get really quite tense between
 24 us.
 25 Q. Thank you. Okay. So it was July that you found out

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1 about your mother's condition and later the same month
 2 you were finally told that the whole family could visit
 3 her; is that correct?
 4 A. Yes, yes. It was — she was only in Bo'ness Hospital
 5 a couple of days and we did get the phone call that said
 6 that we could — they were now open to visitors. So
 7 I went in and my sister came and took the sort of next
 8 shift because we were actually — when we went into the
 9 hospital, the staff stayed away from us, you know,
 10 obviously, COVID, although we'd scrubbed up and things,
 11 so we weren't quite sure whether we could all be in
 12 together or not all in together. There was always that.
 13 So I'd gone in and my sister came down later on, and
 14 then I went down at 2 o'clock in the morning and spent
 15 the rest of that night — I sort of had a wee bit of
 16 sleep and I spent the rest of that night. My daughter
 17 pitched up at 9 o'clock in the morning to let me go to
 18 work, just to check up on them and freshen up, and then
 19 I went back up, and then my brother had managed to get
 20 up from England with his wife and daughter, thank
 21 goodness, and they went in with my other brother and,
 22 yes, that was her last day.
 23 Q. And you mention at paragraph 70 that the same day
 24 Falkirk Sheriff Court granted your guardianship order
 25 for your auntie, and then you say:

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1 "Odd thing to think about or say but I became an
 2 orphan, adopted an aunt and my [ex-husband] and my
 3 mother lay in [the] same undertakers' parlour on
 4 21 July 2020."
 5 A. You're asking how I felt and things. I think perhaps
 6 that paragraph indicates the sort of mad thoughts you're
 7 having. COVID didn't — I mean, my mum would have died
 8 anyway, I'm guessing my ex-husband would have died
 9 anyway, I would have got guardianship and Auntie would
 10 have moved into a care home, but the restrictions and
 11 what we went — you know, one, there was all this big
 12 impact, all this happened at once, but although — like
 13 I say, I had my husband — we weren't allowed to go —
 14 be together as a family because of the COVID
 15 restrictions and support each other at all during that
 16 time. So I was having mad thoughts like that actually
 17 in my head, "Well, I've adopted an aunt and I'm an
 18 orphan", and you begin to get a little bit crazy.
 19 Q. And you're quite sleep-deprived as well by this point?
 20 A. Yes.
 21 Q. What was the impact of all this on you and your family,
 22 all these things happening at once?
 23 A. Yes. My immediate family, if you like, my children and
 24 my husband and that, we're still very, very close. I'm
 25 not so close to my brothers and my sister and one

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1 brother in particular I probably will never see again.
 2 Just too much misunderstandings. I'll be honest, it's
 3 probably as much my doing. I knew that I was becoming
 4 unwell with the whole thing, I knew I had to do all the
 5 guardianship stuff that was required for my auntie and
 6 close up her house and things, now that I had the
 7 certificate. So I just stepped back and dealt with my
 8 own individual units, you know, my kids and myself, and
 9 that distance I think was probably as damaging as what
 10 had happened.
 11 Q. Thank you. Now, your aunt is still in a care home —
 12 A. Yes.
 13 Q. — in the same care home. You say in your statement at
 14 paragraph 81 that you feel like you won a reward as you
 15 can see her now.
 16 A. Yes.
 17 Q. Can you tell us about that?
 18 A. As I say in the paragraph, I stuck to every rule and
 19 ridiculous request, and the requests were really quite
 20 ridiculous sometimes. From when we were allowed indoor
 21 visits, for example, I had envisaged that I would be in
 22 Auntie's room, albeit for half an hour. I would get to
 23 see the room at last where she lived. That wasn't the
 24 case. So it was lateral flow test, wait in the car park
 25 for the result, and then I had to go round the back of

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1 the building and up a metal stair — well, in a door and
 2 up a metal staircase — goodness knows how frail older
 3 people managed it, if they did at all — into an empty
 4 room, where the bed wasn't even made, do you know? And
 5 auntie would be sitting at the window and there would be
 6 a chair for me at the door, and that was what the visit
 7 was like. So, you know, I was still doing the ...
 8 So, yes, I got through all that. Eventually my —
 9 she was allowed more people to visit her but it was
 10 time slots, you know, and you had to fit in with the
 11 time slots of every other person going into that care
 12 home. You still had to — in fact we were still doing
 13 lateral flow tests right up until at least summer 2022.
 14 We were still having to do lateral flow tests, albeit
 15 not waiting in the car park for a result, to be allowed
 16 in for half an hour. Eventually we were sort of — and
 17 at the end of it I've still got Auntie —
 18 Q. Thank you.
 19 A. — sort of as a reward.
 20 Q. You mentioned that your auntie was in the early stages
 21 of dementia in 2020.
 22 A. Yes.
 23 Q. Was there ever — that's round about at the same time
 24 when the pandemic started. Was there ever any
 25 intervention or therapy put in place to help with her

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1 symptoms?

2 A. When -- no, not -- I would say that recently there has

3 been more by way of activities and things within the

4 care home, that I've become aware of. It was a long

5 time before we were allowed to see what was actually

6 functioning in the rest of the care home, but meaningful

7 activities I only became aware of in the past year.

8 Q. Okay. Do you think that not having intervention early

9 on has impacted your auntie?

10 A. Absolutely.

11 Q. What's she like now?

12 A. I say in my statement that we were all quite prepared

13 for her to forget us, that's part of it, but what made

14 Auntie feisty and -- how do I explain it? I didn't

15 expect her to forget who she was. Auntie having -- and

16 it's back to her childhood. She wasn't someone who

17 would put out her hand and hold your hand. She had

18 nothing to do with hugs and cuddles. She was very, very

19 private with her person.

20 So, you know -- and, I mean, if I had gone up to

21 Auntie pre-pandemic to try and give her a hug, she would

22 have reacted rather than -- by, "Get away. Stop that

23 nonsense", whereas she allows -- she's passive. Auntie

24 was never passive. She's very passive. I sometimes see

25 her self, but she's -- I would say she's passive. She

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1 allows intimacy. This lady has never allowed intimacy

2 in her life, so that really surprises me.

3 Q. Thank you. I'd like to move on to the "Lessons Learned"

4 that you put in. We have everything in your statement

5 and we will take all of that into consideration but

6 I want to look at one particular point that you've

7 raised there. Please could you read paragraph 85?

8 A. Yes.

9 "My place of work is not covered by the care

10 commission, it is very similar to care homes with common

11 rooms and corridors. Where we have flats, they had

12 rooms. People would come in and out and we [would

13 manage] it quickly and effectively. We would think

14 outside the box and develop two metre distancing,

15 a one-way system and passing places. We implemented

16 temporary barriers across doors. My residents were not

17 micro-managed, and things became possible. Why couldn't

18 this [have been] done in care homes?"

19 Q. Thank you. Now, can you tell us how many residents were

20 in your building?

21 A. Yes, there's 23 flats, and it's actually really similar

22 to where my auntie lives in that there's sort of the

23 main reception area, myself, common corridors. We don't

24 provide meals obviously because it's independent flats,

25 but all the flats run off the common corridors. We have

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1 a common room which we use for coffee mornings, bingo,

2 the keep-fit, that sort of thing, the wee kitchen that

3 we do that in. There's a common laundry that the

4 residents use and carers use and we have a guest flat

5 for anybody that's got visitors and things that might

6 wish to use it.

7 So my residents, because we don't have -- I mean,

8 there's only two staff at my work, myself and my

9 cleaner, so we can't say, "No, you can't have your home

10 carer coming in", because every single one of my

11 residents are in the shielding category --

12 Q. Okay.

13 A. -- just by their age alone. Some of them were very

14 dependent on home care. I think you can't just lock

15 doors. But we managed to manage that. We had to lock

16 the common room because we followed Scottish Government

17 guidelines, but the common room opened up when

18 hospitality was allowed to open up. And so we rejigged

19 it, made it less chairs, spaced them, made sure it was

20 well ventilated, but we didn't say "No".

21 Q. So the residents had their home carers arrive?

22 A. Yes.

23 Q. Did they ever have visitors?

24 A. Yes, yes.

25 Q. Was that outdoors or indoors?

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1 A. Initially -- well, I mean, if you just take it as an

2 individual block of flats rather than, you know,

3 sheltered flats -- it's a block of flats so my residents

4 are like other elderly people in the community, so just

5 like my mum was and things. So, yes, they're dependent

6 on their visitors bringing them shopping, some of them.

7 Some of them were receiving end-of-life care within

8 their home.

9 Q. Were there many outbreaks of COVID in that home?

10 A. The first time that any of my clients had COVID, an

11 actual case of COVID, was July 2023 --

12 Q. Okay, so none --

13 A. -- and that's been the only one, so I guess I'm lucky.

14 Q. And being in sheltered housing, were they able to attend

15 hospital during the pandemic if they became so poorly --

16 A. Yes, yes. Absolutely.

17 Q. So that was not closed off to them despite their age,

18 despite their shielding status?

19 A. Well, yes.

20 Q. Thank you. If we could move on, please, to your hopes

21 for the Inquiry. Could you please read those three

22 paragraphs?

23 A. Yes.

24 "My wish is that when the inquiry is finished, we

25 must state that the frail and vulnerable should never

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1 have their human rights removed again, just because
 2 they're vulnerable and have no voice. They did have
 3 a voice, they had us, but no one listened, so please
 4 listen now.
 5 "Practices should be structured in how we can
 6 maintain their rights and dignity, in the first
 7 instance, while we protect.
 8 "As COVID ... has proved we must be ready,
 9 proactive, not reactive, next time."
 10 Q. Thank you. Do you feel you've been listened to today?
 11 A. I do, I do.
 12 Q. Do you feel we've covered all the key points you wanted
 13 to raise?
 14 A. Yes.
 15 MS BAHRAMI: Thank you very much. I don't have any further
 16 questions.
 17 THE CHAIR: Yes, thank you very much, Ms Reynolds.
 18 Ms Bahrami or Mr Gale, for that matter, we've
 19 finished early. If you could arrange to start at 1.45,
 20 it would be helpful. I understand if you can't manage
 21 it, but if the witness is here, we should start at 1.45.
 22 Thank you, all.
 23 (12.39 pm)
 24 (The short adjournment)
 25 (2.00 pm)

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1 THE CHAIR: Good afternoon. Yes, Mr Gale.
 2 MR GALE: My Lord, the next witness is Sheila Hall.
 3 THE CHAIR: Very good.
 4 MR GALE: Her statement is SCI-WT0360-000001.
 5 MS SHEILA HALL (called)
 6 THE CHAIR: Good afternoon, Ms Hall. Could you please take
 7 a seat? Thank you. Make yourself comfortable.
 8 Mr Gale, when you're ready.
 9 MR GALE: Thank you.
 10 Questions by MR GALE
 11 MR GALE: Hello again, Ms Hall. You gave evidence three
 12 weeks ago or thereby as part of the core committee group
 13 of the Care Home Residents [sic] group.
 14 A. Care Home Relatives, yes.
 15 Q. Relatives, I'm sorry.
 16 You're here now to provide a personal statement?
 17 A. Correct.
 18 Q. Your full name is Sheila Catherine Kellas Hall?
 19 A. Correct.
 20 Q. The Inquiry has your personal details and the way of
 21 contacting you. You're now retired. You retired in
 22 2015 but before that you had 40 years of experience as
 23 a registered nurse and midwife?
 24 A. Yes.
 25 Q. And you tell us that you worked in A&E departments not

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1 just in this country but in other countries, I think.
 2 A. Correct. I travelled a lot and worked abroad, yes.
 3 Q. You completed a degree in travel medicine and you also
 4 set up a training company?
 5 A. Yes, I set up my own training company that I ran for
 6 15 years, teaching nurses, GPs, pharmacists in the UK.
 7 Q. And what were you teaching them?
 8 A. Travel medicine.
 9 Q. Travel medicine.
 10 A. So it was travel vaccines and world health and issues
 11 like that.
 12 Q. Yes. Are you still operating your company or is that --
 13 A. No, I sold the company when I retired. The company is
 14 still going but ...
 15 Q. Now, you're here to tell us about your mother,
 16 Alice Hall.
 17 A. Yes.
 18 Q. Your mother was in a care home throughout the pandemic
 19 and she died earlier this year --
 20 A. She did.
 21 Q. -- aged 98?
 22 A. Yes.
 23 Q. You tell us a little bit about her background and you
 24 describe her as being kind, smart, articulate. She read
 25 her daily newspaper. She followed world events on her

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1 iPad.
 2 A. She did.
 3 Q. And she did that, as I understand it, really until her
 4 last few weeks?
 5 A. Five days before she died she was using her iPad, yes.
 6 Q. And you also tell us -- and this is in the context of
 7 her life after she moved into a care home -- that she
 8 thrived on company.
 9 A. She did. She did. My dad was a Church of Scotland
 10 minister and Mum was your archetypical minister's wife.
 11 She was just the kindest person. She was always wanting
 12 to do things for people and make sure other people were
 13 happy and -- yes, and she did, she thrived on company.
 14 She was a very sociable lady.
 15 Q. And that continued, I think, even when she was in a care
 16 home?
 17 A. Indeed.
 18 Q. And she also tried to keep active, I think, by walking
 19 even with the aid of a zimmer frame?
 20 A. Yes, she was a very determined lady. I mean, she had so
 21 many falls and set-backs and always bounced back. She
 22 was unbelievable, to be honest.
 23 Q. Yes, you tell us she went to exercise classes and she
 24 was able to leave the care home. She went to church?
 25 A. Indeed, yes. She moved through to Glasgow from the

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1 East Coast. We're a very small family and I'm her only
2 daughter and she moved to be close to me. We carried on
3 having — she was great company, great company. We
4 would go out every couple of days and go to concerts, go
5 to shops, go out for meals, yes.
6 Q. And I think you've just mentioned that she and your late
7 father lived in Fife.
8 A. Correct.
9 Q. And after your father's death and after her health
10 started to deteriorate somewhat, you decided, in
11 consultation with her, that she would move to be closer
12 to you in Glasgow?
13 A. Yes. I mean, we coped for a couple of years with
14 increasing support from carers and — but with her
15 health deteriorating and — I was an hour and
16 15 minutes' drive away and it just became unsustainable.
17 Q. Did she take well to moving to the west?
18 A. She kept saying she was doing it for me because she
19 worried about me doing all the driving, and that was
20 just typical of Mum. So she said, "Yes, I'll move west
21 and then I can be nearer you", and that was the
22 important thing. We had a very close bond and the fact
23 she could be near me was very important.
24 Q. To both of you?
25 A. Oh, to both of us, yes.

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1 Q. She was also somebody who took a lot of pride in her
2 appearance?
3 A. Yes. Not in a glamorous way, but she was always a very
4 smart lady and she liked everything to be neat and tidy
5 and she was always immaculately turned out.
6 Q. Fastidious?
7 A. Fastidious, yes.
8 Q. A good word, okay.
9 The room that she had in the care home that she
10 moved into, I think you were involved in personalising
11 it for her?
12 A. Oh, absolutely, yes, which was very important to her,
13 and she had some of her own furniture and her
14 photographs, and she loved plants and flowers and she
15 couldn't manage them but I would — she always had
16 a vase of fresh flowers and nice plants in her room.
17 Q. I think there was a first move into a care home
18 in February 2018, but that wasn't successful?
19 A. No, that was our — the first care home that Mum moved
20 close to me and it just didn't work because of various
21 problems with management. But I think the important
22 point from that is that I was in virtually every day and
23 could appreciate what was going wrong and was there to
24 support Mum to make a move.
25 Q. Yes. I think you then chose another care home and she

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1 moved there; is that right?
2 A. That's right, yes, just a few months before COVID.
3 Q. I don't want to go in any great detail to how your
4 mother came to be in a care home because you set that
5 out very fully in your statement at paragraphs 6 to 15,
6 but prior to your father's death she played, as you've
7 said, a part in local organisations?
8 A. Oh, a huge part, yes. Yes, she volunteered in a nursery
9 school for — that was her original training, was
10 a nursery school teacher — and she was a volunteer in
11 the playgroup in the village for, gosh, it must have
12 been about 20 years and was affectionately known as
13 "Granny Hall", and also in the old people's centre and
14 she was involved in the church and the WRI and she was
15 a wonderful knitter. Yes, she was just very well known
16 in the village.
17 Q. She moved to Mugdock House Care Home in Bearsden
18 in November 2019?
19 A. Yes.
20 Q. And you set out the circumstances of that care home in
21 paragraphs 9 to 15 of your statement. Again, we can,
22 for present purposes, take that as read —
23 A. Yes.
24 Q. — but we will obviously have regard to it. One thing
25 you do say is that, albeit that she had moved into

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1 a care home, your mother could still eat independently.
2 A. Yes. Yes. Her condition meant she lost feeling in her
3 hands and feet so she had — she used to be slightly
4 embarrassed sometimes eating, but, yes, she could.
5 Q. And while she was in a dementia unit, she didn't suffer
6 dementia?
7 A. No, she was in what was referred to as "frail elderly
8 unit", but just the way that care homes are now, the
9 majority of people in the frail elderly unit had
10 a degree of dementia and Mum spent her time helping
11 these people, to be honest.
12 Q. You describe her as being "sharp as a tack".
13 A. Oh, yes.
14 Q. You visited her almost every day, I think.
15 A. Correct, I was just ten minutes away.
16 Q. And you also would communicate by phone each evening?
17 A. Yes, she phoned me most evenings and she spoke to my
18 brother every evening.
19 Q. And if there were an emergency, you could be there very
20 quickly?
21 A. Yes, Mum was a worrier — not on the surface but she did
22 worry and she lent on me greatly to just run things past
23 and get reassurance, and there were a few times, if she
24 wasn't well during the night, she would say, "Please
25 call Sheila", and I would go up and sort out whatever it

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1 was. I was her fixer, if you like.

2 Q. Lockdown, you -- well, before we get to lockdown,

3 paragraph 15 of your statement, you say -- it's really

4 a summary:

5 "Pre-Covid I was in and out of the care home

6 whenever I wanted to see [her]."

7 A. Yes, absolutely.

8 Q. There were no restrictions? You could take her to

9 a concert and arrive back home with her at 11.00 in the

10 evening without there being any problems?

11 A. Yes.

12 Q. As you say:

13 "We treated it as if it were Mum's 'studio flat' and

14 I was her main carer, advocate and friend."

15 A. Absolutely.

16 Q. Was that recognised by the care home?

17 A. I think so. I mean, everybody loved mum because she was

18 good chat, so all the carers would go into her room and

19 tell her about their kids and, you know -- so, yes, we

20 just came and went and it was a great atmosphere.

21 Q. And we've heard from other witnesses -- and I'm sure

22 we'll hear from others -- that where somebody like

23 yourself, the daughter, became an integral part of the

24 care of your mother, then thus relieved the care home

25 staff to a certain extent of some of their

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1 responsibilities.

2 A. Oh, yes, yes, I would -- yes, without a doubt.

3 Q. Lockdown. Your mother's care home closed on

4 12 March 2020 --

5 A. Yes.

6 Q. -- as you say in paragraph 16. You originally thought

7 that it might be something like a shut-down as caused by

8 norovirus?

9 A. Yes.

10 Q. I think, as you say in paragraph 17, you went up with

11 presumably your dog to see her and to chat through the

12 fence and you were told that you weren't allowed to do

13 that and the carer with your mother started pulling her

14 wheelchair away.

15 A. Yes.

16 Q. You say that this really upset your mother and it also

17 "raised alarm bells with me".

18 A. Yes, yes.

19 Q. A little more detail of that, please. First of all, how

20 did your mother manifest being upset by that and what

21 was your particular concern?

22 A. Well, I guess, perhaps naively -- as I say, the care

23 home had been shut down, the whole of society was in

24 flux, not knowing quite what was going to be happening.

25 We hadn't been told at that point that we had to stay in

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1 our homes. It hadn't got quite to that stage. So I'd

2 driven down to the care home because Mum said, "I'm

3 going to go out to the garden with one of the carers

4 this afternoon", and I said, "Well, I'll come down and

5 have a chat with you through the fence", and, as I say,

6 when I arrived, the lady that was with her just started

7 pulling the wheelchair, saying, "You can't do it, you

8 can't, Sheila, no, no, no, no". I was completely taken

9 aback and Mum was completely taken aback and that was

10 I think the moment it hit me that, "Hang on a minute,

11 the dynamic has changed completely".

12 Q. Were you surprised at the attitude -- please don't name

13 the carer, but were you surprised at the attitude that

14 the carer was demonstrating?

15 A. Well, I think she was as scared as anyone. It was at

16 that time where nobody knew and she'd probably been

17 told, "Oh, the residents are not allowed to see

18 relatives through the fence", and I'd just naively gone

19 down to have a bit of chat with Mum. So she was

20 probably scared and that's why she did it. I mean, she

21 wasn't doing it to be nasty.

22 Q. But it was out of character, I suppose?

23 A. Oh, totally. Yes, it was this sudden -- it was just

24 like a switch being flicked.

25 Q. There was another incident you refer to in paragraph 18.

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1 This is an occasion when your mother coughed.

2 A. Yes.

3 Q. Can you just explain that, please?

4 A. Well, again, I think this was just the culture of fear

5 that was going on and it was in very early days of the

6 lockdown. Mum did have a -- just a cough, it wasn't an

7 infection or anything. It was just something that

8 happened to her. She used to choke a wee bit. And

9 she'd been shuffling down the corridor with her zimmer

10 and gave this cough, and the nurse on duty literally

11 turned to her and said, "Go to your room". And Mum just

12 did as she was told and that was her put into isolation.

13 Now, I can see the nurse was worried, but there's

14 ways of communicating that. Again, that was my

15 intelligent, dignified mother being treated like a kid,

16 "Get to your room", and that really upset her. She

17 phoned me that night and she was very upset, and my

18 response was, "Well, Mum, if I put my nursing hat on,

19 I can understand if you had a cough", but I know to the

20 day she died she was very angry about that.

21 Q. Again, please don't name the care home manager, but in

22 paragraph 20 you indicated that you got on very well

23 with her.

24 A. Yes, and I have absolutely no criticism of in general

25 the care that Mum had in the care home. They were very,

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1 very good and, yes, I got on very well with the manager.
 2 She was — what I appreciated, she was always
 3 accessible. Her office door was always open and I got
 4 to know her very well during the first year of COVID.
 5 Q. And she apparently, according to paragraph 20, had
 6 a particular view about essential carers.
 7 A. Yes, way at the beginning, you know, when we were just
 8 completely shut out and I was saying to her, "Why can
 9 I not just be part of the care team?", and she
 10 absolutely agreed. She said, "Yes, I think you should
 11 be an essential carer". She was the first person who
 12 said to me, "I think this is against your human rights",
 13 which I hadn't thought about. I was just a daughter who
 14 was upset that I couldn't see my mum. She supported all
 15 my — I would tell her — you know, I would be saying,
 16 "Mrs Blah, where does your guidance come from?". I had
 17 no idea. I didn't know how it worked. And she said,
 18 "Well, we get letters from Jeane Freeman at the Scottish
 19 Government". I said, "Well, I'm going to write to
 20 Jeane Freeman", and she'd go, "Yes, go for it". So,
 21 yes, she supported all the campaigning and all the kind
 22 of knocking at doors that I was doing.
 23 Q. Yes. When did you start campaigning and knocking at
 24 doors, do you recall?
 25 A. About sort of June time, May/June, when the restrictions

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1 on the general population were beginning to ease and
 2 just nothing was changing in the care homes, and poor
 3 Mum was just despairing because she was seeing what was
 4 happening by reading her paper, watching the news, she
 5 knew that we could form bubbles, that hairdressers were
 6 opening, that Eat Out to Help Out was happening, and she
 7 would keep saying to me, "I'm a prisoner. Why can I not
 8 walk out of this door?", looking for me to be the fixer.
 9 So I just was writing to anyone, everything I could
 10 think of, and then the day that through social media
 11 I met with Cathie Russell, and that was the start of
 12 Care Home Relatives group, which was a complete
 13 life-saver. So that's how it kind of started. But I'd
 14 been writing to whoever I could think of, HC-One,
 15 Public Health, MSPs, Jeane Freeman, prior to meeting
 16 with Cathie.
 17 Q. We have heard a lot about window visits and I think
 18 we've got a pretty clear idea of how unsatisfactory they
 19 were, both for the resident and for the loved one on the
 20 outside.
 21 A. Absolutely.
 22 Q. But your mother, because she wasn't suffering
 23 dementia — she was clearly, as you say, sharp as
 24 a tack — she would be able to communicate with you
 25 through a window visit?

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1 A. Well, she was on the first floor, so if she could get
 2 somebody or manage to get to her window, I could drive
 3 across the road into a layby, which was — the slope of
 4 the road, I was a bit higher up, and I would phone her
 5 on her landline and we could chat and then I could wave
 6 at the same time. But I found out later — I didn't
 7 know then, but she said every time I drove away, she
 8 just would cry. I certainly cried when I drove away so
 9 there was nothing beneficial about it.
 10 Q. You say at paragraph 24 that:
 11 "This was not meaningful contact."
 12 A. Oh, not at all. Not at all.
 13 Q. And again, as you've just said, you discovered that it
 14 really upset your mother and that she would cry as she
 15 saw you leaving.
 16 I think you also say that window visits were one of
 17 the cruellest things, especially for care home residents
 18 with dementia?
 19 A. Yes.
 20 Q. So this is looking at others, not obviously your mother.
 21 Can you just explain — it may be obvious, but can you
 22 just explain your reasoning for that?
 23 A. Well, Mum used to get upset about the ladies on her
 24 floor who had a degree of dementia and didn't understand
 25 what was happening and why they couldn't see their

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1 families properly, and then she would phone me and say,
 2 "I'm so sorry for Mrs Bloggs" or "I had to help this
 3 lady in room blah", and I guess, as I got more involved
 4 in the group and saw the photographs coming in and heard
 5 the stories of these window visits — I mean, there was
 6 just nothing compassionate about them. And the fact
 7 that people had to wear masks and a closed window —
 8 I mean, I always used to say that if you put your dog
 9 in — I like dogs — if you put your dog in quarantine
 10 and then said to the owner, "Well, you can go and wave
 11 and knock at the window so that your dog can see you but
 12 you're not allowed to go in", would people not say,
 13 "Well, that's pretty cruel"? Well, to my mind, that's
 14 what they did to human beings.
 15 Q. Just again — and perhaps an insight — is that your
 16 mother I think did appreciate the seriousness of the
 17 COVID pandemic —
 18 A. Yes.
 19 Q. — but I think you say that she couldn't really
 20 understand the logic of the restriction.
 21 A. Yes.
 22 Q. So, again, from the perspective of a 96-year-old lady at
 23 that time —
 24 A. Yes.
 25 Q. — why was she having difficulty with that logic?

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1 A. Because she was sitting in her room day in, day out, and
 2 she would have the carer coming in to give her her
 3 shower, the admin lady bringing the menu, the catering
 4 staff, the laundry lady coming in, the handyman to fix
 5 the bed that was broken or check the fire alarms, the
 6 manager — all these people were a team that had to look
 7 after Mum, so by nature of being in a care home, she
 8 required that human contact, and yet they were coming in
 9 and showing their photographs on their phones of their
 10 kids and having all this chat. I lived ten minutes down
 11 the road on my own, completely on my own, and she said,
 12 "Why can you not follow the same PPE as these people and
 13 be part of the team?", which was from day one what we
 14 were looking for. She just couldn't understand the
 15 logic that — and to this day no one has explained that
 16 logic.

17 Q. Right. If that were a question addressed to you —
 18 A. Pardon me?
 19 Q. If that were a question addressed to you, to explain the
 20 logic, could you explain it?
 21 A. No.
 22 Q. In paragraph 29 you talk of "11 long months" between
 23 March 2020 and February 2021. You say:
 24 "... if I could have been with her just a few times
 25 a week — following ... the necessary IPC regulations —

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1 it would have made all the difference in the world to
 2 'her'."

3 A. Absolutely. Absolutely. She wouldn't have felt alone,
 4 isolated, scared. I could have done all the little
 5 personal things that kept her going.
 6 Q. Yes, and you tell us about those little things. You did
 7 her washing for her?
 8 A. I did.
 9 Q. And I think you also arranged plants and flowers in her
 10 room?
 11 A. Yes.
 12 Q. And one of the things she asked you was when would she
 13 be able to go back to that?
 14 A. Yes.
 15 Q. And you weren't able to tell her?
 16 A. No, and it was a year before I was allowed back into her
 17 room.
 18 Q. Just looking at the — I think we can understand the
 19 impact that must have had on your mother. What was the
 20 impact of that period of 11 months like on you?
 21 A. I felt guilty. I used to — when she phoned, I would
 22 find that I wasn't telling her that I'd met somebody for
 23 coffee or someone had been to the house or things that
 24 I'd been doing because I felt bad telling her that. So
 25 I would say, "Oh, no, I haven't been doing anything".

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1 Yes, it — and then I felt I was lying to her and — it
 2 was very difficult. It was very difficult.

3 Q. Yes. I think we mentioned earlier that your mother was
 4 very proud of her appearance.
 5 A. Yes.
 6 Q. I think you say in paragraph 32 that, because of the
 7 restrictions, particularly I think on having
 8 a hairdresser —
 9 A. Yes.
 10 Q. — she had become ashamed of her appearance and
 11 completely demoralised by it.
 12 A. Yes. Yes, she — all her life, from the 1930s to the
 13 day she died, Mum had what we would call "big hair" and
 14 she always had a beautiful perm, and every week Mum went
 15 and got her hair permed. And when she couldn't have it
 16 done for eight months and it was just flat and hanging
 17 with a kirby grip in it, she hated it, absolutely hated
 18 it, and I think anybody would become demoralised.
 19 Q. I think you say in paragraph 32 that, four months
 20 previously, your original plea to Jeane Freeman and
 21 Public Health had been, "Please let Mum have her hair
 22 done".
 23 A. Yes.
 24 Q. It was that important?
 25 A. Yes, and everybody else was going to the hairdresser by

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1 that time.
 2 Q. Another irony perhaps that you mention in paragraph 33
 3 was that your mother, because she had understanding,
 4 comprehension, she would observe restrictions,
 5 isolation, remain in her room —
 6 A. Yes.
 7 Q. — but there were others who didn't.
 8 A. Yes.
 9 Q. We've heard them called as "wanderers" in the building
 10 because they were —
 11 A. Yes, ladies that walked with purpose, that didn't
 12 understand —
 13 Q. That's probably a nicer way of putting it.
 14 A. Yes.
 15 Q. So there was the irony that your mother had to comply
 16 and did comply —
 17 A. Yes, she did what she was told.
 18 Q. — but others didn't?
 19 A. Yes, because they didn't understand about that.
 20 Q. You use the words "stir crazy" in paragraph 33. Again,
 21 probably going over the same material, but how did she
 22 manifest that to you?
 23 A. Well, I think if you can imagine somebody that liked to
 24 exercise and walk and do her quizzes and go out and go
 25 out with me, if you can imagine sitting in the same

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1 chair for two weeks, only — she wasn't a great lover of
 2 television . Her love had been craftwork, which she
 3 could no longer do because of her illness . She wasn't
 4 a great reader. So, you know, her — the highlight of
 5 her day was chatting with people and socialising, and to
 6 then be left for weeks at a time in a room, I think
 7 "stir crazy" is the best way I can describe it. She
 8 would be despairing when she phoned at night.
 9 Q. This is perhaps a point just following on from that.
 10 Paragraph 34, you say she had a safety catch on her
 11 bedroom window and she would sometimes say to you that
 12 if it wasn't there, she would jump out of it.
 13 A. Yes.
 14 Q. And I don't think you thought that was a suicidal
 15 ideation?
 16 A. Not at all. No, I'm not saying she was suicidal, but
 17 she would say, "You know, dear, if that safety catch
 18 wasn't on the window, I would just jump out of it", and
 19 she hated the safety catch because she loved fresh air
 20 and she couldn't open the window wide, but that was just
 21 a care home thing.
 22 Q. I think you say that that was indicative of her
 23 frustration .
 24 A. Yes.
 25 Q. You saw a decline in your mother's demeanour during the

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1 lockdown. This is paragraph 37. Again, can you just
 2 give us a little context of that?
 3 A. Well, she was just despairing because all the little
 4 things that she liked, you know, to — oh, just silly
 5 things, you know, to have her jewellery polished and her
 6 hair nice and her room nice and her clothes — you know,
 7 I used to iron all her clothes and have them nice and
 8 I wasn't allowed to do that so they were sent to the
 9 communal laundry. So everything — life was just — she
 10 said just it's not — "What's the point?". That's
 11 a phrase she used to say, "What is the point, dear?
 12 I've been here too long. What's the point?".
 13 Q. Essential visiting you mention also in your statement.
 14 You didn't ask for that because your view was,
 15 understandably, that your mother was not at the end of
 16 life .
 17 A. She wasn't at end of life and all — I know there's been
 18 chat about definitions of "essential visit". I would
 19 just say everyone needs an essential visit . It's
 20 essential for everybody. But she wasn't end of life,
 21 she wasn't — she didn't have dementia, she didn't have
 22 mental health issues and she didn't have autism, which
 23 are all the key words that Public Health keep referring
 24 to when they talk about essential visiting . And she
 25 also — I'm sure, if I kind of pushed it with the

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1 manager, the manager would have allowed it, but Mum then
 2 would say to me, "You can't, dear. You can't come in if
 3 Mrs Bloggs' daughter can't come in". She would feel bad
 4 if people saw me coming in and their family wasn't
 5 allowed in.
 6 Q. Just on essential visiting — and obviously we're
 7 concerned about definitions and what categories people
 8 can fall into when they're an essential visitor for
 9 a resident — do you consider that anybody — every
 10 person within a care home should have an essential
 11 visitor ?
 12 A. Well, my humble opinion is the word "essential" should
 13 be dropped because it's just causing so much confusion,
 14 and from day one, when someone goes into a care home and
 15 they have a husband, a wife, a mother, a daughter,
 16 a son, who is an integral part of their care, it should
 17 be recognised that, "Alice Hall has a", call it what you
 18 will, "key contact person, key partner, key person, that
 19 important person in their life who is part of their care
 20 team", so it's there with the carer, the nurse, the
 21 gardener, the handyman, everyone else that's part of
 22 Mum's care package. And I should be recognised as that,
 23 the husband, the wife, and that's in normal times.
 24 So that happens, "Oh, yes, Sheila is — Alice's key
 25 person is her daughter". Then, God forbid, if there's

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1 an outbreak of anything, that key person is still part
 2 of the care team and, if there have to be restrictions
 3 in perhaps the time that's spent in rooms or the amount
 4 of time people go in and out, as happened to the
 5 cleaners, the carers, then that applies to me as well,
 6 but we are never shut out under any circumstance. And
 7 if that was in place from day one when someone enters
 8 a care home, I wouldn't be sitting here today.
 9 Q. I think you've probably answered this question with that
 10 last comment, but would you — do you see there being
 11 any purpose particularly in categorising the situation
 12 of the resident as either end of life or someone with
 13 dementia or —
 14 A. No.
 15 Q. Is it just the fact that the person is a resident?
 16 A. Absolutely. That is the community they live in. But
 17 part of the team looking after them should include,
 18 surely, their husband, their wife, their daughter, their
 19 son, that one key person. So it's like a safety net
 20 that, if everything has to shrink down because of
 21 another pandemic, their key person will still be part of
 22 the core team. Mum always said that, "You're my most
 23 important carer and you've been shut out".
 24 Q. You tell us a little bit about garden visits and, again,
 25 we've heard a lot about garden visits already in the

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1 Inquiry and I think we know a lot of what you say in
2 relation to garden visits .
3 A. Yes.
4 Q. Just picking up a couple of points, there were
5 difficulties because, as you say in 43, your timetable
6 wouldn't always align with the slots that were
7 available .
8 A. Yes, yes.
9 Q. And you say at 44 that it was a supervised visit . You
10 couldn't touch your mother, your mother couldn't touch
11 you, and you say it was like a prison visit .
12 A. Absolutely -- not that I've ever visited a prison, but,
13 yes, it was the fact that -- you know, it was so
14 regimented, it was timetabled. So, you know, you would
15 be doing something during the day and think, "Gosh,
16 I don't want to be late, I don't want to be late". You
17 would have to arrive half an hour early to do the test
18 because you weren't allowed to do them at home, and
19 I would sit in the garden in the rain or whatever was
20 happening and you're watching this door and waiting and
21 waiting, and then the carer would come out with Mum in
22 the wheelchair and park her far enough away and I'm
23 wearing a mask.
24 Now, thankfully the manager in the care home, you
25 know, said, "Look", after a couple of visits , "your

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1 visits don't need to be supervised". I mean, can you
2 imagine my mum sitting with the very nice carer right
3 beside her and me 6 feet away shouting at her? She
4 couldn't really hear because her hearing aids had
5 started playing up just as COVID hit. We were on the
6 flight path to Glasgow Airport so every four minutes
7 there was a jet going overhead. It was not good.
8 Q. You describe it as "hell".
9 A. Yes.
10 Q. There's a couple of incidences. One is at paragraph 47,
11 going into paragraph 48, and there's another at
12 paragraph 61. These were incidences where there was
13 compassion shown --
14 A. Absolutely.
15 Q. -- by some of the carers and, without wanting to cause
16 any problems, they did things that they shouldn't have
17 been doing to allow you to see your mother and to have
18 some meaningful contact with her?
19 A. Well, yes, just the way they would sit close to Mum and
20 say, "Oh, I'll give your mum a big hug because I know
21 you can't", which just to me was ludicrous, absolutely.
22 And they were being kind, they were the kindest people,
23 but they didn't realise how that just -- you know, I'm
24 sitting there and they're saying, "I'll give your mum
25 a hug for you". No.

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1 Q. Your mother celebrated her 90th [sic] birthday on
2 17 December 2020 --
3 A. 96th.
4 Q. I'm sorry, 96th -- which is at paragraph 50 of your
5 statement. You say:
6 "This" was the first time I was allowed into the
7 care home, since the regulations had been put in place
8 9 months previously."
9 A. Yes.
10 Q. I take it that that was a particularly significant day
11 for your mother?
12 A. Absolutely, absolutely. But it wasn't in her room, it
13 was in a room that the care home had set up.
14 Q. Yes. You weren't in her room?
15 A. No, no.
16 Q. It was a designated room for that --
17 A. A designated room, socially distanced.
18 Q. Now, paragraph 52, this follows on from you noting that
19 your mother had her first vaccine in December 2020 and
20 a little while after that you received a phone call from
21 your mother's GP confirming that you had agreed to a do
22 not resuscitate notice on your mother.
23 A. Yes, yes. Just after her vaccine Mum got COVID, so the
24 GP was -- obviously part of her remit was to phone the
25 relatives and explain this and talk about the do not

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1 resuscitate regulation or request. And Mum -- I mean,
2 I'd talked about it with Mum and she said, "Oh, I'm not
3 going to hospital. Don't send me to hospital if I get
4 COVID". You know, she was quite adamant about that.
5 Q. I think you say you put on your nursing hat --
6 A. Yes.
7 Q. -- and were pragmatic and accepted --
8 A. Yes.
9 Q. -- that that should be the case.
10 A. Yes.
11 Q. I think you're slightly critical of the tone that was
12 used by the GP, and I think possibly one of the things
13 we've heard, that there are ways of dealing with this
14 matter and it can be done with a degree of compassion --
15 A. Yes.
16 Q. -- and carefully.
17 A. Yes. Unfortunately this GP didn't have a particularly
18 soft manner, I think I'll just say, and what I did say
19 to her was, "Well, that's fine, I agree that Mum will
20 not go to hospital, but if she becomes very ill and is
21 at end of life, I will be beside her, looking after her
22 and I will break down every door to be with her", and
23 the reply from the GP was, "Oh, you seem to know the
24 rules better than I do", and that's how it was left.
25 Mum was actually not particularly unwell with COVID and

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1 I didn't have to break the door down, but ...
 2 Q. Yes. I think we've mentioned the -- well, you mentioned
 3 that your mother had a number of medical issues and at
 4 paragraph 54 and following you talk about her various
 5 hospital admissions.
 6 A. Yes.
 7 Q. I think there were a number of these and, each time she
 8 returned to the care home, there was a period of
 9 isolation .
 10 A. Yes, yes.
 11 Q. You do refer to an incident at paragraph 58 of your
 12 statement when your mother had been admitted to hospital
 13 and you went to that -- to the hospital and, as you
 14 describe it, you were met by a "beefy security guard".
 15 A. Yes, yes.
 16 Q. Can you tell us a little about what happened?
 17 A. Well, it was the -- Mum was initially admitted with
 18 breathlessness, which we were never sure what -- it
 19 wasn't COVID, it was probably a cardiac episode. I'd
 20 left her the day before at the Queen Elizabeth Hospital,
 21 which is a huge Glasgow hospital, and I wasn't allowed
 22 to stay with her or anything because she had
 23 breathlessness, which put her through the possible COVID
 24 pathway, so I had to leave her at her door and just keep
 25 in touch by phone.

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1 Then the next day I went and she'd been transferred
 2 to an elderly care unit within the grounds and I was
 3 told she was in this unit, so I went to the unit, which
 4 is quite a long walk away from the main hospital, and it
 5 was a wild, wet, windy November night, and at that unit
 6 there was literally a security guard with a hi-vis
 7 jacket at the door, and he said, "What ward are you
 8 going to?", and I said "I don't know. I've just been
 9 told Mum is in this unit", at which point I didn't know
 10 if Mum was moribund or breathing. I had no idea. And
 11 he said, "No, you can't get in because I didn't know
 12 what ward it was". He just said, "No, you can't get it,
 13 you can't get in". I was despairing.
 14 He eventually allowed me in to speak to a lady who
 15 was sitting behind a glass desk, screen, who I thought
 16 was sort of reception -- to this day I don't know who
 17 she was -- but she just said, "I can't tell you. It's
 18 data protection. I can't tell you what ward your mum's
 19 in". She said, "If you just go outside, there's
 20 a notice sellotaped to the door with all the ward phone
 21 numbers on it. Phone them and find out where she is".
 22 So I'm standing out there in the wind and the rain,
 23 there's about maybe six numbers. Of course I would
 24 phone, it would be engaged, engaged, engaged, try again,
 25 engaged, engaged. I must have been out there for

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1 20 minutes, by which time I was bawling my eyes out.
 2 I eventually got through to a ward where they said,
 3 "Oh, yes, your mum is in this ward". I said, "Well, can
 4 I come and see her?", and they said "No". I was
 5 despairing. They said, "If you go to your car, we'll
 6 try and FaceTime you". So I went to the car and of
 7 course that didn't work. And then -- it was a male
 8 nurse, I remember, who said, "Come to the door and I'll
 9 point you to where the window is", and I clambered over
 10 mud and grass and bushes to see my poor 96-year-old mum
 11 standing shaking with her zimmer, a television between
 12 us and this window -- this is the worst window visit of
 13 my life -- just looking bewildered with a hospital gown
 14 flapping around her.
 15 It was the cruellest, cruellest day that I can
 16 imagine. I got back in the car and I remember --
 17 I don't know how -- I was driving under the
 18 Clyde Tunnel, phoning Cathie, my colleague in the Care
 19 Home Residents [sic], and God love her, she took up the
 20 case and all my colleagues in the group, and they
 21 contacted the MSP that we'd had a meeting with,
 22 Kevin Stewart, and to cut to the chase, the bottom line
 23 was I got a phone call from the Chief Nursing Officer
 24 for Scotland who then put me in touch with the chief
 25 nurse for the Queen Elizabeth and basically the end of

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1 the story is the next day I was allowed in to see Mum
 2 who, by that time, was bewildered, confused and angry.
 3 It was torture. It was absolutely torture.
 4 Then I think if I'd been a little 90-year-old man
 5 trying to see my wife and that had happened, he probably
 6 wouldn't have had a mobile phone and he certainly
 7 wouldn't have the support of a group and the ear of an
 8 MSP. So it was bad enough for me, but, gee whizz, it
 9 was the most inhumane -- and we're not talking early
 10 days of COVID. This was the end of 2021, November 2021.
 11 Q. You sum up that experience in paragraph 61. Perhaps you
 12 would just read that, please.
 13 A. 61?
 14 Q. 61.
 15 A. "I can't start to imagine how ghastly that same
 16 experience would have been for an elderly husband or
 17 wife wanting to see their loved one. It was totally
 18 barbaric and the worst day of lockdown that
 19 I experienced."
 20 Q. You then go on to talk about the isolation rules after
 21 the following hospital admissions --
 22 A. Yes.
 23 Q. -- and I think we understand that. But your mum was
 24 able to record a video?
 25 A. She did.

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1 Q. Was this when she was back in the care home but in what
2 you call solitary confinement or is that from the
3 hospital?
4 A. Yes, so all of Mum's hospital admissions were because of
5 falls or a TIA or this breathless episode, so she was
6 never admitted because of COVID, and each time she was
7 tested, the PCR testing was negative, but each time she
8 got back to her room, she would say, "Oh, dear, that's
9 me in my room for two weeks", and she had to sit there
10 for two weeks without any extra, you know, contact or
11 ... and after that November 2021 admission that
12 I described earlier, she was back sitting in her room.
13 Now, by that time I was allowed in to see her as
14 a designated visitor, but other than that, you know, she
15 couldn't do anything else.
16 She really was -- she was angry and she said,
17 "Nobody else leaves hospital and has to sit in their
18 bedroom for two weeks, nobody, so why do I have to do
19 it?". I said, "Maybe we need to let Kevin Stewart, the
20 MSP, understand what this is like and let Public Health
21 know what it's like", because this guidance had not been
22 reviewed for over a year. So --
23 Q. Can I just stop you there?
24 A. Yes.
25 Q. You're saying the guidance hadn't been reviewed for

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1 a year. I get the impression that you had become
2 something of an expert on guidance.
3 A. I think sadly I am. I think I probably hold the most
4 comprehensive records of all guidance that was ever put
5 out there because it was so confusing as -- on behalf of
6 the group, I used to try and do summaries of where we
7 were, what should be happening, bullet points. Yes, so
8 the guidance was very confusing, but I knew that the
9 guidance had never -- bits of the guidance had changed,
10 but this rule saying that, on discharge from hospital
11 into a care home, the resident had to sit for two weeks
12 in their room in isolation basically, and even with two
13 negative PCRs -- so Mum was really totally fed up. She
14 actually in total spent three months in solitary
15 confinement in her room cumulatively over the time.
16 So I said, "All right, we'll send a video to
17 Kevin Stewart". She said, "Yes, dear, I'll do anything,
18 I'll do anything". So together we wrote this little
19 statement and she recorded it on her iPad and we sent it
20 to Kevin Stewart and it was picked up by the
21 Scottish Government team that we used to have regular
22 meetings with and it got shown at Public Health
23 apparently, in their ivory tower, and about a month
24 later the guidance was completely changed and that
25 two-week rule was subsequently removed from the guidance

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1 and Mum got a letter from Kevin Stewart, thanking her
2 for raising this. And I think, "Well, if we hadn't, how
3 long would it have gone on for?".
4 Q. You tell us about your involvement with the Care Home
5 Relatives group and you do that over a number of
6 paragraphs. I'm going to take that, with respect, as
7 read --
8 A. Yes.
9 Q. -- for present purposes because we can read it and
10 you've said it on an earlier occasion. You do make
11 reference at paragraph 73 to the October 2020 article in
12 the Nursing Times --
13 A. Yes.
14 Q. -- that you referred to. I think you were the person
15 who either found that article --
16 A. Yes.
17 Q. -- because there were -- certain people you knew had
18 signed that letter --
19 A. Yes.
20 Q. -- and I think you described it in your earlier evidence
21 as a lightbulb moment --
22 A. Lightbulb moment, yes.
23 Q. -- for you.
24 A. Yes.
25 Q. Could I take you on to paragraph 87, please? This is

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1 still in the context of your involvement with the group
2 and it may seem a slightly petty issue.
3 A. Yes.
4 Q. I think you probably see that possibly yourself.
5 A. Yes.
6 Q. But I think you see it as being reflective of a wider
7 attitude.
8 A. Yes.
9 Q. Just tell us what you're complaining about there.
10 A. Well, yes, this was -- over the period of time I was
11 involved in the campaigning group, I've actually --
12 I was looking at my records and I've attended around
13 70 meetings with different organisations and Government
14 and CPAG sub-groups and oversight groups, and this was
15 one meeting that we were asked to be involved in as
16 a group, and myself and one of the other members were
17 asked to meet with the representatives from the
18 Care Inspectorate. It was apparently to do with
19 staffing, but they wanted representation from our group.
20 This was in March 2021 so it was quite -- relatively
21 early days of our campaigning. I just was
22 disappointed -- what's the word? The way that it was
23 approached, to my mind, it was a kind of -- I don't
24 know -- do you want me to describe it? We were sent
25 this --

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1 Q. Do you want — it sounds a bit like a fun day out.
 2 A. Yes, we were all sent a little box with goodies that had
 3 a kind of significance: a KitKat when you need a break,
 4 a rubber to rub out the bad thoughts, a yoyo for the ups
 5 and downs in life. I mean, this arrived in my house
 6 through the post and I'm thinking, "What is this all
 7 about?". And then we went to the meeting and part of
 8 the meeting was they were going to show us tricks with
 9 the yoyo. I mean, you couldn't make it up. It was so
 10 ludicrous.
 11 I mean, I'm not blaming the people that were running
 12 this meeting, that was obviously their tack, but I
 13 just — at that time I was jumping up and down, saying,
 14 "Please let me into my mum's room. Let me see my mum",
 15 and they were having these kind of meetings and it —
 16 I just felt the whole care home situation was demeaned
 17 and misunderstood.
 18 Q. You go on to talk about the lack of clear guidance and
 19 support.
 20 A. Yes.
 21 Q. Again, I think we've heard —
 22 A. Yes, I'm sure.
 23 Q. — from a number of witnesses about the problems with
 24 guidance. You begin by observing that:
 25 "There was very little guidance for care homes from

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1 [the] Scottish Government or Public Health at the start
 2 of the pandemic when care homes were locked [down]."
 3 With your — I'm going to ask you to put your
 4 nurse's hat on again and your training, do you think
 5 there should have been —
 6 A. Absolutely.
 7 Q. — guidance at that stage?
 8 A. Absolutely. Ironically — and I guess I never really
 9 made this particularly clear — but ironically, when
 10 I was running my travel health company, I did
 11 consultancy work for Public Health. I used to run
 12 training days for them. I wrote guidance that appeared
 13 and is still there on a travel medicine website. I used
 14 to help them edit the website. So I guess — without
 15 blowing my own trumpet, I guess I kind of understood the
 16 importance of clarity in guidance and keeping it simple
 17 and I couldn't believe what I was seeing that was coming
 18 out. And there may have been earlier guidance, but the
 19 first Public Health guidance which was then written
 20 under Health Protection Scotland — was their heading at
 21 that point — their version 1.0 was produced in
 22 April 2020 and I would have thought that they would have
 23 had something ready to produce in March 2020 when — at
 24 the start of the pandemic. But — I don't know.
 25 I mean, I'm only saying that as what I observe. I don't

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1 know what was happening higher up.
 2 Q. In paragraph 90 you say that a "key issue during Covid
 3 was that within Public Health there was no one person
 4 allocated to be the 'guidance voice' for care homes".
 5 A. Yes, I feel that very strongly and at the very first
 6 meeting we had with Jeane Freeman, I can remember saying
 7 that. There seemed to be no one person who understood
 8 care homes, who was involved in writing that guidance
 9 and could be accessed for information when someone had
 10 a question. There was no key voice. The guidance
 11 seemed to come from this ivory tower. To this day, I do
 12 not know who was sitting round the table actually
 13 writing the words because — and again this is my humble
 14 opinion — they were people that did not understand what
 15 was happening at the grass roots. And we were at the
 16 grass roots, saying, "Look, it's like this. This is
 17 what is happening. There are people climbing
 18 stepladders, there are people in tears because they
 19 can't get in to see their loved one", and that message
 20 kind of got filtered via Scottish Government up to this
 21 Public Health, but it was well over a year before
 22 anybody from Public Health actually spoke to us at the
 23 grass roots and even then they didn't seem to get it and
 24 even today they don't get it.
 25 Q. You still feel that that's an ongoing issue?

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1 A. Very strongly.
 2 Q. And what's that based on?
 3 A. It's based on the latest — well, not the latest
 4 guidance. Guidance — okay, just to summarise it. My
 5 mum died on 5 February this year and I was able to spend
 6 the last week with her. It was a very special time.
 7 Four days before she died I got an email in preparation
 8 for a meeting that we were to have where there was going
 9 to be a representative from Public Health and, as did
 10 happen, they sent me papers pre-meeting and one of them
 11 was to review the latest guidance that had been produced
 12 by Public Health. And I looked at it and the title was,
 13 "Version 2.5, COVID guidance for residential settings,
 14 care homes and prisons", and I couldn't believe what
 15 I was reading.
 16 At that point, Public Health had decided to combine
 17 their prison guidance with their care home guidance, and
 18 I had listened to my mum for over a year, saying, "Dear,
 19 I'm just a prisoner here", and then I'm seeing Public
 20 Health write this in the guidance. So I think "fit to
 21 be tied" is an expression I will use, and that's putting
 22 it mildly.
 23 Q. That applied to you?
 24 A. Absolutely, and I shared this with the rest of the team.
 25 So, I mean, I actually — I don't know what a whip does

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1 in politics but I think I whipped because I sent an
2 email to key people that I'd met at meetings, saying,
3 "This cannot happen, this cannot happen". And I went to
4 the meeting and I expressed my dismay that this had
5 happened and the representative from Public Health
6 defended it by saying that they were cutting down on
7 staff and they had to consolidate their guidance.

8 My argument was, "Well, in this day and age of
9 online documents and cut and paste, I think it's
10 disrespectful, it's hurtful and I don't agree". So they
11 went away and a few days later I got the revised
12 guidance, and they'd taken the word "prisons" out of the
13 title but the text remained exactly the same, ie all
14 about prisons. So we went back again and after about
15 two weeks the decision was reversed and the guidance was
16 split. But, to my mind, that just underlines how the
17 care home was regarded as an institution and to have put
18 it together with a prison, I'm sorry, it was
19 unforgivable.

20 Q. You tell us about that at paragraph 98 --

21 A. Yes.

22 Q. -- in some detail.

23 A. Yes.

24 Q. One of the points, if I may, on guidance -- and, again,
25 I think we're hearing this on a number of occasions --

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1 is that the guidance as implemented was not implemented
2 uniformly. It would be applied differently in different
3 locations by different care homes?

4 A. Yes.

5 Q. You say at paragraph 91 that -- you use the expression,
6 "It was a complete postcode lottery".

7 A. Yes, and it was so confusing. I'm not surprised it was
8 a postcode lottery.

9 Q. Yes, that's what I was going to ask.

10 A. It depended on who happened to be on duty that day, who
11 had happened to glance at the guidance and how they
12 interpreted it, and so many of the statements were kind
13 of left, you know, "At the manager's discretion" or
14 "Discuss this with your health protection team" or --
15 you know, it lacked conciseness and clarity.

16 Q. You -- I think you've said this already -- you had
17 really become the expert on guidance.

18 A. Well --

19 Q. Don't put yourself down.

20 A. Well, perhaps. The way that I work, I like things
21 orderly, and so I kept records on my computer. I've got
22 hundreds of documents. I have virtually every --
23 I probably have the most comprehensive library of
24 guidance, meeting notes, minutes, pre-meeting notes,
25 probably in the country.

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1 Q. I think this is interesting in the context of how, in
2 paragraph 94, you say that CHRS became an unofficial
3 helpline.

4 A. Yes, absolutely.

5 Q. And did you see that as being your role?

6 A. Well, I had utmost admiration for my colleagues in the
7 team because they were the ones that were getting phone
8 calls and emails and were helping people in a practical
9 way. I think perhaps what I brought to the table was
10 the editing of documents and the writing of letters and
11 the compilation of guidance. And to this day we all
12 say, "I don't know how it happened", but, yes, it did
13 become our role. It just evolved.

14 Q. And at 96 you say that you think there's a gap that
15 could be filled by establishing a care home advisory
16 organisation.

17 A. Yes.

18 Q. Who would that be advising?

19 A. Well, I think, you know, we realise from the pandemic
20 that when there's a -- well, there's actually no body
21 that supports relatives of people in care homes, there
22 is nothing out there that actually supports them, and
23 for whatever reason, whether it's advice about financial
24 advice or emotional support or what to do if the
25 chiropodist isn't coming in, all these little things,

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1 there's nothing out there. And we've been presumed that
2 we'll carry on this role as a group, and that's
3 certainly not what we set ourselves up to do but we know
4 there is a need for that. So that's for the future to
5 think about.

6 Q. Right. Can I move to your personal reflections?

7 Without reducing their significance, because they are
8 yours and we have them in front of us, but I think I can
9 summarise them perhaps this way: the first is that you
10 and those who are loved ones should be regarded as part
11 of the care team.

12 A. Absolutely.

13 Q. Secondly, you I think take offence at the constant
14 reference to you as "visitors".

15 A. Yes.

16 Q. You also are slightly critical of the Public Health
17 characterisation of care staff as "highly trained
18 individuals".

19 A. Well, this was a comment that was thrown to us from
20 a senior person in Public Health -- when we said, "Why
21 can we not adopt the same PPE as the cleaner, the carer,
22 the nurse?", and she said, "Well, they're highly trained
23 individuals". And I was listening to this from her and
24 then would be getting a phone call from Mum that night,
25 saying, "Oh, you know, dear, I got the new girl today to

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1 help me give a shower and I'm sure they just come to me
 2 because I can tell them what to do", and that new girl
 3 would be very caring but probably the week before was
 4 a hairdresser. So I would argue that you can't tell us
 5 we can't follow PPE because we can't be as highly
 6 trained as the care staff.
 7 Q. I think in 102 you mention that Public Health continued
 8 to introduce restrictive measures without consulting the
 9 care home residents.
 10 A. Yes.
 11 Q. And that you see as being something that should happen
 12 were there to be a pandemic or an epidemic that required
 13 closure of care homes in the future?
 14 A. Yes. As I say, we felt we were at the grass roots,
 15 telling our story. The Scottish Government officials
 16 who met with us met regularly and listened to us and
 17 were empathetic and would nod in agreement with what we
 18 were saying, but they then — it was like Chinese
 19 whispers. They obviously had to take that up to the
 20 ivory tower and then defer to what Public Health brought
 21 down again. And to this day, Public Health do not
 22 have any good dialogue with us or understanding of what
 23 we've ...
 24 Q. You do say at 103 that your mum used to say that "care
 25 home residents were discriminated against."

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1 A. Yes.
 2 Q. "They were treated as if they had no voice, no
 3 intelligence, and no rights."
 4 A. Yes. I think these were the words she used in her video
 5 actually.
 6 Q. And taking that further a little, at 104, because you're
 7 talking about essential care-givers, you asked the care
 8 home manager, out of the 60 residents, how many would
 9 have wanted access most days, and I think she said —
 10 well, tell us what she said.
 11 A. Well, she said, "Oh, probably just around six". This
 12 was at the — during the pandemic when we were saying,
 13 "Why can I not be part of the care team?", and she
 14 agreed that I should have been part of the care team.
 15 I said, "How many residents ..." — we weren't asking
 16 Public Health to throw the doors open and let everybody
 17 in, just have the option of having that key caring
 18 person, and the manager said, "You know, of all my
 19 60 residents, there's probably only about six families
 20 that would request that as a regular contact". So —
 21 and I don't think Public Health ever got that concept.
 22 If they'd allowed it, it wasn't that the floodgates
 23 would open and hundreds of people would rush in.
 24 Q. You tell us about your mum's legacy and — again
 25 something we can read — she was a huge supporter of

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1 your campaign. She went on your original demonstration?
 2 A. Not the original one.
 3 Q. Sorry.
 4 A. She was locked in then.
 5 Q. I'm sorry. I beg your pardon.
 6 A. September 2021, when we held a second demo, specifically
 7 in relation to Anne's Law, and she was determined to be
 8 there, so she was there in her wheelchair, yes.
 9 Q. And she was interviewed by the BBC and STV?
 10 A. She was interviewed by the BBC at that demo and then,
 11 later on, she did an individual interview with STV in
 12 relation to the national care standard.
 13 Q. And she was very pleased to meet Lord Brailsford?
 14 A. Indeed. It really — I mean, the campaigning kept her
 15 going, it really did, and, you know, she would be saying
 16 to me, "Oh, what happened at the meeting?" and "Can you
 17 get in yet, dear?" and "Oh, what's going to happen?",
 18 and then I would have to say to her, "Nothing, Mum. We
 19 had a meeting, same old, same old". But I used to send
 20 her letters and things to look at and the guidance and
 21 she would look at it on her iPad.
 22 THE CHAIR: As it's now publicly known that I met your
 23 mother, I think I can say that I can stand as a witness
 24 for testimony that in her 97th year or 98th year she
 25 certainly had all her intellect in tact.

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1 A. Thank you.
 2 THE CHAIR: We had a full conversation which was very
 3 illuminating.
 4 MR GALE: Thank you, my Lord.
 5 A. Yes, and she appreciated it greatly, thank you.
 6 Q. She sadly died on 5 February this year.
 7 A. Correct.
 8 Q. She had had COVID but she didn't die of COVID.
 9 A. No.
 10 Q. You were able to spend her final days with her?
 11 A. Absolutely. It was a complete honour. I was with her,
 12 yes, to the minute that she passed away, and it was
 13 dignified and beautiful and special and I can't start to
 14 imagine how I would have felt if I hadn't been allowed
 15 to be with her.
 16 Q. Yes. Right. Your mum had the foresight to leave us
 17 a message?
 18 A. She did.
 19 Q. And she had written down something on 6 March 2022?
 20 A. Yes.
 21 Q. And she addressed it, "Thoughts for the Public Inquiry
 22 'in case I'm not around!'"
 23 A. Yes. She used to say to me, "I'll be well dead, dear,
 24 before that Inquiry happens".
 25 THE CHAIR: That was very perceptive!

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1 A. Yes.
 2 MR GALE: I'd like you to read that, please.
 3 A. Okay. So it's from Alice Hall and this is her words:
 4 "I am 97 years old.
 5 "I made the decision to take up residence in a care
 6 home because of increasing frailty and falls —
 7 I require 24hr support. I moved to Glasgow from the
 8 East Coast to be close to my daughter — she has always
 9 been my main carer. Life worked well — my room was my
 10 own space, with the help of my wheel chair we went out
 11 and about in the car. I managed to attend church, the
 12 hairdresser came every week, I went to concerts, I went
 13 to restaurants, I lived a fulfilling life.
 14 "In March 2020 the doors of the [care] home were
 15 locked. We understood the reason — society was
 16 anxious. I was able to use my phone and iPad so I could
 17 keep lines of communication open. We have now reached
 18 March 2022 and unlike everyone else in the community, my
 19 life is still ruled by guidance, regulation and constant
 20 lockdowns. During 2020/21 I spent a cumulative total of
 21 3 months isolated in my room. I now live with the
 22 constant fear of [Public] Health declaring yet another
 23 managed outbreak in the home, ie only 'one named visitor
 24 permitted' for another 2 weeks. With so many
 25 asymptomatic cases, this is now the constant rolling

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1 situation. My friends can no longer pop in, I cannot
 2 plan any outings or visits, my hairdresser has
 3 frequently to be cancelled at the last minute, we are
 4 beholden to the latest update from Public Health.
 5 "I have had 3 vaccines, I have had COVID — I have
 6 truly had enough. The staff are on their knees — they
 7 have worked so hard [and] with such little recognition.
 8 I now do not recognise my carers if I see them without
 9 their mask on. For my fellow residents who are bed
 10 bound, they will not have seen an unmasked face for
 11 2 years. This cannot be right? My daughter has always
 12 been my main carer. This should have continued
 13 throughout the past 2 years. Public Health must
 14 recognise that many care home residents have a friend or
 15 family member who play a major role in their lives. Why
 16 was this never acknowledged? Using PPE and following
 17 all the same regulations as employed staff, why would my
 18 daughter have posed any greater risk to the care home or
 19 herself? As residents we all require human contact and
 20 care — yet our main carers were locked out.
 21 "Never believe that a distanced 'garden visit' or
 22 'window visiting' was the answer to our isolation. Only
 23 someone who has peered through that closed window can
 24 ever understand how inhumane, cruel and painful that
 25 token offering was. Please think this through — we are

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1 not patients requiring treatment in a clinical setting
 2 for a short period, we are members of a community that
 3 require extra help, but should not be locked away like
 4 dusty antiques. We still have our lives to live and
 5 every day is precious."
 6 Q. Thank you very much. Do you feel through that your
 7 mother has had her voice in this Inquiry?
 8 A. I think she'll be listening, and yes.
 9 Q. Okay. Just one other point. At the bottom you give
 10 a summary, and effectively these are matters we have
 11 gone over and we understand what you say in your
 12 summary. You quote your mother again at the bottom of
 13 paragraph 115.
 14 A. Yes.
 15 Q. Just read that, please.
 16 A. "She was not afraid of Covid or dying but she was afraid
 17 of being alone. She always said that 'at the age of 95
 18 every day is precious and I want to spend them with my
 19 family, not isolated alone in a room!'"
 20 MR GALE: Ms Hall, thank you very much indeed for that and
 21 for giving your evidence.
 22 A. Thank you.
 23 THE CHAIR: Thank you, Ms Hall. Very good.
 24 MR GALE: Thank you, my Lord.
 25 THE CHAIR: That's all for today. Could I ask you please

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1 all to leave except Ms Galbraith and her agent, if she
 2 has one. I'm going to hear an application from her.
 3 I should have said tomorrow morning at 10 o'clock.
 4 (3.16 pm)
 5 (The hearing adjourned until
 6 Friday, 17 November 2023 at 10.00 am)

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