

OPUS2

Scottish Covid-19 Inquiry

Day 17

November 30, 2023

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1 Thursday, 30 November 2023
 2 (10.00 am)
 3 THE CHAIR: Good morning, everybody. Good morning,
 4 Mr Dunlop.
 5 MR DUNLOP: Good morning, my Lord.
 6 THE CHAIR: Welcome.
 7 MR DUNLOP: Thank you. I have two witnesses this morning
 8 before the Inquiry. We have a Mr Peter McMahon and then
 9 a Miss Lianne Menzies — she likes to be pronounced
 10 "Miss Menzies". Their witness statement reference
 11 numbers, Mr McMahon's is SCI-WT0589-00001 and
 12 Miss Menzies is SCI-WT0068-000001.
 13 THE CHAIR: Very good.
 14 MR PETER MCMAHON (called)
 15 THE CHAIR: Good morning, Mr McMahon. Please take a seat
 16 and make yourself as comfortable as you can be. You'll
 17 get some questions asked of you by Mr Dunlop today.
 18 When you're ready, Mr Dunlop.
 19 MR DUNLOP: Thank you, my Lord.
 20 Questions by MR DUNLOP
 21 MR DUNLOP: Good morning, Mr McMahon.
 22 A. Good morning.
 23 Q. Can you provide the Inquiry with your full name, please?
 24 A. My full name is Peter McMahon.
 25 Q. I think you've provided the Inquiry with a statement; is

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1 that correct?
 2 A. Yes, that's correct.
 3 Q. Thank you. I'm going to ask you some questions this
 4 morning and, as I'll do, I'll ask you some questions in
 5 relation to people. Now, generally there's
 6 a restriction order naming persons but I understand for
 7 the purposes of this morning that restriction order has
 8 been lifted in relation to various relatives, including
 9 your wife, your children and your grandchildren who are
 10 over 18.
 11 A. Yes, that's correct.
 12 Q. So could I ask you, when you're using names, it's fine
 13 obviously to use those names, but otherwise, any other
 14 relatives who are under 18 or any other relatives that
 15 aren't children or grandchildren, if you could just
 16 refer to them as "grandchildren", "aunt", "uncle" and so
 17 forth.
 18 A. Understood.
 19 Q. Thank you. In that statement you've provided to the
 20 Inquiry, am I correct that you've provided contact
 21 details, including your address and date of birth?
 22 A. Yes, I have.
 23 Q. Today I'd like to ask you some questions in relation to
 24 the death of your wife as a result of contracting COVID
 25 and the impact on your family. Now, you've provided

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1 a statement, as I've said. That statement should show
 2 up on the screen. I think — have you got a copy with
 3 you as well?
 4 A. I've got a copy with me but it's not on the screen.
 5 Q. So do we see in paragraph 5 of your statement that sadly
 6 your wife passed away on 18 October from COVID? Is that
 7 correct?
 8 A. That's correct, yes.
 9 Q. And how long had you been married when she passed away?
 10 A. We'd actually been married for 26 year, I think, that
 11 was our 26th year, but we'd known each other from when
 12 we were at school, so we'd known each other for 38/39
 13 year. We'd been in a partnership for 39 year.
 14 Q. Okay. Thank you. We know that you have children,
 15 obviously, in relation to the restriction order. How
 16 many children do you have?
 17 A. I've got three kids.
 18 Q. And how many grandchildren do you have?
 19 A. I've got four grandkids.
 20 Q. And how would you describe — if you were asked by me to
 21 describe your wife to the Inquiry so we could understand
 22 her character and what she liked to do, could you do
 23 that in a few sentences?
 24 A. Oh, yes, definitely. Debbie was a — she was just
 25 a very loving person, very, very family orientated. She

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1 loved the grandkids, tae the moon and back she was
 2 telling them. She was a happy-go-lucky person. She had
 3 numerous friends, she loved a good time, a good party
 4 and she was generally a very happy person.
 5 Q. And immediately prior to the pandemic, was your wife
 6 working?
 7 A. Immediately prior to the pandemic, yes, she was, yes.
 8 Q. And what was she employed as?
 9 A. She was employed as a cleaner. She was a domestic
 10 cleaner at Scottish Fire & Rescue. She'd been there for
 11 25 year.
 12 Q. And she'd been there for 25 years. I suppose I've
 13 almost answered the next question. Did she enjoy her
 14 job?
 15 A. She loved it.
 16 Q. When the pandemic — in March, when lockdown kicked in,
 17 what were the working arrangements for your wife? Was
 18 she still going to work? Was she furloughed?
 19 A. No, Debbie was told, along with the rest of the country,
 20 to stay in home in March, 23rd then. She then just
 21 stopped going to work from that day.
 22 Q. Okay. And what about you, can I ask, in March 2020?
 23 Were you still working at that time?
 24 A. I was — I got a special dispensation — I'm a building
 25 site manager so I got a special dispensation to work

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1 three days to get two properties ready for families that
 2 were moving in, and then I stopped --- I think it was
 3 about the 26th March I stopped my work as well.
 4 Q. So you were telling us you were a building site
 5 manager ---
 6 A. Yeah.
 7 Q. --- and you got special dispensation but you stopped
 8 working on 26 March. Do you still hold the same post?
 9 A. Yeah.
 10 Q. Did you return to work at some point during the period
 11 2020 to the end of 2022?
 12 A. Yes, I started back on June 3.
 13 Q. Is that 2020?
 14 A. 2020, yes.
 15 Q. On a full-time basis or ---
 16 A. Full-time.
 17 Q. Was that --- I suppose a building site manager, that
 18 doesn't strike me as the kind of job you can do from
 19 home, but correct me if you're wrong.
 20 A. That's correct, yeah.
 21 Q. So you were back ---
 22 A. Working on site, yeah.
 23 Q. We see in paragraphs 13 to 21 of your statement that
 24 you've told us your wife suffered from pre-existing
 25 health conditions. The first one you mention is asthma;

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1 is that correct?
 2 A. Yes, ironically, Debbie presented with asthma when she
 3 stopped smoking, so the doctor just said the bronchial
 4 hairs in her tubes had come back up and it was kinda ---
 5 she felt as if her breathing was restricted. Yes, so
 6 she did have asthma, yes.
 7 Q. Was that mild or did that ---
 8 A. It could be --- it was mild --- when she did have it, she
 9 could have serious attacks, so --- but most of the time
 10 it was controlled, but it could be pretty serious.
 11 Q. You also tell us that she'd suffered from kidney cancer
 12 in 2018. By March 2020 was she in remission or was she
 13 still receiving treatment
 14 A. Yes, she had the all clear the year before. I think it
 15 was January or February 2019. She'd been given
 16 basically the all clear. She'd been a year without any
 17 sign of cancer.
 18 Q. And you also say in your statement that she suffered
 19 from fibromyalgia. How did that affect her day-to-day
 20 life?
 21 A. That could be --- I mean, she was --- she had medication
 22 for that. She had --- sometimes she had bad days with
 23 fibromyalgia but it's a non-specific disease. It just
 24 comes and hits you actually then it goes away, you know,
 25 so --- but generally she was in good health.

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1 Q. Okay. Given those medical conditions that your wife had
 2 either suffered from or was suffering from in March, did
 3 that cause you any concerns or her any concerns as the
 4 pandemic developed towards the end of March?
 5 A. Yes. There was --- the full family was worried about
 6 her. Basically, the big thing was because it was a
 7 respiratory disease and we knew Debbie had asthma which
 8 could be serious at times. That was the big thing that
 9 we were worried about. We thought respiratory asthma,
 10 this isn't a good kind of concoction, so we were really,
 11 really worried about her. So --- not that she was in any
 12 kind of ill health at that time, just because we thought
 13 the asthma --- it wouldn't be good for her to get this
 14 COVID thing. We didn't know a lot about it at the time.
 15 Q. So did she change anything? Did you change any living
 16 arrangements in the house or sleeping arrangements or
 17 anything? I do not know.
 18 A. No, until basically when we went into lockdown, Debbie
 19 kind of --- she shielded before she was asked to shield
 20 basically. When we went into lockdown, we all stayed,
 21 myself, my wife, Debbie, and my daughter, Demi, all
 22 stayed in the one house, so basically Debbie went into
 23 another room just because we weren't sure what was
 24 happening. We weren't sure how --- the Government's
 25 advice at that time was kind of just "Wash your hands

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1 and keep your 2 metres' distance", and all that kind of
 2 thing, if you will, and (inaudible). We just were very,
 3 very cautious with Debbie, so we kind of --- we did kind
 4 of --- Debbie kind of shielded right away.
 5 Q. You say she shielded. Did she receive a shielding
 6 letter?
 7 A. She did in April, yes --- kind of middle to end of April.
 8 Q. You say in paragraph 28 of your statement that your gran
 9 contracted COVID; is that right?
 10 A. Yes, my gran was in a care home up in East Kilbride,
 11 which is pretty close to Hamilton, where I live, and she
 12 had vascular dementia. She'd been bedridden for about
 13 eight or nine year. We got contacted on 11 May in the
 14 morning to say they thought my gran had COVID and they
 15 said that the family could come and visit her.
 16 Basically I didn't want to go anywhere. I didn't want
 17 to take a chance of bringing COVID especially back into
 18 the house, so I didn't. My gran was like my mother to
 19 me. She brought me up from an early age. So it was ---
 20 Debbie actually told me, "Go and see your gran", but
 21 I wouldn't do it. So my gran contracted COVID and died
 22 that same day on 11 May.
 23 Q. So notwithstanding that was effectively your mother, you
 24 didn't go and see her, and was that to protect your wife
 25 essentially?

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1 A. To protect Debbie, yes.
 2 Q. And we see in paragraph 29 that later in 2020 your wife
 3 got a letter from the Government that she could --
 4 I suppose the restrictions were relaxed slightly and she
 5 could go into the garden and she later got a separate
 6 letter saying that she could go for short walks. Did
 7 your wife follow the rules as they were relaxed?
 8 A. Yes. I remember -- the garden thing, she'd go out in
 9 the garden. It was a beautiful summer, 2020, as
 10 probably everybody remembers. But she was allowed into
 11 the garden, we spent a lot of time in the garden
 12 together, just enjoying the sunshine. Then one day
 13 I came home from work and she wasn't in the house and
 14 I panicked, and then she'd went on a wee walk because
 15 she'd received a letter that day telling her that she
 16 could go out and about. And my daughter, Demi,
 17 accompanied her kinda round the block, without telling
 18 me, so I kind of panicked a wee bit, but she was fine.
 19 Q. Good. Later on in your statement, at paragraph 31, you
 20 say that your wife received a letter stating that she
 21 could return to work, providing she observed social
 22 distancing and took various precautions. Did she return
 23 to work?
 24 A. Not immediately. She was a wee bit cautious about
 25 returning to work. Although she wanted to, she still

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1 wasn't sure about where she was with the virus and
 2 things like that, so she gave it a couple of weeks.
 3 I think it was the third week in August she eventually
 4 returned to work. She was a wee bit anxious about that.
 5 She wanted to go back to work but she was a wee bit
 6 probably scared.
 7 Q. When she did return to work, you said in August, was it
 8 the same hours that she'd been working previously or was
 9 there a --
 10 A. No, her normal hours were from 6.00 am till 2.00 pm but
 11 she worked -- because she'd been off for the amount of
 12 time that they asked, they told her she could come back
 13 on a phased return, so basically she went back from 6.00
 14 until 10.00 am initially.
 15 Q. You may not know the answer to this question. Do you
 16 know what measures were put in place at her work to
 17 prevent or restrict COVID being contracted?
 18 A. I think they put, according to Debbie, the same measures
 19 that every other workplace was taking at the time. You
 20 were still social distancing, you were sanitising. They
 21 were wearing face masks in areas as well. So it was
 22 probably the same as most other workplaces at the time.
 23 I know certainly even the building trade people were
 24 doing things like this as well.
 25 Q. That was in August. I want to take you forward

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1 to September 2020. In late September 2020 -- and if
 2 I could remind you not to use the names of any
 3 grandchildren that are under 18 -- did any of your
 4 grandchildren start feeling poorly?
 5 A. Yes, initially the week -- probably the third week
 6 of September, my youngest granddaughter was -- she
 7 wasn't well so -- at that time they were testing people
 8 for COVID as soon as you weren't well -- so she did
 9 a COVID test but it was negative, so that was fine.
 10 We then kept the grandkids that weekend, but on the
 11 Monday, my second-youngest grandchild, my youngest
 12 grandson, he was unwell as well, and he was taken to the
 13 doctors with his mum, Stephanie, and the doctor advised
 14 that he had a COVID test and anybody that had been in
 15 contact in the last 24 to 48 hours had a COVID test as
 16 well, if they felt unwell, but if they felt fine, not to
 17 bother.
 18 Q. What contact did your wife have with the grandchildren?
 19 How regular was that?
 20 A. I think this was probably the first or second time she'd
 21 actually seen them fae when she went back because the
 22 restrictions were getting -- the family bubble at that
 23 time was expanding. So that weekend I think was the
 24 first weekend that we'd actually kept the grandkids from
 25 the outset of the pandemic.

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1 Q. And about that same time, in late September, was there
 2 a time that you felt poorly?
 3 A. Yes. As I say, they said that anybody that had been in
 4 contact with my youngest grandson, if they felt poorly,
 5 were to organise a test. On the Monday after that
 6 weekend, initially I felt okay, but I was at work and
 7 I started to feel pretty warm. I'd phoned my wife and
 8 I'd phoned my daughter. My daughter says that she
 9 didn't feel the best so she'd organised a test. Debbie
 10 said she felt fine. So I organised a test at the
 11 Ravenscraig facility in North Lanarkshire to get a COVID
 12 test done that afternoon.
 13 Q. When did you get the results for that?
 14 A. I got the result that evening. I think it was a text
 15 message I got.
 16 Q. What was the result?
 17 A. I was positive.
 18 Q. What did you do in light of that result?
 19 A. Well, basically, when I went for the test, I didn't
 20 return back to work because I did feel very, very warm
 21 and I knew there was something wrong, so I went straight
 22 home. By this time Debbie had kind of -- her phased
 23 return had stopped, so she was kind of doing her normal
 24 hours, which was back to 2.00 pm.
 25 So when I went home, probably after 1.00 in the

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1 afternoon, I went straight up the stair, into my
 2 bedroom. I wasn't well, I felt very, very warm, so
 3 I went to my bed. And I remember Debbie came in from
 4 work and she opened the bedroom door and I told her to
 5 get out. I says, "Get out because I don't know what
 6 I've got", so she went back out.
 7 Q. Did you take additional measures that you wouldn't
 8 normally have to take about the house during that period
 9 when you were suffering?
 10 A. That was me -- as I say, when I was -- I went straight
 11 to my bed when I did come back from that test anyway.
 12 I told Debbie to stay back from me until we'd actually
 13 found out if it was COVID or not that I'd had. I just
 14 stayed in my bedroom then and Demi, my daughter, did the
 15 same, and I asked Debbie just not to come near the two
 16 of us.
 17 Q. We see at paragraph 37 of the statement that you say on
 18 22 September you woke up and you could hear coughing and
 19 you assumed it was Demi, but then you saw your wife
 20 sitting on the stairs. Did you go and speak to your
 21 wife?
 22 A. Yes, I'd heard the cough. That was kind of -- at that
 23 time, basically not trying to be dramatic, I was
 24 drifting in and out of consciousness. I had a fever and
 25 I could hear the coughing, and I don't know how long

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1 I heard it for. So eventually I got up and I thought it
 2 was Demi, and when I walked into the landing and down
 3 the stairs, Debbie was sat in the middle of the stairs,
 4 coughing continuously.
 5 Q. Was it just coughing or could you tell if there were any
 6 other symptoms?
 7 A. She looked really, really poorly, and I just said,
 8 "Are you okay?". She says, "I feel knackered". That was
 9 her words to me. So I got her back up on her feet and I
 10 took her back up into the bedroom, put her down in her
 11 bed and I phoned the 111.
 12 Q. You phoned 111. So what did 111 say to you, the
 13 operator?
 14 A. The call-handler asked me the symptoms. I told the
 15 call-handler that myself and my daughter had both tested
 16 positive by that time for COVID. The call-handler then
 17 asked if she could speak to Debbie. I gave her the
 18 phone. Debbie was kind of breathless, couldn't really
 19 speak. She could speak, but not in sentences kind of
 20 thing. Then the call-handler asked her to give me the
 21 phone back. She told me that she was going to get
 22 medical attention for her, send an ambulance.
 23 Q. Had you mentioned -- do you know if you or your wife had
 24 mentioned that your wife had vulnerabilities insofar as
 25 she'd previously suffered from cancer and she had

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1 asthma?
 2 A. Yes, I think I actually told the call-handler that, to
 3 be honest with you.
 4 Q. And you said that the operator said that they would
 5 arrange for something. What did they arrange?
 6 A. An ambulance.
 7 Q. An ambulance.
 8 A. Yes.
 9 Q. And when did that -- did that come immediately?
 10 A. It wisnae immediately. It was probably just over
 11 an hour.
 12 Q. And what happened when the ambulance arrived?
 13 A. Basically two paramedics came to the door. I went to
 14 the door. I told them that -- obviously I made them
 15 aware that there was COVID in the house. They put masks
 16 on. They never had the hazmat, you know, on there with
 17 the visor and that, they never had anything like that
 18 on, but they just asked me to tell them where Debbie was
 19 and can I stand back from them. So I explained where
 20 Debbie was and then I stood back. They went up the
 21 stair and I went back into the front bedroom again while
 22 they examined her.
 23 Q. And where did the ambulance take your wife?
 24 A. The ambulance then took my wife to Hairmyres Hospital.
 25 Q. And you had COVID, so I'm assuming you didn't go in the

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1 ambulance with your wife?
 2 A. No. Nobody could go, obviously, kind of from the house.
 3 Q. So your wife was taken to Hairmyres. At that point you
 4 still had -- were you testing yourself regularly to see
 5 if it --
 6 A. No, I knew I had COVID. I mean, this was only the day
 7 after that I'd tested positive.
 8 Q. So if your wife is taken to Hairmyres, was there a way
 9 that you could keep in contact with her without visiting
 10 the hospital?
 11 A. Yes. So initially it was WhatsApp because she couldn't
 12 speak but later on that evening she called. She said
 13 that she'd been put on oxygen and she felt a lot better.
 14 Q. Had she been tested?
 15 A. At that stage she was waiting on the results coming
 16 back. She had been tested but she was waiting on the
 17 result.
 18 Q. And later presumably you found out that she did have
 19 COVID?
 20 A. Yes, that evening she messaged that she'd been tested
 21 positive for COVID.
 22 Q. I think that's 22 September.
 23 A. Yes.
 24 Q. The following day, 23 September, I think you said you
 25 were only two days into your COVID. I assume you still

16

1 had COVID on that --
 2 A. Yes.
 3 Q. So did you speak to your wife or the hospital that day?
 4 A. Yes, she called and she told me they were going to send
 5 her back home. I couldn't believe it. She sounded
 6 a lot better. She just said that she'd been on oxygen
 7 and they'd gave her steroids and things like that and
 8 the consultant was thinking of sending her back home.
 9 Q. I think that's the 23rd. Do you know if it was the 23rd
 10 or the 24th that she was sent home?
 11 A. She was sent home on the 24th.
 12 Q. And on the day she was sent or discharged from hospital,
 13 before she was discharged, was she prescribed anything?
 14 A. I can't remember the name of the drug. She told me she
 15 was going to be prescribed some drug that was -- it was
 16 like a trial, they were trialling it at the time, so she
 17 had to wait on the pharmacy opening in the hospital.
 18 She had to sign some agreement that she was going to
 19 take this drug home with her. She did that, but she
 20 waited hours for the pharmacy to open and it never did,
 21 so she decided that she wanted to come home without the
 22 drugs. She just wanted to be home by that time because
 23 she did think she felt -- she felt a lot better.
 24 Q. She felt a lot better, but was she still testing
 25 positive, do you know, when she left?

1 A. I only know the test when she got in. I don't know if
 2 they tested her before they discharged her.
 3 Q. How did she get home? Was there another ambulance or
 4 did somebody pick her up?
 5 A. No, I was told -- I couldn't believe this as well --
 6 that I could go into the hospital and pick her up as
 7 long as I didn't enter the hospital buildings.
 8 Q. Did you pick her up?
 9 A. Yes, I did, yes, because she was adamant she wanted to
 10 come home and she was kind of upset. So, yes, I did.
 11 I went and picked her up.
 12 Q. Do you remember if your wife was told anything by the
 13 medical staff of catching COVID twice?
 14 A. Yes. She walked through the hospital, I looked at her
 15 and I said -- excuse me.
 16 Q. It's okay.
 17 A. I looked at her and said, "My God", or words to that
 18 effect, "You look better than me", and she says, "I feel
 19 totally fine". I said, "What did the doctor say?
 20 Did you sign yourself out?". She says, "No". She says,
 21 "The doctor says I couldn't catch COVID twice".
 22 Q. She said it was the doctor that said that?
 23 A. "I couldn't catch COVID twice", yeah.
 24 Q. So you picked her up and took her home?
 25 A. Yeah.

1 Q. Over the next few days, do you remember how your wife
 2 was feeling?
 3 A. The day she got home, I'm not saying she was feeling
 4 great, but out of the three of us in the house she
 5 looked the best. I don't know if that was the oxygen
 6 and the medication she'd had. But she was feeling
 7 relatively good, far better than she was feeling when
 8 she had actually gone into the hospital, and she looked
 9 good. So, as far as I know, she felt okay for the first
 10 couple of days, the Thursday and the Friday she got
 11 home.
 12 Q. By the Sunday how was she feeling or looking?
 13 A. Well, on the Saturday evening I'd went down for a glass
 14 of water and I'd come back -- we were still obviously --
 15 still all in our own rooms. I went down for a glass of
 16 water and I came back up the stair and I remember she
 17 was -- her door was ajar and she was doubled up with her
 18 head in the mattress. I said, "Are you okay?". She
 19 said, "I've got a ridiculously sore head". She goes,
 20 "I cannae get it away", I says, "Look, just take
 21 paracetamol". I was suffering from headaches at that
 22 time. I just thought it was part of the COVID thing.
 23 Looking back, I now think it was a lack of oxygen. But
 24 on the Saturday she was -- really terrible headaches.
 25 On the Sunday I looked in on her and she looked

1 terrible. I cannae describe it any other way. She just
 2 looked terrible. She was grey.
 3 Q. You say she was suffering severe headaches. That wasn't
 4 something that she normally suffered due to --
 5 A. She wasnae -- I'm not saying she never had a headache
 6 but she wasnae one for having headaches constantly.
 7 Q. Okay, that was out of sorts for her?
 8 A. Yeah.
 9 Q. You said she looked grey. Did you seek any medical
 10 advice at that point?
 11 A. Yeah, I said to her -- I remember -- what they told her
 12 on discharge at the hospital, if she felt any worse, she
 13 could then contact 111 and they would kind of arrange
 14 for her to be taken back into hospital again. So that's
 15 what I said I was gonna do. She didnae want me to do
 16 it. She didnae want me to do that, she didnae want to
 17 go back in hospital, but I don't think I had any choice.
 18 I said, "Debbie, look you need to get back into hospital
 19 and I need somebody to come and look at you", so
 20 I phoned 111 again.
 21 Q. You said on the previous occasion they wanted to speak
 22 to your wife. Was it the same on this occasion?
 23 A. Yes, they asked again if she could speak to her but she
 24 was even worse this time. She literally -- she could
 25 hardly say her name.

1 Q. So she couldn't speak to them?
 2 A. She could hardly speak to them.
 3 Q. Did they do anything? Did they send an ambulance?
 4 Did they send a doctor?
 5 A. Yes, she gave the phone back to me and they told me they
 6 couldn't just send an ambulance now so they told me they
 7 were going to send a doctor out to the house to kind of
 8 assess her.
 9 Q. And it was a doctor, they said?
 10 A. They said a doctor, yes.
 11 Q. Did a doctor attend the house?
 12 A. No, two nurses turned up.
 13 Q. I just remind you not to name names if you're --
 14 A. I don't know their names.
 15 Q. So two nurses turned up. Did they just arrive by car
 16 then?
 17 A. Yes, they arrived in a doctor's car basically,
 18 ironically, and obviously came to the door. I went out,
 19 opened the door, explained again that we'd all tested
 20 positive for COVID. They were well aware, but they had
 21 the hazmat suits and the visors and that and things like
 22 that on before they came into the house.
 23 Q. I think you say that in paragraph 58. I think you say
 24 they had masks, gloves and gowns and visors.
 25 A. Yes.

21

1 Q. Where was your wife when the nurses arrived?
 2 A. She was still in the bedroom.
 3 Q. Did they go up to the bedroom and examine her?
 4 A. Yes.
 5 Q. Both of them or --
 6 A. Both of them.
 7 Q. You obviously weren't in that room. Did the nurses come
 8 back down and speak to you -- did any of them?
 9 A. I stood in the hall outside the bedroom because
 10 obviously Debbie couldn't speak and they were trying to
 11 get her to speak. They were asking her questions. But
 12 a lot of the time they were kind of coming back and
 13 asking me questions because Debbie couldn't communicate
 14 with them properly.
 15 Q. I think you said on the phone that you had been told
 16 a doctor would be sent and it was two nurses that had
 17 arrived. Did either of the nurses say something about
 18 why a doctor hadn't been sent?
 19 A. Yes, when they came to the door, I said, "I was
 20 expecting a doctor", and they says -- their words were,
 21 "The doctors are all hiding".
 22 Q. "They're all hiding"?
 23 A. That's what they said -- they told me, yes, that they're
 24 not doing house calls.
 25 THE CHAIR: What did you take from that language, "They're

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1 hiding"? It's not medical, is it?
 2 A. No, it's not medical. I just think that -- I think it
 3 was frustration from the actual -- from the two nurses
 4 as well, feeling that they thought that they could be
 5 seen as cannon fodder while the doctor could sit back in
 6 the surgery or wherever they would be, you know.
 7 MR DUNLOP: Thank you, my Lord.
 8 Obviously they examined your wife and they'd come
 9 down and spoken to you. What did they recommend in
 10 terms of further medical treatment?
 11 A. They say that -- basically the nurse told me that --
 12 I'll never forget what she did. I told her the history
 13 of Debbie being admitted to hospital, discharged, and
 14 she counted on her fingers, she got to five, and she
 15 says, "This is the fifth day. They know between the
 16 fifth and the seventh days that's the kind of ...", she
 17 called it "the worst time". So why she was sent -- they
 18 couldn't believe it, so basically they told me they were
 19 going to try and get her re-admitted into hospital as
 20 soon as possible.
 21 Q. So was she expressing disbelief at them having
 22 discharged --
 23 A. She was expressing disbelief, yes. She said that
 24 Debbie's oxygen levels were in her boots -- that was her
 25 words -- and she said, "We need to get her back to

23

1 hospital as soon as possible". She actually called the
 2 ambulance maybe -- I'd say at least an initial call and
 3 then another couple of calls. I knew they were worried
 4 about her.
 5 Q. And you say they were worried about her. Did they say
 6 anything? The ambulance presumably arrived?
 7 A. The ambulance arrived, yes.
 8 Q. And your wife was put into the ambulance?
 9 A. Debbie walked into the ambulance, yes.
 10 Q. Did either of the nurses say something that you could
 11 remember that was significant at that time?
 12 A. To me, when Debbie was going down the stair and I -- it
 13 was a paramedic that walked Debbie down the stair, then
 14 it was the nurses and I was behind, and obviously
 15 I walked out to the porch and the elder of the two
 16 nurses just spoke to me and -- the thing she was saying
 17 and the way she was saying, she looked really concerned,
 18 and I knew things probably didn't look the best and
 19 I think the nurse basically says, "Look, she's in
 20 a really serious condition here".
 21 Q. Okay. And what was it, Hairmyres that she was taken to
 22 again?
 23 A. She was taken back to Hairmyres Hospital, yes.
 24 Q. And you've still got COVID at this point. Were you
 25 testing -- this is a few --

24

1 A. I wasn't testing, no. I'm not sure if I had any tests
 2 in the house at that time, to be honest with you.
 3 Q. When she was admitted to Hairmyres and you're still
 4 feeling poorly, so presumably you couldn't go and visit
 5 at that point --
 6 A. No.
 7 Q. -- how were you keeping in contact with the hospital
 8 and/or your wife?
 9 A. Well, this was the Sunday obviously. The Sunday evening
 10 Debbie tried to call me, like FaceTime, and again she
 11 still couldn't speak, so -- in fact I tell a lie. It
 12 wasn't FaceTime on the Sunday. It was a phone call.
 13 She couldn't speak. I asked her -- I said, "Debbie, put
 14 the phone down. Just message me". I says, "You
 15 obviously cannae speak. I just want you to try and get
 16 better as quick as possible". So she put the phone
 17 down, and that was the last time I really had
 18 a communication with Debbie, that I knew she could
 19 respond to me. After that it was just messages.
 20 Q. When you say "messages", is that texts?
 21 A. WhatsApp basically.
 22 Q. WhatsApp. The following day, on 28 September, do you
 23 know what kind of ward within the hospital your wife was
 24 in?
 25 A. I didn't know at that time. I was just told that she

25

1 was in a COVID ward. I didn't know what the make-up of
 2 that ward was. So she was in a COVID ward and then
 3 I got told she was -- well, I got told she was -- they
 4 said "ITU", intensive treatment unit. I thought
 5 intensive treatment unit where, kind of, all the
 6 whistles and bells -- all the kind of correct equipment
 7 in it, but I later found out a couple of weeks later
 8 that wasn't the case. Where they'd actually taken her
 9 wasn't an ITU. It was basically a special kind of ward
 10 they'd kind of made up for COVID patients.
 11 Q. How did you find that out a couple of weeks --
 12 A. I found that out when I went up to the hospital, kind of
 13 to visit Debbie on her birthday.
 14 Q. I asked you earlier about keeping in touch with your
 15 wife and you said that your wife -- she obviously had
 16 her mobile phone with her. You were using WhatsApp
 17 to -- I presume it was a mobile phone she --
 18 A. Yeah.
 19 Q. How about -- in terms of contact with the hospital, how
 20 were you going about keeping in contact with the
 21 hospital? Did you have to contact them, was it reactive
 22 or were they contacting you regularly with updates?
 23 A. No, I was contacting them. Initially in the first
 24 couple of days -- what happened was on the Monday --
 25 I called about 2 o'clock on the Monday afternoon. I'd

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1 been -- Debbie had been messaging me -- but on the
 2 Monday I called and they said she was too tired, she
 3 couldn't speak on the phone. They just said she was
 4 obviously presenting with COVID, she was much the same
 5 as the previous evening and she was really very tired.
 6 They invited me to call back later, but about
 7 4 o'clock -- I was still lying in my bed, obviously --
 8 and about 4 o'clock that afternoon I got a phone call
 9 from the nurse -- the sister, sorry -- of the ward.
 10 They told me that they were going to ventilate Debbie,
 11 put her on a ventilator, and I was kind of worried about
 12 that. And I said, "Look, what does this mean?". And
 13 they said to me, "No, we're going to take very good care
 14 of her. It's the best thing for her because it will
 15 allow her body to fight the actual COVID and her
 16 strength will be going towards that".
 17 Q. And that was -- was that about -- do you remember the
 18 date? I don't think we have it in your statement.
 19 A. I can't remember the date. I just know it was the
 20 Monday after her second admission.
 21 Q. What date is your wife's birthday?
 22 A. My wife's birthday was 12 October.
 23 Q. 12 October. So this is approximately two weeks before
 24 your wife's birthday?
 25 A. Yes.

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1 Q. When were you first able to go in and see your wife?
 2 Was it before her birthday?
 3 A. I was -- no. Basically -- to actually go and see her --
 4 I took some stuff up to the ward the week before her
 5 birthday, some pictures and things like that that they
 6 advised me to take up, that they could pin up, and a wee
 7 Build-A-Bear that the grandkids had given me for her.
 8 They'd all recorded messages on it, and I took that up.
 9 But actually seeing her was her birthday, I think,
 10 12 October. They let me in to see her through --
 11 standing in the ward, through the ward window.
 12 Q. Okay. So that was -- you couldn't get -- there was no
 13 physical contact?
 14 A. No contact, no.
 15 Q. You were behind a window. Did you go -- was that --
 16 that was the birthday?
 17 A. Yes.
 18 Q. And in terms of -- did anyone else go up at that time?
 19 A. No, it was only me. They says that I could come up just
 20 because it was her birthday basically and see her
 21 through the window.
 22 Q. Do you know what the restrictions were at that time in
 23 terms of -- was it only a spouse or one person that was
 24 allowed to visit?
 25 A. There was no visiting in the COVID wards at that time --

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1 at Hairmyres Hospital anyway, I don't know if other
2 hospitals were different .
3 Q. Sorry, I meant you got the opportunity to go up
4 obviously and look through a glass window. What I meant
5 was was it only one person who was allowed to go up and
6 look through a glass window or was there others?
7 A. At that time, yeah, it was, yeah.
8 Q. What precautions — when you arrived, were you provided
9 with PPE? What was in place?
10 A. No, it was just you sanitise your hands — you had
11 a face mask on anyway because people were wearing face
12 masks at the time, but you basically just sanitise your
13 hands at the door as you enter the ward and they took
14 you along where you could see.
15 Q. And in terms of face masks, was that the ones that you
16 were using just at home?
17 A. Just like that, yes, the kind of — it was just a face
18 covering. It didn't need to be a mask, it could be
19 a snood or — the kind of blue and white masks that
20 people were using at that time.
21 Q. The staff at that time — how were the staff dressed, do
22 you remember, the medical staff?
23 A. Basically they were just wearing a mask. The only
24 people who had kind of hazmats and that on was the
25 people actually in the actual — the ward was — there

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1 was five or six separate rooms in the ward and there was
2 two nurses in each room and they had the full hazmat,
3 visors, masks, all the FFPP3s and things like that on.
4 Q. You said that on the occasion you went and visited and
5 you could look through the glass. Was your wife — was
6 she still on — you said she went on a ventilator.
7 A. Yes.
8 Q. Was she on the ventilator at that time?
9 A. Yeah, Debbie was on a ventilator.
10 Q. Was she conscious and alert when you were there or ...
11 A. No, no.
12 Q. Were there any occasions when you would phone the
13 hospital and they would basically hold the phone up to
14 her ear?
15 A. There was — one time I phoned the hospital and it was
16 an agency nurse and he said that Debbie was doing really
17 well and I couldn't believe it. He said, "She's
18 conscious". I was imagining her sitting up in bed but
19 obviously I know she wasn't, and they said, "Look,
20 would you like me to hold the phone up to her ear?". So
21 they held the phone up to her ear and I kind of spoke to
22 her, told her I loved her, missed her, told her —
23 excuse me — how much the family was missing her, just
24 to keep fighting and to get better.
25 The agency nurse came back on the phone and he said,

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1 "She's a wee bit upset. She's crying". And I said,
2 "Look, I'll no want to speak to her then", and she was
3 shaking her head, so he held the phone back up. I said
4 more kind of words with her, and I just say that I'll
5 call her back that night and just to try to get some
6 rest and keep fighting for everybody's sake.
7 Q. Thank you. I appreciate these questions are difficult .
8 A. No, it's fine .
9 Q. Can you remember, was that before you went up for the
10 birthday or was that after, do you remember?
11 A. That was before I went up for the birthday.
12 Q. And in terms of getting updates, I think you said you
13 were having to chase the hospital essentially .
14 A. Yeah, I was phoning the hospital regularly . It ended
15 up — I found the best time. Sometimes you would phone
16 and it would ring and ring, and they would put you
17 through to the phone in the kind of COVID room and
18 sometimes they wouldn't answer so you think they're busy
19 doing other things. So I just got into the habit —
20 I would phone about 2.00 pm every day and they were kind
21 of — that was just before the shift change and I knew
22 that I would get a good update then what was actually
23 happening at that time, so I did that every day.
24 Q. We see at paragraph 81 that you called on 15 October, so
25 this is a few days after your wife's birthday, and there

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1 was no change at 2.00 pm in the afternoon but you
2 received a further update at about 4.45 pm. Do you
3 remember what you were told?
4 A. Yeah. At 4.45 I was told that — basically the words
5 they used, "We did something that she didn't like", but
6 they couldn't tell me what. They just said —
7 Q. Couldn't or wouldn't?
8 A. Couldn't. I did ask so it may have been they wouldn't,
9 but at that time they couldn't — it was obviously
10 a nurse that had called me and just said she wasn't sure
11 what it was, she couldn't tell me what it was. She
12 couldn't tell me how Debbie had reacted. But the phrase
13 was they had done something that she didn't like.
14 Q. What did you do about that?
15 A. Well, I went up to the hospital to see if I could speak
16 to somebody to see what had actually happened and to see
17 if they could give me kind of — because obviously I got
18 a fright — to see if they could give me any update, and
19 I spoke to the sister on the ward. There was no
20 consultant at that time. She just said that they'd done
21 something — they were trying to prone her — "prone" is
22 when they turn them from their back to facing forward to
23 kind of take the pressure off the lungs — and she'd
24 reacted — she took a reaction when they were doing
25 that, and I later found out it was some relaxant — some

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1 drug they give you to relax the body, that they'd been
 2 giving her before but on this occasion they said that
 3 she took a reaction to it.
 4 Q. What did you understand they meant by "reaction"?
 5 A. I didn't. They never explained what the reaction was.
 6 They couldn't tell me that. They just said she didn't
 7 like it.
 8 Q. This is your evidence, but did you feel that you weren't
 9 getting as much information as you could from the
 10 hospital?
 11 A. I don't think I was. I don't know if that was a case of
 12 the person I was talking to didn't know what the
 13 information was or they didn't want to tell me. I don't
 14 know.
 15 Q. Okay. Was that a nurse or a doctor?
 16 A. It was a nurse.
 17 Q. I want to ask you a few questions about do not
 18 resuscitate. Do you remember attending the hospital on
 19 Saturday, 17 October? I appreciate you're not
 20 necessarily going to remember the dates. I've got the
 21 benefit of your statement in front of me. Did you go in
 22 on your own or were you asked to go in with somebody
 23 else?
 24 A. I think the sister had called me. I think it was on the
 25 Thursday I'd asked to speak to the consultant and

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1 obviously the consultant wasn't there, so they said they
 2 would make arrangements for me to go up and speak to
 3 him, and he wasn't available again until the Saturday,
 4 and they said that the kids could come up with me, my
 5 three kids could come up with me, and have a chat with
 6 the consultant and the sister.
 7 Q. Yet you said that you'd asked to speak to the
 8 consultant. Now, I don't think in your evidence up to
 9 now — you've mainly been getting updates from nurses.
 10 What prompted you to want to speak to the consultant?
 11 A. I wanted further clarification what this reaction was
 12 and how she had actually reacted because nobody could
 13 seem to tell me exactly what had happened.
 14 Q. How did you know who the consultant was or did you just
 15 assume that your wife had a consultant?
 16 A. Well, I know most patients have got a consultant. When
 17 I was up seeing her, I remember there was — I know the
 18 consultant's name. It was above the —
 19 Q. Please don't say it.
 20 A. No. It was above the bed on a kind of wee chart, what
 21 the consultant's name was.
 22 Q. So you went up, and did you go up with one of your
 23 children?
 24 A. My three children accompanied me on the Saturday, yeah.
 25 Q. Okay. And did you speak to the consultant?

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1 A. Yes, I spoke — I was taken into a room with
 2 a consultant, the sister and my three children.
 3 Q. Okay. And what were you told?
 4 A. Basically, they still didn't really tell me what had
 5 happened on the Thursday. They told me that Debbie was
 6 in a place that nobody had come back from in that
 7 hospital, and they just said to me that she was young
 8 and healthy — well, she was relatively healthy, she was
 9 young, fit and they weren't going to give up, they were
 10 going to keep fighting, but there had to be
 11 a conversation about do not resuscitate. They just
 12 asked me what my feelings about that were and I said if
 13 she was suffering in any way and they were only doing —
 14 going to bring her back to prolong her agony, I didn't
 15 want her to suffer. So I told him I'd have to have
 16 a think about it and just make the decision myself what
 17 to do.
 18 I just came to the conclusion that if they could
 19 bring her back, if there was a — if she took — if she
 20 needed CPR and they were going to bring her back and
 21 felt she was still going to be okay, I was happy for
 22 them to do it, but if they felt that it was just going
 23 to prolong the agony and she was going to suffer in any
 24 way, I didn't want Debbie to suffer.
 25 Q. Okay, and I think you've explained that clearly in

35

1 paragraph 90 of your statement. Can I ask, when they
 2 said, "What were your feelings about DNR?", did they
 3 explain what it meant? Did they go through it or
 4 did they assume that you knew what that meant?
 5 A. They kind of — I think they kind of assumed I knew what
 6 it meant. They gave me a kind of wee running commentary
 7 about sometimes it would bring a lot more trauma to the
 8 body, a patient's body, trying to bring them back.
 9 There could be broken bones and things like that,
 10 depending on how much they would try to bring them back,
 11 so there could be trauma to the patient and they did
 12 explain that to me.
 13 Q. The following day, which was I think 18 October, did you
 14 phone the hospital that morning?
 15 A. Yeah.
 16 Q. Do you remember why you phoned? Was it for an update
 17 or —
 18 A. Yeah. After I'd spoken to the consultant and the nurse
 19 on the Saturday, I chanced my arm and said, "Can I get
 20 in to see her?". The consultant said, "It's up to the
 21 sister". The sister said, "If it was my mum and my
 22 sister and my partner, I would certainly want to go in
 23 beside them". So basically the sister said that myself
 24 and my daughter, because we'd both had COVID recently,
 25 we could go in and sit with Debbie for a short time. So

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1 that was about maybe 3 o'clock, but we actually stayed
 2 till about midnight on the Saturday. So on the Sunday,
 3 when I called again to see if there had been any updates
 4 or anything, I basically asked if I could come back up
 5 and see Debbie. It was the same sister that was on at
 6 that time and she says, "Yes, just come back up", so
 7 myself and Demi went back up again, and we went in and
 8 we sat with Debbie again until about 7.00 pm, when we
 9 were asked to leave.
 10 Q. So you went in twice on the 18th?
 11 A. On the 18th I went in --- sorry, no, just the once on
 12 the 18th.
 13 Q. And you said that --- I just want to clarify a point.
 14 You said that you and your daughter could go in because
 15 you had both had COVID; is that correct?
 16 A. Yeah.
 17 Q. What did you understand by that statement?
 18 A. I just understood that, because we had both had COVID
 19 very recently --- at that time they said you couldn't
 20 really catch it again --- but at that time --- I know
 21 there is a kind of period afterwards when you're
 22 susceptible to it again, but it gives you some sort of
 23 immunity for a short period of time.
 24 Q. That's slightly different --- having an immunity for
 25 a period of time afterwards is slightly different from,

1 "You can never catch it twice". When you were giving
 2 your evidence earlier and you said that your wife had
 3 been told by a doctor that you couldn't catch it twice,
 4 did you understand that to mean that you just couldn't
 5 catch it twice, it was a once in a lifetime thing ---
 6 A. At that time --- sorry --- I didn't mean to cut you off
 7 there. Sorry.
 8 Q. No, no, that's quite all right.
 9 A. At that time, that's what I took that to mean. Well,
 10 again, we didn't know a lot about it but the doctor
 11 seemed to be relatively confident that once you had it,
 12 you couldn't get it again.
 13 Q. I think this takes us up to the day that your wife
 14 passed, so I'm going to have you to ask you some
 15 difficult questions.
 16 A. That's all right.
 17 Q. Did you receive a call from the hospital that day?
 18 A. It was actually in the evening. We'd been up, as I say,
 19 till about 7.00 pm and we'd been asked to leave because
 20 the shifts were changing, so we went back home. I was
 21 in the house myself. Demi went up to her boyfriend's
 22 house. I got a call --- I would imagine it would be
 23 about --- it must have been about back of 9.00,
 24 10 o'clock in the evening, just that --- basically there
 25 was a nurse and she basically said, "You need to come

1 back up to the hospital. Debbie is not going to
 2 survive". That was the words she used.
 3 Q. You went up to the hospital. Did you go up alone or
 4 did you go with anyone else?
 5 A. No, I asked if I could bring the kids up, and they said,
 6 "Yeah, that's fine". So I phoned Demi --- I was
 7 intending to drive myself but I think I went into a wee
 8 bit of shock. So I phoned Demi. Demi come back home.
 9 Peter and Paul made their own way up --- that's my two
 10 sons --- they made their own way up and Demi drove me up
 11 in my car.
 12 Q. Your children all live locally, do they?
 13 A. They live five minutes within each other.
 14 Q. Did you say it was three children?
 15 A. Three children.
 16 Q. Three children and four grandchildren, sorry. The three
 17 children all went up to the hospital?
 18 A. Yes.
 19 Q. Okay.
 20 When you got to the hospital, did you speak to
 21 somebody before you saw your wife?
 22 A. I spoke to the sister and the nurses because --- again,
 23 I asked if we could go in. They said "Yeah" and they
 24 were giving us all the PPE to put on --- they were
 25 actually --- they were putting it on me. I just couldn't

1 believe it was happening. I asked to speak to the
 2 consultant but he wasn't there at that time. He was
 3 going to make his way round. He wanted to come and
 4 speak to us anyway. So I never actually spoke to him,
 5 I don't think, until I was actually back in the room
 6 with Debbie.
 7 Q. Okay. I think we see you did speak to the consultant
 8 later certainly because we see that at paragraph 101 and
 9 you say that the consultant said he was very sorry and
 10 that they were going to turn the machines down. They
 11 weren't going to turn them off, just turn them down, and
 12 that's what they did. Do you want to tell us --- I could
 13 read on if it's difficult, but do you want to tell us in
 14 your own words what you said to the consultant?
 15 A. I asked him if he could ---
 16 Q. I'll read on.
 17 A. Okay. Thank you.
 18 Q. We see at paragraph 102 that:
 19 "We both asked if they could keep them on another
 20 day to see if Debbie would come through it and they said
 21 no. I thought at that point that the reason they had
 22 asked us to leave earlier that evening was to turn the
 23 machines down and see what would happen and I think they
 24 knew then that there wasn't going to be any way back for
 25 her."

1 Sorry, I appreciate this is difficult .
 2 A. That's fine. It's okay.
 3 Q. In terms of -- I think you said you went in with Demi
 4 and your two sons arrived separately.
 5 A. Yes.
 6 Q. Were you able to get into the room with your wife?
 7 A. Yeah, me and Demi got back in the room again with my
 8 wife.
 9 Q. And, again, we see that you say that, you know, that
 10 gave you the opportunity to say goodbye, but your sons,
 11 did they get into the room with your wife?
 12 A. No.
 13 Q. Can you tell us -- I can read it, but if you --
 14 A. No, I'll tell you. Because I found something out about
 15 it recently.
 16 Q. -- if you're feeling strong enough to tell us.
 17 A. Paul and Peter couldn't get in the room because they'd
 18 never had COVID so they had to stay -- a kind of view
 19 from outside the -- and through the kind of glass window
 20 again within the ward. So I added a bit to the end of
 21 my statement which I'll tell you just now because
 22 I didn't really know this till -- I asked my kids to
 23 check through my statement which I'd given to the
 24 Inquiry because my memory is not the best after I had
 25 COVID.

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1 I didn't know till that day that -- Paul, my oldest
 2 son, is partially sighted, so his vision is not great,
 3 and I didn't understand it, but they were standing
 4 outside, Paul couldn't see what was happening, Peter had
 5 to describe his mum passing away to Paul, and I thought
 6 that was horrible. And I -- they didn't tell me because
 7 they knew I would be upset, and I was upset when I heard
 8 that, but I just felt that was just so horrible for two
 9 boys to go through that. Losing their mum is bad
 10 enough, but having to describe, one son to the other,
 11 that she's going and how she's going away must have been
 12 horrendous for him -- for them both.
 13 Q. Sorry to --
 14 A. It's okay.
 15 Q. -- belabour this point. You said that Peter couldn't go
 16 in because he'd never had COVID. Who said that to him?
 17 A. It was the staff again. Peter and Paul couldn't go in
 18 because they didn't have COVID.
 19 Q. Because he didn't have or because he'd never had it?
 20 A. They'd never had it. They'd never had COVID.
 21 Q. You've mentioned -- you've obviously given us your
 22 evidence in relation to it. On behalf of your sons,
 23 do you want to tell us -- we're not going to hear from
 24 your sons, but if you want to tell us how they felt
 25 about that, I'm sure that's something that the

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1 Inquiry --
 2 A. Paul said -- as I say, I never found this out until
 3 quite a few weeks back -- Paul said it was the most
 4 horrible thing in the world because, as I say, he was
 5 partially sighted, he couldn't see his mum. Because the
 6 coffin was closed at the funeral parlour because we
 7 couldn't bring her home because of COVID, he would never
 8 get to see his mum again and he just -- he said it was
 9 horrible, sitting there knowing she was dying,
 10 "I couldn't see her and I was literally 6 feet away from
 11 her and I would never see her again", and Peter was
 12 just -- he was just glad that me and Demi had actually
 13 got in to actually be there with her. He took a bit of
 14 comfort from that. But I just felt so bad for the two
 15 of them when they told me that last -- quite a few weeks
 16 back.
 17 Q. Paragraphs 110 to 114, you tell us about arranging the
 18 funeral and so forth. We have that evidence before us,
 19 but I just wonder, is there anything in particular about
 20 the funeral you would wish to emphasise before the
 21 Inquiry or should we just take it as it is read --
 22 A. The funeral was just a horrible time. Obviously it's
 23 not a nice time for anybody, but we a' had this with
 24 COVID, we couldn't gie people the send-off they
 25 deserved. People couldnae pay their respects the way

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1 they wanted to. We were only allowed 20 people in the
 2 chapel, but my parish priest kind of let the four kids
 3 in as an extra and he live-streamed it. She had loads
 4 of friends, Debbie, and they live-streamed it outside
 5 and played it through the speakers because there was
 6 loads of people turned up outside and then -- at the
 7 cemetery, and they did a guard of honour for her, the
 8 Fire Brigade. She worked there for 25 year and they
 9 couldn't even -- they were gutted that they couldn't
 10 come to the funeral either, but it was only 20 people
 11 and it had to be close family.
 12 Q. We see that at paragraph 113 that Debbie got a guard of
 13 honour at the fire station. She'd worked there for
 14 25 years. They brought everyone out as they couldn't
 15 go.
 16 At a later date, did you make a complaint to the
 17 hospital?
 18 A. I didnae make a complaint. What I'd done was -- I still
 19 wasn't convinced that Debbie hadn't signed herself out
 20 because I couldn't believe that they let somebody home
 21 with COVID after -- especially after what the nurses and
 22 that had told me following on from her being let home,
 23 so --
 24 Q. Sorry to interrupt you, but when you say "sign herself
 25 out", this is -- we're going right back to when she went

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1 in originally --
 2 A. Yes, the first admission.
 3 Q. So this is when she's been discharged after having COVID
 4 potentially for just a couple of days --
 5 A. Yeah.
 6 Q. -- and that's at the point where, when she was
 7 discharged, she was told, "You can't catch it twice"?
 8 A. Yeah.
 9 Q. Is that -- sorry, I didn't mean to cut across you.
 10 A. No, no, the only reason I asked for the records was
 11 because I was trying to convince myself that she hadn't
 12 signed herself out. But it was -- I still didnae
 13 believe that they would have let her home, especially
 14 when I'd seen how bad she became after being at home for
 15 three days, and if they'd -- the nurses that attended
 16 her the second -- they seemed to know more than the
 17 actual consultant that made the call for her to be
 18 actually let home initially.
 19 Q. And what was the outcome of that complaint?
 20 A. Basically I wrote an email to patient affairs in
 21 Hairmyres with six or seven questions. The biggest one
 22 was if Debbie had remained in hospital on the initial
 23 admittance, I feel her oxygen levels could have been
 24 maintained better, to a better degree, and they come
 25 back with -- they basically said, "It wouldn't have

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1 mattered if she'd been in the hospital or if she'd been
 2 at home". And I took from that, and speaking to my
 3 children, we took from that that the hospital just sent
 4 her home to die.
 5 Q. Sorry, somebody coughed there.
 6 A. We took from that that the hospital just sent her home
 7 to die because if they says it wasnae going to be any --
 8 it widnae have been any better if she stayed in
 9 hospital, they must have just sent her home to die then.
 10 Q. We see at paragraph 118 you say:
 11 "The hospitals at that time weren't too busy and
 12 there were maybe a dozen rooms and there were only
 13 people in five of them. There were only about 10 covid
 14 patients in total."
 15 A. That's correct.
 16 Q. How did you know that?
 17 A. Because I had to walk through the ward -- I would see
 18 the COVID rooms as I walked through the ward when I was
 19 actually going to visit Debbie.
 20 Q. When you made that complaint, was that shortly after
 21 your wife's death?
 22 A. Yeah, yeah.
 23 Q. How do you feel now? Do you still feel --
 24 A. I still feel that if Debbie had remained in that
 25 hospital, she would have had a better chance -- I'm not

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1 saying she definitely would have been here but she would
 2 have had a better chance. If you're in a hospital, they
 3 kind of tend to you and maintain your oxygen levels and
 4 get your oxygen levels back up without having to
 5 ventilate you. I think that would have given her a much
 6 better chance of her still being here at this moment in
 7 time.
 8 Q. Your statement then goes on to deal with the impact that
 9 it's had on you. I don't know if reading -- if you feel
 10 strong enough, I would ask you to read paragraphs 120
 11 and 121, please.
 12 A. Hmm--hmm. Paragraph 120:
 13 "I feel as if I have been robbed, as if somebody has
 14 cut a bit of my body away ... a big part of my life has
 15 been ripped out [and I'll never replace it]. I feel ...
 16 something is missing from my very soul.
 17 "121. My kids and my grandkids have been denied the
 18 love and affection of a truly dotting mum and gran, my
 19 extended family, including the in-laws, reminisce about
 20 Debbie if I attend family gatherings and it breaks my
 21 heart how much they miss her too."
 22 Q. I think is it right that you've required counselling?
 23 A. Yes, I've had some counselling, yes.
 24 Q. Is that for grief?
 25 A. Yeah.

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1 Q. In terms of the "Lessons to be Learned" -- your
 2 statement deals with this at paragraphs 127 to 129 --
 3 you tell us your views, essentially in closing the
 4 borders too late and loosening the shielding rules. You
 5 think that perhaps contributed to, I suppose, an
 6 environment where your wife contracted COVID?
 7 A. Yes. I mean, to kind of expand on that, I do think if
 8 they'd closed the borders, we could have controlled the
 9 spread of the infection and this virus -- just closing
 10 these borders earlier.
 11 Q. When you say "the borders", because obviously there was
 12 different restrictions at different times, are you
 13 talking initially -- are you talking international
 14 borders -- and it might be both -- or are you talking
 15 about there was restrictions geographically between the
 16 local authorities?
 17 A. I mean international borders. We're an island. We had
 18 a great chance, a fantastic chance, of negating the
 19 spread of this virus, and we threw it away just because
 20 the UK Government decided that the economy was more
 21 important than people's lives. And they, in my view, in
 22 my opinion, took the view that they could let this virus
 23 rip through the UK and we would then develop some sort
 24 of herd immunity, which, just looking across at Italy
 25 and Spain and things like that, they knew it was

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1 impossible but they thought that they knew better than
 2 everybody else.

3 Q. And the other point I think you make is that in terms
 4 of, I believe, the ending of the shielding, allowing
 5 people to travel outside the UK and eat out were three
 6 huge factors in Debbie's death. So am I correct in
 7 understanding that you think further restrictions should
 8 have remained in place for longer in 2020? Is that ...?

9 A. Yes, I think to me — well, if they were gonna decide to
 10 end shielding — obviously this is my personal case —
 11 if they were gonna decide to end shielding, why do that
 12 when you're allowing international travel to resume,
 13 when this Eat Out to Help Out scheme was up and running,
 14 when schools and universities and nurseries in Scotland
 15 are all returning? So to me you're creating a big
 16 melting pot. The virus would have loved that. You can
 17 see if you look at the data, that's when the virus
 18 started spiking again. I know through kind of
 19 researching and being involved in the
 20 Scottish Covid Bereaved group that the virus was maybe
 21 not kind of totally obliterated in the summer of 2020 in
 22 Scotland anyway, but it was relatively kind of
 23 minimising so the cases were kind of relatively low.
 24 But as you look at the data, August/September, all this
 25 happened; September/October, the numbers started

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1 spiking, sky—rocketing, again.

2 Q. Thank you. And your hopes for the Inquiry are dealt
 3 with at paragraphs 130 and 131. I wonder if you're fine
 4 just reading paragraphs 130 and 131 for the Inquiry
 5 please.

6 A. Yes, sure.

7 "I [do] want the Covid Inquiry to find out what we
 8 could have done better but I [do] want people to be
 9 accountable too [and I mean truly accountable because]
 10 we have people in charge of our lives that we obey all
 11 the rules for, we try our best for, and we know people
 12 aren't perfect, [but all humans] make mistakes, but
 13 sorry is [an] easy ... word to say but it is a [very]
 14 hard word to mean.

15 "[But] I want people to feel accountable and the
 16 people who made these decisions to be accountable and to
 17 feel the impact that it has had on all our lives. The
 18 pain that we have all went through [and are still going
 19 through and] I just want people to [see how and] realise
 20 how hard [this] has hit us [and the bereaved families]."

21 Q. Thank you. You also go on in 132 and 133 and you
 22 mention your comments in relation to the UK Government
 23 and the Scottish Government. I'll not ask you to read
 24 those unless you have any burning desire to do so, but
 25 the Inquiry has obviously your evidence today and has

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1 the evidence which you've helpfully and carefully
 2 considered and put in a statement for the Inquiry, which
 3 will all be taken into account when the Inquiry is
 4 considering all evidence. Is there anything further you
 5 would like to say to the Inquiry today that you think
 6 might be relevant that would help the Inquiry in the
 7 deliberations in relation to assessing the evidence and
 8 making recommendations?

9 A. I don't know if I can say anything that will help the
 10 Inquiry in any way. I can just tell you what happened
 11 to me and my family and Debbie.

12 Q. Well, that's what everyone is telling us, and those are
 13 all essential pieces in the jigsaw, and once all the
 14 pieces are in, that's when his Lordship and the rest of
 15 the Inquiry team can consider that fully. But I have no
 16 further questions for you. I would just like to thank
 17 you obviously for your time today, not just your time
 18 today but obviously your time and effort in putting
 19 together such a comprehensive statement.

20 A. Thank you.

21 THE CHAIR: Likewise, the Inquiry is very grateful,
 22 Mr McMahon. Good.

23 MR DUNLOP: Sorry, I'm slightly early.

24 THE CHAIR: You don't need to apologise for things like
 25 that. We've got another witness.

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1 MR DUNLOP: Yes.

2 THE CHAIR: It's a lady. If she's available, we could start
 3 again at 11.15, but we'll have to make sure she's
 4 available obviously.

5 MR DUNLOP: I expect her evidence — it's a briefer
 6 statement so her evidence may only take an hour as well,
 7 but I just — it may be an early lunch.

8 THE CHAIR: That's not a problem. Well, again, if you think
 9 that's a realistic possibility — we're due to start at
 10 1.45. If it was possible to start this afternoon's
 11 witness, who Mr Gale is going to lead, at 1.30, we could
 12 see if we could start her at 1.30 rather than 1.45.

13 We're a little bit in the dark. We'll see if we're
 14 back at 11.15 — I hope we are — and we may well be
 15 back in time for a start at 1.30, but we'll keep you
 16 posted. Thank you very much.

17 (11.02 am)

18 (A short break)

19 (11.32 am)

20 THE CHAIR: Welcome back. Mr Dunlop.

21 MR DUNLOP: Thank you, my Lord. The second witness this
 22 morning is Ms Menzies and she's here.

23 MISS LIANNE MENZIES (called)

24 THE CHAIR: Good morning.

25 A. Good morning.

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1 THE CHAIR: Please take a seat. Make yourself as
2 comfortable as you can be. You'll be asked some
3 questions by Mr Dunlop.
4 Questions by MR DUNLOP
5 MR DUNLOP: Good morning. I wonder if you could provide the
6 Inquiry with your full name please.
7 A. It's Lianne Duffy Menzies.
8 Q. Can I remind you when you're giving your evidence today
9 not to mention — to use any people's names with the
10 exception of your husband, Jamie, who obviously there
11 has been a restriction order but it has been lifted
12 insofar as it relates to him.
13 Helpfully you've provided the Inquiry with
14 a statement. Does that statement include all the
15 evidence that you want to give today, to be supplemented
16 by your oral evidence obviously?
17 A. Yeah.
18 Q. And that statement, that includes your contact details
19 I think and your date of birth?
20 A. Yeah.
21 Q. You're here today to give evidence about your late
22 husband. That's correct, isn't it?
23 A. Yep.
24 Q. What was his full name?
25 A. James Campbell McMorran.

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1 Q. I think you call him —
2 A. "Jamie".
3 Q. Can you tell us the date on which your husband passed
4 away?
5 A. 8 April 2020.
6 Q. And the cause of death was COVID?
7 A. COVID.
8 Q. I'll ask you later this morning about the day you got
9 married, but presently can I just ask how long you were
10 together with your husband?
11 A. 18 years.
12 Q. Again, without naming him, do you share any children
13 with your husband?
14 A. Yeah.
15 Q. How many?
16 A. I've got one son that's both ours and my daughter is his
17 step-daughter.
18 Q. What ages are they now?
19 A. 17 and 25.
20 Q. Can you tell me, did your husband suffer from any
21 pre-existing illnesses or vulnerabilities in 2020?
22 A. Yep.
23 Q. Can you tell us what those were?
24 A. He was diagnosed in 2019 with myeloma — multiple
25 myeloma.

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1 Q. I want you to think back to February 2020, so
2 immediately before the — certainly before the lockdown.
3 We see at paragraph 17 of your statement that your
4 husband required to attend an appointment at Wishaw
5 General Hospital.
6 A. Yes.
7 Q. What was that appointment in relation to?
8 A. It was for his cancer treatment. It's
9 a pre-appointment. You went on a Monday, you get
10 results, blood results, and then he'd seen the
11 consultant.
12 Q. Can you maybe tell us a bit more about the cancer he was
13 suffering from at the time?
14 A. As in what type of cancer it was?
15 Q. What type of cancer and when did it start, what were the
16 symptoms, how did it come about.
17 A. It started in October in 2018. We were on holiday and
18 he went down a waterslide and broke his rib on his right
19 side and after that lots of different things were
20 happening on his right side, a bit of hip pain, broken
21 ribs, Christmas Day he was saying that he'd broken his
22 back, and then the January I'd got just about fed up of
23 everything happening, so I took him to hospital and they
24 discovered an abnormality, and the abnormality was then
25 discovered it was blood cancer.

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1 Q. And how was that treated?
2 A. Chemotherapy, immunotherapy. In March 2020 he even went
3 into hospital to have total body irradiation.
4 Q. I'll come to that. Essentially he was still suffering
5 from blood cancer —
6 A. Yes.
7 Q. — and he was still being treated at the outbreak of the
8 pandemic?
9 A. Yeah.
10 Q. In terms of the blood cancer, can you tell us what age
11 was he at that time?
12 A. That he was diagnosed?
13 Q. In 2020, in March 2020.
14 A. 37.
15 Q. Was that his only underlying vulnerability, if you like?
16 A. No, he had diabetes due to the steroids because of the
17 treatment for the blood cancer.
18 Q. So the diabetes was as a result of the treatment he was
19 receiving for the cancer?
20 A. Yep.
21 Q. So he's suffering from blood cancer and he's suffering
22 from diabetes. Were those the two vulnerabilities that
23 he had —
24 A. Yep.
25 Q. — in March 2020? I think what you were saying to us is

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1 that he was still receiving treatment in early 2020 for
 2 his cancer —
 3 A. Hmm—hmm.
 4 Q. — and we'll discuss that as we go on.
 5 A. Yeah.
 6 Q. Thank you.
 7 We're at paragraph 17 of your statement and you said
 8 that your husband had required to attend an appointment
 9 at Wishaw General Hospital.
 10 A. Hmm—hmm.
 11 Q. We also see the outcome of that, that he was sent to
 12 St Andrew's Hospice for pain management; is that
 13 correct?
 14 A. That's correct.
 15 Q. That's all unrelated to COVID at this point?
 16 A. Yeah, all unrelated.
 17 Q. Then he was referred — we see this at paragraph 18 —
 18 he was referred to Monklands Hospital.
 19 A. Hmm—hmm.
 20 Q. How long did he stay in Monklands Hospital, do you
 21 remember?
 22 A. He was in there for a fortnight.
 23 Q. A fortnight. What kind of treatment was he receiving in
 24 Monklands?
 25 A. Immunotherapy and waiting to go for his total body

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1 irradiation .
 2 Q. At that time we're still in February 2020.
 3 A. Hmm—hmm.
 4 Q. Was COVID even in your mind at that point?
 5 A. Yeah.
 6 Q. It was?
 7 A. It was in mind.
 8 Q. Was it in his mind as well?
 9 A. No, because he was quite delirious with pain and drugs
 10 and stuff. He knew it was there. He didn't know very
 11 much about it.
 12 Q. During this period in February you said you were
 13 concerned about it, and were you concerned about it
 14 because of your husband's underlying health conditions?
 15 A. Yeah.
 16 Q. Did that make you more aware of what was going on in the
 17 hospital in terms of hygiene and masks and so forth?
 18 A. Yeah.
 19 Q. It did?
 20 A. Yeah.
 21 Q. What did you observe — we'll use Monklands Hospital.
 22 He was in there for two weeks?
 23 A. Yeah.
 24 Q. Did you observe any use of PPE?
 25 A. No.

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1 Q. What about use of hand gel?
 2 A. They used the hand sanitiser outside the room before
 3 they entered the room. There was no aprons and there
 4 was no gloves.
 5 Q. When you say "entered the room", when your husband was
 6 in Monklands Hospital, did he have his own single room
 7 then?
 8 A. Yeah.
 9 Q. He did?
 10 A. He did.
 11 Q. During that period — is this late February?
 12 A. Yeah.
 13 Q. Late February. Running into March or not?
 14 A. Yeah.
 15 Q. Running into March — were you visiting regularly?
 16 A. Yeah, every day.
 17 Q. And how was he generally? I appreciate he was there
 18 for — he was getting his immunotherapy and —
 19 A. He was all right, just in a lot of pain.
 20 Q. I'll go — he was transferred to Queen Elizabeth
 21 Hospital in March.
 22 A. Hmm—hmm.
 23 Q. Was that a seamless transfer, and I mean by that was he
 24 in Monklands and then went to Queen Elizabeth or did he
 25 get home for a point in time?

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1 A. No, he went straight to Queen Elizabeth.
 2 Q. I think we see in your statement at paragraph 19 that he
 3 was transferred to Queen Elizabeth — sorry,
 4 paragraph 20 — he was transferred to Queen Elizabeth on
 5 12 March 2020.
 6 A. Yeah.
 7 Q. So he'd already been in Monklands Hospital for a couple
 8 of weeks?
 9 A. Yeah.
 10 Q. And then went straight to Queen Elizabeth Hospital.
 11 A. Yeah.
 12 Q. By that point in March, do you know if there was any
 13 COVID testing being carried out?
 14 A. Not on 12 March when he was transferred to
 15 Queen Elizabeth. He didn't have to have a test for
 16 that.
 17 Q. And it may come later in your evidence —
 18 A. Yeah.
 19 Q. — but I'll maybe just jump forward. You were probably
 20 about to say that he did get a test at some point.
 21 A. Yeah.
 22 Q. What was the first test, do you remember?
 23 A. 14 March. He was to be transferred from the
 24 Queen Elizabeth to Gartnavel because he had to go to the
 25 Beatson Centre the next morning to get his total body

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1 irradiation .
 2 Q. We'll just go through it chronologically . So he's been
 3 in Monklands Hospital for approximately two weeks?
 4 A. Yeah.
 5 Q. Could it possibly have been more if he was there
 6 in February and he was transferring on 12 March to --
 7 A. It could have been a wee bit more.
 8 Q. A bit longer. And he's transferring to Queen Elizabeth
 9 Hospital and you've gone on to explain that he got
 10 further transferred .
 11 A. Yeah.
 12 Q. Why was he going to Queen Elizabeth Hospital, do you
 13 know?
 14 A. To go to the transplant ward because he was receiving
 15 his stem cells after his irradiation .
 16 Q. And this is all again connected with his blood cancer?
 17 A. Yeah.
 18 Q. Again, did you visit him at Queen Elizabeth Hospital?
 19 A. Yeah.
 20 Q. And that would be between the period 12 March and
 21 14 March. And what did you observe in terms of any
 22 masks or personal protective equipment? Did you observe
 23 anything?
 24 A. There was -- at Queen Elizabeth you still had to
 25 sanitise outside the room and you had to put an apron on

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1 to enter the room.
 2 Q. What did the apron cover?
 3 A. Just your front.
 4 Q. So a bit like an apron -- the same kind of apron that
 5 one might cook in?
 6 A. Yeah, yeah.
 7 Q. The hand sanitisation -- have you visited hospitals --
 8 I think you probably have visited hospitals over the
 9 past -- was it the same kind of level of hand
 10 sanitisation that you could have expected in 2018?
 11 A. Yeah.
 12 Q. There wasn't anything that changed from 2018 to 2020?
 13 A. No, nothing.
 14 Q. Just the -- I'll say the conventional, "Keep your hands
 15 clean".
 16 So he was in Queen Elizabeth and I think you went on
 17 to say that he got moved to Gartnavel, and that was
 18 obviously to get treated at the Beatson?
 19 A. Yeah.
 20 Q. And I think that's a cancer unit that's immediately
 21 beside the Gartnavel in the west end of Glasgow. You
 22 visited him obviously at the Queen Elizabeth.
 23 A. Yeah.
 24 Q. When he went into Gartnavel, were you able to visit?
 25 A. No, I wasn't allowed to go anywhere near it.

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1 Q. Why was that?
 2 A. I wasn't told. I was just told I wasn't allowed to go.
 3 I think because he was having irradiation the next day
 4 as well, I wouldn't have been able to go in with him.
 5 I don't know if that was the reason, but I was told
 6 I wasn't to go to Gartnavel at all .
 7 Q. Do you know if he got a COVID test when he went into
 8 Gartnavel?
 9 A. No, he didn't have one.
 10 Q. He didn't have one?
 11 A. He got one the night before he arrived and the next day
 12 he was transferred from the Beatson straight back to the
 13 Queen Elizabeth.
 14 Q. Sorry, you said he got one the night before, so did he
 15 get one --
 16 A. He got one on the 14th, he got the TBI on the 15th and
 17 he was sent back -- oh, sorry, the 15th he got sent to
 18 Gartnavel when the COVID test came back as negative and
 19 the 16th he was in getting his TBI and he was
 20 transferred back on the 16th.
 21 Q. Transferred back to ...?
 22 A. Queen Elizabeth.
 23 Q. Queen Elizabeth.
 24 A. Yeah.
 25 Q. Just so we're clear, he was in Queen Elizabeth, he

63

1 transferred to Gartnavel. He was only in Gartnavel for
 2 one night -- is that correct?
 3 A. Yeah, overnight.
 4 Q. -- one night, to get his TBI, and then he was
 5 transferred back to Queen Elizabeth?
 6 A. Yeah.
 7 Q. He got one COVID test which was negative during that
 8 two-day period?
 9 A. Yeah.
 10 Q. And you'd mentioned the Beatson. Was he resident within
 11 the Gartnavel but going to the Beatson for treatment?
 12 A. Yeah, he stayed in Gartnavel overnight but then went
 13 over to the Beatson --
 14 Q. During the day?
 15 A. -- during the day and then went back to the Beatson
 16 before he was transported back to Queen Elizabeth.
 17 Q. Right. So his bed was essentially in Gartnavel --
 18 A. In Gartnavel.
 19 Q. -- but essentially he was being treated within the
 20 Beatson West of Scotland Cancer Centre, I think it's
 21 called .
 22 A. Yeah.
 23 Q. Now, you said you weren't allowed to visit him in
 24 Gartnavel.
 25 A. Hmm--hmm.

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1 Q. Did you later discover something that you think could be
2 relevant to the reason that you weren't allowed to visit
3 him?
4 A. Yeah.
5 Q. And what did you discover and when?
6 A. One of the health ministers on the news, about a month
7 later, had said that during the period of the beginning
8 of March to the middle of April, Gartnavel was rife with
9 COVID.
10 Q. I think as it's a health minister -- and you've done
11 very well not to name -- I think --
12 A. Yeah. I don't know who it was. I couldn't have said
13 the name anyway.
14 Q. I probably couldn't have told you myself, so thank you.
15 When you heard that news, what did that make you
16 think?
17 A. I was angry.
18 Q. Had they told you when you couldn't visit Gartnavel
19 during that kind of 48-hour period in the middle
20 of March -- sorry, you may have answered this earlier,
21 but if you have, I apologise.
22 A. That's all right.
23 Q. They obviously hadn't mentioned COVID to you?
24 A. No.
25 Q. But did they say -- I think you said you thought it was

65

1 because of the treatment --
2 A. Yeah.
3 Q. -- but did anyone actually say why you couldn't --
4 A. No --
5 Q. Nobody told you why you couldn't --
6 A. -- I was never given an answer, no.
7 Q. Right.
8 And he was referred back to the Queen Elizabeth?
9 A. Hmm--hmm.
10 Q. What was the purpose of him going back to the
11 Queen Elizabeth?
12 A. Because he'd had his treatment at the Beatson and the
13 next morning he was having his stem cells re-introduced.
14 Q. Okay. Sorry, I'm doing exactly what I shouldn't be.
15 Can I ask, you weren't allowed to visit him in
16 Gartnavel?
17 A. No.
18 Q. Were you allowed to keep in contact by phone? Could you
19 contact him --
20 A. I could contact him by phone, and when he came back from
21 Gartnavel to the Queen Elizabeth I was sat waiting on
22 him coming back to the hospital.
23 Q. Sat waiting for him?
24 A. In the foyer.
25 Q. Of ...?

66

1 A. Queen Elizabeth.
2 Q. Queen Elizabeth.
3 A. Yeah.
4 Q. We see at paragraph 26 that you say that your husband's
5 stem cell treatment was successful and he was
6 transferred back to Queen Elizabeth. We see in
7 paragraph 27 of your statement -- this was on
8 17 March -- in terms of visiting, which we've been
9 talking about, you say in paragraph 27 of your statement
10 that only one visitor was allowed into the
11 Queen Elizabeth Hospital.
12 A. Yeah.
13 Q. Can you help me? Does that mean one visitor at a time
14 or was there one nominated visitor and that had to be
15 the same visitor for --
16 A. No, it didn't have to be the same visitor going forward.
17 It had to be the same visitor that day.
18 Q. Right.
19 A. You couldn't like go in for two hours and then have
20 somebody else come in. You had to be there all that
21 time. It could be different people but it just had to
22 be one per day.
23 Q. So one day it could be a wife, the next day it could be
24 a daughter, the next day it could be a grandchild and
25 then going back to the following day it could be a wife?

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1 A. Yeah.
2 Q. Okay. Thank you. And in addition to -- sorry. You
3 went back into the Queen -- by this point we're kind of
4 17 March. Remind me how long he was in the
5 Queen Elizabeth Hospital?
6 A. He was in there less than a week.
7 Q. And during that period, so that's 17 up to 25 March --
8 A. Well, he was in there before that.
9 Q. Sorry, yes, I appreciate. But this period -- we're now
10 into the almost lockdown period.
11 A. Lockdown, yeah.
12 Q. So during that period, when he went in initially, was
13 there any -- did you observe anything that was different
14 in terms of sanitation or PPE from what you would expect
15 back in 2019 or 2018?
16 A. No.
17 Q. It was the same?
18 A. Yeah, apart from the pinny.
19 Q. And the apron type, was that in relation -- if you
20 know -- was that in relation to COVID or was that in
21 relation to your husband's particular condition?
22 A. I think it was just in relation to the particular
23 condition because of -- the people on that ward all
24 across were neutropenic, they had no immune system, so
25 I think it's like kind of a barrier protection for that

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1 rather than COVID.
 2 Q. You're not presumably medically qualified --
 3 A. No.
 4 Q. -- I certainly am not, but it's not entirely clear to me
 5 what an apron would prevent. Do you know what it does
 6 prevent?
 7 A. No.
 8 Q. Okay, I'll not press you on that, but there was no masks
 9 used?
 10 A. No.
 11 Q. Okay. Now, during that period, so this period we're
 12 talking about, late March --
 13 A. Yeah.
 14 Q. -- when your husband was in the hospital,
 15 Queen Elizabeth Hospital, did anything change in terms
 16 of PPE and sanitisation?
 17 A. No. My son was the last person to go in and visit him
 18 at that hospital because it was down to one visitor, and
 19 he was the same, just the pinny and the hand sanitiser.
 20 Q. No masks?
 21 A. No.
 22 Q. Okay. And the medical staff, do you recall --
 23 A. No.
 24 Q. They weren't wearing masks?
 25 A. No.

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1 Q. By this point your husband has been in hospital for
 2 a month almost?
 3 A. Nearly.
 4 Q. How were his spirits?
 5 A. Low until he got his stem cells and then he kind of
 6 perked up a bit because he knew it was getting better.
 7 Q. Was he expressing any concern about -- was he aware of
 8 COVID?
 9 A. Not really because he didn't have the television or
 10 anything on. He watched movies and stuff so he knew
 11 a bit about it, but nothing major about it, like how
 12 fast it was happening and ...
 13 Q. In late -- well, after 20 March, when you were still
 14 visiting the Queen Elizabeth, it was the normal visiting
 15 regime, visiting hours and so forth?
 16 A. Yeah.
 17 Q. Now, we see in paragraph 29 that your husband was then
 18 transferred to Monklands Hospital.
 19 A. Hmm--hmm.
 20 Q. Do you know if he was tested before he was transferred
 21 back?
 22 A. No, he wasn't.
 23 Q. Sorry, he wasn't tested or --
 24 A. He wasn't tested for the Queen Elizabeth to go to
 25 Monklands and he certainly wasn't tested from Monklands

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1 to come home.
 2 Q. How long was he in Monklands?
 3 A. He arrived on the Thursday night and he was let out on
 4 the Friday night, so the 20th he was let out.
 5 Q. So that might help to clarify the date.
 6 A. Yeah.
 7 Q. So I think he may not have been in the Queen Elizabeth
 8 quite as long as a week then? It may have just been
 9 a few days --
 10 A. No, just shy of -- yeah, five/six days maybe.
 11 Q. The dates that you've put in your statement, if there's
 12 any of those that are slightly different from your dates
 13 today, are they more likely to be correct?
 14 A. The day that he got -- I know the date that he got his
 15 stem cells was the 17th because it was -- it's called
 16 a "second birthday" and it was my wee cousin's
 17 daughter's birthday, so I know it was St Patrick's Day.
 18 Q. He was in Monklands Hospital and he got out about
 19 the 20th, did you say?
 20 A. The 20th.
 21 Q. Did you visit him when he was in Monklands Hospital?
 22 A. No, because he'd arrived later on on the Thursday night
 23 and I'd waited all day on the Friday because I knew they
 24 were sending him home. I just didn't know when.
 25 Q. And how do you know that he didn't have a COVID test at

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1 Monklands? Did you ask him?
 2 A. I asked him. I asked them.
 3 Q. Oh, did you ask the hospital?
 4 A. Yeah.
 5 Q. And who did you ask and what did they say?
 6 A. I asked the nurse because he was sweating, but that
 7 could be from the radiation, and I asked if they'd done
 8 a COVID test to let him out.
 9 Q. I thought -- maybe I misheard you, but I thought you
 10 didn't visit him in Monklands.
 11 A. I didn't. I picked him up.
 12 Q. You picked him up. So it was when you were picking him
 13 up that you asked the nurse if he'd had a COVID test and
 14 that nurse said he hadn't had a COVID test?
 15 A. No.
 16 Q. So you collected him. How was he when you collected
 17 him?
 18 A. Sweating -- sweating but desperate to get out the
 19 hospital. He'd had enough.
 20 Q. At that point, were you wearing any PPE or were the
 21 medical staff that discharged him wearing any PPE?
 22 A. No, I just sanitised my hands. You couldn't get into
 23 the doors then, they had to open it from inside -- you
 24 had to wait for them to open it and there was the
 25 hand-sanitising. But I didn't actually go into any

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1 rooms. I just -- he was waiting outside his room for me
 2 to pick him up -- like wheel him back out in the
 3 wheelchair.
 4 Q. So when you say that you had to wait for them to open
 5 it, by that point had Monklands instituted --
 6 A. Yes.
 7 Q. -- more rigorous visitation rights?
 8 A. Yes.
 9 Q. Was that because of COVID?
 10 A. Yeah.
 11 Q. Okay. So you had to wait outside. The nurse that
 12 brought -- was he brought outside?
 13 A. No, he was sitting outside his room. I went and wheeled
 14 him from his room out.
 15 Q. And at that point did you observe medical staff and what
 16 they were wearing, whether they were wearing any PPE?
 17 A. The only ones that I did see were sitting behind the
 18 nurses' station so they didn't have PPE on there.
 19 Q. And were you -- when you were -- did the hospital
 20 contact you to ask you to come and collect?
 21 A. Yeah.
 22 Q. Did they say -- did they ask you if you did a COVID test
 23 at that point?
 24 A. No, I don't --
 25 Q. And had you?

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1 A. No, because I don't think that it was people outwith the
 2 hospitals that were being tested. People in the
 3 hospitals weren't being tested so I don't think there
 4 was tests available then for the general public.
 5 Q. And when you collected your husband, did the hospital
 6 give you any, I suppose, instructions as to -- was he to
 7 go to bed for three days? Did they give you anything?
 8 Was there anything kind of ...?
 9 A. Nothing, but then the hospital knew and all the nurses
 10 knew, because he was there for so long, that I was only
 11 going from my house to the hospital and back home. We
 12 weren't going anywhere in between.
 13 Q. And you say at that point -- paragraph 31 -- you say
 14 "the sweat was pouring out of Jamie".
 15 A. Hmm.
 16 Q. And that was not typical of Jamie to --
 17 A. No, no. You could actually -- he had a jumper on, like
 18 a jumper, and you could actually see the sweat under his
 19 arms. He was never like that.
 20 Q. You say at paragraph 32:
 21 "We were in constant communication with the hospital
 22 because of his continued treatment. We discussed Covid
 23 and I was told to monitor his temperature."
 24 A. Yeah, that's when he got home.
 25 Q. Who was it that you spoke to and who told you to monitor

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1 his temperature?
 2 A. His cancer nurse at Wishaw General.
 3 Q. Do you remember when that was roughly?
 4 A. He got out the Friday and this was on the Sunday they
 5 contacted us to find out how he was doing, if he was all
 6 right.
 7 Q. Okay. And you say "We discussed Covid".
 8 A. Yeah.
 9 Q. What was the nature of the conversation?
 10 A. Because he had been sweating and he had a temperature
 11 and stuff, it could have been the radiotherapy that
 12 caused it, but she was leaning more towards that than
 13 COVID, just to make sure it's not COVID, just to keep
 14 a wee out for COVID.
 15 Q. You say leaning towards it more. Was that her
 16 professional opinion or was it --
 17 A. Yeah, because he'd just had it. It's the same symptoms.
 18 You get sore throats, the skin was coming off his throat
 19 and his tongue, his hair was coming out, he was
 20 sweating. It's kind of the same symptoms.
 21 Q. That nurse that you spoke to at Wishaw General, did she
 22 express any opinion on him being discharged?
 23 A. No.
 24 Q. How was his health over the next few days after that
 25 discussion?

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1 A. Well, he wasn't eating. He was drinking quite a bit.
 2 He had a temperature that was uncontrollable sometimes
 3 and then a wee bit back into control but then way off
 4 the scale again.
 5 Q. Was the temperature the main symptom, if you like,
 6 that --
 7 A. The temperature and a sore throat and he had a cough --
 8 like not a cough, just a (indicates) like that, to clear
 9 his throat.
 10 Q. Did you have any testing kits at home?
 11 A. No.
 12 Q. Was he tested for COVID during that period?
 13 A. No.
 14 Q. We see -- I think in paragraph 35 you say that:
 15 "His temperature started to rise and became
 16 uncontrollable. I called the cancer nurse at
 17 Wishaw General ... and she arranged for the district
 18 nurse to take bloods."
 19 A. Yeah.
 20 Q. Was this a different conversation than the one that you
 21 were telling us about earlier?
 22 A. The bloods weren't COVID-related. The bloods were to
 23 find out how the TBI and the stem cells had worked.
 24 Q. Okay. But in terms of -- were you having regular
 25 discussions with the cancer nurse --

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1 A. No.
 2 Q. -- or was there one discussion? If you can't remember,
 3 I appreciate --
 4 A. Twice. Twice.
 5 Q. During one of those conversations, she arranged for the
 6 district nurse to take bloods?
 7 A. Yeah.
 8 Q. Was that because she was concerned with --
 9 A. I don't --
 10 Q. -- his recovery or was that just a standard thing?
 11 A. No, I think it was just the standard for the treatment
 12 that he'd had, to find out if it was working, like light
 13 chains -- has counted it in light chains to find out if
 14 his light chain number had gone down.
 15 Q. It may not be important, but do you know what a light
 16 chain number means?
 17 A. Yeah.
 18 Q. Can you tell us?
 19 A. Yeah. Well the light chains is the way the cancer goes
 20 through your kidneys and it pokes holes in your kidneys,
 21 and when he had his TBI, his light chains were at 6,000
 22 and the lowest he'd ever been with light chains was 254,
 23 so --
 24 Q. Do you want your light chain number to be high or low?
 25 A. You want it to be low. You don't want it to be high.

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1 Q. The low number demonstrates that your kidneys are in
 2 better functioning order?
 3 A. Are better functioning, yeah.
 4 Q. Thank you. Did a nurse come out and take bloods?
 5 A. Yeah, she tried to.
 6 Q. At that time -- do you remember roughly the date? Would
 7 this be late March?
 8 A. Yeah, it was 22 or 23 March.
 9 Q. And what PPE was she wearing, if any?
 10 A. She had a mask, she had gloves and she had an apron on.
 11 Q. Was that not to be expected? Normally, when nurses came
 12 out, if there is a normal --
 13 A. No, they don't usually have that. Maybe because they
 14 were dealing with blood, they would have their gloves
 15 on, but not the mask and the apron.
 16 Q. She took the bloods there in your property, your house?
 17 A. Yeah, she tried to. She couldn't get them.
 18 Q. Why couldn't she get them?
 19 A. Because his veins were collapsed.
 20 Q. We see that she went away then?
 21 A. She went away and she tried to get somebody else to come
 22 in that day, but it didn't happen till the next day.
 23 Q. The next day did another nurse come?
 24 A. Yeah.
 25 Q. And can I ask you about the PPE that that nurse, the

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1 second nurse that came out -- what was he or she
 2 wearing?
 3 A. Well, she had lots of stuff on. She had the apron, she
 4 had the gloves, she had things that come down her arms,
 5 she had a visor on top of her mask.
 6 Q. So was that more than the nurse had been wearing the
 7 first day?
 8 A. Yeah, she had a blue like tear-off thing over her
 9 uniform as well.
 10 Q. And that was just one day later?
 11 A. Yeah.
 12 Q. And what did that nurse do? Did that nurse take bloods?
 13 A. Oh, she got them no problem, yeah.
 14 Q. Presumably they couldn't give you the results there and
 15 then?
 16 A. No.
 17 Q. Did she go away?
 18 A. She took them away.
 19 Q. When the nurse came, was your -- you've talked about
 20 obviously your husband having a high temperature and
 21 sore throat and a cough. Did she discuss anything about
 22 COVID at that point?
 23 A. No. I let her know that he had a temperature and he had
 24 a cough.
 25 Q. Do you know if that was noted down?

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1 A. I don't know. I couldn't tell you.
 2 Q. And did the -- when the nurse left, did she say, "Well,
 3 I'll get back in touch with the results", or did she
 4 recommend anything?
 5 A. No, she just stripped off at the door and put her stuff
 6 into a bin bag.
 7 Q. I think if we look at -- if you can see paragraph 38 on
 8 your screen, it says:
 9 "When we spoke to the cancer nurse again the next
 10 day, Jamie's temperature was between 38 and 40. She
 11 said she would refer Jamie to go into Wishaw General
 12 Hospital because she thought he was showing signs of
 13 Covid."
 14 Is that the nurse that you were talking about?
 15 A. No.
 16 Q. Can you explain, who is the cancer nurse?
 17 A. The cancer nurse is the nurse that dealt with Jamie
 18 every week when he was at treatment.
 19 Q. So did he go into Wishaw General Hospital at some point
 20 after these bloods were taken?
 21 A. Not until the Friday.
 22 Q. Just if you can -- you've obviously spoken to a cancer
 23 nurse.
 24 A. Yeah.
 25 Q. I'm just wondering how that came about.

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1 A. She rang us.
 2 Q. She rang you?
 3 A. Yeah, to find out how Jamie's condition was.
 4 Q. That call was after the bloods had been taken —
 5 A. Yeah.
 6 Q. — but before maybe you'd got the results, was it?
 7 A. No, they weren't back.
 8 Q. They weren't back. So she was phoning, a kind of
 9 routine call —
 10 A. Yeah.
 11 Q. — just to see how Jamie was feeling? Who spoke to her?
 12 Was it you?
 13 A. Me.
 14 Q. It was you who spoke to her?
 15 A. Well, we both did.
 16 Q. Okay. You both spoke to her and you explained that his
 17 temperature was high —
 18 A. Yeah.
 19 Q. — and she said she would prefer Jamie to go into
 20 hospital as she thought he was showing signs of COVID?
 21 A. Yeah.
 22 Q. And how did Jamie feel about going back into hospital?
 23 A. He said "No" —
 24 Q. Okay.
 25 A. — because he'd just — he was just out and he hadn't

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1 even been home a week, so he said he would rather stick
 2 it out to see if it changed.
 3 Q. Did you convey that to the nurse at the time?
 4 A. Yeah.
 5 Q. And what did — is it a "she" or a "he"?
 6 A. She.
 7 Q. What did she say?
 8 A. "Probably safer at home".
 9 Q. Those were her exact words?
 10 A. "Probably safer at home".
 11 Q. What did you understand that to mean?
 12 A. Well, he was vulnerable, so if it was the irradiation
 13 that caused this, then taking him into the hospital
 14 could have caused him to contract COVID. That's what
 15 I took from it.
 16 Q. Did the cancer nurses ever discuss the vulnerability
 17 that your husband would have as a consequence of his
 18 blood cancer?
 19 A. We knew the vulnerability that he had.
 20 Q. But did they reinforce that by telling you about it or
 21 was it just something you knew?
 22 A. I think they knew that I knew — we knew.
 23 Q. Okay. Moving on to this, was the next couple of days —
 24 how was your husband's health?
 25 A. Not great, but highs and lows. One minute he would be

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1 all right and he would be wanting to watch a movie with
 2 my son and then the next thing he would be sound asleep
 3 and with a temperature.
 4 Q. So he was inconsistent?
 5 A. Yeah.
 6 Q. It was mainly — was he tired and with a temperature
 7 that went up and down?
 8 A. Yeah, and a bit delirious .
 9 Q. And a bit delirious?
 10 A. Yeah.
 11 Q. Okay. Did you speak to anybody else about that? If you
 12 look at paragraph 40, you say:
 13 "The next day Jamie woke up and felt ... better.
 14 The only thing troubling him was a bad bout of
 15 diarrhoea; he managed to eat something. When
 16 the Macmillan cancer nurse called, Jamie had been
 17 sleeping ..."
 18 Is that the cancer nurse that you're talking about?
 19 A. No, this is the Macmillan community cancer nurses, not
 20 the ones that are the NHS nurses in the hospital.
 21 Q. So this isn't the Wishaw cancer nurse?
 22 A. No.
 23 Q. Okay. Again, do you remember, was that the next day?
 24 A. It was the next afternoon. He'd been sleeping and she'd
 25 called and I'd left the room and she was speaking to

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1 him. He called me back to speak to her and she was
 2 concerned about him because he was talking about being
 3 in his garage and looking at his bikes with her so she
 4 knew that something was nae right, he was in the house.
 5 Q. When you say "call", do you mean telephone call or do
 6 you mean —
 7 A. Yes, telephone call .
 8 Q. And given what she'd heard, what did she suggest?
 9 A. Phoning an ambulance.
 10 Q. So 999 rather than 111?
 11 A. Yeah, she was going to contact the cancer nurse at the
 12 hospital and contact the doctors' surgery and arrange an
 13 ambulance.
 14 Q. Did she arrange the ambulance?
 15 A. Yeah, she did.
 16 Q. And when the ambulance arrived, what were the
 17 arrangements? Were you able to go in the ambulance with
 18 him?
 19 A. No.
 20 Q. Did you want to go with him?
 21 A. Yeah, I wanted to take him to the hospital rather than
 22 have an ambulance come out.
 23 Q. Did you say this to the Macmillan nurse?
 24 A. Yeah.
 25 Q. And what did she say —

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1 A. I said it to both nurses.
 2 Q. Why was that?
 3 A. I wasn't allowed to go into the hospital because of
 4 COVID.
 5 Q. Okay. And why couldn't you drop him off at --
 6 A. I don't know. I wasn't allowed to drop him off either.
 7 Q. Did you ask them?
 8 A. I did say that, "Can I drop him at the doors?", and they
 9 said "No".
 10 Q. So you were prepared to go in but nonetheless they sent
 11 an ambulance?
 12 A. Yep.
 13 Q. Did the ambulance arrive relatively swiftly, quickly?
 14 A. No.
 15 Q. How long did it take?
 16 A. About an hour and a half.
 17 Q. An hour and a half. And you presumably would have got
 18 him in quicker than that?
 19 A. Yeah, 30 minutes.
 20 Q. And I think you deal with this, but do you want to tell
 21 us in your own words what the ambulance crew were like
 22 when they arrived?
 23 A. Oh, they were horrible.
 24 Q. Tell us in what respects.
 25 A. Horrible. Their attitude when they walked in was

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1 stinking -- they were pushing you out the way, they were
 2 trying to get things done, but they were in that much of
 3 a panic -- they were fully PPE'd. They wouldn't listen
 4 to anything I said. When they left, they wouldn't let
 5 my son cuddle his dad. Then they asked me --
 6 Q. Why not?
 7 A. I don't know -- because my son had COVID as well. He'd
 8 caught it from his dad --
 9 Q. Did you know that at the time?
 10 A. I knew that he wasn't well and I knew that my son
 11 couldn't get out his bed, but he was worse than his dad
 12 was.
 13 Q. But at that point neither of them had been tested
 14 positive?
 15 A. Tested, no.
 16 Q. It's just suspicion, essentially?
 17 A. Yes.
 18 Q. Sorry you were telling us --
 19 A. Then they asked for his medication, which I know because
 20 he's been in and out of hospital for months by this
 21 point. I have to give his medication because they don't
 22 have it wrote up for him and he was due certain things.
 23 And when I went to the back of the ambulance, the woman
 24 shouted at me because I was -- I just knocked on the
 25 door to give her the prescription.

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1 Q. What do you mean she shouted at you? She shouted at
 2 you --
 3 A. "Go away, go away". I said, "It's for his medication",
 4 and she opened the door and snatched it out my hand and
 5 slammed the door back shut.
 6 Q. How was your husband during all of this?
 7 A. He was delirious so he didn't really know. His
 8 temperature was at 40--odd at this point so he wasn't
 9 really paying attention.
 10 Q. Which hospital was he taken to?
 11 A. Wishaw General.
 12 Q. What were the arrangements -- he was taken into
 13 Wishaw General. What were the arrangements for -- could
 14 you visit Wishaw General Hospital at that time?
 15 A. I don't know if you could go in to visit, I don't know.
 16 I know that I couldn't visit him that night because he
 17 was in A&E and then he was in a ward to be tested to see
 18 if it was COVID and sent for chest x-rays and stuff, so
 19 I couldn't have been there anyway.
 20 Q. Were you in contact with the hospital by telephone?
 21 A. No.
 22 Q. How did you know that -- you said he was moving about in
 23 A&E. How did you know what treatment he was receiving
 24 in the hospital?
 25 A. He told me because he phoned me because, when he

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1 arrived, they automatically asked him to sign a DNR, and
 2 he phoned, terrified.
 3 Q. I was going to ask you about the DNR. So he's been
 4 taken in in an ambulance to Wishaw Hospital and he's
 5 been asked to sign a DNR and he had a conversation with
 6 you about it. Was that the same day?
 7 A. Yeah.
 8 Q. Okay, and what did he say? What exactly did he say
 9 about the DNR?
 10 A. "They're asking me to sign a DNR and I've told them
 11 I need to speak to you first", and I told him, "Do not
 12 sign anything and tell them, if you're going to be doing
 13 any signing, I need to be there", partly because he was
 14 delirious with his temperature and stuff so I didn't
 15 want him signing anything.
 16 Q. In your opinion, did he have -- when I say "capacity",
 17 did he have the mental capacity to understand what this
 18 decision --
 19 A. He had the mental capacity, yes.
 20 Q. It's just you were saying he was delirious.
 21 A. Yeah.
 22 Q. Do you think he had the kind of mental capacity to
 23 really understand what forms he was being asked to sign?
 24 A. I think when he'd phoned me to say that they'd said that
 25 to him, they'd had his temperature under control so he

88

1 was back in the room, if you like .
 2 Q. Okay.
 3 A. So, yeah, he did know because it terrified him.
 4 Q. Right. Do you know if he was asked once or if he was
 5 asked on a number of occasions?
 6 A. Five times.
 7 Q. Five times. Five times that night or --
 8 A. Five times within 24 hours.
 9 Q. By the same person or by different --
 10 A. Several different people.
 11 Q. Do you know -- your husband told you this. You weren't
 12 present at any of these?
 13 A. No.
 14 Q. So your husband told you this, and could he explain why
 15 he was being -- I'll use the word "pressed". That's my
 16 own word -- but being asked five times to sign the same
 17 form over a 24-hour period?
 18 A. No.
 19 Q. And he refused on all five occasions?
 20 A. He refused until I was present with him to make any
 21 decisions on signing anything.
 22 Q. Until you were present. Were you ever kind of present
 23 to discuss that?
 24 A. No, not until it was too late.
 25 Q. Okay. You said he was terrified. Did he explain the

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1 foundation for his terror? I may know the answer to
 2 this but I just want -- if he did explain why he was
 3 terrified .
 4 A. No, but he had obviously been battling cancer for
 5 15 months and he really didn't want anything like that
 6 put in place with the cancer so he certainly would never
 7 have wanted it for this virus.
 8 Q. He wanted all the medical treatment that he could get
 9 essentially ?
 10 A. I think he would have wanted it within reason. I think,
 11 if there was no going back, then he would have rathered
 12 nobody step in if it was going to leave him less than he
 13 was before.
 14 Q. So he's in hospital, he's been asked to sign these DNR
 15 forms on five occasions and you can't visit him. How
 16 long -- were you keeping in touch with the hospital by
 17 phone or just your husband by phone?
 18 A. Just with him. The hospital never once contacted me.
 19 Q. And did he -- do you know if he got tested for COVID?
 20 A. Yeah.
 21 Q. When was that?
 22 A. He got tested on the Friday night when he went into
 23 hospital. On the Saturday afternoon they told him that
 24 he didn't have it because they took the negative test
 25 for the Queen Elizabeth -- when they typed in his name,

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1 that's the test that came up. It was the negative from
 2 the Queen Elizabeth, because the next day --
 3 Q. Sorry, can I just focus on that?
 4 A. Yeah.
 5 Q. So he'd had a negative test at Queen Elizabeth?
 6 A. Yeah.
 7 Q. He had a test when he went into Wishaw General on this
 8 occasion that we're talking about?
 9 A. Yeah.
 10 Q. They took another test, but when they looked him up in
 11 the database, are you saying that they looked at the
 12 wrong essential test results?
 13 A. They looked at the wrong -- yeah, because on the Sunday
 14 he then phoned me to tell me the doctor had been in to
 15 see him and that he disnae have that Coronavirus but
 16 he's got COVID-19.
 17 Q. That was his exact words?
 18 A. That was his exact words. And I said, "Are you sure?",
 19 because he was a wee bit off in the morning. And he
 20 said, "Aha, the doctor's still here". I said, "I'm just
 21 going to put the phone down. I'll give you a wee call
 22 back". I phoned the nurse -- I phoned the hospital on
 23 his ward and I said, "He's just rang me. He's just now
 24 told me, after telling me yesterday that he was
 25 negative, that he's now positive. Did you do two

91

1 tests?", and she said, "No". And I said, "So is he
 2 positive or negative?", and she says, "He's positive".
 3 I said, "Well, where did he get a negative test
 4 yesterday?"; "Oh, it was a previous test". I said, "The
 5 previous test for the Queen Elizabeth?", and she said,
 6 "Aha", so she obviously had double-checked.
 7 Q. And you deal with that in paragraph 46 --
 8 A. Hmm--hmm.
 9 Q. -- that you were told that the result was negative. You
 10 also mention in paragraph 46 that they had done five
 11 tests in the space of a few hours.
 12 A. No.
 13 Q. Is that maybe a typo?
 14 A. That's maybe a typo because he only ever had two tests.
 15 Q. Right. You say in paragraph 47 that the hospital spoke
 16 to you and your son. When was that?
 17 A. Sorry?
 18 Q. You say in paragraph 47, "They asked me if me and my son
 19 had any symptoms" --
 20 A. Yes.
 21 Q. -- which suggests that that was maybe a discussion
 22 between you and the hospital.
 23 A. Yeah, when I phoned them, they asked me if we had
 24 symptoms because obviously he'd then tested positive.
 25 But I just thought I had a cold. But my son really

92

1 wasnae very well.
 2 Q. And did you both take COVID tests following that?
 3 A. No, because we didn't have COVID tests to take and we
 4 were told to stay in for two weeks.
 5 Q. You're not visiting your husband. You can't get into
 6 Wishaw Hospital?
 7 A. Not the first week, no.
 8 Q. In terms of your husband's treatment, was he telling you
 9 what type of treatment that he was getting within
 10 Wishaw Hospital at that time?
 11 A. Yeah.
 12 Q. And what was that?
 13 A. Potassium, things like that -- just oxygen. He had the
 14 nasal thing in and they were turning it up and down.
 15 Just his usual cancer treatment. But I did know that
 16 his potassium was low because they were giving it.
 17 Q. Was there ever any discussion about intubating him?
 18 A. No.
 19 Q. Did you have concerns -- your husband is obviously
 20 suffering from cancer. Did you have concerns about him
 21 being in the hospital with the COVID outbreak?
 22 A. Well, not once he had it.
 23 Q. Right. In terms of the treatment he was receiving --
 24 A. Yeah.
 25 Q. -- did a friend speak to you about what treatment might

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1 be available to people who had vulnerabilities?
 2 A. Yes.
 3 Q. Can you tell us a little bit about that?
 4 A. It was a form that was -- who would be --
 5 Q. Who would be what?
 6 A. Be able to go on to the machines and who wouldn't be.
 7 Q. This form -- so your friend, is that friend a nurse?
 8 A. Yes.
 9 Q. And that friend, the nurse, did -- "he" or "she", sorry?
 10 A. She.
 11 Q. She contacted you and told you that there was a form --
 12 A. She showed me the form.
 13 Q. You saw the form?
 14 A. Yeah.
 15 Q. And was it a kind of NHS form?
 16 A. Internal NHS.
 17 Q. And that internal NHS form you were about to tell us
 18 said --
 19 A. Decided who was and who wasnae going to go on to ICU and
 20 who would be put on machines and who wouldn't.
 21 Q. So there was a criteria for certain people that might be
 22 excluded from some forms of treatment --
 23 A. Yeah.
 24 Q. -- and there was a criteria for people that wouldn't be
 25 excluded from certain forms of treatment?

94

1 A. Yeah --
 2 Q. Can you tell me what that criteria was?
 3 A. Well, there was 1 -- numbered 1 till 8, and he was
 4 number 7 because he had a comorbidity cancer.
 5 Q. You say numbered 1 to 8. Were 1 to 8 different
 6 conditions?
 7 A. Yeah, different conditions, but --
 8 Q. And 7 was cancer?
 9 A. -- fixable, yeah.
 10 Q. Can you remember what the other ones were?
 11 A. No, that was the only one that interested me.
 12 Q. That form may be of assistance to the Inquiry. I don't
 13 know, is that something that you think --
 14 A. I might have some of it, yeah.
 15 Q. That's something that the Inquiry team can maybe liaise
 16 with your solicitors about.
 17 A. Okay.
 18 Q. When you were shown that form by your friend, what did
 19 that -- did that cause you concern?
 20 A. Yeah. He was 37.
 21 Q. Did that make you think that he's not going to
 22 necessarily receive the treatment that other people who
 23 are 37 without cancer may have received?
 24 A. Yep.
 25 Q. At paragraph 50 of your statement, you discussed the

95

1 condition of your husband between the end of March and
 2 4 April.
 3 A. Hmm--hmm.
 4 Q. Were you still unable to keep in touch with him during
 5 that period?
 6 A. Yeah.
 7 Q. Sorry, were you unable to visit him? My apologies.
 8 A. I was unable to visit him until 4 April.
 9 Q. I think on 4 April you say at paragraph 52 that you
 10 FaceTimed him and he was looking well.
 11 A. Hmm--hmm.
 12 Q. So were you able to go in or was it simply a FaceTime?
 13 A. No, I FaceTimed -- he FaceTimed me.
 14 Q. Right.
 15 A. And I thought that day or the following day I would be
 16 able to go and pick him up because he looked really good
 17 and his oxygen was really low [sic], he was dressed, so
 18 everything was looking positive.
 19 Q. And moving down to paragraph 54 -- we've seen in
 20 paragraph 54 of your statement that you were contacted
 21 by the hospital at 5.30 in the evening on 5 April.
 22 A. Yep.
 23 Q. Can you tell us in your own -- I can read it if it
 24 helps, but can you tell us in your own words what was
 25 said?

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1 A. Yeah, "Jamie could do with a pick-up. Could you come
2 down?", and I said, "Of course". By this point I hadn't
3 been out my house for nine days so obviously I would
4 have went down. And it wasn't a pick-me-up that was
5 needed. It was a discussion about how much of a turn
6 his health had taken, especially his lungs.
7 Q. Can we just maybe go through that a bit more slowly? So
8 did you go down that night?
9 A. Yeah.
10 Q. Who did you speak to? Was it a nurse or a doctor?
11 A. The nurse at first. Then I was put into his room with
12 him and then the doctor came in.
13 Q. Okay. So can we just maybe just deal with it
14 sequentially? You spoke to the nurse at first, and what
15 did the nurse say to you?
16 A. Just that, "The doctor that had been reviewing Jamie
17 today would like a word".
18 Q. So was the substantive discussion with the doctor,
19 essentially?
20 A. Yeah.
21 Q. Okay. Can you tell me, without naming any names, what
22 was the discussion, the substantive discussion, with the
23 doctor?
24 A. That they'd done a chest x-ray that morning and the
25 comparison -- they'd done a comparison between how he'd

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1 arrived on 27 March to now and his lungs were full of
2 blood clots and that he wouldn't have long to live.
3 Q. I mean, that's obviously devastating news. Did you ask
4 for the hospital to do something?
5 A. Yeah, I asked them, "Why can you no take him upstairs
6 and put him on some of the machines?", if that could be
7 rectified.
8 Q. Did you ask if he could be transferred?
9 A. No.
10 Q. Okay. But you asked if he could be put upstairs on to
11 the machines?
12 A. Yeah.
13 Q. What did they say in response to that?
14 A. "No".
15 Q. Did they explain why?
16 A. His lungs were far too damaged. So I asked, "Why wasn't
17 he put on them when he came in then?".
18 Q. What did they say to that?
19 A. They didn't give me an answer for that.
20 Q. How did you feel about what you were being told?
21 A. Devastated.
22 Q. Did you remain at hospital or did you go home?
23 A. I stayed with him for a wee while. I gave him some
24 water, moved him like in his bed and stuff because he
25 was all crunched up, but when I left him -- after giving

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1 him some water, I left and he was on the phone to his
2 brother. He had perked up quite a bit.
3 Q. We see in paragraph 58 that you went into hospital the
4 next day and you -- my words -- bumped into -- you say
5 met your husband's cancer doctor.
6 A. Yeah.
7 Q. Was that an unintentional --
8 A. That was unintentional because the ward he was in is
9 where you pick up your cancer medication from the
10 pharmacy at the end of that ward.
11 Q. When you bumped into that cancer doctor, did you discuss
12 Jamie?
13 A. She just said she was so sorry that this was happening
14 and that his numbers were absolutely fantastic.
15 Q. When you say that she was so sorry this was happening,
16 did she know before --
17 A. She knew.
18 Q. She knew what was --
19 A. She had been going round and seeing him through his room
20 window. They all had.
21 Q. And you said that his numbers had been ...?
22 A. Good.
23 Q. Is that numbers in relation to his cancer?
24 A. His light chains and his cells and stuff like that.
25 Q. So am I correct that essentially your husband -- the

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1 cancer, he was fighting it but he wasn't fighting the
2 COVID?
3 A. He had no cancer in his system then because the total
4 body irradiation had took all the cancer cells out. It
5 was just his new stem cells hadn't grafted.
6 Q. Can I take you forward to 8 April?
7 A. Yeah.
8 Q. Did you get a call from the hospital on 8 April?
9 A. Yep.
10 Q. Can you tell me who phoned you? Was it a nurse or
11 a doctor?
12 A. It was just a nurse --
13 Q. A nurse.
14 A. -- a nurse from the ward.
15 Q. What did the nurse say to you?
16 A. That I had to go down, it was time.
17 Q. That was the exact words?
18 A. That was the exact words.
19 Q. And you went down?
20 A. Yeah.
21 Q. And how was your husband when you arrived?
22 A. Really sleepy. Really, really sleepy.
23 Q. Was he aware that -- was he alert?
24 A. He knew when I'd walked in because he looked at me,
25 yeah, but he had five nurses round about him when

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1 I arrived, just in case he passed away and there was
 2 nobody with him.
 3 Q. Sorry, I'm sure this is going to be difficult for you,
 4 but we've talked about your husband throughout these
 5 questions. Did you do something on 8 April that was
 6 significant?
 7 A. Yeah, I married him.
 8 Q. You married him?
 9 A. Yeah.
 10 Q. And how was that arranged?
 11 A. My mum. My mum was allowed in to visit him for an hour,
 12 but when she went out, she met the chaplain, who had
 13 been in with Jamie the previous day, and they arranged
 14 it.
 15 Q. Did you get rings?
 16 A. I got -- I borrowed my mum's ring, but I've since had
 17 a ring made with his ashes in it.
 18 Q. I think -- was it later that day that your husband
 19 succumbed to COVID?
 20 A. Yeah. Yep.
 21 Q. I appreciate these are difficult questions, but, again,
 22 without naming your children, can you tell us -- and
 23 I'll ask you about you, but first can I ask about your
 24 children? How has your husband's death impacted on both
 25 of them?

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1 A. Oh, my daughter is a mess -- my daughter has been a mess
 2 since he died. She doesn't cope with it very well at
 3 all. My son was a bit better but he's getting
 4 counselling through the school just now. He had it last
 5 year but it was only six sessions and he's done his six
 6 sessions this year, and the counsellors keep him on
 7 because he's -- he's autistic so he deals with it a bit
 8 better in the sense that it's black and white for him,
 9 but there's obviously something underlying that's not --
 10 it's making him feel uncomfortable and a bit down.
 11 Q. You deal with that in paragraph 68 of your statement,
 12 but you also say in 67 your daughter has high anxiety
 13 and still cries to this day.
 14 A. Hmm--hmm. Every day.
 15 Q. And I've asked about them. Now I put the same question
 16 to you. How has it impacted on you?
 17 A. I'm fine but I've not grieved yet, and we're near three
 18 and a half years. I don't have time to -- because
 19 I think, if the cancer had got him, it would have been
 20 different because we were expecting that. This -- we
 21 weren't expecting this.
 22 Q. But he was recovering from the cancer, I think you said.
 23 A. Yeah.
 24 Q. In your statement you deal with -- at paragraphs 70
 25 and 71 you provide your evidence on lessons learned and

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1 questions you wish to have addressed, such as an earlier
 2 lockdown --
 3 A. Yeah.
 4 Q. -- and the need for testing.
 5 A. Yeah.
 6 Q. That's still your evidence today?
 7 A. Well, yeah. They'd seen it coming, they should have
 8 shut it down quicker. They should have put more
 9 measures in place. They should have protected people.
 10 We had to stay in our homes while anybody could enter
 11 the country and bring any sort of COVID or any sort of
 12 variant in. But we had to stay in our homes to keep
 13 everybody safe.
 14 Q. As I think I've indicated earlier, the Inquiry will have
 15 full regard to the entirety of your statement and
 16 obviously supplemented by your oral evidence today --
 17 A. Hmm--hmm.
 18 Q. -- but this is your opportunity -- if there's anything
 19 else you feel that would be relevant that you want to
 20 say to the Inquiry, this is your -- you're entitled to
 21 and quite right to just tell us now if there's anything
 22 further that you think may be of assistance.
 23 A. I don't think there would be anything of assistance, no.
 24 MR DUNLOP: In which case it's just for me to say thank you
 25 very much for your time today and, not only that, but

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1 your time and -- obviously the time that you spent with
 2 witness--statement--takers and your solicitors in
 3 preparing this helpful evidence. I don't have any
 4 further questions, my Lord.
 5 THE CHAIR: Thank you, Mr Dunlop. Thank you, Ms Menzies.
 6 A. Okay. Thank you very much.
 7 THE CHAIR: I'm very grateful.
 8 MR DUNLOP: My Lord, that's the witnesses for this morning,
 9 I think my senior, Mr Gale, will be dealing with the
 10 witnesses in the afternoon.
 11 THE CHAIR: Witness singular, I think.
 12 MR DUNLOP: Sorry, witness, yes, singular.
 13 THE CHAIR: Thank you very much, Mr Dunlop.
 14 Mr Gale will lead it. If we can start at 1.30,
 15 we'll start, but if not, it will be 1.45.
 16 Very good. Thank you very much.
 17 (12.28 pm)
 18 (The short adjournment)
 19 (1.29 pm)
 20 THE CHAIR: Right, Mr Gale.
 21 MR GALE: Thank you, my Lord.
 22 The next witness is Margaret Waterton. Mrs Waterton
 23 speaks to two statements. The first is
 24 SCI-WT0237-000001. The second is the same reference but
 25 000002.

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1 MRS MARGARET WATERTON (called)
 2 THE CHAIR: Good afternoon, Mrs Waterton. Now, please take
 3 a seat and make yourself as comfortable as you can be.
 4 You will be asked some questions by Mr Gale.
 5 A. Thank you.
 6 THE CHAIR: When you're ready, Mr Gale.
 7 MR GALE: Thank you, my Lord.
 8 Questions by MR GALE
 9 MR GALE: Good afternoon, Mrs Waterton.
 10 A. Good afternoon.
 11 Q. Your full name, please?
 12 A. It's Margaret Waterton.
 13 Q. Your details, including your contact address and your
 14 age, are known to the Inquiry and you've provided the
 15 Inquiry with two statements, which I've given the
 16 numbers for, because you've tragically lost two loved
 17 ones to COVID-19 six months apart.
 18 A. That's correct.
 19 Q. The first was your mother, Margaret Simpson, and she
 20 died in University Hospital Monklands, I think.
 21 A. That's correct.
 22 Q. And she died on 18 June 2020?
 23 A. She did.
 24 Q. And then, just over six months later, your husband
 25 David Jack Waterton, and he died on 2 January 2021 --

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1 A. He did.
 2 Q. -- in the University Hospital Hairmyres?
 3 A. That's correct.
 4 Q. As I'm sure has been pointed out to you, Mrs Waterton,
 5 there is, in respect of naming other people, what we
 6 call a "general restriction order". That has been
 7 disapplied in your case in relation to your mother and
 8 your mother's name and your husband, but I'm sure you'll
 9 probably just refer to them as your "mother" and your
 10 "husband" --
 11 A. Yes, that's my intent.
 12 Q. -- but can you remember not to mention any other names?
 13 A. I will.
 14 Q. In particular there is some evidence in your statement
 15 about conversations you've had with medical
 16 professionals.
 17 A. Indeed.
 18 Q. Again, can you just refer to the person as either "the
 19 doctor" or "the nurse" or "the consultant"?
 20 A. I will.
 21 Q. Also I think, Mrs Waterton, you're agreeable that the
 22 statements that you've given, together with the oral
 23 evidence you're going to give today, will form your
 24 evidence to the Inquiry and also that your evidence will
 25 be recorded and published?

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1 A. That's correct.
 2 Q. Before I go any further, I think it is important to
 3 note, so as to give your evidence some context, that you
 4 are a medical professional or were.
 5 A. I am retired and no longer on the NMC register, but my
 6 last post was director of nursing in a mainland health
 7 board in Scotland.
 8 Q. How long did you do that for?
 9 A. I worked in the NHS for 39 years all told.
 10 Q. And how long were you a director of nursing?
 11 A. By the time I retired, somewhere around six -- six or so
 12 years.
 13 Q. Thank you. Can we begin, please, by learning a little
 14 bit about your mother? I think she was 86 when she
 15 died.
 16 A. She was 86, yes.
 17 Q. And she died of nosocomial COVID?
 18 A. She did, yes.
 19 Q. Can you tell us a little bit about her, please? I know
 20 it's difficult to confine 86 years into a few sentences,
 21 but just a little flavour of her.
 22 A. So Mum was never more than 5 foot at best but by the
 23 time she became 86 she was 4 foot 10, but she packed
 24 a weighty punch, not literally, but she was feisty and
 25 could be a little shy at times, but she was much loved

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1 and a much-loved mum and gran, sister, aunt and friend.
 2 She very much loved her three grandsons. She's not been
 3 able to welcome her first great-grandson into the
 4 family, but that would have been an absolute delight for
 5 her.
 6 In her younger years she used to like Scottish
 7 country dancing and so -- which was remarkable really,
 8 given that she had life long brittle asthma, but that
 9 was one of her favourite things to do. She was a great
 10 baker, made great shortbread, and many of my work
 11 colleagues enjoyed a box of shortbread when I'd been
 12 home for a holiday.
 13 Q. I think she was also a keen gardener.
 14 A. She loved her garden. I did not inherit her green
 15 fingers and that was a disappointment to her, I'm sure.
 16 But she loved her garden and her neighbours always used
 17 to stop and ask her for advice because her garden was
 18 always beautiful.
 19 Q. I think she also did have, pre-pandemic, a number of
 20 health issues. As you've indicated, she was a life-long
 21 asthmatic.
 22 A. Yes, she had developed -- as with any individual who has
 23 a chronic respiratory condition, as you get older, you
 24 develop other respiratory issues. So she had, by the
 25 time she was at this point, severe COPD emphysema and

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1 she'd also Meniere's disease, which is a sort of vertigo
2 kind of issue.

3 Q. I think you also indicated she had osteoarthritis .

4 A. She did. That was a real problem for her. As a young
5 girl she had fractured her shaft of femur, and in those
6 days that involved being strung up in traction for a lot
7 of months, and she had differing leg lengths and that
8 played along --- you know, a part in some of her
9 arthritis issues .

10 It was a --- she found standing for any length of
11 time --- so particularly cooking for herself, she found
12 that quite difficult , but she also tried to go out every
13 day to walk. She enjoyed going to lunch club once
14 a week and she would --- the distance she could walk was
15 shorter, but she did enjoy --- and she made sure that she
16 did because she believed that was important for both her
17 physical and her mental health.

18 Q. I will come very sadly to talk about your husband in
19 a little while, but I think you and your husband got
20 married in 2011.

21 A. We did.

22 Q. And I think your mother enjoyed being mother of the
23 bride at that stage.

24 A. She very much loved that, and when we were choosing her
25 mother of the bride outfit , to use a good old phrase,

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1 I was roaring and greeting in the shop when she came
2 out. She just looked so elegant, and my mum was
3 delighted with that. And on our wedding day, when she
4 came into the room and saw me in my bridal gown, she ---
5 I think we both gasped in delight and very much enjoyed
6 that mother and daughter moment.

7 Q. Importantly you said she was feisty. She had complete
8 intellectual capacity?

9 A. Yes. In my statement I've described her as "sharp as
10 a tack". You got nothing past her and she really was
11 very, very in the moment and on the ball.

12 Q. I think you had a power of attorney in relation to her;
13 is that right?

14 A. We'd set that up --- when she had her will prepared we
15 also set up power of attorney because we thought that
16 was a very sensible move.

17 Q. Now, I think, just to look at the perhaps slightly wider
18 family situation at the time --- and this is obviously in
19 the pre-pandemic days --- your husband that we'll come to
20 talk about in due course, he had chronic fatigue
21 syndrome, I understand.

22 A. Yeah, he'd been --- had lots of investigations and
23 hospital admissions, looking at complex sleep apnoea,
24 but just in the latter end of 2019 he'd been given
25 a diagnosis of chronic fatigue syndrome. The symptoms

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1 fit . My husband was a very, very fit man. When we met
2 he was a hill walker, he used to do a Munro every other
3 weekend. A fit chap; football , golfing , that kind of
4 activity . So the diagnosis at the back end of 2019 was
5 somewhat startling for both of us.

6 Q. And I think you also have a brother --- please don't name
7 him because of the restriction order --- do you have
8 a brother who also has severe COPD?

9 A. Yes, my brother is a couple of years younger than I am
10 and he was diagnosed with severe COPD some years ago.
11 We've no idea why he's got COPD because he's certainly
12 never been a smoker, but that's the situation he's in .

13 Q. Against that background, can you just tell us what your
14 approach to life generally was when we started to hear
15 about what was happening in China and then in Italy and
16 Spain in early 2020?

17 A. Both my mum and my husband and I were watching
18 everything that we could see on the news and frankly
19 wondering when the Government was going --- when we were
20 going to go into lockdown in this country. My mum was
21 very worried about what she was seeing and hearing on
22 the news because she knew that she had a chronic
23 respiratory condition and that this was a highly
24 contagious respiratory disease. She was very worried
25 about herself. In fact she said that, "If I get that

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1 COVID, I'll be a goner", and her words indeed were
2 prophetic. So probably about two weeks before the
3 national lockdown, I spoke to Mum and we decided
4 together that she would really stay at home --- and that
5 was about two weeks before the national lockdown --- and
6 I would do all the shopping and so on and so forth. She
7 would stop going to the lunch club so that she wasn't in
8 contact with groups of people.

9 Q. So would it be right to say that generally you, as
10 a family, a wider family unit, were being very careful
11 in those early days?

12 A. We were being very careful. I was terrified for my mum
13 and I was equally terrified for my brother, and my mum
14 was terrified for him as well as for herself. I was
15 worried about my husband because we didn't know enough
16 about COVID to understand whether his issues and the
17 diagnosis of chronic fatigue syndrome would have any
18 bearing there. So we were --- as a family, we really
19 wanted to protect my mum.

20 Q. Obviously we know the --- well, let me just be clear. At
21 the beginning of 2020 your mum, as I understand it, was
22 living independently.

23 A. Yes. My father died in 1999 so Mum had lived on her own
24 and independently all of that time and, at 2020, Mum was
25 doing some of her own shopping --- she couldn't carry

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1 heavy bags. We did that for her — but she would pay
 2 her own bills, she would go to her lunch club and she
 3 used the daily journey to the shop — that was her walk
 4 and her social connection because she saw people when
 5 she was going about. So she was very independent. We'd
 6 organised a cleaner for her but, other than that, she
 7 lived very independently.

8 Q. Obviously we know in March 2020 came lockdown.
 9 A. Yes.

10 Q. And what was your mum's reaction? You do tell us about
 11 this in paragraph 20 of your statement. It will come up
 12 on the screen in front of you. What was your mum's
 13 reaction to lockdown?

14 A. She was anxious about it because, as part of our wider
 15 family, my mum's sister, my aunt, used to be a very,
 16 very regular visitor. My aunt was three years younger
 17 than my mum, still driving, and she was a very regular
 18 visitor. And Mum used to pop in and out to her
 19 neighbours for coffee and so on. So all of that stopped
 20 and she was anxious about it, and it took me a wee while
 21 to get her to understand that I was a risk to her by
 22 coming into the house potentially because I was going
 23 out and about doing shopping and so on. But she was
 24 very stoic about it and she used to go out every day for
 25 a walk round the block, but, over time, she became more

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1 and more feeling isolated, withdrawn, not her usual
 2 social contacts. My mum had macular degeneration, so
 3 using technology to do video calls or whatever was not
 4 an option for her, so she was reliant on contact. So it
 5 began to get her down and she told one of my other aunts
 6 that it was an existence, not a life.

7 Q. Yes, you say that at the bottom of paragraph 20. Your
 8 mother, from the medical history you've given us, would
 9 obviously be regarded as a vulnerable person. I think
 10 she did receive a shielding letter; is that right?

11 A. Yes, she did receive the shielding letter and — as did
 12 my brother, in fact, and we put arrangements in place to
 13 make sure that Mum could have her shopping, could have
 14 her medicines delivered and so on, and we were very
 15 clear at that point that nobody was going to be across
 16 her threshold. It was too much of a risk, too much of
 17 a risk.

18 Q. Now, I think in late May 2020 you received a call from
 19 your mother who told you that she wasn't feeling well
 20 and, as you tell us in paragraph 23, she seemed quite
 21 confused.

22 A. Yes, she —

23 Q. Can you just explain that a little?

24 A. Sorry. She did call me and the conversation was quite
 25 garbled. So I understood that she obviously wasn't well

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1 and repeat chest infections were a pattern for Mum over
 2 time because of her respiratory conditions, normally
 3 dealt with at home with antibiotics and steroids.
 4 However, over time, as Mum got older, they were more
 5 frequent and they were more severe. So I went straight
 6 in to see her and it was very obvious — she was very
 7 flushed — it was obvious that she'd got a temperature,
 8 she was a bit confused and clearly unwell.

9 Q. Yes. I think this was probably the first time that
 10 you'd been into her house for a number of weeks.

11 A. Yes. Nobody — nobody — had been across Mum's
 12 threshold, including myself. If I dropped shopping off,
 13 I made Mum stand 2 metres back from her front door while
 14 I put the bags of shopping inside for her, and if I went
 15 across to have a coffee, I sat outside with the wind
 16 howling round the corner and — sat outside and had
 17 a coffee. I think I had my winter coat on probably till
 18 this point — so that nobody was across her threshold.
 19 That was the first time I'd been in Mum's house since
 20 mid-March.

21 Q. I think you equipped yourself with some PPE. We know
 22 that you were an experienced nurse so you would know
 23 perhaps what to get and what to wear in that situation?

24 A. I'd accessed online disposable face masks and after
 25 a lot of searching, because they were like gold dust at

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1 the time, I'd managed to access disposable gloves.
 2 Disposable aprons were even more like gold dust and
 3 I didn't have any of those, but mask and gloves and hand
 4 gel.

5 Q. Right. Having found your mother in this condition, what
 6 did you do?

7 A. I contacted the local health centre and asked if a GP
 8 could come and visit Mum. I was asked actually if
 9 I could get her down to the health centre, which was
 10 going to be impossible because actually she couldn't
 11 take one or two steps. So the GP did come, and he was
 12 wearing a mask, you know, scrubs — scrub outfit,
 13 disposable mask, gloves and disposable apron, and he
 14 came in and examined Mum. He indicated then that she
 15 had a significant chest infection, actually began to
 16 think that she was on the verge of sepsis and that she
 17 was in a state of delirium.

18 I asked him at that time — he said he thought he
 19 was probably going to have to admit her to hospital, and
 20 I asked at that time if I could access a commode from
 21 the joint equipment stores, as they're known, but he
 22 told me that they'd been completely closed down because
 23 of lockdown and the restrictions. So something simple
 24 that would have enabled me to keep an older, vulnerable
 25 person at home, I wasn't able to access and she had to

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1 be admitted to hospital.
 2 Q. I think you also made some enquiries about access to the
 3 district nursing team.
 4 A. I did --
 5 Q. What was the reaction to that?
 6 A. I asked the GP if it was possible for Mum to have --
 7 because he indicated she would have to have intravenous
 8 antibiotics. So my skills are far too rusty. That was
 9 not going to be something I was going to be able to do,
 10 although if they had put the cannula -- inserted the
 11 cannula, I would have had a good go at giving the drugs,
 12 but I wouldn't have been allowed to because I'm off the
 13 register. And he indicated to me that that was not
 14 going to be possible. And now we're talking about
 15 hospital at home, where that kind of thing is possible,
 16 but if that had been available to us, Mum wouldn't have
 17 needed to have gone into hospital.
 18 Q. If those arrangements could have been put in place for
 19 you, would your mum have remained in her own home or
 20 would she have come to live with you? What was your
 21 views on that?
 22 A. I was going to keep Mum in her own home and I would have
 23 moved in with her.
 24 Q. Okay. Right. Now, you've mentioned admission to
 25 hospital. I think we know from what you say at

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1 paragraphs 31 and following of your statement that she
 2 was admitted to the University Hospital Wishaw.
 3 A. That's correct.
 4 Q. She was taken there by two paramedics and she was, in
 5 the first instance, put into the respiratory receiving
 6 unit in A&E?
 7 A. Yes.
 8 Q. You tell us that in paragraph 32.
 9 A. Yes, that's correct.
 10 Q. And she was tested on admission for COVID and the result
 11 was negative --
 12 A. Yes, that's correct.
 13 Q. -- as you say.
 14 You then describe what happened thereafter, but if
 15 I could just take you to paragraph 35, you make the
 16 point there that your mother was in three different
 17 clinical areas in presumably the first day or two of her
 18 admission into hospital. You make a comment about that.
 19 Could you just explain what your concern would be about
 20 that --
 21 A. Yes.
 22 Q. -- bearing in mind your background?
 23 A. Mum was in hospital for four nights and three days, and
 24 in that time she was in four different clinical areas.
 25 Pre-pandemic, that would have been considered to have

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1 been a breach of patient safety. There's an
 2 increased -- highly increased risk of cross-infection,
 3 moving patients from clinical area to clinical area, so
 4 ward to ward, and then if we overlay that with a highly
 5 contagious respiratory infection, over and above -- and
 6 all of the stories that we were hearing, no visitors
 7 were allowed in hospital so it was impossible to know
 8 about levels of PPE, the appropriateness of what was
 9 available and so on. So I can't comment on that
 10 directly. But that risk of what's termed as boarding
 11 patients out from clinical area to clinical area poses
 12 a high risk of infection and subsequently -- if I may
 13 just expand a little?
 14 Q. Yes, please do.
 15 A. I've provided my legal team with some very clearly
 16 published research that relates to this particular
 17 health board, relates to the hospitals within this
 18 health board at the time Mum was a patient therein, and
 19 the research is based around boarding of patients and
 20 COVID clusters, so outbreaks, and the research paper
 21 makes the point that the rate and the frequency of
 22 boarding of patients was an absolute contributory
 23 factor. There's also, for frail, elderly people, the
 24 risk of disorientation, moving from one area to another
 25 in that regard.

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1 Q. So with your nurse's hat on, was that a -- once you'd
 2 discovered that information, was that a particular
 3 concern to you?
 4 A. It was a concern. In my previous life, in my working
 5 life, we worked strenuously to make sure that that kind
 6 of level of boarding did not happen and, if it did, it
 7 resulted in a review of what were the circumstances that
 8 led to that. Now, that was pre-pandemic, so one would
 9 have thought during the pandemic that boarding would
 10 have been -- whilst I understand the pressure that the
 11 NHS was in, one would have thought that boarding of
 12 patients would have been something that wouldn't have
 13 happened because we were being led to believe there were
 14 COVID and non-COVID wards.
 15 Q. So just to understand and from your professional
 16 perspective, the exigencies of the pandemic should not,
 17 in your view, have excused a situation where there was
 18 the possibility, the high possibility, I suppose, of
 19 cross-contamination?
 20 A. Yes.
 21 Q. Thank you. Now, your mother was in hospital for four
 22 nights and three full days --
 23 A. Yes.
 24 Q. -- as I understand it. What was your understanding
 25 of -- if I can put it bluntly, what was wrong with her

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1 when she was in hospital?
 2 A. A chest infection and they discovered an underactive
 3 thyroid and a couple of other things wrong with her
 4 blood chemistry, but those are fairly typical things in
 5 an older person who had a significant infection and was
 6 a bit dehydrated, most likely.
 7 Q. You tell us at paragraph 36 of your statement that --
 8 I'm sorry, paragraph 37 -- that she was discharged from
 9 hospital after that period of time --
 10 A. Yes.
 11 Q. -- and she was on oral medication. You say that she was
 12 bright and cheerful on her arrival home.
 13 A. Yes. Her neighbours were out -- it was a beautiful
 14 sunny day and her neighbours were out in force to
 15 welcome her home. I was there. By that time I'd
 16 acquired PPE from our local carers' network, so I was
 17 wearing my mask, apron and gloves, and Mum came out of
 18 the ambulance and was like the Queen, very delighted to
 19 see her neighbours there. She looked well at that point
 20 and she was glad to be home. The thing that I would say
 21 about her over the next couple of days is that I thought
 22 she was extremely quiet and I couldn't quite fathom out
 23 what that was and I wondered if it had been about
 24 company while she was in a ward with other people.
 25 Q. I think in that period, whilst she was in hospital, you

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1 took the opportunity to clean her house.
 2 A. Yes, I gave it a good going over.
 3 Q. A good once over, okay.
 4 Now, on her discharge from hospital, you I think
 5 were looking for her discharge letter --
 6 A. Yes.
 7 Q. -- and you found another envelope which had a DNR --
 8 A. Yes.
 9 Q. -- we'll shorten it to that -- form in it. Can you just
 10 tell us about that, please?
 11 A. Mum knew that her discharge letter was, you know, in her
 12 bag, and her way was that, if something had to be
 13 delivered to the GP, it had to be delivered immediately,
 14 so to reassure her, we started to look for that.
 15 Then I found this other envelope, and when I drew it
 16 out, there was a DNR form in that had an attempt at
 17 a signature from Mum at the bottom of it. And when
 18 I asked Mum what this was, she said that she didn't know
 19 what it was and asked me to tell her what it was. So
 20 I explained to her that it was a DNR form and that it
 21 indicated that she had signed it and that she'd signed
 22 it directly on her admission to hospital. Mum then said
 23 that she couldn't remember signing that and she was very
 24 shocked. She asked me what it meant and I explained to
 25 her that she had agreed that there would be no attempt

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1 at resuscitation, if cardio-pulmonary resuscitation was
 2 required, and she was horrified that she had agreed to
 3 that.
 4 After she'd had a moment or two to gather her
 5 thoughts, she said that she remembered when she'd gone
 6 in to hospital initially that a doctor, a female doctor,
 7 had spoken to her, but she couldn't really understand
 8 what the doctor was saying and she felt that the doctor
 9 was putting words in her mouth and that she had been
 10 made to sign the form but she didn't know what it was
 11 that she was doing. I would just reflect that at that
 12 point my mum was in a state of delirium, and that's
 13 clear in her hospital notes.
 14 Q. That would be consistent with the confusion that you
 15 observed prior to her admission to hospital?
 16 A. Yes, and her high temperature, yes.
 17 Q. You made a complaint about this, I think, and we see
 18 that in paragraph 43. You got a response and you refer
 19 to this in paragraph 44. Can you just tell us what your
 20 complaint was and what the response was?
 21 A. I called the -- I'll narrow it to the complaints team at
 22 the hospital and said that my mum had come home with
 23 this DNR form that she had no recollection of signing.
 24 In fact, I just repeated what Mum had said and that
 25 I wanted to make a complaint about that. There was much

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1 to-ing and fro-ing from the complaints team and it took
 2 a long while to get a formal response. However, the
 3 response was that the medical director of the hospital,
 4 as he was entitled, had said that the junior doctor that
 5 had gained the DNR consent should not have done so,
 6 given the circumstances that Mum was in, and they
 7 apologised for that.
 8 Q. Would you have been able at that time to know what your
 9 mother's likely response would have been had she been in
 10 a position to understand what was happening to the
 11 putting of a DNR notice in front of her? Would she have
 12 been agreeable to it?
 13 A. No. Once I'd had the opportunity to talk with Mum about
 14 what it meant, she did not agree, and what we did
 15 actually agree together, she and I, was that once things
 16 were not so difficult in terms of the restrictions that
 17 we found ourselves placed under, that my brother, myself
 18 and Mum would have a conversation so that we all
 19 understood what her wishes would be. But at that
 20 moment, at that time, she did not agree.
 21 Q. Right. Your mum has been discharged home and you tell
 22 us, in paragraph 45, that you started to come to her
 23 house as often as was necessary, as you put it, and that
 24 in the period that you were coming into her house you
 25 observed distancing --

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1 A. Yes.
 2 Q. -- and you also wore the PPE that you had acquired.
 3 A. Yes, I did.
 4 Q. And you also tell us that nobody else came into her
 5 house.
 6 A. Absolutely not.
 7 Q. Unfortunately your mum then became increasingly unwell.
 8 A. Yes.
 9 Q. Can you just explain how that manifested itself?
 10 A. Over the first couple of days after Mum got home, as
 11 I've said, she was very quiet and, while she might not
 12 have been the loudest person, she was always more chatty
 13 than I was experiencing her at that moment and I wasn't
 14 entirely sure why that was. However, after Mum had
 15 died, one of my aunts said that Mum -- they had a very
 16 regular phone call and Mum had said to my aunt that she
 17 thought she had that COVID. So having had COVID now
 18 myself, I can understand what Mum would mean because it
 19 was unlike any other kind of illness I've ever had.
 20 However, over that intervening few days to the
 21 beginning of the following week, she started then to
 22 feel as if she was becoming a bit more breathless and it
 23 was obvious that her temperature was spiking up and
 24 down. So I called NHS 24, and at that point you were
 25 being immediately directed to a COVID hub doctor and the

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1 doctor, from the symptoms that I was describing and
 2 Mum's recent hospital admission, thought that it was
 3 probably a recurrence of her chest infection. Again
 4 that could have been likely because we had had that
 5 experience with Mum in the past. However, what she did
 6 suggest to me at that point was that I seek to have
 7 a COVID test both for Mum and for myself at that point.
 8 Then she agreed that she would send -- it was an
 9 advanced nurse practitioner that came to the house that
 10 night to listen to Mum's chest.
 11 Q. Can I just ask you, did you obtain a test for yourself
 12 and your mum?
 13 A. No. At that point there were no mobile testing centres
 14 set up at that time, so what you had to do was use the
 15 Test and Protect, as it became known, online service to
 16 request a test that was delivered to your home. Now,
 17 I managed to do that for Mum because she had symptoms,
 18 but, because I was asymptomatic, I didn't fit the
 19 criteria and I used the helpline to actually speak to
 20 a human being to try and make that point known, that
 21 I was being advised by the COVID hub doctor to get
 22 a test for myself and was told that I couldn't have one
 23 because I didn't have any symptoms.
 24 Q. I think you explain this in paragraph 51 of your
 25 statement, and I've slightly skipped over some of the

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1 intervening paragraphs, but, again, we have those,
 2 Mrs Waterton --
 3 A. Yes.
 4 Q. -- and we're certainly not ignoring them.
 5 But you got a test for your mother --
 6 A. Yes.
 7 Q. -- and you submitted that -- I think you had to wait for
 8 it to arrive by a courier, you had to then send it back
 9 by a courier and you obtained a test. What was the
 10 outcome of that?
 11 A. Well, by the time I got the result of the test that I'd
 12 done in Mum's home, Mum was already in hospital, so
 13 I already knew -- by the time Mum was admitted to
 14 hospital, because she was really very unwell, the
 15 doctor, COVID hub -- another COVID hub doctor believed
 16 that she had COVID, and the day I did the test Mum was
 17 admitted to hospital, so it was another 72 hours more or
 18 less before I got the result of that, that particular
 19 test that I'd done at home.
 20 Q. I think, when you did the test, you noted the condition
 21 of the inside of your mother's mouth.
 22 A. Yes.
 23 Q. Can you just describe that?
 24 A. As you'll understand, as a nurse, I've seen the inside
 25 of a lot of people's mouths over time and this was

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1 unlike anything I'd experienced. Her mouth was just
 2 completely coated and looked really uncomfortable and
 3 horrible. I'd not seen anything like that.
 4 Q. Yes. You tell us -- and reading short -- that you were
 5 advised and that the doctor decided that your mother
 6 should be re-admitted to hospital.
 7 A. Yes.
 8 Q. And prior to that or perhaps as that was happening,
 9 did you discuss again the DNR situation?
 10 A. We -- I didn't discuss it on that day with Mum.
 11 Q. No, okay.
 12 A. Although, Mr Gale -- sorry, just as I recollect, Mum,
 13 just before these few days but after she'd come out of
 14 hospital the first time, did say to me, "Well, I suppose
 15 if I get that COVID in my age, they're probably not
 16 going to do anything for me", is what she said.
 17 Q. She was admitted I think to University Hospital
 18 Monklands.
 19 A. That's correct.
 20 Q. You tell us that at paragraph 57.
 21 A. Yes, that is correct.
 22 Q. That was 7 June 2020?
 23 A. That's correct, yes.
 24 Q. And she was admitted to a COVID ward --
 25 A. Yes.

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1 Q. --- and had a COVID test on admission. The ward staff
 2 nurse --- I assume it's a ward staff nurse --- phoned you
 3 on the 8th, the day after she was admitted ---
 4 A. Yes.
 5 Q. --- to tell you that she had tested positive for COVID?
 6 A. Yes.
 7 Q. It's probably fairly obvious what your reaction would
 8 have been to that, but can you tell us what it was?
 9 A. I broke down on the phone and I was so frightened for my
 10 mum. I didn't know what the outcome would be. The
 11 nurse tried to reassure me and said that they had --- Mum
 12 was admitted to a ward that was in a bit of the hospital
 13 that had been --- it had been made into a COVID ward, it
 14 hadn't existed before that, and the nurse said to me
 15 that she had seen people that were Mum's age and older
 16 surviving and going home and that I was to try and keep
 17 positive about it.
 18 Q. Now, you do tell us what you were subsequently told in
 19 a conversation with the consultant.
 20 A. Yes.
 21 Q. You tell us that in paragraphs 60 and 61.
 22 A. Yes.
 23 Q. Now, I don't want to ask you to do anything that you're
 24 unhappy about or uncomfortable with, so if you want us
 25 just to take what is in 60 and 61 as read, we can do

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1 that, but if you feel up to it, can you tell us what you
 2 were told?
 3 A. Yes. The day after Mum was admitted and I'd been phoned
 4 in the afternoon to say that she had tested positive for
 5 COVID, the consultant phoned me the following morning.
 6 I was Mum's next of kin. She was very measured, very
 7 kind, very compassionate, and said to me that, given
 8 Mum's age, her general frailty, her severe respiratory
 9 condition, that she did not think my mum, if it came to
 10 it, would be able to withstand either CPAP or high
 11 dependency level or in fact intensive care level
 12 treatment, that she wouldn't be a candidate for
 13 intubation and ventilation because she wouldn't be able
 14 to withstand it and that they would make every effort to
 15 care for Mum and offer her full treatment up until it
 16 became necessary for her to have --- if CPAP was going to
 17 be required, then they wouldn't be able to go forward
 18 with that. And I agreed with Mum --- with the consultant
 19 about that, that Mum wouldn't be able to withstand that
 20 and in fact it would have been cruel to have put her
 21 through that.
 22 Q. Yes. Did you have any contact, direct contact, with
 23 your mum when she was in hospital at this time?
 24 A. No visiting was allowed and Mum had a mobile phone. She
 25 would text on it but she wouldn't make or take calls on

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1 her phone. But given that she was on high-flow oxygen
 2 through a face mask and she wore glasses, she had
 3 macular degeneration, it all became very difficult. So
 4 she did try and text but that stopped. It became a bit
 5 muddled because she couldn't see. And she did try to
 6 make a phone call one night on --- there was a phone in
 7 the ward somehow, but she couldn't hear sufficiently and
 8 it distressed her, so we didn't do that. In that first
 9 week that Mum was in, I think within two or three days,
 10 one of the nurses used her own phone to make a WhatsApp
 11 call with me, and I so appreciated that. That was so
 12 kind.
 13 Q. Over a period of days I think it became apparent that
 14 your mum's condition was deteriorating ---
 15 A. Yes.
 16 Q. --- and I think you had regular calls with the doctor on
 17 the ward; is that right?
 18 A. Daily --- daily conversations.
 19 Q. As you tell us in paragraph 68, you received a call on
 20 15 June ---
 21 A. Yes.
 22 Q. --- so just over a week after your mum had been
 23 admitted ---
 24 A. Yes.
 25 Q. --- and this was from the ward specialist nurse, and she

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1 asked you if you were planning to come and visit your
 2 mum that day.
 3 A. Yes.
 4 Q. Did that send a signal to you?
 5 A. Initially I was so taken aback --- actually I felt a bit
 6 angry because I thought if I could have been in visiting
 7 Mum and I hadn't been, so I was a bit angry, and then
 8 I thought, "Well, I could see Mum", so that was really
 9 joyful, and then I thought, "This doesn't bode well".
 10 Q. I think your reaction that it didn't bode well was borne
 11 out?
 12 A. Yes.
 13 Q. And what were you told?
 14 A. We went to the hospital --- so all of us --- my husband,
 15 my brother and sister-in-law, all of us went to the
 16 hospital in two separate cars because we weren't allowed
 17 to be together. My brother was still --- he was in the
 18 shielding category. And I was told that I could come
 19 into the ward for a very short time to see Mum. So
 20 I was already wearing a face mask but given an apron to
 21 wear, a disposable apron, and I was allowed in to see
 22 Mum for about 15 minutes. Then I was taken to speak
 23 with the doctor --- one of the junior doctors --- and
 24 taken to a room on my own and I knew then that bad news
 25 was about to be broken. The doctor told me that they'd

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1 done everything they could for Mum. Despite everything,
 2 her oxygen levels were falling all the time, nothing was
 3 working and we'd reached that point where she didn't
 4 think she was going to survive.

5 Q. So far as continuing to see your mum in hospital after
 6 being told that, what were the arrangements or the
 7 instructions in relation to that?

8 A. That day I was allowed to go back in to see Mum. I was
 9 then — at that point the nurses very diligently dressed
 10 me in full PPE, so theatre hat, full-length gown, double
 11 gloves, FFP3 mask, visor, and Mum was in an infectious
 12 diseases ward by that time, so there was an ante-room to
 13 the actual patient room and I wasn't allowed to come out
 14 of Mum's room without using the call bell so that two
 15 nurses would come out into the ward corridor and they
 16 had flashcards. So once they were there, I could come
 17 out into the ante-room and they would instruct me how to
 18 take the PPE off in the correct manner so that I didn't
 19 contaminate myself in any way.

20 That first day after the doctor broke the bad news,
 21 I was allowed to go back in then and see Mum for an hour
 22 and then was asked to go and was advised then that
 23 I could come back in for another hour the following day
 24 and that would be how it would continue. But that
 25 changed so that, as long as I could tolerate the PPE,

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1 I could stay in the room with Mum, but to try and avoid
 2 the mornings because obviously the nurses were having to
 3 dress me in the PPE, and that's what I did, and on the
 4 day she died I was there with her.

5 Q. I think you tell us in paragraph 71 that you were able
 6 to spend around three to four hours —

7 A. Yes.

8 Q. — with your mum each day in the last few days of her
 9 life .

10 A. Yes, and that was — you know, I never thought I would
 11 say I was lucky for being able to do that because we've
 12 previously taken that as something that we should all be
 13 able to do.

14 Q. Always be able to do.

15 A. But I was lucky.

16 Q. You make some comments about PPE in paragraphs 72 and
 17 following of your statement. I think it's perhaps
 18 important, given your background, if you just tell us
 19 a little bit about — well, first of all, you saw no
 20 shortage of PPE in the ward?

21 A. I wasn't aware of any shortage and my view is that I was
 22 enabled to visit and stay with Mum because there was no
 23 shortage of PPE and I didn't see any — I wasn't made
 24 aware of any issues around it at that time on that ward.

25 Q. You did witness a number of breaches of infection

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1 control practice, you tell us.

2 A. Yes.

3 Q. Can you just tell us a little about those?

4 A. On the day that Mum died, I was sitting in full PPE with
 5 Mum and, bearing in mind that I've just said that
 6 I wasn't allowed to leave Mum's bedside and go out into
 7 the ante-room unless there were one or two nurses out in
 8 the corridor watching me remove the PPE — and when the
 9 staff came in very briefly to Mum, they would have
 10 a mask, disposable apron and gloves on just for a very
 11 brief interaction in the room. But whilst I was sitting
 12 there, a member of the domestic staff, the cleaning
 13 staff — there was a knock at the door and she just came
 14 in, and she was doing a nice thing, she was bringing
 15 a card in that had been delivered for Mum, but she
 16 didn't have any of the appropriate — she didn't have an
 17 apron on or anything in that room on that day. And I'd
 18 seen a consultant — I recognised it as a consultant
 19 from what I could hear going on in the ward round — but
 20 coming into the ward, without wearing a face mask, which
 21 was required on the ward.

22 And on one occasion, when I had left Mum's room, the
 23 nurses had moved off and I wanted to speak to them. So
 24 wearing only a mask, I had made my way up to the nurses'
 25 station and I got a fulsome row for having moved in that

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1 ward corridor without permission and yet the consultant
 2 was walking up and down with no mask. On another day
 3 I saw — I think I say that later — what I recognised
 4 to be a patient safety walk-round happening.

5 Q. Yes.

6 A. My husband and I were again waiting to see the doctor
 7 and we were sitting out in the main corridor. The doors
 8 to the outside of the hospital were open. It was
 9 a sunny day. And these members of staff started
 10 gathering, and it dawned on me that it was a patient
 11 safety walk-round, and in that moment I saw the
 12 individual who was leading the walk-round have to be
 13 instructed about how to wear a disposable face mask
 14 correctly. She had it on upside down and the wrong way
 15 round initially until actually the estates manager —
 16 who I had seen his name badge — pointed out to her that
 17 she was wearing the mask incorrectly. And when I later
 18 went into the ward with the doctor to have
 19 a conversation and then to go and see Mum and to be put
 20 into my PPE, the people from the walk-round were milling
 21 around in the ward. And I suppose I was taken aback
 22 that these things were still continuing during the
 23 pandemic and the risk of infection about individuals
 24 moving in and out of what was fundamentally a ward where
 25 there was COVID infection.

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1 Q. So your reaction to that with your professional
2 background was one of what?
3 A. I was shocked, actually, because I -- the footfall
4 through the ward in that event, when I was having to,
5 you know, be so careful -- everybody was being so
6 careful -- but that footfall through the ward I found
7 was extraordinary and was, to me, an absolute breach in
8 infection control practice waiting to happen.
9 Q. You also tell us at paragraph 74 that you witnessed
10 breaches of infection control practice within ambulance
11 staff. Was that in connection with your mother being
12 taken to hospital or was that just you observing when
13 you were at the hospital?
14 A. That was observation when we were at the hospital,
15 watching -- on the day that -- the first day that I got
16 in to see Mum and the bad news had been broken,
17 understandably we were reeling, and my husband and
18 I actually walked round to the main entrance of the
19 hospital and he himself actually said to me that I'd be
20 shocked at what I would say. Ambulances were pulling up
21 to the door. Patients were being taken out of the
22 ambulance. One member of ambulance staff, a two-person
23 crew -- one would have apron, gloves, mask, and the
24 other would maybe have a mask on. And the ambulances
25 weren't -- it didn't look like they were being cleaned

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1 down in between patients. They were being pulled in and
2 out.
3 Q. You also mention viewing a YouTube video of the nurse
4 director of NHS Lanarkshire. You tell us in
5 paragraph 76 what the import of that particular video
6 was and I think you make a connection with the day you
7 think that your mother contracted nosocomial COVID.
8 A. Yes. After this period I came across this video on
9 YouTube and the nurse director from NHS Lanarkshire, as
10 I've described, was gold commander on that particular
11 day and urging staff across NHS Lanarkshire to avoid
12 meeting in communal spaces in the hospitals as they were
13 concerned about staff outbreaks. I relate that to my
14 earlier description of the research paper because,
15 again, in that paper, the researcher, who happens to be
16 a consultant microbiologist in this particular health
17 board, said that staff were not wearing PPE correctly
18 and appropriately in various areas but particularly in
19 areas that would have been staff areas previously, prior
20 to the pandemic. And my sense was one of anger because
21 that was likely around the time my mum contracted COVID.
22 Q. Right. We go on to 15 June. I think you tell us that
23 it was considered that it was too much of a risk for
24 your brother --
25 A. Yes.

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1 Q. -- to come into the ward --
2 A. Yes.
3 Q. -- and he had to look through the window.
4 A. Yes.
5 Q. I think you say that your mother really couldn't see
6 him, nor could she hear him.
7 A. She couldn't. I explained to her that my brother was
8 looking in through the window, so she raised her hand
9 and waved and I explained that he was waving back, that
10 my sister-in-law was also at the window, but until --
11 every day when I was in visiting Mum from then until she
12 died, she would ask when he was coming to see her, and
13 I explained that he couldn't, but it was what she
14 wanted.
15 Q. You were subsequently told, on the next day, by the
16 consultant that they would try your mum with oral
17 dexamethasone --
18 A. Yes.
19 Q. -- and I think you describe that -- perhaps you can use
20 the expression -- you tell us about how that was
21 described to you.
22 A. The consultant said -- at that particular time
23 dexamethasone was being -- was used as a trial drug in
24 the treatment of COVID-19, and the consultant said that
25 she would try that with Mum, to give her that orally,

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1 and she used the expression "one last throw of the
2 dice".
3 Q. And if that didn't work, as you tell us, then they would
4 move to, I think we know, end-of-life medication?
5 A. Yes, yes.
6 Q. And you agreed, if there was no change with the
7 dexamethasone, then all you wanted for your mother was,
8 as you put it, dignity, comfort and grace --
9 A. Yes.
10 Q. -- and peace -- I'm sorry, peace. Can you tell us, if
11 you're able, what happened thereafter?
12 A. So the dexamethasone hadn't made -- you know, made any
13 difference, and at that point Mum was receiving
14 high-flow oxygen through a face mask so her mouth was
15 incredibly dry because of that and it was just simply
16 purgatory for her. It was just terrible to sit and
17 watch that. So that's why I'd said that I just wanted
18 her to have comfort and peace. So the doctor said that
19 they would then move on to the morphine and midazolam,
20 and morphine enables people with deep respiratory
21 conditions -- it eases their breathing and the midazolam
22 is a sedative medication.
23 So when I went back in to see Mum the day before she
24 died -- I'd already seen the doctor. The doctor knew
25 I was coming to speak with her -- when I went in to see

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1 Mum, she was very quiet and looked at me for a long time
 2 and then said that -- she told me the doctor had spoken
 3 to her that morning and said that she wasn't going to
 4 survive. And I just didn't know what to say to her.
 5 I said that I knew she was very ill, and then Mum said,
 6 "I'm not going to survive and I think I knew", is how
 7 she put that to me, and ...
 8 Q. Do you think that that should have been told to your
 9 mother in that way and without anybody there?
 10 A. No. I -- the doctor knew I was coming to the hospital
 11 and my firm view is that that conversation could have
 12 been had when I was in the room with my mum. My mum
 13 didn't need to hear that when she was there by herself.
 14 For the sake of a couple of hours, then the
 15 compassionate thing for me to happen would have been
 16 that I was there with Mum and the news could have been
 17 broken to both of us.
 18 Q. I think you were able to spend time with your mum on
 19 that day, 17 June? You were able to talk to her, hold
 20 her hand?
 21 A. Yes. Yes.
 22 Q. The following morning you received a call, I suppose one
 23 that you were probably expecting --
 24 A. Yes.
 25 Q. -- at 7.00 am and you were told that there had been

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1 a change in your mother's breathing --
 2 A. Yes.
 3 Q. -- and that you should come to the hospital?
 4 A. Yes.
 5 Q. And you were able to do that?
 6 A. Yes. Yes. My sister-in-law drove us. My husband and
 7 I were there. He wasn't allowed in, but he came with
 8 me. And I have to say she took off like a bank robber
 9 to make off so that we got there in plenty of time.
 10 Q. And you were able to spend time with your mum from
 11 around 8.00 am on that day --
 12 A. Yes.
 13 Q. -- until, as you tell us, she passed away peacefully at
 14 about 3.30?
 15 A. Yeah, it was peaceful but it wasn't merciful.
 16 Q. The brutal fact, I suppose, is the cause of death on her
 17 death certificate was certified as COVID-19.
 18 A. Yes.
 19 Q. Now, you do tell us about a number of complaints that
 20 you made to NHS Lanarkshire as it is your belief that
 21 your mother contracted COVID while in their care when
 22 she was in hospital.
 23 A. Yes.
 24 Q. So could you just explain what the complaints were and
 25 what the responses were?

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1 A. I used the complaints process to say that my firm belief
 2 was that my mum had contracted COVID whilst she was in
 3 their care, she had tested negative for COVID during her
 4 first admission and the timeline fit in terms of her
 5 development of symptoms of COVID. And, again --
 6 actually it was in August 2020 when I finally got my
 7 response letter from the health board, and they
 8 confirmed that, in the time that Mum had been in the
 9 care of frail elderly ward, which was the ward she was
 10 in very last, there were something like around four
 11 other patients at least who had tested positive for
 12 COVID at that time in what was labelled as a non-COVID
 13 care of frail elderly ward, and they set out in their
 14 letter that they'd used a Public Health algorithm -- I'm
 15 afraid I can't articulate it any differently than
 16 that --
 17 Q. I'm pleased you can't.
 18 A. -- to calculate the likelihood of where Mum had
 19 contracted COVID and it was extremely likely that she
 20 contracted it whilst in University Hospital Wishaw.
 21 Q. Wishaw, yes.
 22 You didn't get an apology, as you say in
 23 paragraph 88, and you say there is no recognition of the
 24 fact that she had contracted COVID-19 while in the care
 25 of NHS Lanarkshire and no explanation as to how this had

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1 occurred.
 2 Do you not feel that the letter that you received
 3 was at least in part an acknowledgement of that?
 4 A. It was in terms of the fact, but the process around
 5 that -- so they did not relate anything to the boarding
 6 of patients, they didn't relate anything to infection
 7 control practices. There was no discussion. It was
 8 a bald statement of fact and no real apology, as far as
 9 I'm concerned, that those breaches occurred and that,
 10 because of those, my mother contracted COVID whilst in
 11 their care.
 12 Q. Okay. If you feel able to, can you read paragraph 91 of
 13 your statement?
 14 A. 91:
 15 "Mum was 86 years old when she died. She was
 16 interested in life and people and took such pride in her
 17 family. She was living independently and had done so
 18 since the death of my father in 1999. She had a good
 19 quality of life and though she lived in a simple, quiet
 20 way, she had life yet to live. She never got to meet
 21 her great grandson which would have been one of her
 22 greatest joys."
 23 Q. You tell us about the funeral, and we know that there
 24 could only be 20 people at the funeral --
 25 A. Yes.

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1 Q. -- and you give us the details of the funeral.
 2 A. Yes.
 3 Q. We can read that. I don't want to take you through
 4 that. But you do reflect on a number of the impacts
 5 that this has had on you. Some of these impacts, with
 6 respect, I will come to when you've given your evidence
 7 about your husband so I'm not ignoring them. But
 8 perhaps those that are specific to the circumstances of
 9 your mum were that you say at paragraph 96 -- and this
 10 is something we've heard from a number of witnesses --
 11 is that there's an element of blaming yourself --
 12 A. Yes.
 13 Q. -- and I suppose an element of guilt that you feel.
 14 A. Yes.
 15 Q. And I think you say that you are concerned that perhaps
 16 you could have tried harder to keep your mother at home
 17 and you also reflect on the possibility that, had she
 18 been afforded something as simple as a commode, that
 19 might have enabled her to be kept at home?
 20 A. Yes.
 21 Q. And the same observation you make in relation to the
 22 availability of district nurses?
 23 A. Yes.
 24 Q. And I think you reflect with the -- I can't say "the
 25 benefit" -- but with the experience of what you

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1 subsequently went through, you could identify with the
 2 resilience of your mother --
 3 A. Yes.
 4 Q. -- having been widowed?
 5 A. Yes, I always thought I understood about grief, personal
 6 grief, bereavement, but I wish my mum was here so that
 7 I could tell her how proud I am of her, how strong
 8 I believe she is, was, and that I didn't have a clue
 9 about what she was going through after my dad died
 10 really, but how proud I am of her.
 11 Q. Yes.
 12 Can we pause my Lord just for a few minutes before
 13 we go on to --
 14 THE CHAIR: Shall we say ten?
 15 MR GALE: Ten minutes would be fine.
 16 THE CHAIR: Very good. We'll do that. 20 to, then.
 17 MR GALE: Thank you, my Lord.
 18 (2.34 pm)
 19 (A short break)
 20 (2.42 pm)
 21 THE CHAIR: Right, Mrs Waterton, good. When you're ready
 22 again, Mr Gale.
 23 MR GALE: Thank you, my Lord.
 24 Mrs Waterton, can we now turn to your statement
 25 about your late husband?

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1 A. Yes.
 2 Q. You tell us a little bit about him, again -- he was 71
 3 when he died?
 4 A. Yes.
 5 Q. Again, compressing 71 years into a few sentences,
 6 perhaps you can just tell us a little bit about him.
 7 A. Yes, he was a very smart, very capable man. He was
 8 a Rolls Royce engineer and that was -- to trade, and
 9 that was something that he was very, very proud of. As
 10 I've said, there's a dedicated Albion Rovers supporter.
 11 THE CHAIR: That's a rare breed.
 12 A. It is indeed, my Lord, but somebody has got to be.
 13 MR GALE: I was going to ask you where Albion Rovers is.
 14 A. Coatbridge.
 15 THE CHAIR: I could have told you that!
 16 MR GALE: He also -- when David and I first met, he was
 17 a very, very keen hill-walker, he used to do a Munro or
 18 two every other weekend with a particular walking group.
 19 He was a sociable chap, and just talking to somebody
 20 yesterday actually from Albion Rovers said he was
 21 a character, so -- and he enjoyed golf and amateur
 22 football when he was younger and he very much enjoyed --
 23 when he'd retired, he loved to work with wood and was
 24 very skilled in making all sorts of everything.
 25 Q. Right. You do tell us -- I'm afraid I haven't got the

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1 paragraph noted down -- but you do tell us, I think
 2 later in your statement, that he was politically astute
 3 and active.
 4 A. Yes, he --
 5 Q. Did that cause arguments?
 6 A. No, no arguments. I used to just listen and learn, in
 7 fact. He was very politically astute, very active
 8 politically in his younger day.
 9 Q. Perhaps some of his supporting and other activities took
 10 something of a toll on him in relation to
 11 osteoarthritis; is that right?
 12 A. Yeah, that had caused some problems in his knees so he
 13 was actually waiting for knee replacement surgery.
 14 Q. As you told us earlier, he was diagnosed with a complex
 15 sleep disorder in 2015, a sleep apnoea --
 16 A. Yes.
 17 Q. -- as you told us, and that was subsequently diagnosed
 18 as chronic fatigue syndrome?
 19 A. Yes.
 20 Q. Did he have any other underlying health issues?
 21 A. He'd had two TIAs and with no recurrence after that. He
 22 was a bit unlucky, I would say, and he also had two
 23 diverticular bleeds. The second of those was in fact in
 24 2019, early 2019, quite a significant bleed, and he was
 25 actually due to have knee replacement surgery just

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1 thereafter, and so that was postponed and then we went
2 into lockdown.

3 Q. Yes. Can I just be clear -- it's a very minor point,
4 Mrs Waterton -- paragraph 11, you say:
5 "[The] second episode of diverticular bleed occurred
6 in late February 2020."
7 I think you said "2019". Is it 2020?

8 A. Oh, I do beg your pardon. It's 2020, sorry.

9 Q. No, not at all.

10 A. It is 2020, yes.

11 Q. It is 2020.

12 A. I beg your pardon.

13 Q. Not at all.

14 I think also we've discussed, given your family
15 situation, your mother, your brother, that you were very
16 compliant as we approached lockdown --

17 A. Yes.

18 Q. -- and you tell us about that. And with your
19 background, you were very -- as you say, very diligent
20 with wearing face masks, hand hygiene, social distancing
21 and just general matters of hygiene?

22 A. Yes, David used to describe me as the "COVID police" and
23 fully expected that on occasion I would come back home
24 with a couple of black eyes because I'd been very
25 forthright with individuals about social distancing and

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1 wearing masks correctly. He became worse than I was in
2 the latter end.

3 Q. Now, your husband wasn't in the shielding category --

4 A. No.

5 Q. -- but I think you decided that, given the overall
6 concerns within your family, that you would do, as you
7 put it, all the shopping?

8 A. Yes.

9 Q. And the purpose of that was to what?

10 A. It was to make sure that I was minimising risk to David.
11 I was also conscious that I was going in and around my
12 mum. But it was really to make sure that we were trying
13 to be as diligent as we could be and to minimise risk.

14 Q. Now, you did move house, as you tell us,
15 in September 2020 --

16 A. Yes.

17 Q. -- and in December 2020 you had engaged a joiner to do
18 some work in your house?

19 A. Yes, it was permitted work, yes.

20 Q. Just tell us what happened as a consequence of that.

21 A. Our joiner had been working away in the house for two
22 weeks and then it was coming up to the Christmas period,
23 he had small children and he had planned a Santa
24 experience weekend in a hotel in Aviemore. To be
25 honest, he didn't really want to go, and at that time

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1 Scotland was in different tiers depending on the level
2 of infection, COVID infection. He didn't live in our
3 area and so he was enabled to travel to Aviemore. He
4 went away, had his weekend, came back and finished the
5 work in our house. And then he contacted us to say that
6 he had tested positive for COVID, as had his wife, but
7 they were both asymptomatic and that we should probably
8 get ourselves tested.

9 Q. I think you also tell us about being able to pinpoint
10 dates that your husband's 71st birthday was on
11 23 December --

12 A. Yes.

13 Q. -- and you had a party on the 19th.

14 A. We went out for a meal, as we were permitted to do, with
15 my step-daughter and son-in-law, and we again adhered to
16 all the restrictions. Actually, when we came out of the
17 restaurant and parted company, my husband hugged my
18 step-daughter -- my son-in-law is a police officer so
19 they were very diligent also about the guidance and
20 restrictions and the rules. At first she was a bit
21 off-put and he said to her, "I just wanted to hug my wee
22 girl", and once David had died, she's reflected on that
23 moment long and weary and was glad that her dad did do
24 that.

25 Q. Yes, I'm sure. I'm sorry I described it as a "party".

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1 Please forgive me. I realise that it was out for
2 a meal.

3 That night, various matters became apparent --

4 A. Yes.

5 Q. -- and in particular your husband felt tired and I think
6 a couple of nights later you started to develop a cough
7 which wasn't your normal cough, as you put it?

8 A. No, I have asthma and I knew it was different.

9 Q. What was your husband's condition at or around that time
10 when you started to develop a cough?

11 A. He certainly started to feel quite unwell. He felt as
12 if his temperature was up. He was sweating profusely,
13 but that may not have been so unusual, but he really --
14 and his colour started to drop. He looked pretty grey
15 at that time.

16 Q. And you tell us -- I think you've already indicated --
17 that around this time the joiner had indicated that he
18 and his wife had tested positive for COVID.

19 A. Yes. Yes.

20 Q. Your brother I think also tested positive -- is that
21 right? -- at this time.

22 A. Yes, my brother and one of my nephews had come to help
23 us with a bit of clearing-up work and my brother --
24 although we all -- during that process, we kept
25 distance, we were wearing face masks, I didn't think my

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1 brother looked particularly well. And we — I got him
 2 to come into the house to have a hot drink with the —
 3 sitting in our sun-room with the doors, the windows,
 4 open, all 2 metres apart, for 20 minutes while he had
 5 a drink, a hot drink. Then subsequently, when David and
 6 I had our tests, our COVID tests at the test centre, and
 7 we got our results the following morning, I made them
 8 aware that — I'd previously made them aware that the
 9 joiner had tested positive and I thought they'd best
 10 test, and it transpired that probably my sister-in-law
 11 had contracted COVID at work. She had a very heavy cold
 12 and her first test was negative but she tested positive
 13 within another 24 or so hours. And my brother, he also
 14 had — he had COVID at the same time.

15 Q. At paragraph 23 of your statement you tell us that you
 16 had appreciated that your cough was not your usual
 17 asthmatic cough —

18 A. Yes.

19 Q. — and that you booked a test for both of you.

20 A. Yes.

21 Q. Your husband asked you to do the test for him; is that
 22 right?

23 A. Yes.

24 Q. You noticed (a) that he was very anxious, as you tell
 25 us, and also, when you did the test, you noticed

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1 something that you had seen earlier a few months
 2 previously with your mother?

3 A. Yes. David's — actually my heart sank when I did
 4 David's test and I saw his mouth looked the same as
 5 Mum's — and my heart sank at that point. I knew my
 6 cough was very different. It was persistent, irritant,
 7 and that's not the normal cough that I have with my
 8 asthma. And I was very anxious that David had COVID.

9 Q. Yes. Now, you got your test results I think you say on
 10 22 December —

11 A. Yes.

12 Q. — 2020 and you had both tested positive.

13 A. Yes.

14 Q. You were contacted by Test and Protect that day, I think
 15 probably on the basis that your brother had tested
 16 positive, was it?

17 A. The process then was that if you had a positive test,
 18 Test and Protect contacted you to again do some contact
 19 tracing, to work out who your close contacts were, so if
 20 they should inform them and so on.

21 Q. I think you earlier told us that you didn't receive any
 22 contact from Test and Protect in relation to the
 23 positive test of the joiner who had been in your house.

24 A. No. No, we didn't.

25 Q. You took certain precautions by sleeping on separate

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1 floors in your house, I think —

2 A. Yes.

3 Q. — but, as you tell us, you had no appetite, everything
 4 was effortful and your husband was worse than you were?

5 A. Yes, he was exhausted. He had absolutely no appetite.
 6 And of course that wasn't helping because you've got
 7 a high temperature, so a fever. And we were lucky, so
 8 we were able to, you know, have separate bedrooms,
 9 separate bathrooms, and it was a case of trying to
 10 encourage him as well as myself to eat and drink.

11 Q. You tell us in paragraph 27 and following about the
 12 progress of your respective conditions over the
 13 Christmas days.

14 A. Yes.

15 Q. You subsequently — sorry, your husband subsequently
 16 attended the COVID assessment centre and was given
 17 certain advice. This is at paragraph 30.

18 A. Yes.

19 Q. What was his position then?

20 A. We'd both had to attend the COVID assessment centre on
 21 varying days and one of the issues around chronic
 22 fatigue syndrome is severe headaches, so that was
 23 a feature David had to manage anyway. But the headaches
 24 were really severe whilst he had COVID and on Boxing Day
 25 we had made a call to the NHS 24. So he was asked to go

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1 to the COVID assessment centre and there he got some
 2 fairly stern advice about trying to eat and drink more
 3 because that wasn't helping his situation. It was
 4 probably making his headaches worse. But he also got
 5 some good advice about how to manage his headaches
 6 differently with the medication that he had. And on
 7 those occasions they arranged transport for us to go.
 8 It was a taxi with a partition between the passenger
 9 side and the driver side. The driver didn't help you
 10 get in or out the taxi. If you weren't able to do that,
 11 you just had to manage somehow.

12 Q. We can read about some of the other symptoms that your
 13 husband had —

14 A. Yes.

15 Q. — in particular the severe abdominal pain.

16 A. Yes.

17 Q. We see that in paragraph 32. But in paragraph 33 you
 18 say that your husband had seemed reassured by his visit
 19 to the assessment centre —

20 A. Yes.

21 Q. — and he was trying to eat and drink.

22 A. Yes.

23 Q. So the exhortations by the people at the assessment
 24 centre had made some impact on him?

25 A. Yes. I think during that period we were both

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1 frightened. He was frightened for me, I was frightened
 2 for him. But that advice seemed to reassure him and
 3 that day he was — that afternoon and evening he was the
 4 most settled I'd seen him.
 5 Q. Unfortunately that didn't continue because you started
 6 to hear him coughing and you describe it as "persistent
 7 and unrelenting".
 8 A. Yes. I could hear him — I was in the bedroom upstairs
 9 and I became aware of the coughing, and I remember
 10 coming down the stairs and actually sitting on the
 11 stairs for a moment or two and it just was unrelenting,
 12 persistent coughing.
 13 Q. And what did you think when you heard that?
 14 A. I thought, "This has got to be COVID pneumonia", and my
 15 heart sank.
 16 Q. One of the manifestations of that was that he was
 17 struggling to catch his breath, as you tell us —
 18 A. Yes, absolutely.
 19 Q. — and he couldn't speak to you?
 20 A. No. He was really, really short of breath. He was
 21 terrified.
 22 Q. So what did you do after that?
 23 A. I called NHS 24 and explained the situation, and they
 24 said that they would organise for an ambulance to come,
 25 but if David's condition deteriorated, I was to not

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1 hesitate and call 999. And both those things happened.
 2 He absolutely couldn't get a breath and I called 999 and
 3 an ambulance duly arrived.
 4 Q. I think when the ambulance did arrive, your husband was
 5 experiencing a very high temperature spike.
 6 A. Yes, it was almost 40 degrees, I think, at one point.
 7 Q. And I think the ambulance staff made — the paramedics
 8 made some fairly, I suppose, practical steps to try and
 9 lower his temperature because, bearing in mind it
 10 was December, they stripped him down to his T-shirt and
 11 shorts?
 12 A. Yes, to take him out, and that was a really — kind of
 13 a really dramatic approach to, "Let's try and get your
 14 temperature down". They were obviously concerned.
 15 I don't know what his oxygen saturation levels were at
 16 that point, but they basically couldn't get him out
 17 quick enough and into the ambulance.
 18 Q. Right. Now, bearing in mind you had previously tested
 19 positive for COVID, 29 December would have been the
 20 expiration of your period of self-isolation?
 21 A. Yes, it would have been.
 22 Q. But the paramedics told you that you would need to
 23 isolate for a further ten days?
 24 A. Yes.
 25 Q. Any idea why they wanted that?

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1 A. I asked them why that was and they just said that was
 2 what I needed to do, but they couldn't give me any
 3 further explanation of why that would be.
 4 Q. Do you have any view as to why it might have been?
 5 A. I think, as I later describe, the doctor in Hairmyres,
 6 when I asked him about that, he said people were just
 7 giving advice off the cuff with no evidence or sense of
 8 information behind that. I think it was just something
 9 they were saying.
 10 Q. Okay. Your husband was admitted to Hairmyres
 11 Hospital —
 12 A. Yes.
 13 Q. — as you tell us in paragraph 38, and he was admitted
 14 to the high dependency unit there?
 15 A. Yes.
 16 Q. Initially you tell us that in conversation with a doctor
 17 there, on the 29th, the information you were being given
 18 was relatively positive.
 19 A. Yes, David was initially admitted to a high dependency
 20 unit and then out into a ward but back again within
 21 a few hours, but the tone of the conversation I had with
 22 the doctor, as I've said, was relatively positive. He
 23 was on high-flow oxygen and he seemed to be responding
 24 to that. In that conversation, I remember saying to the
 25 doctor that I wanted to make it really very clear that

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1 I wanted David to be afforded every effort and every
 2 level of treatment made available to him.
 3 Q. So that presumably was to avoid any dubiety about DNR?
 4 A. Yes, I was really very anxious about all of that because
 5 of my experience with my mum. Subsequently — not at
 6 this point, but subsequently in other areas we've heard
 7 about population triage and I was anxious about the
 8 decision-making that was going on generally at this
 9 point, given we were hearing not enough ventilators,
 10 hospitals running out of oxygen, no beds. I was very
 11 anxious about all of that.
 12 Q. Just for at least my benefit, can you explaining what
 13 population triage is?
 14 A. Well, I've heard that in evidence given by Jeremy Hunt
 15 at the UK Inquiry, when he talked about it as part of an
 16 element of — I think it's Exercise or Operation Nimbus,
 17 when he was Health Secretary, and he — that was where
 18 he was to be, as Health Secretary, Secretary of State
 19 for Health, to be given the power to decide
 20 fundamentally what ventilators remained switched on, and
 21 he declined that. So we'd heard — I've heard about
 22 that since, but at this point, in this moment, I was
 23 anxious about my husband's age and all of the things we
 24 were hearing in the media about lack of ventilators,
 25 poor supply of oxygen in hospitals because people were

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1 running out.
 2 Q. We know from your statement that in the following days
 3 your husband was not maintaining his oxygen levels and
 4 he was put on CPAP and put into a prone position, as
 5 I understand it.
 6 A. Yes.
 7 Q. Do you know what else he was being treated with or for?
 8 A. I understood that he was receiving antibiotics and that
 9 also he was having dexamethasone.
 10 Q. It's probably obvious that he wasn't, but was your
 11 husband able to communicate with you in any way during
 12 this period?
 13 A. I'd made sure that David had his mobile phone and his
 14 tablet when he went into hospital, into Hairmyres, that
 15 night, and initially he was making some calls, telephone
 16 calls, to me and his daughter and other very close
 17 friends or family members. And then it was messages,
 18 but they became a bit garbled, and ultimately, when he's
 19 in the prone position in CPAP, you're not able to do any
 20 of those things.
 21 Q. Now, your communications were with the nursing staff, as
 22 I understand it.
 23 A. I had daily conversations with the same doctor and
 24 around that then it would be contacting the ward that
 25 David was in to see how things were going, and that

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1 would be with the nursing staff.
 2 Q. Yes. And I think your husband was able to send you some
 3 text messages in relation to the attendance of the
 4 nurses and I think he was fairly blunt in what he said
 5 about them.
 6 A. He was. Am I able to say the word that he says?
 7 Q. I don't think that's a problem if you're able to say it,
 8 yes.
 9 A. So he didn't beat about the bush generally, was his way,
 10 and in a text message he said -- because I was talking
 11 to him about the nurses were -- you know, were giving me
 12 a positive feel for what was going on, but he said that
 13 he didn't know how they would know that because they
 14 were never near him and they were shit.
 15 Q. Do you think, given your husband's condition at that
 16 time, that that was probably accurate, at least from his
 17 perspective?
 18 A. From his perspective, I think that was probably the
 19 case.
 20 Q. Now, you were subsequently advised that your husband's
 21 chest x-rays had shown that he did have COVID pneumonia
 22 and that there was damage to his lungs.
 23 A. Yes.
 24 Q. You then continued to have conversations with -- I don't
 25 know whether it's a consultant or a doctor and please

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1 don't name him or her -- but you say that the tone of
 2 the conversations you had changed. Could you explain
 3 that, please?
 4 A. Initially it was the same doctor that I was having
 5 a daily or sometimes twice--daily conversation with, and
 6 initially, as I've said, I expressed more than once that
 7 I wanted David to be afforded every effort, every
 8 treatment, and that included intensive care, ventilation
 9 and in no way did we discuss DNR. But on the day that
 10 I describe, I became aware that the doctor's tone had
 11 changed -- that's how it felt to me -- and that he
 12 started to press me then for how far David could walk,
 13 and when I said, "Well, he's waiting for knee
 14 replacement. He's got severe arthritis in both knees so
 15 that limits the distance that he can walk because it's
 16 painful", he kept pressing me, and I was anxious about
 17 giving him an answer because I really felt that that was
 18 somehow another -- going to be really salient in his
 19 decision-making. And I couldn't understand that because
 20 how far somebody can walk in and of itself is not
 21 a decision -- not where DNR should be decided upon. So
 22 in the end I said to him that, "Well, he can
 23 fundamentally -- you know, he can walk for about half
 24 a mile and then he has to stop because his knees are
 25 sore", and his response to that was, "Well, that's what

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1 I mean", but I couldn't get him to explain to me what he
 2 meant by that.
 3 Q. Right. What did you infer from this conversation?
 4 A. I became really concerned then that they were -- that
 5 the medical staff were then going to make decisions
 6 about David and the level of care that they were
 7 prepared to offer him and DNR on the basis of how far he
 8 could walk, and I was really anxious about that.
 9 Q. Did you make clear your position regarding DNR in
 10 respect of your husband at that time?
 11 A. I believe I was very clear. I was explicitly clear that
 12 I wanted every level of treatment, every care afforded
 13 to him and that that for me included ventilation and
 14 intensive care.
 15 Q. So far as you were able to I suppose surmise because you
 16 weren't seeing your husband at this time --
 17 A. No.
 18 Q. -- do you know if your husband had any discussions
 19 regarding this?
 20 A. I don't know that. David didn't -- he didn't discuss
 21 that with me in that moment in those days, but from
 22 conversations that I'd had with David previously -- and
 23 he had full capacity -- I can't believe that he would
 24 have agreed to DNR.
 25 Q. At the turn of the year your husband contacted you, as

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1 you say at paragraph 54, by text to say there had been
 2 no improvement and that they were keeping him on CPAP.
 3 Again he replied to you — and I'll read this rather
 4 than have you read it — he replied to you that he was
 5 mentally strong but his body wasn't and he didn't know
 6 if his body could fight it.
 7 A. Yes.
 8 Q. He didn't mention DNR?
 9 A. No, he did not.
 10 Q. You were subsequently called or you subsequently called
 11 the ward and were told that it had been decided that
 12 your husband would be reviewed by the ITU consultant
 13 with a view to ventilation and ITU care.
 14 A. Yes, yes.
 15 Q. And that presumably was what you wanted?
 16 A. Yes. Although I was anxious for David, I was frightened
 17 for him about that, that's what I wanted, and I felt
 18 they were reviewing him because that was where we
 19 were — what was going to happen next.
 20 Q. And what did happen?
 21 A. I waited all of that day to have some contact from the
 22 ward about the decision of the review. I kept calling
 23 the ward and I was told all of the time that the review
 24 was still to happen, it was still to happen, and I was
 25 getting more and more concerned about that, but

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1 I understood that the hospital was busy, the ITU
 2 consultants were particularly busy, and then, when
 3 I eventually managed to get through to the ward, around
 4 about midnight or so, I was told by a nurse that the ITU
 5 consultant had been, that the review had taken place,
 6 that David was not a candidate for ventilation or
 7 intensive care and he was DNR. They said that he'd
 8 received the maximum treatment, no resuscitation, and
 9 the nurse continued to say that that had been fully
 10 discussed with me.
 11 Q. Right, and was that true?
 12 A. No. I told the nurse that she was a liar and that
 13 I would go to my grave calling her a liar, that it
 14 absolutely had not been discussed with me, that I was
 15 still waiting for that communication and that I wanted
 16 to speak with the doctor as soon as possible. I called
 17 the ward back in the early hours of the morning and it
 18 was the same nurse that I spoke to and she told me
 19 that — she apologised and said that there had been
 20 a mix-up in communication. I kept asking about David's
 21 condition and was told it was the same, there was no
 22 deterioration, no worse. And again I asked to speak
 23 with the doctor that I'd been having regular
 24 conversations with when he came on duty in the morning.
 25 Q. Now, notwithstanding his condition, I'm assuming that

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1 your husband even at this stage still had full capacity?
 2 A. As far as I understand, yes.
 3 Q. Would he, in your view, have agreed to DNR?
 4 A. No.
 5 Q. Had you been — well, do you feel that in the situation
 6 that your husband was in, you should have been consulted
 7 about DNR?
 8 A. Absolutely. My belief is that, you know, the Inquiry
 9 has heard previously about DNR and how it's been handled
 10 and that a leaflet might be helpful. Well, the
 11 clinicians, the doctors, they have guidance in abundance
 12 from royal colleges, from the GMC, from the
 13 Resuscitation Council, from their own health boards, so
 14 a leaflet isn't going to do it. This is about full,
 15 frank communication, and particularly in this
 16 circumstance, if David wasn't able to have that
 17 conversation for himself, then they should have been in
 18 contact with me and discussed it in full with me, as
 19 David's wife, and we could have come together to
 20 a decision based on the facts of what was going on
 21 around David. But I was left not knowing what had been
 22 discussed with him, not knowing what he had understood,
 23 not knowing what he had agreed to, and for — the mix-up
 24 happened because the ITU consultant thought that it was
 25 better for the ward doctor, who had built up

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1 a relationship with me, to tell me the decision.
 2 I appreciate it can be a medical decision, but in the
 3 end nobody did tell me, and I ended up, in the early
 4 hours of the morning, having a rip-roaring row with
 5 a nurse because somebody somewhere had noted down that
 6 that decision had been discussed with me and it had not.
 7 Q. Putting your nursing professional hat on, is this,
 8 do you think — given the circumstances your husband was
 9 in, is this a decision that should have been left to —
 10 I'll put it this way — the discretion of the treating
 11 clinician?
 12 A. That is how that decision can be made —
 13 Q. Yes.
 14 A. — but my expectation, especially when I was not able to
 15 be — I wasn't able to visit with David, I wasn't able
 16 to be with him and I was relying on them to have those
 17 full conversations with me factually about what was
 18 going on with David — and if I had been given to
 19 understand his medical condition fully at that time,
 20 then in the same way that I agreed with the consultant
 21 about my mum, I may have reached the same choice. But
 22 I'm left believing that other things were at play and
 23 I feel blame and guilt around all of that, that I didn't
 24 fight harder for him.
 25 Q. And I suppose this is a degree of speculation,

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1 Mrs Waterton, but you say that other things were at
 2 play. What do you think those other things were?
 3 A. So I relate that back to that view about population
 4 triage and subsequent — what we knew at the time, that
 5 hospitals were struggling for beds, staff, ventilators,
 6 oxygen supply. And David was 71. He was a young man.
 7 He was fit, he had full capacity, he had no pre-existing
 8 comorbidities as far as COVID-19 was concerned then or
 9 is concerned now. And I understand about COVID
 10 pneumonia and the damage it can do to lungs, respiratory
 11 capacity and function. I think that question the doctor
 12 asked me about how far David could walk — so my
 13 question for the Inquiry and one of the things that the
 14 Inquiry should be looking at is the decision-making
 15 around DNR that was set up at Government level, how that
 16 was populated, produced, taken down to health board and
 17 individual clinician level and how that was applied.
 18 Q. Well, we certainly hear that.
 19 A. Thank you. Sorry, my Lord.
 20 Q. Not at all.
 21 THE CHAIR: Not at all.
 22 MR GALE: That was meant as a "thank you", Mrs Waterton.
 23 I perhaps didn't express it too well, but it was.
 24 A. Of course, Mr Gale. Thank you.
 25 Q. I'll take you on to the subsequent day. I know this is

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1 a very difficult day for you. You tell us about your
 2 husband's passing in paragraphs 58 and following and,
 3 unless you want to say anything about it, I don't intend
 4 to ask you to relive it, save for two points. You did
 5 receive, as you say in paragraph 59, an apology from the
 6 consultant.
 7 A. Yes, I did.
 8 Q. And what was that apology for?
 9 A. He apologised for the mix-up in communication because
 10 the ITU consultant thought that he was going to call —
 11 you know, he was going to call me; the doctor I was
 12 speaking to thought the ITU consultant was going to do
 13 that and have the conversation. And I understood that
 14 and he apologised for — my husband had died and he was
 15 offering me his condolences around that. My
 16 step-daughter had a different view of that because of
 17 the repeated apology, and I have tried to just reassure
 18 her that that was the doctor offering his condolences.
 19 Q. Now, you were able to be with your husband?
 20 A. Yes.
 21 Q. Again you tell us about the circumstances of that and,
 22 again, we can read that and I don't want to ask you to
 23 upset yourself by going through that. But you were with
 24 him for a time before he died?
 25 A. Yes. We were there for about 30/40 minutes before he

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1 died.
 2 Q. You do tell us about the events after his death in
 3 paragraph 65 and following. Again, these are matters
 4 that we can read about, but, again, you do come back to
 5 the point, at paragraph 76 of your statement, about the
 6 alarm bells that rang —
 7 A. Yes.
 8 Q. — and we've discussed that.
 9 A. Yes.
 10 Q. Was there anything further you want to mention about
 11 that?
 12 A. No. I believe that I've said what I want to say about
 13 that.
 14 Q. Right. The cause of your husband's death was recorded
 15 as COVID pneumonia —
 16 A. Yes.
 17 Q. — on his death certificate. As you say in
 18 paragraph 78, you haven't explored the DNR
 19 decision-making through the NHS formal complaints
 20 process as you didn't have and don't have the courage to
 21 do so.
 22 A. No, I find that —
 23 Q. A step too far?
 24 A. That was just too much — a step too far. I'm
 25 frightened to fight to read the records myself.

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1 Q. But your solicitors, Aamer Anwar & Company, have
 2 referred you to another firm of solicitors if you want
 3 to take the matter any further?
 4 A. Yes.
 5 Q. Again, if you're able to do so, Mrs Waterton, can you
 6 read paragraphs 80 and 81 to the Inquiry?
 7 A. Yes.
 8 "David was an intelligent man, and his capacity was
 9 intact. His quality of life before he contracted
 10 Covid-19 was good, and he had much life yet to live. He
 11 was looking forward to making changes to our new house
 12 and settling into our new neighbourhood and getting back
 13 to travelling again.
 14 "In a period of 6 months, I lost my Mum from
 15 nosocomial Covid 19 and became a widow, again as
 16 a result of Covid 19."
 17 Q. I appreciate again it's upsetting, Mrs Waterton, but you
 18 talk about reproaching yourself in paragraph 82 —
 19 A. Yes.
 20 Q. — and in a way looking at the same — not exactly the
 21 same issues, but you experienced it with your mother —
 22 A. Yes.
 23 Q. — and experienced it with your husband?
 24 A. Yes.
 25 Q. And we can read what you say in paragraph 82. I don't

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1 want to ask you to go through that. But you do
 2 emphasise that, after your husband's death, you spent
 3 the first two weeks of your widowhood totally alone.
 4 A. Yes. We were locked down. People couldn't travel. My
 5 best friend, who expects to -- is anxious that I'm going
 6 to say this, but she broke the rules to come and visit
 7 because she considered me to be a vulnerable person and
 8 we -- the first time I hugged my brother -- I didn't hug
 9 my brother when my mum died and the first time I hugged
 10 my brother was on the day of my husband's funeral, when
 11 my brother had just got out of hospital. When my mum
 12 died, that night my brother and I sat out in my back
 13 garden, we were 2 metres' distant, we didn't embrace,
 14 and that was one of the Downing Street Partygate nights.
 15 We stuck to the rules and my -- my step-daughter had to
 16 self-isolate because she was told that that's what she
 17 needed to do. So once she was out of that, then she was
 18 my contact, but I didn't have any contact until my
 19 friend came.
 20 Q. I think I can probably say, Mrs Waterton, that your best
 21 friend can probably rest easy.
 22 A. She'll be relieved, Mr Gale.
 23 Q. You do discuss the impact on your mental health --
 24 A. Yes.
 25 Q. -- and, again, I don't want to press you to tell us

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1 anything that you're uncomfortable with or you would
 2 feel any difficulty with, but they have been
 3 considerable?
 4 A. They have.
 5 Q. Perhaps you could just tell us, if you're able to, what
 6 they've been.
 7 A. Yes, I experienced -- after Mum died, I experienced
 8 flashbacks and -- over and above the feelings that you
 9 have during any bereavement, any grief, but we're
 10 dealing with -- those of us who have been bereaved by
 11 COVID during the pandemic are dealing with a traumatic
 12 death and I now realise that some of the experiences
 13 I've had during my -- that time were related to that.
 14 But I had flashbacks, my mood was low, and then, after
 15 David died, I would quite happily have taken my own
 16 life. And actually, once I made that choice, I was
 17 going to do that. I didn't know how, but that's what
 18 I felt I was going to do, and there was a relief about
 19 having made that choice. And obviously I've moved on,
 20 you know, from that. I had very good help from my GP
 21 and I was able to -- I was in the fortunate position of
 22 being able to fund bereavement counselling for myself,
 23 so I saw a counsellor who could deal with my PTSD and
 24 flashbacks, and she dealt with that, worked with me
 25 around that in the very beginning.

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1 It took me a long while. I'm still not out of those
 2 woods yet. I doubt that I ever will be because, as
 3 I say, grief, it's a constant. It doesn't leave you.
 4 You don't get over it. You have to manage it every day.
 5 And if it hadn't been for very good friends and family,
 6 I don't know that I would be sitting here today.
 7 Q. You tell us that in paragraph 91, about grief as
 8 a constant --
 9 A. Yes.
 10 Q. -- and you also tell us in paragraph 92 how your life
 11 has been changed.
 12 A. Yes. I'm not the same person that I was, I don't know
 13 that I ever will be, and people ask you how you are and
 14 I usually just say "I'm fine", but I don't know that
 15 I'll ever be fine again.
 16 Q. No. Well, Mrs Waterton, those are all the questions
 17 that I want to ask you. Is there anything that you wish
 18 to add to what's in your statement or that you would
 19 like to expand upon that we haven't specifically
 20 discussed?
 21 A. I think I've made my views around DNR quite clear.
 22 Q. I think you have.
 23 A. Over and above that, I've reflected that my mum's GP
 24 actually talked about the frequency that the guidance
 25 around testing, infection control processes and so on --

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1 how frequently that changed and how difficult it was for
 2 them to keep up to date and do the right thing. For me
 3 there's a question about infection control practising in
 4 hospitals and whatever breaches occurred that allowed
 5 the high rates of nosocomial infection that we've
 6 experienced, and I think that's something for the
 7 Inquiry to pay attention to. And over and above, the
 8 inconsistency I experienced in hospitals within the same
 9 health board in terms of infection control practice, in
 10 terms of care and compassion -- and those are the things
 11 that I would want the Inquiry to pay attention to as it
 12 goes forward.
 13 MR GALE: Mrs Waterton, we are very grateful to you. We
 14 realise what an ordeal it has been for you and we are
 15 very grateful for your contribution to the Inquiry's
 16 knowledge, so thank you very much.
 17 A. Thank you. I'm grateful to my Lord to have my voice
 18 heard and the voices of those who can't speak for
 19 themselves, I'm grateful for that. Thank you.
 20 THE CHAIR: My thanks to you as well, Mrs Waterton.
 21 A. Thank you.
 22 THE CHAIR: Good.
 23 MR GALE: Thank you, my Lord.
 24 THE CHAIR: Tuesday I think now --
 25 MR GALE: Tuesday now.

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1 THE CHAIR: — because tomorrow is a public holiday.
 2 MR GALE: It is.
 3 THE CHAIR: Very good. Tuesday at 10.00.
 4 (3.32 pm)
 5 (The hearing adjourned until
 6 Tuesday, 5 December 2023 at 10.00 am)
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